



**COMMUNITY
HEALTH
ASSESSMENT**

Fulton County Board of Health



November 12, 2020

Greetings Partners, Colleagues and Friends,

I am excited to share our Fulton County Board of Health 2020 Community Health Assessment (CHA) Technical Report. Our agency mission is that All People are Healthy. Recognizing the importance of making a meaningful impact in our communities, our agency goals align to: help us protect residents from health threats, increase access to health services to improve health outcomes, and provide information that assists Fulton County citizens in living healthier lives. We know that effective public health planning, program and service delivery and community connectivity begins with a thorough assessment and understanding of the health status and needs of Fulton County residents, which is the purpose of the CHA.

Through our partnership with the Georgia Health Policy Center, we began the process of developing the CHA, formulated a community advisory board and engaged diverse community stakeholders from across Fulton County to identify health needs in the county. The CHA Technical Report encompasses sections on the leading health issues, available community resources and municipal health profiles. Our teams hope that citizens and stakeholders will find the Report data useful in public health planning, policy development, program implementation and ultimately to mitigate health consequences in our communities.

The completion of this Report and our forward strategic movement towards completing the community health improvement plan are vitally important as we continue efforts to combat prevailing health issues and grapple with how best to deal with a raging COVID-19 pandemic. We want to be armed with the latest health trends, sound science and input from the community to inform us how best to respond and help to create healthy and thriving Fulton communities.

An electronic copy of this Report is located on our website: <https://fultoncountyboh.org/boh/>. Please share this widely across your networks.

I and my team look forward to shaping the health of Fulton County with you.

Sincerely,

A handwritten signature in black ink that reads "Lynn A. Paxton".

Lynn A. Paxton, MD, MPH
District Health Director

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Executive Summary

Fulton County Board of Health was established on July 1, 2017. Formerly known as the Fulton County Department of Health and Wellness, Fulton County Board of Health is committed to promoting and protecting the health of individuals, families, and communities. As the largest health district of 18 public health districts in Georgia, Fulton County Board of Health serves more than one million citizens who reside in Fulton County.

Our goals are to protect residents from health threats, increase access to health services to improve health outcomes and provide information that assists Fulton County citizens in living healthier lives. It is in the spirit of these goals that Fulton County Board of Health presents the 2020 Fulton County Status of Health Report, which describes the health of Fulton County residents in relationship to state and national trends. The information in this report offers insight into where the health of Fulton County residents is thriving and where improvements can be made.

This assessment adapted the Mobilizing for Action through Planning and Partnerships (MAPP) model, which was guided by a 17-member Community Advisory Board with representation from health systems, safety-net providers, academic institutions, community-based organizations, and community leaders. The advisory board prioritized equity and empowerment in their efforts to balance the influence of people, power, place, and process in decisions made throughout the assessment process. It was also important to advisory board members that the process build upon previous assessments of health in Fulton County. The result has been a comprehensive data collection process that includes:

- Individual conversations with 46 community leaders;
- Eight community conversations that focused on topics like health disparities among Black residents, New American wellness, and HIV;
- A survey of behavioral health providers;
- A comprehensive data profile that compares census tract, ZIP code, and county-level data from 2014-2018 (unless otherwise stated) to state and national benchmarks for the same period;
- Data collected and findings from assessments completed by Grady Memorial Hospital and Wellstar Health System's Atlanta Medical Centers.

Highlights

Fulton County is the most populated county in Georgia. The population of Fulton County has a history of rapid growth and is projected to continue to grow at a rate that is at least double the national average (6.7% and 3.5%, respectively) by 2023. The general population of Fulton County is younger, more diverse, higher-income earning, and more educated when compared to the state of Georgia.

A closer look reveals specific populations that experience greater barriers to being healthy, higher disease burden, and higher death rates. This assessment found that the following experience persistent health disparities in Fulton County:

- Black and Latino residents;
- Single parents;

- New Americans without legal immigration status;
- Underinsured and uninsured residents;
- People experiencing low socioeconomic status;
- Residents from the southern half of the county, more specifically residents from ZIP codes 30021, 30303, 30310, 30311, 30314, 30315, 30318, 30331, and 30354; and
- Residents with limited English-speaking proficiency which are concentrated in around Roswell, Duluth, Alpharetta, Dunwoody, Hapeville, and Palmetto.

There is a 23.6-year range of life expectancy at birth, depending on where you live in the county. Many of the top causes of death and disease are related to lifestyle and environmental causes in Fulton County.

There are several health issues prevalent in Fulton County marked by higher than expected rates of both morbidity and mortality:

- Heart disease
- HIV – new diagnosis and existing cases
- Breast, ovarian, and prostate cancer
- Behavioral health illness, including mental illness and substance abuse
- Asthma
- Anemias
- Tuberculosis
- Assault, legal intervention, and accidental discharge of a firearm

The leading cause of death in Fulton County are:

- Obstructive heart diseases
- Hypertension
- Stroke
- Alzheimer’s disease
- Lung cancer

The leading causes of premature death (death before 75 years of age) in Fulton County are:

- Homicide
- Poisoning
- Obstructive heart diseases
- Fetal and infant conditions
- Hypertension

When data are available over time, they show notable improvements in:

- Cancer incidence and mortality rates;
- The number of providers generally, though safety-net providers remain low;
- Sexually transmitted infections (STIs), including chlamydia, gonorrhea, and HIV;
- Poverty, unemployment, and insurance rates before the pandemic outbreak had all improved, though will likely be impacted by the state and county response to COVID-19.

Since 2014, trends have worsened for:

- Cardiovascular conditions;
- Maternal and child health;
- Obesity, though the rate of growth has slowed;
- Substance abuse;
- Violence and injury;
- Completed medical check-ups among adults within one year; and
- Inequities.

Community leaders discussed the opportunities and challenges facing efforts to improve the health and wellbeing of Fulton County residents. Those included:

- High concentrations of vulnerable populations that have unmet needs and limited resources to meet those needs.
- Transportation and traffic that reduces the amount of time for and access to healthy options like nutrition, physical activity, and gainful employment.
- Gentrification that increases the cost of living and disconnects residents from employment opportunities and public transportation.
- Decreases in affordable housing due to development and zoning codes that have increased housing insecurity, homelessness, and the cost of living.
- Limited access to health services (medical, behavioral, and dental) that residents have due to provider shortages, limited transportation options, limited access to insurance options, limited number and location of providers for underinsured and uninsured residents, and limited care coordination for homeless and uninsured residents; which can lead to higher disease burden and mortality.
- Undiagnosed and untreated behavioral health illnesses due to the lack of a community services board, lack of awareness and education, stigma, limited behavioral health providers, and fragmented referral system.
- Inequity in income, education, quality of life, and availability of resources based on race and geographic location poses health risks and challenges for state and county decision-makers when making decisions about investments and placement of county programs.
- Policies that govern New Americans, including undocumented people, reduce access to vital services (vaccinations, prenatal care, legal aid, insurance coverage, medical, dental, and behavioral healthcare), educational attainment, legal protections and increase vulnerability, out-of-home placement of children, disease burden, and death.

- Fragmented and disjointed systems including state, county, and municipal systems that all require some measure of oversight and resources to be sustained, and are not collaborating or operating efficiently enough.
- Environmental factors, awareness, and personal choice have caused poor health behaviors related to healthy eating, active living, and healthcare-seeking behaviors, the results of which can be poor health outcomes.

Limitation of Findings:

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

- The findings of this assessment are being written at a time of immense uncertainty and change due to the novel coronavirus, COVID-19, pandemic that has disrupted normal operations around the world. This Community Health Assessment is no exception, the health status of Fulton County residents has been impacted, and data are not yet readily available to accurately depict what the health status of Fulton County residents will be after the pandemic.
- Most of the data included in this assessment are available only at the county level. Where smaller chunks of data were available, they were included. County-level data is an aggregate of large populations and does not always capture or accurately reflect the nuances of the health status of a community.
- Secondary data is not always available. For example, data that is publicly available on personal behaviors that impact health in Fulton and DeKalb counties are sparse. In the absence of secondary data, this assessment notes relevant anecdotal data that has been gathered during primary data collection. It is important to note that primary data is limited by individual vocabulary, interpretation, and experience.
- There is no measure of the accessibility and effectiveness of available services listed in the Community Facilities, Assets, and Resources section included in the Community Health Status Assessment, particularly for underinsured and uninsured residents.
- The forces of change assessment are based, in part, on two community health summits that took place in Fulton County in 2018. While the results remain relevant, it will be valuable to reassess the forces of change when the pandemic has subsided, and it is reasonable to reach out to leaders in a variety of sectors, including healthcare and public health.
- An assessment of the ten essential functions of public health will be valuable after the pandemic to better understand what functions could be strengthened for the future.

Methodology

The Fulton County Board of Health implemented the Mobilizing for Action through Planning and Partnerships (MAPP) model to complete this community health assessment (CHA) using the following methodology from March 2019 to May 2020.

MAPP Steering Committee: Fulton County Board of Health Community Advisory Board

The Fulton County Board of Health engaged 17 leaders to inform and guide the CHA process. Thank you to all the Community Advisory Board members who have guided the community assessment:

- Sandra E. Ford, M.D., M.B.A.
- Jeff Cheek
- Katie Mooney
- Kathryn Lawler
- Karla Hooper
- Breanna Lathrop
- Suganthi Simon
- Madelyn Adams
- Angelica Fugerson
- Maylott Mulugeta
- Storm Goodlin
- Rachel Sprecher



Source: Corso, L., Lenihan, D.P., Weisner, P.J. (2005). Developing the MAPP community health improvement tool. *Journal of Public Health Management and Practice*, 11(5):387-92.

- Brittany James
- Monica McGannon
- Shara Wesley
- Chris Burke
- Tom Andrews

The Community Advisory Board met on three occasions to make recommendations about the CHA process, including how to ensure equity in secondary data collection (municipal focus) and decision-making (equity lens), and representation of special populations in data collection (key informant interviews and focus groups).

While the MAPP model is an inherently equity-based process, the Community Advisory Board chose to apply an additional equity and empowerment lens, adapted from the Multnomah County Office of Diversity and Equity framework, to sharpen the focus of this assessment on equity and empowerment for people, places, process, and power (the four P's). See Appendix C for a detailed description of the equity and empowerment framework.

The Community Advisory Board recommended that this assessment examine people and places in Fulton County at the municipal level, along with the county-level assessment with a purpose of better understanding the strengths and themes that exist throughout the county in a way that will drive action

during the community health improvement process, which is planned to follow this assessment. Summarized municipal-level findings can be found along with county-level findings throughout this report, and the detailed municipal profiles for each of the 13 municipalities can be found in Appendix D.

Forces of Change Assessment

The forces of change were generated using input provided by more than 80 stakeholders serving Fulton County residents. Forces of change were identified by coupling the contributing factors of community health priorities established by more than 50 stakeholders during two community forums held in North Fulton County and South Fulton County with input from 46 stakeholders provided during key informant interviews.

Key Informant Interviews

The stakeholders participating in key informant interviews were asked to describe (1) the forces that they see impacting the health and quality of life in Fulton County over the past three to five years, (2) what the root causes are for health issues in Fulton County, and (3) what about the county systems and operations either promotes or impedes the root causes of health challenges and the health of residents in Fulton County.

Community Health Summits

Community Health Summits were held in February 2018 through a partnership between the Georgia Health Policy Center (GHPC) and Wellstar Health System. One representing North Fulton County was held in Roswell, Ga., and one representing South Fulton County was held at the Atlanta Technical College in Atlanta. Both health summits were designed to facilitate community input about the barriers and facilitators of health in Fulton County, recommendations related to health promotion, and the community health priorities for each region. Each health summit was facilitated by GHPC and lasted approximately three hours. GHPC presented findings from a 2018 community health assessment (CHA) generated from secondary data analysis, key informant interviews, focus groups, and listening sessions. Health summit attendees were then asked to discuss the health needs in the communities they serve and were encouraged to add any needs that may have been absent from the assessment's data collection thus far. Attendees then discussed the root causes and driving factors of each health need. Finally, the group was asked to identify the top five health needs that they believed, when collaboratively addressed, would make the greatest difference in community health, especially in vulnerable populations. The needs identified by individual groups were consolidated into mutually exclusive health priorities and voted upon to surface community health priorities.

Community Health Status Assessment

Secondary data were gathered from a variety of sources that are reliable and representative of Fulton County. Data sources include, but are not limited to:

- MySidewalk (mysidewalk.com)
- Cares Engagement Network (engagementnetwork.org)
- County Health Rankings & Roadmaps (countyhealthrankings.org)
- U.S. Census Bureau, American Community Survey 5-Year Dataset (census.gov)

- Georgia Department of Public Health Online Analytical Statistical Information System (OASIS) (oasis.state.ga.us)
- Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (www.cdc.gov/NCHHSTP/Atlas/)
- Truven Health Analytics Community Need Index (CNI)
- Neighborhood Nexus (neighborhoodnexus.org)

The data were organized into several categories, including demographics, social determinants of health, and health status, and analyzed by geography. Municipal and county-level data were benchmarked one to the other and against state and national averages. Much publicly available data are available only at the county level and not in smaller segments. However, where possible, the data were analyzed at the ZIP code, census tract, and municipal level to get a more comprehensive understanding of community health status.

Community Themes and Strengths Assessment

The collaborative CHA process secured input from a variety of sources representing the tapestry of communities in Fulton County, including a Community Advisory Board that directed the process and one-on-one and group conversations with community leaders and residents.

Key Informant Interviews

Qualitative data were gathered during individual interviews with 46 stakeholders serving Fulton County communities. Each interview was conducted by Georgia Health Policy Center (GHPC) staff and lasted approximately 45 minutes. All respondents were asked the same set of questions (see Appendix B for the discussion guide). The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents of Fulton County, as well as ways to address cited concerns. Hospital and community leaders who participated in the interview process encompassed a wide variety of professional backgrounds, including public health, professionals with access to community health-related data, and representatives of under-resourced populations. (See Appendix B for a full list of stakeholders participating in key informant interviews between October 2018 and May 2020.)

Focus Groups

Focus groups were conducted to gather input from residents living and working in Fulton County communities. GHPC recruited and conducted eight focus groups among residents and service providers living and working in Fulton County. Facilitation guides were used to guide focus group discussions. Residents were recruited using a third-party recruiting firm. Recruitment strategies focused on residents who had characteristics representative of the broader communities in the service area, specifically communities that experience disparities and low socioeconomic status. Focus groups lasted approximately 1.5 hours, during which time trained facilitators led six to 12 participants through a discussion about the health of their communities, facilitating and blocking factors of health, resources available to meet health needs, and what is needed for residents to be healthier in their communities. All participants were offered appropriate compensation for their time and a light meal. (See Appendix B for a complete list of focus groups that were conducted between January 2018 and March 2020.)

Interviews and focus groups were recorded and transcribed with the informed consent of all participants. GHPC analyzed and summarized the resulting qualitative data to determine similarities and

differences across populations related to the collective experience of wellness, health needs, and recommendations, which are summarized in this report.

Limitations to Findings

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

- Most of the data included in this assessment is available only at the county level. Where smaller chunks of data were available, they were included. County-level data is an aggregate of large populations and does not always capture or accurately reflect the nuances of the health status of a community.
- Secondary data is not always available. For example, data that is publicly available on personal behaviors that impact health in Fulton and DeKalb counties is sparse. In the absence of secondary data, this assessment notes relevant anecdotal data that have been gathered during primary data collection. It is important to note that primary data is limited by individual vocabulary, interpretation, and experience.
- There is no measure of the accessibility and effectiveness of available services listed in the Community Facilities, Assets, and Resources section included in the Community Health Status Assessment, particularly for underinsured and uninsured residents.
- The forces of change assessment is based, in part, on two community health summits that took place in Fulton County in 2018. While the results remain relevant, it will be valuable to reassess the forces of change when the pandemic has subsided and it is reasonable to reach out to leaders in a variety of sectors including healthcare and public health.
- An assessment of the ten essential functions of public health will be valuable after the pandemic to better understand what functions could be strengthened for the future.

Fulton County: Characteristics and Demographics

Fulton County, named after inventor Robert Fulton, was developed from a portion of DeKalb in 1853 and later annexed Milton and Campbell counties in 1932, creating its elongated shape. Of Georgia's 159 counties, Fulton County was the 144th county to be formed.

Located in north-central Georgia, Fulton County encompasses approximately 528.7 square miles of land that is segmented into 15 incorporated municipalities: Alpharetta, Atlanta, Chattahoochee Hills, College Park, East Point, Fairburn, Hapeville, Johns Creek, Milton, Mountain Part, Palmetto, Roswell, Sandy Springs, South Fulton, and Union City, with a small area that remains unincorporated around Fulton Industrial. Fulton County is home to approximately 1,035,680 residents living in one of the 57 residential ZIP codes and 203 census tract areas. This assessment considers the health of all Fulton County residents.

Table 1. Fulton County Area Definition

Municipality	ZIP Codes (57)	Census Tract (203)	Population (1,035,680)
Alpharetta	30004, 30005, 30009, 30022	114.26, 116.10, 116.11, 116.16, 116.17, 116.18, 116.19, 116.20, 116.21	63,929
Atlanta	30303, 30305, 30306, 30307, 30308, 30309, 30310, 30311, 30312, 30313, 30314, 30315, 30318, 30324, 30326, 30327, 30328, 30331, 30334, 30336, 30337, 30342, 30344, 30349, 30350, 30354, 30363	090.00, 091.01, 091.02, 093.00, 094.02, 094.03, 094.04, 095.01, 095.02, 096.01, 096.02, 096.03, 097.00, 098.01, 098.02, 099.00, 100.01, 100.02, 001.00, 002.00, 004.00, 005.00, 006.00, 010.01, 010.02, 011.00, 012.01, 012.02, 013.00, 014.00, 015.00, 016.00, 017.00, 018.00, 028.00, 029.00, 030.00, 031.00, 032.00, 092.00, 007.00, 023.00, 024.00, 025.00, 026.00, 082.01, 082.02, 083.01, 083.02, 084.00, 085.00, 086.01, 086.02, 087.00, 088.00, 089.02, 089.03, 089.04, 118.00, 019.00, 021.00, 035.00, 119.00, 036.00, 037.00, 038.00, 039.00, 040.00, 041.00, 042.00, 043.00, 060.00, 061.00, 062.00, 066.02, 076.02, 076.03, 076.04, 077.03, 077.04, 077.05, 077.06, 078.02, 078.05, 078.06, 078.07, 078.08, 079.00, 080.00, 081.01, 081.02, 044.00, 048.00, 049.00, 050.00, 052.00, 053.00, 055.01, 055.02, 057.00, 058.00, 063.00, 064.00, 065.00, 066.01, 067.00, 068.01, 068.02, 069.00, 070.01, 070.02, 071.00, 072.00, 073.00, 074.00, 075.00, 120.00	465,230
Chattahoochee Hills	30268	104.00	2,727
College Park	30337, 30349	106.01, 106.03, 106.04, 123.00, 13121980000	14,360
East Point	30344	111.00, 110.00, 112.01, 112.02, 113.01, 113.03, 113.05, 113.06	35,380
Fairburn	30213	105.14	14,257
Hapeville	30354	108.00	6,622
Johns Creek	30005, 30022, 30024, 30097	114.14, 114.24, 114.25, 114.27, 116.12, 116.13, 116.22, 116.23, 116.24, 116.25	83,397
Milton	30004, 30009	115.03, 115.04, 116.14, 116.15	37,556
Mountain Park	Included in the geographic footprint of Roswell		
Palmetto	Included in the geographic footprint of Chattahoochee Hills		
Roswell	30075, 30076	114.05, 114.10, 114.11, 114.12, 114.16, 114.17, 114.18, 114.19, 114.20, 114.21, 114.22, 114.23, 115.05, 115.06	94,239
Sandy Springs	30319, 30327, 30328, 30338, 30339, 30342, 30350	101.06, 101.07, 101.08, 101.10, 101.13, 101.14, 101.15, 101.17, 101.18, 101.19, 101.20, 101.21, 101.22, 101.23, 102.04, 102.05, 102.06, 102.08, 102.09, 102.10, 102.11, 102.12	103,703
South Fulton	30213, 30331, 30336, 30349	103.01, 103.03, 103.04, 105.07, 105.08, 105.10, 105.11, 105.15, 105.16	93,487
Union City	30291	105.12, 105.13	20,793

Fulton County Population Profile

Fulton County is the most populated county in Georgia. Due to land mass, Fulton County has the lowest population density of the five original urban counties of Atlanta (Fulton, DeKalb, Cobb, Gwinnett, and Clayton). Over the years, the population has grown and is projected to continue growing more rapidly than the national average. Compared to Georgia, Fulton County is younger, more diverse, and houses more residents who are foreign-born and speak a language other than English proficiently.

According to American Community Surveys, between 2013 and 2017:

- Fulton County had a younger median age when compared to Georgia and the United States.
- The racial/ethnic composition is predominantly Non-Hispanic Whites and Non-Hispanic Blacks, with an Asian population that is slightly larger than state and national rates.
- In comparison to the state and national statistics, the proportion of residents who are foreign-born and speak a language other than English is higher in Fulton County.

Table 2. Selected Population Estimates, 2013-17

	Fulton County	Georgia	U.S.
Total Population	1,035,680	10,201,635	321,004,407
Age and Sex Distribution			
Male	48.50%	48.70%	49.20%
Female	51.50%	51.30%	50.80%
Median age	35.20	36.40	37.80
Under 18 years	22.80%	24.50%	22.90%
65 years and over	10.80%	12.70%	14.90%
Race/Ethnicity Distribution			
White	46.80%	61.30%	75.70%
Black	45.50%	32.60%	13.90%
American Indian and Alaska Native	1.00%	0.90%	1.70%
Asian	7.60%	4.50%	6.30%
Native Hawaiian and Other Pacific Islander	0.20%	0.20%	0.40%
Some other race	1.70%	3.10%	5.40%
Hispanic or Latino (of any race)	7.40%	9.30%	17.60%
Foreign born	12.71%	10.00%	13.40%
Limited English-speaking	16.30%	13.90%	21.30%

Source: U.S. Census Bureau, American Community Survey, 2013-17

According to the 2019 America's Health Rankings composite measure, when compared to the overall health status of other states, Georgia was ranked 40th, which was a decline from 39th in 2018 (www.americashealthrankings.org/explore/annual/state/GA).

The County Health Rankings is a commonly used reporting platform that highlights county-based health outcomes and elements while illustrating how health may differ across racial/ethnic groups and the state as a whole. When compared to the other 158 counties in Georgia:

- In 2020, Fulton County ranked in the healthiest quartile (rank 1-39) for all ranking factors except physical environment (154 of 159).
- From 2019 to 2020, Fulton County remained in the healthiest quartile, though the rankings declined slightly, with poorer rankings in all measures except clinical care (remains constant) and length of life (a slight improvement). It is notable that this measure is dependent on the performance of all other counties in Georgia, so that Fulton County’s rank can change as a result of improvement (or decline) in other counties, which is not a direct measure of the health of Fulton County residents.

Table 3. Fulton County Health Rankings 2019-20

	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
2019	11	18	16	18	9	5	42	153
2020	13	27	15	27	17	5	47	154

Source: University of Wisconsin Population Health Institute County Health Rankings & Roadmaps key findings 2019-2020.
 Note: There are 159 counties in Georgia.

Forces of Change

More than 80 stakeholders serving Fulton County residents identified the greatest opportunities and threats influencing the health and quality of life for Fulton County residents. What follows is a description of the forces of change related to the context and contributing factors that stakeholders noted may facilitate or block progress toward improving health and quality of life in Fulton County.

The findings of this assessment are being written at a time of immense uncertainty and change due to the novel coronavirus, COVID-19, pandemic that has disrupted normal operations around the world. This CHA has been impacted by the current pandemic in two major ways. First, data-collection efforts were disrupted toward the end of this assessment process. Once shelter-in-place orders were enacted by the state, county, and municipalities included in this report and cases began to increase, it became clear that an assessment of the 10 essential functions of public health would need to wait. Gathering insight from health care and public health professionals was not going to be feasible at this time, and the experience of the pandemic offers the Fulton County Board of Health the opportunity to retrospectively assess the areas where additional investments and support will strengthen even further the county’s ability to respond to future crises of this nature and scale.

The Fulton County Board of Health is currently working tirelessly to address the broad array of health needs, many of which are noted in this report, that have been magnified as a result of the pandemic. In those efforts it has become apparent that the results of this assessment are valuable for better understanding the levers of change and priorities that exist in communities throughout the county, each one experiencing the impact of COVID-19 in different and similar ways.

It is important to note that Fulton County has been impacted by COVID-19 in ways that it will not be possible to examine or understand until the crisis has passed. At that time it will be important to reassess the health of Fulton County communities, the essential functions of public health, and the forces of change. What we do know is that the circumstances surrounding COVID-19 (unemployment,

isolation, etc.) have magnified many of the challenges and opportunities that already existed in Fulton County communities. For example, stakeholders noted that the most vulnerable populations are at greatest risk for higher transmission and mortality rates. (See Table 44 for a complete list of vulnerable populations and geographic areas identified by stakeholders.)

County Characteristics

The population of Fulton County has a history of rapid growth and is projected to continue to grow at a rate that is at least double the national average (6.7% and 3.5% respectively) by 2023.¹ According to stakeholders, this sustained population growth influences gentrification, affordable housing, transportation, and traffic, all of which impact the health and quality of life of residents in Fulton County.

Vulnerable Populations

Stakeholders agreed that there were several groups who have poorer health outcomes and a lower quality of life when compared to the general population in Fulton County. Figure 1 shows the complete list of vulnerable groups and geographic areas stakeholders noted. Figure 2 and Table 4 depict the Community Need Index² (CNI) data for Fulton County by ZIP code. These tables and figures show that between 2017 and 2018 in Fulton County:

- There were vulnerable populations dispersed throughout the county, with a concentration in the south of the county of people living in poverty, with limited educational attainment, and who were unemployed and uninsured.
- Residents with limited English-speaking proficiency are concentrated in North Fulton County, in ZIP code areas, some of which cross over into neighboring counties, around Roswell, Duluth (30097), and Alpharetta, with the exception of Hapeville and Palmetto, which are located in South Fulton County and have above average rates of limited English proficiency.
- Barriers related to social determinants worsened in six ZIP code areas by 0.2 each: Atlanta (30313, 30342, and 30350), Palmetto (30268), Alpharetta (30005), and Roswell (30075).
- Barriers related to social determinants improved in seven Atlanta ZIP code areas by 0.2 or more each: 30337, 30354 (improved by 0.4), 30318, 30291, 30336, 30305, and 30097.

Figure 1. Vulnerable Populations and Geographic Areas Listed Most Often by Stakeholders

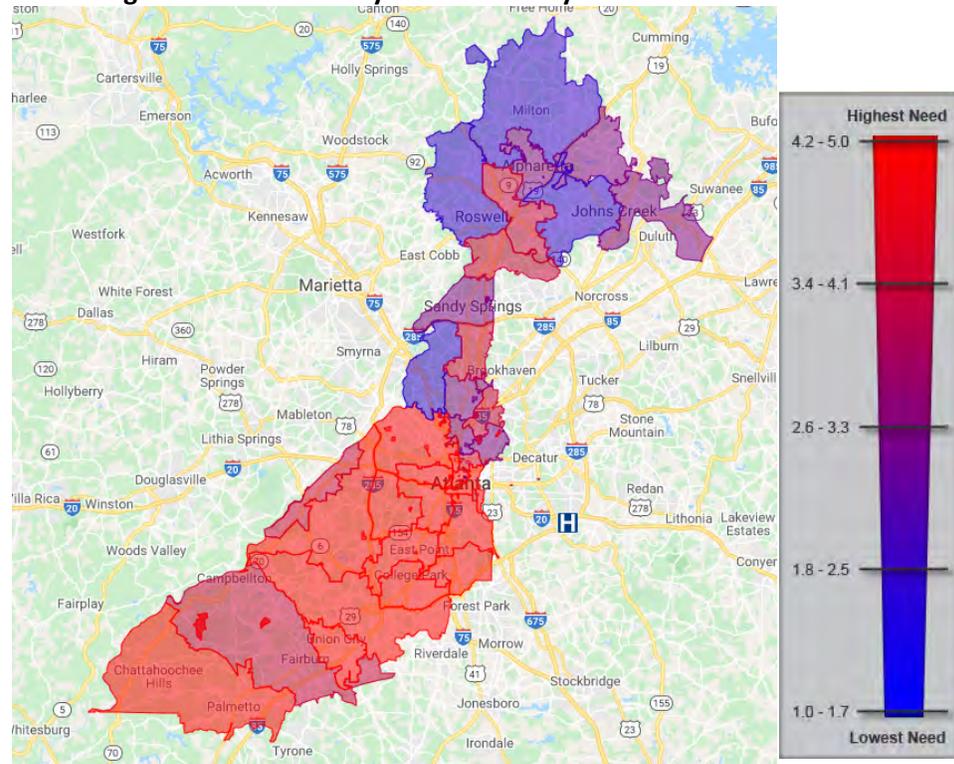
Vulnerable Populations	Geographic Areas of Interest
<ul style="list-style-type: none"> • African-American and Hispanic residents • Uninsured and underinsured • Previously incarcerated 	<ul style="list-style-type: none"> • Areas with the poorest outcomes • Extended-stay hotels • Communities

¹ Truven Health Analytics 2018 Demographic Snapshot

² Truven Health Analytics' Community Need Index is an index that measures the percentage of a population experiencing five social determinants of health (income, culture, education, insurance, and housing) in all ZIP codes in the United States. The CNI is calculated using a set of indicators. These indicators include the proportion of residents who are living poverty (seniors, children, single parents), have limited English-speaking skills, are minorities, have no high school diploma, are unemployed, are uninsured, and rent their primary residence. Residential ZIP codes are ranked on a scale of 1-5, 1 indicating low social determinants of health and 5 indicating high social determinants of health.

Vulnerable Populations	Geographic Areas of Interest
<ul style="list-style-type: none"> • People diagnosed with behavioral health challenges • People experiencing low socioeconomic status (poverty, poor education, low-wage and part-time employment) • Homeless people (sheltered and unsheltered), including those without a mental health diagnosis who cannot secure housing, particularly in North Fulton County • Residents living in food deserts • Residents without access to transportation • Single parents • People with disabilities (developmental and physical) • Seniors • Children • New Americans (undocumented people, Hispanic, and African) 	<ul style="list-style-type: none"> ○ Westside area near Vine City (gentrification) ○ Bankhead ○ Cascade ○ The city of South Fulton ○ College Park ○ East Point ○ Fairburn ○ Union City ○ Washington Road ○ Metropolitan Avenue near Turner Field Stadium ○ Roosevelt Highway • Specific ZIP code areas <ul style="list-style-type: none"> ○ 30310 ○ 30311 ○ 30314 ○ 30315 ○ 30318 ○ 30331 ○ 30354

Figure 2. Fulton County's CNI Scores by ZIP Code



Source: <http://cni.chw-interactive.org/>

Table 4. 2018 Community Need Index (CNI): 10 Highest-Barrier vs. 10 Lowest-Barrier ZIP Codes

ZIP	City	Change	Current CNI Score	Poverty – 65+	Poverty – Children	Poverty – Single with kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Renting
10 Areas with the Lowest CNI Scores												
30004	Alpharetta	0.0	2.2	5.9%	6.1%	18.8%	1.9%	36.1%	3.7%	3.1%	5.3%	21.8%
30075	Roswell	0.2	2.2	4.9%	5.9%	26.5%	2.4%	22.3%	3.7%	3.7%	5.6%	19.4%
30022	Alpharetta	0.0	2.4	4.4%	4.1%	15.7%	3.2%	39.1%	4.0%	4.9%	5.5%	27.0%
30326	Atlanta	0.0	2.4	4.4%	0.8%	4.0%	0.8%	27.1%	1.7%	1.9%	4.6%	55.6%
30327	Atlanta	0.0	2.4	6.9%	4.9%	34.9%	1.0%	15.6%	1.1%	3.4%	7.5%	24.3%
30005	Alpharetta	0.2	2.8	11.9%	3.7%	23.4%	2.2%	44.9%	2.9%	5.4%	5.4%	28.0%
30097	Duluth	-0.2	2.8	6.7%	5.7%	20.5%	5.7%	61.6%	5.9%	5.5%	6.5%	25.7%
30306	Atlanta	0.0	2.8	5.5%	6.1%	27.5%	0.9%	15.8%	2.6%	2.7%	8.0%	47.9%
30328	Atlanta	0.0	2.8	7.3%	6.9%	14.9%	2.3%	36.3%	3.1%	4.0%	8.9%	42.2%
30305	Atlanta	-0.2	3.0	13.4%	4.6%	22.0%	0.7%	22.4%	2.0%	3.0%	9.3%	45.7%
10 Areas with the Highest CNI Scores												
30312	Atlanta	0.0	4.6	32.2%	35.2%	56.6%	0.7%	55.7%	9.9%	7.3%	24.2%	63.9%
30313	Atlanta	0.2	4.6	17.4%	44.6%	51.8%	0.3%	58.7%	11.0%	15.5%	26.9%	77.5%
30344	Atlanta	0.0	4.6	17.0%	32.8%	47.8%	2.1%	86.0%	14.4%	14.2%	25.3%	54.6%
30354	Atlanta	-0.4	4.6	9.8%	43.1%	50.2%	4.9%	87.8%	18.6%	14.2%	33.2%	61.6%
30303	Atlanta	0.0	4.8	37.4%	35.9%	56.9%	0.5%	57.3%	17.7%	16.7%	29.2%	72.6%
30311	Atlanta	0.0	4.8	18.7%	54.6%	69.0%	1.6%	97.5%	17.1%	16.9%	39.8%	58.5%
30314	Atlanta	0.0	4.8	14.7%	42.8%	50.6%	0.5%	96.8%	15.6%	15.8%	33.3%	65.3%
30337	Atlanta	-0.2	4.8	18.5%	39.1%	61.7%	2.2%	85.0%	18.1%	11.8%	30.5%	67.4%
30310	Atlanta	0.0	5.0	24.6%	43.1%	54.4%	0.5%	92.6%	20.1%	13.9%	38.1%	60.8%
30315	Atlanta	0.0	5.0	29.8%	47.5%	61.3%	1.9%	86.8%	21.3%	16.2%	43.6%	63.3%
Fulton County Total		0.0	3.6	11.6%	19.1%	35.1%	2.3%	60.3%	8.6%	7.7%	16.1%	44.8%

Source: Truven Health Analytics, Community Need Index, 2018

Transportation and Traffic

Stakeholders, health summit participants, and community residents all discussed the need for comprehensive transportation options, particularly for residents who do not have a car and residents who live in the northernmost and southernmost parts of the county. The majority of stakeholders noted that transportation is a limiting factor for Fulton County residents, and that public transportation can be unreliable (e.g., often behind schedule) and disconnected. For residents requiring frequent transportation (e.g., for cancer treatments, commuting, etc.) the cost and time to take public transportation can be a barrier. Community residents discussed the fact that many people do not have the transportation they need to meet basic needs (e.g., medical appointments, grocery shopping, work, etc.) because they may not be able to afford a car and MARTA is unreliable and not conveniently located to most communities. Additionally, commuting becomes more difficult with one or more children. Stakeholders noted that the political will for expanding transportation does not appear to encourage

investment from the county. Table 5 shows that when compared to state and national averages, in Fulton County:

- More residents utilize public transportation and do not have access to a vehicle when compared to the state and nation.

Stakeholders and community residents both noted that the traffic in Fulton County has an impact on the mental health and stress of residents; the level of pollution in the air; and the time residents have to cook healthy meals, exercise, and parent or supervise children.

Table 5. Selected Transportation Indicators, Fulton County, 2013-17

	Fulton	Georgia	U.S.
Mean travel time to work (mins)	27.1	28.0	26.4
Public transportation	7.5%	2.1%	5.1%
Occupied households with no vehicle available	11.4%	6.7%	8.8%

Source: U.S. Census Bureau, American Community Survey, 2013-17

Gentrification

Stakeholders, health summit participants, and community residents discussed the impact of gentrification on affordable housing, the cost of living, and transience of residents. Health summit participants set equitable revitalization, employment, and job training as one of five community health priorities.

Stakeholders and community residents noted that building and development in some communities have led to the displacement of residents due to increasing housing costs, a steep decrease in the number of affordable housing units, and the displacement of affordable commercial markets where legacy residents can afford to purchase basic necessities (dollar stores, Family Dollar, etc.). Residents earning a low income are displaced to communities farther outside of the city of Atlanta where they are likely to be disconnected from public services, which are not as readily available in less densely populated areas, such as transportation, food pantries, and safety net health clinics.

Affordable Housing

Stakeholders noted that Fulton County is losing affordable housing at an alarming rate, which has increased housing insecurity and homelessness. Several stakeholders noted that there are municipal ordinances and zoning codes that restrict affordable, multitenant housing from being built. Several stakeholders noted the influence of these types of zoning codes in northern parts of Fulton County where multitenant housing is perceived to decrease property values.

Community residents noted that healthy housing is becoming less affordable, and residents have to make choices between healthy options (food, preventive care, medications, etc.) and the cost of their housing because they cannot afford everything they need. Table 6 shows that when compared to state and national averages, in Fulton County:

- The median value of homes is much higher.
- While in line with state and national rates, one in two people are considered cost-burdened by their monthly rent (paying more than 30% of income), and nearly one in three people are cost-burdened by their mortgages.

- A closer look at municipalities shows that when compared to county and state rates, South Fulton County has the highest housing cost burden (see Appendix D for more detailed information by municipality) —
 - College Park, East Point, Fairburn, Palmetto, South Fulton, and Union City all showed above-average cost burden for home owners and renters, with the largest burden falling on renters.
 - Atlanta, Chattahoochee Hills, and Mountain Park also showed an above-average proportion of cost-burdened homeowners.

Table 6. Selected Housing Indicators, 2013-17

	Fulton	Georgia	U.S.
Median value of homes	\$268,900	\$158,400	\$193,500
Households paying more than 30% of income for monthly mortgage	27.7%	27.9%	29.5%
Households paying more than 30% of income for monthly rent	49.8%	50.4%	50.6%
Owner-occupied housing units	51.3%	63.0%	63.8%
Renter-occupied housing units	48.7%	37.0%	36.2%

Source: U.S. Census Bureau, American Community Survey, 2013-17

These issues will influence the placement, timing, and success of any programs implemented to improve health and quality of life in Fulton County. Stakeholders recommended that the county could support policies that increase public transportation and access to affordable housing to mitigate the influence.

Access to Appropriate Care

Stakeholders, health summit participants, and community residents all discussed the limited access residents have to appropriate care when and where it is needed. Several of the challenges discussed were transportation (see the Transportation and Traffic section of County Characteristics above), awareness of available services, and affordability. Additionally, North Fulton Community Health Summit participants discussed inadequate provider rates. Stakeholders and community residents agreed that there are there are specific access challenges in Fulton County related to:

- Limited culturally and linguistically relevant health services for Black, Asian, Latino, and LGBTQ residents.
- High barriers to accessing healthcare in South Fulton County including provider shortages, transportation, more residents in low-wage and part-time employment, and limited access to insurance coverage.
- Grady North Fulton Service Center being the only full-service primary care provider for underinsured and uninsured residents in North Fulton County.

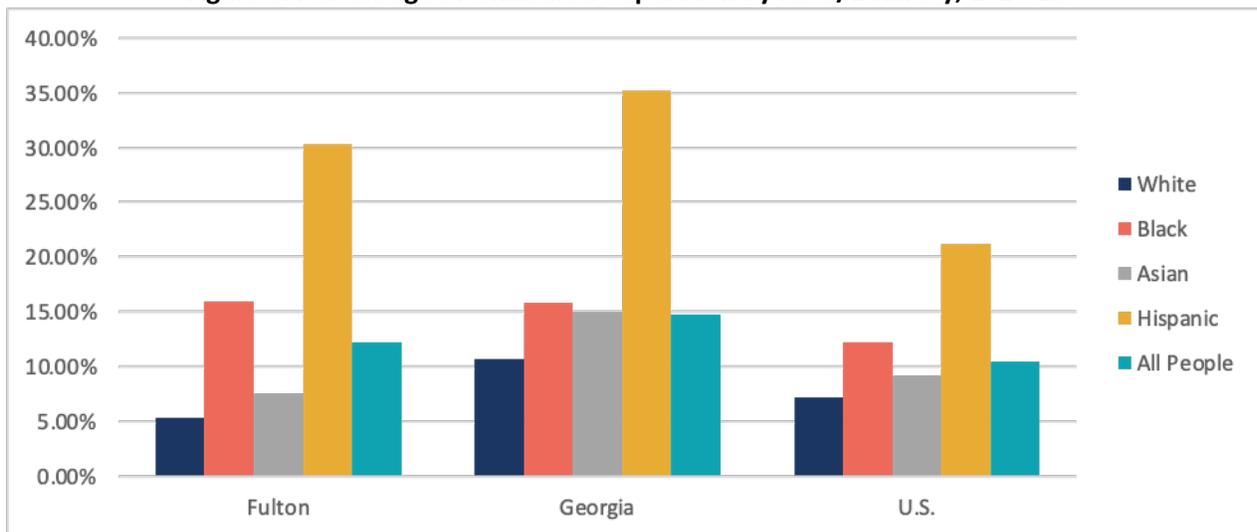
Stakeholders, health summit participants, and community residents all discussed the lack of access uninsured and underinsured residents have to affordable care and their resistance to seeking preventive services without coverage. Health summit participants indicated that there are not enough safety net providers in the area, leaving under- and uninsured residents with limited options for care. Stakeholders, summit participants, and community residents also discussed the challenges residents

face using Marketplace and Medicaid insurance, noting that it can be difficult to find a health service provider that will accept the insurance, and copays and deductibles can be unaffordable. Stakeholders felt that while insurance rates have increased over the last three years for some, there are residents (homeless, unemployed, part-time employed, etc.) who remain uninsured, and access to care has become more difficult for them to secure. Stakeholders noted that when residents are uninsured, they delay seeking care until symptoms become acute because the cost is often unaffordable.

Figures 3-4 and Table 7 show that between 2014 and 2019 in Fulton County:

- There were fewer Federally Qualified Health Center (safety net) providers than was average for the state and the nation.
- Due to a lack of Medicaid expansion, residents are more likely to be uninsured than is average for the United States.
- With rates higher than state and national averages, Hispanic and Black residents are far more likely to be uninsured than their racial and ethnic counterparts.
- According to the Health Resources and Services Administration, the facilities designated as serving health professional shortage areas (HPSAs) are primarily located in the central region of Fulton County — concentrated around downtown, which would indicate that there are fewer safety net clinics in the northernmost and southernmost regions of the county.

Figure 3. Percentage of Uninsured Population by Race/Ethnicity, 2014-18



Source: U.S. Census Bureau, American Community Survey, 2013-17

Table 7. Health Care Provider Rates, 2014-19

	Fulton	Georgia	U.S.
Primary care (2014)*	107.78	65.70	75.60
Dental (2015)*	68.38	49.20	65.60
Mental health (2017)*	218.10	129.60	202.80
FQHC (2019)*	1.85	2.66	2.94

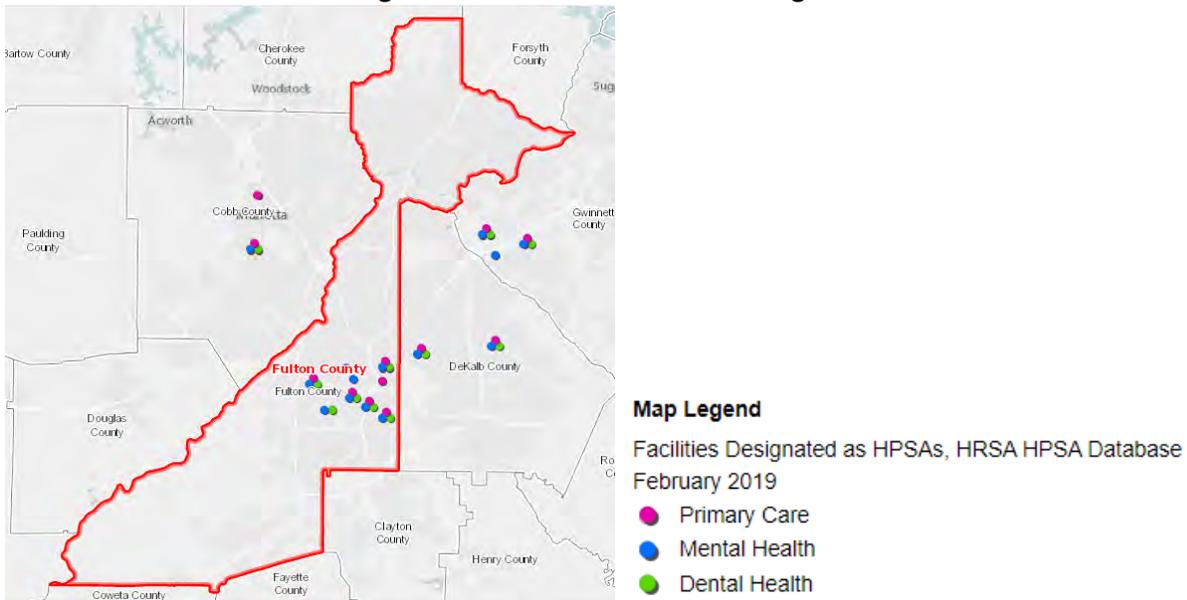
*Per 100,000 population

Sources: U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2014, 2015.

University of Wisconsin Population Health Institute, County Health Rankings, 2017

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Provider of Services File, November 2019

Figure 4. Health Professional Shortage Areas

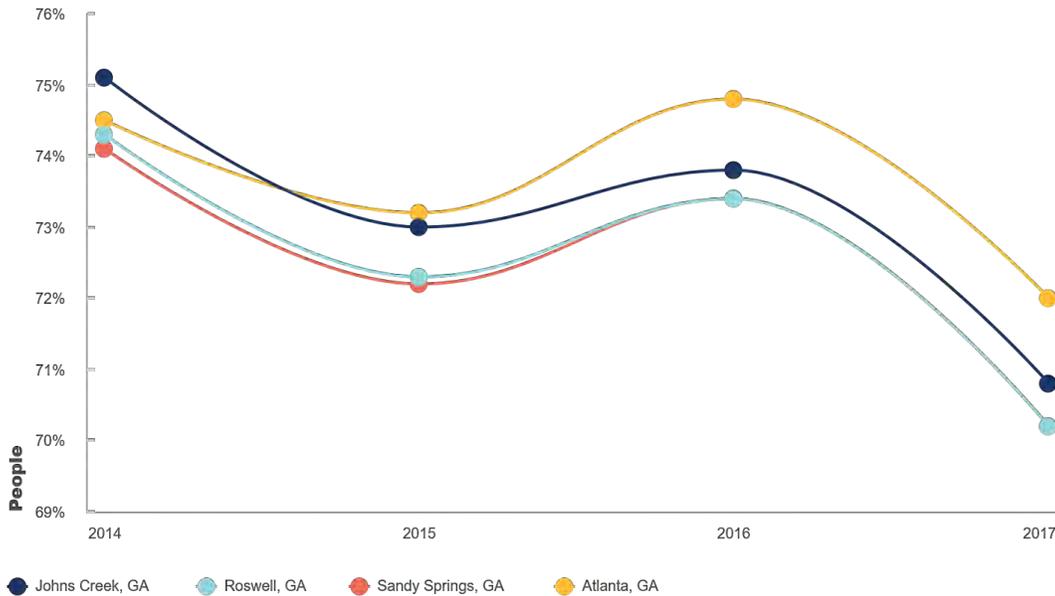


Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, February 2019. Retrieved from CaresEngagementNetwork.org

Stakeholders and health summit participants discussed the difficulty residents experience navigating health resources in Fulton County due to limited technology skills or necessary devices and limited care coordination for residents who are uninsured or have limited English-speaking skills. Care coordination is limited for residents without a medical home. It can take more than a month to secure an appointment, proper medication, and care coordination for uninsured and homeless people due to the need for documentation to be eligible for services (proof of homelessness or address in Fulton County). Navigating these health services can be time-consuming, and residents fear losing their jobs if they take off from work for medical purposes, making it difficult to attend multiple appointments for screening, treatments, etc.

Stakeholders, summit participants, and community residents all noted that these forces are cause for residents to resist seeking routine and specialty care, including prenatal care. Figure 5 shows that after 2016, the percentage of residents in Fulton County who had seen a doctor within the last 12 months declined based on the 500 Cities data, which is available only for Atlanta, Johns Creeks, Roswell, and Sandy Springs.

Figure 5. % of Adults Completing a Doctor Checkup in the Past 12 Months, Selected Municipalities, 2014-2017



Source: CDC 500 Cities, 2014-2017

Note: 500 Cities provides data only for Atlanta, Roswell, Sandy Springs, and Johns Creek; the remaining nine municipalities considered in this assessment were not available.

Behavioral Health

Stakeholders, Health Summit participants, and community residents all prioritized behavioral health as one of the most pressing issues impacting health and quality of life in Fulton County communities. Concerns included: lack of awareness and education, stigma, limited behavioral health providers, fragmented referral system. In addition to those already mentioned, participants in the North Fulton County Health Summit noted that there are inadequate resources and protocols for mental health crisis episodes in that area; whereas, participants in the South Fulton County Health Summit discussed the limited health services available for underinsured, uninsured, and homeless people in South Fulton County. Stakeholders and community residents indicated that:

- Fulton County does not have a community services board, and accessing the behavioral health system is complicated; it is not centrally located and can be difficult to navigate.
- Residents resist seeking care because there is a lack of culturally and linguistically competent resources and limited funding to support such services. Additionally, seeking behavioral health treatment is not culturally supported for some African American, Asian, and Hispanic residents.
- There is limited capacity to meet the need for services like crisis services, psychiatry, partial day programs, quality support groups for substance use, case managers, and underinsured/uninsured care. Many uninsured residents with behavioral health challenges end up incarcerated or homeless because there are very few affordable behavioral services for uninsured people.
- Residents and their families are not always aware of the signs and symptoms associated with mental health and substance use disorders and do not recognize the need for services.

Substance Use

Participants in the North Fulton County Health Summit noted that overuse and abuse of opioids in their area have increased, noting that there are forces that may impede progress addressing these issues among residents. Several of the forces noted were:

- There is an increased prevalence of opioid abuse among residents, regardless of socioeconomic status or demographics.
- Attendees delineated opioid abuse into two populations 1) younger users are most often not using their own prescription for recreational purposes, and 2) older populations that may have had surgery and become dependent on opioids they were originally prescribed to manage pain.
- Some users have limited knowledge of the risks and addictive side effects of opiates.
- Opioid prescriptions are not being disposed of properly, which is increasing access to the drug for recreational users.
- Opioid use is being highly publicized and stigmatized, which may deter users from seeking assistance

Stakeholders noted that it would be important to consider these forces when planning to address behavioral health among populations in Fulton County communities.

Inequity

The city of Atlanta has one of the highest Gini coefficients³ (0.57) in the nation, which indicates a high level of income inequality. Fulton County has a population with high wealth, coupled with a population that makes a very low income. The result is a muting or masking of low-income communities in county-level data. This becomes a challenge for federal funding and state and county decision-makers when making decisions about resource investment, placement of programs, etc. There are several perceptions and narratives that stakeholders felt might impede progress in addressing inequality in Fulton County.

North and South

The perception of Fulton County is that it is divided into North to South, with affluence in the north and poverty in the south. A closer look reveals that there are pockets of poverty and pockets of affluence throughout the county, and community residents indicated that there are limited social service supports for residents in Fulton County. This perception, stakeholders noted, supports a narrative that may influence decisions about resource allocation, corporate investment, and development. For example, one stakeholder noted that there are very few social supports and no homeless shelters in North Fulton County, partially because the perception is that it is unnecessary and unsustainable in communities with higher affluence. Additionally, South Fulton County Health Summit participants noted that there are limited opportunities for education and employment in their communities, which correlates with poor health outcomes.

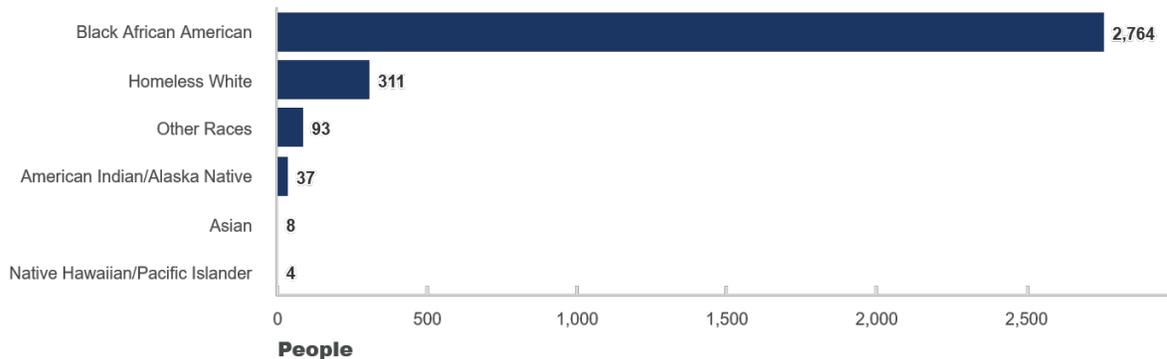
³ The Gini Index is a summary measure of income inequality that summarizes the dispersion of income across the entire income distribution. The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share) to 1, perfect inequality (where only one recipient or group of recipients receives all the income).

Economic Improvements Have Not Benefited All Residents Equally

Stakeholders have noted that the economy and quality of life have improved for some people, which has increased disparities among residents earning a low income in Fulton County. There have been several examples in Atlanta’s history when disparities worsened for vulnerable populations as improvements occurred for other populations. In fact, there is evidence of serious inequality among Fulton County residents, which has grown due to incomes for low wage workers growing at a much slower rate than the cost of living in the county. Additionally, stakeholders and Health Summit participants noted that:

- African American residents constitute almost 90% of the homeless population, which is much higher than the national figure.
- African Americans and Hispanic residents are twice as likely to be in poverty as their racial and ethnic peers.
- Infant and maternal mortality rates among Black families are two to four times the rate of any other racial or ethnic group.
- The percentage of uninsured Hispanic residents is two to four times higher than that of any other racial and ethnic group.
- There are disparities in incarceration rates that challenge the integrity of the family structure for Black and Brown youth.

Figure 6. Number of Homeless by Race, 2019



Atlanta, GA

Source: Partners for Home 2019 Point in Time Report

Stakeholders noted that to be successful in addressing health and quality-of-life issues in communities where disparities exist, it will be valuable to recognize the role that structural racism has played in creating disparities.

Educational Opportunities

Stakeholders and health summit participants discussed the disparities in educational opportunities between North Fulton County and South Fulton County. Health summit participants in South Fulton County noted that there are limited opportunities for education. Stakeholders noted that families will relocate to communities in North Fulton County to secure a better education for their children. There is a perception that schools in North Fulton County perform better than schools in South Fulton, where the cost of living is lower. These families often experience insecure housing, become disconnected from

some of the social supports that they need, and may become homeless in an effort to access a better-quality education for their children. Table 8 and Figure 7 show that between 2013 and 2017 in Fulton County:

- Residents were more educated when compared to the state and nation.
- Black and Hispanic residents were three and six times (respectively) more likely not to have graduated high school (or have an equivalent degree) when compared to their racial and ethnic counterparts.
- According to the College and Career Ready Performance Index (CCRPI),⁴ students attending Fulton County Schools and Atlanta Public Schools were equipped for college without the need of any remedial services to be successful.
- A closer look at the municipal-level data shows that disparities exist. Seven municipalities in the southern part of the county have a larger proportion of residents, aged 25 or older, who have attained a high school diploma (or equivalent) only — Chattahoochee Hills (29%), College Park (31%), East Point (29%), Fairburn (33%), Hapeville (31%), Palmetto (44.7%), and Union City (34%). See Appendix D for more detailed information by municipality.
- According to Truven Health’s CNI, there are 17 ZIP code areas where high school graduation rates were lower than state and county averages (8.70% and 5.50% respectively) located in the city of Atlanta (13), Palmetto (1), Union City (1), Fairburn (1), and Roswell (1).⁵ See Table 4 for more detailed CNI data.

Table 8. Educational Attainment of Residents 25 and Older, 2013-17

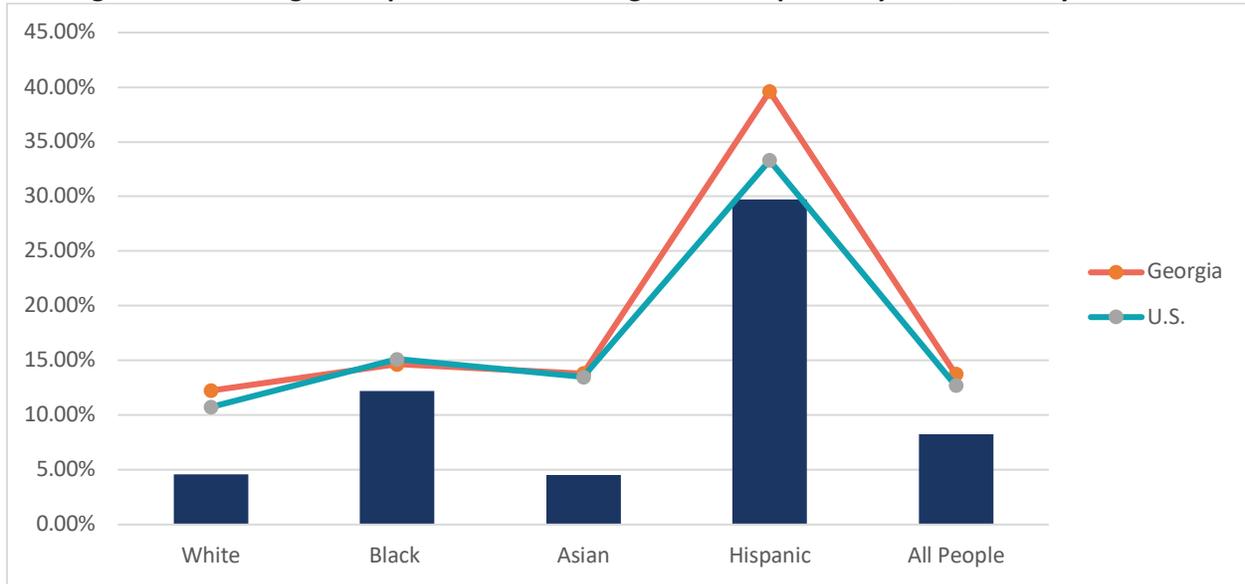
	Fulton	Georgia	U.S.
Less than 9th grade	2.7%	5.0%	5.4%
9th to 12th grade, no diploma	5.5%	8.7%	7.2%
High school graduate (includes equivalency)	18.3%	28.0%	27.3%
Some college, no degree	17.2%	20.8%	20.8%
Associate degree	6.0%	7.5%	8.3%
Bachelor’s degree	29.9%	18.6%	19.1%
Graduate or professional degree	20.3%	11.4%	11.8%
Percent high school graduate or higher	91.7%	86.3%	87.3%
Percent bachelor’s degree or higher	50.2%	29.9%	30.9%

Source: U.S. Census Bureau, American Community Survey, 2013-17

⁴The CCRPI is a Georgia-based assessment tool to measure how prepared students are for the next level of education.

⁵ 30315 (21.3%), 30310 (20.1%), 30354 (18.6%), 30337 (18.1%), 30303 (17.7%), 30311 (17.1%), 30314 (15.6%), 30268 (15.2%), 30344 (14.4%), 30291 (12.3%), 30213 (11.2%), 30318 (11.1%), 30313 (11%), 30331 (10.8%), 30349 (10.2%), 30312 (9.9%), and 30076 (9.3%). (See page 19 for a description of the CNI.)

Figure 7. Percentage of Population Without High School Diploma by Race/Ethnicity, 2013-17



Source: U.S. Census Bureau, American Community Survey, 2013-17

New Americans

According to stakeholders, health summit participants, and community residents, there are new Americans (immigrants and refugees) whose health and quality of life are not as good as others' in Fulton County because of their limited English proficiency, low socioeconomic status, lack of documentation, and uninsured status. These factors contribute to health inequities and disparities. Figure 8 shows that populations with limited English proficiency are concentrated primarily in the north of the county.

