

COLLABORATION
COORDINATION
COMMUNICATION

VOICES OF THE COMMUNITY



Listening Tour 2010

Healthcare Georgia Foundation
grantmaking for health





Message from the President

The economic downturn. The rise in the number of uninsured. Health reform. The attention to health care issues has perhaps never been greater. While the national stage is focused on who has access to care and who is going to pay for it, we know that the more robust discussion—the depth and breadth of the issues impacting the health of our neighbors—is happening at the community level. As a Foundation with a commitment to understanding and working with communities, we sought to actively engage with leaders across the state in a discussion about the health of their communities, the health care issues facing their neighbors, and their community’s efforts and capacity to continue to make an impact.

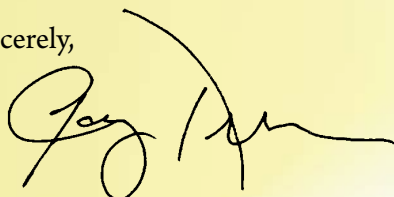
Building on previous Listening Tours (available at www.healthcaregeorgia.org), Healthcare Georgia Foundation awarded a grant to Porter Novelli, a global leader in health marketing, to connect once again with local communities. Speaking with community advocates and service providers in five cities around the state, they held a series of facilitated discussions to find out what the most significant barriers are that communities face, what assets they have to make a difference and what each community needs to get started.

Georgia is a large and diverse state and many times we focus on our differences. Digging deep into the challenges and opportunities in these communities, we discovered many common threads. Shared among all sites was an intense desire to connect more, citing the clear advantages that come with knowing about the rich resources and working together to address issues. Also, there were a lot of conversations about needing to treat a whole person, rather than a series of acute or chronic conditions. Both of these ideas are powerful, and they require a fundamental shift in the way we think about ourselves, our audiences and even our funding.

The Tour revealed that many of the issues facing Georgians have not changed—obesity, diabetes, workforce, capacity to provide care and access to insurance. What has changed is the face of people in need. The demographics in the state are changing: the aging of the baby boomers and the diversity of cultures attracted to the state are having an impact on the needs of our population. We also heard a new nuance: the impact of the economic downturn cannot be overlooked. Not only has it caused an increase in the number of people in need of health insurance, it has created a population of people who do not understand “the system”—they do not know what services are available, what communities are doing to improve health or where to go to find help.

Now what do we do? In the summary section at the end of the report, you will find some of our thoughts. We look forward to working with the participants of the Tour, our grantees, future grantees, Board members and advocates for health across the state to make a difference in the lives of Georgia’s underserved. On behalf of the Foundation’s Board of Directors and staff, I thank all the participants who provided their candid and valuable input for the creation of this report. Your insights and vision inspire a conviction to help all Georgians live a healthy life.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Nelson", with a long, sweeping horizontal stroke extending to the right.

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

2010 LISTENING TOUR



Healthcare Georgia Foundation's commitment to Georgia's communities runs deep in its history. In 2002, in its early days of grant-making, the Foundation sought to understand the needs of communities. The 2002 Listening Tour brought together non-profit organizations, health care providers and the business leaders to talk about what was needed to advance health and wellness. This Tour was instrumental in informing the direction the Foundation and its Board would take in setting its grant-making priorities and discerning initiatives for investment. The Foundation has continued its commitment to look outside of its walls and keep its finger on the pulse of Georgia by talking with the people who are making a difference in their communities.

As Margaret J. Wheatley, president of The Berkana Institute, a global charitable leadership foundation, tells us:

“There is no power for change greater than a community discovering what it cares about.”

The Foundation is a living testament to this sentiment. Working with communities to understand needs, identify priorities and establish relationships has been instrumental in its efforts to building capacity within communities to care for the underserved.

As the Foundation looks to its eighth year of grant-making, an in-depth tour across the state provided a chance to reconnect with communities and ask “What do you want Healthcare Georgia Foundation to know about the health and wellness of your community as it seeks to advance the health of all Georgians and to expand access to affordable, quality health care for underserved individuals and communities?”

