



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

# Community Health Needs Assessment and Implementation Plan

**Arthur M. Blank Hospital  
Scottish Rite Hospital**  
December 2025







# Table of contents



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A letter from the chairman to the community

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About Children's Healthcare of Atlanta

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<b>Overview</b>	<b>1</b>
• Our community of focus	1
• Methodology	2
<b>2026 to 2028 Community health needs and implementation plan</b>	<b>5</b>
<b>2023 to 2025 Implementation update</b>	<b>37</b>
<b>Appendices</b>	<b>50</b>
• Appendix A: Contributor acknowledgments	50
• Appendix B: Key stakeholder qualitative interviews	63
• Appendix C: Quantitative survey	67
• Appendix D: Secondary data tables, graphs and additional information	78
• Appendix E: Children's resource inventory	118
• Appendix F: Community resources	133
• Appendix G: Bibliography	144

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## A letter from the chairman to the community



To our community,

All nonprofit healthcare systems are required to conduct a Community Health Needs Assessment (CHNA) every three years, and our dedicated teams at Children's Healthcare of Atlanta take this responsibility very seriously. Given our mission to make kids better today and healthier tomorrow, this assessment is one of the many ways we determine how to best deliver a "healthier tomorrow."

Our team of child health specialists used input from healthcare providers and other key stakeholders in metro Atlanta, and throughout the state of Georgia, to identify and prioritize the most pressing concerns Georgia's children are facing. The Children's Board of Trustees looks forward to adopting the 2026 to 2028 Community Health Needs Implementation Plans for Arthur M. Blank Hospital and Scottish Rite Hospital, and the board is committed to growing and capitalizing on existing programs, services and resources.

Thankfully, we are not alone in this fight. Children's will continue to leverage and work with organizations across the state to address the health need priorities of children who live, learn and play in (and around) metro Atlanta and Georgia.

For more information, and to keep up with our progress, visit [choa.org](https://choa.org).

Warm regards,

A handwritten signature in black ink, appearing to read 'Paul Brown', with a stylized flourish at the end.

Paul Brown  
Chairman  
Children's Healthcare of Atlanta  
Board of Trustees

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# About Children's Healthcare of Atlanta

For more than 100 years, as the only freestanding pediatric healthcare system in Georgia, Children's Healthcare of Atlanta (Children's) has been a trusted leader in caring for kids. The not-for-profit organization's mission is to make kids better today and healthier tomorrow through offering more than 60 pediatric subspecialties and specialized programs, top healthcare professionals, and leading research and technology. Consistently ranked among the top children's hospitals by U.S. News & World Report, Children's is one of the largest pediatric clinical care providers in the country, managing more than 1 million patient visits annually at three hospitals (Arthur M. Blank Hospital, Hughes Spalding and Scottish Rite), Marcus Autism Center, the Center for Advanced Pediatrics, the Zalik Behavior and Mental Health Center, Urgent Care Centers and neighborhood locations.

In 1998, Egleston Children's Health Care System and Scottish Rite Medical Center came together to form Children's Healthcare of Atlanta, becoming one of the largest pediatric healthcare systems in the country. In 2006, Children's assumed responsibility for the management of services at Hughes Spalding hospital.

In 2024, Children's provided \$520.9 million in community benefits, including approximately \$362.5 million in unreimbursed clinical care, \$47.9 million in lifesaving research, \$61.5 million in subsidized services and \$11.6 million in wellness programs. The people, clinical expertise, and specialized equipment and environments allow Children's to provide leading pediatric care to all kids, including those from all 120 rural counties in the state. In 2024, the Arthur M. Blank Hospital opened to expand the services Children's provided in Georgia. That same year, Children's had more than 1,248,000 patient visits and treated more than 453,400 unique patients from all 159 counties. Of the more than 1,248,000 patient visits, Children's cared for more than 25,000 patients from rural counties, providing emergency services, surgical care and a range of subspecialty services, such as neurology, orthopedics, hematology/oncology and transplant medicine.





### **Child advocacy at Children's**

Children's recognizes the importance of advocating for children's health in the community. To this end, Children's is committed to improving child health and wellness through awareness, prevention and education efforts in the community through a defined child advocacy strategy with four pillars:

- Obesity prevention
- Behavioral and mental health promotion
- Injury and illness prevention
- Child protection

The Children's child advocacy strategy is carried out through Children's Strong4life—the community and advocacy arm of the System—with a team of Children's doctors, nurses, registered dietitians, mental health professionals and other wellness experts. Children's Strong4Life is focused on three key stakeholder groups: parents, healthcare clinicians and child-facing institutions, such as early care centers, schools, faith communities and other youth-serving nonprofit organizations.





# Overview

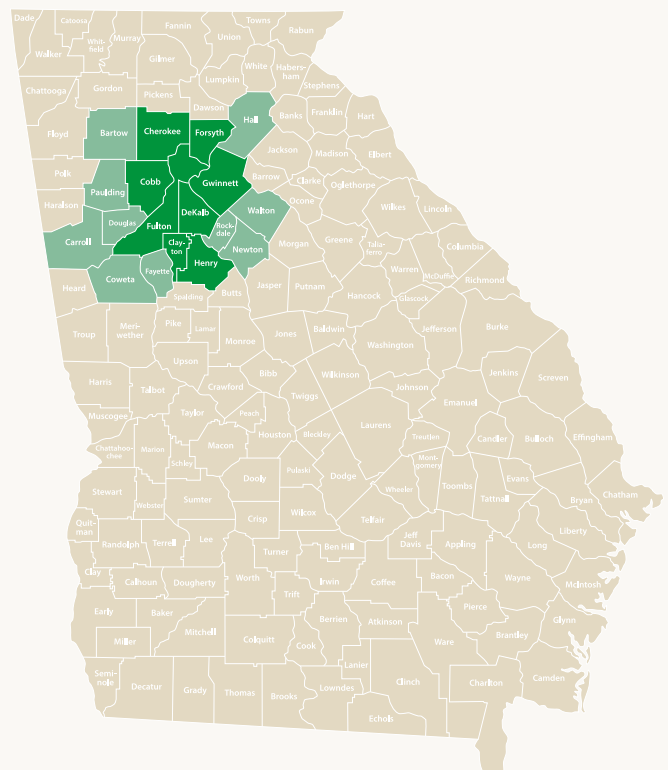
Children’s conducted our fifth Community Health Needs Assessment in 2025 to continue advancing the health and wellness of children and adolescents within the community. Children’s identified and prioritized community health needs through input from a broad range of stakeholders and community members across the state. The assessment helps Children’s better understand the pediatric healthcare community’s needs, informs community benefit activities and influences strategic planning efforts. Children’s repeats the CHNA process every three years and reports the assessment results on the Children’s website ([choa.org](https://choa.org)) in accordance with IRS regulations.

## Our community of focus

Children’s 2025 CHNA considers pediatric health and healthcare needs throughout Georgia, including children living in both urban and rural communities. As required by the IRS, as a condition of our nonprofit healthcare status, Children’s must define a community of focus. In 2024, a total of 416,399 patients received treatment at Children’s across 1.2 million visits. These patients came from all 159 counties across Georgia. Most of the patients (87%) live in the metropolitan Atlanta region, with patients from the 18-county service area accounting for 66% of admissions, 71% of Emergency Department visits and 72% of outpatient visits to Children’s during 2024. Our primary and secondary service area include 18 counties. Fulton, Cobb, Cherokee, Forsyth, Gwinnett, Hall, DeKalb, Clayton and Henry counties make up our primary service area, while Bartow, Carroll, Coweta, Douglas, Fayette, Newton, Paulding, Rockdale and Walton are part of our secondary service area.

Even though most patients come from these 18 counties, Children’s continues to assess the health and healthcare needs of all children in Georgia, especially the unique needs of children living in rural areas. Rural counties accounted for a total of 26,393 patients seen across 80,440 total patient visits.

Children’s is committed to delivering the best possible outcomes for kids from all 159 counties in Georgia.



- KEY**
- Primary Service Area
  - Secondary Service Area



## Understanding our community

Georgia has approximately 2.5 million children and adolescents age 18 years and younger, of which about 1.4 million live in the 18-county service area. The pediatric population is split approximately evenly by age in both Georgia and the Children's overall service area, with about 25% of children under 5 years, 27% between 5 and 9 years, 30% between 10 and 14 years, and 18% between 15 and 17 years in 2023<sup>103</sup>. Demographic characteristics of the Children's patient population mirror Georgia's, with approximately 33% children and adolescents who are Black or African American, 45% white, 17.4% who identify with any other race, and 15.8% Hispanic or Latino. Approximately 15% of families in Georgia speak a language other than English at home<sup>104</sup>.

In Georgia, the median income of households with children under 18 is \$85,835<sup>105</sup>, with 18.7% of children living in poverty<sup>106</sup> and 26.6% of children living in households with supplemental security income, cash public assistance income or food stamps/SNAP benefits<sup>107</sup>. Approximately 15.9% of households in Georgia earn less than \$25,000 per year<sup>108</sup>, and 11% of people have less than a high school degree<sup>109</sup>. Across the state, 93.1% of children are insured: 56.7% are covered by private insurance, and 40.9% covered by public insurance, such as Medicaid and PeachCare. Comparatively, in the overall Children's service area, 92.7% of children are insured, with 60.6% covered by private insurance and 36% by public insurance<sup>110</sup>.

## Methodology

Children's Healthcare of Atlanta used a multilayered approach to gather information for this year's Community Health Needs Assessment. This included secondary data analysis, key stakeholder interviews and a quantitative survey. Children's utilized "The State of Child Health and Well-Being in Georgia 2025" report conducted by the Emory Center for Child Health Policy to provide parent and caregiver insight. The goal was to identify the priority child health needs in Georgia and relevant factors influencing them from a variety of areas and fields, including healthcare, schools, early care centers, community organizations and parents/caregivers (among others).

Children's identified relevant data indicators describing multiple child health outcomes and factors based on federal and state public health priorities, key stakeholder interviews and current organizational focus areas. External data sources included national and state datasets, such as the American Community Survey, National Survey of Children's Health, Georgia Health Survey, OASIS data system, Area Health Resource File, WISQARS, National Health Interview Survey and Youth Risk Behavioral Health System (among others). Data was compiled at the county, state and national geographic level. The data was stratified by geography, race/ethnicity and age group whenever possible to identify populations or communities with differing prevalences. Whenever possible, the indicators were also analyzed as trends to identify worsening outcomes across time. The analysis took place between December 2024 and April 2025, and all the information that was included was the most up to date at the time. A complete list of data sources and indicators can be found in Appendix D. Internal Children's hospital data was also analyzed to describe the patient population and health needs.

Children's conducted a total of 24 interviews in April 2025 with state and local-level key stakeholders across multiple sectors whose work impacts children and adolescents. The primary objectives of the interviews were for stakeholders to identify relevant health needs of the population they serve, programming they are implementing or planning to implement, key partners and collaborators, and priority areas in which Children's can support them. Key stakeholders were also asked to describe the population they serve and what their organization does in the community. The interview guide and results are included in



Appendix B. The interviews were 30 minutes in length, with a primary interviewer and a note taker. They were also recorded and transcribed to fully analyze the information that was provided. A qualitative analysis was completed to identify key themes and health needs.

Children's utilized two quantitative surveys: one for partners and collaborators, and another for parents and caregivers. The primary goal of the partners quantitative survey was to gather information from a variety of key stakeholders to rank and describe the primary pediatric health needs of the community they serve, as well as the most relevant areas needing support within them. The identified priority health needs and social determinants of health to rank were based on key stakeholder interviews and secondary data analysis. The survey was sent from June to July 2025. There was a total of 391 responses from a variety of areas, including healthcare, government, schools, etc. The survey instruments and results are available in Appendix C.

The parent and caregiver survey was administered by the Emory Center for Child Health, Rollins School of Public Health, and published as "The State of Child Health and Well-Being in Georgia 2025" report. Report results are from a survey of parents living in Georgia with at least one child under the age of 18 who lives in their household. Emory conducted its surveys with Ipsos Public Affairs using KnowledgePanel, a probability-based web panel. The survey was available in English and Spanish and was fielded between January 27 and March 4, 2025. There were 987 qualified responses.

The health need ranking was based on the synthesis and weighing of the individual rankings for the secondary data analysis, qualitative interviews and quantitative survey.





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## Our community health needs priorities

The 2025 community health needs include key elements from the 2013 to 2022 reports, highlighting the complexity of health and multidisciplinary approaches to improving child health and well-being.

Through a wide range of input, the 2025 CHNA needs, in priority order, are as follows:

1. Collaboration to enhance access to **behavioral and mental health services and programs** to address suicide and social connection
2. Collaboration to increase access to **medical homes and quality specialty care**
3. Collaboration and programs to address **health-related social needs (food insecurity, housing, etc.)**
4. Programs and collaboration to address **childhood obesity and its associated factors**
5. Programs to address **infectious disease prevention and management**
6. Programs to address **chronic disease prevention and management**
7. Programs to address **child abuse and neglect prevention**
8. Programs to address **injury prevention and management**
9. Programs to support **adolescent health**
10. Collaboration to address access to **oral health services**





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# 2026 to 2028 community health needs and implementation plan

## **Our implementation strategy**

Children's has a long history of working with the community, continuously assessing the most pressing health issues affecting kids and families. Children's community health needs implementation strategy focuses on leveraging existing programs, services and resources, when possible, as well as continuing to identify program and services gaps. Each of the health needs is actively being addressed in some capacity by existing and ongoing Children's programs and services. See Appendix E for a resource inventory of Children's programs and services. Children's actively fosters collaboration and partnership to reinforce a comprehensive approach to community health. No organization alone can address all community health needs. Children's continues to play a supportive role in other pediatric community health initiatives throughout the greater metropolitan Atlanta area and across Georgia. Appendix F lists the available community resources. Children's will continue to update our strategy and initiatives to meet the community's needs.

Separate implementation plans for Arthur M. Blank Hospital and Scottish Rite are included because of their unique tax IDs. The following serves as the implementation plan for both Arthur M. Blank Hospital and Scottish Rite. Although Children's continues to support community needs at Hughes Spalding, an implementation plan is not included, as Children's manages this hospital for the Fulton-Dekalb Hospital Authority.

## **Children's commitment to rural health**

Children's recognizes that kids living in rural areas may face unique challenges and needs, which is why strides are being made in breaking down barriers to care through collaborations with partners across the state. In collaboration with Mercer University School of Medicine and Georgia Rural Health Innovation Center, Children's is focused on strengthening pediatric capabilities for rural hospitals and rural pediatricians. Children's proudly funds scholarships through a program at Mercer University School of Medicine for medical students specializing in pediatrics, and marriage and family therapy students who commit to serving in rural Georgia after residency. Children's made a significant financial pledge to Atlanta Ronald McDonald House Charities to allow it to further its mission of nurturing children and families' health and well-being and providing a home away from home for those who must travel to Atlanta for healthcare. Children's commitment is to deliver the best possible outcomes for all children.



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## Community need No. 1:

### Mental and behavioral health

Collaboration to enhance **access to mental and behavioral health services and programs** to address suicide and social connection

#### Description of need

Mental health remains a critical concern for children and adolescents in Georgia, with 26% of those age 3 to 17 experiencing at least one mental, emotional, developmental or behavioral issue in 2023<sup>1</sup>. According to the “State of Child Health and Well-Being in Georgia 2025” report, 25% of parents and caregivers identified mental health and suicide as top concerns for their children<sup>2</sup>. Despite improvements in access to care since 2019, significant gaps remain, as only 9% of children age 1 to 17 with mental health problems in the U.S. received treatment in the past year, and 20% of adolescents age 12 to 17 reported unmet mental health care needs<sup>3, 93</sup>. In Georgia, 35% of parents are concerned their child may have an undiagnosed mental health condition<sup>2</sup>.

Suicide, self-harm, anxiety and depression are particularly urgent health concerns for the community. In Georgia, 8% of children age 3 to 17 were diagnosed with anxiety, compared to 11% diagnosed nationally. Meanwhile, 4% of children age 3 to 17 in Georgia were diagnosed with depression, which was a 30% increase from 2019<sup>12, 13</sup>. Among survey respondents prioritizing mental and behavioral health, 71% cited anxiety and 51% cited depression as the top conditions requiring support.

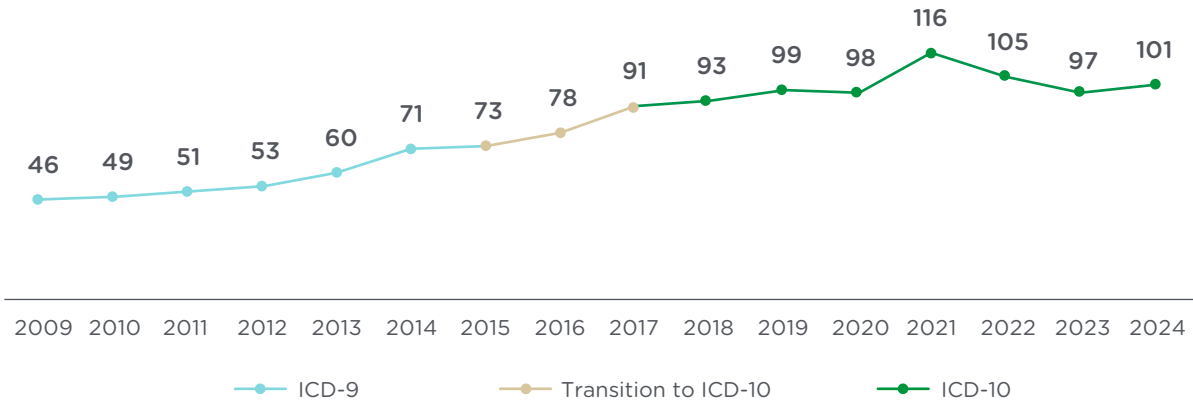
#### Suicide and self-harm

Within mental health, suicide and self-harm emerged as key concerns. Nationally, self-harm ER visits and hospitalization rates among children and adolescents nearly doubled from 2019 to 2023. While Georgia’s overall rates have remained relatively steady, the state is experiencing an upward trend and noticeable variability between counties, with several of them seeing above-average rates in youth. In Georgia in 2024, there were 101 self-harm-related ER visits per 100,000 youth under 18<sup>4</sup> and 16 hospitalizations per 100,000 children and adolescents<sup>5</sup>. In some counties within the secondary service area, the self-harm-related ER visit rate is as high as 231 per 100,000<sup>4</sup>. Between 2020 and 2024, there were no major changes in Georgia adolescents’ self-reported consideration of or attempts at self-harm or suicide (6 to 9). Top reasons for suicidal thoughts among youth age 11 to 18 include family issues (48%), academic performance (36%), schoolwork demands (34%) and peer problems (32%)<sup>10, 11</sup>. Georgia’s lower self-harm ER visit and hospitalization rates may be attributed to the state’s continuous investment since the COVID-19 pandemic on mental health services, resources and prevention projects, as well as data reporting. Although rates have remained steady, key stakeholders highlighted the need to continue “forming partnerships and collaborations that provide universal support to families through referrals, counseling and providing resources.”

The analysis underscores the importance of equipping both youth and caregivers with tools to manage stress, build strong relationships and engage in open conversations about mental health. While 58% of parents report feeling comfortable talking to their child about suicide, only 48% feel confident about recognizing warning signs<sup>2</sup>.

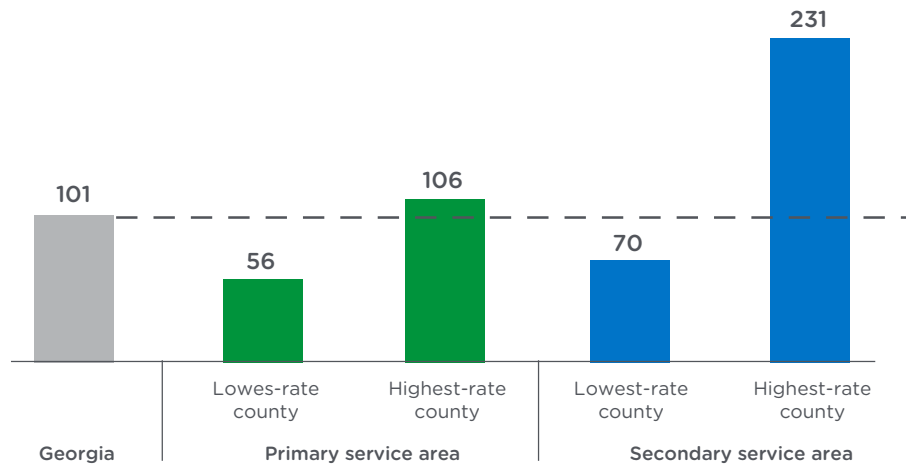


### Georgia self-harm ER visit rate trends (<18 years old, per 100,000)



Source: OASIS using Intentional Self-Harm (Suicide)

### Self-harm ER visit rate (<18 years old, per 100,000), 2024



Source: OASIS using Intentional Self-Harm (Suicide)

### Risk and protective factors

Protective factors, such as social connection, play a vital role in children's and adolescents' mental health. Social connection includes the structure, function and quality of relationships<sup>42</sup>, and recent trends show concerning shifts. In 2023, adolescents age 15 to 19 spent 5.84 hours alone daily, which is a 36% increase since 2019. Parents are recognizing this concern, with 16% identifying lack of social connection as an issue<sup>2</sup>. In Georgia, positive parent-child communication also declined, with only 61% of youth reporting they regularly shared ideas about things that mattered with parents in 2023, down 12.5% from 2019<sup>45</sup>. Despite this decline, in 2023, 88% of adolescents in Georgia said they had at least one trusted adult outside their home, and 76% knew an adult at school they could talk to if they needed help<sup>46, 47</sup>.

Conversely, risk factors, such as bullying and cyberbullying, and excessive social media and technology use threaten mental well-being. Bullying and cyberbullying were identified as

issues of concern by 32% of parents and caregivers<sup>2</sup>. In 2023, 34% of adolescents in Georgia reported being bullied in the past year, aligning with national trends<sup>15</sup>. Additionally, the number of adolescents who reported being bullied or threatened in Georgia rose 24% from 2020 to 2024<sup>16</sup>. Cyberbullying specifically affected 13% of Georgia students in 2021 and 16% of high school students nationally in 2023<sup>17</sup>. Social media experiences and the use of social media are major issues for Georgia parents, with 34% citing them as concerning<sup>2</sup>. Youth age 13 to 18 now spend an average of 8 hours and 39 minutes daily on screens, and 46% of teens report being online “almost constantly,” a 92% increase since 2015<sup>48, 49</sup>. Among stakeholders who prioritized adolescent health, 88% identified social media use as the top issue needing intervention.

## Implementation plan

Children’s remains committed to enhancing access to mental and behavioral health prevention, diagnosis and treatment services for children and adolescents across Georgia, as well as being a leader and partner in building a pediatric behavioral and mental health ecosystem. Children’s continued to adjust our behavioral and mental health strategy in 2024 to better meet the community’s needs. Children’s approach encompasses the following:

- Crisis care and recovery
- Training and workforce
- Prevention and resilience
- Innovation and research

### Crisis care and recovery

Behavior and Mental Health at Children’s will continue its crisis recovery program, identifying areas for expansion. This program allows an appropriate and immediate response by assessing suicide risk (index risk factor) in the Emergency Department. Children’s will also continue our use of dialectical behavioral therapy (DBT), scaling the use of DBT and the rest of the care plan to reach families with limited access, such as those insured by Medicaid. Children’s will also continue our early prevention strategy for suicide by exploring opportunities for universal screening at hospital locations and connecting efforts in primary care. Children’s will offer education to primary care providers on identifying early signs of depression, anxiety, trauma and substance use. After early identification of these signs, patients can be referred to early treatment and management.

Children’s Emergency Department behavioral health specialists will continue assessing risk factors for mental health concerns, including social media use, bullying, cyberbullying and lethal means of suicide. At-risk youth can then be referred to the Zalik Behavioral and Mental Health Center for management. Patients and families will receive timely access to therapists and family education. Children’s will also continue lethal means counseling in Emergency Departments and supporting patients with suicide or other mental health concerns with prevention resources and information. Children’s will continue providing inpatient and Emergency Department psychiatric consultations and select outpatient behavioral and developmental health services.

Children’s will continue improving patients’ mental healthcare access by responding immediately to physician referrals from medical specialties within the System. The Children’s behavior and mental health department has embedded a psychology core within services with a higher frequency of mental health risk, such as endocrinology, pain, the Aflac Cancer and Blood Disorders Center of Children’s, transplant and more. Children’s will also continue our collaboration and partnership with Emory University to train and support nurse practitioners in focusing on children’s psychiatric needs. This helps address the low numbers



of mental health providers in the workforce and tackle mental health needs in rural spaces. Children's will also continue exploring an integrated model with community physicians or clinical hubs.

The Children's Care Network (TCCN) will continue to expand the support it provides to patients in crisis or at risk of suicide. TCCN will explore using the Georgia Crisis and Access Line (GCAL) and 988 as network providers, allowing primary care providers to call them to provide an assessment and dispatch a mobile unit if necessary. TCCN will also continue to screen all patients for depression and anxiety at regular well-child visits and to partner with the Zalik Center to refer high-risk patients to the center.

Children's will continue to offer comprehensive services and evidence-based treatments for children with neurodivergent conditions through Marcus Autism Center. Marcus Autism Center will continue to provide clinical services, such as follow-up care, behavioral, educational and sleep support and programs such as the ABA Therapy Program, School Consultation Program, Complex Behavior Support Program and Multidisciplinary Feeding Program. Marcus Autism Center will continue conducting research into clinical practice and extending these findings into the community.

### **Training and workforce**

Children's will continue its commitment to building the workforce of the future, allowing residents to observe and learn child-specific mental health management. Children's will also expand the Child and Adolescent Psychiatry Fellowship at Emory University. To continue the Children's commitment to building the workforce, Children's also partners with Morehouse University, training their residents and fellows, as well as internal psychology internship programs. Children's will continue offering the Therapy Core Education Plan, which allows prelicensed therapists to train in evidence-based therapies while learning at the Zalik Center and in the nonprofit space. Children's Strong4Life will continue to offer annual pediatric resident, nursing and advanced practice provider students prevention-focused training on building resilience, coping strategies, communication, suicide prevention, and anxiety and depression screening. The Children's Rural Health initiative will continue to offer the Marriage and Family Therapy Scholarship Program, supporting marriage and family therapist students who commit to serving in rural Georgia after graduation.

### **Prevention and resilience**

Children's Strong4Life will continue its focus on mental health by building resilience in all kids, promoting social connection between children and trusted adults, and equipping adults to help kids who are experiencing mental health concerns through the training and education of early care professionals, school staff, primary care providers and youth-serving organizations. Children's Strong4Life's model focuses on increasing awareness of resilience-building strategies for key influencers, children and their families, as well as providing education on coping strategies to develop protective factors that decrease risk. It also promotes social connection and highlights the role of adults in providing safe, stable and nurturing relationships (SSNRs) to children. Children's Strong4Life will offer two new evidence-based programs: Youth Mental Health First Aid and Sources of Strength. Youth Mental Health First Aid is a validated program focused on helping adolescents who are experiencing mental health challenges or who are in crisis. Topics include anxiety, depression and substance use (among others). Sources of Strength is an upstream suicide prevention and mental health promotion program for schools. Children's Strong4Life will continue educating healthcare providers on resilience and how to have conversations about mental health with patients.

Children's will continue providing support programs for patients and families across the System with complex conditions focused on education and building connection between

patients. Children's will continue providing support programs for cardiac and transplant patients' families, focused on education and building connection between patients. These programs allow families to meet others who are going through similar experiences, connect, share information and build support networks. They will be expanded to include neurofibromatosis and allergy patients. Also, Children's will continue providing summer, fall and winter camps for patients and their families. Each camp serves a different patient population, with the main goals of building connections, educating and creating a network of care. Camps will be expanded to include asthma patients and a family camp for sickle cell patients. Children's will continue providing psychoeducation groups for patients and their families that promote social connection through talking and coming together. Children's will also continue offering Child Life activities within the hospitals, the Zone, the Family Library and Seacrest studios. All these programs allow patients and families to gather and socialize while doing fun activities. Children's will also continue to explore ways to help build social connection in the community.

### **Social media use and cyberbullying**

Children's will continue to explore innovative approaches to address the impact of social media use, specifically cyberbullying, by collaborating with technology experts in addition to medical and public health professionals. Children's Strong4Life will explore educational opportunities on the impact of social media on kids' mental health for caregivers and key influencers in children's lives, as well as strategies to support keeping kids safe online.

### **Innovation and research**

Children's will continue collaborating with Grady Hospital through Hughes Spalding on addressing maternal mental health with pilots and prototypes to increase access to postpartum depression management. Hughes Spalding is exploring screening all moms of newborns for postpartum depression and then referring them for management. The focus is on two-generation management and considers the intergenerational cycle of mental illness.

Children's is also assessing our expansion of a data-driven strategy to help identify mental and behavioral health community resource needs or gaps through the collaboration of clinicians, social workers and community organizations who are providing mental and behavioral care to children. Children's aims to be a convener for those working and providing services in the youth and mental health space to address healthcare management gaps by utilizing all available resources and local expertise.





## Community need No. 2: Healthcare access and quality

Collaboration to increase access to medical homes and quality specialty care

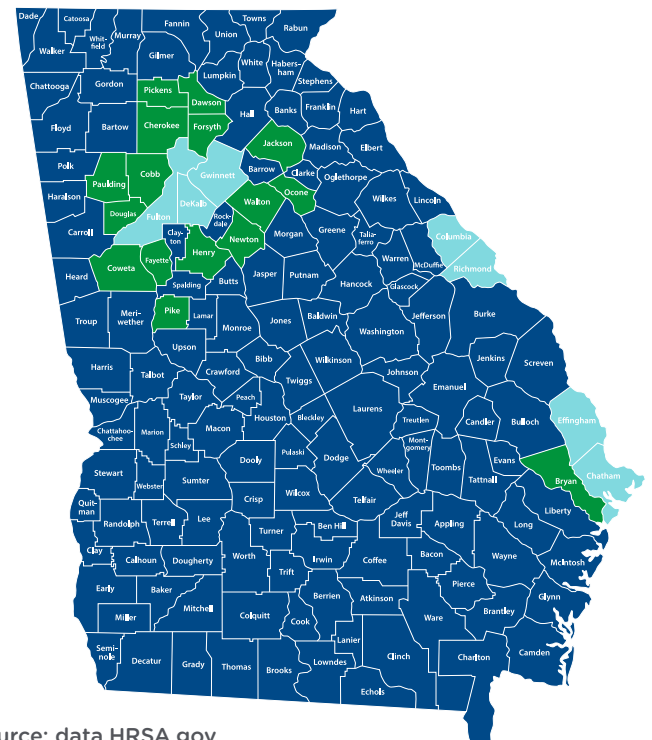
### Description of need

Healthcare access and quality continues to be a primary health concern influenced by factors such as cost, insurance, citizenship, geography and more. A key stakeholder highlighted lack of access, stating, “Particularly in rural communities, there are situations where there is only one provider, who might not accept Medicaid, or there’s a long wait list.” One of the primary factors impacting healthcare access is insurance. In Georgia in 2024, about 7% of children under 19 were uninsured, which is higher than national levels at 5.4%<sup>22</sup>. Beyond insurance rates, consistency in insurance coverage can impact child health. Children may lose coverage during the year because of changes in their parents’ employment or income, among other reasons. According to “The State of Child Health and Well-Being in Georgia 2025,” 13% of children covered by Medicaid or PeachCare for Kids lost coverage for a period of time during the prior 12 months. This primarily happened to Hispanic families (23%) and families earning less than \$75,000 (20.8%). The primary reasons were issues with paperwork (31%) and ineligible family income (31%)<sup>2</sup>.

### Access to care

According to County Health Rankings, the ratio of primary care providers to the overall Georgia population (adults and youth) in 2021 was 1 to 1,520. In some counties within the Children’s service area, the primary care provider ratio was as high as 1 to 7,240<sup>23</sup>, emphasizing a lack of primary care providers in Georgia, primarily in rural areas. As of March of 2025, Georgia had 468 Health Professional Shortage Areas (HPSAs) in adult and youth primary care and 263 in mental health. The Children’s overall service area had 180 HPSAs in primary care and 74 in mental health<sup>24</sup>. HPSAs can be geographic areas, populations or facilities. These are areas that have a shortage of primary, dental or mental health care providers. In 2024, there was one mental health provider for every 520 persons (1 to 520); this ratio was as high as 1 to 1,220 in some of the counties within the Children’s service area<sup>25</sup>. Primary care provider or specialist shortages in rural areas were also identified in interviews as a challenge.

**Health Professional Shortage Areas:**  
Primary Care, by County, April 2025, Georgia



Source: data.HRSA.gov.



## Medical home

A medical home is “a model of primary care that delivers comprehensive, patient-centered, coordinated, accessible, and quality care”<sup>27</sup>. In Georgia in 2023, 45% of children and adolescents received care in a medical home<sup>28</sup>. This was a 12% decrease since 2021. Key stakeholder groups who implemented a health and social services navigator have received feedback that having someone in that role helps the families get connected with care in large, complicated systems. A key stakeholder shared, “The importance of a medical home, where primary care pediatric practices can connect with pediatric subspecialists for a wide range of concerns (mental, oral, infectious disease, ophthalmology, audiology) remains paramount. If a medical home can successfully manage chronic conditions, then children are less likely to need hospital services.”

## Implementation plan

Children’s is committed to improving quality and outcomes for the children it serves by building a high-performing, accessible and sustainable primary care network that supports residency training opportunities.

### Hospital and primary care

Children’s will continue focusing on preserving primary pediatric care through The Children’s Care Network. This will continue to be achieved through a sustainable model designed for the modern-day parent, through which Children’s hopes to protect pediatrics from changing market conditions while preserving access to pediatric primary care physicians. TCCN will continue its quality improvement programs, including: asthma management, behavioral health screenings and referrals at well visits, and referrals for health-related social needs. In addition, primary care services will continue to be provided through TCCN community practices, which serve more than 950,000 pediatric patients in the metro Atlanta area. TCCN will also collaborate with online platforms to provide access to mental health providers in a timely manner through its network. Children’s will continue to operate the Primary Care Clinic at Hughes Spalding, which treated nearly 10,000 kids in 2024.

Children’s will continue to operate its call center, 404-785-KIDS, which allows caregivers to access scheduling, billing, clinical question support and general information, such as connecting to a patient or finding a doctor. Children’s will also continue operating its physician call center, 404-785-DOCS, to support clinicians in accessing Children’s services, collaborating on patient care, scheduling patient appointments or ancillary tests, referring patients to the Children’s Physician Group and speaking to a Children’s Physician Group provider.

As part of Children’s commitment to rural health and improving access, Children’s will continue funding scholarships to the Mercer University School of Medicine (MUSM) for medical students specializing in pediatrics who commit to serving in rural Georgia for at least four years after residency. Children’s will continue supporting the Kids Alliance for Better Care (KidsABC), a joint initiative among Children’s, MUSM and the Georgia Rural Health Innovation Center (GRHIC) focused on providing avenues of support for Georgia’s rural hospitals, pediatricians and rural family practitioners to keep care for children close to home. Children’s will continue to train and mentor pediatricians and pediatric subspecialists through physician-to-physician telehealth support and training offerings.