- The waitlist can be up to 10 years for citizenship (depending on the country of origin), and Immigration and Customs Enforcement activity has increased in Fulton County. Court dates are continuously rescheduled by the courts due to the inability to process the volume of cases. Courts set “fake” court dates and may not provide cancellation notice in advance of the court dates. There are no special juvenile judges for children.
- Basic necessities are such a challenge that routine medical and behavioral health care become luxuries, and chronic stress has an impact on well-being.
- Undocumented people do not have ready access to cancer treatment options once they are diagnosed because charity care requires identification and a Social Security number that undocumented people do not have.
- Children of new Americans experience —
 - Placement in foster care or with a sponsor instead of with family, which limits the care and legal decisions possible due to guardianship requirements and a lack of power of attorney. This can include challenges related to school enrollment. Also, the cost of juvenile court can be unaffordable, and many required hurdles are not in their native language (court proceedings, parenting classes, etc.)
 - Difficulty securing necessary vaccinations if there is no documentation.
 - A greater risk of physical and sexual abuse than naturalized citizens.

Fragmented or Disjointed Systems

When asked if there was anything about the structure and operations of Fulton County that either promotes or impedes the root causes of health challenges in Fulton County, stakeholders described people who work hard to serve residents operating in systems that are not collaborating effectively and may require some coordination to increase the level of efficiency and impact. Stakeholders noted that there are a variety of systems operating in Fulton County, including but not limited to state, municipal and county governments; Neighborhood Planning Units; and neighborhood or civic associations. These systems all (1) provide some measurement of oversight and (2) require some resources to sustain, so that as the number increases, the need for coordination and risk of fragmentation and decreased effectiveness also increases. An example offered by many stakeholders was related to the need to divide finite resources in many ways, which has diluted the effectiveness and sustainability of grant dollars, programs, and benefits to residents. Stakeholders recommended that county systems could complete an assessment to identify inefficiencies and fragmentation. Stakeholders noted that fragmented or disjointed systems could influence the amount of time and resources required to implement improvement plans that may result from this assessment. Stakeholders recommended an assessment of county systems that identify points for potential collaboration or consolidation (shared geography, populations, partnership, services, resources, etc.), points of disconnect (communication breakdowns, silos, bottlenecks, etc.), and areas of strength and weakness. Stakeholders also recommended an increase in meaningful, coordinated community engagement.

Health Behaviors

Health behaviors occur within the context of the social and environmental factors that a person is experiencing. Healthy behaviors such as exercising regularly and eating healthy foods can lower the risk of obesity, diabetes, cardiovascular disease, and some types of cancers.

For healthy diets, distance makes a difference. Residents who live in a Low Access Census Tract, as identified by the U.S. Department of Agriculture (USDA), may be more likely to rely on more processed, shelf-stable food and less likely to eat enough fresh fruits and vegetables. According to the USDA Economic Research Service Food Environment Atlas, there were 10,719 households in Fulton County without a car and more than one mile away from a grocery store selling fresh produce.

Regular physical activity can produce long-term health benefits. It can help prevent chronic diseases such as heart disease, cancer, type 2 diabetes, and stroke. Physical activity also helps residents control their weight, strengthen muscles, improve sleep, relieve stress, and much more. In some communities in modern America, many people don't need to be physically active to navigate their daily life and are sedentary unless they choose to devote their free time to exercise.

Participants in the North Fulton Health Summit considered obesity to be one of the most pressing health issues in their communities. Concerns among Health Summit participants, stakeholders, and community residents have included limited access to affordable opportunities to eat healthy food and participate in physical activity, utilization of community gardens, and awareness of and educational opportunities related to healthy nutrition and physical activity. When considering municipal characteristics that influence healthy eating and active living in Fulton County (See Appendix D for more detailed information by municipality):

- Fulton County shows a higher percentage of residents living in Census tracts with low healthy food access than state and national averages.
 - All municipalities, except Hapeville, had at least one area with low food access related to the distance between stores and limited access to a vehicle.
 - South Fulton County is most influenced by low food access, including the city of South Fulton and East Point.
- The fast-food establishment rates are much higher than the state and nation.
 - Five of the fifteen municipalities showed higher rates of fast-food restaurants when compared to the state, including Milton, Roswell, Alpharetta, College Park, and Johns Creek.
 - Each municipality had at least one ZIP code with fast-food establishment rates higher than what is average for the state.

Tables 9-10 show that between 2013 and 2019 in Fulton County:

- There were more residents living in areas with low food access when compared to the nation.
- Black residents experience low access to grocery stores due to distance when compared to their racial and ethnic counterparts.

- A slightly larger proportion of the population commutes to work alone for more than 60 minutes in comparison to the nation.
- Excessive drinking is more common in Fulton County when compared to the state and nation.

Table 9. Selected Healthy Eating, Active Living Indicators

	Fulton	Georgia	U.S.
Population in tracts with low healthy food access (2015)	49.18%	39.08%	30.89%
Percentage of population with low food access (2015)	30.27%	30.82%	22.43%
Population with no leisure-time physical activity	21.90%	27.10%	22.80%
Driving alone to work, long distances (> 60 mins)	9.82%	10.32%	8.90%
Fast food establishment rate (2016)*	122.10	83.10	77.06
Grocery store rate*	21.29	18.12	21.18
Smoking prevalence (2018)	9.20%	16.30%	17.10%
Excessive drinking (2017)	20.00%	14.00%	19.00%

*Per 100,000 population

Sources: U.S. Department of Agriculture, Economic Research Service Food Access Research Atlas, 2015

U.S. Census Bureau, American Community Survey, 2013-17

U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES, 2016. Source geography: ZCTA

CDC, Behavioral Risk Factor Surveillance System, 2018

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2017

Table 10. Georgia Select FitnessGram Results, 2019

Report Date: August 2019		
Percentage of 3rd-12th Graders in Fulton and DeKalb in Healthy Fitness Zone		
School District*	Aerobic Capacity	Body Mass Index
Atlanta Public Schools	44%	63%
Fulton County	55%	63%

Source: Georgia FitnessGram

Community Health Status

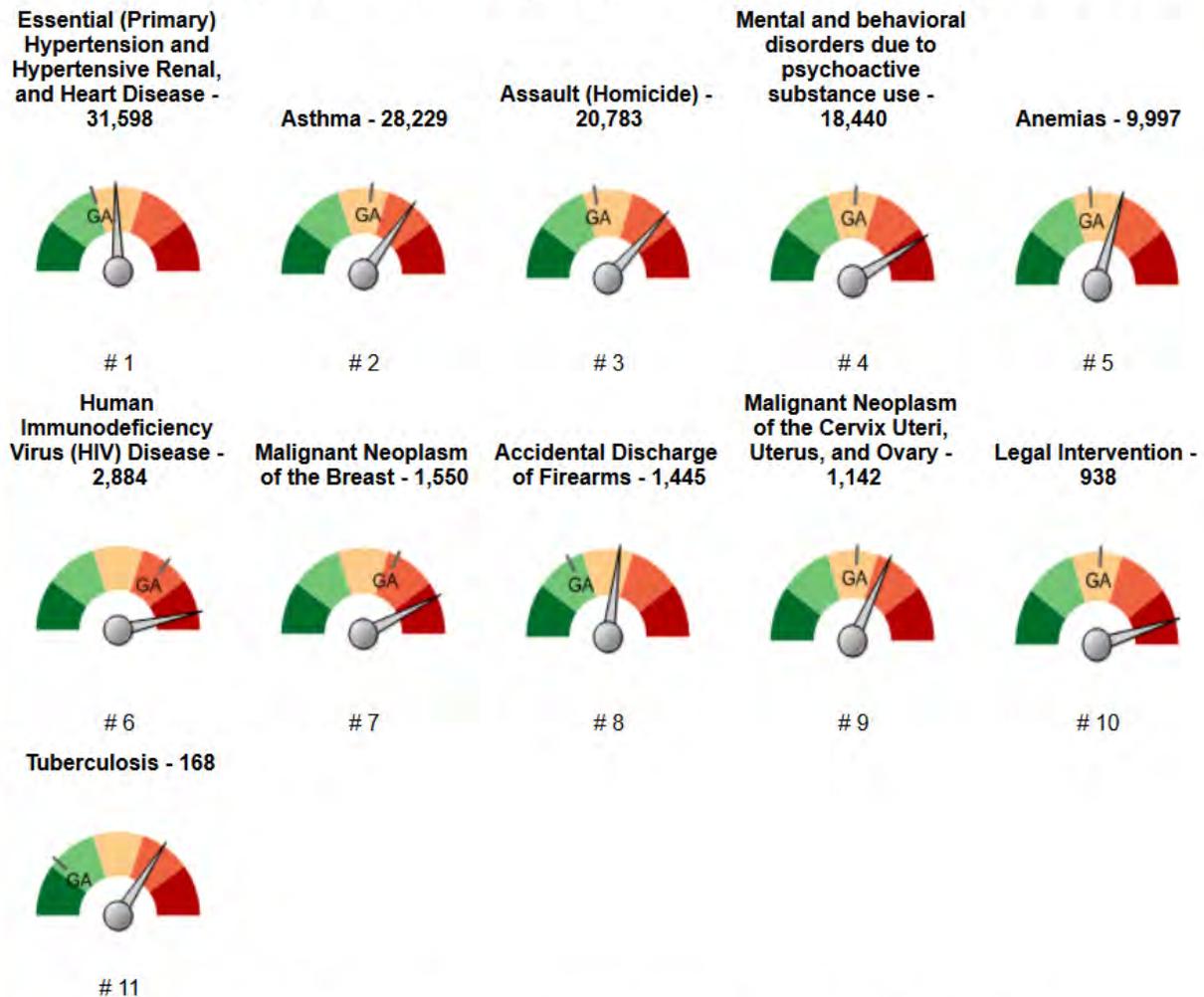
The morbidity and mortality rates of a community offer insight into its health status by depicting areas experiencing higher disease burden (prevalence or incidence rates) and access, use, and quality of available health care (mortality, emergency room (ER), and hospital discharge rates).

According to Figure 9, when compared to the state, Fulton County has significantly higher than expected rates of morbidity and mortality for:

- Heart disease
- Asthma
- Assault
- Substance abuse
- Anemias
- HIV
- Breast cancer
- Accidental discharge of a firearm
- Ovarian cancer
- Legal intervention
- Tuberculosis

Figure 9 shows the top causes of death, discharge, and ER visits combined for Fulton County (represented by the dial) compared to the state average (represented by the GA) and ranked against all other counties in Georgia (each color segment represents 20% of Georgia's 159 counties ranked in order of lowest rates, in green, to highest rates, in red). See the glossary in Appendix A for definitions of each of the diagnoses.

**Figure 9. Ranked Age-Adjusted Rates of Causes of Death, Discharge, and ER Visits Combined
Fulton County, 2014-18**



Source: Georgia Department of Public Health Online Analytical Statistical Information System: Community Health Needs Assessment Dashboard, 2014-18

A closer look at morbidity and mortality rates in Fulton County depicts racial and geographic groups that are experiencing higher disease burden and poorer health outcomes when compared to the general population.

Leading Causes

The following section illustrates the leading causes of morbidity and mortality based on hospital utilization (ER visits and discharge rates), premature death, and mortality among Fulton County

residents from 2014 to 2018. The data in this section indicates a need to provide greater opportunities for Fulton County residents related to healthy lifestyles, safe environments, and access to preventive care.

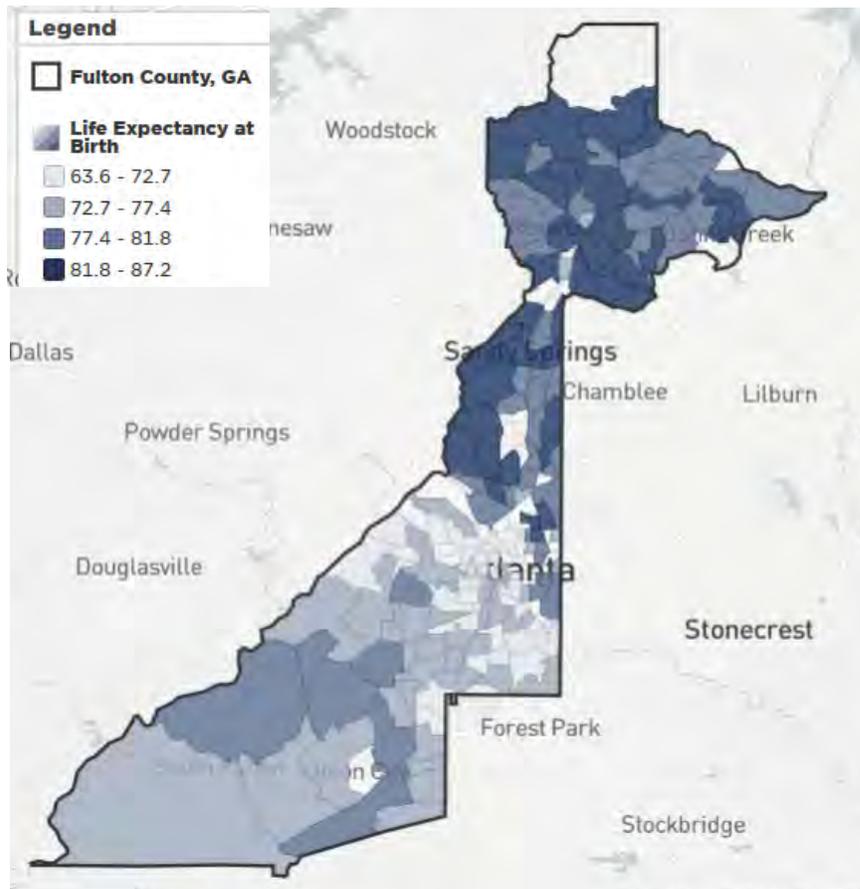
When considering morbidity (based on ER visits and discharges) and mortality rates by municipality in Fulton County (See Appendix D for more detailed information by municipality):

- Black residents experience higher morbidity and mortality rates when compared to their racial and ethnic counterparts in South Fulton County; whereas, White residents experience higher morbidity and mortality rates when compared to their racial and ethnic counterparts in North Fulton County except in:
 - Alpharetta (in North Fulton County) where Black residents experience higher morbidity and mortality;
 - Chattahoochee Hills where White residents have higher rates of mortality and Black residents have higher rates of hospital utilization; and
 - Hapeville, where Black and White residents experience higher rates of mortality, and Asian residents show higher rates of hospital utilization.
- All municipalities have specific geographic areas (hotspots) that consistently show higher rates when compared to the county and state rates except Chattahoochee Hills, Fairburn, and Hapeville.

Figure 10 shows that between 2010 and 2015 in Fulton County:

- This data was not available for approximately 20% of the census tracts in Fulton County
- There is a 23.6-year range of life expectancy at birth depending on where you live
- Life expectancy at birth is higher in North Fulton County when compared to South and Central Fulton County

Figure 10. Life Expectancy at Birth, Fulton County, 2010-2015



Source: CDC NCHS USALEEP, 2010-15.

Leading Causes of Emergency Room Visits

ER visit rates can be viewed as a measure of disease burden and access to and quality of primary care in a population. Residents seek care in the ER when they believe there are no alternative options. A high rate of ER utilization may indicate the lack of routine primary care, inadequate care management, and poor access to health care — resulting in preventable increases in health care expenditures.⁶ The most common ER visits are usually for injuries (broken bones and falls).

The leading causes of ER visits in Fulton County (listed in order of highest to lowest rates) are bone and muscle diseases, all other unintentional injuries, all other diseases of the genitourinary system,⁷ falls, and all other mental behavioral disorders. (See the glossary in Appendix A for definitions of each of the diagnoses.) Figures 11-14 indicate the following about ER visit rates in Fulton County from 2014 to 2018:

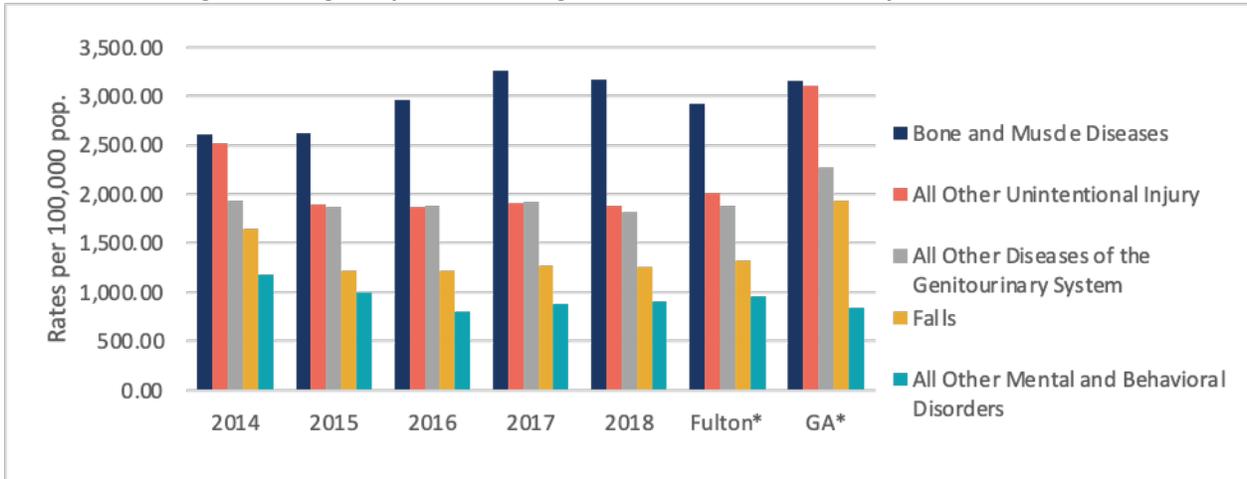
- Bone and muscle diseases had the highest rates consistently.
- Rates for other mental and behavioral disorders were slightly higher than is average for Georgia.
- Men showed slightly higher rates of all other mental and behavioral disorders.

⁶ Dowd B, Karmarker M, Swenson T, et al. Emergency department utilization as a measure of physician performance. *Am J Med Qual* 2014; 29(2):135-43. <http://aim.sagepub.com/content/29/2/135.long>. Accessed May 11, 2020.

⁷ Organs of the reproductive system and the urinary system

- Women showed higher rates of all other diseases of the genitourinary system.
- Multiracial residents experienced disproportionately higher rates of all of the top causes of ER visits when compared to their racial counterparts and state averages.
- Black residents also experienced disproportionately higher rates of bone and muscle diseases when compared to their racial counterparts.
- White and Asian residents experienced disproportionately lower rates of emergency room visits when compared to their racial counterparts.

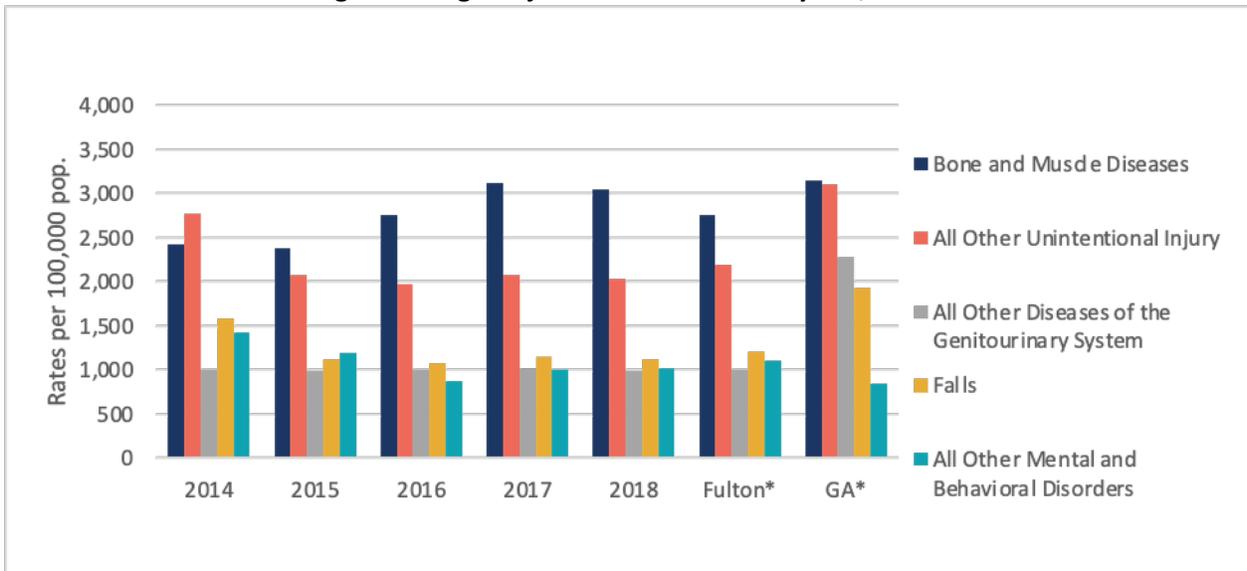
Figure 11. Age-Adjusted Leading Causes of ER Visit Rates by Year, 2014-18



*2014-18 ER rate aggregates

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

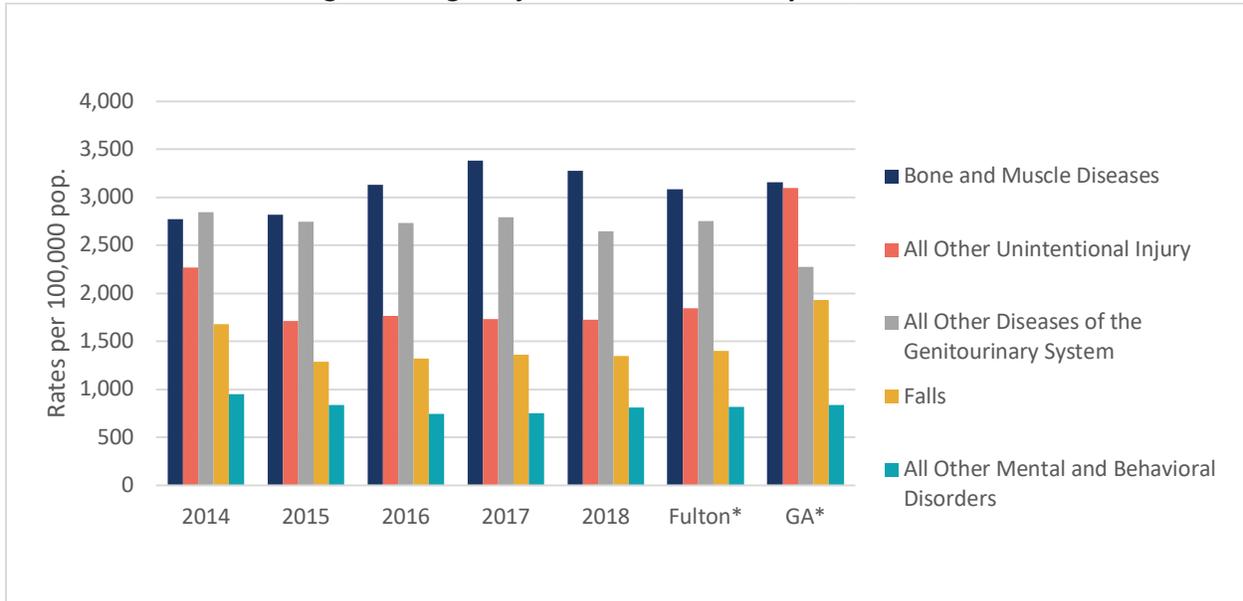
Figure 12. Age-Adjusted ER Visit Rates by Sex, Male



*2014-18 ER rate aggregates

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

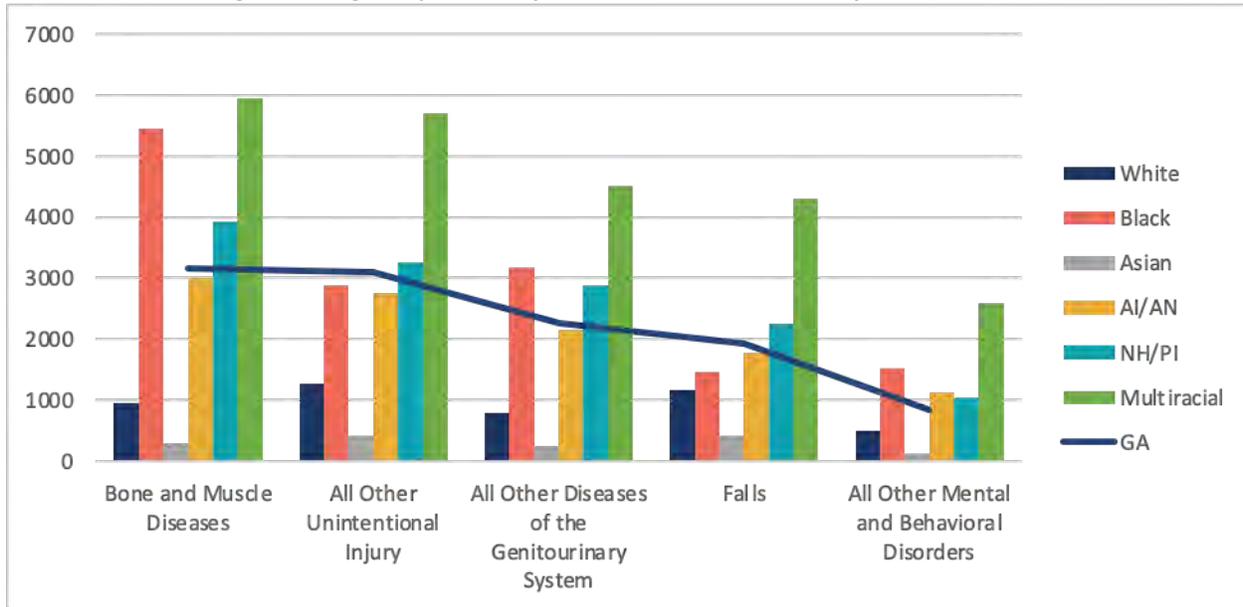
Figure 13. Age-Adjusted ER Visit Rates by Sex, Female



*2014-18 ER rate aggregates

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

Figure 14. Age-Adjusted Top Causes of ER Visit Rate by Race, 2014-18



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

Note: AI/AN: American Indian or Alaska Native; NH/PI: Native Hawaiian or Other Pacific Islander

Table 11. Top Causes of Emergency Room Visits by Selected Age Groups, Fulton County, 2014-18

Top Causes of Emergency Room Visits by Selected Age Groups, Fulton County, 2014-18					
	1	2	3	4	5
< 1	Certain conditions originating in the perinatal period	Falls	All other diseases of the genitourinary system	All other unintentional injury	Pneumonia
1-4	All other unintentional injury	Asthma	Falls	All other diseases of the genitourinary system	Pneumonia
5-9	All other unintentional injury	Asthma	Falls	Diseases of the musculoskeletal system and connective tissue	All other diseases of the genitourinary system
10-14	All other unintentional injury	Diseases of the musculoskeletal system and connective tissue	Falls	Asthma	All other diseases of the genitourinary system
15-19	All other unintentional injury	All other diseases of the genitourinary system	Diseases of the musculoskeletal system and connective tissue	Pregnancy, childbirth, and the puerperium	Motor vehicle crashes
20-24	All other diseases of the genitourinary system	Pregnancy, childbirth, and the puerperium	All other unintentional injury	Diseases of the musculoskeletal system and connective tissue	Motor vehicle crashes
25-34	All other diseases of the genitourinary system	Diseases of the musculoskeletal system and connective tissue	Pregnancy, childbirth, and the puerperium	All other unintentional injury	Motor vehicle crashes
35-44	Diseases of the musculoskeletal system and connective tissue	All other unintentional injury	All other diseases of the genitourinary system	Motor vehicle crashes	All other mental and behavioral disorders
45-54	Diseases of the musculoskeletal system and connective tissue	All other unintentional injury	All other diseases of the genitourinary system	All other mental and behavioral disorders	All other diseases of the nervous system

Top Causes of Emergency Room Visits by Selected Age Groups, Fulton County, 2014-18					
	1	2	3	4	5
55-64	Diseases of the musculoskeletal system and connective tissue	All other unintentional injury	Falls	All other diseases of the genitourinary system	All other diseases of the nervous system
65-74	Diseases of the musculoskeletal system and connective tissue	Falls	All other diseases of the genitourinary system	All other unintentional injury	Essential (primary) hypertension and hypertensive renal, and heart disease
75+	Falls	Diseases of the musculoskeletal system and connective tissue	All other diseases of the genitourinary system	All other unintentional injury	Essential (primary) hypertension and hypertensive renal, and heart disease

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

Leading Causes of Hospitalizations

Hospitalization can be preventable, especially for chronic conditions and ambulatory care-sensitive conditions, through appropriate care coordination and treatment compliance. Access to appropriate care in an outpatient setting should decrease hospital admission rates, improve health outcomes, and avoid unnecessary costs.

The Prevention Quality Indicators are measures of potentially avoidable hospitalizations for ambulatory care-sensitive conditions, which, though they rely on hospital discharge data, are intended to reflect issues of access to and quality of outpatient/primary care in a given geographic area. While Fulton County data shows higher Prevention Quality Indicator rates for asthma (adult and pediatric) among the general population, there is evidence of racial disparities among African-American and Multiracial residents when compared to their racial counterparts. Data from recent community health needs assessments (CHNAs) completed in Fulton County⁸ indicates that African-American and Multiracial residents experience higher rates of potentially avoidable hospitalizations when compared to state rates for:

- Dehydration
- Adult asthma (18-plus)
- Urinary tract infection
- Uncontrolled diabetes
- Angina without procedure
- Congestive heart failure
- Tuberculosis

⁸ Grady Health System CHNA (2019) and Wellstar AMC and AMC South CHNA (2019)

Table 12. Prevention Quality Indicators for Ambulatory Care Sensitive Conditions, Fulton County, 2017

	Fulton	Georgia
Bacterial pneumonia*	358.36	569.53
Dehydration*	475.41	494.67
Chronic obstructive pulmonary disease (COPD)*	109.49	179.76
Adult asthma (18-plus)*	80.08	63.95
Pediatric asthma (0-17)*	155.03	89.77
Pediatric gastroenteritis (0-17)*	1.29	2.43
Urinary tract infection*	15.46	20.40
Diabetes with complications*	81.19	94.20
Uncontrolled diabetes*	0.12	0.73
Angina without procedure*	6.92	8.61
Hypertension*	3.58	5.59
Congestive heart failure*	205.39	211.58
Tuberculosis*	0.10	0.16

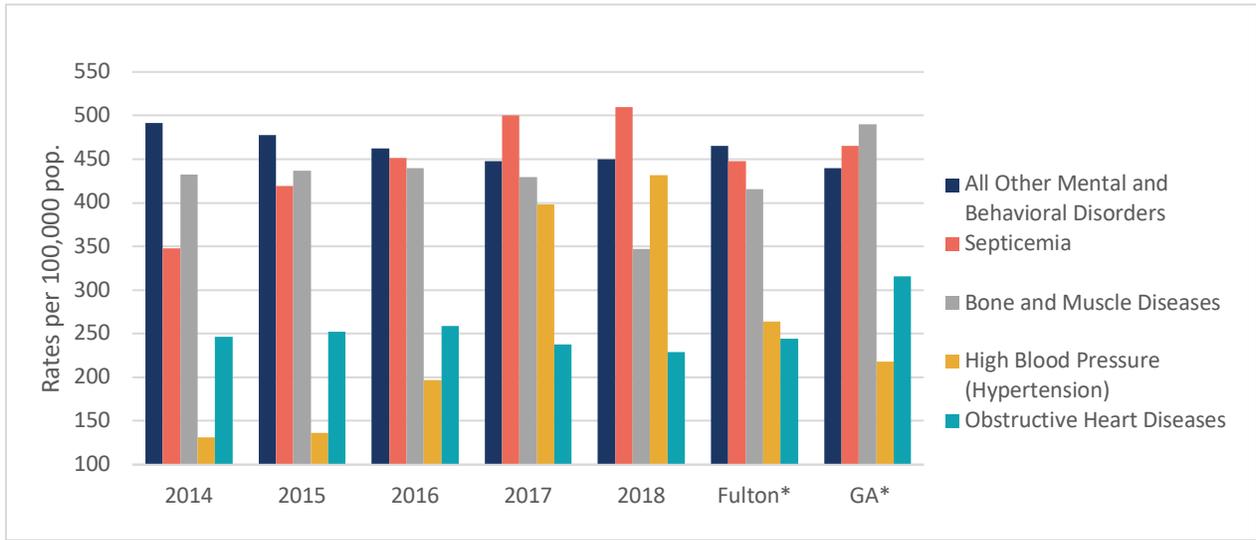
*Age-adjusted rate, per 100,000 population

Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us (2013-17)

The leading causes of hospitalizations in Fulton County (listed in order of highest to lowest rates) are all other mental and behavioral disorders, septicemia, bone and muscle diseases, hypertension, and obstructive heart disease. Figures 15-16 and Tables 13-14 indicate the following about hospital discharge rates in Fulton County from 2014 to 2018:

- Rates for all other mental and behavioral disorders and hypertension were higher, when compared to Georgia.
- Hypertension hospitalizations increased sharply in 2017, which is likely related to a shift in the way disease states were defined and recorded in hospitals at that time (ICD-9 vs. ICD-10 codes).
- Men had higher rates when compared to women in the general population.
- Men showed hospitalization rates higher than state averages for all other mental and behavioral disorders, septicemia, and hypertension, whereas women showed higher rates for hypertension only.
- Fulton County males had higher rates of all other mental and behavioral disorders, septicemia, and hypertension than the state.
- Fulton County females showed higher rates of hypertension in comparison to state rates.
- Compared to Georgia and White residents, minorities (excluding Asians) exhibited more frequent hospitalization rates due to the top causes.
- Though most affected by all other mental and behavioral disorders and septicemia, Multiracial residents show higher hospitalizations rates for all the morbidities, except obstructive heart disease, where Native Hawaiian/Pacific Islanders have exceeded those rates.

Figure 15. Leading Causes (by Rate) of Hospital Discharges by Year



* 2014-18 hospitalization data aggregates

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

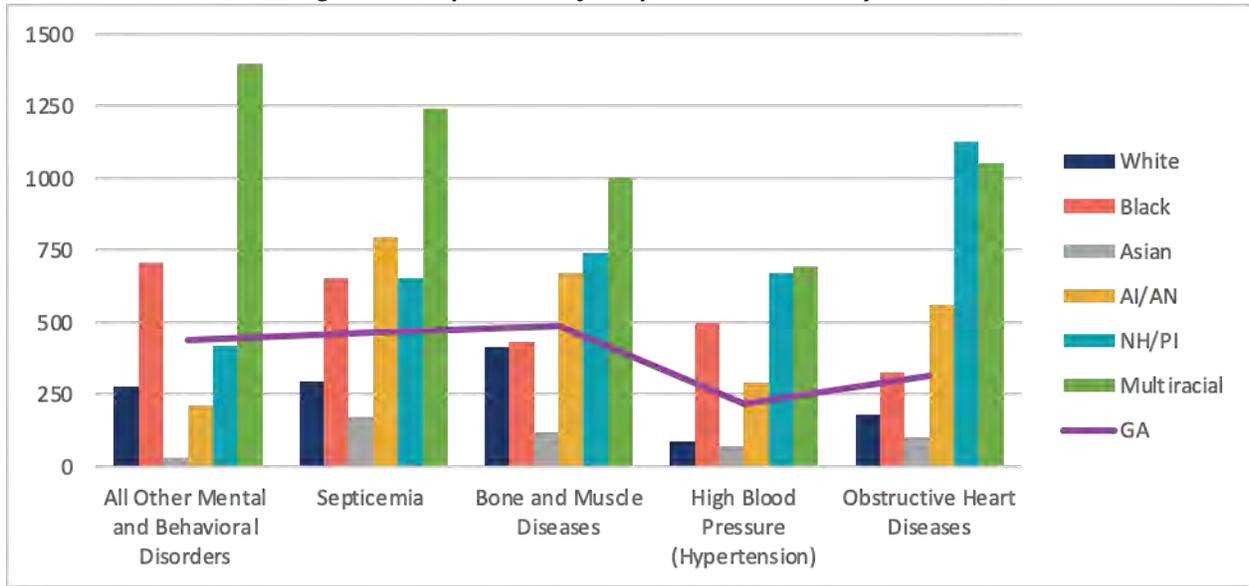
Table 13. Leading Causes of Hospitalizations by Sex, 2014-18

	Fulton		Georgia	
	No. of Hospitalizations	Hospitalization Rate*	No. of Hospitalizations	Hospitalization Rate*
Male				
All other mental and behavioral disorders	13,022	506.2	109,085	431.7
Septicemia	10,969	518.8	117,536	498.7
Bone and muscle diseases	9,034	397.0	119,704	463.8
High blood pressure (hypertension)	6,850	307.1	59,453	248.9
Obstructive heart diseases	7,326	331.0	110,309	434.5
Female				
All other mental and behavioral disorders	11,531	427.2	119,154	447.7
Septicemia	10,830	396.7	128,219	442.2
Bone and muscle diseases	11,726	428.6	154,836	511.1
High blood pressure (hypertension)	6,205	227.0	56,065	191.9
Obstructive heart diseases	4,749	174.4	65,113	217.1

*Age-adjusted, per 100,000

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

Figure 16. Top Causes of Hospitalization Rate by Race*



*Age-adjusted, per 100,000

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

Note: AI/AN: American Indian or Alaska Native; NH/PI: Native Hawaiian or Other Pacific Islander

Table 14. Leading Causes of Hospital Discharges by Selected Age Groups, Fulton County, 2014-18

Leading Causes of Hospital Discharges by Selected Age Groups, Fulton County, 2014-18					
Rank	1	2	3	4	5
< 1 year	Certain conditions originating in the perinatal period	Congenital malformations, deformations, and chromosomal abnormalities	All other endocrine, nutritional, and metabolic diseases	All other diseases of the nervous system	Pneumonia
1-4 years	Asthma	Pneumonia	All other diseases of the nervous system	All other endocrine, nutritional, and metabolic diseases	Congenital malformations, deformations, and chromosomal abnormalities
5-9 years	Asthma	All other mental and behavioral disorders	Anemias	All other diseases of the nervous system	Pneumonia
10-14 years	All other mental and behavioral disorders	Anemias	Diseases of the musculoskeletal system and connective tissue	Asthma	Diabetes mellitus
15-19 years	Pregnancy, childbirth, and the puerperium	All other mental and behavioral disorders	Anemias	Diseases of the musculoskeletal system and connective tissue	Diabetes mellitus

Leading Causes of Hospital Discharges by Selected Age Groups, Fulton County, 2014-18					
Rank	1	2	3	4	5
20-24 years	Pregnancy, childbirth, and the puerperium	All other mental and behavioral disorders	Anemias	Diabetes mellitus	Septicemia
25-34 years	Pregnancy, childbirth, and the puerperium	All other mental and behavioral disorders	Septicemia	Anemias	Diabetes mellitus
35-44 years	Pregnancy, childbirth, and the puerperium	All other mental and behavioral disorders	Septicemia	Diabetes mellitus	Diseases of the musculoskeletal system and connective tissue
45-54 years	All other mental and behavioral disorders	Septicemia	Diseases of the musculoskeletal system and connective tissue	Essential (primary) hypertension and hypertensive renal, and heart disease	Diabetes mellitus
55-64 years	Diseases of the musculoskeletal system and connective tissue	Septicemia	All other mental and behavioral disorders	Ischemic heart and vascular disease	Essential (primary) hypertension and hypertensive renal, and heart disease
65-74 years	Diseases of the musculoskeletal system and connective tissue	Septicemia	Ischemic heart and vascular disease	Essential (primary) hypertension and hypertensive renal, and heart disease	Cerebrovascular disease
75+ years	Septicemia	Falls	Diseases of the musculoskeletal system and connective tissue	Cerebrovascular disease	Essential (primary) hypertension and hypertensive renal, and heart disease

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

Leading Causes of Mortality

Leading Causes of Premature Death

Years of potential life lost (YPLL) is a measure of premature death that estimates the number of years lost due to premature death. For this specific report, the YPLL calculations are based on the potential years lost before individuals reach the age of 75.

The top five leading causes of premature death in Fulton County (in order of highest to lowest rates) are homicide, poisoning, obstructive heart diseases, fetal and infant conditions, and hypertension. (See the

glossary in Appendix A for definitions of each of the diagnoses.) Table 15 and Figure 17 indicate the following about premature death rates in Fulton County from 2014 to 2018:

- Homicide and poisoning are the most common causes of premature death.
- Rates were higher in homicide, poisoning, and hypertension when compared to state rates.
- With the exception of poisoning, Black residents experienced premature death at much higher rates when compared to their racial counterparts and state averages.
- White residents experienced premature death due to poisoning at higher rates when compared to their racial counterparts and state averages.
- Multiracial residents experienced premature death due to fetal and infant conditions at higher rates when compared to state averages.

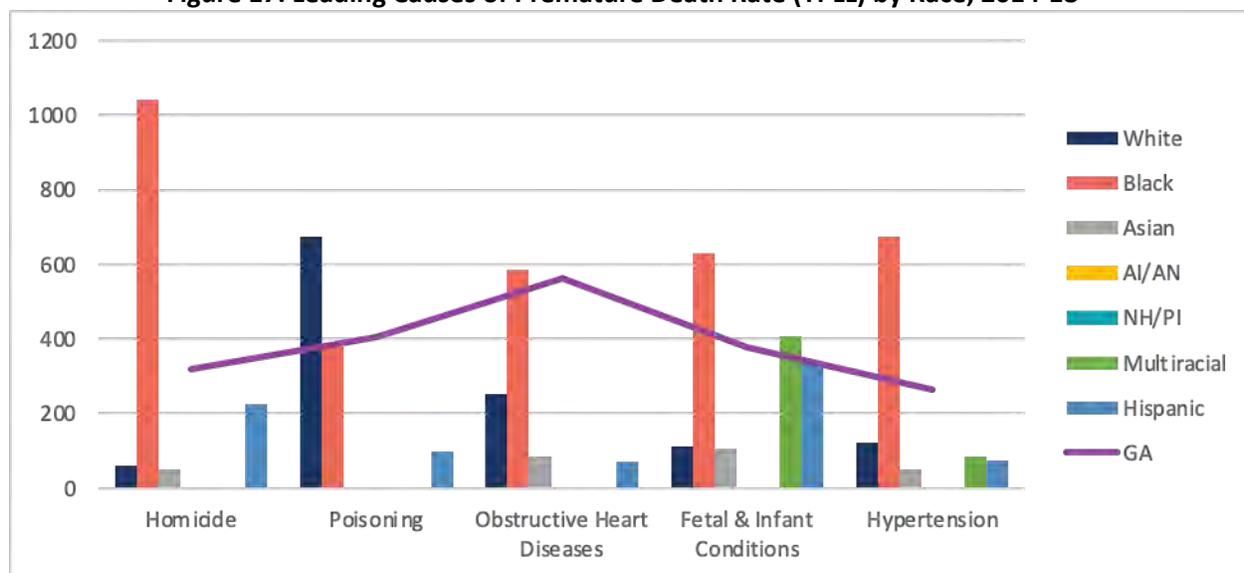
Table 15. Leading Causes Premature Death Rate (YPLL), Fulton County, 2014-18

		YPLL	YPLL Rate*	Georgia YPLL Rate*
1	Homicide	24,475.5	499.5	319.4
2	Poisoning	21,824.5	445.4	406.3
3	Obstructive heart diseases	17,985.5	367.1	563.6
4	Fetal and infant conditions	17,805.5	363.4	378.2
5	Hypertension	17,377.0	354.7	265.8

*Age-adjusted, per 100,00 population

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

Figure 17. Leading Causes of Premature Death Rate (YPLL) by Race, 2014-18*



*Age-adjusted, per 100,000 population

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

Leading Causes of Death

Three of the top causes of death in Fulton County were cardiovascular in nature (obstructive heart diseases, hypertension, and stroke), with Alzheimer’s disease and lung cancer rounding out the top five. (See the glossary in Appendix A for definitions of each of the diagnoses.) Tables 16-17 and Figure 18 indicate the following about the death rates in Fulton County from 2014 to 2018:

- The top causes accounted for 9,085 deaths between 2014 and 2018.
- Rates are higher for hypertension when compared to state averages.
- With the exception of Alzheimer’s disease, Black residents have higher mortality rates when compared to their racial counterparts and state averages.
- White residents have higher mortality rates due to Alzheimer’s disease when compared to their racial counterparts.
- Blacks experience higher rates of death due to the leading causes compared to their racial peers, excluding Alzheimer’s disease, which affects white residents more.

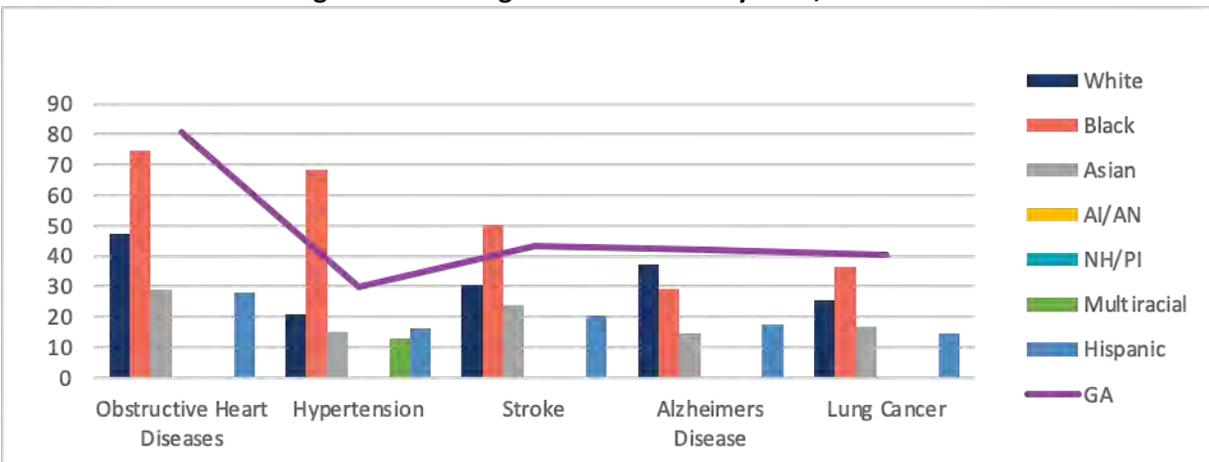
Table 16. Leading Causes of Mortality, Fulton County, 2014-18

		Fulton		Georgia	
		No. of Deaths	Rates*	No. of Deaths	Rates*
1	Obstructive heart diseases	2,676	57.5	41,443	80.6
2	Hypertension	1,911	40.1	15,576	30.0
3	Stroke	1,725	38.7	21,363	43.4
4	Alzheimer’s disease	1,391	33.1	19,080	42.2
5	Lung cancer	1,382	29.6	22,154	40.5

*Age-adjusted, per 100,00 population

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

Figure 18. Leading Causes of Death by Race, 2014-18



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

Table 17. Top Causes of Death by Age Group, Fulton County, 2014-18

Top Causes of Mortality by Age Group, Fulton County, 2014-18					
Rank	1	2	3	4	5
< 1 year	Certain conditions originating in the perinatal period	Congenital malformations, deformations, and chromosomal abnormalities	SIDS	Suffocation	Assault (homicide)
1-4 years	Accidental drowning and submersion	Assault (homicide)	Congenital malformations, deformations, and chromosomal abnormalities	All other endocrine, nutritional, and metabolic diseases	Motor vehicle crashes
5-9 years	Congenital malformations, deformations, and chromosomal abnormalities	Accidental drowning and submersion	Motor vehicle crashes	Malignant neoplasms of meninges, brain, and other parts of central nervous system	Leukemia
10-14 years	Intentional self-harm (suicide)	Malignant neoplasms of meninges, brain, and other parts of central nervous system	Congenital malformations, deformations, and chromosomal abnormalities	Motor vehicle crashes	Accidental drowning and submersion
15-19 years	Assault (homicide)	Intentional self-harm (suicide)	Motor vehicle crashes	Accidental poisoning and exposure to noxious substances	Accidental drowning and submersion
20-24 years	Assault (homicide)	Motor vehicle crashes	Intentional self-harm (suicide)	Accidental poisoning and exposure to noxious substances	Human immunodeficiency virus (HIV) disease
25-34 years	Assault (homicide)	Accidental poisoning and exposure to noxious substances	Intentional self-harm (suicide)	Motor vehicle crashes	Human immunodeficiency virus (HIV) disease
35-44 years	Accidental poisoning and exposure to noxious substances	Assault (homicide)	Intentional self-harm (suicide)	Motor vehicle crashes	Human immunodeficiency virus (HIV) disease

Top Causes of Mortality by Age Group, Fulton County, 2014-18					
Rank	1	2	3	4	5
45-54 years	Essential (primary) hypertension and hypertensive renal, and heart disease	Ischemic heart and vascular disease	Accidental poisoning and exposure to noxious substances	Intentional self-harm (suicide)	Malignant neoplasm of the breast
55-64 years	Ischemic heart and vascular disease	Essential (primary) hypertension and hypertensive renal, and heart disease	Malignant neoplasms of the trachea, bronchus, and lung	Cerebrovascular disease	Malignant neoplasms of colon, rectum, and anus
65-74 years	Ischemic heart and vascular disease	Malignant neoplasms of the trachea, bronchus, and lung	Essential (primary) hypertension and hypertensive renal, and heart disease	Cerebrovascular disease	All COPD except asthma
75+ years	Ischemic heart and vascular disease	Alzheimer's disease	Cerebrovascular disease	All other mental and behavioral disorders	Essential (primary) hypertension and hypertensive renal, and heart disease

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

Chronic Disease

According to the CDC, *chronic diseases* are conditions that last one year or more and require ongoing medical attention or limit activities of daily living, or both. Chronic disease rates have historically been higher throughout Georgia when compared to national rates, and Fulton County is no exception. Chronic disease consistently ranked among the top causes of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018.

The major risk factors for chronic disease are:

- **Poor Nutrition.** Unbalanced diets can increase the chances of a person becoming overweight/obese or developing cardiovascular diseases (heart disease and stroke), diabetes, and cancer.
- **Physical Inactivity.** The lack of regular physical activity correlates with weight gain, heart disease, diabetes, cancer, and kidney failure.
- **Tobacco Use.** As the leading cause of preventable death, tobacco use leads to cancer, heart disease, stroke, lung diseases, diabetes, etc. Secondhand exposure to smoke also affects

nonsmoking individuals, increasing their risk of stroke, lung cancer, and coronary diseases. Additionally, children exposed to secondhand smoke show increased rates of sudden infant death syndrome (SIDS) and lung, ear, and respiratory infections.

- **Alcohol Use.** Excessive use of alcohol is widely known to induce cardiovascular-related conditions (high blood pressure, heart disease, stroke), liver disease, and cancer (mouth, throat, colon, liver, and breast).

Cancer

Historically, Georgia has shown higher cancer incidence and mortality rates when compared to national averages. Some environmental factors, genetics, and individual behaviors may increase the likelihood of developing many types of cancers. The effectiveness of treatment options depends, in large part, on how early the cancer is diagnosed. It can often go undiagnosed, which can lead to serious complications and death.

Accounting for 1,550 deaths, breast cancer had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. When compared to the remaining 158 counties in Georgia, Fulton County's combined mortality and hospital utilization rates for breast cancer rank among the worst 20%. Cervical and ovarian cancer also had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County, accounting for an additional 1,142 deaths during the same period. Lastly, lung cancer is one of the top five causes of mortality among Fulton County residents.

Table 18 shows that in Fulton County:

- Incidence rates of all cancers taken together, prostate cancer, and breast cancer are higher when compared to the state and national rates, and the county shows slightly higher colon cancer incidence than is average for the United States.
- More residents are dying from breast, prostate, and lung cancer than is average for Georgia.
- Breast cancer hospitalization is more common when compared to the state.
- Black residents are disproportionately affected by cancer mortality, hospitalization, and incidence compared to their White, Asian, and Hispanic peers.

Table 18. Selected Cancer Indicators by Race, 2012-18

	Fulton	White	Black	Asian	Hispanic	Georgia	U.S.
All-site cancer incidence* (2012-16)	468.3	ND	487.4	270.1	427.1	466.4	448.0
Cancer mortality* (2014-18)	144.6	121.6	185.6	76.7	64.1	160.4	158.1
Breast cancer incidence* (2012-16)	132.8	136.4	132.7	95.9	130.1	125.8	125.2
Breast cancer mortality rate* (2013-17)	13.4	9.0	19.7	4.2	4.7	12.3	N/A
Breast cancer discharge rate* (2013-17)	17.9	15.6	21.1	7.6	N/A	12.9	N/A
Cervical cancer incidence* (2012-16)	6.6	6.5	7.7	ND	ND	7.8	7.6
Cervical cancer mortality rate* (2013-17)	1.0	0.6	1.7	ND	ND	1.2	N/A
Cervical cancer discharge rate* (2013-17)	1.5	0.7	2.3	ND	N/A	2.0	N/A
Colon and rectum cancer incidence* (2012-16)	39.4	32.7	48.6	29.0	37.7	41.8	38.7
Colon cancer mortality rate* (2013-17)	14.2	11.8	18.9	11.7	4.3	15.1	N/A
Colon cancer discharge rate* (2013-17)	31.3	25.0	38.5	19.9	N/A	33.2	N/A
Prostate cancer incidence* (2012-16)	141.4	113.4	189.6	41.9	100.1	122.3	104.1
Prostate cancer mortality rate* (2013-17)	10.1	6.9	15.3	ND	ND	8.6	N/A
Prostate cancer discharge rate* (2013-17)	12.1	11.1	13.2	2.1	N/A	12.6	N/A
Lung cancer incidence* (2012-16)	51.8	45.9	60.3	28.5	36.0	64.1	59.2
Lung cancer mortality rate* (2013-17)	31.4	28.1	37.3	16.1	9.7	42.2	N/A
Lung cancer discharge rate* (2013-17)	28.4	21.7	35.5	12.8	N/A	29.8	N/A

*Age-adjusted, per 100,000 population

Source(s): CARES Engagement Network: National Cancer Institute and CDC, State Cancer Profiles: statecancerprofiles.cancer.gov, 2012-16

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

Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17.

Note: Rates based on one to four events are not shown and indicated by ND. N/A rates indicate that no population exists for the query selected.

Asthma

Asthma can make breathing difficult and trigger coughing, wheezing, and shortness of breath. For some people, asthma is a minor nuisance. For others, it can be a major problem that interferes with daily activities and may lead to a life-threatening asthma attack. Asthma symptoms can be triggered by irritants such as airborne substances (e.g., mold spores) and air pollutants (e.g., smoke).

Accounting for 28,229 deaths, asthma had statistically significant higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. Table 19 and Figure 19 show that in Fulton County:

- Rates of mortality, hospitalization, and ER visits due to asthma were higher when compared to the state rates.
- Black residents were disproportionately affected by asthma when compared to their racial counterparts, Fulton County, and the state.
- Females were more likely to experience asthma when compared to their male counterparts.
- Residents in the city of Atlanta were more likely to experience asthma when compared to residents in Johns Creek, Roswell, and Sandy Springs.

Table 19. Selected Respiratory Indicators by County and Race, 2013-17

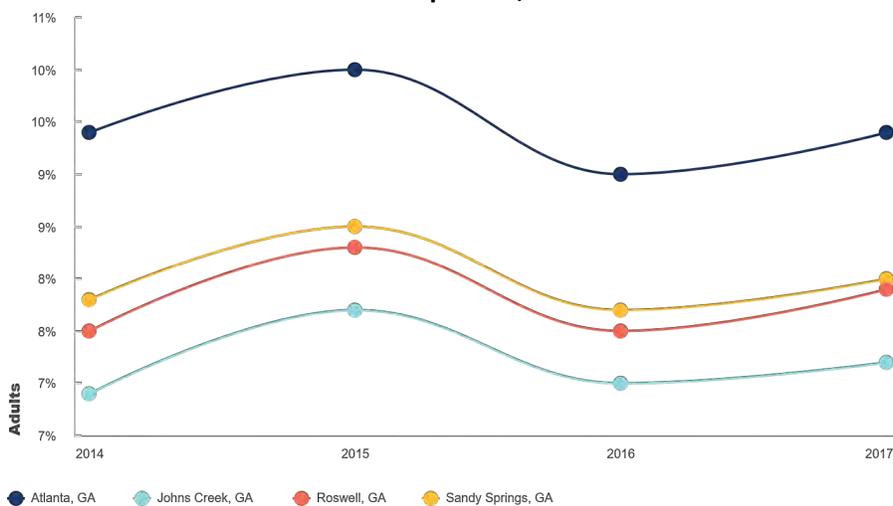
	Fulton	White	Black	Asian	Hispanic	Georgia
Asthma mortality rate*	1.3	0.4	2.1	ND	ND	0.9
Asthma discharge rate*	104.9	52.1	179.6	31.8	N/A	86.5
Asthma ER visit rate*	657.2	240.8	1,153.2	118.0	N/A	551.6

*Age-adjusted, per 100,000 population

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

Note: Rates based on one to four events are not shown and indicated by ND.

Figure 19. Percentage of Adults Who Have Asthma, Selected Municipalities, 2014-2017



Source: CDC 500 Cities

Note: 500 Cities provides data only for Atlanta, Roswell, Sandy Springs, and Johns Creek; the remaining nine municipalities considered in this assessment were not available.

Cardiovascular Disease

Cardiovascular disease is often the result of unhealthy lifestyles that can result from limited access to healthy options and behaviors that impact health. Regular exercise, abstaining from tobacco, limited alcohol consumption, and healthy diets can improve health outcomes related to cardiovascular disease, including heart disease, hypertension, and stroke.

Stakeholders and community residents mentioned cardiovascular disease (e.g., hypertension, high cholesterol, congestive heart failure) as one of the diagnoses they see most often among residents in their communities.

Accounting for 31,598 deaths, hypertension, hypertensive renal, and heart disease had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. Table 20 and Figure 20 show that in Fulton County:

- Mortality and discharge rates were higher for hypertension and hypertensive heart disease when compared to state rates.
- Black residents experienced much higher rates of high blood pressure, hypertensive heart disease, and stroke when compared to their racial counterparts.
- Residents in the city of Atlanta were more likely to have had a stroke when compared to residents in Johns Creek, Roswell, and Sandy Springs.

Table 20. Selected Cardiovascular Condition Indicators by County and Race, 2014-18

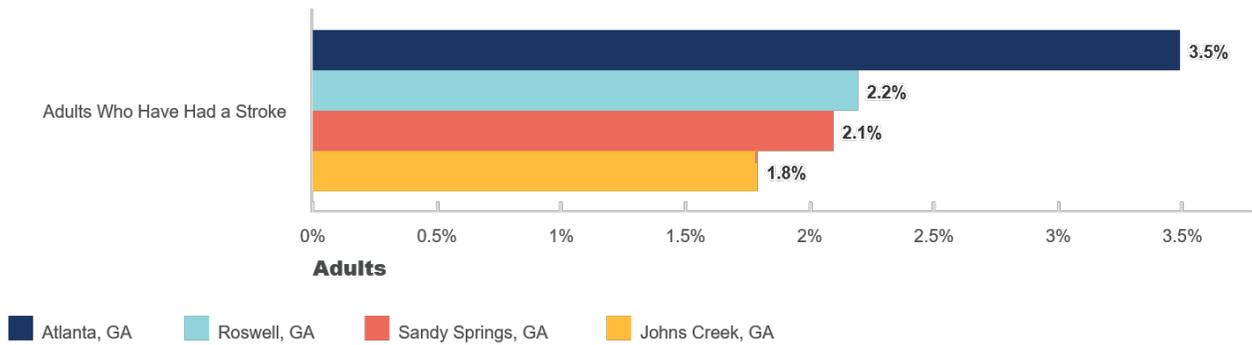
	Fulton	White	Black	Asian	Hispanic	Georgia
Obstructive heart disease mortality rate*	56.3	48.1	65.8	31.4	23.6	76.4
Obstructive heart disease discharge rate*	195.3	150.2	246.9	81.5	N/A	265.0
High blood pressure mortality rate*	12.9	8.3	24.1	5.6	6.0	11.3
High blood pressure discharge rate*	67.1	14.6	140.0	20.2	N/A	60.1
Hypertensive heart disease mortality rate*	24.4	12.0	31.5	8.8	4.9	16.2
Hypertensive heart disease discharge rate*	47.8	20.2	77.8	9.3	N/A	39.0
Stroke mortality rate*	39.2	31.4	50.7	27.0	17.0	43.0
Stroke discharge rate*	221.3	142.8	316.7	85.2	N/A	231.9

*Age-adjusted, per 100,000 population

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

Note: N/A rates indicate that no population exists for the query selected.

Figure 20. Percentage of Adults Who Have Had a Stroke, Selected Municipalities, 2014-2017



Source: CDC 500 Cities

Note: 500 Cities provides data only for Atlanta, Roswell, Sandy Springs, and Johns Creek; the remaining nine municipalities considered in this assessment were not available.

Diabetes/Obesity

Diabetes is a disease where our bodies have trouble regulating blood sugar through the use of insulin, a naturally produced hormone that helps cells make use of the energy in our food. Some environmental factors, genetics, and individual behaviors or choices may increase a resident’s likelihood of developing diabetes. It can often go undiagnosed and may lead to serious complications such as amputations or blindness.

