Bill Foege, one of the great public health leaders of our time, said, if we are to be successful in the work of improving health care, “it will be because in everything we do, behind everything we say, as the basis for every program decision we make, we will be willing to see faces.”

With more than one million uninsured Georgians, it’s often easy to lose the faces and stories within our public health statistics. But there are urgent and compelling stories that must be told — stories of people in desperate need and stories of everyday health care heroes on the front lines.

Our goal with this publication is to help policymakers and the public better understand that the numbers we see cited in media and legislation reflect real lives: those of children and parents, brothers and sisters, teens and the elderly, black, white, and Latino, people we’ve met and people we’ll never know.

By sharing the 12 stories in this book, we hope to provide a glimpse of who needs health care, who needs public health programs, who are the unsung heroes providing health services to low income Georgians, and what the people are like who benefit from all of the good work that health organizations are doing in Georgia.

Throughout 2005, photographer Billy Howard and writer Betsey Russell crisscrossed the state to document these stories. Through film and words, they asked the questions: What are the health problems in Georgia? Who struggles with them? Who’s doing something to address the issues? Who benefits from the work being done? Whose needs are still unmet?

The stories and pictures on the following pages tell tales of despair and hope, isolation and connectedness, daunting challenges and heartfelt victories that are happening throughout Georgia. These are the stories of all Georgians – and each of us is connected to them in some way. It is the hope of all of us at Healthcare Georgia Foundation that we will all continue to “see the faces” as we do the work of improving the health of all Georgians.

_Gary Nelson_  
_President, Healthcare Georgia Foundation_
CASANDRA THOMAS
When Cassandra Thomas talks about her eight children, her face lights up. Ranging in age from 27 years to 22 months, each has unique interests and skills, but they all share one important characteristic – they love baby sister, Shaniya, who is a very active toddler. “She’s a happy, talkative baby, who likes to be in control,” says Cassandra. Shaniya, like her two closest siblings, was a very low birth weight when she was born.

Given Cassandra’s history of low birth weight babies, she was approached by representatives from the Emory University School of Medicine’s Interpregnancy Care Program while still in the hospital after the birth of Shaniya. Emory University School of Medicine’s Interpregnancy Care Program is a research program that studies ways to prevent the recurrence of very low birth weight delivery (the delivery of babies < 1500 grams) for women with at least one previous very low birth weight delivery. “They talked to me about low birth weight and asked if I wanted to participate in this study,” Cassandra says. She became the program’s oldest participant.

Cassandra delivered her first child when she was 17. Throughout her 28 years of childbearing, she was addicted to crack cocaine, alcohol and marijuana in a seemingly endless cycle of recovery and relapse. Just before she became pregnant with Shaniya, her mother passed away, which sent the 43-year-old Cassandra back to crack use.

“I had been in treatment programs before, but I just wasn’t ready to quit,” she says. "I got depressed and missed my mom, so I started using again." Her husband was also selling crack cocaine, which was a major factor in Cassandra’s drug use during her pregnancy. Cassandra didn’t believe she was pregnant again, even though she and her husband had decided that they wanted another child. “I thought it was early menopause, because my mother had early menopause. I was in denial.”

Cassandra delivered Shaniya at 37 weeks, very near full term, but weighing only two pounds, eight ounces. At birth, Shaniya tested positive for cocaine, and after spending four weeks in special care at Grady Hospital, the Department of Family and Children’s Services placed her in foster care. “When they took her away, I can’t even explain how that felt,” says Cassandra. “There was a big hole right here,” she says, moving her hand over the middle of her body. Cassandra says that was her wake up call to get sober for good and become a better parent. “DFACS had her for five months. I got her back when she was 6 months old.”

The Interpregnancy Care Program helped Cassandra with her goal of being a better parent and living a healthier life by educating her on the importance maintaining her personal health as well as formulating a reproductive plan.
Patricia Ward, the program's resource mother explains, "We know that one major risk factor for having a low birth weight baby is having already had one. Other important risk factors include having unplanned pregnancies and short intervals between pregnancies. So as a program, our goals are, first, to help women make a reproductive plan regarding if and when they want to have another baby, and second, to help women who do want to have another baby achieve at least 18 to 24 months between pregnancies. During that time, we help women improve their own health and stick with their individual reproductive plans."

Through the program, Emory and Grady staff uncover and address medical and social factors, from health issues to stress to family situations. "We used to think that low birth weight babies were due to poor prenatal care, but now we know that's not the case," says Patricia. "We now know there are correlations with gum disease, cervical infections, diabetes, asthma, sickle cell anemia and multiple births. In Cassandra's case, her low birth weight deliveries were likely due to drug use; however the fact that she has Hepatitis B and heart disease may have contributed as well. Last year she had open heart surgery for a valve replacement, which likely would have gone undetected if she were not in the program."

After almost two years in the Interpregnancy Program, Cassandra is quick to point out its value. "The program taught me to be a woman – to take care of my personal health needs, mammograms, shots, pap smears. It taught me to take care of myself in a healthy way, the way adult women should."

"Now I keep all of my medical appointments," Cassandra adds. The Interpregnancy Program provides participants with MARTA tokens and conducts home visits so that transportation is not a prohibitive issue for participation. "I stay in constant contact with my resource mother, Ms. Pat. I'm doing the things I'm supposed to do as a parent. I keep medical appointments for my kids, make sure they get to school on time, make sure they're fed – and mostly make sure that they are happy and feel loved. These are the things I wasn't doing before."

"I'm doing the things I'm supposed to do as a parent. I keep medical appointments for my kids, make sure they get to school on time, make sure they're fed – and mostly make sure that they are happy and feel loved. These are the things I wasn't doing before."

Cassandra Thomas
We sit down and read the family Bible and talk about our family history. We go to the park now. I take the kids with me to the grocery store. Anywhere I go, they can go.”

Being a single parent is the hardest challenge of having a large family, says Cassandra. She divorced her husband shortly before Shaniya was born, recognizing that a life connected to drugs was one she no longer wanted.

“Right now, I’m in the process of transitioning back to work,” she says. “I want to be productive again. I want to go back to school for nursing, to get my LPN.” Another thing Cassandra really wants is a home outside of the city with room for her whole family. “With all my children, I need the space,” she laughs.

Although Grady Hospital has had its share of criticism in Georgia, Cassandra is a loyal fan. “I’ve been coming to Grady for my health care my whole life. The staff is wonderful, courteous, concerned and caring. I feel like they’re my family. Whatever is going on with me, I always feel free to open up.” Shaniya also makes regular visits to Grady’s Developmental Progression Clinic where experts make sure she’s on track with her motor skills, speech and other milestones. “She’s doing great,” Cassandra says proudly. There are no lingering effects from the cocaine that was in her system at birth.

When asked how she’d like to see health care improved at Grady or throughout Georgia, Cassandra replies that she would like to see a clinic for young teens “whose mothers are using and who end up pregnant and have no one around to help them. A safe haven.

A place to help them get an education, continue school.”

After going through so many pregnancies herself, Cassandra is careful to teach her younger daughters about family planning. “I am teaching my girls about sex,” she says. “If they feel they want to have it, I want them to come and see me first, and we’ll get them some pills or something. I’m teaching them that they need to get an education, to make their own foundation. I tell them to find out what life is all about and have some fun before you have a baby. It’s not as easy as it looks.”

“We used to think that low birth weight babies were due to poor prenatal care, but now we know that’s not the case. We now know there are correlations with gum disease, cervical infections, diabetes, asthma, sickle cell anemia and multiple births.”

Patricia Ward, resource mother, Emory University School of Medicine Interpregnancy Care Program
Dr. Fred Gaton is the kind of doctor most patients dream about. His rural practice is warm and friendly, and his demeanor calm and professional. He is efficient without seeming rushed. Known simply as "Freddy" to some of his long-time patients, his family practice clinic makes you feel like family. It’s the kind of health care that many of us would pay a premium for. But what’s perhaps the most special about Gaton is that many of his patients don’t have to pay for health care at all.

As the sole health care provider for the small central-Georgia town of Roberta (pop. 12,000), Gaton helped to visualize and create Community Health Works, a program that helps uninsured patients with heart disease, diabetes, hypertension and depression to receive low-cost or no-cost treatment. Because these four conditions are so prevalent in the central Georgia area, Community Health Works focuses on helping uninsured or underinsured individuals who suffer from these conditions get the help they need. Not surprisingly, Gaton sees more patients than any other participating provider.

“There are lots of uninsured people who have jobs and live above the poverty level, but they have chronic diseases or conditions that prohibit them from getting insurance. Try getting insurance if you’ve had a coronary bypass or diabetes,” says Gaton. “We see everyone. This is a rural practice in a small community. We have 7,500 active patients, about 10 percent of those are uninsured, and about 70% of those are part of Community Health Works.”

According to Gaton, Community Health Works makes it easier to do what he loves most — successfully treat people in need. Patient referrals come from one of the four participating area hospitals or from word of mouth in the Roberta community. “The majority will simply walk in with no insurance but with one of the four diseases that the program covers, and I can offer Community Health Works to them," Gaton explains.

Physicians like Gaton are on the front lines of diagnosis and clinical treatment, donating their time and absorbing the costs. For patients needing more specialized treatment or surgery, the participating hospitals, surgeons, pharmacists, labs and others also cover the costs of their services.

