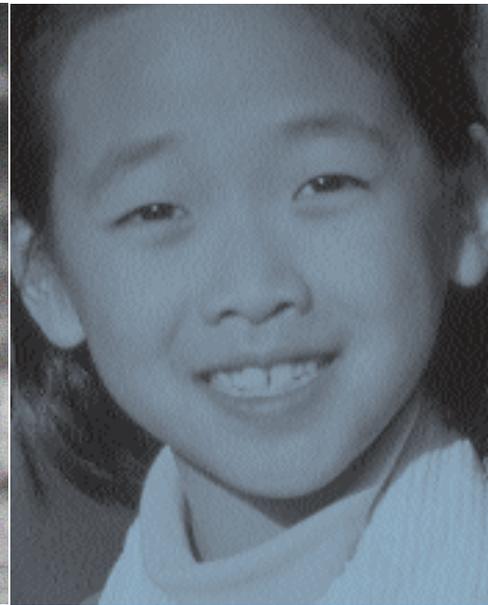
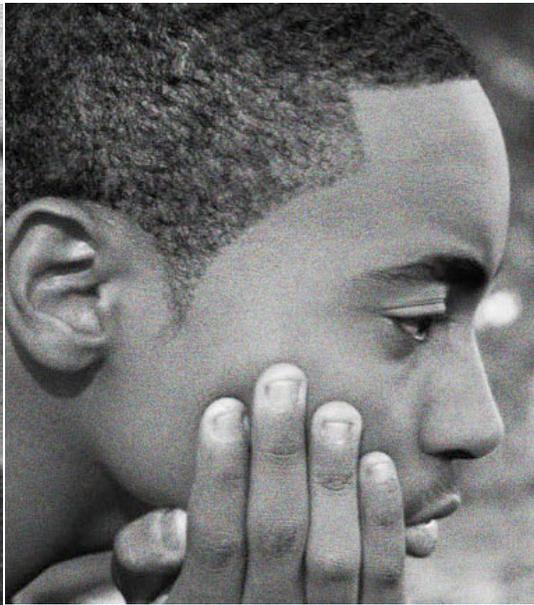


Health Access in Georgia:

Voices from the 2002 Listening Tour



Healthcare Georgia Foundation
grantmaking for health



TABLE OF CONTENTS

Message from the President	1
Introduction	2
Coastal Georgia Region	4
Southwest Georgia Region	5
Southeast Georgia Region	6
East Central Georgia Region	7
Central Georgia Region	8
West Central Georgia Region	9
Northeast Georgia Region	10
Northwest Georgia Region	11
Metropolitan Region	12
Summary	14
Participants and Partners	16

Mission

Our mission is to advance the health of all Georgians and to expand access to affordable, quality healthcare for underserved individuals and communities.

ABOUT HEALTHCARE GEORGIA FOUNDATION

Healthcare Georgia Foundation is a statewide, private, independent foundation located in Atlanta. The Foundation was created in 1999 as a result of an endowment from Blue Cross and Blue Shield of Georgia.

FOUNDATION STAFF

Gary D. Nelson, Ph.D., *President*

Nicole Howe Buggs, *Director of Grants Management*

Milano Harden, *Program Director*

Barbara Ann Park, *Executive Assistant to the President*

Ta-Tanisha Smith, *Program Assistant*

Michael J. Sweeney III, *Director of Finance*

The Foundation would like to thank Milano Harden for dedicating his time and considerable talent to create this report.

What we learned from Georgians throughout the state is that the health of each of us is inextricably linked to the health of all of us.

At Healthcare Georgia Foundation, we seek to advance the health of all Georgians by improving access to affordable, high quality healthcare services for underserved individuals and communities. We recognize that improving the health of our increasingly diverse population must be addressed strategically and comprehensively. We also acknowledge the wisdom, fortitude and deep compassion Georgians possess for the well-being of their families and communities. How then, does a foundation that takes seriously the privilege and responsibility of grantmaking, address the glaring health disparities among our population, capitalize on our local assets and invest in our future?

In June and July 2002, Healthcare Georgia Foundation conducted a statewide Listening Tour designed to amplify the voices of underserved individuals and communities. The Foundation sought to hear directly from Georgians about the issues affecting their health and well-being, in order to take the pulse and temperature of Georgians and the system of health services and supports in their communities. The Listening Tour included 10 convenings in nine communities across the state. The Tour was represented by the broad system of safety net providers, including: public health, healthcare, social services, mental health, aging, legal services, community foundations, school systems, community health centers and other local nonprofit organizations. Group sizes ranged from seven to 12 people for a total of 95 participants overall. The average meeting time was 2.5 hours, and participants were asked a number of key questions, such as: What are the most important health problems in your community and why? What is working well? Which groups in your community are at greatest health risk? What programs exist to serve them? What collaborative efforts are taking place?

WHAT DID WE LEARN?

Reflected in this report are critical learnings that will help shape the structure, process and desired outcomes of Healthcare Georgia Foundation's grantmaking program. The Tour provided the Foundation with a ground-level view of the prevalent, modifiable, preventable and resource-consuming health problems statewide. It was difficult to comprehend how the public and private nonprofit sectors are able to function in "crisis mode" on a daily basis given their capacity, the diversity of the population they serve and the pervasiveness of health disparities that exist statewide.

Fortunately, we also experienced many encouraging signs that Georgians are indeed able to overcome some of the obstacles in front of them. We encountered numerous examples of community collaboration, innovative programs, resident-driven services and champions for virtually every local health issue.

WHERE DO WE GO FROM HERE?

The Listening Tour obligates the Foundation to be both a strategic and responsive grantmaker. The insights shared in the following pages will help us establish a culture of grantmaking excellence that is grounded in science, built on partnerships and focused on results.

We are greatly indebted to the many participants in the Listening Tour that shared their vision for a healthier Georgia. The Foundation owes much to Diane Ridley Roberts and the staff of GEARS (Global Evaluation and Applied Research Services) for organizing, conducting and synthesizing the results of this tour.

On behalf of Healthcare Georgia Foundation's Board of Directors and staff and our commitment to the learning community, we are pleased to share with you the voices dedicated to improving the health of all Georgians.