Diabetes was also one of the most recognized health challenges among stakeholders and community residents. Stakeholders noted that there are many residents that may not believe they can avoid a medical diagnosis such as diabetes or hypertension, and become apathetic about efforts to do so. There was much discussion about the influence access to healthy food has on the rate and ability to control diabetes in any community.

Table 21 and Figure 21 show that in Fulton County between 2014 and 2018:

- More residents visited the ER for complications related to diabetes than is average for the state.
- Black residents were disproportionately impacted by diabetes, with higher rates of hospitalization, ER visits, and mortality when compared to their racial counterparts and Georgia.
- Residents in the city of Atlanta were more likely to be diagnosed with diabetes when compared to residents in Johns Creek, Roswell, and Sandy Springs.

Table 21. Selected Adult BMI and Diabetes Indicators by County and Race, 2014-18

	Fulton	White	Asian	Black	Hispanic	Georgia	U.S.
Adult obesity (2016)	24.80%	N/A	N/A	N/A	N/A	31.70%	28.80%
Population with diabetes (2016)*	8.30%	N/A	N/A	N/A	N/A	11.15%	9.32%
Diabetes mortality* (2014-18)	18.30	8.30	14.70	32.30	8.20	21.50	N/A
Diabetes discharge* (2014-18)	191.80	72.00	24.50	350.70	N/A	195.30	N/A
Diabetes ER visits* (2014-18)	302.70	77.00	32.10	594.40	N/A	292.20	N/A

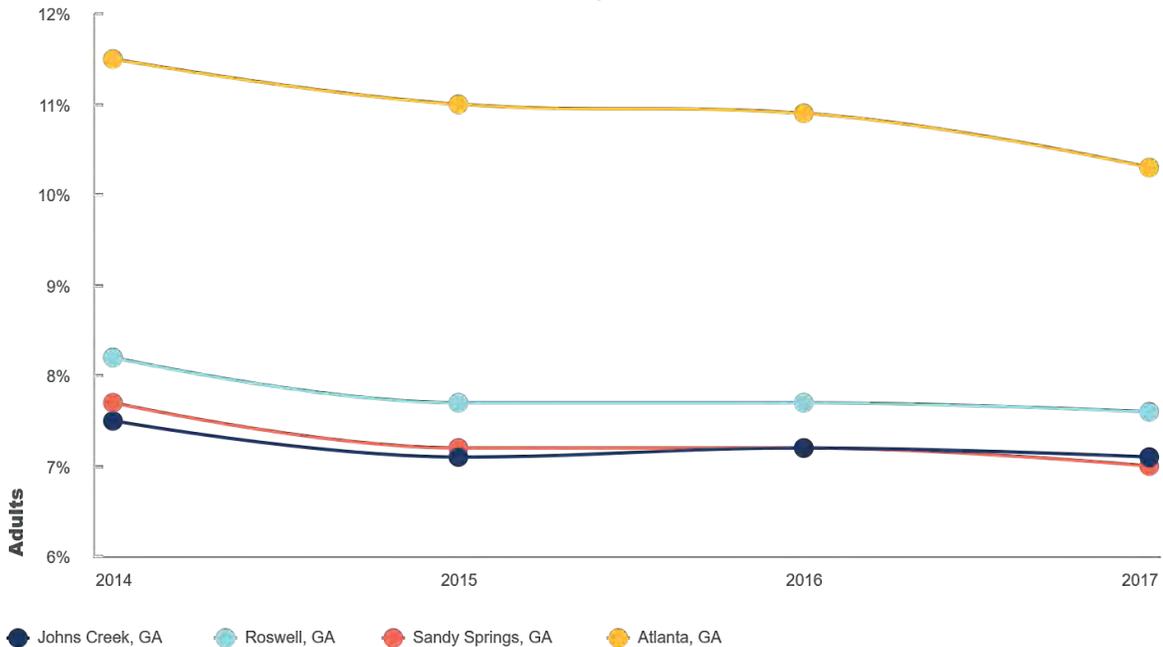
*Age-adjusted, per 100,000 population

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

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2016

Note: N/A rates indicate that no population exists for the query selected.

Figure 21. Percentage of Adults Diagnosed with Diabetes, Selected Municipalities, 2017



Source: CDC 500 Cities, 2017

Note: 500 Cities provides data only for Atlanta, Roswell, Sandy Springs, and Johns Creek; the remaining nine municipalities considered in this assessment were not available.

FOR MORE INFORMATION ABOUT CHRONIC DISEASE

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
Cancer	Fulton County Board of Health Breast and Cervical Cancer Prevention Program 404-612-1649 http://fultoncountyboh.org/boh/index.php/service-s/clinical-services/breast-and-cervical-cancer-prevention	Centers for Disease Control and Prevention, Division of Cancer Prevention and Control 1-800-232-4636 http://www.cdc.gov/cancer/dcpc/about
	Susan G. Komen Greater Atlanta 404-814-0052 3525 Piedmont Road NE, Building 5, Suite 215 Atlanta, GA 30305 https://komenatlanta.org	National Cancer Institute 1-800-422-6237 http://www.cancer.gov
	Atlanta Cancer Care Foundation – Perimeter 404-851-2300 5670 Peachtree Dunwoody Road, Suite 1100 Atlanta, GA 30342 http://www.atlantacancercare.com	American Lung Association in Georgia, Atlanta 2452 Spring Road SE Smyrna, GA 30080 770-434-5864 https://www.lung.org/about-us/contact-us
	Emory Winship Cancer Institute 1-888-WINSHIP or 404-778-1900 https://winshipcancer.emory.edu	The Cancer Foundation of Northeast Georgia 706-353-4354 P.O. Box 49309 Athens, GA 30604 www.cancerfoundationofnega.org/
	Atlanta Lesbian Cancer Initiative 404-688-2524 1530 Dekalb Avenue NE Atlanta, GA 30307 www.thehealthinitiative.org	Georgia Ovarian Cancer Alliance 404-255-1337 6065 Roswell Road, Suite 512 Sandy Springs, GA 30328 http://www.gaovariancancer.org/
	Brain Tumor Foundation for Children Inc. 404-252-4107 6065 Roswell Road NE, Suite 505 Atlanta, GA 30328 http://www.braintumorkids.org	Georgia Prostate Cancer Coalition 5825 Glenridge Drive, Building 3, Suite 223 Atlanta, GA 30328 president@georgiapcc.org http://www.georgiapcc.org/
	CURE Childhood Cancer 770-986-0035 200 Ashford Center North, Suite 250 Atlanta, GA 30338 http://www.curechildhoodcancer.org/	

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
Cardiovascular Diseases	Grady Memorial Health System Cardiac Center 404-616-1000 80 Jesse Hill Jr. Drive SE, 2nd Floor Atlanta, GA 30303 https://www.gradyhealth.org/care-treatment/cardiac-center/	The Brain Attack Coalition 301-496-5751 https://www.brainattackcoalition.org/
	Emory Healthcare, Preventative Cardiology Program 404-778-7777 https://www.emoryhealthcare.org/centers-programs/preventive-cardiology-program/index.html	Centers for Disease Control and Prevention, Division of Heart Disease and Stroke Prevention 1-800-232-4636 http://www.cdc.gov/heartdisease
	Boat People SOS – Atlanta 770-458-6700 6107 Oakbrook Parkway Norcross, GA 30093 atlanta@bpsos.org https://www.bpsos.org/bpsos---atlanta	National Heart, Lung, and Blood Institute 1-877-645-2448 http://www.nhlbi.nih.gov
	Family Health Centers of Georgia West End 404-752-1400 868 York Avenue SW Atlanta, GA 30310	American Heart Association 678-224-2000 GSAMetroAtlanta@heart.org http://www.heart.org
	Adamsville Regional Health Center 404-613-6384 3700 Martin Luther King Jr. Drive SW Atlanta, GA 30331	
	Healing Community Center 404-564-7749 2600 Martin Luther King Jr. Drive SW Atlanta, GA 30311	
Diabetes	Fulton County Board of Health – Nutrition Educational Services, Family and Consumer Sciences 404-762-4077 1757 E. Washington Road East Point, GA 30344	American Association of Diabetes Educators 800-338-3633 http://www.diabeteseducator.org
	Diabetes Association of Atlanta 404-527-7150 75 Marietta Street NW, Suite 304 Atlanta, GA 30303 diabetes@diabetesatlanta.org http://diabetesatlanta.org/	American Diabetes Association and Body Mass Index Calculator 1-800-342-2383 https://www.diabetes.org/diabetes-risk/tools-to-know-your-risk/bmi-calculator

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	Emory Healthcare, Outpatient Diabetes Education and Nutrition 404-778-4991 https://www.emoryhealthcare.org/kidney-disease-dialysis/wellness/index.html	Centers for Disease Control and Prevention 1-800-232-4636 http://www.cdc.gov/diabetes
	Center for Black Women’s Wellness 404-688-9202 477 Windsor Street SW, Suite 309 Atlanta, GA 30312 http://cbww.org	Georgia Diabetes Coalition 678-310-4432 jriley@gdctoday.org http://www.gdctoday.org
	Good Samaritan Health Center Atlanta 404-523-6571 1015 Donald Lee Hollowell Parkway Atlanta, GA 30318 http://www.goodsamatlanta.org	National Institute of Diabetes and Digestive and Kidney Diseases 1-800-860-8747 healthinfo@niddk.nih.gov http://www.niddk.nih.gov
	Mercy Care https://www.mercyatlanta.org/LOCATIONS	
Asthma	Children’s Healthcare of Atlanta, Children’s Asthma Center 404-785-9960 35 Jesse Hill Jr. Drive SE Atlanta, GA 30303	Georgia Environmental Protection Division 404-656-4713 or 888-373-5947 https://epd.georgia.gov/
	Georgia Department of Public Health, Asthma Control Program 404-657-2700 https://dph.georgia.gov/Asthma/asthma-control-and-self-management	U.S. Environmental Protection Agency in Georgia 404-562-9900 http://www.epa.gov/ga
	Georgia Department of Public Health, Environmental Health 404-657-6534 environmentalhealth@dph.ga.gov http://dph.georgia.gov/environmental-health	
Smoking Cessation	Emory Healthcare – Smoking Cessation Program 404-778-7777 https://www.emoryhealthcare.org/site-guide/smoking-cessation.html	American Lung Association 770-434-5864 (local) 1-800-LUNGUSA (national) http://www.lung.org/
	Northside Hospital – Built To Quit Classes 404-780-7653 smokingcessation@northside.com https://www.northside.com/oth/Page.asp?PageID=OTH006832	Centers for Disease Control and Prevention – Smoking & Tobacco Use http://www.cdc.gov/tobacco

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	Center for Black Women’s Wellness 404-688-9202 477 Windsor Street SW, Suite 309 Atlanta, GA 30312 http://cbww.org	Georgia Department of Public Health – Ready to Quit 877-270-7867 http://dph.georgia.gov/tobacco

Infectious Diseases

Infectious diseases are caused by bacteria or viruses and can be transmitted from one person to another. Some are spread through contaminated food and water, while others are sexually transmitted or spread by sharing unclean needles. Health inspections, vaccines, sex education, and drug prevention are all ways a community can reduce the rates of infectious diseases.

Coronavirus Pandemic

The novel coronavirus, also labeled COVID-19, is an example of an infectious disease outbreak. The world is learning about how COVID-19 impacts human health and quality of life as this report is being written. What we know about the virus comes from the Centers for Disease Control and Prevention (CDC). Figures 22-23 and Tables 22-24 show that in May 2020 in Fulton County:

- Twenty-nine states report more than 10,000 cases of COVID-19, including Georgia.
- Fulton County has the largest percentage of the state’s confirmed cases, compared to the next largest in DeKalb and Gwinnett.
- The rate of cases (number of cases per 100,000 population) in Fulton County is lower than that of 54 other counties in the state.
- Of the confirmed cases, 19.7% have been admitted to hospital, and 4.96% have died due to coronavirus-related illness.
- Men and adults 65 years of age or older in Fulton County show the highest mortality rates, which is consistent with state trends.
- Black residents show the highest transmission and mortality rates in Georgia, which is consistent with national trends.

Figure 22. COVID-19 Reported Cases by State, May 2020

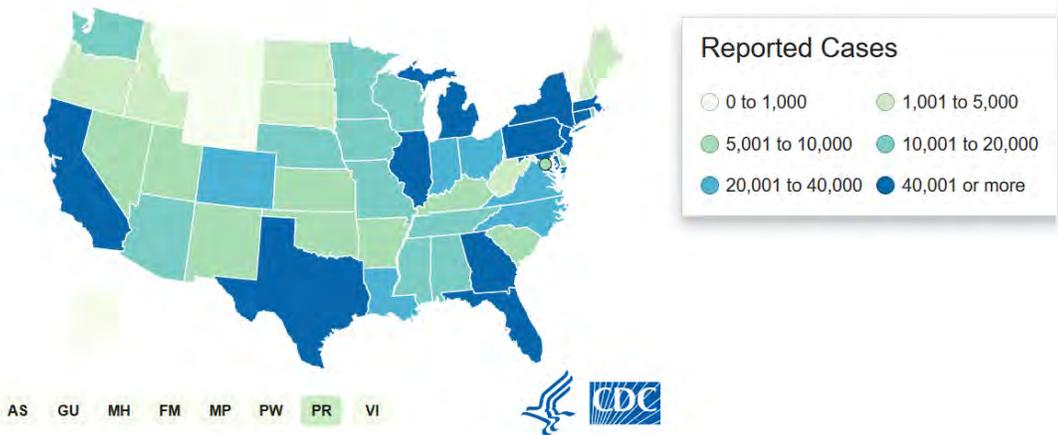


Figure 23. COVID-19 Confirmed Case by County, May 2020

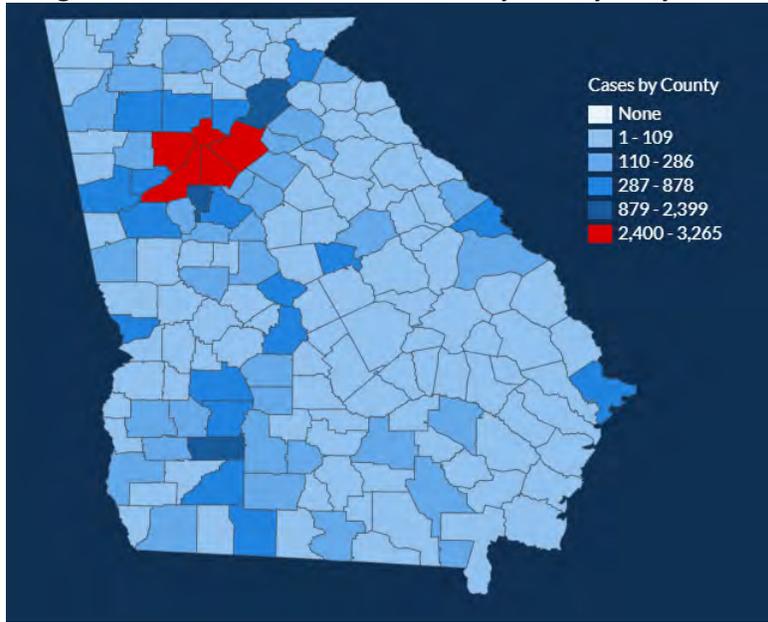


Table 22. COVID-19 Confirmed Cases, Deaths, and Hospitalizations, May 2020

	Fulton County	Georgia	U.S.	World
#No. of confirmed cases	3,932*	42,145	1,622,114	
No. of deaths	196*	1,814	97,049	
No. of hospitalizations	766*	7,294		
Cases per 100,000 pop.	370*			

* These data represent confirmed cases of COVID-19 reported to the Georgia Department of Public Health (DPH) as of May 24, 2020, 2:26 p.m.

Table 23. COVID-19 Confirmed Deaths by Age and Sex, May 2020*

	Male	Female	< 18	18-64	65+
Fulton	106	87	1	37	155
Georgia	932	851	1	403	1,379

* These data represent confirmed cases of COVID-19 reported to the Georgia DPH as of May 22, 2020, 9:00:03 a.m.

Table 24. COVID-19 Confirmed Cases and Deaths by Race, Georgia, May 2020*

Race	No. of Cases	No. of Deaths
African-American/Black	11,255	858
American Indian/Alaska Native	28	3
Asian	441	28
Missing	65	0
Native Hawaiian/Pacific Islander	16	2
Other	377	5
Unknown	177	2
White	8,643	778

* These data represent confirmed cases of COVID-19 reported to the Georgia DPH as of May 22, 2020, 9:00:03 a.m.

The Fulton County Board of Health offers the following services to address COVID-19 among residents:

- Education
- Testing lines
- Testing sites

HIV and AIDS

Getting tested frequently can help detect and lead to early treatment for STIs, and reduce the number of people infected. Proper sex education and resources can encourage people to get tested for HIV and to use preventive methods that protect against it.

Stakeholders and community residents noted that transmission rates are decreasing, in general, the population, though HIV rates may be higher among specific populations due to limited access to preventive care, limited outreach to specific populations (Homeless LGBTQ youth), discrimination. More specifically:

- LGBTQ youth experience high rates of homelessness, and they do not have access to the prevention practices that their more stably housed peers receive (PrEP and screening) because there is limited medical outreach to this population.
- Transgendered African American women and Gay African American men face discrimination in healthcare settings regardless of insurance status, trans-feminine, or trans-masculine orientation. There are not enough service providers that are aware of and sensitive to LGBTQ, and this population is often misgendered, misnamed, and feels judged. First-line staff is not as sensitive as is needed to retain African American Transgendered women.

One community resident had this to say about discrimination:

"In some communities, if they find out that you're gay and HIV, they feel like it's still a gay disease."

Accounting for 2,884 deaths, HIV had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. When compared to the remaining 158 counties in Georgia, Fulton County's combined mortality and hospital utilization rates rank among the worst 20%. According to data from the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:

- Georgia and Fulton County have higher HIV prevalence rates when compared to the nation. HIV is more common in Fulton County, with prevalence rates over four times higher than the nation's and almost three times the average for the state.
- ZIP codes 30308, 30314, and 30310 have the highest HIV prevalence and new diagnosis rates.
- The top five ZIP codes with the highest HIV prevalence (30303, 30308, 30314, 30324, and 30310) and new diagnosis rates (30318, 30349, 30349, 30310, and 30314) were all in the city of Atlanta. While Atlanta appeared to have the highest prevalence and diagnosis rates, East Point, College Park, Hapeville, Sandy Springs, Union City, Fairburn, Chattahoochee Hills, and Palmetto (listed in descending order of prevalence rates) all registered rates that were above average for Georgia. Alpharetta, Johns Creek, Milton, and Roswell showed HIV prevalence rates lower than the state average.

- Black residents are most impacted by HIV when compared to their White and Asian counterparts.

Table 25. HIV Prevalence and Diagnosis Rates, Fulton County, 2017

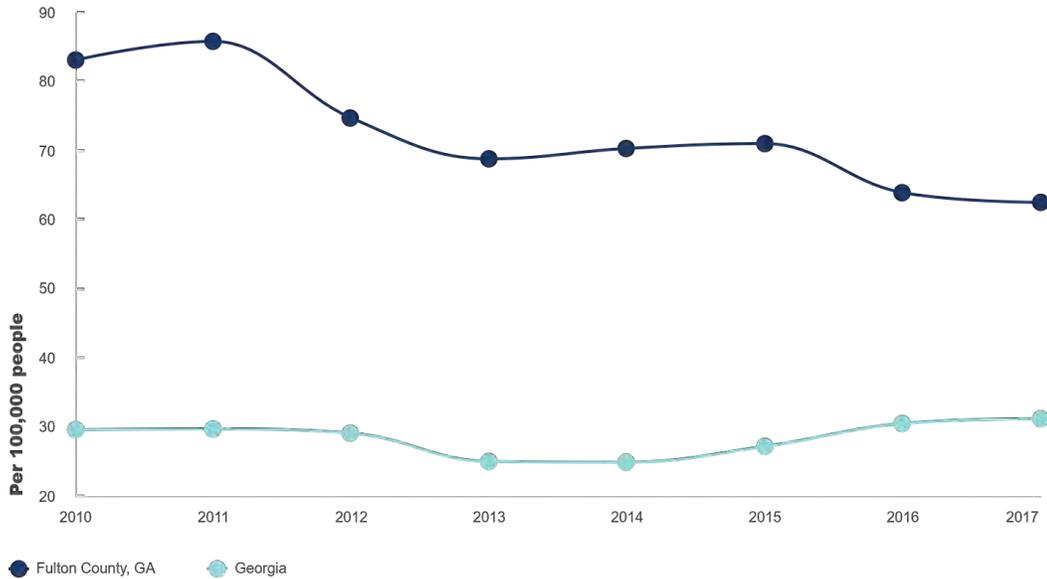
	Fulton	White	Black	Asian	Georgia	U.S.
HIV prevalence	1,637.2	693.1	2,711.2	66.0	608.8	367.7
HIV diagnoses	70.6	23.5	124.8	7.9	29.7	14.0

Source: U.S. Department of Health and Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2017

Figure 24 shows that between 2010 and 2017 in Fulton County:

- The rate of new diagnosis remained high (double the state rate) and was decreasing, whereas the state rate increased between 2014 and 2017.

Figure 24. New HIV Diagnosis Rates by Year, Fulton County, 2010-17



Source: Fulton County Board of Health

The Fulton County Board of Health offers the following HIV services to residents:

Programs include High Impact Prevention Program, Ryan White Program, and PrEP, which all offer the following services:

- HIV screening and community education
- Assessment and linkage to PrEP
- Medical services
- Medications
- Oral health (dental)
- Behavioral health
- Substance abuse

- Medical case management (in partnership with AID Atlanta)
- Support services, including –
 - AIDS Drug Assistance Program (ADAP)
 - Nutritional assessments and assistance (supplements, multivitamins, and food vouchers)
 - Medical transportation
 - Patient navigator (in partnership with AID Atlanta)
 - Support groups

Sexually Transmitted Infections

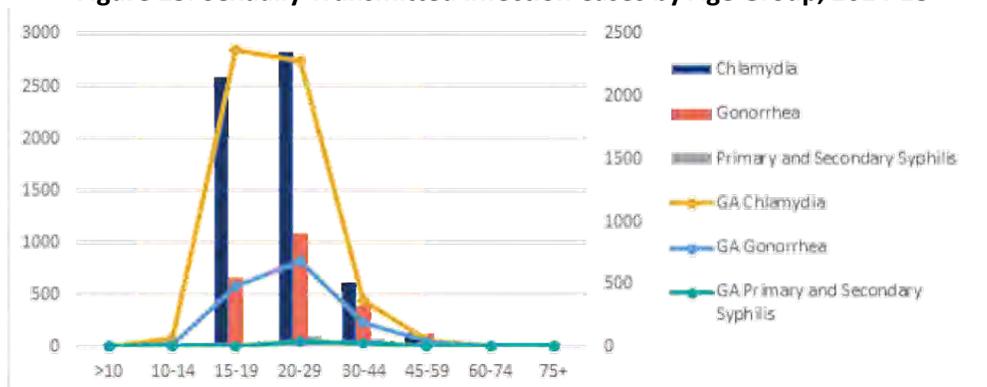
Sexually transmitted infections (STIs) can be acquired during unprotected sex with an infected partner. Social, economic, and behavioral factors can affect the spread of STIs. These factors may cause serious obstacles to STI prevention because of their influence on social and sexual networks, access to care, willingness to seek care, and social norms regarding sex and sexuality.

Stakeholders believed that STIs are increasing among youth due to the capacity of parents being limited by low health literacy, coupled with the amount of time they have to spend working to meet basic needs. Community residents noted that many parents have to work more than one job, and children are not always supervised. Additionally, stakeholders noted that prevention education is not allowed in public school settings, and youth may be misinformed and unaware of STIs.

Figures 25-26 show that in Fulton County:

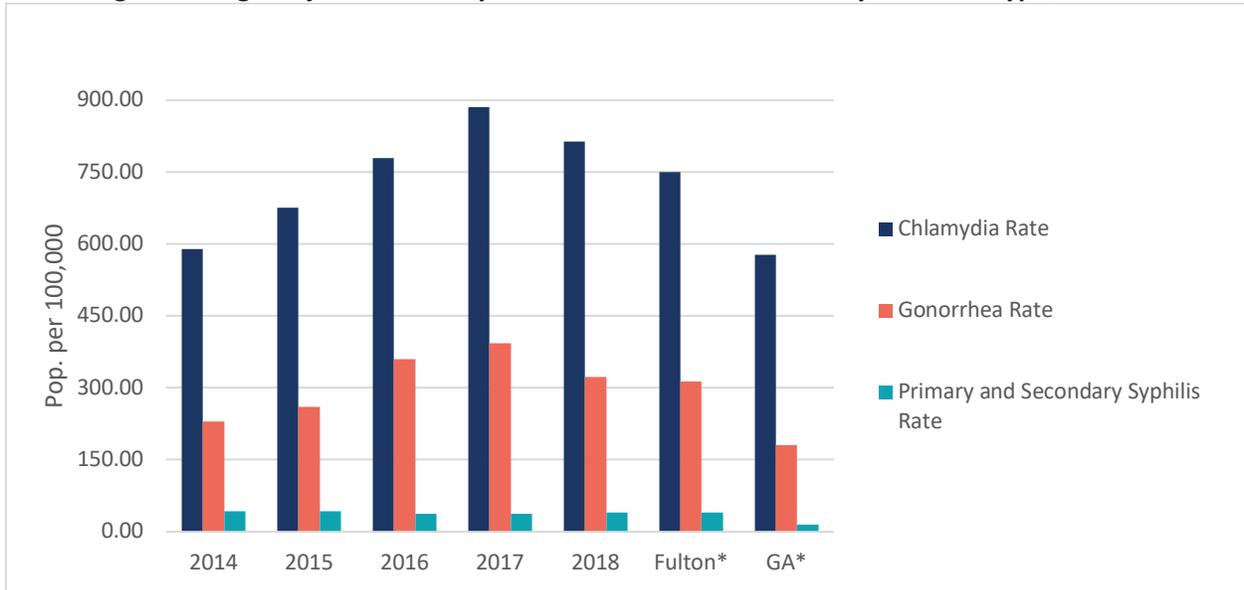
- Youth (15-19 years of age) and young adults (20-29 years of age) have the highest transmission rates for STIs.
- Higher rates of chlamydia, gonorrhea, and syphilis are found when compared to Georgia and the United States.
- Chlamydia is the most common STI.
- Chlamydia and gonorrhea are significantly more common than syphilis.

Figure 25. Sexually Transmitted Infection Cases by Age Group, 2014-18



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

Figure 26. Age-Adjusted Sexually Transmitted Infection Rates by Year and Type, 2014-18



Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us
 * 2014-18 STD rate aggregates

The Fulton County Board of Health offers the following services to residents to address STIs:

- The Sexual Health Clinic provides screening, diagnosis, and treatment for STIs (including HIV testing), as well as pre-exposure HIV prophylaxis (PrEP) to residents 13 years of age and older.
- The Sexual Health Program provides HIV testing and linkage to treatment and PrEP through funding community-based agencies focused on providing testing among populations at high risk for HIV infection. The program further provides HIV testing and linkage to treatment or PrEP for those who come to the Fulton County Board of Health Sexual Health Clinic. Finally, Sexual Health Program provides partner services for persons diagnosed with syphilis or HIV to alert their current and former sexual partners of their potential infection without the partners knowing who reported that they had sexual contact with them.

Tuberculosis

Tuberculosis (TB) is a disease caused by bacteria. The bacteria usually attack the lungs, but they can also damage other parts of the body. TB spreads through the air when a person with TB of the lungs or throat coughs, sneezes, or talks. In Georgia, most TB cases are initially diagnosed in a hospital or clinic and are followed up by county health departments after discharge to continue treatment. High-risk populations include foreign-born persons and persons residing in crowded congregate settings (homeless shelters, prisons, etc.). Symptoms can include cough (sometimes with blood), weight loss, night sweats, and fever.

Accounting for 168 deaths, TB had statistically significant higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. However, TB cases have been declining nationally, in Georgia, and in Fulton County. Table 26 shows that between 2017 and 2018 in Fulton County:

- TB cases and rates decreased.

Table 26. Tuberculosis Cases and Rates, 2017-18

	Fulton		Georgia	
	Cases	Rates*	Cases	Rates*
Tuberculosis (2017)	42.0	4.0	293.0	2.8
Tuberculosis (2018)	30.0	2.9	271.0	2.6

*Per 100,000

Sources: Georgia Department of Public Health Tuberculosis Control Program Data Sources: (1) Case counts from State Electronic Notifiable Disease Surveillance System (SendSS) data as of Sept. 24, 2019; (2) Rates calculated using population estimates obtained from the U.S. Census Bureau via <https://oasis.state.ga.us/oasis/webquery/qryPopulation.aspx>. Report date: Sept. 24, 2019

The Fulton County Board of Health offers TB service to residents through the Respiratory Health (Tuberculosis) Program, which provides screening, testing, diagnosis, and treatment for individuals at risk for TB infection or TB disease.

Vaccine-Preventable Illnesses

Vaccines are responsible for the control of many infectious diseases that were once common in the United States. A vaccinated community helps to protect those who are not vaccinated, a concept known as “herd immunity.” When 90% to 95% of a community is protected, it is nearly impossible for a vaccine-preventable disease to spread. One stakeholder noted:

“The lack of vaccinations is an emerging community health need, which affects pregnant women, mothers, and babies.”

In the U.S., the most common bacterial cause of pneumonia is *Streptococcus pneumoniae* pneumococcus, and a common viral cause is influenza (flu). Vaccination against flu and pneumococcus prevents or lessens the symptoms of these contagious respiratory diseases and controls the spread throughout communities.

Table 27 shows that when compared to the state, between 2014 and 2018, in Fulton County:

- Nearly half of seniors (65 + years of age) were not receiving the flu vaccine
- Approximately one-third of seniors (65 + years of age) were not receiving the pneumococcal vaccine.
- While the county showed better hospital utilization and mortality rates for the flu and pneumonia, Black residents experience the highest rates of hospital use and mortality when compared to their racial and ethnic counterparts.

Table 27. Selected Vaccine-Preventable Diseases by Race, 2014-18

	White	Black	Asian	Hispanic	Fulton	GA
% of adults 65+ receiving Influenza Vaccine	N/A	N/A	N/A	N/A	56.0%	N/A
Influenza Mortality*	0.9	1.0	0	0	0.9	1.1
Influenza Hospitalization*	19.9	25.6	9.7	N/A	22.6	23.6
Influenza ER Visits*	80.5	353.2	38.5	N/A	212.1	356.0
% of adults 65+ receiving Pneumococcal Vaccine	N/A	N/A	N/A	N/A	73.0%	N/A
Pneumonia Mortality*	7.3	12.0	2.8	4.7	9.2	13.7
Pneumonia Hospitalization*	112.7	176.9	37.8	N/A	140.2	211.9
Pneumonia ER Visits*	83.7	249.2	27.8	N/A	158.5	267.9

*Age-Adjusted, per 100,000

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

Georgia Department of Public Health State Electronic Notifiable Disease Surveillance System

N/A Rates indicate that no population exists for the query selected.

Hepatitis

According to the CDC, Hepatitis means inflammation of the liver, which is often caused by a virus. Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation in the U.S. Viral hepatitis is largely preventable with vaccines available for hepatitis A virus and hepatitis B virus; there is no hepatitis C virus vaccine. The most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C.

Since 2016, there have been outbreaks of hepatitis A throughout the U.S. Georgia had a hepatitis A outbreak that began in June 2018. Since that time there have been 1,113 cases of hepatitis A in Georgia and 8 deaths. At the time this report is being written, the 2018 outbreak had not yet ended in Georgia.⁹ One community resident noted:

Hepatitis C [is a health concern], because there's a lot of people they got that corrosion of the liver, and walking around and don't even know it."

The hepatitis A vaccine is a safe and effective way to prevent the spread the hepatitis A virus. People who are at risk for hepatitis A should get vaccinated, including:

- People who use or inject drugs
- People who have unstable housing or are homeless
- People who are or were recently in jail or prison
- People with liver disease, such as cirrhosis, hepatitis B, or hepatitis C
- Men who have sex with men

Other preventive methods include practicing good hand hygiene. Thoroughly washing hands with soap and warm water plays an important role in preventing the spread of many illnesses, including hepatitis A.

⁹ <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

Table 28 and figure 27 shows that when compared to the state and nation, between 2015 and 2019, in Fulton County:

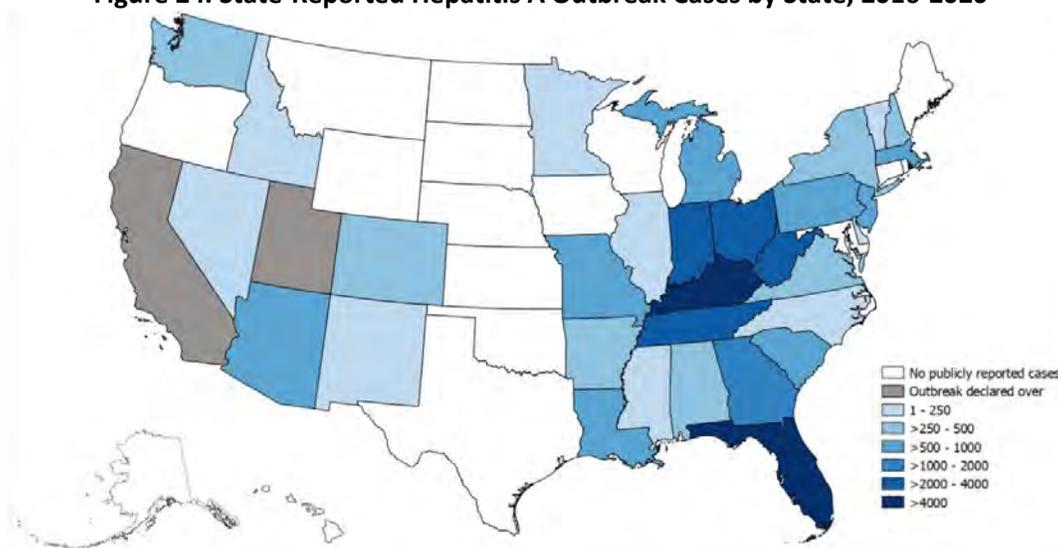
- Georgia was moderately impacted by the national Hepatitis A outbreak.
- Contained approximately 10% of the confirmed Hepatitis A, B (acute and chronic), and C (acute) cases in the state.
- Contained approximately 13% of the confirmed chronic Hepatitis C cases in the state.
- Hepatitis C showed the highest counts of the disease.

Table 28. Hepatitis A, B, and C, Fulton County, 2015-2019

	Hepatitis A (Acute) # of Confirmed Cases	Hepatitis B (Acute) # of Confirmed Cases	Hepatitis B (Chronic) # of Confirmed Cases	Hepatitis C (Acute) # of Confirmed Cases	Hepatitis C (Chronic) # of Confirmed Cases
Fulton County	102	61	992	30	3,640
GA	1,019	623	7,617	419	34,136

Source: State Electronic Notifiable Disease Surveillance System (SendSS), 2015-2019

Figure 24. State-Reported Hepatitis A Outbreak Cases by State, 2016-2020



Source: Center for Disease Control, Hepatitis A Outbreaks. www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm, May 2020

The Fulton County Board of Health offers the following vaccination services to residents:

Travel health consultation; information regarding immunization schedules for infants, children, adolescents, and adults; and the following immunizations:

- Polio
- Measles
- Mumps
- Rubella
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae type b (Hib)
- Varicella (chickenpox)

- Diphtheria
- Pertussis
- Tetanus
- Pneumococcal (Prevnar — VFC — Vaccines for Children only)
- Influenza (seasonal)
- Meningococcal Rotavirus (VFC)
- Human papillomavirus (HPV)

Other immunization services for children include childcare, preschool, and school immunization reporting; outreach and education; immunization education for health professionals; and Vaccines for Children (VFC) provider information, which is a federally funded program that provides vaccines to children up to age 18 years whose parents or guardians may not be able to afford them.

FOR MORE INFORMATION ABOUT INFECTIOUS DISEASES

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
Sexually Transmitted Diseases	Fulton County Public Health at 10 Park Place, Sexual Health (STD/STI) Clinic 404-613-1430 10 Park Place South SE, 5th Floor Atlanta, GA 30303 http://fultoncountyboh.org/boh/	Centers for Disease Control and Prevention, Division of STD Prevention 1-800-232-4636 http://www.cdc.gov/std/dstdp
	Fulton County Board of Health’s Family Planning Program 404-613-4215 3700 Martin Luther King Drive SW Atlanta, GA 30331 Multiple Atlanta locations www.Fultoncountyga.gov	Georgia Department of Public Health, Office of STD 877-783-4374 https://dph.georgia.gov/STDs
	Empowerment Resource Center 404-526-1145 230 Peachtree Street NW, Suite 1800 Atlanta, GA 30303 http://www.erc-inc.org	
	Someone Cares 678-921-2706 236 Forsyth Street, Suite 201 & 204 Atlanta, GA 30303 www.Someonecaresatl.org	
	Planned Parenthood of Georgia Inc. – East Atlanta Health Center 404-688-9300 or 800-230-7526 440 Moreland Avenue SE Atlanta, GA 30316 http://www.plannedparenthood.org	

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
HIV and AIDS	Fulton County Public Health at 10 Park Place – Ryan White HIV Primary Care Clinic 404-613-1430 10 Park Place South SE, 5th Floor Atlanta, GA 30303 http://fultoncountyboh.org/boh/	AIDSinfo 1-800-HIV-0440 http://aidsinfo.nih.gov
	Positive Impact Health Centers – Decatur 404-589-9040 523 Church Street Decatur, GA 30030 Multiple locations https://www.positiveimpacthealthcenters.org/	Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention 1-800-232-4636 http://www.cdc.gov/hiv
	Aniz Inc. Garnett Station Place Suite 300 404-521-2410 236 Forsyth Street SW Atlanta, GA 30303 contact@aniz.org http://www.aniz.org	Georgia AIDS Coalition http://www.georgiaaids.org
	AID Atlanta 404-870-7700 1605 Peachtree Street NE Atlanta, GA 30309-2955 https://www.aidatlanta.org/home	Georgia AIDS/STD Information Line 1-800-551-2728 or 404-876-9944
	Atlanta Harm Reduction Coalition 404-817-9994 1231 Joseph E. Boone Boulevard NW Atlanta, GA 30314 http://www.atlantaharmreduction.org	HIV CAPUS 404-657-3100 2 Peachtree Street NW Atlanta, GA 30303 http://gacapus.com/r/
	AHF Wellness Center – AID Atlanta 404-870-7741 1605 Peachtree Street NE Atlanta GA 30309 info@hivcare.org https://locations.freestdcheck.org/ga-atlanta-wellness26	Youth AIDS Coalition http://www.youthaidscoalition.org
	Someone Cares 678-921-2706 236 Forsyth Street, Suite 201 & 204 Atlanta, GA 30303 www.Someonecaresatl.org	

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	Grady Health System's Ponce de Leon Center 404-616-2440 341 Ponce de Leon Avenue NE Atlanta, GA 30308 https://www.gradyhealth.org/locations/ponce-de-leon-center/	
	Standing to Achieve New Directions (STAND) Inc. 404-288-4668 https://www.standinc.com/	
Tuberculosis	Fulton County Public Health, Respiratory Health/TB Clinic 404-613-1450 10 Park Place South SE, 5th Floor Atlanta, GA 30303	American Lung Association, Tuberculosis 1-800-585-4872 http://www.lung.org/lung-health-anddiseases/lung-diseaselookup/tuberculosis/tuberculosis.html
		Georgia Department of Public Health, Health Protection, Tuberculosis Prevention and Control 404-657-2634 https://dph.georgia.gov/health-topics/tuberculosis-tb-prevention-and-control
		Control and Prevention, Division of Tuberculosis Elimination 1-800-232-4636 http://www.cdc.gov/tb/
		Stop TB USA 202-296-9770 msage@stoptbusa.org http://stoptbusa.org
Vaccine-Preventable Diseases	Fulton County Board of Health, Public Health Immunizations (Various locations) http://fultoncountyboh.org/boh/index.php/service-s/clinical-services/immunizations/216-immunizations	American Academy of Pediatrics 1-800-433-9016 http://www.aap.org/immunization
		Georgia Department of Public Health, Immunization Section 404-657-3158 DPH-Immunization@dph.ga.gov https://dph.georgia.gov/immunization-section
		Centers for Disease Control and Prevention 1-800-232-4636 http://www.cdc.gov/vaccines

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
		Vaccinate Your Family 202-783-7034 http://www.vaccinateyourbaby.org
Invasive Bacterial Diseases		Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases 1-800-232-4636 http://www.cdc.gov/ncird
		Georgia Department of Public Health, Acute Disease Epidemiology 404-657-2588 gaepinfo@dhr.state.ga.us https://dph.georgia.gov/epidemiology
Hepatitis	Fulton County Board of Health http://fultoncountyboh.org/boh/index.php/321-hepatitis-a	American Liver Foundation 1-800-465-4837 http://www.liverfoundation.org
	Atlanta Harm Reduction Coalition 404-817-9994 1231 Joseph E. Boone Boulevard NW Atlanta, GA 30314 http://www.atlantaharmreduction.org	Centers for Disease Control and Prevention, Division of Viral Hepatitis 1-800-232-4636 http://www.cdc.gov/hepatitis
	Grady Health System's Liver Clinic 404-616-9355 (Various locations) http://www.gradyhealth.org/specialty/primary-care-centers.html	Department of Public Health, Acute Disease Epidemiology 404-657-2700 https://dph.georgia.gov/epidemiology/acute-disease-epidemiology
Gastrointestinal Illness		Children's Healthcare of Atlanta https://www.choa.org/medical-services/digestive-and-gastrointestinal
		Centers for Disease Control and Prevention 1-800-232-4636 http://www.cdc.gov/zoonotic/gi/ https://www.cdc.gov/healthywater/swimming/index.html https://www.cdc.gov/foodsafety/
		FIGHT BAC! 202-220-0651 info@fightbac.org http://www.fightbac.org
		Foodsafety.gov http://www.foodsafety.gov

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
		Georgia Department of Public Health, Acute Disease Epidemiology 404-657-2588 gaepinfo@dhr.state.ga.us https://dph.georgia.gov/epidemiology/acute-disease-epidemiology
		University of Georgia Extension Service 1-800-ASK-UGA1 http://extension.uga.edu/food/safety
COVID-19	Fulton County COVID-19 Information HUB https://www.fultoncountyga.gov/covid-19	State of Georgia COVID-19 Hotline 844-442-2681 https://dph.georgia.gov/novelcoronavirus
	Fulton County COVID-19 Hotline 404-613-8150 http://fultoncountyboh.org/boh/	Centers for Disease Control and Prevention, Coronavirus 800-232-4636 https://www.cdc.gov/coronavirus/2019-ncov/index.html
	Fulton County Senior Services, Senior Meal Assistance 404-613-6000 seniorservices@fultoncountyga.gov	

Injuries

This assessment considered injuries caused by motor vehicle crashes, falls, accidental shooting, drowning, fire and smoke exposure, poisoning, suffocation, all other unintentional injury, suicide and self-harm, homicide and assault, and legal intervention. Tables 29-30 show that between 2014 and 2018 in Fulton County:

- Hospitalization rates related to injuries were higher when compared to state rates.
- Falls and all other unintentional injuries constitute the most substantial ER visit rates.
- ER visits due to assault and legal intervention are more common when compared to state rates. Accounting for 938 deaths, legal intervention had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. When compared to the remaining 158 counties in Georgia, Fulton County’s combined mortality and hospital utilization rates rank among the worst 20%.
- The highest hospital discharge rates were related to falls; however, accidental shooting, drowning, poisoning, assault, and legal intervention hospitalization rates are higher than state rates.
- Accounting for 1,445 deaths, accidental discharge of a firearm had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018.

- Poisoning, homicide and assault, and suffocation (listed in descending order) all show higher mortality rates than the state.

Table 29. Emergency Room Visits, Hospitalizations, and Deaths Due to Injuries, 2014-18

	Hospitalizations*	ER visits*	Deaths*
Fulton County	419.4	5,420.8	60.3
Georgia	415.2	6,956.3	63.9

*Age-adjusted, per 100,000

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

Table 30. ER Visits, Hospitalizations, and Deaths Due to Injuries, 2014-18

Injuries	Injury ER Visits*		Injury Discharges*		Injury Deaths*	
	Fulton	Georgia	Fulton	Georgia	Fulton	Georgia
Motor vehicle crashes	926.1	1,120.8	64.2	68.2	9.3	13.9
Falls	1,324.5	1,932.5	183.8	203.9	7.5	7.5
Accidental shooting	15.3	16.7	12.2	5.5	0.2	0.2
Drowning	2.1	2.6	0.7	0.4	1.0	1.3
Fire and smoke exposure	8.3	19.0	3.1	5.3	0.6	1.1
Poisoning	88.5	114.1	49.3	37.7	13.5	12.1
Suffocation	1.7	2.4	1.5	1.1	2.6	2.3
All other unintentional injury	2,014.9	3,101.0	40.5	44.3	3.3	3.9
Suicide/attempted	47.9	67.0	25.5	31.6	10.3	13.2
Homicide/assault	338.7	249.6	38.7	17.2	11.1	7.4
Legal intervention	16.8	7.2	0.5	0.3	0.2	0.2

*Age-adjusted, per 100,000

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

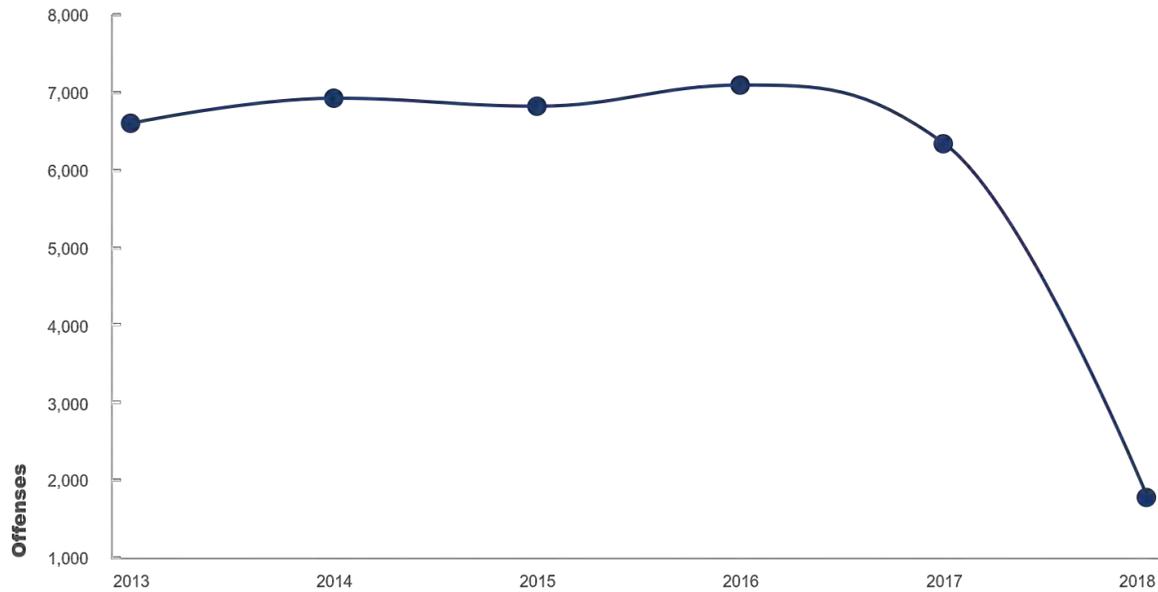
Intentional Injuries

According to the World Health Organization, intentional injuries include interpersonal violence (homicide, sexual assault, neglect and abandonment, and other maltreatment), suicide, and collective violence (war).

Homicide and Assault

Violent crime not only directly leads to injury, it could also be harmful to mental health. Living near areas of high crime may increase rates of depression and decrease healthy behavior, such as physical exercise and socialization. Violent crime also increases the risk of behavioral problems, anxiety, aggression, and post-traumatic stress disorder among children. It can even put adults who grew up in high-crime areas at greater risk for domestic abuse, substance use, unsafe driving, and risky sexual behavior.

Figure 25. Total Uniform Crime Reporting Part 1 Crime Rate by Year, Fulton County, 2013-2018



Sources: FBI Uniform Crime Reporting, 2013-2018

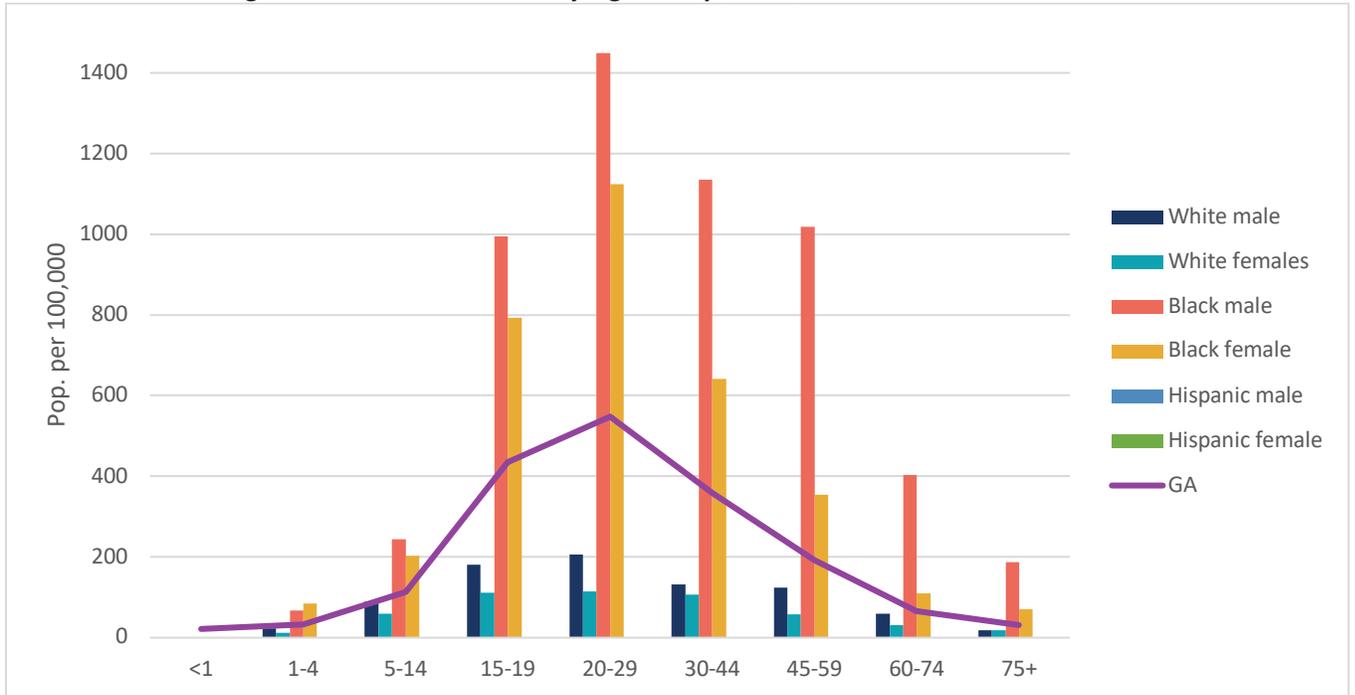
Note: UCR Part 1 offenses include murder and non-negligent homicide, rape (legacy and revised), robbery, aggravated assault, burglary, motor vehicle theft, larceny-theft, and arson.

Homicide, or murder, has devastating effects on parts of our community. Beyond the loss of life, homicide impacts friends, families, and those who live in the communities most impacted by homicide. In Fulton County, Atlanta, College Park, and Union City are the municipalities showing the highest rates of violent crime (homicide, aggravated assault, simple assault, rape, and robbery). See Appendix D for more detailed information by municipality.

Accounting for 20,783 deaths, homicide had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. Table 30 (above) and Figures 28-30 show that between 2014 and 2018 in Fulton County:

- The hospital utilization (ER visits and hospital discharges) and mortality rates were all higher than state rates for homicide.
- Black men, particularly infants and those 15-74 years of age, had significantly higher mortality rates for homicide when compared to their racial counterparts and state rates.
- Black women 15-19 years of age, and Hispanic men 30-44 years of age, also showed higher homicide mortality rates when compared to Georgia rates.
- Black women and men experienced notably higher rates of ER visits due to assault when compared to their racial and ethnic counterparts and state rates.
- Black men and women aged 20-29 were more commonly impacted by assault. Rates sharply incline after the age of 14 and gradually decline after the age of 29.

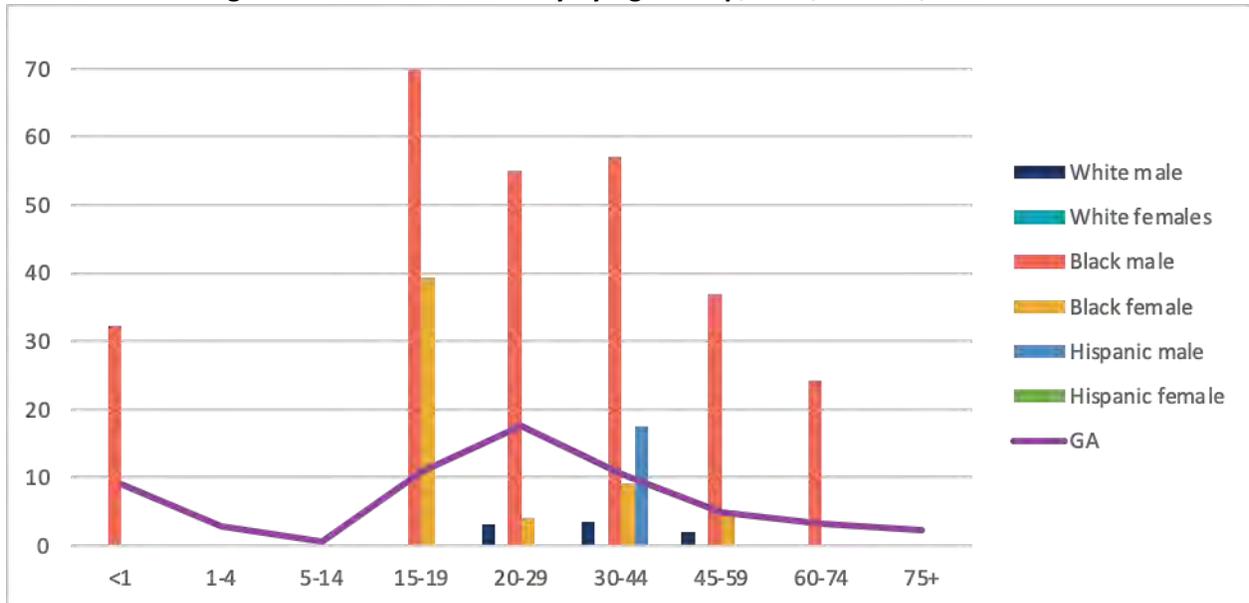
Figure 26. Assault ER Visits by Age Group, Race, and Sex, 2014-18*



*Per 100,000

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

Figure 27. Homicide Mortality by Age Group, Race, and Sex, 2014-18*



*Per 100,000

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

Suicide

Figure 31 shows that between 2014 and 2018 in Fulton County:

- All men, despite race and ethnicity, show higher suicide rates than their female peers.
- Suicide among Black men occurs at a younger age than their racial counterparts — exceeding state rates between 5 and 14 years of age.
- White men start showing higher rates around 15 to 19 years of age, which gradually increases as they age. Also, White men, 75 years of age and older, have the highest rates of suicide when compared to their racial and gender counterparts at any age.
- Black men and White women also show slightly higher suicide rates in their teenage years when compared to Georgia.

Table 31. Suicide and Self-Harm by Race, Fulton County, 2014-18

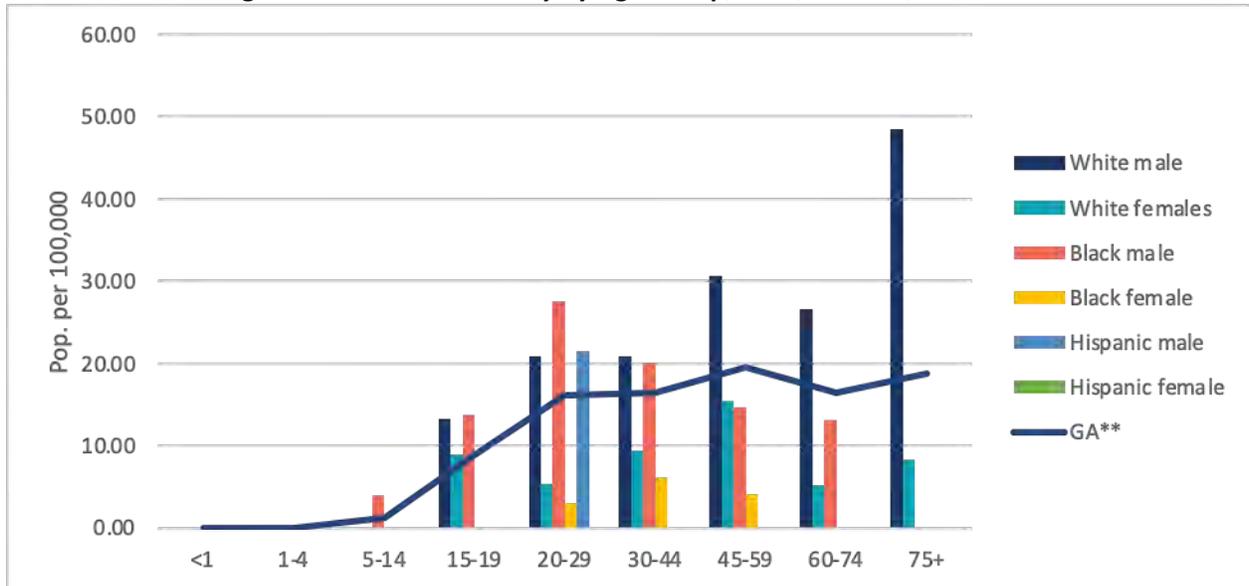
	Fulton	White	Black	Asian	Hispanic	Male	Female	Georgia
Self-harm discharge*	25.5	24.5	27.6	7.1	N/A	23.1	27.9	31.6
Suicide rate*	10.3	13.6	8.2	6.7	6.8	16.3	5.1	13.2
Self-harm ER visits*	47.9	42.0	56.8	7.8	N/A	39.9	56.1	67.0

*Age-adjusted, per 100,000 population

N/A rates indicate that no population exists for the query selected.

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

Figure 28. Suicide Mortality by Age Group, Race, and Sex, 2014-18*



*Per 100,000 population, ** 2014-18 suicide data aggregate

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

Unintentional Injuries

Falls

Table 32 and Figure 32 show that between 2014 and 2018 in Fulton County:

- Fall hospitalizations become increasingly more common in the elderly population.
- Compared to Georgia, Fulton County exhibits higher hospitalization rates in infants and adult residents 15-44 years of age.

- White women living in Fulton County are the most affected group when compared their racial counterparts and male peers.
- Fall hospitalizations are more common in Black men, compared to their White and Asian counterparts

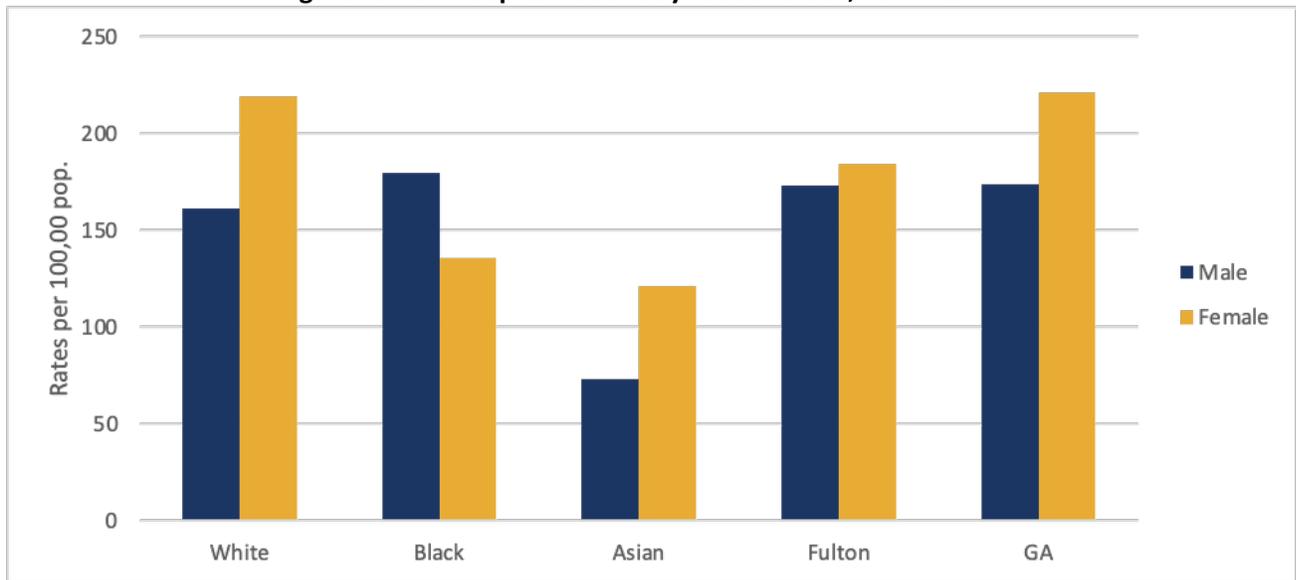
Table 32. Rates of Hospitalizations Due to Falls by Age Group, Fulton County, 2014-18*

	Fulton County	Georgia
< 1	39.7	36.0
1-4	6.3	15.2
5-14	10.1	11.3
15-19	20.0	16.4
20-29	31.2	24.7
30-44	45.9	42.2
45-59	110.5	115.4
60-74	330.4	396.8
75+	1,945.4	2,070.1

*Per 100,000 population

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

Figure 29. Fall Hospitalizations by Race and Sex, 2014-18*



*Age-adjusted, per 100,000 population

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

Motor Vehicle Crashes

Deaths from motor vehicle crashes (MVCs) can be the result of multiple factors. However, increased education and safety can help reduce rates in the community. Tables 33-34 and Figure 33 show that between 2014 and 2018 in Fulton County:

- MVC ER visits were most frequent among residents 20-29, followed by residents aged 30-44.
- MVC hospitalizations most impacted the 20-29 age bracket.

