



City of
Hope® | ATLANTA

2024

Implementation Strategy

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Executive Summary

The service area of City of Hope® Atlanta is richly diverse in language, culture, race and ethnicities. As we seek to identify and implement strategies to address the needs of these diverse communities within our service area, we are cognizant of the variation in factors that put individuals at risk for health issues, such as cancer and diabetes. Many sociocultural factors, among them, the language spoken at home, racism and cultural biases or the level of education achieved for example, can increase or decrease the risk of preventing and treating potentially life-threatening illness. Serving our community and providing programs and services to our residents designed to reduce risk and improve access to health care are paramount to our mission (to make hope a reality for all touched by cancer and diabetes) as a nonprofit hospital. One way to ensure we do this is by developing a strategy to address the main opportunities identified in our 2024 Community Health Needs Assessment (CHNA).

The Internal Revenue Service, through its 1969 Revenue Ruling 69-545, describes the Community Benefit Standard for charitable tax-exempt hospitals as helping the community in a way that relieved a governmental burden and promoted general welfare. In addition, the Affordable Care Act, enacted in 2010, set forth requirements for nonprofit hospitals under § 501(r) of the Internal Revenue Code. Under this requirement, tax-exempt hospitals are directed to conduct a CHNA and develop an implementation strategy every three years. City of Hope has undertaken a CHNA as required. The CHNA is a primary tool used by City of Hope to determine our community benefit plan, which outlines how we will give back to the community in the form of health care and other services that address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the community benefit service area.

For this CHNA, City of Hope Atlanta collected primary data from focus groups, interviews and surveys. Secondary data was collected on the leading causes of death, illness, social determinants of health (SDOH) and deeper causes of health inequality. Our Community Benefit team took this data to community stakeholders and asked them, “What does this mean to you? How do you believe that these issues are impacting you and your community? What ideas for

solutions do you have for addressing these concerns?” The stakeholders engaged in lively discussion and then prioritized the issues as follows:

- 1. Mental Health – Prevention and upstream programming to address access, policy and quality services that serve both the adult and youth communities.**
- 2. Chronic Disease – Support community-led efforts at addressing prevention strategies that promote healthy living.**
- 3. Health Access – Cross-sectoral collaborations that increase representation in health care and promote knowledge/awareness/education that decrease barriers to care.**
- 4. Cancer – Achieving health equity across the cancer continuum, we aim to work collaboratively with community partners and residents to implement strategies that can reduce the risk of cancer.**

Although addressing these priorities are ambitious, we believe we have formulated a realistic implementation strategy that addresses these issues in a way that makes the most sense for our nonprofit hospital in our efforts to build the infrastructure to grow and sustain these efforts. Our goal is to seek new pathways that meet the needs of our vulnerable residents and to explore innovative strategies that maximize collaborations to build sustainable programs in our local communities in partnership with other hospitals, organizations, schools, churches and government entities.

We encourage you to review this plan. Should you have any questions regarding how we plan to implement it, please feel free to contact our Community Benefit Department. We can be reached at CommunityBenefit@coh.org.

Who We Are and Whom We Serve

City of Hope's mission is to make hope a reality for all touched by cancer and diabetes. Founded in 1913 in Duarte, CA, [City of Hope](#) has grown into one of the largest cancer research and treatment organizations in the U.S. and is one of the leading research centers for diabetes and other life-threatening illnesses. With an independent National Cancer Institute-designated comprehensive cancer center at its core, City of Hope brings a uniquely integrated model to patients that spans cancer care, research and development, academics and training and innovative initiatives. Research and technology developed at City of Hope has been the basis for [numerous breakthrough cancer medicines](#) as well as

human synthetic insulin and monoclonal antibodies. As a leader in [bone marrow transplantation](#) and immunotherapy, such as [CAR T cell therapy](#), City of Hope's personalized treatment protocols help advance cancer care throughout the world.

With a goal of expanding access to the latest discoveries and leading-edge care to more patients, families and communities, City of Hope's growing national system includes its main Los Angeles campus, a network of clinical care locations across Southern California, a new cancer center in Orange County, California and cancer centers and outpatient facilities in the Atlanta, Chicago and Phoenix areas. City of Hope's affiliated family of organizations includes [Translational Genomics Research Institute](#) and [AccessHope™](#).

Upon acquiring Cancer Treatment Centers of America in 2022, City of Hope filed for not-for-profit, tax-exempt status for the newly acquired entities, including City of Hope Atlanta. Caring for the vulnerable communities in their catchment area has been a cornerstone of City of Hope's engagement with the community since its origin. This institutional commitment is fostering collaboration among local communities, City of Hope employees and charitable organizations to participate in activities that benefit the residents living in City of Hope Atlanta's service area.

Service Area

City of Hope Atlanta's campus is in Newnan, Georgia and serves:

- A primary service area of Coweta County and the 11 surrounding counties, Butts, Carroll, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson.
- The counties that make up the core of metro Atlanta, Fulton, Dekalb, Cobb, Douglas, Gwinnett, Newton, Rockdale and Clayton counties.
- Counties within the West Central and Southwest Public Health Districts¹.

¹ Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster, Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth.