Gaton can tell countless stories of patients that he has helped through Community Health Works. For example, he helped a well-educated, professional man who was laid off, unable to get health insurance and not old enough for Medicare. “We were able to help him manage his blood pressure and provide him with free medication to keep it under control. Because he was comfortable with us, he came in when he developed a sore in his mouth. It turns out that it was cancer, and we were able to treat it.”
His devotion to his patients is obvious — and it’s no wonder that he chose to run a family practice in a small rural town, going the extra mile to make himself available to his patients.

"I enjoy walk-ins," he explains. "We practice open scheduling here, only scheduling appointments for half the day. People should have the opportunity to see their physician when they want to."

He also is the only Spanish-speaking doctor around, which makes him more accessible to the growing immigrant and migrant population in the area. "It gives me pleasure to find someone who didn't know that they were diabetic and help them manage their illness and supply medications."

The doctor and his staff – one nurse practitioner, one nurse, one lab tech and two administrative workers – manage to see around 40 to 50 patients each day, and as many as 60 during the winter. "We all try to work together," Gaton explains, "We are one big family here to serve the community, and we share a lot of trust with our patients."

Gaton began his practice in August 1995 after completing his residency in Macon and bought the practice outright in 2001. "In a small practice, you’re not dealing with as much bureaucracy. Had I been part of another organization, I would have been regulated as to how many patients, if any, I could see through Community Health Works. This is much easier. It actually saves money to treat Community Health Works patients, because there’s no billing and collec-
pitals, other doctors. Then, the assigned case managers ensure that our patients have what they need to manage their care and follow through with it.

“Community Health Works also cuts through the red tape, helping patients find benefits that they didn’t know existed or that they didn’t know they were eligible for,” notes Gaton. This provides obvious benefits to the patients, but also to doctors like Gaton who can then receive reimbursement for their services.

Even where his insured patients are concerned, Gaton expresses frustration with the health care system. “Federal and state aid coverage decisions are made by those who know very little about health care. They constantly change the rules, forcing changes in patient prescriptions, etc. So a patient that is stable on medication A will have to change to medication B and be subject to a potentially unstable situation. It’s the same for major insurance companies. Both are swayed by drug company promotions and discounts.”

Although he lives in and commutes daily from Macon, Gaton is very active in the Roberta community. For the past three years, he has been chair of the American Cancer Society’s Relay for Life fundraising event. “This year we raised more than $75,000 – that’s more than $5 per capita, and I think one of the highest percentages in the whole country,” he proudly points out.

In addition, Gaton is chair of the health department board, medical director for the local EMS service, donates sports physicals to local school athletic teams, and is active in the Roberta Chamber of Commerce.

With the growing costs of health care and rising insurance premiums, Gaton would like to see more communities begin programs like Community Health Works, and have more providers participate in the care of the uninsured. In the meantime, he’ll continue doing the work he loves most — treating patients of all ages and all walks of life, making a significant difference in their lives. As the town’s only family practitioner, he enjoys being in demand. “It makes you feel needed,” he says, “like you’re part of the family.”
For Phil and LaVonda Tanner of Washington, Georgia, fighting obesity has become a passion — especially when it comes to their sons, 5-year-old Wes and 2-year-old Brett. Realizing that their own weight issues can cause serious health problems and set the wrong example for their kids, the Tanners have become very conscious of the amount of exercise and the kind of nutrition that will help create positive, life-long habits for their boys.

“If kids grow up obese, you have to blame the parents,” says Phil Tanner, a restaurant owner who is currently struggling with significant obesity himself. “We are definitely responsible for our kids’ health. It’s easy for us to give them the wrong foods. I’m also responsible for letting my kids watch TV instead of playing outside.”

To take charge of the situation, the Tanners participated in the Wilkes Wild About Wellness program, a community-based awareness and education program intended to help all of the residents of Wilkes County become more active and adopt more healthy eating habits.

Donna Hardy, a Wilkes County Commissioner, has served as both paid and volunteer staff for the Wilkes Wild About Wellness program. “Over the past 10 years or so, people in our community noticed that we had more illnesses than surrounding counties: more cancers, heart disease, diabetes and lots of early onset of health issues as well. They asked community leaders to find out why.”

The mayor and a group of 60 community leaders from government, business, schools and churches worked with Medical College of Georgia (MCG) in Augusta and with University of Georgia (UGA) in Athens to survey the community and gather data about community health. They discovered that Wilkes County had double the state average for cancer, diabetes and heart disease.

“When they explored reasons why, they found one common factor: 81 percent of the county population is obese, overweight or at risk for overweight,” Donna reports. “They attributed this to a lack of opportunity for physical activity and poor eating habits. As a result, the average body mass index (BMI) for Wilkes county residents was 31.9. Normal is 25.”

At the recommendation of UGA and MCG, Donna and another staffer, Corey Miller, were employed in 2000 to raise awareness of the problem among the county’s 11,000 residents. They worked tirelessly and creatively, developing programs in cooperation with local churches, businesses, schools and others.

“In the churches, we hosted six-week nutrition classes with cooking demonstrations and walking clubs and reached about 4,000 people. We helped participants learn how to take control, read food labels and cook healthier meals,” says Donna.
"We worked with the local supermarket to create an indoor walking track, host health fairs, conduct healthy snack demonstrations and encourage more shelf space for fruits and vegetables. The local paper printed a recipe of the month and the supermarket created a special display of all the ingredients."

Donna and Corey also worked with local restaurants, coordinated community health fairs and mapped out walking routes around the town of Washington to help keep nutrition and exercise "top of mind" in the community.

Although funding for the program officially ended in 2005, Donna continues to volunteer and the community is showing continued involvement. "Our overall BMI has decreased to 31.2, which the experts at UGA tell us is a significant improvement," she reports.

"I need to exercise more so my heart will be healthy so that I can be around for Wes and Brett," admits Phil. "When I exercise, I eat better and I feel better. But it's more than that. Healthy habits also affect your overall wellbeing and quality of life. The health problems I've got at 35 are making me realize that I have to change." Health issues like sleep apnea and joint pain already plague Phil. Cancer and heart disease run in the family and Phil and LaVonda know that being overweight can increase the possibility that they will contract these illnesses as well.

But knowing his health is at risk and acting on that knowledge is, by Phil's own admission, a difficult leap. In many ways, he's fighting against a lifetime of cultural traditions. "I weighed 175 pounds in high school, but I really picked up the pounds over the last 20 years. I grew up with traditional Southern foods, like biscuits and gravy. We all grew up with fried catfish rather than grilled. And you don't bake a deer. Eating right requires a real culture change."

But thanks to Wilkes Wild About Wellness, many things have changed for the Tanners. Phil and LaVonda participated in the six-week exercise and nutrition program through their church, where Phil lost 30 pounds. Unfortunately, when the program ended, Phil gained everything back. "If more people like me had a steady way to be involved, it would be more successful. By yourself, it's hard. Me just wanting to be alive should be enough, but it's not." To help support his efforts, Phil has found a workout partner in the local high school football coach.

LaVonda echoes Phil's desire for an ongoing support group. She also lost weight in the six-week program and is now making changes in her habits to keep it off and lose more. She's recently
joined a local gym that provides a supportive, encouraging workout space exclusively for women.

For his part, young Wes Tanner participates in Tiger Tracks at his school, where he earns points for being physically active at home. He trades in his points for prizes, such as stickers or juice pops in the school lunchroom. Wes likes to be active and lists skateboarding, jumping on the trampoline and throwing the football with his dad as some of his favorite activities.

To supplement their individual efforts, the Tanners are working on ways to be healthier as a family. Together, they are creating healthier eating habits and making time to sit down to meals on a regular basis. They also enjoy taking family walks. "Today's lifestyle is so fast-paced, all about convenience, fast food, drive-thru everything, close-by parking," says Phil. "Even at big sporting events, I've seen more and more golf carts and ATVs carrying people through the parking lots. We don't believe in putting out an effort any more. Look at all the pre-packaged stuff in the grocery store. That's some of the worst stuff you can eat."

But according to the Tanners, Wilkes Wild About Wellness has made a difference in the way this community thinks about food and exercise. "Awareness is the big thing," says Phil. "Thanks to Wilkes Wild About Wellness, you have people talking on street corners, in church and other places about this issue. I notice more people exercising. More of my customers are on trendy diets, like Atkins. The gym where my wife goes has quite a clientele."

There are other challenges for this rural area in addition to the challenge of maintaining the willpower to lead a healthier life. It simply costs more to eat healthily. As Phil puts it, "A sack of flour and lard are cheaper than a bag of apples." The selection of healthy choices is also more limited in rural areas. In many instances, portions and meals served in local restaurants are a nod to the traditional past rather than taking on a healthier outlook.

Many of the "modern conveniences" that exist in the area don't help. Phil and LaVonda are digging deep to make their own changes. Phil explains, "It's our fault, and our responsibility. On one hand, I'm upset that so much of this applies to us, that we've made the wrong choices. But on the other hand, I'm proud that we're aware of it, that we're talking about it and trying to do something about it. I wish more people would admit their problems, stop blaming other things and take responsibility."
CARMEN PATRICK
Carmen Patrick has a clear message for all Georgians: Students studying for health professions believe that policy can be changed — and they intend to play a part in that change. And this third-year medical student should know. She is one of the co-founders of a group of more than 700 students across the state who have made health policy a pointed interest.