- MVC mortalities are most common in Fulton County residents aged 75 and older — similar to the state’s trends.
- MVC mortality rates are disproportionately higher in the black community compared to their racial counterparts and the state (excluding 2017).
- Overall, Fulton county males exhibit higher mortality rates due to MVCs than their female peers.
- Residents aged 75 and older, both females and males, are most impacted by MVC-related mortalities.

Table 33. ER Visits, Hospitalizations and Deaths Due to Motor Vehicle Crashes by Age Group, 2014-18

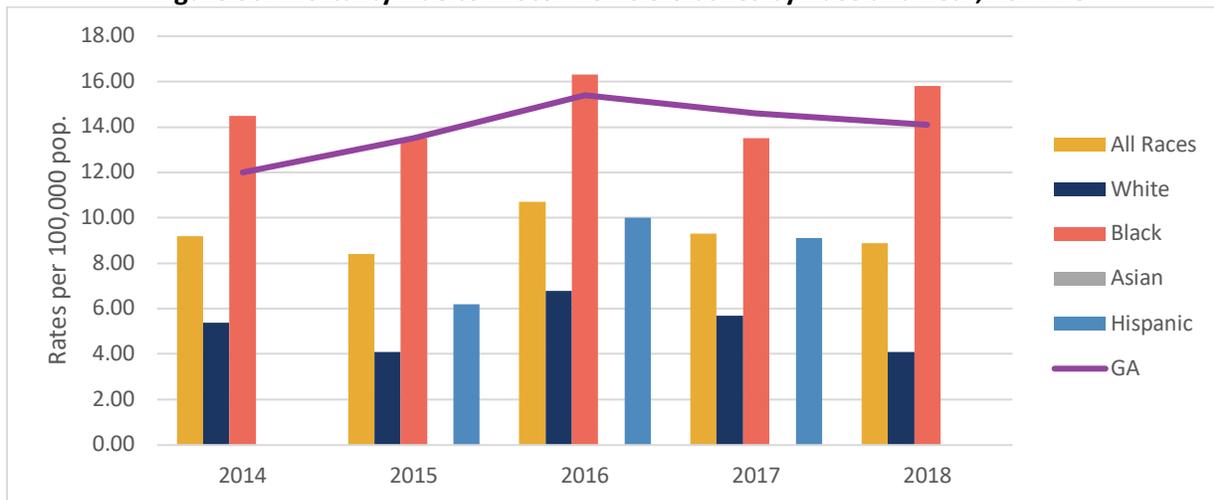
	ER Visits*		Hospital Discharges*		Mortality*	
	Fulton	Georgia	Fulton	Georgia	Fulton	Georgia
< 1	63.6	102.5	ND	3.9	ND	2.9
1-4	159.4	271.0	2.8	7.6	2.0	3.2
5-14	342.0	529.7	6.3	11.9	1.4	2.4
15-19	992.1	1,626.4	60.0	77.7	8.7	14.4
20-29	1,787.3	2,073.8	104.5	106.5	12.9	21.1
30-44	1,343.2	1,515.4	77.8	80.0	10.6	15.6
45-59	875.7	1,038.7	74.3	76.8	10.5	15.3
60-74	571.4	627.5	74.6	75.6	12.7	16.7
75+	355.7	424.1	87.3	94.0	15.3	23.2

*Per 100,000 population

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

Note: Rates based on one to four events are not shown and indicated by ND.

Figure 30. Mortality Due to Motor Vehicle Crashes by Race and Year, 2014-18*



*Age-adjusted, per 100,000 population

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

Table 34. Death Rates Due to Motor Vehicle Crashes, by Age and Sex, 2014-18*

	Males		Females	
	Fulton	Georgia	Fulton	Georgia
0-9	2.2	3.0	ND	2.4
10-14	ND	3.3	ND	1.6
15-19	11.4	18.8	5.9	9.7
20-29	19.2	30.2	6.6	11.7
30-44	16.9	23.6	4.7	8.0
45-59	16.9	22.8	4.2	8.2
60-74	21.1	24.6	5.8	9.9
75+	21.5	35.3	11.5	15.1

*Per 100,000 population

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

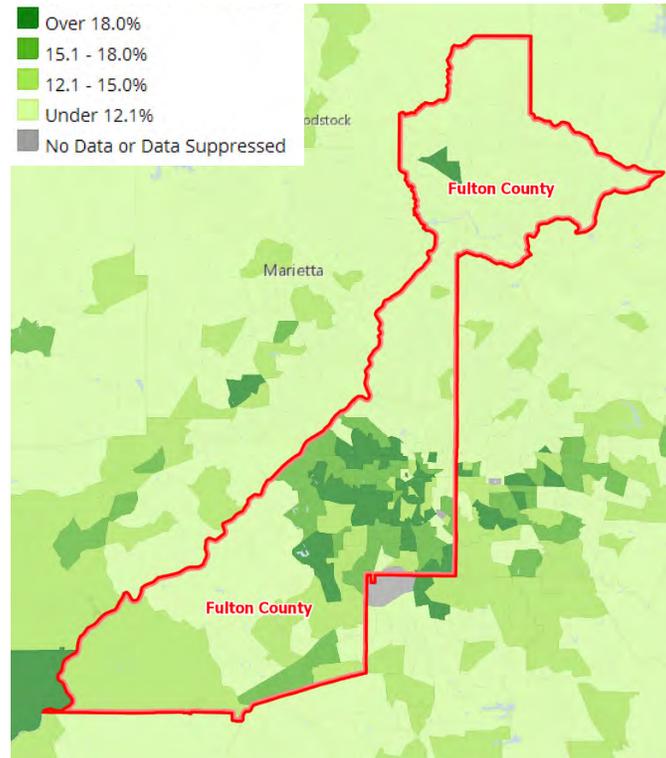
Note: Rates based on one to four events are not shown and indicated by ND.

Disability

Table 35 and Figures 34-35 show that between 2013 and 2018 in Fulton County:

- The highest concentration of persons living with disabilities is focused in the city of Atlanta, where resources and infrastructure can support a higher quality of life.
- There was a higher percentage of women living with at least one disability.
- Black and American Indian/Alaska Natives had higher rates of disability compared to their racial counterparts, and a larger percentage of the Black population was disabled in Fulton County than is average for the state.
- Senior residents (65 and older) were the largest population of people living with a disability.
- Overall, the percentage of individuals living with at least one type of disability is highest among resident that were 65 years and older with ambulatory difficulty and independent living difficulty.
- Youth, 0-17 years of age, were affected by cognitive difficulties the most, and residents 18-64 years of age were affected by cognitive and ambulatory issues the most.

Figure 31. Disabled Population, Percentage by Census Tract, 2014-18



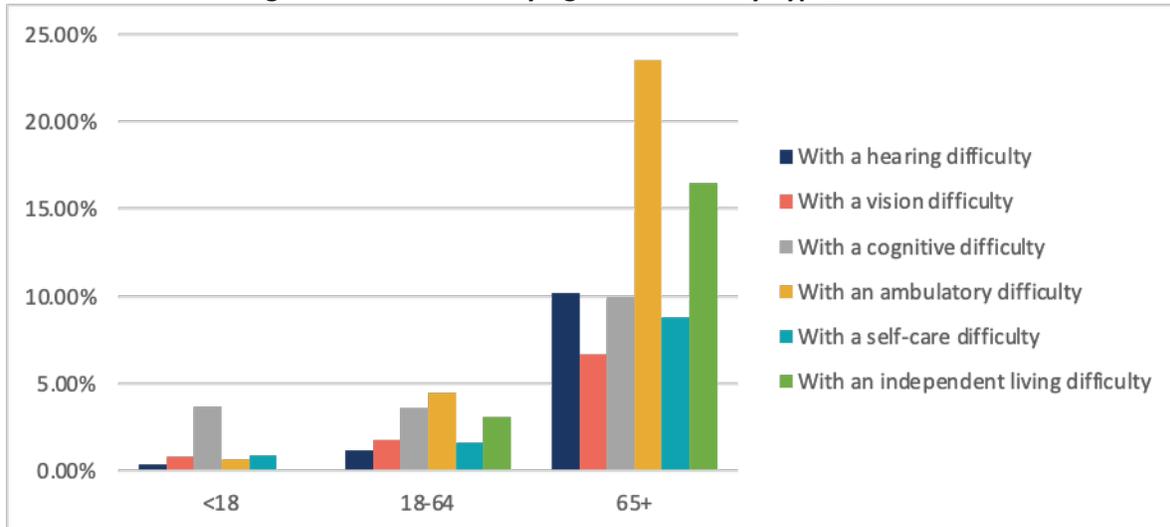
Source: U.S. Census Bureau, American Community Survey, 2014-18.

Table 35. Residents Living With at Least One Disability, by Sex and Age Group, 2013-17

	Fulton	Georgia	U.S.
Sex			
Male	9.3%	12.1%	12.5%
Female	10.6%	12.6%	12.7%
Race			
White	7.3%	13.1%	13.1%
Black	14.1%	12.6%	14.0%
AI/AN	11.6%	16.9%	16.8%
Asian	2.7%	5.3%	7.0%
NH/PI	6.0%	13.6%	10.6%
Some other race alone	3.5%	5.0%	8.2%
Two or more races	8.4%	10.9%	11.0%
Hispanic or Latino (of any race)	4.6%	5.7%	8.9%
Age			
Under 5 years	0.4%	0.7%	0.8%
5 to 17 years	4.9%	5.1%	5.4%
18 to 34 years	4.6%	6.0%	6.1%
35 to 64 years	10.9%	13.5%	12.9%
65 to 74 years	23.9%	27.8%	25.4%
75 years and over	49.5%	51.9%	49.7%

Source: U.S. Census Bureau, American Community Survey, 2013-17

Figure 32. Disabilities by Age and Disability Type, 2013-17



Source: U.S. Census Bureau, American Community Survey, 2013-17

FOR MORE INFORMATION ABOUT INJURIES

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
Intentional Injuries	Fulton County Board of Health, Office of Health Promotions, SAFE KIDS 404-612-1688 http://fultoncountyboh.org/boh/index.php/health-promo/safe-kids	Georgia Coalition Against Domestic Violence 1-800-334-2836 http://gcadv.org
	Men Stopping Violence 404-270-9894 contact@menstoppingviolence.org http://www.menstoppingviolence.org	National Center for Victims of Crime 202-467-8700 info@victimsofcrime.org http://www.ncvc.org/
	Partnership Against Domestic Violence 404-873-1766 or 800-621-4673 http://padv.org	Love Is Respect Org 866-331-9474 http://www.loveisrespect.org
Suicide	American Foundation for Suicide Prevention, Georgia Chapter 404-275-3316 swinborne@afsp.org https://afsp.org/chapter/georgia	American Association of Suicidology http://www.suicidology.org
		Suicide Prevention Resource Center http://www.sprc.org/
		National Suicide Prevention Lifeline 1-800-273-8255 http://www.suicidepreventionlifeline.org

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
		The Georgia Collaborative ASO, Georgia Crisis and Access Line 800-715-4225 https://www.valueoptions.com/referralconnect/doLogin.do?e=Z2FjbSAg
		Centers for Disease Control and Prevention, Suicide Prevention 1-800-232-4636 https://www.cdc.gov/ViolencePrevention/index.html
Falls	Empowerline (formerly Age Wise Connection) 404-463-3333 https://www.empowerline.org/	Centers for Disease Control and Prevention, Office of Injury Prevention 1-800-232-4636 http://www.cdc.gov/injury
	Children’s Healthcare of Atlanta, Safe Kids Georgia 404-785-7221 https://www.choa.org/medical-services/wellness-and-preventive-care/safe-kids	Georgia Department of Public Health, Injury Prevention Program 404-657-2921 injury@dph.ga.gov https://dph.georgia.gov/injury-prevention-program
		National Council on Aging, Falls Free Initiative 571-527-3900 https://www.ncoa.org/healthy-aging/falls-prevention/falls-free-initiative/
Vehicle Safety	Center for Pan-Asian Community Services 770-936-0969 http://www.cpacs.org	Safe Kids Georgia http://safekidsgeorgia.org
		Pedestrians Educating Drivers on Safety 404-685-8722 http://peds.org
		Students Against Destructive Decisions 1-888-420-0767 or 404-657-9079 https://www.gahighwaysafety.org/campaigns/sadd-georgia/
		AARP Driver Safety 1-800-350-7025 customerservice@aarpdriversafety.org https://www.aarpdriversafety.org/pricing.html
		Network of Employers for Traffic Safety 1-703-755-5350 http://trafficsafety.org

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
		National Highway Traffic Safety Administration 1-888-327-4236 http://www.nhtsa.gov
		Mothers Against Drunk Driving 1-877-275-6233 http://www.madd.org
		Highway Emergency Response Operator (HERO Units) Call 511 http://www.511ga.org/static/hero.html
		Governor's Office of Highway Safety http://www.gahighwaysafety.org
		Centers for Disease Control and Prevention, Office of Injury Prevention 1-800-232-4636 http://www.cdc.gov/injury
		CarFit http://www.car-fit.org
Services for the Disabled	Fulton County Access for Persons with Disabilities https://fultoncountyga.gov/services/other-government/disability-affairs-and-accommodation	
		Georgia Vocational Rehabilitation Program https://gvs.georgia.gov
		Georgia's Aging and Disability Resource 1-866-552-4464 https://www.georgiaadrc.com
		Arc Georgia https://ga.thearc.org

Behavioral Health

Behavioral health affects physical and overall health and includes mental health and substance abuse. Behavioral health issues are symptoms of real, physical conditions occurring in the brain and can be addressed through mental health programs and substance abuse interventions.

Mental illness and substance abuse can be mutually exclusive, though there is often a correlation between the two states, particularly in areas where residents do not have ready access to effective treatment services. According to the National Bureau of Economic Research, there is an apparent connection between individuals diagnosed with a mental health disorder at any point in life and 69% of

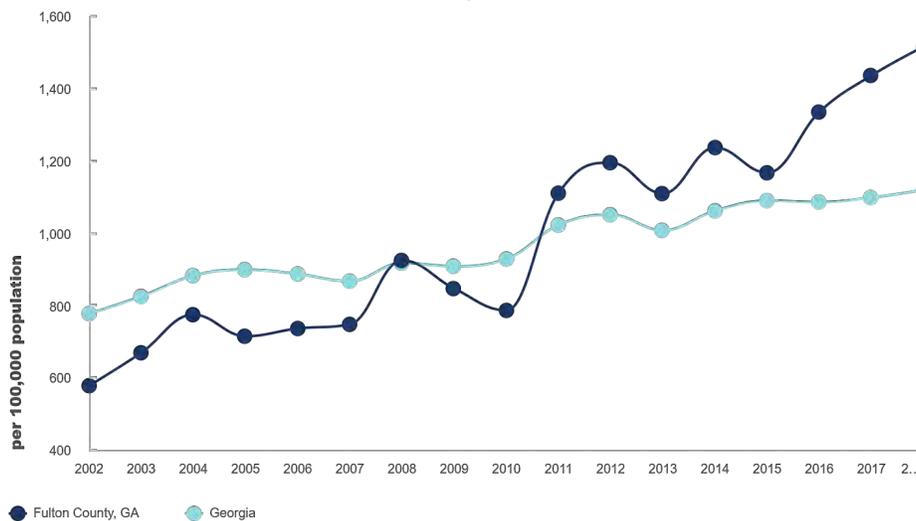
alcohol consumption, 84% of cocaine use, and 68% of cigarette use.¹⁰ There are many instances where individuals self-medicate with legal and illicit drugs.

Mental illness causes and risk factors:

- Heredity — Mental illness has a higher likelihood of manifesting in individuals who have blood relatives with mental illness. Genes may increase your risk of mental illness, and certain life situations may trigger it.
- Prenatal environmental exposure — A mother’s exposure to stress, toxins, or substance abuse can be linked to mental illness.
- Brain chemistry — An imbalance of brain chemicals or neurotransmitters, or nerve receptor malfunctions, may lead to various emotional disorders (e.g., depression or anxiety).
- Chronic stress
- Uncontrolled medical conditions (i.e., chronic pain)
- Traumatic experiences
- Drug or alcohol use
- Childhood abuse

Accounting for 18,440 deaths, substance use had statistically significantly higher than expected rates of hospital utilization (ER visits and hospital discharges) and mortality in Fulton County between 2014 and 2018. When compared to the remaining 158 counties in Georgia, Fulton County’s combined mortality and hospital utilization rates rank among the worst 20%.

**Figure 33. Mental and Behavioral Health ER Visits by Year
Fulton County, 2002-2018**



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

¹⁰ National Bureau of Economic Research, The Digest: Mental Illness and Substance Abuse. Retrieved May 11, 2020: <https://www.nber.org/digest/apr02/w8699.html>

Protective factors for substance abuse:¹¹

- Positive family support
- Effective parental monitoring
- Clearly defined and enforced family rules
- Strong bonds with institutions (e.g., schools, faith-based organizations, etc.)
- Adoption of established norms about drug use

Table 36 shows that between 2014 and 2018 in Fulton County:

- Mental and behavioral disorders and drug use disorders were more prevalent when compared to state rates, particularly among White, Black, and male residents.
- Black residents consistently had higher hospital utilization (ER visits and hospital discharges) and mortality rates for mental health issues and substance use disorders, whereas White residents are slightly more likely to die as a result of a drug overdose when compared to their racial counterparts.
- Hospital use and mortality related to mental health and substance use is far more likely among men than women
- Drug overdose mortality rates have increased from 2009 to 2018.

Table 36. Selected Behavioral Health and Substance Abuse Characteristics, 2014-18

	Fulton	White	Black	Asian	Hispanic	Male	Female	Georgia
Mental health providers, per 100,000 (2017)	218.1	N/A	N/A	N/A	N/A	N/A	N/A	129.6
Poor mental health days (2017)	3.4	N/A	N/A	N/A	N/A	N/A	N/A	3.9
Mental and behavioral disorders ER visits*	1,340.1	766.4	2,075.5	156.1	N/A	1,669.3	1,032.2	1,091.3
Mental and behavioral disorders mortality*	31.6	29.4	38.3	7.8	9.1	31.0	30.8	36.5
Mental and behavioral disorders discharge*	560.5	363.4	825.7	37.8	N/A	648.2	479.7	520.5
Substance Abuse								
Drug use disorders – ER visits*	385.6	268.4	545.0	34.9	N/A	571.3	215.2	252.0
Drug use disorders – discharges*	95.1	84.9	118.0	7.0	N/A	142.0	52.6	81.1
Drug use disorders – mortality*	3.8	3.6	4.8	ND	ND	5.8	1.9	3.3

¹¹ NIDA. (2002, February 1). Risk and Protective Factors in Drug Abuse Prevention. Retrieved from <https://archives.drugabuse.gov/news-events/nida-notes/2002/02/risk-protective-factors-in-drug-abuse-prevention> on 2020, May 12

	Fulton	White	Black	Asian	Hispanic	Male	Female	Georgia
Drug overdose mortality (2009-13)*	9.4	12.9	8.6	ND	1.6	12.1	7.1	10.2
Drug overdose mortality (2014-18)*	13.8	18.9	13.8	1.0	1.9	19.6	8.4	12.9
Drug overdose ER/inpat. (2016-18)*	229.1	171.4	312.6	40.0	N/A	250.2	211.0	234.4

*Age-adjusted, per 100,000 population

N/A rates indicate that no population exists for the query selected.

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

University of Wisconsin Population Health Institute, County Health Rankings, 2017.

CDC, Behavioral Risk Factor Surveillance System, 2017

Note: Rates based on one to four events are not shown and indicated by ND.

FOR MORE INFORMATION ABOUT BEHAVIORAL HEALTH

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	Fulton County Department of Behavioral Health and Developmental Disabilities 404-613-7013 141 Pryor Street, Suite 1031 Atlanta, GA 30303 www.livebetterfulton.org	The Georgia Collaborative ASO, Georgia Crisis and Access Line 800-715-4225 https://www.valueoptions.com/referralconnect/doLogin.do?e=Z2FjbSAg
Mental Illness	Atlanta Mission 404-588-4000 http://www.atlantamission.org	Mental Health America of Georgia 770-741-1481 http://www.mhageorgia.org
	Mercy Care (Behavioral Health) 678-843-8600 https://mercyatlanta.org/	Gateway Center 404-215-6600 http://www.gatewayctr.org
	Grady Health, Behavioral Health 404-616-1000 80 Jesse Hill Jr. Drive SE Atlanta, GA 30303 https://www.gradyhealth.org/care-treatment/behavioral-health-center/	National Alliance on Mental Illness Georgia 770-234-0855 or 770-234-0855 programs@namiga.org http://www.nami.org
	Georgia Rehabilitation Outreach 404-892-0998 1777 Washington Road East Point, GA 30344 http://www.garehaboutreach.org	Centers for Disease Control and Prevention, Mental Health 1-800-CDC-INFO or 1-800-232-4636 http://www.cdc.gov/mentalhealth
	CETPA, Mental Health & Substance Abuse Services (Services in Spanish) 770-449-5259/770-558-8754 http://www.cetpa.org	Georgia Council on Substance Abuse 844-326-5400 info@gasubstanceabuse.org http://www.gasubstanceabuse.org

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
Substance Use Disorders	Atlanta Alcoholics Anonymous 404-525-3178 http://www.atlantaaa.org	The Georgia Collaborative ASO, Georgia Crisis and Access Line 800-715-4225 https://www.valueoptions.com/referralconnect/doLogin.do?e=Z2FjbSAg
	CETPA, Mental Health & Substance Abuse Services (Services in Spanish) 770-449-5259/770-558-8754 http://www.cetpa.org	Substance Abuse and Mental Health Services Administration 1-877-726-4727 or 1-800-487-4889 http://www.samhsa.gov
	Standing to Achieve New Directions (STAND) Inc. 404-288-4668 https://www.standinc.com/	
	Georgia Regional Hospital at Atlanta 404-243-2100 3073 Panthersville Road, Building 6 Atlanta, GA 30034 https://dbhdd.georgia.gov/locations/georgia-regional-hospital-atlanta	
Intellectual Disabilities	Fulton County Department of Behavioral Health and Developmental Disabilities 404-613-7013 141 Pryor Street, Suite 1031 Atlanta, GA 30303 www.livebetterfulton.org	American Association on Intellectual and Developmental Disabilities 202-387-1968 http://aaid.org
	Marcus Autism Center 404-785-9350 1920 Briarcliff Road Atlanta, GA 30329 http://www.marcus.org	Centers for Disease Control and Prevention, Developmental Disabilities 1-800-CDC-INFO or 1-800-232-4636 https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html
	Georgia Council on Developmental Disabilities 1-888-275-4233 or 404-657-2126 http://www.gcdd.org/	United Cerebral Palsy 202-776-0406 http://ucp.org
	Bobby Dodd Institute 678-365-0071 or 678-365-0099 (TDD) 2120 Marietta Boulevard NE Atlanta, GA 30318 info@bobbydodd.org http://www.bobbydodd.org	National Down Syndrome Society 1-800-221-4602 info@ndss.org http://www.ndss.org
	Georgia State University, Center for Leadership in Disability 404-413-1289 http://disability.publichealth.gsu.edu	Georgia Office of Disability Services Ombudsman 1-866-424-7577 or 404-656-4261 http://dso.georgia.gov

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	The ARC of Georgia 470-222-6088 info@ga.thearc.org www.thearcofgeorgia.org	Disability Link 404-687-8890 or 711 (TTY) http://disabilitylink.org/
	Tools for Life 404-894-0541 512 Means Street, Suite 250 Atlanta, GA 30318 https://gatfl.gatech.edu/index.php	Parent to Parent of Georgia 1-800-229-2038 or 770-451-5484 http://p2pga.org/

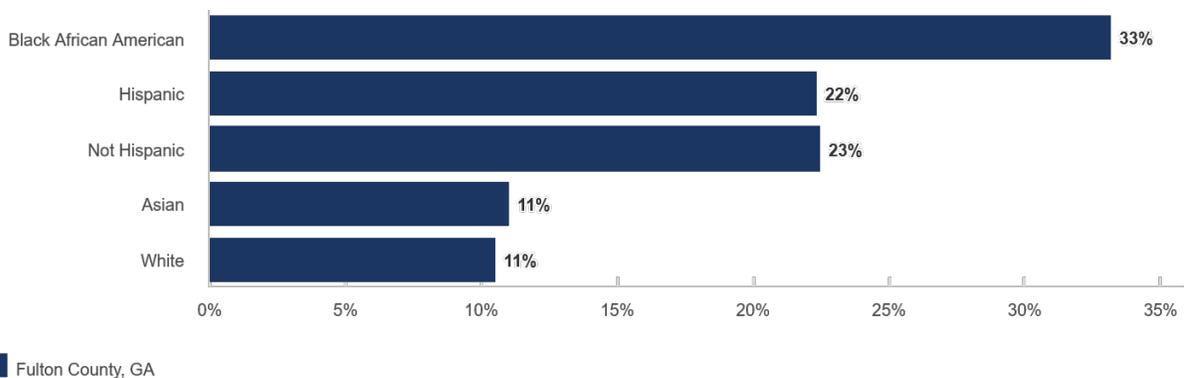
Maternal and Child Health

Improving health for mothers and infants targets a critical window of opportunity when health can lay the foundation for lifelong well-being and success. The state of maternal and child health outcomes in Georgia is poor when compared to the nation. Maternal and infant mortality rates have been historically high in Georgia, where there are significant racial disparities for Black and Brown mothers and babies. Studies have shown that access to prenatal health care and support is vital to combatting maternal deaths and complications from pregnancy.

Figure 37 shows that between 2015 and 2018 in Fulton County:

- Twenty-two percent of expecting mothers in Fulton County gave birth without having received adequate prenatal care, when compared to the state at 20%.
- Black mothers were three times, and Hispanic mothers were two times more likely to give birth without adequate prenatal care when compared to White and Asian mothers.

Figure 34. Inadequate Prenatal Care by Race, Fulton County, 2015-2018



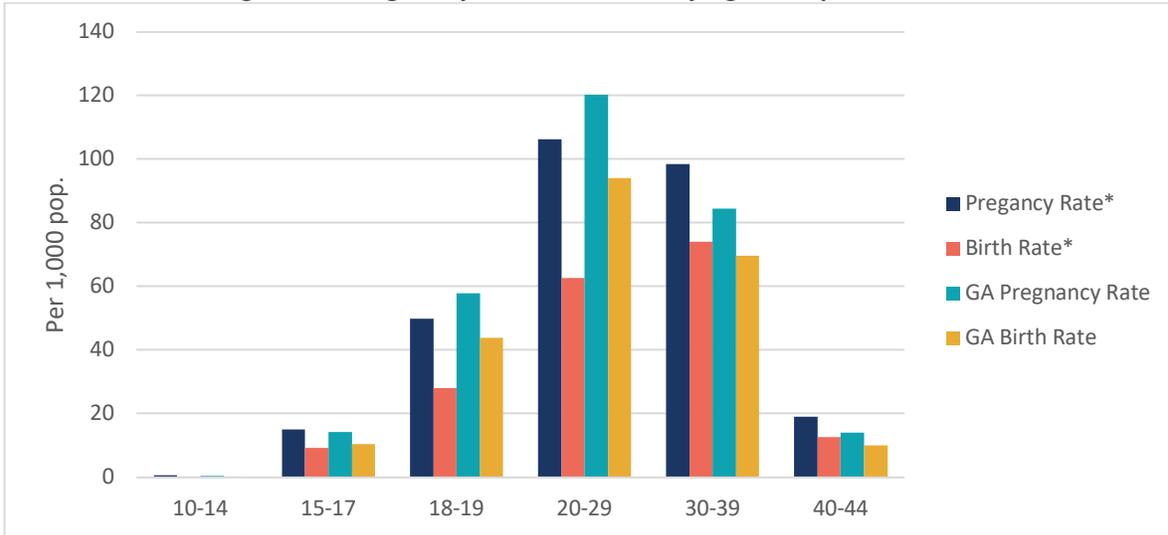
Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

There are a variety of factors that affect pregnancy and children, including the mother's preconception health status, age, access to appropriate care (preconception, prenatal, and between pregnancies), socioeconomic status, race, and ethnicity. Figures 38-40 show that between 2014 and 2018 in Fulton County:

- Most women became pregnant and gave birth between the ages of 20-39.

- Pregnancy rates were higher than birth rates, which is consistent with state trends.
- Pregnancy and birth rates decreased slightly between 2014 and 2018, and Fulton County rates were slightly higher when compared to state rates.
- Black and Hispanic residents showed higher pregnancy rates when compared to their Asian and White counterparts and the state.

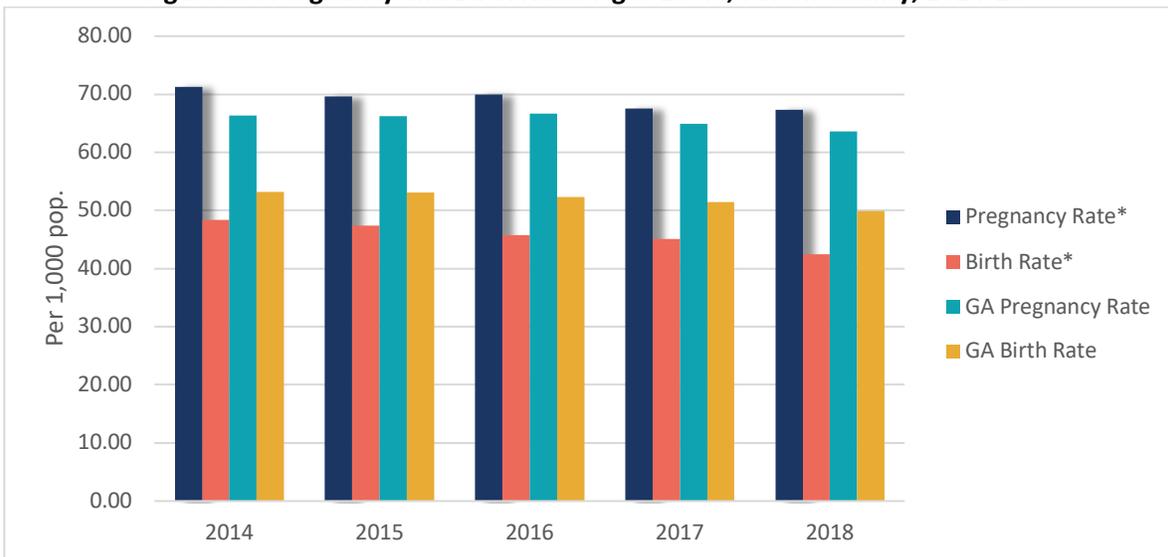
Figure 35. Pregnancy and Birth Rates by Age Group, 2014-18*



*Per 1,000 live births

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

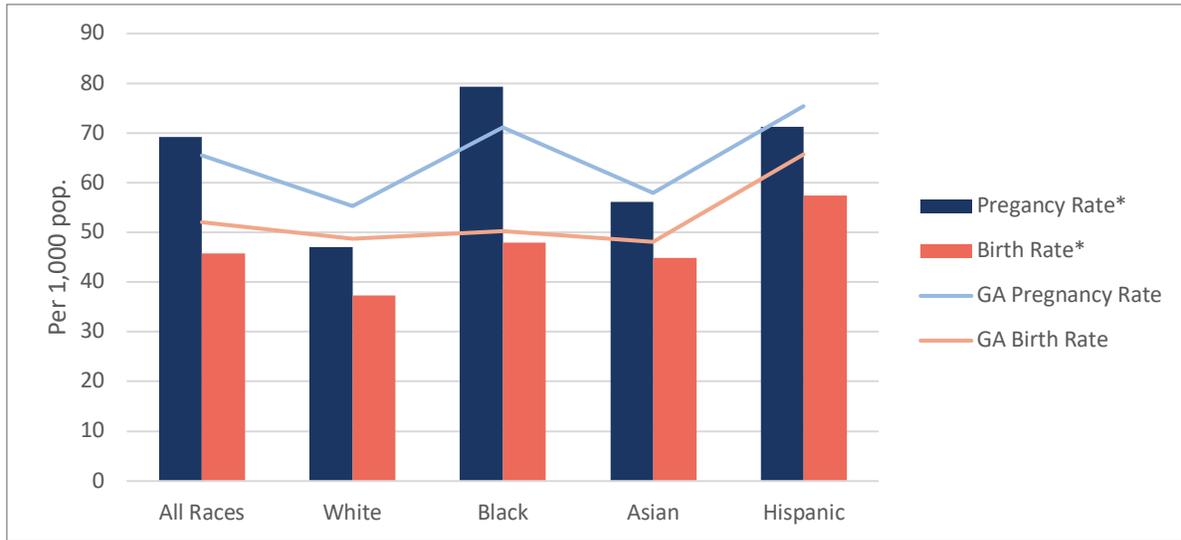
Figure 36. Pregnancy and Birth Rates Ages 10-44, Fulton County, 2014-18*



*Per 1,000 live births

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

Figure 37. Pregnancy and Birth Rates Ages 10-44 by Race, Fulton County, 2014-18*



*Age-adjusted, per 1,000 live births

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

The maternal mortality ratio measures how many pregnant women die due to complications of pregnancy or childbirth, or in the weeks after giving birth. Most maternal deaths occur in the weeks and months before and after childbirth, not during delivery. Equipping pregnant women and new mothers with social support, resources, and physical and mental health care can help reduce the maternal mortality rate of 42.9 per 100,000 population in Fulton County.

Low-Birth-Weight Births

Low birth weight is when a baby is born weighing less than 5 pounds, 8 ounces. Complications associated with low birth weight include higher risk of infection, difficulty regulating body temperature, poor feeding, and slow weight gain. The most common cause of low birth weight is premature birth, and mothers experiencing health problems are at higher risk for this.

Table 37 shows that between 2014 and 2018 in Fulton County:

- There were more low-birth-weight births when compared to the state.
- Low-birth-weight births were more common among Black, Asian, and Hispanic residents when compared to Georgia.

Table 37. Numbers and Percentages of Low-Birth-Weight Births, 2014-18

Age Group	Fulton		Georgia	
	Number	Percentage*	Number	Percentage*
10-14	8	17.0	59	12.6
15-17	120	13.5	1,241	11.4
18-19	275	13.4	3,554	11.5
20-29	2,961	11.5	32,727	9.6
30-39	2,960	9.8	23,045	9.4
40-44	319	13.4	2,267	12.8
45-55	49	20.2	258	18.0

Age Group	Fulton		Georgia	
	Number	Percentage*	Number	Percentage*
All ages	6,692	10.9	63,151	9.8
Racial Summary	Number	Percentage*	Number	Percentage*
All races	6,692	10.9	63,151	9.8
White	1,121	6.4	20,732	7.2
Black	4,343	14.4	31,184	14.3
Asian	475	9.7	2,517	9.0
American Indian or Alaska Native	3	ND	50	8.9
Native Hawaiian or Pacific Islander	2	ND	55	9.7
Hispanic	483	8.0	6,266	7.1

*Per 100 live births

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

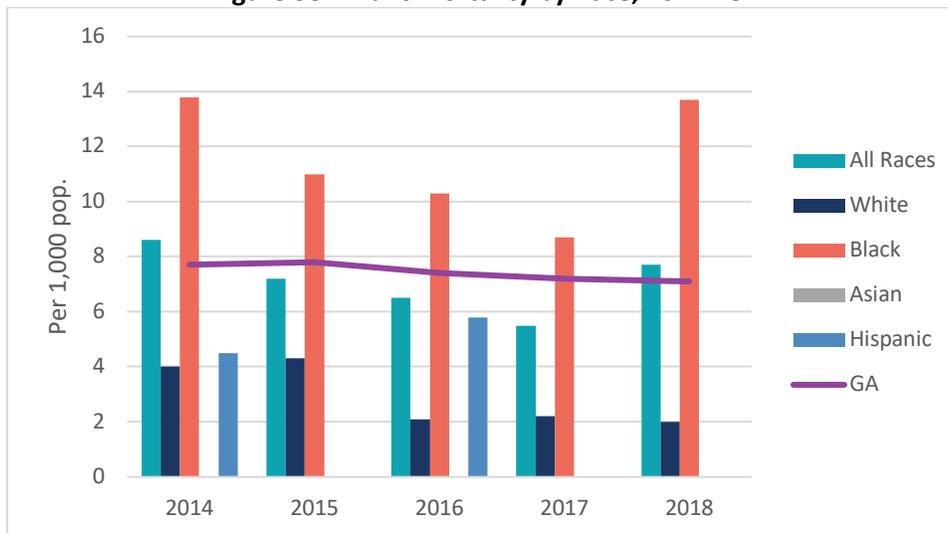
Note: Rates based on one to four events are not shown and indicated by ND.

Infant Mortality

In addition to giving us key information about maternal and infant health, the infant and child mortality rates are important markers of the overall health of a community. Figures 41-42 show that between 2014 and 2018 in Fulton County:

- Black residents experienced disproportionately higher rates of infant mortality when compared to their racial counterparts and Georgia. While rates had declined for three years (2014-17), there was a drastic increase in 2018.
- In 2014 Fulton County had slightly higher SIDS rates compared to Georgia. A downward trend is apparent from 2014-17, though rates doubled from 2017 to 2018.

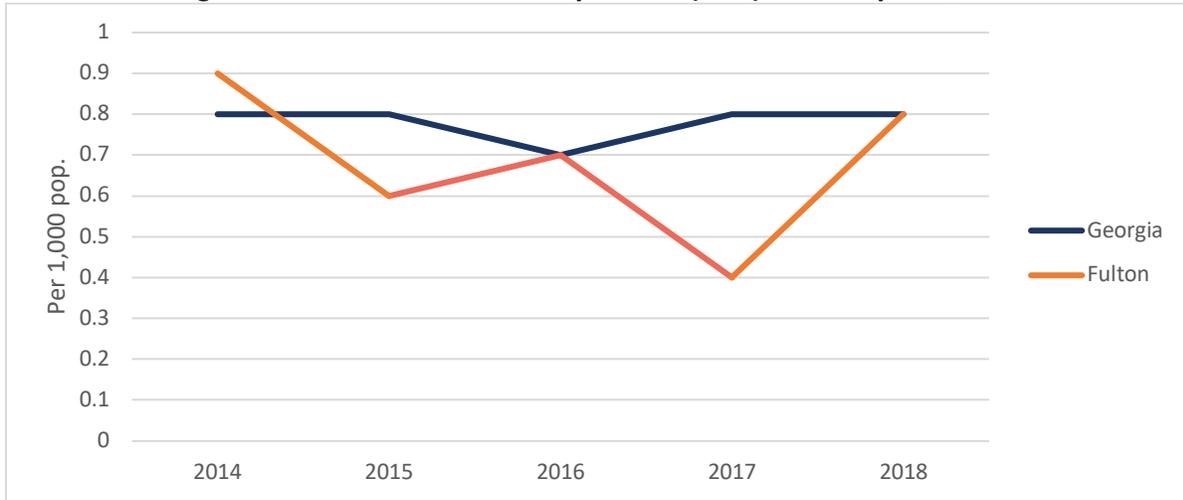
Figure 38. Infant Mortality by Race, 2014-18*



*Per 1,000 population

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

Figure 39. Sudden Infant Death Syndrome (SIDS) Deaths by Year, 2014-18*



*Per 1,000 population

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

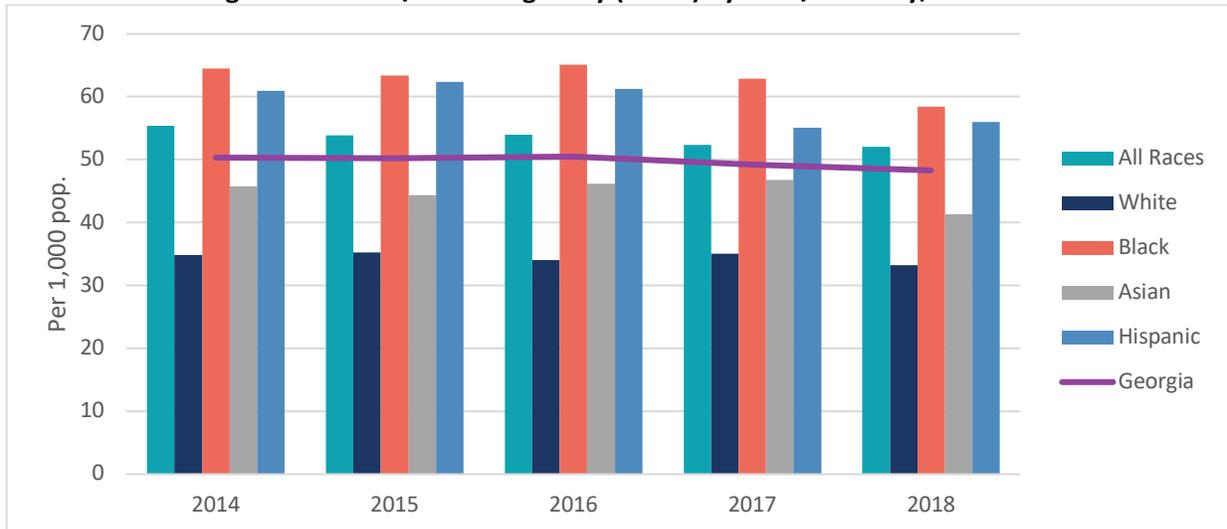
Teen Sexual Behaviors and Pregnancy

Economic opportunity, schools, communities, family, peers, media, and technology contribute to the complex context in which adolescent behavior and risk-taking occurs. Adolescent pregnancies occur in high-, middle-, and low-income communities but are more likely to occur in marginalized communities experiencing poverty and a lack of education and employment opportunities. Sex education, access to contraception, and sexual violence prevention can affect teen pregnancy rates.

Figure 43 shows that between 2014 and 2018 in Fulton County:

- There were higher rates of youth/teen pregnancy, compared to the state rates.
- Black and Hispanic youth are more likely to become pregnant when compared to their racial counterparts and the state.

Figure 40. Youth/Teen Pregnancy (10-19) by Race/Ethnicity, 2014-18



*Per 1,000 population

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

The Fulton County Board of Health offers the following services to promote maternal and child health: The Family Planning Program provides confidential contraceptive services, preventive health screenings, and educational counseling to women and men desiring to plan and space their family's pregnancies. We offer disease-prevention education, oral contraceptives, and gynecological services to families who are considering having children. Services include:

- A variety of contraceptive methods (oral contraceptives, Depo Provera, condoms)
- Long-acting reversible contraceptive methods (Nexplanon and IUD insertions)
- Reproductive examinations
- Immunizations
- Clinical breast examinations
- HIV counseling and testing
- STI screenings
- Presumptive Eligibility Medicaid Application

Fulton County's Adolescent Health and Youth Development Program strives to reduce the number of teen pregnancies and STIs among youth living in Fulton County:

- It promotes and coordinates the implementation of evidence-based teen pregnancy prevention using trained facilitators certified by the Georgia Department of Public Health to implement Making Proud Choices, Making a Difference, and Family Life and Sexual Health (FLASH) curricula.
- It provides health education classes and workshops on various adolescent health and youth-development issues using knowledgeable facilitators.
- It partners with community agencies, faith-based organizations, schools, youth and neighborhood groups, and others.
- It provides community awareness and educational events on adolescent health-related issues.
- It links youth to clinical health services available through the Board of Health's teen clinic located at the Oak Hill Child, Adolescent, and Family Health Center.
- It identifies and links organizations to "train the trainer" opportunities to expand the capacity of the public health workforce to provide evidence-based teen pregnancy prevention curricula in a variety of settings.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition assessment and education, breastfeeding support, and monthly food vouchers and refers applicants to available health and social services.

FOR MORE INFORMATION ABOUT MATERNAL AND CHILD HEALTH

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	Fulton County Board of Health Babies Can't Wait Early Intervention Program 404-612-4111 EARLY HEARING DETECTION (Various clinics) Children 1st/First Care Home Visits 404-612-4111 Women, Infants, and Children (WIC) Call Center 404-612-3942 http://fultoncountyboh.org/boh/	La Leche League of Georgia 404-681-6342 http://www.llofga.org
	Teen Action Group East Atlanta Health Center 404-688-9300 https://www.plannedparenthood.org/health-center?location=Georgia	It's Only Natural, Women's Health 1-800-994-9662 https://www.womenshealth.gov/
	Center for Black Women's Wellness 404-688-9202 477 Windsor Street SW, Suite 309 Atlanta, GA 30312 http://cbww.org	Healthy Mothers, Healthy Babies Coalition of Georgia 770-451-0020 http://www.hmhbga.org
	Community-Based Doula Initiative, United Way of Greater Atlanta 404-527-7200 https://www.unitedwayatlanta.org/program/community-based-doula-initiative/	Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities 1-800-CDC-INFO or 1-800-232-2636 http://www.cdc.gov/ncbddd
		Georgia Home Visiting Program 855-707-8277 or 404-657-2850 https://dph.georgia.gov/homevisiting

Oral Health

Oral health is important for all ages. Today, more than ever, the link between periodontal disease and a broad array of other inflammatory conditions elevates the importance of diagnosing and treating diseases of the oral cavity, which have been proven detrimental to residents' overall health and well-being. Researchers have proven an association of diseases in the oral cavity with Alzheimer's, heart disease, preterm birth, and other systemic and medical concerns. Prevention and education are the focus of care provided to the residents of Fulton County. Good oral health care is good overall health.

Table 38 shows that between 2014 and 2018 in Fulton County:

- There were higher rates of hospitalization due to dental conditions.

- While the dental provider rates are higher than the state rates, there is no indication of the availability of uninsured dental care, particularly for healthy adults.

Table 38. Selected Dental Indicators

	Fulton	White	Black	Asian	Male	Female	Georgia	U.S.
Hospitalizations due to dental conditions (2014-18)	375.00	94.00	257.00	3.00	209.00	166.00	327.00	-
Dentists, per 100,000 pop. (2015)	68.38	-	-	-	-	-	49.20	65.60

Sources: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2015.

The Fulton County Board of Health offers oral health services to eligible children and adolescents from the time their first tooth erupts (grows in) as toddlers until they graduate from high school. The services available include:

- Cleanings (once every six months)
- Complete examinations (ages 3 and up)
- Well baby exams (under 3 years of age)
- X-rays
- Fillings
- Sealants (ages 3-17, first and second molars)
- Extractions
- Limited stainless steel crowns, space maintainers, and emergency dental care
- Emergency oral health care
- Community outreach
- Ryan White Program (adult referral only)

FOR MORE INFORMATION ABOUT ORAL HEALTH

Fulton County and Metropolitan Atlanta	Georgia and Beyond
Fulton County Board of Health, Oral Health Clinics (Various clinics) http://fultoncountyboh.org/boh/index.php/service-s/clinical-services/oral-health	American Academy of Pediatric Dentistry 312-337-2169 http://www.aapd.org
Ben Massell Dental Clinic 404-881-1858 https://benmasselldentalclinic.org	Centers for Disease Control and Prevention, Division of Oral Health 1-800-232-4636 http://www.cdc.gov/oralhealth
	Georgia Department of Public Health, Oral Health Program 404-657-2850 http://dph.georgia.gov/oral-health
	Georgia Oral Health Coalition 404-657-6639 info@gaohcoalition.org https://www.gaohcoalition.org/
	Mouth Healthy http://www.mouthhealthy.org
	National Children’s Oral Health Foundation 1-877-233-9033 jan@toothfairyisland.com http://toothfairyisland.com

Environmental Health

Indoor Pollutants

Fulton County was identified by the Georgia Healthy Homes and Lead Poisoning Prevention Program as one of 14 counties throughout the state that pose a high-risk for lead poisoning based on lead screening data. In 2019, 8,749 children under the age of 6 were screened for lead poisoning; of those 87 were found to have a blood lead level of 5 micrograms per deciliter, and 30 were found to have a blood lead level of 10 micrograms per deciliter or greater.¹² One community resident noted:

“Living near high-traffic areas in Fulton County impacts the amount of pollution you are exposed to.”

Air Pollution

Table 39 shows that in 2014 in Fulton County, the potential for noncancer adverse health effects was higher than for the state and nation. Note: scores less than one indicate adverse health effects are unlikely, and scores of one or more indicate a potential for adverse health effects.

¹² Georgia Department of Public Health: Georgia Childhood Lead Poisoning Prevention Program (GCLPPP) Database
<https://dph.georgia.gov/document/document/envhealthleadgadata2019pdf/download>

Table 39. Respiratory Hazard Index, Fulton County, 2014

	Fulton	Georgia	U.S.
Respiratory Hazard Index Score (2014)	2.61	2.03	1.83

Source: EPA National Air Toxics Assessment, 2014

The Fulton County Board of Health’s Environmental Health Services Department works to ensure that the air we breathe, the water we drink and use, and the food we consume are free of contamination and harm. Environmental Health Services coordinates and oversees the programs and regulations that prevent illness, disability, and death from human interaction with the environment. They investigate and respond to health emergencies, including those that may be of a chemical or biological nature and pose a risk to the citizens of Fulton County.

FOR MORE INFORMATION ABOUT ENVIRONMENTAL HEALTH

	Fulton County and Metropolitan Atlanta	Georgia and Beyond
	Fulton County Board of Health, Environmental Health 404-613-1303 10 Park Place South SE Atlanta, GA 30303	U.S. Environmental Protection Agency http://www.epa.gov/radon
	Fulton County Public Health, Pool Inspections 404-613-1303 10 Park Place South SE Atlanta, GA 30303	U.S. Department of Health and Human Services http://www.foodsafety.gov/
	Fulton County Public Health, Hotel and Motel Inspections 404-613-1303 10 Park Place South SE Atlanta, GA 30303	National Library of Medicine, MedlinePlus https://medlineplus.gov/
	Fulton County Public Health, Restaurant Inspections https://www.fultoncountyga.gov/services/health-services/environmental-health/restaurant-inspection	Georgia Department of Public Health, Environmental Health 404-657-6534 or 1-866-782-4584 http://dph.georgia.gov/environmental-health
		Centers for Disease Control and Prevention, National Center for Environmental Health 1-800-232-4636 http://www.cdc.gov/nceh/ CDC, Healthy Swimming http://www.cdc.gov/healthywater/swimming/rwi/
		American Lung Association 1-800-586-4872 http://www.lung.org/healthy-air/

Community Themes and Strengths: Interviews, Focus Groups, and Survey Results

This community health assessment engaged community residents to develop a deeper understanding of the health needs, opinions, and perspectives of Fulton County residents. GHPC engaged residents and leaders who provide services in communities throughout Fulton County. The Fulton County Board of Health worked with a variety of Community Advisory Board members, including Grady Health System (GHS), Wellstar Health System, Kaiser Permanente, Mercy Care, and the Good Samaritan Health Center to recruit and conduct six focus groups, two health summits, and 46 individual key informant interviews among residents living in Fulton County between January 2018 and May 2020. GHPC designed a behavioral health professional survey and facilitation guides for focus group discussions and key informant interviews, which were reviewed and approved by the internal review board of Georgia State University. An in-depth description of the participants, methods used, and collection period for each qualitative process is located in the Primary Data and Community Input section of the Appendix B. Figure 44 is a summary of the community input that these groups provided.

Individual key informant interviews were conducted with 46 community leaders. Health and community leaders who were asked to participate in the interview process encompassed a wide variety of professional backgrounds. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the assessment.

Eight focus groups were conducted to gather input from more than 70 residents living and working in Fulton County communities. Focus group participants were asked to discuss their opinions related to the health status and outcomes; context, facilitating, and blocking factors of health; and what is needed to be healthier in their community.

Two Community Health Summits were conducted (one in North Fulton County and one in South Fulton County) with more than 40 community leaders that serve Fulton County residents. Community leaders reviewed secondary data and resident input related to their communities and were asked to discuss and identify the top five health needs that they believed, when collaboratively addressed, will make the greatest difference in care access, care quality, and costs to improve the health of the community, especially the most vulnerable populations.

Figure 41. Summary of CHA Community Input

Commonly Discussed Health Issues	Commonly Discussed Causes
<ul style="list-style-type: none"> • Untreated and undiagnosed mental issues (stress, depression, anxiety, serious mental illness) • Suicide and self-harm • Injury and violence <ul style="list-style-type: none"> ○ Intimate partner ○ Among homeless ○ Gun violence ○ Occupational injury ○ Falls • Disparities for Black, Latino, undocumented, New American, and LGBTQ residents 	<ul style="list-style-type: none"> • Geographic location of health services coupled with limited transportation options, particularly in the northern and southern most regions of the county • Traffic and time spent commuting reducing time for healthy behaviors like parenting, healthy eating, and physical activity • Low health literacy and awareness of: <ul style="list-style-type: none"> ○ Available services ○ Healthy practices ○ Prevention ○ Appropriate use of health services

Commonly Discussed Health Issues	Commonly Discussed Causes
<ul style="list-style-type: none"> • Substance abuse and overdosing (alcohol, marijuana, cocaine, crack, heroin, ecstasy, and methamphetamines) Smoking and vaping among residents earning a low income • Chronic conditions: <ul style="list-style-type: none"> - Diabetes (types I and II) - Obesity (adult and child) - Cardiovascular diseases (hypertension, stroke, high cholesterol, and congestive heart failure) - Kidney disease and failure - Cancer (lung, colorectal, gastric, breast, prostate) - Asthma - Allergies - Infectious disease (HIV, syphilis, gonorrhea, chlamydia, and hepatitis C) - Teen pregnancy - Maternal and child health (infant mortality, low birth weight, and maternal mortality) - Dental health issues, particularly among uninsured 	<ul style="list-style-type: none"> ○ Signs and symptoms of behavioral health illnesses ○ Health information technology • Residents are not always engaging in healthy behaviors (e.g., diet, exercise, prenatal care, etc.) • Stigma associated with seeking behavioral health services • High rates of uninsured • Limited services available for: <ul style="list-style-type: none"> ○ Under- and uninsured (primary, dental, prenatal care, cancer treatment without proper documentation) ○ Behavioral health services (psychiatric and crisis) ○ Substance abuse treatment for expecting mothers • Over use of emergency room for preventable medical and behavioral health illnesses coupled with the lack of care coordination in the emergency room, for uninsured, and homeless people. • Unaffordable cost: <ul style="list-style-type: none"> ○ Private-pay insurance ○ Prescriptions ○ Uninsured care ○ Healthy housing • Poverty • Poor employment options in communities with lower socioeconomic status • Low educational attainment • Poor access to: <ul style="list-style-type: none"> ○ Healthy nutrition ○ Physical activity ○ Social services in North Fulton County • Race and ethnic challenges: <ul style="list-style-type: none"> ○ Stress levels for people of color ○ Distrust for the medical community ○ Limited culturally and linguistically relevant health services — Black, Asian, Latino, and LGBTQ residents ○ Discrimination and structural racism • Gentrification • Substandard housing • Homelessness • Lack of safety (high crime rates, gun violence, and poor infrastructure) • Single parenthood • Lack of appropriate supervision and risky behavior of youth • Unhealthy cultural preferences and traditions

Commonly Discussed Health Issues	Commonly Discussed Causes
	<ul style="list-style-type: none"> • Immigration status • Limited English proficiency • Previous incarceration
Vulnerable Populations	Geographic Areas of Interest
<ul style="list-style-type: none"> • African-American and Hispanic residents • Uninsured and underinsured • Previously incarcerated • People diagnosed with behavioral health challenges • People experiencing low socioeconomic status (poverty, resulting from poor education, low-wage and part-time employment) • Homeless people (sheltered and unsheltered), including those without a mental health diagnosis who cannot secure housing, particularly in North Fulton County • Residents living in food deserts • Residents without access to transportation • Single parents • People with disabilities (developmental and physical) • Seniors • Children • New Americans (undocumented people, Hispanic and African) 	<ul style="list-style-type: none"> • Areas with the poorest outcomes • Extended-stay hotels • Communities <ul style="list-style-type: none"> ○ Westside area near Vine City (gentrification) ○ Bankhead ○ Cascade ○ The city of South Fulton ○ College Park ○ East Point ○ Fairburn ○ Union City ○ Washington Road ○ Metropolitan Avenue near Turner Field Stadium ○ Roosevelt Highway • Specific ZIP code areas <ul style="list-style-type: none"> ○ 30310 ○ 30311 ○ 30314 ○ 30315 ○ 30318 ○ 30331 ○ 30354

Appendix A: Glossary

- Age-Adjusted Rates (OASIS)
 - A weighted average of the age-specific rates, where the weights are the proportions of persons in the corresponding age groups of a standard population. The calculation of an Age-Adjusted Rate uses the year 2000 U.S. standard million. Benefit: Controls for differences in age structure so that observed differences in rates across areas such as counties are not due solely to differences in the proportion of people in different age groups in different areas. Rates are per 100,000 population.
- STD Rate (OASIS)
 - STD Rate Formula = $[\text{Number of STDs} / \text{Population}] * 100,000$. Rates that use Census Population Estimates in the denominator are unable to be calculated when the selected population is Unknown.
 - For Congenital Syphilis rate, number of births is used as a denominator instead of population.
- Birth Rate (OASIS)
 - The number of live births occurring to females in an age group per 1,000 females in the same age group. Formula = $[\text{Number of Live Births in an age group} / \text{Female population in same age group}] * 1,000$. If no age chosen, then birth rate will equal All Live Births / Female Population 10-55 years of age * 1,000 (which will differ from the General Fertility Rate).
- Pregnancy Rate (OASIS)
 - The number of pregnancies occurring to females in a specified age group per 1,000 females in the specified age group. Formula = $[\text{Number of pregnancies in age group} / \text{Female population in age group}] * 1000$. Rates that use Census Population Estimates in the denominator are unable to be calculated when the selected population is Unknown.
- Race (OASIS)
 - Per the Federal Office of Management and Budget, Directive 15 (1997),
 - White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa;
 - Black or African-American is a person having origins in any of the black racial groups of Africa;
 - Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam;
 - American Indian/Alaska Native is a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment;

- Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
 - Multiracial is a person declaring 2 or more of these races.
 - Note: Rates for years prior to year 2000 use population estimates for the denominator that adhere to a different Federal standard for race: White, Black, Asian or Other Pacific Islander, American Indian and Alaska Native. So, unlike years 2000 and after, Multiracial is not included. Also, Asian by itself is not available because it was grouped with Pacific Islander (After 1999 Asian is separate from Native Hawaiian or Other Pacific Islander).
 - Rates using Census Population Estimates in the denominator are not calculated when a selected race is not available in the denominator, or zero.
 - Nevertheless, selections available in OASIS' Race query box reflect the 1997 Race classifications described above. Most of the numerators used in indicators in Oasis *do* have the year 2000 race selections. Therefore, selections of multiple years that span <2000 and 2000+ will return a *number (count)* for all race selections, but the *rates* may be limited by the change in racial classifications the federal government used as noted above. In these cases you will see NA1 in the output cell (NA1 therefore by definition will only show up in rates for the years before 2000).
 - In some cases, the numerator's race classification may be more precise, or up to date, than the Census population estimate counterpart used in the denominator. You may find that there are a number of births of a given race for a county/age-group selection, but no count of population estimated for the denominator. In such cases where the race selection was available for both the numerator and the denominator, but the denominator's estimate was zero, you will see a NA2. If the numerator was greater than the denominator, but the denominator was > 0, you will see a NA3 returned.
- Disease state definitions:
 - All Other Diseases of the Genitourinary System: Diseases relating to the organs of reproduction and urination, excluding any disease or disorder that affects the function of the kidneys and infections of the kidney, and the ducts that carry urine away from the kidney (ureters).
 - All Other Mental and Behavioral Disorders: Any of a series of mental and behavioral disorders that may be developmental or brought on by external factors, excluding disorders related to drug use, which are the misuse or overuse of any medication or drug, including alcohol and tobacco.
 - All Other Unintentional Injuries: Excludes injuries caused by motor vehicle crashes; falls; accidental discharge of firearms; drowning and submersion; smoke, fire, and flames exposure; suffocation; and assault.
 - Alzheimer's Disease: A severe neurological disorder marked by progressive dementia and cerebral cortical atrophy.
 - Blood Poisoning (Septicemia): A systematic disease caused by pathogenic organisms or their toxins in the bloodstream.
 - Bone and Muscle Diseases (Diseases of the Musculoskeletal System and Connective Tissue): Diseases of the musculoskeletal system and connective tissue.