### Community programming

Children’s Strong4Life will continue implementing the Nurse Navigation Program in early learning centers serving children from 6 weeks to 5 years old in underresourced communities. The nurse navigator provides support to families in identifying a medical home



(i.e., establishing a primary care provider of reference), as well as completing all necessary school forms. The program helps improve chronic disease management by creating a bridge between families and their specialists, promoting adherence to guidelines and quality care. Children's will continue supporting this program to help improve families' access to care.

The Ronald McDonald Care Mobile (RMCM) is a fully functioning medical clinic dedicated to bringing primary care to children where they live and learn. Children's will continue to provide medical care to children at Metro Atlanta elementary schools through the RMCM, a collaboration between Children's and Atlanta Ronald McDonald House Charities. Services include immunizations, health checks, sick visits, asthma care, sports physicals, hearing and vision screenings, and completing required school health forms.

Children's will continue exploring opportunities to bring healthcare services directly to the communities we serve. Children's also will explore annual community-based health fairs offering on-site school health and wellness screenings.



## Community need No. 3:

### Health-related social needs

Collaboration and programs to address health-related social needs (food insecurity, housing, etc.)

#### Description of need

Health-related social needs are “social and economic needs that affect a person’s ability to maintain health and well-being”<sup>102</sup>. These include access to healthy foods, affordable and stable housing, transportation and affordable utilities (among others). Social needs related to food, housing, childcare and general financial strain are among the most common needs experienced. Unmet health-related social needs can substantially impact an individual’s health outcomes. In the U.S., health-related social needs and social drivers of health account for about half of the variation in population health outcomes<sup>111</sup> and are associated with higher disease prevalence, worse control of chronic conditions, increased stress and depressive symptoms, and lower quality of life<sup>113</sup>. Research has shown that limited access to quality housing, education, social protection and job opportunities can increase a person’s risk of illness and death<sup>112</sup>. Therefore, addressing health-related social needs is fundamental to improving overall child health and well-being.

#### Food security

Food security is defined by the U.S. Department of Agriculture (USDA) as “access by all people at all times to enough food for an active, healthy life.” The USDA also specifies that it include, at a minimum, the “ready availability of nutritionally adequate and safe foods, and the assured ability to acquire acceptable foods in socially acceptable ways”<sup>118</sup>. This topic was highlighted by key stakeholders, who mentioned that “families need to have consistent and equitable access to healthy, safe, and affordable foods that are optimal for their health and well-being.” The four primary aspects of food security are food availability, access, utilization and stability<sup>118</sup>. In the U.S., 12.2% of households were food insecure at some time during 2023, a 9% increase from 2022<sup>119</sup>. In Georgia in 2023, 12.8% of households were food insecure over a 12-month period<sup>119</sup>. Georgia mirrors national levels, moving from slightly below the national average to slightly above. Based on “The State of Child Health and Well-Being in Georgia 2025” report, 36% of parents and caregivers self-reported being food insecure, with 16% classified as having very low food security<sup>2</sup>. Food insecurity can influence child development due to increased exposure to stress, anxiety and the inadequate consumption of required nutrients<sup>95</sup>. Key stakeholders highlighted that accessibility and pricing can lead families to eat what they can afford instead of what they want.

Percentage of food-insecure households over a 12-month period (%)				
	2020	2021	2022	2023
U.S.	10.7	10.4	11.2	12.2
Georgia	10	9.9	11.3	12.8

Source: Current Population Survey Food Security Supplement (CPS-FSS); average three-year estimate



## Education and early care

One of the primary areas of concern is education and school quality, as indicated by 39% of parents and caregivers in Georgia<sup>2</sup>. Research shows that people with higher levels of education are more likely to be healthier and live longer<sup>29</sup>, which is why it is important to address educational needs to improve children's health outcomes. Two primary metrics of educational achievement are reading and math proficiency. In 2024 in Georgia, 31% of eighth-grade students were at or above proficient reading level<sup>30</sup>. This is consistent with fourth graders, where 30% were at or above proficient reading level in 2024<sup>31</sup>. That same year, there was a decline in math proficiency between fourth grade (38%) and eighth grade (24%)<sup>32</sup>. There was also a 23% decrease in eighth-grade math proficiency from 2019 to 2024<sup>33</sup>. There are multiple factors that can influence children's access to education, including housing, transportation and access to healthcare. A common measure of access to education is chronic absenteeism. This is when a student is absent 10% or more of enrolled days. In Georgia in 2024, 21% of students were chronically absent. That is a 76% increase from 2019 (12.1%)<sup>34</sup>. Students with chronic absenteeism have reduced math and reading achievement outcomes, educational engagement and decreased social engagement<sup>96</sup>. Additionally, increased school absences were associated with a lower likelihood of continuing further and higher education<sup>97</sup>.

## Housing

The analysis identified housing and being unhoused as key concerns for child health. A measure of economic burden on families is spending 30% or more of household income on housing and housing-associated costs. Renters tend to have a higher housing cost-burden compared to homeowners. In 2023 in Georgia, 51% of renters spent 30% or more of their income on housing<sup>35</sup>. This has remained constant since 2019. Key stakeholders highlighted that housing is one of the primary reasons for children entering the child welfare system. During the 2020 to 2021 school year, one in every 45 children in the U.S. enrolled in public schools were unhoused, a 62% increase from 2006 to 2021. The effects of being unhoused can impact cognitive and physical development, as well as increase the risk of heart disease, hypertension, obesity, certain cancers and mental illnesses<sup>98</sup>. Key stakeholders also mentioned that gentrification, primarily in metro Atlanta, has led to limited access to equitable and affordable housing. This forces families to relocate to areas often with limited access to healthcare and other critical services. Children who are unhoused are less likely to have access to medical and dental care, and more likely to experience health challenges and have higher rates of victimization. This can correlate with other issues, including suicidality, substance abuse, alcohol abuse and poor grades in school<sup>99</sup>.

## Implementation plan

Children's is committed to working on programming in collaboration with partner organizations to address the health-related social needs of our patients and the community.

### Hospital-based services

Children's will continue addressing health-related social needs within our hospitals through our social workers, who identify patient needs through screening and connect them with relevant resources. Children's social workers are members of a patient's multidisciplinary team, offering a range of services from emotional support and addressing language or cultural concerns to discussing a child's safety and arranging transportation or connection to resources.

Children's will continue efforts to establish a universal screening approach for social drivers of health, along with the ability to connect patients with appropriate resources through FindHelp. Findhelp is a social care platform assisting in connecting families by mapping critical resources in the community, including resources for food, housing, transportation,

childcare and other services. It allows patients to be screened for social needs and for providers to initiate referrals appropriate to the patient's context. Children's will continue working on developing screening tools and integrating them with FindHelp, as well as building relationships with commonly used community organizations. Children's will also utilize this effort to identify gaps in programming and resources that support patients in achieving the best possible outcomes.

Children's will continue supporting and scaling up the work of the Health Law Partnership (HeLP). HeLP is a medical-legal partnership between Children's healthcare providers and lawyers from Atlanta Legal Aid. This partnership also includes Georgia State University for evaluation services and student training. The Health Law Partnership helps alleviate caregiver stress by providing tangible resources and support for legal matters that are usually difficult to address and time consuming. HeLP provides legal support in areas such as housing (e.g., preventing evictions, addressing the environment of apartment units, etc.), education (e.g., addressing issues on educational quality for children with special needs or developmental delay), and obtaining or appealing Social Security income and public benefits (e.g., SNAP, healthcare access, etc.).

Children's will also continue offering our school program in inpatient and outpatient settings. The school program helps children continue their education while receiving care, as well as advocating for them when they go back to school to continue with their education plans. Children's will also continue the study hall program, which allows adolescents to come together and study, building connection.

### **Community-based services**

The Children's Care Network is a comprehensive pediatric clinically integrated network focused on data-driven approaches to quality improvement. It is a collaboration between Children's Healthcare of Atlanta and community physicians, both primary care and specialists, to improve patient outcomes at a community level and reduce costs in the inpatient and outpatient settings. TCCN's commitment to quality care includes addressing health-related social needs through the development of innovative and evidence-based programs and pilots that improve the overall health of their patients and families. TCCN will continue addressing chronic absenteeism, a health-related social need, through its project in collaboration with Georgia's Department of Public Health focused on ensuring all patients who need asthma action plans have them. TCCN is also committed to fostering a proactive culture, identifying children who have missed appointments and reaching out to them to improve care.

Children's will continue connecting children and their families to organizations and resources that address health-related social needs through the Nurse Navigation Program. Nurse navigators assess children and their families' needs and connect them to state and local services for support.



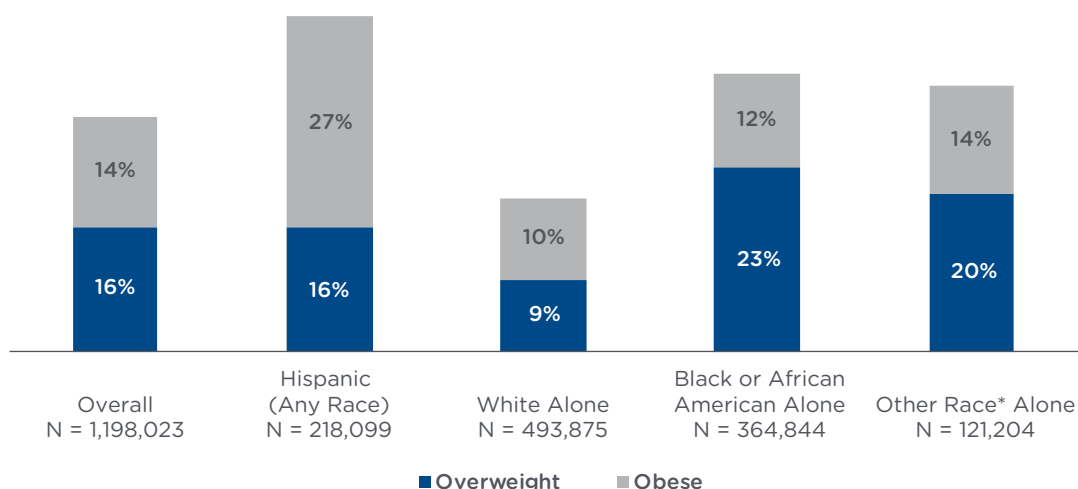
## Community need No. 4: Childhood obesity

Programs and collaboration to address childhood obesity and its associated factors

### Description of need

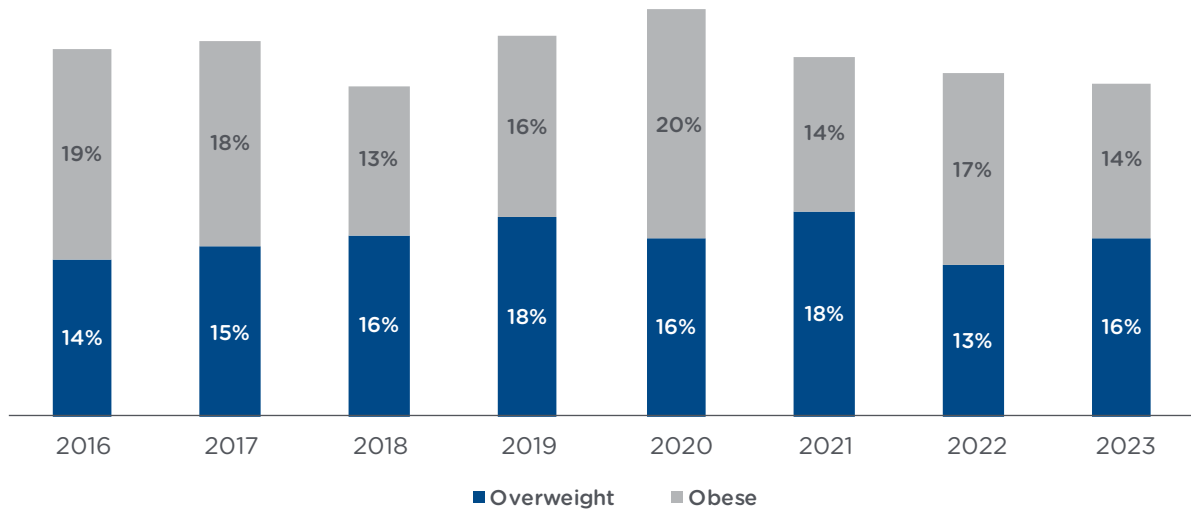
Obesity is a complex and persistent chronic disease that has been consistently identified as a health concern throughout the years. Obesity is influenced by multiple factors, such as genetics, physiology, lifestyle, and socioeconomic and environmental contributors. The evidence supports concurrent treatment of obesity and related comorbidities through lifestyle treatment, weight loss medication, and metabolic and bariatric surgery<sup>118</sup>, highlighting the need for a multilayered approach focused on prevention and intervention. In 2023 in Georgia, the prevalence of obesity in children between the ages of 10 and 17 was 14%, a slight decrease from 2022. Even with this overall decrease, the combined prevalence of overweight and obesity remains consistent, with certain communities experiencing increases. In 2023, the highest obesity prevalence was in Hispanic children at 27%, which was almost double the overall prevalence in Georgia and 68% higher than Hispanic children in 2021. In recent years, obesity prevalence in non-Hispanic children of all races has remained steady or decreased, while prevalence in Hispanic children has continued to increase<sup>36</sup>. Although the development of overweight and obesity is highly associated with negative environmental and social drivers of health, children with overweight and obesity benefit from health behavior and lifestyle treatment with a child-focused, family-centered, coordinated approach to care<sup>118</sup>. Lifestyle factors include nutrition, physical activity, sleep practices and screen time. Forty-six percent of survey respondents who selected obesity as a top health need identified nutrition and feeding practices as an area in the pediatric population that needs support. Another 35% selected movement and physical activity.

**2023 childhood obesity prevalence by race/ethnicity,  
Georgia, ages 10 to 17**



\*Other Race includes Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander  
**Source:** National Survey of Children's Health

### Overall prevalence of overweight and obese children, Georgia, ages 10 to 17

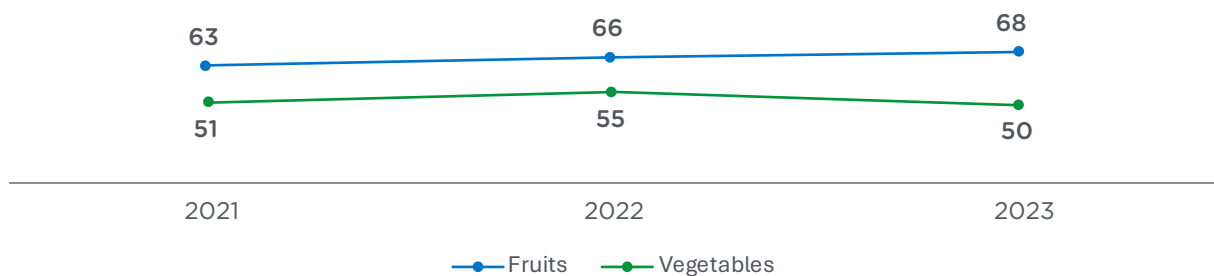


Source: National Survey of Children's Health

### Associated factors

Relevant nutrition outcomes include fruit and vegetable intake, as well as sugary beverage consumption. In 2023 in Georgia, 68% of children 1 to 5 years old ate fruits<sup>37</sup> and 50% ate vegetables<sup>38</sup> one or more times a day. Vegetable intake has slowly decreased since 2021. Excessive intake of sugar-sweetened beverages is associated with increased body mass index in children<sup>119</sup>, and limiting sugar-sweetened beverages supports prevention of obesity in children. In 2023 in Georgia, only 37% of children 1 to 5 years old had not consumed any sugary beverages in the past week<sup>39</sup>. Key stakeholders cited the importance of providing education to families to help them understand the component differences between foods and drinks to make confident, informed choices. Twenty-two percent of parents and caregivers identified physical activity and healthy eating as issues they are the most concerned about for their children<sup>2</sup>.

### Percentage of children age 1 to 5 years who ate fruit or vegetables one or more times a day, Georgia



Source: National Survey of Children's Health



Guidance on physical activity varies based on children's ages, with the primary goal of reducing sedentary behavior among children and adolescents. Key stakeholders highlighted that children have become more sedentary over the years, even more so because of the COVID-19 pandemic. In 2023, 53% of children and adolescents in Georgia participated in sports, marking a 10% increase since 2019. However, this figure was still slightly below the national average of 55.4%<sup>40</sup>. Conversely, only 28% of children age 6 to 13 in Georgia met the recommended levels of aerobic physical activity in 2023. This represented a 15% decline from 2019, yet it was still higher than the national average of 26% during the same year<sup>41</sup>.

## Implementation plan

Children's is committed to leading Georgia in the effort to reduce the prevalence of children and adolescents with obesity. The Children's Strong4Life approach to obesity is comprehensive and multilayered, encompassing everything from preventive measures to clinical care. One of goals of Children's Strong4Life is to prevent and treat obesity in children by equipping primary care providers with the tools they need to support and provide care to their patients. For those requiring further assistance, care is available through the multidisciplinary Strong4Life Clinic at Children's. Children's maintains our commitment to obesity prevention and reduction efforts through Children's Strong4Life and will continue to focus community efforts on awareness, prevention and education through core programming and health promotion campaigns.

### Prevention and community work

Children's Strong4Life will continue its long-standing obesity prevention efforts through training, programming and health promotion strategies across the state. Children's Strong4Life will continue to build and leverage relationships with healthcare providers, schools, early care centers, community organizations, youth-serving organizations, and parents or caregivers.

Children's Strong4Life will continue to equip clinicians and caregivers with evidence-informed feeding strategies by providing the Raising Healthy Eaters Training, coupled with caregiver-focused resources. Children's Strong4Life will continue to support clinicians with the Foundations of Motivational Interviewing Training to support effective communication about health behavior change with all families. Children's Strong4Life will continue to work with and support clinicians in rural areas outside of metro Atlanta.

Children's Strong4Life will continue programming and education for schools and early learning centers to support positive relationships with nutrition and movement for all children. Children's Strong4Life will focus on supporting a tiered approach with broad-level training and intensive, center-based programming to promote the development of healthy eating and physical activity habits early in life. Children's Strong4Life will continue to expand partnerships with early care and education centers to deliver the Raising Healthy Eaters and Building Intentional Play Into the Day trainings.

Children's Strong4Life will continue its school programming work to create healthy school environments by partnering with district-level personnel, principals, school nutrition managers, school staff and children to promote environmental and behavioral change in the school setting. Children's Strong4Life will continue offering virtual trainings to reach more schools statewide.

Children's Strong4Life reaches children with obesity directly via Camp Strong4Life, a weeklong overnight summer camp program that provides didactic learning about healthy behaviors and habits. Children's Strong4Life will continue offering this experience for children 8 to 12 years old who are experiencing obesity.

Children's Strong4Life will seek to expand Fit Together, a family-focused healthy weight program providing education, counseling and support to school-age children with obesity and their families, as well as opportunities to participate in and enjoy physical activity. Children's Strong4Life will continue partnering and collaborating with primary care practices and parks and recreation systems to implement the program and expand across metro Atlanta.

### Clinical care

Children's Strong4Life Clinic is the primary resource for medical and bariatric care of children with obesity in Georgia. The Strong4Life Clinic will continue offering patients clinical and bariatric interventions, as well as counseling on mental and behavioral health, nutrition and physical activity. The goal is to provide a holistic approach to the care of children with obesity. The Strong4Life Clinic will continue implementing eating disorder screening for all patients, integrating into its clinic dedicated time for individualized therapy with a psychologist for bariatric patients and other high-risk patients, and restructuring and increasing clinic capacity.

Primary care clinicians are vital contributors to the management of pediatric patients with obesity. The updated American Academy of Pediatrics guidelines highlight their role and recommend evidence-based strategies such as motivational interviewing, intensive health behavior and lifestyle treatment, pharmacotherapy, and metabolic and bariatric surgery. The Strong4Life Clinic will develop a decision tree to guide obesity care among primary care pediatricians and pediatric subspecialists, in addition to providing educational opportunities to familiarize clinicians with the medical management of patients with obesity and newer treatments. Children's Strong4Life will also continue providing training opportunities to clinicians throughout Georgia on motivational interviewing, healthy eating practices and medication management of obesity. The Strong4Life Clinic will continue provider education through iECHO obesity medicine workshops for community pediatricians focused on motivational interviewing and pharmacotherapy. Children's will continue improving our Strong4Life Clinic by developing strategies focused on centralizing and filtering obesity referrals for direct primary care providers to the most appropriate resources depending on need. The clinic will also pilot an eConsult model to empower and assist pediatric healthcare providers in managing obesity in their own clinics, while developing Children's Strong4Life obesity care educational content for Strong4Life.com.





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## Community need No. 5:

### Infectious disease

Programs to address infectious disease prevention and management

#### Description of need

Children in Georgia continue to face new challenges from common pediatric infections and emerging pathogens, highlighting the importance of infectious disease prevention and management. Respiratory infections, such as influenza, pneumonia and respiratory syncytial virus (RSV), continue to pose significant health risks to young children. Influenza ER visit and hospitalization rates have remained relatively steady across time except for a decrease in both influenza indicators in 2021, which can be attributed to COVID-19 prevention practices. In 2023 in Georgia, there were 990 influenza ER visits per 100,000 youth under 18<sup>50</sup> and 15 hospitalizations per 100,000 youth of the same age<sup>51</sup>. In the 2023 to 2024 season, there were 114 RSV hospitalizations per 100,000 youth, which strongly impacted young children. Georgia children 4 and younger had an RSV hospitalization rate of 413 per 100,000, which was 30 times higher than the rate for children ages 5 to 17<sup>55</sup>. Pneumonia ER visits and hospitalization rates also saw a large jump in 2024, especially in children ages 5 to 14, among whom ER visit rates nearly tripled and hospitalization rates more than doubled from 2023. Pneumonia ER visit rates and hospitalizations for children under 5 saw a smaller increase from 2023 to 2024, but this continued to be the age range with the highest prevalence<sup>52</sup>.

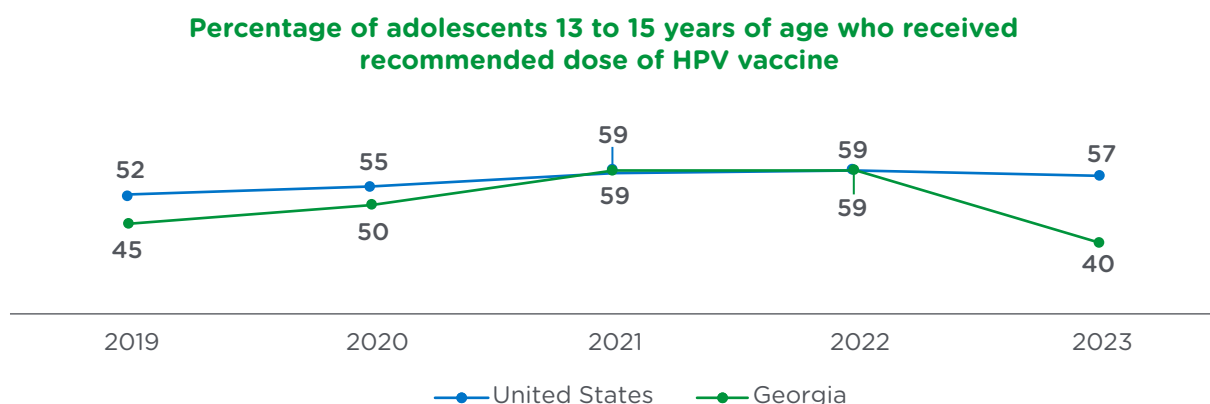
Vaccine-preventable diseases, such as measles and pertussis, remain a concern despite high immunization coverage. In 2023, children under 18 had the highest pertussis rate in the past 10 years at 5.6 per 100,000<sup>53</sup>. Recent measles outbreaks across the U.S. have led to six Georgia cases in 2024 and an additional six so far in 2025. Although the number of cases has remained low, Georgia has one of the lowest measles vaccination rates in the country at 88.4%, which leaves the state more vulnerable to outbreaks<sup>54</sup>.

Additionally, gastrointestinal infections caused by pathogens, such as norovirus, are common in communal settings such as schools and early learning centers. Survey respondents highlighted a need for education on prevention practices such as handwashing for parents and caregivers. While these health behaviors are crucial in preventing the spread of infection, immunization remains a key strategy in preventing many infectious diseases. Implementing effective infection prevention and control measures is crucial to reducing the spread of infectious diseases in the communities.

#### Immunizations

Most infectious diseases are preventable through vaccination, which continues to be a mainstay of public health. Most parents and caregivers (86%) consider childhood vaccines to be “somewhat” or “very” safe. Parents and caregivers also generally consider their child’s doctor to be the most trusted source for safety information about routine childhood vaccines, and 58.6% trust them “a great deal”<sup>2</sup>. In the U.S. in 2023, only 48% of children and adolescents under 18 had received their influenza vaccination in the past 12 months<sup>56</sup>. Most parents in Georgia consider vaccines to be safe, but there has been a decrease in vaccination across all ages in the state. This was a significant decrease of 10% from 2019. Meanwhile, in Georgia in 2023, 2% of children ages 24 to 35 months did not receive any of their recommended vaccines by age 2<sup>57</sup>. Although not a high percentage, this presented a three-fold increase from 2019. Human papillomavirus (HPV) vaccination of adolescents has been a public health initiative for multiple years and has been relatively successful but is now seeing a decrease in uptake. In Georgia in 2021 and 2022, there was an increase in vaccination

that matched the percentages seen in the U.S. (58.7% and 59% respectively); however, this decreased to 40% in 2023, far below that of the greater U.S.<sup>58</sup>. Survey respondents identified immunization education as an area of need within the infectious disease space, addressing the different cultural factors affecting uptake.



Source: National Immunization Survey-Teen

## Implementation plan

To help curb outbreaks of vaccine-preventable diseases, it is important for children to stay on schedule with immunizations, including the flu vaccine. Children's will continue offering caregivers vaccine education resources on infectious diseases, with a focus on emergent respiratory viruses. Understanding that the flu vaccine can prevent and decrease disease severity, hospitalizations and even deaths, Children's will continue offering annual flu vaccine and prevention information through multiple channels: [choa.org](http://choa.org), social media, emergency and urgent care facilities, and resources for youth organizations (e.g., schools). Children's will continue offering vaccinations through the Vaccines for Children Program and Ronald McDonald Care Mobile.

Children's Strong4Life will continue supporting school health professionals across Georgia with information and resources on infectious disease prevalence and trends. Children's Strong4Life offers ongoing emergent and foundational education through a monthly webinar series, along with the Georgia School Health Resource Manual. Children's Strong4Life also hosts an annual school health conference to support school health professionals to better address the needs of children in their school system. The Children's regional school health coordinator collaborates with the Georgia Association of School Nurses, the Georgia Department of Public Health and the Georgia Department of Education to offer infectious disease prevention strategies for schools and caregivers.

The Children's Care Network is working with the Georgia Department of Health, exploring pathways and applications to improve vaccine uptake, improve awareness and address vaccine hesitancy through research focused on caregiver education and creating trusting relationships between providers and families.



# Community need No. 6:

## Chronic disease

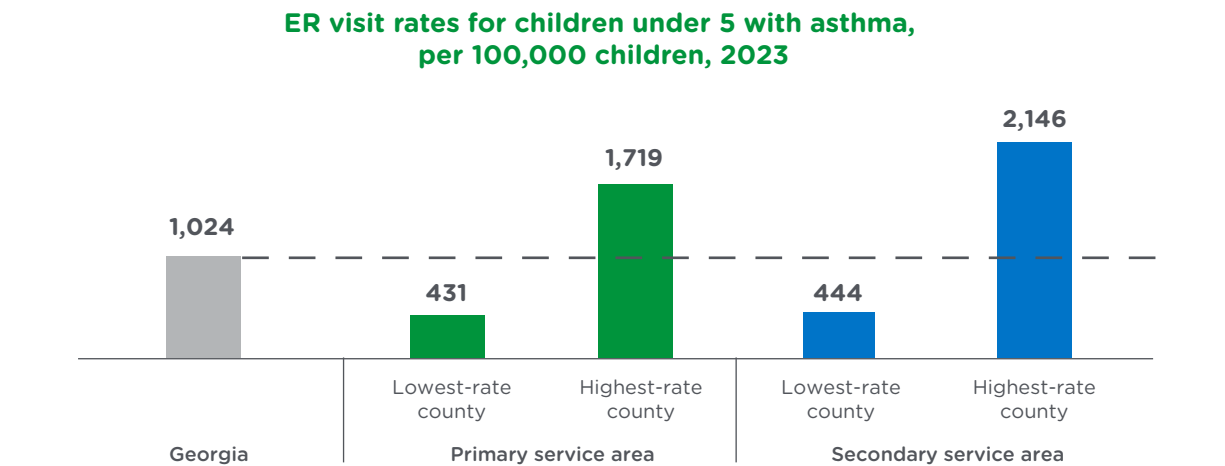
Programs to address chronic disease prevention and management

### Description of need

Researchers estimate that nearly 1 in 3 young people age 5 to 25 are now living with a chronic condition or functional limitation. The leading chronic conditions among children are asthma, prediabetes, depression, anxiety, obesity and more<sup>59</sup>. Key stakeholders identified asthma, diabetes, allergies, seizure disorders and sickle cell disease as the most prevalent chronic conditions in schools. They also highlighted the possibility of disparate prevalences in underserved communities, since community context can impact chronic disease incidence and prevalence.

#### Asthma

Asthma is the most common chronic respiratory condition among children worldwide<sup>117</sup>. In 2023, 9% of children in Georgia had asthma. Asthma prevalence has not noticeably changed across the years in Georgia, but it has remained consistently higher than what is seen nationally<sup>60</sup>. Emergency department visit rates for children under 5 with asthma have also remained steady across time, except when emergency usage declined for noninfectious diseases due to the COVID-19 pandemic in 2020. In Georgia in 2023, there were 1,024 ER asthma visits per 100,000 children under 5. In some counties within the Children’s service area, ER visit rates were as high as 2,146 per 100,000<sup>61</sup>. These differences highlight a higher prevalence of uncontrolled asthma in some of these counties due to a variety of factors<sup>61</sup>.



Source: OASIS

## Allergies

Allergies among children may include seasonal allergies, eczema and food allergies. The percentage of children who have allergies has increased over time. From 2000 to 2018, the percentage of children under 18 with food allergies almost doubled, from 3.6% to 6.4%<sup>114</sup>. In 2021, 27% of children across the U.S. had one or more allergic conditions, 19% of children had seasonal allergies, 11% had eczema and 6% had food allergies. According to a CDC brief analyzing National Health Interview Survey data, non-Hispanic Black (21%) and non-Hispanic white (20%) children were more likely to have a seasonal allergy than Hispanic (15%) and non-Hispanic Asian (11%) children<sup>2</sup>. In Georgia in 2023, an estimated 30% of children from birth to 17 years had allergies, including food, drug, insect and other types of allergies<sup>115</sup>. Allergies can pose significant health burdens, affecting kids' quality of life, school performance and overall well-being.

## Implementation plan

Children's will continue the High-Risk Asthma Program at Scottish Rite, Hughes Spalding and patient clinics, as well as maintain the Asthma Center at Hughes Spalding. Children's will also continue to provide chronic disease medical care to children through the Ronald McDonald Care Mobile, primarily for asthma. Children's will continue offering education to patients, caregivers and school staff about asthma triggers and management. The Children's Care Network will continue incorporating and focusing on asthma metrics, including, action plans, asthma management or control, and flu vaccination in their population. Children's will also continue working on research priorities that advance management of asthma and other chronic diseases.

Children's will continue to treat children and adolescents who have allergies and immunodeficiency disorders through a range of testing and treatment options. This includes children who have food allergies, asthma, drug allergies, immune deficiencies, atopic dermatitis and more. Children's commits to offering pediatric specialty care through multidisciplinary programs and clinics. Children's will explore expanding the workforce that can address allergies and other immunodeficiencies to better manage the growing volume of patients coming in for immune-related issues.

Children's will continue our partnership with Emory University on the Center for Allergic Diseases Research. This center focuses on research assessing asthma and allergies, as well as how they relate to each other. It currently manages research funded by the National Institute of Health (NIH), as well as industry-sponsored projects. Children's Strong4Life will continue to provide families with key information on how to reduce the risk for food allergies.

Children's will continue offering diabetes care to children with type 1 diabetes, type 2 diabetes, cystic fibrosis-related diabetes, gestational diabetes and diabetes caused by medication. Children's will continue offering specialty care through a coordinated, comprehensive approach, including diagnosis and determination of the type of diabetes; testing for related conditions; screening, management and education; preventive care; and insulin pumps and technology. Children's offers educational resources for children and caregivers, including classes, videos, a teaching kitchen and downloadable tools.



Children's will continue providing programs and services to school nurses across the state of Georgia focused on education, skills and resources to help them address chronic conditions at school. This includes the regional school health coordinator, who provides education and technical assistance to school health professionals, the Georgia School Health Resource Manual, Diabetes Community Education and Project S.A.V.E. (Sudden Cardiac Awareness Vision for Prevention Education). Project S.A.V.E. provides training and support to prevent sudden cardiac arrest in children and adolescents. The primary goal of this program is to prepare school staff to respond effectively to sudden cardiac arrest, which is usually caused by preexisting heart conditions, such as hypertrophic and dilated cardiomyopathy, coronary artery anomalies, primary electrical heart diseases, substance abuse-related heart conditions and more. Early CPR and automated external defibrillator (AED) use leads to increased chances of survival.



## Community need No. 7: Child abuse and neglect

Programs to prevent child abuse and neglect

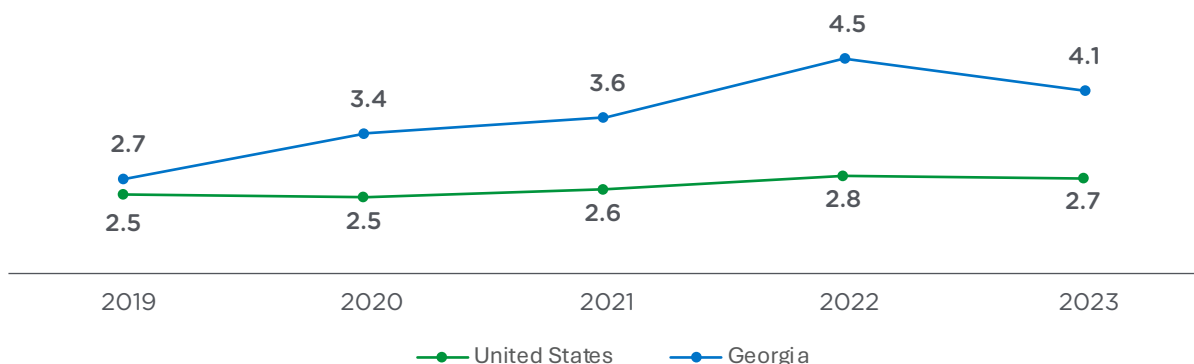
### Description of need

Child abuse and neglect is “types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, the potential for harm, or threat of harm to a child”<sup>83</sup>. The consequences of child abuse and neglect can result in immediate physical injury, emotional and psychological problems, delayed brain development, lower educational attainment and substance abuse<sup>83</sup>. Additionally, childhood abuse and neglect are associated with increased vulnerability to several major medical disorders, including coronary artery disease, stroke, type 2 diabetes, asthma and certain forms of cancer<sup>86</sup>. In 2020, Georgia had an estimated 110,000 referrals to local Child Protective Services for suspected child abuse and neglect<sup>85</sup>.