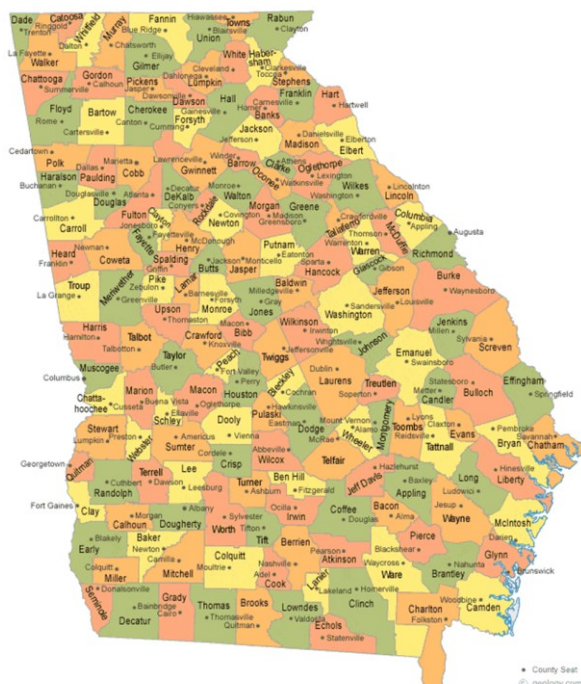


Figure 1. Service Area

City of Hope Atlanta also serves residents of Alabama, North Carolina, South Carolina, Tennessee, Florida and other regions in Georgia.

Community Health Needs Assessment Findings

Secondary data analysis, informing primary data collection, yielded a preliminary list of significant health needs. The primary data collection process helped validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

1. Size of the problem
2. Seriousness of the problem

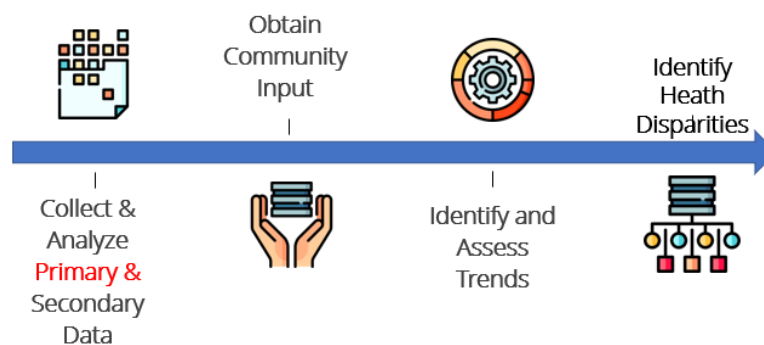
To determine size and seriousness, health indicators identified in the secondary data collection were measured against benchmark data, specifically Georgia rates and Healthy People 2030 objectives, whenever available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Primary data sources (interviews, focus groups and survey participants) were also used to identify and validate community and health issues. Information gathered from these sources helped determine significant health needs.

Significant Health Needs

Based in the secondary data collection, the following significant health needs were determined:

- **Access to Care**
- **Cancer**
- **Chronic Disease**
- **Inadequate Financial Resources**
- **Mental Health**
- **Overweight and Obesity**

Community input on these health needs is detailed throughout the 2024 CHNA report available on City of Hope's Community Benefit website. This year, between January 2024 and April 2024, we conducted a total of two focus groups (20 participants) and five key informant interviews with stakeholders, who either serve or represent the community and wove them into the secondary data.



Resources to Address Significant Needs

Through focus groups, surveys and interviews, community stakeholders and residents identified community resources that can help address significant health needs. These resources are presented in the appendix.





Prioritization of Needs

The significant health needs identified in the process were prioritized with input from the community using the following criteria:

2024 Atlanta CHNA Prioritization Criteria

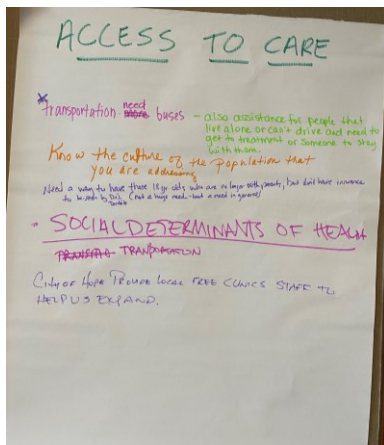
Please use the following as guidelines for your priority ranking decisions that will inform the City of Hope Implementation Plan across the next three years.

1—Very Important 2—Important 3—Somewhat Important 4—Not Important

Things to consider...	Cancer	Access to Care	Food Insecurity	Chronic Disease	Overweight Obesity	Mental Health
Population Data  <ul style="list-style-type: none"> Does the data demonstrate a community need? Uneven indicator rates across different demographic groups: race, age, gender Consider the size and importance of the topic. 						
Community Expressed Need  <ul style="list-style-type: none"> Do the community surveys, interviews and focus groups demonstrate a need by the community? Does the community believe this is an important issue? Based on your lived experiences (working or living in this community) do you agree that this is an important issue? 						
Practicality  <ul style="list-style-type: none"> Are there available hospital and community resources to address need? Are there existing interventions/programs/services focused on this issue? Are there clear pathways to address this need? Is it practical to address this as a priority area? Is it possible to make improvements in 3 years based on available resources? Is this the right time to make an impact? Can we track and measure progress to determine effectiveness? 						
Partner Alignment  <ul style="list-style-type: none"> Partners in community are already addressing this need. Will addressing this priority overburden the partner organization? Are there ways to sustainable support partner referrals and build infrastructure? Lack of partners in community addressing need Ability to track and measure progress across agencies addressing this need? Community's capacity and willingness to act on the issue 						

Consider the consequences of not addressing an issue and how that can affect the community's well-being in the future. In case of overlapping health needs, consider consolidating them into a single priority.