Gary D. Nelson, Ph.D.
President
Healthcare Georgia Foundation

Introduction

In the summer of 2002, Healthcare Georgia Foundation (HGF) conducted 10 “Listening Tours” in nine regions throughout Georgia. The purpose of the Tours was to learn about the health of Georgia’s various communities and the needs and challenges various professionals face reaching the medically underserved. Professionals from hospitals, community health clinics, mental health services, legal services, schools, health-related nonprofit organizations and government agencies all participated in intimate, candid – and often intense – discussions. Participants shared a number of different insights including: their perceptions about critical health concerns; details about particular groups who are not receiving adequate health services and supports; characteristics of model programs in their regions; systemic barriers to health-related nonprofits’ ability to build capacity to better address complex health problems; and specific suggestions for the Foundation as it planned its grantmaking. This report highlights the broad themes and specific issues described throughout the 2002 Listening Tour.

WHAT ARE GEORGIA'S MOST PRESSING HEALTH CONCERNS?

Georgia is a rapidly growing state with an increasingly diverse population. As such, health

GEORGIA'S TOP HEALTH CONCERNS

Listening Tour participants identified the following as major health issues.

HEALTH ISSUE	NUMBER OF SITES LISTING AS ISSUE
Cancer	10
HIV/AIDS	8
Mental Health	8
Aging Issues (including prescription costs)	7
Asthma	7
Diabetes	7

concerns spread across the board. Cancer was the number one issue cited statewide with all 10 Listening Tour groups reporting it as a major health concern. Second to cancer, HIV/AIDS and mental health were mentioned by eight sites as a top health concern. Because of associated stigmas, several participants reported that individuals with HIV/AIDS and mental health issues often do not seek the care they need. Finally, age-related health needs (including prescription drug costs) and chronic disease (i.e. asthma, and diabetes) were named at seven of the Listening Tour sites as pressing concerns.

WHO ARE THE UNDERSERVED?

Listening Tour participants portrayed the medically underserved in a variety of ways. Speaking primarily in terms of age, Tour participants shared a perspective of the distinct health needs of age-related groups (i.e. the very young, adolescents, adults and the elderly) along the life span. In addition, other participants described the special health needs and concerns that arise for individuals with mental illness, developmental disabilities and/or chronic diseases, and highlighted specific ways these groups are underserved.

By far, Tour participants described the largest underserved groups in Georgia as the working poor and very poor – a classification that includes all races, genders and age groups. Lower education and literacy levels were cited as significant barriers for the poor who desire to understand and access health-care. In addition to these challenges, Tour participants shared the opinion that poor families in Georgia are least likely to have insurance, less likely to know how to take advantage of Medicaid and other government sponsored benefits, least likely to have the means to physically access care, and more likely to live in substandard housing or be homeless – exacerbating chronic health conditions like asthma, diabetes and HIV/AIDS.

ACKNOWLEDGING HEALTH DISPARITIES

Listening Tour discussions revealed very real disparities between Whites and all other racial and ethnic groups. (A health disparity is a significant difference in health status or health access for a particular group based on some human or demographic characteristic.) Health disparities were also described in terms of geography, disability, age and gender. In Georgia, these differences are particularly evident among rural populations, the disabled, the elderly, Latinos, African-Americans and various immigrant groups.

In terms of causes, tour participants indicated that health disparities reflect differences in health insurance coverage, the availability of economic opportunities (i.e. quality jobs) and underlying social and lifestyle concerns. Practically, health disparities and access issues intertwine to form complex barriers

WHO ARE GEORGIA'S MEDICALLY UNDERSERVED?

The following populations were listed by at least on Listening Tour discussion group as being medically underserved.

Children
Developmentally Disabled
Elderly
Mentally Ill
African Americans
Latinos
Mothers and Children
Men
Homeless
Uninsured/Underinsured
Those Distrustful of the Health Community
Those with Complex Problems
Rural
Immigrants
Poor

for the medically underserved. For instance, many of Georgia's underserved live in largely rural areas with few nearby health services and supports. As a consequence, these residents experience significant challenges simply finding transportation to and from healthcare. Even when transportation exists, residents often are not fully aware of the range of available health services in their communities

or lack understanding about how to navigate these services. Latinos and other immigrant groups with limited English proficiency have the added challenge of finding healthcare providers who speak their language and are sensitive to their cultural beliefs and experiences. Such training in this kind of cultural competence for the healthcare workforce is perceived to be inadequate. Finally, almost every Listening Tour group cited the rising costs of prescription medications (particularly for the elderly and chronically ill) as a major barrier to accessible healthcare. Across a number of parameters of difference (i.e. race-ethnicity, age, disability, etc.), disparities form the backdrop of Georgians' healthcare experiences.

WHAT ARE THE KEY SYSTEMIC ISSUES?

Gaining access to quality healthcare was most frequently identified as a pressing systemic issue in Georgia. Often characterized by the practical challenges of securing health coverage and affordable prescription drugs, Listening Tour participants clearly viewed access to a full range of quality health services and supports as a critical, underlying system need. Particularly well known in Georgia (with its mostly rural counties) are the issues of healthcare workforce shortages and transportation. While similar barriers exist in urban areas, they are particularly challenging for the rural poor, who often drive hundreds of miles for an available primary care provider. Barriers like these make it difficult for individuals or families to find a "medical home" to regularly receive health services. Underlying these workforce shortages are the difficulties that under-resourced healthcare organizations experience attracting and retaining qualified health workers who

are willing to assume overwhelming responsibilities often in exchange for modest salaries.

Tour participants also reported a systemic need to re-orient local health systems towards health promotion, disease prevention and health education. Confronted daily with both an overwhelming demand for acute care and an ongoing shortage of human and financial resources, many participants express frustration with their inability to get ahead of the "illness curve." Feeling somewhat stuck in survival mode, many participants want to offer their patients more preventive care and help them learn about healthy lifestyle changes that are often within the patients' reach. However, tour participants described patterns of state and federal reimbursement that create disincentives for investing significant time in health promotion and disease prevention. Consequently, participants describe patient visits that tilt heavily toward medical treatment activities (particularly those more easily reimbursed) with scant attention to health education that begins to address the underlying social and behavioral determinants of health.

Finally, Tour participants named a general lack of collaboration between provider organizations as another systemic concern. In many instances, competition between health organizations make an already confusing service delivery system even more discouraging, particularly for those seeking comprehensive, coordinated health services and supports in times of need. Participants view their local health systems' lack of collaboration and the difficulties that arise for community residents trying to navigate uncoordinated services as directly connected to residents'

fears and mistrust of health providers and institutions in general. The bottom line is that local health systems must communicate better and collaborate more to avoid fragmented care to residents and perhaps more importantly to steward residents' trust in the health system.