Health Students Taking Action Together (HealthSTAT) is a nonpartisan organization that encompasses students from all the post-graduate health-related programs around the state and from several undergraduate programs that prepare students for health careers. It started with only five members in 2001 and has grown exponentially since then.

"I wasn't in medical school at the time that HealthSTAT started, but was a young professional headed toward a medical career. I was working at the Hope Clinic at Emory, coordinating clinical trials for an HIV/AIDS vaccine. It was cutting edge work. I was the face to the community, the translator. My challenge was to share scientific information with the community and share the community's needs and interests with the scientists."

Carmen had friends, most of whom were medical students or working on master's degrees in public health, who gathered regularly to talk about health policy. As they discussed a wide variety of topics, they realized that for many Georgians access to health care was very restricted by health insurance. "We weren't learning that in school," she says. "We discovered that 1.4 million Georgians are uninsured, and the majority of those are children. There are programs like Peach Care that are great and serve as models for the rest of the country, but we wanted to do more. We wanted to link the community service work we were doing to policy."

Carmen got involved in putting together a candlelight vigil for uninsured Georgians in 2001. "Lots of students and young professionals got involved. Nearly 150 students gathered at Grady, along with parents of children using Peach Care, people from the CDC and others. The CEO of Grady spoke. We were overwhelmed at the turnout," she reports.

The group decided to keep the network going, and over the summer of 2001, became a 501(c)(3) organization. To Carmen, the involvement of so many students is natural. "Students care about their community," she explains. "We want to be engaged and have an impact. HealthSTAT facilitates this. It's not a membership organization; anyone can come to our events."

HealthSTAT focuses on filling the gap between what students learn in school and the reality of policy. It does this through a "care, learn, act" model, says Carmen. Care comes with being in the field, learning opportunities are presented in the form of lunchtime talks and leadership symposiums, and action involves encouraging students to visit the state capitol and discuss their view on health policy with their legislators.
The issues HealthSTAT tackles are determined by student consensus. Currently, the group focuses on raising awareness of the problems of insurance and access to health care, preventing childhood obesity and HIV/AIDS health policy.

The leadership symposium is held each fall and sets the agenda for the year. The group develops a white paper that is presented at a spring symposium. In addition, there is a political leadership institute at the Capitol each year.

Carmen has finished her term as board chair, during which she easily spent about one week each month on HealthSTAT activities, in addition to her studies as a medical student. But hard work is no deterrent to this energetic, optimistic achiever. She graduated from the University of Maryland in 1999 with a B.S. in bioresource engineering. After that, she participated in a fellowship program that enabled her to work in the public hospital in Indianapolis, Indiana, before moving to Atlanta, working at Emory and eventually becoming a full-time student again.

She has always been interested in health, but shares one striking moment that influenced her decision to go to medical school. “At Maryland, I was always in the labs. During my senior design project, I was presenting my model for a new type of mammogram that would be more comfortable for patients. My professor, who also happened to be the only other black person in the room, asked how I would ensure that the patients who needed this technology would actually get it. I realized that I have four sisters, all younger than me, who will probably never see this technology. I could invent all I wanted, but no one would have access.” Carmen decided then to be part of the solution.

As the oldest of six children in a military family, living mostly on military bases throughout the South, Carmen was sheltered from many of the access issues she now works to resolve. “Because I grew up in the folds of the military, the concept of people not having health insurance was completely foreign to me,” she recalls. “Everyone could see a doctor, everyone got exercise and took care of themselves. There was never an obesity problem or lack of access to care.”

Carmen’s concerns about access — not just to treatment but to resources for a healthy lifestyle — are reflected in her views on what’s needed most in Georgia’s health policy. “We’ve got to protect and expand Peach Care,” she declares. “It’s a wonderful program, and there is no reason why kids shouldn’t have insurance. In terms of cost, it’s much less expen-
Carmen feels that HealthSTAT has made the biggest strides in helping policymakers think about the future. "We make them see that the person sitting in front of them and voting for them isn't swayed by any third party interest. We're just students who are watching and who care about what's going on. The more people involved, the better. But we're also helping students see beyond their big hearts to the reality of budgets. Legislators want to hear us talk about dollars and impact."

Her tenure as chairman of HealthSTAT may be over, but Carmen still has big plans for the organization. "We're trying to reach more students beyond Atlanta, hear their voices, bring them into consensus," she says. "We still need dental students. We want to increase the number of professional perspectives we have. I'd like to see the program become even more of an incubator for student leaders — to get resources and networks beyond our current scope."

As for her own career, Carmen is planning a specialty in primary care internal medicine as she works to complete her third year of study at Emory. She completed her first two years at Medical College of Georgia in Augusta but transferred to be with her husband, who is finishing up business school. "I want to meet that diabetic, that hypertensive, that smoker who people say will never quit. These are the folks that others have given up on, but I enjoy the story behind the person. Internal medicine will give me great breadth, and will also allow me to coordinate my patients' care."

"I feel very hopeful for the South. I don't believe the hype around the stats about health in Georgia. (Georgia is 43rd in the nation in health measures, according to the United Health Foundation.) Working with HealthSTAT makes me feel innovative, imaginative and hopeful. I'm working on my peers, and that's a great place to start. And the informal education is fantastic. I see that I can craft my own education beyond school. We're all teaching each other."

"I want to make being active in the community a professional habit; you get involved in school and you stay involved. I want to help students and health professionals see advocacy not as a political thing, but as a continuum that links service to policy. As you provide service to a community, you learn what the policy issues and implications are, you work to change or develop that policy, and then you start all over again."

"Students care about their community. We want to be engaged and have an impact. HealthSTAT facilitates this. It's not a membership organization; anyone can come to our events."

Carmen Patrick, co-founder, HealthSTAT
Samuel Mitchell has come a long way. In 2002, he suffered a stroke that left him mostly paralyzed in his right arm and right leg and unable to speak. Before that, he nearly lost his leg to circulation problems exacerbated by his career as a long-haul tractor-trailer driver. Today, Sam has limited mobility that he increases with the aid of a scooter or walker, and his voice resonates deeply when he speaks. The voice especially is a blessing to Sam, because he now uses it as a passionate advocate for the disabled.

Sam’s desire to help the disabled comes from his own experience as a disabled patient who was relegated to nursing home care. "When I had my stroke, I was in Grady Hospital for two and a-half weeks. I was getting set up for an outpatient therapy program at Emory, but then, for some reason, I was sent instead to a nursing home south of Savannah. Because of my stroke, I couldn’t make myself or my wishes understood, and it took two weeks for my two sons to find me."

After three months, Sam’s children were able to have him transferred to a nursing home in Riverdale, closer to the family. But his care situation did not improve. "I don’t like nursing homes. They promote what I call ‘learned helplessness’. They don’t let you do anything for yourself and are constantly telling you what NOT to do. The staff wouldn’t let me get my cane and walk down the hall." He guesses that this was partly because of liability issues and partly because it made more work for staff. But he also notes, “If I hadn’t done that on my own, I would still be in a wheelchair.”

Then, Sam received a visit from Anna Santiago of the Georgia Advocacy Office, a private nonprofit that works to protect and advocate for the disabled and mentally ill in Georgia. Anna put Sam in touch with Cheryl Grossman at Disability Link, a Decatur-based nonprofit dedicated to promoting the rights of all people with disabilities to be independent, make their own decisions, have access to their communities and achieve their goals. While Anna and Cheryl began to work on the outside to get Sam out of nursing home care, Sam began to stir things up from the inside.

“While I was in the nursing home, I was always trying to help other residents, so I became president of the Resident Council. I started pushing the envelope, asking for improvements. I also put the staff out of the meetings. That didn’t ingratiate me to the administration, but there were so many things that needed to change.”
Cheryl suggested that Sam participate in Georgia Voices That Count, Disability Link’s statewide advocacy training program. With help from Disability Link, Sam traveled to four two-day training sessions throughout the state. "It fired me up," he says. "I found out I wasn’t fighting this battle by myself. I found out how to get in touch with others and different resources I could call on. I got hold of the state’s rules for patient rights and the regulations for nursing homes. Things around the nursing home got quite a lot better," he smiles.

But Sam still wanted to get out of the nursing home and into a living space of his own. With help from Anna and Cheryl, he applied for the Independent Care Waiver Program (ICWP) that would allow him to receive community-based services instead of nursing home care. "I found an apartment complex where residents could rent private bedrooms and share common areas. It had a kitchen, a washer/dryer and bathrooms that could accommodate the disabled, although not all residents were disabled. I chose that place because I didn’t want to move somewhere all by myself. I wanted privacy, yes – you definitely don’t get that in a nursing home – but I also wanted people close enough so that if anything happened, someone would be in hollering distance."

Sam lived there for two years. During that time, Sam met his wife, Cheri, who worked as an advocate and transition coordinator at Disability Link and who is herself disabled. Together, these two are dedicated to their cause, promoting awareness and change every chance they can.

"Disability isn’t special. It’s just part of life. Live long enough and an injury or disease will cause you to be disabled. I just became disabled earlier than most people."

Samuel Mitchell
than 5,000 disabled kids waiting for services in this state, and another 5,000 people in nursing homes who have indicated a desire to live in the community."