Stakeholder Validation of Prioritized Needs



Community input regarding Access to Care

On July 10, 2024, six community members joined City of Hope staff in reviewing the significant needs identified in the recent CHNA. City of Hope’s team led both the data presentation and the prioritization process. Using the prioritization criteria above, community members were asked to rate, on a scale of 1 to 4, the importance of the issue and its impact to the community based on Population Data, Community Expressed Need, Practicality and Partners Alignment. Each of the six significant

health needs were presented, data was analyzed live and the community stakeholders had robust conversations about each need and even brainstormed a few possible solutions or initiatives currently addressing these needs. At the end of each presentation, the stakeholders were asked to rate, individually, their ranking/prioritization of the individual need. Once all six significant health needs were presented, the rankings from each community member were tallied and the list of the four highest prioritized needs were presented to them. The stakeholders were then asked to validate the final list of four. The stakeholders discussed and eventually aligned on the four listed below:

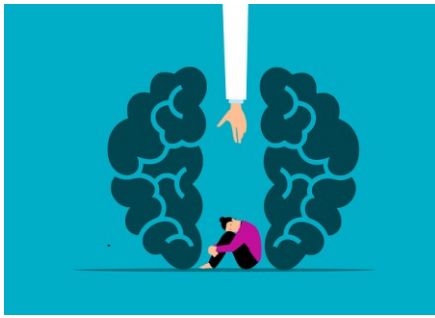
2024 Stakeholder Prioritized Health Needs

Rank	Health Needs
1	Mental Health
2	Chronic Disease
3	Access to Care
4	Cancer Prevention

During the strategy discussion, a prominent theme revolved around meeting the community where they are. As one community member stated, “Meeting them on their turf.” The stakeholders felt it was critically important to engage with the community to build relationships and partnerships with the residents, schools and organizations that serve them. It is through intensive community immersion that we will be able to address the vicious cycle of all root causes for health disparities.

Below is an overview of the conversations among the stakeholders regarding each of the prioritized issues:

No. 1: Mental Health – Prevention and upstream programming to address access, policy and quality services that serve both the adult and youth communities.



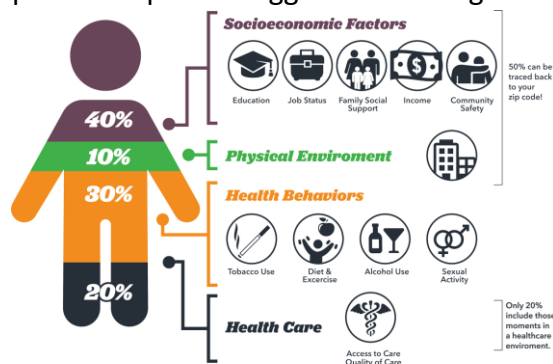
Key themes in mental health were accessibility, insurance and availability. One stakeholder emphasized removing politics from local behavioral health. The group advocated for placing mental health providers in schools to increase access for children and parents. They recalled a grant during the COVID-19 pandemic and expressed the need to collaborate on grants to secure more funding for mental health initiatives.

Community Input

- Take the politics out of getting behavioral health care in our area.
- Create a community awareness action plan with educational materials to know how to get help and support for mental health concerns.
- Try to keep funding this counseling for students with no mental health insurance.
- Increase access to support services counseling.

No. 2: Chronic Disease – Support community-led efforts at addressing prevention strategies that promote healthy living.

Community members believed addressing chronic diseases requires tackling their root causes, which are SDOH. In addition to other issues such as heart disease, community members viewed obesity as a chronic disease and emphasized the need for nutrition education and support for local food programs. Regarding food insecurity, they focused on strengthening community partnerships and suggested creating a linked database across Coweta County to connect food



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

banks and improve access to food resources. There was also interest in targeted chronic disease prevention for men.

Community Input

- Combine chronic disease with obesity and other social health needs like food insecurity and transportation.
- Provide nutrition-based education.
- Partner with existing food programs (Backpack Buddies, Food Banks, BTG, One Roof, Boys and Girls Clubs).
- Create a mobile food bank to drive nutrition education and food distribution.
- Link databases across all of Coweta County food banks.

- Work to address risk for men. Create programming where men will want to attend and to be educated.

No. 3: Health Access – Develop cross-sectoral collaborations that increase access to care.

The data presentation highlighted a significant gap in health care access, with heat maps showing many areas classified as medically underserved due to a shortage of primary care services. Some community members emphasized the need for a coordinated transportation system to help residents get to appointments, especially those living alone or unable to drive. Others stressed the importance of understanding the local culture to increase care access, while another noted the necessity of bringing services to the people to ensure they use them.

Community Input

- Transportation – we need buses.
- Assistance is needed for people who live alone or can't drive to treatment.
- Know the cultures of the population you are addressing.
- Meet “them” on their turf.

No. 4: Cancer – Achieving health equity across the cancer continuum, we aim to work collaboratively with community partners and residents to implement strategies that can reduce the risk of cancer.



As a National Cancer Institute comprehensive cancer center, (one of only 57 in the country), City of Hope will continue addressing cancer prevention. Comprehensive cancer centers have the ability to translate scientific findings straight from the laboratory to the patient. With a focus on biomedical research with our Beckman Research Institute of City of Hope, in Duarte, California, and Translational Genomic Research Institute in Phoenix, finding a cure is paramount to our mission. We, therefore, focus on genomic research to ascertain the different cancer incident rates effecting various

communities. We also know that economic, housing, food insecurity and mental health issues affect access to care and influence prevention and screening behaviors.

Georgia has a high incidence of breast, colon, rectum, lung and prostate cancer. Ethnic and racial disparities exist, with Black/African Americans having the highest mortality rates in the

region and Hispanic/Latino residents in the service area having higher cancer mortality rates than their statewide counterparts.

Stakeholders emphasized partnering with community organizations to provide support groups, such as mental health) for patients throughout treatment, end-of-life care and survivorship. They highlighted the need for advocacy, education and financial support to improve access to cancer care and support patients during their cancer journey.

Community Input

Our community members want to create a pathway, right at the intersection of SDOH and racial disparities by taking our services to the people. Here they suggest:

- Policy and advocacy for patients with financial needs.
- Address SDOH needs of patients.
- Create partnerships with organizations that provide cancer support groups.
- Ensure that patients receive mental health services that can take them from treatment to end-of-life and survivorship.
- Collaborate with the community to provide yearly screenings and education regarding health care coverage and how to access health care.

No one wants to get cancer. As a world-renowned cancer research institution, we can help deliver cancer education, screening and treatment programs that ultimately save lives.



