

2022 Community Health Needs Assessment



Kaiser Permanente of Georgia

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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Kaiser Permanente of Georgia 2022 Community Health Needs Assessment

CONTENTS	
Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente’s CHNA process	7
Identification and prioritization of the community’s health needs	9
Description of prioritized significant health needs	10
Health need profiles	11
2019 Implementation Strategy evaluation of impact	27
Appendix	
A. Secondary data sources	32
B. Community input	34
C. Community resources	40

Kaiser Permanente of Georgia 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente of Georgia conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente of Georgia has identified the following significant health needs, in priority order:

1. Access to care
2. Mental & behavioral health
3. Chronic disease & disability
4. Healthy Eating Active Living opportunities
5. Income & employment
6. Food insecurity
7. Education
8. Housing
9. Structural racism

To address those needs, Kaiser Permanente of Georgia has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

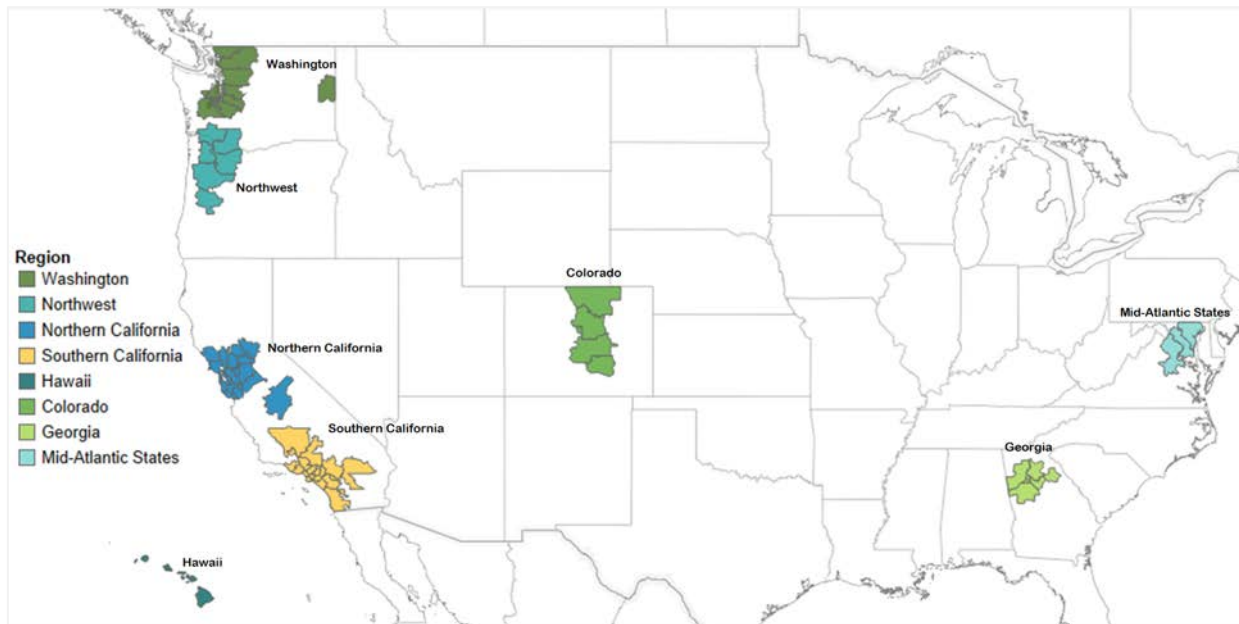
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

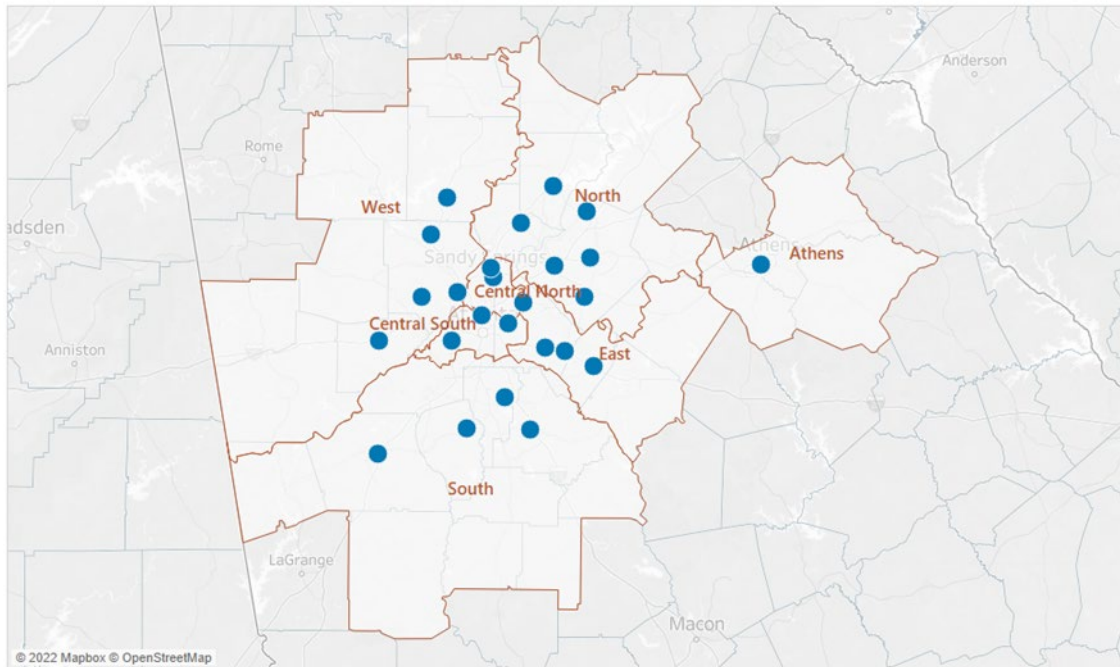
The Kaiser Permanente of Georgia 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>.

Community served

Kaiser Permanente defines the community served as those individuals residing within its service area. The Kaiser Permanente of Georgia service area includes all residents in a defined geographic area surrounding its medical facilities and does not exclude low-income or underserved populations.

Georgia region and service areas

● Kaiser Permanente medical offices



Georgia region demographic profile

Total population:	6,438,143
American Indian/Alaska Native	0.2%
Asian	6.2%
Black	33.0%
Hispanic	11.6%
Multiracial	2.2%
Native Hawaiian/other Pacific Islander	0.0%
Other race/ethnicity	0.2%
White	46.6%
Under age 18	24.5%
Age 65 and over	12.0%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data shows that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

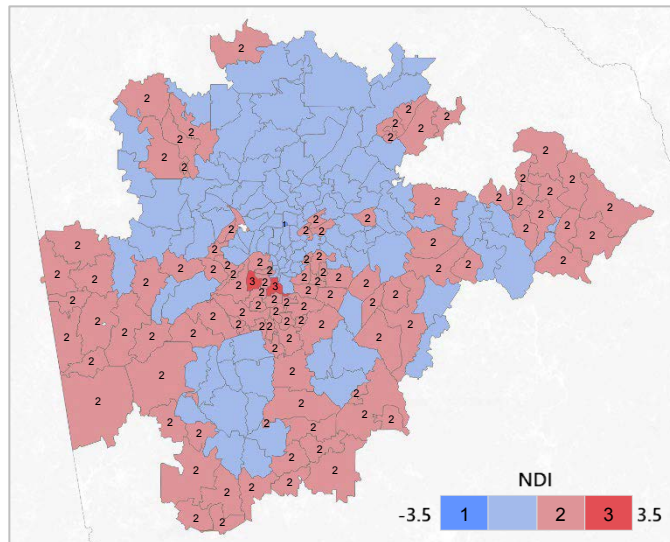
Neighborhood disparities in the Georgia region

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

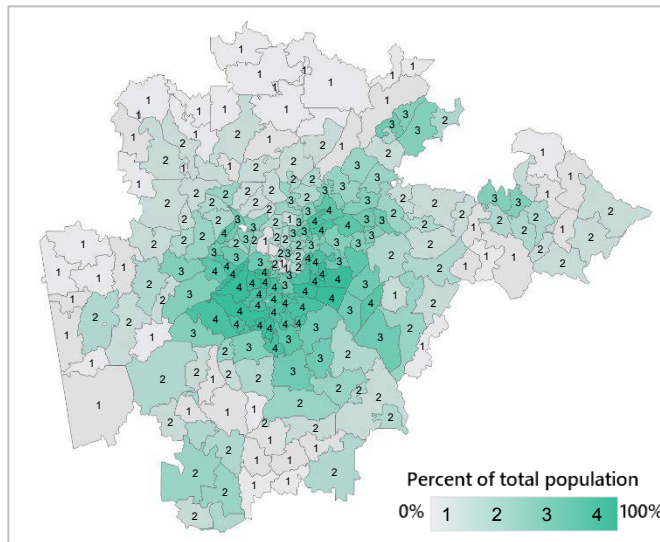
The map on the left shows the NDI for ZIP codes in the Georgia region. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

GEORGIA REGION

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA.

