

City of
Hope®

ATLANTA

2024

Community Health Needs Assessment

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ACKNOWLEDGMENTS

Southeastern Region Medical Center, Inc., dba City of Hope Atlanta ("City of Hope Atlanta") worked in partnership with Health Policy Center (GHPC) to conduct this community health needs assessment (CHNA). This report was developed by Georgia Health Policy Center.

City of Hope Commitment

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. Designating community benefit programs as an institutional priority has created meaningful, impactful programs that meet the needs of vulnerable populations in their service area. This institutional commitment is fostering collaboration among City of Hope employees, the local communities and charitable organizations to participate in activities that benefit the Atlanta service areas. By making community benefit a priority, we're placing a more strategic focus on the needs that are critical to their service area and creating pathways for health and healing.

Georgia Health Policy Center

Georgia Health Policy Center (GHPC), housed within Georgia State University's Andrew Young School of Policy Studies, provides evidence-based research, program development, and policy guidance locally, statewide and nationally to improve communities' health status. With more than 25 years of service, Georgia Health Policy Center focuses on solutions to the toughest issues facing

health care today, including insurance coverage, long-term care, children's health, and the development of rural and urban health systems.

GHPC draws on more than a decade of combined learnings from its experience with 100-plus projects supported by over 75 diverse funders. The studies span the layers of the socioecological model and include individual, multisite, and meta-level assessments of communities, programmatic activities and provision of technical assistance. Since 2010, GHPC has been supporting hospital and health system partners in meeting the community health needs assessment (CHNA) components of Internal Revenue Service regulations and has coordinated public health CHNAs leading to public health accreditation.

(Price, A., Boughrum, A., Oliver, C., & Kibbe, D. City of Hope Atlanta 2024 Community Health Needs Assessment. City of Hope Atlanta. 2024)

EXECUTIVE SUMMARY

Introduction

City of Hope Atlanta contracted with Georgia Health Policy Center (GHPC) to conduct a CHNA, which included a synthesis of:

- Secondary data specific to the populations and geographic areas served by City of Hope Atlanta
- Five individual key informant interviews with community leaders and subject matter experts
- Two focus groups with service region residents

City of Hope Atlanta

City of Hope Cancer Center Atlanta offers patients access to the full spectrum of specialized services necessary to diagnose and manage all types and stages of cancer, from screening and prevention to survivorship.

Our beautiful 500,000-square-foot center is south of busy Atlanta in Newnan, Georgia and proudly holds a 5-Star rating in both overall quality and patient satisfaction with the Centers for Medicare and Medicaid (CMS). It is accredited by several renowned professional health care organizations that assess and monitor the quality of cancer care.

City of Hope Atlanta's Hematologic Malignancy and Cellular Therapy Program, rated as high performing by U.S. News & World Report in the treatment of hematologic malignancies, now offers bispecific T-cell engager therapy and is scheduled to begin offering autologous transplant and CAR T-cell therapy services in early 2024.

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

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

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

Data Collection Methodology

The City of Hope Atlanta CHNA study was approved by the Institutional Review Board (IRB) at Georgia State University. A mixed-methods approach was used to assess the community health status of the service area and gather community input on perceived health needs, priorities, and potential strategies to address priority health issues within the service area.

Community Health Status

GHPC collected and analyzed quantitative data from more than a dozen publicly available sources that included demographics, social and economic factors, health behaviors and health outcomes at the county level and compared those findings against state and national benchmarks. The selection of metrics was guided by recommendations from the Centers for Disease Control and Prevention (CDC) for 2022-2024 CHNA reports.

Community Input

GHPC also gathered qualitative data through five interviews with local provider key informants identified in collaboration with City of Hope's Community Benefit director, as well as through two focus groups with residents of the service area. Data were analyzed and themes were developed through a collaborative sensemaking process and used to support the identification of significant community health concerns, priorities and assets.

Significant Health Needs and Resources

Once data collection and analysis were complete, quantitative and qualitative findings were triangulated to prioritize significant community health needs and identify community assets. **The analysis yielded the identification of the following top health needs:**

- Access to care
- Food insecurity
- Chronic disease
- Inadequate financial resources
- Overweight and obesity
- Mental health
- Cancer

Community facilities, assets, and resources that can be leveraged to address significant health needs are detailed in Appendix D.

Community Demographics

The estimated population in City of Hope Atlanta's Georgia 50-county service area is 5,764,369 (U.S. Census Bureau, 2022). The counties within the Atlanta metro public health districts represent the most densely populated and urban parts of the service area, while most of the counties in the West Central and Southwest Health Districts are rural and less populated.

The age and gender distribution of the service area population is similar to that of Georgia as a whole, with slightly more females than males and the highest proportion of adults aged 65 and older residing in the more rural districts. The service population varies significantly across public health districts with respect to race, but closely mirrors the population of Georgia regarding Hispanic/Latino ethnicity.

Social and Economic Factors

The service area overall fares better with respect to social and economic indicators than the state except for Clayton Health District, West Central Health District and Southwest Health District, which have high levels of poverty, social vulnerability, unemployment and households without a motor vehicle. Residents in the more rural West Central and Southwest Health Districts also experience high rates of food insecurity and, though these areas have a higher proportion of residents receiving SNAP benefits, they tend to have fewer SNAP-authorized retailers than their suburban and urban counterparts.

Effects of the Pandemic

In 2022, the service area experienced lower rates of COVID-19 hospitalizations, Emergency Room (ER) visits, and mortality than the state. The Southwest Health District experienced the highest rates of COVID-19 hospitalizations, ER visits, and mortality of all the districts in the service area in 2022, and significantly higher rates of these impacts than the state. Key informants highlighted the impact of the pandemic on chronic disease self-management and cancer screening, and suggested worsening outcomes are likely in coming years, such as increases in late-stage cancer diagnosis.

Access to Health Services and Care

The uninsurance rate in the service area (13.4%) is slightly worse than the state (13.1%) and highest in Clayton County Health District (18.3%) and among Hispanic/Latino residents across the service area. Of insured residents, approximately 19% receive Medicaid benefits, and Southwest and Clayton County Health Districts have the highest proportion of residents insured by Medicaid.

Clayton County Health District, West Central Health District, and Southwest Health District experience significant health care provider shortages, which contributes to ER use. This was especially prominent in the West Central and Southwest Health Districts with high ER visit rates for all other mental and behavior disorders.

Key informants and focus group members described significant and ongoing issues around access to health care, especially in rural areas, and identified provider shortages, closures of medical centers, and a limited number of free or low-cost medical services as drivers of emergency room use and contribute to residents delaying or receiving poor quality care. Participants also discussed unaffordable or inadequate health insurance coverage as a barrier to care and raised issues with obtaining coverage due to the high cost of marketplace insurance, current Medicaid eligibility thresholds and insufficient coverage through private insurance.

Health Behaviors

Ten counties in the service area are in the top 25% and 14 counties are in the bottom 25% of Georgia counties in the [County Health Rankings and Roadmaps](#) overall health behavior rankings. For adults who have obesity, eight counties in the service area are in the top 25% (obesity prevalence greater than 42%) and 15 counties are in the bottom 25% (obesity prevalence less than 35%). DeKalb Health District has the lowest percentage of adults with no physical activity (19%), while Clayton County Health District has the highest percentage of adults with no physical activity (29%). The service area also has a higher incidence of chlamydia, gonorrhea and HIV compared to the state.

Focus group members spoke positively about their local built environment supporting physical activity across age groups due to the availability of walking paths, parks, low-cost fitness centers and youth sports programs. Key informants and community members also stressed that many residents lack the time and resources to access healthy foods, prepare meals and engage in physical activity and discussed the need for better health education and programs to encourage health-promoting behaviors.

Mental Health

Compared to the state, the service area has a similar percentage of adults reporting excessive alcohol consumption, but it has lower rates of age-adjusted ER inpatient visits for drug overdoses. The death of despair rate (suicide, drug overdose, and alcohol-related deaths collectively) is highest among men in District 4 Public Health, the district where City of Hope Atlanta is located. There is a shortage of substance use treatment providers, but this is most pronounced in the Southwest Health District.

Multiple key informants and focus group members identified mental health services as the “greatest need” in their communities, and discussed provider shortages, waitlists for services and unaffordable mental health care as barriers that contribute to poor mental health outcomes. Participants shared that unmet needs for mental health care are also a major contributor to the rising numbers of homeless individuals across the service area and identified substance misuse as a major, ongoing problem.

Chronic Disease

Chronic disease rates are high across much of the service area. Among Medicare beneficiaries, almost 60% have high blood pressure and 50% have high cholesterol, and the percentage of adults with diagnosed diabetes (11%) increased by about 35% between 2004 and 2021. However, there is a lower percentage of Medicare beneficiaries who have heart disease in the service area than the state and the country. With regard to heart disease mortality, there are significant racial disparities within the service area, and Black residents are almost 16% more likely to die from heart disease than White residents, 78% more likely than Hispanic residents, and 90% more likely than Asian residents.

Key informants and focus group members noted the high prevalence of chronic diseases, especially diabetes, as a major issue within their communities. They indicated that chronic disease management is a challenge for many, citing inadequate resources, including time, finances and affordable healthy food options, as barriers to chronic disease management. They also discussed the need for better education about chronic disease self-management and expressed concerns about limited access to evidence-based information in the community, especially information tailored for people with low health literacy, and stressed the need to address the root causes of chronic conditions.

Cancer

The incidence of cancer in City of Hope Atlanta's service area is slightly lower than that of the state. However, the service area experiences a significantly higher incidence of prostate cancer (146.7 per 100,000 males) than the state and the country, with exceptionally high rates in Clayton County (170.3 per 100,000 males). Clayton County also has the highest colon and rectum cancer incidence rate in the service area, while the West Central and Southwest Health Districts have higher lung cancer incidence rates higher than the state and country.

There are significant disparities in cancer outcomes within the service area. There is a higher cancer incidence rate among White residents (compared to Black and Hispanic/Latino residents in the service area, but Black residents have significantly higher age-adjusted cancer mortality rates than white residents. Disparities are greatest in the DeKalb Health District, where Black residents are 37% more likely to die from cancer than White residents.

Colon cancer is the second leading cause of cancer mortality among residents in City of Hope Atlanta's service area and is the third leading cause among both women and men. Prostate cancer is the second leading cause of cancer mortality among men, and mortality is disproportionately higher among Black men. Though the prostate cancer mortality rate declined between 2012 and 2022 for both Black and White residents, it declined at a greater rate for White than Black men.

Across key informant interviews (KIIs) and focus groups, participants' discussions of cancer issues centered on disparities in outcomes, especially among African Americans. They noted a need to

address multiple factors to combat disparities more effectively and also identified a pressing need for efforts to prevent and mitigate the financial hardships associated with cancer treatment and provide patients with more holistic support. Community members and providers also discussed a need for more effective cancer-focused health education programming and campaigns to address modifiable risk factors, encourage routine screenings and care, and raise awareness of different types of cancer. Key informants also highlighted the impact of the COVID-19 pandemic on cancer outcomes, with several noting that the pandemic negatively impacted screening rates and, consequently, they are anticipating increases in late-stage diagnoses.

Health Status and Mortality

The service area is similar to the state regarding average days of poor mental health and poor physical health per month, with an average 4.6 days of poor mental health and 3.2 days of poor physical health per month. However, residents in the most rural districts in the area, Southwest Health District and West Central Health District, have higher averages of poor mental health days and physical health days per month, followed closely by Clayton County Health District. Residents in Gwinnett, Newton and Rockdale Counties have the lowest average of poor mental health days, while Cobb & Douglas Health District has the lowest average of poor physical health days per month.

Top Causes of Premature Death

- **Accidental Poisoning and exposure to noxious substances**
- **Assault (Homicide)**
- **Motor vehicle crashes**
- **Ischemic heart and vascular disease**
- **Intentional self-harm (suicide)**

Top Causes of Death

Ischemic heart and vascular disease

Cerebrovascular disease

COVID-19

Essential (primary) hypertension and hypertensive renal and heart disease

All other diseases of the nervous system

Strategies and Recommendations

Key informants and focus group participants shared various strategies and recommendations to address areas of concern, with particular focus on social determinants of health, health care access issues for low-income and rural residents, and racial disparities in cancer mortality.

Social Determinants of Health

- **Build and join purpose-driven multisectoral collaboratives at the community and state level.**
- **Incentivize economic growth and employment opportunities in rural areas.**
- **Increase stock of quality, affordable homes and avoid rapid raises in property taxes.**
- **Open more farmers markets and slow the development of discount stores.**
- **Partner with ride share services to provide free or low-cost transportation to medical appointments.**
- **Accept patients who do not have health insurance.**
- **Reduce health insurance co-pay and premium costs.**

The Vital Conditions for Health and Well-Being framework may help to guide the prioritization of actions to address social determinants of health in the service area.

Health Care Access

- **Partner with local and regional organizations to champion broadband access in rural areas, in support of expanding telemedicine and virtual clinician appointments.**
- **Partner with rural community clinics to:**
 - Donate staff time to allow clinics to serve more patients and fill gaps in specialty and other types of care.
 - Provide financial resources to increase wages and support the retention of clinic staff.
 - Contribute to joint investments in the purchase and staffing of mobile clinics to increase access to care in underserved rural communities.
 - Serve as links to care for uninsured and underinsured community members.
- **Invest time and resources into the development of sustainable partnerships with trusted community leaders and organizations.**
- **Invest in creative, community-led transportation solutions in rural areas.**

- **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.**

Racial Disparities in Cancer Mortality

- **Increase research participation among Black and African American individuals that encompasses the full realm of cancer from prevention to survivorship.**
- **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.**
- **Increase awareness of the importance of cancer screening by engaging trusted champions in Black and African American communities.**
- **Educate the general public and medical professionals about racial disparities in cancer mortality.**

INTRODUCTION

City of Hope Atlanta

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.

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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. Designating community benefit programs as an institutional priority has created meaningful, impactful programs that meet the needs of vulnerable populations in their service area. This institutional commitment is fostering collaboration among City of Hope employees, the local communities and charitable organizations to participate in activities that benefit our Atlanta service area. By making community benefit a priority, we're placing a more strategic focus on the needs that are critical to their service area and creating pathways for health and healing.

What is a Community Health Needs Assessment?

The 2010 Patient Protection and Affordable Care Act (ACA) required all not-for-profit, tax-exempt hospitals to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years in the communities they serve to better meet the health needs of under-resourced populations. GHPC has been supporting hospital and health system partners in meeting and exceeding the CHNA components of Internal Revenue Service (IRS) regulations, including IRS final regulations of Section 501(r) entitled "Additional Requirements for Charitable Hospitals." In November 2023, City of Hope Atlanta contracted with Georgia Health Policy Center (GHPC) to conduct a rapid CHNA that meets industry standards.

Per the IRS guidance, this CHNA process included synthesis of:

Secondary data specific to the populations and geographic areas served by City of Hope Atlanta

Five individual key informant interviews with community leaders and subject matter experts

Two focus groups with service region residents

Service Area

City of Hope Atlanta’s campus is located at 600 Celebrate Life Parkway in Newnan, Georgia. City of Hope Atlanta’s primary service area includes Coweta County and surrounding counties in southwest Georgia, as well as the counties that make up the Metro Atlanta area. These counties fall within eight of Georgia’s 18 public health districts (Table 1). Outside of this primary service area, City of Hope Atlanta also serves residents of Alabama, North Carolina, South Carolina, Tennessee, Florida and other regions in Georgia.

Table 1. Public Health Districts and Counties in City of Hope Atlanta’s Service Area

Public Health District	Counties
District 4 Public Health	Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson
Fulton Health District	Fulton
DeKalb Health District	DeKalb
Cobb & Douglas Health District	Cobb, Douglas
Gwinnett, Newton and Rockdale Counties	Gwinnett, Newton, Rockdale
Clayton County Health District	Clayton
West Central Health District	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
Southwest Health District	Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

Project Oversight

The Community Health Needs Assessment process was overseen by:

Nancy Clifton-Hawkins, M.P.H., M.C.H.E.S.

Director

Community Benefit

Office of Diversity, Equity and Inclusion

City of Hope National Medical Center

Board Approval, Availability and Comments

This CHNA was presented to the Board of Directors of City of Hope Atlanta for adoption during the meeting of the Board on May 17, 2024. This report is available to the public on the hospital's website, CityofHope.org/about-city-of-hope/community-outreach/community-benefit. Written comments on this report can be submitted to Nancy Clifton-Hawkins at CommunityBenefit@coh.org.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public, and public comment must be solicited. In compliance with these regulations, the City of Hope Atlanta CHNA and Implementation Strategy were made available to the public at CityofHope.org/about-city-of-hope/community-outreach/community-benefit.

METHODOLOGY

The City of Hope Atlanta CHNA study was approved by the Institutional Review Board (IRB) at Georgia State University. Researchers employed quantitative evaluation methods to assess the community health status (secondary data) in the areas that City of Hope Atlanta serves. Community input (primary data) was obtained to provide context for the quantitative findings and understand how particular health issues impact community members.

Community Health Status

To evaluate the health status of the community that City of Hope Atlanta serves on a population-level, secondary or quantitative data were collected and analyzed. National, state and county-level data were collected from more than a dozen publicly available sources and included demographics, social and economic factors, health behaviors and health outcomes. City of Hope Atlanta's service area includes Coweta County and the surrounding counties, as well as counties in the Metro Atlanta area. Based on the recommendations from the Centers for Disease Control and Prevention (CDC) for 2022-2024 CHNA reports, this report provides an overview of common health metrics for which county-level data are available. County and district-level data are benchmarked against service area, state, and country-level data when appropriate to support identification of local strengths and weaknesses.

Community Input

Input was gathered from community members and local service providers representing various sectors through focus groups and KIIs. The intent of these conversations was to better understand the quantitative data findings and identify community priorities, assets, and needed resources from the perspective of residents.

Key Informant Interviews

The names and email addresses for six potential key informants representing local organizations were provided to GHPC by City of Hope's Community Benefit director. An additional list of five potential key informants who serve in various roles within the Georgia Cancer Control Consortium were also identified. Research staff contacted the key informants via email to invite them to take part in an interview and select an interview day and time if interested. Sixty-minute interviews were conducted virtually using Zoom and were recorded and transcribed for analysis. The consent form and interview guide approved by the IRB were employed at each interview. Five key informants participated in interviews to support the CHNA (see Appendix B for participant characteristics). Analysis of KIIs was completed using Microsoft Excel. A codebook was developed using a priori codes and interviews were analyzed for themes and subthemes. Paired analysis ensured reliability in the coding process.

Focus Groups

GHPC retained Wilkins Research Services, LLC, a Certified Women's Business Enterprise, to recruit focus group participants from targeted geographies. Two focus groups were conducted with a total of 20 participants (see Appendix C for participant characteristics). GHPC sought to include a mix of participants representative of City of Hope Atlanta's diverse service area for the focus groups, and purposively recruited individuals with a tie to cancer and representatives of underserved and marginalized populations in the community. The focus groups were held virtually using Zoom and lasted approximately 90 minutes. In exchange for participation, focus group members received a stipend of \$50. Each focus group was moderated by two facilitators and audio recorded.

Qualitative Analysis

Recordings were transcribed and independently coded by three staff members to identify themes and sub-themes. After coding was complete, the team cross tabulated coded text to identify themes and subthemes. The team then met to discuss preliminary themes and engage in initial sensemaking before reaching agreement on final themes to support the identification of significant health concerns, priorities and assets within the community.

SIGNIFICANT HEALTH NEEDS

Review of Community Health Status and Community Input

The community health status was assessed using existing quantitative data. These data were systematically reviewed to identify areas of strength, concern, and opportunity across the communities in City of Hope Atlanta's service area. Data were stratified by demographic characteristics and public health district to examine differences in economic and social factors, behaviors, and outcomes within and between districts and compare against state and national

benchmark data. The quantitative analysis informed the development of the interview and focus group guides and subsequent qualitative data collection with key informants and residents of City of Hope Atlanta's service area who participated in focus groups. Community input via interviews and focus groups afforded residents an opportunity to reflect on areas of concern and strength. It also allowed the research team to provide information back to local providers and residents and gather information that both contextualized the quantitative findings and offered additional factors for consideration. Once the focus group findings, key informant interview themes and qualitative data analysis were complete, findings were triangulated to prioritize significant health needs within the service area and surface community assets to leverage and strategies to build on areas of strength and address needs.

Significant Health Needs

The top health needs in City of Hope Atlanta's service area identified through an analysis of quantitative and qualitative data include:

- **Access to care**
- **Food insecurity**
- **Chronic disease**
- **Inadequate Financial Resources**
- **Overweight and obesity**
- **Mental health**
- **Cancer**

Resources to Address Significant Needs

Key informants and focus group participants identified a host of community facilities, assets and resources that can be leveraged to address significant health needs. See Appendix D for a detailed table that provides the name, location, and a description for each resource.

COMMUNITY DEMOGRAPHICS

Population

According to American Community Survey 2017-2021 estimates, the population in the eight public health districts that City of Hope Atlanta serves is 5,764,369. The public health districts that make up the Metro Atlanta area (Fulton Health District, DeKalb Health District, Cobb & Douglas Health, Gwinnett, Newton and Rockdale counties, and Clayton County Health District) have the highest population density of the districts that City of Hope Atlanta serves, and these are the most urban areas in the state. All but one of the 16 counties in West Central Health District and all but one of the 14 counties in Southwest Health District are considered rural, and these districts have a much lower population density.