Adverse childhood experiences (ACEs) describe how early experiences can impact development and incite negative health outcomes across the lifespan<sup>87</sup>. ACEs are traumatic events that include abuse or household dysfunction, such as divorce, domestic violence, substance use, incarceration or economic hardship. A high percentage of abuse and neglect victims had caregivers with risk factors of reported domestic violence and drug abuse<sup>85</sup>. Factors that can lead to high ACEs include family structure, economic hardship and insurance type<sup>88</sup>. In Georgia, 10.9% of children experienced three or more adverse childhood events<sup>90</sup>. While the percentage of ACEs among children has decreased in Georgia since 2019, the state remains higher than the national average.

Since 2019, the child abuse and neglect rate has worsened in the U.S. and Georgia. In Georgia in 2023, the death rate per 100,000 children was 4.1, which is higher than the U.S. rate in that same year (2.7)<sup>91</sup>. In Georgia, nonfatal child abuse and neglect has worsened, with a 32% increase in prevalence from 340 per 100,000 children in 2019, to 450 per 100,000 children in 2023. Key stakeholders have identified that child neglect is one of the primary reasons for a child entering the child welfare system. However, the effects of abuse or neglect, combined with experiences in the system, can persist into young adulthood and lead to homelessness, underemployment and substance abuse<sup>89</sup>.

**Child abuse and neglect death rate (per 100,000 children)**



Source: National Child Abuse and Neglect Data System



## Implementation plan

Children's will continue the work of the Child Protection Clinic at Children's to address child abuse, neglect and trafficking. The Child Protection Clinic is a comprehensive child maltreatment program in which staff members provide clinical services for abused, exploited and neglected children and their families throughout Georgia. Patients are seen at all three hospitals and in two outpatient clinics. The clinical team includes four board-certified child abuse pediatricians, two child abuse pediatric fellows, pediatric nurse practitioners, forensic interviewers, social workers, licensed professional counselors and child life specialists. Children's also complies with state laws requiring an on-site Division of Family and Children Services (DFCS) liaison. Services include recorded forensic interviews, full medical evaluation and treatment, mental health assessments and treatment, and referrals for follow-up care. A licensed professional counselor is also available to offer on-site and mental health teleservices to patients. The Child Protection Clinic acts as a resource for patients and families, as well as for various referral sources, including hospital and community medical providers, DFCS and local law enforcement. The Child Protection Clinic is recognized as a leader in the state on issues of child maltreatment and collaborates with multiple state agencies, academic institutions and nonprofit organizations. The Child Protection Clinic will continue identifying research opportunities to understand and address child abuse and neglect.

Children's Strong4Life will continue its community-based child abuse and neglect prevention education, programs and awareness. Topics include neglect, digital safety, body safety, trafficking prevention and more. Children's Strong4Life offers the Love146/Not a Number child trafficking prevention program in high schools, either as a yearlong training or utilizing train-the-trainer models to meet the needs of schools throughout Georgia. Children's Strong4Life also offers age-based school training opportunities for kindergarten to eighth-grade students, teaching them how to navigate the digital world safely, as well as for caregiver and school staff to support safe digital activity for kids. Children's Strong4Life will continue to expand its offerings and topics on digital safety for school-age kids and families, and its website resources. Children's Strong4Life will continue implementing its Reframing Opportunity, Alternatives and Resilience Program (ROAR). ROAR is a child abuse prevention program designed for children age 4 to 8, focused on educating children about body safety, preventing abuse and empowering children to speak up if necessary.

Children's Strong4Life will continue to work with key stakeholders across Georgia through Partnership for Healthy Communities (PHC), training first responders on child abuse recognition and reporting. PHC is offered statewide, with an option for a train-the-trainer model. Children's Strong4Life will continue expanding the training to rural areas.

Children's Strong4Life will continue its webinar series for youth-serving professionals and parents, covering a variety of topics, such as mandated reporting, having difficult conversations with children, understanding healthy sexual development and more. The webinar series serves as key education support for the community.

# Community need No. 8:

## Injuries

Programs to address injury prevention and management

### Description of need

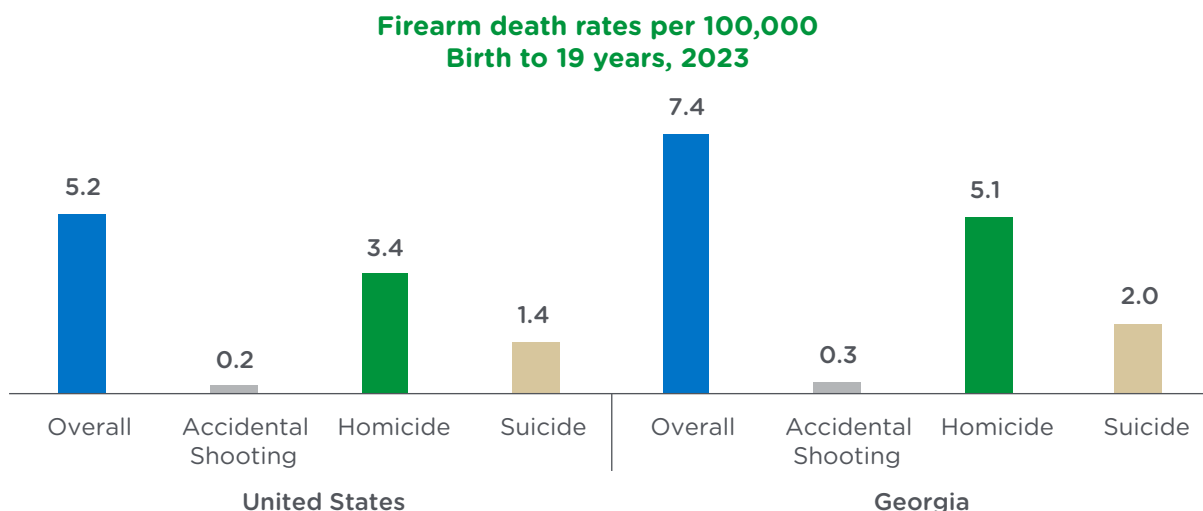
Preventable injuries include drowning, unintentional firearm discharge, motor vehicle crashes and sudden infant death syndrome (SIDS). Despite being the leading cause of death for children age 1 to 18 years, most parents and caregivers do not perceive injury as a primary concern for their child. Key stakeholders highlighted the importance of using an integrated approach that includes policy, environment and education to address injury prevention and increase parents’ and caregivers’ awareness on the magnitude of this issue. In 2023 in Georgia, the fatal unintentional injury rate among children and adolescents from birth to 19 years old was 11.3 per 100,000<sup>63</sup>. It has remained relatively steady since 2019.

Leading causes of death				
Death rate in Georgia, 2020 to 2024				
<1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years
Conditions originating in the perinatal period	Motor vehicle crashes	Motor vehicle crashes	Motor vehicle crashes	Assault (homicide)
Congenital malformations	Accidental drowning and submersion	Congenital malformations	Intentional self-harm (suicide)	Motor vehicle crashes
Sudden infant death syndrome	Assault (homicide)	Assault (homicide)	Assault (homicide)	Intentional self-harm (suicide)
Suffocation	Congenital malformations	Diseases of the nervous system	Diseases of the nervous system	Accidental poisoning
Assault (Homicide)	Unintentional injury	Accidental drowning and submersion	Congenital malformations	Unintentional injury

Source: Georgia Department of Public Health OASIS

### Firearm violence

Firearm violence can include assault, homicide, self-harm and unintentional or accidental discharge of firearms. Overall, 27% of parents and caregivers identified firearm violence as a top area of concern for their family, with Hispanic and Black parents, those with an income less than \$75,000 and those without a four-year degree being the most concerned about gun violence<sup>2</sup>. In Georgia in 2023, the firearm death rate was 7 per 100,000 children. This was higher than the U.S. rate of 5.17 per 100,000 children in that same year<sup>64</sup>. The firearm death rate is largely driven by homicides. Seventy-eight percent of survey respondents who selected injury prevention as a top health need identified firearm injuries as a health outcome requiring support or action in the pediatric population they serve.



Source: OASIS, WISQARS, National Vital Statistics System–Mortality

In 2023, Georgia’s ER visit rate for accidental shootings of children from birth 19 years old was 25.7. Although there was a 7% decrease from 2022, that year had one of the highest rates Georgia has experienced in recent years<sup>65</sup>. According to “The State of Child Health and Well-Being in Georgia 2025” report, about half of households (49%) have guns in their home or garage. One of the primary prevention strategies for firearm violence is safe gun storage. Most parents and caregivers (69%) said their child’s healthcare provider had not asked them about their safe gun storage in the past 12 months<sup>2</sup>.

### Other injuries

Drowning, motor vehicle crashes and SIDS remain some of the leading causes of death for children in Georgia. In 2023 in Georgia, the drowning death rate for children under 18 was two per 100,000, which was consistent with national rates. Drowning ER visit rates have also remained steady since 2019, aside from a dip during the COVID-19 pandemic<sup>66, 67</sup>. Motor vehicle crashes are the leading cause of death for children age 1 to 14, with a 2023 death rate of six per 100,000 for children from birth to 17 years old and an ER visit rate of 595 per 100,000 children, which is an 18% decrease from 2019<sup>68, 69</sup>. Still, 61% of respondents who prioritized injury prevention identified motor vehicle crashes as a top concern. SIDS is the third leading cause of death for infants under 1 in Georgia, with a 2023 death rate of 78 per 100,000 infants<sup>70</sup>. While 81% of parents in the U.S. report placing infants on their backs to sleep, continued education on safe sleep practices, such as following the ABCs of sleeping (alone, on their back and in a clear crib) remains critical<sup>121</sup>. It is also important to identify relevant factors that influence parent and caregivers’ safe sleep practices, such as cultural background, socioeconomic status and more.



## Implementation plan

Children's is committed to continuing our community work in injury prevention while identifying gaps and areas of opportunity to maximize impact and better support the community. Children's Strong4Life focuses on the leading causes of death in youth—drowning, motor vehicle crashes, SIDS and firearms. Children's Strong4Life will continue implementing its community-based injury prevention programs and educational offerings throughout Georgia, while continuing to expand its health promotion campaigns addressing overall injury prevention, safe sleep, water safety, safe firearm storage and child passenger safety. Programmatic and health promotion efforts will work in tandem to better increase impact on the intended audiences and communities. Children's Strong4Life will continue providing its educational offerings for early learning professionals on safe sleep and collaborating with community organizations on programming, such as Grady hospital's safety showers, providing injury-related education and resources to new parents.

Children's will continue collaborating with key organizations to coordinate efforts to support injury prevention, such as the Atlanta Water Safety Coalition. Founded in 2023, the Atlanta Water Safety Coalition is committed to reducing preventable drowning deaths through collaboration among Children's Healthcare of Atlanta, the YMCA of Metro Atlanta, the City of Atlanta Parks and Recreation, the American Red Cross and others. The coalition supports equitable access to swimming lessons, lifeguard programs and water safety education for kids and families.

Children's will continue leading the work of Safe Kids Georgia by providing programming expertise and resources for community education to our 32 coalitions serving 56 counties. Children's will continue serving as the lead agency for Safe Kids in Georgia, which includes strategy development, financial support, logistics and management, event coordination and maintaining community connections across the state. This collaboration allows improved information gathering from rural and urban communities to incorporate into future programming.

Children's Strong4Life will continue addressing firearm safety through training and programs. Children's Strong4Life will continue to provide training to primary care providers on how to have conversations with families about safe gun storage and offer resources to help families understand the importance of safe firearm storage (and how to do it). Children's Strong4Life distributes lockboxes in the community and carries out ASK (Asking Saves Kids) Day, an annual one-day event that encourages patients to ask questions about the potential dangers of unsecured firearms in homes where their kids play. Resources are provided to hospital staff and caregivers.

School nurses are very important for injury prevention, as they function as educators for children and families on safety, as well as first responders to incidents at school. Children's will continue our school health program, offering webinars, leading school nurse meetings, providing hands-on skills trainings and review, hosting the annual School Health Leadership Conference, offering relevant resources and providing the comprehensive Georgia School Health Resource Manual to school nurses throughout Georgia. In addition, Children's will support schools in meeting Georgia's Department of Education Standards related to injury prevention through the development of a road map (or toolkit) for injury prevention for K-12 schools. This guide will aid school nurses and other personnel in educating others about injury prevention in the school setting.

Children's will continue our car seat program, providing loans and supports for adaptive car seats for safe transportation of children with specialty medical equipment or concerns. Children's Certified Child Passenger Safety Technicians (CPSTs) offer infant car seat education, inpatient and outpatient consultations, and administrative support for durable medical car seat equipment. Children's will also continue providing specialty car seat loaner services for patients with acute child passenger safety needs, as well as conventional car seat education and resources for families in need.

Children's will maintain trauma center designations to continue offering premier care and research to support advanced trauma care in the community. Arthur M. Blank Hospital is a state-designated Level 1 pediatric trauma center, and Scottish Rite is a Level 2 center. Children's will continue offering safety items to families at the Arthur M. Blank Hospital gift shop, including sleep sacks, car seats and other safety items. Children's will continue to look for expansion opportunities in other settings.

Primary care pediatricians continue to be a trusted source of information for families. The Children's Care Network will support the development and distribution of injury-related information for families through an age-based informational packet. Educating families about injury prevention before an injury occurs may reduce the injury burden among kids. Topics will include safe sleep, firearm safety, drowning prevention, child passenger safety and more.



## Community need No. 9: Adolescent health

Programs to support adolescent health

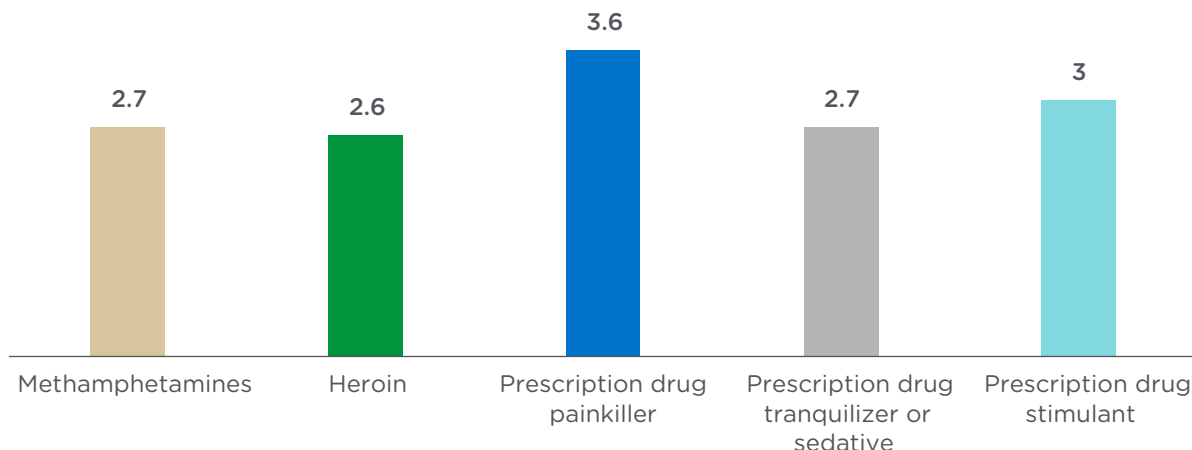
### Description of need

Adolescence is a critical period of childhood with substantial physical, mental, emotional, social, cognitive and intellectual growth. Health behaviors and patterns during adolescence can extend into adulthood, highlighting the unique and consequential needs of this age group. The leading causes of death among adolescents are unintentional injury, homicide and suicide<sup>122</sup>. Further analysis identified substance use and sexually transmitted infections as key burdens on adolescent health.

#### Substance use

Twenty-two percent of caregivers identified drug and alcohol use as a top area of concern for their children<sup>2</sup>. This includes marijuana, alcohol, painkillers, sedative and stimulant use, and more. According to the “Georgia Student Health Survey,” alcohol is the main substance consumed by adolescents age 11 to 18; however, its use has consistently decreased over time. In 2024, 6% of adolescents had had at least one drink of alcohol in the prior 30 days<sup>71</sup>. This was a 28% decrease from 2020. In 2024, 5% of adolescents used marijuana at least once in the prior 30 days<sup>72</sup>, which was a 22% decrease from 2020. Electronic vapor product use also decreased, by 26% from 2020 to 2024, with 5.2% reporting having used a product in the previous 30 days, and only 3% of adolescents reported smoking cigarettes at least once in the prior 30 days<sup>79, 80</sup>. Still, survey respondents highlighted vaping as an increasing concern among adolescents, especially in schools. On the other hand, methamphetamines, heroin, prescription drug painkillers, drug tranquilizers and drug stimulants saw an increase in usage from 2020. In Georgia in 2024, 3% of adolescents used methamphetamines<sup>73</sup>, 3% used heroin<sup>74</sup>, 4% used painkillers<sup>75</sup>, 3% used drug tranquilizers<sup>76</sup> and 3% used drug stimulants<sup>77</sup>. Sixty-one percent of survey respondents who selected adolescent health as a top health need identified substance use as a priority health concern requiring support or action.

**Percentage of adolescents 11 to 18 who used ... in the past 30 days  
Georgia, 2024**



Source: Georgia Student Health Survey



Fatal and nonfatal drug overdoses have been increasing among adults and adolescents in Georgia. From 2019 to 2021 in Georgia, the total overdose deaths among adolescents age 10 to 19 increased 127%, primarily in males<sup>78</sup>. Parents and caregivers consider misused prescription opioid pills (32.3%) and counterfeit pills (31.7%) to be the main causes of opioid overdoses<sup>2</sup>. Survey respondents highlighted the importance of prevention through education on drug use, its risks and harmful effects, and how easily they can be purchased.

### **Sexually transmitted infections**

Adolescents and young adults are at a higher risk of getting sexually transmitted infections (STIs), and people who have an STI have a higher risk of getting HIV. Relevant STIs for these age groups are chlamydia, syphilis and gonorrhea. In Georgia in 2023, the chlamydia rate for adolescents age 15 to 19 was 2,560 per 100,000. In some of the Children's service area counties, it was as high as 4,000 per 100,000<sup>81</sup>. Rates of gonorrhea among males have increased since 2019 by 38%. In 2023 in Georgia, the rate was 337.4 cases of gonorrhea per 100,000 males age 15 to 24<sup>82</sup>. Similarly to chlamydia rates, some counties within the Children's service areas had noticeably higher rates than Georgia's. In Georgia, rates of primary and secondary syphilis among females age 15 to 44 almost doubled from 2019 to 2023, from four syphilis cases per 100,000 females to 10<sup>120</sup>.

## **Implementation plan**

Children's will continue providing care to adolescents through the Adolescent Medicine clinic at Hughes Spalding. The clinic supports teens by talking with them and their parents about their health and well-being, as well as providing confidential services (e.g., sexually transmitted infection screening and tobacco cessation counseling). The clinic will expand its services by increasing the number of days of service and expand its efforts by training pediatricians and primary care providers to manage adolescents through their clinics. This will be achieved through resident education at Emory University and Morehouse, where core education will be provided to pediatric residents in adolescent medicine. Adolescents can be referred to the clinic from across The Children's Care Network. Children's will also identify the best way to expand adolescent care to rural communities, including linking providers with the rural strategy to consider providing training or education on adolescent health to providers in rural areas.

Children's Strong4Life will continue providing community programming and awareness to support adolescents. Children's Strong4Life offers school-based programming for adolescents on digital safety and mental health. Children's Strong4Life supports caregivers of adolescents through education and awareness on issues such as safety, trafficking, child abuse, internet safety, mental health, nutrition, movement, sleep and overall wellness. Children's will continue to identify community-based programs and education to support adolescent health needs.

Children's will continue using the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) screener in the hospitals' Emergency Departments. This screener allows providers to assess substance use in adolescents, including items such as current and past use, amount used, how they use, frequency of use and triggers of use. This screener also assesses tobacco use and vaping. Children's will continue expanding its use across the System. Children's will continue providing programs and services to address substance use in adolescence. These are available for tobacco cessation and other substances. Children's will continue our screening of children with mental and behavioral health needs for any substance use. This is coupled with Children's partnership with the Emory Addiction Center, which has expanded its referral capacity to adolescents so the Zalik Center can refer patients identified through screening.

Children's will continue providing services for transition of care. Currently, Children's provides these services for patients with sickle cell, diabetes, neurology, cystic fibrosis, congenital heart disease, cancer and transplants, focused on helping them transition to adult care for their chronic illnesses.

Children's will identify the best strategy to support the need for adolescent health topics through education, screening or referrals, such as training for primary care providers on eating disorders or hospital-based screening for sexually transmitted infections.



# Community need No. 10:

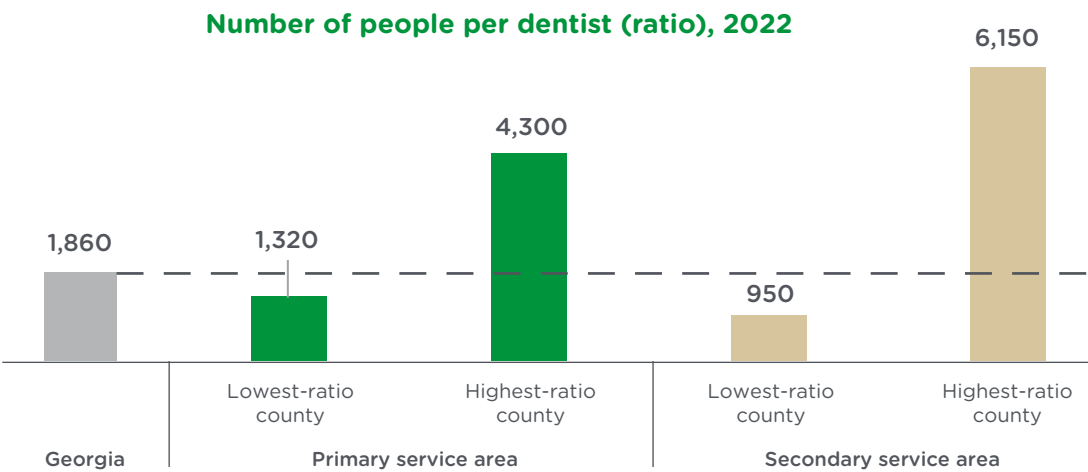
## Oral health

Collaboration to address access to oral health services

### Description of need

Oral health is an important component of a child’s overall well-being. Tooth decay and gum disease are the most prevalent oral health concerns and can result in pain, missed school and other health concerns<sup>116</sup>. They are also preventable through regular dental care, proper hygiene and nutritional habits. In 2024, more than 1 in 10 children age 2 to 5 years had at least one untreated cavity. By age 1 to 8 years, it was nearly 1 in 5 children<sup>100</sup>. By third grade, 52% of children have had cavities<sup>116</sup>. In 2021, 68% of high school students reported seeing a dentist for a checkup, exam, cleaning or other dental work, a percentage that has remained steady since 2009<sup>117</sup>. Currently, differences remain in preventive dental care access, with uninsured children, children living in poverty, non-Hispanic Black children and children from non-English-speaking households being less likely to receive preventive oral health care. Young children living in rural areas in Georgia are more likely to have untreated dental decay than those living in cities<sup>116</sup>.

Access to the oral healthcare system has remained steady but low across the years. In 2022, 47% of children and adolescents in the U.S. southern census region used the oral health system<sup>101</sup>. In Georgia in 2022, the ratio of people to dentists was 1,860 to 1. It is important to highlight that there are noticeable differences between counties within the Children’s service area in the number of people per dentist, with some counties having a ratio as high as 6,150 to 1<sup>123</sup>. Higher ratios represent decreased access to oral health services, which can be seen in both urban and rural counties within the Children’s service area.



Source: County Health Rankings, 2021 to 2025



## Implementation plan

Children's will continue to extend comprehensive dental services to patients age 21 and younger who have medical issues, such as cancer, blood disorders, craniofacial disorders, heart conditions, solid organ transplant recipients, select neuroscience conditions, facial cellulitis and trauma, and select pulmonary conditions. The services offered include preventive dental services, restorative and surgical dental procedures, dental health education, orthodontics and speech-aid appliances.

Children's will continue to offer to newborns with cleft lip and palate services or items, such as nasal alveolar molding devices, palatal appliances to facilitate feeding, and oral and nasal appliances, to aid in facial restructuring during surgery.

Through the community-based Nurse Navigator Program, Children's will continue to support coordination of preventive and specialty dental and oral health services for families served. Because of limited resources, Children's does not currently plan to provide routine dental services for healthy children. Children's will continue to pursue expanding patient access to oral health services through community partnerships.



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## 2023 to 2025 implementation update

Children's conducted its first Community Health Needs Assessment in 2013, with subsequent assessments in 2016, 2019 and 2022. Key stakeholders and caregivers from a diverse range of fields responded to surveys asking them to rank the pediatric health needs of Georgia's children while identifying new emerging issues. Children's has actively addressed the identified top health needs through programs and services. The 2022 CHNA represented key elements from the 2013 to 2019 report but reflected a shift in how the community thinks about children's health and healthcare concerns through a reorganization of health topics. Caregivers and parents, key informants and survey respondents consistently highlighted vulnerable populations and the effects of social drivers on health and healthcare access across each health need identified. The implementation update highlights progress and accomplishments since the 2022 report.

**The 2022 CHNA needs, in priority order, were as follows:**

1. Collaboration to enhance access to mental, behavioral and developmental health services for children and adolescents
2. Programs to address chronic disease prevention and management
3. Programs to support adolescent health issues
4. Programs to reduce childhood obesity
5. Programs to address infectious disease prevention and management
6. Programs and collaboration to support community outreach
7. Programs to address injury prevention
8. Collaboration to address access to primary care medical homes for children and adolescents
9. Programs to address health literacy
10. Collaboration to address access to oral health services

### 1. Collaboration to enhance access to mental, behavioral and developmental health services for children and adolescents

#### Children's 2023 to 2025 implementation plan

Children's committed to reducing stigma and improving access to prevention, diagnosis and treatment for children and adolescents with behavioral, mental and developmental health needs. The plan aimed to sustain and adapt the current strategy by aligning resources to meet evolving community needs and to lead efforts in building a comprehensive pediatric behavioral and mental health ecosystem.

**Key components of the plan included:**

- **Clinical services:** Continued provision of inpatient and Emergency Department psychiatric consultations and select outpatient behavioral and developmental services. Ongoing delivery of specialized care through Marcus Autism Center's programs, including diagnostics, severe behavior, feeding disorders and learning clinics.
- **Workforce training:** Ongoing education and resource support for staff to enhance the quality and effectiveness of behavioral and mental health care delivery.
- **Primary care support:** Expansion of an educational initiative to strengthen the capacity of the primary care network, including a behavioral health expert advice line, referral database, provider training and integration of behavioral health topics into grand rounds, continuing medical education (CME) and symposia.

- **Educational resources:** Maintenance of an online physician resource center featuring screening tools, educational materials and links to behavioral health organizations.
- **Community outreach:** Delivery of evidence-informed programs in schools, healthcare settings, community and faith-based organizations, and early care and education centers.
- **Long-term strategy:** Commitment to building a strong foundation for lasting systemic change in the pediatric behavioral and mental health landscape.

## Progress and accomplishments

Children's continues to assess and improve the landscape of pediatric behavioral and mental health in Georgia. Children's opened the Zalik Behavioral and Mental Health Center in the fall of 2023 to provide a balance of prevention and outpatient treatment services, including crisis recovery. The center has cared for more than 22,000 patients since opening and has served as a central location for Children's providers and community partners to come together to deliver evidence-based care to children throughout Georgia. Children's also continued offering behavior and mental health services through the Behavioral and Mental Health Clinic at North Druid Hills.

In 2024, Children's improved access to mental health care through a workforce of more than 300 behavioral and mental health clinicians, 250 hired within the last two years. In 2024, Children's cared for 8,453 unique patients with a primary behavioral and mental health diagnosis during more than 27,543 visits across all Children's settings, including inpatient, emergency services and outpatient.

The number of kids visiting Children's Emergency Departments for behavioral or emotional crises has more than doubled since 2017. In 2024, Children's treated nearly 6,000 patients visiting the Emergency Departments for behavioral or emotional crises. Children's continued providing inpatient and Emergency Department psychiatric consultations, as well as outpatient behavioral and developmental services. Children's also continued improving access to behavioral and mental health care through the Behavioral and Mental Health Integrated Care Program at the Hughes Spalding Primary Care Clinic, which employs a behavioral and mental health provider alongside a primary care provider to help identify patient needs early.

Children's continued offering services and evidence-based treatments through Marcus Autism Center, which provided comprehensive autism care, served as a research and training center, and was recognized as one of the only centers in the U.S. that integrates basic, translational and applied research into clinical services. In 2024, Marcus Autism Center cared for 6,475 unique patients and had 49,175 visits.

Children's Strong4Life continued providing offerings focused on behavior and mental health prevention and building resilience. Children's Strong4Life offered education and programming to primary care providers, early care centers, schools and youth-serving community organizations, with the goal of providing education to caregivers on identification and expression of feelings, coping skills and normalizing feelings.

In 2022, Children's launched "Hope and Will: A Parenting Podcast from Children's Healthcare of Atlanta." In 2023 and 2025, the podcast aired five episodes related to behavioral and mental health, including multiple episodes on suicide, anxiety and more.



Children's partnered with the Nell Hodgson Woodruff School of Nursing at Emory University and the Liz Blake Giving Fund to develop a scholarship program to expand and equip the next generation of mental health professionals. The Blake Scholars Program has provided full tuition for nurse practitioners with an interest in child and adolescent behavioral and mental health to pursue a postgraduate certificate in psychiatric mental health nursing at Emory. Graduates will then be considered for pediatric psychiatric mental health nurse practitioner positions at Children's.

Through partnership with Mercer University and the Rural Health Innovation Center, Children's connected rural providers and schools with mental health professionals, telehealth services and pediatric mental health education to help create needed access points for care.

## 2. Programs to address chronic disease prevention and management

### Children's 2023 to 2025 implementation plan

Children's committed to reducing the prevalence of asthma and improving overall chronic disease management for children through coordinated clinical care, education and community outreach. The plan outlined continued support for targeted programs addressing asthma, diabetes, allergies, immunodeficiencies and school health.

#### Key components included:

- **Asthma care:** Continuation of the High-Risk Asthma Program at multiple hospital sites and clinics, as well as asthma services through the Ronald McDonald Care Mobile. Ongoing education for patients, caregivers and school staff on asthma triggers and management, along with standardized tools for physicians to improve asthma action plans. Asthma management was prioritized as a quality improvement focus within The Children's Care Network.
- **Diabetes services:** Ongoing specialty care for various forms of diabetes through a comprehensive, coordinated approach. Continued educational support for children and caregivers through classes, videos, at-home tools, a teaching kitchen and a diabetes summer camp.
- **Allergy and immunodeficiency treatment:** Sustained care for a broad range of allergic and immunodeficiency disorders, supported through multidisciplinary clinics and specialty programs. Continued focus on research and high-quality care to improve outcomes.
- **School health partnerships:** Ongoing collaboration with Georgia schools and more than 1,600 school health professionals to address chronic and primary health issues and reduce absenteeism.

### Progress and accomplishments

Children's continued the High-Risk Asthma Program and the Asthma Center at Hughes Spalding. This clinic has a team specially trained to care for kids and teens with asthma and breathing problems, helping to identify triggers, educating families on asthma action plans and offering individualized treatment. In 2024, Children's provided care to nearly 10,500 patients with asthma. Also, TCCN incorporated asthma as a quality improvement priority.

Children's continued providing chronic disease care to underserved communities through the RCMC. The mobile clinic operates as an extension of the Hughes Spalding Primary Care Clinic, and it is staffed by a nurse practitioner who provides health education, asthma care, school-required immunizations, health checks and sports physicals.

Children's continued offering care and education to children with type 1 diabetes, type 2 diabetes, cystic fibrosis-related diabetes, gestational diabetes and diabetes from medication. In 2024, Children's cared for 4,500 patients with diabetes and offered over 75 interactive classes with a team of certified diabetes educators. Educators supported patients using the Children's Kauffman Family Teaching Kitchen at the Center for Advanced Pediatrics to offer families and patients guidance on preparing nutritious meals and building confidence in effectively managing diabetes. Children's continued to offer the Teen Transition Program, which began in 2015. Children's hosted an annual camp for children who have diabetes—one of the largest in the U.S.—for more than 1,300 campers living with type 1 diabetes. Hughes Spalding Diabetes Clinic provided coordinated, comprehensive care to help kids and their families manage this condition.

Children's also continued providing care to patients with allergies and immunodeficiency disorders. In collaboration with Emory in 2024, Children's was recognized by the Food Allergy Research and Education (FARE) nonprofit as a FARE Clinical Network Center of Distinction. Children's Strong4Life developed caregiver content to encourage early introduction of common food allergens, such as peanuts and eggs, to help prevent food-related allergies in kids.

Children's Strong4Life continued its work with school nurses through its regional school nurse coordinator, serving as a contact for school health professionals and collaborating with the Georgia Department of Education, the Georgia Association of School Nurses, the Georgia Department of Public Health and the Centers for Disease Control to provide trainings, education, technical assistance and communication on clinical pediatric topics. Topics covered include asthma basics, seizure management at school, allergy management, diabetes and more.

In 2024, Children's opened Arthur M. Blank Hospital. This hospital has 446 beds, serving children across Georgia and the southeast. This is the only dedicated Level I Pediatric Trauma Center in Georgia. Children's was also recognized by the Patient-Centered Outcomes Research Institute as one of the health systems focused on the implementation of practice-changing research results in clinical care to improve patients' outcomes.

### 3. Programs to address adolescent health issues

#### Children's 2023 to 2025 implementation plan

Children's committed to supporting adolescent health and safety through community programs, clinical services and collaborative transition-of-care initiatives. The plan aimed to address critical adolescent issues, promote resilience and ensure continuity of care into adulthood.

#### Key components included:

- **Adolescent education:** Continued programming through the Child Protection Clinic at Children's to address issues such as child abuse, sex trafficking, digital safety, adolescent sexual behavior and neglect. Children's Strong4Life planned to provide resilience-focused resources for adolescents and families, and targeted marketing campaigns to address health topics such as water safety.
- **Teen safety initiatives:** Ongoing support of Safe Kids Georgia and its Teens in the Driver's Seat Program, a peer-led, research-based initiative promoting teen traffic safety and awareness of key risks.

- **Transition of care:** Sustained collaboration with Emory University, Grady Hospital and other adult care providers to coordinate transition services for adolescents with complex medical conditions. Continued delivery of the Taking Diabetes to College course to support young adults with type 1 diabetes.
- **Adolescent health services:** Ongoing operation of the Adolescent Health Clinic at Hughes Spalding, staffed by a multidisciplinary team including a psychologist, nurse practitioner, social worker and counselor and accepting referrals from across The Children's Care Network.
- **Behavioral health screening:** TCCN committed to expanding depression and risky behavior screenings in pediatric primary care, piloting referral tracking systems for positive screens, and addressing disparities in access and outcomes.