Other organizations

Atlanta Regional Collaborative for Health Improvement (ARCHI)

Consultants who were involved in completing the CHNA

The Georgia Health Policy Center (GHPC), established in 1995, is housed within Georgia State University's Andrew Young School of Policy Studies. GHPC provides evidence-based research, program development, and policy guidance locally, statewide, and nationally to improve communities' health status. The GHPC team members bring expertise in health impact assessments, built environment analysis, health disparities, health system evaluation, obesity, physical activity and nutrition interventions, epidemiology, and geographical information systems.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente of Georgia Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente of Georgia had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente of Georgia staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente of Georgia has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Georgia region

Before beginning the prioritization process, Kaiser Permanente of Georgia Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente of Georgia Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the nine significant health needs.

Description of prioritized significant health needs in the Georgia region

1. Access to care. Many residents in the Georgia region do not have access to the most appropriate care to meet their needs for a variety of reasons, including insurance status, immigration status, the inability to navigate available services, lack of available providers, and lack of transportation. There is evidence in both the secondary and primary data of disruptions in the care continuum throughout the region. Specifically, hospital use (emergency room and hospitalization) and mortality rates are highest in Bartow, Carroll, Madison, Paulding, and Spalding counties, with pockets of high utilization showing in specific areas of Cobb, DeKalb, Douglas, Fulton, and Rockdale counties as well. Furthermore, there are areas of specific need along the care continuum throughout the region.

2. Mental health. The region has more mental health providers and better behavioral outcomes and hospital use when compared to the state, however, overall access to mental health providers is worse than the national benchmark. Mortality and hospital use rates are elevated for substance use, and there are pockets of poor behavioral health outcomes throughout the footprint, with more than half of the counties served showing higher rates of hospital use when compared to state rates. According to community input, there are many reasons for poor behavioral health access and outcomes, including increase in stress, loss, and social isolation, lack of access to services, and lack of insurance parity and limited care for underinsured and uninsured.

3. Chronic Disease. In the Georgia region the top five causes of death are related to chronic conditions, lifestyle, behaviors (e.g., heart disease, stroke, lung cancer, and COPD), or age (Alzheimer's disease). Asthma rates are average in the Georgia region, though slightly more residents are hospitalized for asthma-related ailments compared to the state, and slightly fewer are visiting the emergency room for treatment. The region shows slightly better outcomes for cardiovascular disease compared to the state – e.g., stroke prevalence and mortality, heart disease mortality, and heart failure and stroke readmission rates; however, there is a lot of variability among the counties. Historically, the burden of cancer has been much higher in Georgia compared to national numbers, which influences cancer burden and outcomes in communities in the Georgia region. When compared to state benchmarks the region shows higher rates of breast cancer incidence, hospitalization, and mortality and prostate cancer incidence and hospitalization.

4. Healthy Eating Active Living opportunities. Healthy eating and active living are essential to a community's wellness. Access to healthy options and health behaviors play key roles in a population's ability to eat healthily and live actively. The communities in the Georgia region experience above-average commute times, food insecurity, and fast-food rates, with below-average access to grocery stores. COVID-19 Pandemic Influence Survey participants noted that the pandemic has had a significant influence on healthy living and food access due to increased social isolation, stress, and restricted ability to engage in healthy behaviors.

5. Income & employment. Impoverished residents have reduced access to healthy food, high-performing schools, transportation, and adequate and safe housing. Poverty limits access to care and increases poor physical and mental health outcomes. Throughout the Georgia region, married couple families have the lowest poverty rates, whereas the single female head of household families have the highest poverty rates, with rates between 2 and 6 times that of married families between 2015-2019 (ACS, 2019). When compared to white residents, Black and Hispanic residents were more likely to fall under 100 percent of the Federal Poverty Level (ACS, 2019). Women have higher poverty rates than men (ACS, 2019).

6. Food insecurity. Rural areas of the state, particularly South Georgia, have lower access to healthy food outlets. Access to affordable healthy food, food insecurity, and food access is also a concern in Butts, Clayton, Fulton, Douglas, and Cobb counties. Community leaders noted that there is a lack of transportation for those that are SNAP eligible to access healthy foods. Low-income communities are vulnerable to marketing by fast food. Gentrification in areas of Atlanta may increase food access, but those with low food access are also in danger of displacement. When compared to state benchmarks, Georgia region has a higher percentage of the low-income population with low food access. In addition, it contains nearly half of the food desert census tracts in Georgia.

7. Education. When compared to the nation, Georgia has consistently had lower educational attainment and enrollment in higher education opportunities. When compared to state benchmarks the Georgia region shows lower graduation rates and Head Start enrollment, and slightly fewer adults with some college education. Community leaders expressed concerns about education in the region, noting that there is a need for more or steady supplemental funding for childcare and early education, in part to help address the high turnover for childcare employees.

8. Housing. Affordable housing has been a growing concern in many of the communities in the Georgia region, which was worsened by the pandemic. Housing situations are fragile due to job loss, underemployment, and price increases across sectors. Housing insecurity may contribute to increases in stress, homelessness, chronic disease, and exposure to COVID-19. Small, independent apartment owners did not receive state or federal assistance. Many individuals are behind on their mortgage or rent and at risk of eviction or foreclosure. There are limited solutions in place to address the lack of affordable housing.

9. Structural racism. When compared to their racial and ethnic counterparts in the Georgia region Black and Hispanic residents are less likely to graduate from high school and more likely to be in poverty and uninsured. Black residents experience higher prevalence, hospital use, and mortality for diabetes, cancer (breast, cervical, colon, and prostate), hypertension, asthma, mental health disorders, and birth outcomes (including maternal and infant mortality). In addition, Black residents are more likely to seek care in the emergency room and die.

Health need profiles

Detailed descriptions of the significant health needs in the Georgia region follow.

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Many residents in the Georgia region do not have access to the most appropriate care to meet their needs for a variety of reasons, including insurance status, immigration status, the inability to navigate available services, lack of available providers, and lack of transportation. There is evidence in both the secondary and primary data of disruptions in the care continuum throughout the region.

Specifically, hospital use (emergency room and hospitalization) and mortality rates are highest in Bartow, Carroll, Madison, Paulding, and Spalding counties, with pockets of high utilization showing in specific areas of Cobb, DeKalb, Douglas, Fulton, and Rockdale counties as well. Furthermore, there are areas of specific need along the care continuum throughout the region. When compared to state benchmarks hospital utilization and mortality rates are consistently higher in 59 percent (19) of counties in the region. Black residents often show higher rates of hospital utilization (emergency room visits and hospitalization) when compared to other racial and ethnic cohorts.

Provider Rates

Overall, Georgia has lower provider rates than the US. While the region shows higher provider rates than the state, except for nurse practitioners, these rates remain lower than national benchmarks. Provider rates tend to be higher in more urban and affluent counties when compared to rural and low-income-earning counties. When compared to state benchmarks 78 percent (25) of the counties in the service area have fewer primary care providers. Oconee County has the highest rate of primary care providers per 100,000 population (139.0), and Oglethorpe County has the lowest rate (6.7) (HRSA, 2017). When compared to state benchmarks, 75 percent (24) of the counties have a lower rate of mental health providers (per 100,000 population). DeKalb County has the highest rate of mental health providers (308.2), and Oglethorpe County has the lowest rate (13.1) (CMS, 2021). Six of the counties in the service area do not have any addiction or substance use providers (CMS, 2020).