Table 2. Population by Public Health District

Public Health District	Population	Population Density	Rural-Designated Counties, %
District 4 Public Health	875,687	243	50%
Fulton Health District	1,054,286	2,001	0%
DeKalb Health District	758,634	2,833	0%
Cobb & Douglas Health District	906,020	1,481	0%
Gwinnett, Newton and Rockdale Counties	1,152,750	1,108	0%
Clayton County Health District	294,335	2,078	0%
West Central Health District	370,401	88	94%
Southwest Health District	352,256	60	93%
City of Hope Atlanta Service Area	5,764,369	1,236	56%
Georgia	10,625,615	184	75%

Sources: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021. Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

There are over 5.7 million Georgians in the eight public health districts of City of Hope Atlanta's service area. Five of the eight public health districts (Cobb & Douglas; District 4; DeKalb; Fulton; and Gwinnett, Newton, and Rockdale Counties) experienced significant population growth between 2010 and 2020 (Figure 1). This is important to note because a significant shift in total population over time can impact access to health care providers and community resources.

According to the United States Census Bureau Decennial Census, between 2010 and 2020:

The population in Cobb & Douglas Health District grew by 89,907 persons, a change of 10.96%.

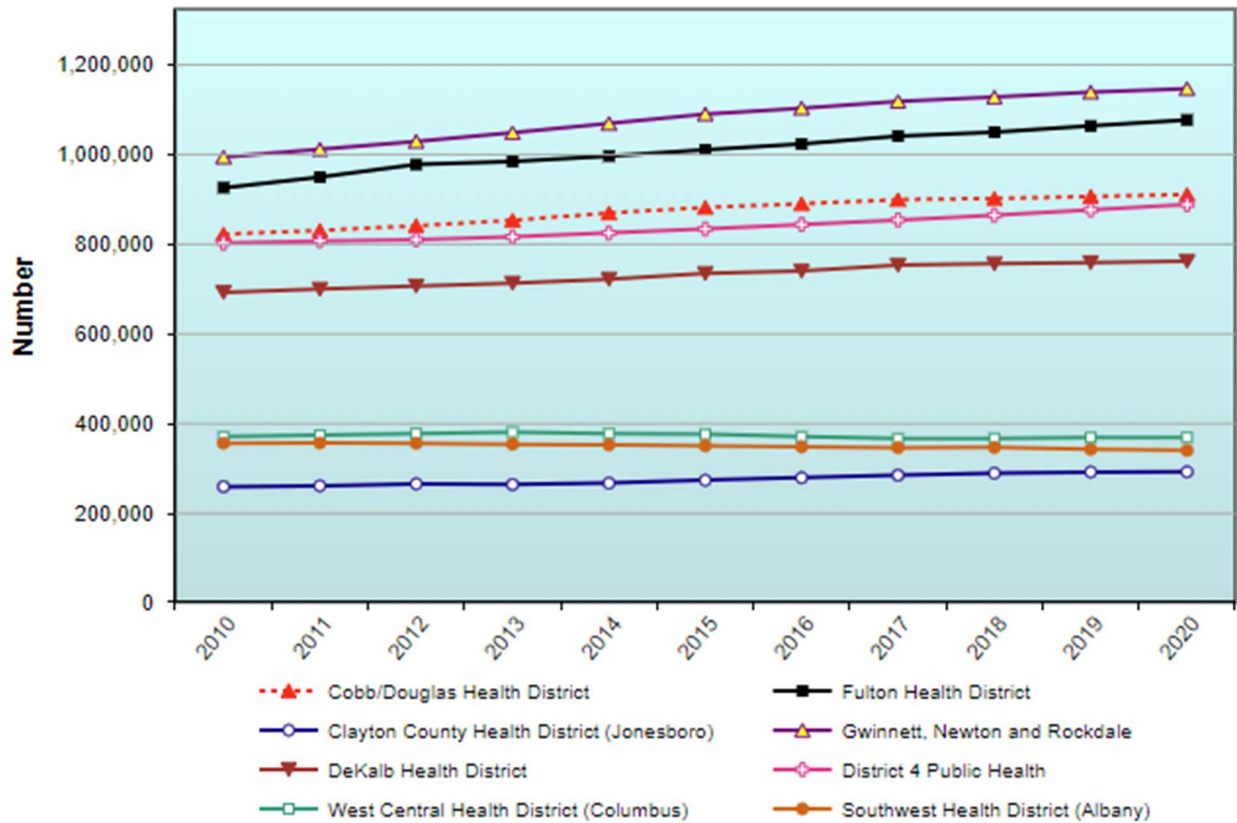
The population in DeKalb Health District grew by 72,540 persons, a change of 10.49%.

The population in District 4 Public Health grew by 84,265 persons, a change of 10.53%.

The population in Fulton County Health District grew by 146,132 persons, a change of 15.87%.

The population in Gwinnett, Newton, and Rockdale Counties grew by 172,568 persons, a change of 17.42%.

Figure 1. Population Change by Public Health District

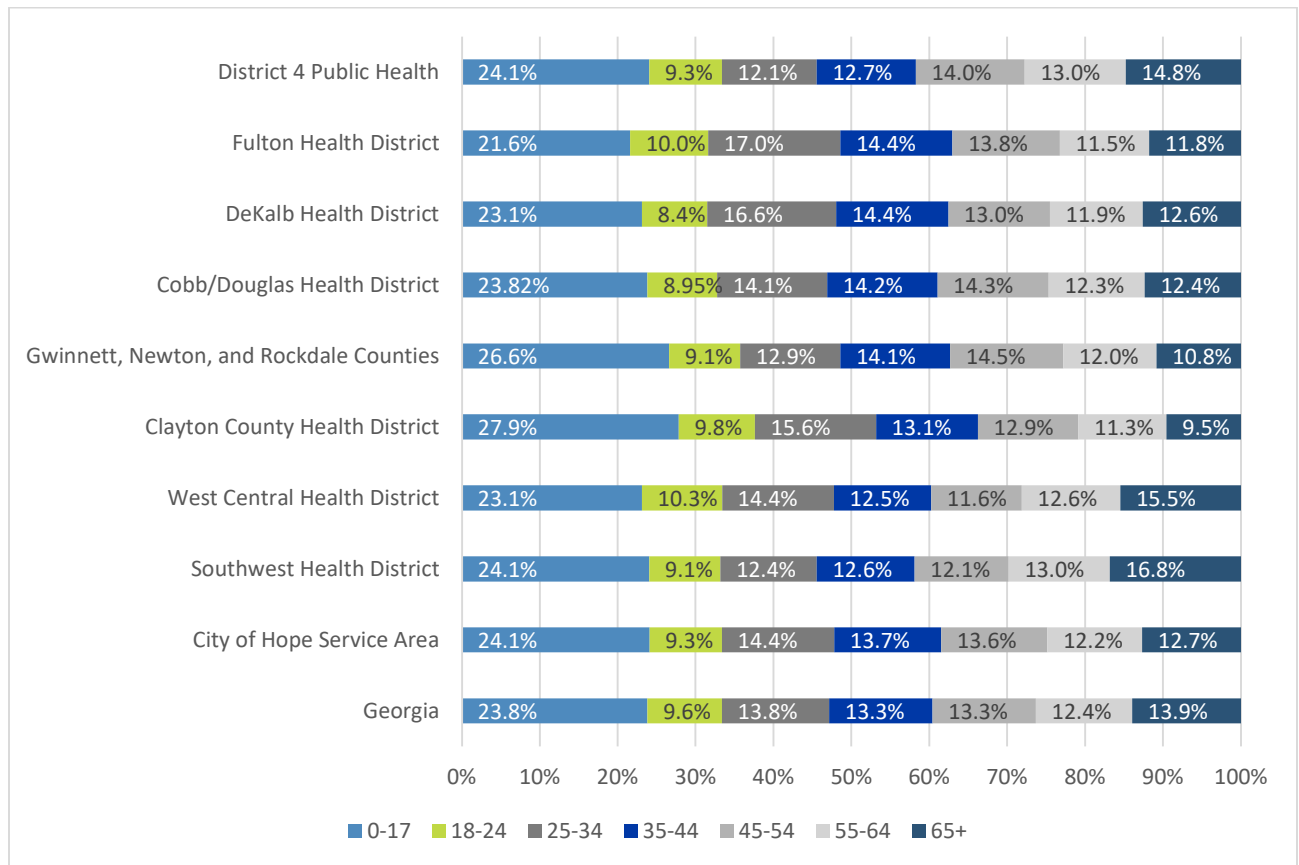


Source: Georgia Department of Public Health, OASIS, 2010-2020

Age

City of Hope Atlanta’s service population is very similar to the total population in Georgia when comparing by age. The more rural districts, Southwest Health District and West Central Health District, however, have the highest percentages of adults aged 65 and older (Figure 2). Considering that older adults account for the largest portion of U.S. health care spending, these districts may require additional providers and community services to meet the needs of the population.¹ Clayton County Health District has the highest percentage of residents aged 0-17 (27.9%), which may also create a greater need for child- and youth-focused community services and resources.

Figure 2. Age of the Population by Public Health District

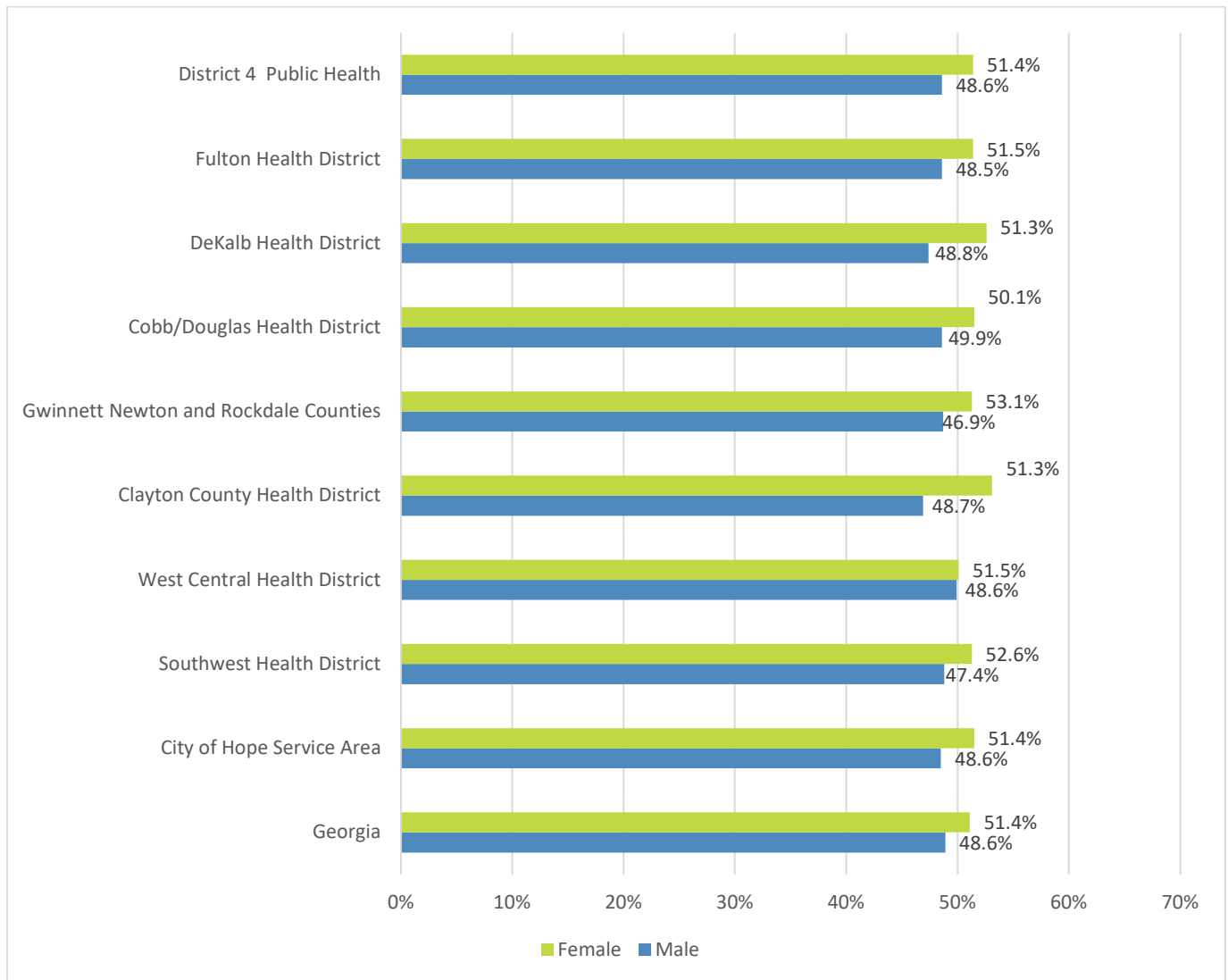


Sources: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021
 Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Gender

According to American Community Survey five-year estimates, Georgia’s population consists of 48.9% males and 51.1% females (Figure 3). City of Hope Atlanta’s population is similarly distributed, with slightly more women than men across each public health district in the service area.

Figure 3. Gender by Public Health District



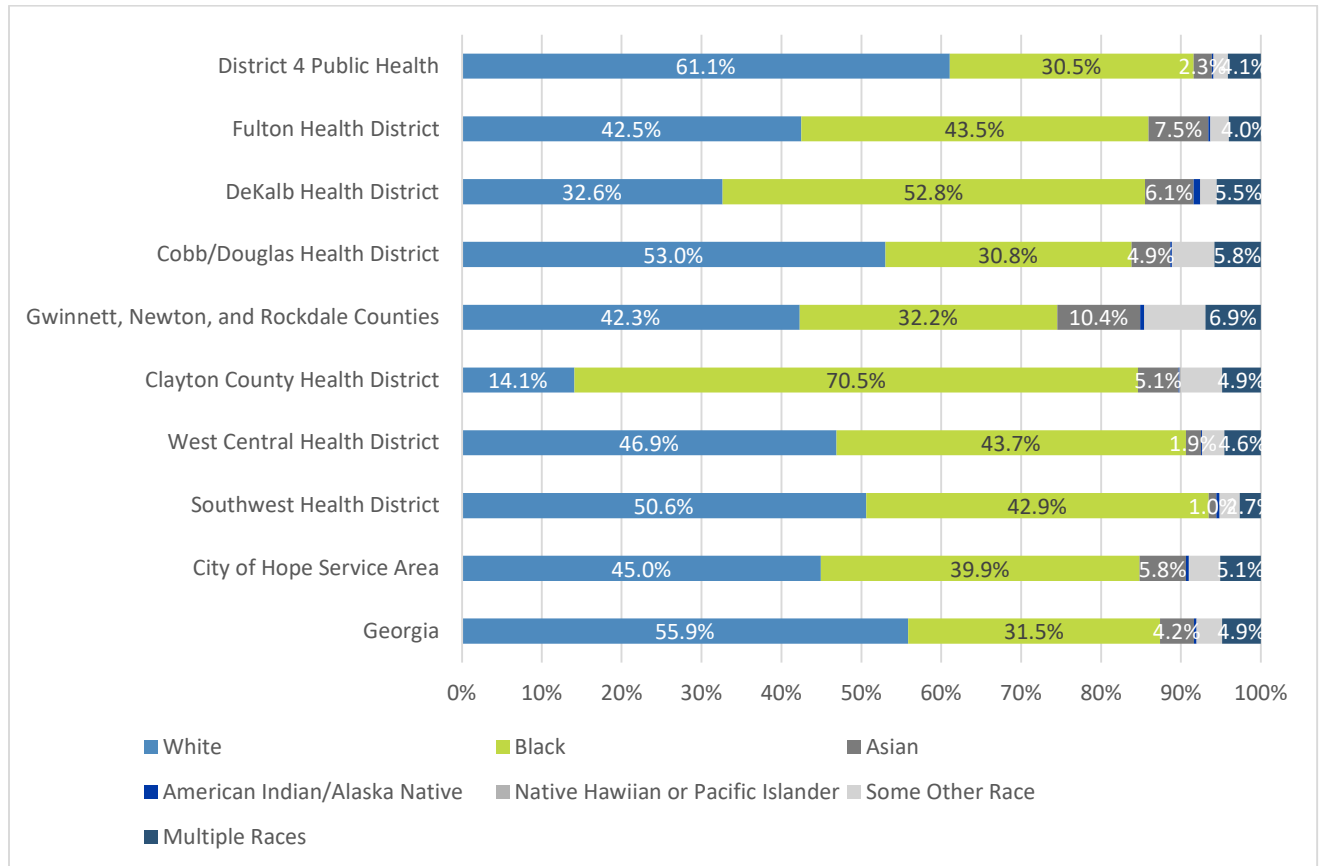
Sources: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021
 Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Race and Ethnicity

The distribution of City of Hope Atlanta’s service population by race varies greatly across public health district (Figure 4). Clayton County Health District has the highest percentage of non-Hispanic Black residents (70.5%) and the lowest percentage of non-Hispanic White residents (14.1%). Conversely, District 4 Public Health has the highest percentage of non-Hispanic White residents (61.1%) and the lowest percentage of non-Hispanic Black residents (30.5%). Gwinnett, Newton, and Rockdale Counties have the highest percentage of Asian residents (10.4%). Only 0.06% of City of Hope Atlanta’s service population is Native Hawaiian or Pacific Islander, and only 0.3% is American Indian or Alaska Native. When comparing City of Hope Atlanta’s service area to

the state overall, there is a lower percentage of non-Hispanic White residents in the service area (45%) than the state (55.9%).

Figure 4. Race by Public Health District



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021
 Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

City of Hope Atlanta’s service population has roughly the same percentage of Hispanic/Latino residents (10.8%) as the state (10%), and Gwinnett, Newton and Rockdale counties have the highest percentage of Hispanic/Latino residents (19.4%) of all the districts in the service area. District 4 Public Health and Southwest Health Districts have the lowest percentage of Hispanic/Latino residents (6.5% each). Table 3 summarizes this information by public health district.

Table 3. Ethnicity by Public Health District

Public Health District	Hispanic/Latino	Non-Hispanic
District 4 Public Health	6.5%	93.6%
Fulton Health District	7.3%	92.7%
DeKalb Health District	8.5%	91.5%
Cobb & Douglas Health District	13%	87%

Gwinnett, Newton and Rockdale Counties	19.4%	80.6%
Clayton County Health District	13.4%	86.6%
West Central Health District	7.1%	92.9%
Southwest Health District	6.5%	93.5%
City of Hope Atlanta Service Area	10.9%	89.1%
Georgia	10.1%	89.9%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Language

Approximately 6.9% of residents aged 5 years and older in City of Hope Atlanta's service area have limited English proficiency. These are individuals who speak a language other than English at home and speak English less than "very well". Gwinnett, Newton and Rockdale counties have the greatest percentage of residents with limited English proficiency (13.4%), which is likely related to having a higher percentage of Hispanic/Latino residents than any other district in the service area. According to the U.S. Census Bureau, living with limited English proficiency can create barriers to important health information, education and health care. Living in linguistically isolated households can create barriers as well, and approximately 3.6% of residents in City of Hope Atlanta's service area live in such settings. Linguistically isolated homes are characterized by having no household members aged 14+ who speak only English at home or no person age 14+ who speaks a language other than English at home and speaks English "very well."

Table 4. Language Proficiency by Public Health District

Public Health District	Linguistically Isolated Population Age 5+	Population Age 5+ with Limited English Proficiency
District 4 Public Health	1.2%	2.7%
Fulton Health District	2.6%	5%
DeKalb Health District	5.1%	8%
Cobb & Douglas Health District	2.9%	6.8%
Gwinnett, Newton and Rockdale Counties	7.5%	13.4%
Clayton County Health District	4.6%	9%
West Central Health District	0.8%	2.2%
Southwest Health District	1.4%	2.6%
City of Hope Atlanta Service Area	3.6%	6.9%
Georgia	2.7%	8%

Data source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

SOCIAL AND ECONOMIC FACTORS

Poverty

The U.S. Census Bureau determines poverty status by comparing a person's total family income with the poverty threshold for that person's family size and composition.² The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index. The three districts with the highest percentage of residents with income below 200% of the federal poverty level (FPL)² are Clayton Health District, West Central Health District, and Southwest Health District. These counties have significantly higher portions of residents living with income below 200% of the FPL than City of Hope Atlanta's service area as a whole (29.7%) and the state (31.4%).