Through the voices of those who receive, provide, manage and are concerned about the health of our state’s individuals and communities, the Tour engaged the full realm of interested and invested parties including:

- Consumer advocates and community organizations that serve them;
- Providers including individual clinicians, hospitals, medical and mental health systems, health insurance plans and representatives of medical communities;
- Government leaders involved in public health; and
- Business leaders who are concerned with employee wellness, workforce productivity and costs of health benefits.

To gain the diversity of perspective across the state, the Listening Tour convened in five cities:

Atlanta

Augusta

Columbus

Dalton

Valdosta



WHAT WE HEARD

PEOPLE-CENTERED APPROACH

As communities and a state, we need to redefine how we view and care for the underserved. People are not simply defined by a single chronic condition or demographic. A person with diabetes, for example, is more complex than the one medical condition. Proper management of the condition requires medical support—access to providers, insurance or financial resources, pharmaceuticals, over-the-counter medical supplies—and environmental support—access to transportation, child care, safe places to exercise, and fresh fruits and vegetables, to name a few. In every community, we heard that organizations tend to focus on a particular issue, such as a chronic condition, demographic or service. As a community that cares for our residents, we need to adopt a more person-centered approach and build community around the complex, interconnected needs of the individuals, needs that span individual organizations' missions and funding.

COLLABORATION ACROSS ORGANIZATIONS AND SECTORS

Whether speaking to a broad-scale reframing to achieve a people-centered approach or just improving referral networks within communities, the need for more collaboration was a key theme expressed across the state. Despite concerns over competing for limited resources, participants expressed a strong desire to work together and highlighted the need for more communication. As the Tour drew participants across various sectors, it highlighted how rich their resources are—all they need is to reach out and learn more about what all is available.

MENTAL AND BEHAVIORAL HEALTH

The challenges within the behavioral and mental health system are immense. Across the state, participants focused on the needs of the communities, which are far greater than the capacity to treat people. The resources to provide care are fragmented and dwindling, while the population of the state is increasing at a rate that is outpacing the national average. The future appears even more bleak as the educational system does not have the resources or capacity to train enough providers.

ACROSS OUR STATE

INCREASING DEMANDS FROM THE ECONOMIC DOWNTURN

In talking about the current environment, the increasing demands on the health and social service sector is a common topic. Across the Tour, many participants brought a new perspective to the conversation: the change is not only in the volume of people who are now uninsured or in need of assistance, but it is also the face of the people being served. The rise in unemployment has people seeking help for the first time. It has increased the number of people who are eligible for programs like Medicaid and PeachCare for Kids, but either do not know about the programs or assume that they would not qualify. They do not know the system, nor do they know how to navigate it.

“I think it’s a pattern of the health care industry that we’ve waited too long for someone to tell us how to do it when we really know how.”



ATLANTA

CHRONIC DISEASE

Atlanta has many non-profit organizations and programs addressing chronic conditions, and others looking at overarching primary prevention (such as PLAY and Georgia Coalition for Physical Activity and Nutrition who work to increase physical activity which is known to reduce obesity and improve heart health). As was heard in many other communities, the most prevalent concerns about chronic

diseases are with obesity and diabetes. The greatest barriers to making progress on these issues at the community level are access to care, personal safety (leading to less physical activity), access to healthy foods, underutilization of the programs available because of bureaucratic barriers and decreasing resources allocated to the public health infrastructure. Participants shared that there is also

a great need for health education so individuals are equipped to make healthy choices about nutrition and exercise. While there is a strong emphasis on the individual behavior and looking to public policies to impact behavior, the participants felt that the state needs to evaluate the impact of health policies on individual behavior before setting forth solutions.



UNINSURED/LOW-INCOME ADULTS

The challenges caused by lack of access to insurance have long been identified. The conversations this time included a new face: the newly uninsured. The economic downturn and record-breaking highs in unemployment have created a new population of individuals among the uninsured: individuals and families who have never been uninsured before. Many of the newly uninsured persons are eligible for public programs, such as PeachCare and Medicaid; however, due to the lack of knowledge and this being a new experience, most are unaware of services that are available and how to navigate the system.