HEALTHCARE CONCERNS REGION BY REGION

The following pages detail specific health concerns and issues raised at each of the 10 Listening Tour sites.



2002 Listening Tour (Regions/Sites)

VITAL STATS:

Number of Counties: 24

Population: 806,121

Tour City: Savannah

Coastal Georgia Region (Savannah)

Coastal Georgia, particularly Savannah, enjoys a wealth of healthcare resources and uses them creatively to meet specific health needs. A network of safety net providers (i.e. community health centers, health support organizations and voluntary medical clinics) offers comprehensive care to the medically underserved. Although cross-organizational collaboration is just beginning to take hold, the benefits of working together are obvious in the success of programs such as the Savannah Chatham Youth Futures Authority, Hospice Savannah and the J.C. Lewis Health Center, which provides healthcare for the homeless. The Center's awarding-winning collaborative includes several government, funding and nonprofit partners and provides a full range of prevention and treatment services, including prescription drugs and a dental program.

WHAT WE HEARD

Collaboration. Although collaboration has been difficult to create among healthcare providers in Coastal Georgia, service providers and community residents perceive it as a key to success when it occurs. In fact, Listening Tour participants identified collaboration as the chief characteristic of an effective or model healthcare program. Health-related nonprofit organizations report feeling caught in the competition between the area's two nonprofit hospitals, yet past opportunities to work together on behalf of the community's health demonstrate that cross-institutional teamwork can prevail with powerful results.

Staffing. Shortages of qualified physicians, nurses, social workers, dentists, administrative managers and case managers challenge both the internal capacity of healthcare providers and healthcare delivery across the board. This shortage has a particularly strong impact in rural areas.

Time. The volume of acute care needs in the Coastal Georgia region, coupled with critical workforce shortages, often leaves healthcare providers struggling to keep up with demand. As a result, there is little time available for the kind of continued professional development or leadership training that helps organizations "get ahead of the illness curve" by focusing on grassroots prevention efforts rather than just treatment.



HEALTH CONCERNS

Aging Issues
Arthritis
Asthma
Cancer
Dental Care
Diabetes

Environmental Health
HIV/AIDS
Hypertension
Infection
Lead Poisoning
Mental Illness

Obesity
Perinatal Health
Physical Disabilities
Substance Abuse
Tobacco Use
Violence

VITAL STATS:

Number of Counties: 24

Population: 579,772

Tour City: Albany

Southwest Georgia Region (Albany)

Southwest Georgia faces several healthcare challenges stemming from its largely rural population and high levels of poverty. At the same time, the region is home to highly committed healthcare workers who demonstrate significant leadership and commitment for community health improvement. In particular, Albany has strong business community participation for addressing its region's healthcare needs. Several model programs bring the power of collaboration into the region. For instance, Albany hosts the only rural coalition among Georgia's Cancer Coalition. This local coalition currently is assessing the 38-county region's assets and needs related to cancer prevention and treatment. In addition, the Southwest Georgia Community Health Institute – a technical assistance and capacity building organization – builds community health coalitions and provides them with data collection, analysis and health planning support.

WHAT WE HEARD

Finding Providers. Locating accessible health providers and getting residents to the providers' offices are real challenges for Southwest Georgians. In many cases, the supply of doctors, dentists or specialists available to serve the region's demand for health services and support simply is inadequate. Further compounding this challenge, the absence of a regional directory or informational resource makes it difficult for residents to find and access available services and providers. Finally, a limited number of ambulances and a shortage of public transportation often results in life-threatening delays and escalating health problems from missed appointments. According to Listening Tour participants, the bottom-line for improving health in the region is access.

Poverty. The intersection of poverty with the lack of healthcare access recently became an institutional problem for this region. With the recent closure of one of the region's hospitals, there has been an increase in the indigent care caseload and additional strain on primary healthcare providers. Many poor residents reside in substandard living situations and are exposed to unhealthy environmental conditions. Listening Tour participants believe these exposures directly affect infection rates for many health problems such as childhood asthma. Finally, the lack of financial resources means the area's poor residents and their children lack opportunities for physical and social engagement (i.e. athletics, etc.) that are connected to health promotion and disease prevention.

Trust. Southwest Georgia confronts changes that will require new levels of trust, cultural attunement and acceptance by both health professionals and residents in the region. Poignant examples range from generally learning to appreciate cultural differences among the region's various ethnic groups, to specifically finding innovative approaches to serving Latino residents' and migrant workers' healthcare needs. Community residents struggle to form trust with new physicians who work in the region for a short time to receive forgiveness on student loans and then move elsewhere when their obligations are satisfied. Negotiating these changes will require new learning and trust – between patients and new providers, and among residents from different racial and cultural backgrounds.

HEALTH CONCERNS

Asthma
Cancer
Domestic Violence and Abuse
Heart Disease
HIV/AIDS

Infection Control
Interrelated Diabetes & Renal Failure
Hypertension and Stroke
Occupational Health
Oral Health



VITAL STATS:

Number of Counties: 12

Population: 220,768

Tour City: Waycross

Southeast Georgia Region (Waycross)

With a passion for broadly accessible behavioral healthcare, the Southeast Georgia region boasts several community health resources working together to reduce the stigma of mental illness and to expand access to various kinds of mental health programs. Because mental health issues often co-exist with other important health concerns, the need for collaboration between personal health services and mental health providers is clear. Most of the region's collaborations center around established institutions, such as the Department of Public Health, McKinney Community Health Center and the Satilla Regional Medical Center. At the same time, the region has had significant challenges recruiting and retaining key health and mental health providers. Moreover, the region sorely needs urgent care capacity for health issues that require more than a simple primary care visit, but do not require an emergency room visit. Nevertheless, the region continues to move forward, gradually strengthening its capacity (through collaboration) to provide a fuller continuum of health and mental health services.

WHAT WE HEARD

Lack of Providers. This region's rural area and lower pay scales make attracting and retaining qualified health providers a challenge, particularly specialists such as cardiologists, pediatricians and psychiatrists. In some cases, even the loss of one doctor or health-care professional can place immense strain on the providers who remain. Moreover, critical mid-level health providers such as nurses, nurse practitioners and physicians' assistants also are in short supply.

Transportation. Like other rural areas, Southeast Georgia faces considerable challenges moving patients to and from healthcare delivery sites. Emergency response vehicles are few, and the region currently lacks a public transportation system. At the same time, eligible individuals who qualify for government-mandated Medicaid transportation often experience unreasonably long wait times and unreliable service.