Maternal and child health

When compared to US averages, Georgia shows poorer birth outcomes – low birth weight births, preterm births, and infant deaths. Georgia has the second-highest rate of maternal mortality in the country (48.4 per 100,000) (World Population Review, 2022). Black families show the greatest disparities throughout the service area, experiencing two and three times the rate of infant mortality than their white peers. When compared to state benchmarks the region has average pregnancy rates and slightly lower birth rates. Pregnancy and birth rates are highest amongst Hispanic residents.

The percentage of low birthweight babies is highest in Lamar County (13.6 percent) and lowest in Oconee County (5.8 percent). (DPH, 2016-2020). In 2020, infant mortality rates exceeded Georgia and US averages 38 percent (12) of the counties have higher infant mortality rates, with the highest rate in Lamar County (13.0 per 1000 births) and the lowest in Forsyth County (3.6 per 1000 births). (DPH, 2015-2019)

Reliable county-level data on maternal morbidity and mortality is not available. Community leaders were concerned that maternal and child health outcomes are worse for Black women regardless of income, access to care, and education. According to community input, there the following are some of the reasons for poor maternal and child health, include incarcerated and recently incarcerated women need improved access to maternal and child health services, the COVID-19 pandemic influenced maternal and child health, systemic and structural racism and limited access to insurance and preconception health status of women that are childbearing age.

Insurance status

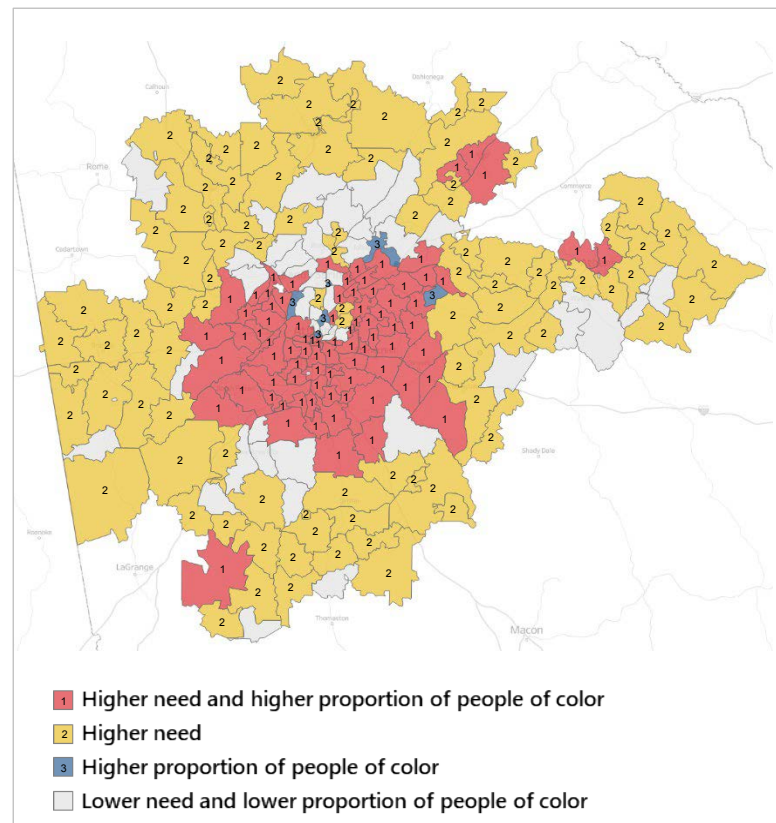
As a non-Medicaid expanded state, Georgia shows higher than average uninsured rates (including children) – and a smaller proportion of individuals enrolled in public insurance (e.g., Medicaid). When compared to state benchmarks, the region has a slightly higher rate of uninsured children (7.1 percent vs. 7.3 percent) and 34 percent (11) of the counties in the service area have a higher percentage of uninsured people compared to the state. Clayton County has the highest rates of uninsured (18.4 percent), while Oconee County has the lowest rates of uninsured (6.7 percent) (ACS, 2015-2019).

Community concerns

According to community input, there are many reasons for poor access to appropriate healthcare, included lack of affordable insurance and loss of employer insurance, limited access to technology to support telehealth, lack of service providers, lack of investment in prevention, undocumented and homeless residents have less access, particularly to specialty care, and lack of culturally competent care. COVID-19 Pandemic Influence Survey participants noted that the pandemic has had a significant influence on the access that residents have to care, which contributed to delays in preventive care and necessary treatment, disruptions in chronic disease management, loss of health insurance coverage, and limited access to primary care due to a shift to telehealth services.

PERCENT UNINSURED, GEORGIA REGION, 2015-2019

Areas shaded yellow (2) are ZIP codes with uninsurance rates higher than the Georgia region average. Areas shaded red (1) are ZIP codes with uninsurance rates higher than the Georgia region average (i.e., higher need) and where more than half the population is people of color.



Source: [Kaiser Permanente Community Health Data Platform](#)

Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

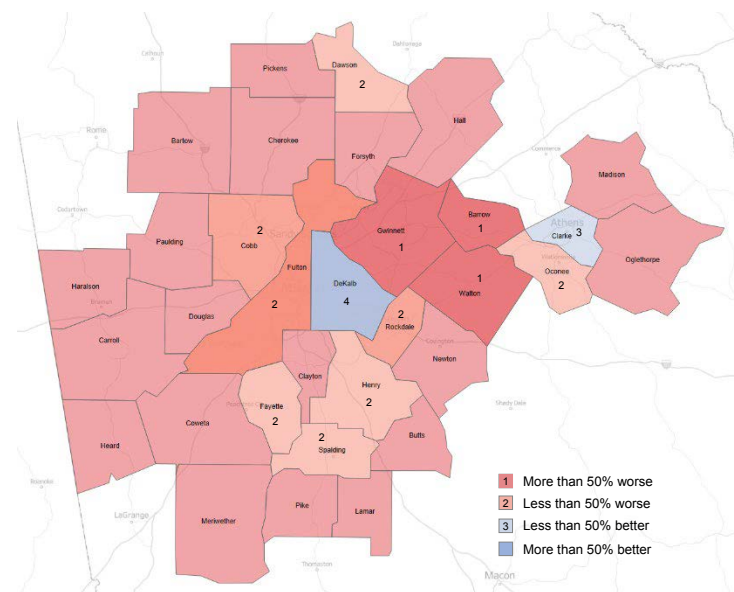
Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental healthcare.

Access to mental health care

The region has more mental health providers and better behavioral outcomes and hospital use when compared to the state, however, overall access to mental health providers is worse than the national benchmark. Mortality and hospital use rates are elevated for substance use, and there are pockets of poor behavioral health outcomes throughout the footprint, with more than half of the counties served showing higher rates of hospital use when compared to state rates. While Mortality rates are highest in areas that are south and southwest of the city of Atlanta – i.e., Clayton, Spalding, and Butts counties. Black residents were more impacted by overall mental health and behavioral disorders (morbidity and mortality), whereas white residents were more impacted by suicide, and more likely to be hospitalized for drug-related disorders.

MENTAL HEALTH PROVIDERS PER 100,00 POPULATION, GEORGIA REGION, 2015-2019

Areas shaded dark red (1) are more than 50 percent worse than the national benchmark.



Source: [Kaiser Permanente Community Health Data Platform](#)

Overdoses and drug-related disorders

When compared to state benchmarks between 2015-19 opioid overdoses were elevated, and there was a slight uptick in overall and opioid-specific overdose rates from 2019 to 2020 (which aligned with national trends). The region has lower emergency room visit rates for mental and behavioral disorders; however, the rate is higher in 59 percent (19) of the counties served by region. The rate of mental health emergency room visits is highest in Spalding County (2089.3 per 100,000 population) and lowest in Fayette County (600.4 per 100,000 population) (DPH 2015-2019). The region has a higher emergency room visit rate for drug-related disorders. The emergency room visit rate for drug-related disorders is highest in Clark County (617.3 per 100,000 population) and lowest in Clayton County (172.4 per 100,000 population) (DPH, 2015-2019).