Just as there are many organizations engaged in chronic disease, numerous groups are concerned about uninsured, underinsured and low-income families. The participants voiced a strong need for a unified and collaborative voice for the uninsured on health care issues. The mix of organizations leads to many fighting over limited resources and duplication of services. The needs of low-income families are tremendous, extending beyond lack of access to affordable care. Many families are living one health incident away from financial devastation, relying on a strapped and close to non-existent public transportation system and residing in a state with little political will to change the status quo.



TEENS/REPRODUCTIVE HEALTH

While Georgia had been making progress in babies born to teenage mothers, the numbers are increasing again and a staggering 1 in 4 girls contract a sexually-transmitted disease. Participants discussed a number of contributing factors, including lack of access to after-school activities in the community and issues with self-esteem, self-image and a clear vision of a future among young girls. A point of frustration expressed in the Tour was the focus of sex education in the

schools being entirely focused on biology and abstinence, with no room for education of teens on the emotional aspects of engaging in sexual relationships. Many teens make decisions without understanding the full scope of the issue—the factual science and the emotional. Metro Atlanta offers several targeted after-school programs. Generally speaking, these programs have proven to be very successful in gaining participation among teens; however, they have faced challenges

in reaching various cultures. For example, children whose parents or grandparents are the first generation living in the United States may be more likely to rely on family members to provide this level of support and see less need for a community group to educate their teens on relationships, sexual behavior and self-esteem.

BEHAVIORAL HEALTH

There are issues with stigma and it is present not only within families, but also the community and state leadership. On an individual level the stigma keeps families from acknowledging mental or behavioral health issues or substance abuse and seeking help. As our population in the state is both growing and aging, the population in need of services is growing and stigma at the community level leads to a lack of understanding of what is needed or how to structure a supportive system.

The system that cares for people in need of mental and behavioral health is collapsing. Care is provided

in public, private and quasi-public, quasi-private clinics. The corrections system, juvenile justice and, to a certain extent, the education system are also providers of care. In most of these settings, the system is eroding with budget cuts, increased demand and decreased capacity. The situation will continue to worsen as the demands increase and our capacity to train and support a workforce is weakening.

There is hope on the horizon that these needs are getting the attention of the public and the leadership at both the state and federal level. The health care

community is beginning to recognize the importance of integrating mental and behavioral health with medical health. A person with a mental health condition and diabetes cannot be treated as a person with two separate and unrelated conditions. The conditions impact each other. A person-centric, versus a disease-centric, approach is critical to improve health and wellness.

“Mental illness is not considered a chronic disease, but it is a chronic problem.”





AUGUSTA

INDIVIDUAL CAPACITY

The conversation in Augusta focused heavily on the need to equip people to take better care of themselves. Diabetes rates are high and people affected need a better understanding of how nutrition plays a strong role in management of the condition. The community needs more education and knowledge of the interconnectedness among nutrition and physical activity and how they contribute to obesity, diabetes, cardiovascular disease and other chronic illnesses. There is an opportunity to positively impact the weight, physical fitness and health of people in Augusta if everyone understood the little changes they can make to have a significant impact.

When it comes to healthy behaviors—seemingly an individual responsibility—the community plays a significant role. Participants in Augusta desired more resources and facilities to enable and promote active lifestyles and healthy eating habits. Members of the community could benefit greatly if more parks, indoor tracks, safe places for kids to play as well as stores that offer fresh fruits and vegetables were readily available. An example of action: doctors are now charging parents with creating asthma care plans for children. Teaching parents and educators on the individual needs of a child with asthma is having an impact on the health and wellness of these children.

SYSTEM CAPACITY

Augusta is a bit of an anomaly when it comes to medical care in the community. After all, it is the home to the Medical College of Georgia and some of the best facilities in the state. The area, however, is still struggling like many in Georgia with access to medical providers. There are not enough residency programs available in the Augusta region to retain these students once they are ready to practice medicine.

They shared that each physician they are able to keep in the area has a significant impact on employment with physician assistants, nurses and office staff to support the practice and gives residents needed access to primary care. Outside of the Augusta city limits, the access issues faced throughout rural areas of the state are pervasive. The lack of public transportation leaves many without real access to a primary care physician or specialist care. Each of these circumstances further reinforces a focus on treatment of acute and chronic conditions, rather than prevention or effective management of an existing condition.