- Cancers (Malignant Neoplasms): The uncontrolled growth of abnormal cells that have mutated from normal tissues. Cancer can kill when these cells prevent normal function of affected vital organs or spread throughout the body to damage other key systems.
- Diabetes (Diabetes mellitus): A lifelong disease marked by elevated levels of sugar in the blood. It can be caused by too little insulin (a chemical produced by the pancreas to regulate blood sugar), resistance to insulin, or both.
- Disorders Related to Drug Use
- Fetal and Infant Conditions (Certain Conditions Originating in the Perinatal Period): Conditions to the fetus/child associated with the period of time near birth.
- High Blood Pressure/Hypertension (Essential (primary) hypertension and hypertensive renal disease): A disorder characterized by high blood pressure; generally, this includes systolic blood pressure consistently higher than 140, or diastolic blood pressure consistently over 90.
- HIV/AIDS (human immunodeficiency virus): HIV is a retrovirus, formerly known as HTLV-III, that causes the disease of the immune system known as AIDS.
- Hypertensive Heart Disease: A late complication of hypertension (high blood pressure) that affects the heart.
- Mental and Behavioral Disorders: Any of a series of mental and behavioral disorders, which may be developmental or brought on by external factors.
- Obstructive Heart Diseases (Ischemic Heart Diseases, includes Heart Attack): Patients with this condition have weakened heart pumps, either due to previous heart attacks or due to current blockages of the coronary arteries. There may be a buildup of cholesterol and other substances, called plaque, in the arteries that bring oxygen to heart muscle tissue.
- Stroke (Cerebrovascular Disease): The sudden severe onset of the loss of muscular control with diminution or loss of sensation and consciousness, caused by rupture or blocking of a cerebral blood vessel.
- TB (Tuberculosis): A communicable disease of humans and animals caused by the microorganism *Mycobacterium tuberculosis* and manifesting itself in lesions of the lung, bone, and other body parts.

Appendix B: Primary Data Collected and CHA Collaborators

CHA Collaborators	Input Provided
ARCHI Kathryn Lawler, Executive Director	Community Advisory Board
American Cancer Society MaySarih Ndobe, Storm Goodlin, Georgia Grassroots Manager	Key Informant; Community Advisory Board
Atlanta BeltLine Partnership David Jackson, Deputy Executive Director	Key Informant
Atlanta Community Food Bank Joy Goetz, Nutrition and Wellness Program Manager	Key Informant
Atlanta Mission Kimberly Livsey, Vice President of Women and Children's Services	Behavioral Health Survey Respondent
Atlanta Police Foundation Karen Rogers, Director of Community Development	Key Informant
Atlanta Public Schools Rachel Sprecher, Executive Director	Community Advisory Board
Atlanta Regional Commission Mike Carnathan, Kristie Sharp, Manager of the Program Development Unity	Key Informant
Catholic Charities Atlanta Tim Zdenkanovic, Senior Refugee Support Specialist Courtney McDaniel, Program Coordinator	Key Informant
Center for Pan Asian Community Services (CPACS) Yotin Srivanjarean, Vice President Christina Meyers, Health Programs Coordinator	Key Informant; Behavioral Health Survey Respondent
Central Outreach and Advocacy Center Kimberly Parker, Executive Director	Behavioral Health Survey Respondent
Chris 180 Cheryl Gibson, Staff Counselor Monica McGannon, Clinical Director	Behavioral Health Survey Respondent; Community Advisory Board
City of Atlanta Angelica Fugerson, Chief Health Officer	Community Advisory Board
City of East Point Maceo Rogers, Director of Economic Development	Key Informant
Community Voices – Morehouse School of Medicine Dr. Henrie Treadwell, Research Professor	Key Informant
Crossroads Community Ministries Tony Johns, Executive Director	Behavioral Health Survey Respondent
Division of Family and Children Services (DFCS) Tom C. Rawlings, Director Carol Christopher, Chief Operating Officer Mary Havick, Deputy Director for Child Welfare	Key Informant
Diabetes Association of Atlanta Inc. Karla Hooper, Executive Director	Community Advisory Board

CHA Collaborators	Input Provided
Emory/Grady – Primary Care Center Dr. Jada Bussey Jones	Key Informant
Families First Paula M. Moody, Senior Director of Programs	Behavioral Health Survey Respondent
Fulton County Jeff Cheek, Director, Department for HIV Elimination	Community Advisory Board
Fulton County Board of Health Sandra E. Ford, M.D., M.B.A., District Health Director (Interim)	Community Advisory Board
Fulton County Schools – Student Health Services Lynne Meadows, Coordinator of Student Health Service	Key Informant
Fulton County Government (District 5) Commissioner Marvin S. Arrington Jr.	Key Informant
Fulton County ADA (Americans with Disabilities Act) Nadine Oka, Fulton County ADA Administrator	Key Informant
Fulton County Department of Behavioral Health and Developmental Disabilities Erika Williams-Walker, Behavioral Health Program Manager	Key Informant
Gateway Center Amanda Vandalen, Director of Residential Services	Behavioral Health Survey Respondent
Georgia Association for Positive Behavior Support Jason Byars, President	Key Informant
Georgia Asylum and Immigration Network (GAIN) Abby Nape, Victims of Crime Navigator	Key Informant
Georgia CORE Angie Patterson, Vice President	Key Informant
Georgia Equality Jeff Graham, Executive Director	Key Informant
Georgia Tech Brittney James, Health Educator Chris Burke, Director of Community Relations	Community Advisory Board
Good Samaritan Health Center Breanna Lathrop, Chief Operating Officer	Key Informant; Community Advisory Board
Grady Health System Katie Mooney, Community Benefit Manager Rochanda Crawford, Diabetes Nurse Educator Chanel Scott-Dixon, HIV/AIDS Program Manager Jasmine Moore, Injury Prevention Coordinator Anne Hernandez, Administrative Director, Department of Behavioral Health Dr. Sheryl Gabram, Division of Emory Surgery	Key Informant; Behavioral Health Survey Respondent; Community Advisory Board
Healthy Mothers, Healthy Babies Amber Mack, Research and Policy Analyst	Key Informant
Hillside Gabriella Marvin, Community Relations Manager	Behavioral Health Survey Respondent
Homeless Initiative – Partners for HOME Cathryn Marchman, Executive Director	Key Informant

CHA Collaborators	Input Provided
Inspiritus	Key Informant
Kaiser Permanente Yevonne Yancy, Retired Madelyn Adams, Director of Community Health	Key Informant; Community Advisory Board
Susan G. Komen Greater Atlanta Theru Ross, Mission Manager	Key Informant
Latin American Association Cynthia Roman, Director – Family Well Being	Key Informant
Lung Cancer Survivor Ed Levitts	Input Provided
Mercy Care Tom Andrews, President	Key Informant; Community Advisory Board
Morehouse School of Medicine – Health Promotion Resource Center Alice Jackson, Program Coordinator	Key Informant
Mosaic Group Marla Orso, President Krystal Billups, Chief Operating Officer	Key Informant
National Alliance on Mental Illness Neill Blake, Program Director	Key Informant
North Fulton Community Charities Holly York, CEO	Key Informant
Open Hand Atlanta Aleta McLean, Senior Director of Client Services and Outcomes	Key Informant
Southside Medical Center Dr. David Williams, President and CEO	Key Informant
The Atlanta Women’s Foundation DiShonda Hughes, Executive Vice President of Mission	Key Informant
The Arthur M. Blank Family Foundation – Westside Health Collaborative Suganthi Simon, Senior Program Officer	Key Informant; Community Advisory Board
The Georgia Mental Health Consumer Network Roslind D. Hayes, Statewide Coordinator of the Peer Support, Wellness, and Respite Centers	Behavioral Health Survey Respondent
United Way of Metro Atlanta Ginneh Baugh, VP, Strategy and Knowledge Development Maylott Mulugeta, Director, Place-Based Knowledge and Development	Key Informant; Community Advisory Board
WellStar Health System – Center of Health Equity Shara Wesley, Director of Community Benefit	Community Advisory Board
Wholesome Wave Georgia Denise Blake, Executive Director	Key Informant
Woodward Academy Dr. Stuart Gulley, President and CEO	Key Informant

Community Health Summits

(February 26 and 28, 2018)

Two Community Health Summits were held in February 2018. One representing North Fulton County was held in Roswell, Ga., and one representing South Fulton County was held at the Atlanta Technical College in Atlanta. Both health summits were designed to facilitate community input about the barriers and facilitators of health in Fulton County and recommendations related to health promotion. Each health summit was facilitated by GHPC and lasted approximately three hours. GHPC presented findings from a 2018 community health assessment (CHA) generated from secondary data analysis, key informant interviews, focus groups, and listening sessions. Health summit attendees were then asked to discuss the health needs in the communities they serve and were encouraged to add any needs that may have been absent from the assessment's data collection thus far. Attendees were then asked to identify the top five health needs that they believed, when collaboratively addressed, would make the greatest difference in care access, care quality, and costs to improve the community health, especially in vulnerable populations. The needs identified by individual groups were consolidated into mutually exclusive health priorities and voted upon to surface community health priorities.

North Fulton County Community Health Summit

(February 26, 2018)

The following is a summary of the North Fulton Community Health Summit, held on Feb. 28, 2018, at Atlanta Technical College in Atlanta. The participating organizations included:

- STAR House Foundation Inc.
- Senior Services North Fulton
- Revved Up Kids Inc.
- Resurgens Orthopedics
- WellStar North Fulton Hospital
- Summit Counseling
- North Fulton Community Charities
- Providence Women's Healthcare
- Caravita HomeCare

Group Recommendations and Problem Identification

During the health summit, attendees prioritized four community health needs of residents in the North Fulton area. The following is a summary of the input attendees offered when asked about contributing factors, potential solutions, and community resources to address the health priorities.

Behavioral Health

Health summit attendees prioritized behavioral health as one of the most pressing issues in their communities. Concerns included lack of awareness and education, stigma, limited behavioral health providers, fragmented referral system, and inadequate resources and protocols for mental health crisis episodes.

Contributing Factors:

- There is limited awareness among residents about behavioral health diagnoses, symptoms, treatment options, and preventive measures (i.e., early detection), which may contribute to stigma and a resistance to seeking care.
- Residents may resist seeking care until symptoms are acute and they present in an emergency situation.
- Residents often seek care for behavioral health symptoms in the ER, where behavioral health resources may not be available.

- There is a general lack of behavioral health and substance abuse services to meet adult and pediatric needs.
- The referral system for behavioral health services is fragmented and poses challenges in service navigation and care continuity for patients.
- The lack of behavioral health providers limits the access residents have, both insured and uninsured, to appropriate care.

Recommendations:

- Increase the services available for adults and children in crisis situations who need hospitalization to decrease the use of local ERs for behavioral health needs.
- Increase educational resources that are culturally and linguistically sensitive and targeted at youth and underserved communities.
- Hospitals could host health fairs focused on behavioral health in geographic areas where traditionally underserved and high-risk populations can be found. Hospitals and health providers could include behavioral health in their health fair materials.
- Hospitals and health providers could partner with local nonprofit organizations and homeless liaisons to increase awareness and outreach.
- Offer an anonymous hotline focused on promoting preventive behaviors and resources to better avoid crisis care.
- Health providers could integrate behavioral health into their services for adults and children.
- Integrate behavioral health screenings into routine screenings to improve early detection and diagnosis, while reducing stigma.

Parental Education and Support

Health summit discussions addressed the importance of parental education in the community. Attendees discussed the need to offer parents the knowledge and access to resources to make healthier choices, support healthy child development, and improve child health.

Contributing Factors:

- Families do not always have the support they need to provide protective and preventive care to their children.
- Limited health literacy among parents contributes to unhealthy behaviors among youth, i.e., poor food choices, inactivity, untreated behavioral health, etc.
- Parents are unaware of available resources and services, resulting in delayed care-seeking and the use inappropriate resources (i.e., ER overutilization).
- Parents do not always know how to address issues in a way that promotes healthy child development.

Group Recommendations:

- Develop partnerships with local schools, community centers, and faith-based organizations in underserved areas to reach more parents.
- Increase the use of mobile programs in schools, grocery stores, churches, and community centers to teach healthy habits to youth and their families.
- Linguistically and culturally sensitive community education should be designed to inform parents and children about nutrition, physical activity, behavioral health, and available resources that best address these subjects.

- Offer health education using software applications integrated into electronic devices provided to all students in public schools within the service area.
- Record and live stream health education events and classes into waiting rooms where parents are waiting for services (e.g., pediatric offices, Department of Health and Human Services, etc.).

Access to Care

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

Contributing Factors:

- There are not enough safety net providers in the area, leaving under- and uninsured residents with limited options for care.
- Underinsured residents are finding it difficult to afford deductibles, copays, and overall costs of health care.
- Residents do not fully understand their insurance options, which affects their ability to access the right care in the right place at the right time.
- Providers do not always accept all insurance options. Residents may have to travel outside of their area to a provider that will accept the type of insurance they have.
- Technology is becoming more necessary to access some health care elements, such as lab results, after-hours care, lab report access, telemedicine, emailing the physician, etc.
- Some residents may not be able to navigate the health resources in their community or do not possess technological skills or devices needed to navigate effectively.
- There is a need for comprehensive transportation among seniors, who experience extensive wait times, and families that have unreliable transportation resources.

Recommendations:

- Hospitals and health providers could advocate for improved insurance and affordability.
- Further develop partnerships with local providers and community organizations to better meet the needs in the area.
- There was dialog about making health care mobile by supplying resources to the community (i.e., schools and community-based organizations) and dispatching midlevel providers to assist with fulfilling health care needs. This model would reach limited-English-speaking residents and those who would otherwise have barriers to health care.
- Providers could host health fairs in underserved communities (i.e., apartment complexes).
- Transparency in health care costs would encourage preventive care and allow individuals to understand their fiscal responsibilities prior to seeking care.

Overuse and Abuse of Opioids

Health summit attendees discussed the opioid epidemic in the North Fulton area. Several of the issues related to opioids discussed were the increase in opioid abuse, limited awareness about the risk of opioid addiction, and the stigma associated with prescribing and using opioids.

Contributing Factors:

- There is an increased prevalence of opioid abuse among residents regardless of socioeconomic status or demographics.

- Attendees delineated opioid abuse into two populations: (1) younger users, who are most often using someone else’s prescription for recreational purposes, and (2) older populations, who may have had surgery and become dependent on opioids they were originally prescribed to manage pain.
- Some users have limited knowledge of the risks and addictive side effects of opiates.
- Some providers may be overprescribing opioids unknowingly.
- Opioid prescriptions are not being properly disposed of, which is increasing access to the drug for recreational users.
- Opioid use is being highly publicized and stigmatized, which may deter users from seeking assistance.

Recommendations:

- Offer education and outreach in a community-based setting (e.g., schools, hospital waiting rooms, etc.) to inform residents about appropriate use, storage, and disposal of opiates. This also includes side effects, treatment options, and the uses of Narcan.
- Require educational sessions prior to receiving an opiate prescription in an attempt to reduce overprescribing and dependence on opiates.
- Promote alternative treatments (nonaddictive) for pain management.
- Marketing resources for behavioral health and substance abuse should be distributed in locations where parents can access them (grocery stores, schools, etc.).

South Fulton County Community Health Summit

(February 28, 2018)

The following is a summary of the South Fulton County Community Health Summit, held on Feb. 28, 2018, at Atlanta Technical College in Atlanta. The participating organizations included:

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

Group Recommendations and Problem Identification

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

Obesity

Health summit participants considered obesity to be the most pressing health issue in their communities. Concerns included limited healthy food options, physical activity opportunities, utilization

of community gardens, and awareness of and educational opportunities related to healthy nutrition and physical activity.

Contributing Factors:

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

Recommendations:

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

Access to Appropriate Care

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

Contributing Factors:

- There are a limited number of available primary and specialty providers in the service area.
- There is a lack of access to and limited use of affordable prenatal care, which is viewed as a contributing factor to infant mortality.
- Navigation issues related to insurance coverage and awareness of services have an influence on residents' ability to secure care in appropriate settings compared to inappropriate settings (e.g., use of the ER for nonemergent issues).
- Senior health services in the community are limited and have extensive wait times.

- There is a need for increased safety net facilities for the under- and uninsured and homeless population.

Recommendations:

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

Behavioral Health

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

Contributing Factors:

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

Recommendations:

- Offer behavioral health education as a vital component of improving health.
- It is important to offer a tailored approach to youth that includes school, hospital officials, and community leaders to better address needs. This could include offering youth wellness classes in a school setting and in the community.
- Offer education that is substance abuse-focused to better increase knowledge about the potential effects of abuse of illicit and prescription substances.
- Identify high-risk individuals and conduct outreach in the community (i.e., neighborhoods and local faith-based organizations) to increase early detection.

- Refine the behavioral health referral system to promote continuity of care.
- More mental health resources should be developed, promoted, and implemented for residents who are under- or uninsured and/or homeless.
- Implement an integrated care model to improve providers' ability to meet the behavioral health needs of residents seeking relief from behavioral health symptoms, including in a primary care setting and the ER.

Educational Awareness

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

Contributing Factors:

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

Recommendations:

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

Equitable Revitalization, Employment, and Job Training

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

Contributing Factors:

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

Group Recommendations:

- Participants proposed initiating collaborations with workforce development programs, community resource centers, and faith-based organizations to assist with outreach and needed resources.
- Summit participants noted that hospitals could benefit under-resourced populations by providing community benefit grants to organizations assisting with work readiness and job training.

- Develop job training and recruitment programs in the high-need ZIP code areas each individual hospital serves.
- To broaden the scope of job readiness, participants considered that the hospitals' involvement with health care career training would increase the hospitals' involvement in community revitalization.
- It was suggested that hospitals consider developing programs that promote youth enrichment to readily integrate job training.
- "Lunch and learn" models were suggested to supply the community with necessary employment skills.

Key Informant Interview Summary

(October 2018-May 2020)

GHPC conducted key informant interviews with community leaders. The leaders that who asked to participate in the interview process encompassed a wide variety of professional backgrounds related to the well-being of Fulton County residents. Interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the CHA.

Methodology

The following qualitative data were gathered during individual interviews conducted between October 2018 and May 2020 with community leaders from 46 stakeholders representing organizations and communities throughout Fulton County. Each interview was conducted by GHPC staff and lasted approximately 45 minutes. All respondents were asked the same set of questions developed by GHPC with oversight provided by the Fulton County Board of Health and Community Advisory Board. The purpose of these interviews was for community leaders to identify health issues, concerns, strengths, and potential solutions related to health needs affecting Fulton County residents.

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

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| <ul style="list-style-type: none"> • American Cancer Society • Atlanta BeltLine Partnership • Atlanta Community Food Bank • Atlanta Police Foundation • Atlanta Regional Commission • Atlanta Women's Foundation • Catholic Charities Atlanta • Center for Pan Asian Community Services (CPACS) • City of East Point • Community Voices – Morehouse School of Medicine • Division of Emory Surgery at Grady Memorial Hospital • Division of Family & Children Services – Fulton County • Emory/Grady – Primary Care Center • Fulton County Schools – Student Health | <ul style="list-style-type: none"> • Services • Fulton County (District 5) • Fulton County ADA • Fulton County Department of Behavioral Health and Developmental Disabilities • Georgia Association for Positive Behavior Support • Georgia CORE • Georgia Equality • Good Samaritan Health Center • Grady Health System • Healthy Mothers, Healthy Babies • Homeless Initiative – Partners for HOME • Kaiser Permanente retiree • Komen Atlanta • Latin American Association |
|---|---|

- Lung cancer survivor
- Mercy Care
- Morehouse School of Medicine – Health Promotion Resource Center
- Mosaic Group
- National Alliance on Mental Illness
- North Fulton Community Charities
- Open Hand Atlanta
- Southside Medical Center
- United Way of Metro Atlanta
- Westside Health Collaborative
- Wholesome Wave Georgia
- Woodward Academy

When asked what has improved, declined, or remained unchanged in the past three years, stakeholders noted the following:

Improved	Stayed the same	Declined
<ul style="list-style-type: none"> • As the economy improves, the quality of life has improved for residents who have higher educational attainment and greater affluence (many communities in North Fulton). • There have been increases in the number of Federally Qualified Health Centers. • There has been an increase in preventive care that is available at Southside Medical Center and Good Samaritan Health Center. • Some schools are addressing mental health needs of the community in schools. • CPACS offers access to health care and prevention in Korean, Chinese–Mandarin, Vietnamese, Nepalese, Burmese, and Spanish. • Services to decrease disparities in healthy food access were coordinated. • City-level health incentives were implemented (City of East Point). • Diabetic patients are receiving medications that work better/faster. • Local partnerships have increased (e.g., health and housing). • Providers have done a good job of enrolling Medicaid-eligible patients. • HIV transmission rates have slowed in most populations. • Funding has increased for seniors’ services, and there is a greater focus on aging in place. 	<ul style="list-style-type: none"> • The economy is improving, which translates into better access to care for some people, not all. • Lack of services and high costs have remained unchanged for many residents due to the lack of Medicaid expansion. • Social determinants of health in Fulton County were not addressed. • Life expectancy continues to decrease in some communities. • Transportation options remain poor, particularly in the most northern and southern regions of the county. • Cancer patients do not have good access to affordable treatment options due to inadequate insurance coverage, high costs, and limited transportation options. • HIV rates have continued to increase among specific populations (i.e., Black gay men, Black transgendered women, and LGBTQ homeless youth). 	<ul style="list-style-type: none"> • There is racial inequality in socioeconomic opportunities and access to mental and physical care that manifest in morbidity and mortality rates. • Economic inequality has grown because incomes for low-wage workers are growing at a much slower rate than the cost of living in the county. • Disparities in the health outcomes and access to care remain, particularly for residents earning a low income. • There were increases in immigrants and people of color, populations with greater barriers to health. • Costs have become unaffordable for some residents (e.g., medical insurance, prescription medications, housing, etc.). • Gentrification has replaced affordable housing units with unaffordable and unsubsidized housing, reducing the number of affordable housing units in the county and increasing housing instability for many residents. • Pregnant women are not seeking prenatal care and there are more babies born with a low birth weight. • Not enough local data is available to assist with decision-making (e.g., the

Improved	Stayed the same	Declined
<ul style="list-style-type: none"> Quality and access to services for people with disabilities has increased. 		<p>health disparities that exist between populations in North and South Fulton are muted in county-level data).</p>

Major Health Challenges:

- Common health issues:
 - Diabetes (types I and II)
 - Obesity (adult and child)
 - Asthma
 - Infectious disease (HIV, syphilis, gonorrhea, chlamydia, and hepatitis C)
 - Poor birth outcomes (infant mortality and low birth weight)
 - Cardiovascular diseases
 - Hypertension
 - Stroke
 - Cancer (lung, colorectal, gastric, breast, prostate)
- Behavioral health challenges, including substance abuse:
 - High prevalence of untreated and undiagnosed mental issues (depression, anxiety, serious mental illness — e.g., schizophrenia and bipolar disorders)
 - Stress associated with racism and poor socioeconomic status
 - Self-harm and suicide
 - Substance abuse and overdose (alcohol, marijuana, cocaine, methamphetamines, and Poly-substance abuse)
- Violence (intimate partner, homelessness, gun violence) and injury (falls, occupational)
- Overutilization of the ER for medical and behavioral health needs, particularly related to preventable conditions and cost
- Poor dental health among uninsured
- Disparities for Black, Latino, undocumented, new American, and LGBTQ residents

Context and Drivers:

- Geographic location:
 - There is limited access to public transportation. Public transportation can be unreliable (e.g., often behind schedule) and disconnected. Access to public transportation is the poorest in the northern- and southernmost regions of the county. For residents requiring frequent transportation (e.g., for cancer treatments, commuting, etc.) the cost and time to take public transportation is a challenge.

- Many under-resourced residents do not have access to private transportation and ridesharing (e.g., homeless, seniors, etc.) and cannot afford to maintain a vehicle.
- Hospitals in more rural areas in the southern regions offer less comprehensive care. The nearest full-service hospital can be several miles away.
- Many high-wage employment opportunities are outside of the city of Atlanta, and transportation from Atlanta to these higher-paying jobs is poor.
- If residents are housing-insecure they may move into a community that does not have the level of access to public transportation that they require (e.g., there may be no public transportation, available routes may not lead to needed locations, and the frequency may not be ideal).
- Access to care — need for affordable health care, including for residents (adults and children) that are underinsured and uninsured:
 - Uninsured rates are high. When residents are uninsured, they delay seeking care until symptoms become acute because the cost is often unaffordable.
 - Uninsured residents diagnosed with cancer or kidney disease do not have access to the ongoing treatment that they require due to unaffordable cost, which often leads to frequent ER visits and higher medical bills over time.
 - Ryan White and other safety net eligibility programs require reauthorization and may lapse if residents do not reauthorize. Residents must travel to multiple locations to get the documents required for reauthorization, and transportation presents a challenge.
 - South Fulton County has high barriers to accessing health care, including provider shortages, inadequate transportation, more residents in low-wage and part-time employment, and limited access to insurance coverage.
 - Grady North Fulton Service Center is the only full-service primary care provider for underinsured and uninsured residents in North Fulton County.
 - Breast and lung cancer programs have well-formed screening and navigation programs, whereas colon and other gastrointestinal cancer types have historically been less structured and less resourced for screening and navigation. There are more late-stage diagnoses for gastrointestinal cancers than for other cancer types.
 - The health care system is difficult to navigate due to limited care coordination for residents who are uninsured or have limited English-speaking skills. Care coordination is limited for residents without a medical home. It can take more than a month to secure an appointment, proper medication, and care coordination for uninsured and homeless people due to the need for documentation to be eligible for services (proof of homelessness or address in Fulton County). In addition, Grady’s charity care referral process is not set up for a “warm transfer” from primary care clinics to specialists.
 - Copays and deductibles can be unaffordable for residents, including new \$25-\$30 copays for homeless health services that have historically been free.
 - Costs of prescription medications are high and unaffordable for some residents. Costs of prescription treatments depend on insurance tiers. Some specialized cancer treatments can be more than \$40,000 every few weeks.

- There is a lack of government funds for cancer treatment in hospitals.
- The health services that are available in under-resourced communities can be perceived as sparse and low-quality.
- Residents are seeking care in the ER for preventable medical issues that have become emergencies.
- There are limited specialty, after-hours, and primary care providers in some communities —
 - Uninsured specialty care is unavailable or unaffordable, and there are limited specialty providers offering care to residents with Medicaid and Marketplace insurance (e.g., dental and optometry).
 - Many providers have restricted hours of operation (e.g., limited walk-in appointments and after-hours care).
- Residents are likely to lose their jobs if they take off from work for medical purposes, making it difficult to attend multiple appointments for screening, treatments, etc.
- There is a need for uninsured dental care due to very few providers offering dental care to uninsured residents, including orthodontics (braces, dentures, implants).
- Awareness of what services are available and where they are located is limited:
 - Residents are not always aware of what health services are available and where their health insurance is accepted (in-network vs. out-of-network).
 - Once patients find their way to Grady’s Cancer Center, they receive high-quality, timely care. Many residents are not aware of the services available or recommended screening protocols. There is also confusion about proper screening protocols due to multiple protocols and changing recommendations.
 - There is a need for community outreach to educate residents about the benefits of early diagnosis, risks of late-stage diagnosis, and treatment options for many chronic and infectious diseases.
 - Some expecting mothers are not seeking prenatal care and instead may only be getting health advice from family.
- There is a need for behavioral health services:
 - Patients with behavioral health needs are not always able to make the best treatment decisions for themselves. Social work services are able to refer patients for behavioral health treatment, which can be concurrent with other treatments such as cancer and HIV treatments.
 - It can be difficult to secure health services for someone who is actively psychotic or using drugs.
 - There is a lack of local behavioral health providers (psychiatry, crisis care, and case managers). There are not enough providers that offer culturally sensitive care (therapy, medication, and inpatient) to new American, LGBTQ, African-American, Medicaid, and uninsured populations.
 - There is a shortage of affordable behavioral health services.

- Uninsured behavioral health care is not affordable, and there are few providers offering uninsured care (inpatient, outpatient, and psychiatry), along with a general lack of treatment options for co-occurrence (substance use and behavioral health).
- Residents resist seeking behavioral health care due to a fear of the stigma associated with such a diagnosis; this includes cultural stigma among African-American residents.
- Residents and their loved ones may not be aware of common behavioral health symptoms to identify when screening and treatment are necessary.
- Many residents who have experienced trauma have not received treatment to mitigate the influence on their behavioral health.
- Substance abuse services are needed:
 - There are higher rates of alcohol and methamphetamine use among homeless and incarcerated or previously incarcerated populations.
 - Active addiction can cause patients to become noncompliant with treatment in HIV, cancer, and preventive care.
 - Many residents abuse substances to cope with high stress and other undiagnosed or untreated behavioral health symptoms.
 - It is difficult to secure and retain treatment for expecting mothers with substance abuse issues who are often identified late in pregnancy. Birth outcomes are poor for this population due to addiction and separation issues after birth.
- Poor socioeconomic status:
 - Employment opportunities have decreased in several communities.
 - There is a lack of stable/good paying jobs in areas where poverty rates are highest.
 - Temporary or part-time employment offers little access to comprehensive insurance.
 - There are fewer social supports in Fulton County due to high poverty being masked by areas with high affluence. As a result, it can be difficult to meet basic needs. Residents living in low-income communities in these areas experience high stress levels. Residents in North Fulton have limited access to safety net services (safety net behavioral and medical care, food banks, homeless shelters, etc.) due to a perception that the region is more affluent. For example, there are no homeless shelter services in North Fulton County, which strains local providers to meet demand and requires residents to travel to secure services.
 - Families move to cities in North Fulton County to enroll their children in high-performing schools and are not able to afford the higher cost of living without access to social support services.
 - Grandparents who are raising their grandchildren are not always aware of the services available to them for children, particularly for behavioral health. Seniors are often on a limited income and experience health challenges, which may limit the stability of their grandchildren's living arrangements.
 - Victims who experience violence and injury do not always have access to wraparound services to ensure they return to a functional state as they rehabilitate from their injury. Without support services (transportation, job training, etc.), the likelihood that these

residents will be revictimized is statistically high. While some resources exist, they are not always used by victims due to a lack of trust in the justice system.

- Education:
 - Low health literacy related to low educational attainment and a lack of literacy influence residents' ability to fill out forms or understand medication administration and treatment options.
 - Residents are not questioning their physicians to better understand their diagnosis and treatment options.
 - Education about STI avoidance and healthy practices is not offered to youth in a public way.
- Inequity and disparities:
 - There are higher stress levels among people of color resulting from structural racism.
 - Among African-American communities there is a lack of trust of the medical community related to harmful research practices in the past (e.g., the Tuskegee Study of Untreated Syphilis, etc.) that leads to a resistance to seeking medical care, including prenatal care. A great deal of misinformation is readily accessible on the Internet that can validate the mistrust that some communities have.
 - There are higher rates of late-stage HIV/AIDS diagnosis (low t-cell count or high viral load) among LGBTQ youth, African-American gay men, and transgendered women than is average in Fulton County –
 - LGBTQ youth experience high rates of homelessness and they do not have access to the prevention practices that their more stably housed peers receive (PrEP and testing) because there is limited medical outreach to this population.
 - Transgendered African-American women and gay African-American men face discrimination in health care settings regardless of insurance status, transfeminine, or transmasculine orientation. There are not enough service providers that are aware of and sensitive to LGBTQ, and this population is often misgendered, misnamed, and feels judged. First-line staff are not as sensitive as is needed to retain African-American transgendered women.
 - Some residents do not feel like health systems in Fulton County are inclusive or welcoming, and they do not seek care as a result.
 - The homeless population in Fulton County is 90% African-American, which is twice the national average.
 - There are limited culturally and linguistically relevant health services for Black, Asian, Latino, and LGBTQ residents.
 - There are limited outreach and education programs offering care to homeless LGBTQ youth.
 - Undocumented residents do not always seek or have access to basic health services due to fear of deportation, no insurance, lack of transportation, lack of documentation, and a cultural preference for alternative remedies. Barriers related to language and low literacy levels make effective communication difficult.

- Undocumented people do not have ready access to cancer treatment options once they are diagnosed because charity care requires identification and a Social Security number, which undocumented people do not have.
 - Employment options are limited for undocumented and previously incarcerated residents, and there are limited support services available for these populations. The jobs that are available are often low-paying or dangerous.
 - Many residents resist seeking care due to a lack of culturally and linguistically relevant services.
 - Institutional racism (past and present) is a driver behind many health issues in communities of color.
 - Maternal and child health outcomes (maternal and infant mortality) are poorest in African-American communities.
 - The built environment in some communities is not universally accessible, making it difficult for people with disabilities to get around.
 - There are many inequities for people with disabilities, such as limited access to employment options that pay market rates, to transportation, and to housing.
- Housing issues:
 - Building and development in some communities have led to the displacement of residents due to increasing housing costs, a steep decrease in affordable housing, and the displacement of affordable commercial markets for craft and boutique markets. Additionally, municipal zoning codes restrict affordable, multitenant housing from being built, particularly in North Fulton County.
 - Healthy housing is becoming less affordable, and residents have to make choices between healthy options (food, preventive care, medications, etc.) and the cost of their housing, because they cannot afford everything they need.
 - Homelessness is increasing, and the population of homeless people is aging. Homelessness has a negative impact on health, including high injury rates. Older homeless people tend to have undiagnosed and unmanaged chronic health issues (COPD, TB, and diabetes).
 - When patients are released from the ER, there is nowhere to place them due to a lack of homeless shelters. Homeless cancer patients are not able to have necessary surgeries due to not having an address where they can be discharged.
 - There is a need for permanent supportive housing to provide better transitions from incarceration and shelters.
 - Eligibility for housing assistance often requires a mental health diagnosis, which places pressure on providers to rush a diagnosis. People without a severe and persistent mental illness are not getting housed.
 - Homeless patients are not always able to comply with intensive treatments, which impacts cancer and HIV outcomes.
 - The criteria to secure permanent supportive housing is a barrier to persons with

behavioral health and developmental disabilities to secure housing.

- Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
 - In under-resourced communities, there is a limited number of grocery stores, coupled with high rates of fast food restaurants. The grocery stores that do exist in low-income communities do not offer the same quality of produce as stores in more affluent communities.
 - Cultural and traditional preferences can be unhealthy (e.g., fried and sugary foods), and residents are not always aware of how to prepare and enjoy healthy foods.
 - Healthy foods are often unaffordable and do not last long enough for under-resourced households, and many families have to purchase canned and frozen foods with preservatives.
 - Many residents do not have time to shop for and prepare healthy foods due to work schedules and traffic.
 - Not having food can disrupt treatment compliance because some patients require food to take medications (e.g., HIV).
 - WIC requires mothers to reapply for services after their baby's first birthday.
- Residents are not always able to choose a healthy option:
 - African-American women presenting with late-stage breast cancer are often taking care of families and not meeting their own health needs.
 - Residents may resist prevention and treatment efforts due to fear, myths, and taboos associated with HIV and cancer diagnosis (e.g., colorectal, prostate, and breast cancers).
 - Traffic and time spent commuting has an impact on residents' ability to make healthy choices.
 - Educational attainment, income, and awareness influence health choices and health literacy.
 - HIV rates are high in some areas due to substance abuse, risky sexual behavior, men who have sex with other men, and prostitution.
 - STI rates are increasing among youth.
 - Children are using electronic cigarettes in school.
 - The built environment is not conducive to physical activity in communities where poverty is high (poor lighting, sidewalks in disrepair, limited crosswalks, lack of safety, etc.).
 - Single parents may not always be able to provide adequate supervision of youth.
 - Residents may not believe they can avoid a medical diagnosis such as diabetes or hypertension and become apathetic about efforts to do so.
 - Residents in some communities do not trust the police and will not depend on them for safety or other services they provide.

Recommended Interventions:

- Better prepare the public health system and social service systems to respond to a pandemic like COVID-19.
- Efforts to address equity must target individual needs while focusing only on policy, system, and environmental changes in a geographic area. Without a concurrent focus on individual needs, residents become displaced when improvements are made in geographic areas.
- The county, municipalities, and others (including managed care systems, hospital partners, and employers) need to find a sustainable funding source to support affordable housing. This may include public-private partnerships and partnerships with the state, depending on the funding source. These entities should be brought into the conversation.
- Fulton County should convene stakeholders to consider and problem-solve these complex challenges in health, quality of life, and equity.
- Change municipal ordinances that restrict building multitenant and affordable housing. Employers should be involved in the solution because they will need housing to support a stable workforce.
- Consider best practices that are occurring around the nation in the community health improvement planning process.
- Continue to ensure that residents have access to PrEP in Fulton County.
- Fulton County should be able to translate lessons learned and translate or scale strategic approaches that will be implemented during Ending the HIV Epidemic. There may be some relevance of the approaches used to other at-risk populations.
- Create a dedicated space in treatment settings for victims of intentional injury that offers privacy and trauma-informed care.
- Support data sharing among providers in the community to get a better understanding of what is driving poor health outcomes, to measure performance, and to foster collaborations.
- Electric scooter riders should be required to have a helmet and to engage each of the safety features (i.e., brakes) before scooters become operational.
- Study further the rates of and how to reduce falls in Fulton County.
- Practitioners should all be able to offer trauma-informed care.
- Ensure that treatment providers reflect the patients being served.
- Navigators are vital and should be formally educated.
- Implementation strategies should be tailored to individual communities.
- Increase community outreach and education for screening, dispelling myths, and addressing fears related to HIV, chronic disease, prenatal care, maternal and child health, and cancer diagnosis.
- Increase information about eligibility requirements and what services are offered by safety net providers (Grady Memorial Hospital, Mercy Care, Good Samaritan Health Center, etc.).
- Ensure sustainability after grant periods end for programs and services currently being provided

to Fulton County residents.

- Increase safety net services (e.g., sliding-scale fees, free clinics, etc.) in communities by redirecting community benefit dollars and county investments, and employers should be making investments. There is a need to think together about how health care is being delivered and why that delivery system leads to inequality in morbidity and mortality rates for people of color.
- Support a shared information system that connects health and human services for referral purposes.
- Increase the availability of models that address the needs of the whole patient, including home-visiting programs and mobile clinics (medical and behavioral health).
- Fulton County could focus on providing holistic interventions for entire families that focus on populations at risk of poor health, birth, and socioeconomic outcomes identified in this assessment.
- Increases programming for caregivers of people with disabilities, including financial resources, self-care, respite care, etc.
- Fulton County Board of Health could explore barriers and solutions in each community through focus groups or surveys.
- Programming should be patient-centered and engaging. For example, HIV services should look different for young adults than they do for seniors.
- Begin to identify and refer patients with a need related to social determinants of health.
- Create a linguistically and culturally sensitive platform to encourage trust-building necessary for servicing new Americans (documented and undocumented), people of color, and LGBTQ residents.
- There should be efforts to build trust and heal racial injustices in communities that have experienced historical racism.
- Increase culturally and linguistically relevant outreach and education about the need to secure a medical home, manage chronic disease, and secure preventive care and routine screenings; the value of treatment; and prescription assistance programs.
- Increase education and training of providers related to cultural, racial, and ethnic sensitivity. Talk with community leaders and representatives of various populations to better understand what the barriers and issues are for communities in seeking and securing effective treatment options. Train front-line staff to be more culturally sensitive to race, gender identity, disabilities, etc.
- Disseminate additional educational resources (e.g., gardening and cooking advice and classes, programs to increase exercise and healthy behaviors amongst various demographics, education on STIs in the senior community).
- Train health care and educational professionals to recognize indications of declining behavioral health and make appropriate treatment referrals. When possible, colocate or integrate behavioral health into primary care settings.
- Develop partnerships among health care facilities to better emphasize the significance of community education.

- Communities must maintain information dissemination systems outside of technology for those residents who do not have access to a computer or may not know how to use a computer.
- Increase early prevention and intervention methods (e.g., screenings and referral, education, etc.).
- Increase the prevalence of community navigators in vulnerable populations. A health navigator could help with renewals for Medicaid, service linkages, care coordination, and system navigation challenges.
- Increase awareness of local services, such as the County Board of Health facilities (i.e., substance abuse, behavioral health, outreach and education, screening, etc.).
- Expand school-based health clinics. Offer comprehensive adolescent health education in schools.
- Promote physical activity and movement in recreation centers and other locations in the community during winter months.
- Work directly with non–health-related organizations and churches to offer up-to-date information and referral directories.
- Look for public-private partnership opportunities to address health needs.
- Address health needs in policy, systems, and environments where they occur.
- Encourage local governments to adopt a Health in All Policies approach to increase equity and reduce disparities.
- Focus on addressing the root causes of these health issues.
- Public health departments should offer prenatal care and education in nontraditional places, like hair salons and churches.
- People with disabilities need more support (financial, programming, physical) to ensure self-sufficiency.

Resident Focus Group Summary

(January 2018-March 2020)

Purpose

This assessment engaged community residents to develop a deeper understanding of the health needs and strengths in Fulton County, as well as the existing opinions and perspectives related to health status and potential solutions to address areas of deficit.

Methodology

GHPC recruited and conducted eight focus groups among residents living in Fulton and DeKalb counties. GHPC designed facilitation guides for focus group discussions, which were reviewed and approved by the internal review board of Georgia State University. A third-party recruiting firm was contracted to conduct participant recruitment for all resident focus groups. Recruitment strategies focused on residents who had characteristics representative of the broader communities in Fulton County, specifically communities that experience disparities and low socioeconomic status. The recruitment firm utilized internal recruitment lists and lists of landline phone numbers for the targeted ZIP codes and

randomly screened for participants for the focus groups. Exceptions included (1) participants for the Grady HIV Community Advisory Board, Grady Patient and Provider Community Advisory Board, and Grady Cancer Community Advisory Board focus groups recruited by Grady Health System, and (2) participants for the Providers of Services to New Americans focus group recruited by GHPC from community-based organizations located in Fulton County.

Focus groups lasted approximately 1.5 hours, during which time trained facilitators led six to 13 participants through a discussion about the health of their communities, health needs, resources available to meet health needs, and recommendations to address health needs in their communities. All resident participants were offered appropriate compensation for their time. Focus groups were recorded and transcribed with the informed consent of all participants. GHPC analyzed and summarized data from the focus groups to determine similarities and differences across populations related to the collective experience of health care, health needs, and recommendations, which are summarized in this section.

The following focus groups were conducted by GHPC between January 2018 and March 2020:

Target Population	Date	Number of Participants
Fulton County Residents	January 11, 2018	11
	October 1, 2018	9
North Fulton County Residents	October 3, 2018	11
Grady HIV Community Advisory Board	July 11, 2019	9
Grady Patient and Provider Community Advisory Board	August 7, 2019	13
Grady Cancer Community Advisory Board	August 28, 2019	9
Black Fulton County Residents	January 14, 2020	13
Providers of Services to New Americans	March 27, 2020	6

Major Health Challenges

- Common health issues:
 - Inflammation/swelling of extremities
 - Obesity and overweight (adults and children)
 - Diabetes
 - Cardiovascular issues (e.g., hypertension, high cholesterol, congestive heart failure)
 - HIV
 - Hepatitis C
 - Kidney disease and failure
 - Cancer
 - Asthma and allergies
- Undiagnosed illnesses

- Poor dental health among uninsured
- Behavioral health challenges, including substance abuse:
 - High prevalence of untreated and undiagnosed mental issues (stress, depression, anxiety, serious mental illness)
 - Self-harm and suicide
 - Substance abuse and overdose (e.g., marijuana, heroin, crack, cocaine, prescription medications — opioids, alcohol, methamphetamines, inhalants such as paint thinner, ecstasy, and tobacco)
- Gun violence
- Overutilization of the ER
- Smoking and vaping among youth, HIV clinic patrons, and residents earning a low income

Context and Drivers

Access to care (medical and dental):

- Wait times for dental appointments are lengthy, and dental care is unaffordable.
- Limited access to care (lack of affordable insurance options, limited health care facilities in certain areas such as South Fulton County, preventive care measures are unaffordable, medication is unaffordable, there are not many clinics offering affordable care, very few clinics offer after-hours care to underinsured and uninsured residents, copays and deductibles can be unaffordable, not all providers take Medicaid and Marketplace insurance, and not all residents are familiar with how to navigate their health care options). Additionally, physicians who accept Medicaid or Marketplace insurance are often outside of the city.
- Residents do not always trust physicians due to a change in longtime providers to a new (maybe younger) physician, the lack of a relationship, racial differences, and historical discrimination. Many residents do not have a primary care physician.
- Not all physicians offer patient-centered care, like considering how affordable medications are, cultural restriction on diagnostic and treatment options, and listening to symptoms fully before diagnosing. There is a culture in some clinics that makes patients uncomfortable to ask for help or resources.
- The distance between providers and some communities can be far, making it difficult to get to and from facility locations without using a costly service like an ambulance or ride-sharing service. Some residents are seeking care outside of the county because they perceive the quality to be better.
- People are not always aware of the services and quality care provided by some providers (Grady Health System, Fulton County Board of Health, etc.), and those providers are often perceived as a last resort for many residents. For example, many residents are not aware the Grady offers cancer diagnostics and treatment. This is particularly a challenge for uninsured residents who resist cancer screening and treatment because they do not believe that affordable options exist.
- Care coordination is not always happening for patients (e.g., new residents switching providers, residents who do not have a primary care provider, homeless people, etc.)

- Technology is increasingly being used in health care services, and not all residents have access to and understand how to navigate these technologies, which can widen the gap of disparities in health outcomes.
- Undocumented new Americans are not always receiving prenatal care and present to the ER in labor. This population is at high risk for maternal and infant mortality. Additionally, the only health services new Americans without documentation are eligible for are ER services that are high-cost and not well coordinated. Specialty care is not an option for many undocumented new Americans due to high up-front expenses and difficulty navigating the health system. Children of new Americans are often translating sensitive medical information.

Social determinants of health:

- Limited educational facilities in South Fulton County that are high-quality and consistently accredited.
- Many people do not have the transportation they need to meet basic needs (e.g., medical appointments, grocery shopping, work, etc.). MARTA is unreliable and not conveniently located to most communities. Commuting becomes more difficult with one or more children.
- There are limited social service supports for residents in Fulton County.
- Many of the employment options for residents with lower educational attainment are temporary, part-time, and offer low wages and little to no access to health insurance coverage.
- Many parents have to work more than one job, and children are not always supervised.
- The built environment in some communities is not universally accessible, making it difficult for people with disabilities to get around. Additionally, there are safety concerns in communities that are not well lit. Parents are not letting children play outside due to fears about crime and violence in their communities.
- Gentrification and the cost of housing are displacing residents who earn a low income.
- There are food deserts in Fulton County where convenience stores and fast food restaurants are more readily available than grocery stores. For example, Publix is the only grocery store in East Point, and the prices at Publix can be unaffordable for some residents. One resident noted that at one grocery store you have to check the date on everything you purchase.
- Many residents who are unemployed or earning a low income are not able to afford healthy options (e.g., healthy food, preventive care, physical activity).
- Homelessness is high among veterans, new Americans without documentation, and people with mental illness or substance abuse diagnoses.
- There are pockets of poverty in North Fulton County.

Inequity and disparities:

- People of color are perceived to be treated differently at health care facilities.
- HIV infection rates are high among African-Americans in Fulton County.
- Some communities have more convenience stores and fast food restaurants and fewer healthy options, whereas other communities have more healthy options (Whole Foods and Publix) and fewer processed food options. More communities of color would fit into the first category with

more unhealthy options than the latter, and predominantly White communities often have access to healthier food options.

- There are health disparities in the LGBTQ community that are not being discussed or addressed.
- People who have been previously incarcerated experience significant barriers to employment and housing, and are often ineligible for support services.
- Men may not be seeking health care services when they are needed due to a resistance to ask for help or appear weak. For example, men are not getting prostate or colon cancer screenings.
- Poverty is highest among single parents, particularly in Fulton County.
- Undocumented persons resist seeking behavioral and medical care due to fear of deportation, insurance status, and lack of necessary documentation for charity care. Additional challenges related to a lack of documentation include —
 - Barriers to transportation (language for public transportation, and license and insurance to own and operate a car).
 - Healthy housing (employers will not always write verification, no Social Security number for security check, not always having a “legal residence” or address for other eligibility criteria, overcrowding, and poor housing conditions without protections).
 - Employment (low wages and harsh working conditions due to a lack of regulations, limited work history available).
 - A lack of protections causes new Americans to be more vulnerable to scams, violence (domestic violence), and exploitation.
 - The waitlist can be up to 10 years for citizenship (depending on the country of origin) and Immigration and Customs Enforcement activity has increased in Fulton County. Court dates are continuously rescheduled by the courts due to the inability to process the volume of cases. Courts set “fake” court dates and may not provide cancellation notice in advance of the court date. There are no special juvenile judges for children.
 - Basic necessities are such a challenge that routine medical and behavioral health care become luxuries, and chronic stress has an impact on well-being.
- New Americans are not always aware of what services are available to them and how to navigate eligibility requirements, including food access and immigration services.
- Children of new Americans experience the following —
 - Placement in foster care or with a sponsor instead of with family, which limits the care and legal decisions possible due to guardianship requirements and a lack of power of attorney and can include challenges related to school enrollment. The cost of juvenile court can be unaffordable, and many required hurdles are not in native language (court proceedings, parenting classes, etc.)
 - Difficulty securing necessary vaccinations if there is no documentation.
 - A greater risk of physical and sexual abuse than naturalized citizens.
- The cost of living is higher in some parts of the county than in others.
- Transportation is fragmented and disconnected in some communities, restricting the access

residents have to healthy foods, employment, health care, etc.

Behaviors that impact health:

- Lack of exercise (time constraints due to excessive traffic (North Fulton), children are watching TV or on their phones, schools do not offer recess anymore, crime and violence make communities unsafe, sports can be unaffordable for some families).
- Marketing is concentrated on cigarettes, unhealthy foods, and lottery in many communities where a majority of residents experience a lower socioeconomic status.
- Children are using e-cigarettes and vaping.
- People do not always have access to healthy choices (time constraints, affordability, prevalence of fast food in proximity, quality of food served in public schools), and they do not always select healthy options when they are available (cultural preference and unfamiliarity with healthier cooking practices). Additionally, residents are not always aware of where they can purchase healthier food options, and the perception is that healthy options are not conveniently located near or in communities where residents earn a low-income.
- Residents are not getting screened or tested for many preventable illnesses due to fear of diagnosis and being stigmatized (e.g., cancer, HIV, heart disease, etc.).
- People are having unprotected sex, and not all people are disclosing their HIV and STI status. Heterosexual people may think they cannot contract HIV if they are only having sex with the opposite sex.
- Some HIV-positive residents are not complying with treatment or making healthy choices to maintain a low viral load.

Behavioral health:

- HIV and cancer patients often become depressed after diagnosis.
- Many residents with behavioral health challenges end up in jail or homeless because there are very few affordable behavioral services for uninsured people.
- Behavioral health symptoms are not always recognized or taken seriously.
- Residents resist seeking behavioral health care due to the stigma associated with a behavioral health diagnosis.
- Substance abuse is increasing among residents earning a low income, and there are not enough services to meet the need.
- There are people who go to pain clinics and become addicted to prescription pain medication and then turn to heroin when prescriptions are not available.

Cancer

- Cancer treatment can result in financial devastation and lower quality of life for residents because treatments are expensive and reduced functioning may lead to job loss.
- Breast cancer has received a significant amount of local and national attention and funding, whereas other cancer types are not getting the same awareness and resources.

- Changing guidelines (breast cancer, prostate cancer, etc.) have led to confusion about when to get screened for cancer.
- It can be difficult to secure screening for residents who are high-risk for specific cancer types due to predisposition or symptomology because insurance will not pay for tests that are outside of set guidelines.
- There are environmental factors that contribute to the development of cancer, and many residents are unaware.

Recommended Interventions

- Supply more dental services for those who are underinsured or uninsured by integrating medical and dental services in clinics.
- Increase the amount of advertising that is done for healthy foods and decrease the amount that unhealthy options are advertised. One option is to support farmers markets and fresh food options in areas where they do not exist.
- Engage parents and children together. For example, increase the number of food pantries provided in school settings.
- Develop an app that stores patient demographic data and insurance information and directs people to health care services that match their profiles.
- Engage volunteers to provide education to local schools, nursing homes, churches, etc.
- Health providers should provide more information about the services they offer. Many people do not know about all of what the Fulton County Board of Health, Grady, or Mercy Care have to offer (e.g., cancer care, charity care, HIV services, adolescent health, and primary and preventive care). Increase educational resources to raise awareness about healthy habits, preventive practices, and services available. Increase the number of navigators that are readily available in communities.
- Promote health literacy (preventive care, physical activity, healthy eating, etc.) among all populations, including homeless people, and ensure materials are comprehensible (reading level, translated, etc.).
- Use social media outlets to disseminate information when it is appropriate.
- Hire employees who are passionate and have special knowledge of the HIV experience and community.
- All service providers could offer sensitivity training to their professionals to improve customer service skills. It is important to make a patient comfortable to improve care continuity.
- Providers could engage patients in a dialogue about their conditions and treatment instead of being authoritative.
- Not all hospital ERs carry HIV/AIDS medications, and they should.
- Community clinics need to be better connected to health systems and other providers.
- Solutions to address health challenges should be community-centered. For example, communities that need better access to health care could benefit from more urgent care clinics

or a mobile clinic, whereas other communities that need better access to healthy foods could benefit from a farmers market, community gardens, or mobile food truck. No one solution will improve health in every community.

- Improve walkability in communities to increase physical activity.
- Invest in projects and developments that will increase walkability of the area (i.e., future development that spans over Georgia State Route 400).
- Prioritize education dissemination in youth to encourage healthy habits before adulthood.
- Provide an international welcome center to assist new Americans enrolling in school and obtaining the services they require.

Behavioral Health Professional Survey Summary

Purpose

GHPC administered an online survey to behavioral health professionals in an effort to better understand the health status, strengths, health needs, and recommendations about how to address challenges related to mental health, substance use, and physical health in Fulton County.

Methodology

The following survey data were gathered from a 22-question survey administered online to more than 60 behavioral health professionals between March and May 2020. Professionals were identified using provider directories found in *Psychology Today* and United Way's 211 directory, coupled with contacts provided by the Fulton County Department of Behavioral Health and Developmental Disabilities. There were 11 responses from organizations representing a variety of services along the behavioral health continuum. Organizations that participated in the survey and provided consent to be recognized included:

- Atlanta Mission
- Central Outreach and Advocacy Center
- Center for Pan Asian Community Services
- Chris180
- Crossroads Community Ministries
- Families First
- Fulton County Department of Behavioral Health and Developmental Disabilities
- Gateway Center
- Grady Memorial Hospital, Department of Behavioral Health
- Hillside
- The Georgia Mental Health Consumer Network

Survey questions were developed by GHPC with oversight provided by the Fulton County Department of Behavioral Health and Developmental Disabilities, the Fulton County Board of Health, and the Community Advisory Board.

When asked to describe the behavioral health services each respondent represented, responses represented a variety of services along the behavioral health continuum. Services represented by respondents included:

Mental Health Services Represented	Substance Use Services Represented
<ul style="list-style-type: none"> • Fee-for-service • Safety net services • Community-based services • Hospital-based services • Psychiatry • Psychology • Social work • Counseling • Services for adults • Pediatric inpatient • Pediatric outpatient 	<ul style="list-style-type: none"> • Fee-for-service • Safety net services • Community-based services • Outpatient • Intensive outpatient programming • Crisis • Inpatient • Medication-assisted treatment (opioids) • Psychiatry • Psychology • Social work • Counseling • Adult services • Recovery classes

When asked their opinion on whether health and quality of life for persons experiencing mental health or substance abuse symptoms in their area improved, stayed the same, or declined over the past three years, responses included:

Stayed the same —

- Access to housing is lower with the single point of entry, which has created delays and impacts recovery; no Medicaid expansion, which diminishes availability of providers; few substance use treatment providers.
- There are some services available to the uninsured, especially behavioral health. However, access to psychiatric services and the fulfillment of prescriptions remain a challenge.

Declined —

- We recently conducted a counseling community needs in the West End, which showed a decline in health.

When asked what are the characteristics and groups of people for whom health or quality of life may not be as good as others among Fulton County residents experiencing mental health and/or substance abuse symptoms, responses included (listed from most to least mentioned):

- Homeless, particularly in downtown area
- Uninsured people who have few options for care
- Residents of ZIP codes 30313, 30314, and 30315
- Clients in the metro area and southern parts of Atlanta/Fulton county seem to have more difficult access
- Undocumented people are not covered, even under state of Georgia Department of Behavioral Health and Developmental Disabilities funds
- Immigrants and refugees from Asian, African, and Hispanic countries. Their health may not be as good as others' because of their limited English proficiency, low socioeconomic status, and uninsured status. These factors contribute to health inequities and disparities.
- Medically compromised who also have co-occurring mental health conditions are generally not treated by behavioral health organizations
- People who are incarcerated awaiting release

When asked what barriers residents experience when they need mental health or substance abuse services in Fulton County, responses included:

- Few providers who take uninsured, which diminishes access
- Transportation is a challenge
- Housing insecurity and homelessness don't lend themselves to medication adherence
- Lack of insurance
- Copays and other financial barriers (especially for medication)
- Stigma around receiving assistance for mental illness
- Babysitting or childcare options
- Long wait time for appointments
- Staff turnover
- Unhelpful or unsympathetic staff offering services
- Inconsistent services and services that do not occur the way the treatment plan or practitioner described (frequency, duration, etc.)
- General diagnosis without investment in accurate diagnosis
- Accessing the behavioral health system is complicated (not centrally located and difficult to navigate)

When asked what the most critical health problems among Fulton County residents who experience mental health or substance abuse symptoms are, responses included:

- Diabetes
- Heart disease and hypertension, which can be complicated by medications to treat mental illness
- Lack of access to care for homeless people and sometimes no way to manage their health/mental health medications
- Inconsistent primary care follow-up and limited access to affordable medication options
- Other demands competing with treatment, i.e., housing, education, employment, etc.
- Depression
- Trauma

- Substance use disorder
- Mental health issues
- Chronic diseases
- Tobacco use

When asked what are some of the root causes for the challenges noted above, responses included:

- Inadequate insurance coverage for care
- Disconnected care continuum
- Race and income inequity in communities
- Stigma associated with behavioral health
- Not all residents understand the system
- Mental health
- Substance abuse
- Lack of transportation
- Limited English proficiency
- Low socioeconomic status
- Lack of culturally and linguistically competent resources

When asked what gaps exist in behavioral health services, responses included:

- Crisis stabilization to prevent hospitalization
- Partial hospitalization and day programs — some residents don't need to be hospitalized, but they don't need to be on the streets every day without support either
- Agencies need funding that not only pays for clinicians but also for the operation of the clinic, i.e., clinical supervision, training, clinical models, etc.

When asked what gaps exist in substance abuse services, responses included:

- Inpatient and outpatient groups that are available for the uninsured. Probably the most difficult "quality" service to access if you aren't able to afford \$30,000 per month.