### Progress and accomplishments

Children's continued offering care to adolescents through the Adolescent Medicine Clinic at Hughes Spalding. It offers a specialized team that supports teens' health and well-being, as well as providing confidential services such as sexually transmitted infections screening, tobacco cessation counseling and more. Children's continued supporting adolescents through the Child Protection Clinic. The clinic is a comprehensive child maltreatment program where staff members provide clinical services for abused, exploited and neglected children and their families throughout Georgia. In 2024, child protection programs reached over 67,000 kids to prevent abuse, neglect and trafficking. In addition, the Children's Strong4Life child protection prevention team trained more than 1,500 youth on digital safety. Children's also continued providing transition services for adolescents with complex medical conditions such as diabetes, sickle cell disease, transplant and more. Also, Children's Strong4Life continued providing education to parents on resilience. Children's Strong4Life trained 150 clinicians, 75 schools and 103 early care centers in 2024 on behavioral and mental health resiliency.

Through Safe Kids Georgia, Children's offered injury prevention education with our Teens in the Driver's Seat Program.

Children's also implemented our adolescent-specific screening tools to assess patients in Emergency Departments for depression and risky behaviors. TCCN implemented quality improvement projects to support adolescent screening tools in primary and specialty care.

## 4. Programs to reduce childhood obesity

### Children's 2023 to 2025 implementation plan

Children's Strong4Life reaffirmed its commitment to reducing childhood obesity across Georgia, using a multilayered, community-based approach grounded in research and focused on awareness, prevention and education.

#### Key components of the plan included:

- **Community engagement:** Continued collaboration with healthcare providers, schools, early care centers, community organizations and parents to promote healthy behaviors. Continued marketing and programming efforts to maintain a strong focus on education and prevention.
- **Clinical services:** Ongoing care for children with obesity through the Strong4Life Clinic, including bariatric interventions and a summer program (Camp Strong4Life) for children age 8 to 12. Camp Strong4Life also provides access to fresh foods through free fruit and vegetable boxes for families.



- **Clinician and caregiver support:** Expansion of the Raising Healthy Eaters Program to equip clinicians and caregivers with evidence-informed feeding techniques. Planned to explore additional resources, such as short videos, to reinforce these strategies. Intended efforts included partnerships with rural clinicians and organizations such as Georgia WIC, as well as continued training in motivational interviewing for health behavior change.
- **Early childhood and school programming:** Continued partnerships with early care and education centers to deliver Raising Healthy Eaters and Building Intentional Play Into the Day trainings. In schools, Strong4Life intended to continue supporting healthy environments through initiatives such as the Strong4Life Challenge Program and the School Nutrition Program.

## Progress and accomplishments

Children's continued offering the Strong4Life Clinic for clinical and bariatric intervention. In 2024, the clinic provided 1,780 visits with 394 new patients and 19 bariatric surgeries.

Children's Strong4Life continued providing awareness and prevention trainings and programs. The target audiences were primary care providers, school staff and early care providers. Children's Strong4Life offered the Raising Healthy Eaters Training for primary care and early care providers, focusing on practicing responsive feeding, supporting the development of children's feeding skills and milestones, and integrating mealtimes with other domains of child development. Children's Strong4Life also offered the Foundations of Motivational Interviewing Training, which is designed to help clinicians start effective conversations at any visit with patient families about healthy habits. The Building Intentional Play Training is provided to early care providers to help them learn more about the benefits of physical activity and how to incorporate movement into each day.

Children's Strong4Life also provided school-based healthy lifestyle programs, including Challenge and School Nutrition. Challenge is a yearlong program for elementary schools that teaches students, teachers and staff about healthy habits to build strong bodies and minds through interactive visits, resources and support. The program focuses on promoting healthy habits, nurturing the whole child and aligning with district wellness policies. Each year, Children's Strong4Life works with 50 elementary schools to deliver the Challenge Program. The School Nutrition Program aimed to increase student participation in school lunch and purchases of smart food choices by providing a positive mealtime environment in cafeterias and implementing the Strong4Life Smart Serving Strategies: promote, engage, visibility, taste and convenience.

Children's hosted Camp Strong4Life, which is an overnight summer camp for kids 8 to 12 years old who are overweight or have obesity, providing a safe and encouraging place to try new things and make friendships that last a lifetime. Children's camps give children with complex medical needs the chance to safely experience overnight camp in an outdoor setting, while promoting positive self-esteem and independence through fun and learning. Camp Strong4Life hosts around 60 campers each summer. Overall, in 2024, Strong4Life obesity prevention programming reached 220,100 kids, 120 schools, 52 early care centers and 278 providers.

Children's Strong4Life was selected as one of the five collaborators funded by the Centers for Disease Control State Physical Activity and Nutrition (SPAN) grant program. SPAN focuses on promoting healthier lifestyles and addressing health disparities related to poor nutrition, physical inactivity and obesity.

Children's Strong4Life hosted multiple trainings on the new American Academy of Pediatrics clinical practice guidelines for the management of children and adolescents with overweight and obesity. In 2024, over 300 providers across Georgia participated in this ongoing education series. Children's Strong4Life also piloted the Fit Together Program, which is a healthy weight program and intensive health behavior lifestyle treatment program for children with obesity and their families. Fit Together was modeled after an evidence-based program from Duke University and was adjusted to meet the needs of the community.

## 5. Programs to address infectious disease prevention and management

### Children's 2023 to 2025 implementation plan

Children's committed to improving immunization rates and reducing the spread of vaccine-preventable diseases, with a particular focus on influenza and COVID-19. The plan included expanding access to vaccines, educating families and providers, and equipping healthcare facilities to deliver timely care and information.

#### Key components included:

- **Flu vaccination in Emergency Departments:** After identifying low flu vaccination rates among Emergency Department patients, Children's became a Vaccines for Children (VFC) provider to offer free flu vaccines to eligible patients. The program began at Egleston hospital and had expanded Systemwide by the 2021 to 2022 flu season, resulting in over 3,000 flu vaccinations administered across all three Emergency Departments.
- **COVID-19 and infectious disease education:** Continued vaccine education efforts focused on emergent respiratory viruses, such as influenza and COVID-19. Maintained a central COVID-19 information hub for caregivers and continued to provide annual flu vaccine education via choa.org, social media and school/youth organization resources.
- **Mobile vaccine access:** Expanded Ronald McDonald Care Mobile services, including vaccinations such as flu and COVID-19, to further increase access for underserved populations.
- **Healthcare provider training:** Ongoing continuing medical education opportunities for community providers on infectious diseases and motivational interviewing, a communication approach to support effective vaccine conversations with parents and caregivers.
- **Widespread testing and care access:** Sustained infectious disease testing, diagnosis and treatment across a broad network, including three Emergency Departments, eight Urgent Care Centers and 19 Neighborhood Clinics throughout metro Atlanta.

### Progress and accomplishments

Children's continued providing vaccines and vaccine education to families at all its hospitals and facilities. Children's also provided resources on infectious diseases and prevention strategies, such as handwashing and mask wearing, to promote infectious disease prevention. Children's provided testing and managed infectious diseases in Emergency Departments, Urgent Cares and our neighborhood clinics. Children's also increased access to vaccines through the Ronald McDonald Care Mobile, including for flu and COVID-19. Children's Strong4Life provided education to school nurses on infectious disease prevention strategies and other diseases through monthly webinars. A total of 1,193 school health professionals were trained in 2024. Children's also hosted a School Nurse Conference that reached almost 100 school nurses in the state and covered infectious disease prevention resources.

## 6. Programs and collaboration to support community outreach

### Children's 2023 to 2025 implementation plan

Children's committed to advancing child health and wellness through a comprehensive Child Advocacy strategy centered on awareness, prevention and education. The strategy was built on four core pillars: obesity prevention, behavioral and mental health, injury and illness prevention, and child protection, with efforts focused on three main approaches:

1. Equipping parents and caregivers with accessible, expert resources
2. Training healthcare clinicians to better support child health
3. Engaging schools and communities to support children where they live, learn and play

#### Key components of the plan included:

- Nurse navigation services: Continued and expanded support for nurse navigators embedded in early learning centers. These navigators help families access follow-up care, coordinate services (e.g., transportation and interpretation), connect families with insurance navigators and accompany them to medical visits. Expansion was planned for underresourced metro Atlanta communities.
- Mobile medical services: Ongoing provision of school-based primary care through the Ronald McDonald Care Mobile, targeting metro Atlanta elementary schools. Services include health education, health screenings, asthma care and sports physicals. The initiative builds on existing work by the Asthma Center and brings care directly to high-risk children.
- Community partnerships: Continued development of strategic partnerships across Georgia to reach children and adolescents in their everyday environments, reinforcing Children's commitment to improving health where children live, learn and play.

### Progress and accomplishments

Children's continued developing community partnerships throughout Georgia. Children's held a community-based health fair offering free on-site medical services, vision screenings and back-to-school support for kids living in an underserved community in metro Atlanta. Children's Strong4Life participated in and collaborated on community events, health fairs, festivals, 5K walk/runs and other events. At these events, Children's Strong4Life delivered key campaign messages, promoted specific programs, and built relationships with community partners and stakeholders.

Children's has expanded our Nurse Navigation Program to include two additional early care locations, all with a focus on assisting underserved communities in metro Atlanta. The nurse navigator plays a crucial role in supporting families by helping them establish a medical home, which involves identifying a primary care provider and ensuring all necessary school forms are completed. Additionally, the program enhances chronic disease management by bridging the gap between families and their specialists, thereby promoting adherence to guidelines and quality care. Furthermore, Children's extended our services to underserved communities through the Ronald McDonald Care Mobile, collaborating with schools to provide mobile medical services.

Children's participated in the development of the Atlanta Water Safety Coalition, established in 2023 to provide water safety education and enhance access to swimming with the goal of reducing preventable drowning deaths. This is a partnership with the City of Atlanta Parks and Recreation, YMCA of Metro Atlanta, the American Red Cross, WABE and Sears Pool Management. This partnership raised awareness about water safety and provided metro Atlanta families and children with access to water safety resources.



In collaboration with the Georgia Health Policy Center, Quality Care for Children, Wholesome Wave Georgia and the Georgia Chapter of the American Academy of Pediatrics, Children's received funding through the State Physical Activity and Nutrition (SPAN) grant offered through the Centers for Disease Control and Prevention. The SPAN grant supports statewide initiatives that make healthy eating and active living more accessible for populations most affected by chronic disease and disparate health outcomes. Children's Strong4Life has led the work, focusing on expanding access to fruits and vegetables and promoting healthy food choices via nutrition guidelines in community settings.

Children's Marcus Autism Center school consultation program offered training and professional development for school systems throughout Georgia to better support students with autism and related developmental disabilities in the classroom.

## 7. Programs to address injury prevention

### Children's 2023 to 2025 implementation plan

Children's committed to advancing community-based injury and illness prevention by streamlining our efforts for greater impact. The plan focused on education, partnerships, trauma care and specialized services to reduce unintentional and intentional injuries among children.

#### Key components included:

- **Safe Kids Georgia and Children's Injury Prevention Program (CHIPP):** Continued support of Safe Kids Georgia to lead injury prevention efforts statewide, including education, enforcement and distribution of safety equipment. Children's also reaffirmed our support for the CHIPP, which uses a multidisciplinary, evidence-based approach to address leading causes of injury-related death.
- **Community education and awareness:** Sustained delivery of Project S.A.V.E., offering CPR and AED training. Ongoing and expanded campaigns address water safety, motor vehicle safety and safe sleep, supported by targeted marketing to raise public awareness.
- **Trauma care:** Commitment to maintaining Level I (Egleston) and Level II (Scottish Rite) pediatric trauma center designations to ensure continued access to advanced trauma care and related research in the community.
- **Child protection services:** Continued operation of the Child Protection Clinic at Children's, providing services to suspected victims of child abuse. The Child Protection Clinic also committed to ongoing training and prevention efforts in collaboration with schools, law enforcement, youth-serving organizations and state agencies, such as DFCS and foster care networks.

### Progress and accomplishments

Children's addressed the top causes of death among children from birth to 19 years of age through our prevention work focused on unintentional injuries, such as drowning, sudden unexpected infant death, firearm-related injuries and motor vehicle crashes. From 2023 to 2025, Children's expanded our injury and illness messaging to include a campaign focused on safe storage of firearms. Additionally, awareness work was done on topics such as summer safety, helmets, poison, button batteries and medication storage. Children's Strong4Life continued its awareness campaigns for safe sleep, child passenger safety and water safety. The Atlanta Water Safety Coalition, together with the Atlanta City Council, proclaimed May 2024 as Water Safety Month in Atlanta. The purpose was to raise awareness and promote water safety practices to prevent drowning incidents in the community.

Children's maintained our trauma center designations. Scottish Rite was verified as a Level II Pediatric Trauma Center, while Arthur M. Blank Hospital was the only dedicated Level I Pediatric Trauma Center in Georgia. Scottish Rite was among the highest-volume pediatric trauma centers in the U.S. Children's also opened our Safety Corner in the gift shop at Arthur M. Blank Hospital, making safety equipment available and accessible to families. The Child Protection Clinic at Children's continued services to prevent abuse and neglect and treat victims.

Children's continued our community-based work, including serving as the lead agency for Safe Kids Georgia, to deliver education and distribute equipment to families across the state, including lock boxes, sleep sacks, pack-n-plays, helmets and other safety equipment. Children's Strong4Life piloted training and resources with three pediatric primary care providers on safe firearm storage to support multidisciplinary efforts to reduce injury deaths in kids. Children's also continued our work on cardiac arrest prevention through Project S.A.V.E., focused on CPR and AED training.

## 8. Address access to primary care medical homes for children and adolescents

### Children's 2023 to 2025 implementation plan

Children's committed to sustaining our "Practice of the Future" strategy to protect and enhance access to pediatric primary care, especially in underserved communities. This approach emphasizes sustainable, modernized care delivery through partnerships, care coordination and clinical integration.

#### Key components included:

- **Primary care partnerships:** Ongoing operation of the Primary Care Clinic at Hughes Spalding and exploration of expanded partnerships in underresourced communities.
- **Access and navigation support:**
  - Call centers: Continued optimization and operation of 404-785-KIDS for families (scheduling, billing, clinical questions) and 404-785-DOCS for physicians (referrals, collaboration, test scheduling).
  - Nurse navigators: Sustained support for nurse navigation services through Sheltering Arms early learning centers, with expansion planned through a partnership with the YMCA of Metro Atlanta to reach families facing health and educational disparities.
- **The Children's Care Network:**
  - Care coordination and integration: Continued development of care coordination capabilities across TCCN's 162 community practices, serving over 800,000 children in metro Atlanta.
  - Quality improvement: Ongoing initiatives focused on asthma, behavioral health and well visits, with improved data systems to drive equitable health outcomes.
  - Community physician support: Continued training and support for primary care providers to manage health concerns within the community setting, informed by identified needs of pediatricians across the network.

### Progress and accomplishments

Children's maintained our call centers for families (404-785-KIDS) and physicians (404-785-DOCS). Children's handled 13,482 calls through 785-DOCS in 2024, providing support to local patients. That same year, we also received 57,334 calls to our nurse advice line from parents across Georgia. Children's continued to operate the Hughes Spalding

Primary Care Clinic. The clinic is a National Committee for Quality Assurance (NCQA) Level III certified patient-centered medical home (PCMH) that addresses the needs of the whole child by providing access to clinicians, behavioral and mental health professionals, nutritionists, social workers, financial counselors and Health-Law Partnership attorneys.

Children's continued our Nurse Navigator Program, which is a community-based model aimed at helping families, caregivers and children overcome healthcare barriers, achieve disease self-management and establish a medical home.

The Children's Care Network expanded its care coordination and system creation by developing processes and quality measures. TCCN earned its Utilization Review Accreditation Commission (URAC) accreditation for clinical integration. URAC focuses on promoting healthcare quality by setting standards for clinical practice, consumer protections, performance measurement, operations infrastructure and risk management. This achievement meant TCCN has met those standards in quality care, enhanced processes, patient safety and improved outcomes. It is one of only seven organizations in the U.S. to hold this designation.

Children's partnered with Mercer University School of Medicine in an initiative focused on improving pediatric healthcare in rural Georgia. Through this initiative, Children's is funding full-tuition scholarships for medical students specializing in pediatrics who commit to serving in rural Georgia for at least four years after residency.

## 9. Programs to address health literacy

### Children's 2023 to 2025 implementation plan

Children's committed to advancing health literacy and improving patient and family understanding of care through staff training, individualized education, accessible resources and family-centered support strategies. The approach used evidence-based communication techniques, integrated quality improvement initiatives and expanded support services.

#### Key components included:

- **Patient and family education:** Continued use of structured patient education processes, including needs assessments, individualized education plans and evaluation of understanding using teach-back. System-level training would be sustained through new employee orientation, pediatric transition programs and a dedicated Patient and Family Education Workshop.
- **Specialized educators and coordinators:** Ongoing support from asthma educators, diabetes educators, discharge coordinators and other specialists for families managing complex diagnoses and home care needs.
- **Accessible materials:** Commitment to ensuring that patient education resources meet health literacy standards through readability testing, visual aids, clear formatting and multilingual availability. Materials development involved input from Family and Youth Advisory Councils.
- **Patient experience and communication:** Continued support for family experience liaisons in Emergency Departments and inpatient settings to improve communication and care understanding.



## Progress and accomplishments

Children's continued providing patient-centered care to ensure families receive information in a way they understand. Children's offered individualized education and teach-back opportunities to patients coming to its hospitals and locations. Children's offered training to staff to support better communication with patients and families. Children's continued assessing all resources and instruments utilized so they are understandable and accessible to all patients and their families. Children's continued to offer family experience liaisons in the Emergency Departments and inpatient settings, as well as specialized educators for patients experiencing complex medical conditions. Children's continued offering nurse navigation services, which provided education on the healthcare system and specific chronic diseases and their management, as well as teach-back opportunities with families.

## 10. Collaborate to address access to oral health services

### Children's 2023 to 2025 implementation plan

Children's committed to providing comprehensive dental care for patients age 21 and younger with craniofacial disorders or special medical needs. Services include preventive care, orthodontics, sealants, restorative and surgical treatments, sedation and general anesthesia.

#### Key components of the plan included:

- **Specialty dental care:** Continued dental services for children with complex medical conditions, such as cancer, blood disorders, craniofacial anomalies, heart disease, organ transplants, facial trauma, and certain neurological and pulmonary conditions.
- **Nurse navigation support:** Promoting dental care and health through community-based nurse navigators embedded in select early care centers to assist families in accessing needed services.
- **Focus on complex needs:** Due to limited resources, Children's did not plan to offer routine dental care for healthy children but would pursue expanded access through community partnerships.

## Progress and accomplishments

Children's continued providing dental services for patients with complex medical conditions, craniofacial disorders or other medical needs. Children's continued promoting dental health through the Nurse Navigation Program, identifying whether families have dental care providers and access to services.







# Community Health Needs Assessment Appendices 2025

## Appendix A: Contributor acknowledgments

### 2025 community health needs assessment participants and key informant interviewees

<b>Danielle Adamson</b> Director/Assistant Director, Program Partner (Health Educator) and Project Director, Nonprofit, Early Care and Atlanta Public Schools	<b>Joe Ambler</b> Director/Assistant Director Nonprofit, Early Care and Atlanta Public Schools
<b>Kristi Amplo</b> RN Clinical	<b>Brenda Anani</b> Data Research/Academia
<b>Katheryn Anderson</b> RN Clinical	<b>Teedra Anderson</b> Director/Assistant Director Early Care and Nonprofit
<b>Tracey Atwater</b> President and CEO Atlanta Ronald McDonald House Charities	<b>Angela Baldonado</b> Counselor DeKalb County School District
<b>Kelly Baldwin</b> RN SANE Clinical and Nonprofit	<b>Crystal Banks</b> Director/Assistant Director Early Care
<b>Melanie Bankston</b> RN Clinical	<b>Willony Barclay</b> Teacher/Teacher Assistant Henry County School District
<b>Stacey Barry</b> Clinical	<b>Irene Barton</b> Executive Director Nonprofit
<b>Galen Baxter</b> State Environmental Health Director Department of Public Health	<b>Kim Bearden</b> School Nurse Henry County School District
<b>Fran Beaupre</b> School Nurse Henry County School District	<b>Andrew Benesh</b> MFT, Therapist and Professor Clinical, Research/Academia and Nonprofit
<b>Mary Bennington</b> RN and Clinical Educator Clinical and Nonprofit	<b>Natalia Benza</b> MD/DO Clinical
<b>Frank Berkowitz</b> MD/DO Clinical	<b>Moir Bernard-Moore</b> School Nurse Henry County School District
<b>Brittney Berry</b> Social Worker Henry County School District	<b>Anila Bhimani</b> NP Clinical



<b>Rhonda Black</b> School Nurse Henry County School District	<b>Keilani Body</b> School Nurse Henry County School District
<b>Alexandria Bogan</b> District Nurse Henry County School District	<b>Chris Booth</b> LMSW Clinical
<b>Erin Bouchard</b> RN Clinical	<b>Kristy Branch</b> NP Clinical
<b>Roseanna Brannon</b> Chaplaincy Clinical	<b>Vikki Brannon</b> Director of Youth Health Services Henry County School District
<b>Kimberly Brentum</b> RN Clinical	<b>Cassandra Brooks</b> Director/Assistant Director and Center Manager Early Care and Nonprofit
<b>Danielle Brooks</b> School Nurse Henry County School District	<b>Phil Brooks</b> Health/P.E. Staff Henry County School District
<b>Adrian Brown</b> Medical Social Worker Clinical and Henry County School District	<b>Ashley Brown</b> WIC Breastfeeding Coordinator South Health District Government
<b>Cozette Brown</b> School Nurse Henry County School District	<b>Liz Brown</b> OT Clinical
<b>Megan Bruening</b> RN Clinical	<b>Telah Brown</b> Social Worker Henry County School District
<b>Jessie Brutus-Darius</b> MD/DO Clinical	<b>Stacey Burnhart</b> Social Worker Henry County School District
<b>Marisa Byram</b> RN Clinical	<b>Renee Byrd-Lewis</b> CEO Nonprofit
<b>Karen C. Cook</b> Health Services Coordinator Henry County School District	<b>Abbie Chaddick</b> Consultant Early Care and Nonprofit
<b>Alfred Chahine</b> MD/DO Clinical	<b>Kim Chamberlain</b> Youth Services Librarian Public Library
<b>Barb Chandler</b> NP Clinical	<b>Jeff Chardos</b> Teacher/Teacher Assistant Henry County School District
<b>Sandy Chavarria</b> Hispanic Outreach Prevention Coordinator Nonprofit	<b>Nicola Chin</b> MD/DO, Practicing Provider and Associate Professor Clinical and Research/Academia
<b>DeeAnn Clarington</b> Counselor Henry County School District	<b>Jeannie Cloutre</b> Service Tech Government
<b>Lynnette Clove</b> School Nurse Henry County School District	<b>Latoia Cofield</b> Family Engagement Staff and Program Director Early Care and Nonprofit

<b>Mark Coker</b> MD/DO Clinical	<b>Holli Collier</b> RN Government
<b>Mindy Collie</b> Program Manager/Supervisor Government	<b>Jacqueline Collister</b> Director/Assistant Director Early Care
<b>Kim Conley</b> School Health Program Manager Georgia Department of Education, Office of Whole Child Supports	<b>Maegan Cook</b> RD Clinical
<b>Esther Cooley</b> RN Clinical	<b>Jacinta Cooper</b> MD/DO Clinical
<b>Jeff Cooper</b> MD/DO Clinical	<b>Rhonda Cooper</b> Nurse Lead/Coordinator Henry County School District
<b>Sandra Corbin</b> Social Worker Nonprofit	<b>Maria Cordero</b> Research Team Lead Clinical and Research/Academia
<b>Rachel Corman</b> Permanency Administrator Government	<b>Kim Corn</b> Social Worker Clinical
<b>Patricia Cornwell</b> Licensed Clinical Social Worker and Team Lead Social Worker Clinical and Nonprofit	<b>Cynthia Corsino</b> Early Intervention and Program Health Manager Early Care and Government
<b>Debra Cos</b> LPN Public Health Department	<b>Caree Cotwright</b> Director of Nutrition Security and Health Equity United States Department of Agriculture
<b>Colleen Coulter</b> Physical Therapist Clinical	<b>Stephanie Coyne</b> Chaplain Clinical
<b>Thomas Craft</b> District Health Director Government	<b>Arisahi Crane</b> Regional Nutrition Manager Government and Nonprofit
<b>Laura Crawford</b> Substitute Columbia County School District	<b>David Crooke</b> Administrator Clinical
<b>Cindy Culver</b> Administrator Henry County School District	<b>Marla Danis</b> School Nurse Henry County School District
<b>Kathleen David</b> School Nurse Henry County School District	<b>Detra Davidson</b> RN Clinical
<b>Katie Davis</b> Nutrition Site Manager Government	<b>Lisa Dawson</b> Director, Injury Prevention Georgia Department of Public Health
<b>Karen Day</b> Teacher/Teacher Assistant Early Care	<b>Jennifer Deese</b> DFCS Case Manager, Foster Care Government

<b>Kathleen Dennison</b> RN Clinical	<b>Jessica Dent</b> Community Support Analyst Cobb & Douglas Public Health Government
<b>Melissa DeWolf</b> Research and Policy Director Voice for Georgia Children	<b>Kim Dickson</b> Counselor Henry County School District
<b>Melissa Dinger</b> School Nurse Henry County School District	<b>Shelby Dixon</b> Clinical Learning Team Lead Learning/Support
<b>Crystal Dixon-Washington</b> GBI Child Fatality Review Unit Manager Government	<b>Linette Dodson</b> State Director, School Nutrition Program Georgia Department of Education
<b>Lee Doesey</b> LPC/Owner Private Practice	<b>Kiesha Doh</b> MD/DO Clinical
<b>Samantha Drennan</b> RN Clinical	<b>Jennifer Duckworth</b> Teacher/Teacher Assistant Henry County School District
<b>Jennifer Durbin</b> RN Clinical	<b>Tiffany Dyer</b> RN Clinical
<b>Kathleen Meredith Dykes</b> School-Based Health Center Coordinator and School Nurse Early Care and Clarke County School District	<b>John Eanes</b> MD/DO Clinical
<b>Kate Edwards</b> Outreach Coordinator Nonprofit	<b>Toni Egolum</b> MD/DO Clinical
<b>Heidi Ehlers</b> RN Clinical	<b>Cary Eldridge</b> School Nurse Henry County School District
<b>Candice Eller</b> School Nurse Henry County School District	<b>Tricia Ericson</b> RN Clinical
<b>Fozia Eskew</b> Director, Child Health Georgia Chapter American Academy of Pediatrics	<b>Tara Etheridge</b> Teacher/Teacher Assistant Early Care
<b>Helen Evans</b> MD/DO Clinical	<b>Jessica Evans</b> Social Worker Henry County School District
<b>Kim Evans</b> RN Clinical	<b>Rachael Fain</b> School Nurse Henry County School District
<b>Michella Fann</b> Counselor Henry County School District	<b>Tina Farmer</b> Nutrition Staff Henry County School District
<b>Ellen Ferrand</b> RN Clinical	<b>Kelssie Fields</b> Social Worker Henry County School District



<b>Tracey Fierman</b> School Nurse Henry County School District	<b>Sunny Figura</b> Social work Clinical
<b>Terri Fishback</b> Chief Programs and Operations Officer Boys and Girls Clubs of Metro Atlanta	<b>Aaryn Fisher</b> Executive Director Nonprofit
<b>Tina Fleming</b> Retired Community Services Director Government	<b>Audry Flinn</b> Children's Services Specialist Public Libraries
<b>Emilee Flynn</b> MD/DO, Attending Physician, Fellowship Associate Program Director and Assistant Professor Clinical and Research/Academia	<b>Andrea Fossier</b> RN and Forensic Nurse Peds Clinical and Nonprofit
<b>Latiquia Foster</b> Front Desk Receptionist Early Care	<b>Thomas Fotion</b> MD/DO Clinical
<b>Akheema Fowler</b> Therapist and Family Engagement Staff Clinical, Early Care and Research/Academia	<b>Chelsea Freeman</b> WIC Nutrition Services Director Government
<b>Leslie French</b> RN Clinical	<b>Lisa Fugel</b> Forensic Nurse Examiner Nonprofit
<b>Nicole Fuller</b> Foster Parent Foster Care	<b>Hailey Gagner</b> Child Welfare Government
<b>Jennifer Ganote</b> Epilepsy Program Manager, System Coverage for Epilepsy Programs Clinical	<b>Sher Gardner</b> MD/DO, General Pediatrician and Department Chair Clinical and Research/Academia
<b>Christina Garrett</b> DFCS Regional Program Director Government	<b>Kaitlyn Garrett</b> School Nurse Henry County School District
<b>Jennifer Gaskins</b> RN Clinical	<b>Fikera Gerald</b> School Nurse Henry County School District
Angela Gilstrap Coordinator, Children's Medical Services, District 2 Government	Linda Gioncardi RN Clinical and Nonprofit
<b>Jennifer Glenn</b> School Nurse Henry County School District	<b>Shannon Goddard</b> School Nurse Henry County School District
<b>Darlene Gomez</b> Lab Manager Clinical	<b>Holly Gooding</b> MD/DO Clinical and Research/Academia
<b>Jewell Gooding</b> Executive Director Nonprofit	<b>Monica Goodrich</b> RN Clinical
<b>Vickie Gore</b> Administrator Clinical and Nonprofit	<b>Jacyntha Grant</b> Counselor Henry County School District
<b>Judith Gray</b> School Nurse Henry County School District	<b>Haley Grayson</b> Recreational Therapist Clinical and Nonprofit

<b>Elizabeth Greene</b> NP Clinical	<b>Barbara Grice</b> RN Clinical
<b>Monica Griffin</b> Trainer and TA Provider Early Care	<b>Mark Griffiths</b> MD/DO Clinical
<b>Kim Guastella</b> NP Clinical	<b>Jennifer Guevara</b> Administrator Henry County School District
<b>Pranav Gupta</b> MD/DO Clinical	<b>Emmalee Hackshaw</b> Development Nonprofit
<b>Stephanie Haga</b> Administrator Henry County School District	<b>Matti Hall</b> RN and Inpt Admissions Triage RN Clinical and Nonprofit
<b>Laurel Harbin</b> Foster Parent Nonprofit	<b>Cindy Harrell</b> RN Clinical
<b>Elizabeth Harrell</b> Social Worker Henry County School District	<b>Morgan Harris</b> Hospital Emergency Preparedness Clinical
<b>Ralph Harris</b> PhD Clinical, Research/Academia, Government and Nonprofit	<b>Nadine Harrison</b> CEO Nonprofit
<b>Elizabeth Hatcher</b> District Level Counselor Support Henry County School District	<b>Joanna Hattaway</b> Public Health LPN Clinical and Public Health
<b>Carissa Hayes</b> NP Clinical and Nonprofit	<b>Isis Hayes</b> Teacher/Teacher Assistant Henry County School District
<b>Heather Head</b> Executive Director and Forensic Nurse Examiner Nonprofit	<b>Stacy Henderson</b> RN Government
<b>Rhonda Hertwig</b> Retired School Nurse	<b>Rodniqua Hines</b> BMH Outpatient Therapist Clinical
<b>Laurette Ho</b> MD/DO Clinical	<b>Palmetta Hodges</b> Counselor Henry County School District
<b>Adrienne Holloway</b> School Wellness Specialist Government	<b>Britney Holloway</b> School Nurse Henry County School District
<b>Valerie Homer</b> District Special Education Nurse Henry County School District	<b>Velmesha Howard</b> Therapist Clinical and Lowndes County School District
<b>Katherine Huang</b> RN Clinical	<b>Tyreesha Hubbard</b> NP and Chief Clinical Officer Clinical, Early Care and Nonprofit
<b>Andrea Hudgins</b> Child Welfare Services Tech Government	<b>Kim Hulett</b> Therapist Child and Family Therapy MH Agency

<b>Georgette Hunt</b> Counselor Henry County School District	<b>Rosemarie Hurst</b> RN Clinical
<b>Allison Ingram</b> Teacher/Teacher Assistant Henry County School District	<b>Jennifer Isom</b> Director/Assistant Director Early Care
<b>Clemencia Ixcoy</b> Social Worker Henry County School District	<b>Miranda Jackson</b> RN Clinical
<b>Erin Jackson</b> RN and School Nurse Clinical and Atlanta Public Schools	<b>Natarsha Jackson</b> School Nurse Henry County School District
<b>Pam Jackson</b> RN Clinical	<b>Preeti Jaggi</b> MD/DO Clinical
<b>Shabnam Jain</b> MD/DO Clinical	<b>W. Steen James</b> MD/DO Clinical
<b>Sumati Jayaraman</b> School Health Personnel DeKalb County Board of Education	<b>Kelly Jernigan</b> RN Clinical
<b>Brent Johnson</b> Counselor Henry County School District	<b>Kwame Johnson</b> President and CEO Big Brothers and Big Sisters
<b>Veda Johnson</b> Director, Emory, Partners for Equity in Child and Adolescent Health	<b>Laura Jones</b> School Nurse Henry County School District
<b>Marques Jones</b> Counselor Henry County School District	<b>Sandra Jones</b> Teacher/Teacher Assistant Early Care
<b>Stacy Robinson Jones</b> School Nurse Henry County School District	<b>Stacy Keadey</b> RN Clinical
<b>Shannon Keely</b> Consulting Nurse for CCSD Henry County School District	<b>Paula Keinert</b> Support Staff Henry County School District
<b>Brenda Kelley</b> School Nurse Henry County School District	<b>Karen Kelly</b> Director of Education and Exhibits Nonprofit
<b>Dorothy Kemp</b> School Nurse Henry County School District	<b>Cheryl Kendall</b> MD/DO Clinical
<b>Katrina Kendrick</b> Early Learning Coach Early Care and Nonprofit	<b>Debra Kibbe</b> Assistant Project Director Georgia State Health Policy Center
<b>Angel Kiley</b> Counselor Henry County School District	<b>Shenica King</b> Breastfeeding Coordinator/Program Manager Government
<b>Marquita Kirk</b> Associate Recruiter Human Resources	<b>Lauren Koontz</b> President and CEO YMCA of Atlanta