Stigma Around HIV/AIDS. Negative stereotypes associated with HIV/AIDS provide a number of hurdles to early testing and treatment of the disease. Many individuals refuse testing and counseling; and those who do come for testing often will not provide necessary contact information, making it difficult to share test results in a timely way. Finally, individuals who test positive for HIV are likely to leave their home community, and in some cases even leave the state, for treatment.



HEALTH CONCERNS

Aging Issues
Asthma (especially
in children)
Cancer
Cardiovascular Disease

Dental Care
Diabetes
Emphysema
HIV/AIDS
Hypertension
Mental Illness

Premature Births,
Low Birth Weights
Prescription Drug Access
Sexually Transmitted Diseases
Women's Health

VITAL STATS:

Number of Counties: 13

Population: 425,593

Tour City: Augusta

East Central Georgia Region (Augusta)

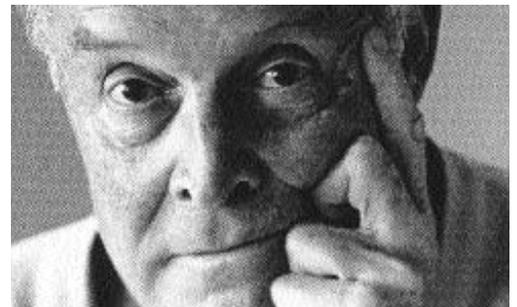
Even in the face of Augusta's wealth of specialty, sub-specialty and academic medicine resources, East Central Georgia has created a healthcare culture focused on meeting the needs of underserved populations. Strong ties exist between area health-related nonprofits, the medical school, colleges and universities, public health entities, and an emerging cadre of community physician leaders committed to the underserved. In particular, area hospitals and physicians have seen the need for new ideas and approaches to caring for the region's 40,000 uninsured individuals and area families. Consequently, Richmond County Medical Society's Project Access, a collaborative partnership between the medical society, a for-profit health insurance organization and local community physicians, recently has formed to provide more comprehensive healthcare to the uninsured. Related to supporting health prevention for families, the Augusta Richmond County Partnership for Children and Families combines the efforts of nearly 100 agencies to improve the lives of children and families.

WHAT WE HEARD

Rural Providers. Although Augusta has a broad spectrum of healthcare providers, the region's rural counties have only a scant number of doctors. As an illustration, one six-county area in the region reports only one board-certified obstetrician and one board-certified pediatrician. Even individuals who are close to services may still have difficulty accessing care because they lack awareness of specific services available or because they simply don't understand how to "navigate the system" of available resources.

Collaboration. In some cases, collaborative arrangements and resulting turf issues can overshadow the needs of patients. Patients also may fear that receiving services from one organization will preclude them from receiving services elsewhere.

Environment. While Augusta is growing in many respects, there is a notable lack of safe, affordable housing. Listening Tour participants believe the housing situation contributes to a number of health-related issues such as lead poisoning, asbestos exposure and homelessness. The area also struggles with poor air quality, caused by a combination of exhaust from urban growth and traffic congestion.



HEALTH CONCERNS

Allergies
Asbestos
Asthma
Cancer
Children with Special Needs
Diabetes
Domestic Violence

Elderly
Environmental Health
HIV/AIDS
Hypertension
Lack of Prevention Programs
Lead Poisoning
Men's Health

Mental Illness
Nutrition
Obesity
Oral Health
Premature Births and Low Birth Weights
Repeat Teen Pregnancy
Stroke

Substance Abuse
Suicide
Tuberculosis
Tobacco Use
Traffic Accidents
Women's Health

There needs to be a balanced community health system, and in that system, you have health promotion, disease prevention, early detection and universal access to quality care.

VITAL STATS:

Number of Counties: 23

Population: 608,744

Tour City: Macon

Central Georgia Region (Macon)

An early entrant in Georgia's rural health systems development movement, Central Georgia has been a pioneer in integrating and re-aligning health resources to more effectively serve the region's uninsured. In addition, the region benefits from engaged community foundations – the Medcen Community Health Foundation and the Community Foundation of Central Georgia – that clearly understand their role in providing support and incentives for new forms of health service delivery. Macon is also a center for an array of healthcare resources, including the Medical College of Georgia and an energetic public health district. Several model programs such as Health Care Central Georgia, a men's health program, a perinatal health initiative and the School House Health Nurse program target specific health issues and populations across the age continuum. In addition, a strong Family Connections collaborative currently works with both healthcare and human services providers to meet children's and families' needs in individual counties. Still, the region's most apparent challenges involve extending its healthcare successes from the Macon area into the more rural counties and re-orienting acute care and treatment healthcare systems to prioritize health promotion, disease prevention and health education.

WHAT WE HEARD

Connecting Resources with the People. In Central Georgia's more rural counties, local health departments and health resources are available but often underutilized. In many instances, residents often do not understand the importance of having a "medical home" to receive primary and preventive health services. While several health resources exist, many Tour participants commented that some healthcare organizations operate during hours that are not compatible with low-income residents' off-work time. For the area's Latino residents, linguistic barriers offer particular difficulty. Finally, geographic distance and poor access to transportation add another dimension of complexity to this region's rural health challenge.

Emergency Room Use. Because many of the region's underserved have no regular source of primary healthcare, a clear pattern of improper hospital emergency room use has emerged. Some underserved individuals continually cycle through the region's emergency rooms with repeat visits for chronic conditions (such as asthma and diabetes) that could be more appropriately managed by a primary healthcare provider (i.e. community health center, public health clinic or other resource).

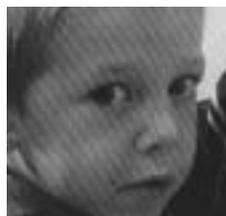
Prescription Medications. Because of the escalating cost of prescription drugs, few of the region's underserved can afford or obtain necessary medications. This is particularly relevant for individuals with chronic health conditions that require an ongoing regimen of prescription drug use. Tour participants commented on the major coverage gaps that exist with Medicare and Medicaid, and the relative difficulty of accessing the various prescription assistance programs offered by pharmaceutical companies.