When asked what can be done to address the issues that were noted, responses included:

- If we don't address inequities in communities, 20 years from now we will be surveying agency providers about the same issues
- Need to ensure access to a broader array of services
- Over the years, I have seen a great improvement in immediate care services
- To continue the stability of the individual long-term care services are needed
- Increased funding and resources for the community

When asked to select the top 10 issues that have the largest impact on quality of life in Fulton County, responses included:

1. Lack of or inadequate health insurance
2. Inadequate or unaffordable housing
3. Homelessness
4. Low income and poverty
5. Mental health issues
6. Lack of transportation
7. Availability of child care
8. Literacy
9. Domestic violence
10. Lack of mental health providers

When asked if there is anything about Fulton County systems, operations, and how the county is structured that promotes or drives these issues noted, responses included:

- It is positive that Fulton County is surveying behavioral health providers to better understand the problem
- Separate and diverse service providers
- Lack of funding that provides culturally and linguistically appropriate resources

When asked what actions, policies, or funding priorities would contribute to healthier residents in Fulton County, responses included:

- Education in the community regarding healthier neighborhoods. Not aware of a concentrated effort in the our focus area.
- Ensuring that affordable, safe housing is available to all residents, which may include rapid housing options (including short-term) for people experiencing homelessness and those being released from incarceration who have a hard time finding housing
- Expansion of Medicaid coverage (or other funding for behavioral health) and health insurance for everyone
- Coordinated behavioral health services across the county
- Increasing subsidized or free daycare
- Maintaining the efforts in the homeless population taking place currently
- Offering job readiness programs in schools for children and adults
- Social benefits tied to classes including parenting, health education etc.
- Policies or actions that provide ways to navigate barriers related to transportation, limited English proficiency, and financial issues

- Education related to behavioral health
- Community-based care options that can go to (or be located in) neighborhoods
- Transportation for people to access health care, including improved sidewalks
- Additional medical providers to support mental health and addiction issues
- Environmental protection
- Focusing on opioid addiction and diversion of funding to that issue has often diverted attention away from the long-standing issues of alcoholism and cocaine use in Atlanta. Opioids are a problem in specific areas (like North Fulton) but not as prevalent in other areas.

Primary Data-Collection Tools

KEY INFORMANT QUESTIONNAIRE 2020

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

- In your opinion, over the past three years, has health and quality of life in your county: (Check the selection.)

Improved (___) Stayed the same (___) Declined (___) Don't know (___)

- Please explain why you think the health and quality of life in the county has improved, stayed the same, or declined and any factors informing your answer.
- What in your opinion are the district's/county's biggest health issues or challenges that need to be addressed? Gaps? Strengths?
- (If not already mentioned) What do you think are some of the root causes for these challenges? What are the barriers to improving health and quality of life?
- If you could only pick 3 of these health issues, which are the most important ones to address either now (short term) or later (long term)? *What should be the focus of intervention by county/district/community? Why did you pick these?*
- In your opinion, who are the people or groups of people in your county whose health or quality of life may not be as good as others'? Why? Please note any regions of the county (example: North, South, East, or West) or neighborhoods where there are health disparities and/or social determinants of health that have a greater influence on health outcomes.
- Is there anything about the county systems, operations, and how it is structured that promotes or drives these issues (same question about mitigating factors)?
- What specific programs and local resources have been used in the past to address health improvement/disparity reduction? *(To what extent is health care accessible to members of your community? Might cite examples of programs by disease state, life stage, or otherwise.)*

COMMUNITY CAPACITY

- Which community-based organizations are best positioned to help improve the community's health?

- Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible.) (How does this impact the health of residents?)

MOVING THE NEEDLE

- What interventions do you think will make a difference? *Probe for different types of interventions related to issues mentioned above.*
- Do you have any other recommendations that you would make as they develop intervention strategies?

WRAP UP

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

Focus Group Discussion Guide Community Health Needs Assessment

Overview of Purpose of Discussion and Rules of a Focus Group

- Facilitator introduces self and thanks those in attendance for participating
- Facilitator explains purposes of discussion:
The project is being undertaken by Fulton County Board of Health. They are seeking ways to improve the health of residents in your community. They would like to hear from people who live in Fulton County. They are particularly interested in your feelings about the health and health needs of the community, how the health-related challenges might be addressed, and what is already in place in your community to help make change happen. More than just determining what the problems are, they want to hear what solutions you all have to address the needs and what you would be willing to support in terms of new initiatives or opportunities.
- Explain about focus groups:
 - ⇒ Give-and-take conversation
 - ⇒ I have questions I want to ask, but you will do most of the talking
 - ⇒ There are no right or wrong answers
 - ⇒ You are not expected to be an expert on health care; we just want your opinion and your perspective as a member of this community
 - ⇒ You don't have to answer any questions you are uncomfortable answering
 - ⇒ It is important to speak one at a time because we are recording this conversation
 - ⇒ Your names will not be used when the tapes are transcribed; just male or female will appear on any transcript
 - ⇒ I want to give everyone the opportunity to talk, so I may call on some of you who are quiet or ask others to "hold on a minute" while I hear from someone else, so don't take offense
 - ⇒ Please remember that what people say in this group is confidential. I ask that you do not share what you heard from others outside of this group.
 - ⇒ You will be asked to talk about yourself, your family, and your friends today. Please do not use anyone's name in your comments.

- ⇒ Here is an informed consent form for you to read along with me and then sign if you decide to participate today. It is important for you to know that your participation today is completely voluntary. You can stop your participation now, or at any time. (READ INFORMED CONSENT, COLLECT SIGNATURES)

Participant Introductions

Please go around the table and introduce yourself and tell us (1) what neighborhood you live in and (2) how long you have lived in Fulton County.

Health Concerns in the Community

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

Facilitator: Present community-appropriate data summary to participants.

6. What is your reaction to this information? Does it ring true to what you know about your community? Is there anything missing from these data that you believe to be true about your community? In your opinions, what is causing these issues?
 - a. Probe (if not mentioned): I'd like to take a moment to talk about HIV/AIDS. We see high rates of HIV/AIDS in Fulton County. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to HIV/AIDS in Fulton County?
 - b. Probe (if not mentioned): I'd like to take a moment to talk about maternal and child health. We see high rates of infant mortality, low-birth-weight births, and maternal mortality in Fulton County. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to these outcomes of birth in Fulton County?
 - c. Probe (if not mentioned): I'd like to take a moment to talk about health disparities related to race. We see high rates of poor health outcomes (diabetes, prostate cancer, breast cancer, asthma, HIV, and heart disease/hypertension) in some communities in Fulton County. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to these outcomes related to race in Fulton County?
 - d. Probe (if not mentioned): I'd like to take a moment to talk about social determinants of health disparities related to race. We see poor outcomes associated with high school graduation rates, lower annual income and higher unemployment rates, higher rates of single parenting, and higher rates of uninsured in some communities in Fulton County. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to these outcomes related to race in Fulton County?
7. Considering the information that I just presented to you, along with your own experience with critical health needs here, which 1 or 2 of these health issues should be the priorities for addressing over the next three years?
8. What do you think is the best/most effective way to begin to address these issues? What suggestions do you have for making specific changes in your neighborhood or community? *This is*

another opportunity to make suggestions about needed programs, changes in the community, educational campaigns, etc. that would best meet the needs of this particular community.

- a. Probe (if not mentioned): What should be done to ensure that children in your community finish their education and can find jobs?
9. In communities, people often talk about community leaders — these are organizations or individuals that everyone knows, places/people that you seek out when you need information that is trusted. Do you know of these types of organizations or people who are concerned about health issues and serve as leaders in trying to improve health in your community? Who are they — what are they doing? Are their efforts successful? Why or why not?
10. Would these organizations or people be good leaders for addressing other health issues in the community? If not them, then who?

Behavioral Health Survey

The Fulton County Board of Health is collaborating with the Georgia Health Policy Center (GHPC) to assess the health needs of residents in Fulton County. They are seeking ways to improve the health of residents in your community. You may already know that a community health assessment aims to understand the health needs faced by residents in a particular community or geographic region.

The Fulton County Board of Health would like to hear from people who serve Fulton County residents. They are particularly interested in your thoughts about the health and health needs of the community; how mental health, substance use, and health-related challenges might be addressed; and what is already in place to help make change happen. More than just determining what the problems are, they want to hear what solutions you have to address the needs and what you would be willing to support in terms of new initiatives or opportunities. The survey that follows will not require more than 10 minutes of your time and will be valuable to understanding the health needs of Fulton County residents.

Are you located in Fulton County, GA?

- Yes (1)
- No (3)

What organization do you represent?

Name:

Title:

We would like to list the organizations that contribute to the community health assessment process. Your personal information will not be published. Do you grant permission for the Fulton County Board of Health to list your organization as a contributor to the community health assessment process?

- YES, I grant permission to list my organization (1)
- NO (2)

Are you a mental health or substance abuse professional?

- YES (1)
- NO (2)

Please describe the behavioral health services of your organization. Please select all that apply.

- Fee for service
- Safety net
- Behavioral health services primarily in a hospital setting
- Behavioral health services primarily in a community-based setting

- Substance abuse services primarily in a community-based setting
- Substance abuse services primarily in a hospital setting
- A psychologist on-site
- A psychiatrist on-site
- Social work
- Private practice
- A counselor is on-site
- Representation from major behavioral health providers in Fulton County
- Adult
- Pediatric
- Substance abuse, please note what type of services offered:

-
- Inpatient
 - Outpatient
 - Crisis
 - Detoxification
 - These services are not offered by me or my organization

In your opinion, over the past three years, has health and quality of life for persons experiencing mental health or substance abuse symptoms in your area improved, stayed the same, or declined? Please explain your response and any factors informing your answer.

- Improved _____
- Stayed the same _____
- Declined _____
- Don't Know

Among Fulton County residents experiencing mental health and/or substance abuse symptoms, what are the characteristics and groups of people for whom health or quality of life may not be as good as others. Why? Please note any ZIP codes/geographic areas (e.g., 30315, North Fulton, Westside, etc.) where there are health disparities or pockets of poverty.

What barriers, if any, do residents experience when they need mental health and/or substance abuse services in Fulton County. Please explain why?

In your opinion, what are the most critical health problems among Fulton County residents that experience mental health and/or substance abuse symptoms?

What do you think are some of the root causes for the challenges you have mentioned? What are the barriers to improving health and quality of life?

If you have not yet mentioned the gaps that exist in behavioral health services, please take a moment to describe the behavioral health services that are absent or do not meet the demand in Fulton County and why.

If you have not yet mentioned the gaps that exist in substance abuse services, please take a moment to describe the substance abuse services that are absent or do not meet the demand in Fulton County and why.

What can be done to address the issues you have noted in this survey?

Rank the top 10 issues that have the largest impact on quality of life in your area by dragging and dropping them into the box to the right in order of the level of impact, with 1 representing the largest impact.

Top 10 Issues Impacting Quality of Life for Fulton County Residents:

_____ Animal control

- Availability of child care
- Affordability of healthy food choices
- Bioterrorism
- Dropping out of school
- Homelessness
- Inadequate/unaffordable housing
- Lack of/inadequate health insurance
- Lack of culturally appropriate health services
- Lack of health providers: What field?
- Mental health issues
- Lack of recreational facilities
- Unhealthy/unsafe home conditions
- Rape/sexual assault
- Domestic violence
- Youth crime
- Lack of law enforcement
- Literacy
- Secondhand smoke
- Availability of healthy family activities
- Availability of positive teen activities
- Neglect and abuse: Elder or child?
- Pollution (water, air, land)
- Low income/poverty
- Racism
- Lack of transportation
- Unemployment
- Unsafe, unmaintained roads
- Violent crime
- Gang issues
- Other

Is there anything about Fulton County systems, operations, and how it is structured that promotes or drives these issues? If so, please explain below:

- Yes (please explain): _____
- Maybe (please explain): _____
- No

What actions, policies, or funding priorities do you feel would contribute to healthier residents in your area? Please be specific.

In your opinion, what else will improve health and quality of life in your area?

Please name at least one program or community change that has positively impacted the health of the people you serve or the population of your area in general over the last three years. What differentiated it from other programs designed to improve overall health? Why did it work? (If you have supporting materials or a website link, please share.)

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

Are there any other comments you would like to share about the health needs of your area that you have not had the opportunity to share yet? Please list those comments here:

Thank you for your time and input!

Appendix C: Equity and Empowerment Framework

Equity and Empowerment Lens¹

THE PURPOSE OF THIS LENS IS TO FOCUS DECISION-MAKING ON:

Equity: is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.²

Empowerment: is a process through which people gain greater control over decisions and actions affecting their health and should be seen as both an individual and a community process.²



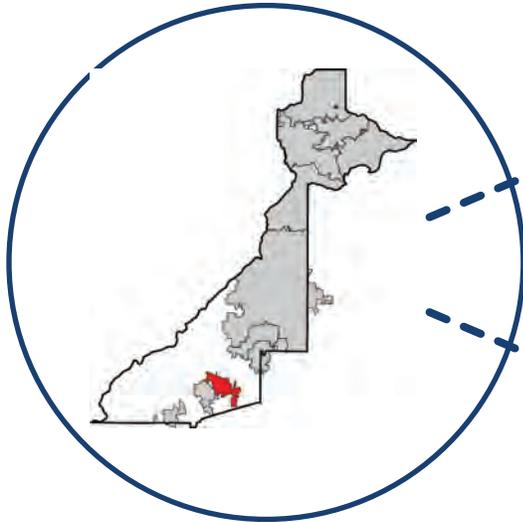
¹ Adapted from the Lens provided by the Multnomah County Office of Diversity and Equity

² World Health Organization

Appendix D: Fulton County Municipal Profiles

Community Profile Union City, GA

Commissioner: Joe Carn, District 6



Zipcode
30291

Census Tracts
105.12 and 105.13

HISTORY

The Georgia General Assembly incorporated Union City in 1908. The city was named after the Naarmers Union when a newly elected president, Charles Simon Barre Iden, the headquarters for the Union.

SUMMARY

When compared to Fulton County, Union City's popula

- Cons es approximately 2.1% of the popula on County;
- Is of younger age and lower income-earning, with a higher percentage of poverty (including single female-headed households) and a higher percentage of females;
- Has a higher percentage of African-American and a lower percentage of White residents;
- Shows higher rates of housing cost burden (renters and homeowners spend more than 33% of income on housing);
- Is as likely to be without a motor vehicle;
- Shows higher mortality rates for stoke, hypertension, ischemic heart disease and lung cancer; and
- Has an HIV prevalence rate higher than the state at 1,293 per 100,000 popula

When compared to the state and na 's popula

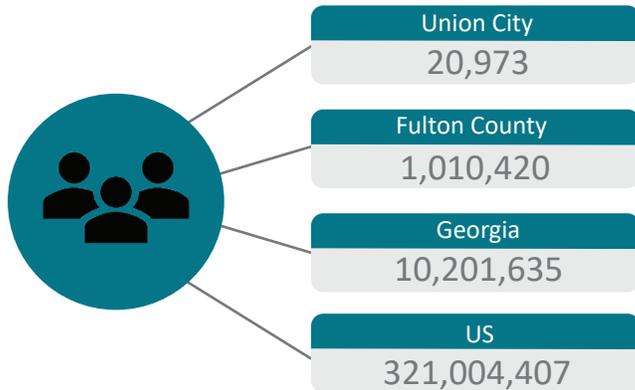
- Has a higher rate of fast-food restaurants; and
- Shows lower rates of educa ainment and higher rates of unemployment than state and na ates.

African-American residents and residents in census tract 105.13 experience the highest disease burdens and poorest health outcomes.

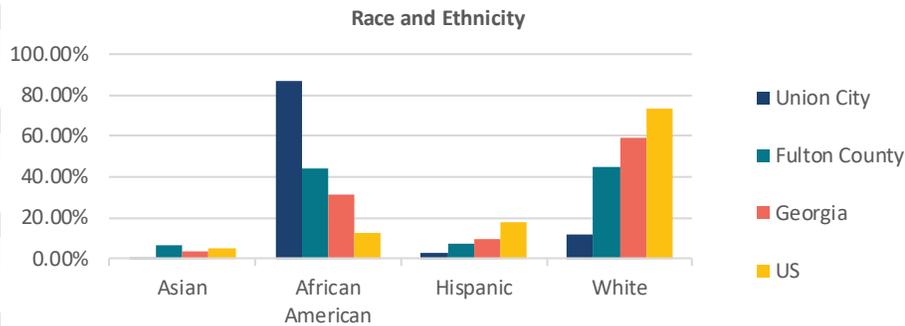
Residents of Union City (census tracts 105.12 and 105.13) experience barriers to accessing healthy foods, including transporta ome, and distance.

DEMOGRAPHICS

Population

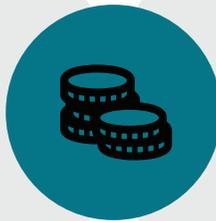


Race and Ethnicity



Median Household Income

Union City	\$35,627
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Union City	12.2%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Population in Poverty

Union City	20.7%
Fulton County	16.0%
Georgia	16.9%
US	14.6%



Single Female-Headed Households in Poverty

Union City	30.7%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

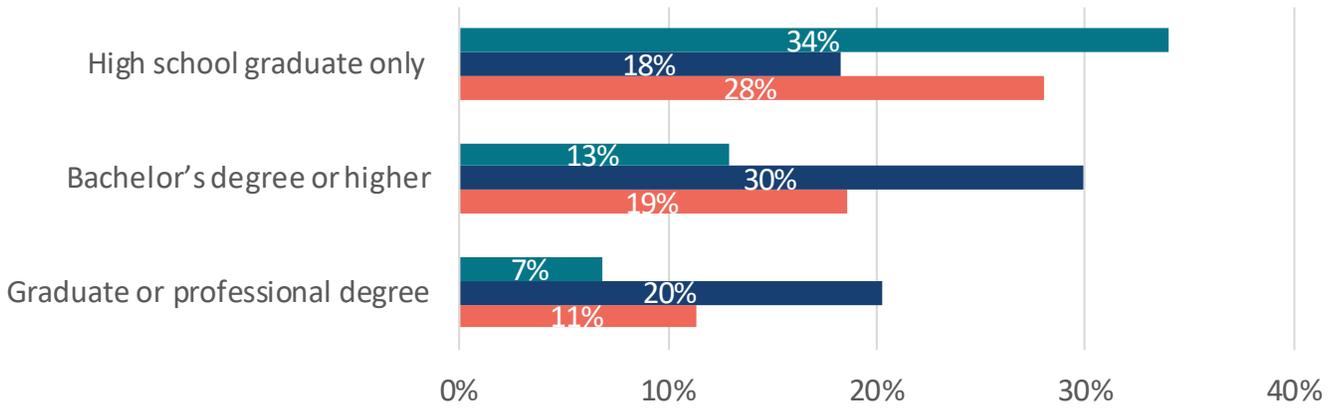
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits

EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

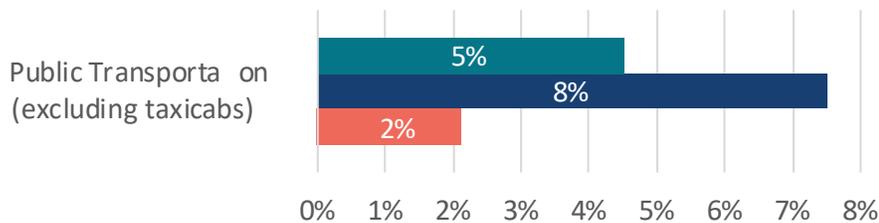
Residents Spending >30% of Income on Housing



Union City has a rental vacancy rate of 7.2, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 7.4, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents living in 105.12 (6.51%) and 105.13 (6.48%) are **as likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).

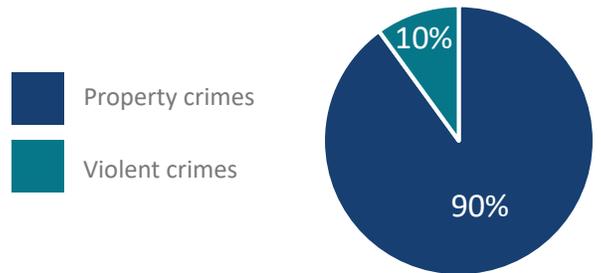


INDUSTRIES OF EMPLOYMENT

- 1 Education, services, and health care and social assistance
- 2 Transportation and warehousing,
- 3 Retail trade
- 4 Arts, entertainment, and recreation, accommodation and food services
- 5 Public administration

SAFETY

According to the Uniform Crime R Program, the incidence of crime has decreased from 2,574 in 2017 to 1,935 in 2018 in Union City, Ga. Approximately 90% of the crimes in Union City are property crimes (burglary, vehicle theft, etc.). The remaining 10% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).

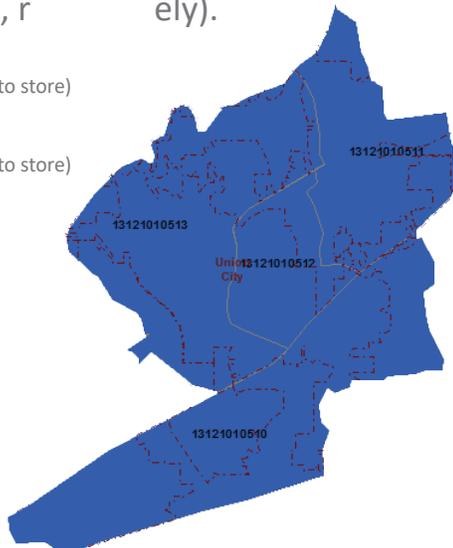


FOOD ACCESS

- 2 Areas have low food access and limited access to vehicles (105.12, 105.13)
- 2 Areas have a low-income population with low food access (105.12, 105.13)

ZIP code 30291 shows **higher rates** of fast-food restaurants than the state (119.00 and 83.1 per 100,000 residents, respectively).

- < 100 homes (No vehicle/1+ miles to store)
- > 100 homes (No vehicle/1+ miles to store)
- No data



HEALTH OUTCOMES



Rates when compared to the county and state

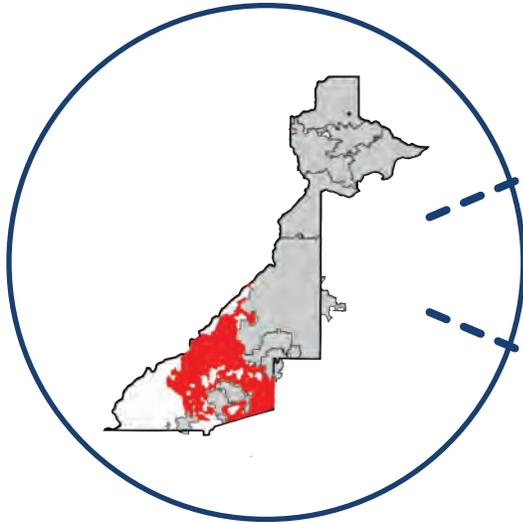
Death
Stroke, Hypertension, Ischemic heart disease, Lung cancer
Emergency Room Visits
Asthma, Childbirth, Assault, Anemia, Motor vehicle crashes
Hospitalizations
Childbirth, Assault

- 1 Area with the highest rates of hospital mortality (105.13)

African-Americans have the highest rates of emergency room and hospital mortality, compared with White, Asian, and Hispanic counterparts.

Community Profile South Fulton, GA

Commissioner: Joe Carn, District 6



Zipcode

**30213, 30331, 30336,
and 30349**

Census Tracts

**103.01, 103.03, 103.04, 105.07, 105.08,
105.10, 105.11, 105.15, and 105.16**

HISTORY

The Georgia State Legislature adopted the city's charter in April 2017. It includes all the remaining unincorporated territory in the southwest region of Fulton County, with the exception of Fulton Industrial. The name outranked the top 20 names out of the 250 that were suggested by the public, e.g., Renaissance, Campbellton, and Atlanta Heights.

SUMMARY

When compared to Fulton County, South Fulton's population

- Constitutes approximately 9.25% of the population of Fulton County;
- Is slightly older, average income-earning, with a lower percentage of poverty (including single female-headed households) and a similar gender ratio;
- Has a higher percentage of African-American and a lower percentage of White residents;
- Shows higher rates of housing cost burden (renters and homeowners spend more than 33% of income on housing);
- Has residents in census tract areas 105.07 and 105.15 who are twice as likely to be without a motor vehicle; and
- Shows higher mortality rates for hypertension, ischemic heart disease, and colon cancer.

When compared to the state and national populations

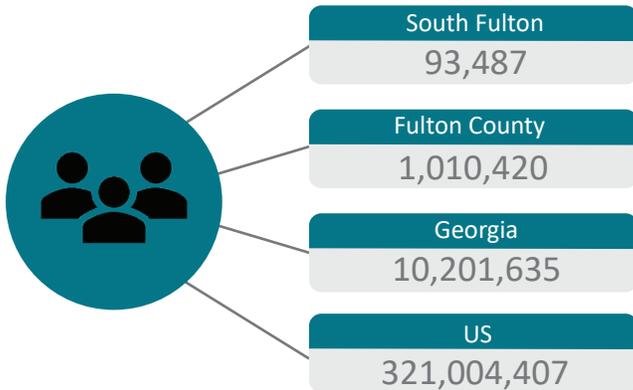
- Shows a higher rate of fast-food restaurants in two of the four ZIP code areas; and
- Shows lower rates of educational attainment and higher rates of unemployment.

African-American residents and residents in census tracts 105.11 and 105.15 experience the highest disease burdens and poorest health outcomes.

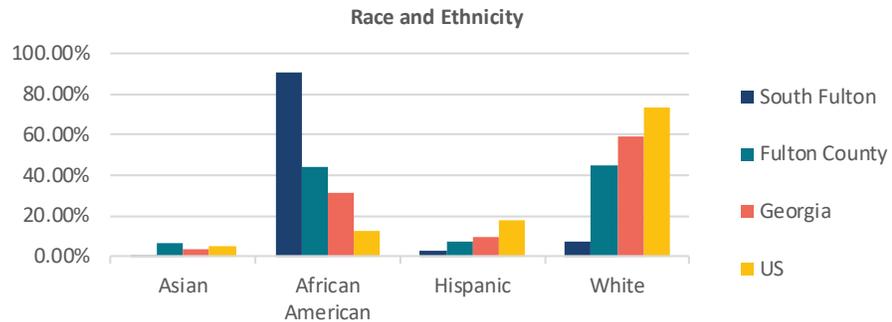
The areas with the greatest barriers to accessing healthy foods, including transportation, income, and distance, are 103.01, 103.03, 105.07, 105.10, 105.11, 105.15, and 105.16.

DEMOGRAPHICS

Population

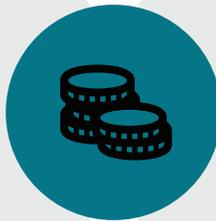


Race and Ethnicity



Median Household Income

South Fulton	\$56,203
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

South Fulton	11.3%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Population in Poverty

South Fulton	13.2%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

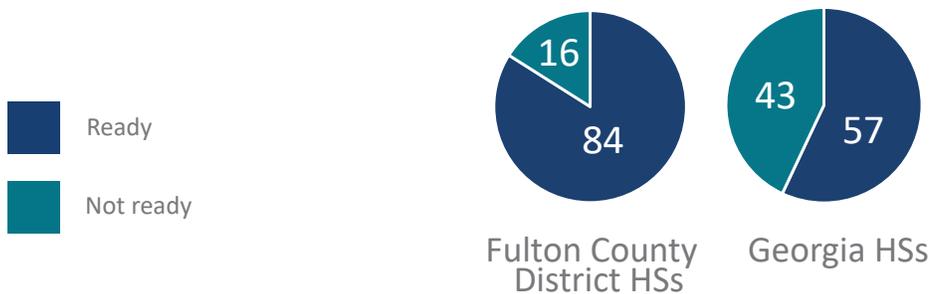


Single Female-Headed Households in Poverty

South Fulton	17.9%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

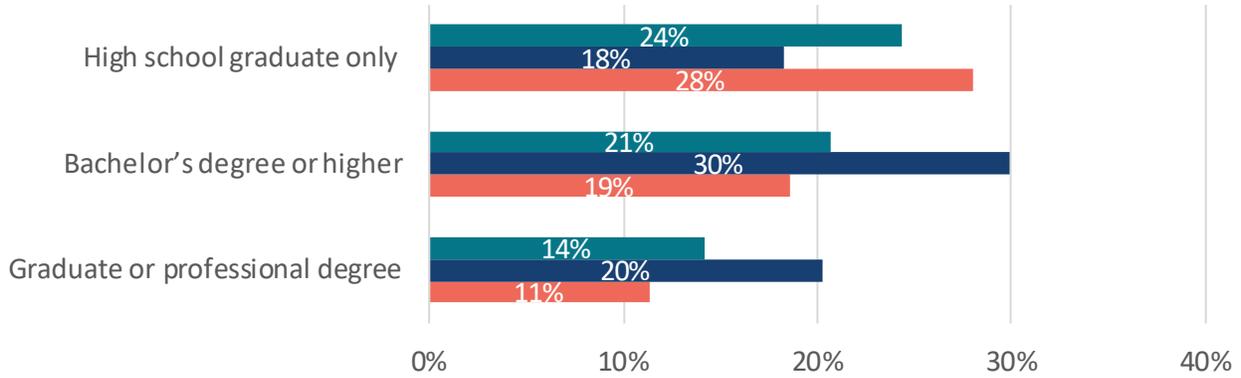
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

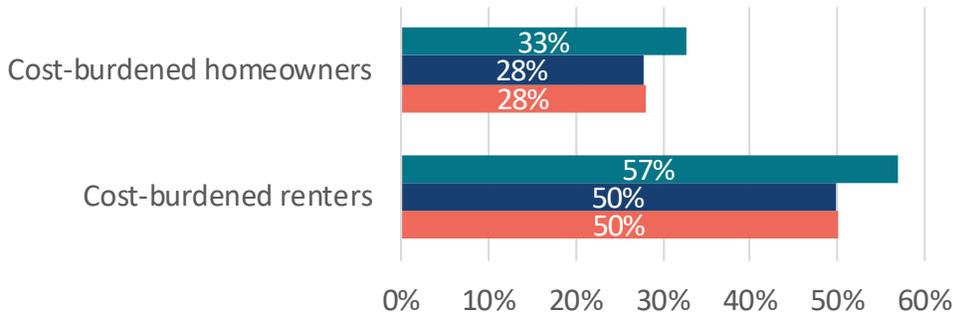
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

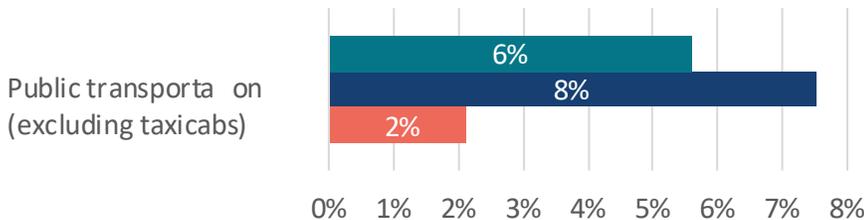
Residents Spending >30% of Income on Housing



South Fulton has a rental vacancy rate of 9.5, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 3.7, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents in census tracts 105.07 (17.24%) and 105.15 (16.6%) are **more likely** to be without a motor vehicle, compared to state and national averages (6.7% and 8.8%, respectively).



INDUSTRIES OF EMPLOYMENT

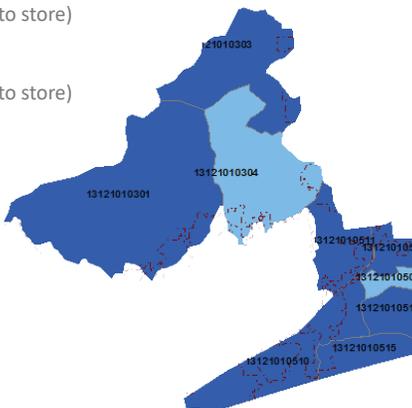
- 1 Professional, scientific, management, and administrative and waste management services
- 2 Education services, and health care and social assistance
- 3 Finance and insurance, and real estate and rental and leasing
- 4 Manufacturing
- 5 Arts, entertainment, and recreation and food services

FOOD ACCESS

- 7 Areas have low food access and limited access to vehicles (103.01, 103.03, 105.07, 105.10, 105.11, 105.15, 105.16)
- 5 Areas have a low-income population with low food access (105.07, 105.08, 105.10, 105.11, 105.16)

30336 and 30349 show **higher rates** of fast-food restaurants than the state (191.2, 156.8, and 83.1 per 100,000 residents respectively).

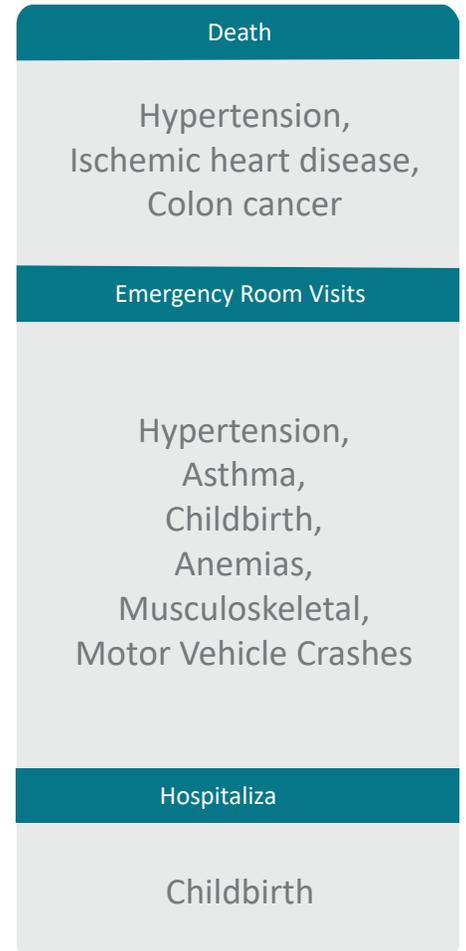
- < 100 homes (No vehicle/1+ miles to store)
- > 100 homes (No vehicle/1+ miles to store)
- No data



HEALTH OUTCOMES



Rates when compared to the county and state

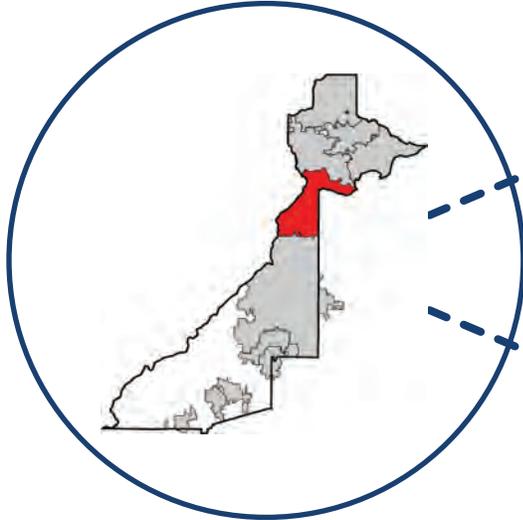


- 2 Areas with the highest rates of hospitalization (105.11, 105.15)

African-Americans have the highest rates of hospitalization when compared with White, Asian, and Hispanic counterparts.

Community Profile Sandy Springs, GA

Commissioners: Liz Hausmann, District 1, and Bob Ellis, District 2



Zipcode

**30319, 30327, 30328,
30338, 30339, 30342,
and 30350**

Census Tracts

**101.06, 101.07, 101.08, 101.10, 101.13,
101.14, 101.15, 101.17, 101.18, 101.19,
101.20, 101.21, 101.22, 101.23, 102.04,
102.05, 102.06, 102.08, 102.09, 102.10,
102.11, and 102.12**

HISTORY

The City of Sandy Springs originated as a watering stop for Native Americans, dating back to the early 1800s. It was officially incorporated in 2005 and is currently the sixth-largest city in the state of Georgia.

SUMMARY

When compared to Fulton County, Sandy Springs' popula

- Consists of approximately 10.26% of the population in Fulton County;
- Is slightly younger and higher income-earning, with lower poverty rates (including single female-headed households in poverty) and an even gender ratio;
- Has a lower percentage of African-American residents and a higher percentage of Hispanic and White residents;
- Shows lower rates of housing cost burden (renters and homeowners spend less than 33% of income on housing);
- Has residents in three of the 22 census tract areas (101.10, 101.18, and 102.08) who are more likely to be without a motor vehicle;
- Shows higher mortality rates for Alzheimer's disease and all other mental disorders; and
- Has HIV prevalence rates higher than that of the state in five of the seven ZIP code areas (602 per 100,000 population in 30319, 30327, 30328, 30338, 30339, 30342, and 30350; 671 per 100,000 population in 30339; 1,312 per 100,000 population in 30319).

When compared to the state and national averages:

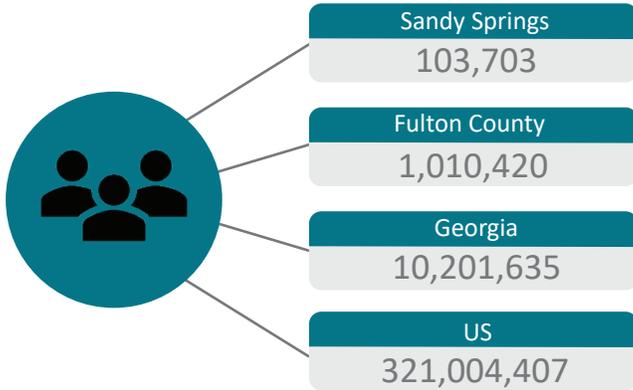
- Has higher rates of fast-food restaurants in four of the seven ZIP code areas; and
- Shows higher rates of educational attainment and career readiness, and lower rates of unemployment than state and national averages.

White residents and residents in census tracts 101.19 and 101.13 experience the highest disease burdens and poorest health outcomes.

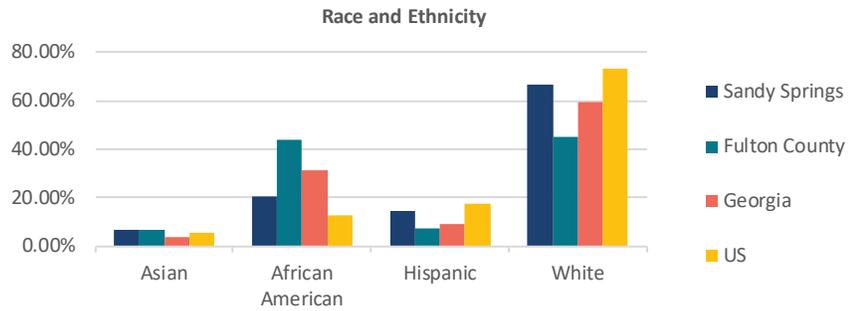
The areas with the greatest barriers to accessing healthy foods, including transportation, income, and distance, are 101.13, 101.18, 101.19, 101.22, 102.09, and 102.12.

DEMOGRAPHICS

Population



Race and Ethnicity



Median Household Income

Sandy Springs	\$70,920
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Sandy Springs	4.5%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Popula overty

Sandy Springs	11.2%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

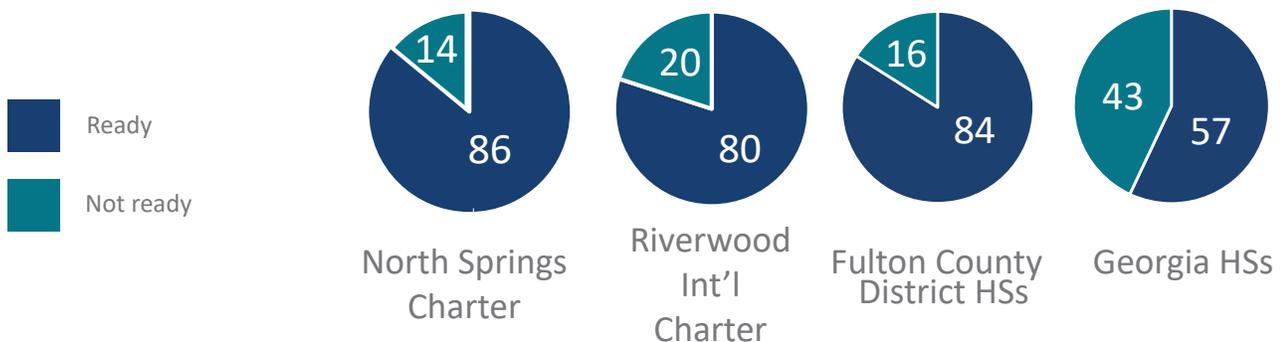


Single Female-Headed Households in Poverty

Sandy Springs	20.6%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

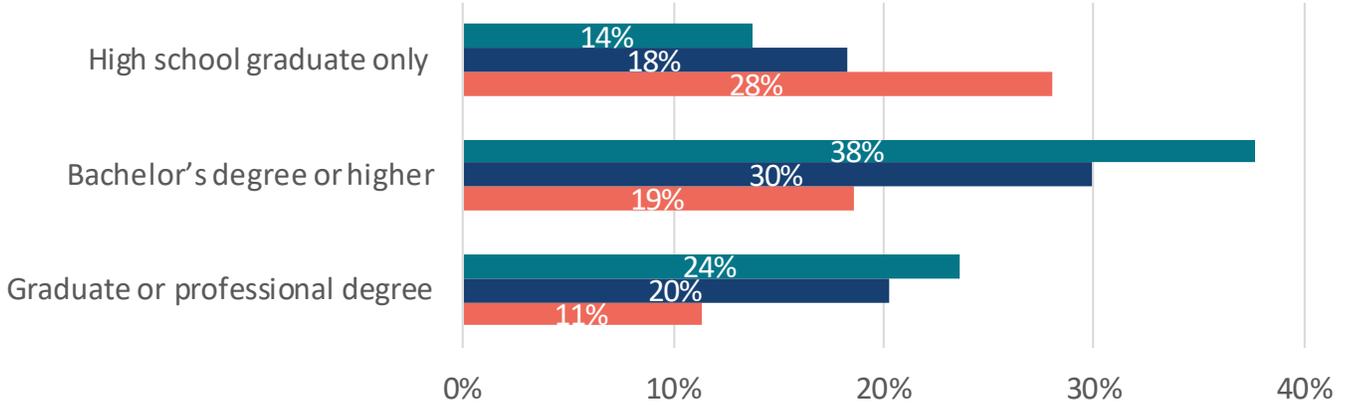
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits

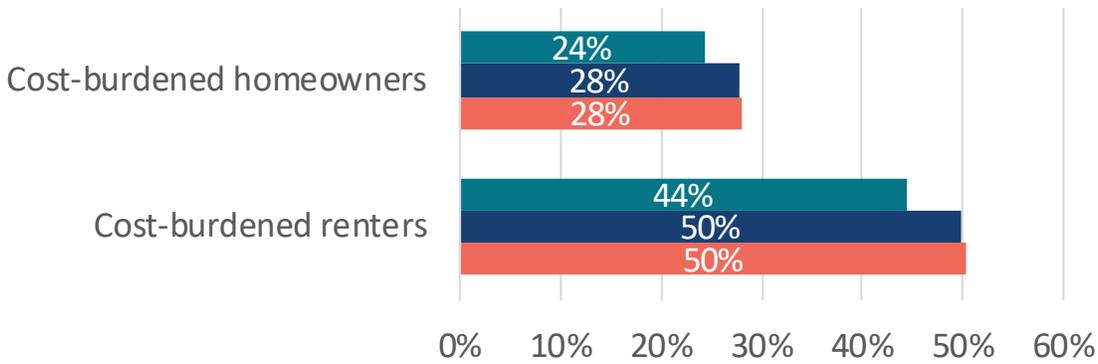
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

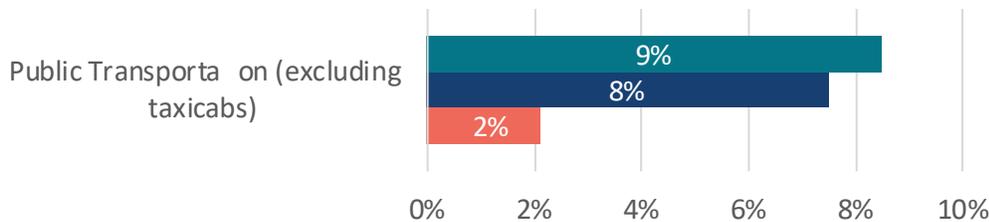
Residents Spending >30% of Income on Housing



Sandy Springs has a rental vacancy rate of 7.4, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 2.7, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents living in 101.10 (17.70%), 101.18 (9.86%), and 102.08 (23.57%) are **more likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).



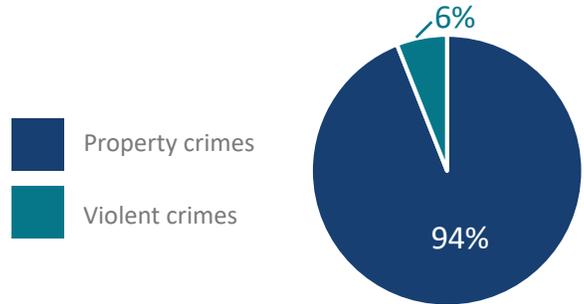
INDUSTRIES OF EMPLOYMENT

- 1
- 2
- 3
- 4
- 5

- 1 Professional, scientific, management, and administrative and waste management services
- 2 Educational services, and health care and social assistance
- 3 Arts, entertainment, and recreation, and food services
- 4 Finance and insurance, and real estate and rental and leasing
- 5 Retail trade

SAFETY

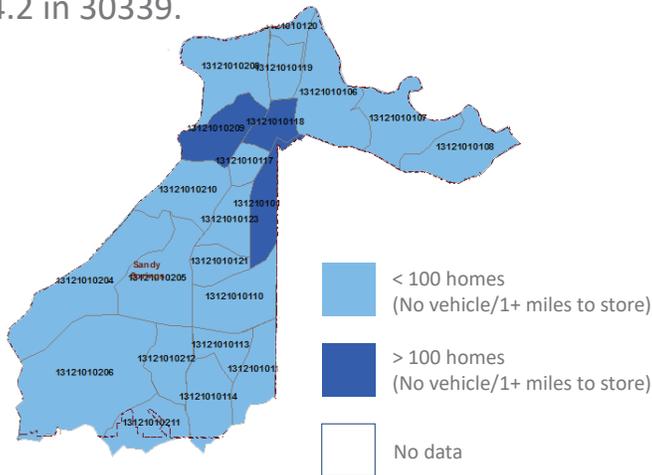
According to the Uniform Crime Report, the incidence of crime has declined from 2,389 in 2017 to 2,143 in 2018 in Sandy Springs, Ga. Approximately 94% of the crimes in Sandy Springs are property crimes (burglary, vehicle theft, etc.). The remaining 6% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



FOOD ACCESS

- 3 Areas have low food access and limited access to vehicles (101.18, 101.22, 102.09)
- 4 Areas have a low-income population with low food access (101.13, 101.18, 101.19, 102.12)

All (except three) ZIP codes show **higher rates** of fast-food restaurants than the state (83.1 per 100,000 residents), ranging from 98.2 in 30338 to 344.2 in 30339.



HEALTH OUTCOMES



Rates when compared to the county and state

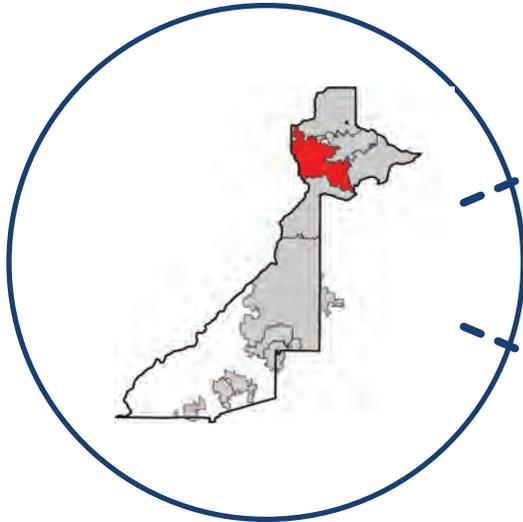
Death
Alzheimer's disease, All other mental disorders
Emergency Room Visits
Falls, Perinatal period
Hospitalizations
Childbirth

- 2 Areas with the highest rates of hospitalizations (101.19, 101.13)

No one people group consistently shows higher rates of hospitalizations, compared with racial and ethnic counterparts.

Community Profile Roswell, GA (Includes Mountain Park, GA)

Commissioners: Liz Hausmann, District 1, and Bob Ellis, District 2



Zipcode

30075 and 30076

Census Tracts

114.05, 114.10, 114.11, 114.12, 114.16, 114.17, 114.18, 114.19, 114.20, 114.21, 114.22, 114.23, 115.05, and 115.06

HISTORY

Founded by Roswell King in 1839, Roswell formally became a city in February 1854. It is now Georgia's eighth-largest city, but the exponential growth happened within the last 20 years.

SUMMARY

When compared to Fulton County, Roswell's population

- Constitutes approximately 9.33% of the population of the County;
- Is slightly older, higher income-earning, with lower poverty rates (including single female-headed households in poverty) and a similar gender ratio;
- Has a lower percentage of African-American residents and a higher percentage of Hispanic and White residents;
- Shows lower rates of housing cost burden (renters and homeowners spend less than 33% of income on housing);
- Has residents in census tract areas 114.20 and 114.17 who are more likely to be without a motor vehicle; and
- Shows higher mortality rates for Alzheimer's disease, COPD, stroke, and colon cancer.

When compared to the state and nationally, Roswell's population

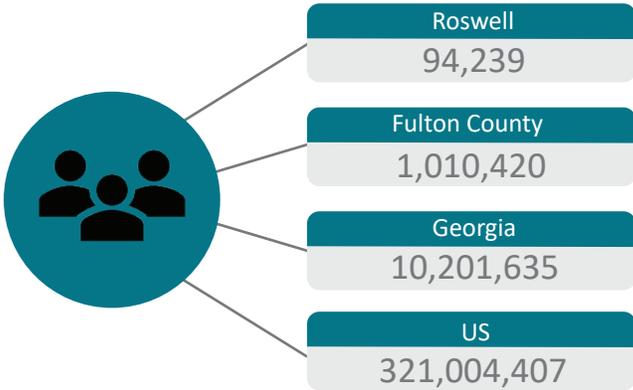
- Has a slightly higher rate of fast-food restaurants; and
- Shows higher rates of educational attainment and career readiness, and lower rates of unemployment than state and national averages.

White residents and residents in census tract 114.11 have the highest disease burdens and poorest health outcomes.

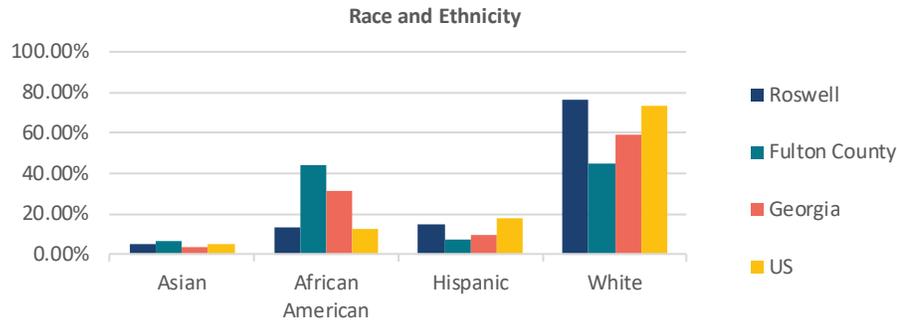
The areas with the greatest barriers to accessing healthy foods, including transportation, income, and distance, are 114.05, 114.11, 114.12, 114.20, and 114.22.

DEMOGRAPHICS

Population

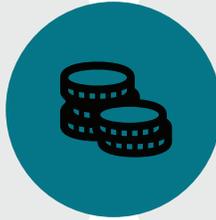


Race and Ethnicity



Median Household Income

Roswell	\$87,911
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Roswell	3.7%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Popula overty

Roswell	8.9%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

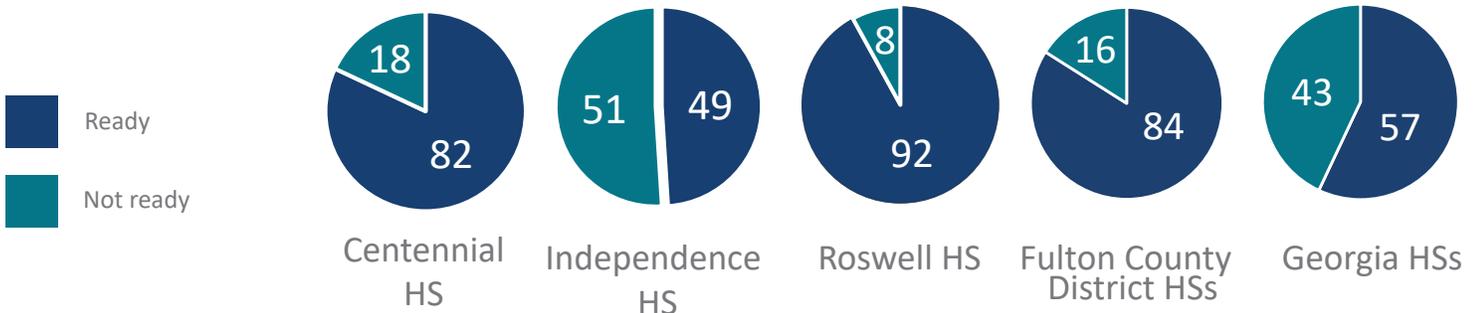


Single Female-Headed Households in Poverty

Roswell	20.0%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

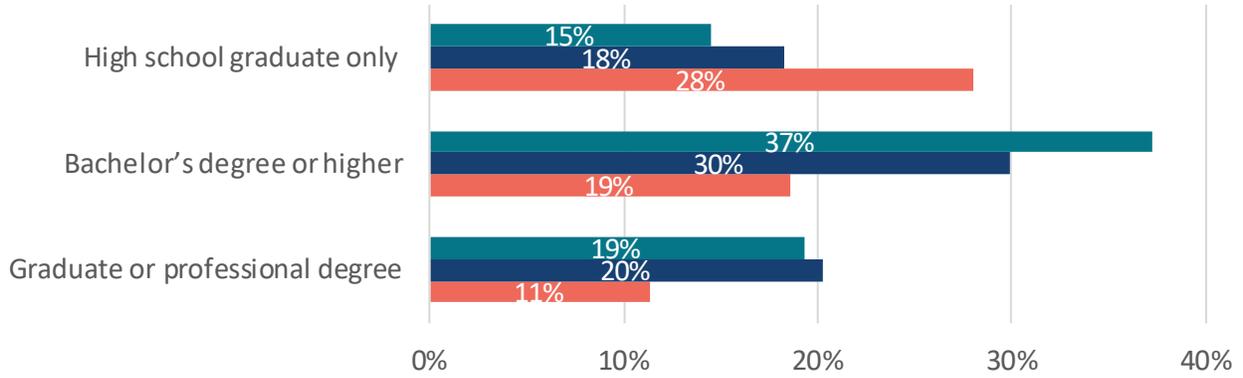
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

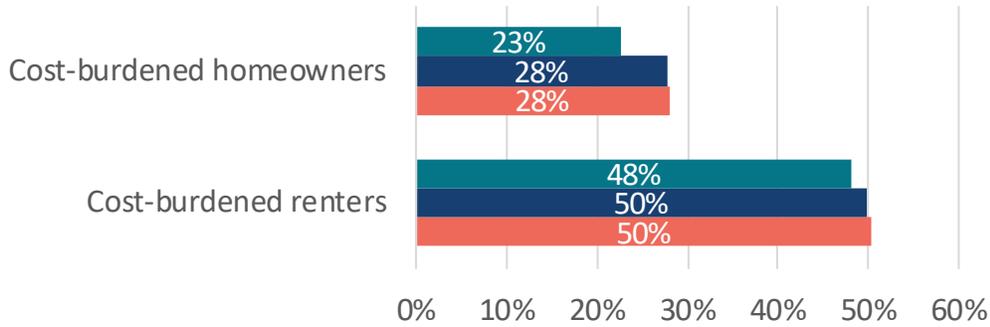
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

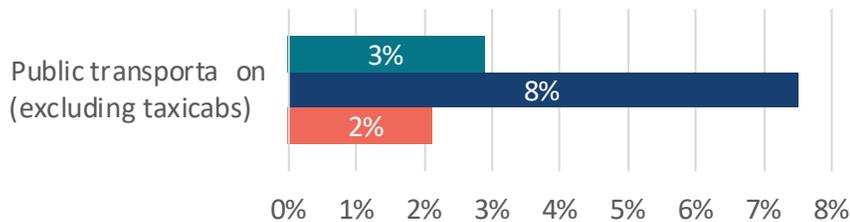
Residents Spending >30% of Income on Housing



Roswell has a rental vacancy rate of 6.5, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 1.1, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents in census tracts 114.20 (7.54%) and 114.17 (16.7%) are **more likely** to be without a motor vehicle, compared to state and national averages (6.7% and 8.8%, respectively).



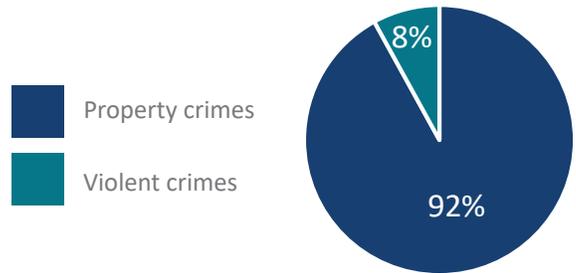
INDUSTRIES OF EMPLOYMENT

1
2
3
4
5

- 1 Professional, scientific, management, and administrative and waste management services
- 2 Education services, and health care and social assistance
- 3 Finance and insurance, and real estate and rental and leasing
- 4 Retail trade
- 5 Manufacturing

SAFETY

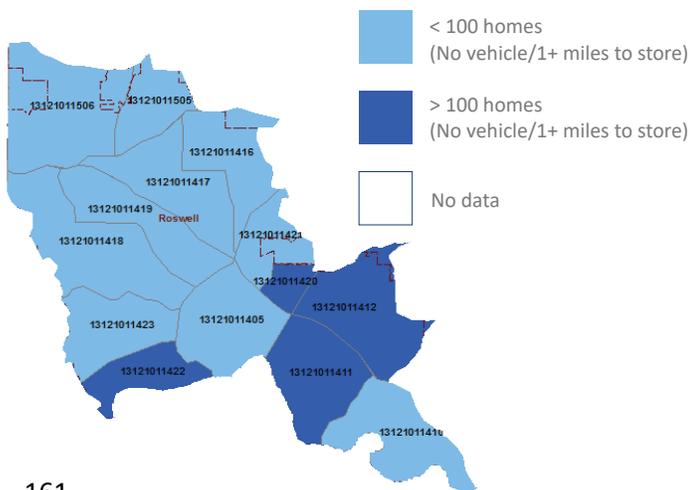
According to the Uniform Crime R Program, the incidence of crime has decreased slightly from 1,724 in 2017 to 1,626 in 2018 in Roswell, Ga. Approximately 92% of the crimes in Roswell are property crimes (burglary, vehicle theft, etc.). The remaining 8% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



FOOD ACCESS

- 4 Areas have low food access and limited access to vehicles (114.11, 114.12, 114.20, 114.22)
- 3 Areas have a low-income population with low food access (114.05, 114.20, 114.21)

Both zip codes show **higher rates** of fast-food restaurants than the state (83.1 per 100,000 residents) from 85.6 in 30075 to 93.7 in 30076.



HEALTH OUTCOMES



Rates when compared to the county and state

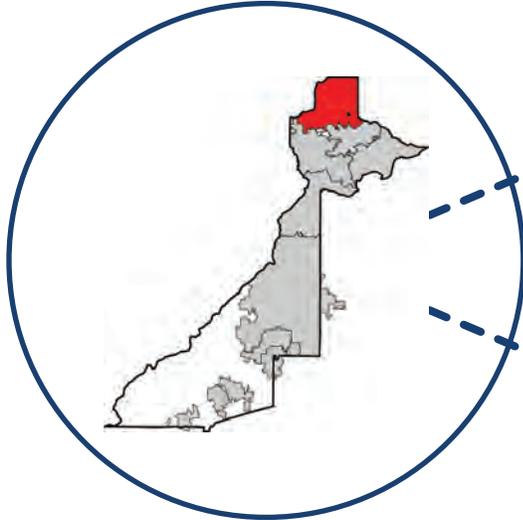
Death
Alzheimer's disease, COPD, Stroke, Colon cancer
Emergency Room Visits
Other intentional Perinatal period, Falls
Hospitalization
Breast cancer

- 1 Area with the highest rates hospitalization (114.11)

Whites have the highest rates of emergency room hospitalization, compared with African-American, Asian, and Hispanic counterparts.

Community Profile Milton, GA

Commissioner: Bob Ellis, District 2



Zipcode

30004 and 30009

Census Tracts

115.03, 115.04, 116.14, and 116.15

HISTORY

Milton, Ga., was incorporated in 2006, after receiving a host of support (approximately 85% of voters approved the city's referendum). The City of Milton was named after war hero John Milton, who was originally a part of a group of North Carolina settlers.

SUMMARY

When compared to Fulton County, Milton's population

- Constitutes approximately 3.72% of the population of Fulton County;
- Is slightly older, higher income-earning, with lower poverty rates (including single female-headed households) and a similar gender ratio;
- Shows lower rates of housing cost burden (renters and homeowners spend less than 33% of income on housing);
- Has a lower percentage of African-American residents and a higher percentage of Asian-American and White residents;
- Is less likely to be without a motor vehicle; and
- Shows higher mortality rates for Alzheimer's disease, suicide, accidental poisoning, and chronic obstructive pulmonary disease.