<b>Francine Krawitz</b> Family Child Care Home Provider Early Care	<b>Cecelia Kurtz</b> School Nurse Henry County School District
<b>Ashley Larson</b> RN Clinical	<b>Nancy Larson</b> NP Clinical
<b>Kasey Lawton</b> Rec Therapist Clinical	<b>Rebekah Lee</b> Epidemiologist Government
<b>Senita Leonard</b> Director/Assistant Director Early Care	<b>Lauren Levinson</b> Prosthetist/Orthotist Clinical
<b>Akia Lewis</b> Director Nonprofit	<b>John Lewis</b> Volunteer CASA
<b>Marilyn Lewis</b> Administrator Clinical	<b>Maura Lewis</b> Administrator Henry County School District
<b>James Lin</b> MD/DO Clinical	<b>Allison Linden</b> MD/DO Clinical
<b>Courtney Lindner</b> Interim Executive Director Nonprofit	<b>Chanel Logan</b> Counselor Henry County School District
<b>Paula Long</b> Telehealth RN Clinical	<b>Laura Lucas</b> Infant Early Child Mental Health Director Georgia DECAL Bright from the Start
<b>Rachael Maddox</b> RN Clinical	<b>Katherine Marakovits</b> RN Clinical
<b>Catherine Mauer</b> MD/DO Clinical	<b>Kacy Mautes</b> Health Educator Early Care and Nonprofit
<b>Casey Mayes</b> LCSW Clinical	<b>Kayla Mays</b> NP Clinical
<b>Udochukwu Mba</b> Teacher/Teacher Assistant Early Care and Fulton County School District	<b>Tracy McDonald</b> Administrator Henry County School District
<b>Joni McElwaney</b> Social Worker Henry County School District	<b>Monica McGannon</b> Clinical Director Nonprofit
<b>Meaghan McKenna</b> MD/DO Clinical	<b>Michelle McKinnon</b> Nurse Practitioner Nonprofit
<b>Lynne Meadows</b> Director Health Services Fulton County School District	<b>Michelle Meertins</b> Social Worker Nonprofit and DeKalb County School District
<b>Sagar Mehta</b> MD/DO Clinical	<b>Karen Menefee</b> Social Worker Henry County School District

<b>Jennifer Mercedes</b> Administrator Henry County School District	<b>Laura Miller</b> Counselor Henry County School District
<b>Terri Miller</b> Program Manager Government	<b>Ashley Miniet</b> MD/DO Clinical
<b>Ashley Mitnick</b> School Nurse Henry County School District	<b>Holly Mobley</b> RN Manager Public Health Home Visiting Services
<b>Karen Mobley</b> School Nurse Henry County School District	<b>Maria Moreland</b> Patient Care Technician (PCT) Clinical and Early Care
<b>Makda Mulugeta</b> Research Coordinator Clinical and Research/Academia	<b>Dina Myers</b> Team Lead, Nutrition and Physical Activity DECAL
<b>Juliana Nahas</b> MD/DO Clinical	<b>ShaRina Neal</b> RN and Public Health Nurse Clinical and Government
<b>Alexis Nelson-Parker</b> School Nurse Henry County School District	<b>Michelle Newell</b> School Nurse Henry County School District
<b>Rebecca Newsome</b> School Nurse Henry County School District	<b>Vanessa Nguyen</b> MD/DO Clinical
<b>Makeda Nichols</b> Clinic Aide Clinical	<b>Kristin Niel</b> PhD, Pediatric Psychologist and Assistant Professor Clinical and Research/Academia
<b>Leigh Odom</b> School Nurse Henry County School District	<b>Onyi Okoronta</b> Director/Assistant Director and Owner Early Care and Nonprofit
<b>Wande Okunoren-Meadows</b> Co-Creator, Executive Director Hand Heart and Soul Project	<b>Jennifer Owens</b> Executive Director HealthMPowers
<b>Christian Padgett</b> Administrator Henry County School District	<b>Amber Palmer</b> School Nurse Henry County School District
<b>Faith Payne</b> Social Worker Henry County School District	<b>Lane Pease</b> Director of Education and Innovative Programs Nonprofit
<b>Susan Pegueros</b> Public Health Nurse Government	<b>Allison Pellettieri</b> Social Worker Clinical
<b>Jennifer Peloquin</b> RN Clinical	<b>Paula Peppers</b> NP Clinical
<b>Monique Perkins</b> RN Clinical	<b>Laurie Peterson</b> RN Nurse Advice Line
<b>Kellie Pickle</b> Support Staff Henry County School District	<b>Laura Piers</b> RD Clinical

<b>Tajah Pinkard</b> Counselor Henry County School District	<b>Kelsey Pocock</b> NP Clinical
<b>Jeannie Polhamus</b> School Nurse Henry County School District	<b>Sampath Prahalad</b> MD/DO Clinical
<b>Tamra Prieur</b> RN Clinical	<b>Yvette Quisling</b> MD/DO Clinical
<b>Ghazala Quraishi</b> MD/DO Clinical	<b>Allison Rajecki</b> RN Clinical
<b>Christine Rambo-Martin</b> NP Clinical	<b>Christine Ramirez</b> Director/Assistant Director Early Care and Marietta City School District
<b>Crystal Reed</b> Counselor Henry County School District	<b>Ashley Reid</b> NCPD/Educator Role Clinical
<b>Josie Reiter</b> Assistant Nurse Manager Clinical	<b>Bonnie Reynard</b> Director/Assistant Director Early Care
<b>Kara Rice</b> School Nurse Henry County School System	<b>Ivette Rico</b> MD/DO Clinical
<b>Leslie Rippe</b> RN Clinical	<b>Laura Robinson</b> School Nurse Henry County School District
<b>Lindsey Rogers</b> School Nurse Henry County School District	<b>Theresa Rohr-Kirchgraber</b> Professor of Medicine Research/Academia
<b>Jennifer Rooks</b> County Nurse Manager Government	<b>Kimberly Ross</b> Child Health Director Georgia Department of Public Health
<b>Kellie Rowker</b> RN Clinical	<b>Beth Ruff</b> Counselor Henry County School District
<b>Jonathan Rupp</b> Director Emory IPRCE	<b>Gavin Samms</b> Administrator Henry County School District
<b>Erica Sanchez</b> Social Worker Clinical	<b>Hope Sanders</b> CCLS Clinical
<b>Rebecca Sanders</b> MD/DO, Hospitalist and Physician Educator Clinical and Research/Academia	<b>Kemberlie Sanderson</b> Clinic Manager Clinical and Nonprofit
<b>Tammy Sanford</b> School Nurse Henry County School District	<b>Tamuriel Sanford</b> School Nurse Henry County School District
<b>Tiffany Sawyer</b> Director of Prevention and Education Nonprofit	<b>Laurie Schultz</b> School Nurse Henry County School District



<b>Kamilya Schumacher</b> MD/DO Clinical	<b>Shameka Scott</b> Nutrition/Health Staff and Health Specialist Early Care and Nonprofit
<b>Kaki Scroggins</b> School Nurse Henry County School District	<b>Lindsey Seider</b> WIC Dietitian and Lactation Counselor Government
<b>Ian Seth Reyes</b> CPO Clinical	<b>Leah Shamblin</b> RN Clinical
<b>Marjorie Shans</b> Counselor Henry County School District	<b>Shauna Shealy</b> Licensed Practical Nurse Health Department
<b>Christel Shears</b> Dialysis Technician Clinical	<b>Kimberly Shellman</b> Clinic Worker Henry County School District
<b>Margaret Sherman</b> MD/DO Clinical and Locum Tenens	<b>Brenda Sierzant</b> Cluster Nurse Henry County School District
<b>Christina Sikes</b> RN Clinical	<b>Irma Sisk</b> School Nurse Henry County School District
<b>Brittany Smith</b> RN, Pediatric Emergency Nurse and WIC Nutritionist Clinical and Government	<b>Gail Smith</b> Administrator Henry County School District
<b>Jeana Smith</b> Nutrition Staff Henry County School District	<b>Joy Smith</b> MD/DO Clinical
<b>Katherine Smith</b> Physician Liaison Physician Outreach Nonprofit	<b>Kelly Smith</b> RN Clinical
<b>Randi Smith</b> MD/DO Clinical	<b>Renee Smith</b> Customer Service Government
<b>Sherrie Smith</b> School Nurse Henry County School District	<b>Sherry Trimble Smith</b> Administrator Henry County School District
<b>William Snead</b> Administrator Henry County School District	<b>Christina Sneed</b> District Leadership Henry County School District
<b>Christian Spurlock</b> School Nurse Atlanta Public Schools and Home Health	<b>Michelle Stallworth</b> School Nurse Henry County School District
<b>Echo Standley</b> RN Clinical	<b>Daniel Stanley</b> Activities Specialist Nonprofit
<b>Jodee Stevens</b> PA Clinical	<b>Adele Stewart</b> Chair Board of Directors Nonprofit
<b>Abigail Stinson</b> School Nurse Henry County School District	<b>Sherry Stoves</b> Nutrition/Health Staff and Administrator Early Care and Glynn County School District

<b>Tabatha Street</b> Nutrition/Health Staff Early Care	<b>Jennifer Stroud</b> MD/DO Clinical
<b>Kimberly Stroud</b> MD/DO Clinical	<b>Anna Stutts</b> Counselor Henry County School District
<b>Veronica Swint</b> RN Clinical	<b>Jessica Tate</b> RN Clinical
<b>Brandy Taylor</b> School Nurse Henry County School District	<b>Kristie Taylor</b> NP Clinical
<b>Audrey Temple</b> Health and Nutrition Coordinator Nonprofit	<b>Erin Thomas</b> RN Clinical
<b>Tamra Thomas</b> State Intake Coordinator Early Care and Government	<b>Dee Dee Thompson</b> Counselor Henry County School District
<b>Ryan Tolbert-Jackson</b> Counselor Henry County School District	<b>Allison Toller</b> Chief Social Impact Officer Nonprofit
<b>Kelly Toole</b> School Nurse Henry County School District	<b>Alejandro Torres</b> MD/DO Clinical
<b>Eleanore Trice</b> Senior Public Relations Coordinator Nonprofit	<b>Sara Beth Tung</b> State-Level Program Manager Government
<b>Demetria Utley</b> Speech Language Pathologist Clinical	<b>Emily Anne Vall</b> Executive Director Resilient Georgia
<b>Meena Verma</b> Clinical Research Team Lead Clinical and Research/Academia	<b>Gary Voccio</b> Director Government
<b>Kyle Waide</b> CEO Atlanta Community Food Bank	<b>Erica Walker</b> NP and PNP Clinical and Nonprofit
<b>Michelle Walker</b> RN Clinical	<b>Ginger Wallsinger</b> School Nurse Administrator Henry County School District
<b>Danielle Walton</b> School Nurse Henry County School District	<b>Barry Warshaw</b> MD/DO and Chief Teaching Officer Clinical and Research/Academia
<b>Kimberli Watkins</b> SW Clinical	<b>Mary Watkins</b> RN Clinical
<b>Amanda Watson</b> Provider Relations Specialist Nonprofit	<b>Natasha Werner</b> WIC Clinical
<b>Becky Westmoreland</b> Administrator Clinical and Nonprofit	<b>Dixie White</b> RN Clinical

<b>Courtney Widjaja</b> MD/DO Clinical	<b>Sherry Wiggins-Benn</b> Case Management Clinical
<b>Morgan Wiley</b> CPS Investigator Government	<b>Hailey Williams</b> NP Clinical
<b>Martha Williams</b> Administrator Henry County School District	<b>Sara Williams</b> RN and School Nurse Clinical and Savannah-Chatham County School District
<b>Julynn Williams-Chandler</b> Counselor Henry County School District	<b>Yolanda Willis</b> Children's Medical Services Coordinator Government
<b>Nicky Winniford</b> MPH and Women's Health Educator Clinical and Government	<b>Kim Woodall</b> NP Clinical
<b>Jill Woodard</b> Associate Program Director Emory IPRCE	<b>Melinda Wright</b> Investigator Government
<b>Bjay Wylde</b> Chief Operating Officer Government	<b>Natorsha York</b> MTSS Specialist Henry County School District
<b>Melisa Young</b> RN Clinical	<b>Sage Zielinski</b> RN and CPN Bedside Clinical and Nonprofit





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## Appendix B:

# Key Stakeholder Qualitative Interviews

### Interview guide

1. Can you tell me about your organization and role?
2. Can you describe the population you serve?
  - **Prompt:** Age, region, race, ethnicity, socioeconomic status?
3. What are the priority health needs or concerns of the population you serve?
  - **Prompt:** Any critical overarching health concerns? Examples: asthma, obesity, mental health
  - **Prompt:** Are there needs among specific populations?
  - **Follow-up question:** If you had to choose one of the top health needs or concerns, which would it be?
  - **Follow-up question:** How do these health needs compare to the broader child population?
4. What external factors, such as housing, transportation or other social factors, impact the health needs or priorities you mentioned the most?
  - **Prompt:** Examples such as transportation, housing, social connection, income or poverty level, geography, language.

#### Questions for staff of organizations without programming:

5. What organizations do you collaborate with to address the health needs or priorities of the population you serve?
6. Are there any programs or interventions used with other communities that you think could be implemented to address the priority health needs of the population you serve?

#### Questions for staff with programming:

7. What programming/research/intervention are you implementing or planning to implement to address the priority health needs you mentioned?
8. What organizations do you collaborate with to implement this programming/research/these interventions?
9. What could Children's do to address the priority health needs of the population you serve?

### Results

Children's conducted 23 interviews with key stakeholders from state and local organizations who currently serve families and children. The primary objectives of the interviews were for stakeholders to identify relevant health needs of the population they serve, programming they are implementing or planning to implement, key partners and collaborators, and priority areas where Children's can support them. The interviews were 30 minutes in length, with a primary interviewer and a notetaker. They were also recorded and transcribed to fully analyze the information that was provided. Analysis of the qualitative interviews identified primary health

needs and relevant health-related social needs that influence them. The analysis below follows the ranking order of the priority health needs based on the key stakeholder interviews.

## 1. Mental and behavioral health

Key stakeholders overwhelmingly identified mental and behavioral healthcare as the primary health need of kids and teens. Stakeholders acknowledged the mental and behavioral health concerns among children, which many deem a public health crisis. Many interviewees tied mental health to social connection with peers and trusted adults, saying, for example, “The need has always been there, [but what] they have access to these days (information/news), what they have access to at their fingertips causes feelings and emotions. [We need] to create a circle of trust and space.” Topics identified within mental and behavioral health were child flourishing, anxiety and depression, suicide and the need for mental health promotion. Overall, key stakeholders mentioned the influence of housing security and food security on mental and behavioral health.

Key stakeholders mentioned that it is important for children to have someone to talk to about their feelings, creating a safe place for them. Kids and teens need an outlet for expression and tools to deal with their mental health. They highlighted the importance for children of learning how to be resilient by building confidence and character, and teaching mindfulness to help deal with trauma. Key stakeholders also echoed the importance of family resiliency, providing strategies to co-regulate and process trauma, and parental modeling, and by providing mental health programming, resources and support for the whole family. When talking about anxiety, depression and suicide, key stakeholders mentioned it is important to provide education, empower families and consider how daily habits can influence overall mental health.

Key stakeholders recommended integrated approaches, such as family-focused and two-generation care, to address mental and behavioral health needs. They highlighted the importance of engaging parents in their children’s behavioral health, helping them recognize their role in its management and looking at the whole family unit. Key stakeholders also emphasized the importance of and need for partnerships and collaborations to provide universal support to families through referrals, group counseling and getting families all the resources and information available to them in their community.

## 2. Healthcare access and quality

The second most identified health need among key stakeholders was healthcare access and quality. The healthcare access- and quality-associated topics mentioned were insurance, provider shortages, and access to preventive care or mental health care. Key stakeholders mentioned the need for affordable care. Multiple interviewees mentioned that families may have inconsistent or untimely access to care (due to factors such as location, economic hardships or transportation) and end up going to school-based health centers, urgent care centers or emergency departments to seek immediate care. This type of care can be more expensive or limited in scope. A strategy mentioned to address these barriers was creating a resource (e.g., a navigator or online materials) so families can access information in one place. Key stakeholders mentioned working in communities that are far away from the opportunity to get specialized care, resources and outreach, such as rural communities.

Interviewees mentioned the need for affordable and usable insurance, highlighting differences seen among communities, such as documentation concerns based on immigration status or billing difficulties for mental health services in rural communities. Key stakeholders identified access to preventive care and mental health services as areas of opportunity. They highlighted

the need for screenings in underserved communities, access to mental and behavioral health services in schools, and providing the whole family with access to services. Some of the barriers to healthcare access mentioned were poverty, socioeconomic status, cultural acceptance and employment. Key stakeholders highlighted the importance of medical homes, with one stating, “The importance of a medical home, where primary care pediatric practices can connect with pediatric subspecialists for a wide range of concerns—mental, oral, infectious disease, ophthalmology, audiology—remains paramount. If a medical home can successfully manage chronic conditions, then children are less likely to need hospital services.”

### 3. Health-related social needs

The top identified health-related social needs were food security, economic stability, education and health care access and quality. A key stakeholder said, “[When kids] are not having their basic needs met, then nothing else matters.” Homelessness, food insecurity, transportation, rural communities with limited providers, lack of insurance coverage and lack of understanding of the healthcare system emerged throughout all interviews.

Food security was identified as a core need among kids, emphasizing access to healthy foods coupled with difficult barriers for families, such as the lack of affordable or available healthy food. Some interviewees mentioned school nutrition or Food Is Medicine programs to help combat food insecurity. Key stakeholders considered how best to educate families on Georgia’s school nutrition program or investments in a Food Is Medicine program to improve accessibility.

Interviewees identified lack of housing as one of the primary reasons for poor child health outcomes, possibly leading to entering the child welfare system. Families may have difficulties accessing equitable and affordable housing, leading to an unstable environment for children. They also mentioned that families could be forced to live in areas where there has been less investment in critical resources, leading to limited or no health resources.

Key stakeholders emphasized Children’s role in providing training and professional learning for staff and school nurses, as well as continuing to develop partnerships to provide clinical support at the schools.

### 4. Chronic disease prevention and management

A stakeholder aptly said, “What actually kills people is not necessarily what they list as the highest-need areas. [For adults], Georgians list access to primary care and mental health as their major concern, while chronic conditions are the leading cause of death.” Children experience different morbidity and mortality for chronic conditions than adults, but the importance of managing chronic conditions in childhood persists in adulthood. Key stakeholders working in the school setting identified asthma, diabetes, allergies, seizure disorders and sickle cell disease as prevalent chronic diseases they see. Interviewees emphasized differential prevalences in underserved communities given the impact of external factors on their development. They highlighted the need for more family education on disease mechanisms and management. Parents may not fully understand the information provided to them by physicians managing their child’s chronic disease, which can lead to misunderstanding or relying on school nurses to help. Interviewees also highlighted that providers need to consider the family holistically when discussing chronic disease diagnosis and management. One key stakeholder said, “You’re not just treating a patient with diabetes, you’re treating a mother who works two jobs and has three kids and has to stretch that food dollar.” Stakeholders suggested a focus on healthy habits education, including nutrition and physical activity, as well as chronic disease screening in underserved communities.

## 5. Obesity

As one key stakeholder said, “[Childhood obesity] is the number one condition impacting children today. Children who are gaining excess weight at a very young [age] will then receive the comorbidities experience at age 30 instead of age 50.” Interviewees highlighted obesity as a priority health concern, especially the trends seen in very young children. While stakeholders acknowledged obesity as a complex medical condition, they emphasized the importance of lifestyle factors to support nutrition and physical activity among kids. Children need opportunities to be active to avoid being sedentary and increasing their risk of having obesity. Some interviewees suggested policies that focus on physical education requirements in middle school, access to outdoor play space and access to gym memberships or equipment. Others mentioned nutrition education focused on understanding the food differences and nutrition skills (e.g., eating healthy on a budget, cooking quickly and making a variety of recipes). Another stakeholder said, “There is a misconception that people don’t care, and they just want to give their kids whatever; they need the resources, they are thirsty for knowledge.” Interviewees highlighted opportunities to work with parents to make nutrition fun through didactic ways to introduce fruits and vegetables and engaging children in meals and cooking. Key stakeholders asked for Children’s Strong4Life to continue offering virtual training, workshops and cooking classes, and to collaborate with other organizations on these topics.

## 6. Injury prevention

Key stakeholders emphasized the need for an integrated approach to injury prevention, including policy, environment and education. Interviewees cited the injuries with the most severe outcomes (e.g., unsafe sleep, drowning, firearms and motor vehicle accidents). One stakeholder suggested the Cardiff Model, which encompasses data sharing between police departments, hospitals and community organizations to drive decisions on how resources are distributed in the community and help support community programming. Other stakeholders suggested injury prevention programs in schools to teach kids directly or community-based water safety and drowning prevention courses. Stakeholders emphasized the need for physicians or organizations to teach caregivers how to implement best practices and share information on emerging science.

One key stakeholder said, “Youth well-being has no bounds. All youths are in need of something. What matters is what kinds of support you have access to.” Interviewees highlighted six core areas of need for Georgia’s kids (mental and behavioral health, healthcare access and quality, health-related social needs, chronic disease prevention and management, obesity and injury prevention) with additional mention of social determinants of health (geography, housing, poverty, green spaces), adolescent health (mental health, workforce, entrepreneurship) and child abuse and neglect.



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# Appendix C:

## Quantitative Survey

### Survey instrument

1. Date: \_\_\_\_\_

#### Demographics

2. Email: \_\_\_\_\_

3. Sex:

- a. Male
- b. Female
- c. Other
- d. Prefer not to answer

4. Race: (Select all that apply)

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Hispanic or Latino
- e. Middle Eastern or North African
- f. Native Hawaiian or Pacific Islander
- g. White
- h. Prefer not to answer

5. Select the primary sector(s) in which you work. (Select all that apply)

- a. Clinical (hospital, primary care, etc.)
- b. Early care
- c. Schools
- d. Research/academia
- e. Government
- f. Nonprofit
- g. Other: \_\_\_\_\_

6. Role [Q5=A]:
- a. MD/DO
  - b. NP
  - c. RN
  - d. PA
  - e. RD
  - f. Administrator
  - g. Other: \_\_\_\_\_

7. Role [Q5=B]:
- a. Teacher/teacher assistant
  - b. Director/assistant director
  - c. Family engagement staff
  - d. Nutrition/health staff
  - e. Cook/chef
  - f. Other: \_\_\_\_\_

8. Role [Q5=C]
- a. Teacher/teacher assistant
  - b. School nurse
  - c. Administrator
  - d. Social worker
  - e. Counselor
  - f. Health/P.E. staff
  - g. Nutrition staff
  - h. Support staff
  - i. Other: \_\_\_\_\_

9. Role [Q5=D, E, F, or G]
- a. Role: \_\_\_\_\_

10. Primary School District [Q5 = C]:  
[List]

11. Primary Service Area County:  
[List]



## Health and Wellness

12. Rank the following health and wellness topic areas based on the needs of the pediatric population you serve. (1=Highest Need, 11=Lowest Need)
1. Mental and behavioral health
  2. Infectious disease prevention and management
  3. Chronic disease prevention and management
  4. Substance use, abuse and addiction
  5. Adolescent health
  6. Obesity and associated health factors
  7. Oral health
  8. Injury prevention
  9. Child abuse and neglect
  10. Medical homes
  11. Health-related social needs (social and economic needs that individuals experience that affect their ability to maintain their health and well-being)

**[The following questions pop up only for those who rank the item in the top three]**

### About mental and behavioral health

From the following list, which health outcomes require the most support or action in the pediatric population you serve? Select your top two.

1. Depression
2. Anxiety
3. Self-harm and suicide
4. Child flourishing
5. Other: \_\_\_\_\_

From the following list, which health factors require the most support or action in the pediatric population you serve? Select your top two.

1. Access to preventive mental health services
2. Access to mental health providers
3. Access to mental health management and treatment
4. Screening
5. Other: \_\_\_\_\_

### About infectious disease prevention and management

Which health factors or outcomes require the most support or action in the pediatric population you serve?

[open text]

**About chronic disease prevention and management**

Which health factors or outcomes require the most support or action in the pediatric population you serve?

[open text]

**About substance use, abuse and addiction**

Which health factors or outcomes require the most support or action in the pediatric population you serve?

[open text]

**About adolescent health**

From the following list, which health factors or outcomes require the most support or action in the pediatric population you serve? Select your top two.

1. Substance use (e.g., tobacco use, vaping, other drug use)
2. Social media use
3. Sexually transmitted infections
4. Sexual health education
5. Contraception
6. Other: \_\_\_\_\_

**About obesity and associated health factors**

From the following list, which health factors or outcomes require the most support or action in the pediatric population you serve? Select one.

1. Added sugars in food and beverages
2. Movement and physical activity
3. Sleep
4. Nutrition and feeding practices
5. Other: \_\_\_\_\_

**About oral health**

Which health factors or outcomes require the most support or action in the population you serve?

[open text]

**About injury prevention**

From the following list, which health factors or outcomes require the most support or action in the population you serve? Select your top two.

1. Motor vehicle crashes
2. Sudden infant death syndrome (SUID, any unexpected and sudden death of an infant less than 1 year old)
3. Firearm injuries
4. Drowning
5. Other: \_\_\_\_\_



**About child abuse and neglect**

Which health factors or outcomes require the most support or action in the population you serve?

[open text]

**About medical homes**

Which health factors or outcomes require the most support or action in the population you serve?

[open text]

13. What actionable things can Children's do about the priority health and wellness areas you selected?

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14. From the following list, select the social determinants of health or health-related social needs you consider to have the most impact on the health and wellness needs of the pediatric population you serve. Select your top three.

- a. Food security and quality
- b. Healthcare access and quality
- c. Social connection
- d. Housing
- e. Utilities affordability
- f. School readiness
- g. High-quality early care and childcare
- h. Transportation
- i. Other: \_\_\_\_\_

15. What organizations or community resources are available to support the population you serve in their health and well-being?

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16. Please share anything else you would like for us to know.

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## Results

There was a total of 391 responses to the quantitative survey.

Demographics		Percent (%)
Sex	Male	7.7
	Female	<b>91.8</b>
	Prefer not to answer	0.5
Race	American Indian or Alaska Native	1.1
	Asian	5.0
	Black or African American	27.6
	Hispanic or Latino	5.5
	Middle Eastern or North African	0.3
	Native Hawaiian or Pacific Islander	0.0
	White	<b>62.1</b>
	Prefer not to answer	2.9
Work Sector*	Clinical (Hospital, primary care, etc.)	<b>41.6</b>
	Schools	32.6
	Non-Profit	13.4
	Government	9.7
	Early Care	7.9
	Other	7.6
	Research/Academia	4.2
Roles: Clinical	RN	<b>34.8</b>
	MD/DO	27.2
	Other	23.4
	NP	9.5
	Admin	3.2
	RD	1.3
	PA	0.6
Roles: Early Care	Director/Assistant Director	<b>36.7</b>
	Other	33.3
	Teacher/Teacher Assistant	13.3
	Nutrition/Health Staff	10.0
	Family Engagement Staff	6.7
Roles: School	School Nurse	<b>41.9</b>
	Counselor	14.5
	Administrator	12.1
	Other	12.1
	Social Worker	10.5
	Teacher/Teacher Assistant	4.8
	Nutrition Staff	1.6
	Support Staff	1.6
	Health/PE Staff	0.8

\* % will sum to greater than 100 since respondents could select multiple sectors

Most respondents who selected “clinical” as their sector of work have registered nurse (RN) credentials (35%), followed by MD/DO (27%). Of those who selected “early care,” the majority have a director/assistant director role (36.7%). In the “school” setting, most respondents were school nurses (42%). Ten percent of respondents had government roles, 13% nonprofit roles, and only 4% of respondents came from research/academia. Some of the school districts represented by the respondents are Cobb (14%), Fulton (10%) and DeKalb (9%). Most of the respondents serve Fulton and DeKalb County (25% and 17%, respectively).

The ranking of pediatric health needs based on the quantitative survey is as follows:

Pediatric health needs	Ranking
Healthcare access and quality	1
Mental and behavioral health	2
Health-related social needs	3
Chronic disease prevention and management	4
Obesity and associated factors	5
Child abuse and neglect	6
Adolescent health	7
Infectious disease prevention and management	8
Injury prevention	9
Social connection and associated factors	10

Respondents were asked to select the top three health-related social needs of the pediatric population they serve. Most of them selected “healthcare access and quality” (59%).

Health-related social needs	Percent (%)
Healthcare access and quality	59
Food security and quality	53
Housing	38
High-quality early care and childcare	33
Transportation	31
School readiness	24
Social connection	19
Utilities affordability	9
Other	7

\*Other responses provided were immigration status, educational level of parent, economic status and climate

### Mental and behavioral health

Respondents who selected behavioral and mental health as a top need for children were then asked to identify which mental health concerns or outcomes require the most support from the community. Seventy-one percent of respondents selected anxiety, and 51% selected depression. Respondents also identified access to mental health care as a core component of need.

Health outcomes that require the most support or action	Percent (%)
Anxiety	71
Depression	51
Suicide and self-harm	31
Child flourishing	25
Other	10

Health factors that require the most support or action	Percent (%)
Access to mental health providers	58
Access to mental health management and treatment	58
Access to preventive mental health services	48
Screening	22
Other	4

### Adolescent health

Respondents who selected adolescent health as a top need for children were then asked to identify which outcomes require the most support from the community. Eighty-eight percent of respondents selected social media use, and 61% selected substance use.

Health outcomes or factors that require the most support or action	Percent (%)
Social media use	88
Substance use	61
Sexual health education	29
Other	18
Contraception	5
Sexually transmitted infections	4

### Injury prevention

Among respondents who selected injury prevention as a top need for children, 78% selected firearm-related injuries, and 61% selected motor vehicle crashes as the top areas of concern within injury prevention.

Health outcomes or factors that require the most support or action	Percent (%)
Firearm-related injuries	78
Motor vehicle crashes	61
Drowning	30
Other	30
Sudden infant death syndrome	15

\*Other topics included sports-related injuries, risk-taking behaviors and general injury prevention



## Obesity

Among respondents who selected obesity prevention as a top need for children, 46% selected nutrition and feeding practices as needing the most support from the community.

Health outcomes or factors that require the most support or action	Percent (%)
Nutrition and feeding practices	46
Movement and physical activity	35
Added sugars to food and beverages	19
Other	4
Sleep	3

## Infectious disease

Respondents identifying infectious disease as a top need cited immunization education, infectious disease prevention strategies, screening and antibiotic prescriptions as having the largest gaps in support.

## Chronic disease and management

Respondents identifying chronic disease prevention and treatment as a top need cited management of chronic diseases, family education on chronic disease pathways and school staff education as needing the most community support.

## Oral health

Respondents identifying oral health as a top need cited increasing access to care and treatment, preventive care, oral hygiene education and practices, and relevant dental outcomes as needing the most community support.

## What can Children's do?

Survey respondents were asked to identify actionable things Children's can do to address the health needs and factors identified. Below is a summary by topic selected.

### Education and resources for families (n=65)

Recommendations include offering classes for new parents, health fairs, community events focusing on mental health and stress reduction, and direct support. Respondents mentioned specific topics for education and family resources, including sleep, chronic illnesses and vaccine safety. Respondents mentioned opportunities such as resources for childcare, tutoring, financial assistance for medical needs and effective communication about available programs to ensure families are informed and engaged in their children's health and education.

### Mental and behavioral health (n=56)

Recommendations include improved access to mental health services by supporting improvements in early detection and the referral process, particularly for children insured by Medicaid. Other suggestions include training for parents on trauma effects, establishing more mental health clinics, increasing the number of social workers and providing support to parents for better access to resources on managing behaviors related to trauma and autism, particularly for children with complex behaviors. Many respondents highlighted the detrimental effects of social media on adolescents' mental health.

**Access to healthcare and services (n=38)**

Respondents emphasized improving healthcare access in south metro Atlanta, particularly for families with limited financial resources. Suggestions included developing a registry of providers who accept Medicaid or offer low-cost care, increasing the availability of pediatric dentists and enhancing referral systems. Related suggestions included hiring multilingual providers, investing in telehealth services for low socioeconomic areas and expanding healthcare services to rural regions. Additional suggestions mentioned to improve access were mobile clinics, satellite offices, reduced-cost medical services, facilitated insurance enrollment, increased awareness of available resources among underrepresented communities and educational support for existing health facilities. Respondents also stressed the need for better access to primary care, reproductive health services and obesity treatment. Barriers and challenges mentioned included long travel times for care, and lack of transportation and knowledge of resources available.

**Children's existing educational programs and resources (n=31)**

Respondents emphasized the need for ongoing, internet-based training courses and more widespread educational materials, particularly in weight loss and health initiatives. Respondents advocated for expanding Children's Strong4Life programming to support physician-patient counseling on healthy practices and reducing Strong4Life Clinic appointment wait times. They also advocated for more education and events to promote healthy lifestyles, including on the topics of substance abuse, sexual health and motor vehicle safety. Some suggestions centered around summer community-based programs to improve nutrition for kids, with strong integration of Children's Strong4Life programming into schools. Others highlighted the need to provide families with nutrition education.

**Health promotion and behaviors (n=30)**

Recommendations include promoting proper handwashing hygiene, regular dental hygiene, the importance of seat belts and reduced screen time while promoting physical activity. Some respondents recommended investing in school sports to combat obesity, while others recommended more clinics for obesity management, increased availability of counseling in rural areas and support groups for obese children. Respondents would like to see Children's create educational resources to encourage healthy coping strategies and normalize body acceptance, and cultural nutrition education centered on diverse dietary practices. Some respondents mentioned campaigns on recognizing the effects of social media and associated harms, and fostering face-to-face communication among children. Respondents would like to see Children's address substance abuse: providing education on its impacts, promoting healthier alternatives and providing resources on marijuana use and vaping among youth.

**Education and training for healthcare providers and professionals (n=29)**

Respondents recommended several education and training opportunities, including the role of social workers, clarifying available resources for families, social determinants of health, trauma-informed mental health screenings and recognizing children's developmental needs. Respondents see Children's as core to providing continuous training for staff and community providers on better communication techniques, specialty clinical topics and skills to improve care for kids.

**Community outreach and engagement (n=22)**

Respondents suggested more wellness events, promotion of community involvement, providing educational resources and collaborating with other organizations to deliver training and health services.

**Food and nutrition (n=19)**

Suggestions included connecting families to food banks, community gardens and nutrition assistance to combat food insecurity, especially in underresourced communities. Respondents would like to see Children's advocating for expanded access to free school meals and improved funding for nutrition programs. Initiatives should include hands-on nutrition education for high-risk populations and engaging programs to introduce children to healthier food choices, encouraging families to incorporate fruits and vegetables into meals and reduce their reliance on sugary drinks, and providing education on healthy eating, portion control and shopping on a budget. Respondents advocated for Children's to address food deserts, support increased access to SNAP benefits and connect families to local nutritionists.

**Partnerships (n=15)**

Respondents emphasized the need to build partnerships with schools, early learning centers and community organizations to enhance children's access to healthcare and healthy eating options, particularly children from low-income areas. Some respondents mentioned specific partnerships, such as Resilient Gwinnett or a violence intervention program, to amplify the work.

**Injury and violence prevention (n=12)**

Respondents advocated for stronger advocacy in gun injury prevention and violence prevention initiatives, including public education on gun safety and more community events to distribute safety devices. Suggestions included mandatory safety training for families of gunshot wound victims, the distribution of gun locks and counseling in emergency and primary care settings. Additionally, respondents made recommendations for additional resources for child passenger safety programs, public education on firearm storage and car seat safety, and awareness campaigns regarding the dangers of heavy machinery.