Youth mental health

The mental health needs of youth were top of mind for many key informants. While overall, the mental health of youth in Georgia is better than the national average, the pandemic increased demand on services. Specific concerns related to the youth include:

- the need for mental health messaging targeted directly to teens.
- an increase in the number of in-patient beds for acute, crisis care for youth.
- access to emergency care for youth experiencing suicidal thoughts or suicidal attempts.

Community concerns

COVID-19 Pandemic Influence Survey participants noted that the pandemic has had a significant influence on behavioral health outcomes, including peoples mental state, alcohol consumption, substance abuse, suicidal behaviors, and reduced access to behavioral health care. According to community input, there are many reasons for poor behavioral health access and outcomes, including increase in stress, loss, and social isolation, lack of access to services, lack of insurance parity and limited care for underinsured and uninsured, the cultural stigma associated with seeking behavioral health services and lack of diversity among behavioral health practitioners.

Additionally, key informants noted that mental health has declined, especially for immigrant, Hispanic, and LGBTQ+ communities. Related behavioral issues have increased, including more aggravated assault and homicides and worsening substance abuse. LGBTQ+ populations need access to culturally competent care that enables individuals to work through issues without judgment or facing stigmas. Among the immigrant population seeking care is compounded by fear that resulted in a hesitancy to access services.

Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes.

These and other chronic diseases are the leading causes of death and disability in America, increase the risk for severe COVID-19 illness, and are a leading driver of health care costs.

High blood pressure, diabetes, and smoking are key risk factors for heart disease and stroke, along with poor nutrition and lack of physical activity. Many of these same risk factors are also linked to cancer, which is the second leading cause of death nationwide. Nearly a quarter of adults in the U.S. have arthritis, most of whom are of working age; arthritis is a leading cause of work disability and a common cause of chronic pain.

While a healthy diet and exercise can help prevent and manage chronic conditions, people of color and families with low incomes are more likely to live in neighborhoods that lack health-promoting infrastructure, such as parks and green spaces and places to buy affordable healthy food. Furthermore, they are more likely to be uninsured and less likely to receive preventive services and care for chronic health conditions.

In the Georgia region the top five causes of death are related to chronic conditions, lifestyle, behaviors (e.g., heart disease, stroke, lung cancer, and COPD), or age (Alzheimer's disease).

Diabetes

Diabetes morbidity, hospital use, and mortality are less prevalent in this service area when compared to the state. Diabetes incidence rates are also lower than national averages. More Black residents are impacted by diabetes than their racial counterparts. (DPH, 2015-2019). The service area shows lower diabetes discharge (202.8 vs. 179.3 per 100,000 population), mortality (21.1 vs. 18.5 per 100,000 population.), and ER usage (321.5 vs. 266.1 per 100,000 population.). 49 percent (16) of counties in the service area have higher diabetes emergency room use, with the highest rates in Merriweather County (623.4 per 100,000 population) and the lowest in Forsyth County (119.3 per 100,000 population) (DPH, 2015-2019).

Asthma

Asthma rates are average in the Georgia region, though slightly more residents are hospitalized for asthma-related ailments compared to the state (75.4 vs. 74.2 per 100,000 population), and slightly fewer are visiting the emergency room for treatment (533.4 vs. 539.9 per 100,000 population.). Emergency room utilization for asthma is highest in Douglas County (855.4 per 100,000 population) and lowest in Oconee County (130.2 per 100,000 population), and 34 percent (11) of counties in the footprint have rates higher than the state (DPH, 2015-2019).

Heart Disease

The region shows slightly better outcomes for cardiovascular disease compared to the state – e.g., stroke prevalence and mortality, heart disease mortality, and heart failure and stroke readmission rates; however, there is a lot of variability among the counties. Emergency room visit rates for hypertension range from 901 per 100,000 population in Spalding County to 172.7 per 100,000 population in Oconee County, and 40 percent (12) of the counties in the service area have higher rates (DPH, 2015-2019). Black residents show higher rates of morbidity and mortality for cardiovascular disease, and white residents show higher rates of mortality and hospital use for obstructive heart disease (DPH, 2015-2019).

Cancer

Historically, the burden of cancer has been much higher in Georgia compared to national numbers, which influences cancer burden and outcomes in communities in the Georgia region. When compared to state benchmarks the region shows higher rates of breast cancer incidence, hospitalization, and mortality and prostate cancer incidence and hospitalization. White residents have higher incidence rates than other racial groups, while Black residents are more likely to seek services in the emergency room, be admitted to the hospital, or die in response to their cancer-related ailments, except for lung cancer (DPH, 2015-2019).

Sexual Health and Sexually Transmitted Infections

When compared to the US, Georgia shows poorer sexual health, with higher rates of teen births, chlamydia incidence, and HIV/AIDS prevalence. The region displays better sexual health outcomes, though HIV/AIDS incidence rates remain slightly higher than the state average. Sexually transmitted infection rates are highest among Black residents when compared to racial peers.

Top Causes of Death by Race, Ethnicity, Georgia region, and State, 2022

	White	Black	Asian	Hispanic	Georgia region	Georgia
Heart and vascular disease	61.6	58.0	27.7	24.5	62.5	73.0
Cardiovascular disease	40.2	51.8	29.9	26.9	42.4	43.3
Alzheimer's disease	44.3	39.2	17.8	21.6	41.3	44.0
Malignant neoplasm of the trachea, bronchus, and lung	36.3	31.5	14.0	11.4	32.9	38.7
All COPD except asthma	44.8	22.0	11.0	8.4	36.5	44.3

Rates are age-adjusted per 100,000 population

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

Health need profile: Healthy Eating Active Living opportunities

The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight.

Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases.

About 2 in 5 adults and 1 in 5 children and adolescents in the United States are obese, and many others are overweight. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.

However, many Americans live in food deserts, without access to affordable, healthy food. Communities of color and people living in low-income neighborhoods also have less access to parks and green spaces — and lower life expectancy — than those living in more affluent, predominantly white areas.

Healthy eating and active living are essential to a community's wellness. Access to healthy options and health behaviors play key roles in a population's ability to eat healthily and live actively. The communities in the Georgia region experience above-average commute times, food insecurity, and fast-food rates, with below-average access to grocery stores.

When compared to state benchmarks high body mass index is a national and state-wide health issue, and more than 1 in 4 adults (28 percent) are obese in the region and obesity is slightly higher (27.9 percent vs. 28.2 percent). More residents commute alone to work (10 percent vs. 13 percent) and for more than 60 minutes a day (11 percent vs. 14 percent). A greater percentage of the population has low access to grocery stores and there is slightly more access to fast-food restaurants (9.04 vs. 9.67 per 100,000 population.)

Impact of COVID-19

COVID-19 Pandemic Influence Survey participants noted that the pandemic has had a significant influence on healthy living and food access due to increased social isolation, stress, and restricted ability to engage in healthy behaviors, greater food insecurity related to job loss, disruptions in daily routines associated with health (e.g., physical activity and grocery shopping). The pandemic disrupted daily routines, supply chains, increased costs, etc.,

Barriers to HEAL opportunities

According to community input, the following are notable barriers to healthy living throughout the region, unemployment, and economic distress, lack of physical activity, food insecurity, limited education and awareness about healthy options, and limited access to amenities.

