WELLSTAR
Health System

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WELLSTAR Health System

2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Your **Health.** Our **Mission.**

WellStar Atlanta Medical Center | WellStar Atlanta Medical Center South

WellStar Atlanta Medical Center

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

Founded in 1901, WellStar Atlanta Medical Center is a 762-bed acute care hospital with campuses in downtown Atlanta and East Point, Ga. 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.

We are proud to be part of WellStar, the largest health system in Georgia, known nationally for its innovative care models, focused on improving quality and access to healthcare. WellStar also includes WellStar Medical Group, 240 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice, homecare, as well as 10 additional inpatient hospitals: WellStar Atlanta Medical Center South, WellStar Kennestone Regional Medical Center (anchored by WellStar Kennestone Hospital), WellStar West Georgia Medical Center, WellStar Cobb, WellStar Douglas, North Fulton, Paulding, Spalding Regional, Sylvan Grove and Windy Hill hospitals.

WellStar Atlanta Medical Center South

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

WellStar Atlanta Medical Center South, located in East Point, GA, has been serving the healthcare needs of South Fulton 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 are now 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.

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

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This report serves to identify and assess the health needs of the community served by WellStar Atlanta Medical Center and WellStar Atlanta Medical Center South. Submitted in fiscal year ended June 30, 2018 to comply with federal tax law requirements set forth in Internal Revenue Code Section 501(r) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code Section 501(c)(3).

A digital copy of this CHNA is publicly available:
www.wellstar.org/chna

Date CHNA adopted by the WellStar Board of Trustees:
June 7, 2018

Date CHNA made publicly available:
June 30, 2018

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

Community is **Care**

BEING THE BRIDGE

Executive Summary

This report utilizes a data-driven approach to better understand, identify and prioritize the health needs of the community served by WellStar Health System's ("WellStar") WellStar Atlanta Medical Center (WellStar AMC). Founded in 1901, WellStar Atlanta Medical Center (AMC) is a 762-bed acute care hospital, with campuses in downtown Atlanta and East Point, Ga (WellStar AMC South). It is the second largest licensed-bed hospital in Georgia. A teaching hospital, AMC is a Level 1 Trauma Center and Primary Stroke Center, earning numerous 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 nationally accredited. Through a community partnership, AMC provides sports medicine coverage to Atlanta Public Schools student athletes. Both campuses are designated not-for-profit hospitals under the Internal Revenue Code (IRC) Section 501(r).

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years to better meet the health needs of under-resourced populations living in the communities they serve. WellStar AMC and WellStar AMC South serve the same geographical community and have chosen to complete a joint CHNA and implementation planning process. What follows is a comprehensive CHNA that meets industry standards including IRS final regulations of Section 501(r) entitled "Additional Requirements for Charitable Hospitals."

WellStar partnered with the Georgia Health Policy Center (GHPC) to complete a comprehensive CHNA process, which includes synthesis of:

- Secondary data specific to the populations and geographic area served
- 43 individual key informant interviews with stakeholders
- One listening session with each hospital's Regional Health Board
- Four focus group with residents
- 30 participants at a Health Summit with community and hospital leaders

The primary focus of data collection for this assessment was on under-resourced, high-need and medically underserved populations living in 46 zip codes concentrated in the primary service area of Fulton, DeKalb and Clayton counties.

Priority Health Needs

WellStar AMC and AMC South worked with community and hospital leaders to identify the top community health priorities based on the data.[1] The community health priorities identified for the service area include improving:

1. Obesity
2. Access to appropriate care
3. Behavioral health care (including substance abuse)
4. Educational awareness
5. Equitable revitalization, employment and job training

Key Findings

There are specific populations identified in this assessment that experience greater barriers to being healthy along with higher disease burden and death. This assessment has identified the following populations as the focus of further study and targeted investment to address persistent disparities:

- Residents in Clayton County
- People without legal immigration status
- Black and Latino residents
- Residents from zip codes 30315, 30314, 30310, 30354, and 30297
- Single parents

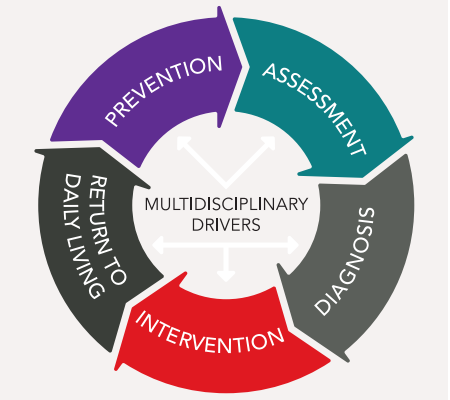
Social Determinants of Health

In general, residents that live in Fulton and DeKalb counties tend to be older, higher-income earning, more educated and less diverse when compared to residents of Clayton County. All three counties have high population counts, with the largest population in Fulton County, which is expected to grow at a more rapid pace than Clayton and DeKalb counties. Social determinants of health[2] influence residents in the community served by WellStar AMC and WellStar AMC South.

When analyzing data by race, ethnicity and income evidence shows that Fulton County has geographic pockets where the burden of social determinants of health rivals that found in Clayton County. An example of this is the rate of poverty among single-parent families. While single-parent families experience the highest rates of poverty throughout the service area, Fulton County shows the starkest contrast between single parent poverty when compared to all other types of families (see Table 3 and Table 5). Clayton County residents experience the greatest barriers to accessing healthcare related to income, employment, insurance, housing, and education, when compared to residents of DeKalb and Fulton counties.

This assessment also found that many community members do not have access to the most appropriate care to meet their needs due to insurance status, residents' ability to navigate available services, number of providers, quality of care, and transportation. Residents have access to appropriate

Figure 1 | Care Continuum



1 *See the Primary Data and Community Input, Community Health Summit, section of the Appendix for more detailed information about the community health priorities.*

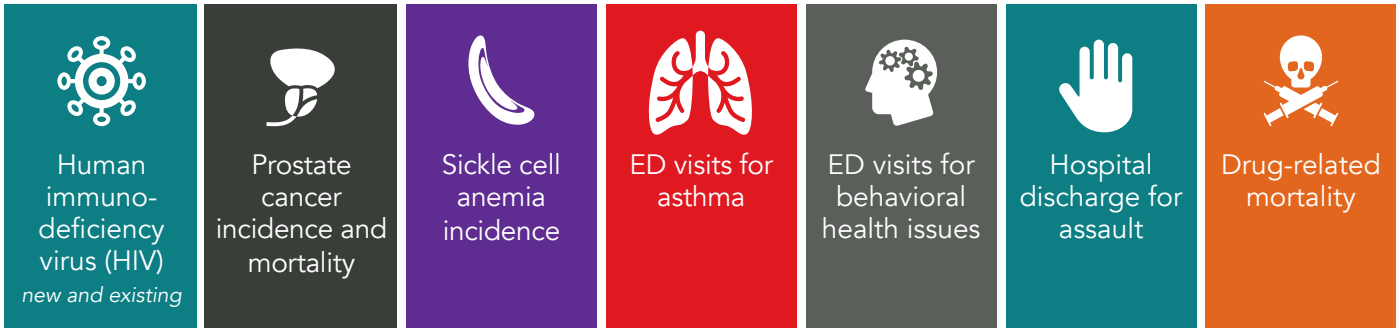
2 *According to Healthy People 2020, "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."*

care when there is a properly functioning continuum of care available to them. See Figure 1 for one example of a care continuum. 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 are identified through anomalies in data that warrant further investigation to better understand and address the cause, such as:

- Health professional shortage areas
- Higher than average rates of emergency department (ED) visits
- Hospitalization for preventable issues
- Low morbidity coupled with high mortality rates

Health Outcomes

There are several undesirable health outcomes in the service area. Most of the top 10 causes of death in the service area are related to chronic conditions, lifestyle and behaviors (i.e., heart disease, stroke, chronic obstructive pulmonary disease (COPD), lung cancer, diabetes, and kidney disease). Clayton County residents have the highest disease burden and death rates in the service area. Similarly, Black residents have the highest rates when compared to any other racial or ethnic cohort in the service area.



There are several health issues prevalent throughout the service area, including high rates of:

Investments in addressing these issues would influence the health of the community served by WellStar AMC and WellStar AMC South.

Limitations to Findings

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

- Most of the data included in this assessment is available only at the county level. Where smaller chunks of data were available, they were included. County-level data is an aggregate of large populations and does not always capture or accurately reflect the nuances of community health needs.
- Secondary data is not always available. For example, there is no population measure of educational awareness in the context of healthy options and availability of resources. In absence of secondary data, this assessment notes relevant anecdotal data gathered during primary data collection. It is important to note that primary data is limited by individual vocabulary, interpretation and experience.
- There is no measure of the accessibility and effectiveness of available services listed in the Community Facilities, Assets and Resources section of the Appendix, particularly for under- and uninsured residents.

Community is **Commitment**

WE EXIST TO SERVE

Community Definition

WellStar AMC and WellStar AMC South are located in Atlanta approximately eight miles away from each another. The hospitals serve the same geographic areas because of their proximity. For the purposes of this CHNA, the primary service area for both hospitals is defined as the 46 zip codes from which 75 percent of discharged inpatients originated during the previous year. The bulk of patients are from Fulton, DeKalb and Clayton counties. This geographic region shown in Map 1 is defined as the service area throughout the remainder of this report.

This CHNA considers the population of residents living in the 46 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 that are medically under-resourced or at risk of poor health outcomes.

Map 1 | Primary Service Area of WellStar AMC and WellStar AMC South

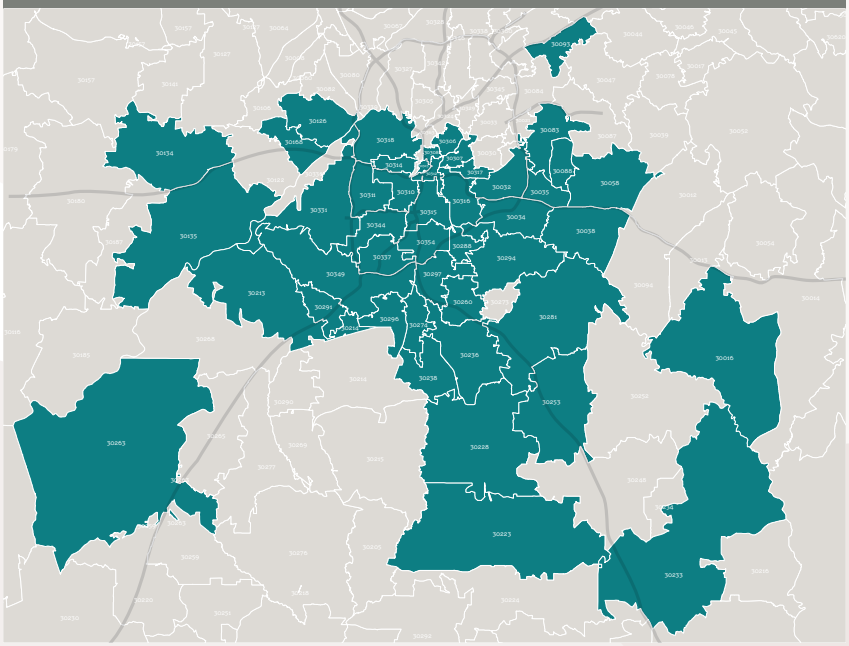


Table 1 | Primary Service Area of WellStar AMC and WellStar AMC South

County	Zip Codes (20)	Population (2015)
Fulton	30213, 30291, 30303, 30306, 30308, 30310, 30311, 30312, 30314, 30315, 30318, 30331, 30337, 30344, 30349, 30354	500,325
DeKalb	30032, 30034, 30035, 30038, 30058, 30083, 30088, 30294, 30307, 30316, 30317	395,142
Clayton	30236, 30238, 30260, 30274, 30288, 30296, 30297	201,774
Henry	30228, 30253, 30281	168,593
Douglas	30134, 30135	111,648
Cobb	30126, 30168	65,290
Coweta	30263	58,636
Gwinnett	30093	53,976
Newton	30016	52,990
Spalding	30223	36,419
Butts	30233	24,882

Demographic Data

by County and State (2016)*

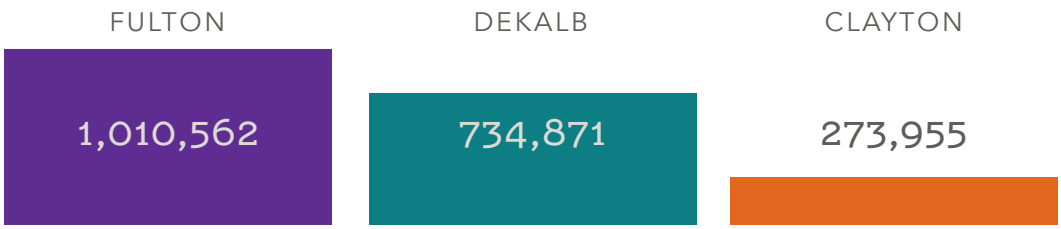
WellStar AMC and WellStar AMC South

The population in Georgia is one of the fastest growing in the nation. The community served by WellStar AMC and WellStar AMC South also is projected to grow at a rapid pace. When compared to Georgia, the community is also younger and more diverse, with a higher percentage of limited English-speaking skills. Among the three primary counties served by WellStar AMC and WellStar AMC South, DeKalb and Fulton counties are higher-income earning, slightly older and less diverse than Clayton County.

Total Population

GEORGIA TOTAL POPULATION

10,214,860



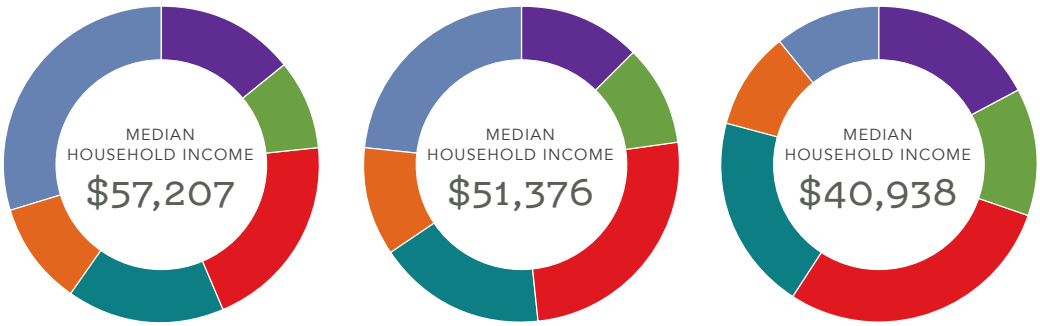
PROJECTED CHANGE BY 2021:

+6.7% +5.2% +4.0%

Income Distribution

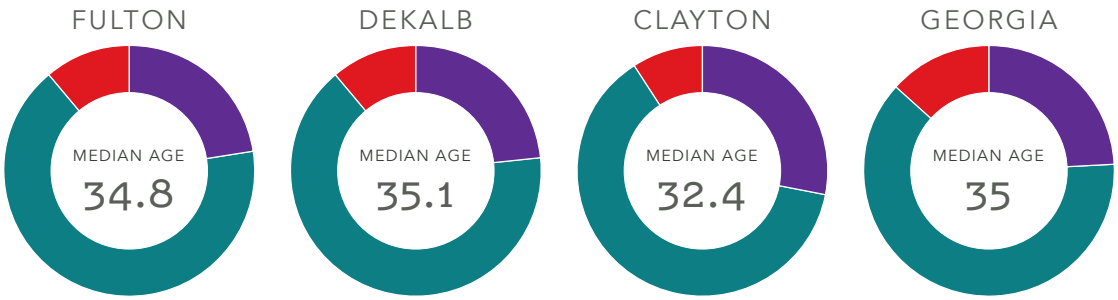
GEORGIA MEDIAN HOUSEHOLD INCOME

$53,559



	FULTON	DEKALB	CLAYTON
Less than $15,000	14.4%	12.7%	17.3%
$15,000 - 24,999	9.2%	10.3%	13.0%
$25,000 - 49,999	20.2%	25.4%	29.0%
$50,000 - 74,999	16.2%	17.3%	19.9%
75,000 - 99,999	10.5%	11.1%	10.1%
Over $100,000	29.6%	23.2%	10.7%

Age Distribution



	FULTON	DEKALB	CLAYTON	GEORGIA
0-17 years old	22.6%	23.6%	28.1%	24.3%
18-64 years old	66.4%	65.3%	63.0%	62.6%
65+ years old	11.1%	11.1%	8.9%	13.1%

Racial/Ethnic Distribution

	FULTON	DEKALB	CLAYTON	GEORGIA
Black	43.3%	53.4%	66.7%	30.9%
Asian	6.9%	6.2%	5.4%	4.0%
Hispanic‡	7.5%	8.8%	13.0%	9.4%
Non-Hispanic White	40.3%	29.7%	13.1%	53.9%
Limited English	2.6%	5.4%	6.0%	3.0%

* *County Health Rankings and Roadmaps: countyhealthrankings.org*
Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us
Truven Health Analytics, Community Need Index
Atlanta Regional Commission, 2016 Neighborhood Nexus, County Profiles

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Community is **Contribution**

ASSESSING THE NEEDS

Data Collection

Georgia Health Policy Center (GHPC) partnered with WellStar to implement a collaborative and comprehensive CHNA process.

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

- Centers for Disease Control and Prevention
- Community Commons
- Community Needs Index
- County Health Rankings and Roadmaps
- Georgia Department of Public Health
- Georgia Prevention Project
- U.S. Census Bureau

Many publicly available data sources are only at the county level and not in smaller segments. However, where possible, the data was analyzed at the zip code or census tract level to get a more comprehensive understanding of community health needs. Data sources reviewed for this assessment for this assessment can be found with the following data tables.

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

- Focus groups with residents
- One-on-one interviews with key stakeholders
- A listening session with the WellStar AMC Regional Health Board
- A Health Summit with hospital and community leaders

An in-depth description of the participants, methods used and collection period for each qualitative process is in the Primary Data and Community Input section of the Appendix.

Community is **Connection**

YOUR STORY IS OUR STORY

Health Needs of the Community

Understanding the health of a community and what residents need to be healthier requires consideration of a variety of factors. According to the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[3]

This assessment includes a consideration of the following factors from the perspectives of community and hospital leaders, residents, and secondary data:

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

Understanding how residents feel (morbidity) and what is causing death (mortality) in a community is often a good place to begin when assessing community health. The County Health Rankings (CHR), a popular annual measure of county-level health indicators, offers a measure of health outcomes by county. CHR health outcomes measures length of life and quality of life. Among the counties served by both hospitals, Clayton County shows higher rates of mortality and the poorest quality of life, while DeKalb and Fulton counties show lower mortality rates and better quality of life. This theme is seen throughout the CHNA. Clayton County often has the poorest outcomes when compared to other counties in the service area and the state.

Table 2 | County Health Rankings by County (2018)*†

	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Fulton	14	19	19	19	10	3	66	95
DeKalb	18	24	15	28	12	8	64	103
Clayton	59	131	37	84	106	95	130	139

* *There are 159 counties in Georgia*

† *County Health Rankings and Roadmaps: countyhealthrankings.org*

The leading causes of death in the hospital service area are similar when compared to the state. The top two causes of death in both the service area and throughout the state are related to heart disease (i.e., coronary artery disease and hypertension).[4] The remainder of the top five causes of death is behavioral health causes (unrelated to psychoactive substance use), cerebrovascular disease (stroke) and lung cancer.[5]

3 *World Health Organization, Constitution of WHO: principles, http://www.who.int/about/mission/en/*

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

5 *See the Secondary Data section of the Appendix for a ranked list of causes of death in Georgia and in Fulton, DeKalb and Clayton counties*

Social Determinants of Health

According to Healthy People 2020, "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Community and hospital leaders prioritized equitable revitalization at the community Health Summit, noting the need to improve the socioeconomic status of residents in their community through revitalization, job training and education. This addresses the disparities seen in the social determinants of health (e.g., income, employment, education, affordable housing, language skills, etc.) throughout the service area.

Poverty in the areas served by WellStar AMC and WellStar AMC South is a pervasive and growing challenge, particularly among families with children and people of color.

Unemployment has decreased across the area in the last 10 years. However, during the same period the household incomes in DeKalb and Fulton counties were stagnant, rising $27 and $498 respectively, and declining in Clayton County by $2,373.†

Over the last decade, poverty in the general population has increased at a faster pace in Clayton County (8.4 percent) than in DeKalb and Fulton counties (3.2 percent and 2.2 percent respectively). This pattern is replicated across the service area regardless of family status. While single-parent families experience the highest rates of poverty throughout the service area, Fulton County shows the starkest contrast between single-parent poverty when compared to all other types of families. This also is supported by zip code-level data (see Table 5).

Table 3 | Population Below the Federal Poverty Level by Family Status and County (2006-2015)*†

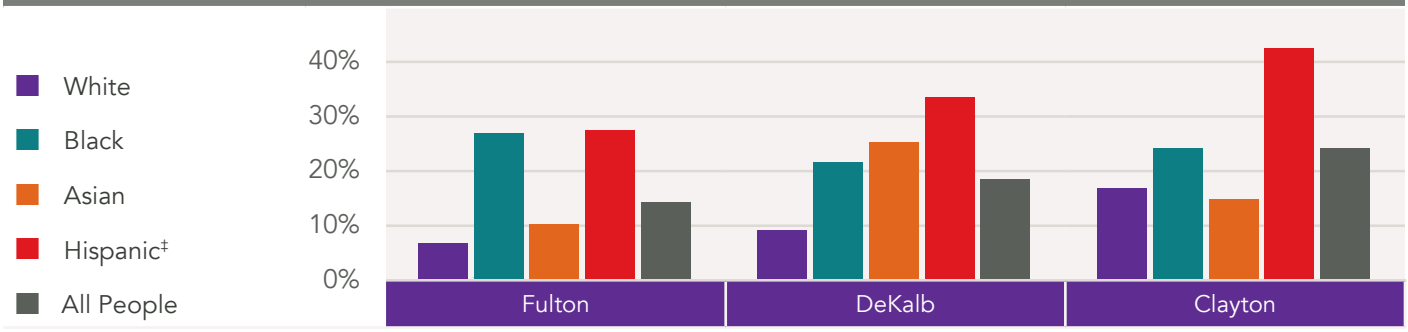
	Fulton		DeKalb		Clayton	
	2006-10	2011-15	2006-10	2011-15	2006-10	2011-15
Total households	357,463	379,957	264,837	267,396	86,546	88,793
All people	15.3%	17.6%	16.1%	19.3%	16.7%	25.1%
All families	12.0%	13.0%	12.4%	15.0%	13.6%	21.2%
Married couple families	3.6%	4.4%	5.5%	8.0%	7.1%	11.3%
Single female head of household families	31.8%	33.2%	25.3%	28.8%	24.2%	35.8%

* *There are 159 counties in Georgia*

† *Atlanta Regional Commission, 2016 Neighborhood Nexus, County Profiles: www.neighborhoodnexus.org*

Figures 2 and 3 shows that there also are disparities in the poverty and education rates of various racial and ethnic groups throughout the service area, with Black and Latino residents showing the highest rates of poverty and lowest rates of educational attainment when compared to the general population. Clayton and Fulton counties both show higher rates of poverty among Black and Latino residents when compared to their white and Asian counterparts, while DeKalb County shows higher rates of poverty among all people of color when compared to their white counterparts.