# Appendix D:

## Secondary data tables, graphs and additional information

### Data Compilation Methodology

Secondary data sources were used to describe the demographic characteristics of the community served by Children’s. They were also used to describe and identify relevant health needs and influencing factors, such as health-related social needs, presenting the differences between Georgia and the U.S., and highlighting counties within the Children’s service area (primarily covering Atlanta and the metro area). A health need ranking was created based on the results from these indicators.

#### I. Demographics

There was a total of 2,542,072 children under 18 in Georgia in 2023—1,107,807 in Children’s primary service area, and 326,948 in Children’s secondary service area. In Georgia, 45% of children identified as white and 33% as Black or African American, while 16% identified as Hispanic or Latino. The median income of households in Georgia with children under 18 in 2023 was \$85,835. This was lower than what was seen in the Children’s overall service area (\$93,461). The percentage of children living in poverty in Georgia in 2023 was 19%, which was a 13% decrease from 2019 (21.5%). The percentage of children insured has remained relatively steady from 2019 to 2023, with 94.6% of children under 18 years old insured in 2023. Georgia has a slightly higher percentage of children living in households with supplemental security income, cash public assistance income, or food stamps/SNAP benefits (26.6%) compared to the U.S. (24.7%). In some counties within the Children’s overall service area, the percentage of children living in households with supplemental security income, cash public assistance or SNAP benefits was as high as 40%.

Demographics		Georgia Percent (%)
Sex	Male	51.1
	Female	48.9
Race	American Indian or Alaska Native	0.5
	Asian	4
	Black or African American	33
	Native Hawaiian or Other Pacific Islander	0.1
	White	45
	Other	17.4
Ethnicity	Hispanic or Latino	15.8
	Language other than English	15

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



Median income of households with children under 18 (USD)		
		2023
Georgia		85,835
Overall Service Area		93,461
Primary Service Area		108,377
Secondary Service Area		87,916

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

Percentage of children living in poverty						
		2019	2020	2021	2022	2023
Georgia		21.5	20.1	19.6	18.9	18.7
Primary Service Area	Lowest-Percentage County	6.7	6.4	6.5	5.3	5.4
	Highest-Percentage County	27.9	24.4	24.0	24.4	25.1
Secondary Service Area	Lowest-Percentage County	7.1	4.6	5.5	5.7	5.9
	Highest-Percentage County	24.1	23.1	24.2	22.6	20.8

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

Children with insurance, birth to 18 years (%)					
	2019	2020	2021	2022	2023
U.S.	94.9	94.8	94.7	94.7	94.6
Georgia	92.8	92.6	92.5	92.8	93.1
Service Area	92.4	92.1	92.0	92.3	92.7
Primary Service Area	92.3	92.0	91.8	92.2	92.7
Lowest-Insured County	90.0	88.1	88.2	88.1	89.5
Highest-Insured County 1	93.6	93.7	93.1	94.6	94.2
Highest-Insured County 2	93.5	92.3	92.3	92.4	94.2
Secondary Service Area	92.8	92.2	92.4	92.3	92.8
Lowest-Insured County	89.9	90.3	89.6	88.9	89.4
Highest-Insured County	94.0	95.2	95.6	96.2	96.2

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

### Age group summary

	Under 5 years		5 to 9 years		10 to 14 years		15 to 17 years		Total under 18
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Georgia	639,111	25.1%	690,203	27.2%	752,386	29.6%	460,372	18.1%	2,542,072
Primary Service Area	276,199	24.9%	302,641	27.3%	325,877	29.4%	203,090	18.3%	1,107,807
Secondary Service Area	78,224	23.9%	84,558	25.9%	101,270	31.0%	62,896	19.2%	326,948

Source: U.S. Census Bureau American Community Survey, 5-Year Estimates, 2023

### Children living in households with supplemental security income, cash public assistance income or food stamps/SNAP benefits (%)

		2019	2020	2021	2022	2023
U.S.		25.1	24.4	24.4	24.5	24.7
Georgia		27.6	26.7	26.1	26.5	26.6
Primary Service Area	Lowest-Percentage County	6.9	5.6	6.2	5.6	5.6
	Highest-Percentage County	44.1	42.7	42.3	41.9	40.9
Secondary Service Area	Lowest-Percentage County	10.6	10.9	11.2	11.6	10.9
	Highest-Percentage County	27.9	26.4	28.8	31.8	31.3

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

### Percentage of households earning less than \$25,000 (inflation-adjusted) in a year

	2019	2020	2021	2022	2023
U.S.	19.2	18.4	17.2	15.7	15.1
Georgia	20.7	19.8	18.4	16.7	15.9
Overall Service Area	15.7	14.9	13.8	12.5	12.1
Primary Service Area	15.5	14.8	13.7	12.4	12.1
Lowest-Percentage County	8.7	7.6	6.9	5.8	5.7
Highest-Percentage County	23.6	22.0	20.6	18.7	17.9
Secondary Service Area	16.7	15.2	14.3	12.6	11.9
Lowest-Percentage County	9.5	8.3	9.0	7.9	7.9
Highest-Percentage County	21.4	20.5	19.6	18.6	17.4

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

### People (age 25+) with less than a high school degree

	Percent	Count	Total Population
<b>Georgia</b>	<b>11.0</b>	<b>801,324</b>	<b>7,253,060</b>
<b>Overall Service Area</b>	<b>9.3</b>	<b>373,381</b>	<b>4,008,992</b>
<b>Primary Service Area</b>	<b>8.8</b>	<b>273,565</b>	<b>3,115,006</b>
Lowest-Percentage County	5.9	10,184	171,436
Highest-Percentage County	15.2	28,646	188,480
<b>Secondary Service Area</b>	<b>11.2</b>	<b>99,816</b>	<b>893,986</b>
Lowest-Percentage County	5.0	4,169	82,966
Highest-Percentage County	18.7	25,932	138,951

Source: U.S. Census Bureau American Community Survey, 5-Year Estimates, 2023

### Insurance, birth to 18 years (%)

	2019			2020			2021			2022			2023		
	Private	Public	Insured	Private	Public	Insured	Private	Public	Insured	Private	Public	Insured	Private	Public	Insured
<b>U.S.</b>	60.3	38.6	94.9	60.8	38.3	94.8	60.8	38.3	94.7	60.8	38.5	94.7	60.8	38.8	94.6
<b>Georgia</b>	56.2	39.8	92.8	57.1	39.1	92.6	57.1	39.2	92.5	57.0	39.9	92.8	56.7	40.9	93.1
<b>Overall Service Area</b>	59.9	35.2	92.4	60.8	34.3	92.1	60.8	34.4	92.0	60.8	35.0	92.3	60.6	36.0	92.7
<b>Primary Service Area</b>	60.0	34.9	92.3	61.0	33.8	92.0	60.8	34.0	91.8	61.1	34.4	92.2	60.4	35.7	92.7
Lowest-Percentage County	36.5	57.0	90.0	38.3	53.8	88.1	37.3	55.0	88.2	36.2	56.4	88.1	35.8	58.3	89.5
Highest-Percentage County	62.0	35.4	94.6	63.4	34.7	94.8	63.9	33.9	94.5	63.6	34.3	94.5	63.2	35.3	95.1
<b>Secondary Service Area</b>	59.8	36.2	92.8	60.1	36.0	92.2	60.6	36.0	92.4	59.8	37.1	92.3	61.0	36.9	92.8
Lowest-Percentage County	51.8	41.3	89.9	52.7	40.4	90.3	52.1	40.9	89.6	50.4	43.4	88.9	52.5	42.4	89.4
Highest-Percentage County	55.2	42.7	94.0	57.5	43.0	95.2	58.1	40.7	95.6	55.2	44.0	96.2	56.9	42.5	96.2

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

## II. Mental and behavioral health

From 2019 to 2023, there has been an increase in in both the U.S. and Georgia in the percentage of children age 3 to 17 with one or more mental, emotional, developmental or behavioral problems. Georgia saw an 11% increase from 2019 to 2023. About 35% of parents and caregivers say they are concerned their child has a mental or behavioral health condition but has not yet been diagnosed by a medical professional<sup>2</sup>. The U.S. has seen a 15% increase from 2019 to 2023 in the percentage of children with mental health problems who received treatment.

### Percentage of children age 3 to 17 years with one or more mental, emotional, developmental or behavioral problems (%)

	2019	2020	2021	2022	2023
U.S.	22.1	23.2	23.4	25.8	25.8
Georgia	23.6	27.3	21.2	24.2	26.1

Source: National Survey of Children's Health

### Percentage of children 2 to 17 years old with mental health problems who received treatment in the past 12 months (%)

	2019	2020	2021	2022	2023
U.S.	7.9	8.4	7.4	8.4	9.1

Source: National Health Interview Survey

#### A. Suicide

The U.S. self-harm ER visit rate in 2023 (220.3 per 100,000) was significantly higher than the Georgia rate (96.7 per 100,000). Even though Georgia has lower rates compared to the U.S., Georgia has seen an increase in self-harm ER visits from 2019 to 2024 (98.7 vs. 101.4). The self-harm hospitalization rate has remained relatively steady in Georgia from 2019 to 2023, while in the U.S., it has significantly increased. In Georgia in 2024, 15.5% of adolescents age 11 to 18 reported they had considered harming themselves, and 9.4% said they had. Also, 9.8% of adolescents age 11 to 18 reported they seriously considered attempting suicide, and 5.1% attempted it. The most likely reasons for adolescents considering attempting suicide were family issues (48.4%), school grades or performance (36%), and demands of schoolwork (33.8%). Similarly, the most likely reasons for attempting suicide were family issues (44.5%), problems with peers or friends (31.7%), and school grades or performance (30.3%).

Fifty-eight percent of parents and caregivers strongly agree they feel comfortable talking to their child about suicide, and 48% feel confident they could identify warning signs of suicide in their child. Parents and caregivers who are Black, from rural counties, with income less than \$75,000 and without a four-year degree report being the most comfortable with both talking to their child about suicide and recognizing signs of suicide ideation<sup>2</sup>.

### Self-harm ER visit rate (<18 years old), per 100,000

	2019	2020	2021	2022	2023	2024
U.S.	161.2	168.9	211.0	248.9	220.3	-
Georgia	98.7	97.8	115.9	104.6	96.7	101.4
Primary Service Area	87.7	91.7	107.4	97.4	87	77.4
Lowest-Rate County	63.9	63.7	88.9	76.5	73.3	56.4
Highest-Rate County	141.9	93.6	131.8	96.5	112.1	106.1
Secondary Service Area	144.9	136.7	166.1	121	115.8	140.4
Lowest-Rate County	193.8	155.7	162.6	141	85.5	70.4
Highest-Rate County	130.3	108.1	141.3	127.3	142.8	231.1

National Source: CDC WISQARS, uses NCHS and NEISS-AIP data

Georgia Source: OASIS, using intentional self-harm (suicide)

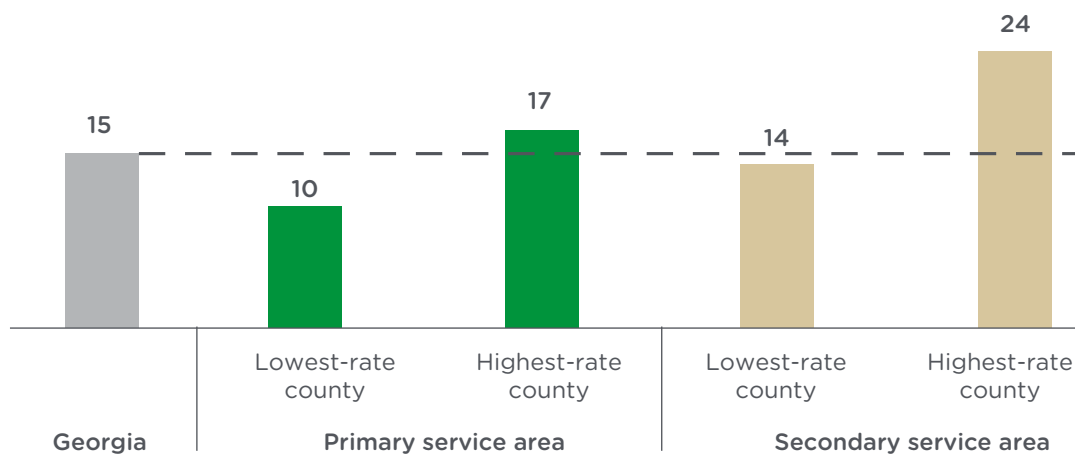


Self-harm hospitalization rate (<18 years old), per 100,000						
		2019	2020	2021	2022	2023
U.S.		26.1	32.7	37.7	-	44.3
Georgia		15.0	16.5	24.0	21.0	15.0
Primary Service Area	Lowest-Rate County	11	9.3	25.6	10.6	10.4
	Highest-Rate County	19.6	25.3	25.3	20.8	17
Secondary Service Area	Lowest-Rate County	-	16.7	36.7	34	14
	Highest-Rate County	-	14.8	26.9	-	23.7

National Source: CDC WISQARS, uses NCHS and NEISS-AIP data

Georgia Source: OASIS. Rates for hospitalizations are actually discharge rates for intentional self-harm (suicide). Rates based on one to four events are not shown and are indicated by an \*.

Self-harm hospitalization rate (<18 years old), 2023



Percentage of adolescents age 11 to 18 who have seriously considered harming themselves in the past 12 months (%)					
	2020	2021	2022	2023	2024
Yes	15.6	17.6	18.9	17.5	15.5

Source: Georgia Student Health Survey

Percentage of adolescents age 11 to 18 who have harmed themselves in the past 12 months (%)					
	2020	2021	2022	2023	2024
Yes	8.9	10.6	11.4	10.6	9.4

Source: Georgia Student Health Survey

**Percentage of adolescents age 11 to 18 who, in the past 12 months, have seriously considered attempting suicide (%)**

	2020	2021	2022	2023	2024
Yes	10.9	12.2	12.3	11.2	9.8

Source: Georgia Student Health Survey

**Most likely reasons adolescents age 11 to 18 seriously considered attempting suicide (%)**

	2020	2021	2022	2023	2024
Demands of schoolwork	37	DE	35.8	34.3	33.8
Problems with peers or friends	40	DE	34.1	34.5	33.1
Social media	17.6	DE	18.1	17.4	17.2
Family reasons	58.9	DE	52.7	51.3	48.4
Being bullied	23.9	DE	16.9	18.5	18.8
School grades or performance	38.8	DE	37.9	36.5	36
Other	58.6	DE	41.6	39	37.6

Percent calculated by dividing the number of responses by the number of students who indicated they had seriously considered attempting suicide; DE = Data Error

Source: Georgia Student Health Survey

**Percentage of adolescents age 11 to 18 who, in the past 12 months, attempted suicide (%)**

	2020	2021	2022	2023	2024
Yes	5.4	5.7	6.2	5.8	5.1

Source: Georgia Student Health Survey

**Most likely reasons adolescents age 11 to 18 attempted suicide (%)**

	2020	2021	2022	2023	2024
Demands of schoolwork	37.1	DE	31.1	29.4	28.7
Problems with peers or friends	43.7	DE	32.4	33.1	31.7
Social media	25.8	DE	21.8	20.4	20.7
Family reasons	62.4	DE	49.8	48.1	44.5
Being bullied	33.1	DE	21.2	22.3	22.6
School grades or performance	39	DE	32.6	31.2	30.3
Other	67.8	DE	37.1	34.1	32.2

Percent calculated by dividing the number of responses by the number of students who indicated they attempted suicide, DE = Data Error

Source: Georgia Student Health Survey

### High school students who seriously considered attempting suicide\* (%)

	2019					2021					2023				
	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total
U.S.	17.7	18.5	19.3	19.6	18.8	21.2	23.2	23.3	21.1	22.2	21.3	19.7	20.3	19.5	20.4
Georgia	21.6	21.3	17.2	12.5	18.5	24.1	23.9	32.6	27.1	26.5	NR	NR	NR	NR	NR

\* During the 12 months before the survey.

NR = Not Reported

Source: Youth Risk Behaviors Survey 2019 to 2023

### High school students who actually attempted suicide\* (%)

	2019					2021					2023				
	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total
U.S.	9.4	8.8	8.6	8.5	8.9	11.6	10.9	8.9	8.6	10.2	10.4	9.7	9.4	8	9.5
Georgia	15.2	13.7	8	7.4	11.8	15.5	15.7	11.3	21.2	15.6	NR	NR	NR	NR	NR

\* During the 12 months before the survey.

NR = Not Reported

Source: Youth Risk Behaviors Survey 2019 to 2023

## B. Anxiety and depression

Over 8% of children age 3 to 17 in Georgia have been diagnosed with anxiety, and 4% have been diagnosed with depression. The prevalence of anxiety in Georgia has fluctuated since 2019, with the highest number seen in 2022. Depression prevalence has seen a 30% increase since 2019.

### Percentage of children age 3 to 17 diagnosed with depression who currently have the condition (%)

	2019	2020	2021	2022	2023
U.S.	3.9	4.0	4.3	4.6	4.2
Georgia	3.2	4.0	2.4	3.6	4.2

Source: NSCH

### Percentage of children age 3 to 17 diagnosed with anxiety who currently have the condition (%)

	2019	2020	2021	2022	2023
U.S.	9.0	9.2	9.3	10.6	10.9
Georgia	9.1	7.5	5.9	9.5	8.3

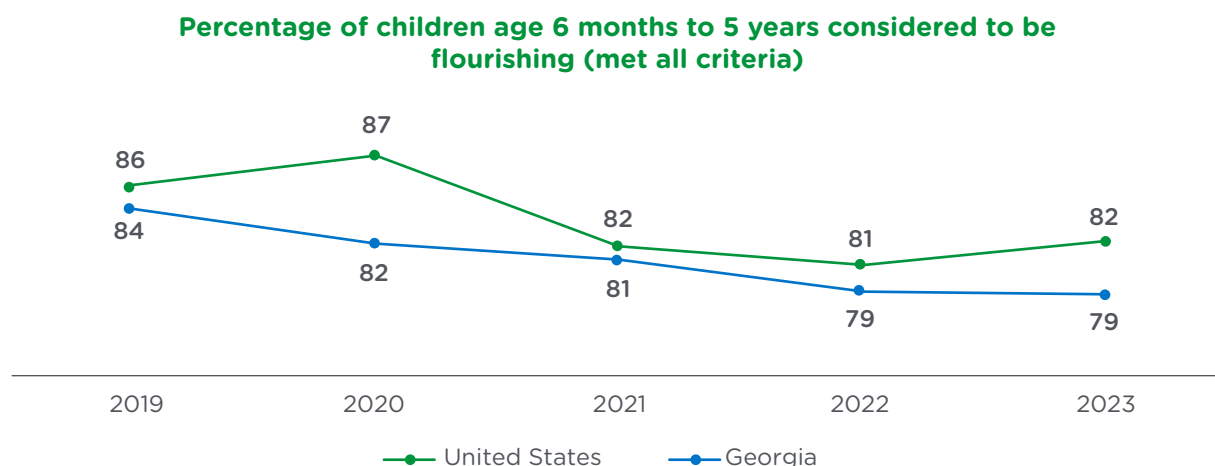
Source: National Survey of Children's Health

### C. Child flourishing

Child flourishing is a measure of child well-being that means children are doing well across developmental domains such as health, social, emotional, cognitive development and relationships<sup>14</sup>. There has been an overall decrease since 2019 in the number of children in Georgia who are considered to be flourishing. In 2023, 82% of children age 6 months to 5 years and 61% of children and adolescents aged 6 to 17 years were considered to be flourishing. This is a 4% and 9% decrease, respectively.

Percentage of children age 6 months to 5 years considered to be flourishing (met all criteria)					
	2019	2020	2021	2022	2023
U.S.	84.2	82.1	81.0	79.1	78.9
Georgia	85.6	87.5	81.9	80.7	82.1

Source: National Survey of Children's Health



Source: National Survey of Children's Health

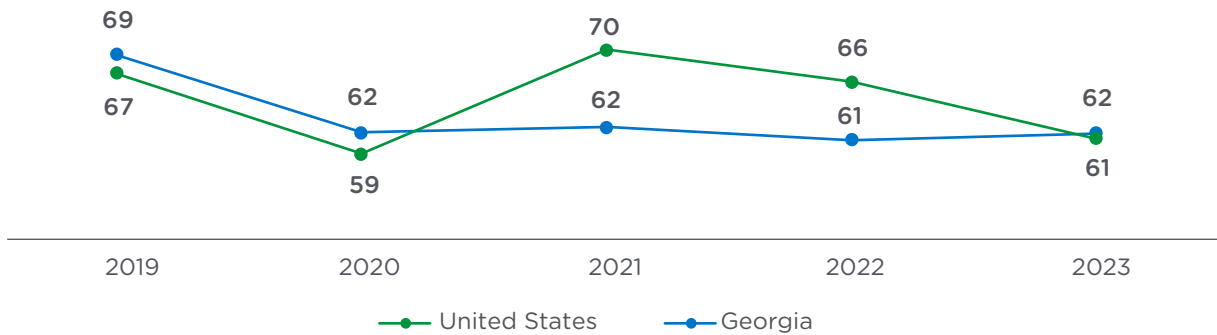
Percentage of children age 6 to 17 years considered to be flourishing (met all criteria)					
	2019	2020	2021	2022	2023
U.S.	69.2	61.6	62.1	60.8	61.5
Georgia	67.4	59.5	69.6	66.5	61.0

Please note that Indicator 2.3 is scored differently than this national outcome measure (NOM\_): The composite measure is only considered missing if all components are missing. Therefore, children with a valid "Usually" or "Always" response to at least one criterion and for whom the remainder of the criteria were missing are categorized as "Met all flourishing criteria." For Indicator 2.3, children must have either a "Usually" or "Always" response to all criteria to qualify as "Met all flourishing criteria."

Source: National Survey of Children's Health



**Percent of children age 6 to 17 years considered to be flourishing (met all criteria)**



Source: National Survey of Children's Health

#### D. Bullying

There was a 29% decrease in the percentage of adolescents who reported being bullied from 2019 to 2023, as well as a decrease in the percentage of children who reported bullying others, from 13% to 11% in that year range. Overall, bullying and cyberbullying are one of the primary issues of concern identified by parents and caregivers (32%), with Hispanic parents and caregivers (41%) and parents and caregivers of other races (47%) ranking it as a priority the most<sup>2</sup>. According to the Georgia Student Health Survey from 2024, 13% of adolescents age 11 to 18 have been mocked or harassed on a social networking site at least once, which is a 40% increase from 2020.

Percentage of adolescents age 12 to 17 who were bullied in the past 12 months (%)					
	2019	2020	2021	2022	2023
U.S.	40.1	29.5	28.0	32.5	33.9
Georgia	47.5	26.8	26.3	29.5	33.6

Source: National Survey of Children's Health

Percentage of adolescents age 12 to 17 who bullied others in the past 12 months (%)					
	2019	2020	2021	2022	2023
U.S.	15.8	11.3	10.3	11.9	11.5
Georgia	13.3	8.1	9.8	11.4	10.9

Source: National Survey of Children's Health

Percentage of adolescents age 11 to 18 who, in the last 30 days, have been bullied or threatened by other students at least once (%)					
	2020	2021	2022	2023	2024
More than once or twice up to everyday	16.2	15.7	19	20.6	20.1

Source: Georgia Student Health Survey

Percentage of adolescents age 11 to 18 who, in the last 30 days, have been mocked or harassed on a social networking site at least once (%)					
	2020	2021	2022	2023	2024
More than once or twice, up to every day	9.3	7.9	12.3	13	13.1

Source: Georgia Student Health Survey

Percentage of high school students who were electronically bullied* (%)															
	2019					2021					2023				
	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total
U.S.	16.5	16	14.4	15.4	15.7	16.6	16.5	15.5	14.4	15.9	18.7	16.4	15.8	14	16.3
Georgia	11.1	9.8	12.4	8.9	10.6	12.7	14.3	11.7	15	13.3	NR	NR	NR	NR	NR

\* Counting ever being bullied through texting, Instagram, Facebook or other social media during the 12 months before the survey.

NR = Not Reported

Source: Youth Risk Behaviors Survey 2019 to 2023

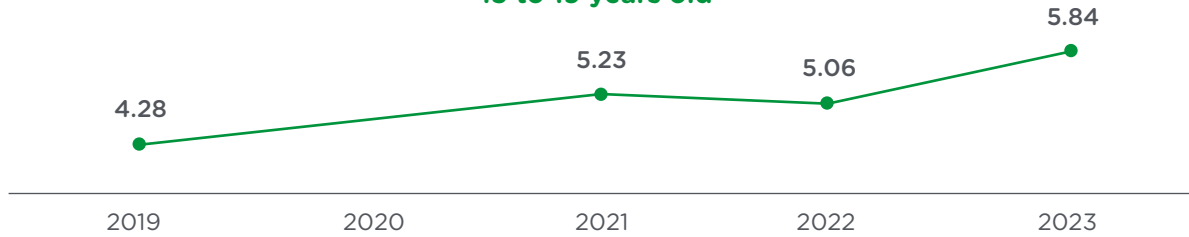
## E. Social connection and associated factors

Social connection describes how people relate to each other and is composed of three items: structure (which includes the number and types of relationships, and how often and how long people interact), function (which is the type and amount of support provided) and quality (whether interactions are positive or negative)<sup>53</sup>. In 2023, adolescents age 15 to 19 years spent an average of 5.84 hours alone and 5.52 hours with others. In 2021, 13- to 18-year-olds used their screens eight hours, 39 minute per day, compared to children 8 to 12 years old who used them five hours, 33 minutes per day. In 2023, about 46% of adolescents age 13 to 17 used the internet almost constantly, which was a 92% increase from 2015. In 2023, 88% of adolescents in Georgia had one or more adults outside their home whom they could rely on for advice, and 61% of children and adolescents talked to and shared ideas with their parents. Additionally, 49% of children from birth to age 5 in Georgia had parents or family members read to them at least four days per week in 2023. This was a 10% decrease from 2019.

Average time (hours) Americans spend alone					
	2019	2020	2021	2022	2023
U.S. (overall)	6.04	-	6.81	6.57	6.73
15 to 19 Years of Age	4.28	-	5.23	5.06	5.84

Source: American Time Use Survey

### Average time (hours) Americans spend alone 15 to 19 years old



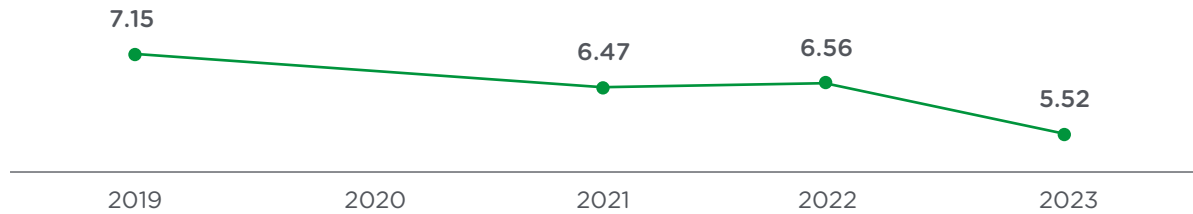
Source: American Time Use Survey

### Average time (hours) Americans spend with others (not alone)

	2019	2020	2021	2022	2023
U.S. (overall)	8.18	-	7.39	7.53	7.31
15 to 19 Years of Age	7.15	-	6.47	6.56	5.52

Source: American Time Use Survey

### Average time (hours) Americans spend with others (not alone) 15 to 19 years old



Source: American Time Use Survey

### U.S. teens age 13 to 17 who say they use the internet ... (%)

Year	Almost constantly	Several times a day	About once a day
2015	24	56	12
2022	46	48	3
2023	46	47	4

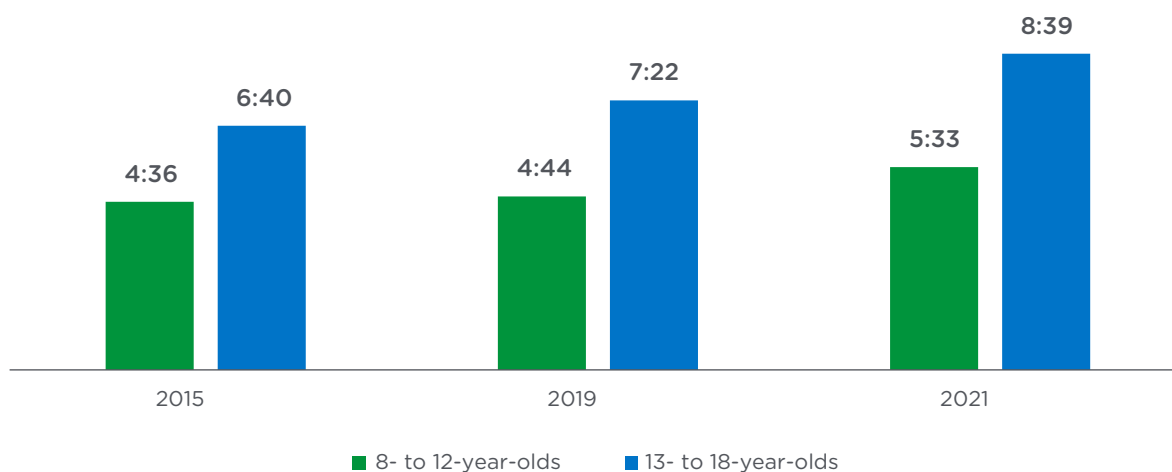
Source: Pew Research Center; survey of U.S. teens conducted 2014 to 2023

### Total entertainment screen use per day (hours)

	2015	2019	2021
8- to 12-year-olds	4:36	4:44	5:33
13- to 18-year-olds	6:40	7:22	8:39

Source: Common Sense Census: Media use by tweens and teens

### Total entertainment screen use per day (hours)



Source: Common Sense Census: Media use by tweens and teens

### Percentage of adolescents age 12 through 17 years who have one or more adults outside the home whom they can rely on for advice or guidance (%)

	2019	2020	2021	2022	2023
U.S.	88.5	86.3	85.4	86.3	88.0
Georgia	89.7	82.1	87.6	87.4	87.6

Source: National Survey of Children's Health. Question only for children between the age of 12 and 17.

### Percentage of children from birth to age 5 whose parents or family members read to them at least four days per week (%)

	2019	2020	2021	2022	2023
U.S.	54.7	54.2	55.5	55.6	58.2
Georgia	54.8	51.0	49.2	53.3	49.4

Source: National Survey of Children's Health

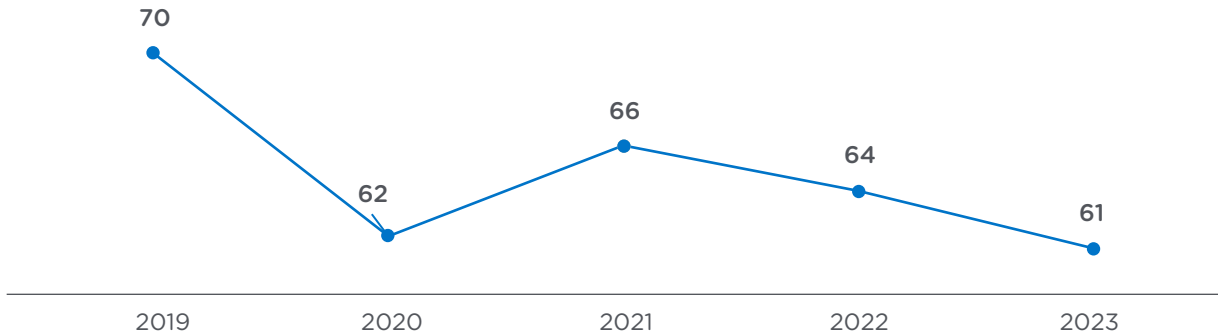
### Percentage of children and adolescents (6 to 17) who talk to and share ideas with parents about things that matter (%)

	2019	2020	2021	2022	2023
U.S.	65.1	62.2	62.3	61.6	62.2
Georgia	70.2	62.0	66.0	64.0	61.4

Source: National Survey of Children's Health



**Percentage of children and adolescents (6 to 17) who talk to and share ideas with parents about things that matter, Georgia**



Source: National Survey of Children's Health

**Percentage of adolescents age 11 to 18 who know an adult at school they can talk with if they need help (%)**

	2020	2021	2022	2023	2024
Somewhat and Strongly Agree	76.5	81.3	74.1	74.8	75.8

Source: Georgia Student Health Survey

### III. Health-related social needs

#### A. Food security

Food security is defined by the U.S. Department of Agriculture (USDA) as “access by all people at all times to enough food for an active, healthy life.” The USDA also specifies it includes, at a minimum, the “ready availability of nutritionally adequate and safe foods, and the assured ability to acquire acceptable foods in socially acceptable ways”<sup>22</sup>. In Georgia in 2023, 12.8% of households were food insecure. This was a 28% increase from 2020.

**Percentage of food-insecure households over a 12-month period (%)**

	2020	2021	2022	2023
U.S.	10.7	10.4	11.2	12.2
Georgia	10	9.9	11.3	12.8

Source: Current Population Survey Food Security Supplement (CPS-FSS); average 3-year estimate

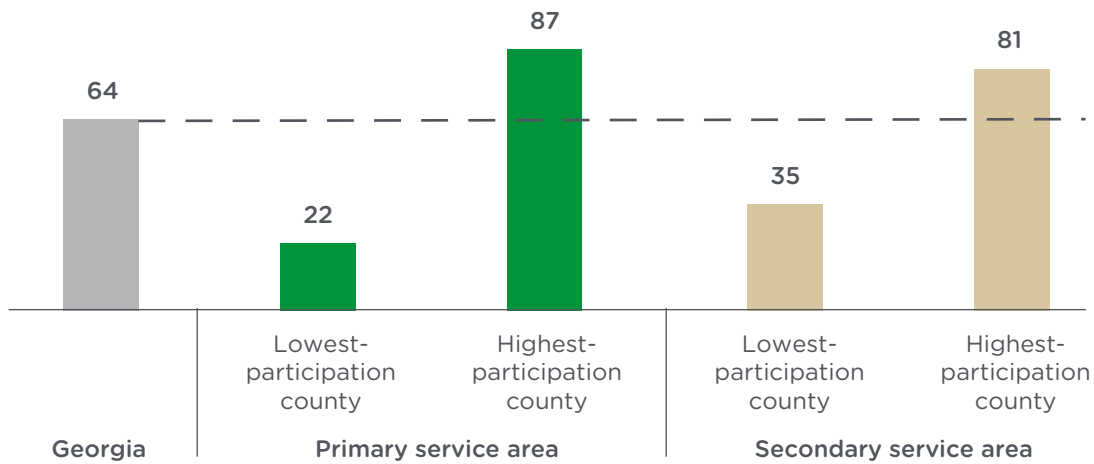
In 2021, 21% of U.S. students participated in the School Breakfast Program. This was a 30% decrease in participation since 2018. Participation in the National School Lunch Program has remained steady throughout the years aside from 2021 and 2022 because of funding provided by the U.S. Congress during the COVID-19 pandemic for universal participation. In Georgia in 2024, 64% of students were participating in the National School Lunch Program.