Table 5. Population Living Below 200% of the Federal Poverty Level by Public Health District

District	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent
District 4 Public Health	243,456	27.9%
Fulton Health District	276,397	26.8%
DeKalb Health District	223,385	29.8%
Cobb & Douglas Health District	198,659	22.1%
Gwinnett, Newton and Rockdale Counties	326,965	28.3%
Clayton County Health District	129,179	44.3%
West Central Health District	141,550	40.7%
Southwest Health District	145,859	43.1%
City of Hope Atlanta Service Area	1,685,450	29.7%
Georgia	3,284,036	31.4%

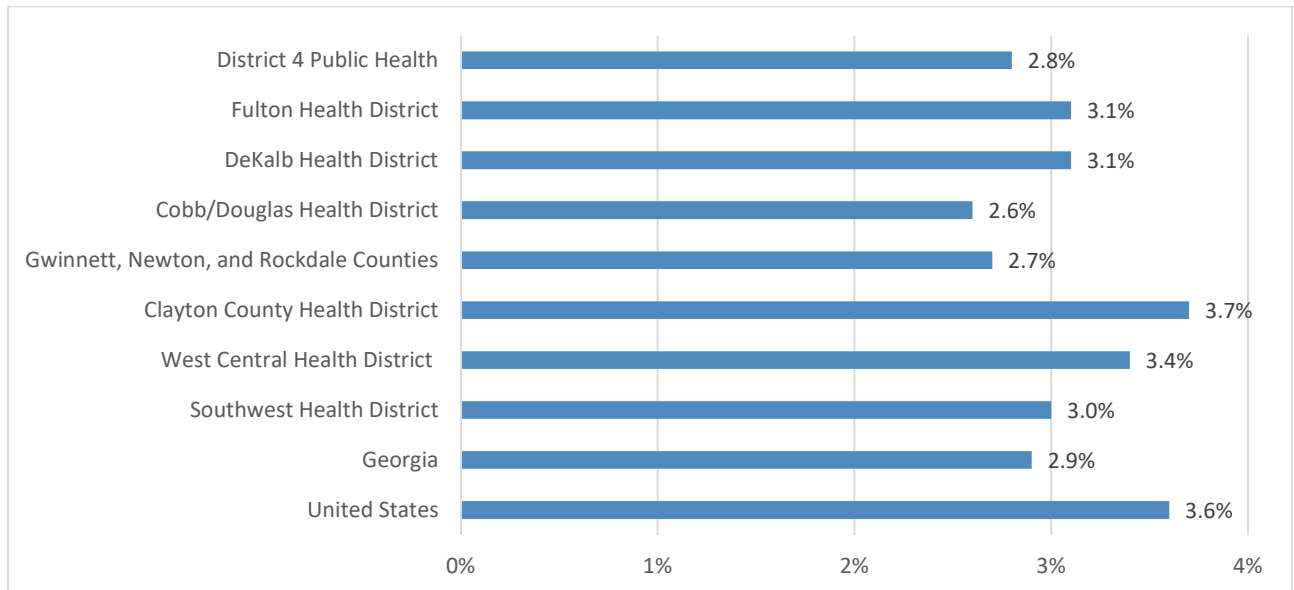
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2017-2021
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Unemployment

When an individual is unemployed or underemployed, they are at increased risk for adverse health outcomes, and those who experience short-term unemployment often lack health care access.³ This is an ongoing concern in Georgia, a state that has not adopted ACA Medicaid expansion.⁴ While the unemployment rate is lower in the state (2.9%) than the country (3.6%), there are some districts in the service area that are experiencing higher rates of unemployment than others (Figure 5). Clayton County Health District has an unemployment rate of 3.7% and West Central Health District's unemployment rate is 3.4%. Conversely, only 2.6% of residents in Cobb & Douglas Health District are considered unemployed.

² 200% of FPL for a family of four is a monthly income of \$5,200 or less.

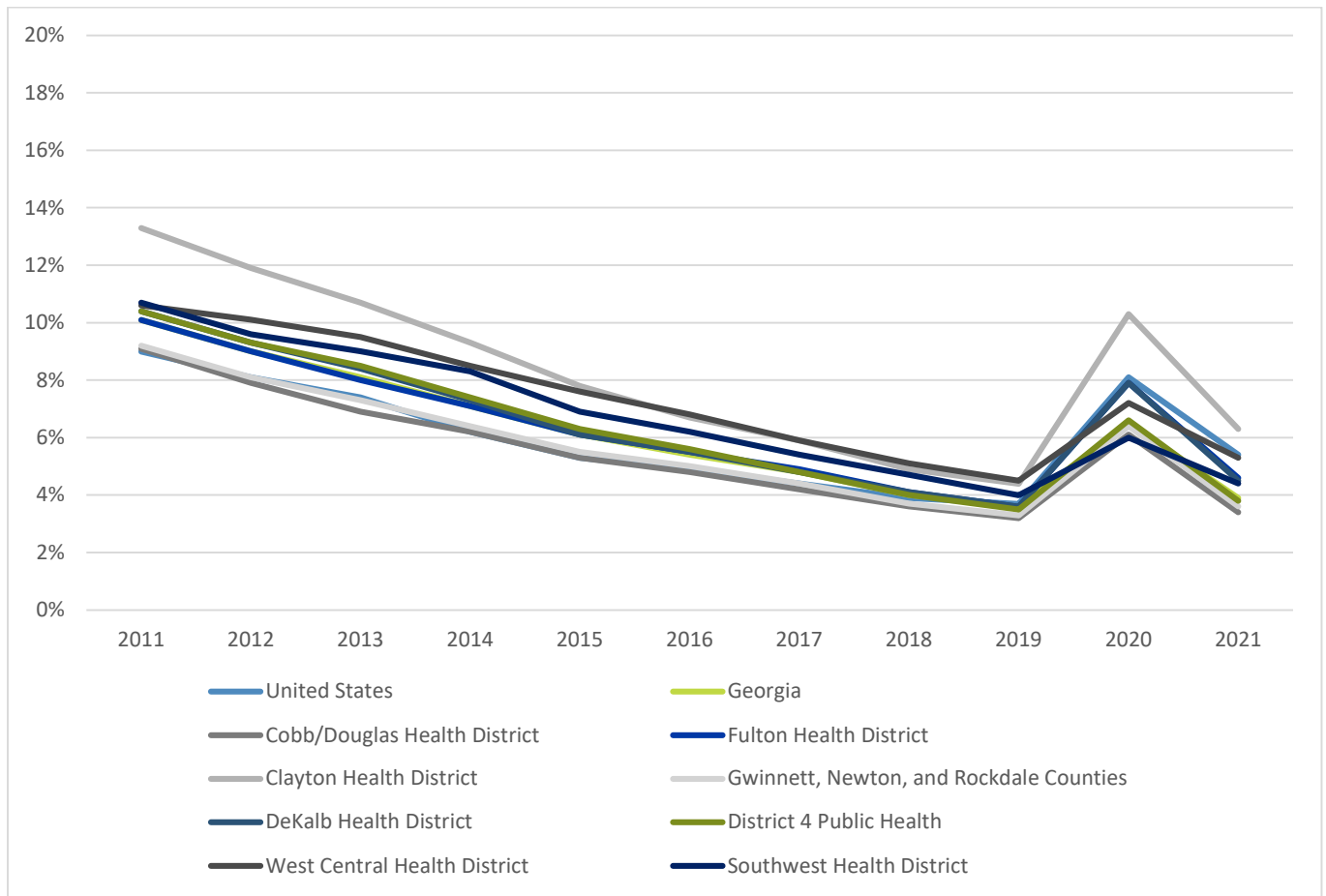
Figure 5. Unemployment Rate by Public Health District, 2023



Source: U.S. Department of Labor, Bureau of Labor Statistics, 2023

According to the U.S. Bureau of Labor Statistics, the COVID-19 pandemic and pandemic response efforts contributed to the end of a decade-long period of economic expansion, as it led businesses to suspend operations or close, resulting in a record number of temporary layoffs.⁵ This sudden increase in unemployment impacted every district in City of Hope Atlanta's service area (Figure 6), but Clayton County Health District was the most adversely impacted, as the unemployment rate increased by 80% to 10.3% of the population. Although the economy is recovering, as evidenced by rapidly declining unemployment rates, Clayton County has not fully recovered, and unemployment is still higher than it was before the pandemic.

Figure 6. Average Unemployment Rate by Public Health District, 2011-2021



Source: US Department of Labor, Bureau of Labor Statistics, 2023

Households with No Motor Vehicle

Lack of transportation is a common barrier to health care access.⁶ Motor vehicle access is especially important in rural areas where there are often health care provider shortages and residents must travel further distances to get the care they need.

Table 6 summarizes households with no motor vehicle by public health district. Compared to the state (6%) and the U.S. (8.4%), one urban (Fulton, 10.7%) and one rural (West Central, 9.7%) district in the service area have a greater percentage of households with no motor vehicle. Both Cobb & Douglas Health District and Gwinnett, Newtown, and Rockdale Counties have a significantly lower percentage of households with no motor vehicle, with an estimated 3.6% and 3.4% of households respectively.

Table 6. Households with No Motor Vehicle by Public Health District

District	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, %
District 4 Public Health	318,952	13,757	4.3%
Fulton Health District	450,856	48,280	10.7%
DeKalb Health District	284,730	22,046	7.7%
Cobb & Douglas Health District	341,723	12,143	3.6%
Gwinnett, Newton and Rockdale Counties	391,117	13,235	3.4%
Clayton County Health District	104,820	7,712	7.4%
West Central Health District	137,757	13,319	9.7%
Southwest Health District	132,555	10,726	8.1%
City of Hope Atlanta Service Area	2,162,510	141,218	6.5%
Georgia	3,946,490	236,816	6%
United States	125,736,353	10,474,870	8.3%

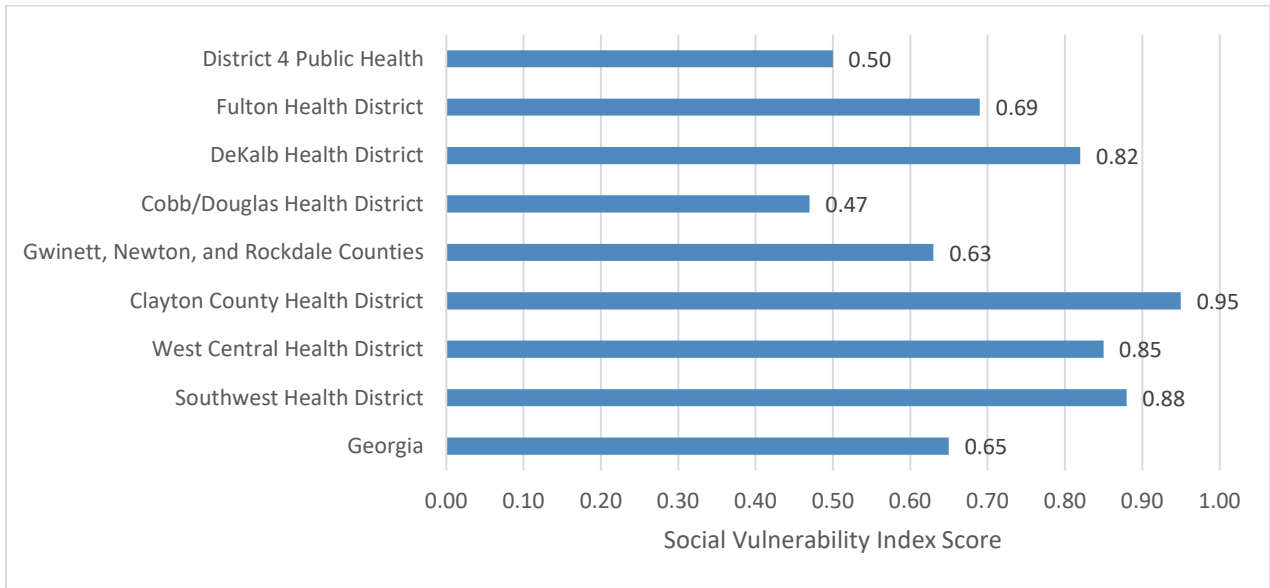
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Vulnerable Populations

According to the CDC's Agency for Toxic Substances and Disease Registry, social vulnerability refers to the potential negative effects on communities caused by external stresses on human health.⁷ Communities with high social vulnerability are at increased risk of human suffering and economic loss in the face of natural or human-caused disasters or disease outbreaks. Social vulnerability is calculated utilizing data related to socioeconomic status, household characteristics, racial and ethnic minority status, housing type and transportation.

Clayton County Health District, West Central Health District and Southwest Health District have the highest social vulnerability index scores of all the districts in the service area. Residents in these districts are more vulnerable than the population in the state and the country (Figure 7 and Figure 8).

Figure 7. Social Vulnerability Index Score by Public Health District



Source: Centers for Disease Control and Prevention, 2020

Figure 8. Social Vulnerability Index Score by County for City of Hope Atlanta’s Service Area

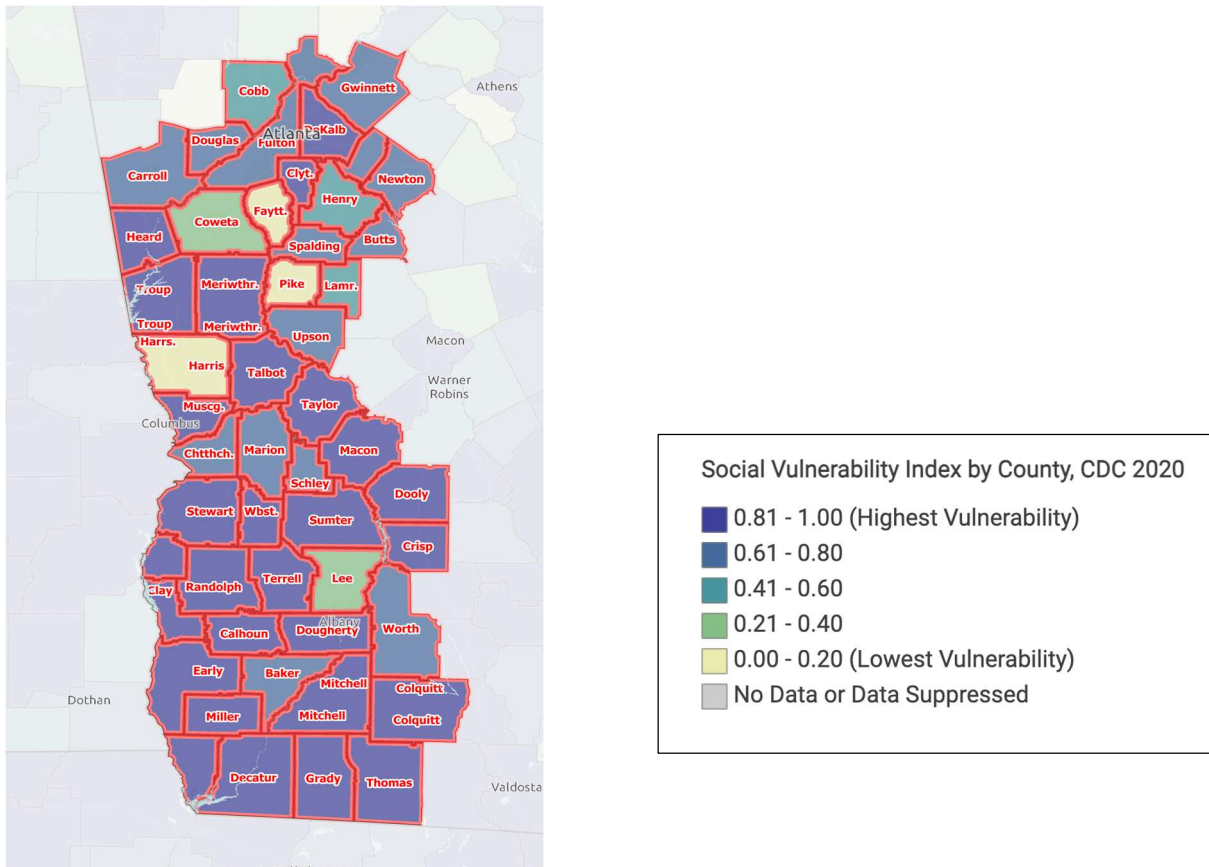


Image Source: Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Data Source: Centers for Disease Control and Prevention, 2020

Community Input

Participants in the KIIs and focus groups raised a myriad of issues stemming from inadequate financial resources. They emphasized that many residents of their communities are living paycheck to paycheck. Community members and providers directly linked inadequate financial resources to poor health, with multiple participants indicating that individuals with limited finances often lack the time to prepare healthy meals or engage in physical activity, particularly those working multiple jobs, and discussed how some people must choose between health-promoting behaviors, like going to the doctor, and purchasing food or gas for their vehicle. Participants also mentioned that residents with extremely limited finances may not be able to prepare healthy meals because they cannot consistently afford gas, water or electricity.

“Y'all have to understand. If you can't pay your bills, that means you don't have gas to cook on the stove. Or you don't have electricity. I mean getting the food...but having to cook it? That's a whole separate problem. You know what I'm saying. You can be hungry and get the food, but still can't cook it to feed yourself.”

~ Focus Group Participant

In addition to identifying challenges experienced by those with extremely limited finances, participants noted that wages across the board are not keeping up with inflation. This has resulted in financial hardships for people in the lower and middle-income brackets, limiting their ability to purchase health insurance with adequate coverage and afford copays associated with health care visits, particularly specialist visits. Participants also highlighted that people living in rural areas of their community are especially struggling financially. They noted many rural areas lack job opportunities and, to secure jobs, particularly better-paying jobs, rural residents need the financial resources to own a car and purchase gas. Moreover, participants shared that, of the scarce jobs available in rural areas, few offer employer-sponsored insurance, which serves as a barrier to health care.

Food Insecurity

According to Feeding America, food insecurity occurs when people cannot access the food they need to live their fullest lives.⁸ Feeding America’s [Map the Meal Gap](#) tool estimates the food insecure population in Georgia is 1.15 million (10.7%).

Residents of City of Hope Atlanta’s service area experience less food insecurity than the state and country populations (Table 7). However, a greater percentage of residents living in the West Central and Southwest Health Districts experience food insecurity (13.1% each) compared to Georgia residents (9.9%) and the country (10.3%). Conversely, residents in Cobb & Douglas Health District and Gwinnett, Newton and Rockdale Counties have significantly lower rates of food insecurity (7.2% and 7.4%, respectively) than the state and the country.

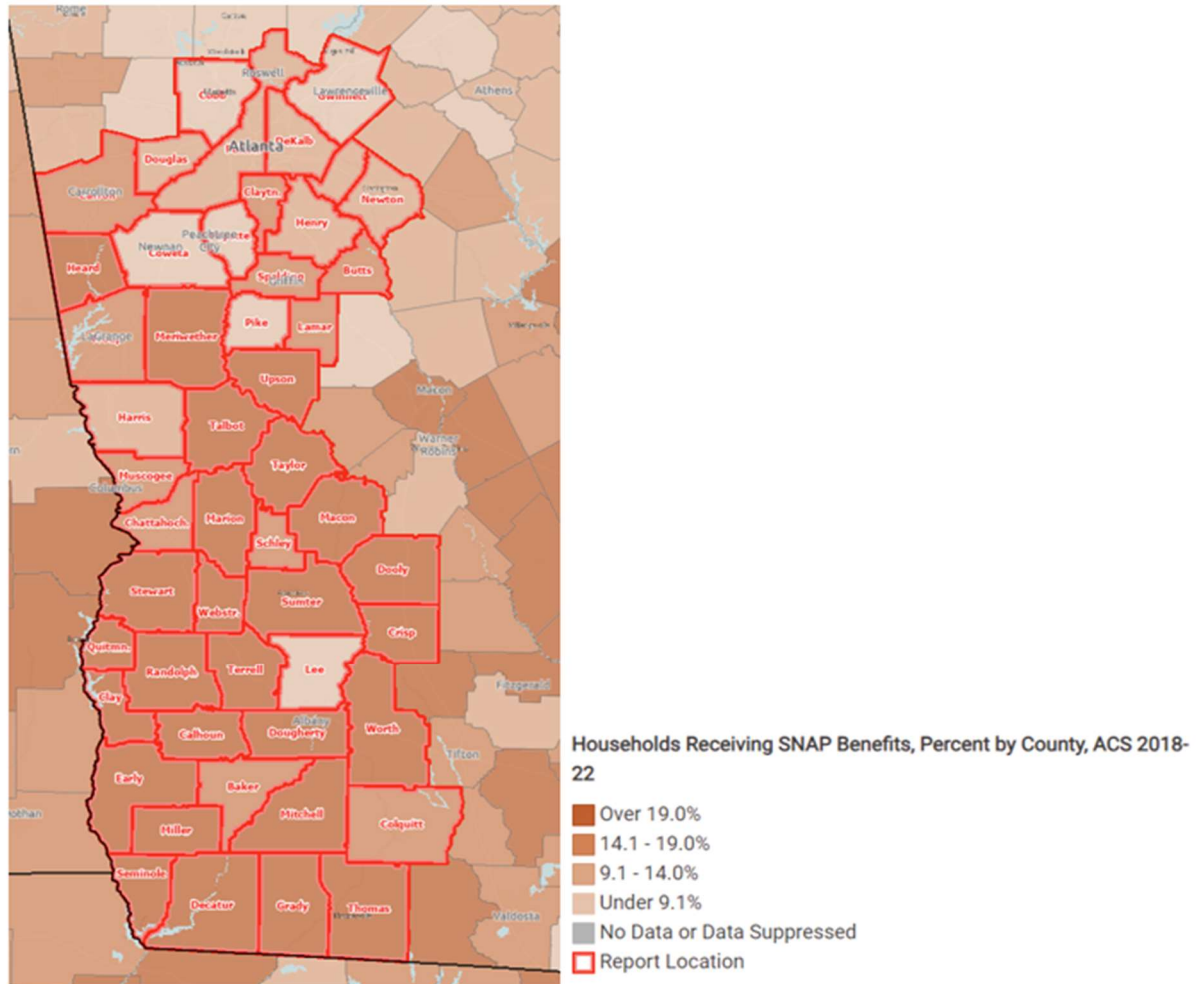
Table 7. Food Insecurity Rate by Public Health District

District	Food Insecure Population	Food Insecurity Rate
District 4 Public Health	78,260	8.9%
Fulton Health District	98,130	9.3%
DeKalb Health District	65,790	8.7%
Cobb & Douglas Health District	65,180	7.2%
Gwinnett, Newton and Rockdale Counties	85,510	7.4%
Clayton County Health District	27,530	9.4%
West Central Health District	48,170	13.1%
Southwest Health District	46,110	13.1%
City of Hope Atlanta Service Area	514,680	8.9%
Georgia	1,047,380	10.7%
United States	33,954,370	10.4%