Sam would like to see more money for faith-based work in the community. "Churches have long-performed community-based services for the disabled and others but have been hampered by a shortage of funds." He would also love to see a pre-K program that takes disabled kids in earlier. "Education for the disabled in Georgia is almost a joke. I've found that many special ed teachers know very little about disabilities or how to deal with them. Once I was speaking to a class about how to achieve their goals, how to work through their disability to do whatever they wanted to do. The teacher said to me, 'You don't need to go through all that with them. They are mostly going to end up at McDonald's. Just tell them they can get a job.' Hearing that upset me so much..."

"Insurance companies influence employers, who are afraid of cost and liability. So, most people who are disabled will go through vocational rehab and end up in what we call the 'revolving door' of workshops. They take more and more workshops to learn more skills, but the doors to the jobs stay closed. There are federal initiatives for companies that hire the disabled, but a lot of the time the working disabled need some sort of accommodation from their employer as required by the Americans with Disabilities Act. Many employers don't want to go through the process."

But Sam is optimistic, driven by some of his best days as an advocate. He is constantly meeting new people and discovering new organizations that are dedicated to improving the services and opportunities for Georgians who are disabled. And it's an important cause because, as Sam reminds us, "Disability isn't special. It's just part of life. Think of it this way: No one ever really died of old age. Live long enough and an injury or disease will cause you to be disabled, and eventually that disability will be life threatening. I just became disabled earlier than most people."

"Given Sam's passion and willingness to get involved, I suggested that he participate in Georgia Voices that Count, Disability Link's statewide advocacy training program."

Cheryl Grossman, Disability Link
NILZA BAEZ
For Nilza Baez, women's health is both a vocation and a passion. As an RN and office manager at a Northlake OB/GYN office, Nilza also volunteers a great deal of her time, 40 hours each month, serving as a patient navigator with Dia de la Mujer Latina, a Tucker-based nonprofit organization that connects Latina and other women with the health care they need.

**Dia de la Mujer Latina** helps women understand their health needs with health fairs and screenings, provides doctor names and contact information for referrals and follows up with patients to make sure they are receiving care. The organization also helps women find financial assistance to pay for treatments or health maintenance if needed.

"I think this is a great cause," says Nilza with enthusiasm, in between a busy day at the office and an evening coordinating one of Dia de la Mujer Latina's bi-weekly office clinics. "I coordinate health fairs on weekends and evenings. I organize the providers and get them to help us. At our most recent fair, I got six nurse practitioners, two of them bilingual Latinas. I also got four doctors. In one day, we performed 110 pap smears, 145 clinical breast exams with 10 follow up mammogram referrals, 198 cholesterol checks (50 were above normal), 192 glucose tests, 26 mammograms at an onsite mobile unit, plus blood pressure checks and HIV testing and counseling."

Needless to say, it's hard work dealing with that many patients, but that's what gives Nilza her inspiration. "I love to talk to patients, and I get upset if I don’t get them the help they need. We refer them to low-cost or no-cost care for follow up as needed. We pay a portion, the patient pays a portion, and the providers charge a lower fee."

Nilza is able to recruit providers, including specialists, because of the relationships she's built through her career in health care in the Atlanta area. Her current employer, Dr. Gerry Sotomayor, used to be the medical director at Dia de la Mujer Latina. As a result, they have built a network of providers who take regular referrals. Born in Puerto Rico, Nilza went to nursing school there and also studied as a radiology tech. She moved to the United States in 1983 with her family. With help from a doctor friend in Puerto Rico, Nilza got a job with an internal medicine doctor at Crawford Long in Atlanta. After six years there, she served as a nurse and office administrator for a Decatur practice that combined internal medicine and obstetrics and gynecology. She's held her current position with Northlake OB/GYN for the past seven years, after meeting Dr. Sotomayor through her volunteer work at Dia de la Mujer Latina.

Nilza became a volunteer for Dia de la Mujer Latina nine years ago, when she met the organization's executive director, Venus Gines, in a restaurant. During their conversation, both women learned that they shared a passion for women's health and were both breast cancer survivors.
Through her work at Dia de la Mujer Latina, Nilza applies her love of working with patients to interactions with hundreds of women every month. It's not always easy. “Some are difficult and afraid – and that translates into a fear of doctors,” she says. "We find patients who have been here for years, who have had no pap smear, no mammogram.” In the case of one patient, Dia de la Mujer Latina’s volunteer physicians found breast cancer at the health fair. The patient was referred for a partial mastectomy, then a hysterectomy and then another mastectomy. “She still comes in every year to the health fair for a mammogram,” says Nilza.

As one might imagine, language barriers can play a big role in keeping Latina women from seeking or receiving the care they need. This frustrates Nilza for a number of reasons. “In many cases, patients feel like they’re being treated badly by a provider when they visit health departments because of language barriers. For example, a nurse comes in and does her job [e.g., taking blood] without speaking to the patient because she doesn’t speak Spanish. It seems like she’s being mean, but that is not necessarily the case.”

Some local facilities do a great job at dealing with non-English speaking patients, according to Nilza. “At Northside Hospital there is an interpreter’s office. They teach the nurses Spanish, too. And at Grady they speak lots of languages in the international wing.”

In fairness, Nilza also is quick to chastise patients who make no attempt to learn the language of their new country. "Some of them don’t want to learn English. They believe people should speak Spanish to them. We try to get them to go to the Latin American Association, to churches or other places to take English classes. Learning at least the basics of English will provide them with more opportunities.”

“I think this is a great cause. I love to talk to patients, and I get upset if I don’t get them the help they need. We refer them to low-cost or no-cost care for follow up as needed. We pay a portion, the patient pays a portion, and the providers charge a lower fee.”

Nilza Baez, nurse and volunteer, Dia de la Mujer Latina
Cultural barriers also can be a difficulty in delivering patient care. "Most Latinas don't like male doctors. Also, some come to us looking for birth control and medications. We don't dispense any medications, but we can give them Pap smear reports that they can then take to the health department to get what they need.

"Some Latino or Hispanic cultures are very shy and quiet, and others are more demanding and bring a sense of entitlement," she continues. "Sometimes at health fairs, when they are all in line together, I have to explain to the louder ones that they have to be patient and wait their turn like everyone else. Our patients come from all different ethnic backgrounds, including some white, Asian and African-American, but we provide services to everybody and each is treated the same way."

Lack of insurance is always a challenge, which Dia de la Mujer Latina addresses through its Medicaid knowledge and its connection of low- or no-cost providers. Transportation is another issue. "We can't provide it. Our patients have to get rides, or take the bus. But when they want to get somewhere, they'll get there. Last health fair, they lined up in the rain.

"I wish we could do more for the broader community," sighs Nilza, when asked what she'd like to see in the future for health care in general, she'd like to see more money go to research — a cure for cancer, for lupus (which her son has) and for cystic fibrosis, among other things.

She'd also like to see better health insurance for indigent people. "Not Medicaid or Medicare, not a discount program, but national health insurance, like Canada has. Yes, you may have to wait to schedule an appointment for routine care, but if you're healthy, you can plan ahead. You have to do that with a lot of local doctors, too. And emergencies are always seen right away, in most cases."

In the meantime, Nilza is satisfied in knowing that through her work and her volunteer efforts, she's helping thousands of women every year — and in many cases she's helping to save lives. "Plus," she grins, "it's also a lot of fun."

"Our patients come from all different ethnic backgrounds, including some white, Asian and African-American, but we provide services to everybody and each is treated the same way."

Nilza Baez, nurse and volunteer, Dia de la Mujer Latina
At 67 years old, Christine Davis doesn't look like someone you'd expect to find living in a senior living high rise. In fact, at first she appears more like one of the staff, talking with other residents, moving about in a purposeful way. But then again, by today's standards, 67 isn't exactly "old," even if it is within the realm of senior citizenship.

As with just about any age, a senior's health and activity level depend a great deal on diet and exercise, as Christine can attest. She's been a participant in the Branan Towers wellness program since it began. Branan Towers is a program of the Foundation of Wesley Woods.

Christine chose Branan Towers in East Atlanta as her home in April 2004, when she moved back to her native Georgia to be closer to her children and grandchildren after living most of her adult life in New York.

"I got interested in the wellness program because I knew I was too fat and didn't like being that heavy. I would eat all kinds of cakes and pies. My back and legs bothered me. I couldn't walk down steps."

"Then I went to see a great doctor at Atlanta Medical Center. The doctor there is really awesome; they even have a service that will come pick you up and take you to the office. He tested everything and diagnosed me with diabetes. I've seen too many friends lose arms or legs to diabetes, so I said 'no' to that. Now I check my blood sugar twice a day." To help control her diabetes, she also monitors her diet and exercises two to three times each week as part of the Branan Towers wellness program.

In exercise class, residents of all ages and abilities stretch, bend and increase their heart rates while an enthusiastic instructor and upbeat music cheer them on. "We work with balls, big rubber bands or scarves," says Christine. "I'm also part of a walking group in the morning." The group walks in a loop around Branan's small private garden grounds. "I go around about 30 times. Twelve times is a mile."