**Percentage of students participating in the School Breakfast Program (%)**

	2018	2019	2020	2021
U.S.	30.2	30.0	23.6	21.0

\*Source: Healthy People 2030, Food Program Reporting System; 2-year estimate

### National School Lunch Program participation, 2024



Source: U.S. Department of Agriculture; Georgia Department of Education

Free school lunch participation (%)						
	2019	2020	2021	2022	2023	2024
U.S.	74.1	76.9	98.9	95.5	70.8	72.5
Georgia	60.9	59.5	56.2	45.3	59.3	63.7
<b>Primary Service Area</b>						
Lowest-Percentage County	15.4	15.3	13.7	5.6	14.0	22.3
Highest-Percentage County	93.0	93.0	92.6	90.1	90.4	87.1
<b>Secondary Service Area</b>						
Lowest-Percentage County	24.5	25.0	25.3	17.0	27.8	35.5
Highest-Percentage County	70.2	69.7	55.6	15.2	71.0	80.5

Source: U.S. Department of Agriculture; Georgia Department of Education

Food environments are “the physical, economic, political and socio-cultural contexts in which people engage with the food system to make their decisions about acquiring, preparing and consuming food”<sup>20</sup>. Food environments can be assessed by proximity of the population to a supermarket or large grocery store. Low access in urban areas occurs when people live more than a mile away from a grocery store, and in rural areas, more than 10 miles away. In Fulton County in 2015, 23% of the population had limited access to a grocery store<sup>21</sup>. The primary limitation of this data is that it has not been updated since 2015, and a lot of changes and growth have happened across metro Atlanta and Children’s service areas.

## B. Housing

More than 50% of Georgia renter households in 2023 spent 30% or more of their household income on housing associated costs. In some counties within Children's overall service area, this was as high as 57%.

Spending 30% or more of household income on housing-associated costs (%)			
	2023		
	Total	Renter	Owner
U.S.	31.7	50.4	22.2
Georgia	30.6	51.4	20.3
Service Area	31.9	53.2	21.0
Primary Service Area	33.0	53.5	21.4
Lowest-Percentage County	19.6	44.6	15.5
Highest-Percentage County	41.3	57.5	27.6
Secondary Service Area	27.6	51.4	19.7
Lowest-Percentage County	21.8	41.5	17.5
Highest-Percentage County	34.5	56.2	23.7

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

## C. Early care

Seventy percent of children in Georgia in 2023 met criteria for school readiness, which was an 18% increase from 2022. School readiness is a measure composed of five domains: early learning, social emotional development, self-regulation, motor development and health. Higher levels of early care quality are significantly related to higher levels of academic outcomes, behavioral skills, social competency and motor skills<sup>112</sup>.

Percentage of children (3 to 5 years) who meet criteria for school readiness (%)		
	2022	2023
U.S.	63.9	65.6
Georgia	59	70.1

\*National Survey of Children's Health Dashboard, NOM: School Readiness; NSCH added question in 2022  
This is a measure composed of five domains: early learning, social emotional development, self-regulation, motor development and health.

Number of childcare centers per 1,000 people under 5		
		2024
U.S.		7
Georgia		10
Primary Service Area	County With Fewest Centers	9
	County With Fewest Centers	9
	County With Most Centers	21
Secondary Service Area	County With Fewest Centers	7
	County With Fewest Centers	7
	County With Most Centers	26

Source: County Health Rankings; as of June 6, 2025

D. Education

Eighty-four percent of children graduated from high school within four years of starting ninth grade in Georgia in the 2021 to 2022 school year. This is on par with what was seen in the U.S. (86.6%). Georgia in 2024 had 30% of fourth-grade students at or above proficient reading level, and 31% of eighth-grade students at or above that level. On the other hand, 38% of fourth-grade students and 24% of eighth-grade students were at or above proficient mathematics level. There was a 23% decrease in the percentage of eighth-grade students at or above proficient mathematics level from 2019 to 2024. From 2019 to 2024 in Georgia, there was a 76% increase in the number of chronically absent children, from 12.1% to 21.3%. Georgia and the U.S. have similar percentages of adolescents neither enrolled in school nor working, at 5.8% and 5.1%, respectively.

Percentage of children who graduated from high school within four years of starting ninth grade (%)			
	2019 to 2020	2020 to 2021	2021 to 2022
U.S.	86.5	86.1	86.6
Georgia	83.8	83.7	84.1

Sources: Common Core of Data (CCD), ED/NCES

Percentage of eighth-grade students at or above proficient reading level (%)			
	2019	2022	2024
U.S.	32.0	29.0	29.0
Georgia	32.0	31.0	31.0

Sources: National Assessment of Educational Progress, Nation's Report Card

Percentage of eighth-grade students at or above proficient mathematics level (%)			
	2019	2022	2024
U.S.	33.0	26.0	27.0
Georgia	31.0	24.0	24.0*

\*Performed significantly lower than national average

Sources: National Assessment of Educational Progress, Nation's Report Card

Fourth-grade students at or above proficient reading level (%)			
	2019	2022	2024
U.S.	35	33	31
Georgia	32	32	30

Source: National Assessment of Education Progress (NAEP)

Fourth-grade students at or above proficient mathematics level (%)			
	2019	2022	2024
U.S.	41	36	39
Georgia	36	34	38

Source: National Assessment of Education Progress (NAEP)

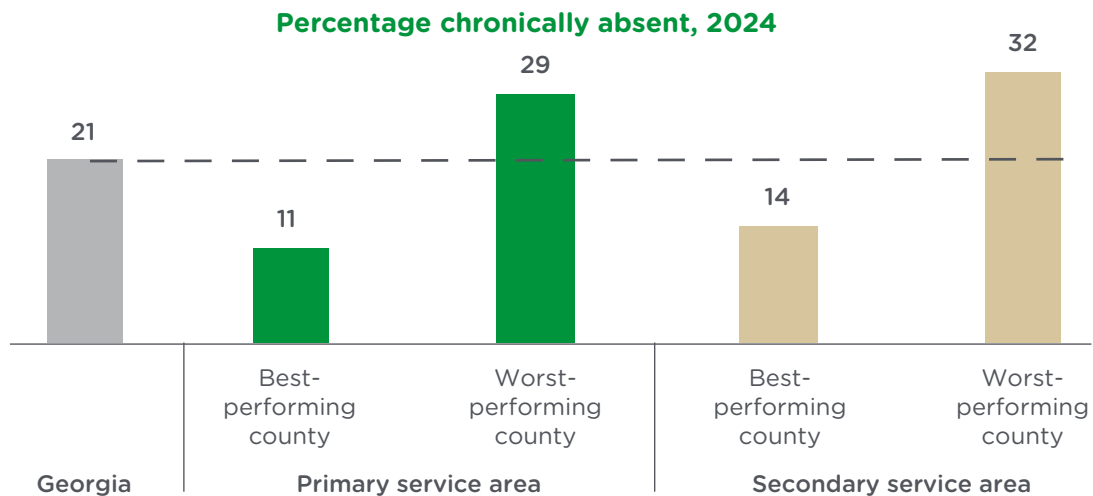


Chronic school absence (%)		
	2024	
	Fourth graders	Eight graders
U.S.	30	29
Georgia	32	31

Source: National Assessment of Education Progress (NAEP)

Georgia chronically absent: Students absent 10% or more of enrolled days (%)							
		2019	2020	2021	2022	2023	2024
All Students		12.1	8.1	20.1	23.9	22.6	21.3
Primary Service Area	Lowest-Percentage County	5.7	4.1	10.1	18.1	17.8	11.0
	Highest-Percentage County	17.8	13.2	26.7	30.5	30.1	28.9
Secondary Service Area	Lowest-Percentage County	9.2	5.1	10.1	15.8	15.8	13.6
	Highest-Percentage County	15	9.8	28.4	28.2	27.9	31.5

Source: Georgia Department of Education Attendance Dashboard



Source: Georgia Department of Education Attendance Dashboard

Adolescents neither enrolled in school nor working (%)					
	2019	2020	2021	2022	2023
U.S.	4.8	5	5.1	5.2	5.1
Georgia	5.9	5.7	5.9	6.1	5.8
Service Area	5	4.8	4.8	5.2	5
Primary Service Area	4.9	4.6	4.7	5.1	4.8
Lowest-Percentage County	3.5	3.4	3.3	3.3	3.1
Lowest-Percentage County	2	2.7	2.1	2.3	3.1
Highest-Percentage County	8.1	6.7	7.8	7.9	9.7
Secondary Service Area	5.1	5.2	5	5.5	5.7
Lowest-Percentage County	2.6	2.7	2.1	2.5	2.3
Highest-Percentage County	5.5	7.8	7.3	8.1	7.8

Source: U.S. Census Bureau American Community Survey, 5-Year Estimates; age 16 to 19

## IV. Healthcare access and quality

Overall, 19% of children in 2023 did not visit a doctor, nurse or other healthcare professional to receive preventive care in the previous 12 months. This is a 28% increase since 2019.

Adolescents (age 12 to 17) were less likely to receive preventive care. Seventy percent had received preventive care in the prior 12 months, representing a 17% decrease since 2019.

### A. Preventive care

Percentage of children who did not visit a doctor, nurse or other healthcare professional in the previous 12 months to receive preventive care (%)					
	2019	2020	2021	2022	2023
U.S.	16.7	22.0	24.7	21.7	20.9
Georgia	15.1	19.3	27.8	17.1	19.3

Source: National Survey of Children's Health

Percentage of adolescents (12 to 17) who made a preventive health care visit in the past 12 months (%)					
	2019	2020	2021	2022	2023
U.S.	79.5	71.6	67.9	71.4	71.4
Georgia	84.3	72.1	60.9	80.2	70.0

Source: National Survey of Children's Health

**B. Quality**

In the U.S. in 2021, 20.5% of the overall emergency department wait time exceeded the recommended time frame.

Percentage of overall emergency department wait time exceeding recommended time frame (%)					
	2017	2018	2019	2020	2021
U.S.	18.5	16.9	15.7	13.1	20.5

Source: Healthy People 2030, National Immunization Survey—Child

**C. Provider shortages**

In Georgia in 2022, the number of primary care physicians per 100,000 people was 72.7, lower than the ratio for the U.S. In Georgia, there were 468 primary care Health Professional Shortage Areas, and 327 dental health and 263 mental health professional shortage areas. In 2024, there were 520 people to 1 mental health provider. That ratio was as high as 1,220 to 1 in some of the counties within the Children’s service area.

Number of primary care physicians per 100,000 people	
	2022
U.S.	83.8
Georgia	72.7

Source: National Center for Health Workforce Analysis

Health professional shortage areas			
	Primary care	Dental health	Mental health
U.S.	22,026	16,679	17,106
Georgia	468	327	263
Overall Service Area	180	60	74
Primary Service Area	176	48	66
Secondary Service Area	4	12	8

Note: The counts in this table represent the number of areas within the corresponding geography that are considered to have health professional shortages.

Source: Health Resources & Service Administration; as of March 20, 2025

Ratio of people to mental health providers										
	2020		2021		2022		2023		2024	
Location	# Mental Health Providers	Ratio	# Mental Health Providers	Ratio	# Mental Health Providers	Ratio	# Mental Health Providers	Ratio	# Mental Health Providers	Ratio
Georgia	16,812	640:1	16,812	640:1	18,113	600:1	19,531	560:1	21,023	520:1
Primary Service Area	9,199	790:1	9,199	790:1	9,946	740:1	10,838	680:1	11,750	630:1
County With Fewest Providers per Resident	209	1,400:1	209	1,400:1	219	1,360:1	234	1,270:1	243	1,230:1
County With Most Providers per Resident	2,545	300:1	2,545	300:1	2,698	280:1	2,883	260:1	3,049	250:1
Secondary Service Area	1,551	940:1	1,551	940:1	1,674	870:1	1,824	810:1	1,996	750:1
County With Fewest Providers per Resident	104	1,670:1	104	1,670:1	118	1,470:1	134	1,330:1	150	1,220:1
County With Most Providers per Resident	256	450:1	256	450:1	273	440:1	309	390:1	346	360:1

**Source:** County Health Rankings 2021 to 2025

**Notes:** Years refer to years from which the data was collected.

Years 2020 and 2021 show the same data for county health rankings.

Ratio is rounded to the nearest 10.

Primary and Secondary Service Area ratios are an average of the ratios for the counties in that service area.

NA = Not Available

#### D. Internet access

There are differences in telehealth usage between urban and rural areas. In urban areas in 2024, there were 51 visits per 1,000 eligible members per month. Meanwhile, in rural areas, there were 29 telehealth visits per 1,000 eligible members per month<sup>26</sup>. There has also been a decrease in telehealth usage since the COVID-19 pandemic even though there has been a noticeable increase in both the U.S. and Georgia in the percentage of households with internet access. In 2023, 89.5% of Georgia households had internet access.

Internet access (%)					
	2019	2020	2021	2022	2023
United States	83.0	85.5	87.2	88.5	89.9
Georgia	81.6	84.6	86.4	87.9	89.5
Service Area	87.0	89.5	90.8	91.9	93.1
Primary Service Area	87.8	90.1	91.3	92.3	93.4
Secondary Service Area	84.3	87.0	88.8	90.6	92.0

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



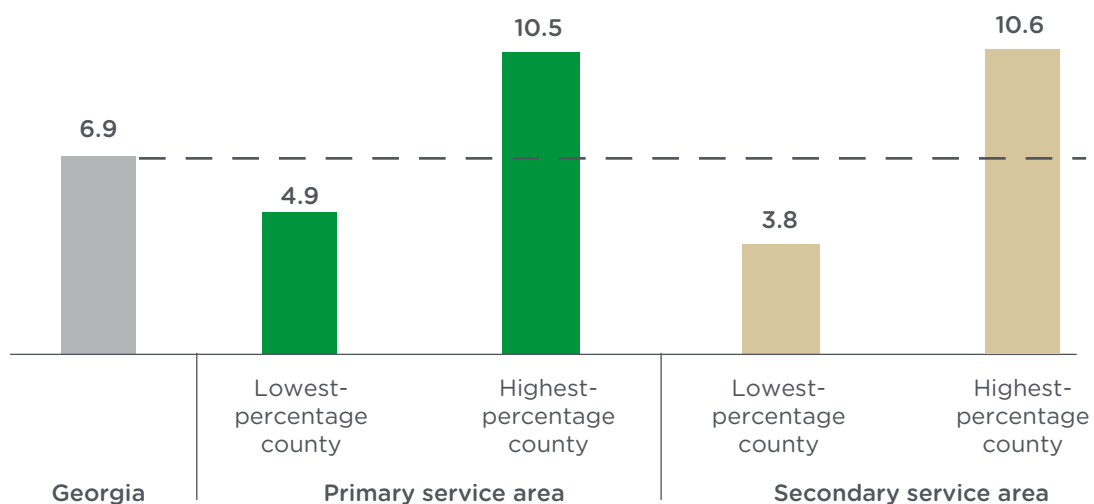
## E. Insurance

In 2023 in Georgia, 6.9% of children under 19 were uninsured. In some counties within Children's service area, the percentage of uninsured children was as high as 10.6%.

Percentage of uninsured children (under age 19)					
	2019	2020	2021	2022	2023
U.S.	5.1	5.2	5.3	5.3	5.4
Georgia	7.2	7.4	7.5	7.2	6.9
Overall Service Area	7.6	7.9	8.0	7.7	7.3
Primary Service Area	7.7	8.0	8.2	7.8	7.3
Lowest-Percentage County	5.4	5.2	5.5	5.5	4.9
Highest-Percentage County	10.0	11.9	11.8	11.9	10.5
Secondary Service Area	7.2	7.8	7.6	7.7	7.2
Lowest-Percentage County	6.0	4.8	4.4	3.8	3.8
Highest-Percentage County	10.1	9.7	10.4	11.1	10.6

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

### Percentage of uninsured children (<19 years old), 2023



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

## V. Obesity and associated health factors

### A. Prevalence

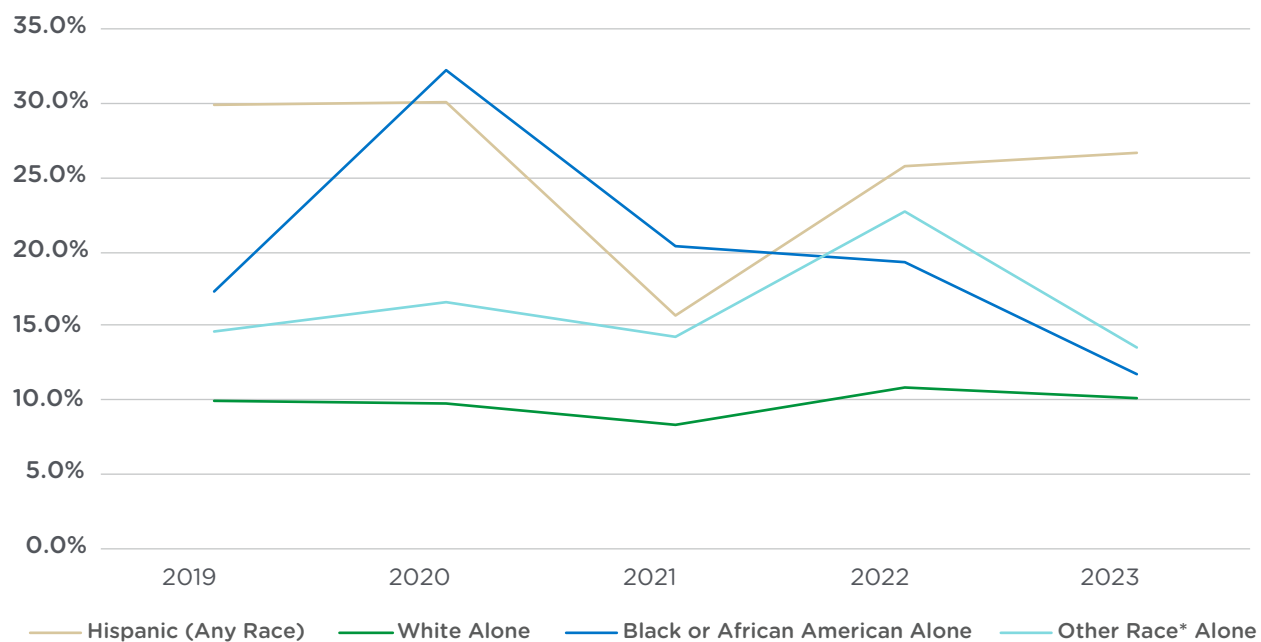
In Georgia in 2023, the prevalence of child and adolescent (age 10 to 17) obesity was 14%, which is a slight decrease from 2022. Even though there was an overall decrease in prevalence, the combined prevalence of overweight and obesity remains consistent, with certain communities experiencing increases. The highest obesity prevalence seen was in Hispanic children at 27%, which is almost double the overall 2023 prevalence in Georgia and 68% higher than Hispanic children in 2021. In recent years, obesity prevalence in non-Hispanic children of all races has been steady or decreased, while prevalence in Hispanic children has continued to increase.

	2019			
	U.S.		Georgia	
	Overweight	Obese	Overweight	Obese
Overall	15.2%	16.0%	17.8%	16.0%
Hispanic (Any Race)	16.1%	22.3%	23.0%	29.9%
White Alone	14.3%	11.9%	18.9%	10.0%
Black or African American Alone	18.8%	23.9%	17.2%	17.3%
Other Race Alone	12.5%	10.1%	5.3%	14.6%
	2020			
	U.S.		Georgia	
	Overweight	Obese	Overweight	Obese
Overall	16.3%	16.4%	15.8%	20.4%
Hispanic (Any Race)	20.7%	20.3%	13.5%	30.0%
White Alone	14.7%	12.4%	13.7%	9.8%
Black or African American Alone	16.2%	23.3%	20.5%	32.2%
Other Race Alone	12.9%	17.0%	13.3%	16.7%
	2021			
	U.S.		Georgia	
	Overweight	Obese	Overweight	Obese
Overall	16.2%	17.4%	18.3%	13.7%
Hispanic (Any Race)	19.9%	23.6%	14.1%	15.8%
White Alone	14.1%	13.5%	13.1%	8.3%
Black or African American Alone	18.0%	22.7%	25.2%	20.3%
Other Race Alone	14.2%	13.6%	28.5%	14.3%
	2022			
	U.S.		Georgia	
	Overweight	Obese	Overweight	Obese
Overall	15.2%	16.6%	13.4%	17.1%
Hispanic (Any Race)	17.9%	21.9%	13.4%	25.7%
White Alone	13.9%	12.7%	13.4%	10.9%
Black or African American Alone	16.5%	21.3%	15.6%	19.3%
Other Race Alone	13.0%	15.3%	6.9%	22.7%

	2023			
	U.S.		Georgia	
	Overweight	Obese	Overweight	Obese
Overall	15.5%	14.8%	15.8%	13.9%
Hispanic (Any Race)	18.5%	20.0%	15.7%	26.6%
White Alone	13.4%	11.4%	9.2%	10.2%
Black or African American Alone	17.2%	20.7%	23.3%	11.8%
Other Race Alone	15.4%	9.7%	20.1%	13.6%

Source: NSCH 2019 to 2023; Other Race includes Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander

**Georgia obesity prevalence trends by race/ethnicity, 2019 to 2023**



Source: NSCH 2019 to 2023; Other Race includes Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander

**B. Nutrition**

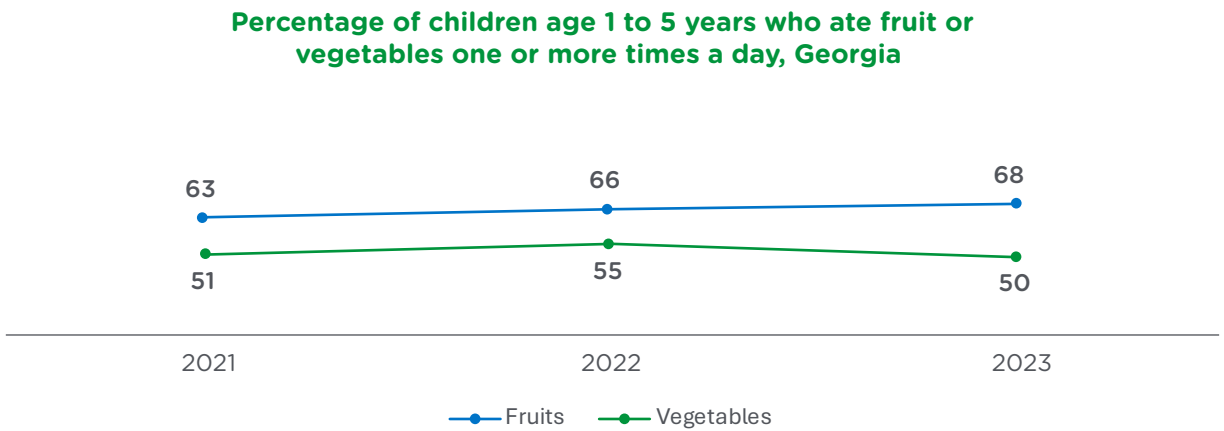
There has been an increase in the number of Georgia children age 1 to 5 years who ate fruit one or more times a day, from 63.1% in 2021 to 68.1% in 2023. Meanwhile, there has been a slight decrease in the percentage of children age 1 to 5 years who ate vegetables one or more times a day (from 51.2% in 2021 to 49.7% in 2023). In Georgia, 37% of children age 1 to 5 years did not consume any sugary beverages in the past week, a smaller percentage than what was seen in the U.S. (44.1%) in that same year.

Percentage of children age 1 to 5 years who ate fruit one or more times a day (%)			
	2021	2022	2023
U.S.	67.8	65.9	67.4
Georgia	63.1	66.1	68.1

Source: National Survey of Children’s Health

Percentage of children age 1 to 5 years who ate vegetables one or more times a day (%)			
	2021	2022	2023
U.S.	50.6	48.5	49.7
Georgia	51.2	54.9	49.7

Source: National Survey of Children’s Health



Source: National Survey of Children’s Health

Percentage of children age 1 to 5 years who did not consume any sugary beverages in the past week (%)			
	2021	2022	2023
U.S.	42.7	42.0	44.1
Georgia	38.8	31.8	37.0

Source: National Survey of Children’s Health

**C. Physical activity**

In Georgia in 2023, 52.9% of children and adolescents (age 6 to 17 years) play sports, and 28.2% children age 6 to 13 do enough aerobic physical activity.



Percentage of children and adolescents age 6 to 17 years who play sports (%)					
	2019	2020	2021	2022	2023
U.S.	55.4	53.3	48.4	53.8	55.4
Georgia	48.1	48.1	42.2	50.8	52.9

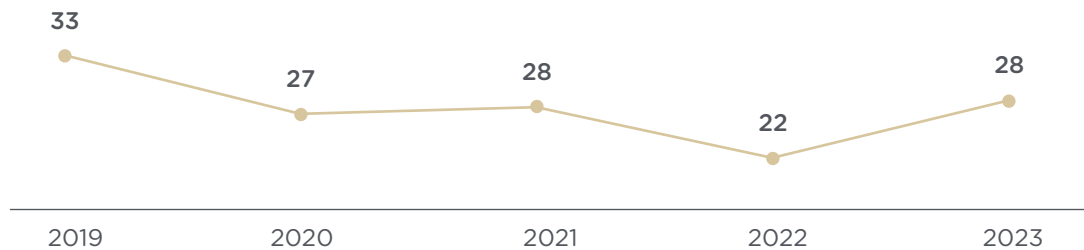
Source: National Survey of Children's Health

Percentage of children age 6 to 13 who do enough aerobic physical activity (%)					
	2019	2020	2021	2022	2023
U.S.	26.7	25.3	27.4	25.2	26.1
Georgia	33.1	26.7	27.6	22.0	28.2

\*At least 60 minutes every day

Source: National Survey of Children's Health

Percentage of children age 6 to 13 who do enough aerobic physical activity,\* Georgia



\*At least 60 minutes every day

Source: National Survey of Children's Health

#### D. Sleep

In Georgia in 2023, 42% of children age 6 to 17 years got sufficient sleep. This percentage has remained steady since 2019. Meanwhile, 42% of children age 2 to 5 years got no more than one hour of screen time a day. This was an 11% increase since 2019.

Percentage of children who get sufficient sleep, age 6 to 17 years (%)					
	2019	2020	2021	2022	2023
U.S.	45.3	45.8	46.1	45	45.8
Georgia	42.8	44.6	44.4	41.4	42.2

Source: National Survey of Children's Health

#### E. Screen time

Percentage of children age 2 to 5 years who get no more than one hour of screen time a day (%)					
	2019	2020	2021	2022	2023
U.S.	44.6	34.8	43.0	44.1	45.5
Georgia	38.2	35.2	43.7	43.6	42.4

Source: National Survey of Children's Health

## VI. Infectious disease prevention and management

The percentage of children age 24 to 35 months who received zero recommended vaccines by their second birthday in 2023 was 1.7, which was double the percentage of 2019. The influenza ER visit rate for children younger than 18 in 2023 was 989.6 per 100,000, and the hospitalization rate was 15.2 per 100,000. On the other hand, the COVID-19 ER visit rate for children younger than 18 was 460.2 per 100,000, and the hospitalization rate was 178.8. The influenza ER rate, influenza hospitalization rate and the COVID-19 ER visit rate all decreased from 2022 to 2023. The only rate that increased in that period was the COVID-19 hospitalization rate. For influenza, there was a decrease in the percentage of children under 18 who received their vaccine from 2019 to 2023, from 53.1% to 47.7%. HPV vaccination also decreased from 2019, from 45% of adolescents (age 13 to 15 years) having received their recommended dose of HPV vaccine to 40.1% in 2023.

### A. Immunization

Percentage of children under age 18 who received influenza vaccination in the previous 12 months (%)					
	2019	2020	2021	2022	2023
U.S.	53.1	52.5	45.7	45.9	47.7

Source: National Health Interview Survey

Percentage of children age 24 to 35 months who received 0 recommended vaccines by their second birthday (%)					
	2019	2020	2021	2022	2023
U.S.	1.5	1.0	1.0	1.4	1.7
Georgia	0.5	0.4	0.7	0.5	1.7

\*Source: National Immunization Survey—Child

Percentage of adolescents 13 to 15 years old who received recommended dose of HPV vaccine (%)					
	2019	2020	2021	2022	2023
U.S.	52.3	54.5	58.5	58.6	57.3
Georgia	45.0	49.5	58.7	59.0	40.1

\*Source: National Immunization Survey—Teen

### B. Infectious disease prevalence

Influenza ER visit rate (<18) per 100,000					
	2019	2020	2021	2022	2023
Georgia	1,300.7	726.6	185.7	1,289.4	989.6

Georgia Source: OASIS

Hospitalization rates from influenza (<18) per 100,000					
	2019	2020	2021	2022	2023
Georgia	18.2	13.4	2.9	20.5	15.2

Georgia Source: OASIS

Rates for hospitalizations are calculated using discharge rates

COVID-19 ER visit rate (<18) per 100,000					
	2019	2020	2021	2022	2023
Georgia	-	174.3	872.1	1058.9	460.2

Georgia Source: OASIS

Hospitalization rate from COVID-19 (<18) per 100,000					
	2019	2020	2021	2022	2023
Georgia	-	13.8	43.8	47.9	178.8

Georgia Source: OASIS

Rates for hospitalizations are calculated using discharge rates

## VII. Chronic disease prevention and management

Georgia had a higher percentage of children with asthma (8.6%) than the U.S. (6.7%) in 2023. Percentages have remained relatively steady since 2019 for both the U.S. and Georgia. ER child visit rates for asthma have declined in the U.S. and Georgia, at 24% and 20%, respectively. However, some counties within the overall service area have notably higher rates compared to both, up to 2,145.6 per 100,000. In 2021, 27% of children in the U.S. had any allergic condition.

### A. Asthma

Percentage of children with asthma (%)						
		2019	2020	2021	2022	2023
U.S.	Currently has condition	7.8	7.2	6.5	6.5	6.7
	Ever told, does not currently have	3.9	3.6	3.7	3.5	3.2
Georgia	Currently has condition	9.4	10.2	8.8	6.8	8.6
	Ever told, does not currently have	4.9	4.0	3.3	4.1	3.4

Source: National Survey of Children's Health

ER visit rates for children under 5 with asthma (per 100,000 children)					
	2019	2020	2021	2022	2023
Georgia	1,359.5	516.8	1,058.7	1,235.3	1,024.0
Primary Service Area	1,655.3	604.8	1,377.2	1,639.1	1,321.8
Lowest-Rate County	474.5	228.7	502.6	748.8	431.1
Highest-Rate County	2,323.9	887.0	1,963.7	2,179.8	1,718.5
Secondary Service Area	1,434.4	505.9	1,043.4	1,299.4	1,080.6
Lowest-Rate County	643.8	238.0	592.7	630.2	444.4
Highest-Rate County	2,039.4	1,042.4	1,202.2	1,690.8	2,145.6

Source: OASIS

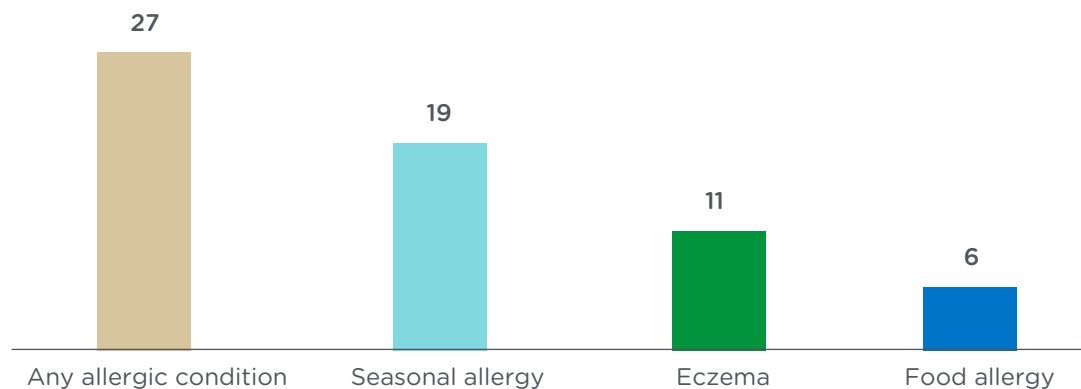
## B. Allergy conditions

Percentage of children from birth to 17 years with a diagnosed seasonal allergy, eczema, food allergy or any of those three allergic conditions: U.S., (%)

	2021
Any allergic condition	27.2
Seasonal allergy	18.9
Eczema	10.8
Food allergy	5.8

Source: National Center for Health Statistics, National Health Interview Survey

Percentage of children from birth to 17 years with a diagnosed seasonal allergy, eczema, food allergy or any of those three allergic conditions, U.S., 2021



Source: National Center for Health Statistics, National Health Interview Survey

VIII. Child abuse and neglect

The child abuse and neglect death rate in Georgia increased from 2.7 per 100,000 in 2019 to 4.1 in 2023. The nonfatal child abuse and neglect rate in Georgia also increased, from 400 per 100,000 in 2019 to 450 in 2023. The percentage of children in Georgia who experienced three or more Adverse Childhood Events in 2023 was 10.9%, which is similar to the U.S. (9.1%).

Percentage of children who experienced three or more adverse childhood events (ACEs) (%)					
	2019	2020	2021	2022	2023
U.S.	9.8	8.8	8.5	9.2	9.1
Georgia	11.1	9.4	9.2	8.6	10.9

Source: National Survey of Children's Health

Child abuse and neglect death rate (per 100,000 children)					
	2019	2020	2021	2022	2023
U.S.	2.5	2.5	2.6	2.8	2.7
Georgia	2.7	3.4	3.6	4.5	4.1

Source: National Child Abuse and Neglect Data System (NCANDS)

Nonfatal child abuse and neglect rate (per 100,000 children)					
	2019	2020	2021	2022	2023
U.S.	920	830	810	760	740
Georgia	400	340	380	410	450

Source: Calculated from National Child Abuse and Neglect Data System (NCANDS)



## IX. Injury prevention

The fatal unintentional injury rate for youth younger than 19 increased 25% from 2019 to 2023, from 9.06 to 11.28. The firearm death rate per 100,000 children younger than 19 was 7.43 in Georgia, significantly higher than the rate seen in the U.S. (5.17). The highest death rate is from homicide, in both the U.S. (3.41) and Georgia (5.05). The ER visit rate associated with accidental shooting for youth younger than 19 was 25.7 per 100,000 in Georgia. In some counties within the Children's service area, the rate went as high as 44.5. There was a 28% increase from 2019 to 2023 in ER visit rates for accidental shootings. In 2023, the SIDS death rate was 77.9 per 100,000 in Georgia. It has remained relatively steady since 2019. The U.S. and Georgia have similar drowning death rates for children under 18, at 1.2 and 1.6, respectively. In Georgia in 2023, the ER visit rate per 100,000 youth from birth to age 19 associated with a motor vehicle crash was 595.4, with a noticeable decrease from the rate seen in 2019 (724.2).