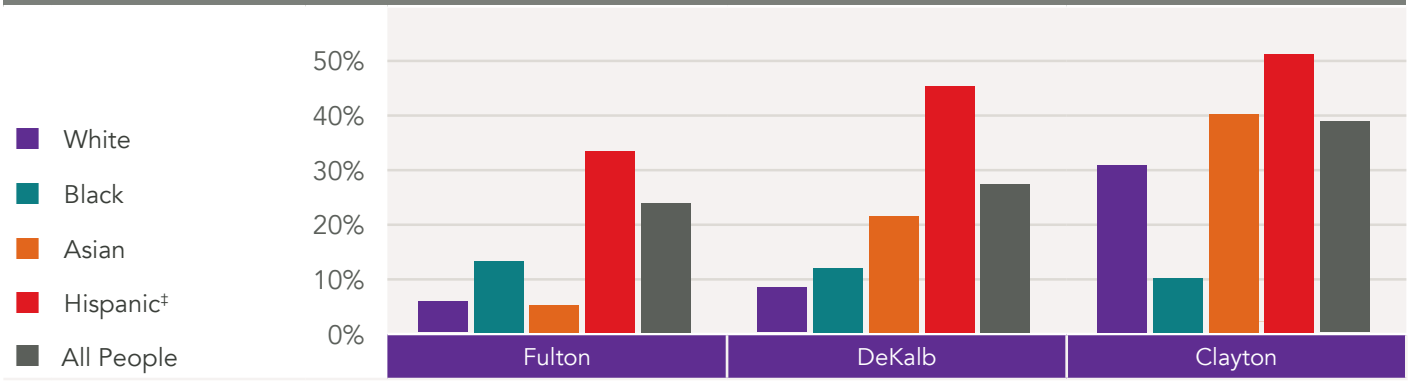
Figure 2 | Population Below Federal Poverty Level by Race/Ethnicity and County (2011-2015)†



† *Atlanta Regional Commission, 2016 Neighborhood Nexus, County Profiles: www.neighborhoodnexus.org*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Figure 3 | Percentage of Population Without a High School Diploma by Race/Ethnicity and County (2011-2015)†



† *Community Commons CHNA Portal: CHNA.org*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Housing

The quality, age, availability, and affordability of housing influence community health. Input provided by residents noted unhealthy housing conditions in areas where poverty rates are highest (e.g., overcrowding, safety issues related to structure and poor adherence to building codes), gentrification causing displacement, rising cost of housing, and closing of homeless shelters as facilitating factors in the poor health of residents in their community. In the last 10 years, home values and homeownership have declined, with home ownership replaced by renting. This fact alone does not indicate health challenges and is likely related to both the housing crisis and the younger median age of the service area.

As Atlanta rebounds from the housing crisis, older homes are replaced by newer dwellings such as larger apartment units. This coupled with the population growth and decreasing vacancy rates may be setting the community up for challenges related to unaffordable housing and displacement. Input provided by community leaders during the community Health Summit noted that major development efforts are not engaging residents and often lead to displacement and economic instability. This may be what is driving the increases in the percentage of residents paying more than 30 percent of their monthly income for rent.

Table 4 | Selected Housing Indicators by County (2006-2015)†

	Fulton		DeKalb		Clayton	
	2006-10	2011-15	2006-10	2011-15	2006-10	2011-15
Total households	357,463	379,957	264,837	267,396	86,546	88,793
Family households	56.0%	54.6%	58.9%	58.5%	66.6%	66.5%
Nonfamily households	44.0%	45.4%	41.1%	41.5%	33.4%	33.5%
Vacant housing units	16.9%	14.6%	12.3%	12.7%	16.9%	15.2%
Homes more than 20 years old	61.4%	55.8%	69.3%	65.8%	61.1%	57.6%
Median value of homes	$253,100	$241,300	$190,000	$163,000	$127,800	$85,200
Households paying more than 30% of income for monthly mortgage	28.2%	24.5%	30.6%	27.2%	43.6%	35%
Households paying more than 30% of income for monthly rent	41.6%	41.8%	43.6%	45.3%	57.3%	59.7%

† *Atlanta Regional Commission, 2016 Neighborhood Nexus, County Profiles: www.neighborhoodnexus.org*

Zip code-level data shows a greater influence of the social determinants of health on the area both hospitals serve than county-level data can portray (see Table 5 for Community Need Index (CNI) data in selected zip code areas). Specifically, there are geographic pockets where educational attainment and language skills are lower, and unemployment and poverty are higher than county averages:

- Unemployment rates are higher than average, with more than one-third of the 46 zip codes showing approximately one in five residents as unemployed.
- Poverty is pervasive and single-parent poverty is high across the entire service area.
- More than two-thirds of residents in the service area have no high school diploma.
- There are eight zip code areas where more residents than is average have limited English-speaking skills.

Community residents spoke of the difficulty they experience when trying to find and use affordable health insurance. One group noted that affordable insurance is not often accepted by providers in their area or has such expensive copays and deductibles that they cannot afford to use their insurance benefits.

There are existing resources throughout the service area that address the social determinants of health.[6] Unfortunately, there is no way to determine the reach and effectiveness of these collective resources in addressing most of the social determinants of health noted in this assessment.

6 *See the Community Facilities, Assets and Resources section of the Appendix for a list of resources.*

Access to Appropriate Care

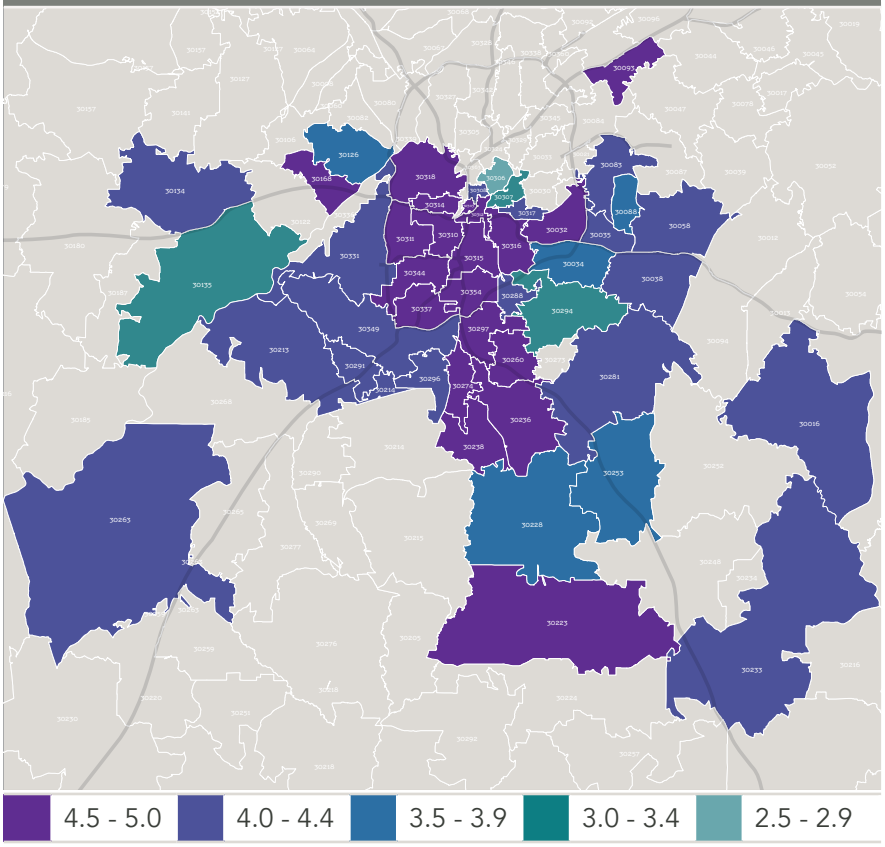
Having access to the right care at the right time influences health outcomes as well as healthcare–seeking behavior, according to the input provided by residents and community leaders. Community Health Summit participants identified access to appropriate care as one of the top community health priorities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

Input from community residents noted are inadequate safety net services. Services available are not culturally and linguistically relevant to meet the needs of all residents. One example is the limited safety net services targeting the unique health concerns of men, particularly in Clayton County. Residents told stories about showing up for a dental clinic, only to be turned away after waiting all day or waiting years on a list to receive specialty care at local clinics.

Socioeconomic Factors

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.[7] Each factor is rated on a scale of one to five (one indicates the lowest barrier to accessing healthcare and five indicates the most significant). A score of three is the scale median.

Map 2 | WellStar AMC and WellStar AMC South 2015 CNI Scores by Zip Code†



7 *See the Secondary Data section of the Appendix for complete CNI data.*

According to the 2015 CNI (see Map 2 and Table 5), most of the zip codes served by WellStar AMC and WellStar AMC South have above average socioeconomic barriers to accessing healthcare. A closer look shows:

- There are five zip codes with CNI scores of five (highest barriers measured by the scale), four of which are in Fulton and one in Clayton.[8]
- Eighty percent of zip code areas show barriers that are higher than median for the scale.
- The three primary counties covered in this assessment showed increases in barriers, Fulton (0.1), DeKalb (0.2), and Clayton (0.1).
- Nine zip codes showed increases in the barriers to accessing healthcare between 2014 and 2015.[9]
- Four zip codes showed decreases in the barriers to accessing healthcare between 2014 and 2015.[10]
- 65 percent of the zip codes areas have higher rates of uninsured than the state (17.1 percent). 57 percent of the service area has more than one in five uninsured residents.

Table 5 | 2015 Community Need Index (CNI): 10 Highest Barrier vs. 10 Lowest Barrier Zip Codes

Geography		Scores		Income			Culture		Education	Insurance		Housing
Zip	County	Change (2014-15)	2015 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/Kids	English as a Second Language	Minority	No High School Diploma	Unemployed	Uninsured	Renting
10 Areas With the Highest CNI Scores												
30297	Clayton	0.0	5.0	13%	51%	65%	16%	81%	33%	20%	34%	56%
30315	Fulton	0.0	5.0	38%	56%	70%	3%	88%	26%	24%	42%	63%
30314	Fulton	0.0	5.0	22%	51%	62%	0%	97%	22%	25%	39%	65%
30310	Fulton	0.0	5.0	37%	49%	58%	1%	94%	24%	22%	41%	61%
30354	Fulton	0.0	5.0	19%	51%	63%	8%	88%	27%	22%	36%	61%
30260	Clayton	0.4	4.8	12%	24%	45%	9%	81%	23%	20%	23%	51%
30032	DeKalb	0.2	4.8	20%	39%	50%	1%	88%	20%	22%	25%	48%
30316	DeKalb	0.0	4.8	34%	31%	55%	2%	60%	16%	14%	23%	35%
30311	Fulton	0.0	4.8	21%	49%	61%	3%	98%	20%	22%	35%	59%
30303	Fulton	0.0	4.8	31%	46%	56%	1%	61%	15%	17%	29%	73%

8 Scored 5 on CNI index: Fulton County (30315, 30314, 30310, and 30354) and Clayton County (30297)

9 Increases in CNI Scores between 2014-2015: Cobb (30168 and 30126), Clayton (30260 and 30238), DeKalb (30032, 30035, and 30038), and Fulton (30349 and 30213)

10 Decreases in CNI Scores between 2014-2015: Clayton (30296), DeKalb (30307), and Fulton (30291 and 30331).

Geography		Scores		Income			Culture		Education	Insurance		Housing
Zip	County	Change (2014-15)	2015 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/Kids	English as a Second Language	Minority	No High School Diploma	Unemployed	Uninsured	Renting
10 Areas With the Lowest CNI Scores												
30016	Newton	NA	4.0	NA	NA	NA	NA	NA	NA	NA	NA	NA
30034	DeKalb	0.0	3.8	13%	26%	40%	1%	98%	9%	19%	17%	32%
30253	Henry	NA	3.8	NA	NA	NA	NA	NA	NA	NA	NA	NA
30088	DeKalb	0.0	3.6	7%	17%	28%	1%	96%	8%	20%	13%	34%
30126	Cobb	0.2	3.6	12%	19%	39%	5%	61%	10%	10%	12%	22%
30228	Henry	NA	3.6	NA	NA	NA	NA	NA	NA	NA	NA	NA
30307	DeKalb	0.2	3.4	10%	12%	36%	1%	21%	4%	6%	11%	41%
30294	DeKalb	0.2	3.4	9%	15%	28%	3%	91%	12%	16%	15%	17%
30135	Douglas	NA	3.0	NA	NA	NA	NA	NA	NA	NA	NA	NA
30306	Fulton	0.0	2.6	11%	6%	19%	1%	15%	3%	5%	10%	48%
Fulton Total		**0.1**	**3.7**	**14%**	**21%**	**37%**	**3%**	**60%**	**10%**	**12%**	**18%**	**45%**
DeKalb Total		**0.2**	**4.1**	**15%**	**25%**	**40%**	**6%**	**70%**	**13%**	**14%**	**18%**	**42%**
Clayton Total		**0.1**	**4.5**	**9%**	**34%**	**48%**	**7%**	**84%**	**19%**	**18%**	**25%**	**41%**

NA: Data was not available

Input from community residents pointed to a lack of care continuity among providers in the community, specifically when receiving care at the Emergency Department (ED). According to the 2017 ED utilization data provided by WellStar, WellStar AMC and WellStar AMC South served 46,526 self-pay patients in the EDs. A patient is considered self-pay if they do not provide medical insurance to cover the care they receive. This is often a sign of the number of under- and uninsured patients receiving care in any hospital department. A closer look at the community's 46 zip codes shows:

- Fulton County zip codes contain just over one-fifth (22 percent) of the total population of the service area and more than three-quarters (77 percent) of the self-pay patient population seen at both EDs.
- DeKalb County zip codes contain just under one-tenth of the total population of the service area, and just over one-tenth (12 percent) of the self-pay patient population seen at both EDs.
- Clayton County zip codes contain just under one-tenth (nine percent) of the total population of the service area, and just under one-tenth (eight percent) of the self-pay patient population seen at both EDs.

Table 6 | Characteristics of Self-Pay Patients Receiving Care in the Emergency Departments at WellStar AMC and WellStar AMC South (2017)†

County	# of Service Area Zip Codes	# of Self-Pay ED Visits to WAMC and WAMCS	Percent of All Self-Pay ED Visits	Total Population	Percent of Service Area Population
Fulton	5	3,722	8%	201,774	8.90%
DeKalb	11	5,461	12%	395,142	17.40%
Clayton	16	35,880	77%	500,325	22.10%
Service Area	**46**	**46,526**	**100%**	**2,266,591**	**100%**

† *WellStar Health System, Deidentified Emergency Department Utilization, Self-Pay (2017)*

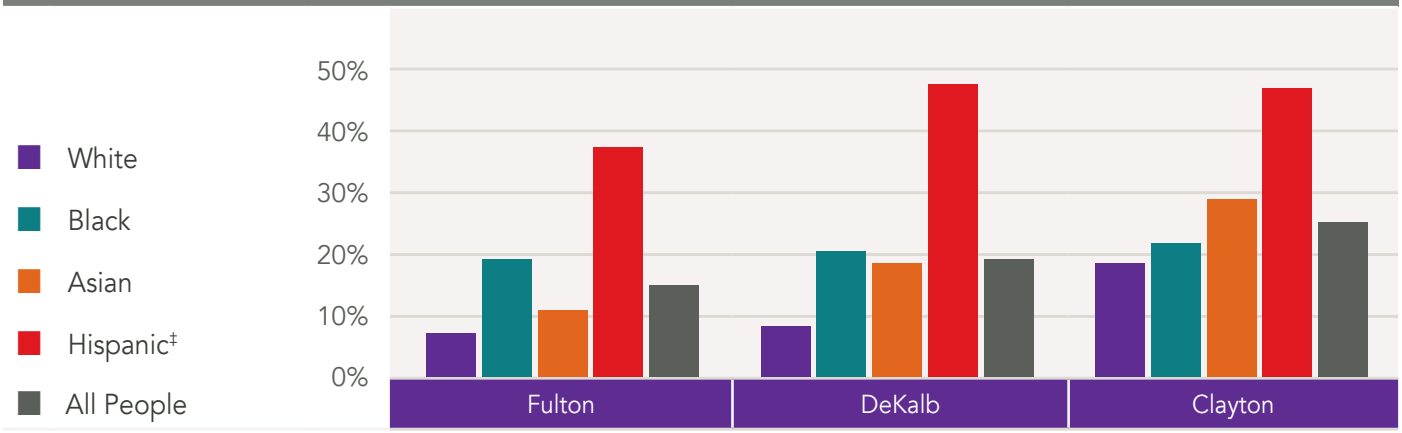
A greater percentage of Georgia residents are uninsured than the national average due to the lack of Medicaid expansion. The percentage of uninsured residents in DeKalb and Fulton Counties is average for the state and higher in Clayton County. One resident explained that unaffordable co-pays are a barrier to using their insurance:

> "Each year, I can't even use my healthcare now because I can't afford to pay it. Well, they told me I was going to have to pay the rest out-of-pocket, and then they told me ... I said, "I can't afford this." They said, "Well here, here's this, you can take out a loan."

Uninsured

Figure 4 shows the disparities in the rates of uninsured when considering the data by racial and ethnic groups throughout the community, with Latino and Black residents showing the highest rates of uninsured when compared to their White and Asian counterparts. Latino residents are four times more likely to be uninsured, when compared to their White counterparts.

Figure 4 | Percentage of Uninsured Population by Race/Ethnicity and County (2011-2015)†



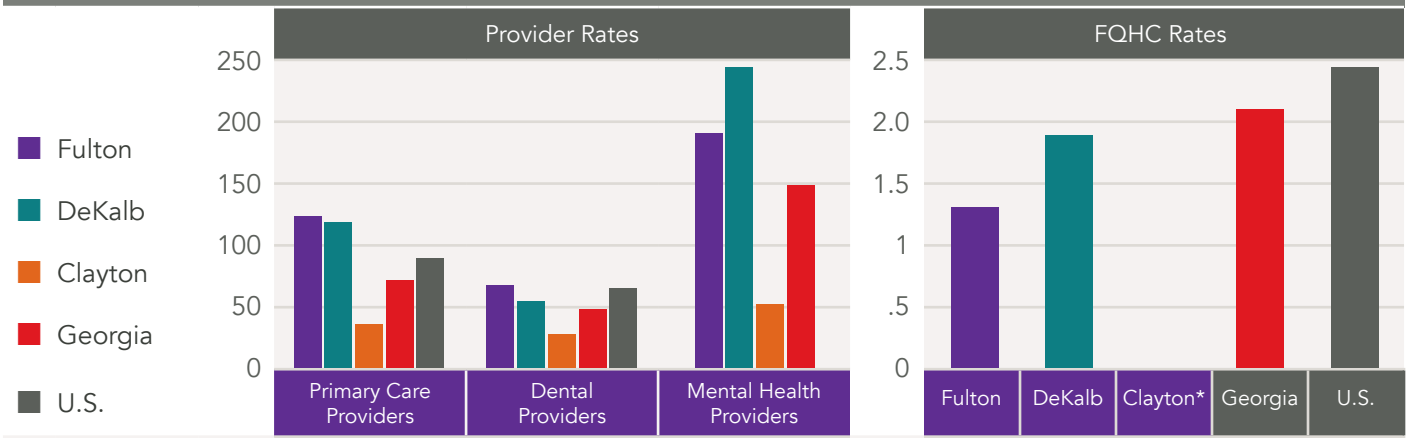
† *Community Commons CHNA Portal: CHNA.org*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Provider Shortage

There is a shortage of healthcare and dental providers throughout service area, particularly among safety net providers that offer free or reduced cost healthcare based on income (see Map 3 for a geographic representation). Clayton County has the fewest primary care and dental care providers. While Fulton and DeKalb counties have higher rates of primary care and dental care providers when compared to Clayton County and the state, there are fewer Federally Qualified Health Centers (FQHCs) in both counties when compared to the state and national rates.

Figure 5 | Provider Rates by County Per 100,000 Population (2014)†



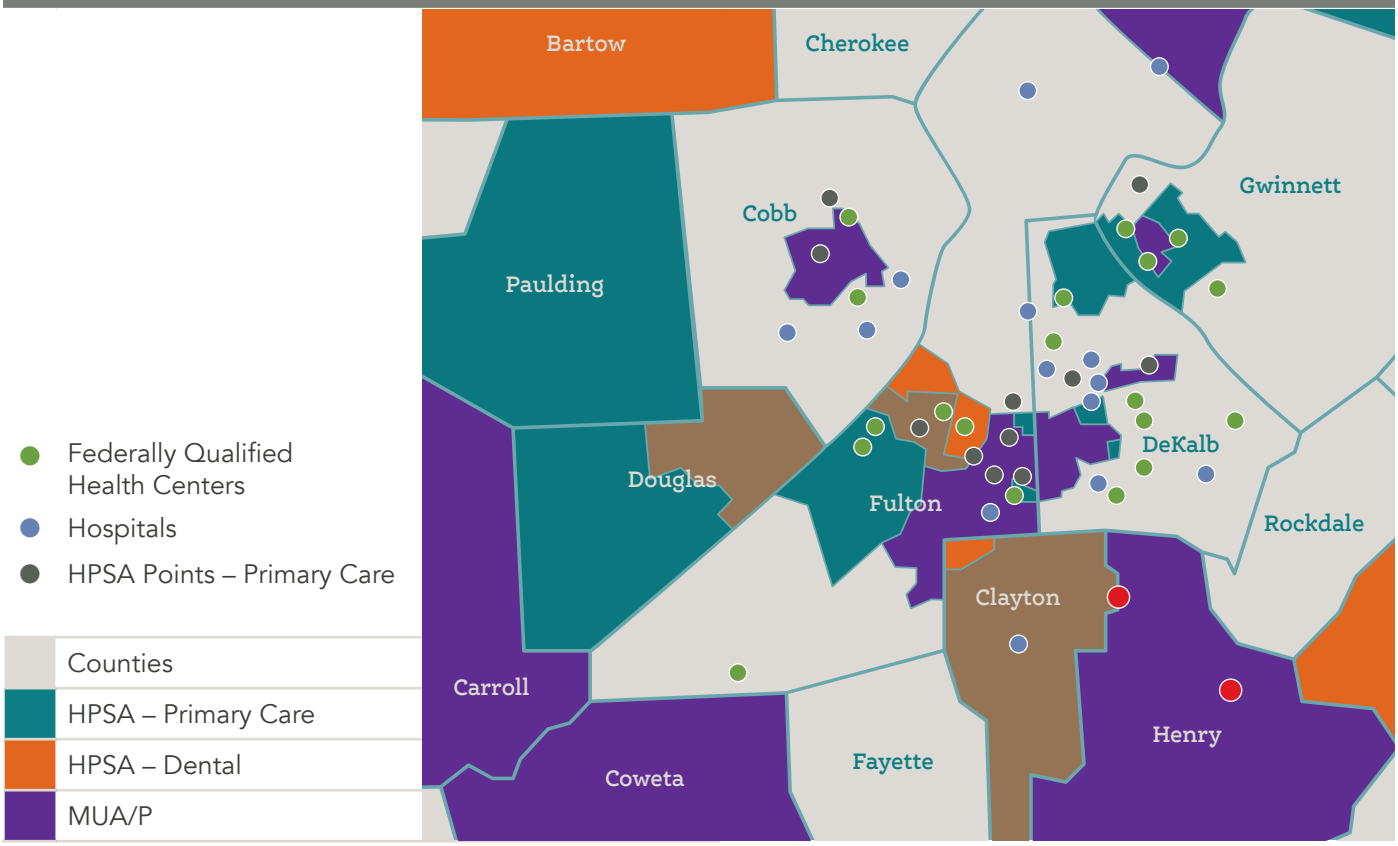
† *Community Commons CHNA Portal: CHNA.org*

* *0.00% can result from sample size and margin of error*

According to the Health Resources and Services Administration (HRSA):

- There are Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) in Fulton, DeKalb and Clayton counties.
- Fulton County needs seven primary care providers and 13 dental care providers – the shortage impacts the care of an estimated 19,278 residents.
- DeKalb County needs seven primary care providers in the north region – the shortage impacts the care of an estimated 34,624 residents.
- Clayton County needs 38 primary care providers and 29 dental care providers – the shortage impacts the care of an estimated 129,886 residents.
- Most safety net providers are located in Downtown Atlanta, leaving very few safety net providers to serve the northern and southern regions of the service area.

Map 3 | Primary Care and Dental HPSA, Safety Net Providers, and Hospitals†



† *U.S. Department of Health and Human Services, The HRSA Data Warehouse, Primary Dataset: Health Professional Shortage Areas (HPSAs), Secondary Dataset: Medically Underserved Areas/Populations (MUA/P)*

Residents talked about the barriers posed by technology to healthcare and social benefits by saying:

> "I see a lot of seniors that can't go online to renew things because they're not computer savvy. Might be able to find a teenager and if you could get somebody to give you help. But there are a lot of seniors who aren't able to say to them, 'We need food stamps,' because you have to go online. Or Medicaid, anything, everything is online. I don't see any community service that is focused toward helping seniors do things [online]."

