



2022

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR ATLANTA MEDICAL CENTER AND
ATLANTA MEDICAL CENTER SOUTH



Wellstar

More than healthcare.

PEOPLECARE

Wellstar Atlanta Medical Center

EIN: 81-0837031
303 Parkway Dr. NE
Atlanta, Georgia 30312

Founded in 1901, Wellstar Atlanta Medical Center is a 762-bed acute care hospital with campuses in downtown Atlanta and East Point, Georgia. It is the second largest licensed-bed hospital in Georgia. A teaching hospital, AMC is a Level 1 Trauma Center and Advanced Primary Stroke Center, earning many national awards for its treatment of stroke. It is recognized for its women's services program, including water births, and the hospital's weight-loss program is designated as a Bariatric Surgery Center of Excellence. Through a community partnership, AMC provides sports medicine coverage to Atlanta Public Schools student-athletes.



Wellstar Atlanta Medical Center South

EIN: 81-0837031
1170 Cleveland Ave.
East Point, Georgia 30344

Wellstar Atlanta Medical Center South, located in East Point, Georgia, has been serving the healthcare needs of south Fulton County for more than 50 years. In 2013, AMC South merged with Wellstar Atlanta Medical Center, forming one hospital with two campuses. With a combined 762 beds, AMC and AMC South now make up the second largest licensed-bed hospital in Georgia.

A community-based hospital, AMC South's 24-hour Emergency Department is one of the busiest in the region. We also offer such services as robotic surgery, orthopedics, bariatric surgery, and an emerging percutaneous coronary intervention program. Our imaging services, located at AMC South and Camp Creek, offer the latest diagnostics tools, including the widest MRI scanner in Georgia. AMC South is the largest employer in East Point.

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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 Atlanta Medical Center and Atlanta Medical Center South, a not-for-profit hospital under 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

Date CHNA adopted by the Wellstar Board of Trustees: **June 2, 2022**

Community input is encouraged. Please address CHNA feedback to chna@wellstar.org



PEOPLECARE

IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

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



As in previous years, Wellstar Health System 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 the primary service area of the hospital. Some noticeable differences between the 2019 assessment and this one are:

- Health needs are assessed for residents in 74 zip code areas concentrated in Clayton, DeKalb, Douglas, Fulton, Henry, Newton, and Rockdale counties. The footprint of the service area grew by 18 zip codes and four counties.
- The prioritization process was different due to COVID, with community leaders identifying top needs during interviews instead of a large community convening. As a result, the number of health needs have grown (from 5 in 2019 to 6 in 2022).
- 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 assessments when possible.
- The primary and secondary data have been updated, and more data have been included when available.

Data from Clayton, DeKalb, Douglas, Fulton, Henry, Newton, and Rockdale counties were reviewed. County Health Rankings & Roadmaps was used to gauge counties' overall health. (Rankings are in relation to the 159 counties in Georgia; a lower score indicates better health, with the county with the best health scoring number 1). Clayton and Newton counties ranked below the other counties on all indicators except for Physical Environment. Compared to other counties in the service area, Clayton County ranked especially low in quality of life (95 vs. 13–54), clinical care (99 vs. 4–72), and social and economic factors (81 vs. 16–52). DeKalb and Fulton counties ranked higher than the other counties except for physical environment. Fulton County is near the top of the state rankings for health behaviors (6) and clinical care (4). (Table 1) (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
Clayton	74	69	62	95	37	99	81	97
DeKalb	15	25	16	25	10	17	29	159
Douglas	21	29	25	30	15	72	30	126
Fulton	11	12	12	13	6	4	32	143
Henry	20	15	24	32	14	15	16	131
Newton	55	62	58	54	53	71	52	157
Rockdale	47	39	42	48	36	29	40	129

Source: County Health Rankings & Roadmaps

2021 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar Atlanta Medical Center and Atlanta Medical Center South (Table 2). When compared to 2019, the 2022 community health needs for Wellstar Atlanta Medical Center and Atlanta Medical Center South alone 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>Wellstar Atlanta Medical Center and Atlanta Medical Center South service area</p> <ol style="list-style-type: none"> Obesity Access to appropriate care Behavioral healthcare Educational awareness Equitable revitalization, employment, and job training 	<p>Needs common to all hospitals in Wellstar Health System</p> <ol style="list-style-type: none"> Access to appropriate healthcare Behavioral health Maternal and child health Healthy living (<i>including access to food, physical activity, and chronic disease prevention and management</i>) Housing Poverty <hr/> <p>Additional needs in the Wellstar Atlanta Medical Center and Atlanta Medical Center South service area</p> <ol style="list-style-type: none"> Education Cancer Culturally competent services Sexually transmitted diseases (HIV/AIDS and STIs) Violence and crime

In general, the community residents served by Wellstar Atlanta Medical Center and Atlanta Medical Center South are younger and more diverse, with slightly more language barriers than is average for the state. All counties have larger populations of Black residents, and DeKalb and Fulton have larger Asian populations. Clayton County is the most diverse county with the smallest White population (10.1 percent). 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. Poverty increased slightly in the service area and single parents constitute the largest group of individuals living in poverty. Hispanic residents are nearly three times and Black residents are two times more likely to be in poverty when compared to their racial and ethnic counterparts. In Henry and DeKalb counties, poverty among Asian groups is high. These trends align with health outcomes. (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 Wellstar Atlanta Medical Center and Atlanta Medical Center South before the global pandemic. For example, insured 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, Hispanic¹, 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.
- Residents of Clayton County and pockets in Cobb, DeKalb, Douglas, Fulton, and Rockdale counties

Many of 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 Wellstar Atlanta Medical Center and Atlanta Medical Center South 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. Often, examples of these disruptions include health professional shortages, high rates of hospital utilization, and inability to access care because of COVID-19 restrictions.

Similar to 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 Clayton County have a higher disease burden and death rate. In most cases, Black and Hispanic 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"> • Hypertension • Diabetes • HIV/AIDS • Asthma • Cancer 	<ul style="list-style-type: none"> • Maternal and child health, including mortality and low birth weight births • Assault • Stroke • Behavioral health • Sexually transmitted diseases (HIV/AIDS and STIs)

¹ Wellstar Health System has chosen to use the term “Hispanic” to describe populations of Hispanic, Latinx, or Spanish origins due to the term’s universal use in secondary data sources. Latinx is a gender-neutral alternative to Latino or Latina.

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"> • Cancer (breast and prostate) • Diabetes • HIV/AIDS • Behavioral health (suicide and drug-related mortality) • Asthma • Assault 	<ul style="list-style-type: none"> • Hypertension • Motor vehicle crashes • Infant mortality and low birth weight births • Sexually transmitted infections

Investments in addressing these issues would improve the health of the community served by Wellstar Atlanta Medical Center and Atlanta Medical Center South.

Below is an overview (Tables 3-5) 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	
Access to Appropriate Healthcare	<ul style="list-style-type: none"> • There is a greater awareness of the safety net that school support staff provide for children. Community support for wraparound services has increased, including through school-based grant applications. • Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need. • Medicaid coverage was expanded from 6 weeks to 6 months for pregnant and postpartum women.
Healthy Living	<ul style="list-style-type: none"> • Enrollment in health and human service benefits has increased as demand has increased; this includes Supplemental Nutrition Assistance Program (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC). • Collaboration between Cobb and Douglas counties' transportation and community development sectors resulted in positive community changes, such as sidewalks and walking trails. • Work-life balance improved for those who could work from home and manage childcare. • Services and resources for food, housing, and transportation increased. • One leader noted that marginalized communities are more resilient and can be hopeful about systems change.
Behavioral Health	<ul style="list-style-type: none"> • Increased awareness about mental health issues. • Increased access to resources, mainly through telehealth.
Maternal and Child Health	<ul style="list-style-type: none"> • Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.

Table 4 | Outcomes That Have Remained the Same Since the 2019 Assessment According to Community Leaders

No Change	
Access to Appropriate Healthcare	<ul style="list-style-type: none"> Services in Sandy Springs remain scarce, including low access to facilities that provide vaccinations, immunizations, and physicals.
Housing	<ul style="list-style-type: none"> While awareness about housing challenges has increased, the rate of homelessness has not changed. There remains a lack of affordable housing, but there is little “political will” or capacity to make significant changes. Accessing affordable housing remains difficult for low-income renters.
Environment	<ul style="list-style-type: none"> Environmental health remains unchanged.
Health Outcomes	<ul style="list-style-type: none"> The rate of chronic health conditions has stayed the same.
Inequity	<ul style="list-style-type: none"> Systemic issues influencing health, including racism, housing, and education, have not improved. 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.) It remains difficult for New Americans and uninsured residents to access services, particularly in Sandy Springs.
Social Determinants of Health	<ul style="list-style-type: none"> Most jobs available to those without a college degree are low wage.

Table 5 | Areas of Decline Since the 2019 Assessment According to Community Leaders

Declined	
Access to Appropriate Healthcare	<ul style="list-style-type: none"> Healthcare access was reduced during the COVID-19 pandemic. New Americans were fearful and hesitant to access services because of the previous federal administration’s policies. As Medicaid offices shifted to online services, those with coverage but lacking technology skills had difficulty accessing care.
Housing	<ul style="list-style-type: none"> The cost of housing has increased at a higher rate than entry-level wages. Housing has become less affordable in Cobb, Douglas, and Fulton counties. While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
Behavioral Health	<ul style="list-style-type: none"> COVID-19 has negatively impacted mental health and wellbeing. Substance abuse has increased in Cobb and Douglas counties. Many substance abuse recovery services transitioned to online service delivery. Telehealth is not a good substitute for in-person recovery services. It is harder to access mental health services and resources that are not online. State hospital closures decreased residential mental healthcare. For juveniles in the justice system, the use of contracted facilities further decreased the availability and comprehensiveness of behavioral health treatment.
Social Safety Net	<ul style="list-style-type: none"> While safety net services have increased, the need for food pantries and food assistance has also increased. It has become harder for New Americans to obtain legal immigration status, which remains critical for accessing healthcare.

Health Outcomes

- Hesitancy to seek healthcare due to fear of COVID-19 infection
- Community-level vaccine hesitancy has led to an inability to eradicate COVID-19.
- The number of patients with poorly managed chronic conditions has increased.
- Individuals are less able to afford medications.
- Increased asthma diagnosis in adults.

Maternal and Child Health

- Collaboration between the Georgia Department of Corrections and Motherhood Beyond Bars has been strained, and services have decreased within prison settings as a result. Motherhood Beyond Bars is no longer able to provide services in prisons.

Social Determinants of Health

- Underserved communities experienced disproportionate financial, housing, and food burdens during the COVID-19 pandemic, which could decrease life expectancy.

Environment

- Septic system failures have increased in Cobb and Douglas counties, which are related to changes in climate, such as more rain.
-





COLLABORATIVE CARE

LISTENING TO RESIDENTS

METHODS

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 Atlanta Medical Center and Atlanta Medical Center South.

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. Wellstar Atlanta Medical Center and Atlanta Medical Center South 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 Atlanta Medical Center and Atlanta Medical Center South. 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 Community Health Needs Assessment (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 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, human immunodeficiency virus/acquired immunodeficiency syndrome, sexually transmitted infections, 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, and 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, 85 respondents represented Clayton, DeKalb, Douglas, Fulton, Henry, Newton, and Rockdale counties. These findings have been added to this assessment to better understand the health in communities served by Wellstar Atlanta Medical Center and Atlanta Medical Center South 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 41 key community leaders and two focus groups with residents from the hospital service area. An in-depth summary of each qualitative process can be found in the Appendix.

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 Atlanta Medical Center and Atlanta Medical Center South because the service area includes areas with higher socioeconomic status, as well as much lower morbidity and mortality rates, and areas with lower socioeconomic status coupled with higher morbidity and mortality rates. 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 Atlanta Medical Center and Atlanta Medical Center South are in Atlanta, Georgia. For the purposes of the CHNA, the primary service area for the hospital is defined as the 74 zip codes from which 75 percent of discharged inpatients originated during the previous year (Table 6). Clayton, DeKalb, Douglas, Fulton, Henry, Newton, and Rockdale counties constitute this service area.

The area definition was verified by Wellstar Community Health Council members. The CHNA considers the population of residents living in the 74 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.

This hospital service region has a higher population density (per square mile) than is average for the state and nation. Fulton, DeKalb, and Clayton counties are more densely populated than Douglas, Henry, Newton, and Rockdale counties. When compared to Georgia, the community served by Wellstar Atlanta Medical Center and Atlanta Medical Center South is:

- younger (five out of seven counties have a median age younger than the state),
- more racially diverse (Georgia: 52.7 percent White vs. Service area: 10.1 to 46.4 percent White),
- experiencing greater limited English proficiency (3.0 vs. 6.3 percent), and
- average to above-average income earning (five out of seven counties have median incomes higher than the state) (ACS, 2019).

Map 1 | Primary Service Area of Wellstar Atlanta Medical Center and Atlanta Medical Center South

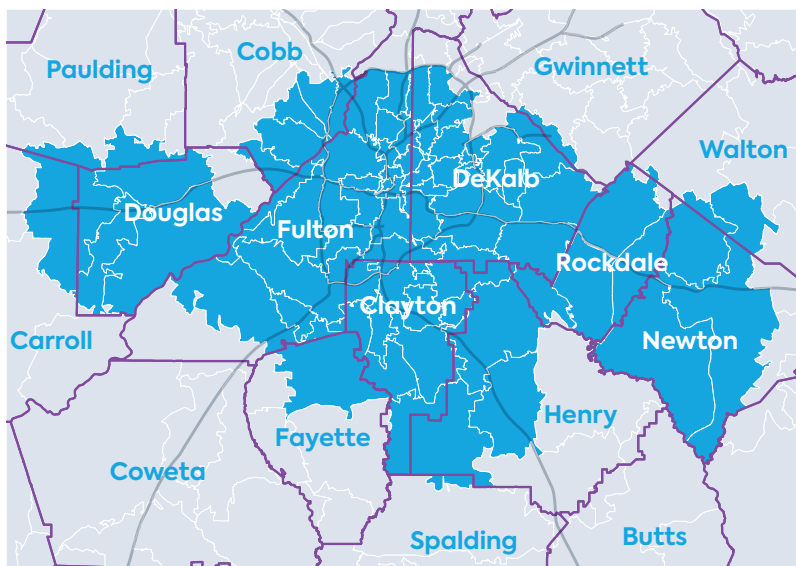


Table 6 | Wellstar Atlanta Medical Center and Atlanta Medical Center South Service Area

County*	Zip Codes
Clayton	30002, 30012, 30013, 30014, 30016, 30021,
DeKalb	30030, 30032, 30033, 30034, 30035, 30038,
Douglas	30054, 30058, 30079, 30080, 30082, 30083,
Fulton	30087, 30088, 30094, 30126, 30134, 30135,
Henry	30168, 30180, 30187, 30213, 30214, 30228,
Newton	30236, 30238, 30253, 30260, 30273, 30274,
Rockdale	30281, 30288, 30291, 30294, 30296, 30297,
	30303, 30305, 30306, 30307, 30308, 30309,
	30310, 30311, 30312, 30313, 30314, 30315,
	30316, 30317, 30318, 30319, 30322, 30324,
	30326, 30327, 30329, 30331, 30336, 30337,
	30339, 30341, 30342, 30344, 30345, 30349,
	30354, 30363

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

Demographic Data

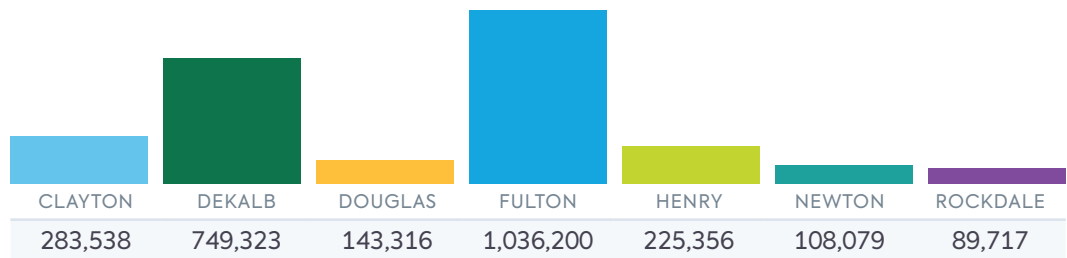
Wellstar Atlanta Medical Center and Atlanta Medical Center South | by County and State (2015-2019)

Among the counties served, Rockdale County is the oldest, with a median age of 37.3 years and 14 percent of the population above the age of 65 years. Clayton County is the youngest, with a median age of 32.4 years and almost a third of the population younger than 17 years. Clayton County is also the most diverse county in the service area, with the largest percentage of the population being Black or Hispanic (68.3% and 13.2%, respectively). Douglas County also has a high percentage of Hispanic residents, 9.7%. Newton County is the least diverse, with White residents comprising nearly half of the population. Compared to the state, Clayton, DeKalb, and Rockdale counties have more residents with limited English proficiency (5.4% vs. 9.1, 8.7, and 5.6%, respectively). Clayton County has a lower-than-average median income compared to the state (\$47,864 vs. \$58,700), while the rest of the counties have average or above-average median incomes. (ACS, 2019)

Total Population

GEORGIA TOTAL POPULATION

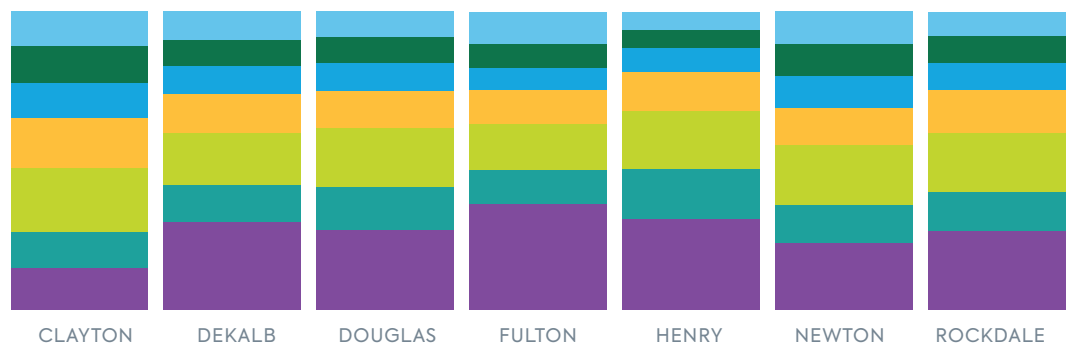
10,403,847



Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

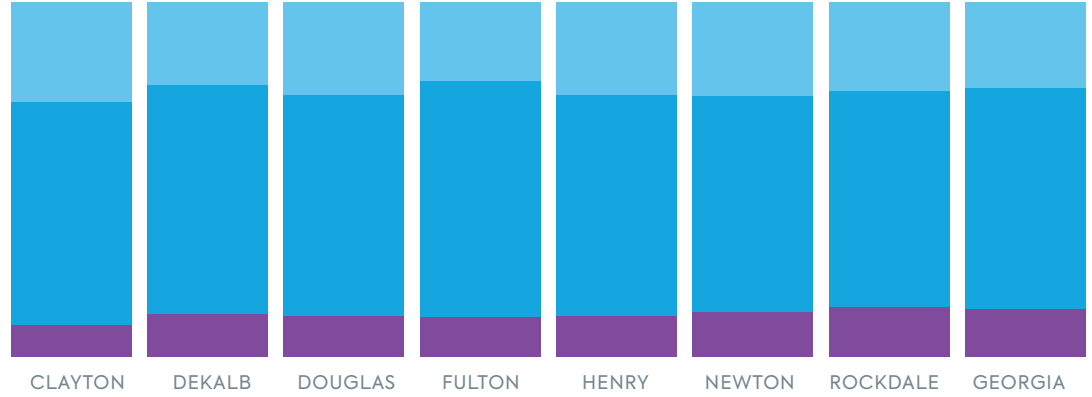
\$58,700.00



Median household income	CLAYTON	DEKALB	DOUGLAS	FULTON	HENRY	NEWTON	ROCKDALE
Median household income	\$47,864.00	\$62,399.00	\$63,835.00	\$69,673.00	\$71,288.00	\$56,316.00	\$60,189.00
Less than \$15,000	11.5%	9.5%	8.5%	10.7%	5.9%	10.8%	7.9%
\$15,000 - \$24,999	12.1%	8.5%	8.5%	8.0%	6.1%	10.5%	9.2%
\$25,000 - \$34,999	12.0%	9.5%	9.4%	7.6%	8.1%	10.8%	9.1%
\$35,000 - \$49,999	16.8%	12.9%	12.4%	11.2%	13.1%	12.6%	14.3%
\$50,000 - \$74,999	21.4%	17.5%	19.8%	15.7%	19.4%	20.0%	19.8%
\$75,000 - \$99,999	12.3%	12.3%	14.6%	11.2%	16.8%	12.8%	13.2%
\$100,000 and above	14.0%	29.6%	26.7%	35.7%	30.6%	22.7%	26.5%
Unemployment (2020)	17.6%	14.8%	14.8%	14.6%	14.5%	ND	14.3%

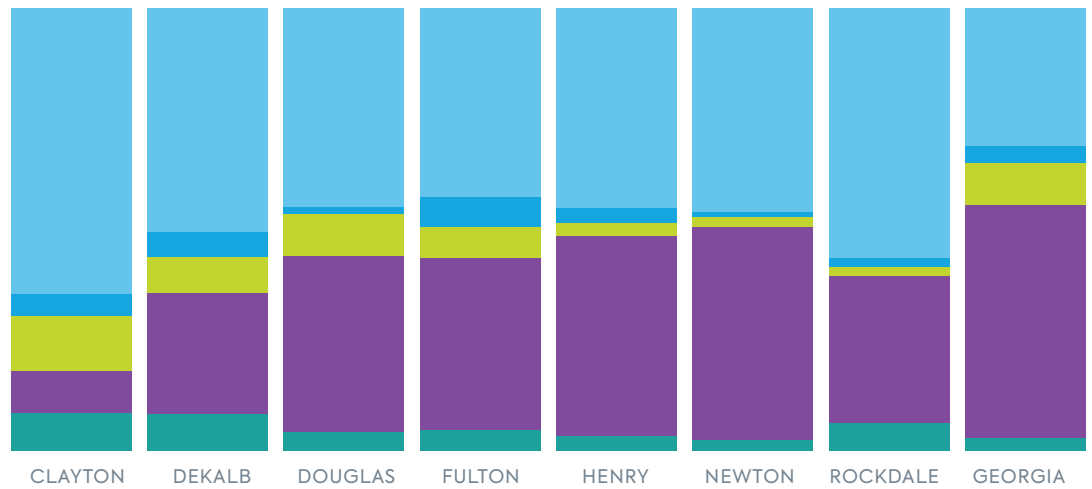
ND: No Data - Data not available for this population
Source: U.S. Census Bureau, American Community Survey (2015-2019)