MENTAL AND BEHAVIORAL HEALTH

Mental and behavioral health not only affects individuals personally, but communities as well. An industry that has always faced challenges with having adequate resources, mental and behavioral health facilities and providers are feeling even more of a strain with the economic downturn. Sometimes described as an unseen disease, the effects of mental illness are visible throughout the community, as the lack of support and uncontrolled disease is linked to challenges in maintaining a job and leading productive, independent lives.

People with mental and behavioral health issues face barriers in access to needed clinical care, providers and

pharmaceuticals. There are several programs available through clinics, the Medical College of Georgia and local organizations to assist people struggling with addiction and substance abuse, but there is a need for more coordination among providers and programs to help persons with varying forms of behavioral health conditions. All of these challenges draw light to the issues of care coordination—the need for more communication among providers, coordination within the care community and assessment of the available services and programs—to a high degree.

“We still don’t want to make people drive an hour to get primary care, and we have to keep that in mind when we’re working with this huge geographic area, that we need to make things accessible”



COLUMBUS

HEALTH DISPARITIES

Columbus has implemented several initiatives to make an impact on health disparities, including One Columbus, Columbus Building Bridges and the Poverty Initiative, to aid in improving race relations and health disparities. There is promise for the area evident in the number of cross-organizational groups dedicated to finding and addressing the core of the issues faced by people who are low-income, homeless or otherwise at increased risk for poor health as a result of their environment.

The City of Columbus is working on a 10-year plan to address homelessness and poverty, which includes building apartments to provide housing. Participants noted that the true extent of homelessness cannot be

seen on the street: it exists on couches, with people opening their homes to friends in need. The economic downturn has increased the couch-to-couch population, a group that does not consider itself homeless.

While many throughout the Tour recognize the impact of transportation on access to services, Columbus sought to bring this idea to life for its leaders. Leadership Columbus required its members to spend a day completing a list of activities using the local transportation system. The goal: educate them on the daily realities of the people living in the community. This education—and a community with the vision to put this before its leadership—is invaluable in shaping the future.

YOUTH

Issues prevalent among teens in Columbus were numerous: teen pregnancy, poverty, lack of access to health care, lack of family stability, substance abuse, sexual abuse and mental health. The list of causes enumerated was equally long and complex: denial among the community and within families, lack of education, lack of family support and cultural views. Living in a military town, these youth are more likely than others in the state to have family and friends deployed overseas and to see the physical and emotional challenges facing military families. Programs have been developed to address some of these issues, including initiatives to prevent suicide and help youth deal with divorce, alcoholism and develop social skills. Participants shared that there are a number of resources to draw upon including community leaders, youth centers, mental health associations and Department of Family and Children Services, but there must be a willingness to work together to have the type of impact needed. Currently, there is not one group that leads efforts and initiatives focused on tackling youth issues, information and resources.



“We’re always trying to put that face—that best face—forward, but sometimes in putting that best face forward, we hide what’s really happening. Now...we’re actually taking off the gloves...and getting down to the nitty gritty of what our community needs.”

AGING

Columbus has a high population of retired senior citizens that face a variety of challenges from numerous chronic conditions to access to health care services and information to paying for medical expenses to transportation. While Columbus is one of Georgia’s larger cities, participants shared that it maintains a small-town feel, and that seniors in the area are not knitted as tightly as some other groups. Being dispersed (both geographically and socially) creates challenges in ensuring utilization of available services and resources. Additionally, participants felt that there are not enough health care providers specializing in treating seniors and speculated physicians may be hesitant to wade through the paperwork of Medicare. Some seniors also worry about finances and fear their needs and lives will outlast their resources. Columbus has a significant presence of national non-profits, support groups and other service providers that aim to meet the needs of the senior community; however, to achieve success, more collaboration and creativity is needed. Participants stressed that they need a “champion” in the community to step up and organize efforts to help the aging population.