Health need profile: Income & employment

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies

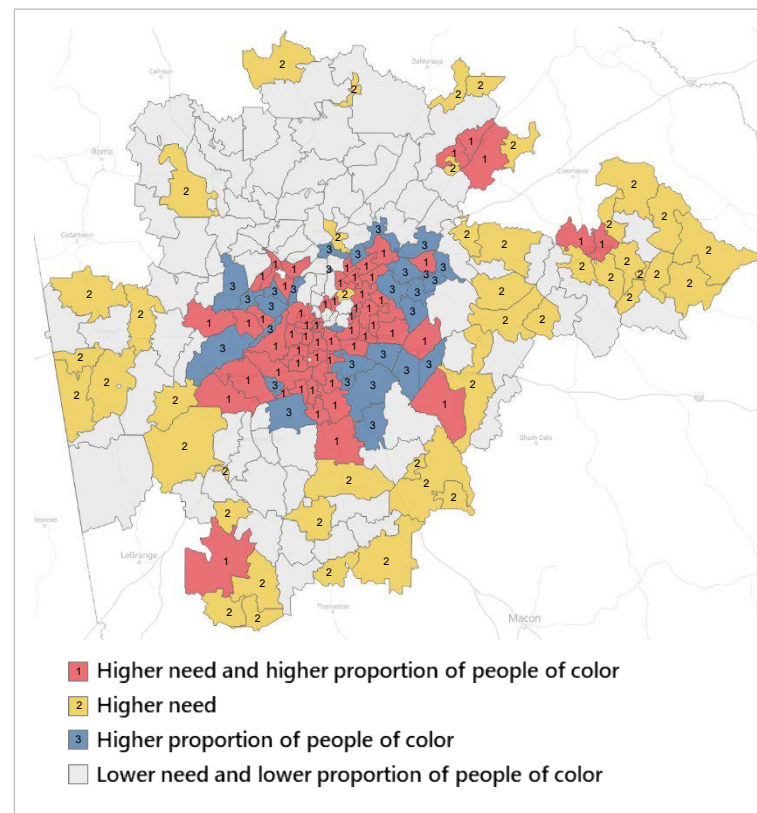
Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Impoverished residents have reduced access to healthy food, high-performing schools, transportation, and adequate and safe housing. Poverty limits access to care and increases poor physical and mental health outcomes.

Throughout the Georgia region, married couple families have the lowest poverty rates, whereas the single female head of household families have the highest poverty rates, with rates between 2 and 6 times that of married families between 2015-2019 (ACS, 2019). When compared to white residents, Black and Hispanic residents were more likely to fall under 100 percent of the Federal Poverty Level (ACS, 2019). Women have higher poverty rates than men (ACS, 2019).

CHILDREN IN POVERTY, 2015-2019

Areas shaded yellow (2) are ZIP codes with a higher percentage of children in poverty than the Georgia region average. Areas shaded red (1) are ZIP codes a higher percentage of children in poverty than the Georgia region average (i.e., higher need) and where more than half the population is people of color.

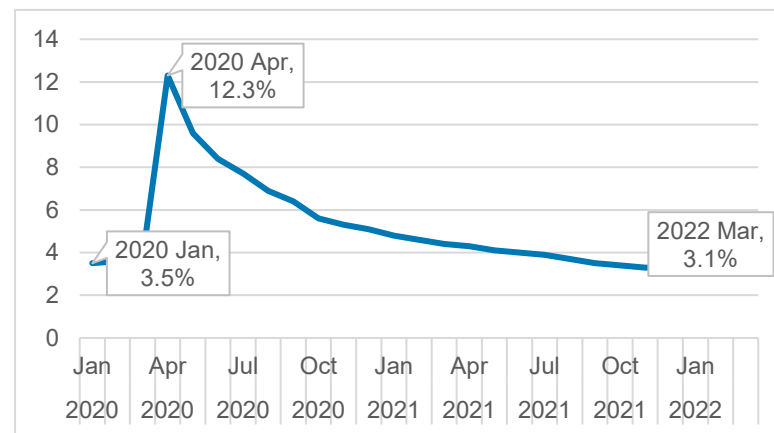


Source: [Community Health Data Platform](#)

Employment

Unemployment increased from a five-year aggregate of between 2.3 percent and 6.4 percent in 2019 to between 10.8 percent and 17.6 percent in 2020 (ACS, 2019). Additionally, unemployment in Georgia soared in spring 2020 with closure of nonessential businesses and stay-at-home orders at the start of the COVID-19 pandemic. As the economy reopened, unemployment declined and was nearly at pre-pandemic levels by December 2020.

SEASONALLY ADJUSTED
UNEMPLOYMENT RATE, GEORGIA
2020-2022



Source: US Bureau of Labor Statistics

Community concerns

Community input called attention to several factors that have contributed to financial insecurity. Employers decreased staff during the COVID-19 pandemic, especially for jobs that could not be done remotely. Prices have increased across sectors due to the pandemic recession. They noted that there is a lack of employment opportunities that pay a living wage. New Americans without legal documentation occupy industries heaviest hit by the pandemic and did not receive any of the social support or stimulus funds that were distributed during the pandemic. Affordable housing and transportation play key roles in the employment opportunities for residents.

Health need profile: Food insecurity

Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Hispanic households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

Food access

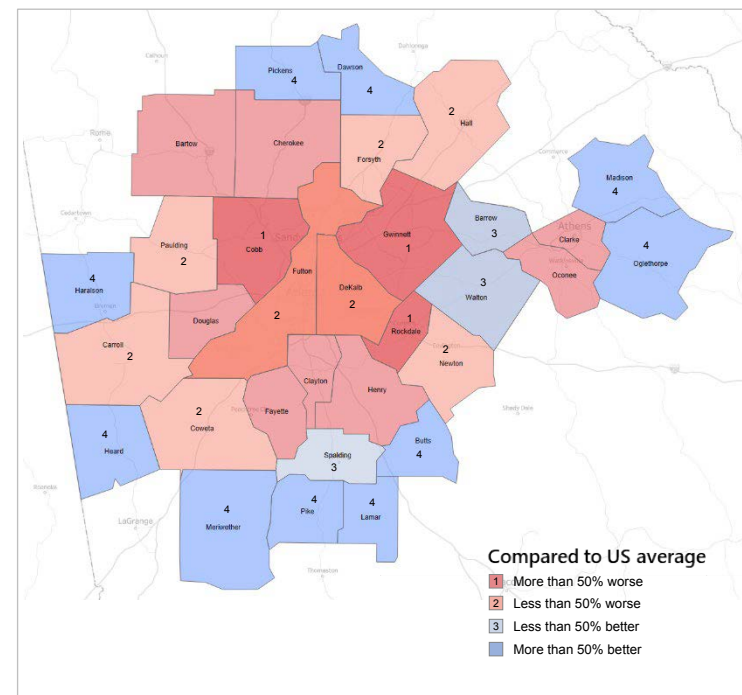
Rural areas of the state, particularly South Georgia, have lower access to healthy food outlets. Access to affordable healthy food, food insecurity, and food access is also a concern in Butts, Clayton, Fulton, Douglas, and Cobb counties. Community leaders noted that there is a lack of transportation for those that are SNAP eligible to access healthy foods. Low-income communities are vulnerable to marketing by fast food. Gentrification in areas of Atlanta may increase food access, but those with low food access are also in danger of displacement.

When compared to state benchmarks, Georgia region has a higher percentage of the low-income population with low food access (28.4 percent vs. 33 percent). In addition, it contains nearly half of the food desert census tracts in Georgia.

Community Concerns

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

LOW ACCESS TO GROCERY STORES, 2015



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Education

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Educational attainment

When compared to the nation, Georgia has consistently had lower educational attainment and enrollment in higher education opportunities. When compared to state benchmarks the Georgia region shows lower graduation rates (85.7 percent vs. 84.5 percent) and Head Start enrollment (6.83 vs. 3.96 per 10,000 children), and slightly fewer adults with some college education (20.4 percent vs. 19.5 percent).

Community concerns

Community leaders expressed concerns about education in the region, noting that there is a need for more or steady supplemental funding for childcare and early education, in part to help address the high turnover for childcare employees. They also noted a lack of childcare services and facilities, which causes working parents to be looking for remote jobs because of the shortage.