"We started the wellness program in 2003," explains Jeri Boland, administrator at Branan Towers. "We had a small budget for a wellness nurse but nothing more, so we started working to build a stronger program that included activities, a wellness clinic and transportation to and from different community activities and outings. We worked with the Arthritis Foundations' PACE (People with Arthritis Can Exercise) program and now hold two exercise classes a week. Our activity coordinator is a certified instructor. The participants keep journals and their pre- and post-tests show that they've increased mobility. The class starts with simple seated movements, then goes to standing exercises and then adds work with the bands and balls. There are about 32 people in every class, and many have become interested in the walking club as well."
“Exercise has made such a difference. It helps with the bones, with the body, and makes you feel so much better...Exercise, mentally, also does a lot for you by working the brain and improving concentration. You can get physically and mentally fit.”

Christine Davis

“Walking has helped me lose weight,” says Christine. “Now I’m about 178 pounds and I’m able to exercise better. Once when I stopped exercising for a while, I noticed I wasn’t able to do things, like cross my legs, because I also have arthritis.”

Taking part in the wellness program not only keeps Christine more physically energetic and flexible, but it also helps to keep her brain in shape. “Exercise, mentally, does a lot for you. Our exercises work the brain and improve concentration. You can get physically and mentally fit.”

Good health hasn’t come easy for Christine. As with many adults, mental health and additional issues got in the way of her overall physical wellbeing. A native of Athens, she worked in a beauty shop for 15 years, and during that time began to suffer from depression. “I was drinking at the time. I couldn’t make it to work a lot. The doctors couldn’t treat it, so they put me on disability.”

It took years for Christine to realize that drinking was her biggest problem. “It runs in my family, but I didn’t know it. I finally made the connection between drinking and depression when I had to go to the hospital. I thought I was going crazy. I had thoughts of suicide. I went to different psychiatrists. Finally one asked me how much I drank and suggested Alcoholics Anonymous. I decided to try it.”

Although Christine was in and out of AA for several years, she’s now 10 years sober and manages her depression by taking medication. “Once you get a taste of AA, it stays with you. I proved that I am able to do this for myself. Not for someone else. I stopped drinking for me. It takes action to change things. If you want to stop, you can stop. Anything that makes me sick, I want to leave it alone. AA is an awesome program. I’ve been able to go so many places as a sober person and enjoy it.

“I wanted to do exercise, once I stopped drinking (although I did walk a lot when I was drinking, mostly to look for a drink) because I started gaining weight, got an appetite. I went from size 14 to 18, almost a 20. I remember trying on a 20 and thinking, ‘oh no, I can’t be that.’ Now I’m a size 16.

“I got inspired because I gained all that weight. Exercise has made such a difference. It helps with the bones, with the body, and makes you feel so much better. You can tell people who don’t exercise. They’re so heavy.”

Christine couples her exercise sessions
at Branan with an active life in her community. "If you want to do things, to get out, it’s easy. I find out about a lot of activities through word of mouth and by reading the paper." One program that Christine learned about was a paid volunteer program through Georgia State University that placed seniors with children at Burgess Elementary School. "I mostly work with kids with disabilities," says Christine. "One boy, who's 10, can’t talk but he’s so wonderful. Another one is learning how to do sign language. It’s a joy to be with them, six hours a day."

Working in the school has given Christine insight into the potential health problems that are looming for a younger generation. "I see all these little kids, when we’re trying to teach them to dance. You can tell that they don’t get exercise at all."

Although incorporating exercise into one's lifestyle at an early age is best, Christine and her fellow Branan Towers residents prove that it’s never too late to start. Approximately 25 percent of the Branan Towers residents now participate in the facility’s exercise program. They also have become more involved in other wellness activities offered through the facility and have initiated programs of their own — and they’ve encouraged other residents to become more active.

"The wellness program has provided the missing pieces relating to holistic care for our residents," says Jeri. "Almost 90 percent of our residents participate in some way, and most of those who enter the program in one way — perhaps through the exercise program — will take advantage of other components — like the nurse services or transportation."

"The wellness program has provided the missing pieces relating to holistic care for our residents. Almost 90 percent of our residents participate in some way... and as a result, they are more likely to manage their chronic health conditions and have a more positive outlook on life."

Jeri Boland, administrator, Branan Towers
Dr. Patrick Im feels a strong calling to his work as a dentist in Dalton, Georgia — and he feels a strong desire to help provide dental care to those who cannot afford it.

“When I first came to town in 1996, one of my patients ran a soup kitchen,” Im remembers. “My wife and I volunteered. I noticed that he had a spare room and we started talking about pulling teeth there for people who were in pain. I donated a dental chair and some supplies and started working there once a month. Chattanooga State University sent volunteer dental hygiene students who assisted me and did patient education.”

Dr. Nelson Conger, DMD, has been practicing in Dalton since 1970. He too, had a vision for providing quality dental care for free to area residents who needed it. Conger had been working as part of the Northwest Georgia Healthcare Partnership, a collaborative of doctors, dentists, businesspeople, elected officials and school administrators that aims to improve health care for the area’s underserved residents. While it is somewhat unusual to have businesses participate in a partnership of this sort, they are attracted to it in Dalton because of the difficulty and expense they have in providing health care to the area’s largely industrial workforce.

Im and Conger realized they shared a vision for the Dalton/Whitfield County area. In 1998, Im became president of the Dalton-Whitfield Dental Study Club and asked club members to support a free dental clinic as a special project. Together, Conger and Im received permission to use two chairs in the health department’s old dental clinic a few evenings a month. The doctors sent out letters to all dentists in Whitfield County requesting their participation. More than 70 percent of them signed on. Two years later, the clinic moved upstairs into the new pediatric dental clinic in the Whitfield County Health Department building. This free dental clinic became one of two free dental clinics in the state of Georgia.

“I really want to give the county commissioners credit,” says Conger. “For years we had a hard time finding a place to do this. They helped us get into this space and find someone to help us screen patients. This is a state-of-the-art facility with a professional staff that can triage patients and prep them.”

Twenty-four of the county’s 28 dentists volunteer at the clinic an average of once a month, including two oral surgeons, an endodontist, an orthodontist, a periodontist and a pediatric dentist. Almost all were personally recruited by Conger or Im, or by word of mouth. The clinic schedules its patients three Thursday evenings and three Friday mornings each month.

“Most of what we do is relief of pain, dealing with broken teeth, abscesses or extreme decay,” Conger says. “It’s combat dentistry. We can’t do much in terms of reconstructive dentistry, can’t do cosmetic dentistry or prostheses. We can’t get funding for that.”
The waiting list for clinic services hovers around 150, and has climbed as high as 250 in the past. Once, two carloads of patients waited overnight in the parking lot to see the dentist the next day. “The demand is huge,” says Conger. “We’re proud of the program but we’re not even scratching the surface.” Most patients, about 70 percent by Conger’s estimate, are Hispanic or Latino. The majority have no insurance. “Most of our patients don’t understand how to get insurance,” says Conger. “They haven’t ever been exposed to it – it’s just presented to them as money taken out of a paycheck, so they say ‘no.’” Because most patients speak Spanish, most volunteer dentists rely heavily on Hilda Jimenez, program assistant. Jimenez organizes the dentists and volunteers, and has run the health department’s children’s dental clinic for 10 years. She is there for every adult dental clinic session to help overcome the language barrier. She helps explain the services patients are receiving and puts them at ease.

“Until now, there has never really been a ‘medical reason’ to visit the dentist. But a recent study describes the association between heart disease and gum disease to be at least as strong as the linkage of heart disease to cholesterol, body weight or smoking.”

Dr. Patrick Im, Northwest Georgia Healthcare Partnership

“I feel that dentistry is my calling in life. I contemplated many careers, but really feel that this is it. I enjoy helping people, improving their quality of life. I like fixing and restoring damaged teeth. I like the art of dentistry. There is a great satisfaction that comes from people being able to smile again. It makes them happy.”

Im’s contentment and satisfaction with his career show through in his work, but he recognizes that there are many needs that neither he nor the free dental clinic are able to meet. He wishes for more activities to raise the “dental IQ” of the community and provide bi-lingual preventive education for clinic patients and the broader community.

“We really need a local dental assistant program,” Im observes. “Dental assistants really make the difference, especially if they’re bilingual. It would be great to have a certificate program.”

Everyone in the clinic, from Im to the staff and even the patients, agree there is a need for more preventive care.

“Previous studies have found the incidence of heart disease is about twice as high in people with periodontal (gum) disease, but until recently no plausible cause had been suggested,” says Im. Further research has reinforced that connection. Im continues, “A recent study describes the association between

Originally from Los Angeles, Im spent a good part of his childhood in Orlando, and then returned to California to attend Loma Linda University School of Dentistry. Family connections led him to Dalton to open his practice.
heart disease and gum disease to be at least as strong as the linkage of heart disease to cholesterol, body weight or smoking.

"Unlike most diseases that give us early warning signs, gum disease progresses silently, often without pain. It may develop slowly or progress quite rapidly. More than half of all people over age 18 have at least the early stages of periodontal disease. Even more frightening, after the age of 35, three out of four people are affected to some degree. Periodontal disease is an infection that destroys the gum surrounding your teeth and also destroys the supporting bone that holds your teeth in place.

"Many people in the medical community and the general public just think of dentists as cleaning teeth. Until now, there has never really been a ‘medical reason’ to visit the dentist unless you’re in pain. But diagnosis and treatment of periodontic disease is one of the most important things we do. Gum disease is one of the most unaddressed needs in health care and really needs to be addressed."