Source: Feeding America, 2021

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded program that provides monthly benefits to low-income households to help pay for the cost of food. Approximately 12% of residents in City of Hope Atlanta’s service area receive SNAP benefits. Figure 9 presents a map of the percent of households by county receiving SNAP benefits in City of Hope Atlanta’s service area. Fayette County within District 4 Public Health has the lowest percentage of residents receiving SNAP benefits (4.5%), followed closely by Cobb County (5.9%). The more rural counties of the state have a much higher proportion of residents that rely on these benefits. For example, about 42% of residents in Randolph County of West Central Health district receive SNAP benefits, followed by Calhoun County of Southwest Health District at about 37%.⁹

Figure 9. Households Receiving SNAP Benefits by County in City of Hope Atlanta's Service Area

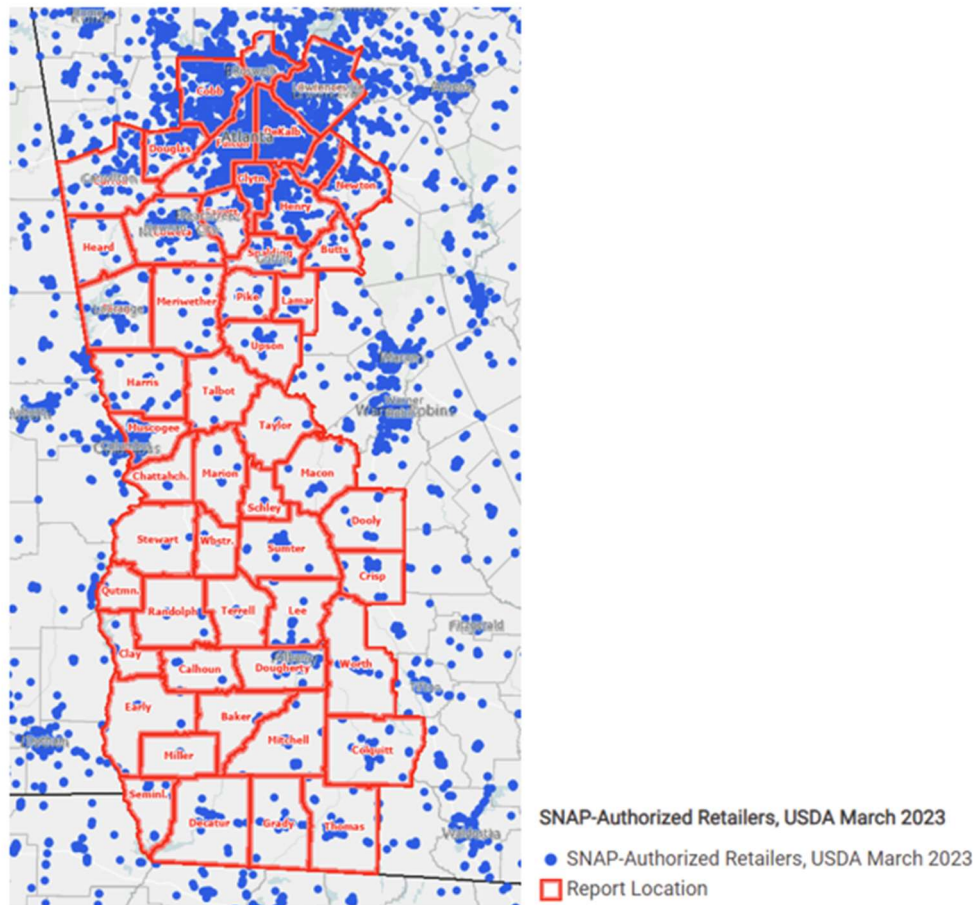


Source: US.. Census Bureau, American Community Survey, 2018-2022

Image source: Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

While greater portions of residents in rural counties of the service area receive SNAP benefits, there tends to be fewer SNAP-authorized retailers in these areas (Figure 10). SNAP-authorized stores include grocery stores, supercenters, specialty food stores and convenience stores that are authorized to accept SNAP benefits. There are as few as three authorized retailers in Schley, Webster and Chattahoochee counties, and only four in Clay and Baker counties. This likely worsens food insecurities that many residents of rural counties are already facing. This same scenario applies to the Supplemental Nutrition Program for Women, Infants and Children (WIC). Georgia WIC transitioned to electronic benefits in 2022, however, a shortage of retailers accepting WIC throughout the state, especially in rural areas, may make it difficult for Georgia families to redeem their WIC benefits.¹⁰¹¹

Figure 10. SNAP-Authorized Retailers, USDA, March 2023



Source: US Department of Agriculture, Food and Nutrition Service, SNAP Retailer Locator, 2023. Additional analysis by CARES.
Image source: Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Community Input

Food insecurity and barriers to accessing healthy food were frequently described as major health-related challenges across key informant interview and focus group participants. Participants shared that many low-income communities across urban, suburban and rural areas lack affordable, healthy food options. Participants also commented that disparities in access to healthy food are most prominent among African Americans and rural residents.

“...I don’t see that we have access to a fresh farmers market. Because when you’re talking about cancer, I think it’s diet driven. And fresh fruits, vegetables and things of that nature rather than processed packaged foods. I noticed that they will put a Family Dollar up in the area. We have 1, 2, I think 3 of them within a 5-mile radius.”

~Focus group participant

EFFECTS OF THE COVID-19 PANDEMIC

The COVID-19 pandemic began in March 2020. While the public health emergency declaration ended in May 2023, the virus is still impacting communities around the world. As a result of COVID-19 in 2022, Georgians died at a rate of 51.7 per 100,000 residents (Table 8). The public health districts within City of Hope Atlanta’s service area experienced lower rates of COVID-19 hospitalizations, ER visits and mortality than the state. However, some districts were impacted more than others. Southwest Health District experienced the highest rates of COVID-19 hospitalizations, ER visits and mortality in 2022 of all the districts in the service area, and significantly higher rates of these impacts than the state. Clayton County Health District experienced the lowest rates of COVID-19 hospital discharges and COVID-19 ER visit rates.

Table 8. Rate of COVID-19 Impacts per 100,000 Residents, by Public Health District, 2022

Report Area	COVID-19 Hospital Discharge Rate	COVID-19 ER Visit Rate	COVID-19 Mortality Rate
District 4 Public Health	213.1	1167	65.9
Fulton Health District	197.1	732.7	31.6
DeKalb Health District	195.2	643.3	31.7
Cobb & Douglas Health District	227	1001.8	38.7
Gwinnett, Newton and Rockdale	188.9	819.1	35.4
Clayton County Health District	136.2	606.3	47.2
West Central Health District	245.7	945.5	58.5
Southwest Health District	347.6	1989.5	71.2
City of Hope Atlanta Service Area	211.2	929.7	43.6
Georgia	232.4	1205.4	51.7

Source: Georgia Department of Public Health, OASIS, 2022

The COVID-19 public health emergency has ended because of nationwide efforts to combat the pandemic that involved vaccines, tests and treatments; a funneling of resources toward public health systems; and educating the public about mitigation efforts.¹² While COVID-19 vaccines played a key role in combatting the pandemic, they are not widely accepted in Georgia. Approximately 59% of Georgia residents are fully vaccinated, 28% of residents have received an additional dose after full vaccination, and only 10.6% have received the bivalent vaccine.¹³ Comparatively, 17% of the U.S. population has received the bivalent vaccine. Additionally, according to a recent Kaiser Family Foundation study, only 31% of Georgia’s nursing home residents have received the bivalent vaccine, despite this population’s increased risk of COVID-19 infection and mortality.¹⁴

ACCESS TO HEALTH SERVICES AND CARE

Health Insurance

Many Georgians face barriers to accessing health services and health care because they lack health insurance. An estimated 1.4 million Georgians do not have health insurance. Georgia's uninsured rate of 13% is third highest in the country. By comparison, 8.8% of U.S. residents are uninsured).¹⁵¹⁶ This difference is partly due to the fact that Georgia legislators have not voted to adopt full Medicaid expansion. City of Hope Atlanta's service population fares slightly worse than the state, with 13.4% of the residents lacking health insurance. Clayton County Health District has the highest proportion of uninsured residents of all the districts in the service area at 18.3%. Throughout the service area, there are also significant racial and ethnic disparities in health insurance coverage (Table 9). In six of the eight health districts, there is a higher percentage of uninsured Black residents than uninsured White residents. Also, across all health districts in the service area, a significant portion of Hispanic/Latino residents are uninsured (30.1%). The district with the highest percentage of uninsured Hispanic/Latino residents is Southwest Health District (36%), a predominantly rural area.

Table 9. Percentage of Residents who are Uninsured, by Public Health District

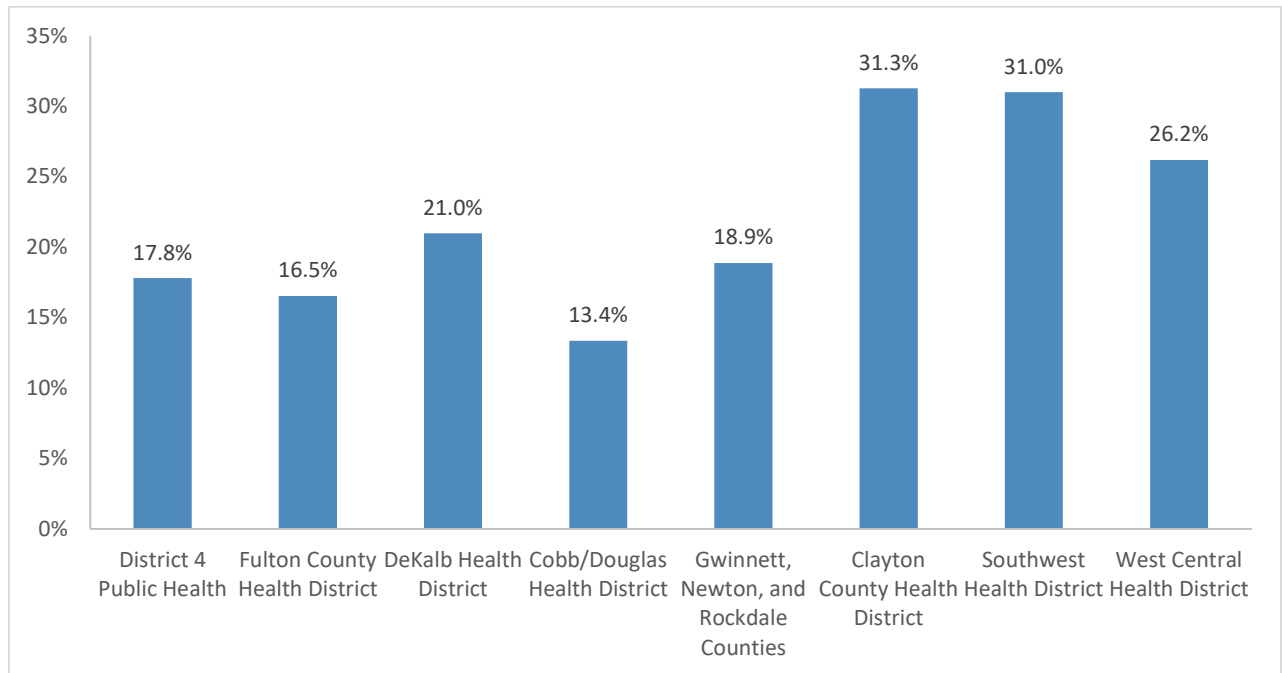
Public Health District	Total Population	White	Black	Asian	Hispanic/Latino
District 4 Public Health	10.7%	10.9%	11.6%	11.0%	21.0%
Fulton Health District	10%	5.9%	13.6%	4.3%	26.6%
DeKalb Health District	13.4%	8.0%	14.4%	13.8%	35.5%
Cobb & Douglas Health District	12.6%	10.5%	11.3%	3.6%	31.1%
Gwinnett, Newton and Rockdale Counties	15.5%	14.5%	11.5%	9.5%	35.3%
Clayton County Health District	18.3%	20.4%	16.2%	15.9%	32.5%
West Central Health District	12.5%	11.6%	14.6%	19.5%	22.7%
Southwest Health District	16.2%	13.7%	16.1%	15.5%	36.0%
City of Hope Atlanta Service Area	13.4%	11.9%	13.7%	11.6%	30.1%
Georgia	13.1%	9.8%	13.4%	10.5%	31.1%
United States	8.8%	6.0%	10.0%	6.3%	17.7%

Source: US Census Bureau, American Community Survey Five-Year Estimates, 2017-2021
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Despite having generally lower rates of insured residents compared to the U.S., there are still millions of Georgians who are insured through Medicaid. Approximately 20% of Georgians with health insurance are insured through Medicaid, while 22% of insured U.S. residents receive Medicaid benefits. Within City of Hope Atlanta's service area, approximately 19% of insured residents receive Medicaid benefits, and Southwest Health District and Clayton County Health District have the highest proportion of insured residents with Medicaid, at 31% and 31.3%

respectively (Figure 12). These higher rates of residents receiving Medicaid benefits within the Southwest and Clayton County Health Districts are important to note, as residents eligible for Medicaid typically have extremely limited financial resources and, consequently, often face additional access challenges.

Figure 11. Percent of Insured Population Receiving Medicaid Benefits by Public Health District



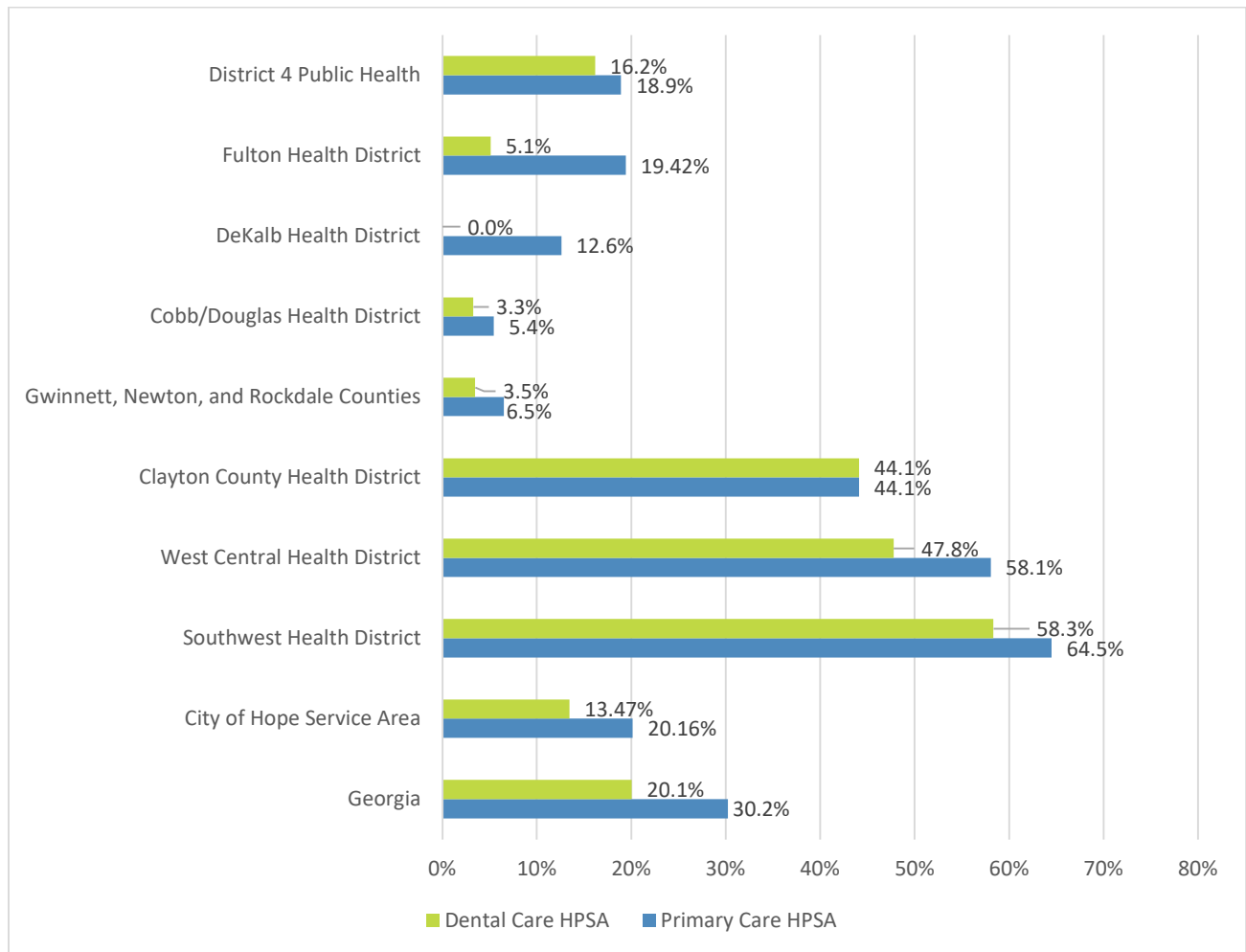
Source: U.S. Census Bureau, American Community Survey Five-Year Estimates, 2017-2021
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Barriers to Care

While lacking health insurance is a major barrier to accessing health care, living in a health professional shortage area (HPSA) can impact access as well. An estimated 30% of Georgia residents live in a primary care HPSA.

Approximately 20% of residents living in City of Hope Atlanta's service area live in a primary care HPSA (Figure 13). However, there are three public health districts in the service area that have a very high percentage of residents living in an HPSA: Clayton County Health District, West Central Health District and Southwest Health District. Southwest Health District has the highest percentage of residents living in a primary care HPSA (64.5%) and dental care HPSA (58.3%), which means over half of the individuals in this district may not be getting the care they need.

Figure 12. Percentage of Population Living in an HSPA by Public Health District



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021
 Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

City of Hope Atlanta's service population is also facing a shortage of mental health care providers. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other substance use, as well as advanced practice nurses specializing in mental health care.¹⁷ When a population is facing a shortage of mental health care providers, there may be individuals lacking the care they need, which often impacts overall health outcomes. The Centers for Medicare and Medicaid Services (CMS) tracks providers covered by the Health Insurance Portability and Accountability Act. These include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), and other credentialed professionals with a valid CMS National Provider Identifier (NPI) in a database called the National Plan and Provider Enumeration System (NPPES). According to this data, there are 98.8 mental health providers per 100,000 residents in the service area, while there are 168.1 mental health providers per 100,000 residents in the U.S. However, the service population fares slightly better than the state, which has only 85 mental health providers per 100,000 residents. Despite generally higher numbers of mental health service

providers compared to the state, Clayton County Health District and District 4 Public Health have significantly fewer providers, with 46 mental health providers and 55.2 mental health providers per 100,000 residents respectively.

Table 10. Mental Health care Provider Rate, by Public Health District, 2023

Report Area	Mental Health care Provider Rate (per 100,000)
District 4 Public Health	55.2
Fulton Health District	114
DeKalb Health District	178.1
Cobb & Douglas Health District	79.8
Gwinnett, Newton and Rockdale Counties	70.9
Clayton County Health District	46
West Central Health District	202.2
Southwest Health District	69
City of Hope Atlanta Service Area	98.8
Georgia	85
United States	168.1

Source: Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES), 2023
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Use of the Emergency Room

According to the Rural Health Information Hub, a high number of ER visits can indicate that a high quantity of individuals in the community lack a usual source of care or have developed worsened health problems due to delays in care.¹⁸ West Central Health District and Southwest Health District have the highest ER visit rates, with 41,179.5 and 43,927.6 per 100,000 residents respectively.

Table 11. Emergency Room Visit Rate by Public Health District

Public Health District	ER Visits Per 100,000 Residents
District 4 Public Health	36,153.6
Fulton Health District	29,194.0
DeKalb Health District	29,648.4
Cobb & Douglas Health District	26,921.0
Gwinnett, Newton and Rockdale Counties	24,354.3
Clayton County Health District	32,822.9
West Central Health District	41,179.5
Southwest Health District	43,927.6
City of Hope Atlanta Service Area	30,796.5
Georgia	34,095.3

Source: Georgia Department of Public Health OASIS, 2022

Community Input

Providers and community members described significant and ongoing issues around access to health care indicating that rural communities within the service area experience the greatest barriers to care. Participants discussed provider shortages, closures of medical centers, and a limited number of free or low-cost medical services as drivers of ER use. One participant shared, “Nowadays we have to run to the emergency room just for basic care.” Several participants suggested the limited care options in the community also contribute to people delaying or receiving poor quality care. Relatedly, participants raised transportation and associated costs as a major barrier to care for rural residents who must commute long distances to access care, which they noted is unsustainable for many. A participant who was currently undergoing cancer treatment stated, “I’m having to take chemo and radiation. There is no chemo radiation center here. I have to drive myself like I’m doing today. An hour and 30 minutes to my treatments and back, regardless of the way that I feel or not.” Additionally, a provider who served as a key informant commented that telehealth, a tool increasingly used to expand access to care, is not always an option in rural areas due to gaps in broadband coverage. This provider explained, “...We see, broadband issues in rural areas. And so as we see the clinics closing and a greater reliance on telehealth and telemedicine...and all the other teles, you know, you have to send a level of broadband strength to effectively have these interchanges, you know, you have their level of broadband strength to effectively have these interchanges without having to drive 3 hours to Atlanta just for specialty care.”