When compared to the state and national population

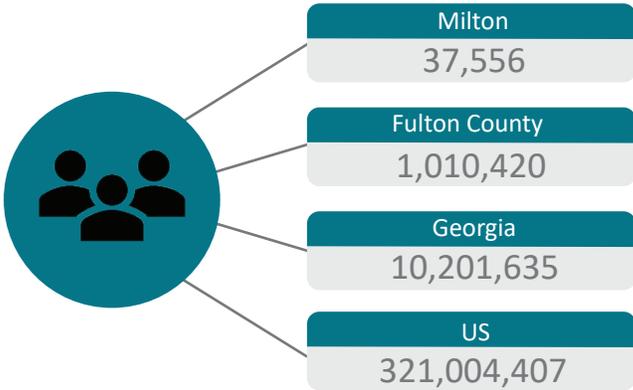
- Has higher rates of fast-food restaurants; and
- Shows higher rates of educational attainment and lower rates of unemployment than state and national averages.

White residents and residents in census tract 115.04 experience the highest disease burdens and poorest health outcomes.

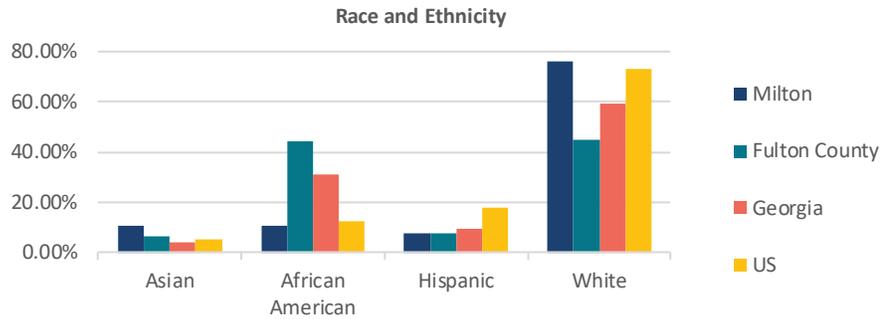
There are challenges accessing healthy foods, including transportation distance in the 116.14 census tract area.

DEMOGRAPHICS

Population

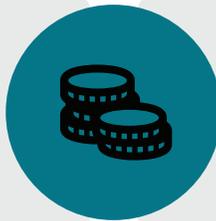


Race and Ethnicity



Median Household Income

Milton	\$120,595
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Milton	4.4%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Popula overty

Milton	5.5%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

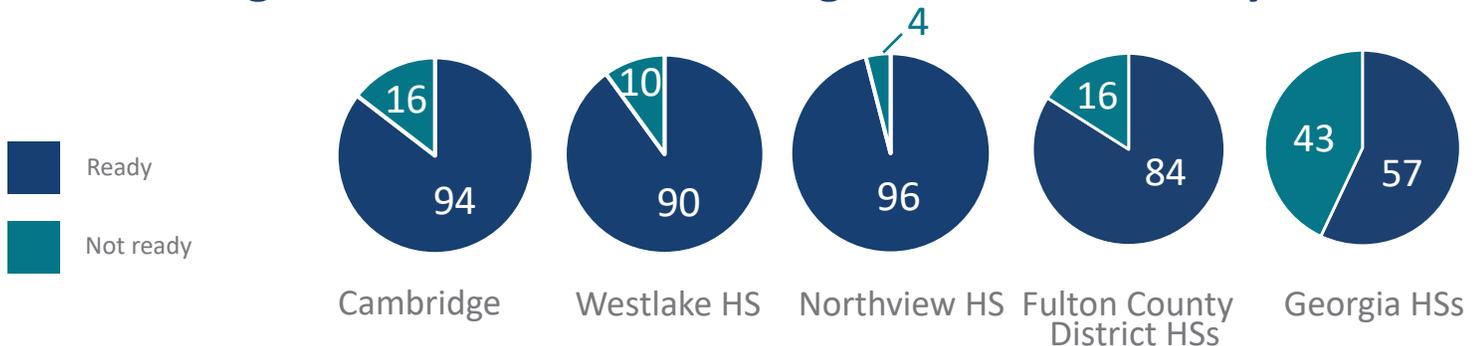


Single Female-Headed Households in Poverty

Milton	8.3%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

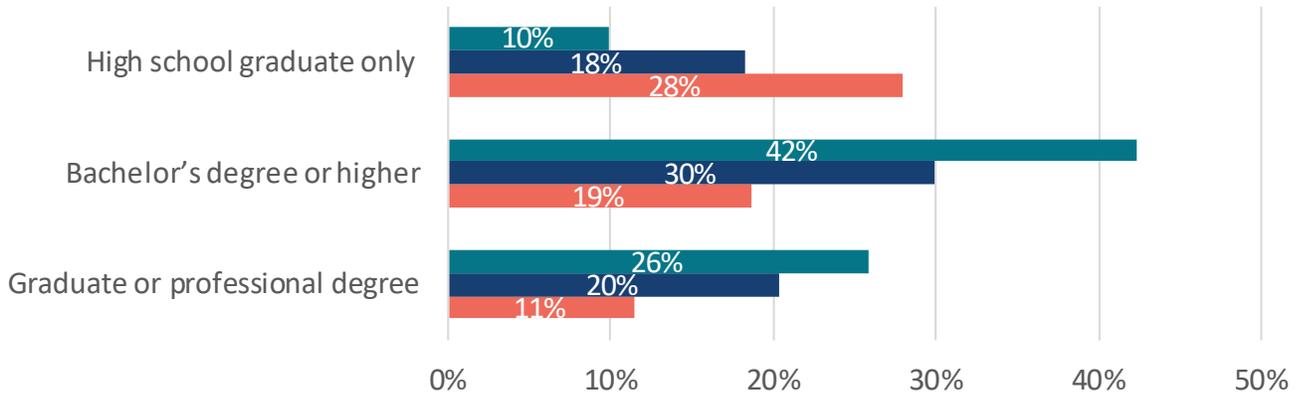
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits

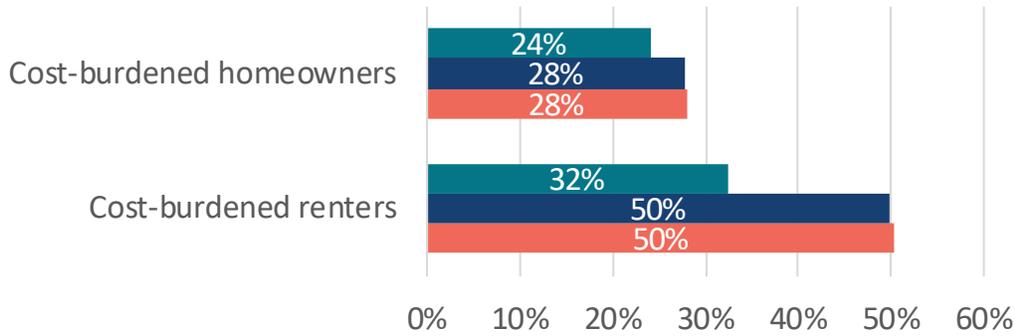
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

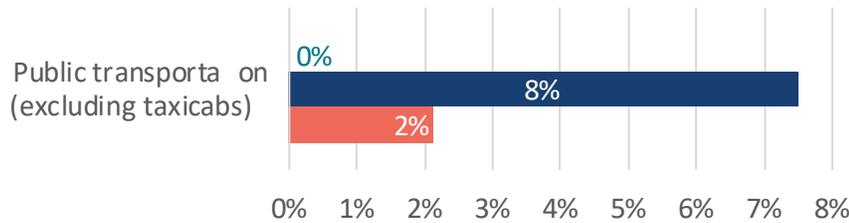
Residents Spending >30% of Income on Housing



Milton has a rental vacancy rate of 2.7, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 1.4, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents living in 115.03 (0%), 115.04 (1.49%), 116.14 (1.44%), and 116.15 (4.77%) are **less likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).



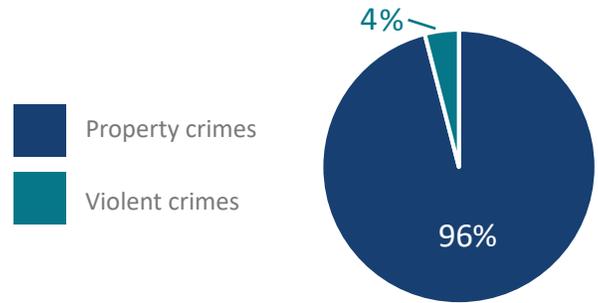
INDUSTRIES OF EMPLOYMENT

1
2
3
4
5

- 1 Professional, scientific, management, and administrative and waste management services
- 2 Education services, and health care and social assistance
- 3 Finance and insurance, and real estate and rental and leasing
- 4 Retail trade
- 5 Manufacturing

SAFETY

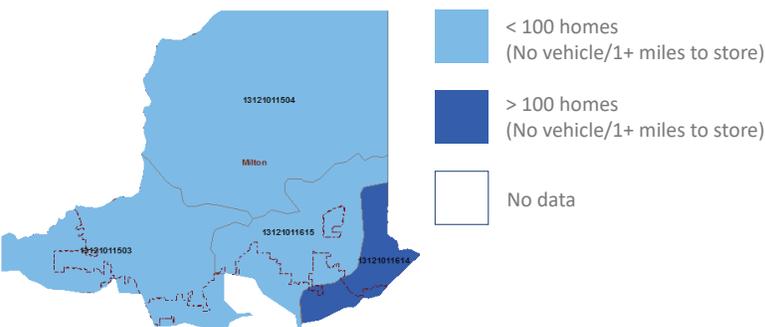
According to the Uniform Crime Report Program, the incidence of crime has decreased slightly from 307 in 2017 to 299 in 2018 in Milton, Ga. Approximately 96% of the crimes in Milton are property crimes (burglary, vehicle theft, etc.). The remaining 4% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



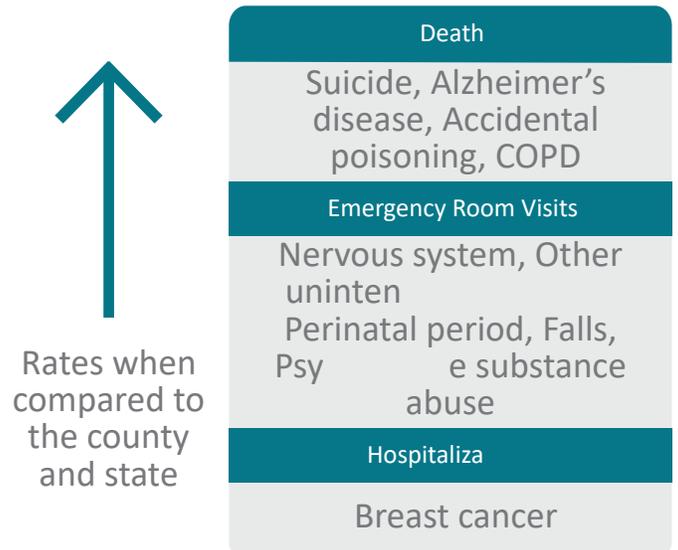
FOOD ACCESS

- 1 Area has low food access and limited access to vehicles (116.14)
- 0 Areas have a low-income population with low food access

All zip codes show **higher rates** of fast-food restaurants than the state (83.1 per 100,000 residents) ranging from 132.0 in 30004 to 182.2 in 30009.



HEALTH OUTCOMES



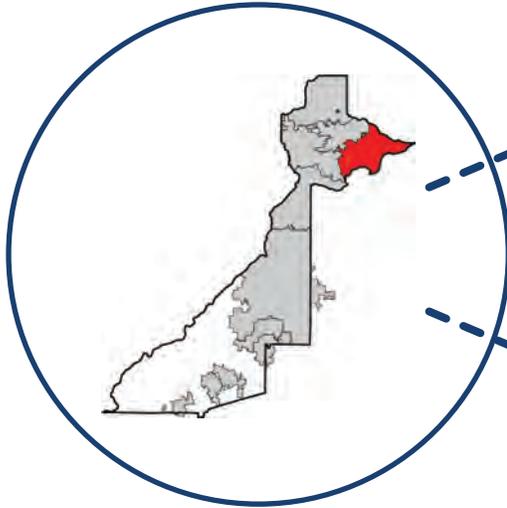
Rates when compared to the county and state

- 1 Area with the highest rates of hospitalization (115.04)

Whites have the highest rates of emergency room hospitalization, compared with African-American, Asian, and Hispanic counterparts.

Community Profile Johns Creek, GA

Commissioner: Liz Hausmann, District 1



Zipcode

30005, 30022, 30024, 30097

Census Tracts

114.14, 114.24, 114.25, 114.27, 116.12, 116.13, 116.22, 116.23, 116.24, and 116.25

HISTORY

Johns Creek was founded by a group of Georgia Institute of Technology graduates who purchased the 1,700 acres of rural land in 1981 — once a trading post in the early 1800s. Johns Creek was incorporated by the Georgia State Legislature that it would not be the only community north of the Chattahoochee in Metro Atlanta not incorporated.

SUMMARY

When compared to Fulton County, Johns Creek’s population

- Constitutes approximately 8.25% of the population on County;
- Is slightly older, higher income-earning, with a lower percentage of single female-headed households in poverty and an even gender ratio
- Has a lower percentage of African-American residents and higher percentage of Asian-American and White residents;
- Shows lower rates of housing cost burden (renters and homeowners spend less than 33% of income);
- Is less likely to be without a motor vehicle; and
- Shows higher mortality rates for Alzheimer’s disease.

When compared to the state and national average, Johns Creek’s population

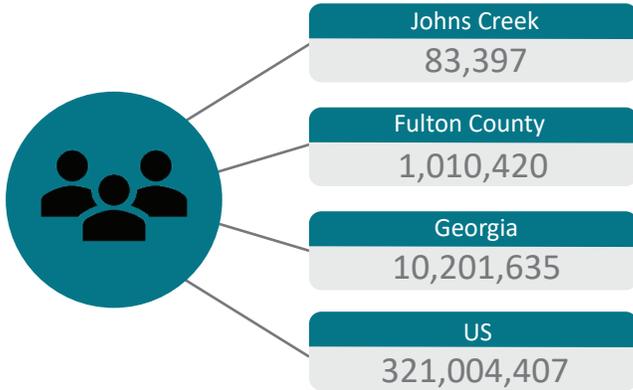
- Has a higher rate of fast-food restaurants; and
- Shows higher rates of educational attainment and career readiness, and average rates of unemployment.

White residents and residents in census tracts 114.27, 116.13, and 116.25 experience the highest disease burdens and poorest health outcomes.

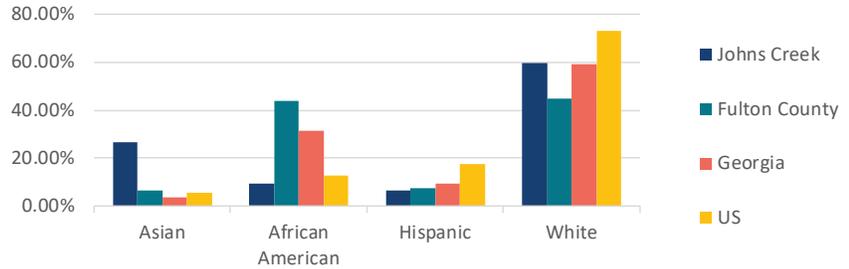
There are no areas identified as having barriers to accessing healthy foods.

DEMOGRAPHICS

Population



Race and Ethnicity



Median Household Income

Johns Creek	\$113,609
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Johns Creek	6.2%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Population in Poverty

Johns Creek	4.6%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

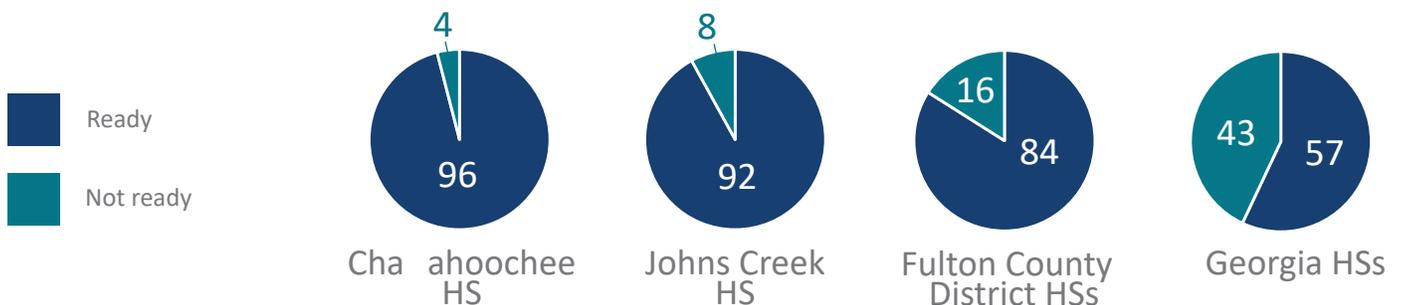


Single Female-Headed Households in Poverty

Johns Creek	20.9%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

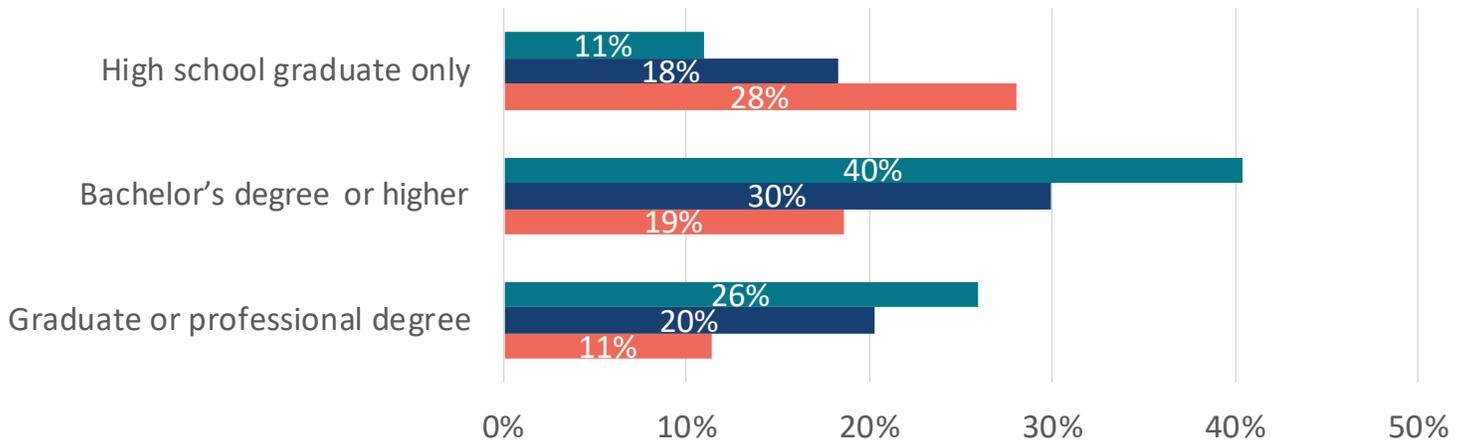
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

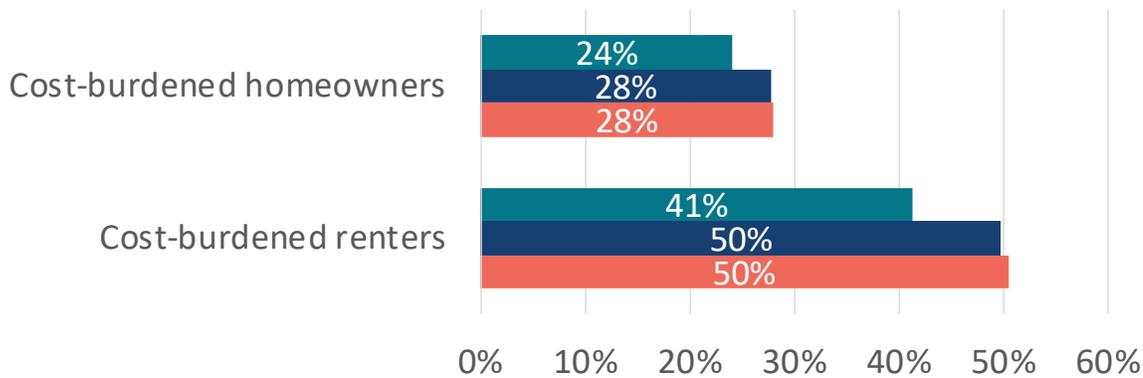
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

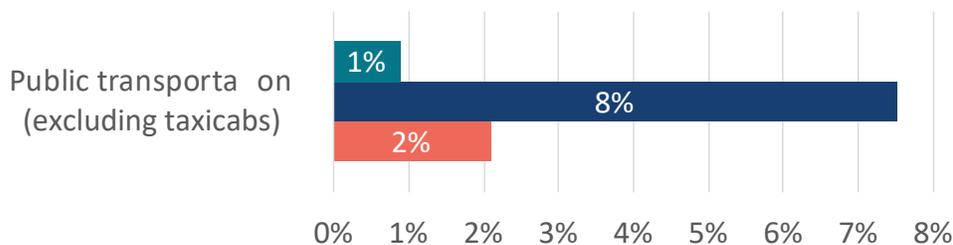
Residents Spending >30% of Income on Housing



Johns Creek has a rental vacancy rate of 4.3, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 0.9, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents living in 114.14 (4.41%), 114.24 (2.27%), 114.25 (0.48%), 114.27 (0.34%), 116.12 (0.67%), 116.13 (0%), 116.22 (0%), 116.23 (0%), 116.24 (0.74%), and 116.25 (2.59%) are **less likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).

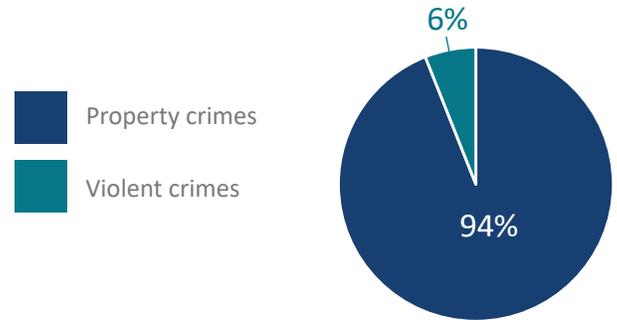
INDUSTRIES OF EMPLOYMENT

- 1
- 2
- 3
- 4
- 5

- 1 Professional, scientific and management, and administrative and waste management services
- 2 Education services, and health care and social assistance
- 3 Finance and insurance, and real estate and rental and leasing
- 4 Retail trade
- 5 Manufacturing

SAFETY

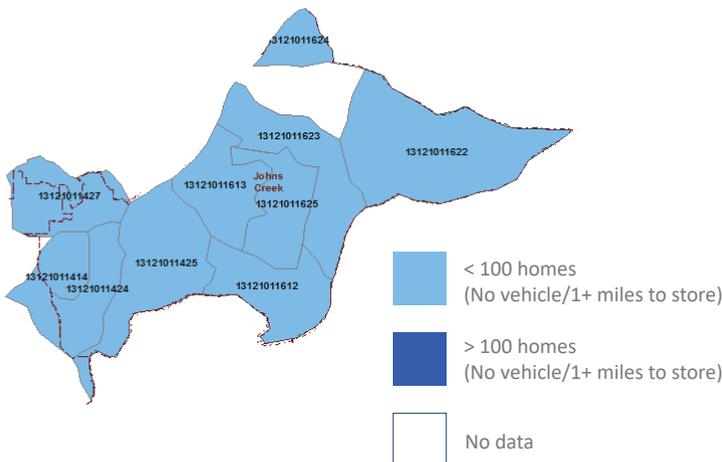
According to the Uniform Crime Report Program, the incidence of crime has decreased slightly from 600 in 2017 to 566 in 2018 in Johns Creek, Ga. Approximately 94% of the crimes in Johns Creek are property crimes (burglary, vehicle theft, etc.). The remaining 6% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



FOOD ACCESS

- 0 Areas have low food access and limited access to vehicles
- 0 Areas have a low-income population with food

All zip codes show **higher rates** of fast-food restaurants than the state (83.1 per 100,000 residents) ranging from 95.8 in 30005 to 145.5 in 30009.



HEALTH OUTCOMES



Rates when compared to the county and state

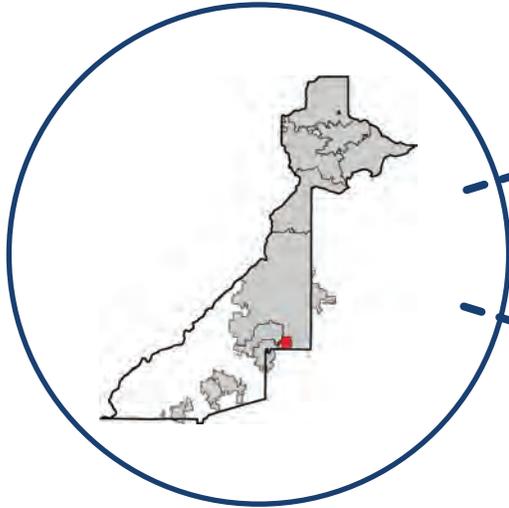
Death
Alzheimer's disease
Emergency Room Visits
Nervous system, Other unintentional Falls, Motor vehicle crashes
Hospitalizations
Breast cancer

3 Areas with the highest rates hospitalization mortality (114.27, 116.13, 116.25)

Whites have the highest rates of emergency room mortality, compared with African-American, Asian, and Hispanic counterparts.

Community Profile Hapeville, GA

Commissioner: Joe Carn, District 6



Zipcode
30354

Census Tracts
108.00

HISTORY

Once a village of approximately 500 acres, the City of Hapeville was chartered on Sept. 16, 1891, by Dr. Samuel Hape — from which the city's name was derived.

SUMMARY

When compared to Fulton County, Hapeville's popula

- Cons es approximately 0.66% of the popula on County;
- Is younger, lower income-earning, with an average percentage of poverty, much lower single female-headed households in poverty, and a higher percentage of females;
- Has an average percentage of African-American and White residents, with a higher percentage of Hispanic residents;
- Shows lower rates of housing cost burden (renters and homeowners spend less than 33% of income);
- Is twice as likely to be without a motor vehicle;
- Shows higher mortality rates for suicide and ischemic heart disease; and
- Has an HIV prevalence rate higher than the state and county at 2,643 per 100,000.

When compared to the state and na ville's popula

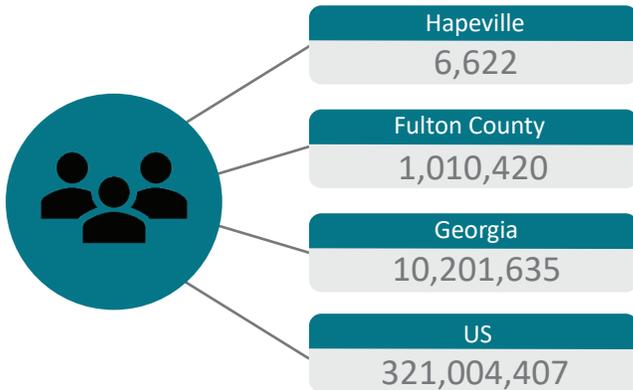
- Has a higher rate of fast-food restaurants; and
- Shows lower rates of both educa ainment and unemployment.

African-American and White residents have the highest rates of mortality, and Asian-American residents experience the highest rates of emergency room visits when compared to their e racial and ethnic counterparts.

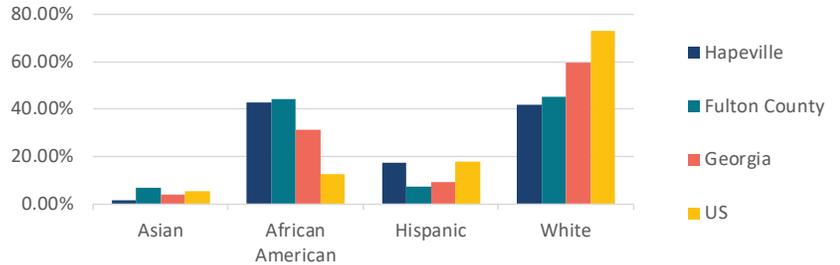
There are challenges accessing healthy foods, including income and distance in the 108.00 census tract area.

DEMOGRAPHICS

Population

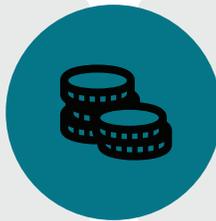


Race and Ethnicity



Median Household Income

Hapeville	\$44,828
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Hapeville	4.4%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Popula

Hapeville	16.4%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

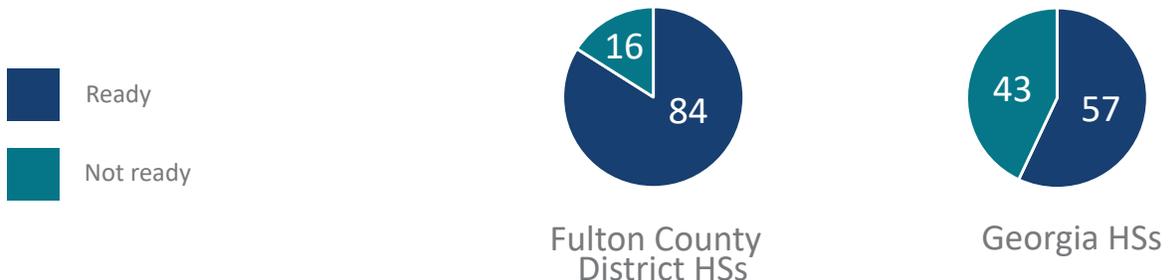


Single Female-Headed Households in Poverty

Hapeville	3.7%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

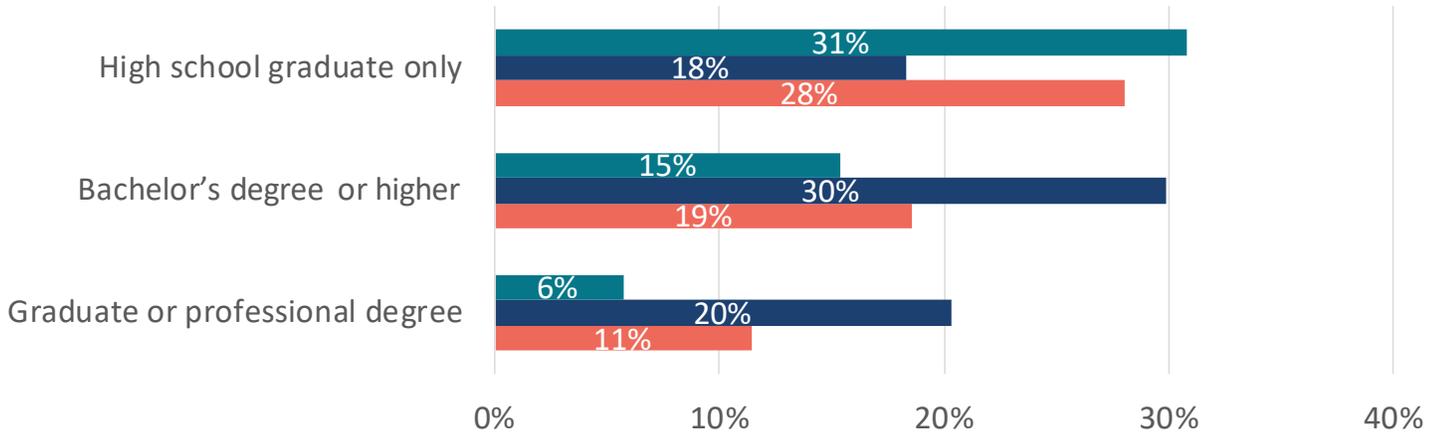
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

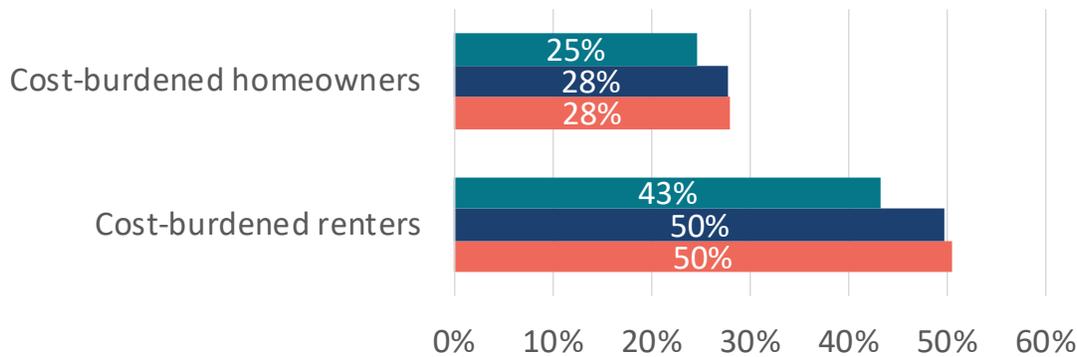
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

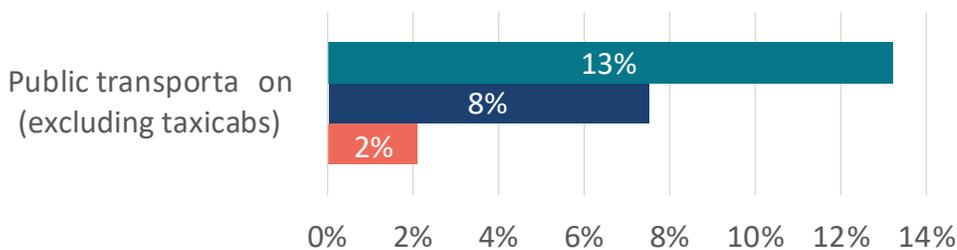
Residents Spending >30% of Income on Housing



Hapeville has a rental vacancy rate of 2.4, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 0.0, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents living in 108.00 (17.19%) are **more likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).

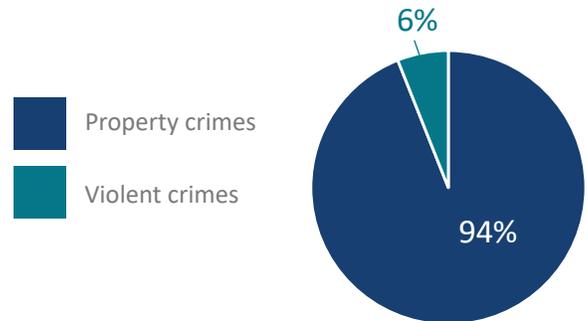


INDUSTRIES OF EMPLOYMENT

- 1 Transportation, warehousing, and information
- 2 Arts, entertainment, and recreation; accommodation and food services
- 3 Professional, scientific, management, and administrative; and waste management services
- 4 Manufacturing
- 5 Construction

SAFETY

According to the Uniform Crime Reporting Program, the incidence of crime has decreased from 832 in 2017 to 786 in 2018 in Hapeville, Ga. Approximately 94% of the crimes in Hapeville are property crimes (burglary, vehicle theft, larceny). The remaining 6% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



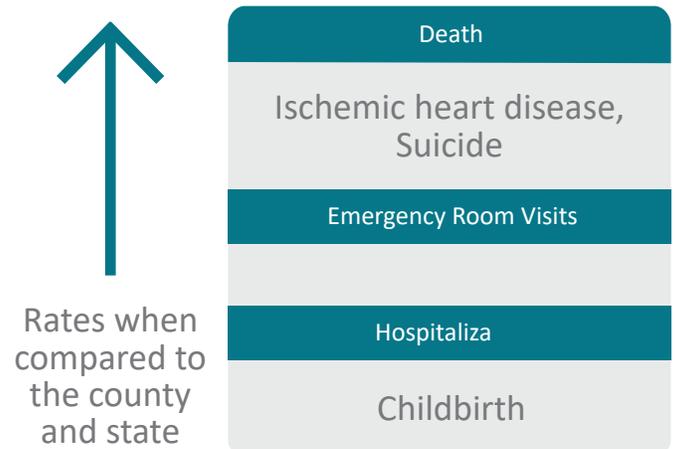
FOOD ACCESS

- 0 Areas have low food access and limited access to vehicles
- 1 Areas have a low-income population with low food access (108.00)

30354 shows **higher rates** of fast-food restaurants than the county and state (181.7, 122.1, and 83.1 per 100,000 residents, respectively).



HEALTH OUTCOMES

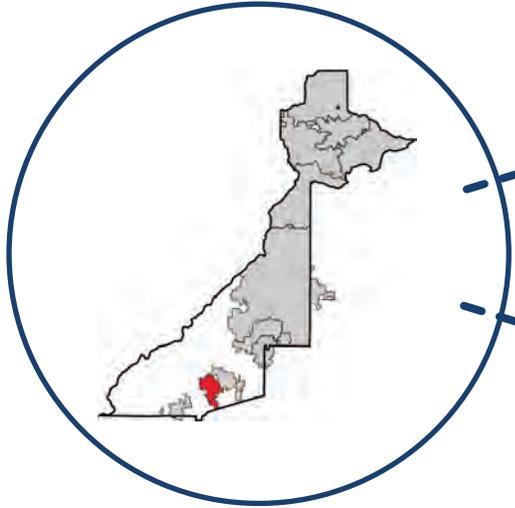


African-Americans and Whites have the highest rates of mortality, compared to their Asian and Hispanic counterparts.

Asian-Americans experience the highest rates of emergency room visit.

Community Profile Fairburn, GA

Commissioner: Joe Carn, District 6



Zipcode
30213

Census Tracts
105.14

HISTORY

The Georgia State Legislature enacted Fairburn's city charter in 1854. It was formerly known as Carterville, then Berryville, and likely received its final name from a township in the County of York, England.

SUMMARY

When compared to Fulton County, Fairburn's popula

- Cons es approximately 1.42% of the popula on County;
- Is of younger age, lower income-earning, with a slightly lower percentage of poverty (including single female-headed households) and a higher percentage of females;
- Has a higher percentage of African-American and Hispanic residents, with a lower percentage of White residents;
- Shows higher rates of housing cost burden (renters and homeowners spend more than 33% of income);
- Is less likely to be without a motor vehicle;
- Shows higher mortality rates for prostate cancer, diabetes, essen hypertension, ischemic heart disease, and colon cancer; and
- Has an HIV prevalence rate higher than the state and county at 1,157 per 100,000.

When compared to the state and na airburn's popula

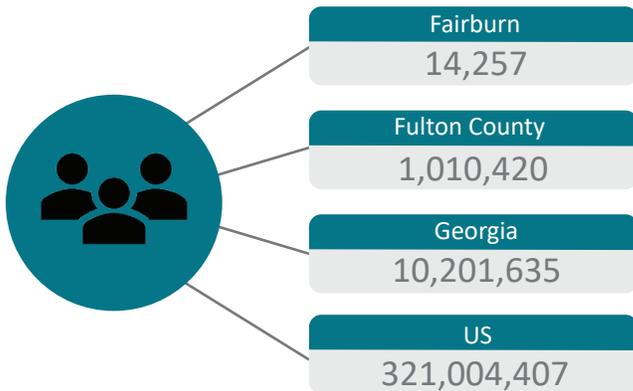
- Has a lower rate of fast-food restaurants; and
- Shows lower rates of educa ainment and average rates of career readiness and unemployment.

African-American residents experience the highest disease burdens and poorest health outcomes when compared to their racial and ethnic counterparts.

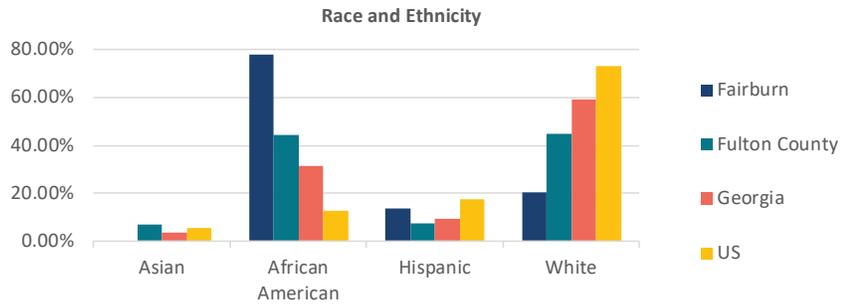
There are challenges accessing healthy foods, including transporta distance in the 105.14 census tract area.

DEMOGRAPHICS

Population



Race and Ethnicity



Median Household Income

Fairburn	\$43,886
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Fairburn	6.2%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Populatio n overty

Fairburn	15.7%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

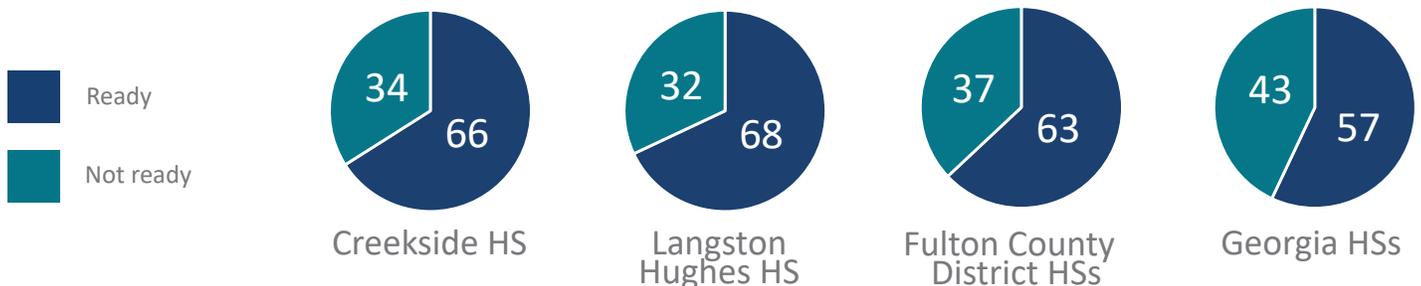


Single Female-Headed Households in Poverty

Fairburn	25.2%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

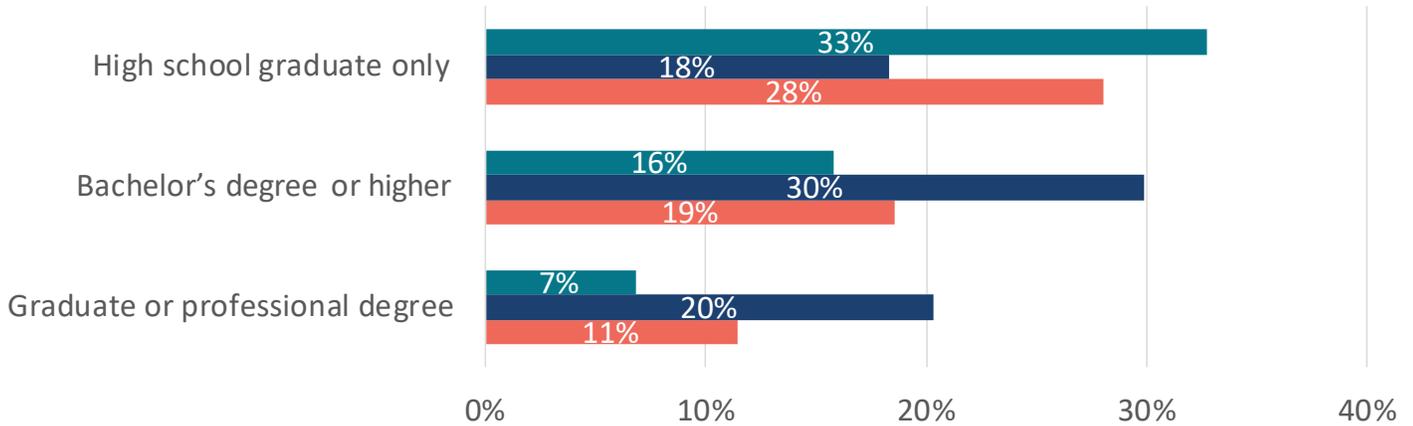
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

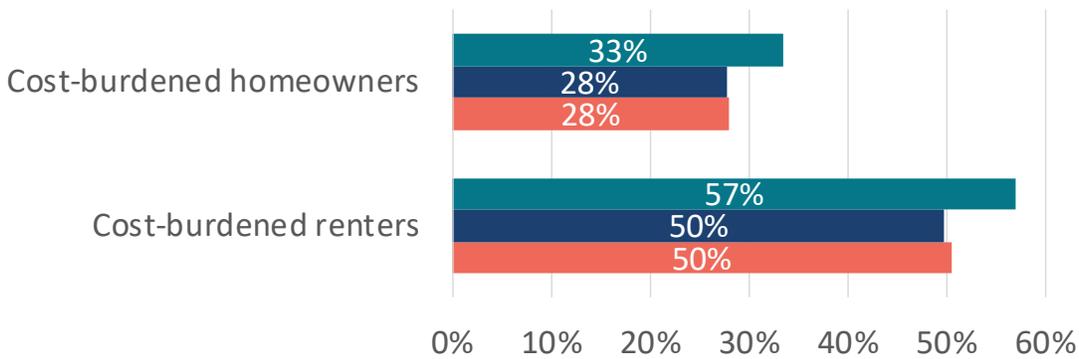
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

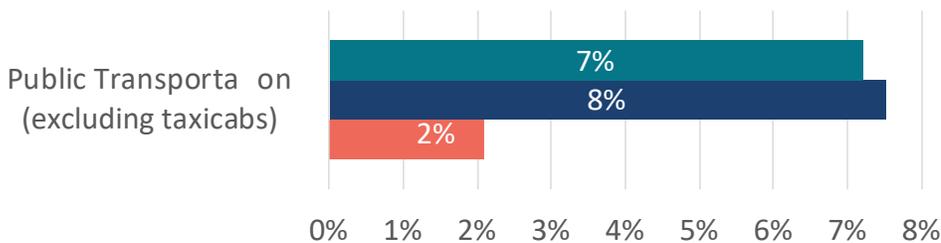
Residents Spending >30% of Income on Housing



Fairburn has a rental vacancy rate of 0.0, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 0.0, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



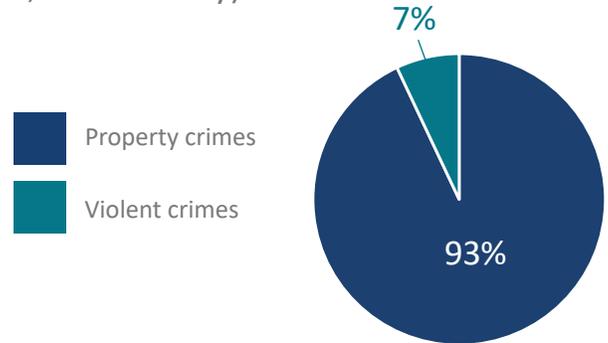
Residents living in 105.14 (4.93%) are **less likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).

INDUSTRIES OF EMPLOYMENT

- 1 Education, services, and health care and social assistance
- 2 Arts, entertainment, and recreation; transportation and food services
- 3 Transportation and warehousing
- 4 Finance and insurance, and real estate and rental and leasing
- 5 Public administration

SAFETY

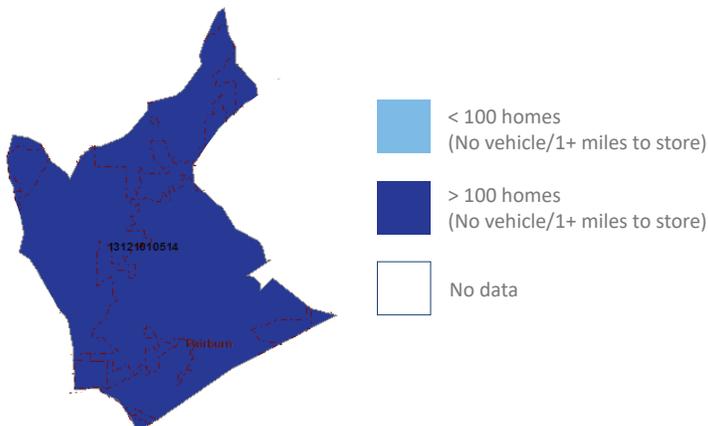
According to the Uniform Crime Report Program, the incidence of crime has decreased from 825 in 2017 to 712 in 2018 in Fairburn, Ga. Approximately 93% of the crimes in Fairburn are property crimes (burglary, vehicle larceny). The remaining 7% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



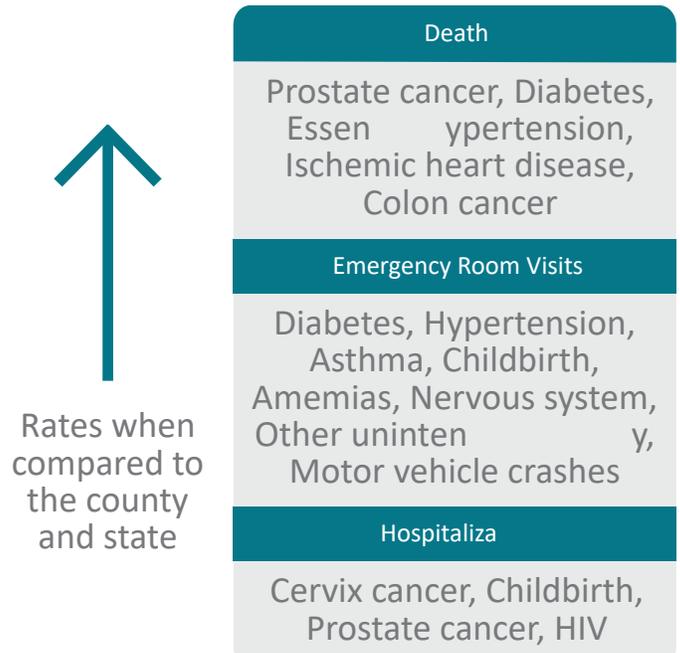
FOOD ACCESS

- 1 Areas have low food access and limited access to vehicles (105.14)
- 0 Areas have a low-income population with food access

30213 shows **lower rates** of fast-food restaurants than the state (83.1 per 100,000 residents).



HEALTH OUTCOMES



African-Americans have the highest rates of emergency room, hospitalizations and mortality, compared with White, Asian, and Hispanic counterparts.

Community Profile East Point, GA

Commissioner: Marvin S. Arrington, Jr., District 5



Zipcode
30344

Census Tracts
**111.00, 110.00, 112.01, 112.02,
113.01, 113.03, 113.05, and 113.06**

HISTORY

East Point owes its origins to an 1847 act incorporating the Atlanta & LaGrange Railroad (now Atlanta & West Point). The name “East Point” derives from the fact that this is the terminus of the Atlanta & West Point Railroad in the east; West Point, Ga., is the terminus in the west. This settlement was founded in 1870. The city was granted a charter on August 10, 1887, establishing the limits of the town from the original East Point terminus.

SUMMARY

When compared to Fulton County, East Point’s population

- Consists of approximately 3.5% of the population of the County;
- Is average age, lower income-earning, with a higher percentage of poverty, including single female-headed households, and a similar gender ratio;
- Has a higher percentage of African-American and lower percentage of White residents;
- Shows higher rates of housing cost burden (renters and homeowners spend more than 33% of income);
- Is three times as likely to be without a motor vehicle;
- Shows higher mortality rates for heart and metabolic diseases; and
- Has an HIV prevalence rate higher than the state and county at 3,339 per 100,000.

When compared to the state and nationally, East Point’s population

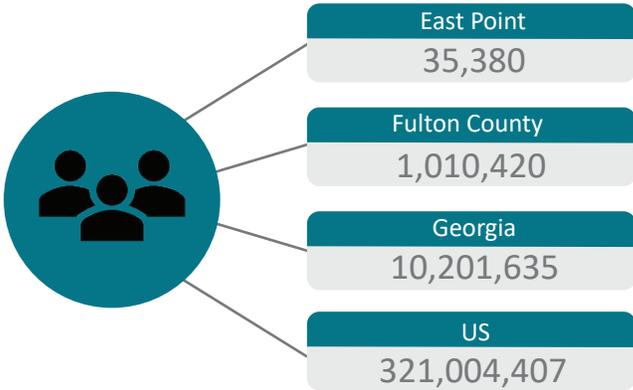
- Has a higher rate of fast-food restaurants; and
- Shows lower rates of educational attainment and career readiness, and higher rates of unemployment.

African-American residents and residents in census tracts 113.03 and 113.05 experience the highest disease burdens and poorest health outcomes.

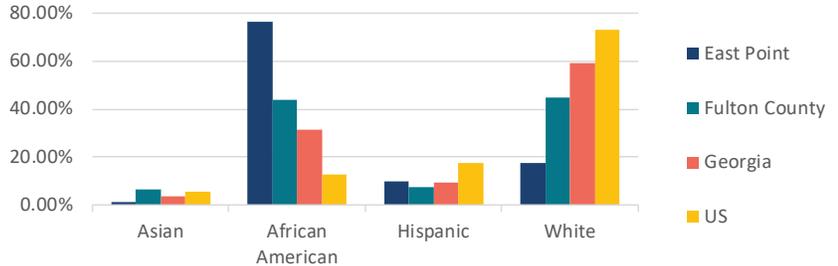
The areas with the greatest barriers to accessing healthy foods, including transportation, income, and distance, are 110.00, 112.01, 112.02, 113.01, 113.03, 113.05, and 113.06.

DEMOGRAPHICS

Population

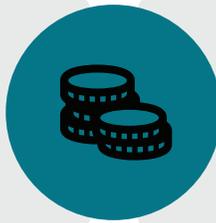


Race and Ethnicity



Median Household Income

East Point	\$39,131
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

East Point	10.8%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Population over 65

East Point	24.8%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

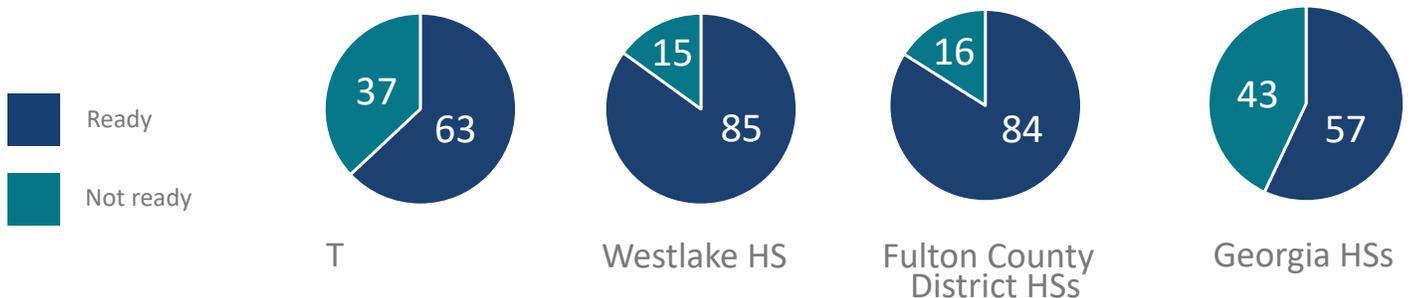


Unemployment

East Point	31.3%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

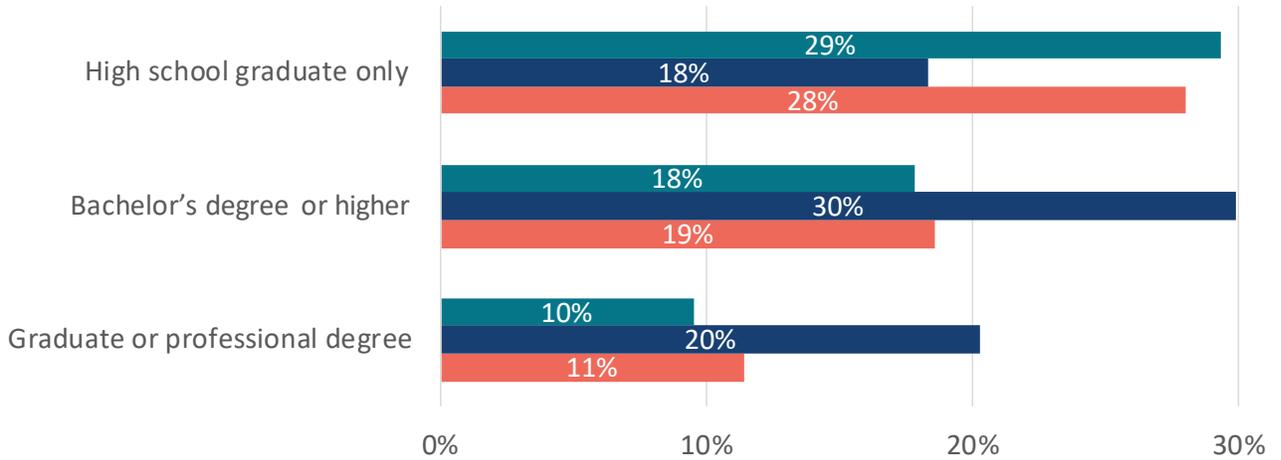
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

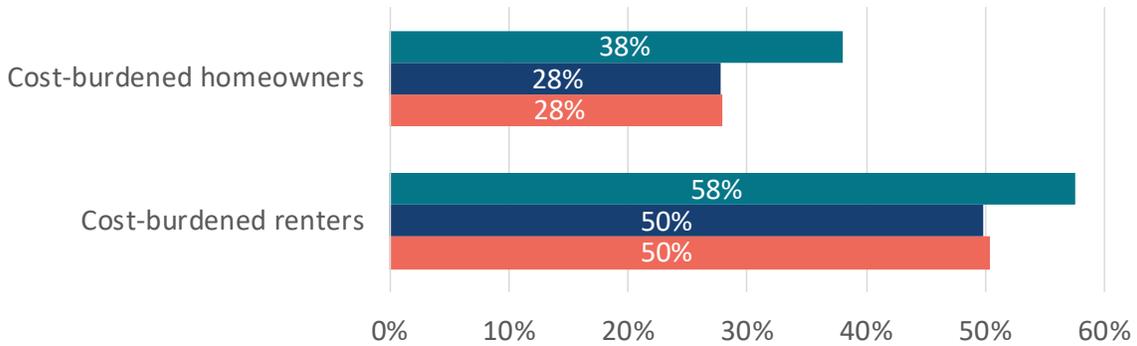
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

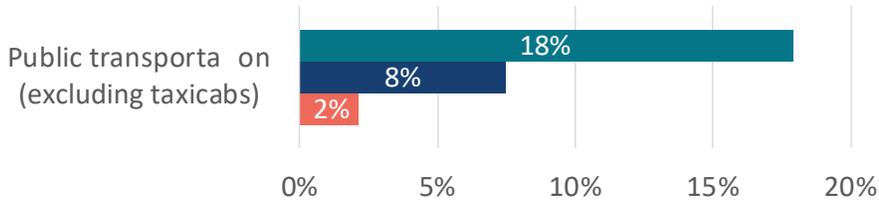
Residents Spending >30% of Income on Housing



East Point has a rental vacancy rate of 10.9, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 4.2, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



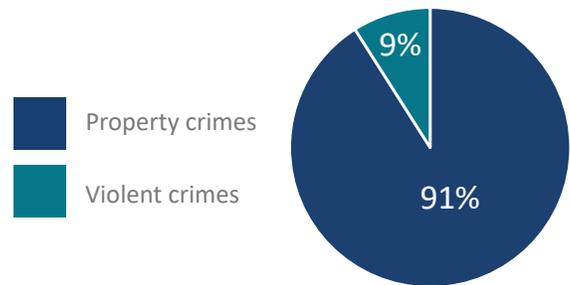
Residents living in 110 (30.3%), 113.05 (30.4%), and 113.06 (23.8%) are **more likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).

INDUSTRIES OF EMPLOYMENT

- 1 Education, services, and health care and social assistance
- 2 Arts, entertainment, and recreation; and food services
- 3 Transportation and warehousing
- 4 Professional, scientific management, and administrative and waste management services
- 5 Retail trade

SAFETY

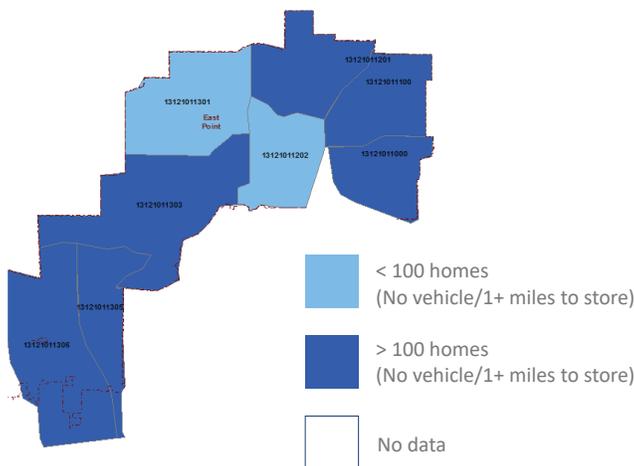
According to the Uniform Crime R Program, the incidence of crime has increased slightly from 4,603 in 2017 to 4,701 in 2018 in East Point, Ga. Approximately 91% of the crimes in East Point are property crimes (burglary, vehicle theft, etc.). The remaining 9% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



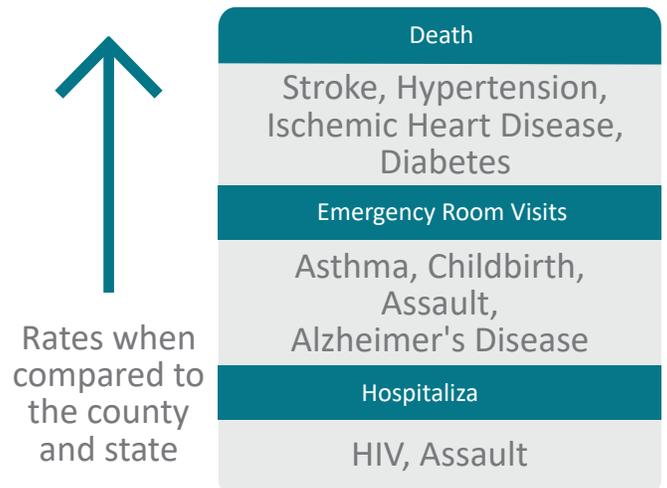
FOOD ACCESS

- 6 Areas have low food access and limited access to vehicles (110.00, 111.00, 112.01, 113.03, 113.05, 113.06)
- 7 Areas have low-income residents with low food access (110.00, 112.01, 112.02, 113.01, 113.03, 113.05, 113.06)

In 30344, there are 135.3 fast-food restaurants per 100,000 residents, compared to the state (83.1 per 100,000 residents).