Community members and City of Hope staff after the prioritization session.

Plan to Address Needs

City of Hope was pleased to engage with the community members, hear their thoughts regarding the CHNA, prioritize the needs and ideate ways to begin addressing the prioritized needs. City of Hope recognizes the need to partner with the community, to leverage their expertise, existing programs and infrastructure, brainstorm and align on new ideas, programs and tactics to address these needs, etc. as we cannot address all these issues alone. We recognize the complexity of the prioritized needs and will approach them using the Public Health Institute’s “Five Core Principles” (Figure 1). In planning programs, we will ask how our work will impact vulnerable people, support prevention, create a seamless continuum of care and empower the community to manage their health. By doing this, we will design programs and build collaborations to address the identified needs effectively.



Figure 1. Five Core Principles

Collaborations

City of Hope is filled with compassionate individuals dedicated to addressing community needs. We will use these resources to design interventions that target specific issues within our service areas and emphasize the health impact on these targeted groups.

Externally, City of Hope will leverage its relationships with local organizations, schools, universities, governments, other nonprofit hospitals and dedicated volunteers who serve vulnerable populations. By collaborating with local communities, we can develop system-level approaches that meet the needs of the most vulnerable in culturally appropriate ways. Additionally, involving community stakeholders in planning our community benefit programs and services ensures these initiatives are built on trust and a shared vision. This creates a strong foundation for programs that will thrive within the community we serve.

Oversight

To maintain our desire to listen to, advocate for and serve as a partner with the community stakeholders throughout our catchment area, City of Hope will convene a Community Benefit Advisory Council that will meet at least four times a year. With a focus on the Five Core Principles (Figure 1 above), we will ensure the council members represent local vulnerable

populations or have expertise in the issues of most importance to vulnerable communities (see list below):

- Residents in a local community with a disproportionate percentage of unmet health-related needs
- Knowledge and expertise in primary disease prevention
- Experience working with local nonprofit community-based organizations
- Knowledge and expertise in epidemiology
- Expertise in the analysis of service utilization and population health data

City of Hope will establish a regular internal meeting cadence to plan, coordinate, collaborate and ensure the execution against the Implementation Strategy. As part of this planning, data collection tools will be established to share information and capture staff efforts across the organization that align with the Implementation Strategy. Additionally, City of Hope will report annually on Form 990 and Schedule H to inform the public about our work and its impact on the communities we serve.

Anticipated Impacts on Health Needs

As we consider the four priority areas identified by our community and recognize that each priority has a broad measurable outcome, City of Hope will do our best, given our capabilities to make significant impacts on these priorities in order to bring about positive changes in our communities. To ensure our work is meaningful, we will draw from the Healthy People 2030 Objectives and suggestions from the community driven strategies:

No. 1: Mental Health – Prevention and upstream programming to address access, policy and quality services that serve both the adult and youth communities

Healthy People 2030 Strategies

- 1.1 Increase the proportion of public schools with a counselor, social worker and psychologist. (AH-R09)
- 1.2 Reduce anxiety and depression in family caregivers of people with disabilities. (DH-D01)
- 1.3 Reduce suicide attempts by adolescents. (MHMD-02)

Community-Driven Strategies

- 1.4 Depoliticize Behavioral Health Care through the establishment of a neutral advisory board to oversee behavioral health initiatives.
- 1.5 Support School-Based Counseling Services in schools in partnership with local organizations that can provide counseling.
- 1.6 Increase access to support services counseling, for individuals, through thoughtful collaborations with local organizations.

No. 2: Chronic Disease – Support community-led efforts at addressing prevention strategies that promote healthy living.**Healthy People 2030 Strategies**

- 2.1 Reduce the proportion of adolescents and young adults who aren't in school or working. (AH-09)
- 2.2 Increase employment in working-age people. (SDOH-02)
- 2.3 Reduce household food insecurity and hunger. (NWS-01)
- 2.4 Eliminate very low food security in children. (NWS-02)
- 2.5 Increase the proportion of schools with policies and practices that promote health and safety. (EH-D01)
- 2.6 Increase the proportion of adults with broadband internet. (HC/HIT-05)

Community Driven Strategies

- 2.7 Support integration of health needs through a combination of community-based chronic disease management with obesity, food insecurity and transportation services into holistic health programs.
- 2.8 Collaborating with community partners, develop and launch targeted health risk education and engagement programs for men.
- 2.9 Implement nutrition-based education programs across the community.
- 2.10 Create local built environment conducive for physical activity.
- 2.11 Increase availability of walking paths and parks.
- 2.12 Advocate for access to free or low-cost fitness centers and recreation areas.
- 2.13 Increase availability of youth sports programs.
- 2.14 Implement programs that pair physical activity with nutrition education and cooking classes.
- 2.15 Tailor programs to benefit low-income residents.
- 2.16 Health education programs address modifiable risk factors (physical activity, diet, smoking behavior, alcohol intake) to reduce cancer risk.

No. 3: Access to Care – Cross-sectoral collaborations that increase representation in health care and promote knowledge/awareness/education that decrease barriers to care.

Healthy People 2030 Strategies

3.1 Reduce the proportion of people who can't get medical care when they need it. (AHS-04)

3.2 Increase the use of telehealth to improve access to health services. (AHS-R02)

Community Driven Strategies

3.3 Advocate for a reliable bus transportation system to improve access to health care services.

3.4 Invest in creative, community-led transportation solutions in rural areas.

3.4.1 Collaborate with community partners to develop a support program for individuals who live alone or cannot drive to ensure they can access medical treatments.

3.4.2 Lead community initiatives that address the root causes of health disparities, such as housing, education and employment.

3.5 Partner with local and regional organizations to champion broadband access in rural areas, in support of expanding telemedicine and virtual clinician appointments.