Multiple participants also discussed unaffordable or inadequate health insurance coverage as a barrier to care. They raised issues with obtaining coverage due to the high cost of marketplace insurance, current Medicaid eligibility thresholds, difficulties with using their insurance, and insufficient coverage through private insurance. Several participants mentioned high copays caused them to delay care or immensely strained their finances. One focus group member said, “I have insurance, but like she said, it’s co-pays. Especially for a specialist, because I have to have it. I’m not even able to afford that. I’m borrowing.... So it’s not really a benefit in having the insurance.”

A local provider also discussed lack of insurance as a major barrier to care. The individual also raised ethical considerations for providers serving uninsured patients saying:

“They [patients] just don’t want to know if they’ve got cancer because, you know, what am I going to do about it? You know, I don’t have any insurance...you shouldn’t screen a patient if you’re not going to be able to...get them a free screening and then okay, you have cancer, but I don’t know what we can do about it. That’s just inhumane to me.”

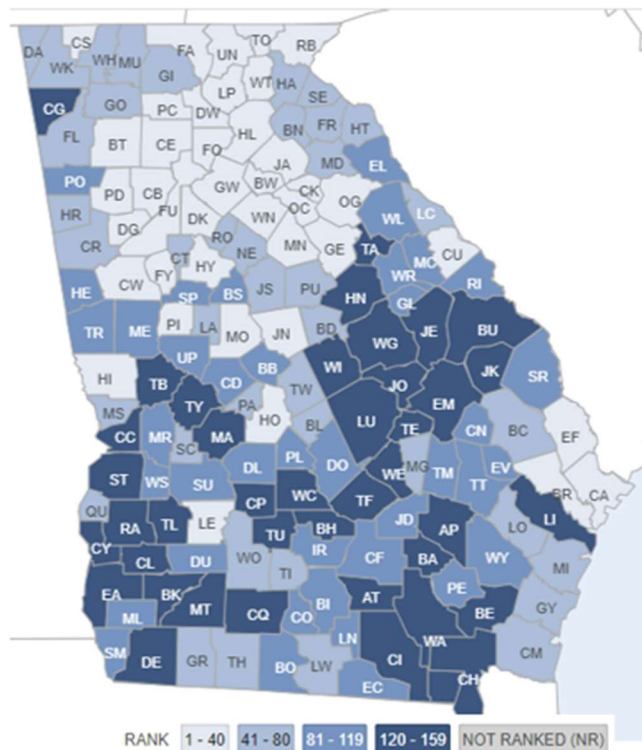
HEALTH BEHAVIORS

Health Behaviors

County Health Rankings and Roadmaps rank counties according to health behaviors. Georgia's 159 counties are ranked from 1 (healthiest) to 159 (least healthy) based on indicators that include adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections and others.¹⁹

Ten counties within City of Hope Atlanta's service area fall within the top 25% of Georgia counties for health behaviors, with Fayette County ranking the highest (2nd), and Gwinnett, Fulton, Cobb, and DeKalb Counties ranking 4th through 7th. While Fayette County is in District 4 Public Health, the other top counties are in the Metro Atlanta area health districts. Fourteen counties in City of Hope Atlanta's service area fall within the bottom 25% of Georgia counties when ranked by health behaviors. Each of these low-ranking counties are in the Southwest Health District or the West Central Health District, the most rural districts in the service area. Randolph County, in the West Central Health District, is ranked the lowest (159th) in the state with regard to health behaviors (Figure 14).

Figure 13. Health Behavior Rankings by County, 2023



Source: County Health Rankings and Roadmaps, 2023

Obesity

A person is considered to have obesity when they have a body mass index (BMI) of 30 or greater. According to the CDC, individuals who have obesity are at increased risk for many serious diseases and health conditions.²⁰ Eight counties in City of Hope Atlanta's service area fall within the top 25% of Georgia counties based on percentage of the adult population with a BMI of 30 or greater, that is, these counties have a lower percentage of adults who are obese. Of these counties, Fulton County has the lowest percentage of adults with a BMI of 30+ at 29%. Fifteen counties in City of Hope Atlanta's service area fall within the bottom 25% of Georgia counties based on percentage of the adult population with a BMI of 30 or greater, meaning these counties have a higher percentage of adults who have obesity (Table 12). Of these counties, 11 are located within West Central Health District and Southwest Health District, the more rural public health districts in the area. In Randolph County of the West Central Health District, 48% of the adult population is considered obese.

Table 12. Adult Population with BMI Greater than 30 by Public Health District, 2021

Public Health District	Population Age 20+	BMI > 30	BMI > 30, %
District 4 Public Health	662,463	206,564	31%
Fulton Health District	810,456	218,823	26.9%
DeKalb Health District	569,765	160,104	28.1%
Cobb & Douglas Health District	679,035	193,531	28.3%
Gwinnett, Newton and Rockdale Counties	836,726	259,479	30.6%
Clayton County Health District	208,029	85,916	41%
West Central Health District	272,625	84,939	31.2%
Southwest Health District	257,161	76,039	29.6%
Georgia	7,979,399	2,382,343	29.7%
United States	232,757,930	70,168,831	30.1%

Source: Centers for Disease Control and Prevention, 2021

Physical Activity

Active people tend to live longer and are at less risk for serious health conditions like heart disease, type 2 diabetes and some cancers.²¹ In City of Hope Atlanta's service area, approximately 20.5% of adults aged 20 and older report no leisure time physical activity, putting them at greater risk for these conditions. DeKalb Health District has the lowest percentage of adults with no physical activity (19). Clayton County Health District has the highest percentage of adults with no physical activity (29%). Table 13 summarizes the percentage of adults age 20+ who report no leisure time physical activity by public health district.

Table 13. Adults Age 20+ with No Leisure Time Physical Activity, by Public Health District, 2021

Report Area	Percentage of Adults Age 20+ with No Leisure Time Physical Activity
District 4 Public Health	20.2%
Fulton Health District	19.5%
DeKalb Health district	19%
Cobb & Douglas Health District	19.6%
Southwest Health District	23.6%
Gwinnett, Newton and Rockdale Counties	20.2%
Clayton County Health District	29%
West Central Health District	21.2%
City of Hope Atlanta Service Area	20.5%
Georgia	20.6%

Source: Centers for Disease Control and Prevention, 2021

Community Input

Community members and providers discussed both assets and challenges related to obesity and physical activity within their communities. Several residents of urban and suburban communities within the service area spoke positively about their local built environment, which they described as conducive for physical activity across age groups due to the availability of walking paths and parks. Several also commented on their ready access to resources like free or low-cost fitness centers and recreation areas within those communities, as well as youth sports programs.

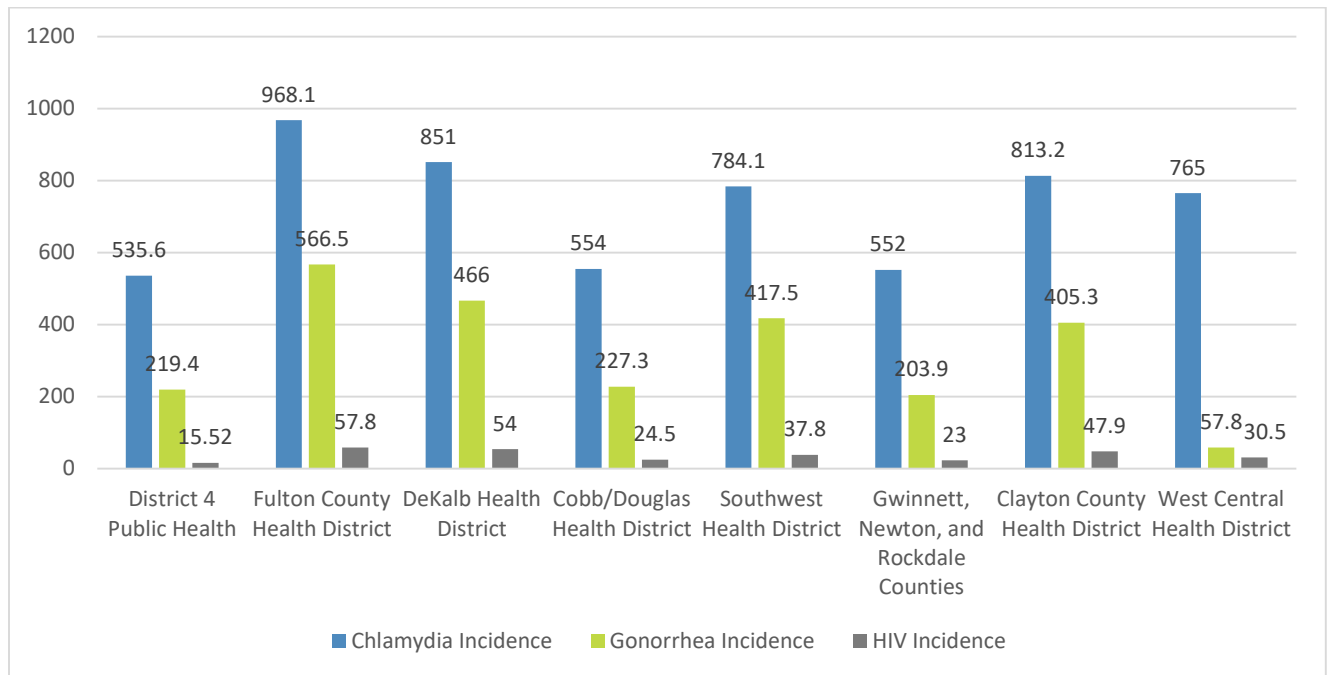
Providers and community members stressed that many residents in the service area lack the time and resources to access healthy foods, prepare meals and engage in physical activity. Participants also discussed the need for better health education and programs to encourage health-promoting behaviors. Several participants suggested programs that pair activity with nutrition education and cooking classes for residents of all ages could be impactful, with several noting programs tailored for low-income residents could be especially beneficial. One provider also discussed the potential positive impact of health education programs on cancer risk, stating, “Forty percent of cancers can be prevented just through addressing modifiable risk factors – your physical activity, diet, smoking behavior, as well as alcohol intake. Forty percent of cancers can be prevented if we just deal with that.”

Sexually Transmitted Infections

Sexually transmitted infections (STI) are preventable through use of condoms, abstinence, monogamy, and, in some cases, vaccination, but chlamydia, gonorrhea and human immunodeficiency virus (HIV) are frequently transmitted in the U.S. every day.²²

The population in City of Hope Atlanta’s Service area has a higher incidence of chlamydia (705.5 per 100,000), gonorrhea (343.2 per 100,000) and HIV (26.2 per 100,000) than the population of Georgia, which has a chlamydia incidence of 629.1 per 100,000, a gonorrhea incidence of 296.3 per 100,000, and an HIV incidence of 26.2 per 100,000. The three most densely populated districts, Fulton Health District, DeKalb Health District and Clayton County Health District have the highest incidence rates of chlamydia and HIV, while District 4 Public Health has the lowest incidence rates of chlamydia, gonorrhea and HIV (Figure 15).

Figure 14. Incidence of Chlamydia, Gonorrhea and HIV (per 100,000) by Public Health District, 2021



Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021.
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Substance Use

Excessive alcohol use and drug overdoses are leading preventable causes of death in the U.S.^{23,24}

When comparing to the state of Georgia (16.2%), City of Hope Atlanta's service area has a similar percentage of adults reporting excessive alcohol consumption (16.5%). However, the service area has lower rates of age-adjusted ER inpatient visits for drug overdoses (229.8 per 100,000) than the state (254 per 100,000). In the service area, the two districts with the lowest percentage of adults reporting excessive alcohol consumption, Clayton County Health District, and Gwinnett, Newton and Rockdale counties, also have the lowest rates of ER inpatient visits for drug overdoses. While two of the more urban districts, Fulton Health District and Cobb & Douglas Health District, have the highest percentages of adults reporting excessive alcohol consumption, two of the more rural districts, Southwest Health District and West Central Health District, have the highest rates of ER inpatient visits for drug overdoses (Table 14).

Table 14. Excessive Alcohol Use and ER Inpatient Visits for Drug Overdoses by Public Health District

Public Health District	Percentage of Adults Reporting Excessive Drinking, 2020	Age-Adjusted ER Inpatient Visit Rate for Drug Overdoses (per 100,000), 2022
District 4 Public Health	16.1%	249.9
Fulton Health District	19.5%	257.3
DeKalb Health District	15.5%	222.9
Cobb & Douglas Health District	18.2%	221.9
Gwinnett, Newton and Rockdale Counties	14.4%	189.8
Clayton County Health District	13.1%	180.5
West Central Health District	16.3%	272.9
Southwest Health District	14.9%	274.7
City of Hope Atlanta Service Area	16.5%	229.8
Georgia	16.2%	254

Sources: CDC, BRFSS, 2020. Accessed via County Health Rankings.
Georgia Department of Public Health OASIS, 2022.

MENTAL HEALTH

Across City of Hope Atlanta’s service area, individuals are struggling with mental and behavioral health challenges. When these challenges go untreated, emergency rooms often bear the burden.²⁵

In 2022, the age-adjusted ER visit rate for disorders related to drug use was 304.6 per 100,000 in the service area, and this includes misuse or overuse of any medication or drug, including alcohol. This rate was highest in Fulton Health District (433.5 per 100,000) and lowest in Clayton County Health District (202.5 per 100,000). In 2022, the age-adjusted ER visit rate for all other mental and behavior disorders was 586.1 per 100,000 in City of Hope Atlanta’s service area, which includes a range of conditions with mental and behavioral symptoms (Table 15). This rate was highest in the most rural districts in the service area, West Central Health District (740.6 per 100,000) and Southwest Health District (736.7 per 100,000).

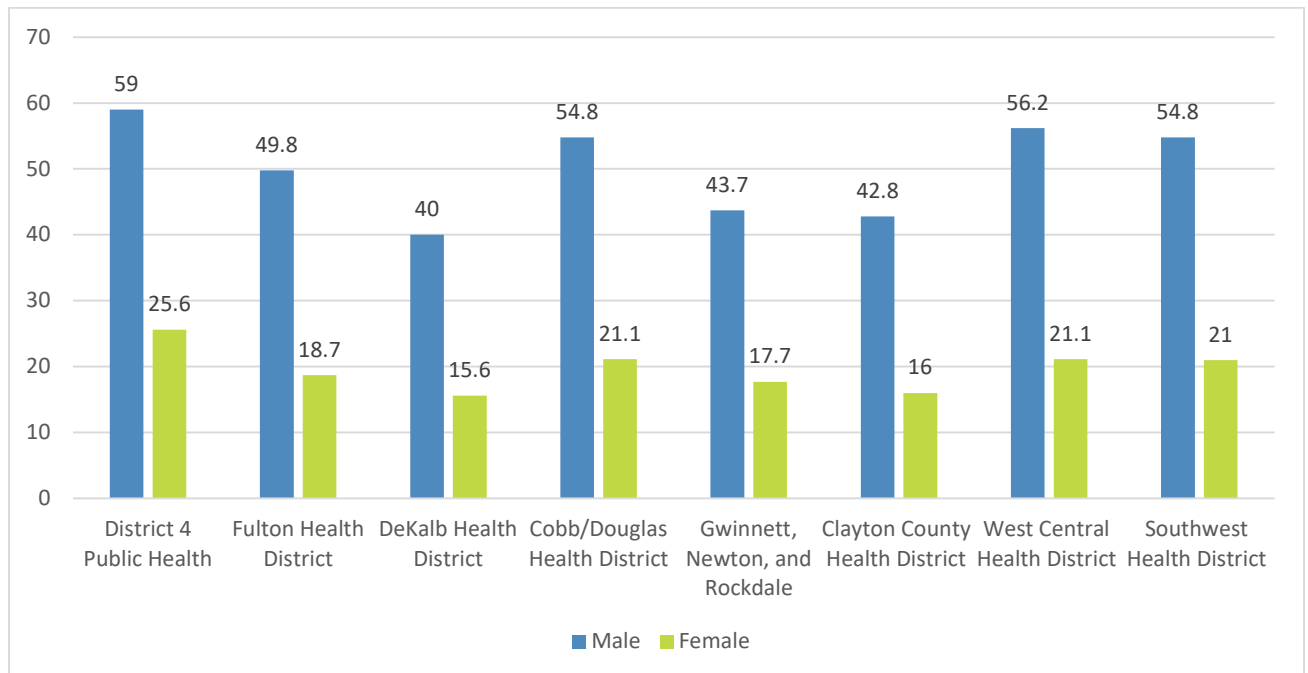
Table 15. Age-Adjusted ER Visit Rate for Mental and Behavioral Disorders (per 100,000), by Public Health District, 2022

Public Health District	Disorders Related to Drug Use	All Other Mental and Behavioral Disorders
District 4 Public Health	288.5	616.8
Fulton Health District	433.5	694.8
DeKalb Health District	303.4	612
Cobb & Douglas Health District	312.8	513.3
Gwinnett, Newton and Rockdale Counties	214.8	425
Clayton County Health District	202.5	570.2
West Central Health District	308.1	740.6
Southwest Health District	318	736.7
City of Hope Atlanta Service Area	304.6	586.1
Georgia	319.1	603.6

Source: Georgia Department of Public Health OASIS, 2022.

Suicide, drug overdose and alcohol-related deaths are considered “deaths of despair,” and can result from unmet mental or behavioral health needs. According to CDC data, deaths of despair are increasing across the United States, and this is especially true among men.²⁶ In the service area, men are 87% more likely to die deaths of despair than women. Figure 16 shows the death of despair rate is highest among men in District 4 Public Health (59 per 100,000), the district where City of Hope Atlanta is located, and lowest among women in DeKalb Health District (15.6 per 100,000).

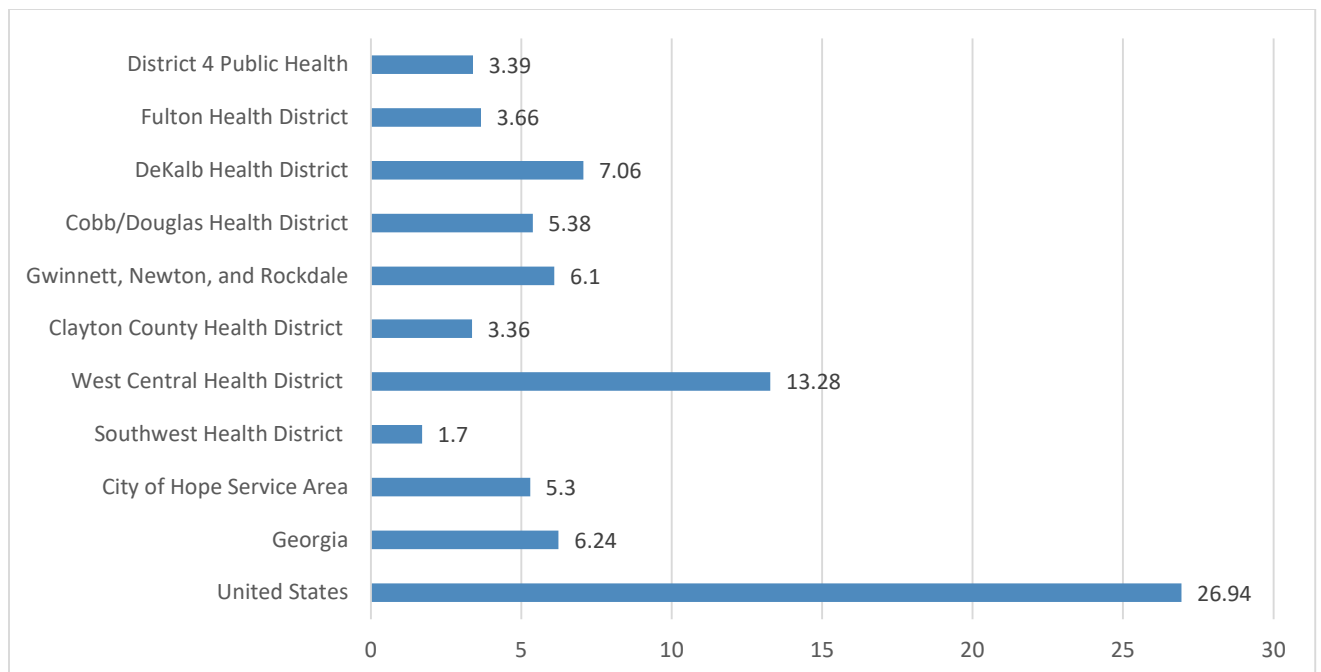
Figure 15. Deaths of Despair (Suicide and Drug/Alcohol Poisoning) (per 100,000) by Gender, by Public Health District



Source: CDC, National Vital Statistics System, 2016-2020. Accessed via CDC WONDER.

Substance use disorder treatment providers specialize in addiction and substance use treatment, rehabilitation and addiction medicine, and may provide medication assisted treatment. According to 2024 NPPES data, City of Hope Atlanta’s service area, the state of Georgia and each district within the service area all have a significant shortage of substance use disorder treatment providers when compared to the U.S. (Figure 17). This shortage is particularly pronounced in the Southwest Health District, which has only 1.7 providers per 100,000 residents, compared to the U.S., which has 26.94 providers per 100,000 U.S. residents. Surprisingly, considering its shortage of primary care and dental providers, the West Central Health District has a higher rate of substance use treatment providers (13.28 per 100,000) than all the districts in the service area, as well as the state, which has 6.24 providers per 100,000 residents.

Figure 16. Access to Substance Use Treatment Providers (per 100,000) by Public Health District, 2024



Source: CMS, NPPES, February 2024.

Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Community Input

Multiple participants identified mental health services as the “greatest need” in their communities, and discussed provider shortages, waitlists for services and unaffordable mental health care as barriers that contribute to poor mental health outcomes. A key informant provider commented that many residents lack the time and financial resources to access care and prioritize their mental health, and shared, “...if you're working 2 jobs or 3 jobs just to scrape by, I'm sure that it's not on the tip of your mind to like work on your emotional health.” Another provider observed that the COVID-19 pandemic contributed to increased stress and emotional problems and added, “That is probably our biggest waitlist. Mental health counseling.” One provider also

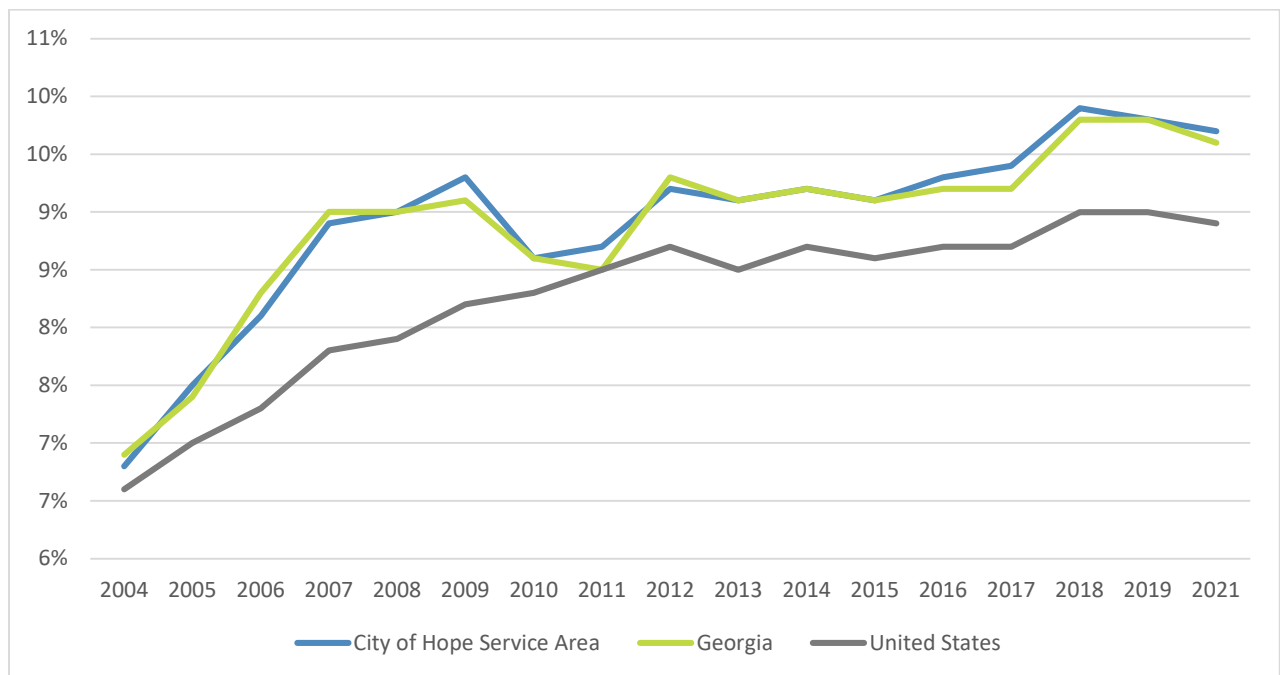
shared that unmet needs for mental health care are also a major contributor to the rising numbers of homeless individuals across the service area. In addition to voicing concerns about poor mental health and gaps in services in their communities, several community members identified substance misuse as a major, ongoing problem. One participant described the pervasiveness of substance use in her area, saying, “It’s everywhere. It’s not based on your zip code.”

CHRONIC DISEASE

Diabetes

According to the CDC, diabetes is a chronic disease that affects how your body turns food into energy, and if it is not managed properly, it can lead to serious health complications.²⁷ Diabetes is managed by the individual with diabetes in partnership with their care team, meaning these individuals often have greater care needs compared to those without diabetes. In the U.S., the percentage of adults with diagnosed diabetes has significantly increased over time. This is true of City of Hope Atlanta’s service area population and the population of Georgia as well, both of which have higher percentages of adults with diabetes than the country. Between 2004 and 2021, the percentage of adults with diagnosed diabetes increased by about 35%, from 6.8% to 9.7% of the population in City of Hope Atlanta’s service area (Figure 18).

Figure 17. Percentage of Adults With Diagnosed Diabetes, 2004-2021

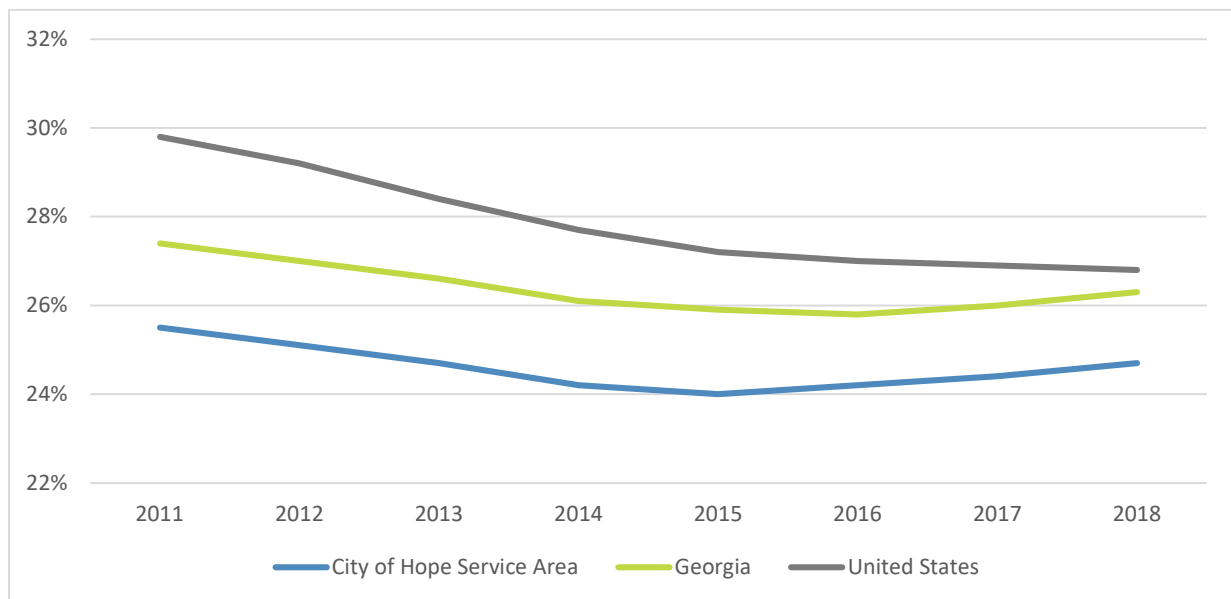


Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2021.

Heart Disease

Heart disease is the leading cause of death in both the United States and Georgia.^{28,29} Across the country, the percentage of Medicare beneficiaries who have heart disease has declined over time (Figure 19). In City of Hope Atlanta’s service area, there is a lower percentage of Medicare beneficiaries who have heart disease (24.7%) than the state (26.3%) and the country (26.8%). However, between 2011 and 2018, that percentage dropped only by about 3% in the service area, while it dropped by almost 11% in the U.S.

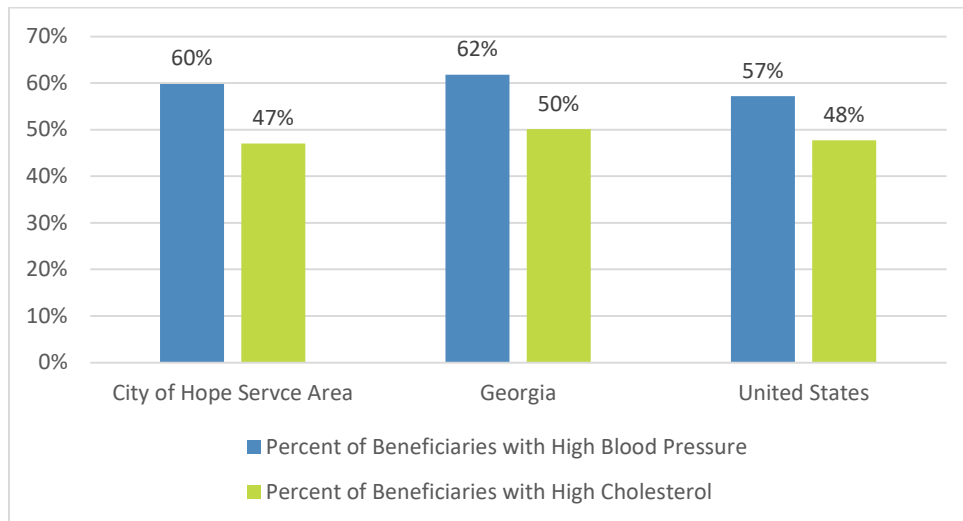
Figure 18. Percent of Medicare Beneficiaries With Heart Disease, 2011-2018



Source: CMS, 2018
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Both high blood pressure and high cholesterol are major risk factors for heart disease.³⁰ Almost 60% of Medicare beneficiaries in City of Hope Atlanta’s service area have high blood pressure, and almost 50% have high cholesterol (Figure 20).

Figure 19. Percent of Medicare Beneficiaries With High Blood Pressure or High Cholesterol



Source: CMS, 2018.

Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Heart Disease Mortality

There are significant racial disparities in heart disease mortality across City of Hope Atlanta's service area. Black residents in the area are almost 16% more likely to die from heart disease than White residents, 78% more likely than Hispanic residents and 90% more likely than Asian residents. This disparity is more extreme in some districts, such as Fulton County Health District and West Central Health District. When looking across all racial and ethnic groups in each district, White residents in the Clayton County Health District and Black residents in the West Central Health District fare the worst with regard to heart disease mortality (Table 16).

Table 16. Heart Disease Mortality Rate (per 100,000), by Race/Ethnicity and Public Health District, 2022

Public Health District	White	Black	Asian	Hispanic
District 4 Public Health	274.5	296.9	105.5	143.9
Fulton Health District	148.5	266.6	100.1	100.1
DeKalb Health District	172.7	229	83.2	115.2
Cobb & Douglas Health District	208	261.6	104.1	151.4
Gwinnett, Newton and Rockdale Counties	197.7	211.2	114.9	126.8
Clayton County Health District	364.5	325.7	162.8	154
West Central Health District	261.5	345.8	86.5	82
Southwest Health District	274.6	313	214.3	61.7
City of Hope Service Atlanta Area	217.7	262.7	107.2	123.5
Georgia	239.7	280.9	110.9	116.5

Source: Georgia Department of Public Health, OASIS, 2022.

Community Input

Participants raised the high prevalence of chronic diseases, especially diabetes, as a major issue within their communities. They shared that chronic disease management is a challenge for many. One provider key informant described diabetes as “the biggest concern.” Participants pointed to inadequate resources, including time, finances and affordable healthy food options, as barriers to chronic disease management. One key informant highlighted financial barriers, stating, “And there is a lot of diabetic needs. A lot of that has to do with food choices. Many of them have to go to food banks and that is not always the most helpful, healthy food to eat, which brings on other issues with their health. A lot of that is just economy driven. Grocery stores are so expensive, and they got little to no extra money at all. So when prices go up, then they have to do without.” Another key informant described how challenging it is for low-income residents to engage in positive self-management behaviors, saying, “But like, where do you find the energy? Where do you find the motivation? Like you've been at work all day.... and then you finally get home, and it's way easier to stop at Taco Bell and to veg out on TV because you're exhausted rather than, you know, eat a salmon and a veg, and then read a book.”

Participants also discussed the need for better education about chronic disease self-management and expressed concerns about limited access to evidence-based information in the community, especially information tailored for people with low health literacy. A provider key informant also stressed that, while better education is a need, more needs to be done to address the root causes of chronic conditions, rather than focusing on symptom management through medication. Several participants also noted that the COVID-19 pandemic created additional challenges for those managing chronic conditions because it disrupted management strategies and access to care, the effects of which are still being felt throughout the community.

CANCER

Cancer Incidence

Georgia has a higher incidence of breast, colon and rectum, lung, and prostate cancer than the U.S. Table 17 presents cancer incidence rate by type of cancer for the U.S., Georgia, and public health district.

National Cancer Institute data from 2016-2020 reveals that the incidence of cancer in City of Hope Atlanta's service area (460.7 per 100,000) is slightly lower than that of the state (463.8 per 100,000), but the state has a much higher incidence of cancer than the country (442.3 per 100,000). City of Hope Atlanta's service population faces a significantly higher incidence of prostate cancer (146.7 per 100,000 males) than the state and the country, and this is in part the result of Clayton County having an exceptionally high prostate cancer incidence rate (170.3 per 100,000 males). Clayton County also has the highest colon and rectum cancer incidence rate (45.7 per 100,000). The two most rural districts in the service area, West Central Health District and Southwest Health District, have the highest lung cancer incidence rates, 63.4 and 69.5 per 100,000

respectively, while Cobb & Douglas Health District has the highest breast cancer incidence rate (146.6 per 100,000 females).

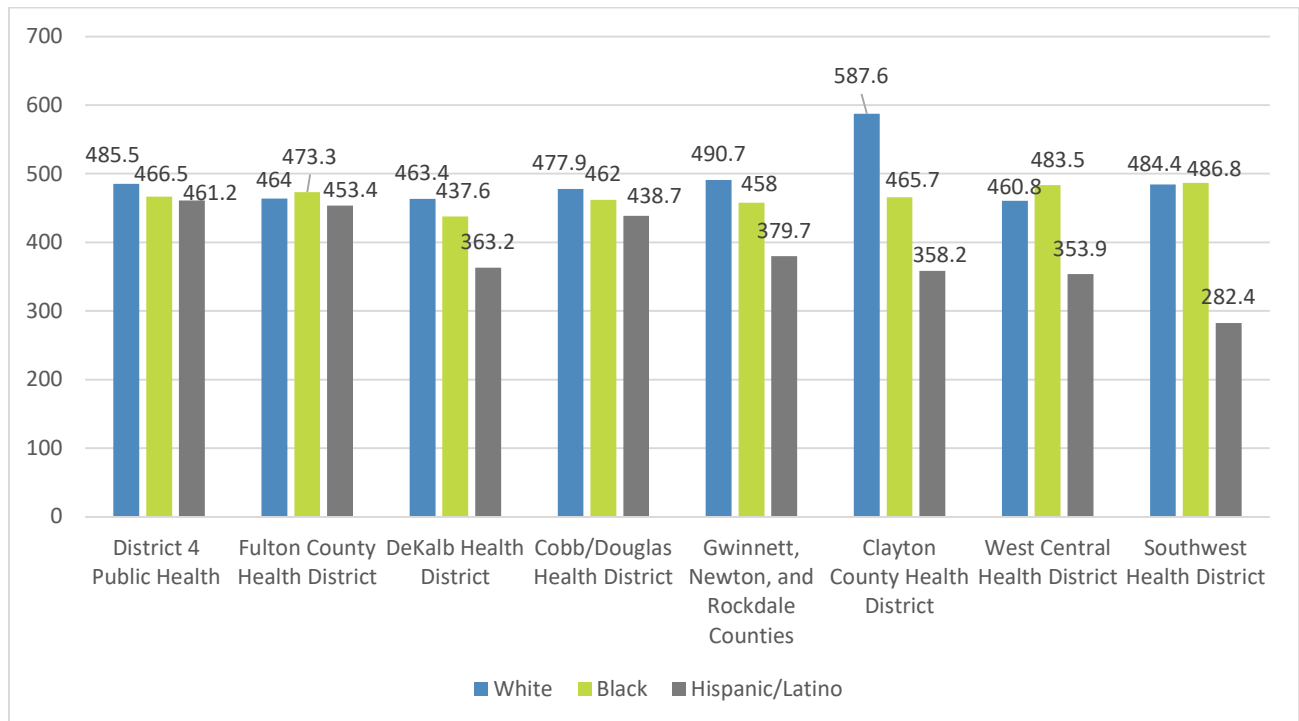
Table 17. Cancer Incidence Rate by Cancer Type, by Public Health District

Public Health District	Cancer Incidence Rate	Lung Cancer Incidence Rate (per 100,000)	Breast Cancer Incidence Rate (per 100,000 females)	Colon and Rectum Cancer Incidence Rate (per 100,000)	Prostate Cancer Incidence Rate (per 100,000 males)
District 4 Public Health	476	58.4	128	43.2	132.8
Fulton Health District	457.8	46.8	133.5	37.8	152
DeKalb Health District	438.7	42.2	130	35.3	156.2
Cobb & Douglas Health District	463.1	49.1	146.6	37.1	153
Gwinnett, Newton and Rockdale Counties	453.4	45.9	127.8	36.9	144.5
Clayton County Health District	471.1	56	127.1	45.7	170.3
West Central Health District	462	63.4	127.9	43.1	137.6
Southwest Health District	478.3	69.5	127.8	42.5	139.7
City of Hope Atlanta Service Area	460.7	51.8	132.1	39.1	146.7
Georgia	463.8	57.9	129.2	39.3	134.7
United States	442.3	54	127	36.5	110.5

Source: National Cancer Institute, State Cancer Profiles, 2016-2020.
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

In City of Hope Atlanta's service area, there is a higher cancer incidence rate among White residents (479.3 per 100,000) compared to Black (463.5 per 100,000) and Hispanic/Latino residents (383.1 per 100,000). White residents in Clayton County Health District have the highest cancer incidence rate (587.6 per 100,000) across racial and ethnic groups in the service area, while Asian or Pacific Islander residents have a significantly lower cancer incidence rate (293.8 per 100,000). Figure 22 presents cancer incidence rates by race and ethnicity.

Figure 20. Cancer Incidence Rates by Race and Ethnicity



Source: National Cancer Institute, State Cancer Profiles, 2016-2020
 Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

Cancer Mortality Rates

Despite the higher cancer *incidence* rates of White residents in City of Hope Atlanta's service area, Black residents have significantly higher age-adjusted cancer *mortality* rates (155.7 per 100,000) than their White counterparts (139.3 per 100,000). This is true across six of the eight public health districts in the service area. The district with the greatest racial disparity in age-adjusted cancer mortality is DeKalb Health District, where Black residents are 37% more likely to die from cancer than White residents (Table 18). Additionally, Hispanic/Latino residents of the service area have higher cancer mortality rates (85.6 per 100,000) than Hispanic/Latino residents in the state overall (78.4 per 100,000).

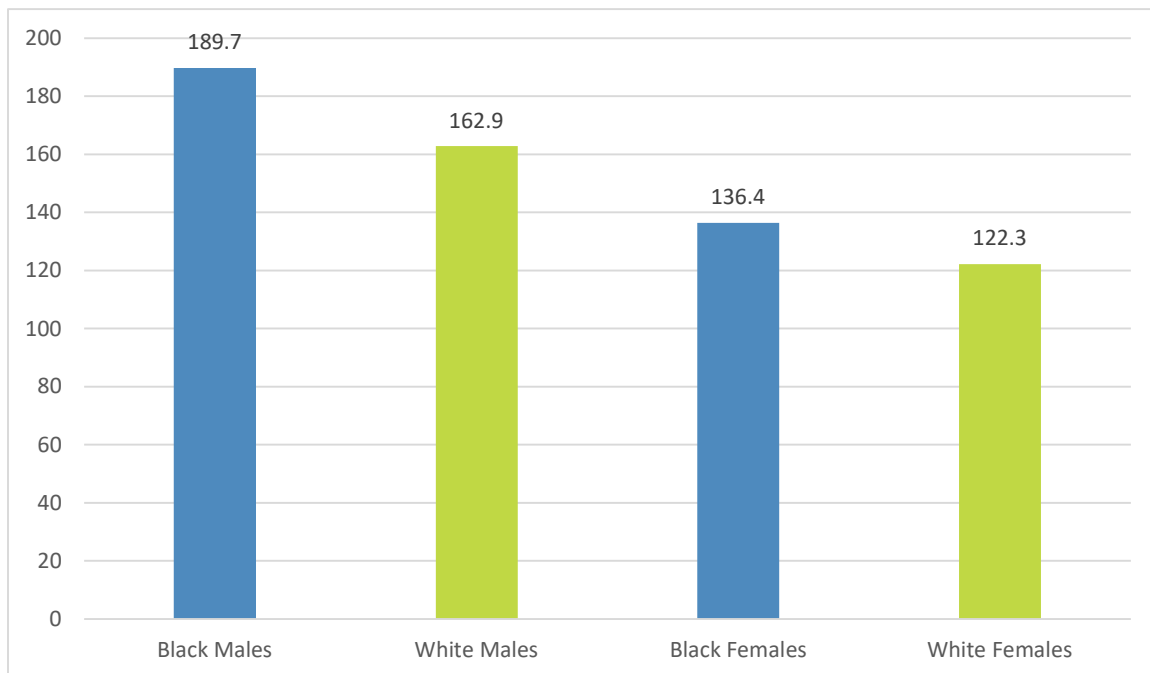
Table 18. Cancer Mortality, by Public Health District, Race and Ethnicity, 2022

Public Health District	White	Black	Hispanic/Latino
District 4 Public Health	161.5	151.2	74
Fulton Health District	115.5	160.6	110.6
DeKalb Health District	111.9	162.9	64.6
Cobb & Douglas Health District	129.6	146.9	78.4
Gwinnett, Newton and Rockdale Counties	133	136.7	117.8
Clayton County Health District	170.1	163.4	100.5
West Central Health District	166.3	173.3	91.8
Southwest Health District	173.4	182.3	52.7
City of Hope Service Atlanta Area	139.3	155.7	85.6
Georgia	148.1	158.9	78.4

Source: Georgia Department of Public Health, OASIS, 2022

In 2022, Black men in City of Hope Atlanta's service area were 15.2% more likely to die of cancer than White men, and Black women were 10.9% more likely to die of cancer than White women (Figure 23). The district with the highest cancer mortality rate among Black men was Southwest Health District (238.3 per 100,000).