Another resident talked about the limited access that many low-income areas have to the internet:

> "Well it's gone farther than that. A lot of people in our neighborhoods can't afford Wi-Fi, can't afford it. In my neighborhood, downtown right in the middle of downtown area, AT&T don't have Wi-Fi in that area. You can't even get it. I'm just saying, they [are] talking about having it in schools."

There are existing resources throughout the service area that offer access to care.[11] Unfortunately, it is difficult to determine the reach and effectiveness of these collective services in addressing most of the barriers to accessing appropriate care noted in this assessment.

11 *See the Community Facilities, Assets and Resources section of the Appendix for a list of resources.*

Health Behaviors

To better understand behaviors that impact health, it is important to consider factors influencing choices residents make that cause them to be either healthy or unhealthy. Often, these choices are influenced by access to, awareness of and preference for healthy or unhealthy options. Community input noted residents are dying because they do not have access to healthy options like healthy produce and safe places to exercise.

One focus group participant described the relationship between poverty and healthy behaviors in this way:

> "You have single parents who don't have jobs... these people don't have money to go the store to get food."

Food Insecurity

According to the U.S. Department of Agriculture (USDA), food security is access by all people at all times to enough food for an active, healthy life. It is one of several conditions necessary for a population to be healthy and well nourished. In 2016, the USDA found that 14 percent of households in Georgia experience low food security, and 5.6 percent experience very low food security.[12]

All counties included in this assessment show signs of food insecurity and low access to grocery stores. The geographic areas with lowest access to grocery stores are central to the service area and Downtown Atlanta (see Map 4). Residents in Clayton and Fulton counties have the lowest access to supermarkets and grocery stores when compared to DeKalb. The percentage of low-income residents with low access to grocery stores in Fulton County is more than three times that of Clayton or DeKalb counties.

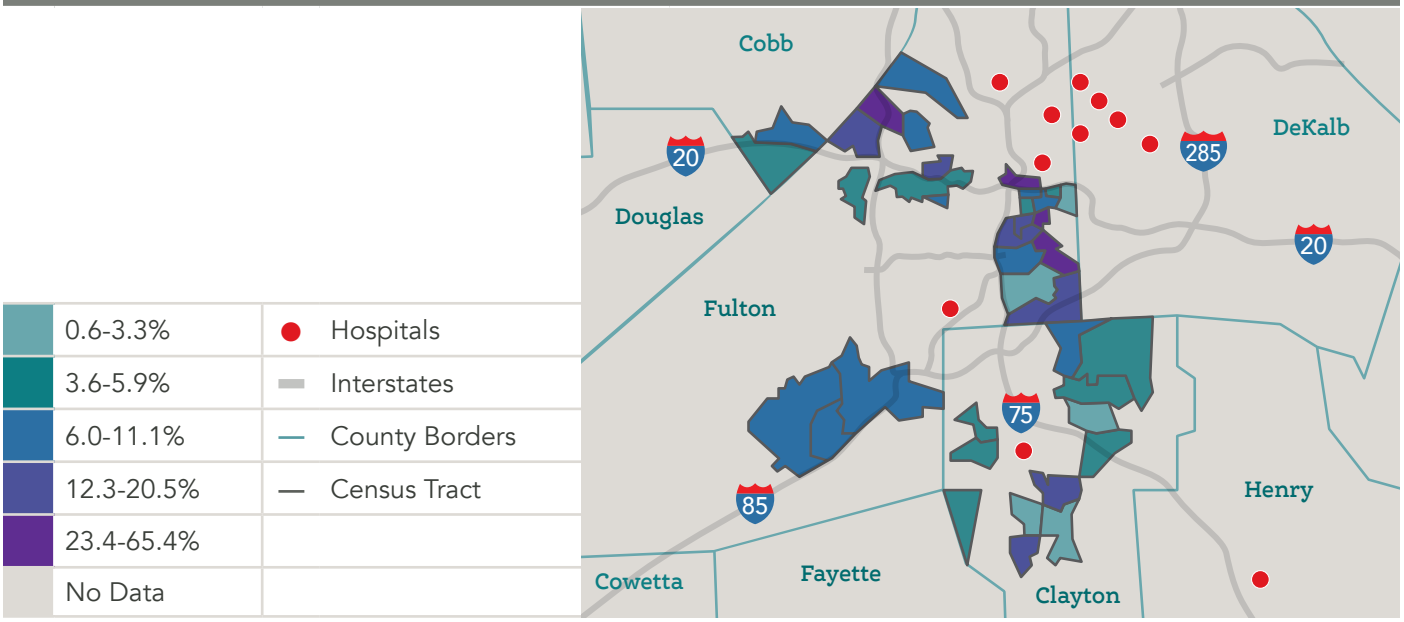
Table 7 | Selected Populations With Low Access to a Supermarket or Large Grocery Store by County (2010-2015)†

Healthy Eating Active Living Indicators	Fulton	DeKalb	Clayton
Residents with low access to a supermarket	57.8%	32.2%	42.4%
Low-income residents with low access to a supermarket	17.1%	4.7%	5.1%
Children with low access to a supermarket	18.2%	7.7%	13.0%
Seniors with low access to a supermarket	4.1%	1.6%	2.4%

† *Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015 (January 2017), Economic Information Bulletin No. (EIB-165) 21 pp*

12 *USDA Economic Research Service, Household Food Security in the United States in 2016, ERR-237*

Map 4 | Percentage of Low-Income Population With Low Access to a Supermarket or Large Grocery Store†



† *Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015 (January 2017), Economic Information Bulletin No. (EIB-165) 21 pp*

One of the top priorities identified by community and hospital leaders during the community Health Summit was obesity. Community input suggests that residents do not have or make time to shop and prepare meals or exercise in a healthy way. The data shows adults are physically inactive in Clayton and DeKalb counties, which also are counties where more people than average are spending over an hour on their work commute. Additionally, community residents indicated that while exercise facilities are readily available, the memberships to these facilities are not always affordable.

Table 8 | Selected Healthy Eating, Active Living Indicators†

	Fulton	DeKalb	Clayton	Georgia	U.S.
Inadequate fruit and vegetable consumption	74.1%	70.9%	79.0%	75.7%	75.7%
Access to exercise facilities	90.0%	96.0%	82.0%	75.0%	N/A
Adult physical inactivity	18.0%	20.2%	25.7%	23.1%	21.8%
Commute over 60 minutes	8.8%	11.0%	10.0%	9.4%	8.5%

† *Community Commons CHNA Portal: CHNA.org, County Health Rankings and Roadmaps: countyhealthrankings.org*

Health Knowledge

Community Health Summit participants prioritized educational awareness as one of the most pressing health issues that could improve health outcomes in their community if effectively addressed. There is no measure of educational awareness in the context of healthy options and availability of resources.

Community leaders discussed the need for residents to be aware of the impact their choices have on personal and family health. More specifically, leaders felt that residents are not always fully aware of positive parenting practices, the need for prenatal care, how to shop for and prepare healthy nutrition, and resources available in their community. One resident said:

> "Honestly, I have health issues now because of poor choices that I made when I was younger."

Residents spoke about the need to increase educational outreach in their community related to healthy options and preventive practices like health screenings. One focus group participant spoke about the need for persistence in outreach and prevention efforts:

> "I feel like the hospital and healthcare system could do more outreach. I know they do outreach now but it's never enough and when people don't show up then it's like whatever we tried. I feel like they could keep pushing on these people until they understand."

There are existing resources throughout the community addressing health behaviors.[13] Unfortunately, there is no way to determine the reach and effectiveness of these collective resources in addressing most of the barriers to healthy behaviors noted in the CHNA.

13 See the Community Facilities, Assets and Resources section of the Appendix for a list of resources.

Health Outcomes

Most of the top 10 causes of death in the service area are related to chronic conditions, lifestyle and behaviors (i.e., heart disease, stroke, COPD, lung cancer, diabetes and kidney disease). When considering county-level data, Clayton County shows the greatest morbidity (disease burden) when compared to Fulton and DeKalb counties. Throughout the service area, Black residents show the highest disease burden when the data are considered by race. While data for Latino residents are limited, there is anecdotal evidence Latino residents experience high rates of morbidity and mortality related to chronic conditions as well.

Obesity

At the time of this CHNA, body mass index (BMI) is a health issue throughout the country, and this community is no exception. More than one in three adults is overweight and more than one in four adults is obese (with the exception of Fulton County). Diabetes is a health concern in Clayton County, where morbidity rates are elevated, and mortality rates are higher than the rest of the area. DeKalb County also shows higher hospital discharge rates for diabetes, which could possibly point to barriers to effective preventive and primary care.

Table 9 | Selected Adult BMI and Diabetes Indicators by County and Race (2012-2016)†

	Fulton	DeKalb	Clayton	White**	Asian**	Black**	Hispanic**‡	Georgia
Overweight	33.3%	36.8%	31.7%	ND	ND	ND	ND	35.1%
Obese	23.8%	27.1%	37.6%	ND	ND	ND	ND	29.3%
Living with diabetes	9.2%	10.4%	12.3%	ND	ND	ND	ND	10.6%
Diabetes discharge rate*	186.1	225.8	223.6	87.7	32.8	322.8	ND	187.3
Diabetes mortality*	19.9	19.2	25.7	11.9	13.8	30.7	ND	21.6

ND: Data was unavailable due to a lack of data reporting or data suppression ND for rates: Rates based on 1-4 events are not shown

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

* *Age adjusted, per 100,000 population ** Three-county aggregate*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Heart Disease

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

Table 10 | Selected Cardiovascular Condition Indicators by County and Race (2016)†								
	Fulton	DeKalb	Clayton	White**	Asian**	Black**	Hispanic** ‡	Georgia
Obstructive heart disease/heart attack discharge rate*	197.6	209.9	242.4	161.4	122.0	247.3	ND	276.2
Obstructive heart disease mortality*	52.5	49.5	66.2	46.3	30.6	62.7	19.0	75.4
Hypertensive heart disease discharge rate*	21.1	17.9	14.0	18.6	ND	66.2	ND	14.2
Hypertensive heart disease mortality*	27.3	14.5	32.3	15.2	4.1	32.8	11.0	17.5
Stroke mortality*	37.5	41.7	50.5	32.0	35.4	49.9	15.6	44.2

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

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

* *Age adjusted, per 100,000 population* ** *Three-county aggregate*

Cancer

Cancer rates are elevated in Georgia when compared to the national average. There are higher morbidity rates for breast and prostate cancers across the service area with Clayton County showing higher morbidity rates for lung and cervical cancers. It is notable that Latino residents show much higher rates of cervical cancer than any other race, which may be related to human papillomavirus.

Table 11 | Selected Cancer Indicators by County and Race (2012-2016)†									
	Fulton	DeKalb	Clayton	White**	Asian**	Black**	Hispanic**‡	Georgia	U.S.
Breast cancer incidence*	135.3	136.4	128.2	140.8	73.9	135.3	99.1	123.4	123.4
Cervical cancer incidence*	6.9	7.6	9.0	7.0	NA	8.5	18.9	7.7	7.6
Colon and rectum cancer incidence*	39.7	41.4	44.6	33.5	24.5	50.0	29.3	41.7	40.6
Prostate cancer incidence*	170.4	161.5	156.3	131.9	50.0	216.1	101.8	139.8	123.4
Lung cancer incidence*	54.5	53.2	65.1	52.9	29.3	59.0	30.7	67.3	62.6
Cancer mortality*	163.7	156.1	167.2	136.4	82.6	181.7	60.1	169.3	166.3

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

* *Age adjusted, per 100,000 population* ** *Three-county aggregate*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Sickle Cell Anemia (SCD)

Sickle cell disease (SCD) is the most common inherited blood disorder and occurs most commonly among people of African origin throughout the world. It is estimated that 97% or more of Georgia newborns with SCD are Black or African-American, and roughly 2% overall are of Hispanic-American ethnicity.[14] SCD is most common among Black residents in this service area especially for those residents that are 20-49 years old. Research has shown that this demographic group has an increase in hospitalizations and ED visits after childhood.[14] Although

not assessed for this CHNA, possible reasons for this increase, apart from "the natural course of the disease, include factors related to the transition from parental care to independence, from pediatric to adult medical care, and changes in health insurance coverage. Transition to independent self-care from parent-directed management may require some learning. In addition, a break in the primary care medical home may cause discontinuity in crucial primary prevention and clinical support for patients with SCD".[14]

Table 12 | Selected Blood Disease Indicators by County and Race (2012-2016)†

	Fulton	DeKalb	Clayton	White**	Asian**	Black**	Hispanic**‡	Georgia
Sickle cell anemia incidence	70.6	104.7	132.3	13.8	15.2	157.5	ND	57.2
Sickle cell anemia mortality	0.6	0.6	0.7	ND	0.0	1.2	ND	0.4

ND: Data was unavailable due to a lack of data reporting or data suppression ND for rates: Rates based on 1-4 events are not shown

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

* *Age adjusted, per 100,000 population ** Three-county aggregate*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Asthma

Asthma is common in densely populated urban areas for a variety of reasons. Residents living in the urban areas included in this assessment also suffer from higher morbidity rates for asthma.

Table 13 | Selected Respiratory and Blood Disease Indicators by County and Race (2012-2016)†

	Fulton	DeKalb	Clayton	White**	Asian**	Black**	Hispanic**‡	Georgia
Asthma discharge rate*	105.9	132.9	90.7	65.4	25.0	167.1	ND	87.8
Asthma ED visit rate*	621.9	722.7	737.1	ND	ND	ND	ND	538.8

ND: Data was unavailable due to a lack of data reporting or data suppression ND for rates: Rates based on 1-4 events are not shown

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

* *Age adjusted, per 100,000 population ** Three-county aggregate*

‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Sexually Transmitted Infections (STIs)

The Metro Atlanta area has some of the highest morbidity rates for HIV and AIDS in the nation. All three counties show higher rates of HIV when compared to the state, with Fulton County showing the highest rates. The prevalence of HIV throughout the service area was discussed by every primary data source (key informant interviews, resident focus groups, Regional Health Board listening session, and during the Health Summit).

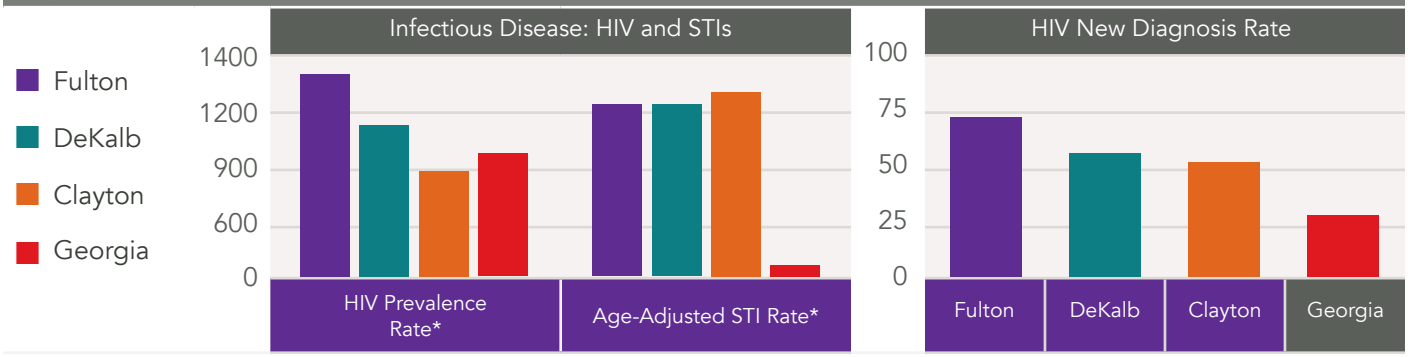
While HIV screening rates are high, annual diagnostic rates remain high, according to a database called AIDSVu managed by the Rollins School of Public Health at Emory University. Additionally, in the service area:

- Prevalence and new cases in all three counties are higher than in the state
- 39 zip codes have rates higher prevalence rates than the state (564 per 100,000 population)
- 41 zip codes have higher rates of new cases than the state (28 per 100,000 population)
- Black men are being diagnosed with HIV at a much higher rate than any other racial or ethnic group
- Senior diagnosis rates have been on the rise in recent years[15]

14 *https://www.cdc.gov/ncbddd/sicklecell/documents/SCD_in_GA.pdf*

15 *AIDSVu. Emory University, Rollins School of Public Health. Atlanta, GA (www.aidsvu.org)*

Figure 6 | Prevalence and Diagnoses Rates for HIV and All Other STIs†



† *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STI, and TB Prevention (NCHHSTP): www.cdc.gov/NCHHSTP/Atlas/*

* *Per 100,000 population*

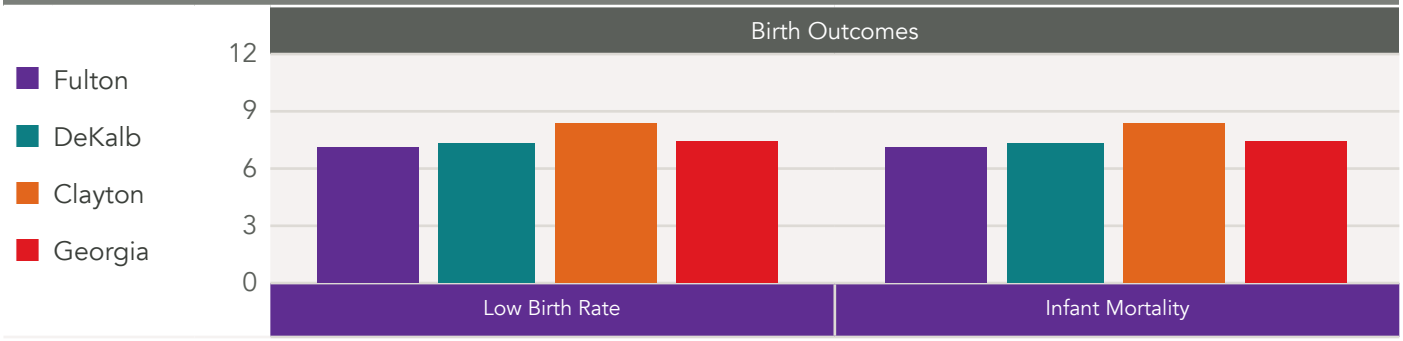
Birth Outcomes

Most birth outcomes in Georgia need improvement when compared to national averages. One of the greatest challenges the state faces in addressing infant outcomes is consistent collection, tabulation and presentation of complete data related to childbirth. Anecdotal information from community input indicates a lack of prenatal care and high rates of low-birth-weight (LBW) infants across the hospitals' service area. Access to and appropriate use of prenatal care were identified as priorities during the WellStar AMC Regional Health Board listening session and the Health Summit.

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

According to the 2018 – 2021 Strategic Plan for the Atlanta Perinatal Region, Clayton County is one of five counties and Fulton and DeKalb counties are among 15 counties, with the highest infant mortality rates (IMR) among the 35 counties included in the Atlanta Perinatal Region.[16] Figure 7 shows Clayton County's higher rates of LBW and IMR when compared to the other counties in the service area and the state.

Figure 7 | Infant Mortality and Low Birth Weight by County (2012-2016)†



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

16 *Healthy Mothers, Health Babies Coalition of Georgia, 2016 State of the State of Maternal and Infant Health in Georgia https://drive.google.com/file/d/0BxndQpkPFFfySm5aNmdkYXZYQm8/view*

Table 14 shows that injury rates are elevated in Clayton County and assault rates are high across the service area.

Table 14 | Selected Injury Indicators (2012-2016)†

	Fulton	DeKalb	Clayton	Georgia
Assault discharge rate*	45.3	38.6	30.4	19.9
Motor vehicle crash ER visit rate*	1,035.3	1,135.7	1,592.7	1,168.3

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

** Age adjusted, per 100,000 population*

Behavioral Health

The need for behavioral health resources, particularly for under- and uninsured patients, is a challenge across the state of Georgia. Community Health Summit participants prioritized behavioral health as one of the most pressing issues in their community. According to the Georgia Hospital Association, about 50,000 people across the state were admitted to Georgia hospitals for mental health issues in 2016.[17] Anecdotal information gathered from community input revealed behavioral health issues impact all demographics. Residents also indicated that there is a shortage of psychiatric and inpatient services (crisis, substance abuse, etc.) for adults and children.

Table 15 depicts the need for behavioral health providers, with more than 358,405 residents living in areas with professional shortages. Community input also noted that the limited capacity to serve under- and uninsured behavioral health patients often leads to longer wait times for residents seeking services, increased ED use and higher rates of injury.

Table 16 shows low provider rates in Clayton County when compared to Fulton and DeKalb counties. However, there is no measure of the rate of behavioral health providers that offer care to uninsured patients. It also shows there is a much higher rate of ED use in Fulton County when compared to all other counties in the service area and the state, which may point to barriers to accessing treatment in more appropriate settings. Note that WellStar AMC/AMC South Hospital offers uninsured care, including behavioral healthcare, to uninsured residents in Fulton and DeKalb counties but is located in Fulton County. Input from community residents related to behavioral health suggested that residents may resist seeking care due to stigma, lack of insurance, unaffordable cost of care, and providers being located too far away from home.

Table 15 | Selected Characteristics Health Professional Shortage Areas by County (2016)†

	South Central Fulton	Fulton County Correctional Facilities	DeKalb County	Clayton County
Number of People in Mental Health HPSA	64,687	19,278	274,440	ND
Number of Mental Health FTE Needed	0.10	9.64	14.41	ND

† *The HRSA Data Warehouse, Primary Dataset: Health Professional Shortage Areas (HPSAs), Secondary Dataset: Medically Underserved Areas/Populations (MUA/P) https://datawarehouse.hrsa.gov/Tools/DataPortalResults.aspx*

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

Table 16 | Selected Characteristics Health Professional Shortage Areas by County (2016)†

	Fulton	DeKalb	Clayton	Georgia
Mental health providers*	191	247	53	112
Poor mental health days	3.6	3.7	4.1	3.8
Mental health ED rate*	1,398.9	1,024.0	838.8	1,083.3
Self-harm age adjusted discharge rate*	24.9	29.3	24.5	33.8

† *Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us*
** Per 100,000 population*

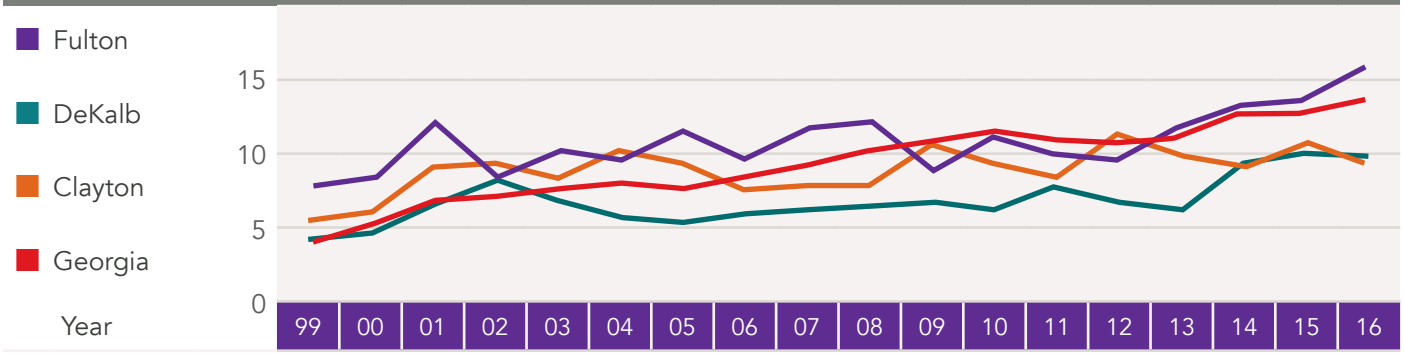
Substance Abuse

In the last decade, substance abuse has become an increasing concern in many parts of the United States, specifically related to opioid abuse and overdose. According to a white paper written and presented to the state Senate by the Georgia Prevention Project's Substance Abuse Research Alliance:

- 68 percent of the 1,307 drug overdose deaths in 2015 in Georgia were due to opioid overdoses including heroin.
- A statistically significant increase in the drug overdose death rate occurred from 2013 to 2014.
- Overdose deaths tripled between 1999 and 2013 in Georgia.[18]

Figure 8 shows the increase of substance abuse overdoses in Fulton, DeKalb and Clayton counties since 1999. Fulton County shows the highest rate when compared to the rest of the counties in the service area and the state.