3.6 Partner with rural community clinics to:

3.7 Donate staff time to allow clinics to serve more patients and fill gaps in specialty and other types of care.

3.8 Provide financial resources to increase wages and support the retention of clinic staff.

3.9 Contribute to joint investments in the purchase and staffing of mobile clinics to increase access to care in underserved rural communities.

3.10 Serve as links to care for uninsured and underinsured community members.

3.11 Invest time and resources into the development of sustainable partnerships with trusted community leaders and organizations.

3.12 Develop support groups to provide social and informational support, as well as free informational and diagnostic services through telephonic or virtual platforms to increase access to diagnosis and management support for rural residents who need specialty care.

3.13 Develop and implement a policy and advocacy program to support patients with financial needs.

3.11 Create comprehensive initiatives to address all SDOH affecting patients

No. 4: Cancer – Achieving health equity across the cancer continuum, we aim to work collaboratively with community partners and residents to implement strategies that can reduce the risk of cancer.

Healthy People 2030 Strategies

4.1 Increase the proportion of females who get screened for breast cancer. (C-05)

4.2 Increase the proportion of adults who get screened for colorectal cancer. (C-07)

4.3 Reduce prostate cancer death rate. (C-08)

Community-Driven Strategies

- 4.4 Establish partnerships with organizations that provide cancer support groups.
- 4.5 Ensure that patients receive continuous mental health services from treatment through end-of-life and survivorship.
- 4.6 Collaborate with the community to provide annual health screenings and education on health care coverage and access.
- 4.7 Increase research participation among Black and African American individuals that encompasses the full realm of cancer from prevention to survivorship.
- 4.8 Address historical lack of trust in research and medicine among Black and African American individuals by explaining the Institutional Review Board and informed consent process.
- 4.9 Increase awareness of the importance of cancer screening by engaging trusted champions in Black and African American communities.
- 4.10 Educate the general public and medical professionals about racial disparities in cancer mortality.

Yearly, the Community Benefit Advisory Council will assist City of Hope in prioritizing strategies with the same lens they used to prioritize the health needs in the CHNA (e.g., Population Data, Community Expressed Need, Practicality and Partners Alignment). We will develop more specific outcome measures as programs are planned and delivered. City of Hope will share our progress on our implementation strategy annually.

Needs Not Addressed

As a specialty hospital, City of Hope is not equipped to address every need as some issues fall outside our areas of focus. While prioritizing the significant needs in our catchment area, we combined needs as much as possible in order to encompass SDOH and root causes of health disparities that are closely linked to cancer and diabetes risk factors. We will adhere to the Five Core Principles to guide all programs and services, ensuring we remain focused on communities with the greatest unmet health needs.

Conclusion

City of Hope is committed to being a good steward and offering assistance to make measurable impact within the communities we serve. We view community benefit as an initiative in which the entire organization can engage. As such, our community benefit process is designed to

empower each department to manage its own planning and delivery of programs and services. The Community Benefit Department will serve as the central hub for collecting all reportable work, providing structure and guidance throughout the year and ensuring the voice of the community is a key component to the work we do. City of Hope will share our progress on our implementation strategy annually.

City of Hope is dedicated to strengthening relationships within the communities where we work and serve. We are particularly focused on meeting the needs of our vulnerable residents. We aim to maximize community collaborations and create sustainable change, making positive contributions alongside other hospitals, organizations, schools, churches and government entities in our service area.

Thank you for reading our 2024-2027 Implementation Strategy. If you have any questions, please contact our Community Benefit Department at CommunityBenefit@coh.org.

Appendix

Community Resources

Health Departments	
<p>District 4 Public Health 301 Main Street LaGrange, GA 30240 (706) 845-4035 www.district4health.org/</p>	<p>District 4 protects and improves the health and safety of our communities by coordinating with the public, health care providers, community partners and local, state and federal agencies. District 4 Public Health serves 12 counties across west-central Georgia. Our county public health departments are proud to offer health care services, WIC programs and Environmental Health offices, with caring and experienced staff who are dedicated to protecting and improving the health and safety of our communities.</p>
<p>Southwest Health District 1109 North Jackson St. Albany, GA 31701-2022 (229) 352-4275 www.swhealthdistrict.org/</p>	<p>It is our mission to prevent disease, injury and disability; promote health and well-being and prepare for and respond to disasters.</p> <p>A Georgia with healthy people, families and communities is a place where public and private sectors pool their assets and strengths with people to promote health for all. Healthy communities are safe places for people and families to live, work and play; they have adequate food and housing, quality education and training for children and adults, jobs and suitable public services. This is our vision for the Southwest region.</p>
<p>West Central Health District 2100 Comer Ave. 2nd Floor Columbus, GA 31904 (833) 337-1749 www.westcentralhealthdistrict.com/</p>	<p>The mission of the West Central Health District is to promote wellness and improve health outcomes through affordable services that inform the public, prevent disease and injury, protect life and provide emergency preparedness with compassion, integrity and accountability.</p>
<p>Clayton County Health District 1117 Battlecreek Road Jonesboro, GA 30236 (678) 610-7199 www.claytoncountypublichealth.org/</p>	<p>Clayton County Health District seeks “A Healthier Clayton in One Generation.” We protect and improve the health and safety of our communities by coordinating with the public, health care providers, community partners and local, state and federal agencies. We prevent disease and injury by performing</p>