Figure 21. Age-Adjusted Cancer Mortality Rate (per 100,000) by Gender and Race, City of Hope Atlanta Service Area, 2022



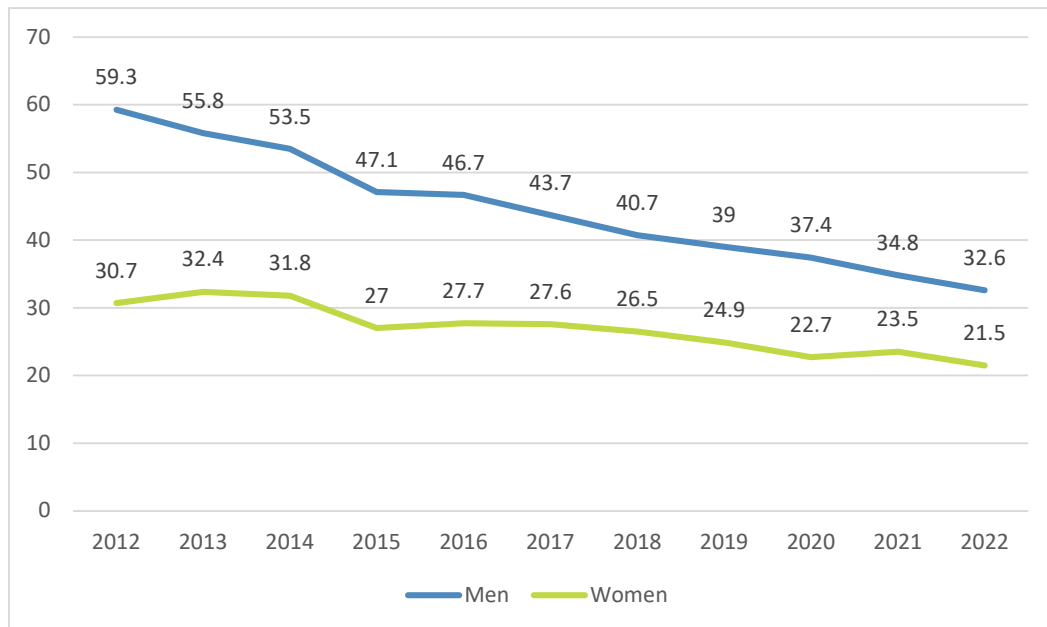
Source: Georgia Department of Public Health, OASIS, 2022

Leading Causes of Cancer Mortality

Lung Cancer

Lung cancer is the top cause of cancer mortality among residents in City of Hope Atlanta’s service area and is the top leading cause among men and the second leading cause among women. However, lung cancer mortality rates have steadily declined in the service area between 2012 and 2022, dropping 58% among men and 35% among women (Figure 24). The service area’s districts with the highest lung cancer incidence rates, West Central Health District and Southwest Health District, had the highest lung cancer mortality rates (43.2 and 49.1 per 100,000, respectively), rates which were significantly higher than that of the service area overall (33.9 per 100,000). As detailed below, these districts also have the highest percentage of adults who report smoking.

Figure 22. Lung Cancer Mortality, by Gender, City of Hope Atlanta Service Area, 2012-2022

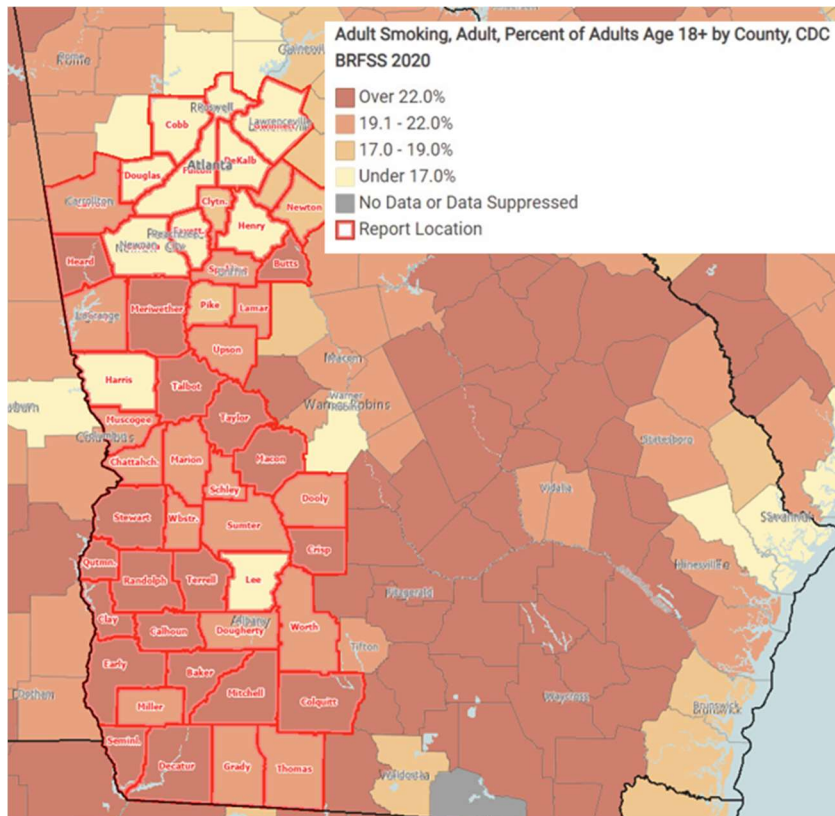


Source: Georgia Department of Public Health, OASIS, 2012-2022

According to the American Cancer Society, smoking is the leading risk factor for lung cancer, and about 80% of lung cancer deaths are thought to result from smoking.³¹ BRFSS data (2022) reports 12.5% of Georgians and 14% of U.S. adults were current smokers.³²

In City of Hope Atlanta’s service area, the more rural counties have the highest percentages of adults aged 18 and older who smoke (Figure 25). Approximately 21% of adults in the West Central Health District smoke, and 22% of adults in the Southwest Health District smoke. Comparatively, only 13% of adults in Fulton County Health District smoke, and Cobb & Douglas Health District, Gwinnett, Newton, and Rockdale counties, and DeKalb Health District have similarly low percentages of smokers.

Figure 23. Percentage of Adult Smokers Age 18+, by County, 2020



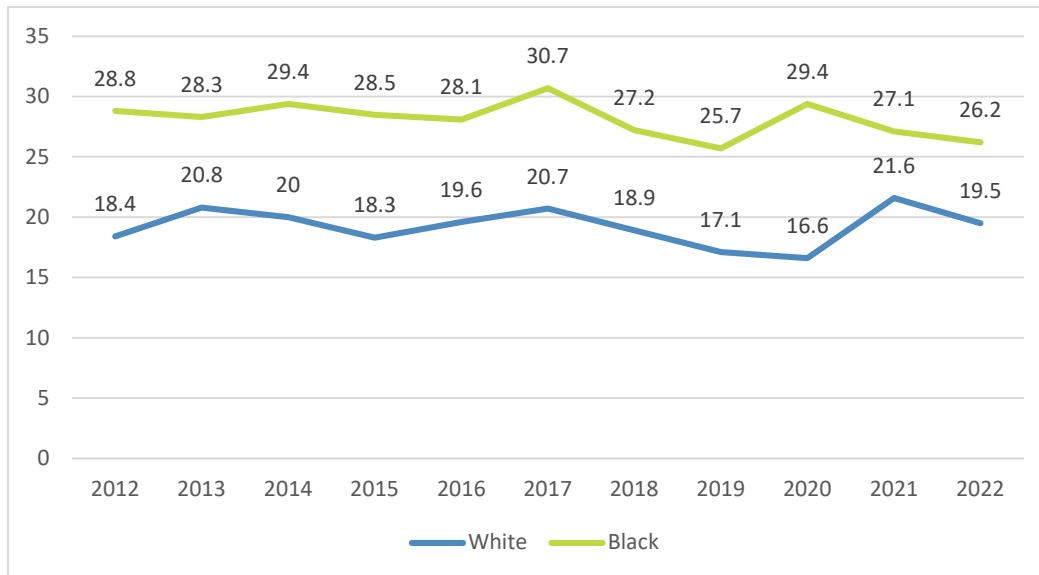
Source: CDC, Behavioral Risk Factor Surveillance System (BRFSS), 2020. Accessed via County Health Rankings.
Image source: Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023

As City of Hope Atlanta considers investing in cancer prevention efforts, an estimated 36% of Georgia high school students report use of electronic vaping products, with more females and White students reporting use. Just over 3% of Georgia high school students are current cigarette users. Males (5.4%) and White students (6.9%) are the highest consumers of cigarettes.³³

Breast Cancer

Breast cancer is the leading cause of cancer mortality among women in City of Hope Atlanta's service area. Between 2012 and 2022, breast cancer mortality rates have remained steady in the area, and in 2022, Black female residents were almost 30% more likely to die from breast cancer than White female residents. Figure 26 presents age-adjusted breast cancer mortality rates per 100,000 females by race in City of Hope Atlanta's service area.

Figure 24. Age-Adjusted Breast Cancer Mortality Rate (per 100,000 Females), City of Hope Atlanta Service Area, Race, 2012-2022



Source: Georgia Department of Public Health, OASIS, 2012-2022

The U.S. Preventive Services Task Force (USPSTF) recommends that women aged 50-74 who are at average risk for breast cancer get a mammogram every two years. USPSTF also guides women aged 40-49 to talk to their health care provider about when to start and how often to get a mammogram (USPSTF, 2016).

Mammogram rates vary widely across the counties in City of Hope Atlanta's service area (Figure 27). District 4 Public Health has the lowest rates of mammograms of all the districts in the service area. Among the counties in District 4 Public Health, Spalding County has the lowest percentage of women aged 40 and older who had a mammogram in the past two years in the service area (57%).

Figure 25. Percent of Females age 40+ in Georgia That Had a Mammogram in the Past Two Years, by County, 2017-2019

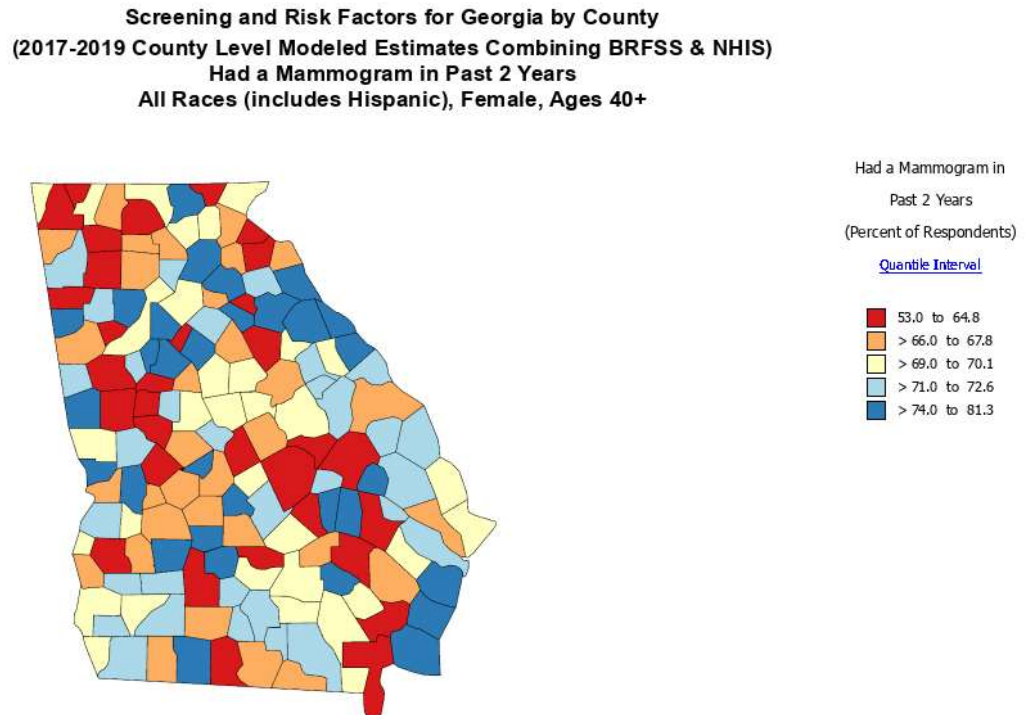


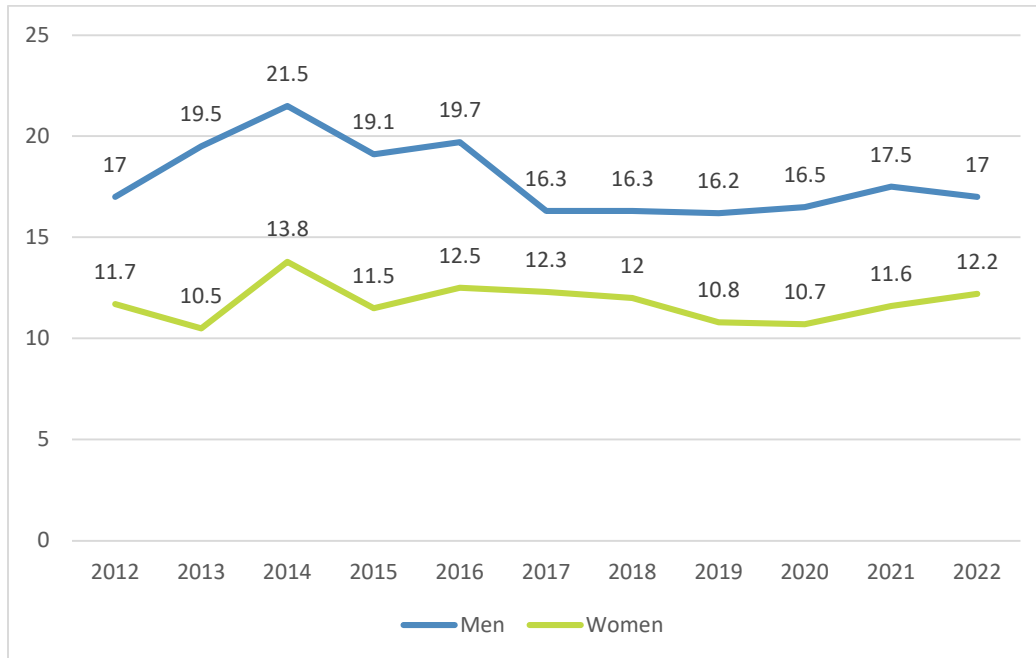
Image source: National Cancer Institute, State Cancer Profiles, 2024

Colon Cancer

Colon cancer is the second leading cause of cancer mortality among residents in City of Hope Atlanta's service area and is the third leading cause among both women and men.³⁴

In 2022, men in the service area were almost 33% more likely to die from colon cancer than women, and Black residents were 14% more likely to die from colon cancer than White residents. Additionally, the mortality rate for colon cancer has remained relatively steady in the service area between 2012 and 2022. According to the National Cancer Institute, colonoscopy rates vary widely across the service area. Between 2017 and 2019, Quitman and Stewart Counties of the West Central Health District had the lowest percentages of adults aged 50-75 who had a colonoscopy in the past 10 years (46.3% and 46.4%, respectively), while Grady, Early and Mitchell counties in the Southwest Health District have the highest (68.2%, 69.1%, and 77.8%, respectively).

Figure 26. Colon Cancer Mortality Rate (per 100,000), by Race and Gender, City of Hope Atlanta Service Area, 2012-2022

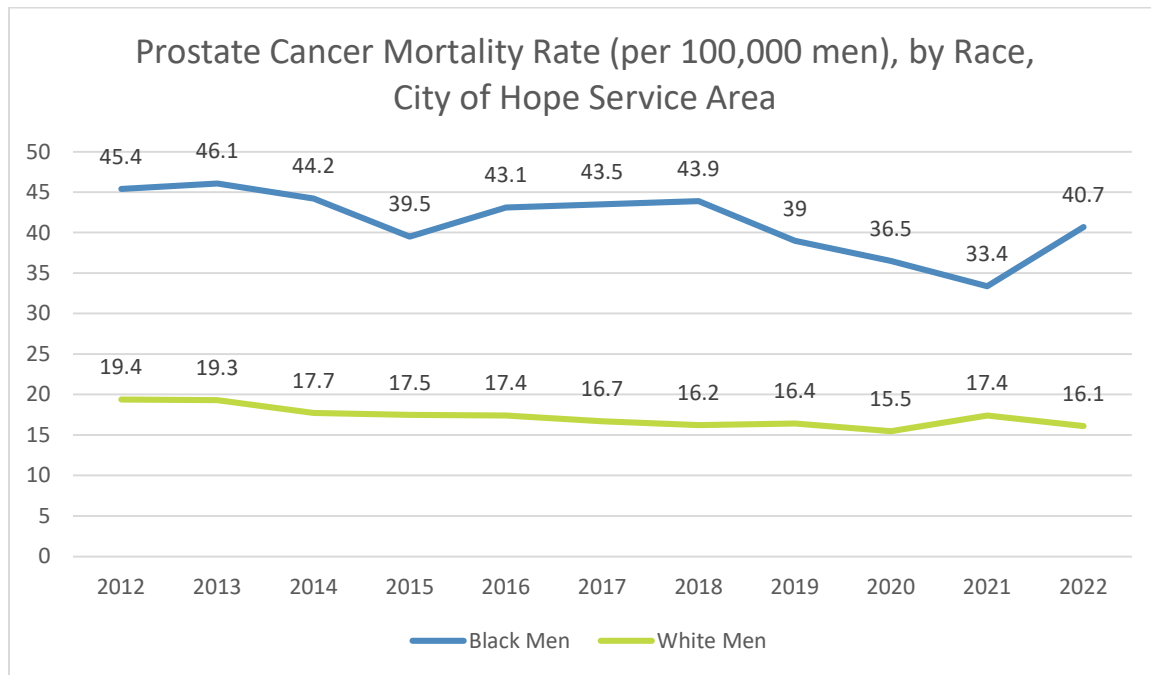


Source: Georgia Department of Public Health, OASIS, 2012-2022

Prostate Cancer

Prostate cancer is the second leading cause of cancer mortality among men in City of Hope Atlanta's service area, and Black men are disproportionately impacted by prostate cancer mortality (Figure 29). Black men in the service area experienced a prostate cancer mortality rate of 40.7 per 100,000 men in 2022, compared to a rate of 16.1 per 100,000 among White men. The prostate cancer mortality rate declined between 2012 and 2022 for both Black and White residents, but it declined at a greater rate for White men (18.6% decrease) than Black men (10.9% decrease). Among the Black male residents in City of Hope Atlanta's service area, those living in the West Central Health District have the highest prostate cancer mortality rates (57.1 per 100,000), while White men in DeKalb Health District have the lowest (13.3 per 100,000).

Figure 27. Prostate Cancer Mortality Rate (per 100,000 men), by Race, City of Hope Atlanta Service Area, 2012-2022



Data Source: Georgia Department of Public Health, OASIS, 2012-2022

Community Input

Across KIIs and focus groups, participants' discussions of cancer issues centered on disparities in outcomes, especially among African Americans. They also noted a need to address multiple factors to combat disparities more effectively, including biological, social, policy, environmental, psychological and behavioral factors. Several agreed that the use of social determinants of health screenings among minority-serving health care institutions is a positive step forward, but that there is still much to be done to address current disparities. Additionally, multiple participants identified a pressing need for efforts to prevent and mitigate the financial hardships associated with cancer treatment and provide patients with more holistic support. A provider key informant interviewee stated,

“...they’re going to have to realize that healthcare organizations should be comprised of more than just nurses and physicians... there are other key members to the care team that should be added such as navigators – patient navigators, community navigators, social workers ... survivors, right, who have the experience and knowledge, health educators,... even economists have a role in helping prevent the financial toxicity that so many individuals undergo or go through as result of a diagnosis of cancer.”

~ Key informant

Community members and providers also discussed a need for more effective cancer-focused health education programming and campaigns to address modifiable risk factors, encourage routine screenings and care, and raise awareness of different types of cancer. A cancer survivor who attended a focus group shared, “For me it is going to always be cancer advocacy and making people aware of the different forms of cancer. Because most people, when you hear cancer, they just think about breast cancer, prostate cancer. I never even knew about thyroid cancer until I experienced it myself.” A provider key informant proposed organizing awareness events and campaigns around cancer awareness months and that such efforts are currently lacking in their community, saying “When I think about it, locally, you don’t hear as much as the races and walks and the things to build awareness regarding any kind of cancer and screenings or any sort of educational campaigns. I can’t think of anything that has really stood out to me.”