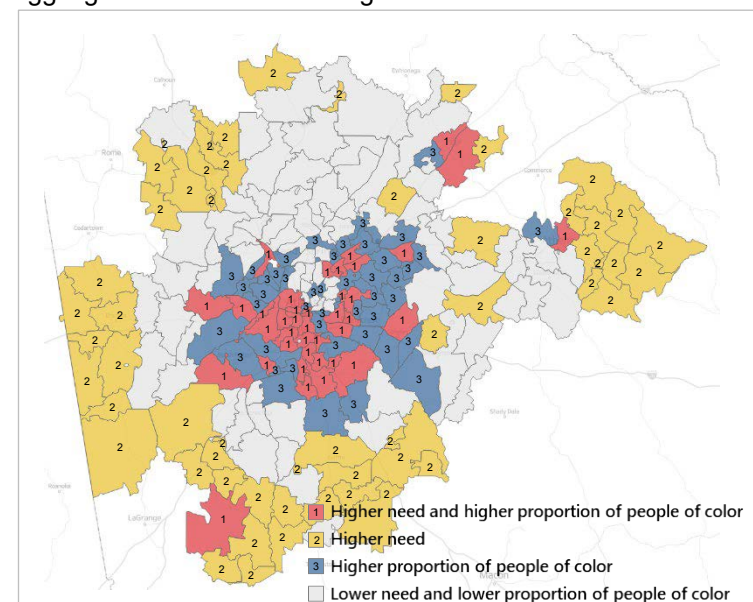
Impact of COVID-19

COVID-19 Pandemic Influence Survey participants were concerned that virtual school was not accessible to all students, resulting in a “digital divide.” They felt that virtual schooling negatively impacted learning and behavioral health. At the same time, the risk of COVID-19 transmission was higher in in-person learning environments, especially in schools without mask mandates and testing or vaccination requirements. Residents discussed how many parents did not have the knowledge to support online learning. School-age children are struggling to reach or remain at grade level.

HIGH SPEED INTERNET, GEORGIA REGION, 2015-2019

Areas shaded yellow (2) are ZIP codes where the percent of population with access to high speed internet is lower than the Georgia region average. Areas shaded red (1) are ZIP codes where the percent of population with access to high speed internet is lower than the Georgia region average (i.e., higher need) and where more than half the population is people of color

Source: [Kaiser Permanente Community Health Data Platform](#)



Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Affordable housing has been a growing concern in many of the communities in the Georgia region, which was worsened by the pandemic. Current literature suggests that while the housing moratorium protected many residents from losing their homes, it also reduced an already low supply of available housing stock, driving the cost of rents and home purchases higher than they were during the last CHNA.

Housing and Homelessness

There is concern that housing outcomes will get worse as post-pandemic data become available. Community input called attention to the following concerns about housing and homelessness in the region.

- Housing situations are fragile due to job loss, underemployment, and price increases across sectors.
- Housing insecurity may contribute to increases in stress, homelessness, chronic disease, and exposure to COVID-19.
- Small, independent apartment owners did not receive state or federal assistance.
- Many individuals are behind on their mortgage or rent and at risk of eviction or foreclosure.
- There are limited solutions in place to address the lack of affordable housing.
- There are long waitlists of people seeking long-term housing and not enough emergency housing, hotel vouchers, and shelter options.

Impact of COVID-19

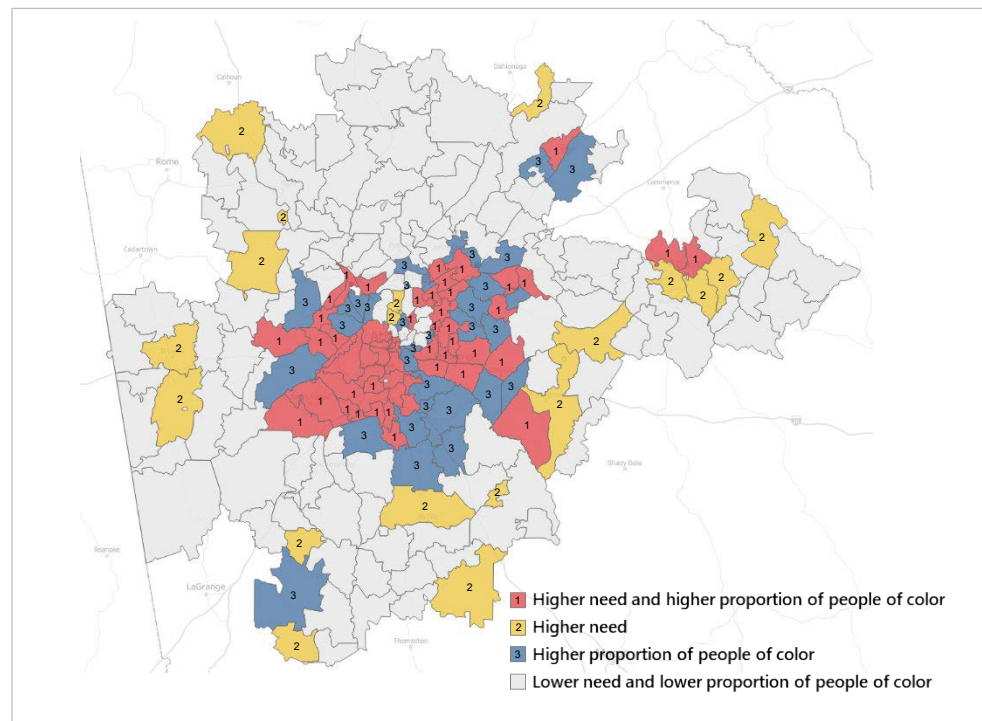
COVID-19 Pandemic Influence Survey participants noted that the pandemic has had a significant influence on housing-related outcomes, including housing insecurity, peoples ability to pay their rent or mortgage, COVID-19 exposure for those that are unhoused, eviction filings, and foreclosures.

Housing cost burden

While currently available data do not accurately depict the level of need, it shows that in the region renters are moderate to severely housing cost burdened. Approximately two-thirds (63 percent) of the housing units available cost more than 50 percent of the Area Median Income (AMI), which meets the definition of “severely cost-burdened housing.” The median monthly cost of rent in counties served by the region ranges from \$630 to \$1,380, with Cherokee, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, and Rockdale counties showing median rental costs above the state average (\$1,006 per month) (ACS, 2019).

SEVERE HOUSING COST BURDEN, GEORGIA REGION, 2015-2019

Areas shaded **yellow** (2) are ZIP codes where the percentage of households with housing costs greater than 50 percent of income is higher than the Georgia region average. Areas **shaded red** (1) are ZIP codes where the percentage of households with housing costs greater than 50 percent of income is higher than the Georgia region average (i.e., higher need) and where more than half the population is people of color



Source: [Community Health Data Platform](#)

Health need profile: Structural racism

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

According to the Centers for Disease Control and Prevention, Racism is a system—consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.

Additionally, the data show that racial and ethnic minority groups throughout the United States experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their white counterparts. (CDC, 2021).

When compared to their racial and ethnic counterparts in the Georgia region Black and Hispanic residents are less likely to graduate from high school and more likely to be in poverty and uninsured. Black residents experience higher prevalence, hospital use, and mortality for diabetes, cancer (breast, cervical, colon, and prostate), hypertension, asthma, mental health disorders, and birth outcomes (including maternal and infant mortality). In addition, Black residents are more likely to seek care in the emergency room and die.

Advancing systems change

Community leaders discussed inequitable systems that influence equity challenges in social and health outcome indicators. Leaders recommended a systems-based approach and community collaboration to begin to increase awareness about race, generational trauma, and infant and maternal mortality. They suggested to begin by addressing the emerging challenge of prioritizing mental and behavioral health for those experiencing systemic barriers, like racism. Decrease race-based inequities in sentencing and behavioral diagnoses in the criminal justice system and address the overrepresentation of Black women in incarcerated populations. Reduce the systemic bias against children interacting with the justice system that have experienced trauma. Leaders also noted that it is important to focus on eliminating discrimination against Black women in the healthcare system and institutional racism against Black and Brown people that were unable to achieve higher education.