ACCESS

Health access issues are prominent concerns affecting many Americans: access to information, health care services, healthy foods, etc. Columbus is experiencing many of these concerns itself. The city had begun to address some of these areas in the past year through a partnership between Columbus Regional Hospital and the local health department. Although the partnership is no longer in place for this, the participants in the Tour applauded the idea, acknowledging the effort to focus programs to fit to the people in need.

Tour participants expressed progress had also been made in the community in that people are beginning to talk openly about the access needs of its residents overall; however, they shared that there need to be more viewpoints represented at the table, such as specialty care.



“We are a city with a heart so we don't see all of the homelessness. They are living on the couches of their friends. We don't let them live on the streets, but they are still homeless.”

DALTON

UNINSURED AND UNDERINSURED

As a small community with a largely blue-collar workforce, Dalton has a large population of uninsured and underinsured residents. The carpet industry and supporting small businesses are primary employers and many in the workforce are Hispanic immigrants. With such a narrow focus in business, it comes as no surprise that participants shared that unemployment in Dalton is one of the highest in the country and the rate of underinsured residents is higher than the state average. With a large immigrant workforce, there is also a problem with people not seeking medical care due to a fear of deportation; like many others, these individuals end up in an emergency

room seeking primary care and impacting facility costs. During the Tour, participants shared that Dalton residents were generally in poor health due to lifestyle habits; demands on time; literacy levels; family structures, including single parent households and grandparents raising children; and issues with access to health information, health care services, nutritious foods and facilities for physical activity.

Dalton has made a number of strides in addressing some of the health concerns of its residents. Community leaders have created the successful Northwest Georgia Health Care Partnership, a

collaborative including representation from a variety of sectors in the community. One successful project the collaborative implements is a promotora program, where Spanish-speaking guides deliver lay health information to families. The community also has a successful Volunteers in Medicine and Dentistry program, addressing additional needs. Additionally, local hospitals and physicians have begun an electronic medical records initiative; however, concerns about privacy and security of information are promoting a bit of skepticism around this initiative. Employers are also beginning to explore an innovative multi-share health care access plan, which will allow them to work together to provide health care to their employees at potentially reduced costs.

Participants stressed that Dalton has the infrastructure necessary to improve its health outcomes; the community just needs to work together to implement. There needs to be increased motivation and incentive to collaborate and move toward solutions.



***“Cost of care is certainly an issue.
Even if I have access to it, someone has to pay for it.”***



CHRONIC DISEASE, PARTICULARLY AS A RESULT OF OBESITY

Like most cities, participants in Dalton were concerned with the lack of knowledge on how to make nutritious choices, cultural norms that tend to have a very high acceptance and resignation to overweight and obesity and a prevalence of “Southern cooking” and its fried foods, high-fat desserts and starch-heavy sides.

Participants shared that little progress has been made in these areas because the community lacks a single source for trusted information. Participants were concerned about the impact among their youth. Local studies of BMI have indicated 50 percent of students are overweight, compared to the national average of 30 percent. Tour participants also expressed concern that these issues could keep the community from flourishing economically as new employers will not choose to move to an area with such poor health and resulting high health care costs.

To improve Dalton’s situation, people feel there needs to be some type of health or financial incentive to do things differently. Examples cited were Dalton High School partnering with the Bradley Wellness Center to offer a cardiac conditioning career track and Alliant Health Plans’ wellness programs with incentives for losing weight. Through a grant from Healthcare Georgia Foundation, community leaders are working to remove sugary drinks from schools to help address childhood overweight. Additionally, the community needs more places to exercise and be active as well as new health education initiatives for both adults and children. Beiulieu of America started a million mile walking initiative for its employees—an initiative which has since grown to encompass the community—serving as a positive example of proactively addressing community barriers. People feel there needs to be a level of innovation and creativity in trying to address education.

“Everyone, because of the Internet, is an expert now...the level of trust has diminished overall because you don’t know whom to trust any longer.”