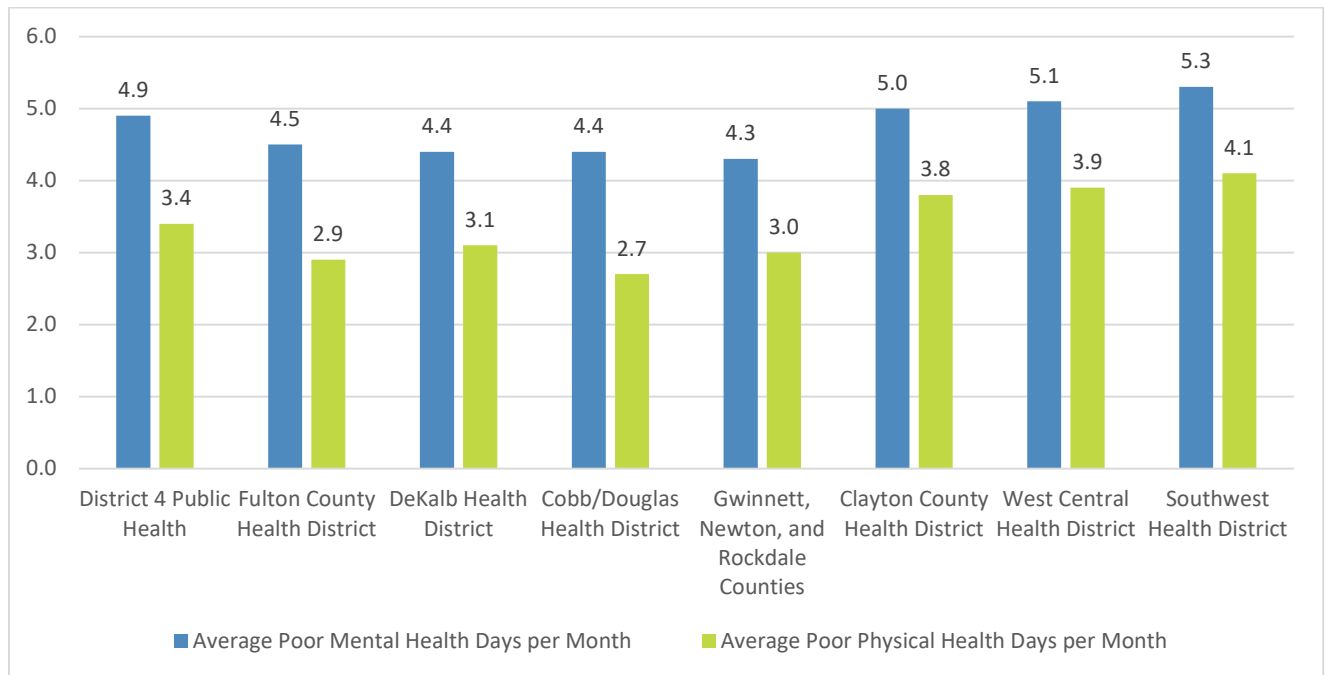
Key informants also highlighted the impact of the COVID-19 pandemic on cancer outcomes, with several noting that the pandemic negatively impacted screening rates and, consequently, they are anticipating increases in late-stage diagnoses.

HEALTH STATUS AND MORTALITY

Self-Reported Physical and Mental Health

In City of Hope Atlanta’s service area, adults report having on average 4.6 days of poor mental health and 3.2 days of poor physical health per month. This is similar to the average for adults in the state (4.6 and 3.2, respectively) and the country (4.5 and 3, respectively). However, there are some public health districts with higher averages of poor mental and physical health days (Figure 30). Residents in the most rural districts in the area, Southwest Health District and West Central Health District, have the highest averages of poor mental health days (5.3 and 5.1, respectively) and physical health days (4.1 and 3.9, respectively) per month. Clayton County Health District follows closely behind with an average of 5.0 poor mental health days and 3.8 poor physical health days. Residents in Gwinnett, Newton and Rockdale counties have the lowest average of poor mental health days at 4.3 per month, while Cobb & Douglas Health District has the lowest average of poor physical health days at 2.7 per month.

Figure 28. Average Number of Poor Mental and Physical Health Days per Month (18+), by Public Health District, 2020



Data Source: CDC, BRFSS, 2020. Accessed via County Health Rankings.
Georgia Rural Health Innovation Center, Georgia Health Data Hub, 2023.

Top Causes of Premature Death

According to the Georgia Department of Public Health, years of potential life lost represents the number of years of potential life lost due to death before age 75. Thus, the years of potential life lost rate is the years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age. In City of Hope Atlanta's service area, the top cause of premature death, based on this measure, is accidental poisoning and exposure to noxious substances (Table 19). Based on data from the Georgia Department of Public Health, between 2017 and 2019, about 94% of these types of deaths were due to accidental poisoning by drugs, and 4% were due to alcohol. Accidental poisoning is among the top five causes of premature death in six of the eight districts in the service area. In the most urban districts, Fulton Health District, Clayton Health District and DeKalb Health District, assault (homicide) is the top cause of premature death, while ischemic heart and vascular disease is the top cause of premature death in the most rural districts, West Central Health District and Southwest Health District.

Table 19. Top Causes of Premature Death, City of Hope Atlanta Service Area, 2022

Ranking	Cause of Premature Death	Years of Potential Life Lost Rate
#1	Accidental Poisoning and Exposure to Noxious Substances	713.6
#2	Assault (Homicide)	575.6
#3	Motor Vehicle Crashes	558.6
#4	Ischemic Heart and Vascular Disease	511.9
#5	Intentional Self-Harm (Suicide)	444

Source: Georgia Department of Public Health, OASIS, 2022

Top Causes of Death

In City of Hope Atlanta’s service area, ischemic heart and vascular disease is the top cause of death, and it accounts for 8.4% of deaths. Ischemic heart and vascular disease is the top cause of death in all but one of the public health districts in the service area, Southwest Health District, where chronic obstructive pulmonary disease (COPD) is the top cause of death. In fact, three of the five top causes of death (ischemic heart and vascular disease, cerebrovascular disease, and essential (primary) hypertension and hypertensive renal and heart disease) in City of Hope Atlanta’s service area are considered major cardiovascular diseases. COVID-19 accounted for 5.3% of deaths in the service area as the third top cause of death in 2022, and it landed in the top five causes of death among each of the public health districts in the area.

Table 20. Top Causes of Death, City of Hope Atlanta Service Area, 2022

Ranking	Cause of Death	Percent of Deaths by Cause
#1	Ischemic Heart and Vascular Disease	8.4%
#2	Cerebrovascular Disease	5.4%
#3	COVID-19	5.3%
#4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	5.3%
#5	All Other Diseases of the Nervous System	4.3%

Source: Georgia Department of Public Health, OASIS, 2022

STRATEGIES AND RECOMMENDATIONS

Community residents and providers shared various strategies and recommendations for addressing health needs and priorities within City of Hope Atlanta’s service area. Three particular areas of concern were social determinants of health, health care access issues for low-income and rural residents, and racial disparities in cancer mortality.

Social Determinants of Health

Key informants and focus group participants named transportation, access to care and healthy food, housing and education as barriers to achieving good health in the service area. Several key informants indicated a need for macro-level approaches to substantively combat social determinants of health. Examples of these types of strategies that City of Hope Atlanta could support or implement include:

Build and join purpose-driven multisectoral collaboratives at the community and state level.

Incentivize economic growth and employment opportunities in rural areas.

Increase stock of quality, affordable homes and avoid rapid raises in property taxes.

Open more farmers markets and slow the development of discount stores.

Partner with ride share services to provide free or low-cost transportation to medical appointments.

Accept patients who do not have health insurance.

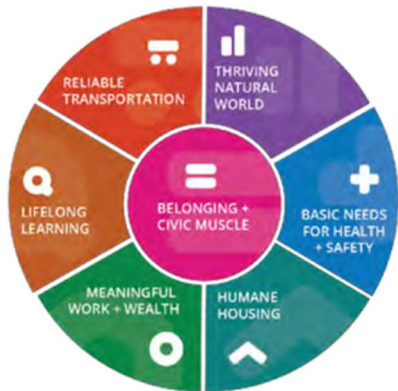
Reduce health insurance co-pay and premium costs.

Others suggested investments in community resources, such as community gardens and free educational and skill-development programs for youth and adults to support job training and readiness. Key informants also recommended a shift toward providing “whole health services” for patients by adding community navigators, peers, social workers and other types of nonmedical professionals to the patient care team and co-locating them for ease of access and efficiency.

In addressing social determinants in Georgia, GHPC has adopted the Vital Conditions for Health and Well-being framework in its health equity work with the Georgia Department of Public Health (Figure 31). GHPC was a partner in the Fannie E. Rippel Foundation’s ReThink Health initiative that introduced the Vital Conditions framework in 2017. This framework places community belonging and civic muscle at its center to demonstrate the importance of community members in transformative change and creating the vital conditions. As City of Hope Atlanta embarks on community health improvement planning, the Vital Conditions framework may be used to help prioritize actions and investments.

Figure 29. Vital Conditions for Health and Well-being

Vital Conditions for Health and Well-Being



Belonging & Civic Muscle is at the center because it is both a vital condition and a practical capacity that is necessary for equitable success in every other kind of work.


 THRIVING NATURAL WORLD	Sustainable resources, contact with nature, freedom from hazards Clean air, water, soil; healthy ecosystems able to sustainably provide necessary resources; accessible natural spaces; freedom from the extreme heat, flooding, wind, radiation, earthquakes, pathogens
 BASIC NEEDS FOR HEALTH + SAFETY	Basic requirements for health and safety Nutritious food, safe drinking water; fresh air; sufficient sleep; routine physical activity; safe, satisfying sexuality and reproduction; freedom from trauma, violence, addiction and crime; routine care for physical and behavioral health
 HUMANE HOUSING	Humane, consistent housing Adequate space per person; safe structures; affordable costs; diverse neighborhoods (without gentrification, segregation, concentrated poverty); close to work, school, food, recreation, and nature
 MEANINGFUL WORK + WEALTH	Rewarding work, careers, and standards of living Job training/retraining; good-paying and fulfilling jobs; family and community wealth; savings and limited debt
 LIFELONG LEARNING	Continuous learning, education, and literacy Continuous development of cognitive, social, emotional abilities; early childhood experiences; elementary, high school, and higher education; career and adult education
 RELIABLE TRANSPORTATION	Reliable, safe, and accessible transportation Close to work, school, food, leisure; safe transport; active transport; efficient energy use; few environmental hazards
 BELONGING + CIVIC MUSCLE	Sense of belonging and power to shape a common world Social support; civic association; freedom from stigma, discrimination, oppression; support for civil rights, human rights; civic agency; collective efficacy; vibrant arts, culture, and spiritual life; equitable access to information; many opportunities for civic engagement (voting, volunteering, public work)

Image Source: The Fannie E. Rippel Foundation.

Health Care Access

With respect to addressing health care access issues, participants discussed opportunities to expand the reach and scope of available services through partnerships. Examples of these types of strategies include:

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

Partner with rural community clinics to:

- Donate staff time to allow clinics to serve more patients and fill gaps in specialty and other types of care.
- Provide financial resources to increase wages and support the retention of clinic staff.
- Contribute to joint investments in the purchase and staffing of mobile clinics to increase access to care in underserved rural communities.

- Invest in stipends to support graduate medical residents working in the clinics which may contribute to reductions in health professional shortages.
- Serve as links to care for uninsured and underinsured community members.

Invest time and resources into the development of sustainable partnerships with trusted community leaders and organizations, such as faith-based organizations, to deliver services that “meet the community where they’re at” rather than “expecting them to come to you.”

Community members and providers also recommended investment in other support services to increase access to information and care. These strategies include:

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

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.

GHPC supports the Georgia Department of Public Health’s (DPH) and the Georgia Cancer Control Consortium’s (GC3) work to unite the state’s governmental agencies, public health, universities, health care providers, community organizations and survivor groups around the common goal of reducing the number of cancer-related deaths in Georgia. The center played a pivotal role in facilitating and collecting information for the state’s new Comprehensive Cancer Control Plan compiled in 2023-2024 (in review by DPH). A key opportunity to partner with other organizations to address cancer in Georgia is available to City of Hope Atlanta by engaging in GC3 meetings and work groups.

Participants stressed that any strategy or investment should align with the interests and desires of community members to be effective. They emphasized the need to widely share information about new programs and services through social media. It was strongly recommended that City of Hope Atlanta identify and work with community champions and organizations such as those participating in GC3 and the regional cancer coalitions to achieve collective investment and impact.

Racial Disparities in Cancer Mortality

Key informants represented a range of organization types and served individuals from various regions of the service area (see Appendix B for participant characteristics), yet each of the informants discussed the need to address racial disparities in cancer mortality. Strategies that the informants suggested for overcoming these disparities include:

- Increase research participation among Black and African American individuals that encompasses the full realm of cancer from prevention to survivorship.
- 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.

- Increase awareness of the importance of cancer screening by engaging trusted champions in Black and African American communities.
- Educate the general public and medical professionals about racial disparities in cancer mortality.

According to one key informant, these disparities are multifactorial, and there is still much to be learned about how to address them. City of Hope Atlanta has the opportunity to further the evidence-base behind racial disparities in cancer mortality and reduce these disparities within the service area.

SUMMARY

City of Hope Atlanta's CHNA reveals important patterns and trends. Positive trends in cancer are noted but the assessment also identifies those cancers where incidence continues to increase and disparities in cancer diagnoses and mortality experienced by certain populations. Further, noncancer issues were identified as top concerns among community members.

- Access to care, food insecurity and inadequate financial resources are health needs that will be addressed through strategic partnerships on a regional and statewide level.
- Addressing mental health is a critical priority identified in all CHNA's conducted by GHPC in the past cycle.
- Working to reduce the high number of Georgians experiencing obesity and overweight may reduce comorbid conditions and healthcare expense in the long term.

By investing in the seven top health needs identified in this assessment, City of Hope Atlanta has an opportunity to not only impact cancer and chronic disease rates but also will address vital conditions necessary to achieve better long-term community health in its service area.

APPENDICES

Appendix A: Counties in City of Hope's Atlanta Service Area

Public Health District	Counties
District 4 Public Health	Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson
Fulton Health District	Fulton
DeKalb Health District	DeKalb
Cobb & Douglas Health District	Cobb, Douglas
Gwinnett, Newton and Rockdale Counties	Gwinnett, Newton, Rockdale
Clayton County Health District	Clayton
West Central Health District	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
Southwest Health District	Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

Appendix B: Key Informant Interviewees

Interviewee	Organization Type	Population Served	Description of Geographic Area
1	Community-based nonprofit organization	Uninsured or underinsured, low-income individuals	Predominantly rural
2	Community-based nonprofit organization	Individuals who make between 30 and 80% of the area median income	Rural
3	University	African American/Black and Hispanic individuals	Urban, suburban, and rural
4	Nonprofit safety net clinic	Individuals aged 19 years or older who are uninsured who live at or below 200% of the federal poverty line	Rural
5	Nonprofit, faith-based safety net clinic	Uninsured individuals who live at or below 200% of the federal poverty line	Suburban and rural

Appendix C: Focus Group Participants

A total of 20 community members from City of Hope Atlanta's service area participated in focus groups as part of the CHNA.

Demographic	Descriptor	Count (n)
Age	18-25	1
	26-50	6
	51-65	11
	65+	2
Gender	Male	8
	Female	12
Education	Highschool or GED	4
	Some College	7
	College Degree	9
Employment	Unemployed	1
	Retired	4
	Receiving SSDI	2
	Employed Earning \$50,000 or less	7
	Employed Earning More than \$50,000	6
Past Incarcerations	Yes	4
	No	16
Health Conditions	Heart Disease/Hypertension	1
	Diabetes/Obesity	6
	Asthma/COPD	4
	Cancer	2

Appendix D: Community Facilities, Assets and 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 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

	<ul style="list-style-type: none"> • Fulton County Government Center
<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 • T.O. Vinson Health Center
<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.cobbanddouglaspublichealth.com/</p>	<p>Since 1920, Cobb & Douglas Public Health, along with the Georgia Department of Public Health, has been committed to the mission of “Healthier Lives. Healthier Community.” We are dedicated to improving our residents’ quality of life by tracking and preventing the spread of disease, promoting health and safety, providing exceptional medical services, and ensuring that our community is prepared for public health emergencies.</p>
Primary Care: Safety Net Clinics and Federally Qualified Health Centers (FQHCs)	
<p>Coweta Samaritan Clinic 137 Jackson St. Newnan, GA 30263 (770) 683-5272 www.cscare.org/</p>	<p>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.</p>
<p>Healing Bridge Clinic 215 Willow Bend Road Peachtree City, GA 30269 (770) 681-0157 www.healingbridgeclinic.org/</p>	<p>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.</p>

<p>MercyMed 3702 2nd Ave. Columbus, GA 31904 (706) 507-9209 www.mercymedcolumbus.com/</p>	<p>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.</p>
<p>YourTown Health 643 Main St. Palmetto, GA 30268-1138 (404) 929-8824 www.yourtownhealth.com/</p>	<p>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.</p>
<p>The Family Health Centers of Georgia Inc. 868 York Ave. Atlanta, GA 30310 (404) 752-1400 www.fhcga.org/</p>	<p>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 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>Albany Area Primary Health Care 204 North Westover Blvd. Albany, GA 31707 (229) 888-6559 www.aaphc.org/</p>	<p>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.</p>
<p>Southside Medical Center 1046 Ridge Ave., SW Atlanta, GA 30315 (404) 688-1350 www.smcmcd.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</p>

	Park, Griffin/Spalding County and Jackson/Butts County.
Transportation	
<p>Non-Emergency Medical Transportation (NEMT) Schedule Transportation: Logisticare: (888) 224-7981 (Central) (888) 224-7985 (Southwest) Southeastrans: (404) 209-4000 (Atlanta)</p>	The Non-Emergency Medical Transportation (NEMT) program provides eligible members with transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.
<p>MARTA Route and Schedule Info: (404) 848-5000 Customer Service: (404) 848-5000 MARTA Mobility: (404) 848-5826 www.itsmarta.com/</p>	MARTA serves Fulton and DeKalb counties through a bus and rail system. MARTA maps are available online or at any station. To advocate and provide safe, multimodal transit services that advance prosperity, connectivity and equity for a more livable region.
<p>Empowerline (404) 463-3333 www.empowerline.org/</p>	Empowerline is brought to you by the Aging and Independence Services Group of the Atlanta Regional Commission. We are the designated area agency on aging for the metro Atlanta region, serving the City of Atlanta as well as Cherokee County, Clayton County, Cobb County, DeKalb County, Douglas County, Fayette County, Fulton County, Gwinnett County, Henry County and Rockdale County. Empowerline can connect older adults and people with disabilities to transportation referrals and vouchers.
Behavioral Health	
<p>Pathways Center (888) 247-9048 www.pathwayscsb.org/</p>	Pathways Center is a premier behavioral health care organization serving children, adolescents, and adults addressing an array of mental health and substance abuse issues since 1972.
<p>Coweta FORCE 36 Salbide Ave. Newnan, GA, 30263 (678) 633-5688 www.cowetaforce.org/</p>	Coweta F.O.R.C.E. exists to provide recovery support services in the community for individuals and family members impacted by addiction. We envision a community that embraces recovery so that everyone can experience freedom from addiction.
<p>Valley Rescue Mission 2903 Second Ave. Columbus, GA 31904</p>	At Valley Rescue Mission, we strive to provide a safe and caring environment for those struggling with addiction, homelessness and those stuck in

<p>(706) 322-8267 www.valleyrescuemission.org/</p>	<p>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 www.familiesfirst.org/</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 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 (770) 473-0071 www.bobbydodd.org/</p>	<p>It is our mission to empower people with differing abilities to maximize their potential by securing economic self-sufficiency, 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</p>	<p>Southwest Christian Care is a ministry dedicated to providing the highest quality care and support for</p>

<p>Union City, GA 30291 (770) 969-8354 www.swchristiancare.org/</p>	<p>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 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</p>	<p>Incorporated in 1993, Newnan-Coweta Habitat for Humanity is an affiliate of Habitat for Humanity International and serves Coweta County, Georgia.</p>

<p>(770) 252-9049 www.nchfh.org/</p>	<p>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 Alpharetta, GA 30022 (678) 646-6703 www.hhcga.org</p>	<p>The Hispanic Health Coalition of Georgia (HHCGA) provides access to information, 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 www.backpackbuddiesga.org/</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 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>

Associations, Alliances and Coalitions	
<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 standards. GHA is an allied member of the American Hospital Association.</p>
<p>Alliance of Community Hospitals 118 East 20th St. Tifton, GA 31794 (229) 386-8660 www.gach.org</p>	<p>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.</p>
<p>Georgia Cancer Control Consortium (GC3) www.dph.georgia.gov/chronic-disease-prevention/cancer-prevention-and-control/comprehensive-cancer-control-program</p>	<p>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.</p>
<p>Newnan-Coweta Non-Profit Alliance 23 Bullsboro Drive Newnan, GA 30263 (770) 253-2270 www.newnancowetchamber.org/non-profit-alliance</p>	<p>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.</p>
Additional Resources	
<p>The Food Mill 3718 2nd Ave., Suite A Columbus, GA 31904 (706) 330-3972 www.thefoodmill.org/</p>	<p>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:</p> <ul style="list-style-type: none"> • Mobile Market

	<ul style="list-style-type: none"> • Healing Roots Mindfully Tailored Meal Program • Cooking Matters Classes • Farm-to-School Programs • Cafe & Farmers Market
<p>The Southwest Georgia Area Health Education Center (SOWEGA-AHEC) 1512 W 3rd Ave. Albany, GA 31707 (229) 439-7185 www.sowega-ahec.org/</p>	<p>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 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.</p>

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