Figure 8 | Age-Adjusted Death Rate Per 100,000 Population Drug Overdoses (1999-2016)†



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

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

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

Community is **Compassion**

RALLYING PEOPLE AND RESOURCES

Community Input

This assessment engaged residents and leaders from the community that provide services in the community served by WellStar AMC and WellStar AMC South. An in-depth description of the participants, methods used, and collection period for each qualitative process is located in the Primary Data and Community Input section of the Appendix.

Listening Session

A listening session was conducted with the WellStar AMC Regional Health Board and individual key informant interviews were conducted with 43 community leaders. Hospital and community leaders asked to participate in the interview process encompassed a wide variety of professional backgrounds including public health, community health, epidemiology, social services, and health disparities. The listening session and interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources and other information relevant to the assessment.

Focus Groups

Four focus groups were conducted to gather input from more than 50 residents living and working in the community served by WellStar AMC and WellStar AMC South. Focus group participants were asked to discuss their opinions related to the health status and outcomes – context, facilitating and blocking factors of health – and what is needed to be healthier in their community. The following pages are a summary of the community input.

Summary of CHNA Community Input

WellStar AMC and WellStar AMC South

Commonly Discussed Health Issues

- **Overutilization of the ED**
- **Substance abuse and overdoses**
- **Chronic conditions:**
  - Heart disease
  - Hypertension
  - HIV/AIDS
  - Diabetes
  - Cancer
  - Teen pregnancy
  - Kidney disease
  - Sexually transmitted infections
  - Asthma
  - Allergies
  - Obesity (adult and child)
  - Low birth weight
- Infant mortality
- **Disparities among people of color**
- **Medication noncompliance**

Commonly Discussed Causes

- **Geographic location of health services coupled with limited transportation options**
- **High rates of uninsured**
- **Limited services available for:**
  - Under- and uninsured (primary, care coordination, dental, and prenatal care)
  - Behavioral health (psychiatric and crisis)
  - Engaging residents (education and prevention)
  - Substance abuse (in- and outpatient medical stabilization)
- **Low health literacy/ awareness of:**
  - Available services
  - Healthy practices
  - Prevention
  - Importance of prenatal care
  - Appropriate use of health services
- **Unaffordable cost:**
  - Prescriptions
  - Uninsured care
- **Lack of green space**
- **Air pollution**
- **Poor employment options**
- **Lack of safety (high crime rates, gang activity, and poor infrastructure)**
- **Poverty**
- **Single parenthood**
- **Immigration status**
- **Low educational attainment**
- **Homelessness**
- **Poor access to:**
  - Healthy nutrition
  - Physical activity
- **Unhealthy cultural preferences and traditions**
- **Race/ethnic challenges:**
  - Stress levels for people of color
  - Distrust for the medical community
  - Limited culturally and linguistically relevant health services (Black, Asian, Latino, and LGBTQ residents)
- **Lack of appropriate supervision/ risky behavior of youth**
- **Substandard/ unaffordable housing**

Common Recommendations

Increase access to care:

- Offer adult care in pediatric settings
- Provide mobile health services
- Increase safety net providers offering uninsured care (medical, dental and behavioral healthcare)
- Collaborate with local transportation providers to address transportation issues
- Increase awareness about what services are available
- Increase the availability of community health workers
- Integrate medical, dental and behavioral health service into one-stop locations
- Increase acceptance of all insurance options
- Expand school-based health clinics

Expand community engagement to address local needs identified by residents:

- Community gardens in neighborhoods
- Increase the availability of community health workers
- Ensure linguistic and cultural relevancy
- Encourage social support networks
- Educational opportunities targeted at improving health
- Offer healthy cooking classes using inexpensive foods

Increase awareness about behavioral health:

- Healthcare workforce training to better recognize and manage behavioral health issues

Community is **Collaboration**

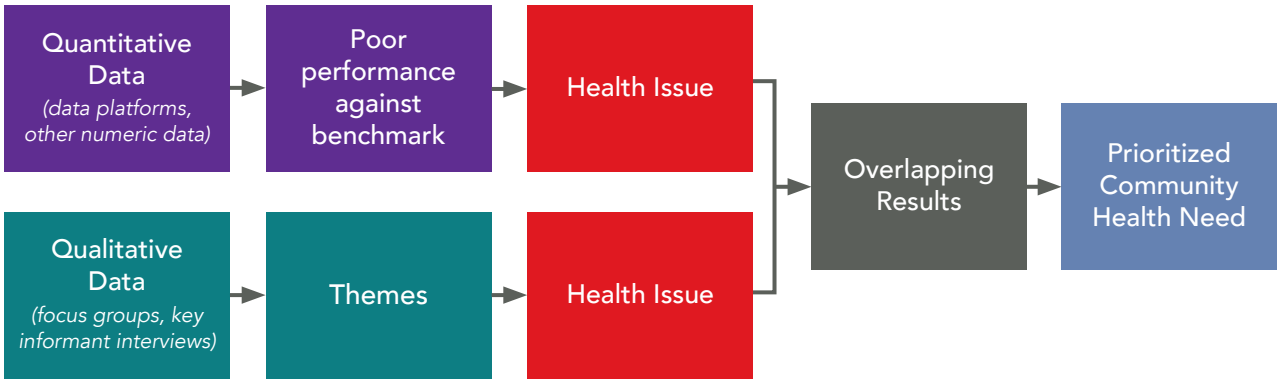
STRONGER TOGETHER

Community Health Priorities

WellStar AMC and WellStar AMC South engaged 30 community and hospital leaders to help establish the community priorities for the areas served by both hospitals during a community Health Summit, held on Feb. 28, 2018, at Atlanta Technical College in Atlanta. Community stakeholders represented organizations serving residents in community included in the primary service area of the hospitals. An in-depth summary of the results along with a description of the participants, methods used and collection period is located in the primary data section of the Appendix.

GHPC presented to community leaders findings from the CHNA generated from analysis of secondary data, key informant interviews, focus groups, and listening sessions (see Figure 9).

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



The most pressing health needs presented during the Health Summit included:

- Uninsured
- Poverty
- Educational attainment
- Provider rates
- Hospital utilization rates
- HIV and STI
- Cardiovascular disease
- Birth outcomes
- Cancer
- Obesity/BMI
- Diabetes
- Healthy eating, active living indicators
- Behavioral health
- Substance use

After the presentation of both primary and secondary data, participants were asked to discuss the community health needs and add any needs that may have been absent from the data presented. Grouped by self-selected tables, participants were asked to identify the top five health needs they believed, when collaboratively addressed, will make the greatest difference in care access, care quality, and costs to improve the health of the community, especially among the under-resourced populations. Health needs identified by individual groups were consolidated into mutually exclusive health priorities and voted upon to surface the community health priorities, listed below in the order they were prioritized.

1 Obesity

Health Summit participants considered obesity to be the most pressing health issue within the WellStar AMC and WellStar AMC South service area. Concerns included limited healthy food options, physical activity opportunities, utilization of community gardens, and awareness of and educational opportunities related to healthy nutrition and physical activity for residents.

2 Access to appropriate care

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

3 Behavioral health

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

4 Educational awareness

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

5 Equitable revitalization, employment and job training

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

Appendix

Consultant Qualifications

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

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

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

- GHPC conducted a regional community health needs assessment process to meet the IRS regulations of Schedule H, which included 29 Georgia counties and Metro-Atlanta between 2015 and 2016. Partners included Grady Health System, Piedmont Healthcare, WellStar, Mercy Care, and Kaiser Foundation Health Plan of Georgia (KFHPGA) Georgia. The regional assessment project served as the foundation for the community health improvement planning process employed by GHPC to generate the implementation plan in partnership with Grady Health System and KFHPGA. GHPC has conducted similar assessments and plans to address needs for Grady Health System and KFHPGA in 2009 and 2013.
- GHPC managed the community engagement and conducted the county-level CHNA for which. The results will serve as the foundation for Clayton County Board of Health's application to the Public Health Accreditation Board (PHAB) for accreditation. GHPC remains engaged as Clayton County prepares for the next stages of accreditation.
- GHPC evaluated seven metro-Atlanta counties to measure the demand on and capacity of the urban health care "safety net." The study addresses the issue of shrinking access for those who face most significant barriers to health care and examines the health needs and safety net services in Fulton, DeKalb, Cobb, Forsyth, Gwinnett, Fulton, and Henry counties. The project is funded by a grant from the KFHPGA through the Community Foundation of Greater Atlanta.
- GHPC conducted an assessment of Georgia's public health system to: more clearly define public health's "core business" related to the broader system of health and health care in the state; gain an accurate understanding of the public's perception of the role of public health; examine the areas of existing service overlap; and investigate opportunities for increased collaboration with various health care providers and stakeholders.

Secondary Data

(November 2017–February 2018)

County Health Rankings (2018)	
Fulton	14
DeKalb	18
Clayton	59

Age Distribution	Fulton	DeKalb	Clayton
0-17 yrs.	22.58%	23.59%	28.08%
18-64 yrs.	66.35%	65.3%	63.03%
65+ yrs.	11.07%	11.11%	8.89%

Racial Distribution	Fulton	DeKalb	Clayton
Black	43.3%	53.43%	66.7%
Hispanic	7.5%	8.8%	13.0%
White	40.3%	29.7%	13.1%

Socioeconomic (per 100,000 pop.)	Fulton	DeKalb	Clayton	CHNA	Georgia	U.S.
Poverty Rate (< 100% FPL) (2011-15)	17.6%	19.3%	25.1%	19.2%	18.4%	15.5%
High School Graduation Rate (2014-15)	81.0%	57.6%	66.0%	75.1%	81.5%	85%
Students Eligible for Free / Reduced Lunch (2014-15)	57.0%	70.5%	89.5%	68.4%	62.41%	52.12%
Unemployment Rate (2017)	5.6	5.6	6.8	5.7	5.7	5.2
Uninsured Population (2011-15)	15.1%	19.1%	25.0%	17.9%	17.1%	13.0%
Health Care Access (per 100,000 pop.)	Fulton	DeKalb	Clayton	CHNA	Georgia	U.S.
Primary Care Providers (2014)	124.2	118.8	36.3	110.4	72.9	87.8
Dental Providers (2015)	68.4	56.6	27.0	58.5	49.2	65.6
Mental Health Providers (2016)	191.0	247.0	53.0	NA	112.0	
% of Adults with No Regular Doctor (2011-12)	29.7%	26.9%	35.0%	29.3%	26.1%	22.1%
Federally Qualified Health Centers (2016)	1.3	1.88	0.0	1.34	2.1	2.5
% Population in Health Professional Shortage Area (2016)	9.86%	0%	100%	18.71%	37.87%	33.13%
Health Determinants	Fulton	DeKalb	Clayton	CHNA	Georgia	U.S.
Tobacco Use - Cigarette Smokers (2006-12)	13.2%	10.6%	16.5%	12.7%	17.8%	18.1%
Inadequate Fruit & Vegetable Consumption (2005-09)	74.1%	70.9%	79.0%	73.5%	75.7%	75.7%
Access to Exercise Facilities (2010/2014)	90.0%	96.0%	82.0%	NA	75.0%	
Commute over 60 Minutes (2011-15)	8.8%	11.0%	10.0%	NA	9.4%	8.5
% Traffic Deaths Involving Alcohol (2011-15)	23.0%	22.0%	20.0%	NA	23.0%	

NA: Data was not available

Clinical Care & Prevention	Fulton	DeKalb	Clayton	CHNA	Georgia	U.S.
% Population Receiving SNAP (2014)	19.0%	22.0%	32.5%	21.9%	18.6%	14.9%
Adults Never Screened for HIV / AIDS (2011-12)	45.0%	37.7%	36.1%	40.9%	55.1%	62.8%
Physical Inactivity – 18+ yrs. (2013)	18.0%	20.2%	25.7%	19.8%	23.1%	21.8%
Preventable Hospitalization (2014)	40.5	38.6	40.1	39.7	51.8	49.9
Teen Birth Rate (15-19) (2008-14)	35	38	47	NA	39	
Other Health Indicators (per 100,000 pop.)	Fulton	DeKalb	Clayton	CHNA	Georgia	U.S.
Poor physical health days (2015)	3.4	3.7	4.4	NA	3.7	
Poor mental health days (2015)	3.6	3.7	4.1	NA	3.8	
% Reporting poor dental health (2006-10)	12.4%	11.9%	15.8%	12.7%	16.70%	15.7%
Years of Potential Life Lost (YPLL75) (2016)	64,263.5	48,754.5	24,685.5	NA	767,308.0	
Mental health ER rate (2016)	1,398.9	1,024.0	838.8	NA	1,083.3	
Self-harm age adjusted discharge rate (2012-16)	24.9	29.3	24.5	NA	33.8	
Age adjusted Opioid Overdoses (2006)	2.0	NA	2.1	NA	1.9	
Age adjusted Opioid Overdoses (2016)	4.3	3.2	3.4	NA	5.7	
Assault age adjusted discharge rate (2012-16)	45.3	38.6	30.4	NA	19.9	
% Diabetes Prevalence	9.2%	10.4%	12.3%	NA	10.6%	9.2%
Diabetes age adjusted Hospitalization rate	186.1	225.8	223.6	NA	187.3	NA
Diabetes age adjusted Mortality rate	19.9	19.2	25.7	NA	21.6	NA
% Adults Overweight	33.3%	36.8%	31.7%	NA	35.1%	35.8%
% Adults Obese	23.8%	27.1%	37.6%	NA	29.3%	27.5%
Obs. Heart Disease/Heart Attack age adjusted discharge rate (2012-16)	197.6	209.9	242.4	NA	276.2	
Hypertensive Heart Disease age adjusted discharge rate (2012-16)	21.1	17.9	14.0	NA	14.2	NA
Asthma ER visit rate (2016)	621.9	722.7	737.1	NA	538.8	
Motor Vehicle Crash ER visit rate (2016)	1,035.3	1,135.7	1,592.7	NA	1,168.3	

Other Health Indicators (continued)	Fulton	DeKalb	Clayton	CHNA	Georgia	U.S.
HIV prevalence rate (2014)	1,491.0	1,114.0	773.0	ND	564.0	
HIV new diagnosis (2015)	72.0	56.0	52.0	ND	28.0	
Age-Adjusted STI rate Except Congenital Syphilis (2016)	1,260.7	1,257.7	1,363.4	ND	833.0	
Low birth weight (< 2500g) per 1,000 births (2012-16)	7.0	7.2	8.3	ND	7.4	
Infant mortality (Total) (2012-16)	7.0	7.2	8.3	ND	7.4	
Infant mortality (White) (2012-16)	3.5	3.9	4.4	ND	5.2	
Infant mortality (Black) (2012-16)	10.7	10.9	10.5	ND	12.0	

2014-2015 Community Need Index (CNI) – WellStar AMC/AMC South

Zip	County	Change (2014-15)	2015 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/Kids	Income	English as a Second Language	Minority	Culture	No High School Diploma	Education	Unemployed	Uninsured	Insurance	Renting	Housing
30297	Clayton	0	5	13%	51%	65%	5	16%	81%	5	33%	5	20%	34%	5	56%	5
30315	Fulton	0	5	38%	56%	70%	5	3%	88%	5	26%	5	24%	42%	5	63%	5
30314	Fulton	0	5	22%	51%	62%	5	0%	97%	5	22%	5	25%	39%	5	65%	5
30310	Fulton	0	5	37%	49%	58%	5	1%	94%	5	24%	5	22%	41%	5	61%	5
30354	Fulton	0	5	19%	51%	63%	5	8%	88%	5	27%	5	22%	36%	5	61%	5
30260	Clayton	0.4	4.8	12%	24%	45%	4	9%	81%	5	23%	5	20%	23%	5	51%	5
30032	DeKalb	0.2	4.8	20%	39%	50%	4	1%	88%	5	20%	5	22%	25%	5	48%	5
30316	DeKalb	0	4.8	34%	31%	55%	5	2%	60%	5	16%	4	14%	23%	5	35%	5
30311	Fulton	0	4.8	21%	49%	61%	5	3%	98%	5	20%	4	22%	35%	5	59%	5
30303	Fulton	0	4.8	31%	46%	56%	5	1%	61%	5	15%	4	17%	29%	5	73%	5
30337	Fulton	0	4.8	15%	41%	62%	5	2%	86%	5	16%	4	19%	30%	5	67%	5
30318	Fulton	0	4.8	25%	40%	61%	5	3%	67%	5	16%	4	17%	29%	5	58%	5
30093	Gwinnett	0	4.8	9%	38%	49%	4	23%	90%	5	30%	5	11%	22%	5	65%	5
30223	Spalding		4.8														
30238	Clayton	0.4	4.6	15%	41%	52%	5	4%	85%	5	16%	4	16%	23%	5	32%	4
30236	Clayton	0	4.6	5%	30%	52%	4	6%	76%	5	17%	4	16%	23%	5	44%	5
30274	Clayton	0	4.6	6%	35%	43%	4	8%	91%	5	19%	4	18%	28%	5	48%	5
30312	Fulton	0	4.6	47%	34%	52%	5	1%	59%	5	12%	3	13%	26%	5	64%	5
30344	Fulton	0	4.6	22%	39%	51%	4	4%	87%	5	17%	4	21%	26%	5	54%	5
30168	Cobb	0.2	4.6	7%	34%	45%	4	7%	88%	5	17%	4	16%	20%	5	50%	5

Zip	County	Change (2014-15)	2015 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/Kids	Income	English as a Second Language	Minority	Culture	No High School Diploma	Education	Unemployed	Uninsured	Insurance	Renting	Housing
30083	DeKalb	0	4.4	16%	35%	47%	4	4%	89%	5	12%	3	20%	21%	5	49%	5
30035	DeKalb	0.2	4.4	24%	26%	38%	3	2%	97%	5	15%	4	20%	21%	5	44%	5
30291	Fulton	0.2	4.4	9%	28%	39%	3	2%	94%	5	16%	4	17%	19%	5	49%	5
30349	Fulton	0.4	4.4	8%	26%	44%	4	1%	97%	5	10%	3	16%	19%	5	41%	5
30134	Douglas		4.4														
30263	Coweta		4.4														
30288	Clayton	0.2	4.2	12%	22%	34%	3	3%	91%	5	18%	4	23%	25%	5	29%	4
30317	DeKalb	0	4.2	31%	18%	34%	3	1%	51%	5	13%	3	11%	23%	5	40%	5
30308	Fulton	0	4.2	36%	40%	64%	5	1%	49%	5	6%	1	12%	21%	5	67%	5
30296	Clayton	0.2	4	6%	29%	39%	3	4%	93%	5	14%	3	20%	22%	5	33%	4
30058	DeKalb	0	4	20%	22%	32%	3	1%	97%	5	10%	2	18%	16%	5	35%	5
30038	DeKalb	0.4	4	26%	20%	30%	3	0%	97%	5	8%	2	17%	17%	5	39%	5
30213	Fulton	0.2	4	9%	20%	33%	3	2%	90%	5	12%	3	16%	15%	5	30%	4
30331	Fulton	0.2	4	12%	24%	35%	3	1%	98%	5	10%	2	17%	21%	5	45%	5
30233	Butts		4														
30281	Henry		4														
30016	Newton		4														
30034	DeKalb	0	3.8	13%	26%	40%	3	1%	98%	5	9%	2	19%	17%	5	32%	4
30253	Henry		3.8														
30088	DeKalb	0	3.6	7%	17%	28%	2	1%	96%	5	8%	2	20%	13%	5	34%	4
30126	Cobb	0.2	3.6	12%	19%	39%	3	5%	61%	5	10%	3	10%	12%	4	22%	3
30228	Henry		3.6														
30307	DeKalb	0.2	3.4	10%	12%	36%	3	1%	21%	4	4%	1	6%	11%	4	41%	5
30294	DeKalb	0.2	3.4	9%	15%	28%	2	3%	91%	5	12%	3	16%	15%	5	17%	2
30135	Douglas		3														
30306	Fulton	0	2.6	11%	6%	19%	1	1%	15%	3	3%	1	5%	10%	3	48%	5
Fulton Total		**0.1**	**3.7**	**14%**	**21%**	**37%**	**2.9**	**3%**	**60%**	**4.7**	**10%**	**2.3**	**12%**	**18%**	**4.1**	**45%**	**4.5**
DeKalb Total		**0.2**	**4.1**	**15%**	**25%**	**40%**	**3.3**	**6%**	**70%**	**4.8**	**13%**	**2.8**	**14%**	**18%**	**4.8**	**42%**	**4.6**
Clayton Total		**0.1**	**4.5**	**9%**	**34%**	**48%**	**4.1**	**7%**	**84%**	**5**	**19%**	**4**	**18%**	**25%**	**5**	**41%**	**4.5**
Cobb Total		**0.2**	**3.4**	**7%**	**17%**	**34%**	**2.6**	**4%**	**47%**	**4.6**	**9%**	**2.1**	**10%**	**12%**	**4.1**	**32%**	**3.6**
Gwinnett Total		**-0.1**	**3.5**	**9%**	**17%**	**32%**	**2.4**	**7%**	**59%**	**4.9**	**12%**	**2.7**	**10%**	**12%**	**4**	**29%**	**3.3**

Racial/Ethnic Disparities (per 100,000 pop.)									
	Fulton	DeKalb	Clayton	White	Asian	Black	Hispanic‡	Georgia	U.S.
% Uninsured Population	15.1%	19.1%	25.0%		20.3%	15.8%	43.3%	17.2%	13.0%
Coronary Heart Disease Mortality, Age-Adjusted Death Rate	67.1	55.1	75.2			40.4	27.4	83.3	105.7
Motor Vehicle Crash Death, Age-Adjusted Death Rate	7.2	9.0	9.0			14.2	7.3	12.5	10.6
Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	135.3	136.4	128.2	140.8	135.3	73.9	99.1	123.4	123.4
Cancer Mortality, Age-Adjusted Death Rate	163.7	156.1	167.2			93.4	59.6	169.3	166.3
Annual Cervical Cancer Incidence Rate	6.9	7.6	9.0	7.0	8.5		18.9	7.7	7.6
Annual Colon and Rectum Cancer Incidence Rate	39.7	41.4	44.6	33.5	49.9	24.5	29.3	41.7	40.6
Annual Prostate Cancer Incidence Rate	170.4	161.5	156.3	131.9	216.1	50.0	101.8	139.8	123.4
Annual Lung Cancer Incidence Rate	54.5	53.2	65.1	52.9	59.0	29.3	30.7	67.3	62.6
% Population Below 100% FPL	17.6%	19.3%	25.1%	11.3%	24.5%	16.0%	33.0%	18.4%	15.5%
% Children Below 100% FPL	25.2%	30.1%	37.8%		36.4%	19.5%	47.1%	26.0%	21.7%
% Population With Less than High School Diploma (or Equivalent)	9.1%	11.7%	17.5%	8.0%	11.9%	14.8%	41.0%	14.6%	13.4%
% Population with Any Disability	9.7%	10.0%	10.9%	8.3%	12.2%	4.1%	0.8%	12.2%	12.4%