Im is pleased to report that in his practice at least, he can see positive results when patients are educated about the risks of gum disease. "Once patients are properly educated about treatment of periodontal disease, we have virtually 100 percent patient compliance. They recognize that other ailments are related, such as a suppressed immune system. After periodontal treatment, they feel better and healthier overall."

So what does Im prescribe? "The best advice I can give is to brush and floss, and take the time to do it right, regularly, every day. People could save themselves an enormous amount of time, pain and money if they’ll just take care of their oral health. As dentists, we can give you the tools and the knowledge, but 90 percent of the success depends on how you follow up at home."

This includes patients at the dental clinic, whom Im counsels about proper care of the teeth and mouth as he works. This is about more than just the dentist’s desire to help each patient — it’s also about his drive to do more for others. It’s a drive that leads him to share his next vision.

"What we’ve got in this clinic is a tremendous start. It’s a really well-organized and coordinated effort for all the dentists in the community. But it would be great if there were an even larger facility, a dental building where we all could practice together, alongside each other, and really address the needs of the community in a more in-depth way."

"The demand for our dental services is huge. We’re proud of the program, but we’re not even scratching the surface."

Dr. Nelson Conger,
Northwest Georgia Healthcare Partnership
On the surface, Karen Hagan's story sounds like a happy one. A native of Statesboro, Georgia, she graduated sixth in her class at Georgia Southern, was a high school history teacher, finished a Master's in education and was named Star Teacher of the year in the county school system. Karen Hagan accomplished a lot — but she did it while living a double life. Beneath the surface, Karen was addicted to methamphetamine, powder cocaine, and finally, crack.

Thankfully, Karen found help through a variety of resources, including New Horizons Community Service Board in Columbus, Georgia. She is sober today; however, it's been a long journey that began when she was in high school.

"It's true that addiction is a progressive disease. I began smoking pot in high school, but only occasionally, just to fit in. When I got into college, I switched to methamphetamines, but I still did well. I was a highly functioning addict." Karen married her first husband at 20, gave birth to a son (two months premature) at 22 and was divorced at 23. "My husband was my drugging partner," she explains. "That's common for addicts, along with multiple marriages."

Karen moved to a new town, but her drug use continued and progressed. "At first it was just powder on the weekends. Then my father passed away and my drugging escalated. My whole life revolved around coke — and then I started smoking crack. It was an instant high."

In 2000, she held down four jobs, just to make enough money for crack. "I had no savings, no money for bills, no investments, but four jobs. That should tell you something." One of her jobs was teaching in Claxton High School. Her students told her that she was the fastest-talking, fastest-walking teacher they had ever seen. She had a reputation for being tough but fair. She was named Star Teacher of the year for the Evans County district.

"Around that time I began stealing from the schools. I remember lots of lying, deceit and manipulation. I began to believe my own lies. I would forge doctors' notes, leave early, come in late. I was thinking about crack 24-7 and I knew that I had crossed a line. The drug had become more important than my family, my job, anything."

Finally, on the morning of January 18, 2002, Karen was arrested for theft when she reported for work. "That was a long ride in the back of the police car," she recalls, "but I remember thinking, 'it's over.' I was taken to jail, and that's when I knew I had hit the bottom."

Karen was ordered into treatment at Willingway Hospital in Statesboro, one of the best treatment centers in the country. She stayed there for 36 days. "I wasn't even allowed to go home to get a change of clothes or anything," she explains, "because I would've run and they knew it. That's what addicts do."
Her treatment team decided that Karen needed long-term treatment, and she was moved to Lee Street, a halfway house for women in recovery. “I didn’t want to go, but it was part of my bond agreement with the court. I hated every minute of every day that I was there,” she says of her nine-month stay. “I had to learn to humble myself, to realize that everything wasn’t about me. I wasn’t allowed to work. Instead, I had to go to groups, just sit there and think about me. I did drugs because I didn’t want to feel. But now, I had no choice.”

After Lee Street, Karen was transferred to New Horizons Community Service Board in Columbus. New Horizons provides mental health, developmental disability and addictive disease services in eight Southwest Georgia counties, including residential and outpatient treatment. “It was definitely a move for the better,” says Karen. “I stayed with a friend who was also in recovery. I went to the New Horizons day program for nine months until I was able to find a part-time job at a local card shop. I attended counseling and ‘big book’ (Bible) studies. It was a 12-step program, and I live by those steps now.

“It was hard to find a full-time job as a recovering addict. Then, New Horizons hired me. They gave me a chance and started me as a peer specialist on their crisis team. I helped care for and supervise patients who were right out of detox. I applaud New Horizons for giving me a chance. They are good about that; they hire a lot of their own.”

Being so absorbed in her job and her own recovery also kept Karen from meeting new people outside of the world of recovery. She felt drained and it was difficult for her to separate her job from her own life. After a while, Karen made the tough decision to move back to Savannah, where she lives today.

“Addiction is a chronic disease. I will never be ‘cured.’ The cost for families, the court system, medical facilities and others revolve around the addiction. If we do more to support recovery, the community as a whole will benefit.” Karen Hagan

“Addiction is a chronic disease. I will never be ‘cured.’ The cost for families, the court system, medical facilities and others revolve around the addiction. If we do more to support recovery, the community as a whole will benefit.”

Karen Hagan

For the first time in a long time, my family wanted me back. Today, I’m a good mother, a good daughter, a good sister and a good employee. It feels nice to be a good citizen again. When I was drugging, I didn’t want to feel anything, so I would simply act and then think about my actions later, as in ‘oh no, I did it again.’ Today, I feel things, whether good or bad. Then I think, then I act. Every day, I look for the next ‘right’ thing. I make amends to my son, others and myself by staying sober for one more day.”

Certainly a lot of people helped Karen overcome her addiction, from police to doctors and nurses to rehab counselors. She is thankful to those who helped her, but through her experience, Karen has seen elements of the health care system that make overcoming addiction even more of a challenge.
“Insurance companies need to be educated more about addiction and how valuable treatment is. Treatment is so important because it gives you the time you need for yourself and your family to heal. The insurance that I had from the state while teaching only covered the first 18 days of my stay at Willingway. After that, I had no coverage at all. Luckily for me, I gave my sister power of attorney when I entered recovery so that she could help care for my son. She was able to claim my state retirement benefits to pay for my treatment, which was fortunate, but now I have no retirement savings.”

Karen also notes another problem – a lack of detox centers for individuals who are ready to admit to addiction and get help. “In Columbus, there are no detox centers. If you want to get help, the only way into treatment is through the courts or by claiming you have a mental disorder so that you can get admitted to a psyche ward. There are many addicts who have dual diagnoses, but I wasn’t one of them.”

Karen feels that doctors need more education about addiction recovery as well. “The doctors I have now treat me well, despite my past. I make it a point to tell them up front that I am an addict and can’t have many of the medications they normally prescribe. A lot of them don’t really understand addiction, though, and will still prescribe something that I know I can’t take, so I have to have the strength to say, ‘no.’”

Karen would like to see more money spent on recovery programs. She notes, “Addiction is a chronic disease. I will never be ‘cured’ but will always have to treat and manage my disease. The cost for families, the court system, medical facilities and others revolve around the addiction. If we do more to support recovery, the community as a whole will benefit.”

Today, Karen has been sober for four years. She looks healthy and confident, and is focused on continually making herself a better human being. “I don’t think about drugs at all now, but I do watch my behaviors to make sure I don’t slide back into old patterns,” she says. She looks forward to one day reclaiming the teaching certificate she was forced to relinquish upon her arrest. Karen would also like to return to the high school where she was arrested, as well as other schools, and talk to the students and the teachers about drug use. In this way, she hopes to educate others about addiction. It’s her way of giving back, and hopefully, preventing others from experiencing the pain and the physical, financial and emotional costs of addiction.
DR. EUGENE A. NWOSU
Dr. Eugene A. Nwosu, who lives in Savannah, Georgia, has been rigorously trained. A Nigeria native, he received his medical education "in the British tradition" at University of Ibadan, Nigeria, graduating with honors. After that, he served a three-year residency in internal medicine at Chicago's Cook County Hospital, followed by a year as chief resident and another year as an attending physician in general medicine. From there, he was off to the University of Wisconsin in Madison for a three-year cardiology fellowship. He is board certified in internal medicine, cardiovascular disease and nuclear cardiology, and a fellow in the American College of Physicians, American College of Cardiology and of the Council on Clinical Cardiology of the American Heart Association.

In 1992, Nwosu was ready to start private practice and friends urged him to consider Savannah. He admits that the weather was very appealing – but so was the unique opportunity of being the city's first African-American cardiologist. Today, he is still the only one out of approximately 30 cardiologists in the area.

"African Americans are underrepresented in the medical community here," Nwosu says. By his reckoning, African-Americans make up about 57 percent of the city's population of 130,000, and about 41 percent of the population in Chatham County of around 240,000.

"Many African-American patients come to my office for a second opinion," says Nwosu. "You have to understand that, given the history of this city, there is still a lot of mistrust between African-American patients and white doctors."

Most of Nwosu’s patients are referred by other patients, but he also takes referrals from primary care doctors, from the county health center and from the local St. Joseph’s Candler Health System African-American Health Information and Resource Center, located in a residential neighborhood not far from his office.