Age Distribution



	CLAYTON	DEKALB	DOUGLAS	FULTON	HENRY	NEWTON	ROCKDALE	GEORGIA
Median age in years	32.4	35.5	36.3	35.2	36.7	36.2	37.3	36.7
0-17 Years Old	28.1%	23.3%	26.1%	22.2%	26.0%	26.4%	24.9%	24.3%
18-64 Years Old	63.0%	64.7%	62.5%	66.4%	62.6%	61.0%	61.1%	62.6%
65+ Years Old	9.0%	12.0%	11.4%	11.4%	11.4%	12.7%	14.0%	13.5%

Racial/Ethnic Distribution



	CLAYTON	DEKALB	DOUGLAS	FULTON	HENRY	NEWTON	ROCKDALE	GEORGIA
Black	68.3%	53.4%	45.9%	43.6%	43.4%	44.3%	53.8%	31.2%
Asian	5.1%	6.0%	1.6%	7.0%	3.3%	1.1%	2.0%	4.0%
Hispanic	13.2%	8.5%	9.7%	7.2%	2.8%	2.1%	1.9%	9.5%
Non-Hispanic White	10.1%	29.1%	40.5%	39.6%	43.4%	46.4%	31.7%	52.7%
Limited English	9.1%	8.7%	4.5%	5.0%	3.3%	2.4%	6.0%	3.0%



COMMUNITYCARE

DISCOVERING HEALTH NEEDS

COMMUNITY HEALTH NEEDS

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

Additional Health Needs in the Wellstar Atlanta Medical Center and Atlanta Medical Center South Service Area

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

Health Outcomes

Compared to the state, the service area has above average rates of hospital utilization and death due to cardiovascular disease (ischemic heart and vascular and cerebrovascular diseases), cancer (prostate and breast cancers), and behavioral health, including self-harm (Tables 7-10) (DPH, 2015-2019) (CMS, 2015-2016; CMS, 2015-2018). The following disparities are evident in health outcomes among residents served by Wellstar Atlanta Medical Center and Atlanta Medical Center South:

- With few exceptions, Black residents have the highest rates of poor health outcomes, including hospital utilization (often higher than state rates) when compared to any other racial or ethnic cohort in the service area.
- With few exceptions, Clayton County residents have the highest rates of poor health outcomes when compared to the service area and the state.
- The highest rates of morbidity and mortality for hypertensive heart disease and breast cancer occur among Black residents.
- Hospital utilization rates are high in Douglas and Newton counties, which may indicate a breakdown in community-based primary and preventive care.

Top Causes of Death

According to 2019 data, four of the top five causes of death in the service area are related to chronic conditions, lifestyle, and behavior (i.e., heart disease, stroke, lung cancer, and COPD). Alzheimer's disease is also a top cause of death.

Table 7 | Top Causes of Death

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	78.6	52.8	68.0	54.4	52.7	64.5	71.3	57.6	55.5	63.9	26.5	29.2	78.6
Cerebrovascular disease	54.4	38.8	49.9	39.5	48.6	43.1	43.8	41.9	35.7	50.0	30.6	32.2	43.4
Essential primary hypertension and hypertensive renal and heart disease	51.0	34.9	18.2	39.7	50.7	32.8	26.2	38.0	26.6	22.4	16.6	14.2	31.2
Alzheimer's disease	42.0	33.2	46.9	34.1	56.1	35.6	45.0	37.1	39.5	37.0	12.8	23.7	44.0
Malignant neoplasm of the trachea, bronchus, and lung	33.5	26.4	36.4	28.5	34.2	43.4	35.8	30.2	31.2	32.0	13.0	13.2	38.7

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*)

Assault is the primary cause of Years of Potential Life Lost² in the service area (*Table 8*). Motor vehicle crashes and heart disease are the next leading causes of Years of Potential Life Lost.

Assault, motor vehicle crashes, and perinatal conditions are the leading causes of Years of Potential Life Lost among Black and Hispanic residents in the service area, and for the Black population, the rates are higher than state benchmarks. For the White population, accidental poisoning is the leading cause of Years of Potential Life Lost, followed by heart disease and then motor vehicle crashes. Among the Asian population, perinatal conditions and heart disease are the leading causes of Years of Potential Life Lost.

Table 8 | Years of Potential Life Lost

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	All Counties	White	Black	Asian	Hispanic	Georgia
Assault	739.4	624.8	308.8	513.0	309.4	516.7	430.5	538.1	96.9	934.5	83.8	345.4	330.8
Motor vehicle crashes	589.4	387.6	511.9	332.1	441.1	633.0	367.3	408.6	265.8	551.0	125.7	398.3	482.2
Ischemic heart and vascular disease	568.7	379.7	431.9	349.2	387.7	483.0	557.1	402.1	399.7	498.0	149.4	110.0	560.7
Certain conditions originating in the perinatal period	605.1	426.7	345.5	329.0	335.0	417.2	488.2	397.2	119.2	604.8	215.6	352.0	366.2
Accidental poisoning and exposure to noxious substances	284.7	346.1	571.8	435.8	393.7	305.2	362.7	389.9	698.1	280.0	77.6	137.7	415.7

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 for Emergency Department Visits

There is evidence that residents are seeking care in the emergency room for a variety of reasons, such as lack of insurance or acute symptoms. Four of the top causes of emergency room use in the service area are all related to accidents (musculoskeletal diseases, unintentional injury, falls, and motor vehicle crashes) (*Table 9*). Douglas and Newton counties show higher rates of emergency room use when compared to the rest of the service area and state benchmarks. Black residents have higher rates than other races and the state for each cause of emergency room use in the service area, except falls, where White residents show the highest rates.

² YPLL 75 represents the number of years of potential life lost due to death before age 75, as a measure of premature death.

Table 9 | Emergency Room Visit Rates

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	All Counties	White	Black	Asian	Hispanic	Georgia
Diseases of the musculoskeletal system and connective tissue	3,527.2	3,146.5	4,069.6	3,054.0	2,246.0	3,938.5	3,224.7	3,144.9	1,495.5	4,579.3	317.3	1,181.4	3,232.8
All other unintentional injury	2,499.5	1,602.7	3,877.4	1,891.4	2,196.0	3,974.9	3,364.3	2,144.2	1,925.8	2,718.3	482.7	1,347.9	3,007.2
All other diseases of the genitourinary system	2,329.7	1,818.4	2,865.3	1,864.5	1,829.3	2,988.4	2,509.3	2,012.0	1,267.1	2,646.4	280.7	994.9	2,274.1
Falls	1,293.2	1,088.3	2,327.9	1,243.0	1,371.8	2,290.7	1,969.4	1,345.1	1,536.6	1,342.4	424.9	870.7	1,891.60
Motor vehicle crashes	1,482.1	1,047.0	1,777.5	954.4	1,285.2	1,761.4	1,770.4	1,165.8	592.4	1,771.6	236.5	676.8	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 this data. Hospital discharge rates are highest for septicemia, mental and behavioral disorders, and diseases of the musculoskeletal system and connective tissue. Overall, residents in the service area have lower hospital discharge rates when compared to the state, except for hypertension. Black residents have higher rates of hospital discharges than other races, except for diseases of the musculoskeletal system and connective tissue, where White residents show the highest rates.

Table 10 | Hospital Discharge Rates

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	All Counties	White	Black	Asian	Hispanic	Georgia
Septicemia	757.2	418.0	678.5	480.3	613.2	492.6	393.2	506.4	440.2	585.7	200.1	301.5	501.3
All other mental and behavioral disorders	380.8	475.0	542.9	458.1	171.7	246.0	262.0	417.9	330.6	533.7	34.9	112.1	435.5
Diseases of the musculoskeletal system and connective tissue	389.5	389.9	437.2	397.6	447.3	513.0	458.6	409.7	400.3	368.4	104.3	137.6	467.6
Essential (primary) hypertension and hypertensive renal and heart disease	373.5	320.8	357.6	319.5	262.4	382.3	336.6	325.8	195.8	547.7	94.1	143.5	272.7
Ischemic heart and vascular disease	268.4	232.6	321.9	239.0	278.7	439.3	315.0	259.9	238.4	271.8	105.7	128.4	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 state-wide health issue. Table 11 displays obesity and diabetes indicators for the hospital service region. Compared to the state, the service area shows less adult obesity (32.1 percent vs. 29.0 percent) and lower diabetes prevalence (11.2 percent vs. 10.3 percent) (CDC, 2017). The proportion of adults with obesity and those living with diabetes is lower in Fulton (24.7 and 8.2 percent, respectively) and DeKalb (26.9

and 10.7 percent, respectively) counties compared to the rest of the service area. The proportion of adults with obesity and those living with diabetes is highest in Rockdale County, at 44.4 percent and 14.0 percent, respectively. When compared to White residents, Black residents experience more than double the mortality rates (13.0 vs. 32.4 per 100,000 pop.), triple the hospital discharge rates (108.1 vs. 303.3 per 100,000 pop.), and nearly four times the number of emergency room visits (130.3 vs. 498.4 per 100,000 pop.) for diabetes.

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

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	White	Black	Asian	Hispanic	Georgia
Adults with BMI > 30.0 (Obese), Percent (2017)	36.6%	26.9%	33.2%	24.7%	34.2%	39.3%	44.4%	ND	ND	ND	ND	32.1%
Adults with Diagnosed Diabetes (2017)	12.4%	10.7%	10.5%	8.2%	11.5%	16.3%	14.0%	ND	ND	ND	ND	11.2%
Diabetes Discharge Rate *	239.6	226.4	225.4	198.6	175.9	203.0	223.8	108.1	303.3	31.5	86.2	202.8
Diabetes Mortality Rate*	29.1	21.6	22.0	18.4	17.7	27.3	26.4	13.0	32.4	15.2	8.0	21.1
Diabetes ER Visit Rate*	372.1	288.5	368.1	318.9	264.3	371.1	396.1	130.3	498.4	51.1	202.5	311.4

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

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

ND: No Data – Data not available for this population

Coronavirus

Prior to the global pandemic, economic conditions, social determinants of health, and community health were improving for many people in the hospital service area. There is anecdotal evidence that many of the improvements that were taking place have been set back and may be worse today than during the 2019 CHNA. There is some evidence in recent literature that the following populations have been impacted most by the global pandemic:

- People of color, Black, Hispanic, and Indigenous communities;
- Lower socioeconomic status individuals and single-parent families;
- Those experiencing homelessness or at risk of experiencing homelessness (i.e., renters);
- Individuals with pre-existing chronic conditions, especially of older age;
- LGBTQ+ community; and
- New American communities.

COVID-19 cases in Georgia have spiked three times during the pandemic, with the highest daily new reported cases occurring in December 2021. The service area shows lower vaccine rates when compared to the state except in DeKalb and Fulton counties (Table 12) (DPH, 2022). When compared to Georgia, the area shows lower rates (per 100,000 pop.) of death (69.0 vs. 81.6) and hospital use (288.5 vs. 331.8) associated with COVID-19 as well.

Table 12 | Select COVID-19 Measures

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	White	Black	Asian	Hispanic	Georgia
Cases	57,370	126,828	28,074	182,721	45,348	17,959	14,908	843,714	559,458	52,112	196,892	1,916,379
Fully Vaccinated	46.0%	58.0%	48.0%	59.0%	47.0%	45.0%	53.0%	ND	ND	ND	ND	55.0%

Data as of 03/07/2022. Racial and ethnic data is by all counties

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

ND: No Data – Data not available for this population

Community leaders identified a number of adverse impacts caused by the COVID-19 pandemic. Their perspectives are explored in detail throughout the report and summarized below.

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

Impact of COVID-19	
Mental Health	<ul style="list-style-type: none"> • The COVID-19 pandemic highlighted the need for mental health treatment. • Stress is driving mental health needs as individuals experience unemployment and workforce shortages. • Increased behavioral issues related to isolation, including depression, anxiety, substance abuse, and domestic violence. • Although the number of virtual mental health support groups has increased, there is concern over the efficacy of online versus in-person services in providing the same level of intimacy. • Parents who work full time and support their child’s virtual learning are overstressed and overburdened. • School-age children have decreased resilience and ability to cope with transitions. • Many students are facing academic challenges due to online learning. • Substance abuse and mental health needs have increased in the LGBTQ+ community. During the pandemic, LGBTQ+ individuals spent more time with their families and may have felt a lack of support and acceptance.
Food Access	<ul style="list-style-type: none"> • Some households experienced food insecurity throughout the pandemic. • Food supply chain stress was unprecedented; some stores experienced continuous waves of food shortages. • Lack of food access disproportionately affected those without transportation or those unable to use online delivery services. • Food pantries were unable to accept new clients.
Access to Appropriate Healthcare	<ul style="list-style-type: none"> • Those who were hesitant to seek healthcare due to fear of COVID-19 avoided emergency care and delayed preventative care and procedures. • Healthcare systems were overwhelmed by the demand for COVID-19 treatment. • Healthcare capacity shifted to vaccination efforts and telehealth. • The Sandy Springs WIC office was relocated to Alpharetta, which made it more difficult for families to access. • Many people lost their health insurance because of loss of employment. • COVID-19 pandemic stimulus packages may have incentivized some people to stay out of the workforce and, therefore, lose health insurance.
Chronic Disease	<ul style="list-style-type: none"> • Chronic disease may increase due to stress, reduced physical activity, eating “comfort” food, and avoidance of wellness visits. • The reduction of in-person healthcare appointments negatively impacted patients with uncontrolled cardiovascular disease, hypertension, diabetes, and lung disease.
Social Determinants of Health	<ul style="list-style-type: none"> • COVID-19 exacerbated persistent disparities, with higher rates of hospitalizations and mortality among marginalized groups. • Many individuals were able to access education on COVID-19 prevention but did not have the resources to follow all of the precautions. • Underserved communities faced the brunt of pandemic impacts. • Stress related to unemployment can increase violence within families and society. • Many of the jobs available to those reentering the workforce were at call centers. These types of jobs do not set individuals up for long-term career success. • Some people that qualified for pandemic stimulus assistance did not need it. Some people that did need it were unable to access it, including families experiencing homelessness and working mothers.
Early and K-12 Education	<ul style="list-style-type: none"> • There is a new lack of childcare facilities. • School-age children are struggling to remain at or reach grade level.
Economy	<ul style="list-style-type: none"> • Many small business owners were not able to afford needed safety changes. • Unemployment especially affected part-time and blue-collar sectors.

Vaccination

Data show that the first COVID-19 vaccine was administered in Georgia on December 12th, 2020. Vaccine uptake has faced several challenges. There was mistrust and uncertainty about the vaccine due to confusing media information and, in some cases, religious influence. A support organization in north Georgia found that the majority of Hispanic clients did not want to be vaccinated. In north Fulton County, vaccination rates were low due to fear, distrust of government, and lack of information supporting the importance of vaccination. Transportation barriers made it difficult for some to access vaccination sites. Online registration was required, which was difficult for individuals who do not use emails, such as seniors and new Americans.

Impact of Technology

COVID-19 encouraged the use of technology for a variety of health services. Some employers increased their insurance coverage of telehealth services. Telehealth has increased both access and barriers to accessing services. One resident called it “the best thing to come out of the pandemic.”

Community leaders felt that while telehealth could not replace in-person care, it did provide greater access to providers, especially mental healthcare. Telemedicine could also replace the lack of healthcare providers in rural areas if existing broadband issues are solved.

Telehealth is not a universal remedy. Those without smart phones, computers or computer skills, internet access, sufficient bandwidth, and unlimited minutes – including many new Americans and senior residents – struggled to use telehealth services. Online resources, social services, and telehealth are often only available in English and, less often, Spanish. Residents’ trust was a factor in the use of telehealth services. For example, some residents were concerned about the accuracy of virtual assessments, and others were suspicious of patients who were allowed in-person visits versus those who were directed to telehealth. One resident said, “Telehealth is like getting a half-baked diagnosis.”



Access to Appropriate Healthcare

Overall, the service area has higher provider rates than state benchmarks, but the rates vary among the counties.

- Clayton, Fulton, and Henry counties have lower rates of addiction/substance use providers compared to the state (CMS, 2020).
- DeKalb County has lower rates of nurse practitioners but higher rates of all other providers (CMS, 2020).
- In Clayton, Douglas, and Newton counties, rates of dental, mental health, nurse practitioners, and primary care providers are lower than state benchmarks. (HRSA, 2015; CMS, 2021; CMS, 2020; HRSA, 2017).

In Clayton and Douglas counties, a higher percentage of the population live in a Health Professional Shortage Area compared to the state and the service area (45.8 and 34.4 vs. 30.2, and 18.2 percent, respectively). Across the service area, more than half of the people living in Health Professional Shortage Areas are considered underserved, and in Clayton and Douglas counties, the rates are 88.0 percent and 78.7 percent, respectively. (HHS, 2021)

The service area has a slightly lower percentage of uninsured population compared to the state, but a higher percentage uninsured compared to national benchmarks (12.6 percent vs. 13.2 percent and 8.8 percent, respectively) (ACS, 2019). Uninsured rates in Clayton (18.4 percent), DeKalb (14.0 percent), and Rockdale counties (13.7 percent) are higher than in the state and service area (ACS, 2019). Hispanic residents are more likely to be uninsured than the service area overall (31.9 percent vs. 12.6 percent) (ACS, 2019).

Table 14 | Health Professional Shortage and Service Provider Rates

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	All Counties	Georgia	U.S.
Percentage of Population Living in an Area Affected by a Health Professional Shortage	45.8%	12.8%	34.4%	19.8%	0.0%	0.0%	0.0%	18.2%	30.2%	22.6%
Percentage of Health Professional Shortage Population Underserved	88.0%	36.2%	78.7%	43.6%	0.0%	0.0%	0.0%	57.8%	56.1%	53.7%
Percentage of Population Living in a Health Professional Shortage Area for Dental Care	100.0%	20.7%	100.0%	35.5%	0.0%	0.0%	0.0%	36.0%	59.1%	44.6%
Addiction/Substance Abuse (2020)*	2.1	6.0	8.4	2.1	1.8	9.3	6.7	4.1	2.3	9.1
Buprenorphine Providers (2020)*	6.0	8.5	4.2	9.5	8.4	0.9	3.3	7.9	3.4	5.7
Dental (2015)*	27.0	56.6	41.9	68.4	33.5	17.1	74.3	54.3	49.2	65.6
Mental Health (2021)*	67.4	308.2	110.0	245.6	149.6	97.5	150.7	218.9	146.0	261.6
Nurse Practitioners (2020)*	16.2	30.0	19.5	53.3	29.8	36.7	27.1	38.8	37.1	39.7
Primary Care (2017)*	25.3	107.6	36.3	108.8	47.5	27.8	73.5	85.8	65.6	76.7

*Per 100,000 Population

Sources:

- U.S. Census Bureau, 2012–2016 American Community Survey 5–Year Estimates: www.census.gov/acs/www/
- Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.
- U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. 2020.
- U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015 and 2017.
- Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020 and 2021.

Causal factors

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

Lack of affordable insurance

- Need Medicaid expansion.
- The increasing number of those who fall off the “benefits cliff” into the “Medicaid gap.” For some residents, increasing income puts them at risk of losing benefits.
- Medicaid work requirements make it difficult to access Medicaid services.
- In urban areas, healthcare providers are accessible but may be unaffordable due to co-pays and deductibles.
- More people are choosing to be uninsured due to rising healthcare costs, even when coverage is available through their work or the ACA Marketplace.
- Individuals have less disposable income to pay sliding scale or reduced rates.
- Many residents with chronic disease and Hispanic individuals lack health insurance.

COVID-19

- Individuals concerned with COVID-19 transmission in healthcare settings delayed preventative care and elective procedures.
- Staff reduction and the shift of healthcare capacity to COVID-19 vaccination and treatment and telehealth contributed to delays in emergency and non-emergency care. These delays in care could affect future disability or death.
- Children were unable to get physicals and immunizations for school.
- In-person services are still limited, and telehealth services are not accessible to all.
- Increased unemployment during the pandemic left many without insurance.
- Pandemic stimulus packages may have incentivized some people to stay out of the workforce and, therefore, lose health insurance.

Lack of service providers

- Lack of healthcare facilities and poor distribution of resources especially impacts low-income residents and Black and Brown communities. In these areas, first responders are the “first line of medical care.”
- Lack of providers that accept Medicaid and uninsured patients, including dental providers
- Lack of primary and preventative care providers in Douglas and Rockdale counties
- Medicaid reimbursements rates are too low, especially for dental services.

- There is a lack of rural healthcare providers and dentists.
- Rural hospital closures have increased the distance residents must travel to access care.
- Lack of pediatrician and postpartum support providers in Douglas County
- Limited nurse practitioners
- Lack of low-cost providers that speak languages other than English
- Lack of preventative care services for elementary school-age children.
- Lack of culturally competent OBGYN services for Black women
- Dental providers are having difficulty retaining dental assistants.