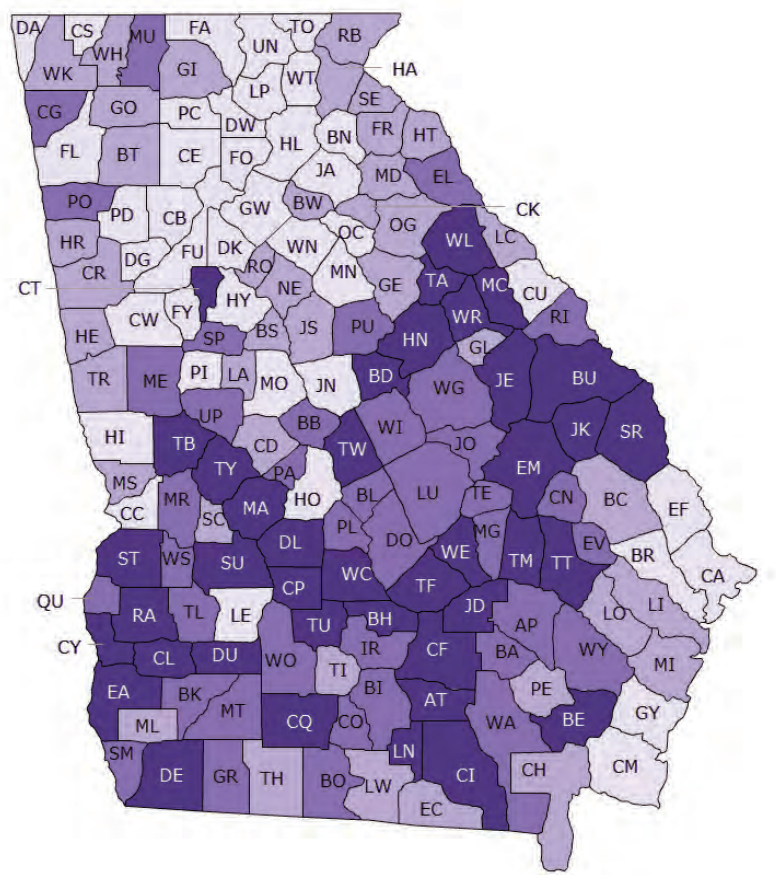
‡ *"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

Ranked Causes: Age Related Death Rate, State and County Comparison (2012–2016)				
	Fulton	DeKalb	Clayton	Georgia
#1	Ischemic Heart and Vascular Disease (2,800)	Heart and Vascular Disease (1,856)	Heart and Vascular Disease (687)	Ischemic Heart and Vascular Disease (40,546)
#2	Essential Hypertension and Hypertensive Renal, and Heart Disease (1,759)	All other Mental and Behavioral Disorders (1,272)	Essential Hypertension and Hypertensive Renal, and Heart Disease (468)	Malignant Neoplasms of the Trachea, Bronchus and Lung (22,516)
#3	All other Mental and Behavioral Disorders (1,705)	Cerebrovascular Disease (1,215)	Malignant Neoplasms of the Trachea, Bronchus and Lung (431)	ALL COPD Except Asthma (21,173)
#4	Cerebrovascular Disease (1,619)	Essential Hypertension and Hypertensive Renal, and Heart Disease (1,106)	Cerebrovascular Disease (393)	Cerebrovascular Disease (19,602)
#5	Malignant Neoplasms of the Trachea, Bronchus and Lung (1,433)	Malignant Neoplasms of the Trachea, Bronchus and Lung (1.060)	ALL COPD Except Asthma (332)	All other Mental and Behavioral Disorders (18,972)
#6	ALL COPD Except Asthma (1,024)	ALL COPD Except Asthma (722)	All other Mental and Behavioral Disorders (269)	Alzheimer's Disease (14,356)
#7	Alzheimer's Disease (1,023)	Alzheimer's Disease (671)	Diabetes Mellitus (249)	Essential Hypertension and Hypertensive Renal, and Heart Disease (14,042)
#8	Diabetes Mellitus (753)	Diabetes Mellitus (655)	Septicemia (236)	Diabetes Mellitus (10,849)
#9	Nephritis, Nephrotic Syndrome and Nephrosis (715)	All Other Disease of the Nervous System (511)	Nephritis, Nephrotic Syndrome and Nephrosis (235)	Nephritis, Nephrotic Syndrome and Nephrosis (8,638)
#10	All Other Disease of the Nervous System (665)	Nephritis, Nephrotic Syndrome and Nephrosis (508)	Alzheimer's Disease (193)	Malignant Neoplasms of Colon, Rectum, and Anus (7,604)
Not Top Ten but Significantly High	Assault/Homicide (567)	Assault/Homicide (433)	Assault/Homicide (185)	
	Malignant Neoplasms of Prostate, and Testis (431)	Malignant Neoplasms of Prostate, and Testis (316)	HIV (86)	
	HIV (406)	HIV (240)		
		Mental and Behavioral Disorders Due to Psychoactive Substance Use (160)		

Maps

Health Outcomes

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

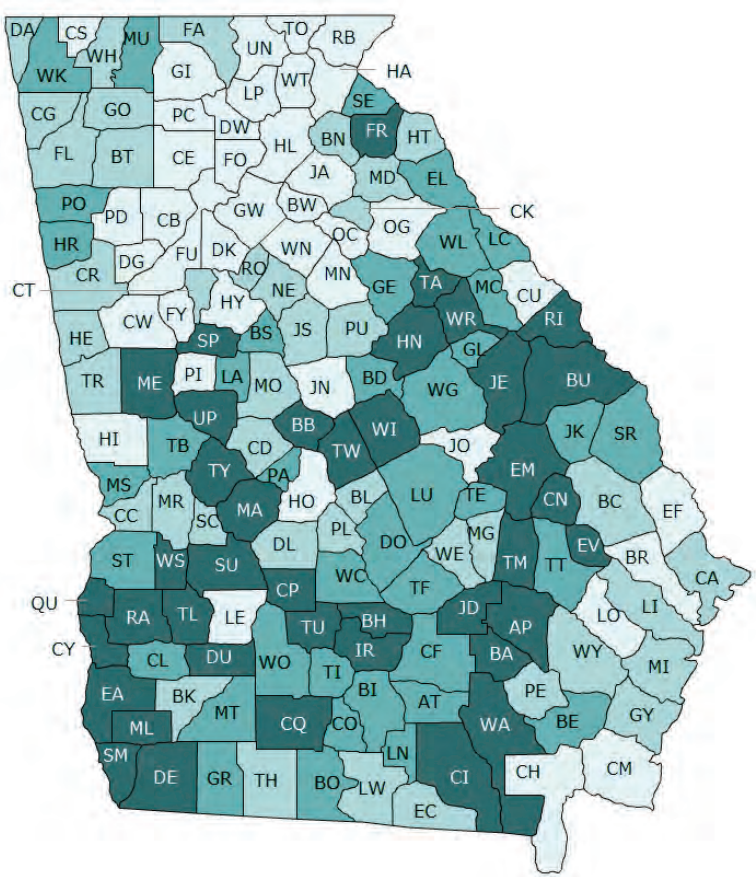


Rank
1-40
41-80
81-119
129-159

http://www.countyhealthrankings.org/app/georgia/2018/overview

Health Factors

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.



Rank
1-40
41-80
81-119
129-159

Primary Data and Community Input

Regional Health Board Listening Sessions, Community Health Summit, Key Informant Interviews, and Focus Groups

CHNA Collaborators

Collaborator	Input Provided
American Medical Response	Summit Participant
Atlanta Fulton Family Connection Janet Adams, *Executive Director*	Summit Participant
Atlanta South Nephrology Khalid Iqbal, M.D., *MC Regional Health Board Member*	Listening Session
Beltline Marla Oros, *Deputy Executive Director*	Key Informant
Center for Pan Asian Community Services (PACS) Karuna Ramachandran, *Health Programs Director* Keun Kim, *Director of Marketing & Development*	Key Informant
C.H.O.I.C.E.S.	Summit Participant
Children's Healthcare Of Atlanta Emily VanderWiele, *Physician Practice Operations Leader* Dr. Lennon	Key Informant
City of East Point Regina Carter, *Economic Development Specialist*	Summit Participant
City of Morrow, Georgia Hang Tran, *Councilwoman*	Key Informant
City of Chamblee Georgia Adam Causey, *Economic Development Manager*	Key Informant
Clayton Center Lee Adams	Key Informant
Clayton Center Community Service Board Dr. Aundria Cheevers, *CEO*	Key Informant

Collaborator	Input Provided
Clayton Collaborative Authority John Brinson	Key Informant
Clayton County Commission Chairman Jeffery E. Turner Shana M. Rooks, *Commissioner, District 3*	Key Informant
Clayton County DFCS Andre Chambers, *County Director*	Key Informant
Clayton County Head Start Malinda Mauldin	Key Informant
Clayton State University Janelle Charles	Key Informant
Community Foundation of Greater Atlanta Lesley Grady, *Senior Vice President*	Key Informant
Community Voices & Morehouse School of Medicine Henrie M. Treadwell, PhD, *Founding Director & Senior Advisor, Community Voices, Healthcare for the Uninsured; & Research Professor, AMC Regional Health Board Vice Chair*	Listening Session
Critical Point Consulting Christopher Perlera, *Founder & Principal / AMC Regional Health Board Member Summit*	Summit Listening Session
CTN Global Chauffeured Services Eric Jeffries, *Vice President of Sales*	Summit Participant
DeKalb Co Commissioner Jeff Rader, *District 2 Commissioner*	Key Informant
DeKalb Senior Affairs - Senior Connections Debra Furtado, *Chief Executive Officer*	Key Informant

Collaborator	Input Provided
Doute'-Hughes Counseling and Consulting Stefanie Hughes, *LMFT*	Key Informant
Duke Realty Corporation Natalie Tyler-Martin, *AVP, Property Manager / AMC Regional Health Board Member*	Listening Session
Eagles Economic Community Development Corporation John Reed, *Director of Programs*	Summit Participant
Favor House, Inc. Sabrina Willis, *Co-Founder / AMC Regional Health Board Member*	Listening Session
Federal Reserve Bank of Atlanta	Summit Participant Listening Session
Fort Mac LRA	Summit Participant
Fulton County Board of Commissioners Cleta Winslow, *District 4 Council member* Joan Garner, *District 4 Commissioner* Marvin Arrington, *District 5* Mitsah Henry, *District 5 Commissioner*	Summit Participant; Key Informant
Fulton County Schools	Summit Participant
Georgia Department of Public Health Alpha Bryant, *District 3-3 Health Director*	Key Informant
Georgia Equality Jeff Graham, *Executive Director*	Key Informant
Georgia House of Representatives Representative Roger Bruce, *District 61* Representative Stacey Abrams, *District 89*	Key Informant
Georgia Power Steve Foster, *Senior Urban Advisor, Community Development / AMC Regional Health Board Chair*	Listening Session

Collaborator	Input Provided
Great Start Georgia Michelle A. Lanier	Key Informant
HDCI Metro Atlanta Helen Slaven, *Regional Sector Partnership Director*	Summit Participant
Healthcare Georgia Foundation Andrea Kellum	Key Informant
Health Promotion Action Coalition, Inc.	Summit Participant
Home Healthcare Dr. Montaña	Key Informant
Homeless Initiative Cathryn Marchman, *Executive Direction of Partners for H.O.M.E.*	Key Informant
House of Dawn Taralyn Keese, *Program Director*	Key Informant
McPherson Implementing Local Redevelopment Authority Brian Hooker, *Executive Director / AMC Regional Health Board Member*	Listening Session
Mercy Care Salvador Arias, *Board member* Tom Andrews, *President*	Key Informant
MLK Sr. Community Resources Collaborative Detria Russell, *Executive Director* Stacey Massey Logan, *VISTA Governance & Leadership Coordinator*	Summit Participant
Multicultural Development Institute Pierluigi Mancini, *PhD., President & Founder / AMC Regional Health Board Member*	Listening Session
Office of Congressman David Scott Chandra Harris, *District Director*	Summit Participant
Operation PEACE, Inc. Toya Tann, *Director* Marcel Benoit, *Director*	Summit Participant

CNHA Collaborators

Collaborator	Input Provided
REACH Georgia Foundation, Inc. Archie Bouie II, *Executive Director*	Summit Participant
Reaching Our Sisters Everywhere Betty Neal	Key Informant
Resurgens Orthopaedics Thomas Ross, *M.D. / AMC Regional Health Board Member*	Listening Session
Safe America Foundation Len Pagano, *Founder & CEO* Stephen George Jr., *MPA, Senior Fellow*	Summit Participant
Sisters Empowerment Network Inc. Veda Brown	Key Informant
Smith Gambrell & Russell, LLC M. Timothy Elder, *Attorney / AMC Regional Health Board Member*	Listening Session
Southside Church/Martinez Life Help Ministries Pastor Anthony Martinez	Key Informant
State of Georgia Department of Community Health Patricia Z. Jeter, *Retired Pharmacist / AMC Regional Health Board Member*	Listening Session
SU-KOR, Inc.	Summit Participant
The Georgia Lions Lighthouse Foundation Inc. Morgan Alexander, *Program Director*	Key Informant
TIME-ER, Inc. Roosevelt Muhammad, *President and CEO*	Key Informant

Collaborator	Input Provided
United Way of Greater Atlanta Helen McCroskey Kim Addie, *Director of Health* Demetrius Jordan, *Regional Director* Ginneh Baugh, *Senior Director, Measurement & Knowledge*	Key Informant
Urban League of Greater Atlanta Patrice Barlow, *Education & Health Advocate*	Summit Participant
Vistar of Georgia – Lawrenceville Mia McDonough, *Senior Account Executive / AMC Regional Health Board Member*	Listening Session
WellStar Health System, WellStar Atlanta Medical Center and WellStar Atlanta Medical Center South Kristin Caudell, *Director, Community Education & Outreach* Nicole Gustin, *Director of Public Relations & Marketing* Rashan Noble, *Community Education Coordinator* Rick Ornelas Jill Patel, *Development Officer* Cecelia Patellis, *Assistant Vice President – Community Education & Outreach* Teresa Pounds, *Clinical Pharmacy Manager* Kim Ryan, *Senior Vice President and President of AMC/AMC South* Lynne Scroggins, *Vice President Community Development* Shara Wesley, *Director, Community Benefit*	Listening Session and/or Summit Participant
Wingate Management Company T. Gene Lockard, *Regional Vice President / AMC Regional Health Board Member*	Summit Participant Listening Session
Woman to Woman April Laland	Key Informant
Year Up Greater Atlanta Dakira S. Watkins, PhD, *Child Advocate / AMC Regional Health Board Member*	Listening Session

WellStar Atlanta Medical Center & Atlanta Medical Center South

Community Health Summit

The following is a summary of the WellStar AMC and WellStar AMC South Health Summit held on Feb. 28, 2018 at Atlanta Technical College in Atlanta. The Health Summit was facilitated by GHPC in partnership with WellStar and lasted approximately three hours. The 30 participants included WellStar team members and community stakeholders.

The organizations that took part in the Health Summit included:

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

GHPC presented to community leaders findings from the CHNA generated from analysis of secondary data, key informant interviews, focus groups, and listening sessions. Community leaders were then asked to discuss the health needs of the communities they serve and encouraged to add any needs that may have been absent from the data presented. Grouped by self-selected tables, participants were then asked to identify the top five health needs that they believed, when collaboratively addressed, will make the greatest difference in care access, care quality, and costs to improve the health of the community, especially the most vulnerable populations. Needs that were identified by individual groups were consolidated into mutually exclusive health priorities and voted upon to surface the following five community health priorities, listed in the order they were prioritized.

Group Recommendations and Problem Identification

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

Obesity

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

Contributing Factors:

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

Recommendations:

- Increase physical activities in the community by involving residents in activities in public spaces like the Atlanta Beltline.
- Broaden the number of individuals engaged in the hospitals' community outreach efforts through continued development of partnerships and collaborations with community and faith-based organizations.
- Promote the use of community gardens to improve access to healthy foods.
- Incorporate health education and exercise opportunities into school settings during school hours or after-school programs.
- Host community education activities in venues where residents are most likely attend, such as schools, youth centers, and churches. Participants suggested that WellStar could sponsor free game nights or movie nights and integrate health education into the event.
- Increase healthy food access by creating a distribution system in partnership with the Atlanta Community Food Bank and/or Food Well Alliance or by incorporating inexpensive, healthy food options into existing food marts and convenience stores.
- Host healthy cooking classes at the hospitals to promote healthy food preparation and overall nutrition education.

Access to Appropriate Care

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

Contributing Factors:

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

Recommendations:

- Meeting participants discussed ways to mobilize services and meet the health needs of the community in locations convenient to residents (e.g., work sites, neighborhoods, and entertainment arenas). Participants suggested increasing the use of paramedic care to offer prevention services to underserved populations.
- Develop partnerships with local schools to increase pediatric services in the community.
- WellStar could increase access to care by increasing the number of providers strategically throughout the service area.
- Offer educational outreach on topics related to insurance, like how to acquire insurance, covered benefits, and costs associated with specific plans.
- Underserved populations often face challenges related to affordable or reliable transportation. Participants felt this could be accomplished by advocating for a regional transit system and developing partnerships with MARTA, Uber and other entities to provide transportation resources.
- Participants felt that WellStar could improve and promote linguistically and culturally sensitive resources in the communities they serve.

Behavioral Health

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

Contributing Factors:

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

Recommendations:

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

Educational Awareness

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

Contributing Factors:

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

Recommendations:

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

Equitable Revitalization, Employment and Job Training

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

Contributing Factor:

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

Recommendations:

- Participants proposed initiating collaborations with workforce development programs, community resource centers and faith-based organizations to assist with outreach and needed resources.
- Summit participants noted that WellStar could benefit under-resourced populations by providing community benefit grants to organizations assisting with work readiness and job training.
- Develop job training and recruitment programs in the high-need zip codes within the WellStar AMC and WellStar AMC South service area.
- To broaden the scope of job readiness, participants considered that the hospitals' involvement with healthcare career training would increase the hospitals' involvement in community revitalization.
- It was suggested that WellStar AMC consider developing programs that promote youth enrichment to readily integrate job training.
- "Lunch and learn" models were suggested to supply the community with necessary employment skills.

Listening Sessions

Notes from the WellStar AMC Regional Health Board Listening Session (February 2018)

1. In your opinion, what are the most serious health problems/needs in our community? What are some of the causes?

Pressing health needs cited:

- Chronic diseases – hypertension and diabetes mentioned by name.
- Lack of prenatal care – low birth weight
- Opioid epidemic – How can we change culture/reduce use? How can we make communication and medicine align to change the psychology of opioid use? Treatment and medical usage must be reduced. Is there gender data on opioid usage?
- Health education is lacking (must focus on prevention – it's the biggest thing). Health literacy in general is low here. People need to understand their own biology – they have little understanding of medicine and that there are better health outcomes with better health literacy.
- An underlying problem to health issues is prescription noncompliance and the cost of meds (for seniors, when Medicare costs more than they thought). Part of the issue is transportation.
- Food access/limited access to healthy food – Many residents can walk to a food mart – it's a cultural place where you can buy single cigarettes, Lotto, etc. No fresh produce. Community gardens in neighborhoods are a solution.
- Culture and poor nutrition are causes for chronic disease.
- Women and children's health, because in East Point there are many single moms.
- Very little primary care (how to access the system) so residents use ED as primary care.
- Environmental struggles/issues – substandard housing leads to prevalence of asthma and is a contributing factor to chronic disease (physical inactivity (lack of parks/rec) and food desert).
- Behavioral health – substance abuse. People dealing with substance abuse are less likely to seek support without someone to empower them. (It's an issue in the Old Fourth Ward downtown.)
- "Life stressors" – quality of education suffers because money has to go elsewhere.
- Need better access to prevention, treatment, and recovery resources.
- Fulton County is highest in the state for HIV.

2. Who are the community leaders and partners WellStar could collaborate with to help reach under-resourced people with preventive care and education and to improve overall community health?

For seniors/children:

- Christian City – 7345 Red Oak Road, Union City, GA 30291, (770) 964-3301
- The Children's Village (family-style group homes) for youth who are victims of abuse, abandonment, or neglect. Each home is staffed by full-time house parents who provide a nurturing family environment.
- A Safe Place agency: Children in crisis can go to over 70 locations in the metro area if they feel they are in danger. They are on call 24/7 to bring these children to safety at the Children's Village, where the staff works with their parents to reunite them.
- An affordable independent living community for adults aged 60-plus in a serene and convenient location with amenities to encourage a vibrant lifestyle. This includes 287 subsidized apartments for senior citizens and 212 life-lease patio homes.
- A highly-rated healthcare facility, operated by PruittHealth, that includes 150 assisted living units and a 200-bed skilled nursing and rehabilitation facility. Memory care and Alzheimer's support units are included.
- An active volunteer program that provides hundreds of opportunities for residents of Christian City and the nearby communities to serve on our campus.

For behavioral health:

- Community Services Board (College Park)
  Clayton Center, https://www.claytoncenter.org/
- Administrative Office:
  157 Smith St.
  Jonesboro, GA 30236
  770-478-2280
- Odyssey Family Counseling Center
  1919 John Wesley Ave.,
  College Park, GA 30337
  404-762-9190
  http://www.odysseycounseling.org/
- The site lists community partners (no health system) including Atlanta Regional Collaborative for Health Improvement (WellStar is a member)
- Shelters
- Fulton County restructured its behavioral health programs/services

Healthy Food:

- Carver Neighborhood Market (although took a while to onboard) – https://www.carvermarket.com/

Access to Care:

- WellStar AMC's Sheffield clinic (and other safety net clinics)

Education/Outreach:

- Atlanta Public Schools
- Youth sports leagues
- Churches/faith-based organizations
- Collaborate with large workplaces in the community like Delta Air Lines and Mercedes
- Small-business owners
- Technical colleges (for job placement partnerships with healthcare, like Johns Hopkins May be an opportunity at the Fort McPherson redevelopment project

HIV/AIDS:

- Atlanta Harm Reduction Coalition Inc.
  1231 Joseph E. Boone Blvd. NW
  Atlanta, GA 30314
  404-817-9994

Key Informant Summary

(January 2017–January 2018)

The Georgia Health Policy Center (GHPC) conducted interviews with community leaders. Leaders 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 CHNA.

Methodology

The following qualitative data was gathered during individual interviews with 46 stakeholders in community served by WellStar AMC and WellStar AMC South. Each interview was conducted by GHPC staff and lasted approximately 45 minutes. All respondents were asked the same set of questions developed by GHPC. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the community served by the hospitals, as well as ways to address cited concerns.

There was a diverse representation of community-based organizations and agencies among the 46 stakeholders interviewed, including:

- Atlanta BeltLine
- Center for Pan Asian Community Services
- Children's Healthcare of Atlanta
- City of Chamblee Georgia
- Clayton Center
- Clayton Center Community Service Board
- Clayton Collaborative Authority
- Clayton County Commission
- Clayton County Division of Family and Children Services
- Clayton County Head Start
- Clayton State University, Georgia Equality
- Community Foundation of Great Atlanta
- DeKalb County Commissioner
- DeKalb Senior Affairs – Senior Connection
- Doute'-Hughes Counseling and Consulting
- Fulton County Board of Commissioners
- Georgia Department of Public Health
- Georgia House of Representatives
- Great Start Georgia
- Healthcare Georgia Foundation
- Home Healthcare
- Homeless Initiative
- House of Dawn
- Mercy Care
- Morrow City Council
- Reaching Our Sisters Everywhere
- Southside Church
- The Georgia Lions Lighthouse Foundation Inc.
- TIME-ER Inc.
- United Way
- University of Georgia Extension-Clayton County
- Woman to Woman

Major Health Challenges:

- Common health issues:
  - Hypertension
  - Diabetes
  - Obesity (adult and child)
  - Asthma
  - HIV/STIs
  - Infant mortality
  - Heart disease
  - Cancer
  - Kidney disease
- Overutilization of ED
- Disparities for Black and Latino residents
- Higher rates of teen pregnancy
- Latino high rates of uninsured, work-related trauma (men) and pregnancy (women)

Context and Drivers:

- Geographic location (ready access to full-service hospitals, less comprehensive care, transportation)
- Awareness of what services are available
- Financial status (lack of stable/ good paying jobs, poverty, limited access to comprehensive insurance, high poverty coupled with high affluence)
- Need care for under- and uninsured residents (adults and children)
- Costs of prescription medications
- Poor nutrition (food deserts, affordability and education/ awareness)
- Need for behavioral health services (adults and children)
- Need for substance abuse services
- Race/ethnic challenges (higher stress levels for people of color, distrust for the medical community, limited culturally and linguistically relevant health services — Black, Asian, Latino, and LGBTQ)
- Homelessness
- Single parents
- Lack of appropriate supervision of youth
- Low educational attainment
- Lack of green space

Recommended Interventions:

- Expand community engagement to address explicit needs
- Create a linguistically and culturally sensitive platform (including education and outreach) to encourage trust-building necessary for servicing undocumented and immigrant residents.
- Allocate more attention to social support networks.
- Integrate fresh food trucks, food pantries, and urban/community gardens into neighborhoods with low access to healthy food.
- Disseminate additional educational resources (i.e., gardening and cooking advice and classes, programs to increase exercise and healthy behaviors amongst various demographics, education on STIs in the senior community).
- Train healthcare and educational professionals to recognize indications of declining behavioral health and make appropriate treatment referrals.
- Develop partnerships among healthcare facilities to better emphasize the significance of community education.
- Increase the prevalence of Community Navigators in vulnerable populations.
- Assimilate available transportation systems with healthcare facilities and decipher how to plan healthcare delivery from another approach (i.e., clinics near the Atlanta Belt Line or street car).
- Provide mobile healthcare services (i.e., satellite centers that offer remote access to healthcare professions, telehealth, and service in vulnerable populations).
- Offer preventive care to underserved adults during pediatric routine visits.
- Increase awareness of local services, especially in County Board of Health facilities (i.e., substance abuse, behavioral health, outreach and education, screening, etc.).
- Offer a class to parents receiving Supplemental Nutrition Assistance Program benefits related to the value of healthy nutrition, affordability and healthy food preparation techniques.
- Expand school-based health clinics.