Nwosu explains the importance of trust between patients and providers. "Patients who trust you will do what you recommend. If you explain what is going on in their terms, connect with them and talk nicely, they’ll do what you ask. I know many wonderful white doctors, but I've also heard stories of some white doctors who will not even touch their non-white patients. Under those circumstances, even if the recommendation for treatment is medically appropriate, the patient won’t trust it."

Nwosu's waiting room is a mix of black and white, a testament to his skill and to the personal relationships he and his staff form with their patients. "I have some white patients whose friends say, 'you're going to that black doctor?' and the patients say, 'yes, I am!'" says Nwosu with a chuckle. One Caucasian woman continues to come for checkups regularly, expressing gratitude to Nwosu for treating her late husband and proudly sharing the fact that she walks five miles each day to help stay healthy.
As the only African-American cardiologist in the area, Dr. Nwosu is very supportive of the St. Joseph’s Candler Health System African-American Health Information and Resource Center (AAHIRC). "The AAHIRC is a big benefit to the community, because it provides information and awareness and helps patients gain access to treatment by giving referrals," says Nwosu. "It's got a good ambiance, a nice environment with friendly staff. When you walk in, it feels like you're walking into an art museum."

A visit to the center does indeed reveal a space that is modern, open and welcoming, created in a renovated building in 1999 to welcome residents from the surrounding neighborhood and beyond. Art by African-American artists is on display. School kids come for tours. The Center has even housed a special exhibit about African Americans who contributed to the health field.

In the "surfing area," staff members help visitors use the Center's many Internet-ready computers to find credible health information online. "The digital divide is an issue for many of our patients and others in the community," says Nwosu. "The Center gives them computer access and helps them find correct and helpful information about health issues online, whether it's about a particular disease, screenings for blood sugar and blood pressure, and she always uses discussions of the screening results to educate patients about what they can do to control these factors in their health."

"We use every opportunity as a 'teachable moment,'" says Ella Williamson, director of the AAHIRC. "We have a full-time nurse who does health information and awareness and helps patients gain access to treatment by giving referrals," says Nwosu. "It's got a good ambiance, a nice environment with friendly staff. When you walk in, it feels like you're walking into an art museum."

The AAHIRC also employs a full-time case manager who helps patients understand their conditions and find appropriate treatment. The case manager also follows up with patients to make sure they are satisfied with their care, and are doing their part to improve their health by keeping appointments and taking prescribed medications.

The AAHIRC also focuses on what it calls "health literacy," filling what Williamson calls a "huge information void" by giving people the information and the knowledge they need to navigate through the health system. This may include explaining medical terms or insurance processes to, as well as a series of community seminars on a variety of health topics — including one on heart disease presented by Nwosu.

"Patients who trust you will do what you recommend. If you explain what is going on in their terms, connect with them and talk nicely, they'll do it."

Dr. Eugene Nwosu, cardiologist
Involvement with the AAHIRC is just one way in which Nwosu reaches out beyond his office walls to help the Savannah community and beyond. In addition to giving community lectures in churches and other public meetings, he is also on the board of the county health center and reads all of its EKGs.

Nwosu created his own foundation in 2001, the Goodness and Mercy Foundation, which recruits doctors from Savannah and other parts of the United States for annual humanitarian medical missions to serve needy families in West Africa. The team does everything from routine check-ups to dispensing impossible-to-get medications to performing eye surgeries. In one week, they are likely to see more than 3,000 patients from a 100-mile radius of their base village.

Yet make ‘too much money’ to qualify for Medicaid and too little to afford private insurance. Serving them means that I work much harder and take home less, but I believe that it’s the right thing to do.”

Medications are another hurdle for Nwosu and his patients to overcome on the quest for successful treatment. “Many patients can’t afford the medications they need. We try to help out with samples. We also refer them to the Community Cardiovascular Council, which gets donated medications. Sometimes we have to make substitutions, based on availability. We also help them get in touch with drug company programs or Med Bank. My staff spends a good bit of its time finding programs, filling out forms, etc., but it’s worth it because it helps our patients.”

This desire to help patients by building trust, providing education and prescribing treatment is deeply rooted in Nwosu’s childhood in Nigeria. “I became a doctor because I wanted to be able to help people. Where I grew up, there was so much poverty and so much need. Where do you start? As a doctor, I can see right away that I am making a difference.”

This sense of service is inherent in every part of Nwosu’s work, including his private practice, where he sees patients regardless of their ability to pay.

“We define health very broadly – treating the whole person – to make health a priority and eliminate disparity. The most important thing is to treat people with respect, dignity and caring.”

Ella Williamson, director, St. Joseph’s Candler Health System AAHIRC
Danny Chamlee has always lived life on his own terms. A self-professed "motorcycle bum" with a strong independent streak, the 57-year-old Georgia native has led a colorful existence including five cross-country motorcycle trips, military service that ended in a military prison sentence for objecting to the Vietnam War, and a variety of jobs that allowed him his sense of freedom even if they never made him a wealthy man. But as is the case with many Georgians, a couple of major health incidents have put Danny's independence — and his life — in jeopardy.

In 1996, Danny suffered congestive heart failure and was treated at a local medical center. "I didn't go to any doctors until I had heart failure," he says. Danny began to take medicine to help manage his heart condition, but without health insurance, the costs of the prescriptions proved daunting. "It took everything I worked for to pay for medicine. I've never been on food stamps or anything like that. I always paid my own way."

He struggled to make ends meet, buying, selling or trading things he owned and working part-time jobs. He even began to try to fix up a small house that he owns in order to sell it. Then, in 2003, Danny had a devastating motorcycle wreck that nearly killed him. "I broke my neck in three places. I was in a coma for about 30 days and stayed in the hospital for about three months." When he was released and went to live with his brother, he could no longer afford his heart medications and stopped taking them, so his heart condition worsened.

"I was trying to rush my recovery. I'd come out here and work on my house, but I started having shortness of breath. I tried to drive myself to the medical center, but I couldn't make it. I stopped at Hope Health Clinic to rest and to see if they could help me. I saw Susan the nurse. She took me in and checked me out, said I needed to go to the hospital. They saved my life."

"When Danny came in, he was having congestive heart failure," says Susan Walter, APRN, BC, a nurse practitioner at the Hope Health Clinic in Griffin. "After he got out of the hospital, we started caring for him." In addition to his heart disease, Danny also has a rapid, irregular heartbeat that makes him more at risk for a heart attack or stroke, and that requires a special prescription blood thinner. He also has severe high blood pressure and Type II diabetes.
The Hope Health Clinic is located near downtown Griffin in a renovated bus depot. Its eight staff members serve residents of Spalding County who are not covered by any government health care program and who are unable to afford private insurance. Hope Health provides free medical services, including general health care, screenings and referrals, and non-emergency treatment. It also screens, tests and counsels patients like Danny about diabetes, heart disease and high cholesterol, which are largely present among area residents.

"Many of our patients move around and live from pillar to post," remarks Susan. "Our staff must be flexible, understand the patients and treat them with kindness. We must speak to them in a language they understand."

In addition its health and wellness programs, Hope Health Clinic provides a vital service to the community – helping patients obtain medications that would otherwise be out of reach. Most of the prescription drugs for Hope Health patients come primarily from indigent drug programs of pharmaceutical companies, with bulk purchases from local pharmacies and donations of samples from local doctors rounding out the clinic’s inventory.

Hope Health helped Danny manage and afford his many medications. "I didn’t have any money. Susan told me to come back by and helped me get my medication." Danny is taking heart medication, blood thinner, pills for diabetes, antidepressants — 11 different prescriptions in all, with a price tag of around $450 each month. "My medicine took everything I had. I don’t have insurance. The wreck really knocked me out. I was paying for everything before, even when I had to sell what I owned. But I had an $800,000 hospital bill. There’s no way I can pay for that.”

Hospital bill aside, prescription costs in general frustrate Danny. "There’s no reason for medicine to cost what it does. Anyone as an American citizen ought to be able to get their medicine." Susan understands Danny's concerns, because she shares them as a provider. "A big challenge here is that we get a lot of our medicines from pharmaceutical companies, which is good, but sometimes orders don’t come in or patients don’t have detailed financial information, which creates a problem with getting their medicines. We sometimes have to provide substitutions, which can be confusing. We urge patients to have a pill organizer and show them how to use it."

However, when asked what he thinks Georgia should spend the most money on to improve public health, surprisingly Danny doesn’t choose prescription
coverage. He chooses dental care. “I’d want to spend money on dental. Poor people can’t get good dental care. A lot more people have dental plans than when I was growing up, but there’s still a lot of poor people. Welfare helps pay for doctor visits, but not dental.”

Susan agrees that dental care is critical, and that any kind of medical issue can mean a financial turn for the worst for many Georgians. “I think all of us are one step away from bankruptcy if we have a health care crisis,” says Susan. “I had a patient who was self-employed and paying for everything himself, but he developed a health condition and couldn’t afford his medications so he started coming to Hope Health.”

With regards to his own condition, Danny is matter-of-fact and somewhat stoic.

“I put myself in this position, but then again if I hadn’t had this wreck, I wouldn’t be in this position. Sometimes I wish I’d died. I’m in pain now. My back hurts. My legs hurt. I don’t get pain medication. Can’t have that because of my heart. I doubt if I have another year left. I’m in pretty bad shape. I’ve got to lose weight, but I can’t exercise because of my heart. It scares me, but I’ve enjoyed my life. If someone offered me a new heart, I’d give it to someone else.