HEALTH OUTCOMES

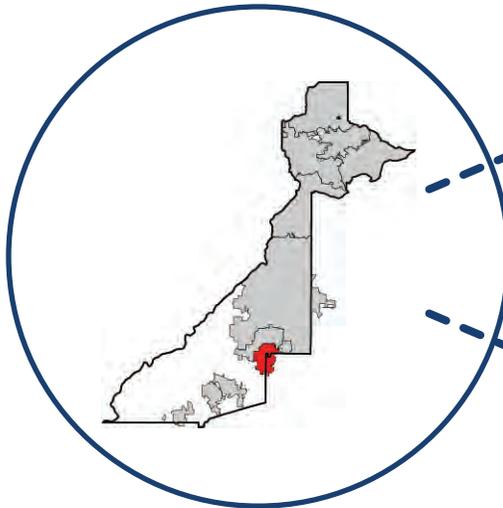


- 2 Areas with the highest rates of hospitalization (113.03, 113.05)

African-Americans have the highest rates of hospitalization, compared to White, Asian, and Hispanic counterparts.

Community Profile College Park, GA

Commissioners: Marvin S. Arrington Jr., District 5, and Joe Carn, District 6



Zipcode

30337 and 30349

Census Tracts

106.01, 106.03, 106.04, 123.00, and 13121980000

HISTORY

College Park was originally founded in 1890 with the name Atlan City. Once incorporated, it was renamed Manchester in 1891, and later renamed as the city of College Park in 1896. The name originated from being home to the Cox College and Georgia Military Academy.

SUMMARY

When compared to Fulton County, College Park's popula

- Cons es approximately 1.42% of the popula on County;
- Is of younger age, lower income-earning, with a higher percentage of poverty (including single female-headed households) and a higher percentage of females;
- Has a higher percentage of African-American and lower percentage of White residents;
- Shows higher rates of housing cost burden (renters and homeowners spend more than 33% of income);
Is more than twice as likely to be without a motor vehicle;
- Shows higher mortality rates for ischemic heart disease; and
- Both the 30337 and 30349 zip codes in College Park have HIV prevalence rates higher than the state and county at 3,277 and 2,341 per 100,000, r ely.

When compared to the state and na e Park's popula

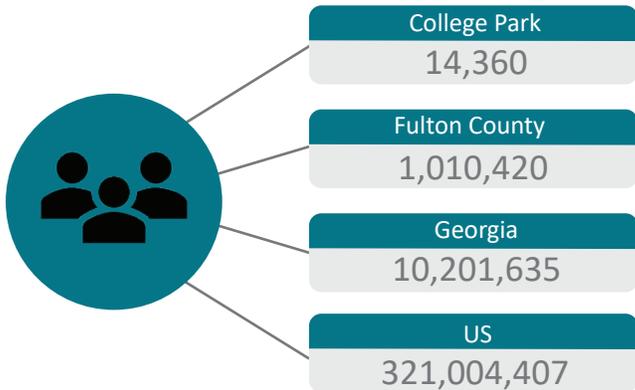
- Has a higher rate of fast-food restaurants; and
- Shows lower rates of educa ainment and career readiness, and higher rates of unemployment.

African-American residents and residents in census tracts 106.01 and 106.04 experience the highest disease burdens and poorest health outcomes.

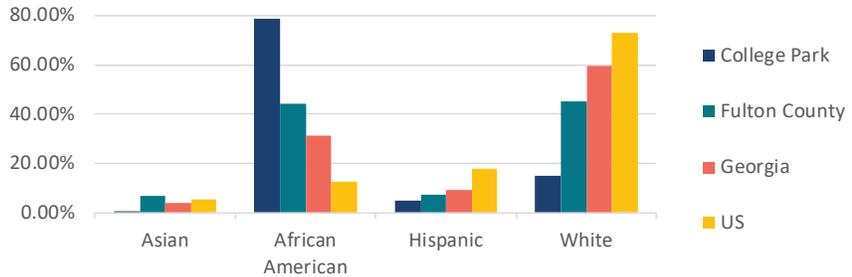
The areas with the greatest barriers to accessing healthy foods, including transporta ome, and distance, are 106.01, 106.03, and 106.04.

DEMOGRAPHICS

Population

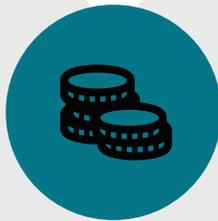


Race and Ethnicity



Median Household Income

College Park	\$29,087
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

College Park	12.1%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Popula overty

College Park	35.1%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

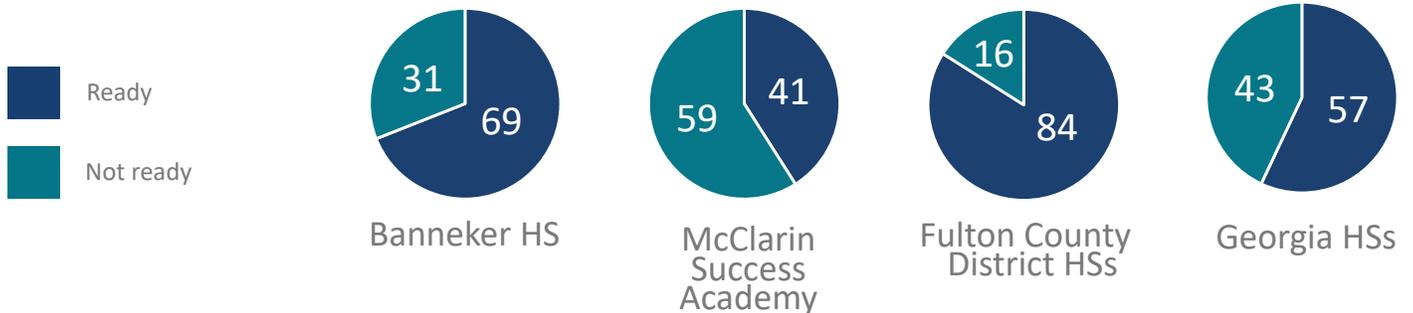


Single Female-Headed Households in Poverty

College Park	35.1%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

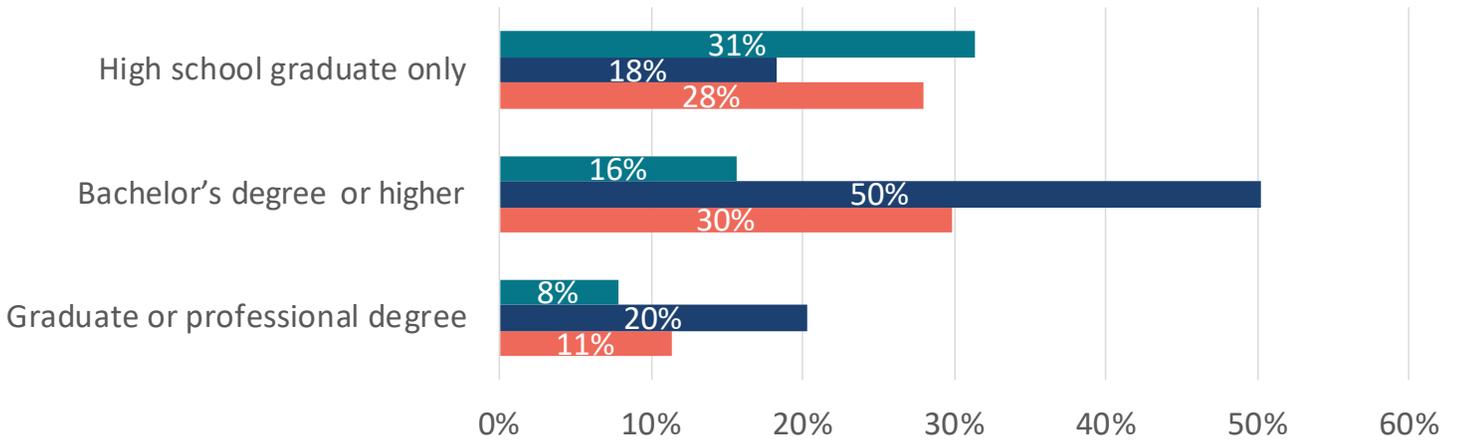
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

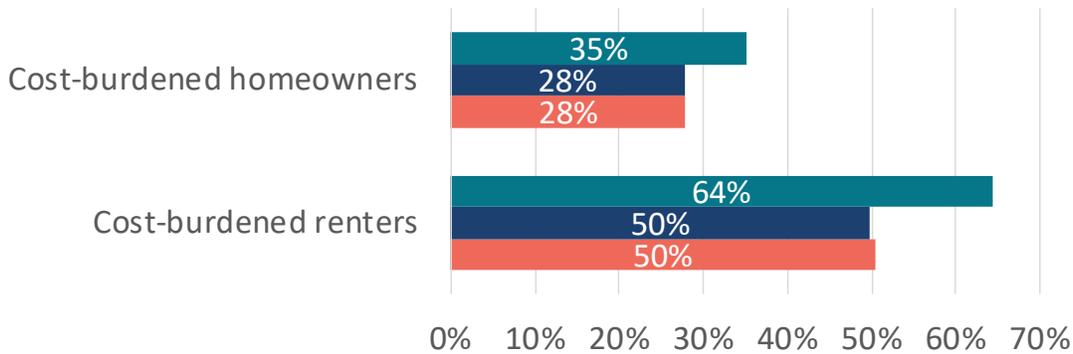
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

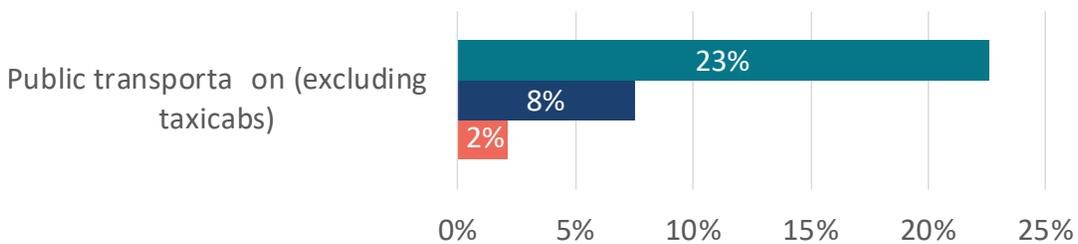
Residents Spending >30% of Income on Housing



College Park has a rental vacancy rate of 15.8, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 10.5, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Mode of Transportation



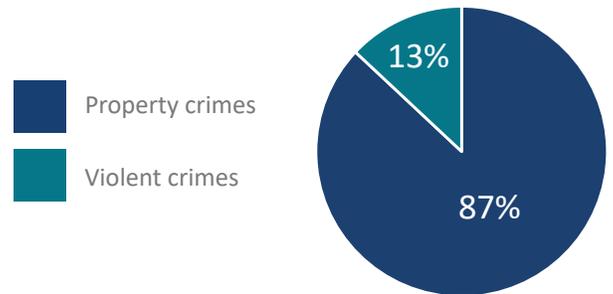
Residents living in 106.01 (25.28%), 106.03 (31.97%), 106.04 (26.21%), 123.00 (46.96%), and 13121980000 (18.35%) are **more likely** to be without a motor vehicle, compared to state and national averages (6.7% and 8.8%, respectively).

INDUSTRIES OF EMPLOYMENT

- 1 Arts, entertainment, and recreation, and food services
- 2 Education, services, and health care and social assistance
- 3 Transportation and warehousing
- 4 Professional, scientific management, and administrative and waste management services
- 5 Retail trade

SAFETY

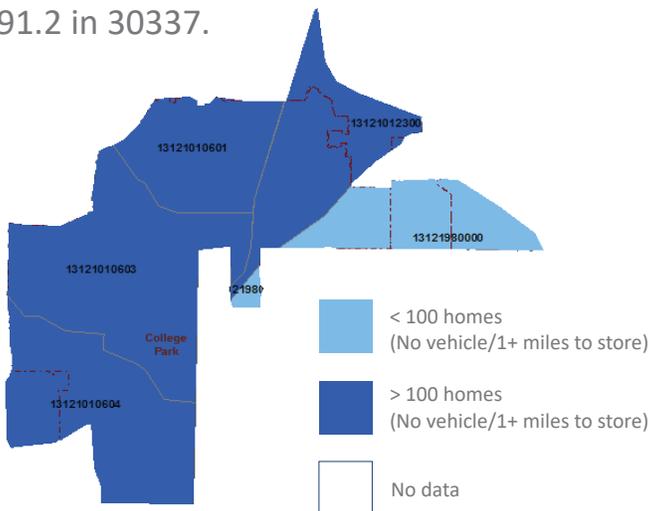
According to the Uniform Crime R Program, the incidence of crime has decreased from 1,347 in 2017 to 1,191 in 2018 in College Park, Ga. Approximately 87% of the crimes in College Park are property crimes (burglary, vehicle theft, etc.). The remaining 13% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



FOOD ACCESS

- 3 Areas have low food access and limited access to vehicles (106.01, 106.03, 106.04)
- 3 Areas have low-income residents with low food access (106.01, 106.03, 106.04)

All zip codes show **higher rates** of fast-food restaurants than the state (83.1 per 100,000 residents) ranging from 156.8 in 30349 to 191.2 in 30337.



HEALTH OUTCOMES



Rates when compared to the county and state

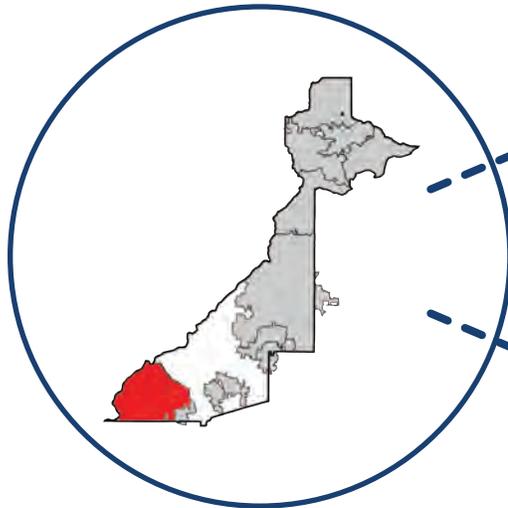
Death
Ischemic heart disease
Emergency Room Visits
Diabetes, Hypertension, Asthma, Childbirth, Assault, Musculoskeletal
Hospitalization
Assault, HIV

- 2 areas with the highest rates of hospitalization (106.01 and 106.04)

African-Americans have the highest rates of emergency room and hospitalization compared with White, Asian, and Hispanic counterparts.

Community Profile Chattahoochee Hills, GA (Includes Palmetto, GA)

Commissioner: Joe Carn, District 6



Zipcode

30268

Census Tract

104.00

HISTORY

Over the years, Chattahoochee Hills' rural character have been called home to many generations. On June 19, 2007, despite a yearlong debate, Chattahoochee Hills was officially incorporated.

SUMMARY

When compared to Fulton County, Chattahoochee Hills' population

- Constitutes approximately 0.26% of the population of the County;
- Is slightly older, average income-earning, with a lower percentage of single female-headed households in poverty, and a similar gender ratio;
- Homeowners are more likely to be cost-burdened (spend more than 33% of income);
- Is less diverse, with a lower percentage of African-American residents;
- Is slightly more likely to be without a motor vehicle; and
- Shows higher mortality rates for pancreatic cancer, suicide, Parkinson's disease, Alzheimer's disease, chronic obstructive pulmonary disease (COPD), ischemic heart disease, and colon cancer.

When compared to the state and nationally, Chattahoochee Hills' population

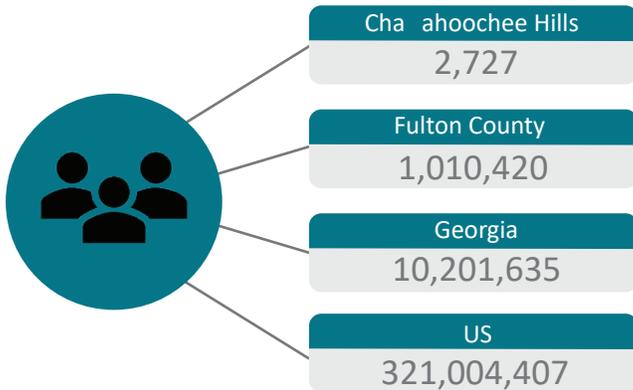
- Has a lower rate of fast-food restaurants; and
- Shows higher rates of educational attainment and lower rates of unemployment.

There are currently a higher percentage of residents showing higher rates of death and African-American residents showing higher rates of hospitalization than each of their racial and ethnic counterparts.

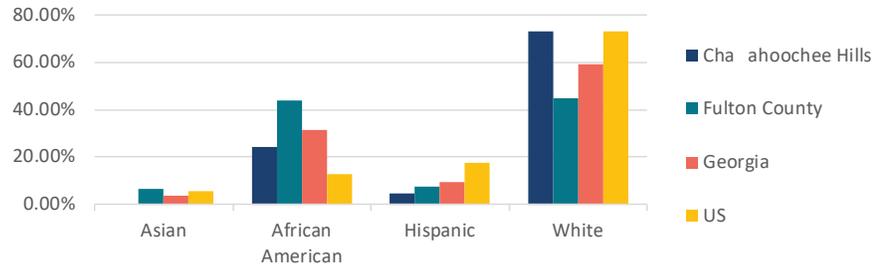
There are challenges accessing healthy foods, including transportation distance in the 104.00 census tract area.

DEMOGRAPHICS

Population

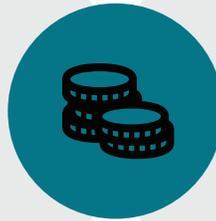


Race and Ethnicity



Median Household Income

Chaahoochee Hills	\$60,913
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Chaahoochee Hills	4.3%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Populatio

Chaahoochee Hills	11.2%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

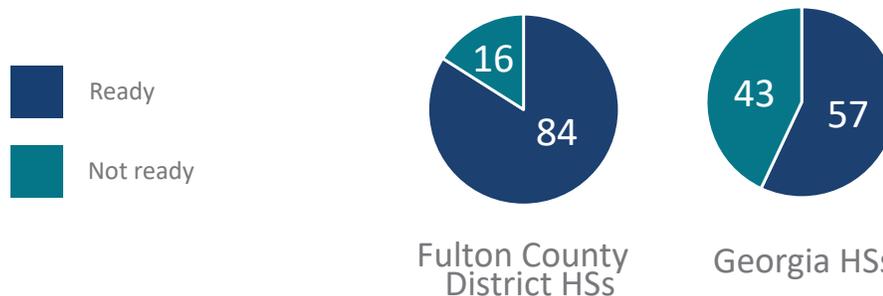


Single Female-Headed Households in Poverty

Chaahoochee Hills	7.8%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

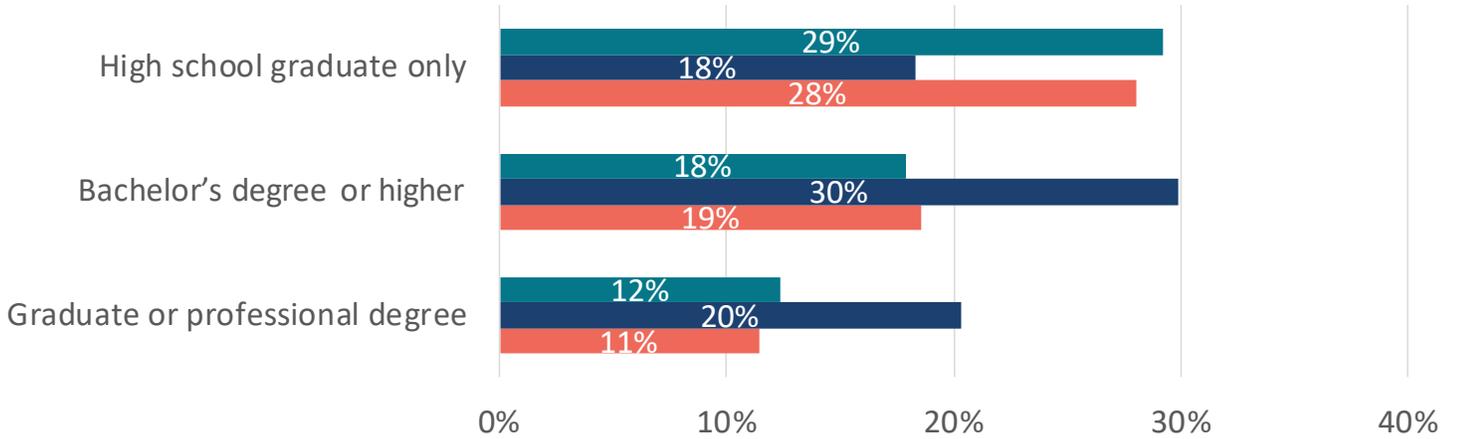
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

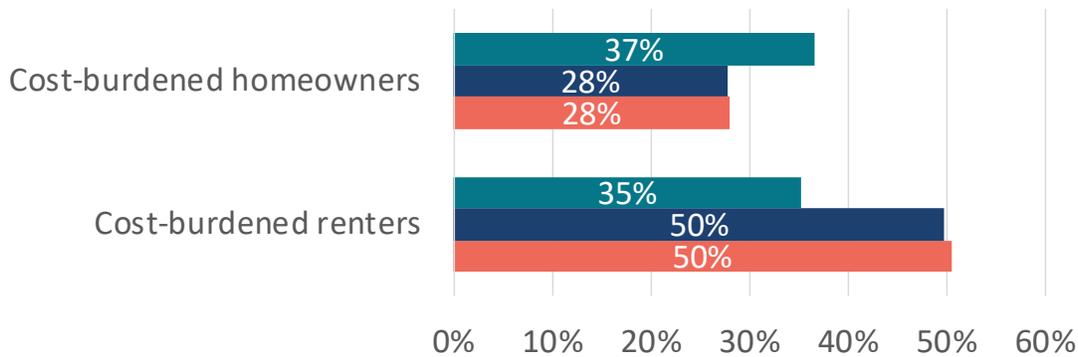
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

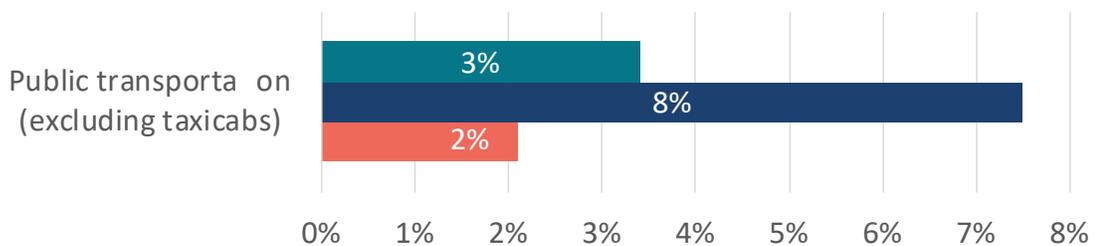
Residents Spending >30% of Income on Housing



Chatham County has a rental vacancy rate of 12.0, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 1.8, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



Residents living in Chatham County (9.05%) are slightly **more likely** to be without a motor vehicle, compared to state and national rates (6.7% and 8.8%, respectively).

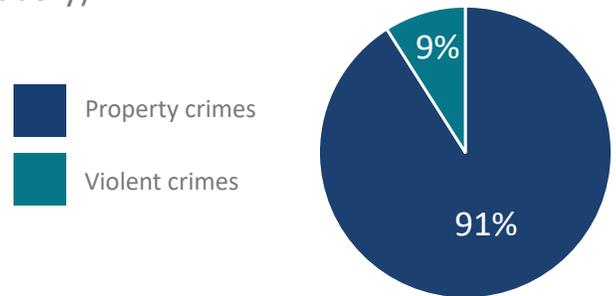


INDUSTRIES OF EMPLOYMENT

- 1 Transportation and warehousing,
- 2 Professional, scientific, management, and administrative and waste management services
- 3 Education services, and health care and social assistance
- 4 Retail trade
- 5 Manufacturing

SAFETY

According to the Uniform Crime Report Program, the incidence of crime has increased slightly from 46 in 2017 to 55 in 2018 in Chatham County. Approximately 91% of the crimes in Chatham County are property crimes (burglary, vehicle theft, etc.). The remaining 9% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



FOOD ACCESS

- 1 Area has low food access and limited access to vehicles (104.00)
- 0 Areas with low food access

In 30268, there are 66.0 fast-food restaurants per 100,000 residents compared to the state (83.1 per 100,000 residents).



- < 100 homes (No vehicle/1+ miles to store)
- > 100 homes (No vehicle/1+ miles to store)
- No data

HEALTH OUTCOMES



Rates when compared to the county and state

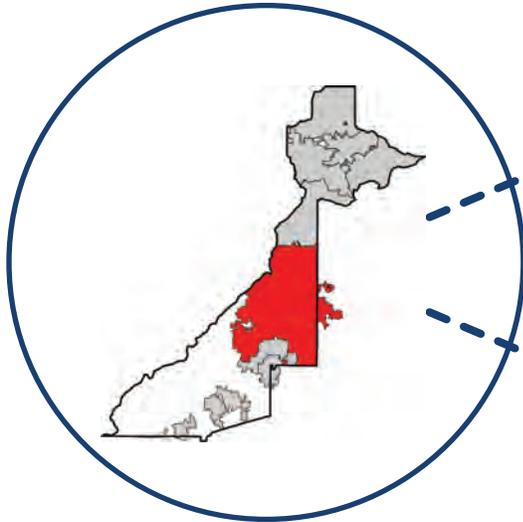
Death
Pancreatic cancer, Suicide, Parkinson's disease, Alzheimer's disease, COPD, Ischemic heart disease, Colon cancer
Emergency Room Visits
Hypertension, Childbirth, Anemias, Nervous system, Other unintentional injuries, Falls
Hospitalizations
Prostate cancer

African-Americans have the highest rates of emergency room and hospitalizations compared with White, Asian, and Hispanic counterparts.

Whites have higher rates of mortality, compared to their counterparts.

Community Profile Atlanta, GA

Commissioners: Lee Morris, District 3; Natalie Hall, District 4;
and Marvin S. Arrington Jr., District 5



Zipcode

30303, 30305, 30306, 30307, 30308, 30309,
30310, 30311, 30312, 30313, 30314, 30315,
30318, 30324, 30326, 30327, 30328, 30331,
30334, 30336, 30337, 30342, 30344, 30349,
30350, 30354, and 30363

Atlanta Regions

Buckhead, Northeast Atlanta,
Northwest Atlanta, Central Business
District, Southwest Atlanta, and
Southeast Atlanta

Census Tracts

Buckhead: 090.00, 091.01, 091.02, 093.00, 094.02, 094.03, 094.04, 095.01, 095.02, 096.01, 096.02, 096.03, 097.00, 098.01, 098.02, 099.00, 100.01, and 100.02

Northeast Atlanta: 001.00, 002.00, 004.00, 005.00, 006.00, 010.01, 010.02, 011.00, 012.01, 012.02, 013.00, 014.00, 015.00, 016.00, 017.00, 018.00, 028.00, 029.00, 030.00, 031.00, 032.00, and 092.00

Northwest Atlanta: 007.00, 023.00, 024.00, 025.00, 026.00, 082.01, 082.02, 083.01, 083.02, 084.00, 085.00, 086.01, 086.02, 087.00, 088.00, 089.02, 089.03, 089.04, and 118.00

Central Business District: 019.00, 021.00, 035.00, and 119.00

Southwest Atlanta: 036.00, 037.00, 038.00, 039.00, 040.00, 041.00, 042.00, 043.00, 060.00, 061.00, 062.00, 066.02, 076.02, 076.03, 076.04, 077.03, 077.04, 077.05, 077.06, 078.02, 078.05, 078.06, 078.07, 078.08, 079.00, 080.00, 081.01, and 081.02

Southeast Atlanta: 044.00, 048.00, 049.00, 050.00, 052.00, 053.00, 055.01, 055.02, 057.00, 058.00, 063.00, 064.00, 065.00, 066.01, 067.00, 068.01, 068.02, 069.00, 070.01, 070.02, 071.00, 072.00, 073.00, 074.00, 075.00, and 120.00

HISTORY

Formerly known as Marthasville and Terminus, Atlanta was founded in 1837 as the designated end of the Western and Atlantic Railroad line. Today, Atlanta remains one of the fastest-growing metropolitan areas in the United States.

SUMMARY

When compared to Fulton County, Atlanta's popula

- Cons es approximately 46.04% of the popula on County;
- Is younger and slightly lower income-earning, with a higher percentage of poverty (including single female-headed households) and an even gender ra
- Has a higher percentage of African-American and a lower percentage of White residents;
- Shows an average rate of housing cost burden (renters and homeowners spending more than 33% of income on housing);
- Has popula egion that are more likely to be without a motor vehicle, with 85 of the 117 census tract areas showing higher rates, and residents in the Southeast, Southwest, and Central Business District regions twice as likely to be without a motor vehicle than residents in the Buckhead and Northeast regions; and
- Shows higher mortality rates in each region, except the Northeast region—
 - Buckhead region shows higher rates of Alzheimer's disease and all other mental disorders
 - Northwest, Central Business District, Southwest, Southeast regions all show higher rates of ischemic heart disease and/or hypertension
 - Northwest and Southwest regions both also show higher rates of diabetes
 - Southeast region also shows higher rates of stroke

When compared to the state and na t Atlanta's popula

- Shows a higher rate of fast-food restaurants in 18 of the 27 ZIP code areas; and
- Shows average rates of educa ainment and unemployment, with above-average career readiness rates in high schools.

African-American residents experience the highest disease burdens and poorest health outcomes throughout the city except in the Buckhead and Northeast regions, where White residents show the highest disease bur , residents in the following census tracts show the highest disease burdens and poorest health outcomes in the e regions:

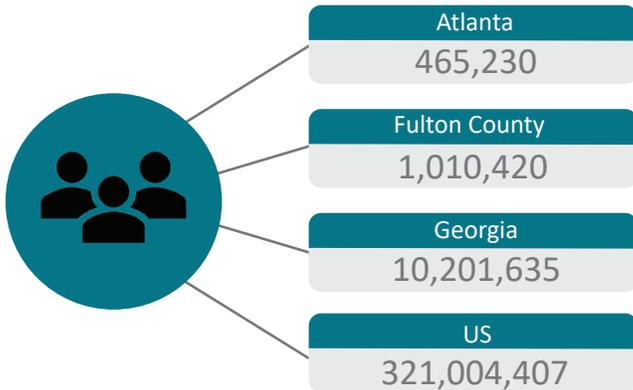
- Buckhead region — 090.00, 094.03, 095.02, and 096.03
- Northeast region — 015.00 and 018.00
- Northwest region — 023.00, 083.02, 085.00, and 086.01
- Central Business District region — 119.00
- Southwest region — 061.00, 077.06, and 080.00
- Southeast region — 065.00, 067.00, and 120.00

There are 74 census tract areas with barriers to accessing healthy foods, including transporta income, and distance. The number of census tracts experiencing these barriers in each Atlanta region include:

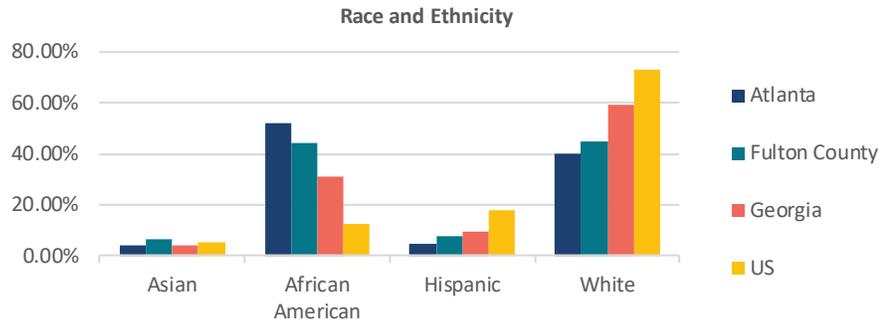
- Buckhead — 3
- Northeast — 7
- Northwest — 15
- Central Business District — 4
- Southwest — 22
- Southeast — 23

DEMOGRAPHICS

Population

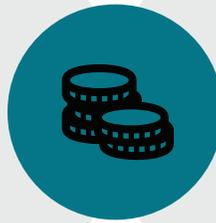


Race and Ethnicity



Median Household Income

Atlanta	\$51,701
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Atlanta	8.9%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Popula overty

Atlanta	22.4%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

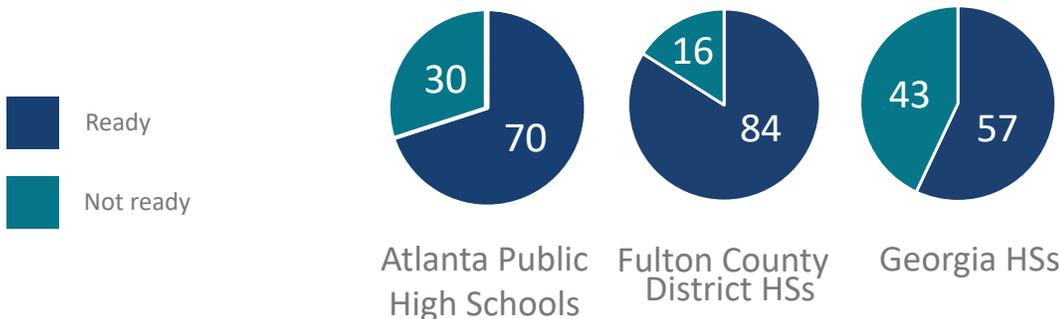


Single Female-Headed Households in Poverty

Atlanta	37.9%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

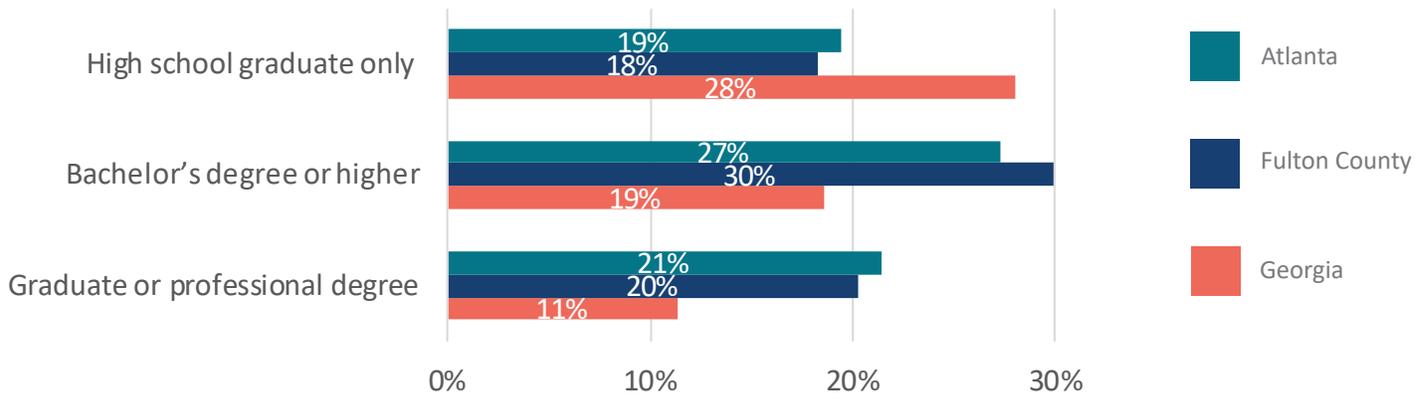
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

EDUCATION

Educational attainment for Residents 25 Years and Older



INDUSTRIES OF EMPLOYMENT

1

Educational services, and health care and social assistance

2

Professional, scientific management, and administrative and waste management services

3

Arts, entertainment, and recreation and accommodation and food services

4

Retail trade

5

Finance and insurance, and real estate and rental and leasing

HOUSING

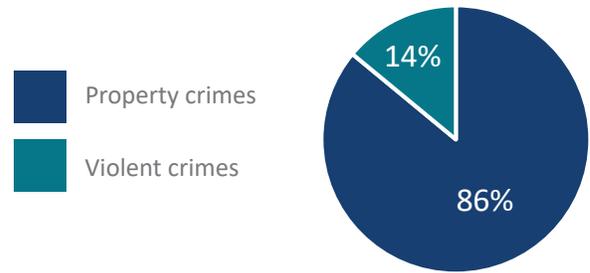
Residents Spending >30% of Income on Housing



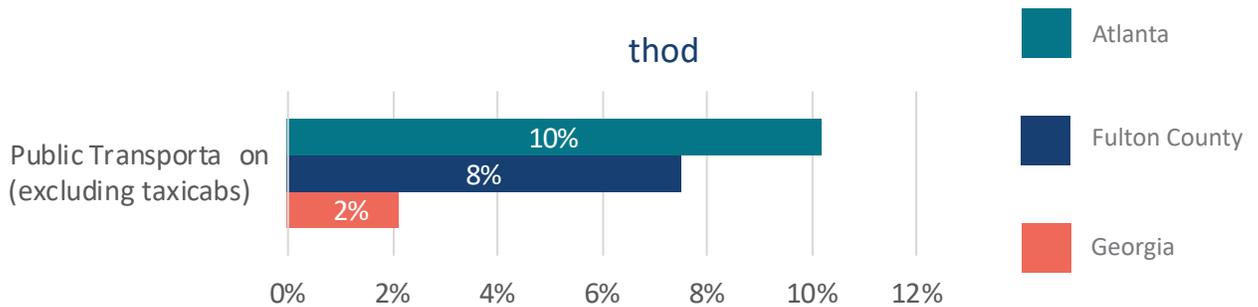
Atlanta has a rental vacancy rate of 8.0, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 2.7, compared to the county (2.3) and the state (2.1).

SAFETY

According to the Uniform Crime Reporting Program, the incidence of crime has decreased slightly from 27,495 in 2017 to 26,905 in 2018 in Atlanta, Ga. Approximately 86% of the crimes in Atlanta are property crimes (burglary, vehicle theft and larceny). The remaining 14% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



TRANSPORTATION



Residents are **more likely** to be without a motor vehicle when compared to state and national averages (6.7% and 8.8%, respectively):

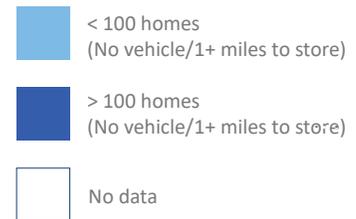
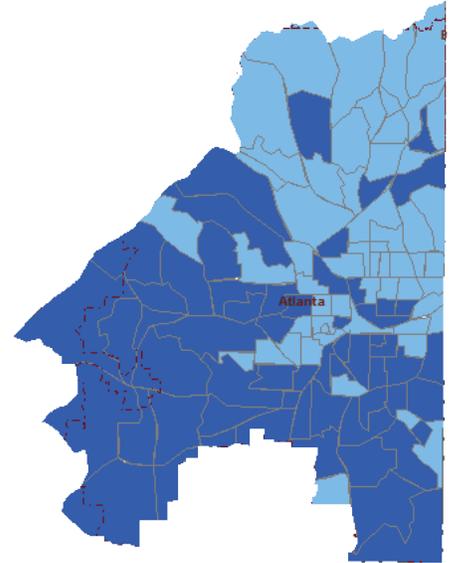
- **Buckhead region** — six of the 18 census tract areas are more likely to be without a motor vehicle; while none of the census tract areas has more than one-third of the population without a motor vehicle, 094.03 (25.88%) shows the highest rate in the Buckhead region.
- **Northeast region** — 12 of the 22 census tract areas are more likely to be without a motor vehicle; while none of the census tracts has more than one-third of the population without a motor vehicle, 018.00 (32.27%) and 028.00 (31.5%) are close.
- **Northwest region** — 15 of the 19 census tract areas are more likely to be without a motor vehicle, and one-third of the population of those census tracts does not have a motor vehicle, 023.00 (46.96%), 025.00 (37.78%), 084.00 (39.95%), and 086.01 (40.51%).
- **Central Business District region** — all four census areas are more likely to be without a motor vehicle, and one-third of the population of each census tract does not have a motor vehicle, 119.00 (34.34%) does not have a motor vehicle.
- **Southwest region** — 26 of the 28 census tract areas are more likely to be without a motor vehicle, and one-third of the population of those census tracts does not have a motor vehicle, 036.00 (33.81%), 037.00 (33.33%), 042.00 (52.62%), 066.02 (42.17%), 076.03 (48.48%), 076.04 (38.68%), 078.07 (33.02%), and 078.08 (50.28%).
- **Southeast region** — 22 of the 26 census tract areas are more likely to be without a motor vehicle, and one-third of the population of each census tract does not have a motor vehicle, 044.00 (38.87%), 057.00 (37.03%), 063.00 (34.08%), 068.02 (50.26%), 074.00 (33.31%), and 120.00 (39.91%).

FOOD ACCESS

60

Areas have low food access and limited access to vehicles

- Buckhead (091.02, 094.03, 098.01)
- Northeast (006.00, 028.00, 029.00, 092.00)
- Northwest (024.00, 082.01, 082.02, 083.01, 083.02, 084.00, 086.01, 087.00, 088.00, 118.00)
- Central Business District (021.00, 119.00)
- Southwest (036.00, 040.00, 061.00, 062.00, 066.02, 076.02, 076.03, 076.04, 077.03, 077.04, 077.05, 077.06, 078.02, 078.05, 078.06, 078.07, 078.08, 079.00, 080.00, 081.02)
- Southeast (044.00, 048.00, 049.00, 052.00, 053.00, 055.01, 055.02, 057.00, 058.00, 064.00, 065.00, 066.01, 067.00, 068.02, 069.00, 070.01, 070.02, 072.00, 073.00, 075.00, 120.00)



68

Areas have a low-income popula with low food access

- Buckhead (094.03)
- Northeast (006.00, 010.02, 028.00, 031.00, 92.00)
- Northwest (007.00, 024.00, 026.00, 082.01, 082.02, 083.01, 083.02, 084.00, 085.00, 086.01, 086.02, 087.00, 089.02, and 118.00)
- Central Business District (019.00, 021.00, 035.00, 119.00)
- Southwest (036.00, 039.00, 040.00, 061.00, 062.00, 066.02, 076.02, 076.03, 076.04, 077.03, 077.04, 077.05, 077.06, 078.02, 078.05, 078.06, 078.07, 078.08, 080.00, 081.01, 081.02)
- Southeast (044.00, 048.00, 049.00, 055.01, 055.02, 057.00, 058.00, 063.00, 064.00, 065.00, 066.01, 067.00, 068.02, 069.00, 070.01, 070.02, 071.00, 072.00, 073.00, 074.00, 075.00, 120.00)

There are **higher rates** of fast-food restaurants than the state (83.1 per 100,000 popula in 18 of the 27 ZIP code areas ranging from 115.9 in 30313 to 749.7, 1029.9, and 1263.9 in 30326, 30336, and 30303, re ely.

HEALTH OUTCOMES: BUCKHEAD



Rates when compared to the county and state

Death
Alzheimer's disease, All other mental disorders
Hospitaliza
Prostate cancer
Emergency Room Visits
All other uninten injuries, Perinatal period Falls

4 Areas with the highest rates hospita lity (090.00, 094.03, 095.02, 096.03)

Whites have the highest rates of emergency room a ality, compared with White, Asian, and Hispanic counterparts. Similarly,

Asian-Americans have higher rates of hospitaliza compared with counterparts.

HEALTH OUTCOMES: NORTHEAST



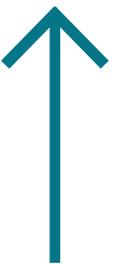
Rates when compared to the county and state

Hospitaliza
HIV, All other mental disorders
Emergency Room Visits
All other mental disorders, Falls, Psy e substance abuse

2 Areas with the highest rates hospita lity (015.00, 018.00)

Whites have the highest rates of emergency room and hospita a compared with African-American, Asian, and Hispanic counterparts.

HEALTH OUTCOMES: NORTHWEST



Rates when compared to the county and state

Death
Diabetes, Hypertension, Ischemic heart disease
Hospitaliza
HIV, Childbirth, Assault, All other mental disorders
Emergency Room Visits
Diabetes, Asthma, Assault, All other mental disorders, Musculoskeletal

4 Areas with the highest rates hospita lity (023.00, 083.02, 085.00, 086.01)

African-Americans have the highest rates of emergency room and hospita a compared with White, Asian, and Hispanic counterparts.

HEALTH OUTCOMES: CENTRAL BUSINESS DISTRICT



Rates when compared to the county and state

Death
Hypertension, Ischemic heart disease
Hospitaliza
HIV, Assault, All other mental disorders
Emergency Room Visits
HIV, Diabetes, Assault, All other mental disorders, Nervous system, Musculoskeletal, Legal interven sy e substance abuse

1 Area with the highest rates hospit a ality (119.00)

African-Americans have the highest rates of emergency room and hospit a ality compared with White, Asian, and Hispanic counterparts.

HEALTH OUTCOMES: SOUTHWEST ATLANTA



Rates when compared to the county and state

Death
Diabetes, Hypertension
Hospitaliza
HIV
Emergency Room Visits
Diabetes, Hypertension, Asthma, Childbirth, Assault, Musculoskeletal

3 Areas with the highest rates hospit a ality (061.00, 077.06, 080.00)

African-Americans have the highest rates of emergency room and hospital a ality, compared with White, Asian, and Hispanic counterparts.

HEALTH OUTCOMES: SOUTHEAST ATLANTA



Rates when compared to the county and state

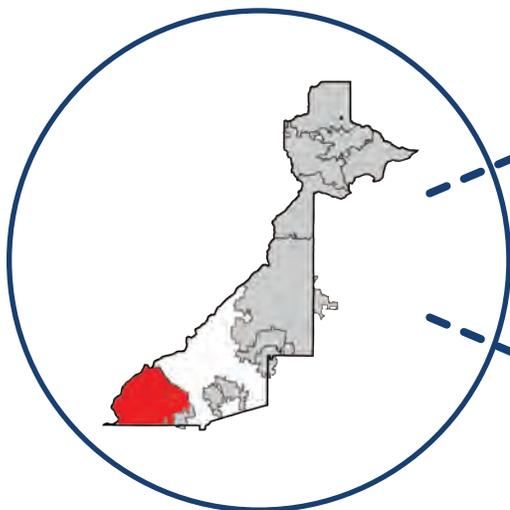
Death
Stroke, Hypertension
Hospitaliza
HIV, Assault, All other mental disorders
Emergency Room Visits
Diabetes, Asthma, Childbirth, Assault, Musculoskeletal

3 Areas with the highest rates hospit a ality (061.00, 077.06, 080.00)

African-Americans have the highest rates of emergency room and hospital a ality, compared with White, Asian, and Hispanic counterparts.

Community Profile Alpharetta, GA

Commissioner: Joe Carn, District 6



Zipcode

**30004, 30005, 30009,
and 30022**

Census Tract

**114.26, 116.10, 116.11, 116.16, 116.17,
116.18, 116.19, 116.20, and 116.21**

HISTORY

Beginning as a trade post in the 1830s, the City of Alpharetta was established on Dec. 11, 1858. Once part of Milton County's financial issues led to the merging with Fulton County, which resulted in Alpharetta blossoming into one of the most prosperous

United States.

SUMMARY

When compared to Fulton County, Alpharetta's population

- Constitutes approximately 6.32% of the population on County;
- Is slightly older, higher income-earning, with a lower percentage of single female-headed households in poverty, and a similar gender ratio;
- Has a lower percentage of African-American residents;
- Is less likely to be without a motor vehicle; and
- Shows higher mortality rates for ischemic heart disease.

When compared to the state and national averages, Alpharetta's population

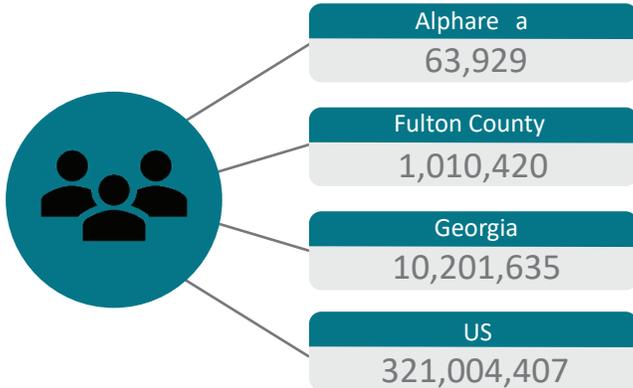
- Has a higher rate of fast-food restaurants; and
- Shows higher rates of educational attainment and career readiness, and lower rates of unemployment.

African-American residents and residents in census tracts 116.17, 116.20, and 116.21 experience the highest disease burdens and poorest health outcomes.

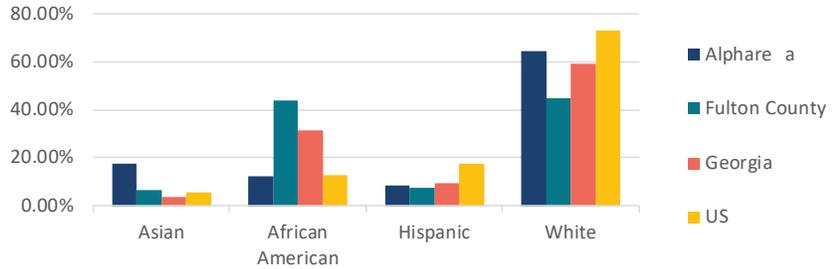
The areas with the greatest barriers to accessing healthy foods, including transportation, income, and distance, are 116.11, 116.16, and 116.18.

DEMOGRAPHICS

Population



Race and Ethnicity



Median Household Income

Alpharetta	\$98,489
Fulton County	\$61,336
Georgia	\$52,977
US	\$57,652



Unemployment

Alpharetta	5.2%
Fulton County	7.7%
Georgia	7.5%
US	6.6%

Total Population in Poverty

Alpharetta	7.0%
Fulton County	16.0%
Georgia	16.9%
US	14.6%

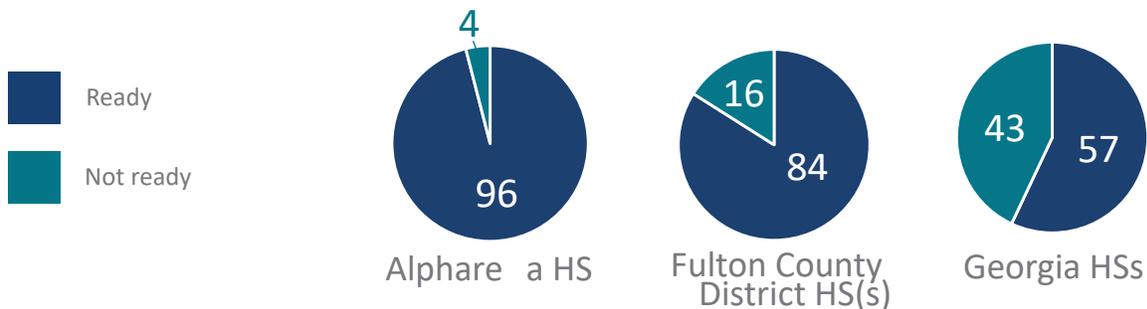


Single Female-Headed Households in Poverty

Alpharetta	17.3%
Fulton County	30.1%
Georgia	32.1%
US	28.8%

EDUCATION

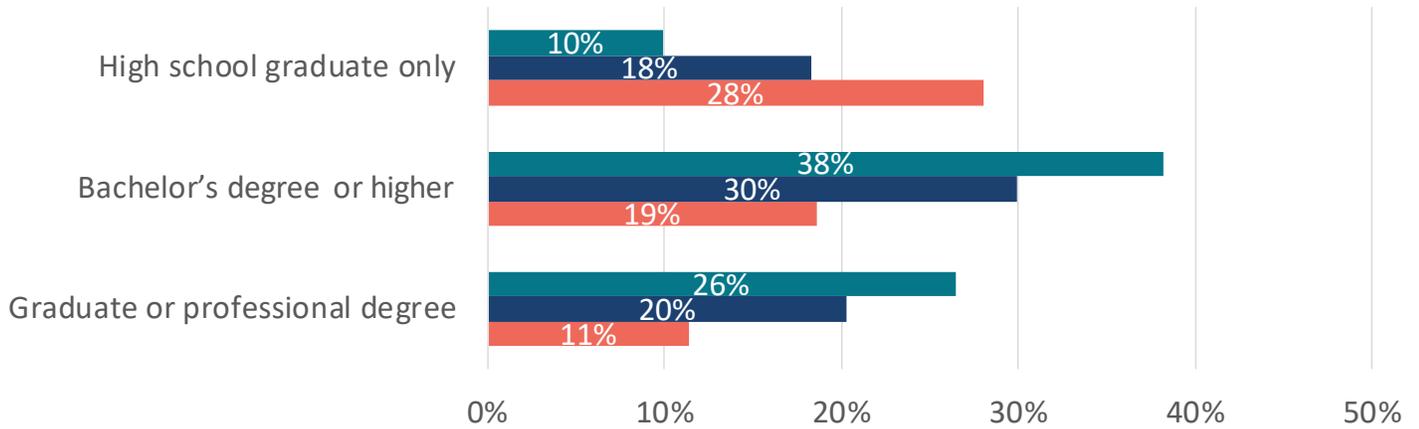
% of High School Graduates College and Career Ready*



*The College and Career Ready Performance Index is Georgia's annual tool for measuring how well its schools, districts, and the state itself are preparing students for the next educational level. For high schools, this includes graduates and the number of students who complete a career pathway or earn Advance Placement, International Baccalaureate, or Dual Enrollment credits.

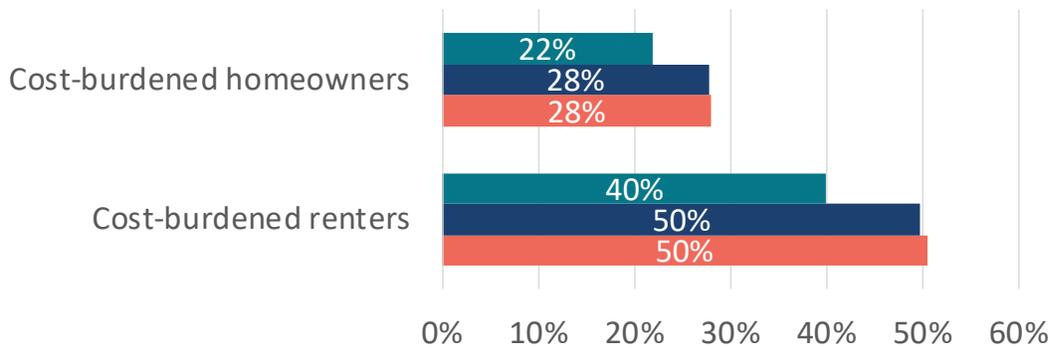
EDUCATION

Education attainment for Residents 25 Years and Older



HOUSING

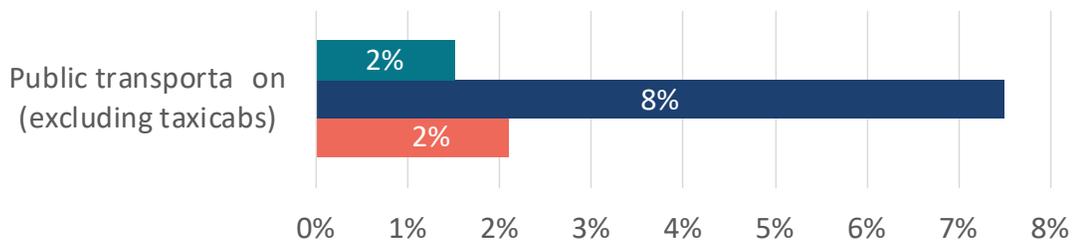
Residents Spending >30% of Income on Housing



Alpharetta has a rental vacancy rate of 7.7, compared to Fulton County (7.9) and the state (7.4). The city has a homeowner vacancy rate of 1.3, compared to the county (2.3) and the state (2.1).

TRANSPORTATION

Method



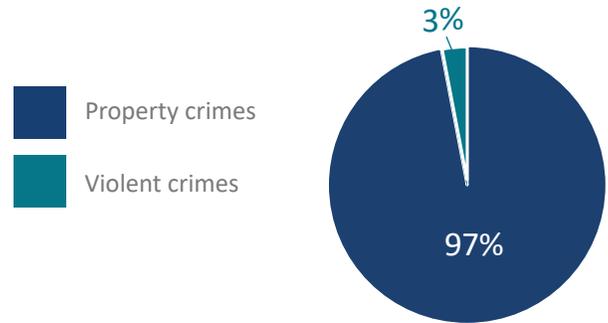
Residents living in 114.26 (0.67%), 116.10 (3.51%), 116.11 (6.76%), 116.16 (2.27%), 116.17 (2.64%), 116.18 (4.21%), 116.19 (6.57%), 116.20 (0.52%), and 116.21 (2.75%) are **less likely** to be without a motor vehicle, compared to state and national averages (6.7% and 8.8%, respectively).

INDUSTRIES OF EMPLOYMENT

- 1 Professional, scientific management, and administrative and waste management services
- 2 Education services, and health care and social assistance
- 3 Finance and insurance, and real estate, rental, and leasing
- 4 Manufacturing
- 5 Arts, entertainment, recreation, accommodation, and food services

SAFETY

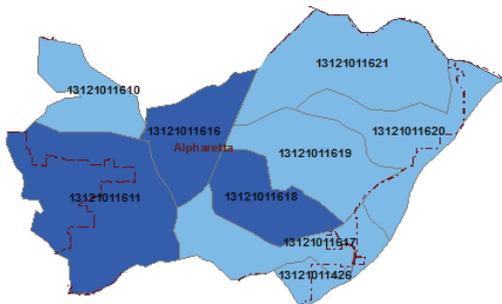
According to the Uniform Crime Report, the incidence of crime has increased slightly from 1,221 in 2017 to 1,246 in 2018 in Alpharetta, Ga. Approximately 97% of the crimes in Alpharetta are property crimes (burglary, vehicle theft, etc.). The remaining 3% are violent crimes (homicide, aggravated assault, simple assault, rape, and robbery).



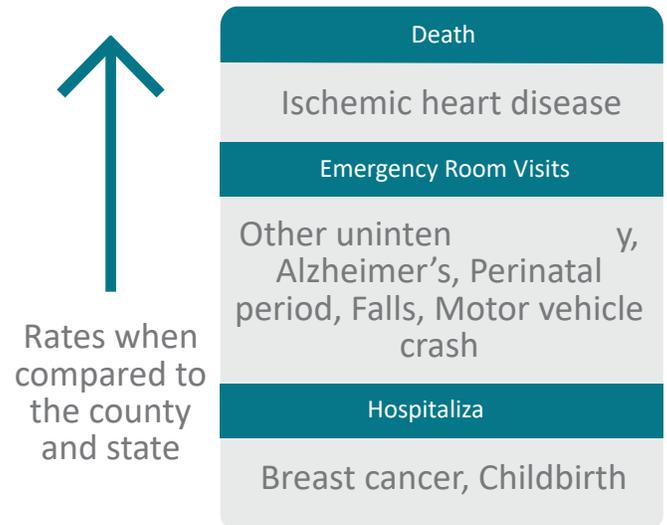
FOOD ACCESS

- 3 Areas have low food access and limited access to vehicles (116.11, 116.16, 116.18)
- 1 Area has low-income residents with low food access (116.16)

All zip codes show **higher rates** of fast-food restaurants than the state (83.1 per 100,000 residents) ranging from 95.8 in 30005 to 182.2 in 30009.



HEALTH OUTCOMES



- 3 Areas with the highest rates hospitalization (116.17, 116.20, 116.21)

African-Americans and Whites have the highest rates of emergency room and hospitalization compared with Asian and Hispanic counterparts.