	<p>inspections of public facilities disease surveillance and immunization programs. We are also responsible for promoting good health through education and counseling, health screenings and targeted health care services.</p>
<p>Fulton County Board of Health 141 Pryor St. SW Atlanta, GA 30303 (404) 612-4000 www.fultoncountyga.gov/inside-fulton-county/fulton-county-departments/board-of-health</p>	<p>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.</p> <ul style="list-style-type: none"> • Fulton County Department of Behavioral Health & Developmental Disabilities <p>Fulton County Government Center</p>
<p>DeKalb Public Health 3110 Clifton Springs Road Decatur, GA 30034 (404) 244-2200 www.dekalbhealth.net/</p>	<p>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.</p> <ul style="list-style-type: none"> • East DeKalb Health Center • North DeKalb Health Center • Richardson Health Center <p>T.O. Vinson Health Center</p>
<p>Gwinnett, Newton and Rockdale Public Health 2570 Riverside Parkway P.O. Box 897 Lawrenceville, GA 30046 (770) 339-4260 www.gnrhealth.com/</p>	<p>The Gwinnett, Newton, & Rockdale County Health Departments work to protect and improve the health of those who work, live and play in our community and continually strive to meet the varied health needs of residents and visitors.</p> <ul style="list-style-type: none"> • Rockdale Health Center • Newton County Health Center
<p>Cobb & Douglas Public Health 6770 Selman Drive Douglasville, GA 30134 (770) 949-1970 www.cobbanddouglas</p>	

publichealth.com/

Primary Care: Safety Net Clinics and Federally Qualified Health Centers (FQHCs)

Coweta Samaritan Clinic

137 Jackson St.
Newnan, GA 30263
(770) 683-5272
www.csccares.org/

The Coweta Samaritan Clinic is a local, nonprofit organization that provides free medical care in a faith-based environment to qualified adult residents of Coweta County who lack health insurance.

Healing Bridge Clinic

215 Willow Bend Road
Peachtree City, GA 30269
(770) 681-0157
www.healingbridgeclinic.org/

Healing Bridge Clinic is a 501c3 nonprofit organized for charitable and educational purposes. We operate as a comprehensive medical clinic, where the residents of Fayette and surrounding counties can find access to care and resources for medical intervention, health education and prevention at no charge.

MercyMed

3702 2nd Ave.
Columbus, GA 31904
(706) 507-9209
www.mercymedcolumbus.com/

We are a medical clinic that cares for everyone that walks through our doors. Individuals without insurance are placed on a sliding pay scale that is based on income. In addition to primary care, we offer dental, gynecology, vision, cardiology, dermatology, X-rays, ultrasounds and counseling.

YourTown Health

643 Main St.
Palmetto, GA 30268-1138
(404) 929-8824
www.yourtownhealth.com/

YourTown Health's network of seven non-profit Community Health Centers serves the communities of Meriwether, Pike, Lamar, Carroll, Coweta and South Fulton counties. Our Community Health Centers are unique in that they are located in areas facing limited access to affordable, quality health care and have a large number of citizens who are uninsured or underinsured.

Albany Area Primary Health Care

204 North Westover Blvd.
Albany, GA 31707
(229) 888-6559
www.aaphc.org/

Albany Area Primary Health Care (AAPHC) is proud to care for our friends, family and neighbors in Baker, Calhoun, Crisp, Colquitt, Dooly, Dougherty, Lee, Thomas and Terrell counties. As an AAPHC patient, you can trust that AAPHC's highly trained, highly skilled health care professionals are here for all of your health care needs.

The Family Health Centers of Georgia Inc.

868 York Ave.
Atlanta, GA 30310
(404) 752-1400
www.fhcga.org/

The Family Health Centers of Georgia, Inc. (FHCGA) is a nonprofit, 501(c)(3), FQHC, whose mission is to provide comprehensive, high quality, patient-centered health care to the communities we serve, with a commitment to

	<p>excellence. FHCGA was the first community health center in Georgia and the second in the southeast, to become Joint Commission Accredited; and has been a member of the National Health Service Corps for 25 years plus. FHCGA currently operates 16 center locations, including five school-based health centers, in five Georgia counties: Clayton, Cobb, Douglas, Floyd and Fulton and two mobile medical and dental units.</p>
<p>Southside Medical Center 1046 Ridge Ave., SW Atlanta, GA 30315 (404) 688-1350 www.smcmed.com/</p>	<p>Southside Medical Center is a leader in organizing, providing and supporting affordable health care and related services to the public through diversified business activities. Southside Medical Center has centers throughout Metro Atlanta in Norcross, East Point, Riverdale, Lovejoy, Forest Park, Griffin/Spalding County and Jackson/Butts County.</p>
<p>Valley Rescue Mission 2903 Second Ave. Columbus, GA 31904 (706) 322-8267 www.valleyrescuemission.org/</p>	<p>At Valley Rescue Mission, we strive to provide a safe and caring environment for those struggling with addiction, homelessness and those stuck in the cycle of poverty. We believe that everyone deserves a second chance and our programs are designed to help individuals get back on their feet and become productive members of society.</p>
<p>Ascensa Health at St. Jude's Recovery Center 139 Renaissance Parkway NE Atlanta, GA 30308 (404) 874-2224 www.ascensahealth.org/</p>	<p>Serving Metro Atlanta, St. Jude's Recovery Center provides an integrated system of care that sustains recovery from the disease of addiction and co-occurring mental health disorders and returns at-risk individuals to their families and communities as healthy, self-sufficient, productive individuals. Treatment services are based on the belief that addiction is a disease and that treatment must focus on the whole person. Our evidence-based programs and services are designed to support the client over a lifetime of recovery.</p>
<p>Families First-Counseling 80 Joseph E. Lowery Blvd., NW Atlanta, GA 30314 (404) 853-2800</p>	<p>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</p>