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Georgia region includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente of Georgia 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente of Georgia’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente of Georgia 2019 Implementation Strategy priority health needs

1. Access to care
2. Behavioral health
3. Chronic disease
4. Obesity/HEAL
5. Social Determinants of Health

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente of Georgia Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente of Georgia addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

One example of a key accomplishment in response to our 2019 IS includes the Atlanta Volunteer Lawyer’s Foundation Standing with Our Neighbors. This is a great example of a program meeting multiple social health needs that have an impact on a person’s health. The overall program goal is to provide pro-bono legal representation to families in a community setting (schools) that face unlawful eviction or are dealing with non-responsive landlords. KPGA’s contribution focused on “health kits” for families dealing with homes in disrepair that were not being taken care of by landlords and property managers. AVLF has helped families eliminate the barriers to gaining legal counsel in these situations and has helped prevent homelessness and maintain safe and stable housing. The program also has a significant impact on children and education. In preventing evictions and helping tenants maintain a healthy home, children are able to stay in their community school and reduce any disruption in their education due to a move or eviction.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas.

Kaiser Permanente of Georgia 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente of Georgia ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	30,125	26,856	\$8,196,555	\$7,450,218
Charitable Health Coverage	1,697	904	\$11,318,759	\$5,129,327
Medical Financial Assistance	40,521	37,441	\$30,471,434	\$33,369,810
Total care & coverage	72,343	65,201	\$49,987,147	\$45,949,355

Other access to care strategies: During 2020-2021, 6 grants were awarded to community organizations, for a total investment of \$5,360,000 to address access to care in the Georgia region.

Examples and outcomes of most impactful other strategies

Street Medicine Program

Saint Joseph’s Mercy Care Services, Inc. was awarded \$35,000 to provide continued support for the Street Medicine Program which brings health care, health education and support services to homeless individuals who are street-bound in metro Atlanta. The program screened 150 patients for hypertension.

Healthy Communities

The United Way of Greater Atlanta was awarded \$225,000 to link individuals to care that is patient-centered; coordinate continuity of care and provide linkages to resources for children and families who are at risk for adverse health outcomes.

Behavioral health

During 2020-2021, 7 grants were awarded to community organizations, for a total investment of \$350,000 to behavioral health in the Georgia region.

Examples and outcomes of most impactful strategies

Initiative Behavior Health Program

The Initiative for Affordable Housing, Inc. was awarded \$15,000 to provide enhanced behavioral health assessment and referrals for participants in their homeless services program and tenants in their affordable housing properties. This program will expand services to the broader community, develop group mental health, and provide additional training and resources to support an additional 650 tenants.

Westside Community Worker

CHRIS 180 was awarded \$50,000 to provide access to health services, a medical home and a care coordinated entry system through the Community Health Worker Program. This program connected 200 participants to primary and mental healthcare for early intervention and disease management skills. The program connected 300 individuals to health care and social services providers to address pressing social needs including housing, food, safety, and utilities.

Obesity and Healthy Eating/Active Living including chronic disease

During 2020-2021, 4 grants were awarded to community organizations, for a total investment of \$180,000 to address access to care in the Georgia region.

Examples and outcomes of most impactful strategies

\$50 Million Growing Healthy Futures Capital Campaign

The Atlanta Community Food Bank, Inc. was awarded \$1 million over four years to enable the Food Bank to increase the number of meals provided through critical infrastructure investments, including a new 346,000 square-foot facility. By strengthening the hunger relief system and bolstering the work of partner agencies it is anticipated that 800,000 additional meals will be served annually.

Therapeutic Meals Program: Reducing Diet-Related Risk Factors of Chronic Health Conditions

Meals on Wheels Atlanta was awarded \$100,000 to provide meals to low-income seniors age 60+ who are living with or at risk of type 2 diabetes, cardiovascular conditions, and obesity. This program provided approximately 1,100 medically tailored meal plans to help clients manage or avoid chronic conditions.

Addressing the Nutrition Needs for Medicaid Waiver Recipients

Open Hand Atlanta, Inc. was awarded \$50,000 to provide medically tailored meals and nutrition education to Medicaid waiver recipients in metro Atlanta. This program is expected to engage 112 nutrition therapy clients in HEAL activities to improve health outcomes and increase nutrition knowledge.

Social determinants of health including economic security

Other access to care strategies: During 2020-2021, 21 grants were awarded to community organizations, for a total investment of \$3,590,000 to address social determinants of health in the Georgia region.

Examples and outcomes of most impactful strategies

Grove Park Promise: Equitable and Thriving capital campaign

Grove Park Foundation was awarded \$1.5 million over three years to build a new school campus that will provide students and their families with a quality education and a school-based health center. The new school campus will be an anchor location for the 6,500 residents in the community and is a critical first step in community revitalization that requires a holistic approach to a wide range of neighborhood issues.

Student Services Health & Wellness Initiative

Year Up, Inc. was awarded \$25,000 to provide students in their workforce development program with access to programs such as group/individual counseling sessions, seminars, and facilitated peer support sessions. This program is expected to serve 300 students by equipping them with the resources and support to effectively navigate the daily demands and the challenges they constantly face.

Early Learning Literacy for Atlanta's Underserved Children: Connected Learning, Connected Communities and Spread the Word Programs

Children's Museum of Atlanta was awarded \$65,000 to provide educational activities that improve literacy and health for children and their caregivers. This program is expected to engage 9,000 children ages zero to eight in neighborhood-based education and nutrition outreach programming

Standing with Our Neighbors (Healthy Homes Initiative)

Atlanta Volunteer Lawyers Foundation (AVLF) was awarded \$50,000 to provide legal services and health and safety related products. This program provided 125 asthma related housing cases full representation or critical advice, counsel, or advocacy in their time of crisis, which improved living conditions, avoided evictions and/or homelessness.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

Source	Dates
1. County Health Rankings and Roadmaps	2021
2. Center for Disease Control	2021
3. Georgia Department of Public Health	2015-2022
4. Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database	2021
5. OASIS, Community Health Needs Assessment Dashboard	2016-2020
6. The Georgia Rural Health Innovation Center's Georgia Health Data Hub	2021
7. US Bureau of Labor Statistics	2020-2022

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Survey	Georgia Health Policy Center COVID-19 Local Impact Survey	204 responses	Behavioral health and substance abuse, access to and use of care, housing, food insecurity, education, access to technology, maternal and child health, single parents, obesity, violence, education, health equity, and New Americans.	Leaders	May-November 2021
2	Key informant interview	American Heart Association	1	State of Georgia, chronic disease	Leader	July-October 2022
3	Key informant interview	American Foundation for Suicide Prevention	1	State of Georgia, mental and behavioral health	Leader	July-October 2022
4	Key informant interview	CDC	1	State of Georgia, public health	Leader	July-October 2022
5	Key informant interview	Georgia Asylum and Immigration Network	1	State of Georgia, New Americans	Leader, representative	July-October 2022
6	Key informant interview	Georgia Department of Education	1	State of Georgia, education	Leader	July-October 2022
7	Key informant interview	Georgia Department of Juvenile Justice	1	State of Georgia, youth, justice involved	Leader	July-October 2022
8	Key informant interview	Georgia Supportive Housing Association	1	State of Georgia, mental health	Leader	July-October 2022
9	Key informant interview	Healthcare Georgia Foundation	1	State of Georgia, health care	Leader	July-October 2022

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
10	Key informant interview	HealthMPowers	1	State of Georgia, HEAL, youth	Leader	July-October 2022
11	Key informant interview	Latin American Association	1	State of Georgia, Latino	Leader, member	July-October 2022
12	Key informant interview	Motherhood Beyond Bars	1	State of Georgia, incarcerated and formerly incarcerated women	Leader, member	July-October 2022
13	Key informant interview	National Alliance on Mental Illness	1	State of Georgia, mental health	Leader	July-October 2022
14	Key informant interview	Partnership for Southern Equity	1	State of Georgia, equity	Leader	July-October 2022
15	Key informant interview	Wholesome Wave Georgia	1	State of Georgia, food access	Leader	July-October 2022
16	Key informant interview	Atlanta Regional Collaborative for Health Improvement	1	Public health, health care	Leader	July-October 2022
17	Key informant interview	Atlanta Regional Commission	1	Transportation, social determinants	Leader	July-October 2022
18	Key informant interview	Bethesda Community Clinic	1	Health care	Leader	July-October 2022
19	Key informant interview	Black Mommas Matter Alliance	1	Black mothers, infants	Leader, member	July-October 2022