HEALTH CONCERNS

Adolescent Health
Allergies
Anemia
Asthma
Cancer
Diabetes

Heart Disease
HIV/AIDS
Hypertension
Infant Mortality
Men's Health
Mental Illness

Nutrition
Sexually Transmitted Diseases
Stroke
Substance Abuse



VITAL STATS:

Number of Counties: 28

Population: 967,822

Tour City: Columbus

West Central Georgia Region (Columbus)

With a growing prevalence of chronic diseases (i.e. hypertension, diabetes and asthma) and cancer among the underserved, West Central Georgia's healthcare establishment has quickly realized the value of partnership for their community's health. Led by an award winning hospital/public health partnership between Columbus Regional Medical Center and the West Central Health district, the Institute for Healthcare Leadership and other collaborative efforts, the region is working hard to more comprehensively respond to the medically underserved and their diverse needs. In this area, the medically underserved are truly diverse including the elderly, the homeless, individuals needing behavioral health and substance abuse services, and adults suffering from chronic diseases. Several promising programs are beginning to emerge – such as the West Central Georgia Cancer Collaborative – which focus the region's collective energies on shifting resources and attention upstream toward disease prevention and health education. Building on this foundation, West Central Georgia has begun to focus on two important opportunities: 1) finding appropriate ways to broaden the disease management focus to encompass health promotion and 2) better ensuring quality healthcare for underserved individuals in the rural areas of the region.

WHAT WE HEARD

Overwhelmed Providers. In addition to its own underserved groups, Columbus attracts many workers from neighboring Phenix City, Alabama. In the wake of Phenix City's recent hospital closure, many Alabama residents now cross state lines for healthcare at Columbus Regional Medical Center and the city's health department. The result has been a dramatic increase in the indigent care case load for these safety net providers, which translates into longer wait times and scheduling difficulties for existing patients. For the region's Latino population, special access issues include language barriers and difficulty producing a required address or other critical information due to temporary residency, homelessness, and transportation challenges.

Educating the Underserved. Many chronic conditions, mental illness and cancers could be detected and treated at earlier stages if the region's underserved were more aware of the specifics of available prevention services and screenings. Tour participants described the importance of health education, particularly in preventing intentional and unintentional injuries.

Prescription Costs. As in other regions, obtaining prescription medication is a challenge for area residents, particularly for the elderly. Tour participants describe the daily choices elderly residents must make between food and medicine. While some individuals are eligible for free and low-cost drug programs offered by pharmaceutical companies, few understand how to access these programs.

HEALTH CONCERNS

Allergies

Alzheimers

Arthritis

Asthma

Bioterrorism

Cancer

Diabetes

Environmental Health

HIV/AIDS

Hypertension

Mental Health

Osteoporosis

Prescription Drugs

Services for the Elderly

Services for Persons
with Disabilities

Substance Abuse

Teen Pregnancy

Teen Suicide and Violence

Unhealthy Lifestyles

Unintentional and
Intentional Injuries

VITAL STATS:

Number of Counties: 13

Population: 418,109

Tour City: Gainesville

Northeast Georgia Region (Gainesville)

Confronted with growing numbers of working poor and elderly residents, Northeast Georgia has begun focusing its nonprofit, healthcare and philanthropic resources on addressing the underserved population's access to primary healthcare. At the same time, the region also has been working to intensify its capacity to scale the barriers (i.e. socio-cultural and linguistic) that challenge a fast-growing Latino population's access to health services. Several innovative organizations have been created to address these needs. El Puente (Spanish for "The Bridge") has taken the lead to advocate on behalf of Latino health and acculturation needs. The Good News Health Center, an innovative voluntary medical clinic, offers free medical and dental care to the medically indigent and homeless. Even with these strides, Listening Tour participants described the importance of strengthening and sustaining the region's core of health-related nonprofits already straining under the weight of demands of health services and supports. This challenge factors strongly in the region's arsenal of strategies for expanding access to healthcare for the region's underserved.

WHAT WE HEARD

Poverty. As poverty levels increase in two Northeast Georgia counties, healthcare access issues have grown as well. Closely related to financial income, unemployed and underemployed individuals struggle to secure health care coverage and to afford needed prescription medications. Fearing deportation, many non-citizen Latinos seek eligible health services, while others willing to seek healthcare often experience language and/or cultural barriers.

Occupational Health Education. Employers in this region express the need for education about workplace safety and occupational health concerns. Latinos in particular are five to six times more likely to die of occupational deaths in Georgia. Overall, educating families about good health practices and communicating the various types of available health services are two central health education concerns in the region.

Funding. Issues of funding occur across multiple stakeholders within the region. For individual patients, there is a dire need for health insurance coverage. For providers, decreased and even flat federal and state funding creates enormous challenges as the underserved population continues to increase (in some cases precipitously).



HEALTH CONCERNS

Adolescent mental health
Aging issues
Asthma
Autism
Cancer
Children with developmental delays

Chronic mental illness
Dental health
Diabetes
Domestic violence and abuse
Environmental health
HIV/AIDS
Heart disease

High blood pressure/Hypertension
Homeless health
Lack of prenatal care
Men's health
Obesity
Smoking

Sexually transmitted diseases
Stroke
Substance abuse
Teen pregnancy
Tuberculosis
Workplace injuries and deaths

VITAL STATS:

Number of Counties: 16

Population: 839,313

Tour City: Dalton

The biggest need is for prescription drugs (for the elderly). They come in and say, "I won't buy my prescription this month. I don't have the money."

Northwest Georgia Region (Dalton)

Northwest Georgia faces both geographic and cultural challenges to expanding health services to the region's underserved. For instance, many of the region's rural counties are isolated geographically from health resources by the north Georgia mountains. Culturally, the region has experienced exponential growth in the Latino population (from zero to 23 percent in the last decade) with many of these new residents unable to speak English. In some cases, other new residents are illiterate in their native language, complicating provider-patient communication and health education efforts.

In the face of these challenges, the region is working hard to adapt its education and health infrastructures to respond to these important geographic realities and cultural changes. Collaborating with healthcare providers, local government, schools, a hospital and businesses, the Northwest Georgia Healthcare Partnership (a nationally recognized healthcare collaboration) is at the helm of the regional effort to create a seamless, comprehensive and accessible healthcare system, especially in Murray and Whitfield counties. In addition, the region recently has welcomed the particularly strong leadership and inspiration of a new district health director with significant experience in public health, disease prevention and Latino health.

At the same time, the region's economic well-being pivots heavily on the carpet manufacturing industry. Tour participants describe the major challenge of encouraging employers to expand health insurance coverage without jeopardizing the financial well-being of key sources of local employment.