Care-seeking behavior

- Lack of trust in the medical community may discourage Black women and New Americans from seeking care. Hispanic women may not seek prenatal care because they fear deportation and do not know how to access low-cost care.
- Among New American populations, care is often sought for children but not for adults. For example, there is a disproportionate amount of ovarian and breast cancer among Hispanic women due to a lack of screening.
- Childcare responsibilities reduce Black women’s ability to seek healthcare.
- Individuals without paid sick leave may choose to work instead of seeking healthcare.
- Individuals who experienced financial hardship during the pandemic may have delayed care to conserve money, even if they were insured.

Other barriers

- Healthcare providers’ hours of operation are incongruent with working families’ schedules.
- Lack of reliable public transportation, which especially impacts access to care for low-income communities
- While the Grady Card offers many benefits, there are barriers to acquiring a Card, including income requirements, a complex application process, and long wait times for appointments.
- Parents are not well educated on pediatric dental needs, and elementary school-age children need more dental health education.

COVID-19 Pandemic Influence Survey participants indicated that the following groups' access to care was disproportionately affected by the global pandemic (in descending order):

- Low-income and socioeconomic status individuals,
- Racial and ethnic minorities,
- Those of older age,
- People experiencing homelessness, and
- Uninsured individuals.

Based on an inventory of community assets (see *Appendix*), there are 60 resources in the area to address access to care (including primary care, behavioral health, etc.); 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. Mercy Care offers both primary care and mental health services on a sliding scale to residents who are low income, underinsured, and uninsured. Also, Federally Qualified Health Centers, e.g., Healing Community Center, may offer services that address other barriers, such as transportation and insurance status, by offering telehealth services, health enrollment assistance, and social services.

Community leaders and residents made several recommendations:

- Support expanding Medicaid and the Marketplace in Georgia to increase access to affordable health insurance options.
- Build and cultivate trust in the communities and leverage partnerships.
- Increase and improve strategic partnerships with different healthcare organizations.
- Increase access to care using an asset-based approach, including:
 - Increase the number of providers and family health centers
 - Work with providers to increase those that serve the Medicaid population and to serve undocumented and uninsured patients
 - Establish mobile clinics
- Advocate for better broadband access for telehealth



Behavioral Health

Key Behavioral Health Findings

Emergency room visits

When compared to the state, the service area has higher rates of emergency room utilization for mental health/behavioral health disorders (1,102.4 vs. 1,144.9 per 100,000 pop.) and drug-related disorders (318.2 vs. 355.4 per 100,000 pop.) (*Figure 1*) (DPH, 2015–2019).

Compared to Georgia:

- Douglas and Fulton counties have higher emergency room use for mental health/behavioral disorders (1,102.4 vs. 1,322.3, and 1,387.5 per 100,000 pop.) and for drug-related disorders (318.2 vs. 338.2 and 493.3 per 100,000 pop.).
- Emergency room visits for intentional self-harm per 100,000 pop. (Georgia, 30.9) are higher in Douglas (83.8), Henry (72.2), Newton (98.9), and Rockdale (112.4) counties.
- Clayton and DeKalb counties have fewer emergency room visits for mental health, drug-related disorders, and intentional self-harm per 100,000 pop. (DHP, 2015–2019)

Community leaders noted that children generally end up in the emergency room for mental health concerns due to a lack of pediatric mental health providers.

Drug overdose

From 2009 to 2019, age-adjusted drug overdose rates (*Table 15*) generally decreased across the service area. In 2019, the service area had lower drug-related overdoses and opioid-specific overdose rates (12.0 and 6.9 per 100,000 pop., respectively) compared to the state (12.9 and 8.1 per 100,000 pop., respectively). (DPH, 2009 – 2019)

Within the service area, the age-adjusted overdose rates in Douglas County (18.4 per 100,000 pop.) are more than twice as high as the rates in Clayton and Rockdale counties (7.6 and 7.8 per 100,000 pop., respectively), and above state rates (12.9 per 100,000 pop.) (DPH, 2009–2019).

Community leaders are concerned about increasing substance abuse, and the opioid crisis remains a significant concern in Douglas County.

Suicide

Suicide rates in the service area are lower than state benchmarks (10.6 vs. 13.7 per 100,000 pop.) but vary across counties. Suicide rates per 100,000 population in Newton (14.6), and Rockdale (13.7) counties are average to high compared to the state (13.7). In Clayton, DeKalb, and Fulton counties, the suicide rates per 100,000 population are lower than state and service area rates (9.6, 9.3, and 10.4 vs. 13.7 and 10.6 per 100,000 pop., respectively). (DPH, 2015–2019)

Availability of care

- Mental health provider rates in DeKalb and Fulton counties are higher than the service area and the state (308.2 and 245.6 vs. 218.9 and 146.0 per 100,000 pop., respectively). In Clayton County, mental health provider rates (67.4 per 100,000 pop.) are four and a half times lower than DeKalb County, three times lower than the service area, and two times lower than the state. (CMS, 2021)
- Compared to the state, the service area has higher rates per 100,000 population of addiction/substance use providers (2.3 vs. 4.1), but rates are low in Clayton (2.1), Fulton (2.1), and Henry counties (1.8) (CMS, 2020).

Disparities

- Emergency room visits for mental health and behavioral disorders are higher among Black residents (1,370.1 per 100,000 pop.) and males (1,354.8 per 100,000 pop) compared to other races (White 890.7, Hispanic 493.3, Asian 167.3 per 100,000 pop.) and females (955.3 per 100,000 pop.) (DPH, 2015–2019).
- Drug use emergency room visit rates are higher among Black residents (460.7 per 100,000 pop.) and males (520.4 per 100,000 pop.) compared to other races (White 410.8, Hispanic 218.5, Asian 50.2 per 100,000 pop.) and females (209.5) (DPH, 2015–2019).
- Suicide rates are higher among White residents (15.9 per 100,000 pop.) and males (17.4 per 100,000 pop.) compared to other races (Black 7.5, Hispanic 7.0, Asian 5.4 per 100,000 pop.) and females (4.6 per 100,000 pop.) (DPH, 2015–2019).
- Emergency room visit rates for intentional self-harm are higher for White residents (62.1 per 100,000 pop.) and females (68.9 per 100,000 pop.) compared to other races (Black 47.4, Hispanic 22.6, Asian 8.8 per 100,000 pop.) and males (41.8 per 100,000 pop.) (DPH, 2015–2019).

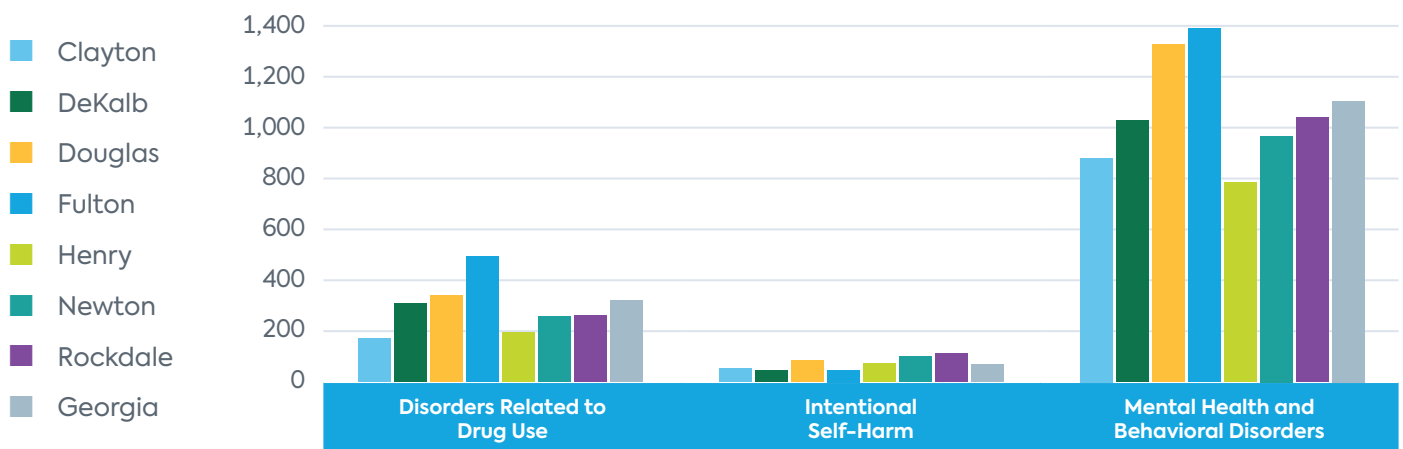
Table 15 | Rate of Drug Overdose (2009–2019)

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	Georgia
2009	8.8	6.1	5.9	7.7	14.9	14.2	9.7	9.9
2010	8.2	5.6	10.1	10.1	12.5	7.1	10.4	10.3
2011	8.2	6.6	9.4	9.2	15.4	15.0	12.8	10.4
2012	11.0	6.2	6.7	8.6	9.5	9.5	15.3	9.9
2013	8.4	5.4	5.5	11.5	11.4	11.3	13.5	10.5
2014	8.7	7.8	18.9	12.1	12.8	9.3	14.7	11.4
2015	9.9	9.4	12.7	13.0	12.5	10.4	12.3	12.2
2016	9.0	9.4	21.9	14.8	16.2	13.6	16.9	13.1
2017	12.0	10.2	16.0	14.5	12.7	13.8	12.7	14.6
2018	9.4	10.9	19.5	14.6	14.0	8.5	19.4	13.1
2019	7.6	12.8	18.4	12.3	11.7	11.8	7.8	12.9

Age-adjusted rates per 100,000 population

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

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



Age-adjusted rates in the Wellstar Atlanta Medical Center and Atlanta Medical Center South service area, compared to state benchmarks (2015–2019)

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

Factors Contributing to Poor Behavioral Health Outcomes

COVID-19 pandemic

Behavioral health was a need pre-pandemic, and literature indicates that behavioral health outcomes have gotten worse since COVID-19 began. Pandemic-related stress is driving mental health needs due to isolation, unemployment, and workforce shortages. Confusion about the lockdown, mask mandates, workplace safety, and the inability to visit hospitalized loved ones also impacted mental health. The closing of religious institutions reduced the feeling of community, which especially impacted the Black community and seniors.

COVID-19 Pandemic Influence Survey participants, community leaders, and residents are concerned about the increasing prevalence of depression, anxiety, domestic violence, housing safety issues (hoarding), and substance abuse (alcohol and drugs). Additional concerns include:

- The opioid crisis in Douglas County.
- The number of homeless individuals with serious mental illness.
- The increase in binge eating disorder and its contribution to health issues like sleep apnea.
- Increasing prevalence of suicidal behaviors and/or attempts across all groups, especially LGBTQ+ individuals, school-age children, and seniors.

COVID-19 Pandemic Influence 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, and
- Those with pre-existing conditions.

Additionally, during the pandemic, substance abuse and mental health needs have increased among members of the LGBTQ+ community due to a lack of support and acceptance from their families.

Most COVID-19 Pandemic Influence Survey participants scored the pandemic as moderately or significantly influencing access to behavioral health care. Temporary behavioral health and substance abuse facility closures and lack of service providers have made accessing timely and quality care difficult.

There is concern about COVID-19 impacts on families and school-age children:

- Parents are becoming overburdened with working full-time and supporting at-home virtual learning during school closures.
- Children are experiencing academic challenges associated with virtual learning.
- Children have less resilience and the ability to cope with transitions due to a lack of social interaction.
- Educators are not trained or equipped to support students with mental health issues.
- There is an increase in child hospital admission for mental health issues and eating disorders.
- There is a need for more mental health messaging targeted at teenagers.

Lack of access to services

Community leaders described mental health care as a “luxury” and “impossible” to access. Community leaders and residents identified several barriers to accessing behavioral health care:

- Mental health care screening has decreased.
- Residents are not aware of available behavioral health resources.
- Some people may not be comfortable accessing existing resources.
- Individuals may lack awareness of healthy coping skills.
- Time constraints prevent individuals from accessing services.

Meeting the rising demand for behavioral healthcare services has been challenging. There are workforce shortages due to facility closure, “burnout,” difficulty retaining and recruiting staff, and a lack of providers that accept uninsured clients. Individuals who have lost insurance or are experiencing economic insecurity are less able to pay sliding scale or reduced rate fees.

Telehealth expanded access to behavioral health care services, but some prefer in-person services or do not have reliable internet access. While the number of virtual mental health support groups has increased, there is concern over its efficacy when compared to in-person services.

Community leaders identified a need for:

- Affordable services for mental health needs, including care for those experiencing homelessness, trauma, and PTSD.
- Mental health providers in rural areas.
- Affordable outpatient and transitional housing for those with mental illness, especially for low-income, underinsured, and uninsured individuals.
- Post-hospitalization housing or residential care.
- Better continuity of care for those discharged from mental health crisis centers.
- Providers familiar with the unique needs of LGBTQ+ residents.
- Pediatric mental health care providers.
- Mental health support for undocumented immigrants.
- Culturally competent and Spanish-speaking providers for Hispanic individuals.
- Holistic treatment approaches that include exercise, healthy food, and homeopathic techniques in addition to medication.
- Diversion systems and services that provide greater access to healthcare and behavioral health care treatment instead of incarceration.

Stigma

Residents discussed how the stigma of seeking mental health care remains a pervasive issue. There are cultural barriers to seeking counseling or mental health services. Some groups value self-sufficiency and the ability to handle things on their own. In Asian-American culture, mental health issues can be seen as a “defect.”

Residents discussed the need to decrease the stigma of seeking mental health services as a means of reducing violence among men and masculine-identifying people. Some individuals are reluctant to seek services because they feel it puts their reputation at risk; “if you are lower income, you can’t be vulnerable.”

Lack of insurance parity

There is a reported lack of mental health parity in the insurance and healthcare systems. While insurance plans should not make behavioral care more restrictive or expensive than medical care, community leaders do not feel that mental health benefits and medical and surgical benefits are equal.

Residents felt that insurance plans and healthcare systems view mental health as optional. They shared that insurance plans do not fund the full continuum of behavioral health services, such as medication, and do not provide support to navigate benefits.

Based on an inventory of community assets (see *Appendix*), there are 25 resources in the area to address access to behavioral health care. 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.

Community leaders and residents made several recommendations:

- Collaboration among organizations serving similar populations and people groups (i.e., low-income earners, immigrants without legal citizenship, seniors, LGBTQ+, and communities of color) around meeting the burgeoning mental health needs of the community could maximize resources and reduce duplication to fill gaps in the care continuum in the community.
 - Collaboration with school administrators and teachers to deliver age-appropriate emotional wellbeing curricula in school settings.
- Develop and support affordable and sustainable prevention, treatment, and recovery programs. For example, one community leader suggested that health providers engage payers to develop mental health rehab facilities as they have for medical conditions, e.g., stroke and physical injury.
- Support efforts to increase transitional housing and residential reentry centers, including long-term and short-term options.
- One resident recommended more support targeted for essential and low-wage workers through employer or government programs.



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 with “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 higher overall pregnancy rates (48.8 vs. 54.0 per 1,000 live births). Teen pregnancy rates (females aged 15–17) per 1,000 live births are higher in the service area compared to the state (13.0 vs. 12.0) and especially high in Clayton and DeKalb counties (17.3 and 16.7, respectively). The service area as a whole, and all counties within the service area, have a higher pregnancy rate among ages 40–44 when compared to the state (service area 19.1 vs. state 14.5 per 1,000 live births). (DPH, 2016–2020).

Community leaders were concerned about teenage pregnancy among New Americans. There is limited information available for New American teenagers on health and reproduction. There is a need for more prenatal care access and breastfeeding education for teenage mothers. Schools need resources to retain pregnant students.

Low birth weight

Compared to the state, the service area and all individual counties have a higher percentage of infants born with low birth weight (service area 10.9 percent vs. state 9.9 percent) (DPH, 2015–2019) (*Figure 2*).

Infant mortality

Compared to the state, infant mortality is higher in the service region (7.3 vs. 7.5 per 1,000 live births). Fulton County is the only county in the service area that shows lower Infant mortality rates when compared to the state (DPH, 2015–2019) (*Figure 2*).

Maternal morbidity and mortality

Reliable county-level data on maternal morbidity and mortality is not available. Maternal morbidity and mortality in Georgia are high – particularly among Black women.

Access to care

Community leaders reported there are limited women’s health services available. They also identified a need for:

- Free or low-cost prenatal and postnatal services for women lacking legal immigration status.
- More low-cost facilities and/or financial support for vaccinations, immunizations, and physicals, especially for New Americans and uninsured individuals.
- Better provider follow-up to ensure that children receive vaccinations.
- More pediatricians in Douglas County, especially those that accept Medicaid or offer discounts for the uninsured.
- More resources for pregnant women to understand early prevention of chronic disease.
- More Black and female OBGYN providers.

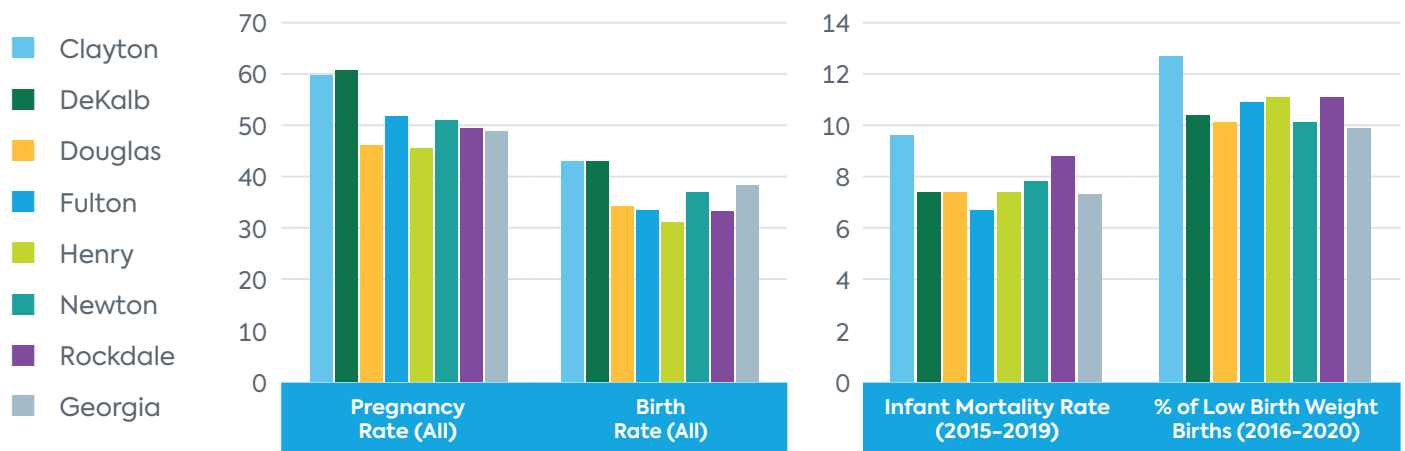
Disparities

Rates of infant deaths in the service area are nearly twice as high among Black residents when compared to White residents (11.1 vs. 6.0 per 1,000 live births) (DPH, 2015–2019). This disparity is even higher in DeKalb and Fulton counties, where infant deaths among Black residents are four times higher than among White residents in DeKalb (11.6 vs. 2.8 per 1,000 live births) and Fulton (10.8 vs. 2.7 per 1,000 live births) (Table 16) (DPH, 2015–2019).

There is a higher rate of teen pregnancy (females aged 15–17) among Hispanic teens compared to White teens and the service area population overall (22.1 vs. 3.6 and 13.0 per 1,000 live births, respectively) (DHP 2016–2020).

Community leaders felt that higher rates of teen pregnancy among New American populations are partially attributable to the limited information available to teenagers on health and reproduction in languages other than English.

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



Per 100,000 pop. in the Wellstar Atlanta Medical Center and Atlanta Medical Center South service area, compared to state benchmarks (2016–20)
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

Table 16 | Infant Mortality (2015–2019)

	White	Black	Asian	Hispanic	All People
Clayton	6.0	11.4	ND	5.9	9.6
DeKalb	2.8	11.6	2.6	5.3	7.4
Douglas	5.7	9.8	ND	ND	7.4
Fulton	2.7	10.8	2.9	3.20	6.7
Henry	5.6	9.9	ND	6.0	7.4
Newton	5.7	12.1	0.0	ND	7.8
Rockdale	5.7	13.2	0.0	ND	8.8
Service Area	6.0	11.1	3.0	4.7	7.5
Georgia	5.2	11.8	3.1	5.4	7.3

Rates per 1,000 live births; 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

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 channels for incarcerated mothers and the caregivers of their children,
- Improved care coordination for postnatal mothers and infants, and
- Improved access to safe and sanitary healthcare facilities.

All COVID-19 Pandemic Influence Survey participants indicated that COVID-19 influenced maternal and child health on some level. The pandemic may have contributed to or exacerbated poor maternal and child health outcomes through:

- Increased fear, anxiety, depression, social isolation, and a reduced sense of control among pregnant women due to uncertainty around COVID-19 and changes in prenatal care.
- Disproportionate hardship among single parents, especially single mothers.
- Postponement of family planning due to concerns related to COVID-19 and economic conditions.
- Increase in unplanned pregnancy due to women not seeking appointments for birth control, including abortion.
- Reduced postpartum support for breastfeeding due to limited access to breastfeeding specialists.
- Increased caregiver burden and stress.
- Potential for increased developmental delays due to reduction in social interaction and early childhood education.
- COVID-19 vaccine hesitancy among pregnant women and those planning for pregnancy results in newborns with higher susceptibility to COVID-19 infection.

COVID-19 Pandemic Influence Survey participants indicated that the following groups' maternal and child health was disproportionately affected by the global pandemic:

- Low-income and socioeconomic status individuals,
- Racial and ethnic minorities,
- People experiencing homelessness,
- Non-English speaking or proficient, and
- Uninsured individuals.

Community leaders feel that systemic and structural racism continues to negatively affect Black women and children. Maternal and child health outcomes are worse for Black women regardless of income, access to care, and education. Black infants experience higher rates of being pre-term and/or low birth weight and mortality. There is a need for increased awareness about race, generational trauma, and infant and maternal mortality. One community leader felt that Black women receive “a lot less care” than White women.