VALDOSTA

OBESITY

Like what was heard across the state, obesity is a primary concern among participants in Valdosta, with particular emphasis on a disproportionate population of morbidly obese individuals. Consistent with other groups, poor eating habits, reliance on fast foods for family dinners, lack of activity, chronic conditions and lack of education were identified as personal barriers that contribute to the issue. Different than was heard in other cities, Valdosta participants noted a disconnect in the community of seeing obesity as a medical issue, citing the important distinction that a medical issue does not have the same stigma attached as when people view it as solely the cause of

personal behavior. Participants felt that the community needs to help increase the perceived severity and seriousness of obesity. There also needs to be recognition of the impact within the medical community. There is lack of medical equipment—gurneys, medical testing machines, etc. – that are large enough to accommodate the morbidly obese. Additionally, home health providers are not always equipped with extra personnel that may be required to assist people who are obese.

From the community level, limited support systems, less recreational time in schools, lack of educational resources, lack of availability to nutritious foods and cultural

differences were cited as barriers that contribute to overweight and obesity. To address some of these barriers, Valdosta has embraced weight loss programs and healthy lifestyle initiatives such as YMCA's Team Lean and workplace wellness and incentive programs. Lowndes County Partnership for Health works in the community to provide support for employers and others to create health and wellness programs. The Healthy Living Taskforce is working to bring the community together and identify ways to improve health, and also finding ways to make the program sustainable.



DIABETES

With the high rate of obesity in the community, concerns about the prevalence of diabetes come as no surprise. In fact, four participants noted that 50 percent of the community's heart surgery patients are diabetic. Challenges with diabetes management occur due to seniors on Medicaid not being able to find providers, lack of insurance coverage and services in the community and lack of trust in doctor-patient relationships. Participants shared that much of Valdosta's population is being treated for diabetes in emergency rooms or go untreated or undiagnosed altogether because they have no insurance available through their employers. Affordability not only affects the way they access care,

it also impacts their ability to manage the condition because they cannot afford test strips.

The area is seeing state-funded diabetes clinics closing as the result of budget cuts and the centers that are available are not always known in the community. For example, Partnership for Community Health offers resources. Additionally, advocacy organizations, MedBank, hospital administrators, health care providers and the public health community can serve as resources to help address barriers. The community is making an effort to help and funding is currently being sought to provide education and supplies for people with diabetes.



BEHAVIORAL HEALTH

Acknowledging that many issues begin as early as childhood continuing through school-age and adolescence, it was noted that the school systems are experiencing significant challenges in meeting the needs of their students. Individual barriers include lack of health insurance to pay for care, insubstantial number of providers to meet the needs, cultural differences in understanding and treatment of mental and behavioral health issues, stigma, mistrust of the health system and low literacy and education rates. At a community level, participants noted there seems to be a breakdown in communication among mental health providers and primary care providers, leading to gaps in care and services.

Despite these barriers, the Valdosta community is implementing programs to help support people in need of care. One program, the Berrien Collaborative, has successfully placed

mental health specialists in middle schools. There is also a comprehensive health education program in the Berrien County School District in which teachers are encouraged to aid in helping to assess a child's mental health by addressing issues with parents and monitoring class conduct and behavior. Participants stated that the community continues to learn from prior experiences and adopts best practices from various groups such as the Governor's Office for Children and Families' System of Care program, Drug Free Community, Even Start, Comprehensive PEP, Boys and Girls Club, 21st Life Skills and Family Connections. These programs, along with others, have helped to develop school-based model protocols. To make the most impact with these programs and on this issue, there is a need for more financial resources as well as more collaboration and communication within the community.



LACK OF PREVENTIVE CARE

The community is seeing the impact of uninsured and underinsured people missing prevention and screening services. Without prevention to promote their health or the ability to afford visits for episodic acute care needs, more people are seen in the emergency rooms where care is more costly. Diabetes, as discussed among participants, is prevalent in Valdosta and without the resources to manage the condition and seek preventive care of secondary conditions, people are facing health care issues that could be avoided or lessened.



On an individual level, people may not prioritize preventive care services very highly. When competing with hourly wages and high unemployment, people may not feel like they can take the time off of work to be seen during typical doctor office hours, especially when they are not sick.

Within the community, there are shortages in the number of primary care physicians. To help increase screening, several organizations have increased opportunities for people to have a mammogram, check for prostate cancer and diabetes and receive diabetes education. There are also a number existing programs, including South Georgia Medical Center, MedBank, Partnership for Health and the Adult Health Promotion Clinic working to increase access to primary care.