WHAT WE HEARD

Geographic Challenges. The northwest Georgia mountains present a unique challenge to Dade County residents and others in the state's northwest corner. These residents often forego treatment for serious conditions (including cancer) rather than drive (or try to find a ride) over the long, sometime dangerous distances to healthcare facilities on "the other side of the mountain." While some Dade County residents seek treatment in neighboring Tennessee or Alabama, facilities in these bordering states assume little responsibility for providing indigent care to out-of-state patients.

Emergency vs. Primary Care. Because many of Northwest Georgia's medically underserved are unaware of primary care options available to them, hospital emergency rooms become "de facto" primary care centers. The consequence is severe stress on safety net health resources already strained to accommodate increased demand. Given this, timely health promotion and disease prevention information about healthy lifestyles is a broad regional need, especially in the areas of smoking cessation, healthy eating habits and substance abuse.

Prescription Medications. Tour participants described cost as the greatest barrier to the prescription medications. This is particularly true of the frail elderly and indigent populations – groups likely to need treatment for both chronic or acute conditions. While pharmaceutical companies do offer discount programs, the process of acquiring them is quite cumbersome, and as a consequence some doctors are reluctant to get involved.

HEALTH CONCERNS

Aging issues

Allergies

Asthma

Cancer

Complications of pregnancy/childbirth

Dental health

Diabetes

Heart disease, coronary artery disease

HIV/AIDS

Hypertension

Immigrant health issues

Obesity

Occupational-related problems

Respiratory problems

Smoking

Sexually transmitted diseases

Substance abuse

Teen pregnancy

Tuberculosis

Unhealthy lifestyles

VITAL STATS:

Number of Counties: 8

Population: 3,138,873

Tour City: Atlanta

Metropolitan Region (Atlanta)

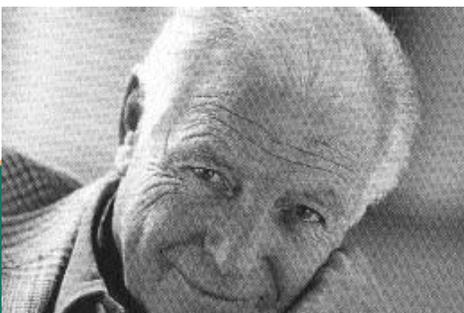
As the largest population center in the state, metropolitan Atlanta has Georgia's most variegated mix of race-ethnicity, culture, sexual orientation, religion and socio-economic levels. Consequently, Atlanta is home to an extremely diverse and complex set of health needs and issues. Theoretically, the region's population density ought to attract sizeable state and federal resources. In reality, however, metropolitan Atlanta is a tale of two cities. Metro Atlanta, particularly Fulton and DeKalb counties, has some of Georgia's most profound concentrations of poverty. Uneven economic development has left the northeastern city corridor and suburbs particularly resource rich with higher-paying jobs and better public transportation than the area's southeastern areas (where many of the working and extremely poor reside). While there have been several successes securing federal dollars for housing and other areas, health and human services spending in many key areas has remained flat and in some cases has declined.

Fortunately, metro Atlanta is home to an abundance of public and private health services – enough to give it the potential to evolve from a large group of providers focused on personal health needs to a more fully integrated system that addresses the

health of entire populations. With so many health service and health-related nonprofits (each with a distinct perspective on the region's most pressing needs), clarifying common ground and collaborative approaches remains a challenge. Moreover, the close proximity of so many healthcare interests (often providing similar services) creates an increased sense of competition that undermines collaboration. While some strong collaborations do exist, there are still notable gaps in health services and supports – particularly for the underinsured or uninsured.

As Atlanta continues to build and refine its identity as a city, it faces a number of immediate and long-term health improvement challenges. Foremost is the need to more powerfully address the persistent health disparities in health status and healthcare access between racial/ethnic and other key groups. Another is the challenge of integrating cultural competence into the healthcare delivery process so that healthcare workers effectively serve the needs of an increasingly diverse base of clients. In the long term, rapid population growth and demographic change without serious attention to economic and community development (i.e. job creation, safe schools, affordable housing) could mean that Georgia's number of medically underserved individuals also stands to grow. As the prevalence of chronic conditions continues to increase, the absence of a more coordinated, comprehensive and accessible health service system could translate into more expensive and acute kinds of treatment and intervention.

Despite these difficulties, Atlanta's fleet of health institutions and workers are committed, talented and creative – full of the energy necessary to respond to these potential challenges.



HEALTH CONCERNS

Aging issues
Cancer
Child health (especially prevention)
Chronic diseases
Diabetes

Environmental health
Heart disease
HIV/AIDS
Hypertension
Inactivity

Increased cerebral palsy among infants
Men's health
Mental health
Nutrition
Obesity

We haven't provided the opportunities to empower people with disabilities to take care of themselves... In the shift of public policy, we need to include the people with disabilities on the front lines to speak for themselves.

WHAT WE HEARD

Collaboration Across Health Issues. Atlanta participants cited collaboration as the number one way to improve health outcomes - and noted that the most successful collaborations are those that address a number of different health factors comprehensively. Examples include programs that combine teen pregnancy prevention with mental health services, health education with recreational activities or primary care services with data collection and management. Barriers to collaboration include competition, duplication of effort and difficulty integrating information across provider settings.

Cultural Competence. While Atlanta has a number of historical strengths related to understanding difference, a primary challenge for metro Atlanta health organizations relates to deepening its capacity to provide high quality, culturally competent health services. Increasingly, health service organizations must understand the culture, language and age-related health needs of various populations - from Latino youth to Cambodian adult women. This broadening of cultural understanding is particularly important for individuals living with chronic conditions who need to form trusting, regular relationships with their providers. Given the power of social stigma, healthcare providers must be particularly sensitive to the needs of individuals with HIV/AIDS, mental illness or even various kinds of developmental disabilities.

Community-Based Intervention. Even with a well-coordinated, population-based health system, Atlanta must continue to make progress involving individuals and communities in the planning and decision-making processes that accompany health-related interventions. With the new focus on organizational outcomes (i.e. capacity building, strengthening organizational performance), it would be tempting to miss opportunities to build and link institutional

change strategies to grassroots community building. Organizations must be vigilant about meaningfully engaging key community constituents in the design, execution and evaluation of health-related programs for various underserved populations.