Community leaders recommended increasing the level of support that pregnant women receive from the community, including:

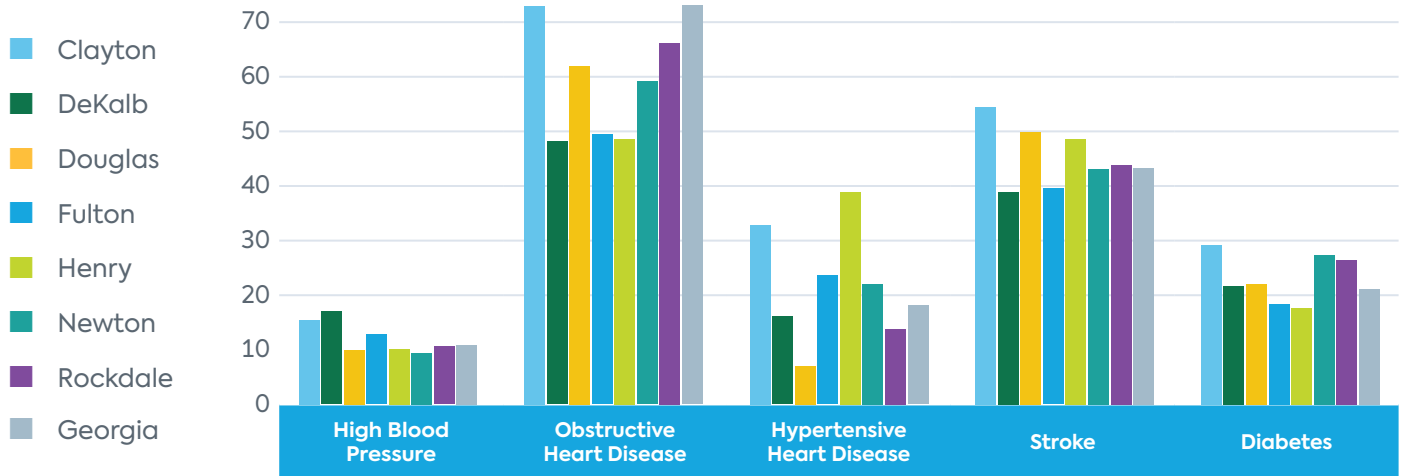
- Early education,
- Support securing immunizations and follow-up care,
- School retention services for pregnant teens attending high school,
- Intervention services for infants born to incarcerated parents, and
- Community care for pregnant prisoners.

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.

Chronic Disease

Chronic diseases identified by community leaders included asthma, cancer, cardiovascular disease, diabetes, obesity, and sleep apnea. Data show elevated morbidity and mortality rates associated with cardiovascular disease and diabetes.

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 (10.9 vs. 13.6 per 100,000 pop.),
- Hypertensive heart disease mortality and hospital use (18.1 vs. 22.1 and 94.2 vs. 109.2 per 100,000 pop., respectively), and
- Stroke hospital use (244.4 vs. 250.0 per 100,000 pop.) (DPH, 2015–2019).

Compared to the state, the rate of hospital use for obstructive heart disease or heart attack is lower in the service region (256.5 vs. 210.4 per 100,000 pop.), but the rates are higher in Douglas, Newton, and Rockdale counties (263.1, 397.4, and 265.7 per 100,000 pop., respectively) (DPH, 2015–2019).

Disparities:

- Males have higher mortality than females for hypertension (15.6 vs. 11.7 per 100,000 pop.), heart attack (73.9 vs. 37.0 per 100,000 pop.), and stroke (43.8 vs. 39.6 per 100,000 pop.) (DPH, 2015–2019)
- The Black population has higher mortality than the White population for hypertension (21.5 vs. 8.4 per 100,000 pop.), hypertensive heart disease (30.6 vs. 17.2 per 100,000 pop.), and stroke (50.4 vs. 35.2 per 100,000 pop.) (DPH, 2015–2019).

Diabetes

Compared to the state, the service area has a lower diabetes prevalence (11.2 vs. 10.3 percent) and mortality (21.1 vs. 21.0 per 100,000 deaths). The hospitalization rates (211.0 per 100,000 pop.) and emergency room use (317.8 per 100,000 pop.) for diabetes are higher than the state benchmarks. Within the service area, Fulton County has the lowest diabetes prevalence (8.2 percent) and hospital usage (198.6 per 100,000 pop.) (CDC, 2017; DPH, 2015–2019).

Disparities:

Diabetes disproportionately impacts Black residents compared to White residents, with a diabetes mortality rate of 32.4 per 100,000 deaths among Blacks and only 13.0 per 100,000 deaths among Whites (DPH, 2015–2019).

New American populations are unable to manage high blood pressure and diabetes due to their lack of access to primary care and the high cost of medication.

Asthma

Compared to the state, residents in this area are more likely to be hospitalized (74.2 vs. 95.6 per 100,000 pop.) and to utilize the emergency room (539.9 vs. 694.0 per 100,000 pop.) for asthma-related illnesses. Within the service area, Henry County is the only county with lower rates than the state for hospitalization (61.8 vs. 74.2 per 100,000 pop.) and emergency room usage (406.1 vs. 539.9 per 100,000 pop.) due to asthma. Black residents are much more likely than their White peers to visit the emergency for asthma (753.1 vs. 443.2 per 100,000 pop.) and three times more likely to be hospitalized (99.3 vs. 27.1 per 100,000 pop.). (DPH, 2015–2019)

According to community leaders, asthma diagnoses are increasing among adults.

Healthy Living and Food Access

Community leaders and residents indicated that there are barriers to healthy living, including knowledge and access to healthy food, as well as beneficial amenities.

Residents discussed many factors that influence whether individuals consume healthy food, including:

- Lack of knowledge of how to locate or prepare healthy food,
- High cost of healthier food,
- Time constraints that limit grocery shopping and meal preparation,
- Lack of transportation, and
- Prevalence of unhealthy food options and fast food.

All COVID-19 Pandemic Influence Survey participants acknowledged that the pandemic impacted people's ability to live healthy lives. The COVID-19 pandemic disrupted daily routines, such as going to the gym and the availability of public transportation for activities like grocery shopping. Community leaders are concerned that stress, less physical activity, eating "comfort" food, and limited in-person medical care during the pandemic will contribute to increased chronic disease.

COVID-19 Pandemic Influence Survey participants identified the following groups' access to food and healthy living opportunities as most disproportionately impacted by the pandemic:

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

Food Insecurity

Compared to Georgia (27.3 percent) and the U.S. (18.9 percent), the service area for Wellstar Atlanta Medical Center and Atlanta Medical Center South has a higher percentage of low-income families with low food access (32.4 percent) (USDA, 2019) (Figure 4). Within the service area, the percentage of low-income low food access families ranges from 25.4 percent in DeKalb County to almost fifty percent in Henry County (48.8 percent) (USDA, 2019). The service area has a higher percentage of families that receive Supplemental Nutrition Assistance Program benefits when compared to the state (13.1 percent vs. 12.8 percent), but a lower rate of Supplemental Nutrition Assistance Program authorized food stores (8.3 vs. 9.6 per 100,000 pop.) (ACS, 2019; USDA, 2019). This gap is especially pronounced in Newton County, where 18.4 percent of the population receives Supplemental Nutrition Assistance Program benefits, but there are low rates of authorized food stores (8.4 per 100,000 pop.) (ACS, 2019; USDA, 2019)

Community leaders were concerned about the lack of access to affordable, healthy food and food insecurity. Leaders noted how it is currently difficult to make ends meet; the cost of food and other necessities have increased while wages and/or fixed-income benefits have not. When healthy food is unaffordable, individuals consume foods with more sugar, fat, and cholesterol. This is cost-effective at the moment but leads to high costs long term. COVID-19 Pandemic Influence Survey participants identified food shortages and restrictions on public transportation as further reducing access to healthy foods.

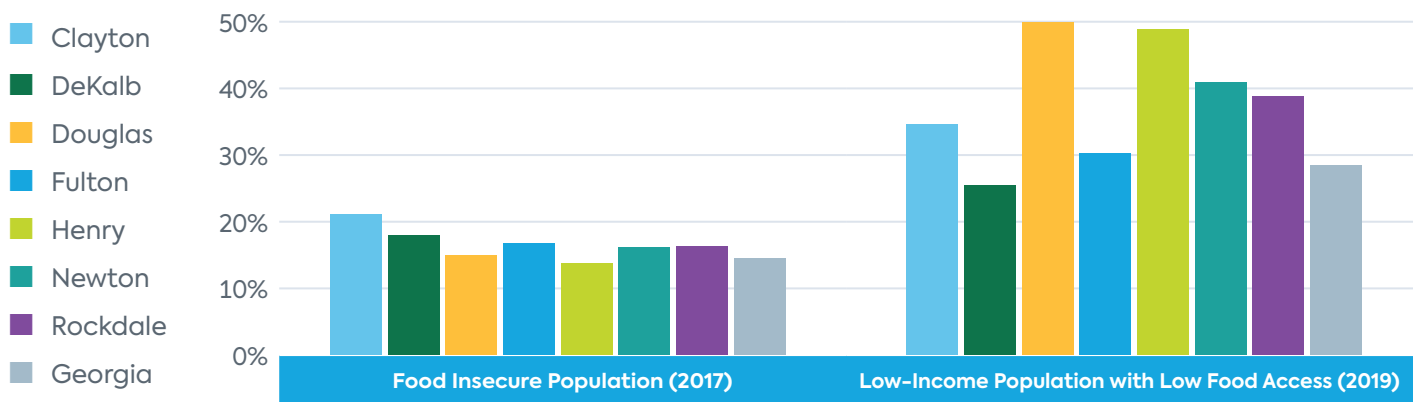
The number of individuals seeking food assistance through government programs or organized food distribution events increased. In 2021, one statewide support organization assisted 1,139 households with accessing Supplemental Nutrition Assistance Program benefits compared to 769 households in 2020. Some food pantries were unable to accept new clients during the pandemic. Some people in need were able to utilize food delivery programs.

Underserved communities may be food deserts in which there is limited public transportation, and grocery stores are located several miles away. These communities are also targeted by fast-food marketing. Community leaders identified individuals in the following areas as experiencing higher food insecurity:

- North Douglas County, particularly Douglasville and Lithia Springs
- Southwest Atlanta, including East Point, College Park, Forest Park, Mechanicsville, and Riverdale

Based on an inventory of community assets (see Appendix), there are seven 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 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 Atlanta Medical Center and Atlanta Medical Center South service area, compared to state benchmarks (2017-2019)

Sources: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2019.

Source geography: Tract; Feeding America. 2017.

Education

Residents discussed how people want to be healthier but need access to more information about chronic disease, affordable food, and recreation opportunities. Community leaders identified the following nutrition-related needs:

- The Hispanic population is at risk for developing diabetes and lacks access to culturally relevant programs in Spanish.
- There is a lack of knowledge about the risk factors for cardiovascular disease and death, especially poor eating and lack of exercise.
- There is a lack of knowledge about the impact of excessive technology, like social media, on health.
- Supplemental Nutrition Assistance Program-eligible individuals and families would benefit from increased exposure to “new” fruits and vegetables and education on how to affordably cook and store healthy foods.

Access to Amenities

Residents discussed how resources “infused into the community” could reduce healthy lifestyle barriers. Residents valued the access to libraries with exercise programs, paved trail systems, walkable areas, parks, and gyms with affordable membership options, like the YMCA. Residents found farmers’ markets in the area particularly beneficial as they offer live food demonstrations, a greater variety of healthy options than grocery stores, and coupons for fresh foods.



Social Determinants of Health

The social determinants of health prioritized by this needs assessment include poverty, housing, and education. Data suggests that these social determinants of health were improving prior to the pandemic. Community leaders have agreed that employment, wages, and the number of insured residents were all increasing before the pandemic. While data are not recent enough to depict the impact of the pandemic on social determinants of health in the hospital service area, current literature and all primary data included in this assessment suggests that poverty, housing, and education have all grown worse since 2020.

A COVID-19 Influence Survey participant noted pandemic recovery funding increased investment in social services, including rent and mortgage relief and food delivery services. Residents shared that community philanthropy has increased access to free and readily available services for marginalized communities, but more funding is needed. Community leaders agreed, noting that more economic investments that promote job growth are needed.

Community leaders felt there is a need for increased partnership between community and healthcare organizations to:

- Better align priorities to meet the needs of individual communities.
- Increase funding for community resources and partnerships that improve chronic disease outcomes.
- Increase investment in cross-system work.
- Better allocate resources in Cobb, Douglas, and Fulton counties.

Community leaders discussed inequitable systems that influence equity challenges in social and health outcome indicators. Leaders recommended a systems-based approach and community collaboration to begin to:

- Increase awareness about race, generational trauma, and infant and maternal mortality.
- Address the emerging challenge of prioritizing mental and behavioral health for those experiencing systemic barriers, like racism.
- Decrease race-based inequities in sentencing and behavioral diagnoses in the criminal justice system. Address the overrepresentation of Black women in incarcerated populations.
- Enable effective partnerships between the Department of Corrections and outside support organizations to solve problems.
- Eliminate discrimination against Black women in the healthcare system.
- Eliminate institutional racism against Black and Brown people who were unable to achieve higher education.
- Eliminate harmful policies against the LGBTQ+ community, such as the inability to choose the restroom of their choice.
- Address the difficulty that transgender individuals face in accessing gainful employment.
- Increase opportunities after release for individuals who have been incarcerated for long periods of time.
- Reduce the systemic bias against children interacting with the justice system who have experienced trauma.

- Provide more primary interventions that reduce the risk of young people entering the Department of Juvenile Justice system.
- Decrease the political polarization that affects meeting the needs of citizens.
- Increase access to social services and government resources, such as Medicaid, the Supplemental Nutrition Assistance Program, and pandemic stimulus benefits, for New Americans living in poverty and/or lacking proof of income due to cash-based work.

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

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

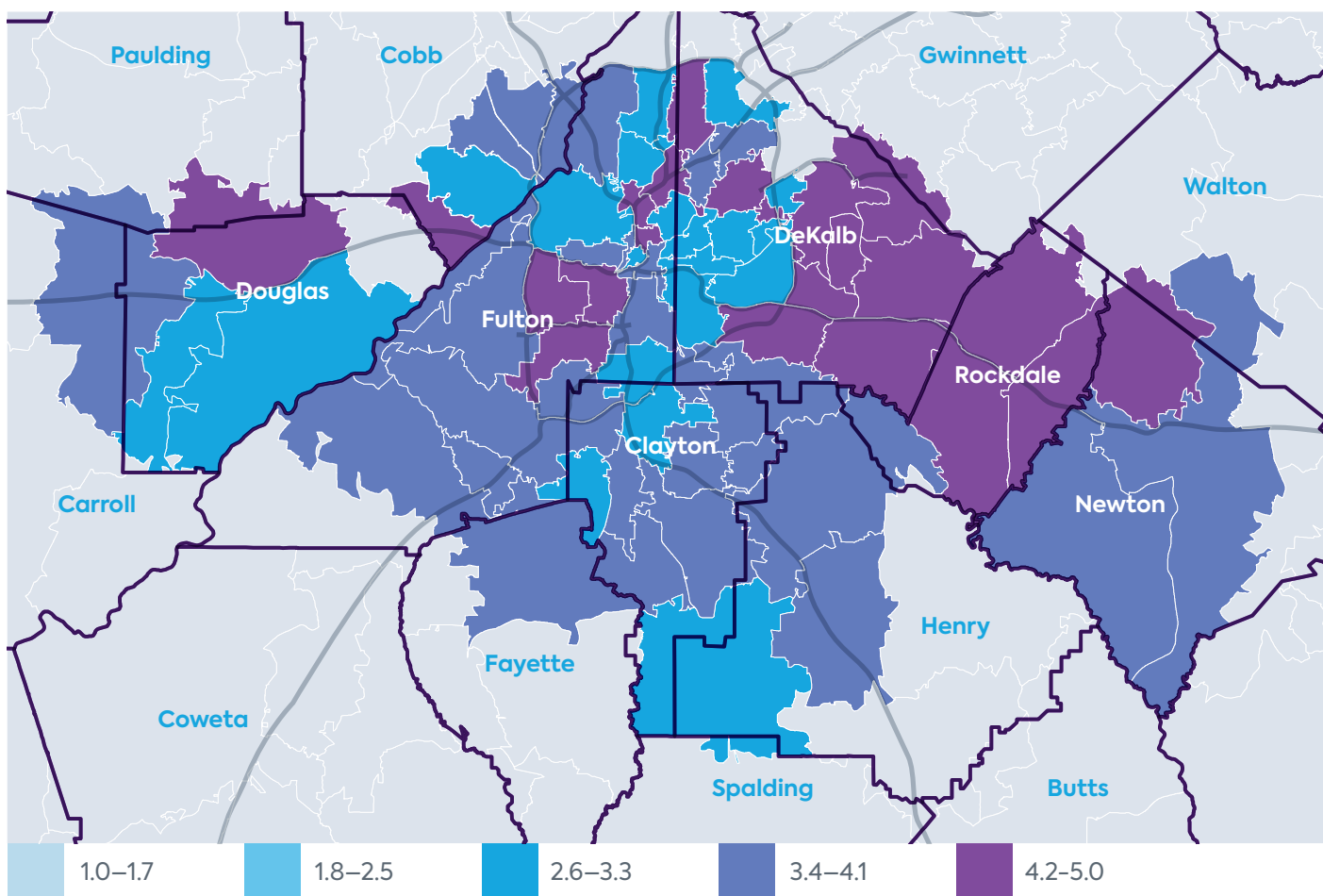


Table 17 | Community Needs Index Scores (2020)

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
10 Areas with the highest CNI Scores												
30012	Rockdale	0.2	4.8	13.1%	27.2%	38.2%	4.7%	73.6%	18.0%	7.8%	18.6%	41.3%
30013	Rockdale	0.2	4.8	15.3%	37.8%	41.4%	4.4%	88.2%	19.2%	8.8%	30.1%	61.6%
30033	DeKalb	0.0	5.0	32.3%	38.4%	50.8%	1.7%	86.8%	18.8%	12.2%	38.3%	63.2%
30034	DeKalb	0.0	4.8	25.7%	32.1%	38.5%	26.9%	86.2%	30.4%	8.6%	23.2%	71.8%
30035	DeKalb	0.0	4.8	52.0%	34.3%	48.8%	0.8%	57.2%	15.2%	16.2%	34.3%	73.1%
30038	DeKalb	0.0	4.8	17.6%	50.8%	64.8%	1.1%	97.5%	15.6%	13.4%	39.1%	58.5%
30054	DeKalb	0.0	4.8	18.1%	35.8%	53.4%	1.8%	85.1%	12.8%	9.5%	28.7%	67.4%
30319	DeKalb	0.2	4.8	11.9%	27.9%	41.0%	13.4%	88.4%	30.8%	8.0%	28.5%	55.5%
30322	DeKalb	0.2	4.8	26.7%	36.9%	43.9%	0.5%	92.5%	19.7%	10.9%	36.1%	60.9%
30058	DeKalb	0.0	4.6	16.9%	28.4%	39.9%	0.9%	87.8%	16.1%	11.2%	21.6%	48.0%
10 Areas with the lowest CNI Scores												
30002	DeKalb	0.4	2.6	6.1%	2.9%	25.6%	1.1%	16.5%	1.1%	2.5%	7.0%	25.0%
30030	DeKalb	0.2	3.0	12.9%	8.4%	20.9%	1.3%	59.1%	12.0%	4.8%	8.9%	19.5%
30032	DeKalb	0.2	2.8	7.0%	14.7%	30.3%	1.2%	61.7%	7.6%	6.2%	8.0%	14.4%
30297	Clayton	0.0	3.0	6.8%	5.2%	16.1%	1.7%	53.9%	2.7%	2.3%	7.5%	68.3%
30303	Fulton	0.0	2.8	9.4%	10.8%	20.7%	2.1%	76.7%	7.8%	7.5%	9.3%	15.4%
30305	Fulton	0.0	2.8	5.2%	4.5%	23.3%	0.5%	16.8%	1.8%	2.5%	8.5%	48.2%
30306	Fulton	0.0	2.6	5.9%	8.4%	29.4%	0.5%	31.9%	12.3%	3.3%	8.4%	13.3%
30307	DeKalb	0.0	2.6	4.5%	1.9%	13.1%	0.8%	28.6%	0.8%	2.4%	6.0%	55.8%
30354	Fulton	0.4	2.8	7.1%	14.7%	25.0%	1.2%	66.1%	8.1%	5.1%	8.6%	19.4%
30363	Fulton	0.4	2.8	13.5%	1.4%	5.0%	0.9%	23.7%	3.1%	1.7%	9.7%	45.2%
County Totals												
Clayton County		0.2	4.1	10.0%	19.1%	30.2%	5.1%	87.0%	15.3%	6.9%	18.8%	37.2%
DeKalb County		0.1	3.8	12.8%	16.5%	28.9%	5.3%	71.5%	11.7%	6.5%	13.8%	42.6%
Douglas County		0.1	3.5	13.3%	12.8%	27.0%	1.5%	60.1%	13.0%	5.4%	11.3%	27.9%
Fulton County		0.1	3.5	12.3%	15.9%	29.6%	2.3%	61.1%	7.9%	6.1%	15.9%	44.5%
Henry County		0.1	3.2	8.3%	12.2%	22.1%	1.6%	59.1%	8.8%	6.0%	10.9%	25.6%
Newton County		0.1	3.9	11.7%	18.6%	36.3%	0.9%	53.2%	12.6%	6.5%	17.3%	24.9%
Rockdale County		0.1	3.8	9.0%	19.6%	30.7%	2.7%	73.0%	11.6%	6.9%	12.6%	30.3%

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. In the Wellstar Atlanta Medical Center and Atlanta Medical Center South service area, Clayton County has the highest rate of poverty (18.6 percent), while Henry County has the lowest poverty rate (8.5 percent). Between 2006–2010 and 2015–2019, poverty increased across the service area except for in DeKalb and Fulton counties, where poverty rates dropped (ACS, 2019). These numbers are pre-pandemic, and current literature suggests that post-pandemic numbers will be higher.