Resident Focus Group Summaries

(January 2016–January 2018)

Purpose

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

Methodology

GHPC recruited and conducted four focus groups among residents living in the community served by WellStar AMC and WellStar AMC South. GHPC designed facilitation guides for focus group discussions. Residents were recruited using a third-party recruiting firm. Recruitment strategies focused on residents that had characteristics representative of the broader community, specifically areas that experience disparities and low socioeconomic status. Focus groups lasted approximately 1.5 hours, during which time trained facilitators led six to 12 participants through a discussion about the health of their community, health needs, resources available to meet health needs, and recommendations to address community health needs. All participants were offered appropriate compensation ($50) for their time and a light meal. The following focus groups were conducted by GHPC between January 2016 and January 2018:

- WellStar AMC and WellStar AMC South Service Area Residents – College Park, Ga. (Jan. 11, 2018)
- Fulton County Residents – Atlanta, Ga. (Jan. 28, 2016)
- Clayton County Residents – Morrow, Ga. (Jan. 6, 2016)
- DeKalb County Residents – Decatur, Ga. (Jan. 5, 2016)

Focus groups and listening sessions were recorded and transcribed with the informed consent of all participants. GHPC analyzed and summarized data from the focus groups and listening sessions to determine similarities and differences across populations related to the collective experience of healthcare, health needs and recommendations, which is summarized in this section.

Target Population:
WellStar AMC and WellStar AMC South Service Area Residents

Location:
Club E Atlanta
3707 Main St.
College Park, GA 30337

Number of Participants:
11

Major Health Challenges:

- Dental health
- Behavioral health (violence, overall substance abuse, opioid use)

Context and Drivers:

- Geographic location
- Limited access to care (under- or uninsured, affordability, insurance acceptance)
- Transportation
- Technology (limited access, inability to navigate Internet)
- Undocumented residents (no proof of identification)
- Lack of education/knowledge of resources

Recommendations:

- Supply more dental services for those that are under- or uninsured to stop the exacerbation of other ailments
- Integrate medical and dental services in clinics
- Disseminate more resource education
- Provide access to neighborhood clinics
- Increase community providers to serve more residents
- Develop a payment system that will empower the community

Target Population:
Fulton County Residents

Location:
Holiday Inn and Suites Atlanta North
1380 Virginia Ave.
Atlanta, GA 30344

Number of Participants:
10

Major Health Challenges:

- Overutilization of ED
- Behavioral health (substance abuse, poor mental health)
- Cardiovascular ailments
- Diabetes
- High blood pressure
- Asthma
- Cancer
- Obesity

Context and Drivers:

- Low educational attainment
- Poor infrastructure (low walkability)
- Low health literacy
- Geographic location
- Access to health foods (time constraints, cultural preference, awareness, affordability, lack of fresh foods)
- Lack of affordable housing
- Inadequate physical activity (time and affordable options)
- Risky teen behaviors

Target Population:
Clayton County Residents

Location:
Headquarters Library
865 Battle Creek Road
Jonesboro, GA 30236

Number of Participants:
13

Major Health Challenges:

- Hypertension
- Mental health (abuse/domestic violence, self-harm, substance abuse)
- ER overutilization
- Teen pregnancy
- HIV/STIs
- Obesity/overweight
- Asthma

Context and Drivers:

- Geographic location
- Transportation (unreliable and/or unaffordable)
- Financial hardships (high unemployment rates)
- Poor parental oversight (demanding work schedules, limited skills)
- Low educational attainment/ limited knowledge
- Inadequate linguistically and culturally sensitive resources
- Limited access to care (undocumented residents, language barriers, low health literacy, under- or uninsured, affordability)
- Poor housing quality
- Safety (poor infrastructure, gang activity, high crime)
- Limited access to health foods (high fast food density, food deserts, transportation, nutrition education, cultural preferences, affordability)
- Disenfranchised community
- Limited safety net clinics
- Inadequate physical activity (poor walkability, infrastructure)
- Lack of education dissemination (sex education, marketing)

Recommendations:

- Collaborate with local organizations and stakeholders to coordinate a concise list of resources (health- and non-health-related)
- Integrate bilingual staff and providers in healthcare facilities (i.e., Spanish)
- Expanding health services capacities in Clayton County to accept a wider range of health insurance plans
- Partnerships with the school systems and other community stakeholders to increase language support capacity
- Broadcast community events and activities on specific TV channel to inform residents of local resources and events
- Allow insurance providers to offer insurance in all 50 states, which would allow premiums to be more competitive and affordable
- Increase residents' attendance in meetings with local elected officials, (i.e., county commissioners)
- Encourage the collaboration of health providers, local businesses, and faith-based organizations to offer on-site outreach and education

Target Population:
DeKalb County Residents

Location:
N.H. Scott Recreation Center
2230 Tilson Road
Decatur, GA 30032

Number of Participants:
11

Major Health Challenges:

- Asthma/allergies
- Overweight/obesity
- Substance abuse (tobacco, marijuana, alcohol)
- STIs/AIDS
- Overutilization of urgent care clinics

Context and Drivers:

- Air pollution
- Economic instability (low income, poverty)
- Decreased physical activity (low walkability, time constraints, need affordable recreational centers/ gyms, child care)
- Poor infrastructure (no sidewalks, unconducive to biking)
- Safety (low lighting)
- Limited access to healthy foods (area saturated with fast food, limited fresh food options and farmers markets, geographic location, affordability, cultural preference, time constraints)
- Transportation
- Risky sexual behaviors amongst teens (limited sex education in curriculum)
- Lack of parental oversight
- Inadequate educational system (fragmented, limited counseling support)
- Shortage of health education dissemination
- Limited access to care (affordability, poor resources, under- or uninsured residents, no regular doctors)
- Pharmacy (geographic location of pharmacies, understocked, have to order vital medicines)
- Urban design (power plant placement, poor road conditions and mapping, exacerbated traffic density)

Recommendations:

- Conduct more meetings to collaborate with residents and gather key input for decision-making
- Revitalize disenfranchised areas by allocating more funds to comprehensive insurance options, better qualifications and healthier local food establishments (restaurants and grocery stores)
- Champion local organizations to engage and empower local residents
- Move toward an integrated healthcare system
- Increase health education dissemination in the community (nutrition, physical activity, healthcare costs)

Primary Data Collection Tools

Key Informant Questionnaire
(2018–2019)

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

Context
In your opinion, over the past three years, has health and quality of life in your county:
(Circle or highlight your selection.)

Improved Stayed the same Declined Don't know

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

- What in your opinion are the district's/county's biggest health issues or challenges that need to be addressed? Gaps? Strengths?
- In your opinion, who are the people or groups of people in your county whose health or quality of life may not be as good as others? Why? Please note any zips/areas where there are health disparities/pockets of poverty.
- What do you think are some of the root causes for these challenges? What are the barriers to improving health and quality of life?
- How important an issue to the district/county is the reduction/elimination of health disparities? What is your perception of current disparities?
- What specific programs and local resources have been used in the past to address health improvement/disparity reduction? (To what extent is healthcare accessible to members of your community? Might cite examples of programs by disease state, life stage, or otherwise)

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

Moving the Needle
- If you could only pick three of these health issues, which are the most important ones to address either now (short term) or later (long term)? What should be the focus of intervention by county/district/community?
- Supportive network to help residents in a one-stop place. How do we address these issues in a comprehensive way using existing resources and stitching together a safety net for residents most at risk?
- Why did you pick these?
- What interventions do you think will make a difference? Probe for different types of interventions.
- Do you have any other recommendations that you would make as they develop intervention strategies?

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

Focus Group Discussion Guide

Community Health Needs Assessment

Overview of Purpose of Discussion and Rules of a Focus Group

Facilitator introduces self and thanks those in attendance for participating.

Facilitator explains purposes of discussion:
The project is being undertaken by WellStar Health System. They are seeking ways to improve the health of residents in your community. They would like to hear from people who live in these counties. They are particularly interested in your feelings about the health and health needs of the community, how the health-related challenges might be addressed, and what is already in place in your community to help make change happen. More than just determining what the problems are, they want to hear what solutions you all have to address the needs and what you would be willing to support in terms of new initiatives or opportunities.

Explain about focus groups:

- Give-and-take conversation
- I have questions I want to ask, but you will do most of the talking
- There are no right or wrong answers
- You are not expected to be an expert on healthcare, we just want your opinion and your perspective as a member of this community
- You don't have to answer any questions you are uncomfortable answering
- It is important to speak one at a time because we are recording this conversation
- Your names will not be used when the tapes are transcribed, just male or female will appear on any transcript
- I want to give everyone the opportunity to talk, so I may call on some of you who are quiet or ask others to "hold on a minute" while I hear from someone else, so don't take offense
- Please remember that what people say in this group is confidential. I ask that you do not share what you heard from others outside of this group.
- You will be asked to talk about yourself, your family, and your friends today. Please do not use anyone's name in your comments.
- Here is an informed consent form for you to read along with me and then sign if you decide to participate today. It is important for you to know that your participation today is completely voluntary. You can stop your participation now, or at any time. *(Read informed consent, collect signatures)*

Participant Introductions

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

Focus Group Discussion Guide (continued)

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

Health Concerns for Your Family

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

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

3. Let's start with healthy eating. Most of the time, do you and your family eat as healthily as you would like? What prevents you from eating healthily? (Probe for cultural issues, access to healthy food.)
4. What do you think would make you change your eating habits? What could make it easier for you and your family to eat healthier?
5. Now let's talk about physical activity. What kinds of physical activity do you and your family engage in? Do you think you get enough physical activity to be healthy?
6. What keeps you and your family from being as physically active as you would like to be? What would help you and your family get more exercise? What could be done in your community to help you and your family to become more physically active?
7. How about tobacco use? How prevalent is tobacco use among your family and friends? Do you think most people are aware of the risks related to tobacco use? Knowing those risks, why do you think people continue to use tobacco products? What do you think it would take to change people's habits when it comes to tobacco use?
8. Are drug and alcohol abuse a problem in your community? What contributes to this problem? What could be done to address the problem?
9. Another health issue of concern is risky sexual behavior among teens. Do you see this as prevalent in your community? Are there support services to help teens deal with this type of issue? What more could be done?
10. When you think about the health concerns we have discussed – healthy eating, physical activity, tobacco use, drug and alcohol use, and risky sexual behavior – do you know of any resources/programs/services in your community that help with these issues? Are the services that are available adequate to meet the need? Are there different types of services that would be more appropriate or effective?
11. Do you and your family have somewhere or someone that you go to for routine medical care? When you go there, does anyone ever talk to you or provide you with information about the health issues we have been discussing – weight, exercise, healthy eating, tobacco, drug and alcohol use, sexual behavior? Do you think your primary care provider should ask you about these issues? Provide you with information? Help you to change your habits?

Health Concerns in the Community

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

Facilitator: Present community-appropriate data summary to participants.

17. What is your reaction to this information? Does it ring true to what you know about your community? Is there anything missing from these data that you believe to be true about your community?
18. What do you think is the best/most effective way to begin to address these issues?
19. Considering the information that I just presented to you, along with your own experience with critical health needs here, which one or two of these health issues should be the priorities for addressing over the next three years?
20. What suggestions do you have for making specific changes in your neighborhood or community? This is another opportunity to make suggestions about needed programs, changes in the community, educational campaigns, etc. that would best meet the needs of this particular community.
21. In communities, people often talk about community leaders – these are organizations or individuals that everyone knows, places/people that you seek out when you need information that is trusted.

    Do you know of these types of organizations or people who are concerned about health issues and serve as leaders in trying to improve health in your community? Who are they – what are they doing? Are their efforts successful? Why or why not?
22. Would these organizations or people be good leaders for addressing other health issues in the community? If not them, then who?
23. What should be done to ensure that children in your community finish their education and can find jobs?

Closing

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

Community Facilities, Assets and Resources

Not an all-inclusive list (January–March 2018)

Health Departments

Clayton County Board of Health (CCBOH)
Clayton County Board of Health
Comprehensive Health Facility
1117 Battlecreek Road
Jonesboro, GA 30236
678-610-7199
http://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 address 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, GA 30034
404-244-2200

East DeKalb Health Center
2277 S. Stone Mountain-Lithonia Road
Lithonia, GA 30058
770-484-2600

North DeKalb Health Center
3807 Clairmont Rd., NE
Chamblee, GA 30341
770-454-1144

Richardson Health Center
445 Winn Way
Decatur, GA 30030
404-294-3700

T.O. Vinson Health Center
440 Winn Way Decatur, GA 30030
404-294-3762
https://dekalbhealth.net

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

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

Clinical services and programs

Maternal and child health

- Perinatal care/Obstetrics
- Women, Infants and Children (WIC)*
- Dental health*
- Immunizations
- Vision and hearing screenings
- Well child check-ups
- Children's Medical Services
- Children with Special Needs
- Babies Can't Wait
- Children 1st Program
- School health programs
- Adolescent health
- Medicaid enrollment

Adult health

- BreasTest and More*
- Dental health
- Family planning*
- Hypertension
- Refugee health
- Immunizations
- Travel medicine
- Tuberculosis (TB)
- HIV/AIDS (Ryan White Early Care Clinic)
- Sexually transmitted diseases (STIs)
- Primary care (at some locations)

Health Departments (continued)

Fulton County Department of Health and Wellness (FCDHW)
Fulton County Public Health at 10 Park Place
10 Park Pl S.E., 5th Floor
Atlanta, GA 30303
404-613-1205 (main)

The Fulton County Department Of Behavioral Health & Developmental Disabilities
Fulton County Government Center
141 Pryor Street, Suite 1031
Atlanta, GA 30303
404-613-7013
www.livebetterfulton.org

Fulton County Cooperative Extension
Central Office (Downtown)
Central Atlanta Library,
1 Margaret Mitchell Square
Atlanta, GA 30303
404-332-2400

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.

- Mental Health – Our behavioral health centers offer a wide range of services & addictive disease treatment at community-based locations.
- Developmental Disabilities – Three regional centers provide clients with life skills training tailored to their particular disability. Mobility training and day habilitation are also provided.
- Addictive Diseases – We provide a variety of specialty outpatient treatment services for adults with chronic chemical dependencies. Treatment is also available for individuals who have both mental health and substance abuse ("co-occurring") disorders.

The mission of the Fulton County Cooperative Extension Service is to respond to citizens' needs and interest in agriculture and natural resources, families, 4-H and youth through

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

Lake Forest | Lake Forest School-Based Health Center
5920 Sandy Springs Circle
Sandy Springs, GA 30060
470-254-0001

Adamsville Regional Health Center
3700 Martin Luther King Jr. Drive, SW
Atlanta, GA 30331
404-613-6384

North Clayton High School | North Clayton School-Based Health Center
1525 Norman Drive
College Park, GA 30349
678-426-2800

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

Primary Care: Safety Net Clinics & Federally Qualified Health Centers (continued)

Healing Community Center
Clinic address: 2600 Martin Luther King Jr. Dr., SW, Atlanta, GA 30311
404-564-7749
Fax: 404-758-1216

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

We are a Federally Qualified Health Center.

We offer a sliding fee scale.

Services

- Adult Medicine
- Behavioral Health
- Cardiology
- Dental
- Health Education
- Health Enrollment Assistance
- HIV Testing and Counseling
- Otolaryngology (ENT)
- Pediatrics
- Podiatry
- Prescription Assistance
- Social Services
- Vision Care

The Good Shepherd Clinic
6392 Murphy Drive
Morrow, GA 30260
770-968-1310
Fax: 770-968-2701

Good Shepherd Clinic provides free healthcare, of both acute and chronic illnesses, to uninsured residents of Clayton County who have limited financial resources.

- Acute Care
- Chronic Care Management: Diabetes, Hypertension, High Cholesterol, etc.
- Laboratory Services
- EKGs
- Prescription Assistance Program
- Health Education Classes
- Nutrition, Hypertension, Diabetes & High Cholesterol
- One-on-One Training
- Specialty Clinics
- Podiatry
- Eye Care
- Specialty Referrals, as available

MSM H.E.A.L. Clinic
Map 1800 Howell Mill Road
2nd Floor, Suite 275
Atlanta, GA 30318
404-756-5019

Good Samaritan Clinic
Map 1015 Donald Lee Hollowell Pkwy
Atlanta, GA 30318
404-523-6574

We exist to contribute to health equity of the underserved and uninsured populations in Georgia. We strive to provide concise patient education to promote disease prevention. We intend to increase the diversity of healthcare through clinical experience and dynamic medical training.

The MSM HEAL clinic serves the underserved, homeless, and uninsured.

Lilly Cares Foundation, Inc.

Lilly Cares provides free Lilly medications for patients who meet program eligibility requirements.

Mercy Care at City of Refuge
1300 Joseph E. Boone Blvd.
Atlanta, GA 30314
678-843-8790

Mercy Care at Gateway Center
275 Pryor Street SW
Atlanta, GA 30303
678-843-8840

Mercy Care at St. Jude's Recovery Center
160 Pine Street
Atlanta, GA 30308
678-843-8544

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.

Primary Care: Safety Net Clinics & Federally Qualified Health Centers (continued)

Physicians' Care Clinic
T.O. Vinson Health Center,
440 Winn Way, Decatur, GA 30033
404-501-7940
http://www.physicianscareclinic.org

Physicians' Care Clinic is the oldest and largest free clinic serving residents of DeKalb County, offering healthcare to thousands of patients each year. Our mission is to provide low-income and uninsured adults with access to quality, comprehensive, non-emergency medical care delivered with excellence, compassion and dignity.

Family Medical Center
30 Warren Street
Atlanta, GA 30317
404-373-6614
http://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.

- Healthcare
- Family Planning
- Dental
- Pediatrics
- Behavioral Health
- Health Education
- Adult Medicine

Center for Black Women's Wellness
477 Windsor Street SW, Suite 309
Atlanta, GA, US
404-688-9202
http://cbww.org

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

Wellness Clinic
The Wellness Clinic provides women's health (GYN) care, including the following services:

- Well woman visits, including Pap Test, pelvic exam and clinical breast exam
- Pregnancy testing, preconception counseling and family planning
- Physical examinations and health screenings
- Laboratory services, including total blood chemistry profile
- Confidential HIV testing
- Mammogram referrals and follow-up
- STI/STI screening and treatment
- Employment drug testing

All services are based on a sliding fee scale while accepting Medicaid.

Safety Net Clinic
The Safety Net Clinic provides no cost services for uninsured women and men ages 18 & older. Services include:

- Primary Healthcare
- Non-Emergency Care
- Chronic Disease Management including but not limited to:
- Hypertension (high blood pressure) management
- Confidential HIV testing
- High Cholesterol management
- Diabetes management
- Mental Health Referrals and Services

Teen Clinic
On-site teen clinical services provided to male and female youth by the Fulton County Department of Health and Wellness.

Primary Care: Safety Net Clinics & Federally Qualified Health Centers (continued)	
Oakhurst Medical Centers Main Office Stone Mountain Location 5582 Memorial Drive Stone Mountain, GA 30083 Decatur Location 1760 Candler Road, Decatur, GA 30032 404-286-2215 Northlake location 2295 Parklake Drive Suite 500 Atlanta, GA 30345 Other Locations 2140 Peachtree Road NW Suite 232 Atlanta, GA 30309 550 Peachtree Street Atlanta, GA 30303	Oakhurst is a community based, not for profit, primary healthcare center. Since 1980, we have been providing quality, affordable, culturally sensitive and accessible healthcare to the residents of DeKalb County. We also serve Fulton County.
Southside Medical Center 1046 Ridge Avenue, SW Atlanta, GA 30315 404-688-1350 https://southsidemedical.net Southside Medical Center has centers throughout Metro Atlanta in Norcross, East Point, Riverdale, Hampton and Forest Park.	Offering affordable healthcare and related services including: Pediatrics, Adult Medicine, Women's Health, Dentistry, Optometry, and Specialty Services Also offered: Southside Behavioral Lifestyle Enrichment Center (SBLEC) serves all men and women, aged 18 and older, who seek to overcome the use of any type of drug or alcohol.
Susan G. Komen Greater Atlanta 3525 Piedmont Rd., Building 5 Suite 215 Atlanta, GA 30305 404-814-0052 Helpline 1-877 GO KOMEN (1-877-465-6636) https://komenatlanta.org	Offering Breast Cancer Screening, Education and Resources
Fulton-DeKalb Hospital Authority 50 Hurt Plaza, Suite 803 Atlanta, GA 30303 404-334-3680	The Fulton DeKalb Hospital Authority exists primarily to ensure that the indigent residents of Fulton and DeKalb Counties receive quality healthcare through the Grady Health System. Our goal is to reduce the number of visits to Grady's emergency room by improving the health status of Fulton and DeKalb County residents.

Transportation

Transportation Options Program for Seniors (TOPS) TOPS Program Manager: 770-993-1906 x234 http://www.ssnorthfulton.org/senior-services/transportation/ Get Around Town Easily (GATE) Program GATE Mobility Manager: 770-993-1906 x242	The TOPS program is designed to provide medical transportation for seniors age 60+ in the Senior Services North Fulton service area: Alpharetta, Johns Creek, Milton, Mountain Park, Roswell and Sandy Springs. Trips can be arranged for appointments with doctors, dentists, eye doctors, for treatments ordered by your doctor – or to get a flu shot. Seniors and adults with disabilities who are unable to drive need the ability to pick up prescriptions, grocery shop, visit the bank, or simply get a haircut. Our grant funded GATE (Get Around Town Easily) Transportation Program allows north Fulton seniors and adults with disabilities to purchase a transportation account that can be used with selected drivers in the GATE program.
Non-Emergency Medical Transportation (NEMT) Schedule Transportation: Logisticare: 1-888-224-7981 (Central) 1-888-224-7985 (Southwest) 1-888-224-7988 (East) Medicaid Member Call Center: 866-211-0950	The Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.
MARTA Route & Schedule Info: 404-848-5000 Customer Service: 404-848-5000 MARTA Mobility:404-848-5826 http://www.itsmarta.com/	MARTA serves Fulton and DeKalb counties through a bus and rail system. MARTA maps are available online or at any station. To advocate and provide safe, multi-modal transit services that advance prosperity, connectivity and equity for a more livable region.