Common Information and Referral. Many community health leaders value open sharing of information and referrals. However, patterns of fragmented information and communication, even patterns that affect provider-patient interaction, have been difficult to change. To better coordinate care, physicians need better information systems and knowledge management practices. At the same time, patients want assurances that their privacy and confidentiality will not be breached. Specific to the medically underserved, important programs such as PeachCare and Medicaid (which expand health coverage), often have complex eligibility and billing requirements that make them cumbersome for both physicians and patients navigate. The result is inefficiencies and duplication of effort by providers, and needless complexity for patients. The bottom line is that progress toward common information and referral procedures will continue to be a critical issue.

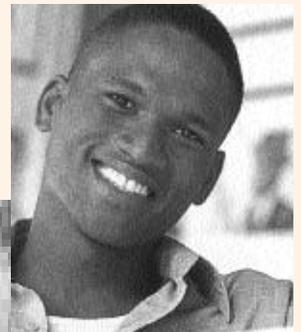
Public Health and Prevention. While Atlanta's public health infrastructure was created to focus on prevention and essential public health functions, due to excessive reliance on public health as a safety net provider, our participants perceived these critical functions as being under-funded. Although increased public health funding for bioterrorism is critical for the new world realities, prevention and population health protections are equally important. While personal health services should remain a critical part of resource allocation, renewed attention to the prevention and essential public health functions will continue to be important to fully assure the health of all Georgians.

In Summation

Healthcare Georgia Foundation felt honored to host discussions with our colleagues working to provide health services to Georgia's most vulnerable groups. Listening Tour participants represented almost every dimension of healthcare as well as the social service, legal and education arenas. They were community leaders and health advocates, clinic administrators and hospital executives, program managers and agency directors, nurses and physicians, and business and philanthropy leaders. And, their diverse perspectives, insights and experiences taken altogether accomplished a most amazing feat – bringing a clear image of their local health system into each conversation. Equally important, their candor helped the Foundation appreciate specific ways their health systems (despite their valiant efforts) struggled to adequately serve their communities' medically underserved. Practically, these dialogues and their insights will inform how the Foundation develops and implements its grantmaking programs. Moreover, in every Listening Tour, the participants' passion and service commitment were both palpable and inspiring.

THE JOURNEY AHEAD

The first bottom-line lesson is that we in Georgia have an incredible journey of change ahead to improve the quality of all Georgians' health and access to critical health services and supports. By the Tour's end, several important learnings were clear. First, providing a seamless continuum of health information, prevention services and acute care treatment requires a level of system coordination, efficiency and effectiveness that is still very much a vision in Georgia. Tour participants (individuals close to where the pain is most deeply felt) described in elaborate detail the health issues and systems barriers that must be addressed to make room for this new vision. At the same time, many participants shared how their efforts to significantly improve residents' health and the state's health system are exhausting (and sometimes discouraging). Even still, this cadre of colleagues persists to advocate, collaborate and act creatively on behalf of health improvement.



SUPPORTING THE SYSTEM

Second, Tour participants' insights provide important texture and nuance to some widely agreed-upon conclusions about Georgia's health system. There is broad consensus that high-disparity health conditions like cardiovascular disease, cancer, diabetes and other chronic diseases must continue to be the target for programmatic intervention, community mobilization and resources. Scores of people throughout Georgia suffer because of the basic, unmet need for a primary care provider, access to prescription drugs and a medical "home" (a nearby place to receive health services). But, what this Tour also brings into focus is the statewide health system's complementary need for vision, leadership and a sustained focus on systems improvement. While providing discrete, personal health services always will be an important strategy, it is equally vital that Georgia intensify its efforts to:

- support the recognition and development of new leaders well-equipped to tackle tomorrow's health challenges;
- provide core support to strengthen and sustain innovative health-related nonprofits increasingly depended upon for healthcare to the state's most vulnerable;
- continue to enhance the essential public health functions necessary to protect and improve the overall population's health; and
- bolster the health system's capacity to evaluate its effectiveness and the quality of its services using a combination of qualitative and quantitative information.

RESPONDING TO DIFFERENCES

Finally, rapid population growth and demographic change have created several new challenges for Georgia. In addition to addressing basic health needs and the regular demand for services, there is an accompanying need to respond to the state's growing diversity at the sub-population level. Several different sub-groups (defined by race-ethnicity, religion, sexual-orientation, disability, age and other factors) increasingly desire health services that incorporate key characteristics of their group's unique culture and experiences. Given the disparities in health status and access (which result in a disproportionate burden of illness and death for many sub-groups), valuing differences will likely become even more significant in statewide efforts to promote health equity. Again, Georgia has many historic strengths and lessons to draw upon in this journey of change.

Through the Listening Tours and the distribution of this report, Healthcare Georgia Foundation hopes to extend this learning and lively dialogue into real progress toward health status improvement and expanded access to healthcare. Comments about this report and general suggestions are always welcome and should be addressed to:

Healthcare Georgia Foundation
50 Hurt Plaza, Suite 550
Atlanta, GA 30303
www.healthcaregeorgia.org
info@healthcaregeorgia.org

We in Georgia have an incredible journey of change ahead to improve the quality of all Georgians' health and access to critical health services and supports.

Listening Tour Participants and Partners

ATLANTA (FIRST SESSION)

Sue Burgess
Community Care Intake Coordinator
Atlanta Regional Commission

Peter S. Fanning, Ph.D.
President
Marcus Institute

Judy Fitzgerald
Executive Director
National Mental Health
Association of GA

Susan B. Green
Executive Director
Center for the Visually Impaired

Georgina Howard
Director, Personal Health Services
DeKalb County Board of Health

Mimi Kiser
Associate Director
Interfaith Health Program
Emory University

Dianne Norris
President
Georgia Perinatal Association
Georgia Division of Public Health

felicia malone
Consultant
SisterLove, Inc.