<p>www.familiesfirst.org/</p>	<p>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. 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.</p>
<p>Mercy Care at CHRIS 180 1976 Flat Shoals Road Atlanta, GA 30316 (678) 843-8600 www.chris180.org/</p>	<p>Behavioral Health Services</p> <ul style="list-style-type: none"> • Assessment and counseling • Anxiety • Depression • Panic attacks • Medications management • Referrals for substance abuse
<p>The Link Counseling Center 1820 The Exchange - Suite 650 Atlanta, GA 30339 (770) 541-1114 www.thelink.org/</p>	<p>Individual, couples and family therapy, provides pro bono support groups for suicide prevention and aftercare, the aging and their families and children in crisis and grief. Counseling services are provided on a sliding fee scale.</p>
Employment	
<p>Central Education Center 160 Martin Luther King Jr. Drive Newnan, GA, 30263 (678) 423-2000 www.centraleducationalcenter.net/en-US</p>	<p>If 80% of the workforce of tomorrow is going to need some kind of technical training, we need more students on a technical path of learning, that’s what career academies, like CEC, accomplish....A College and Career academy is a partnership between the high school as well as the technical college and the business community and all three players have to be at the table, focused on the need of that individual student. This is about bringing relevance to education.</p>
<p>Bobby Dodd Institute 221 Stockbridge Road Jonesboro, GA, 30236</p>	<p>It is our mission to empower people with differing abilities to maximize their potential by securing economic self-sufficiency,</p>

<p>(770) 473-0071 www.bobbydodd.org/</p>	<p>independence and inclusion within their communities. We do this by offering programs and consulting services for individuals with disabilities and their loved ones.</p>
<p>Urban League of Greater Atlanta 230 Peachtree Street NE, Suite 2600 Atlanta, GA 30303-1600 (404) 659-1150 www.ulgatl.org/</p>	<p>The Urban League of Greater Atlanta has been all about economic empowerment since we opened our doors more than 99 years ago. We are a dedicated person-to-person organization invested in the economic success of African Americans; coaching them to a better life.</p>
Underserved	
<p>Horizons Community Solutions 2332 Lake Park Drive Albany, GA 31707 (229) 352-9100 www.horizonscommunity.org/</p>	<p>As part of our Disparities Solutions Center, we conduct a nationally recognized program to promote cancer screening and education. Central to the program are our professional Health Navigators. We focus on uninsured and underinsured patients of local federally qualified Community Health Centers and other primary care clinics. Our Health Navigators individually assist eligible patients in obtaining no-cost breast, cervical and colorectal screening services and follow-up care.</p>
<p>Southwest Christian Care 7225 Lester Road Union City, GA 30291 (770) 969-8354 www.swchristiancare.org/</p>	<p>Southwest Christian Care is a ministry dedicated to providing the highest quality care and support for terminally ill patients, children with special needs and senior adults, all supported by a spiritual and grief recovery care team. We provide:</p> <ul style="list-style-type: none"> • Compassionate hospice care • Refreshing respite care • Educational opportunities for medically fragile children and their families • Enriching activities for seniors with varying degrees of memory loss or socialization needs • Individualized and group grief recovery care for those who have lost loved ones or whose life circumstances present emotional challenges.
<p>BTG Community Outreach Inc. 19 First Ave. Newnan, GA 30263 (770) 683-9110 www.btgcommunity.org</p>	<p>BTG Community Outreach Inc. (locally known as Bridging the Gap) is a nonprofit organization based in Coweta County, Georgia. We provide food, clothing and household goods to people who are struggling in our community. The mission of BTG is to aid hungry, homeless and</p>

	<p>hurt people. Bridging the Gap achieves its mission in three ways:</p> <ol style="list-style-type: none"> 1) Feed 2) Serve 3) Restore
<p>Hope Global 780 Bruce Jackson Road Newnan, GA 30263 www.hopeglobalnewnan.com/hginewnan</p>	<p>We are a community development corporation that focuses on meeting the needs of families that have been marginalized by poverty and race-based inequities. Through a variety of comprehensive programs, we strive to establish a safe, caring and consistent environment that provides basic needs and a formula for a successful life.</p>
<p>The I-58 Mission 2450 Highway 85 Senoia, GA 30276 (770) 301-0870 www.thei58mission.org</p>	<p>The I-58 Mission Is Designed to Care for Those in Coweta, Fayette, Spalding and Meriwether Counties by Meeting Physical Needs and Showing the Love of Christ. The I-58 Mission Inc. is a 501(c)(3) Christian service agency formed to partner with the community to answer the call of Isaiah 58 to set the oppressed free, share food, provide shelter and clothe those in need. We operate a free food pantry, clothing shop, household goods store and baby supplies shop.</p>
<p>Newnan-Coweta Habitat for Humanity 216 Bullsboro Drive, Ste. B-1 Newnan, GA 30263 (770) 252-9049 www.nchfh.org</p>	<p>Incorporated in 1993, Newnan-Coweta Habitat for Humanity is an affiliate of Habitat for Humanity International and serves Coweta County, Georgia. Over the past 30 years, NCHFH has constructed new homes, renovated and repaired existing homes and contributed to projects that support local neighborhood revitalization efforts. NCHFH also operates one of the most successful ReStores in Georgia and proceeds from this operation help support the organization's efforts in Coweta County.</p>
<p>United Way of Greater Atlanta 40 Courtland St., NE Atlanta, GA 30303 (404) 527-7200 www.unitedwayatlanta.org</p>	<p>United Way of Greater Atlanta has been serving the community for almost 120 years. It is our mission to engage and bring together people and resources to drive sustainable and equitable improvements in the well-being of children, families and individuals in the community.</p>
<p>Hispanic Health Coalition of Georgia 11175 Cicero Drive, Suite 100</p>	<p>The Hispanic Health Coalition of Georgia (HHCGA) provides access to information,</p>