At the county level, Clayton County has the highest needs score, followed closely by DeKalb County, while Henry County shows the lowest needs score (*Table 17*). A closer look at zip code-level scores shows that there are pockets of high socioeconomic barriers to accessing care in DeKalb and Rockdale counties (zip codes with needs scores 4.8–5.0) (CNI, 2020). Among the zip codes with the highest needs scores, poverty is high (between 40 to 65 percent for single-parent households), as is the percent of the population uninsured (18 to 40 percent) (CNI, 2020). Housing situations are fragile due to job loss, underemployment, and price increases across sectors. Residents believe that the stress from housing insecurity will contribute to rises in chronic disease and COVID-19 Pandemic Influence Survey participants believe it will impact both physical and mental health.

Table 18 | Population Below the Federal Poverty Level (2006–2019)

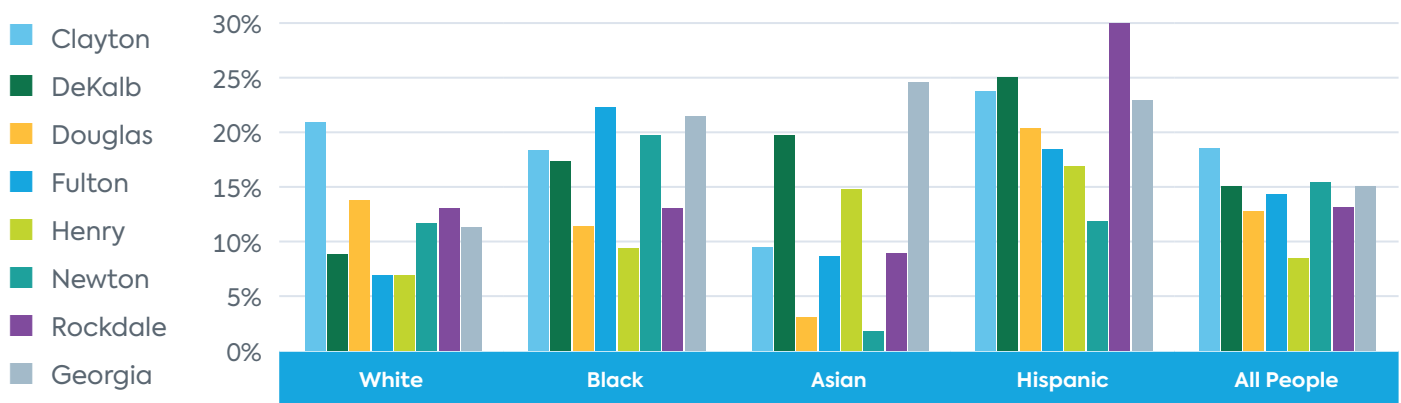
		Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale
Total households	2006–2010	86,546	264,837	44,747	357,463	66,327	33,536	28,561
	2015–2019	94,279	282,436	49,187	410,576	75,984	37,018	31,076
All people	2006–2010	16.7%	16.1%	11.3%	15.3%	8.3%	12.7%	12.3%
	2015–2019	18.6%	15.1%	12.8%	14.4%	8.5%	15.5%	13.1%
All families	2006–2010	13.6%	12.4%	8.8%	12.0%	6.3%	10.8%	9.2%
	2015–2019	15.6%	11.1%	9.7%	10.7%	6.6%	13.2%	10.5%
Married couple families	2006–2010	7.1%	5.5%	4.2%	3.6%	3.0%	5.1%	4.4%
	2015–2019	7.1%	5.8%	4.9%	3.9%	3.5%	6.1%	5.2%
Single female head of household families	2006–2010	24.2%	25.3%	21.0%	31.8%	18.8%	24.6%	20.5%
	2015–2019	26.6%	21.6%	23.9%	27.2%	15.0%	31.1%	20.9%
Households with no motor vehicle	2006–2010	7.5%	9.4%	3.2%	12.2%	2.2%	3.2%	5.6%
	2015–2019	7.7%	8.6%	4.0%	10.8%	2.3%	5.1%	3.8%
Commuting mode – public transportation	2006–2010	3.5%	8.2%	1.5%	8.0%	1.2%	0.8%	1.3%
	2015–2019	3.3%	7.4%	0.8%	7.5%	1.0%	0.7%	1.0%

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

Secondary data included in this assessment suggests poverty is highest among:

- People of color (highest among Black and Hispanic populations) – poverty levels in this region are higher among Black (18.3 percent) and Hispanic residents (21.6 percent) compared to White residents (8.9 percent) and Asian residents (12.5 percent). However, in Clayton County, poverty levels are higher among Hispanic (23.8 percent) and White (21.0) residents compared to Black residents (18.4), and in Henry and DeKalb counties, there are high percentages of Asian residents living in poverty compared to the rest of the service area (14.8 and 19.8 vs. 12.5 percent) (ACS, 2019).
- Single parents – single female heads of households constitute the largest group of individuals living in poverty, ranging from 15 percent in Henry County to 31 percent in Newton County. From 2006–2010 to 2015–2019, poverty rates of this group rose across the service region except for in DeKalb and Fulton counties (ACS, 2019).
- Residents 65 and older
- Women
- Residents with limited English proficiency
- Those without a high school diploma (ACS, 2019)

Figure 5 | Population Below 100% Federal Poverty Level



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

Compared to Georgia, most of the counties in the service area have a higher median income except for Clayton and Newton counties (ACS, 2015–2019). From 2015–2019 unemployment in the service area (5.4 percent) was higher than in Georgia (4.4 percent) (ACS, 2015–2019). Overall, the unemployment rate doubled or tripled in the service area between 2019 and 2020, which is likely due to COVID-19 (note: there are no 2020 data for Newton County) (U.S. Department of Labor, 2020).

Some residents shared that poverty has a pervasive and rippling effect in the service area. Residents discussed how poverty, housing, and healthy living are interconnected. One resident felt that resources are available for housing and food assistance, while another found it difficult to afford basic needs.

Community leaders noted factors that contribute to financial insecurity:

- Employers decreased staff during the COVID-19 pandemic, especially in the part-time and blue-collar sectors.
- Prices have increased across sectors due to pandemic recession.
- Lack of employment opportunities that pay a living wage.
- Most opportunities available to those re-entering the workforce after experiencing homelessness do not set individuals up for long-term career success.
- Some families experiencing homelessness and/or working mothers did not receive pandemic stimulus checks and/or unemployment benefits.

Community leaders felt that individuals living in poverty were impacted by additional factors:

- Lack of access to free or low-cost legal support.
- The political climate discourages undocumented new Americans from seeking support services.
- Lack of community support for families in poverty.
- Lack of safety-net services for seniors, such as support for caretakers, transportation, and technology.

Community leaders noted that there were disparities between those that thrived during the pandemic and underserved communities that faced the brunt of negative impacts. Community leaders identified lower-income communities in the service area:

- North Douglas County, including Douglasville and Lithia Springs;
- Southwest Atlanta, including the communities of College Park, East Point, Forest Park, Mechanicsville, and Riverdale;
- Areas around Converse Road and Highway 9 in north Fulton County; and
- Northeast Rockdale County.

Based on an inventory of community assets (see *Appendix*), there are 15 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 in order for residents to access services or goods.

Housing

Across the service area, the percentage of families with cost-burdened housing (spending more than 30 percent of income on rent or mortgage) decreased from 2010 to 2019 (ACS, 2019). Despite these decreases, almost 50 percent of renters and 25 to 30 percent of homeowners in the service area are still paying more than a third of their income for housing (ACS, 2019). The mortgage burden is especially high in Newton County, where almost 50 percent of homeowners are paying more than a third of their income for housing (ACS, 2019). There is concern that housing outcomes will get worse as post-pandemic data become available.

Table 19 | Select Housing Indicators

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	Georgia
Units Affordable at 15% AMI*	2.4%	1.6%	2.0%	2.5%	2.5%	3.4%	1.9%	2.9%
Units Affordable at 30% AMI	6.3%	5.0%	5.7%	7.1%	5.8%	6.9%	5.3%	7.6%
Units Affordable at 40% AMI	11.5%	9.0%	12.4%	11.8%	10.6%	12.2%	11.2%	10.4%
Units Affordable at 50% AMI	19.4%	15.5%	22.1%	18.9%	21.5%	20.7%	19.8%	21.6%
Units Affordable at 60% AMI	28.4%	25.2%	35.2%	28.1%	36.3%	31.7%	30.3%	32.1%
Units Affordable at 80% AMI	52.0%	47.8%	62.0%	46.8%	64.7%	55.0%	56.6%	52.6%
Units Affordable at 100% AMI	74.2%	63.9%	77.9%	59.4%	78.4%	75.5%	74.1%	67.1%
Units Affordable at 125% AMI	90.4%	74.4%	85.6%	72.2%	85.3%	84.0%	83.9%	78.0%
Median Gross Rent	\$991.00	\$1,169.00	\$1,087.00	\$1,205.00	\$1,181.00	\$1,010.00	\$1,056.00	\$1,006.00
Households paying more than 30% of income for monthly mortgage	31.9%	27.6%	24.7%	25.0%	24.5%	47.9%	30.2%	ND
Households paying more than 30% of income for monthly rent	51.7%	52.5%	46.3%	48.7%	46.1%	53.1%	48.1%	ND
Households living in homes with one or more severe problems	24.1%	20.9%	17.4%	19.5%	15.6%	16.5%	18.6%	17.7%

* 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.

Housing situations are fragile due to job loss, underemployment, and price increases across sectors. COVID-19 Pandemic Influence Survey participants believe that stress from housing insecurity will impact both physical and mental health.

Affordable housing is difficult to find. There is low housing inventory, and, in some places, the cost of housing is “skyrocketing.” COVID-19 Pandemic Influence Survey participants report that many individuals are behind on their mortgage or rent and at risk of eviction or foreclosure. Investors and developers in Clayton and Fulton counties do not reflect the community. Affordably priced apartments are being demolished in Fulton County while the cost of living increases. Investors are buying single-family homes, which is contributing to the housing shortage, especially for first-time homebuyers.

Financial assistance is needed for rent, mortgage, utilities, and home maintenance to reduce safety hazards, such as failing septic tanks. The complexity of the public housing system makes qualifying for assistance difficult. There are long waitlists of people seeking long-term housing and not enough emergency housing, hotel vouchers, and shelter options. Community leaders noted a need for more public housing in Douglas County for people with incomes under \$30,000. Small, independent apartment owners did not receive enough federal or state assistance during the global pandemic.

Housing outcomes are worse for residents who are Black, single mothers, undocumented, and have a low income (ACS, 2019). Zoning laws may be contrary to fair housing laws and inhibit the development of housing for people with disabilities.

Survey respondents also identified the following groups as being disproportionately affected by COVID-19’s impact on housing:

- Individuals earning a low income,
- Racial and ethnic minorities,
- People experiencing homelessness,
- Non-English speaking or proficient communities, and
- Individuals lacking documentation.

Community leaders are concerned that rising housing costs are contributing to homelessness. COVID-19 Pandemic Influence Survey participants shared that because of the lack of supportive housing infrastructure and policies, at-risk individuals continue to cycle through displacement, eviction, and homelessness. Leasing agents will not accept partial payments and renters can be evicted with debt. Because leasing agents and landlords will not rent to individuals with eviction records, they move into hotels, stay with friends or family, or live in their car. Without stable housing, these individuals are at risk of losing their job.

The homeless population is transitioning from Atlanta to DeKalb. One community leader attributed children missing school to increasing homelessness. During the COVID-19 pandemic, those that were temporarily or chronically homeless had a higher risk of COVID-19 infection.

The Point-In-Time Count of Homeless in the city of Atlanta was incomplete for 2021 due to COVID-19. In 2020, there were 3,240 sheltered and unsheltered homeless people in the City of Atlanta, which is an increase from 3,076 in 2018. The majority of them were male (72.0 percent), over the age of 24 (85.0 percent), Black (88.0 percent), and non-Hispanic (96.0 percent) (Partners for Home, 2020).

According to an Atlanta Journal-Constitution article published in December 2021, “Until late August, a federal moratorium kept evictions in check. While that ban was in effect, monthly evictions in the five core counties of metro Atlanta (Clayton, Cobb, DeKalb, Fulton, and Gwinnett counties) averaged about 7,500 – a little more than half the pre-pandemic level. In the three months since the moratorium ended, evictions have averaged about 10,000 a month, according to data provided by the Atlanta Regional Commission.”

Based on an inventory of community assets (see *Appendix*), there are two 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.

Community leaders and residents made several recommendations:

- Incentivize the expansion of public-private partnerships to develop affordable housing that targets the specific issues causing affordable housing challenges in rural and urban areas.
- Collaborate with organizations working on housing issues to strengthen resources.
- Advocate for policies that promote equitable and fair housing practices and abolish zoning laws that restrict the development of multi-tenant and affordable housing units.

Transportation

COVID-19 Pandemic Influence Survey participants found that the pandemic impacted transportation through the rising cost of gas and a reduction in public transportation options and routes.

Community leaders noted that during the pandemic, some individuals had difficulty accessing COVID-19 testing centers and care due to lack of transportation. Seniors and individuals in rural areas need more transportation options in general.

Education

Compared to Georgia, the service area has fewer adults without a high school diploma (12.9 vs. 9.9 percent) and a higher percentage of the population with an associate’s degree or higher (39.1 vs. 48.5 percent), but there is variation among the counties (*Table 20*) (ACS, 2019). Clayton, Douglas, and Newton counties have a higher percentage of adults without a high school diploma (15.2, 12.2, and 13.4 percent, respectively) compared to the service area (9.9 percent) and the state (12.9 percent). In Fulton and DeKalb counties, half of the population has an associate’s degree or higher, compared to around one-third of the population in the rest of the service area. Populations of color in the service area are less likely to have a high school diploma than White residents, and Hispanic residents have the highest percent of population without a high school diploma (Hispanic 37.5 vs. White 11.4, Black 13.3, and Asian 13.0 percent) (*Figure 6*) (ACS, 2019). Community leaders believed that institutional racism plays a role in education outcomes, indicating that residents who have dark skin are more likely than other races to have grown up in neighborhoods with lower socioeconomic status and were less likely to achieve higher education.

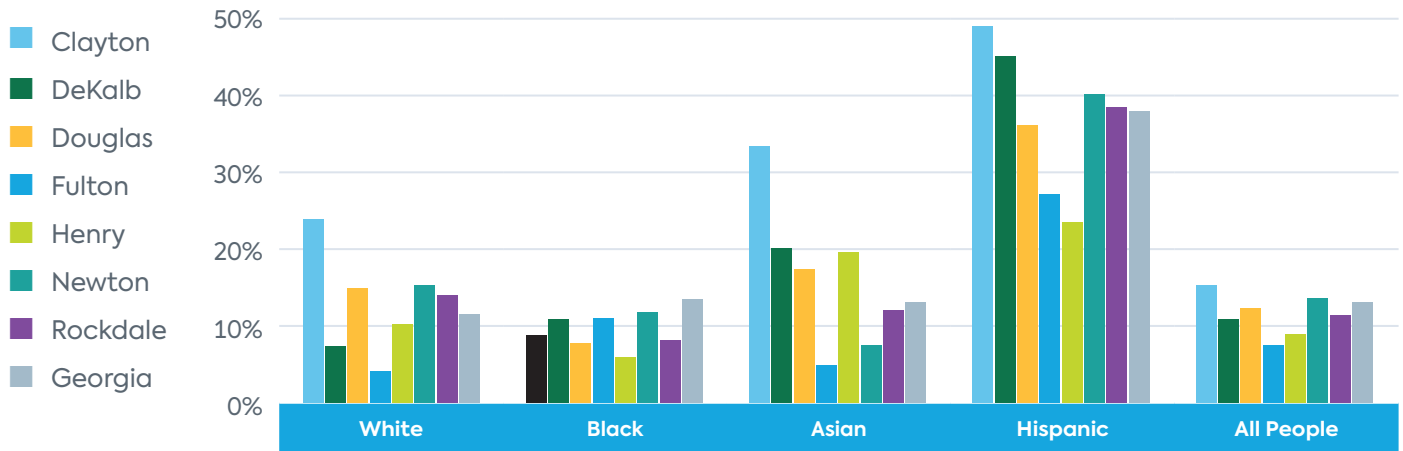
Community leaders reported a lack of early care and education options. There was also concern about the quality of public education and a disconnect between curricula and the skills needed by local employers. COVID-19 Pandemic Influence Survey participants were concerned that virtual school was not accessible to all students, resulting in a “digital divide.” They felt that virtual schooling negatively impacted learning and behavioral health. At the same time, the risk of COVID-19 transmission was higher in in-person learning environments, especially in schools without mask mandates and testing or vaccination requirements. Residents discussed how many parents did not have the knowledge to support online learning. School-age children are struggling to reach or remain at grade level.

Table 20 | Select Education Indicators (2015–2019)

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	All Counties	Georgia	U.S.
Adults without a high school diploma (age 25+)	15.2%	10.7%	12.2%	7.4%	8.8%	13.4%	11.3%	9.9%	12.9%	12.0%
High school graduate rate	73.0%	74.0%	87.0%	84.5%	87.0%	87.0%	83.0%	81.0%	85.4%	87.7%
Associate’s degree or higher	28.0%	51.1%	35.6%	58.9%	37.3%	27.2%	35.8%	48.5%	39.1%	40.6%
Bachelor’s degree or higher	19.5%	44.2%	28.2%	52.9%	28.5%	19.8%	26.3%	41.5%	31.3%	32.2%
Preschool enrollment (ages 3–4)	47.4%	58.0%	49.1%	61.9%	43.9%	58.7%	52.9%	56.2%	50.3%	48.3%

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

Figure 6 | Percentage of Population Without a High School Diploma



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

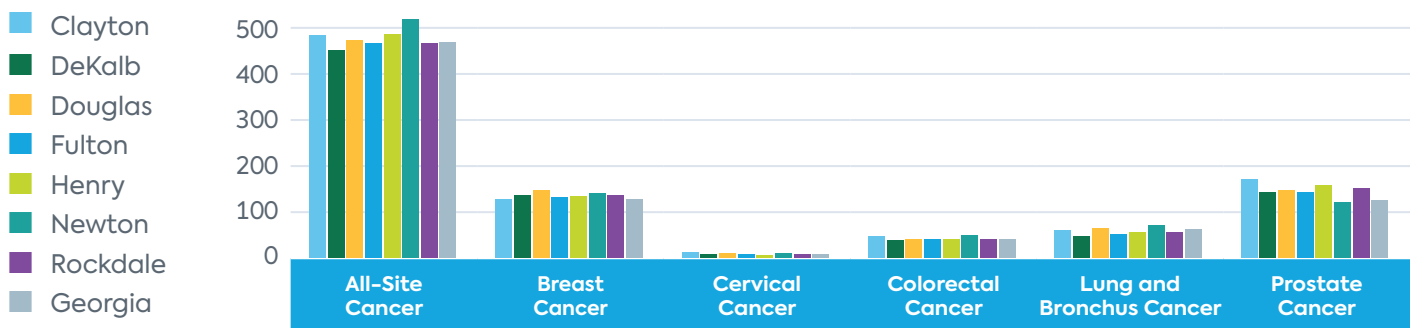
Community leaders and residents made several recommendations:

- Support policies that lower the cost of education and increase equity in funding for education.
- Support federal loans to students who are not legal citizens.
- Support efforts to increase options for higher education and vocational training.

Historically, the burden of cancer has been much higher in Georgia when compared to national benchmarks, which in turn influences morbidity and mortality rates in the hospital service area. The communities served by Wellstar Atlanta Medical Center and Atlanta Medical Center South have average age-adjusted incidence rates for all-site cancers when compared to the state (468.4 vs. 467.0 per 100,000 pop.), and Clayton, Douglas, Newton, and Rockdale counties consistently show above-average rates of morbidity, hospital use, and mortality (DPH 2013–2017) (Figure 7).

Compared to Georgia, the service area shows higher age-adjusted cancer mortality rates for breast cancer (11.7 vs. 13.0 per 100,000 pop.) and prostate cancer (8.6 vs. 9.8 per 100,000 pop.) (DPH 2013–2017). Within the service area, colorectal cancer mortality rates per 100,000 population in Clayton (15.7), Douglas (15.4), Newton (15.2), and Rockdale (16.3) counties are higher than the service area (14.1) and the state (14.6). Lung cancer mortality rates in Newton County are higher than in the service area and the state (43.3 vs. 30.2 and 38.7 per 100,000 pop.) (DPH, 2015–2019).

Figure 7 | Incidence Rates of Selected Cancer Sites



Age-adjusted rates per 100,000 population, (2013–17)
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer is more treatable when detected and treated in earlier stages of the disease. As a result, community leaders and COVID-19 Pandemic Influence Survey respondents agree that cancer-related mortality rates are most likely to increase due to the decline in cancer screenings during the COVID-19 pandemic and later-stage detection, with less effective treatment options. Additionally, leaders believed that breast and ovarian cancer disproportionately affect Hispanic women due to lack of annual check-ups and early detection.

Mortality rates are higher among the Black population compared to the White population for breast cancer (17.1 vs. 10.5 per 100,000 pop.), colorectal cancer (17.6 vs. 11.9 per 100,000 pop.), and prostate cancer (14.9 vs. 6.8 per 100,000 pop.) (DPH 2015–2019) (Table 21).

Table 21 | Cancer Mortality Rates

	White	Black	Asian	Hispanic	Georgia
All-Site Cancer	138.2	163.8	81.2	77.3	155.1
Breast Cancer	10.5	17.1	4.5	4.2	11.7
Cervical Cancer	0.7	1.5	ND	1.1	1.2
Colorectal Cancer	11.9	17.6	9.5	7.2	14.6
Lung Cancer	31.2	32.0	13.0	13.2	38.7
Prostate Cancer	6.8	14.9	ND	4.0	8.6

Age-adjusted rates per 100,000 population, (2015–2019). 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



Culturally Competent Services

Community leaders noted that some residents are pleased with their doctors, while other residents are concerned about the quality of care and level of attention that patients receive. They felt that providers are not in tune with patient needs.