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
20	Key informant interview	Helping Hands of Paulding County	1	Faith sector, food access, emergency support	Leader	July-October 2022
21	Key informant interview	Butts Collaborative	1	Determinants of health	Leader	July-October 2022
22	Key informant interview	Butts County School System	1	Education	Leader	July-October 2022
23	Key informant interview	CareLink of Northwest Georgia	1	Nonprofit, health care	Leader	July-October 2022
24	Key informant interview	Catholic Charities of Atlanta	1	Health care	Leader	July-October 2022
25	Key informant interview	Cobb Douglas Public Health Department	1	Public health	Leader	July-October 2022
26	Key informant interview	Center for Black Women's Wellness	1	Black women	Leader, member	July-October 2022
27	Key informant interview	Cherokee County Board of Education	1	Education, youth	Leader	July-October 2022
28	Key informant interview	Cherokee County Chamber of Commerce	1	Income & employment, workforce needs	Leader	July-October 2022
29	Key informant interview	Cherokee County Senior Services	1	Seniors, transportation	Leader	July-October 2022

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
30	Key informant interview	Chris 180	1	Mental and behavioral health	Leader	July-October 2022
31	Key informant interview	Cobb Chamber of Commerce	1	Income & employment, workforce needs	Leader	July-October 2022
32	Key informant interview	Cobb County Police Department	1	Law enforcement, community safety, crime	Leader	July-October 2022
33	Key informant interview	Cobb County Senior Services	1	Seniors	Leader	July-October 2022
34	Key informant interview	Davis Direction	1	Substance use, recovery	Leader	July-October 2022
35	Key informant interview	DeKalb County Board of Commissioners	1	Economic development, land use	Leader	July-October 2022
36	Key informant interview	Douglas County School District	1	Education, youth	Leader	July-October 2022
37	Key informant interview	Fulton County Schools	1	Education, youth	Leader	July-October 2022
38	Key informant interview	Georgia Department of Public Health	1	Public health	Leader	July-October 2022
39	Key informant interview	Good Samaritan Health Center	1	Health care, hospice	Leader	July-October 2022

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
40	Key informant interview	Grady Health System	1	Health care	Leader	July-October 2022
41	Key informant interview	Griffin Spalding County United Way	1	Education, health, youth	Leader	July-October 2022
42	Key informant interview	Kennesaw University	1	Education	Leader	July-October 2022
43	Key informant interview	Live Healthy Douglas	1	Food access, HEAL	Leader	July-October 2022
44	Key informant interview	Marietta Housing Authority	1	Housing	Leader	July-October 2022
45	Key informant interview	MedCura	1	Health care	Leader	July-October 2022
46	Key informant interview	Metro Atlanta YMCA	1	Youth, HEAL,	Leader	July-October 2022
47	Key informant interview	Morehouse School of Medicine	1	Health care, education, workforce	Leader	July-October 2022
48	Key informant interview	North Fulton Community Charities	1	Nonprofit	Leader	July-October 2022
49	Key informant interview	Partners for H.O.M.E.	1	Homelessness	Leader	July-October 2022

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
50	Key informant interview	Rockdale Coalition for Children and Families	1	Youth, family support	Leader	July-October 2022
51	Key informant interview	Ser Familia	1	Crisis response, Latino families	Leader	July-October 2022
52	Key informant interview	Southside Medical Center	1	Health care	Leader	July-October 2022
53	Key informant interview	Spalding County Board of Commissioners	1	Local government	Leader	July-October 2022
54	Key informant interview	The Care Place	1	Health care, social services	Leader	July-October 2022
55	Key informant interview	The Drake House	1	Nonprofit, homeless women and children	Leader	July-October 2022
56	Key informant interview	The Summit Counseling Center	1	Mental and behavioral health	Leader	July-October 2022
57	Key informant interview	Wellstar Kennestone Cancer Care	1	Health care, cancer	Leader	July-October 2022
58	Key informant interview	Whiteford Community Health Center	1	Health care	Leader	July-October 2022

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Georgia Department of Public Health	Our mission is to help in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.
	United Way	United Way fights for the health, education, financial stability, and basic needs of every person in our community. We believe a quality Education leads to a stable job, which provides Financial Stability and the ability to meet Basic Needs and enjoy good Health. These are the building blocks for a good life and a thriving community.
	Community Connection	We maintain a telephone information and referral service which helps individuals and organizations locate appropriate community resources, including food, clothing, shelter, housing, health care, aging services, volunteer opportunities and legal referrals.
	Latin American Association	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
Access to care	Center For Pan Asian Community Services (CPACS)	The Center for Pan Asian Community Services, Inc. (CPACS) is a nonprofit organization located in Atlanta, Ga. Established as the first and largest Asian and Pacific Islander health and human service agency in the Southeast region.
	Family Health Centers of Georgia	The Family Health Centers of Georgia, Inc. (FHCGA), formerly West End Medical Centers, Inc., is a not-for-profit, 501(c)3, federally qualified health center. FHCGA is accredited by The Joint Commission as a Primary Care Medical Home. FHCGA has been providing comprehensive primary healthcare services since 1975.
	Mercy Care	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.
	Center for Black Women’s Wellness	The Wellness Program strives to broaden awareness of the many health issues affecting black women; encourage change in personal behaviors to prevent unnecessary illnesses; and provide preventive health care and early detection and treatment of conditions before health problems arise.

Identified need	Resource provider name	Summary description
Mental & behavioral health	Positive Growth, Inc.	This agency is one of the premier residential and community based mental health service agencies throughout the state of Georgia dedicated to improving the lives of children, youth, adults, and families during difficult life transitions by providing comprehensive residential and community-based treatment services. The services include counseling, education, intervention, residential and other support services.
	CaringWorks	CaringWorks Treatment and Recovery Services provides exceptional mental health supports and addiction treatment to those in need because we believe everyone, no matter their circumstance, should have access to quality behavioral health care.
Healthy Eating Active Living opportunities	YMCA of Metro Atlanta	An association of volunteers, members and staff, open to and serving all, with programs and services which build spirit, mind, and body.
	The Atlanta Beltline	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.
Income & employment	The Center for Working Families	We work to help unemployed and underemployed individuals gain family-supporting jobs and advance within careers. TCWFI leverages a robust network of Atlanta's employers in various sectors, serving as a resource to meet industry demands for a well-trained workforce.
	Atlanta Center for Self Sufficiency	To empower financially vulnerable individuals in our community to become self-sufficient, sustainably employed, and economic contributors to society.
Food insecurity	North Fulton Community Charities	NFCC is a leader in North Fulton offering food, education and clothing assistance. Our education center offers an array of classes and opportunities to help adults move toward financial stability and self-sufficiency.
Education	Covenant House Georgia	This agency helps with college entrance exams, information for at risk youth, GED instruction, clothing, crisis intervention, job assistance, life skills education, counseling, a shelter, street outreach programs, subject tutoring and workshops on youth issues.

Identified need	Resource provider name	Summary description
Housing	Georgia Department of Community Affairs	Their goal is to provide every Georgia citizen the opportunity to have access to safe and affordable housing, no matter their community or income. A community's housing options are key building blocks in the community fabric, and we work with local governments, housing authorities, for-profit and non-profit developers, community groups, and landlords statewide to meet the housing and community needs of all Georgians.
	Georgia Alliance to End Homelessness	A free tool for homeless service providers and persons at risk to search for resources in the state of Georgia. Search a database of over 1,100 homeless service providers in Georgia from any internet connection by logging onto www.gahomeless.org or call the homeless info hotline at 1-877-540-4671 to speak with an information service specialists Monday-Friday, 9 a.m.-6 p.m.