ATLANTA (SECOND SESSION)

Chris Allers
Vice President, 211
United Way of Metro Atlanta

Eric Benning, MD
Fulton County Department of Health and
Wellness

Paul Bolster
Executive Director
St. Joseph's Mercy Care Services

Daniel Blumenthal, MD
Associate Dean for Community Programs
Morehouse School of Medicine

Alfred W. Brann, Jr., MD
Director
World Health Organization (WHO)
Collaborating Center of Reproductive
Health

Rhonda Burton, RN
Regional Perinatal Executive Director
DeKalb, Fulton, and Clayton Counties

Anika Foster
Professional Development Manager
Minority Health Professions Foundation

James Freeman
Director
Urban Primary Healthcare Network

Vicky Kimbrell
Attorney
Georgia Legal Services

Anthony Oloni, MD
Chairman
Metro Atlanta Coalition on Cancer
Awareness

CENTRAL GEORGIA

Phil Bond
Managing Attorney
Georgia Legal Services Program

Tammie Collins
Sr. Vice President
Community Services
United Way of Central Georgia

Bertha Cranford
President, En Casa
Bibb County Health Department

Kathryn Dennis
President
Community Foundation of Central GA

Roy Moore
District Program Manager
North Central Health District

Sharon Patterson
Superintendent
Bibb County Public Schools

Jimmie Smith, MD
Health Services Program Supervisor
Bibb County Health Department

Geri Ward
Long Term Care Coordinator
Area Agency on Aging - Middle Georgia

Brenda Woodard, RNC
Women's Health Coordinator
South Central Health District

COASTAL GEORGIA

Bill Broker
Managing Attorney
Georgia Legal Services

Marilyn Buck
Director of Nursing
Armstrong Atlantic State University

Linda Davis
Director
Westside Urban Health Center

Stephanie Dutenhaver
Executive Director
Savannah Foundation, Inc.

Michael Elliot
CEO
Union Mission

Jacqueline Elmore
Executive Director
Youth Futures Authority

Claire Gardner
Development Assistant
Union Mission, Inc.

Eleanor Helms
AAA Director
Area Agency on Aging

Cheryl Pack
St Joseph's/Candler Health System

EAST CENTRAL GEORGIA

Juanita Burney
Grant Program Coordinator
Richmond County Health Department

Laurie Cook
Director of Development
Easter Seals of East Georgia

Sandra Edenfield, Ph.D.
Director, Enterprise Community Healthy
Start Initiative
Medical College of Georgia

Laverne Gold
Vice President
United Way of CSRA

Sharon Haire
Deputy Director, Clinical Services
Community Service Board of East Central
Georgia

Linda Johnson
District Nursing & Clinical Director
East Central Health District

Sandra Johnson
Regional Executive Director
Safe Homes

Cindy Lunsford
Vice President
University Hospital Community Services

Larry J. Read
Chief Executive Officer
University Healthcare System

R. Lee Smith, Jr.
President/CEO
CSRA Community Foundation

NORTHEAST GEORGIA

Lynda Askew
Director of Community Impact
United Way of Hall County

Greg Bautista
Coordinator
El Puente

Curtis Bibb
Assistant Superintendent
Gainesville City Board of Education

Glenda Bullard
Assistant District 2 Director
GA Department of Juvenile Justice

Brenda Cook
Executive Director
Gateway House

Dianne Currans
Health Program Manager
Legacy Link, Inc.

Anderson Flen
Senior Health Educator
North Health District

Wendy Glasbrenner
Managing Attorney
Georgia Legal Services

James Mathis
President/CEO
North Georgia Community Foundation

April McKaig
Independent Living Coordinator
Access Center for Independent Living

Christy Moore
Director of Community Benefits
The Medical Center Foundation

Doris Ann Wall
Public Health Technician, Women's Health
North Health District

NORTHWEST GEORGIA

David Aft
Director
United Way of Northwest GA

John Bowling
CEO/President
Hamilton Healthcare System

Thomas Chester, MD
Director
North Georgia Health District

Barbara Gibson
County Nurse Manager
Gordon County Health Department

Cynthia Gibson
Staff Attorney
Georgia Legal Services

Jane Jones
Paralegal
Georgia Legal Services

Nancy Kennedy
Executive Director
Northwest GA Healthcare Partnership

Shawn Mashburn
Director
The Community Foundation of Northwest
GA

Phyllis Stephens
Vice President
Dalton-Whitfield Chamber of Commerce

Maria Tucker
School Health Supervisor
Whitfield County Health Department

Betsy Taylor
Hutcheson Health Foundation
Hutcheson Medical Center

SOUTHEAST GEORGIA

Kathryn Hall
Georgia Legal Services

Carla Linkous
Provider Development Network Manager
Georgia Dept. of Public Health - South
Georgia
Division of Mental Health/Mental
Retardation/Substance Abuse

Alta Lowman
Nurse Case Manager
McKinney Community Health Center

Linda Osban
Interim Chair of Nursing
South Georgia College

Wendell Smith
Chief Operating Officer
Satilla Regional Medical Center

Wanda Taft
Director
Area Agency on Aging

Kawanda West
Director, Medicaid/Medicare Financing
McKinney Community Health Center

Laura Wood
Supervisor, Gateway
Area Agency on Aging

SOUTHWEST GEORGIA

Robert Cooke
Executive Director
Southwest Georgia United Empowerment
Zone

Cassandra Hall
Executive Director
Southwest Georgia Community Health
Institute

Gala King
Rural HIV/AIDS Coordinator
Albany Area Primary Health Care

Linda Peek
Director of Nursing
Albany Area Primary Health Care

Mark Redden
Managing Attorney
Georgia Legal Services

Al Smith
Community Services Specialist
City of Albany

WEST CENTRAL GEORGIA

Perry Alexander
Director
New Horizons Community Service Board

Earnest Baulkmon
Director
District 8, Georgia Department of Juvenile Justice

Dee Cantrell
District Program Manager
West Central Health District

Betsy Covington
Executive Director
Chattahoochee Valley Community Foundation

Larry Crane
Manager of Grant Programming
Columbus Regional Healthcare System

Elizabeth Dillard
Director
Metropolitan Taskforce for the Homeless

Mickey Holloway
Program Administrator
West Central Area Agency on Aging

Jennifer Murray
Campaign Manager
United Way of Chattahoochee Valley

Paula Moore
Lead Teacher
Easter Seals of West Georgia

Beverly Roberson
Public Health Nurse Coordinator
West Central Health District

COMMUNITY FOUNDATION PARTNERS

Savannah Foundation, Inc.
Chattahoochee Valley Community Foundation
North Georgia Community Foundation
The Community Foundation of Northwest Georgia
Community Foundation of Central Georgia
CSRA Community Foundation

*Credits: Listening Tour design, coordination,
facilitation and analysis: GEARS (Global
Evaluation and Applied Research Services)*

*Report writing, editing, design and production:
WordOne, LLC*

Healthcare Georgia Foundation
grantmaking for health



50 Hurt Plaza
Suite 550
Atlanta, GA 30303
p. 404.653.0990
f. 404.577.8386
www.healthcaregeorgia.org