COVID-19 Pandemic Influence Survey participants and community leaders identified the need for greater access to culturally competent services. There is a lack of:

- Providers that understand the unique needs of the LGBTQ+ community.
- Free or low-cost providers that can speak a multitude of languages.
- Resources and online information available in languages other than English.
- Services for refugees, including those from Afghanistan.
- Trust between providers and undocumented New Americans who fear deportation.
- Culturally relevant and Spanish-speaking prediabetes and diabetes programming and mental health services for Hispanic populations.



Sexually Transmitted Diseases

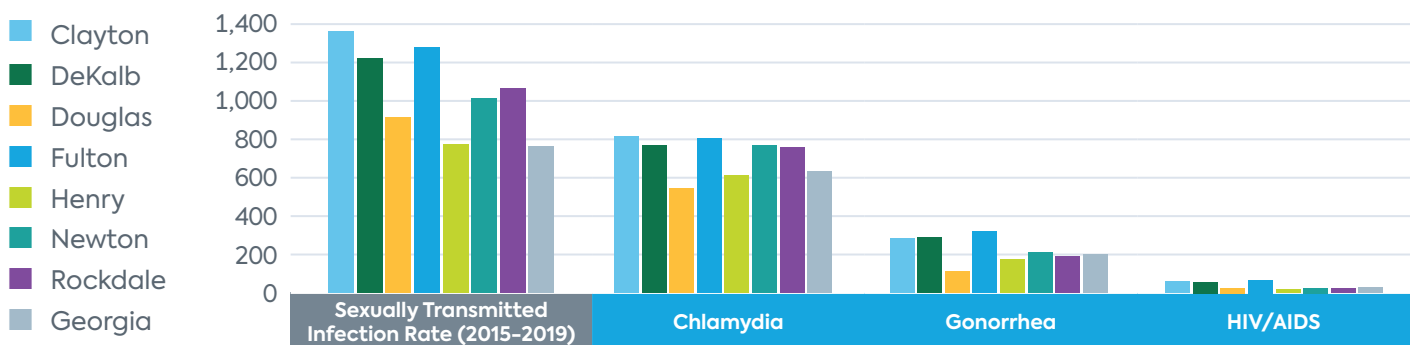
Compared to Georgia, the service area has higher age-adjusted rates for sexually transmitted infection overall (762.2 vs. 1,196.8 per 100,000 pop.) and for:

- Chlamydia (607.2 vs. 797.8 per 100,000 pop.) (DPH, 2015–2019),
- Gonorrhea (195.0 vs. 298.8 per 100,000 pop.) (DPH, 2015–2019), and
- HIV/AIDS prevalence (624.9 vs. 1,257.2 per 100,000 pop.) (CDC, 2018).

Age-adjusted rates for sexually transmitted infection per 100,000 population are substantially lower in Douglas (916.7) and Henry (777.3) counties when compared to Clayton (1,366.8) and Fulton (1,282.5) counties (DPH, 2015–2019). In Fulton County, HIV/AIDS prevalence rate at 1,707.2 per 100,000 population is three times higher than in Douglas, Henry, Newton, and Rockdale counties, which collectively have a range between 412.1 and 476.2 (CDC, 2018).

The age-adjusted rate of sexually transmitted infections for Black residents (1,148.7 per 100,000 pop.) is much higher than for other racial groups (Hispanic 336.3, White 210.3, Asian 74.2 per 100,000 pop.) (DPH, 2015–2019) (DPH, 2015–2019; CDC, 2018).

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



In the Wellstar Atlanta Medical Center and Atlanta Medical Center South service area compared to state benchmarks (2018, except as noted)

* Age-adjusted

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

Table 22 | HIV Prevalence Rates

	Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale	Georgia
White	377.7	609.9	167.1	695.8	134.4	120.9	203.2	207.1
Black	1,142.8	1,811.4	692.4	2,855.1	684.1	691.1	656.8	1,379.0
Asian	118.8	165.7	0.0	69.0	0.0	0.0	ND	72.0
Hispanic	579.5	1,409.7	332.7	1,623.9	456.9	334.7	213.8	548.8

Rates per 100,000 population

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018.

ND: No Data – Data not available for this population, or suppressed data

Community leaders identified a need to increase awareness of HIV testing and PrEP in Douglas County. COVID-19 Pandemic Influence Survey participants felt that social distancing guidelines may have significantly reduced STIs and HIV/AIDS transmission. Additionally, during the pandemic, government infectious disease staff may have been reassigned to support COVID-19 efforts.



Violence and Crime

Compared to Georgia, the service area has higher assault-related hospital discharge rates (16.0 vs. 27.0 per 100,000 pop.) and emergency room visit rates (247.6 vs. 296.8 per 100,000 pop.) (DPH 2015–2019). Fulton County assault-related hospital discharge rates and emergency room visits are higher than the rest of the counties (34.1 and 341.1 per 100,000 pop., respectively). Serious offenses decreased across the service area* between 2006–2010 and 2013–2017, with a few notable exceptions in violent crime (*Table 23*) (UCR, 2017):

- Murder increased in all counties except for Fulton County,
- The rate of rape increased in Clayton, Douglas, Henry, and Newton counties, and
- Aggravated assault rates increased in Clayton and Douglas counties (UCR, 2017).

It is important to note that these data do not depict violence after 2019, which is the time when published literature and primary data included in this assessment all indicate an increase in violence has occurred. Current literature indicates that Black, Asian, and LGBTQ+ residents were more likely to be victims of violence during the pandemic.

Community leaders, residents, and COVID-19 Pandemic Influence Survey participants were concerned about increases in crime, assault, and gun violence across the service area. Increases in violence were attributed to unemployment, stress between family members, the decline of social harmony, and increasing political polarization. Cultural glorification of drug use and the prevalence of violent video games may also contribute to crime and substance abuse. Residents voiced safety concerns for those who speak up against violence and felt that there are limited crime reduction resources. Community leaders identified a need for a stronger community support system for families living in poverty and more youth engagement infrastructure.

COVID-19 Pandemic Influence Survey participants were concerned about child abuse and neglect during virtual schooling periods. Children at home without parent supervision were at risk for abuse from people outside of the household. Child abuse and neglect cases likely went unreported during the pandemic due to children not attending in-person school and limited social interactions.

* data not available for DeKalb County

Table 23 | Crime Rates per 100,000 Population

		Clayton	DeKalb	Douglas	Fulton	Henry	Newton	Rockdale
All Part I Crimes	2006-2010	5,540.7	ND	3,727.4	7,798.8	2,743.2	3,156.5	4,333.4
	2013-2017	4,840.7	ND	3,165.8	5,622.3	2,804.7	2,772.4	3,323.6
Violent Crime	2006-2010	615.7	ND	271.6	1,105.7	257.6	414.1	456.2
	2013-2017	594.5	ND	298.1	786.9	189.8	395.8	321.4
Murder	2006-2010	11.6	ND	3.6	16.3	2.0	6.0	4.6
	2013-2017	12.5	ND	4.4	13.9	2.6	6.1	5.0
Rape	2006-2010	32.7	ND	15.2	31.0	14.5	17.3	24.3
	2013-2017	48.7	ND	18.4	30.0	20.2	18.8	20.8
Robbery	2006-2010	291.6	ND	70.4	475.9	72.6	57.6	107.3
	2013-2017	241.6	ND	68.4	322.2	68.8	56.5	76.9
Aggravated Assault	2006-2010	279.8	ND	182.3	582.6	168.6	333.1	320.0
	2013-2017	291.6	ND	206.9	420.8	98.2	314.3	218.8
Property Crime	2006-2010	4,925.0	ND	3,455.8	6,693.0	2,485.5	2,742.5	3,877.2
	2013-2017	4,246.2	ND	2,867.7	4,835.4	2,614.9	2,376.6	3,002.2
Burglary	2006-2010	1,697.3	ND	709.5	1,707.2	641.6	931.6	908.5
	2013-2017	1,143.1	ND	434.7	885.8	564.2	629.7	562.8
Larceny	2006-2010	2,519.0	ND	2,441.9	3,979.1	1,594.0	1,531.3	2,577.6
	2013-2017	2,553.0	ND	2,270.0	3,280.2	1,840.5	1,520.7	2,231.4
Vehicle Theft	2006-2010	708.7	ND	304.4	1,006.7	249.9	279.6	391.0
	2013-2017	550.1	ND	163.1	669.4	210.2	226.2	208.0

Rates per 100,000 population

ND: No Data – Data not available for this population

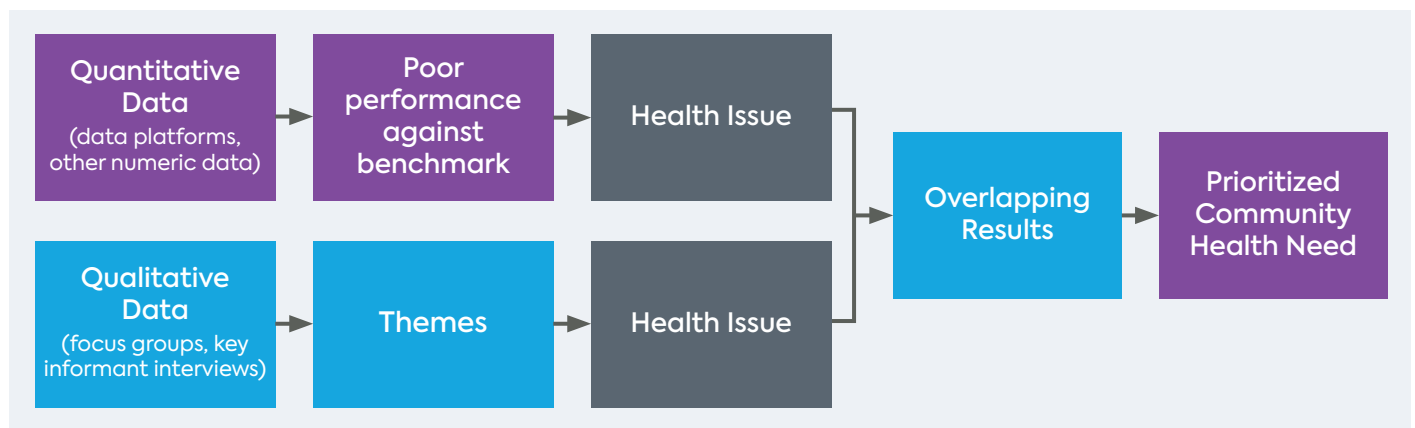
Sources: U.S. Census, Georgia Bureau of Investigation

Setting Community Health Priorities

Community health priorities were identified by the triangulation of community input, secondary data, and a 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 decreasing were noted.
- Community leaders were asked to identify the top three community health priorities for the communities they serve.
- Areas where COVID-19 has impacted local community health were identified.

Figure 9 | Process Used to Identify the Most Pressing Health Needs



The most pressing health needs included in this report include:

- Access to appropriate healthcare
- Behavioral health (*suicide and drug-related mortality*)
- Maternal and child health
- Healthy living (*including access to food, physical activity, and chronic disease prevention and management*)
- Cardiovascular disease
- Diabetes
- Asthma
- Accidental poisoning
- Motor vehicle crashes
- Injury
- Housing
- Poverty
- Violence and crime
- Cancer (*breast and prostate*)
- Sexually transmitted diseases (*HIV/AIDS and STIs*)
- Education

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 Atlanta Medical Center and Atlanta Medical Center South have chosen not to develop a strategy targeting poverty in the communities they serve because there are many capable community-based organizations and social service agencies meeting the needs of residents experiencing poverty. Wellstar Atlanta Medical Center and Atlanta Medical Center South will address poverty through many of the strategies they implement to address each of the selected priorities, and they will continue to partner with organizations and agencies serving residents experiencing poverty.



PARTNERS IN 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 41 community leaders in the area served by Wellstar Atlanta Medical Center and Atlanta Medical Center South. 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 Atlanta Medical Center and Atlanta Medical Center South, as well as ways to address those concerns.

Interviews were conducted with representatives from the following organizations:

Local organizations included:

- Aerotropolis Atlanta
- ARCHI
- Black Mamas Matter Alliance
- Catholic Charities of Atlanta
- Cobb Douglas Public Health
- Center for Black Women's Wellness
- CHRIS 180
- DeKalb County Board of Commissioners
- Douglas County School District
- Fulton County Schools
- Good Samaritan Health Center
- Grady Health System
- Kennesaw State University
- Live Healthy Douglas
- Marietta Housing Authority
- MedCura
- Metro Atlanta YMCA
- Morehouse School of Medicine
- North Fulton Community Charities
- Partners for H.O.M.E
- Rockdale Coalition for Children and Families
- Southside Medical Center
- The Care Place
- The Drake House
- The Summit Counseling Center
- Wellstar Kennestone Cancer Care
- Whitefoord Inc.

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, key informants 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).
- Increased awareness about mental health issues and access to resources attributed to 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 in Fulton County and support for school-based grant applications in Douglas County.
- Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need.
- Increased services and resources for food insecurity, housing, transportation, and social services
- Medicaid coverage was expanded to six months, from six weeks, for pregnant and postpartum women.
- Marginalized communities are more hopeful about systems change and are more resilient.
- Collaborations between transportation and community development resulted in more policy, systems, and environmental changes, such as sidewalks and walking trails, in Cobb and Douglas counties.
- 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 rates of chronic health conditions have 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 have not improved.
- 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.
- 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.
- The 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 in Cobb, Douglas, and Fulton counties.
- While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
- Telehealth is not a good substitute for in-person substance use recovery services.
- Mental health has declined.
- Related behavioral issues have increased, including worsening substance abuse in Cobb and Douglas counties.
- 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 health care for new Americans.
- Hospital closures and/or use of contracted facilities decreased availability and comprehensiveness of behavioral health treatment for juveniles in the justice system.*
- State hospital closures decreased residential post-hospitalization mental health care.*
- Fear amongst the immigrant population driven by previous federal administration policies has resulted in a hesitancy to access services.*

- As Medicaid-accepting offices closed and services were shifted online, those with coverage but lacking technology skills have had difficulty accessing care.
- Decrease in the number of residents with chronic illnesses under control. Increase in the number of patients with poorly managed chronic conditions and less able to afford medications.
- Failures of septic systems in Cobb and Douglas counties have gone up over the past few years and can be related to climate issues, such as more rain.
- Asthma being diagnosed in adults*
- Hesitancy to seek healthcare due to fear of COVID-19
- Community-level vaccine hesitancy has led to an inability to eradicate COVID-19.

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

Top Health Needs

Key informants were asked to identify the top health needs in their service 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 Medicaid populations.
 - Need for Medicaid expansion and more providers that accept Medicaid
 - Affordable and accessible healthcare insurance and providers, especially primary and preventative care in Douglas and Rockdale counties
 - Many rural counties do not have practicing physicians or dentists
- Maternal and Child Health:
 - Lack of Medicaid providers available for newborn infants in Cobb and Douglas counties and need for prenatal, postnatal, and pediatric care options for the uninsured, such as funding or discounts
 - Higher rates of preterm and low birth weight babies and infant deaths in the Black community
 - Teen pregnancy is a concern amongst the New American population. There is limited information available to teenagers on health and reproduction.
 - 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 the necessary resources to retain students. Early prevention has to start while in utero. (chronic disease)
- Need for more culturally responsive and relevant services
- Need for increased awareness about race, generational trauma, and infant and maternal mortality
- Financial support for families that can not afford immunizations and vaccinations and provider follow-up to ensure that children receive needed vaccinations
- Lack of needed services or programming for institutionalized populations, including primary interventions to reduce the risk for entering the DJJ system.
- Need for more culturally responsive and relevant services
 - Despite increasing population, Hispanic populations are not utilizing health care or social services
 - Increase in Afghan refugees
 - Not enough health and social services with staff that speak languages other than English
- Lack of access to dental care:
 - Lack of dentists and providers that accept Medicaid
 - 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 depression, anxiety, trauma, PTSD, and high economic stress.
- Mental health parity with insurance and healthcare systems.
- 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 the 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).
- Increased substance abuse.
- The opioid crisis remains a top concern in Douglas County.
- Higher prevalence of suicidal thoughts and/or suicide attempts in all groups, especially LGBTQ+, school-aged children, and seniors.
- LGBTQ+ populations need access to culturally competent care that enables individuals to work through issues without judgment or facing stigmas.
- Mental health concerns specific to youth:
 - Need for mental health messaging targeted directly to teens
 - Lack of in-patient beds for acute, crisis care for youth
 - Increase in children's hospital admissions for mental health and eating disorders

Chronic Disease and Disability (including cancer)

- Asthma
- Obesity
- Breast cancer
- Cardiovascular disease
- Diabetes
 - Amongst immigrant populations, high blood pressure and diabetes are not managed due to lack of access to primary care and the high cost of medication

Healthy Eating, Active Living

- Residents want to be healthier but need more access to chronic disease information, parks, and affordable food.
- 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 a systems-based approach
 - Trauma-sensitive systems to prevent systemic bias against traumatized children
 - Equity issues, systemic racism, including systemic bias against traumatized children.
- Access to affordable housing and/or housing assistance
 - Need for more public housing, especially for those with incomes of \$30,000 a year and under
 - Need for financial assistance to reduce safety hazards in the home, such as failing septic tanks, in Cobb and Douglas counties.
- Access to affordable healthy food, food insecurity, and food access is a concern.
 - Many children rely on schools for meals; need to provide food to families if/when children are learning from home
- 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 County, the 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

COVID-19 Vaccination

- Getting people vaccinated, so they can continue going to work and school

Context and drivers

Key informants 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:
 - 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 the distance traveled to access care and have been detrimental to rural economies.
 - Inequity, disparities, and racism:
 - Lack of health insurance and access to healthcare amongst the adult Hispanic immigrant population, including those who 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 a 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.
 - Not enough free or low-cost providers that can speak a multitude of languages
 - Distrust of the medical system amongst Black women
 - 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.
 - The rising cost of healthcare causes more people to choose to be uninsured, even if offered coverage from a job or the Marketplace.
 - Issues impacting Medicaid beneficiaries and low-income residents:
 - There is a lack of providers that accept Medicaid and uninsured patients. Medicaid reimbursement rates are too low, especially for dental services.
 - Increased number of uninsured residents and those who fall in the Medicaid “gap” without access to healthcare options
 - Residents are 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.
 - Healthcare providers’ hours of operation are incongruent with working families’ schedules.
 - Limited nurse practitioners
 - Maternal and Child Health:
 - Cobb and Douglas counties have a shortage of postpartum support providers and pediatricians.
 - Lack of coordination, communication, and support for postnatal incarcerated mothers and infants. Lack of access to an appropriate standard of care and safe and sanitary environments, and any mental health support.
 - Maternal and child health outcomes are worse for Black women regardless of income, access to care, and education. This can be attributed to racism because there is a lot less care given on a large scale compared to White women.
 - Hispanic community doesn’t seek care in advanced pregnancy due to fear of deportation, cost, and not knowing where to go for prenatal care.
 - Disjointed health efforts and systems
 - Access to dental services:
 - Residents are not aware of dental services that are available with Medicaid. Parents are not well educated on pediatric dental needs.
 - Elementary school-age children need more preventative services and dental health education. The increasing prevalence of caries may be in part due to poor nutrition and food insecurity in the area.
 - Childcare responsibilities reduce Black women’s ability to seek healthcare.
- ### 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.
- Income gap and poverty foster mental health and substance abuse issues.
- There is a need for behavioral health services and insurance coverage:
 - There is supposed to be mental health parity, but there really isn't, in ensuring equal coverage of both physical and mental health care.
 - Healthcare systems and insurers view mental health as optional.
 - 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 the underinsured and uninsured, there is a lack of care continuity upon discharge, and patients are often discharged without prescriptions.
 - Lack of affordable services for those with general mental health needs and for those experiencing homelessness, a lifetime of trauma, and PTSD.
- Youth needs
 - Limited services for pediatric mental health care; 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.
- Increases in crime and gun violence in DeKalb and Fulton counties and housing safety issues like hoarding contribute to behavioral health concerns.
- Individuals in need of mental health services are penalized with jail time instead of receiving needed healthcare treatment.

Chronic Disease and Disability (including cancer)

- The Hispanic population is predisposed to diabetes and lacks access to programs that are culturally relevant, including programs available in Spanish.
- Partially related to the COVID-19 pandemic, cancer screening and treatment rates have slowed drastically, causing declining diagnosis rates.

Sexually Transmitted Diseases (HIV/AIDS and STIs)

- Need to increase awareness of testing and PrEP for HIV prevention in Cobb and Douglas counties.

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.
- 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.

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 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)
 - Metro Atlanta areas have more resources for immigrants than rural areas. There is very limited access to Spanish-speaking services, or other languages, in rural Georgia.
 - Lower-income communities in parts of metro Atlanta:
 - North Douglas County (Douglasville and Lithia Springs) and Riverside in Cobb County are food deserts. High prevalence of chronic disease in Douglas County without access to public transit.
 - Residents of southwest Atlanta (south of Interstate I-20 and west of I-75) have less access to healthy food, high-performing schools, healthcare, and transportation. This includes the communities of East Point, College Park, Forest Park, Mechanicsville, and Riverdale.
 - Pockets of poverty in densely populated areas of north Fulton County (Converge Road and Highway 9).
 - Northeast quadrant of Rockdale County
- Inequity, disparities, and racism:
 - Racial inequities and discrimination:
 - Discrimination against Black women in healthcare is a concern.
 - Healthcare issues affecting incarcerated women are more likely to affect Black women as they are overrepresented in the prison population.
 - Inequities in sentencing and behavioral diagnosis based on race in the criminal justice system
 - Individuals incarcerated for excessively long amounts of time lose access to benefits and

employment. When they are released, “it’s like starting all over again.”