Behavioral Health

The Summit Counseling Center 2750 Old Alabama Rd., Suite 200 Johns Creek, GA 30022 678-893-5300 http://summitcounseling.org/	The Summit Counseling Center provides professional counseling, consultation and education services utilizing an integrated approach to care for the whole person – Body, Mind, Spirit, and Community.
Will-To-Live Foundation 5805 State Bridge Rd. #G212 Johns Creek, GA 30097 https://will-to-live.org/	"We are dedicated to preventing teen suicide by improving the lives and the 'Will To Live' of teenagers everywhere through education about mental health and encouraging them to recognize the love and hope that exists in each other."
The Insight Drug Program 5110 Old Ellis Pt. Roswell, GA 30076 770-751-8383 http://theinsightprogram.com/georgia-locations/	The Insight Program has provided substance abuse treatment for teens and young adults since 1987. The Insight Program provides all its services through a philosophy called Enthusiastic Sobriety. Making sobriety attractive to teens and young adults is challenging. Insight has been successful in creating a program that reaches young people in a way that is inviting and fun. The Insight Program offers a number of services including: intensive outpatient substance abuse treatment, outpatient substance abuse treatment, individual counseling, family counseling, support group meetings, parent support groups, and sober social functions. Insight staff members are also available for speaking engagements. Insight treatment programs are licensed in Georgia and North Carolina.

Behavioral Health (continued)	
CaringWorks 2785 Lawrenceville Hwy, Suite 205 Decatur, GA 30033 404-371-1230 http://www.caringworksinc.org/behavioral-health-programs/	**Therapeutic Services** 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 healthcare. Since the primary causes of chronic homelessness are mental illness and addictions – sometimes at the same time – targeted therapy and services help get at the root causes that repeatedly return people to the streets. Through CaringWorks Treatment and Recovery Services (CTRS), we offer a full array of behavioral health services. CTRS has social workers, therapists, counselors, medical professionals and case managers with special training and expertise in the evaluation and treatment of these challenging conditions at three locations across Metro Atlanta for individuals, couples and families. We believe it is vital to treat the whole person, providing the most individualized, comprehensive, and compassionate services possible, thus offering every opportunity for a full recovery and path to a more fulfilling and productive life
St. Judes's Recovery Center, Inc. 139 Renaissance Pkwy NE Atlanta, GA 30308 https://www.sjrcatl.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 under-resourced 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 Community Service Board (CSB) https://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. Services: ■ Behavioral Health ■ Substance Use ■ Crisis ■ Child & Adolescent ■ Developmental Disabilities ■ Residential ■ Consultative

Behavioral Health (continued)

Families First-Counseling
Main Office
80 Joseph E. Lowery Boulevard, NW
Atlanta, GA 30314-3421

Decatur Office
4298 Memorial Drive
Decatur, GA 30032

North Fulton Office
89 Grove Way
Roswell, GA 30075
404-853-2844

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

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

Counseling Services Offered by Families First
- Individual Counseling
- Family Counseling
- Couples Counseling
- Group Counseling

For Clients to:
- Heal from emotional pain and trauma
- Stabilize mental health symptoms
- Develop coping skills to deal with life's stressors
- Strengthens their family and social relationships
- Achieve greater sense of health, quality of life and well-being

The Odyssey Family Counseling Center
1919 John Wesley Ave.
College Park, GA 30337
404-762-9190
http://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.

Metropolitan Counseling Services
2801 Buford Hwy, NE Suite 470
Atlanta, GA 30329
404-321-1794
https://mcsatlanta.org

Metropolitan Counseling Services is a leader in providing affordable mental health services and serves as a model for other programs seeking to reach underserved populations.

HIV

AID ATLANTA 1605 Peachtree Street NE Atlanta, GA 30309-2955 404-870-7700 https://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/STI 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. Garnett Station Place 236 Forsyth Street, SW Atlanta, GA 30303 404-521-2410 https://www.aniz.org	Our 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
Empowerment Resource Center 230 Peachtree Street NW, Suite 1800 Atlanta, GA 30303 404-526-1145 http://www.erc-inc.org	The mission of Empowerment Resource Center is to provide programs, services, and community-level solutions that improve the health-related quality of life of people infected and affected by HIV and other sexually transmitted infections (STI). The Comprehensive Intervention Clinic is an STI screening and acute treatment clinic. The Behavioral Health & Outreach Services (BHOS) is a non-residential substance abuse treatment and mental health services facility.
Fulton County Government 141 Pryor St. Atlanta, GA 30303 404-612-4000	The Fulton County Task Force on HIV/AIDS will develop, promote, and monitor the implementation of a Strategy to End AIDS in Fulton County in order to improve the quality and length of life for persons living with HIV and prevent new HIV infections.

HIV (continued)	
Ponce De Leon Center 341 Ponce De Leon Avenue Atlanta, GA 30308 404-616-2440 https://www.gradyhealth.org/specialty/ponce-de-leon-center/	The Ponce De Leon Center is one of the largest, most comprehensive facilities dedicated to the treatment of advanced HIV/AIDS in the United States. Founded in 1986, the Ponce Center and its onsite affiliates provide various medical and support services to approximately 5000 eligible men, women, adolescents, and children living with HIV/AIDS. The Ponce Center integrates primary internal medicine and Infectious Disease subspecialty care in the Main, Family and Transition Clinics. Staffed by doctors, nurse practitioners and physician assistants, nurses and more than 100 interagency staff. Our care teams seamlessly provide onsite medical, support and community services. 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 5000 eligible men, women, adolescents, and children living with HIV/AIDS. The Ponce Center integrates primary internal medicine and Infectious Disease subspecialty care in the Main, Family and Transition Clinics. Staffed by doctors, nurse practitioners and physician assistants, nurses and more than 100 interagency staff. Our care teams seamlessly provide onsite medical, support and community services. To qualify for care in the Ponce Center, adult referrals must have a previous AIDS diagnosis and/or a Nadir CD4 count below 200. Pediatric and adolescent patients have no such restrictions. Services Offered: Primary medical care for men, women, adolescents, and children living with HIV/AIDS. Transition centers for HIV-infected individuals with <200 CD4 cells. Subspecialty care in Dermatology, Hepatitis C, Mental Health/Substance Abuse Treatment, Ophthalmology, and Oral Health. Case management, adherence counseling, nutrition, on-site radiology, laboratory, pharmacy, and peer counseling.
Under-Resourced	
North Fulton Community Charities 11270 Elkins Rd. Roswell, GA 30076 https://nfcchelp.org/	NFCC is a leader in North Fulton 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 dollars 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. Although the demand for these services has increased significantly since its founding, NFCC continues to help hands-on, one family at a time.
Atlanta Community Bank 732 Joseph E. Lowery Blvd., NW Atlanta, GA 30318 404-892-9822	The mission of the Atlanta Community Food Bank is to fight hunger by engaging, educating and empowering our community. While our core work is food distribution, our efforts extend far beyond that. Our mission is lived out every day through seven projects that help engage, educate and empower both people in need and those who want to help. From supporting community gardens to assisting people in finding economic security, the Food Bank covers a wide range of opportunities for people to learn and get involved. Our seven projects are Atlanta Prosperity Campaign, Atlanta's Table, Community Gardens, Hunger 101, Hunger Walk/Run, Kids In Need and Product Rescue Center.

Under-Resourced (continued)

Atlanta Community Services, Inc.
2144 Buford Highway, Ste 110
Buford, GA 30518
770-904-5270
Fax: 770-904-5269

Atlanta Community Services (ACS) will provide the services and support to build a strong and stable community association.

Our professional and personal approach will help improve the lives of families in your neighborhood. Tell us how we can work for you!

Our services include Accounting and Administrative as well as Property Management and Facility Maintenance. Our experts will help your community stay on top of Covenant Violations and Modification Requests.

Employment Training

The Center for Working Families, Inc.
477 Windsor Street, Suite 101
Atlanta, GA 30312
404-223-3303

Employment Services
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.

Individual Coaching
Different from traditional case management models, the TCWFI coaching model uses a personalized approach, pairing each participant with a pathway coach who works one-on-one with individuals to identify strengths, match interests with opportunities, set goals and develop strategies to overcome barriers and move towards family economic success.

Training & Education
Our training and education division helps individuals gain the edge to be competitive in today's job market with a focus on resume development, interview mastery, soft and hard skills, literacy and digital literacy, and financial literacy and asset building. Programs range from four - six weeks equipping graduates with various industry certifications that accelerate opportunities for employment and advancement.

Two Generation Approach
In partnership with Sheltering Arms Educare Atlanta, TCWFI provides childcare vouchers and wraparound services to more than 125 families with children ages 0 to three through our Two-Generation (2Gen) approach. 2Gen is an innovative model focused on providing simultaneous, intentional services to both parent and child to accelerate and maximize family outcomes.

Atlanta Center for Self Sufficiency
460 Edgewood Ave NE #700
Atlanta, GA 30303
404-874-8001
http://www.atlantacss.org

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

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

CareerWorks
Offering employment readiness and job placement to homeless individuals, CareerWorks is our cornerstone program. CareerWorks includes a three-week employment readiness training course, personalized case management, job search assistance, professional clothing, transportation assistance, housing placement assistance and individual action plans.

CareerWorks Access
CareerWorks Access is an e-learning initiative that uses cloud technology to stream CareerWorks curriculum to shelters and homeless service programs throughout the city.

Employment Training (continued)

Work Source Georgia
1300 Commerce Drive
Decatur, GA 30030
404-371-2000
http://www.dekalbworkforce.org

Jobseeker Services:
- Resource materials for career exploration and planning.
- Computer hardware and software for resume cover letter writing.
- High speed internet access for internet-based job searches.
- Copy and fax machines to respond to job listings.
- Information on local companies' hiring needs.
- Regularly scheduled workshops on: conducting your job search, resume writing and career development.
- Expert advice from experienced career advisors and information specialists
- Training and education information
- Self-assessment software for typing and other skills

Bobby Dodd Institute
221 Stockbridge Rd.
Jonesboro, GA 30236
770-473-0071
http://www.bobbydodd.org

Job Training & Employment Services
BDI is an Atlanta workforce development leader with over 25 years of experience in connecting people with disabilities and barriers to employment to jobs. 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.

Whatever challenges job candidates face, our Workforce Resources programs prepare them to enter the workforce or to adapt their experience to a new career path.

BDI and our supporters equip people with the skills, experience, and support they need to be competitive in the job market and build their careers. Our focus is not just on connecting people to jobs — we place priority on ensuring they have the tools needed to remain employed for the long-term. Specialize in career planning, job placement, and job training for people with disabilities in metro Atlanta.

BDI works with people who have physical and/or developmental disabilities, as well as people with disabilities due to chronic illness such as diabetes, arthritis, and mental illness. BDI also works with people who have other barriers to employment, such as veterans. Our clients come to us with a wide range of work experience and educational levels.

Our services include:
- Evaluation and career planning
- Specialized job training
- Job connections services

The Urban League of Greater Atlanta
229 Peachtree Street NE, Suite 300
Atlanta, GA 30303-1600
404-659-1150
http://ulgatl.org

Job Readiness (CORE) Training
A workforce job readiness-training program offering courses in job searching techniques, resume writing, interview skills, mock interviews and job sustainability. The Step Up to Work Program includes the following courses:
- Successful Job Searching & Creating an Employment Action Plan
- Creating a Dynamic Resume
- Mastering the Interview
- Job Sustainability
- Mock Interview
- Job Coaching
- Financial Literacy

Westside Works
261 Joseph E. Lowery Blvd. NW
Atlanta, GA 30314
404-458-6413
http://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 neighborhood.
- Programs
- Construction
- CNA
- Education
- Culinary
- Office Operation
- Information Technology

Youth Programs	
YMCA of Metro Atlanta 101 Marietta St NW #1100 Atlanta, GA 30303 (Multiple Locations in schools and the community throughout Atlanta) https://www.ymcaatlanta.org/locations/	■ YMCA Youth Programs ■ Afterschool ■ Early Learners ■ Teen ■ Overnight, Summer, and Holiday/ School Break Camps ■ Youth and Adult Fitness programs and activities
2020 Vision for School Nutrition	The 2020 Vision for School Nutrition is a joint, collaborative initiative between the Georgia Departments of Agriculture, Education, and Public Health. The goals of this program are to: 1. Provide quality foods that are safe and nutritious to Georgia's students. 2. Support agriculture by strengthening local markets. 3. Make students aware of the origins of foods they enjoy. 4. Reduce the carbon footprint of foods utilized.
Boys and Girls Clubs of Metro Atlanta Metro Atlanta Headquarters 1275 Peachtree Street NE, Suite 50 Atlanta, GA 30309 404-527-7100 (Multiple Locations throughout Atlanta) http://www.bgcma.org/local-clubs/	Boys & Girls Clubs of Metro Atlanta works to save and change the lives of children and teens, especially those who need us most, by providing a safe, positive, and engaging environment and programs that prepare and inspire them to achieve Great Futures. Our 25 Clubs, located in some of our city's most underserved communities, open their doors every day to more than 3,300 kids and teens. We provide a safe, positive, and engaging environment for kids with a focus on helping them reach their full potential. Programs include afterschool, summer camp, holiday camps, and teen programs.
City of Atlanta Office of Recreation 233 Peachtree Street, NE, Suite 1700 Atlanta, GA 30303 (Multiple Locations throughout Atlanta) https://www.atlantaga.gov/government/departments/parks-recreation/office-of-recreation	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. Youth Services include: ■ Afterschool Program (Ages-17) ■ Culture Club (Ages 5-12) ■ Afterschool All-Inclusive Therapeutic Center (Ages 5-17) ■ Camp Best Friends Summer Camp ■ Atlanta Teen Leaders (ATL) Afterschool Programming (Ages 13-18)
Fulton County Government Office of Parks and Recreation 141 Pryor St. Atlanta, GA 30303 404-612-4000 (Multiple Locations throughout Fulton County) **Fulton County Cooperative Extension** Central Office (Downtown) Central Atlanta Library 1 Margaret Mitchell Square Atlanta, GA30303 404-332-2400	Afterschool Program and Summer Camps at Burdett Gym, Cliftondale Park, Sandtown Park, and Welcome All Park The mission of the Fulton County Cooperative Extension Service is to respond to citizens' needs and interest in agriculture and natural resources, families, 4-H and youth through

Youth Programs (continued)	
DeKalb County Georgia Department of Recreation, Parks & Cultural Affairs 1300 Commerce Drive Decatur, GA 30030 404-371-2000 https://www.dekalbcountyga.gov/parks/recreation-center-locations (Multiple Locations throughout DeKalb County)	Afterschool and Camp programs offered at various locations
Clayton County Parks & Recreation 2300 Highway 138 SE Jonesboro, GA 30236 770-603-4159 http://www.claytonparks.com/recreation-services.aspx (Multiple Locations throughout Clayton County)	Afterschool programs and Teen Club at various locations
City of College Park Department of Recreation and Cultural Arts 3667 Main Street College Park, GA 30337 404-669-3767 www.collegeparkga.com	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.
City of East Point Department of Parks and Recreation 404-270-7054 http://www.eastpointcity.org/parks-recreation/	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 twenty three (23) parks, a recreation center, playgrounds, tennis courts, sand volleyball, basketball courts, and trails. Enhance quality of life of each resident by providing affordable activities and programs.
City of Hapeville Recreation Department 3444 North Fulton Ave Hapeville , GA 30354 404-669-2136 https://www.hapeville.org	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
Union City Parks and Recreation 5285 Lakeside Drive Union City, GA 30291 770-964-1236 http://unioncityga.org	Offering parks, trails, youth sports, and leisure services for older adults
Atlanta BeltLine, Inc. Office & Mailing Address 100 Peachtree Street NW Suite 2300 Atlanta, GA 30303 404-477-3003 Fax: 404-477-3606 Email: info@atlbeltline.org https://beltline.org	The Atlanta Beltline offers walking trails, parks, and healthy activities (for example group fitness such as aerobics, and instructional classes such as swim and bicycling) for people of all ages

Youth Programs (continued)

The South Fulton Arrow Youth Council
4910 Jonesboro Rd. Suite 301
Union City, GA 30291
678-545-2139
https://www.thesfayc.org

The South Fulton Arrow Youth Council is a nonprofit organization that provides rigorous educational leadership training for students K-12 (Elementary through Secondary Education) and young adults up to age 22. The program is designed to inspire, empower and educate our students to target their potential as 21st century leaders in today's global economy and changing world.

Year Up Atlanta
730 Peachtree St., Suite 900
Atlanta, GA 30308
404-249-0300
https://www.yearup.org

Year Up Offers program combines hands-on skills development, courses eligible for college credit, and corporate internships to prepare students for success in professional careers and higher education.

Our one-year program includes:

- 6 months professional training in IT, Financial Operations, Sales & Customer Support, Business Operations, or Software Development
- 6 month corporate internship with a respected company
- Coursework eligible for college credit
- Weekly educational stipend throughout the program
- Guidance and support from a staff advisor and professional mentor

90 percent of Year Up graduates are employed and/or enrolled in postsecondary education within four months of completing the program.

Earn a stipend throughout the program (both while you train and during your internship) and complete courses eligible for college credit.

Choices
125 Ellis Street NE
Atlanta GA 30303
404-996-2362

Admin Office:
1275 Shiloh Road NW, Suite 2660
Kennesaw GA 30144
678-819-3663
Fax 678-401-712

Health officials are encouraging more physical activity and better nutrition as ways to combat childhood obesity. For many years it was perceived that obesity was simply about overeating. Through research we have learned that it is really about the changing times of technology, diminished safe places for children to play, fast food marketing and needing better meal choices in schools. If children are to become healthier, we must all start following First Lady, Michelle Obama in the Let's Move! Initiative.

Program Components:

- Physical fitness/training
- Dietary/Nutritional Education
- Counseling/Coaching
- Community Collaboration

Senior Services

Quality Living Services - Senior Center
4001 Danforth Rd.
Atlanta, GA 30331
404-699-1686
Fax: 404-505-5788

Quality Living Services Incorporated strives to ensure that seniors gain greater accessibility to the services necessary to lead meaningful dignified lives. Offering a kaleidoscope of programs, Quality Living Services seeks to empower and serve the senior population of metropolitan Atlanta using a self-help program of seniors helping seniors to remain independent and productive community members.

Additional Resources

American Cancer Society
Global Headquarters
250 Williams Street NW
Atlanta, GA 30303
https://www.cancer.org/
24-7 Cancer Helpline: 1-800-227-2345

Knowledge Resource

Cancer resources, and 24 hour phone support

Additional Resources (continued)	
Sisters By Choice 501(c)(3) Organization 5910 Hillandale Drive, Suite 104 Lithonia, GA 30058 770-987-2951 Fax: 678-418-3995 info@sistersbychoice.org	Mission Statement: To significantly reduce the incidence and severity of breast cancer by delivering innovative programs that: ■ Increase breast cancer awareness, education, and early detection ■ Provide treatment programs for underserved and uninsured men and women ■ Establish a network of support group chapters that provide resources, information and counsel to individuals diagnosed with breast cancer and their families
The Health Initiative The Phillip Rush Center 1530 DeKalb Avenue, NE, Suite A Atlanta, GA 30307 404-688-2524 Fax: 404-688-2638 Email: info@thehealthinitiative.org	The Health Initiative provides education, advocacy, support and improved access to care to Georgia's Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community. Founded in 1996, we are the largest non-profit organization in the southeast devoted solely to the health and wellness of LGBTQ people.
Avon Foundation for Women 601 Midland Avenue Rye, NY 10580 United States info@avonfoundation.org	Our mission is to improve the lives of women globally. In our core cause areas of Breast Cancer and Violence Against Women, we aim to accelerate progress, accountability and discovery, while also reducing the social stigma that sometimes keeps these issues in the shadows. We take a woman-centric approach on all projects to break traditional barriers and build a better future for women, because we know that the greater the support, the more empowered women feel to take control of their health and safety. We lead efforts on breast health awareness and prevention through the Avon Breast Cancer Promise, and to help end gender-based violence through the Avon Promise to End Violence Against Women and Girls using four key strategies: ■ Funding the most promising work; ■ Convening grantees, partners and other thought leaders to collaborate and share best practices for improved outcomes; ■ Initiating new directions and innovative projects to accelerate progress; and ■ Educating the general public and key audiences to drive and change behavior to achieve its mission goals.
American Heart Association Atlanta Office 10 Glenlake Parkway, South Tower, Suite 400 Atlanta, GA 30328 678-224-2000 800-257-6941 National Customer Service http://www.heart.org	Knowledge Resource Heart health knowledge and resources
American Diabetes Association 1-800-DIABETES (1-800-342-2383) askada@diabetes.org	We lead the fight against the deadly consequences of diabetes and fight for those affected by diabetes. ■ We fund research to prevent, cure and manage diabetes. ■ We deliver services to hundreds of communities. ■ We provide objective and credible information. ■ We give voice to those denied their rights because of diabetes.

Additional Resources (continued)	
National Kidney Foundation NKF Serving GA, AL & MS - Georgia Region 270 Peachtree Street, Suite 1040 Atlanta, GA 30303 http://www.kidneyga.org 770-452-1539 Email: nkfga@kidney.org Fax: 770-452-7456	Fueled by passion and urgency, National Kidney Foundation is a lifeline for all people affected by kidney disease. As pioneers of scientific research and innovation, NKF focuses on the whole patient through the lens of kidney health. Relentless in our work, we enhance lives through action, education and accelerating change.
Family Life Ministries 612 College Street Hapeville, GA 30354 404-761-6302 www.familylifehelps.org	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 Communtiy Health 1-800-436-7442 https://dch.georgia.gov/programs	Providing online services and state programs such as Medicaid and Peachcare for Kids
Latin American Association Atlanta Outreach Center 2750 Buford Hwy. Atlanta, GA 30324 404-638-1800 Lawrenceville Outreach Center 308 North Clayton St. Lawrenceville, GA 30046 678-205-1018 (Family Well-Being) Fax. 678-205-1027 770-910-7660 (Immigration only) http://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
Emory University 201 Dowman Drive Atlanta, GA 30322 404-727-6123	UHI provides health disparities education and advocacy, builds collaborative partnerships and develops best practice models with underserved communities and those who work with them in Metropolitan Atlanta in order to advance equity in health and well-being.
Atlanta Regional Commission 229 Peachtree ST NE, STE 100 Atlanta, GA 30303 404-463-3100 Fax: 404-463-3205	The Atlanta Regional Commission advances the national and international standing of the region by leveraging the uniqueness of its evolving communities, anticipating and responding to current realities and driving a data-driven planning process that provides a high quality of life, balancing social, economic and environmental needs of all our communities.
Solomon's Temple 2836 Springdale Rd. SW Atlanta, GA 30315 404-762-4872 http://solomonstempleinc.org/what-we-do/	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
It's The Journey, Inc. 270 Carpenter Drive, Suite 515 Atlanta, GA 30328	It's The Journey, Inc.'s mission is to strengthen Georgia's breast cancer community by raising money and awareness for local organizations that focus on breast cancer education, early detection, awareness and support services, as well as the unmet needs in the breast cancer community.