Participants shared that there are important initiatives—and the need for more—to increase prevention and screening services among the African-American community. There is a new community collaborative with churches and schools to help reach the community and it will be interesting to see how successful this partnership is in increasing rates of screening and prevention among a population that faces so many health disparities. Although there are many collaborations throughout Valdosta, participants felt a more dramatic impact could be made with more communication among the groups and a more dedicated focus on addressing a few key issues at a time, rather than having too many priorities to be able to effectively impact them.

“I think we have some real challenges in terms of strengthening the pipeline and infrastructure for the next generation for health care providers that we are going to need.”

WHERE DO WE GO FROM HERE?

Healthcare Georgia Foundation began this journey of engaging deeply with communities in 2002 with our first Listening Tour. The conversations we had then and since have helped shape our direction in setting strategic priorities to advance us toward our goal of improving the health of Georgia's underserved. We were fortunate to have the voices of consumers, health care providers, public health, government, business and private health plans represented in the 2010 Listening Tour. As is evident from the report, the issues are complex and diverse. There are many studies, reports and rankings that can tell us the state of our state's health, but these alone are merely like a drawing, an outline. The participants in the Tour provided the color, bringing the issues and the stories to intensify the picture and give it depth. To each of you, we offer our sincere gratitude.

Our goal for the Tour was to figure out the whole picture by asking the right questions and listening, so we could plan for how to act.

SO WHAT DID WE HEAR?

COMMUNITIES WANT TO BE MORE ENGAGED

They want to be connected—both with the people they serve and with each other. People recognize the intrinsic value of collaboration and want to work with each other to identify gaps and maximize resources. By eliminating duplication of services and streamlining our state's health care system, we can maximize existing assets. With organizations competing for limited funding, restrictions in use of funding and other challenges, this concept is not simply as easy as wanting it to be done but the desire is apparent. As the needs of their populations evolve, it seems that collaboration will continue to rise in importance for communities.

COMMUNITIES ARE ALSO AWARE OF HOW NEEDS ARE CHANGING

The rise in chronic disease coupled with new populations seeking services because of finances or job loss has illuminated the need to truly understand populations served and how best to meet their needs. Communities recognize that the "face of need" is changing, and they are ready to adapt.

Combining both of these sentiments, we heard clearly that communities want to offer simple, streamlined solutions for their residents. They want the community to work as one to be able to address the complex needs of individuals.



WHAT DOES IT ALL MEAN?

It is our hope that the lessons learned from the Tour will not only inform our work but contribute to an ongoing dialogue in communities and among the organizations that support them. The opportunities to make an impact are nearly limitless. The ingredients for success, however, are more clearly defined.



PROGRESS ALSO REQUIRES CAPACITY

Although funding is most often cited as a barrier to progress on an issue, capacity in a community is deeper than financial resources. To ultimately impact lives, we must foster growth in leadership at all levels, enhance communications among organizations and government, and promote accountability within our systems. The Tour dialogue just touched the surface of issues communities are facing. To understand what capacity exists and where there are gaps, we must understand not only the problems, but also the resources in a community to make an impact. We must use these insights to be deliberate and focused in providing community-based solutions that promote sustainability and enhancement for the health of all Georgians.

The Foundation and our Board of Directors will continue to seek opportunities to build on the work in communities and we will look for more colors to add to the picture, seeking chances to engage in building leadership and capacity to address the most pressing problems impacting the health and wellness of Georgia's underserved.

PROGRESS TAKES LEADERSHIP

As a Foundation, we believe in the value of shared experience and maintain a core value of supporting local leadership. As an example, our report, *A Case for Health: Community Health Mission*, (available at www.healthcaregeorgia.org) highlights leaders in the Savannah area that saw a need and worked together to figure out what it would take to improve the lives of people in their community.

It takes accountability, authority, flexibility and having the right people at the table. We must build a generation of leaders that are willing to step outside the "norm," challenge the status quo and advance these issues. For collaboration to flourish in a community, leaders are needed—leaders who can bring vision and rally other leaders and champions in a dedicated, coordinated effort.



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