- The emerging challenge of prioritizing and accessing mental and behavioral health is affected by systemic factors that create barriers, like racism.
 - Institutional racism against those who have dark skin, grew up in a lower economic neighborhood, and were unable to achieve higher education. The odds of getting a traffic ticket or getting shot are higher if you are Black than if you are White.
 - Transgender individuals have a hard time being gainfully employed.
 - Harmful policies against LGBTQ+ communities and trans individuals, such as the inability to choose the restroom of their choice, leads to high suicide rates within LGBTQ+ communities.
 - 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.
 - Housing issues:
 - Zoning laws that inhibit the development of housing for those with disabilities and are contrary to fair housing laws
 - The complexity of the system makes qualifying for public housing difficult. For those qualified, there are waitlists for supportive and permanent housing.
 - Affordably priced apartments in Fulton County are being demolished while the 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 is increasing gentrification and displacement in and around the City of Atlanta.
 - Investors and developers in Clayton County and south Fulton County do not reflect the community.
 - The homeless population is transitioning from Atlanta to DeKalb County.
 - Children missing school or not logged into virtual school can be attributed to increasing homelessness.
 - There are some areas in Cobb and Douglas counties where there are more septic failures than other areas and it is related to income.
 - Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
 - Lack of transportation for those who 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 high cost long term.
 - Underserved communities are vulnerable to marketing by fast food companies.
 - Gentrification in areas of Atlanta may increase food access, but those with low food access are also in danger of displacement.
 - Education, Employment, and the Economy:
 - Disparities between those who thrived economically during the COVID-19 pandemic and those who have been strained of resources.
 - 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.
 - 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; income gaps and job loss foster mental health and substance use issues.
 - Territorial challenges and silos in data sharing amongst social service providers result in clients having to complete separate applications for services and a lack of knowledge about services available.
 - A lack of safety net for seniors, including support with caregiving, transportation, and technology.
 - Working moms at risk of homelessness.
 - 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
 - Faith-based and community-based organizations often do not offer legal support in Fulton County.
 - Systems are often not collaborating, and there is a lack of investment to do so.
 - Resources are not allocated where they are needed in Cobb and Douglas counties.

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 hinder effective communication.
- Increased polarization in the state of Georgia about resident needs and wants.
- The political climate encourages undocumented residents to “keep a low profile,” creating barriers to receiving services.

COVID-19 pandemic impact

The COVID-19 pandemic significantly challenged two health needs: mental health and healthy food access.

Access to Appropriate Healthcare

- There is some hesitancy to come in for services; individuals are not seeking care due to fear of COVID-19 pandemic and safety.
- Care is delayed due to health facility closure. In-person services are still limited after the transition to telehealth and teledentistry. Medical services are now scheduled three to six months out. Children are unable to get physicals and immunizations needed for school.
- During the pandemic, healthcare systems have been overwhelmed by the demand of treating COVID-19, with healthcare capacity shifting to COVID-19 efforts, like vaccination and telehealth.
- Many delayed elective procedures, including preventive care.
- 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.
- COVID-19 pandemic stimulus packages may have incentivized some people to stay out of the workforce and therefore lose health insurance.

Behavioral and Mental Health

- The COVID-19 pandemic highlighted the need for mental health. Stress related to the pandemic is driving mental health needs due to isolation, unemployment, workforce shortages, and family stress.
- Key informants report 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.
- Overstressed and overburdened parents who are working full time, being a parent, and also 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.

- LGBTQ+ community has been especially negatively impacted with mental health issues and increased substance abuse because of lack of support and lack of acceptance among their families.
- Increased behavioral issues related to isolation, including depression, anxiety, substance abuse, and domestic violence.

Chronic Diseases

- Stress, isolation, staying home, less physical activity, eating comfort food, and avoidance of wellness visits contribute to increased chronic disease.
- Limited in-person visits due to the COVID-19 pandemic negatively impacted patients with uncontrolled chronic disease (cardiovascular disease, hypertension, diabetes, and lung disease).

Social Determinants of Health

- Exacerbated persistent health disparities with higher rates of hospitalizations and mortality. Patients were significantly worried about COVID-19 and had the education on prevention, but they did not have the resources and ability to follow all the precautions.
- The COVID-19 pandemic has resulted in people becoming unhealthier: less eager to go outside or exercise, weight gain, and not scheduling doctor visits.
- 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, many of the jobs available to those re-entering the workforce are at call centers that do not set up individuals for long-term career success.

- Increased unemployment increases stress in families, which then sometimes increases violence in families and in society.
- Some who qualified for stimulus assistance didn't really need it and some people who did need it were unable to access it.
- Some families experiencing homelessness and some working mothers never received stimulus checks and/or unemployment benefits.
- Small business owners are not able to afford needed safety changes.
- Early and K-12 education:
 - 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:
 - Some households still have a shortage of food and are unable to have their basic needs met.
 - Some stores are still experiencing food shortages.
 - 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 the COVID-19 pandemic.

COVID-19 Vaccination

- Mistrust and uncertainty of COVID-19 vaccination due to confusing media information and, in some cases, religious influence. Clinic populations in south metro Atlanta also have a high percentage of clients who do not want to be vaccinated.
- In north Fulton County, there are low COVID-19 vaccination rates due to fear, distrust of government, and lack of information to support vaccination importance.

Impact of technology

Key informants commented on the impact of technology on people's ability to be healthy.

- Telehealth has increased both access and barriers to access:
 - Telehealth has its limitations and can worsen 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.
 - 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 residents, seniors, and Hispanic and other immigrants:
 - Language barriers in accessing social services and healthcare. Programs, outreach, and technology-based resources are often only available in English and, less often, Spanish.
 - 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.
- Amongst the youth, technology is both necessary (for school) but also detrimental to mental health and proper socialization (social media).
- Reliance on social media for social needs, but these aren't reliable sources of social connection.
- Spreading misinformation on social media is especially detrimental to immigrants.

Resident Focus Group Discussion

This assessment engaged community residents to develop a deeper understanding of their health needs, as well as the existing opinions and perspectives related to the health status and health needs of the populations in communities served by Wellstar Atlanta Medical Center and Atlanta Medical Center South.

Group recommendations

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

- **Provide more tailored support to individual needs, age groups, and different racial and ethnic groups:** Participants discussed that some residents did feel heard by their medical providers, and providers did not understand the issues underlying their health needs. Participants felt that healthcare should be customized to fit different age groups. There is also a need for more culturally competent OBGYN services for Black women.
- **Increase awareness and availability of behavioral health resources:** Participants discussed the lack of support insurance companies offer in navigating behavioral health resources. They recommend more community outreach efforts to help residents navigate how to access services. Participants specifically mentioned a need for binge eating support and mental health support for men and masculine-identifying people.
- **Offer more services in person as opposed to telehealth:** Residents have found telehealth to be beneficial in removing the barriers of time and transportation but have concerns about the accuracy of diagnoses made virtually. Participants commented that some medical offices only offer in-person visits for certain patients.
- **Increase services available to those at risk of or experiencing homelessness:** Homelessness is of increasing concern in this community due to rising housing costs. There are limited housing and mental health services available to this population.
- **Provide transportation services for those in need:** The service area lacks a comprehensive and affordable transportation system. Uber is available but too expensive for many residents.
- **Offer safe communication channels and more resources for violence reduction:** Participants are concerned about increased violence, assault, and gun violence. There is a need for safe communication channels for residents to report violence and more resources for crime reduction.

- **Increase the support available to residents striving to make health behavior changes through diet and exercise:** Residents need messaging or education on how to prepare healthy food on a budget, including simple, quick-to-prepare recipes, and how to make healthy choices at restaurants and fast-food chains. Residents would also benefit from more encouragement to spend time outdoors and the importance of disconnecting from social media.

Problem identification

During the community planning forum process, participants discussed regional health needs that centered around four themes.

Behavioral Health

Outcomes:

- Mental health needs
- Violence
- Binge eating as a substance abuse disorder

Contributing Factors:

- The COVID-19 pandemic precipitated a complexity of issues impacting mental health stemming from lockdown and isolation, inability to visit hospitalized loved ones, confusion over mask mandates, and how to safely return to work.
- The closing of churches and religious institutions and transition to online services has reduced the feeling of community, impacted mental health, and excluded those who cannot navigate online platforms, especially amongst Blacks and seniors.
- Participants discussed how mental health and the stigma of seeking help remains a pervasive issue in the AMC area.
- Participants discussed the increase in violence and the need to decrease the stigma on seeking mental health services, especially for men and masculine-identifying people. A participant noted that law enforcement is not the best way to manage behavioral health.
- Participants felt that telehealth has been beneficial for behavioral health needs.
- Participants are not always aware of available behavioral health resources, and some may not be comfortable with using available resources. Leaders felt that insurance plans do not support navigation of

or funding for the full continuum of behavioral health services, such as medication. Leaders discussed how the number of homeless individuals with serious mental illness was an indication of a lack of adequate providers. Additional barriers to treatment include lack of awareness of healthy coping skills and time constraints.

- There are cultural barriers to seeking treatment. In Asian-American families, mental health issues can be seen as a “defect.” Some families’ cultural beliefs teach self-sufficiency and “handle things on their own.”
- Participants discussed the need for a more holistic approach to treatment that incorporates exercise, healthy food, assessing lab levels, homeopathic treatment, and therapy in addition to medication.
- Participants discussed that binge eating is a type of substance abuse in which residents are using food, especially fast food, as a means of coping. This results in health issues such as sleep apnea.

Access to Appropriate Healthcare

Participants identified access to appropriate health care services as a community health need. Participants focused discussions around the lack of health care options for the uninsured, the benefits and limitations of telehealth, and the impact of COVID-19 on access to care.

Outcomes:

- Uncontrolled or undercontrolled chronic diseases
- Dental health needs
- Patients may feel that their health needs are not being met or adequately addressed

Contributing Factors:

- Residents have chronic diseases and do not have insurance. Participants noted that uninsured individuals need more resources to cover expenses that contribute to overall wellness.
- Participants discussed the benefits of the Grady Card in covering expenses, such as diabetic testing strips, but noted the difficulty in acquiring the card due to income requirements, the complexity of the application process, and long wait times for appointments.
- Access to dental health care services remains an issue.
- There is a need for culturally competent services, including Black and female OBGYN services.
- Residents have more access to care through telehealth. One participant found it to be “the best thing that has come out of this pandemic.” Telehealth has reduced some barriers to time and transportation, especially amongst youth and young adults.
- Participants also discussed how telehealth was more beneficial for health needs, such as behavioral health,

but that many ailments still required an in-person assessment. Some felt that doctors were unable to provide a proper assessment virtually and one commented, “Telehealth is like getting a half-baked diagnosis.” They noted that some facilities might only see certain patients in the office.

- Participants have delayed healthcare services during the COVID-19 pandemic. Participants discussed varying degrees of concern with doctor visits, with some putting off care and some feeling uncomfortable with in-person appointments.
- The COVID-19 pandemic may be reducing access to behavior and medical care because health care professionals are inundated with COVID-19 mitigation efforts.
- Participants discussed concerns with the quality of care and felt that patients are not receiving tailored attention and providers are not in tune with the true needs of patients. However, one participant said they were pleased with the doctors available to them.

Social Determinants of Health

Participants identified social determinants of health as a community health need. Participants focused discussions around poverty and affordable housing.

Outcomes:

- Increased rates of residents experiencing homelessness
- Increased violence and crime

Contributing Factors:

- Participants discussed how community philanthropy has created initiatives tailored to marginalized communities and increased access to free or readily available resources, such as vaccination sites. Other leaders felt that there were still limited community resources available, and funding and human capital were needed to implement changes. There is also a need for more infrastructure tailored to youth engagement.
- Poverty has a pervasive and rippling effect on this community. While one participant felt there were more resources available for housing and food assistance, another found it difficult to afford basic needs.
- Participants discussed how poverty, housing, and healthy living are connected to each other.
- There is a lack of physical and mental services available to those experiencing homelessness. The leaders discussed how rising housing costs are contributing to displacement and homelessness.
- There is a need for a more comprehensive and affordable transportation system. Uber is available but too expensive for some residents.

- Both parents and educators have struggled with transitioning children to virtual learning. Many parents do not have the skills or knowledge to support online learning.
- Residents are experiencing more violence, including assault and gun violence. Participants voiced safety concerns for those who speak up against violence and noted that there are limited resources for crime reduction efforts.

Healthy Living

Participants identified healthy living opportunities as a community health need. Participants focused discussions around access to amenities, knowledge of healthy lifestyle habits, and access to healthy food.

Outcomes:

- Sleep apnea
- Dialysis
- Diabetes
- Cancer

Contributing Factors:

- Participants were concerned that those with cancer had gotten sicker during the COVID-19 pandemic. The delaying of screenings and appointments was discussed as a factor.
- Residents have access to resources “infused into the community” which reduces barriers like time and distance. Valued community resources are farmers’

markets, libraries with exercise programs, paved trail systems, walking areas, parks, and gyms with affordable membership options, like the YMCA.

- Residents have found farmers’ markets to be beneficial as they offer live demonstrations on food preparation, more variety than grocery stores, and coupons for fresh foods.
- Participants discussed how in certain parts of the service area masks were prevalent (Chamblee/Tucker) while in other parts “no one” wears masks (Powder Springs). They felt it had to do with differences in urban and more rural settings and politics. One leader said that digital boards reminding everyone to wear a mask was beneficial.
- Many residents are not aware of how to live a healthy lifestyle and the impact of excessive technology use on health. Participants felt that residents need to spend more time outdoors in nature and disconnect from social media.
- Participants discussed many factors that influence whether residents are consuming healthy food, including lack of knowledge to locate or prepare healthy foods, high cost of healthier food, time constraints that limit grocery shopping and meal preparation, lack of transportation, and prevalence of unhealthy food options, like fast food, in parts of the service area.
- Food delivery programs during the COVID-19 pandemic were helpful to those in need.

COVID-19 Literature Review and Local Impact Survey

Demographics:

Industry

Participants at the start of the survey were asked what industry or industries they represented and were allowed to select any of the following options that applied: Healthcare Services, Social Services, Higher Education/Academia, Public School Education, Government, Public Health, a Wellstar Regional Hospital Board, or Other with the opportunity to provide an explanation. Out of the 85 responses, more than a quarter of the participants were in the Healthcare Services industry (26%, n=34). The second most common industry of those listed was Public Health (16%, n=20) and the third was Social Services (15%, n=19). Less than 8% (n=10) of the sample represented the two industries in Education combined, which were Higher Education and Public School Education.

Seventeen of the 85 participants (13%) selected the Other option, either in combination with another industry to provide additional details or by itself. Among those

responses, Non-profit or Community organizations were the most common written-in industry responses. Other written-in responses for industries not listed were Philanthropy, Utility Provider, Financial Services, Behavioral Health, Private School Education, and Community Member, and Retired.

Wellstar Health System Regional Hospital Board Participation

Nine (7%) of the 85 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 Atlanta Medical Center Regional Hospital Board. The remaining representatives were affiliated with either Wellstar Health System North Fulton or the Kennestone Regional Hospital Boards.

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 select any of the 25 options, including the 'State of Georgia,' that applied. Respondents who indicated that they have an understanding of the needs of residents in Clayton, DeKalb, Douglas, Fulton, Henry, Newton, and Rockdale counties were identified to represent the Wellstar Atlanta Medical Center Service Area. Of the 85 participants, 29% (n=61), 15% (n=31), 11% (n=23), 8% (n=17), 3% (n=7), 2% (n=5), and 2% (n=5) represented Fulton, DeKalb, Douglas, Clayton, Rockdale, Henry, and Newton counties respectively. 30% of the respondents who represented the Wellstar Atlanta Medical Center service area also indicated they represented Bartow, Butts, Carroll, Cherokee, Cobb, Dawson, Forsyth, Harris, Lamar, Paulding, Pike, 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 217 for this question, 26% (n=57) of participants selected Access to Care, 19% (n=41) Behavioral Health, 21% (n=46) Healthy Living and Food Access, 20% (n=43) Housing, and 12% (n=26) Maternal and Child Health. Only 2% (n=4) of the participants selected none of the topics.

Behavioral Health

Forty-one (41) 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 Wellstar Atlanta Medical Center service area have been significantly influenced by the global pandemic from highest to lowest significance:

- Worsened states of mental health and mental health outcomes (93%, n=38 out of 41 responses)
- Higher frequency of alcohol consumption and heavy drinking (81%, n=30 out of 37 responses)
- Greater rates of substance abuse (79%, n=26 out of 33 responses)

- Increased instances of suicidal behaviors (71%, n=24 out of 34 responses)
- Lowered access to behavioral health care and substance abuse services (59%, n=23 out of 39 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, 84% (n=33) of participants, out of 39 total responses, scored the global pandemic as either significantly or moderately influencing access to behavioral health care.

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.
"I think a lot of people were struggling before, and the isolation and stress of the pandemic only made it worse." – Survey participant
- 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.
"Greater demand for care has meant reduced access to care as many providers are overwhelmed and have limited space available. Job loss and/or economic insecurity has meant loss of insurance (for those who had it) and less disposable income to pay fees for services (even at sliding scale or reduced rates). The significant changes in the economy have meant difficulty for behavioral health provider organizations to recruit and/or retain qualified staff, again, causing reduced access. Many people have reported increased rates of isolation and poor self-advocacy, meaning that there is a "quiet suffering" happening and people are slowly beginning to recognize how badly they are doing and seeking treatment." – Survey participant
- Telehealth has expanded access to behavioral health care, but its benefit does not extend to all, primarily those without reliable internet access or who prefer in-person services.

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=37)
- Racial and ethnic minorities (12%, n=33)
- Those of older age (11%, n=30)
- People experiencing homelessness (9%, n=26)
- Those with pre-existing conditions (9%, n=26)

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

Forty-one 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 (81%, n=29 out of 36 responses).
- Families and individuals behind on housing payments, both rent and mortgages (75%, n=27 out of 36 responses).
- Eviction filings affecting renters behind on rent payments (64%, n=21 out of 33 responses).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (59%, n=19 out of 32 responses).
- Foreclosure initiation or completion (43%, n=12 out of 28 responses).

Although participants did not score the global pandemic as significantly influencing foreclosures, initiated or completed, as high as the other outcomes, a high proportion of participants indicated this outcome was moderately influenced. When combined, 78% (n=22) of participants, out of 28 responses, ranked the pandemic as either a significant or moderate influence on foreclosure initiation or completion among homeowners in Georgia.

None of the 41 participants in this section indicated that the global pandemic had no impact on families' and individuals' ability to keep up with housing payments.

Twenty-one 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 impact commented on is the lack of housing availability, especially affordable housing, resulting from rising costs, job/income instability or loss, and higher supply costs of building materials, among others.

“Safe, affordable housing was already an issue in metro Atlanta, a pre-existing condition, which the pandemic has made worse through a combination of job loss, families being forced to choose between caring for children and going to work, safety concerns about certain jobs, medical debt, and, of course, low housing inventory and skyrocketing demand and prices.”

- Survey participant

- Decline in first-time home buyers related to affordable housing shortages and the influx of investors buying single-family homes. The shifting housing market and skyrocketing prices also have made it difficult for renters to find and/or maintain current or new housing.
- 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.

“Leasing agencies will not take partial payments, so the renters can't pay down debt and they are evicted with large eviction debt. The housing in the area will not rent to anyone with eviction debt or evictions on their record. The renters are forced to move to hotels, with friends or with family. Some are moving to their cars. The money they could have used for partial payments is being used up for hotel rooms and fast-food meals. Without stable housing, they are at risk of losing their jobs. If they are working from home, they lose their job because they do not have reliable internet access.”

- Survey participant

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

- Low-income and socioeconomic status individuals (18%, n=36)
- Racial and ethnic minorities (14%, n=28)
- People experiencing homelessness (11%, n=23)
- Non-English speaking or proficient communities (10%, n=21)
- Non-status residents (10%, n=20)

Access to Appropriate Healthcare

Fifty-seven 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 (84%, n=43 out of 51 responses).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (74%, n=37 out of 50 responses).
- Disruptions in routine care and management for chronic disease conditions (72%, n=36 out of 50 responses).
- Loss of family and individual healthcare coverage (53%, n=23 out of 43 responses).
- Transition of healthcare services to telehealth and telehealth not being accessible to all (37%, n=17 out of 46 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, 79% (n=34) of participants, out of 43 total responses, scored the global pandemic as either significantly or moderately influencing access to care through loss of health care coverage among families and individuals. Additionally, 91% (n=42) of participants, out of 46 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.

Eighteen 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.
"Those with conditions which place them at higher risk for poor outcomes if infected with COVID-19, who sheltered at home, may have delayed seeking care when experiencing symptoms that otherwise would have

meant a trip to the emergency room. Also, hospitals responding to an influx of patients with COVID-19 often delayed non-emergency surgeries. We will not know the extent of deaths and disability due to delayed, deferred care." - Survey participant

- 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 Atlanta Medical Center 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.
"We are in an area where there is not a hospital and few urgent care facilities. The first line of medical care in my community is the first responders (EMT/fire personnel and ambulance services). We have to have a more equitable distribution of these health facilities to improve access to care for low-income and black/brown communities." - Survey participant
- Individuals who experienced job loss or financial hardship during the pandemic may have delayed seeking care in efforts to conserve finances by reducing medical-related expenses, even if insured. Relatedly, individuals without paid sick leave may have opted to work instead of seeing a doctor or staying home, potentially contributing to COVID-19 transmission.

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 (15%, n=46)
- Racial and ethnic minorities (12%, n=36)
- Those of older age (11%, n=33)
- People experiencing homelessness (10%, n=30)
- Uninsured (9%, n=28)

Healthy Living and Food Access

Forty-six 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 (87%, n=35 out of 40 responses)

- Greater food insecurity and hunger in response to job loss and economic hardship (80%, n=32 out of 40 responses)
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (72%, n=29 out of 40 responses).
- Concern in COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (70%, n=28 out of 40 responses)

None of the 46 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.