Current WellStar Atlanta Medical Center and Medical Center South Partner Organizations

- Aerotropolis Atlanta Alliance
- AID Atlanta
- American Cancer Society
- American Heart Association
- Aniz Inc. (HIV Testing and more)
- Atlanta Beltline
- Atlanta Career Rise - United Way of Greater Atlanta
- Atlanta Center for Self Sufficiency
- Atlanta Fulton Family Connection
- Atlanta Police Foundation and Department
- Atlanta Regional Commission for Health Improvement
- Atlanta South Nephrology
- Atlanta Technical College
- Atlanta Technical College
- Center for Black Women's Wellness
- Center for Working Families
- Center Helping Obesity in Children End Successfully (C.H.O.I.C.E.S.)
- Central Atlanta Progress
- City of Atlanta
- City of College Park
- City of East Point
- City of Hapeville
- City of South Fulton
- City of Union City
- Clayton County Board of Health
- Community Voices & Morehouse School of Medicine
- Council for Quality Growth
- Critical Point Consulting
- DeKalb County Board of Health
- Duke Realty Corporation
- East Point Police Department
- Empowerment Resource Center
- Evonne Yancey Solutions
- Families First
- Family Health Centers of Georgia
- Family Life Ministries
- Favor House, Inc.
- Federal Reserve Bank of Atlanta (Atlanta Anchor Institution Initiative)
- Fort McPherson Local Redevelopment Authority
- Fulton County Government
- Fulton County Schools
- Fulton County Sheriff's Office
- Georgia Department of Community Services
- Georgia House of Representatives
- Georgia Power
- Georgia State University
- Gwinnett Division of Family and Children Services
- Healing Community Center
- Health Promotion Action Coalition
- Healthcare Georgia Foundation
- It's the Journey Foundation
- Latin American Association
- March of Dimes
- MARTA
- Martin Luther King Jr. Community Resources Collaborative
- Mercy Care
- Morehouse School of Medicine
- Multicultural Development Institute, Inc.
- My Sister's Keeper
- National Pan-Hellenic Council of Greater Atlanta
- Odyssey House
- Office of Congressman David Scott Representing GA 13th District
- Operation P.E.A.C.E.
- Qiagen, Inc.
- Parks and Recreation (Fulton, Tri Cities, Atlanta, DeKalb, Clayton)
- Reach Georgia Foundation
- Resurgens Orthopaedics
- Safe America Foundation
- Saint Philip African Methodist Episcopal Church
- Samaritan Purse
- Saving our Sons & Sisters International
- Sickle Cell Foundation of Georgia, Inc.
- Sickle Cell Foundation of Georgia, Inc.
- Smith Gambrell & Russell, LLP
- Solomon's Temple
- Southside Medical Center
- St. Jude Recovery Center
- St. Paul's Episcopal Church
- State of Georgia Department of Community Health
- Susan G. Komen Foundation (Mammogram Screenings)
- The ATL Airport Chamber
- The Center Helping Obesity In Children End Successfully, Inc.
- The South Fulton Arrow Youth Council
- Tri-Cities High School
- Union City Police Department
- Urban League of Greater Atlanta
- Vistar of Georgia – Lawrenceville
- Westside Works
- Wingate Management Company
- Woodward Academy
- Work Source Georgia
- Year Up Greater Atlanta
- YMCA of Greater Atlanta

Implementation Strategy

Building a Culture of Health

This Implementation Strategy for WellStar Atlanta Medical Center and Atlanta Medical Center South has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a Community Health Needs Assessment at least once every three years and adopt an Implementation Strategy to meet the community health needs identified through the CHNA written reports per hospital facility. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in proposed regulations.

Background

After an analysis of primary and secondary data gathered for the 2018 WellStar Atlanta Medical Center and Atlanta Medical Center South Community Health Needs Assessment (CHNA), priority health needs were identified at a Community Health Summit. This Summit was comprised of a broad spectrum of hospital leaders and community stakeholders. Using current assets/capacity measures[1] as key indicators to improve community health, the Summit participants answered this overriding question reflecting the patient-centered Triple Aim[2] framework: Which health needs, when collaboratively addressed, will make the greatest difference in care access, care quality and costs to improve the health of the community, especially the under-resourced?

To deliver more comprehensive, collaborative and value-based community benefit initiatives, services, education, and events, a task force, the WellStar Community Health Collaborative (WCHC), was created in the fall of 2016 at the System level to address Legacy WellStar's priority health needs.

The WCHC is now expanding beyond Legacy WellStar to encompass all WellStar hospital communities/ strategic markets after the April 2016 acquisition of six hospitals in Georgia, five of whom were converted to not-for-profit in 2017, including WellStar Atlanta Medical Center and Atlanta Medical Center South.[3] With the involvement of community partners and stakeholders, the task force enables WellStar to better implement community benefit initiatives and measure outcomes of collaborative efforts to improve community health.

1 *Other considerations: (1) The burden, scope, severity, and urgency of the need. (2) The estimated feasibility and effectiveness of possible interventions. (3) Health disparities associated with the need or the importance the community places on addressing the need.*

2 *The Institute of Healthcare Improvement's (IHI) "Triple Aim" framework to optimize a health system's performance: (1) Improve the patient care experience (2) Improve the health of a population (3) Reduce healthcare costs.*

3 *Legacy WellStar is defined as the four-county community where WellStar Cobb Hospital, WellStar Douglas Hospital, WellStar Kennestone Hospital, WellStar Paulding Hospital, and WellStar Windy Hill Hospital are located. Legacy WellStar is the entity prior to the acquisition of WellStar West Georgia Medical Center and former Tenet hospitals – WellStar Atlanta Medical Center and Atlanta Medical Center South, WellStar North Fulton Hospital, WellStar Spalding Regional Hospital and WellStar Sylvan Grove Hospital.*

Pairing WellStar Health System experts in a specific health need arena with WellStar Population Health and Community Education and Outreach team members, the WCHC's community benefit programs are designed to:

- Provide organization, framework and leadership to the delivery of community benefit services which enables us to more effectively evaluate and measure the impact on community health, especially among the under-resourced.
- Strengthen WellStar's strategic community partnerships in public and private sectors through formalized engagement as "Partners in Health" leveraging their expertise, resources and services to help build capacity, bridge intervention gaps and address health disparities.
- Boost WellStar's ability to replicate and deliver community benefit services across an expanding health system footprint.
- Maximize the investment in WellStar's safety net clinic/non-profit partners by better aligning our services and resources to address priority health needs.
- Improve overall community health, especially among the under-resourced community members.

Review of Priority Health Needs

Leaders of Georgia State University's Georgia Health Policy Center helped guide the WellStar Atlanta Medical Center and Atlanta Medical South through the prioritization process at the Health Summit. From the significant health needs identified by CHNA research conducted, the following health needs were valuated as priority for the community WellStar Atlanta Medical Center and Atlanta Medical Center South serve:

Implementation strategies for each need were recommended during group exercises. The strategies were later reviewed by the WellStar Population Health and Community Education and Outreach team and vetted by the WellStar Board of Trustees' Community Advocacy and Engagement Committee and the WCHC task force, the conduits for Systemwide delivery of community health improvement services and education.

Action areas for implementation to improve community health are influenced by the full spectrum of the public health system, in which WellStar WellStar AMC and WellStar AMC South hospitals play a vital role:[4,5]

Socioeconomic Factors: Interventions that address social determinants of health, such as income, education, occupation, class, or social support. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age. These determinants contribute to a wide range of health, functioning and quality of life outcomes.

Physical Environment: Interventions addressing structural and environmental conditions that have an impact on health, including the built environment, as well as the community environment. This category includes policy changes that support individuals in making healthy choices.

4 *Centers for Disease Control and Prevention, Community Health Improvement Navigator tool. http://wwwn.cdc.gov/chidatabase*

5 *The hospitals' greatest influence to address priority health needs identified in the CHNA is in the intervention areas of health behaviors and clinical care, but they have a collaborative role all determinants of health.*

Health Behaviors: Interventions that promote and reinforce positive individual health behaviors, and seek to enable people to increase control over their health and its determinants. They include actions that address the knowledge, barriers and facilitators that can affect behavior.

Clinical Care: Innovative interventions focused on clinical approaches to health improvement that go beyond traditional one-on-one patient care. These activities are upstream or systems-based, and include examples of clinical providers working in teams or providing direct care in a non-traditional setting.

The scope of WellStar's healthcare footprint and its commitment to its mission makes WellStar Atlanta Medical Center and Atlanta Medical Center South linchpins and integrators in the community for delivering care, interventions and education to improve overall population health and health equity in the community we serve. This involves providing community benefit programming to address priority health needs via collaborative partners who provide care access, services and resources to under-resourced populations.

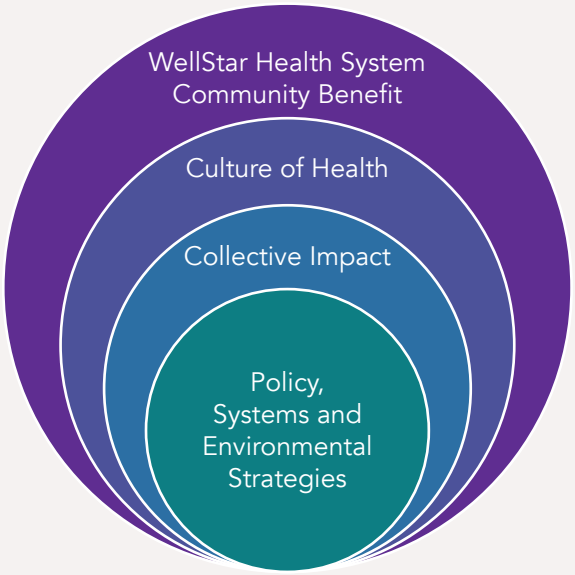
Implementation Strategy Framework and Guiding Principles

To address the priority health needs of the 2018 CHNA, WellStar Atlanta Medical Center and Atlanta Medical Center South are initiating and adapting components of the Robert Wood Johnson Culture of Health Framework with influence from the Collective Impact Approach and Policy, Systems, and Environmental (PSE) Change Strategies. The aim is to proactively transform data-driven CHNA results into actionable and measurable community benefit programs and services to optimize patient outcomes and improve overall community health.

These efforts flow from the WellStar mission and vision and to meet the requirements of federal government (Affordable Care Act Section 9007) of Systemwide oversight and guidance regarding tracking community benefit activities, assessing community health needs and developing strategic plans that prioritize the delivery of community benefit.

The Robert Wood Johnson Culture of Health Framework is informed by rigorous research on the multiple factors that affect health. It recognizes the many ways to build a Culture of Health[7] and provides numerous entry points for all types of organizations to become collaborative Partners in Health.

Framework and Guiding Principles



To achieve better health for all, the Culture of Health framework leverages the interconnection of health and social issues; the link between population well-being and life expectancy and collaboration across many different sectors.

6 *https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html*

7 *A critical aspect of a Culture of Health is health equity, which in essence means we all have the basics to be as healthy as possible. Yet at present, for too many, prospects for good health are limited by where we live, how much money we make or discrimination we face.*

There are four Action Areas with ten underlying principles for the Culture of Health framework:

Action Area 1: Making Health a Shared Value: How can individuals, families and communities work to achieve and maintain health?		
Underlying Principles:		
Mindset and Expectations: Prioritizing and promoting health and well-being	**Civic Engagement:** Participating in activities that advance the public good	**Sense of Community:** Cultivating social connections that help us thrive

Action Area 2: Fostering Cross-Sector Collaboration: How can we encourage cooperation across all sectors?		
Underlying Principles:		
Quality of Partnerships: Organizations working together and seeing successful outcomes	**Investment in Collaboration:** Adequate financial support to enable more successful partnerships	**Policies that Support Collaboration:** Creating incentives and methods to encourage ongoing coordination

Action Area 3: Creating Healthier, More Equitable Communities: How can we develop safe environments that nurture children, support aging adults and offer equitable access to healthy choices?		
Underlying Principles:		
Built Environment: Creating safe, affordable environments that support our well-being	**Social and Economic Environment:** Providing improved public resources and economic opportunity for everyone	**Policy and Governance:** Establishing policies to create healthy environments through collaboration

Action Area 4: Strengthening Integration of Health Services and Systems: How can healthcare providers work with institutional partners to address the realities of patients' lives?		
Underlying Principles:		
Access to Care: Making comprehensive, continuous care and healthy choices available to all	**Balance and Integration:** Improving care when public health, social services, and health care systems work together	**Consumer Experience:** Providing safe, equitable, accessible, efficient, and timely care

A Culture of Health will not be achieved by focusing on each action area alone, but by recognizing the interdependence of each area. Implementing the framework will take time and involve collaboration across multiple sectors beyond the traditional public health field.

Adopting this Culture of Health framework, with health equity at the center, will inform every aspect of community benefit at WellStar Atlanta Medical Center and Atlanta Medical Center South – from our safety net clinic partnerships and community grant focus areas to the types of initiatives funded and how we assess the effectiveness of programs and services addressing priority health needs. An equity-focused system of health offers everyone an opportunity to have a healthy life regardless of race, gender or income.

Collective Impact Approach

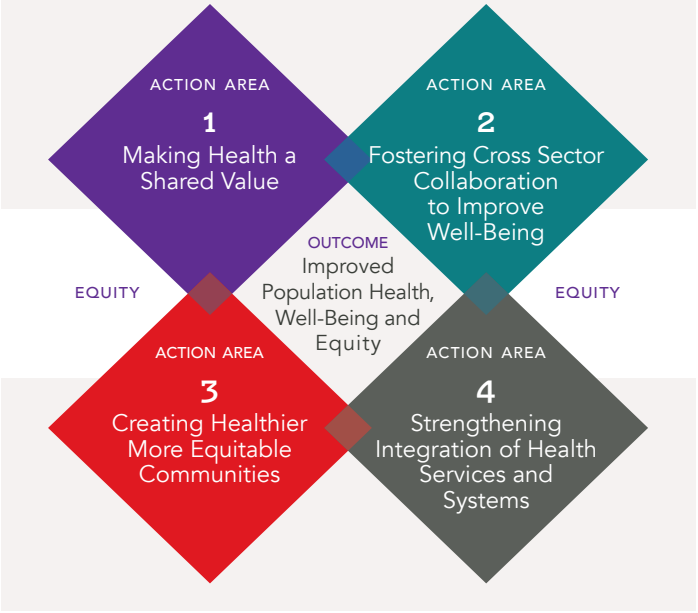
Collective Impact is an approach to tackle deeply entrenched and complex social problems like social determinants of health. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to adopt a common agenda, shared measurement and alignment of effort.

Policy, Systems and Environmental Change Strategies

Policy, systems and environmental (PSE) change is a way of modifying the environment to make healthy choices practical and available to all community members. PSE changes in communities, schools, workplaces, parks, transportation systems, faith-based organizations, and healthcare settings can significantly shape lives and health. Access to affordable fruits and vegetables, design of sidewalks and bike lanes within communities, and smoke-free policies in workplaces and businesses directly increase the likelihood that people can eat healthy and nutritious food, walk to school or work and avoid exposure to second-hand smoke.[8]

Culture of Health Action Framework



Building a Culture of Health
https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html

Collective Impact Approach

8 *Centers for Disease Control and Prevention. (2011). Policy, Systems, and Environmental Change. Retrieved from http:// www.cdc.gov/communitiesputtingpreventiontowork/policy/ index.htm#strategies.*

PSE changes in communities that make healthy choices easy, safe and affordable can have a positive impact on the way people live, learn, work, and play. Cross-sector partnerships with community leaders in education, government, transportation, and business are essential in creating sustainable change to reduce the burden of chronic disease. PSE change is instrumental in creating and encouraging healthy behaviors in the community that WellStar Atlanta Medical Center and Atlanta Medical Center South serves.

Defining Policy, Systems and Environmental Change†	
Type of Change	Definition
Policy	Interventions that create or amend laws, ordinances, resolutions, mandates, regulations or rules
Systems	Interventions that impact all elements of an organization, institution or system
Environmental	Interventions that involve physical or material changes to the economic, social or physical environment

† *National Association of County and City Health Officials*

Implementation Strategy to Address Priority Health Needs

WellStar Atlanta Medical Center and Atlanta Medical Center South are dedicated to improving the health of the community we serve. With the unique needs identified by our community partners and consideration given to the Culture of Health Framework; the Implementation Strategy focuses on two key focus areas.

Two-Prong Approach

1. Community-Driven Solutions: Partnering with communities to drive locally determined solutions and policies that influence systems, services and practices to create equitable conditions that improve well-being. Improving these conditions promotes health equity among people in low-income neighborhoods and fosters health for the hospitals' community.

2. Sustainable Infrastructure: Building community benefit capacity and competency within WellStar Atlanta Medical Center and Atlanta Medical Center South to streamline business practices and reporting.

Community-Driven Solutions:

Live Well

To address the priority health needs identified in the CHNA, WellStar Community Education & Outreach (CE&O) plays an integral role in the Implementation Strategy through leadership of the Live Well collaborative community program focused on health lifestyle interventions. The goal of the Live Well team is to deliver targeted preventive services, education and outreach to promote wellness and early detection of chronic disease in targeted, under-resourced populations within WellStar hospital communities.

Live Well works collaboratively with both internal and external community partners, such as community safety net clinics, congregations and other community-based organizations and companies serving under-resourced populations, to address priority health needs. For WellStar North Fulton Hospital, a Live Well priority is increasing parental education and support with topics such as behavioral health, risks of opioid use and community outreach events/screenings focused on prevention and management of chronic diseases.

Productivity Measurement
Number of innovative, evidenced based health education classes related to health promotion and disease prevention to enhance health
Number of participants in innovative, evidenced based health education classes related to health promotion and disease prevention to enhance health
Work with WellStar Hospital leadership to identify two-targeted areas (i.e. diabetes, obesity, behavioral health, etc.)
Identify key community-based organizations to collaborate and coordinate grantmaking pursuits

Impact Measurement
Percentage of participants that recommend future community education activities and classes to others
Percentage of participants that comprehend concepts related to health promotion and disease prevention to enhance health
Percentage of participants that demonstrate the ability to access valid information, products and services to enhance health
Percentage of participants that demonstrate the ability to use decision-making skills to enhance health
Percentage of participants that demonstrate the ability to use goal-setting skills to enhance health
Percentage of participants that demonstrate the ability to practice health-enhancing behaviors
Percentage of participants that have improved health screening results
Percentage of participants that demonstrate changes in their health behaviors

WellStar Opioid Stewardship

Currently, progress is being made Systemwide to address the opioid epidemic. WellStar's Opioid Steering Committee is planning and implementing an ongoing comprehensive and collaborative response to the public health emergency by leading and collaborating with WellStar providers, patients and communities to help reduce opioid misuse, abuse and addiction. Three physician-led work groups committed to prevention, treatment and recovery – three pillars of the July 2016 Federal Comprehensive Addiction and Recovery Act – champion the Steering Committee's efforts. The result will be a transformational preventive healthcare model that is System-wide, patient-centered, equitable, efficient, and measurable to achieve better care and outcomes.

Work groups target various populations internally (team-based) and externally (community-based): 1) Provider and Patient Education, 2) Clinical Initiatives and 3) Community Awareness and Engagement. Live Well outreach relating to opioid misuse/addiction and other behavioral health issues will be implemented in partnership with the Community Awareness and Engagement work group. Instrumental in increasing community awareness is Community Education & Outreach's expanding Medication Take Back program and strengthening partnerships with community organizations/resources, government, law enforcement, and first responders.

The following Community Awareness and Engagement goals and objectives align with the Georgia Department of Public Health's goals:

GOAL #1: Increase community awareness on substance misuse, prevention and the opioid epidemic with key collaborative partners.
Reduce Supply Objective # 1.1: Build an internal and external opioid-free culture by increasing the number of Community Education & Outreach Medication Take Back Events and expand the program to new strategic markets to safely empty medicine cabinets of unused opioids and other medications.[9]
Prevention Objective # 1.2: Collaborate with community resources and strategic partnerships to provide primary prevention-based education in WellStar communities on the risks of opioid use, with a focus on teens and parents.
Treatment Objective # 1.3: Promote available treatment and recovery options and resources to help end the stigma and discrimination related to addictive diseases.

9 *Aligns with Comprehensive Addiction & Recovery Act (2016) strategy to "expand disposal sites for unwanted prescription medication to keep them out of the hands of children and adolescents."*

GOAL #2: Improve collaboration and communication between the WellStar team and law enforcement. (State goal)
Objective # 2.1: Increase access to naloxone to first responders, educators and parents and provide training on how to administer the opioid overdose reversal drug to help save lives.
Objective # 2.2: Assist GDPH's efforts to reduce the supply of opioids in WellStar strategic markets.
Objective # 2.3: Improve training and education of law enforcement and first responders about HIPAA (what information can and cannot be shared).

GOAL #3: Help shape opioid public policy at local, state and federal levels.
Objective # 3.1: Promote public policies that help prevent opioid misuse.
Objective # 3.2: Help ensure government supports the prevention / treatment services and recovery programs that make the most impact on community health as it relates to opioid misuse.
Objective # 3.3: Provide timely updates to WellStar leadership and team regarding new opioid regulations and/or community resource deficiencies.

Community-Driven Solutions:

Community Transformation Grants

The Community Transformation Grants Program will be a new community benefit initiative. This annual, competitive grant program allows WellStar WellStar AMC and WellStar AMC South hospitals to further the mission by addressing critical health issues in the community served.

WellStar will achieve this by partnering with community-based agencies that are successfully improving and measuring health outcomes through initiatives that address PSE – policy, systems and environmental – change.

Productivity Measurement
Create small and large grant opportunities for eligible organizations to develop and offer innovative programs supporting the mission of improving health outcomes in the WellStar AMC and WellStar AMC South community
Facilitate cross-sector partnerships and connections to achieve a Culture of Health by addressing social determinants of health
Evaluate and disseminate the impact of health initiatives, programs and investments

Impact Measurement
Intervention population demonstrates reduction and/or management of preventable chronic conditions like obesity-related diseases such as diabetes and heart disease
Intervention population has increased access to the support services that they need to address preventable chronic conditions and behavioral health issues

Building a Sustainable Infrastructure:

Community Benefit Capacity Building

Although the majority of WellStar's community benefit services are delivered Systemwide, each of WellStar's 11 not-for-profit hospitals play a role in addressing the priority health needs identified from its CHNA. Hospital presidents and community benefit liaisons are vital to tracking and assisting in the implementation of WellStar's community benefit programs, most notably for the clinical engagement and care coordination needed to optimize community partnerships and identifying populations for Live Well community-based preventive education and screenings.

To accomplish this, WellStar AMC and WellStar AMC South hospitals will build a sustainable and outcomes-driven community benefit program that demonstrates commitment to community health improvement and health equity. Through dedicated leadership, accountability, collaborative partnerships, and stewardship of fiscal and human resources, we will create a more healthy community through outreach, education and advocacy focused on priority health needs.

Productivity Measurement
Identify a Community Benefit Liaison for each hospital
Track and report community benefit activities in the Community Benefit Inventory for Social Accountability (CBISA – community benefit software) and via Community Benefit 101 training
Create and promote an inventory of hospital services, activities and resources that are currently addressing social determinants of health
Assist with government-sponsored health insurance enrollment and applications for WellStar's Financial Assistance Policy and promote awareness on-site at the hospital

Impact Measurement
Increased patient referrals to community resources that address social determinants of health and needed resources
Increased CBISA utilization to more accurately report Community Benefit investment
Increased primary care access through care coordination with community health clinics

Health Needs Not Addressed

As outlined in the joint 2018 CHNA, health needs not identified as priority to the hospitals fall into one of three categories:

1. Beyond the scope of WellStar services
2. Needs further intervention, but no plans for expanding current community benefit services at this time
3. Relying on community partners to lead efforts with expertise in these areas with WellStar in a supportive role

Evaluation of Action

Baseline data provides a measure the outputs and outcomes of the WellStar Live Well and Transformative Grant programs to meet objectives of priority health needs and track progress. Success is measured by the hospitals' ability to:[10]

- Reduce health disparities by increasing care access and support services to under-resourced, at-risk community members
- Strengthen community capacity and collaboration for shared responsibility to address the priority health needs of the community the hospitals serves

In addition, did the program:

- Improve the overall health of the community[11] through improved access to care and a reduction of the incidence and prevalence of chronic disease?
- Serve and advocate for the medically underserved and under-resourced populations with the goal of providing "the right care at the right place?"
- Improve the delivery and reporting of community benefit services to better demonstrate WellStar AMC and WellStar AMC South hospitals' commitment to improve overall community health?
- Implement improved financial assistance, billing and collection policies that protect patients and reduce the number of patients relying on charity care?
- Collaborate with multi-sector community partners to relieve or reduce the burden of government?

Next Steps[12]

1. Build consensus around an evaluation plan
2. Decide what goals are most important to evaluate
3. Determine evaluation methods
4. Evaluate current partnership and create new health need-focused alignment
5. Identify indicators and how to collect data (process and evaluation measures)
6. Identify benchmarks for success
7. Establish data collection and analysis systems
8. Collect credible data
9. Monitor progress toward achieving benchmarks
10. Review evaluation results and adjust programs
11. Share results at WellStar Community Health Collaborative task force meetings and, as needed, with the community

10 Public Health Institute, Kevin Barnett. Quality and Stewardship in Community Benefit, March 11, 2010.

11 WellStar uses a broad definition of community that allows for measurable opportunities to address population-health issues, while being focused enough to address health disparities.

12 County Health Rankings and Roadmaps/Evaluate Actions. http://www.countyhealthrankings.org/roadmaps/action-center/evaluate-actions