<p>Alpharetta, GA 30022 (678) 646-6703 www.hhcga.org</p>	<p>advocacy and education for underserved populations. Through comprehensive services such as free immunizations, screenings for chronic illnesses, HPV and HIV/AIDS testing, HHCGA aims to make health care more accessible for Hispanic families in Georgia.</p>
<p>Feeding the Valley 6744 Flat Rock Road Midland, GA 31820 (706) 561-4755 www.feedingthevalley.org</p>	<p>We serve as a centralized source for receiving and distributing donated food, fresh produce and grocery products from national and local retail donors as well as seasonal produce from local providers. In addition, area businesses, individuals, civic groups, schools and churches conduct food drives throughout the year to provide food for our programs. We also receive U.S. Department of Agriculture (USDA) and Georgia Nutritional Assistance Program (GNAP) commodities. By meeting certain criteria and through an application process for 501(c)3 organizations, non-profit organizations and churches can utilize our services.</p>
<p>Youth Programs</p>	
<p>Angel's House P.O. Box 657 Newnan, GA 30264 (770) 251-7050 www.theangelshouse.org</p>	<p>Newnan-Coweta Angel's House, Inc. is a 501(c)(3) nonprofit organized for the following purpose: To provide a safe and secure home environment for teens in foster care so that emotional healing and development of personal and family living skills may occur.</p>
<p>ELEVATE Coweta Students P.O. Box 78 Newnan, GA 30264 (404) 313-4113 www.elevatecowetastudents.org</p>	<p>ELEVATE Coweta Students surrounds students with a community of support, empowering them to stay in school and achieve in life. This effort begins with Site Coordinators who serve as advocates for our students. Site Coordinators focus on attendance, behavior and course work. They also help identify students in need of assistance and connect those students — and family members — to community resources that can help remove obstacles to student success.</p>
<p>Backpack Buddies 96 Werz Industrial Blvd. Newnan, GA 30263 (678) 770-8618</p>	<p>Backpack Buddies is a 501c3 non-profit organization created to supply economically disadvantaged children in the Coweta County School System with food for the weekend. Many</p>

<p>www.backpackbuddiesga.org</p>	<p>children in our county are dependent on the "Free and Reduced" lunch program provided by their schools during the week and they have very little to eat over the weekends and holidays. We work with school counselors to identify children "at risk" for hunger and then we supply them with nutritious, self-serve food that will sustain them when school meals are not available.</p>
<p>Coweta CASA 5 1/2 W. Washington St. Newnan, GA 30263 (770) 253-0046 www.cowetacasa.org</p>	<p>CASA stands for Court Appointed Special Advocate for Children. We are a national network of nearly 1,000 community-based programs that recruit, train and support citizen-volunteers to advocate for the best interests of abused and neglected children in our courts and communities. With a CASA volunteer, a child is half as likely to languish in foster care and the child welfare system and he or she is that much more likely to find a safe, permanent home.</p>
<p>Boys & Girls Clubs of Metro Atlanta (BGCMA) 2880 Dresden Drive Chamblee, GA 30341 (404) 527-7100 www.bgcma.org</p>	<p>For more than 80 years, BGCMA has ignited the unlimited potential of kids and teens by creating safe, inclusive and engaging environments. Our 26 Clubs located in 11 counties across metropolitan Atlanta have traditionally served nearly 8000 kids & teens (ages 6-18) each year, offering youth development programs during critical non-school hours that promote academic success, healthy lifestyles and character and leadership. BGCMA also oversees Camp Kiwanis, a 160-acre outdoor residence camp.</p>
<p>Associations, Alliances and Coalitions</p>	
<p>Georgia Hospital Association (GHA) 380 Interstate North Parkway SE Suite 150 Atlanta, GA 30339 (770) 249-4500 www.gha.org</p>	<p>Founded in 1929, GHA serves 145 hospitals in Georgia. Its purpose is to promote the health and welfare of the public through the development of better hospital care for all of Georgia's citizens. GHA members are committed to improving institutional health care services and, in turn, patient care. The association provides information and education on issues ranging from access to health care and clinical care updates, to effective hospital management and compliance with high-level accreditation</p>

	standards. GHA is an allied member of the American Hospital Association.
Alliance of Community Hospitals 118 East 20th St. Tifton, GA 31794 (229) 386-8660 www.gach.org	The Georgia Alliance of Community Hospitals works for Georgia's not-for-profit hospitals. We push for the enactment of sound health and hospital laws, rules and regulations. We conduct research on important health care issues and are a clearinghouse for ideas that will improve Georgia's health care.
Georgia Cancer Control Consortium (GC3) www.dph.georgia.gov/chronic-disease-prevention/cancer-prevention-and-control/comprehensive-cancer-control-program	The Georgia Comprehensive Cancer Control Program within the Georgia Department of Public Health oversees the implementation of the statewide cancer plan, carries out programmatic activities and maintains the partnerships essential to reducing cancer-related morbidity and mortality.
Newnan-Coweta Non-Profit Alliance 23 Bullsboro Drive Newnan, GA 30263 (770) 253-2270 www.newnancowetachamber.org/non-profit-alliance	The Non-Profit Alliance is a monthly roundtable designed to develop local non-profit leaders and liaisons, provide a cooperative environment for sharing best practices and promote community benevolence through cross-sector collaboration and strategic partnerships with private sector business and industry stakeholders.
Additional Resources	
The Food Mill 3718 2nd Ave., Suite A Columbus, GA 31904 (706) 330-3972 www.thefoodmill.org	We believe everyone deserves access to affordable, nutritious food as a basic human right. We believe in addressing the barriers to nutrition security, as we know from research the drastic effects that a lack of healthy food can have on education, mental and physical health and employment. Our programs include: <ul style="list-style-type: none"> • Mobile Market • Healing Roots Mindfully Tailored Meal Program • Cooking Matters Classes • Farm-to-School Programs • Cafe & Farmers Market
The Southwest Georgia Area Health Education Center (SOWEGA-AHEC) 1512 W 3rd Ave. Albany, GA 31707 (229) 439-7185	SOWEGA-AHEC is a community-driven, nonprofit organization whose goal is to increase access to health care by improving the number and distribution of health care providers in 38 counties in southwest Georgia. Our long-range

www.sowega-ahec.org

goals are to cultivate a health care workforce that closely matches the state's population in diversity, to assure that each community has enough practitioners in the right disciplines, particularly primary care, to improve access to health care.



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