“It’s hard being by yourself when you get old. If you have people around, you take better care of yourself. But I’ve always been alone, even in a crowd. I’d like to keep taking trips on my motorcycle, but that may not happen.”

But Danny also recognizes the importance of Hope — both literally and figuratively. “Hope Health helps me, but no one else will. No one is going to take care of me. Places like Hope Health are exactly what we need.”

“I think all of us are one step away from bankruptcy if we have a health care crisis. I had a patient who was self-employed, but he developed a health condition and couldn’t afford his medications so he started coming to Hope Health.”

Susan Walter, APRN, BC, Hope Health Clinic
Ask most 15-year-old boys to talk about rap music, and you’ll get lots of eager conversationalists. Ask them to talk to their peers about sex, and it’s an entirely different story. But for Marcus Clemmons, educating his peers isn’t just something he enjoys — it’s actually a paying summer job.

Marcus is one of two peer leaders in Brothers Ascending into Manhood (BAM), a program of Inner Summit. Inner Summit is a DeKalb County-based nonprofit that focuses on helping women and youth to improve their lives. Four days a week, Marcus reports to the Inner Summit headquarters and from there travels to Boys & Girls Clubs, juvenile justice facilities and other locations to help teach 11- to 17-year-old boys about avoiding premature fatherhood.

A bit quiet at first, Marcus opens up as a leader when he gets in front of a group of middle school boys at the East DeKalb Boys & Girls Club. He and his fellow peer leader, Toppell Hamilton, guide the group through a number of exercises that focus on drugs and alcohol, both risk factors for sexual behavior. The peer leader duo receives coaching from Chauncey Daniels, a graduate student, and Inner Summit Executive Director Frances Rucker-Bannister.

The kids are orderly, interested and playful. Marcus and Toppell are coaching the boys through games like “Dizzy Drinkers,” which simulates the disorienting effects of alcohol. They also lead them through an exercise in which the boys do jumping jacks and then try to catch their breath through drinking straws, simulating the effects of smoking. As peer leaders, Marcus and Toppell are matter-of-fact about the effects of drugs and alcohol and engage the younger boys in frank questions about whether they plan to use these substances in the future. Although they may not prevent usage among all of their pupils, it is evident to Marcus that they are getting these boys to think.

“The kids are surprisingly mature about it all,” says Marcus. “They may joke around, but they are learning. I’m having an impact. I see the expressions on their faces, their tone of voice. It lets you know they’re serious.”

Throughout the 12-week program, Marcus and the other Inner Summit staff cover topics including sexually transmitted diseases, pregnancy prevention and birth control methods, AIDS and HIV, and alcohol, tobacco and drug use. But first, BAM introduces its participants to the ideas of goal setting and decision making, emphasizing the positive routes that young boys can take to manhood in addition to negative ones.
BAM began in the fall of 2004, and currently operates at three sites. It has served more than 50 boys in the past year. Older participants who show promise as peer leaders attend Inner Summit’s Peer Leader University to learn how to become teachers for younger participants. This is how Marcus became involved — but it all began with snacks.

At South Atlanta High School, Marcus admits that along with math and language arts, lunch is one of his favorite times of the day, and snacks are always attractive. "I was sitting around in P.E. one day when a counselor from Communities in Schools asked if I wanted to be a part of the BAM program. I asked if there would be snacks and she said ‘yes!’ I went for the snacks, but found out that it was a lot more.

"We talked about pregnancy prevention, birth control, what works and what doesn’t. We also talked about goal setting and making wise decisions. Before BAM, I didn’t know much, but I did think about wise decisions. My mother taught me to always think about what I was doing.

"The best thing about Brothers Ascending into Manhood (BAM) is the education overall. Right now there is a lot of teen pregnancy in Georgia, lots of AIDS and disease. We need to let people know that we need to step it up and protect ourselves."

Marcus Clemmons, peer leader, Inner Summit, Inc.

Marcus says that he would definitely like to continue his work after the summer and be a peer leader at school. He likes talking and meeting new people. More importantly, he’s willing to tackle subjects that other kids aren’t comfortable with. "Most kids aren’t interested in health," he explains. "Lots of my friends will say, ‘I had sex with that girl’ and I’ll say, ‘Did you practice safe sex? Did you use a condom?’ They get the point. They listen to me.

"At BAM," he continues, "we’re not trying to force abstinence or safe sex. We want to encourage abstinence, but we want them to have safe sex if that’s their choice." He suspects that one or two of the middle schoolers he counsels are already sexually active. The rest are paying attention to sex, but are unsure about it.

Working with BAM and talking to others about goal setting has made Marcus think about his own life goals. "Short term, I want to get educated on the BAM curriculum to teach my peers," he says. "Long term, I’d like to become successful in the music industry. I want..."
to learn to play the piano. A lot of people don’t make it as a rapper, so I want to learn to make the music behind the rappers, in case I don’t make it as a rapper myself.”

Among his favorite artists are EMINEM, the Game and Lloyd Banks. But Marcus also finds appreciation for lyrics from the late Tupaq Shakur that speak to the same health issues that Marcus deals with as a peer leader. “Tupaq gave real knowledge about real life. There’s a song about a woman having lots of sex and getting AIDS. The lyrics are ‘I love you like a sister but you died too quick.’ There’s another song about a 12-year-old having a baby. Tupaq said we should stop and think about it.”

In a time when sexual imagery and messaging pervade popular culture, educated peer counselors like Marcus are valuable assets. When asked who else kids turn to for information about sex, Marcus admits he’s not sure. “I ask my aunt, she’s knowledgeable, or Frances (the Inner Summit executive director). I can’t really talk to my mom about stuff like that. My aunt gives me space, freedom and straight answers. Most kids get information from other kids – but it’s not always right.”

More programs like BAM, according to Marcus, are needed. “The best thing about BAM is the education overall. Right now there is a lot of teen pregnancy in Georgia, lots of AIDS and disease. We need to let people know that we need to step it up and protect ourselves.”

“Most kids aren’t interested in health. Lots of my friends will say, ‘I had sex with that girl’ and I’ll say, ‘Did you practice safe sex? Did you use a condom?’ They get the point. They listen to me.”

Marcus Clemmons, peer leader, Inner Summit, Inc.
Why do we do what we do? If we look just at the health problems facing Georgians, they appear to be insoluble problems, overwhelming challenges. But, meeting health care challenges isn’t about numbers and statistics — it’s about committed, compassionate, caring individuals and the organizations they represent. In our work throughout the state, we’ve met consumers, advocates, nurses, physicians, teachers, workers, and community leaders who prove every day that Georgia has the talent and resources to turn health challenges into great opportunities. In this book we profile only 12 individuals and organizations, but there are many more working to improve health and health care for all Georgians.

The best news is that their involvement and commitment works. For example:

- Heart disease is the leading cause of death in Georgia, nearly one in four adults in Georgia is obese, and 25% of adults smoke tobacco. But community programs like Wilkes Wild About Wellness in Washington, clinics like the Hope Health Clinic in Griffin, and access to information through a program like the African American Health Information Center and Resource in Savannah help teach Georgians healthier habits and support them as they make smart choices about their lives.

- One in eight Georgians misuse alcohol and over 7% use illicit drugs. One-fourth of Georgians do not have access to mental health services. But there are effective prevention and treatment programs like New Horizons in Columbus and the Interpregnancy Care Project at Emory University in Atlanta that help Georgians re-direct their lives and the lives of their families.

- Georgia’s older population is growing rapidly and almost half of adults over age 65 have physical disabilities. But community-based services that are available through organizations like Disability Link in Decatur and wellness programs like the one at Branan Towers in East Atlanta help increase activity and independence.
Georgia’s Latino population is one of the fastest growing in the country. It faces a number of health care hurdles including cultural and language barriers. But targeted health programs like Dia de la Mujer Latina in Tucker are able to bridge the gap for hundreds of underserved women each year.

Perhaps the greatest challenge — one that touches all health problems, population groups and communities in Georgia — is access to affordable, quality health care. One in six Georgians is uninsured and one in 11 does not have access to dental health services. Yet, programs like Community Health Works in Forsyth or the Northwest Georgia Healthcare Partnership in Dalton make quality primary health care and dental care available for anyone, regardless of their ability to pay.

Luckily for Georgia, we have people like Dr. Fred Gaton, who opens his clinic to those who can’t pay him, Dr. Eugene Nwosu, who wins the trust and confidence of a diverse group of patients, and Nilza Baez, who makes volunteering at Latina health fairs the equivalent of a second job. We have rising leaders like Carmen Patrick, who juggles medical school with her work as an advocate for improved public health policy and Marcus Clemmons who educates his peers about HIV, alcohol and drugs.

If we didn’t have the thousands of caring individuals, the hundreds of effective organizations, all dedicated to improving health in Georgia, then the challenges would indeed be insurmountable. But fortunately, we do. For Healthcare Georgia Foundation, we do what we do for the privilege of supporting the work of the people and organizations profiled in this book and countless others like them. It is through their commitment and advocacy, through their faces and voices that we will make the case for and achieve better health and health care for all Georgians.

“We are all faced with a series of great opportunities – brilliantly disguised as insoluble problems.”
— John W. Gardner
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