Fifteen 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 cost of these other necessities have increased, families and individuals are having to make difficult decisions to meet basic needs with dwindling buying power.
- “The cost of food has increased. The quality of fresh food has decreased. Access to food has become more difficult due to resources such as gas becoming more difficult to obtain.” – Survey participant
- 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.
- “The global pandemic increased demand for governmental assistance programs that focus on food access. At Wholesome Wave Georgia, we continue to see an increase in the number of Georgians seeking governmental benefit assistance such as the Supplemental Nutrition Assistance Program (SNAP). For 2021, we assisted 1,129 households with SNAP assistance compared to 762 households in 2020.” – Survey participant
- 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 access to food and healthy living disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (14%, n=37)
- Those of older age (12%, n=33)
- Racial and ethnic minorities (11%, n=29)
- People experiencing homelessness (9%, n=25)
- Those with pre-existing conditions (8%, n=23)

In the comments, other population groups mentioned were people living in urban communities.

Maternal and Child Health

Twenty-six 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 (85%, n=17 out of 20 responses).
- Increased fear, anxiety, depression, social isolation, and a reduced sense of control among pregnant women due to uncertainty around COVID-19 and changes in prenatal care (90%, n=18 out of 20 responses).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (50%, n=8 out of 16 responses).
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (50%, n=7 out of 14 responses).
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (47%, n=8 out of 17 responses).

None of the 26 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 and child health-related outcomes on some level.

Seven 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 patients 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.

“Vaccine hesitancy among women who are trying to get pregnant in fear it will affect baby or those who may be 3-5 years away from starting a family because they think it will affect fertility is an issue. The benefits of vaccine for pregnant women far outweigh any small percent chance of adverse effects on mom and baby. And newborns are so vulnerable if they get COVID. They need that extra protection a vaccinated mom would provide them in the womb and months following birth... So, so, so important for new moms especially from the more vulnerable communities to take advantage of breastfeeding and have a support structure (family, lactation consultant or peer mentor [WIC], job, etc.) that supports this.” – Survey participant

- 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, leading to higher stress levels that can negatively impact childhood development.

“Maternal Caregiver stress/burn-out is so critical and will have long-term mental and emotional health impacts. As someone who has not been financially impacted by the pandemic but the mother of a 4-year-old, there is high stress of making sure I uphold my employment responsibilities, along with keeping my child safe, making sure that she still has the exposures to prevent developmental delay, plus keeping food in the house when I don't feel comfortable going into grocery stores.” – Survey participant

- 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.
- The effects of systemic and structural racism continue to negatively affect maternal and child outcomes for Black pregnant mothers.

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=20)
- Racial and ethnic minorities (13%, n=18)
- People experiencing homelessness (9%, n=13)
- Non-English speaking or proficient (9%, n=13)
- Uninsured (8%, n=12)

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

Other Impacts

Sixty-four participants in total completed the Other Impacts section of the survey, which was comprised of 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 (83%, n=51 out of 61 responses)
- Poverty (76%, n=49 out of 64 responses)
- Violence (74%, n=44 out of 59 responses)
- Transportation (63%, n=38 out of 60 responses)
- Child abuse and neglect (61%, n=22 out of 46 responses)
- Internet access (51%, n=28 out of 55 responses)
- Cancer (54%, n=21 out of 39 responses)
- Culturally competent services (40%, n=20 out of 50 responses)
- STIs and HIV (28%, n=8 out of 28 responses)

None of the 64 participants in this section indicated that the global pandemic had no influence on poverty, transportation, education, and child abuse and neglect.

Poverty

Thirteen 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.

“The pandemic has widened the economic divide in our communities and nation, and exposed great needs that had often gone unmentioned.” – Survey participant

- 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

Six 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 can be easily obtained.

Sexually Transmitted Diseases (HIV/AIDS and STIs)

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, nine 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

Ten 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.
- “Disrupted the modes of education and distance learning was not always accessible to everyone.” – Survey participant
- 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

Eight 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

Seven 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.

“Frayed nerves/high stress levels and a nation divided by politics, poverty and race baiting can yield rising violent altercations.” – Survey participant

Child Abuse and Neglect

Six 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 a number of unreported child abuse and neglect cases during the global pandemic due to children having less 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 homelessness. 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.

“When children were not attending school and had parents who nonetheless had to work, we saw significant neglect, a lack of supervision and an increase in abuse (including by others outside the household).” – Survey participant

Cancer

Ten 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.

“Because of the delay in screenings, there is evidence to suggest that we will have more deaths from colorectal and breast cancer in the next 10 years. If we had done the screenings on time, we would have been able to catch the cancers before they spread to other areas in the body.” – Survey participant

Consultant Qualifications

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

Clayton County Board of Health (CCBOH)

Clayton County Board of Health Comprehensive Health Facility
1117 Battlecreek Road,
Jonesboro, Georgia 30236
678-610-7199
www.claytoncountypublichealth.org

The Clayton County Board of Health (CCBOH), located at 1117 Battle Creek Road in Jonesboro, Ga., seeks “A Healthier Clayton in One Generation.” Our comprehensive offering of health services, health education, and outreach programs addresses a wide variety of community health issues, including infant mortality, child and youth development, obesity, sexually transmitted infections (STIs), food safety, unintentional injuries, infectious diseases, and emergency preparedness.

DeKalb County Board of Health

Health Centers
Clifton Springs
3110 Clifton Springs Road
Decatur, Georgia 30034
404-244-2200

At the DeKalb County Board of Health, we envision safe, healthy communities in which all individuals have access to quality, affordable health services.

We offer many clinical, case management and outreach health services for children, adults and seniors.

- East DeKalb Health Center
- North DeKalb Health Center
- Richardson Health Center
- T.O. Vinson Health Center

Fulton County Department of Health and Wellness (FCDHW)

Fulton County Public Health
10 Park Pl S.E., 5th Floor
Atlanta, Georgia 30303
404-613-1205
www.livebetterfulton.org

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

- Fulton County Department of Behavioral Health & Developmental Disabilities
- Fulton County Government Center

Cobb & Douglas Public Health

Douglas Public Health Center
6770 Selman Drive
Douglasville, Georgia 30134
770-949-1970
www.cobbanddouglaspublichealth.com/

Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties.

We work to achieve healthy people in healthy communities by:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of health care

By excelling at our core responsibilities, we will achieve healthier lives and a healthier community.

Henry County Health Department

135 Henry Parkway
McDonough, Georgia 30253
770.288.6136
www.district4health.org/
locations/henry-county/

Part of our mission at District 4 Public Health is to promote good health through education, screenings, referrals, and targeted care. With the help of our professional, caring staff, we are dedicated to supporting our communities so they can live healthier and safer lives.

We are proud to offer a wide range of quality, affordable health care to the 12 counties we serve. These clinical programs concentrate on three areas. Adult Health services assure men and women can maintain good health and prevent chronic conditions. Child Health services help children prepare for school and develop to their full potential. Finally, our Community Health programs provide our counties with the health benefits that impact every aspect of life.

The Gwinnett, Newton, & Rockdale County Health Departments

2570 Riverside Parkway
P.O. Box 897
Lawrenceville, Georgia 30046
770.339.4260
www.gnrhealth.com

The Gwinnett, Newton, & Rockdale County Health Departments work to protect and improve the health of those who work, live, and play in our community, and continually strive to meet the varied health needs of residents and visitors.

- Rockdale Health Center
- Newton County Health Center

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

Family Health Centers of Georgia

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

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

Healing Community Center

2600 Martin Luther King Jr. Dr.,
SW,
Atlanta, Georgia 30311
404-564-7749

Health Education, Assessment & Leadership (HEAL), Inc., We are a federally qualified health center. We offer a sliding fee scale.

School-Based Clinics:

- LP Miles Elementary School
- Hollis Innovation Academy

Mercy Care at City of Refuge

1300 Joseph E. Boone Blvd.
Atlanta, Georgia 30314
678-843-8790

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

- Mercy Care at Gateway Center
- Mercy Care at St. Jude's Recovery Center
- Mercy Care at CHRIS 180

Whitefoord Health Center

1353 George W Brumley Way SE
Atlanta, Georgia, 30317
404-373-6614
whitefoord.org

Whitefoord is the centralized community resource that connects diverse children and families to quality healthcare and education services that form a strong foundation of learning and support for long-term success.

Center for Black Women's Wellness

477 Windsor Street SW
Suite 309
Atlanta, Georgia 30312
404-688-9202
cbww.org

The Wellness Program strives to broaden awareness of the many health issues affecting black women; encourage change in personal behaviors to prevent unnecessary illnesses; and provide preventive health care and early detection and treatment of conditions before health problems arise.

- Wellness Clinic
- Safety Net Clinic
- Teen Clinic

MedCura Health (formerly Oakhurst Medical Centers)

5582 Memorial Drive
Stone Mountain, Georgia 30083
404-298-8998
medcura.org

MedCura Health is a one-stop shop, offering a lifetime of comprehensive primary care services, from prenatal to senior care. Does your child need shots while you need a check-up? You can take care of both at our facility. Do you need lab work done or affordable medication? We strive to make your healthcare experience as efficient as possible, while maintaining the highest quality of care. We also bridge other needed healthcare and behavioral health services through our community partners. Locations in Decatur, Buckhead, Midtown, and Rockdale County.

Southside Medical Center

1046 Ridge Avenue, SW
Atlanta, Georgia 30315
404-688-1350
southsidemedical.net

Offering affordable health care 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

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 County.

Who is eligible: Adults, age 60+ in the Senior Services North Fulton service area of 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.

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.

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.

Douglas County Fixed Route Bus Service

8800 Dorris Road
Douglasville, Georgia 30134
770-949-7665

Connect Douglas is a commuter-focused program of the Douglas County Board of Commissioners through its Department of Multi-Modal Transportation Services.

Henry County Transit

530 Industrial Blvd.
McDonough, Georgia 30253
770-288-7433
www.henrycounty-ga.org/
Transit

When you need a ride to...

- medical and dental appointments, the hospital,
- pharmacies, shopping centers,
- grocery stores, banks, social outings,
- and many other places.

Behavioral Health

Positive Growth, Inc.

945 N. Indian Creek Dr.
Clarkston, Georgia 30021
404-298-9005
www.positivegrowthinc.org

This agency is one of the premier residential and community-based mental health service agencies throughout the state of Georgia, dedicated to improving the lives of children, youth, adults, and families during difficult life transitions by providing comprehensive residential and community-based treatment services. The services include counseling, education, intervention, residential, and other support services.

View Point Health

977-A Taylor St.
Conyers, Georgia 30012
678-209-2655
www.myviewpointhealth.org

This agency provides counseling, therapy, assessments, evaluations, intervention, treatment, and prevention programs.

CaringWorks

2785 Lawrenceville Hwy.
Suite 205
Decatur, Georgia 30033
404-371-1230
www.caringworksinc.org

CaringWorks Treatment and Recovery Services provides exceptional mental health supports and addiction treatment to those in need because we believe everyone, no matter their circumstance, should have access to quality behavioral health care.

Ascensa Health at St. Jude's Recovery Center

139 Renaissance Pkwy. NE
Atlanta, Georgia 30308
ascensahealth.org

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

DeKalb CSB

PO Box 1648
Decatur, Georgia 30031
404-294-0499
dekcsb.org

DeKalb Community Service Board (CSB) is an innovative, community-based behavioral health and developmental disabilities services organization located in metropolitan Atlanta, Georgia, offering a full range of mental health services, developmental disabilities programs, and substance abuse treatment to more than 11,000 citizens annually who are uninsured and underinsured.

- Winn Way Mental Health Center
- Clifton Springs Mental Health Center
- Kirkwood Mental Health
- North DeKalb Mental Health Center
- DeKalb Regional Crisis Center

Families First

Main Office
80 Joseph E. Lowery
Boulevard, NW
Atlanta, Georgia 30314-3421
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.

The Odyssey Family Counseling Center

1919 John Wesley Ave.
College Park, Georgia 30337
404-762-9190
www.odysseycounseling.org

Odyssey Family Counseling Center is a community-based nonprofit organization that provides mental health and substance abuse treatment as well as prevention and education services to individuals and families. We serve all age groups, from children as young as three years old to seniors over 65, and people from all cultures and backgrounds.

Mercy Care at CHRIS 180

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

As your medical home, Mercy Care offers comprehensive services that meet the majority of primary physical, mental health, and wellness needs. Services are planned and delivered by a team that works together for your health. Everyone receives exceptional care, no matter your insurance or income status. On a daily basis, taking care of yourself is up to you, but we are here to help.

The Link Counseling Center

348 Mt. Vernon Highway NE
Sandy Springs, Georgia 30328
404-256-9797
www.thelink.org

Individual, couples, and family therapy, 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.

Samaritan Atlanta

1328 Peachtree St. NE
Suite B317
Atlanta, Georgia 30309
404-228-7777
samaritanatlanta.org

Provides counseling for grief and loss, anxiety, depression, adolescents, trauma, addiction, social dysfunction, family systems, play therapy, crisis of faith, college and grad students. Also for individuals, which can be spiritually integrated as the client desires. Also offers sliding scale services

HIV/AIDS

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, HIV/STD Screening, PrEP, Community HIV Prevention Programs, Linkage Services, Case Management, and a state-wide Information Hotline. The mission of AID Atlanta is to reduce new HIV infections and improve the quality of life of its members and the community by breaking barriers and building community.

Aniz Inc. Support Services Agency

236 Forsyth Street, SW #300
Atlanta, Georgia 30303
404-521-2410
www.aniz.org

Services:

- HIV Testing
- Prevention & Wellness
- Substance Use Counseling
- Holistic Harm Reduction Support Group
- Peer Support
- Open Empowerment Group
- Clean Syringe Access
- Research & Evaluation
- Case Management
- Behavioral Health Services
- Sexual Health

<p>Empowerment Resource Center 230 Peachtree Street NW Suite 1800 Atlanta, Georgia 30303 404-526-1145 www.erc-inc.org</p>	<p>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).</p> <p>The Comprehensive Intervention Clinic is an STI screening and acute treatment clinic.</p> <p>The Behavioral Health & Outreach Services (BHOS) is a non-residential substance abuse treatment and mental health services facility.</p>
<p>Ponce De Leon Center 341 Ponce De Leon Avenue Atlanta, Georgia 30308 404-616-2440 www.gradyhealth.org/ specialty/ponce-de-leon-center/</p>	<p>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.</p> <p>The Ponce Center integrates primary internal medicine and Infectious Disease subspecialty care in the Main, Family and Transition Clinics. Staffed by doctors, nurse practitioners, physician assistants, nurses, and more than 100 interagency staff. Our care teams seamlessly provide onsite medical support and community services.</p>
<p>Someone Cares 236 Forsyth St., Suite 201 and 204 Atlanta, Georgia 30303 404-355-5044 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>Clayton County Board of Health Ryan White HIV Clinic/CCBoH 34 Upper Riverdale Rd. Suite. 200 Riverdale, Georgia 30274 678-610-6555 www.claytoncountypublichealth.org</p>	<p>This agency provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved.</p>
<p>North Fulton Community Charities 11270 Elkins Rd. Roswell, Georgia 30076 nfcchelp.org</p>	<p>NFCC is a leader in north Fulton County offering assistance to over 4,200 families. Annually, food is distributed over 23,000 times, over 1,300 families utilize clothing vouchers, and \$1.2 million 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>Covenant House Georgia 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>

Employment Training

The Center for Working Families, Inc.

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

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

Atlanta Center for Self Sufficiency

18 William Holmes Borders
Senior Drive 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.

Work Source Georgia

1300 Commerce Drive
Decatur, Georgia 30030
404-371-2000
www.dekalbworkforce.org

Jobseeker services: Resource materials for career exploration and planning.

Bobby Dodd Institute

221 Stockbridge Rd.
Jonesboro, Georgia 30236
770-473-0071
www.bobbydodd.org

BDI is an Atlanta workforce development leader with over 25 years of experience in connecting people with disabilities and barriers to employment. We believe in the power of work to transform a person's life, and each year, we help over 1,000 people take the first steps toward employment.

The Urban League of Greater Atlanta

229 Peachtree Street NE
Suite 300
Atlanta, Georgia 30303
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.

Westside Works

261 Joseph E. Lowery Blvd. NW
Atlanta, Georgia 30314
404-458-6413
www.westsideworks.org

Westside Works is a long-term neighborhood program focused on creating employment opportunities and job training for residents of the Westside community, including Vine City, English Avenue, Castleberry Hill, and other contiguous neighborhoods.

Youth Programs

YMCA of Metro Atlanta

101 Marietta St NW #1100,
Atlanta, Georgia 30303
www.ymcaatlanta.org

YMCA Youth Programs:

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

(Multiple locations in schools and the community throughout service area)

<p>Boys and Girls Clubs of Metro Atlanta Metro Atlanta Headquarters 1275 Peachtree Street NE Suite 50 Atlanta, Georgia 30309 404-527-7100 www.bgcma.org</p>	<p>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.</p> <p>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.</p> <p>Programs include afterschool, summer camp, holiday camps, and teen programs.</p> <p><i>(Multiple locations throughout service area)</i></p>
<p>City of Atlanta Office of Recreation 233 Peachtree Street, NE Suite 1700 Atlanta, Georgia 30303 www.atlantaga.gov/government/departments/parks-recreation/office-of-recreation</p>	<p>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.</p> <p><i>(Multiple locations throughout Atlanta)</i></p>
<p>Fulton County Government Office of Parks and Recreation 141 Pryor St. Atlanta, Georgia 30303 404-612-4000</p>	<p>Afterschool Program and Summer Camps at Burdett Gym, Cliftondale Park, Sandtown Park, and Welcome All Park</p> <p><i>(Multiple locations throughout Fulton County)</i></p>
<p>DeKalb County Georgia Department of Recreation, Parks & Cultural Affairs 1300 Commerce Drive Decatur, Georgia 30030 404-371-2000 www.dekalbcountyga.gov/parks/recreation-center-locations</p>	<p>Afterschool and Camp programs offered at various locations</p> <p><i>(Multiple locations throughout DeKalb County)</i></p>
<p>Clayton County Parks and Recreation 2300 Highway 138 SE, Jonesboro, Georgia 30236 770-603-4159 www.claytonparks.com</p>	<p>Afterschool programs and Teen Club at various locations</p> <p><i>(Multiple locations throughout Clayton County)</i></p>
<p>City of College Park Department of Recreation and Cultural Arts 3667 Main Street College Park, Georgia 30337 404-669-3767 www.collegeparkga.com</p>	<p>The Department of Recreation and Cultural Arts consists of three centers today: Wayman and Bessie Brady, Hugh C. Conley, and Tracey Wyatt, formerly known as the Godby Road Center. Each center offers various activities for both youth and adults.</p>

<p>City of East Point Department of Parks and Recreation 404-270-7054. www.eastpointcity.org/parks-recreation/</p>	<p>The City of East Point Parks and Recreation Department provides a variety of recreation, leisure, and cultural activities for the community. We are home to 23 parks, a recreation center, playgrounds, tennis courts, sand volleyball, basketball courts, and trails. Enhance the quality of life of each resident by providing affordable activities and programs.</p>
<p>City of Hapeville Recreation Department 3444 North Fulton Ave Hapeville, Georgia 30354 404-669-2136 www.hapeville.org</p>	<p>Hapeville Recreation Department has learning and leisure time programs, a wide variety of facilities, and dozens of services available, including sports and athletics, children and teen programs, fitness and leisure as well as adult and senior programs.</p>
<p>Union City Parks and Recreation 5285 Lakeside Drive Union City, Georgia 30291 770-964-1236 unioncityga.org</p>	<p>Offering parks, trails, youth sports, and leisure services for older adults</p>
<p>Douglas County Parks & Recreation 12431 Veterans Memorial Parkway Old Douglas County Courthouse Douglasville, Georgia 30134 770-489-3918</p>	<p>The Douglas County Parks and Recreation Department does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.</p>
<p>Henry County Parks & Recreation 99 Lake Dow Road, McDonough, Georgia 30252 770-288-7300 secure.rec1.com/GA/henry-county-ga/catalog</p>	<p>The mission of the Parks & Recreation department is: To develop and maintain park facilities and grounds while providing year-round activities, programs, and special events for leisure and wellness pursuits of Henry County residents.</p>
<p>Newton County Recreation Turner Lake Park and Administrative Offices 6185 Turner Lake Road NW Covington, Georgia 30014 770-786-4373</p>	<p>We proudly serve the citizens of Newton County, offering a variety of activities for people of all ages.</p>
<p>Rockdale County Parks & Recreation 1781 Ebenezer Rd SW Conyers, Georgia 30094 770-785-5922 rockdalecountyga.go/</p>	<p>Parks & Recreation strives to provide relevant and diverse family, arts, and cultural programming while improving our park facilities through upgrades and amenities that attract new and existing citizens, businesses, and tourism.</p>

Additional Resources

American Cancer Society

Global Headquarters
250 Williams Street NW
Atlanta, Georgia 30303
www.cancer.org
24-7 Cancer Helpline:
800-227-2345

- Knowledge resource
- Cancer resources and 24-hour phone support

American Heart Association

Atlanta Office
10 Glenlake Parkway,
South Tower, Suite 400
Atlanta, Georgia 30328
678-224-2000
800-257-6941
www.heart.org

- Knowledge resource
- Heart health knowledge and resources

Family Life Ministries

612 College Street
Hapeville, Georgia 30354
404-761-6302

Food/Hygiene Resource: Assisting those most in need in our community with food, hygiene items, and basic life necessities such as toilet paper.

Georgia Department of Community Health

800-436-7442
dch.georgia.gov

Providing online services and state programs such as Medicaid and PeachCare for Kids

Latin American Association

Atlanta Outreach Center:
2750 Buford Hwy.
Atlanta, Georgia 30324
404-638-1800

Lawrenceville Outreach Center:
308 North Clayton St.
Lawrenceville, Georgia 30046
678-205-1018

thelaa.org

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.

Solomon's Temple

2836 Springdale Rd. SW
Atlanta, Georgia 30315
404-762-4872
solomonstempleinc.org

Solomon's Temple is a holistic emergency and transitional facility for homeless women and their children. Programs include:

- Emergency/Transitional Housing Programs
- Education and Training
- Children's Programs

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