### A. Firearms

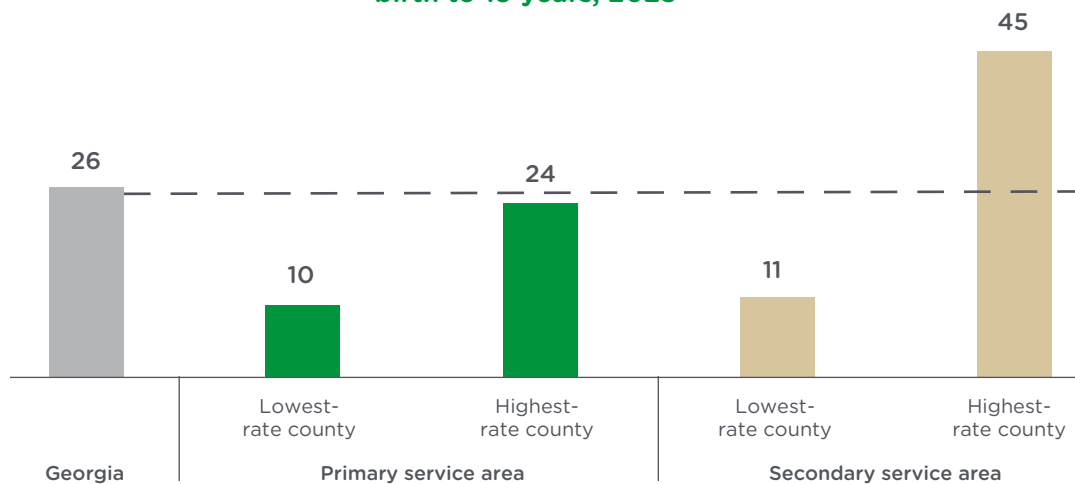
Firearm death rates per 100,000, birth to 19 years					
	2019	2020	2021	2022	2023
<b>U.S.</b>	4.07	5.12	5.58	5.38	5.17
Accidental Shooting	0.14	0.18	0.2	0.17	0.18
Homicide	2.43	3.30	3.59	3.64	3.41
Suicide	1.4	1.51	1.66	1.44	1.44
<b>Georgia</b>	5.62	7.07	8.26	8.92	7.43
Accidental Shooting	0.2	0.4	0.2	0.5	0.3
Homicide	3.58	4.40	5.29	6.28	5.05
Suicide	1.75	2.09	2.63	1.86	2.0

**Source:** OASIS, WISQARS, National Vital Statistics System: Mortality; Produced by National Center for Injury Prevention and Control, CDC

ER visit rate, accidental shooting per 100,000 (birth to 19 years)						
		2019	2020	2021	2022	2023
<b>Georgia</b>		20.1	21.2	24.2	27.6	25.7
<b>Primary Service Area</b>	Lowest-Rate County	11.7	10.8	8.3	8.9	9.8
	Highest-Rate County	14.1	14.7	19.1	25.1	23.8
<b>Secondary Service Area</b>	Lowest-Rate County	14.2	12.6	-	17.9	10.7
	Highest-Rate County	21.7	21.6	30.2	30.2	44.5

**Source:** OASIS

### ER visit rate, accidental shooting, birth to 19 years, 2023



Source: OASIS

### B. Sleep

#### Proportion of infants who are put to sleep on their backs

	2018	2019	2020	2021	2022
U.S.	79.7	79.8	80.3	81.4	81.2

Source: Healthy People 2030, Pregnancy Risk Assessment Monitoring System

#### Death rate, SIDS, <1, per 100,000

	2019	2020	2021	2022	2023
Georgia	80.9	84.3	81.4	98.6	77.9

Source: OASIS

### C. Drowning

#### Drowning ER visits (<18) per 100,000

	2019	2020	2021	2022	2023
U.S.	5.4	3.8	5.7	-	-
Georgia	9.1	5.0	5.9	7.5	8.0

\*Crude rate per 100,000, currently showing single-year ages (birth to 17)

National Source: CDC WISQARS, uses NCHS and NEISS-AIP data

Georgia Source: OASIS

#### Drowning death rate (<18) per 100,000

	2019	2020	2021	2022	2023
U.S.	1.0	1.1	1.2	1.1	1.2
Georgia	1.3	1.2	1.2	1.4	1.6

\*Crude rate per 100,000, currently showing single-year ages (birth to 17)

National Source: CDC WISQARS, uses NCHS and NEISS-AIP data

Georgia Source: OASIS

#### D. Motor vehicle crashes

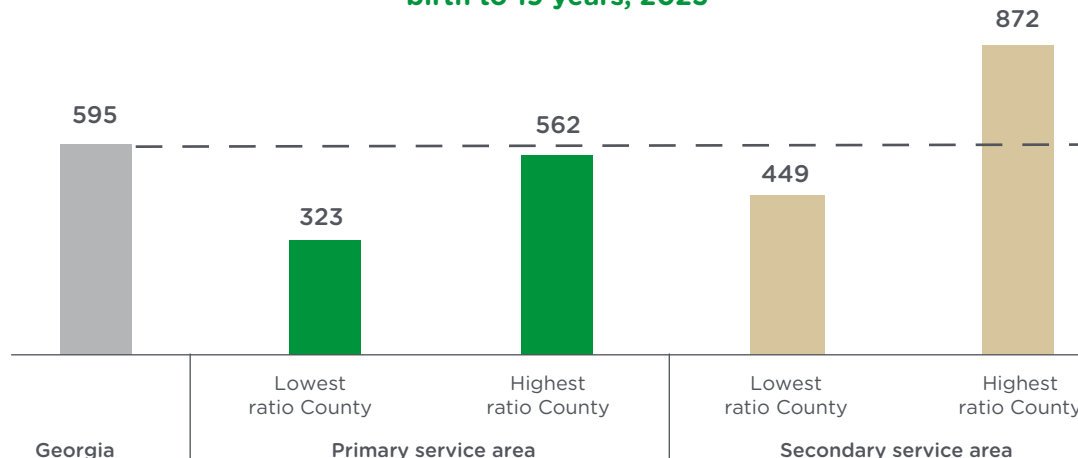
Motor vehicles crash-associated death rate per 100,000 (birth to 19 years)					
	2019	2020	2021	2022	2023
Georgia	4.7	6.0	6.4	5.9	5.7

Source: OASIS

Motor vehicle crash-associated ER visit rate per 100,000 (birth to 19 years)						
		2019	2020	2021	2022	2023
Georgia		724.2	549.2	542.8	536.1	595.4
Primary Service Area	Lowest-Rate County	408.7	297.3	325	291	322.8
	Highest-Rate County	692.1	441.6	360.1	392.6	562.3
Secondary Service Area	Lowest-Rate County	570.7	305.9	326.6	299.1	448.8
	Highest-Rate County	1,056.8	888.5	565.2	564.2	871.8

Source: OASIS

**Motor vehicle crash-associated ER visit rate per 1,000, birth to 19 years, 2023**



Source: OASIS

#### E. Fatal injuries

Children and adolescent fatal unintentional injury rate per 100,000 (birth to 19 years)					
	2019	2020	2021	2022	2023
U.S.	9.04	10.34	11.37	10.92	10.94
Georgia	9.06	11.72	12.19	12.46	11.28

Source: WISQARS, National Vital Statistics System: Mortality; Produced by National Center for Injury Prevention and Control, CDC.

X. Adolescent health

Relevant areas for adolescent health are substance use, sexually transmitted infections and infections. There has been a decrease in the percentage of adolescents age 11 to 18 who drank alcohol in the previous month, from 8% in 2020 to 5.8% in 2024. In 2024, 5% of adolescents had used marijuana at least once in the prior 30 days, which is a 22% decrease from 2020. Electronic vapor product use also decreased, by 26% from 2020 to 2024, with 5.2% of adolescents reporting having used a product in the previous 30 days. Only 3% of adolescents reported smoking cigarettes at least once in the previous 30 days. Methamphetamines, heroin, prescription drug painkillers, drug tranquilizers and drug stimulants saw an increase in usage since 2020. In Georgia in 2024, 3% of adolescents used methamphetamines, 3% used heroin, 4% used painkillers, 3% used drug tranquilizers and 3% used drug stimulants. Chlamydia rates in Georgia in 2023 were noticeably higher, at 2,560 per 100,000, than those seen in the U.S., at 1,711.7 per 100,000. Syphilis and gonorrhea rates include youth older than 18 because the incidence is higher in older adolescents. The rate of primary and secondary syphilis in Georgia in 2023 was 10.1 per 100,000. In some counties within the overall service areas, there are rates as high as 25. Gonorrhea rates among 15- to 24-year-olds have considerably increased from 2019 to 2023. The rate in 2019 was 244.7 per 100,000, and in 2023, it was 337.4. This was a 38% increase. The percentage of adolescents (age 15 to 19) who used the most effective methods of contraception in 2023 in the U.S. was 59%, while the percentage of adolescents in that same age range who received sex education before 18 was 48.7%, a decrease from 52.8% in 2017.

A. Substance use

i. Alcohol

Percentage of adolescents age 11 to 18 who had at least one drink of alcohol in the past 30 days (%)					
	2020	2021	2022	2023	2024
Yes	8.0	8.2	7.1	6.4	5.8

Source: Georgia Student Health Survey

High school students who currently drink alcohol*															
	2019					2021					2023				
	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total	9th	10th	11th	12th	Total
U.S.	19	26.7	32.3	39.9	29.2	14.7	18.9	26	32.2	22.7	14.8	18.8	23.9	32	22.1
Georgia	11.6	17.6	19.8	22.2	17.5	22.8	18.5	19.1	38	24.7	NR	NR	NR	NR	NR

\* At least one drink of alcohol on at least one day during the 30 days before the survey.

NR = Not Reported

Source: Youth Risk Behaviors Surveys, 2019 to 2023

ii. Marijuana

Percentage of adolescents age 11 to 18 who used marijuana in the past 30 days (%)					
	2020	2021	2022	2023	2024
Yes	6.0	5.4	5.8	5.3	4.7

Source: Georgia Student Health Survey

### iii. Other drugs

#### Percentage of adolescents age 11 to 18 who used methamphetamines in the past 30 days (%)

	2020	2021	2022	2023	2024
Yes	1.6	1.6	2.5	2.6	2.7

Source: Georgia Student Health Survey

#### Percentage of adolescents age 11 to 18 who used heroin in the past 30 days (%)

	2020	2021	2022	2023	2024
Yes	1.8	1.6	2.4	2.5	2.6

Source: Georgia Student Health Survey

#### Percentage of adolescents age 11 to 18 who used a prescription drug painkiller\* that was not prescribed to them in the past 30 days (%)

	2020	2021	2022	2023	2024
Yes	2.7	NC	3.7	3.7	3.6

\*Such as Hydrocodone, Oxycodone, Gabapentin or Tramadol

NC = Not Collected

Source: Georgia Student Health Survey

#### Percentage of adolescents age 11 to 18 who used a prescription drug tranquilizer or sedative\* that was not prescribed to them in the past 30 days (%)

	2020	2021	2022	2023	2024
Yes	2.1	NC	2.7	2.7	2.7

\*Such as Benzos, Xanax, Klonopin or Ativan

NC = Not Collected

Source: Georgia Student Health Survey

#### Percentage of adolescents age 11 to 18 who used a prescription drug stimulant\* that was not prescribed to them in the past 30 days (%)

	2020	2021	2022	2023	2024
Yes	2.2	NC	3.0	3.0	3.0

\*Such as Ritalin or Adderall

NC = Not Collected

Source: Georgia Student Health Survey

## B. Tobacco use and vaping

#### Percentage of high school students who currently smoke cigarettes or cigars or use smokeless tobacco (%)

	2019	2021	2023
U.S.	9.3	6.0	6.5
Georgia	7.5	6.2	-

Source: Youth Risk Behavior Survey, 2019 to 2023



Percentage of high school students who currently use electronic vapor products (%)			
	2019	2021	2023
U.S.	32.7	18.0	16.8
Georgia	17.0	18.2	-

Source: Youth Risk Behavior Survey, 2019 to 2023

Percentage of adolescents age 11 to 18 who used an electronic vapor product 0 days out of the past 30 days (%)					
	2020	2021	2022	2023	2024
Georgia	93	92.6	93	93.8	94.8

Source: Georgia Student Health Survey

Percentage of adolescents age 11 to 18 who smoked cigarettes 0 days out of the past 30 days (%)					
	2020	2021	2022	2023	2024
Georgia	97.5	97.6	97.2	97.1	97

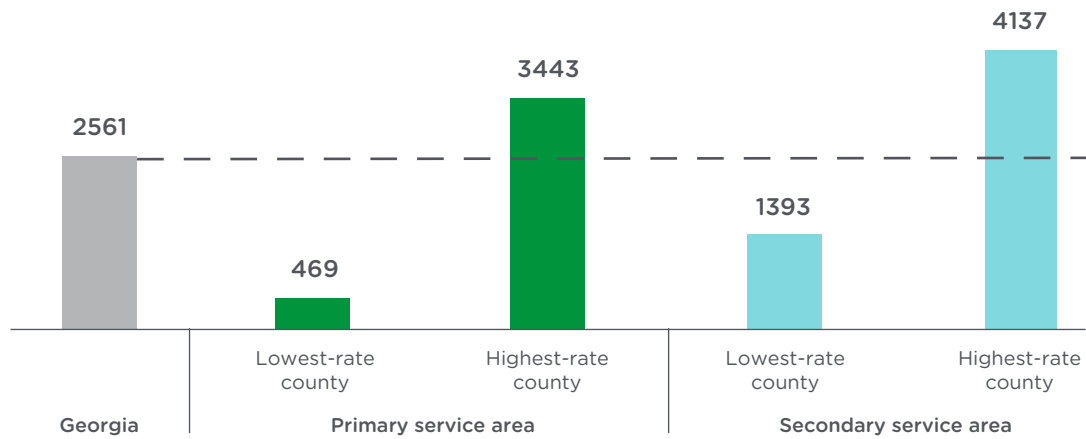
Source: Georgia Student Health Survey

### C. Sexually transmitted infections

Chlamydia rates for adolescents age 15 to 19 (per 100,000 adolescents)					
	2019	2020	2021	2022	2023
U.S.	2,156.0	1,794.0	1,743.1	1,739.5	1,711.7
Georgia	2,655.2	2,293.4	2,353.6	2,563.2	2,560.8
Primary Service Area	1,966.5	1,741.3	1,950.1	2,087.8	2,270.4
Lowest-Rate County	544.1	371.5	538.7	664.2	469.2
Highest-Rate County	2,398.6	2,376.0	2,835.9	3,167.8	3,442.6
Secondary Service Area	2,003.1	1,842.7	1,838.9	1,909.2	2,080.9
Lowest-Rate County	1,135.7	1,043.5	1,317.4	1,141.0	1,354.1
Highest-Rate County	3,468.9	2,918.2	3,187.2	3,442.4	4,137.3

Source: OASIS

**Chlamydia rates for adolescents age 15 to 19  
(per 100,000 adolescents), 2023**



Source: OASIS

**Percentage of female adolescents (age 16 to 24) who were screened for chlamydia (%)**

	2018	2019	2020	2021	2022
U.S.	54.9	55.4	51.9	52.9	53.4

\*Source: HP2030

**Rates per 100,000 of primary and secondary syphilis in females**

	2019	2020	2021	2022	2023
U.S.	3.9	4.7	7.3	8.7	8.1
Georgia	3.6	4.7	6	9	10.1

Source: National Notifiable Diseases Surveillance System (NNDSS)

**Rates per 100,000 population of primary and secondary syphilis in females**

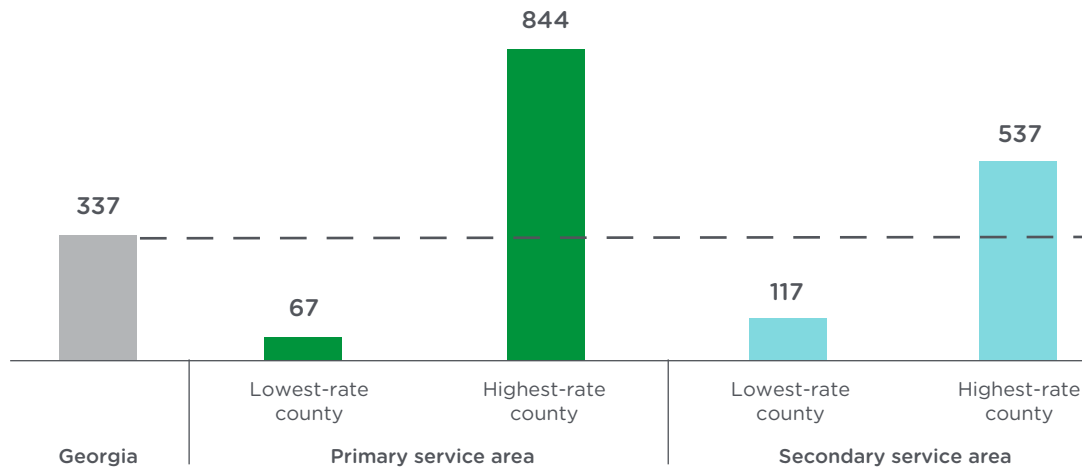
		2023
U.S.		8.1
Georgia		10.1
Primary Service Area	Lowest-Rate County	1.8
	Highest-Rate County	25
Secondary Service Area	Lowest-Rate County	3.9
	Highest-Rate County	14.4

Source: National Notifiable Diseases Surveillance System (NNDSS); age 15 to 44

Rates of gonorrhea among males (15 to 24), per 100,000						
		2019	2020	2021	2022	2023
Georgia		244.7	259.7	353.1	348.6	337.4
Primary Service Area	Lowest-Rate County	44.7	70.4	87.5	68.1	100.8
	Highest-Rate County	557.8	593.2	817	873.8	844.3
Secondary Service Area	Lowest-Rate County	94.4	112	154.3	133.3	117.2
	Highest-Rate County	332.1	279.2	413.5	471.6	537.3

Source: Georgia Department of Public Health with OASIS Web Query Tool

### Rates of gonorrhea among males (15 to 24), 2023



\*Includes two best-performing and two worst-performing counties by service area

Source: OASIS

## D. Contraception

Percentage of adolescent females (15 to 19 years) currently using the most effective or moderately effective methods of contraception (%)			
	2015 to 2017	2017 to 2019	2022 to 2023
U.S.	56.3	53.3	59.59

Source: Healthy People 2030, National Survey of Family Growth

Proportion of adolescents (15 to 19 years) who get formal sex education before age 18 (%)			
	2015 to 2017	2017 to 2019	2022 to 2023
U.S.	52.8	54.5	48.74

Source: Healthy People 2030, National Survey of Family Growth

## XI. Oral health

The percentage of children and adolescents who used the oral health care system in 2022 in Georgia was 46.7%, while the percentage of children and adolescents who received preventive dental services was 81.2%. The ratio of people to dentists in the U.S. (1,360 to 1) and Georgia (1,860 to 1) is relatively similar. Counties within the Children's service area had noticeably higher ratios at 6,150 to 1.

Percentage of children and adolescents who used the oral health care system (%)				
	2019	2020	2021	2022
U.S.	45.4	53.3	47.7	45.5
Census Region: South	48.3	56.2	50.3	46.7

\*Source: Medical Expenditure Panel Survey (MEPS)

Percentage of children and adolescents receiving preventive dental services in the past year (%)					
	2019	2020	2021	2022	2023
U.S.	80.1	74.9	75.3	78.6	79.8
Georgia	78.7	73.2271	75.2	79.7	81.2

Source: National Survey of Children's Health

Proportion of low-income youth who made a preventive dental visit (%)					
	2019	2020	2021	2022	2023
U.S.	74.5	68.0	69.6	72.0	74.0
Georgia	73.0	66.9	70.2	75.8	74.5

Percentage of children age 1 through 17 years who reside in households with income less than 200% of the federal poverty level and received a preventive dental service

Source: National Survey of Children's Health

Ratio of people to dentists				
	2019	2020	2021	2022
U.S.	1,400:1	1,400:1	1,380:1	1,360:1
Georgia	1,920:1	1,920:1	1,880:1	1,860:1
Primary Service Area	2,205:1	2,211:1	2,209:1	2,185:1
County With Fewest Dentists per Resident	4,060:1	4,010:1	4,180:1	4,300:1
County With Most Dentists per Resident	1,410:1	1,420:1	1,340:1	1,320:1
Secondary Service Area	3,031:1	3,085:1	2,907:1	2,877:1
County With Fewest Dentists per Resident	6,020:1	6,670:1	5,990:1	6,150:1
County With Most Dentists per Resident	1,040:1	1,030:1	980:1	950:1

Source: County Health Rankings, 2021 to 2025





**Children's**  
**Healthcare of Atlanta**  
CHILDREN'S HEALTHCARE OF ATLANTA



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## Appendix E: Children's resource inventory

### Healthcare services

Children's provides primary care at Hughes Spalding Primary Care Center. Primary care services are also provided through The Children's Care Network, a clinically integrated network of over 160 community practices in Georgia.

#### The Children's Care Network

TCCN is Georgia's only comprehensive pediatric clinically integrated network, demonstrating performance and value by emphasizing data-driven approaches to quality improvements. This clinically integrated network is a collaboration between a hospital system and independent providers to improve patient outcomes at a community level. TCCN was created through a partnership of community physicians, both primary care and specialists, and Children's to strengthen pediatrics in Georgia and ensure better health outcomes for patients. TCCN provides resources to enhance quality of care, improve outcomes and reduce costs in inpatient and outpatient settings. Network benefits include technical resources, business support and pediatric expertise.

404-785-0101 | [tccn-choa.org](https://tccn-choa.org)

#### Hughes Spalding

Hughes Spalding is a hospital managed by Children's for the Fulton-Dekalb Hospital Authority. In addition to being an acute care hospital with a full-service Emergency Department and inpatient beds, Hughes Spalding provides primary care services for children and adolescents. In 2024, the Primary Care Center managed 20,619 visits and 9,875 patients.

Hughes Spalding is located at 35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303.

404-785-KIDS (5437) | [choa.org/locations/hughes-spalding-hospital](https://choa.org/locations/hughes-spalding-hospital)

#### The Judson L. Hawk Jr., MD, Clinic for Children

The Judson L. Hawk Jr., MD, Clinic for Children is a service of Children's and offers multispecialty outpatient treatment for children with a wide range of conditions. Because all outpatient services are housed in one place, families can receive comprehensive care for children with complex medical issues at this central location. Specialists provide services to patients and families in one appointment, reducing the number of school and work absences. The Judson Hawk Clinic provides continuity and coordination of quality pediatric health service for infants, children and adolescents with complex medical issues.

The clinic is located on the sixth floor of the Center for Advanced Pediatrics at 2174 North Druid Hills Road NE, Atlanta, GA 30329.

404-785-KIDS (5437) | [choa.org/medical-professionals/referrals-and-transfers/directory-of-services](https://choa.org/medical-professionals/referrals-and-transfers/directory-of-services)

#### Center for Advanced Pediatrics

The Center for Advanced Pediatrics opened in 2018 to bring complex care specialists, modern technology and advanced research for outpatient pediatric care under one roof. Children's offers services including aerodigestive, allergy and immunology, asthma, cardiac, cerebral palsy, cystic fibrosis, developmental progress, diabetes, endocrinology, feeding, gastroenterology, general and thoracic surgery, genetics, gynecology, infectious disease, interventional radiology, medically complex care, multispecialty clinics, nephrology, neurogastroenterology, neurology, neurophysiology, neuropsychology, orthopedics and sports medicine, orthotics and prosthetics, otolaryngology, pain relief, pelvic and anorectal, psychiatry,

pulmonology, rheumatology and sleep disorders, and includes the Children's Strong4Life Clinic and vascular anomalies clinic.

The Center for Advanced Pediatrics is located at 2174 North Druid Hills Road NE, Atlanta, GA 30329.

404-785-KIDS (5437) | [choa.org/locations/center-for-advanced-pediatrics](https://choa.org/locations/center-for-advanced-pediatrics)

### **404-785-KIDS**

404-785-KIDS is a 24-hour service that helps caregivers determine appropriate levels of care for their children and can help bridge the gap for patients without access to a pediatrician. It is staffed by specially trained pediatric nurses with an average of more than 15 years of telephone triage experience. The nurse advice line provides patients with access to skilled pediatric nurses, who give home care advice or advise patients to seek a higher level of care when needed. The team also provides care management services, including registered nurses dedicated to patients with concussions and diabetes.

404-785-KIDS (5437)

### **Nurse Navigation Program**

Nurse navigators work in early learning centers serving children between the ages of 6 weeks and 5 years. The nurse navigator is part of a community-based model that integrates child health services and early childhood education to help young children stay healthy, develop on track, and thrive socially and emotionally in order to achieve academic success.

#### **The essential pillars of the work are:**

- Health navigation and care coordination
- Health education
- Multidisciplinary care
- Data collection and evaluation

### **Children's Specialty Services**

Children's Specialty Services is managed by the Children's Physician Group, one of the largest pediatric multispecialty physician practices in the Southeast. Children's has over 60 pediatric specialties and programs and more than 1,200 physicians and 440 advanced practice providers. All Children's specialists accept and serve Medicaid patients. Children's offers access to pediatric subspecialists across 56 neighborhood locations in Atlanta and surrounding communities. Pediatric specialists are available to patients and healthcare providers through telemedicine, offering remote consultations, evaluations and training.

#### **Children's specialties include:**

- |                            |                              |
|----------------------------|------------------------------|
| • Allergy and immunology   | • Anesthesia                 |
| • Apnea                    | • Cardiothoracic surgery     |
| • Child advocacy           | • Critical care              |
| • Cystic fibrosis          | • Diabetes and endocrinology |
| • Emergency medicine       | • Gastroenterology           |
| • General surgery          | • Gynecology                 |
| • Hematology/oncology      | • Hepatology                 |
| • Hospitalists             | • Infectious diseases        |
| • Interventional radiology | • Neonatology                |
| • Nephrology               | • Neurology                  |

- Neuropsychology
- Orthopedics and sports medicine
- Pathology
- Plastic surgery
- Psychiatry
- Radiology
- Sedation services
- Transplant
- Neurosurgery
- Otolaryngology (ENT)
- Physiatry
- Primary care
- Pulmonology
- Rheumatology
- Sleep
- Urgent care

For a full list of Children's specialties and locations, call 404-785-KIDS (5437) or visit [choa.org/medical-services/all-services](https://choa.org/medical-services/all-services).

### **The rural access line**

The rural access line is a direct line provided by Children's for rural providers participating in KidsABC to seek consultative support for Children's pediatric specialists.

## **Pediatric behavioral health and mental services**

### **Marcus Autism Center**

Marcus Autism Center offers specialty services and evidence-based treatments to approximately 5,000 children with autism spectrum disorder (ASD) each year within its walls and impacts at least 5,000 additional children in the community. Marcus Autism Center offers clinical services, educational programs, outreach clinics, support services and access to one of the largest healthcare teams dedicated to child development in Georgia. As a National Institutes of Health Autism Center of Excellence, Marcus Autism Center serves as a community resource for parents and children across Georgia and is one of the largest and most comprehensive centers in the country for the diagnosis and treatment of ASD and related disorders. Marcus Autism Center actively collaborates with the Georgia Department of Public Health's Babies Can't Wait Program, Georgia's Department of Early Care and Learning's program Bright from the Start, and Head Start programs locally and nationally. Marcus Autism Center also collaborates with 1,700 Children's community physicians and the Kids Health First Pediatric Alliance in metro Atlanta. Strategic alliances enable Marcus Autism Center to translate ASD research findings to providers across Georgia.

Marcus Autism Center's mission is to maximize the potential of children with ASD today and to transform the nature of ASD for future generations. Marcus Autism Center is achieving this goal through the integration of multiple services into one coordinated care model, quickly translating research findings into clinical practice and extending into the community and naturalistic settings.

### **Marcus Autism Center offers the following programs:**

- The Applied Behavior Analysis (ABA) Therapy Services Program provides individualized treatment focused on improving social communication and play, core deficits associated with ASD. It utilizes developmental and play-based strategies to help make sure children are motivated and engaged while working on treatment goals that are most critical for their continued development.
- The School Consultation Program provides consultation, training and professional development for school systems to effectively serve students with ASD in all educational settings so they can achieve success. The program provides consultation to teachers

and school staff to help guide their classroom services. The goal is to increase capacity within the school district by increasing teachers' skills and knowledge in working with students with ASD. Marcus Autism Center consults with classroom staff to design support strategies and develop solutions to a variety of challenges that can be generalized to other students.

- The Complex Behavior Support Program provides comprehensive and inclusive treatment services for children with ASD and/or children who have a developmental delay, or who engage in behaviors that pose a risk to their safety and/or impede their quality of life.
- The Multidisciplinary Feeding Program offers comprehensive care to help children develop a positive relationship with food. The Feeding Program offers many levels of services: a feeding clinic, day treatment program, outpatient program, and managing eating aversions and limited variety (MEAL) plan.
- The Language and Learning Program provides individualized treatment for language delays and disorders. It includes a combination of teaching skills in simple and structured ways, building teachable moments into everyday activities, addressing barriers to learning and training parents to engage in skill building with their child.

Marcus Autism Center is located at 1920 Briarcliff Road, Atlanta, Georgia, 30329.  
404-785-9400 | [marcus.org](https://marcus.org)

### **Children's at Chantilly Drive and the Children's Healthcare of Atlanta Zalik Behavioral and Mental Health Center**

Children's Zalik Behavioral and Mental Health Center serves as a central location for providers and community partners to come together to deliver evidence-based mental health care to kids throughout Georgia. Children's provides a balance of prevention and outpatient treatment services, with crisis recovery services supported by training support from The Hope Institute. Currently, appointments are available only via internal referrals.

#### **In-person and telehealth services provided include:**

- Medication management
- Psychiatric assessments
- Brief supportive psychotherapy
- Referrals to community care
- Crisis recovery services
  - Recovery Care Clinic
  - Bridge Clinic, offering care for patients with acute psychiatric needs awaiting long-term treatment within the community

Children's at Chantilly Drive, a department of Scottish Rite, also provides behavioral and mental health services.

Children's at Chantilly is located at 1605 Chantilly Drive NE, Atlanta, GA 30324.  
404-785-7878 | [choa.org/locations/childrens-at-chantilly-drive](https://choa.org/locations/childrens-at-chantilly-drive)

The Zalik Behavioral and Mental Health Center is located at 1777 Northeast Expressway, Atlanta, GA 30329.  
404-785-7878 | [choa.org/locations/zalik-behavioral-and-mental-health-center](https://choa.org/locations/zalik-behavioral-and-mental-health-center)

### **Rural behavioral and mental health support**

Children's and Mercer University School of Medicine provide behavioral and mental health support in rural communities by working with schools, pediatricians and hospitals to develop a comprehensive approach to pediatric mental health. This support currently is offered in three communities, with virtual mental health services and a focus on suicide awareness and prevention.

### Assessment in primary care settings

Hughes Spalding Primary Care Center has social workers on site to help with behavioral health assessments. Children requiring treatment are then referred to the appropriate setting for care.

Hughes Spalding Primary Care Clinic is located at 35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303. 404-785-KIDS (5437) | [choa.org/medical-services/primary-care](https://choa.org/medical-services/primary-care)

### Outpatient hospital services

- Outpatient behavioral health services are offered through various service lines at Children's, including neurosciences, the Aflac Cancer and Blood Disorders Center, Sibley Heart Center Cardiology, rehabilitation services, Strong4Life Clinic, transplant services, and pain and palliative care.
- Children's offers a wide array of other outpatient services, ranging from coping with pain to assessing potential developmental delays because of chemotherapy treatments.
- Children's partners with mental health providers within the community to offer support and provide services where available.

### Inpatient hospital services

- Children's does not operate an inpatient behavioral health unit, but it addresses behavioral health contributors to medical illness through a comprehensive consultation-liaison service.
- Inpatient and Emergency Department consultations are available at Arthur M. Blank Hospital, Scottish Rite and Hughes Spalding.

## Adolescent services

### Adolescent Medicine Clinic

The clinic supports adolescents by talking about their health and well-being with them and their parents (and privately). Services offered include:

- Comprehensive medical care for adolescents, including school and sports physicals and vaccines
- Comprehensive sexual education and related medical care for teens with developmental delays
- Evaluation and treatment of menstrual and gynecological disorders
- Female and male confidential family planning services
- Pregnancy testing
- Pregnancy prevention education
- Puberty and growth concerns
- Screening and medical care for patients with eating disorders such as anorexia and obesity
- Screening and treatment for mental health issues such as attention deficit hyperactivity disorder (ADHD), uncomplicated anxiety and depression, and self-injurious behaviors
- Sexually transmitted infection and HIV screening and treatment



- Substance abuse screening
- Tobacco cessation counseling

The Adolescent Medicine Clinic is located in Hughes Spalding, at 35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303.

404-785-KIDS (5437) | [choa.org/medical-services/adolescent-medicine](https://choa.org/medical-services/adolescent-medicine)

## Asthma and pulmonology services

### High Risk Asthma Program

The goal of the program is to coordinate care and support for children with asthma and their families. The program provides education and communication among families, providers and schools to help decrease missed days of school, hospital admissions and Emergency Department visits.

### Community outreach

The Children's asthma team works with many community groups and programs to help care for children with asthma where they live, learn and play.

404-785-7240 | [choa.org/medical-services/asthma#pediatricasthmaresources](https://choa.org/medical-services/asthma#pediatricasthmaresources)

### Education

On-site and web-based asthma education is provided to:

- School staff
- Parent groups
- After-school programs
- School nurses and clinic workers
- Childcare centers
- Primary care physician offices
- Community groups

### Ronald McDonald Care Mobile

Starting in the fall of 2016, the Children's asthma team and Ronald McDonald House Charities began collaborating to provide asthma care at select schools in metro Atlanta. The RMCM helps address barriers to care (such as transportation) by bringing a 40-foot vehicle with exam rooms, medical supplies and equipment similar to that in a doctor's office to these schools. Services are provided to children during school hours.

[choa.org/rmcm](https://choa.org/rmcm)

### Children's Asthma Center

The Asthma Center, located at Hughes Spalding, provides testing, treatments and equipment for patients with asthma. Pediatricians at the center go to patients' homes to coordinate their care and assess the conditions of the child's living environment. Pediatricians at the center also educate patients, community physicians and school staff on triggers and asthma management. The program includes a nurse navigator who is dedicated to providing further education, support and coordination to patients seen through the Hughes Spalding Emergency Department, admitted as inpatients or seen in the Asthma Center.

The Children's Asthma Center is located in Hughes Spalding, at 35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303

404-785-9960 | [choa.org/medical-services/asthma](https://choa.org/medical-services/asthma)

## Chronic disease care services

### Telemedicine Program

The Children's telemedicine program provides patients with access to the expertise of pediatric specialists through live, secure video.

[choa.org/medical-services/telemedicine](https://choa.org/medical-services/telemedicine)

### Neurocritical Care

Children's offers care for children with critical brain conditions, including brain tumors, seizures and traumatic brain injuries. Children can receive evaluation and diagnostic tests, including neurocritical care intensive care unit monitoring, computed tomography, magnetic resonance imaging, intracranial pressure monitoring, video electroencephalogram monitoring and X-rays. Services include medication, inpatient rehabilitation, occupational therapy, pain management, physical therapy and surgery. In addition, the neurocritical team works closely with the inpatient rehabilitation program and psychiatrists to better help patients recover from injury and illness.

404-785-KIDS (5437) | [choa.org/medical-services/neurosciences/neurocritical-care](https://choa.org/medical-services/neurosciences/neurocritical-care)

### Cystic Fibrosis (CF) Program

The CF Program, which is accredited by the National Cystic Fibrosis Foundation, offers a wide range of services to treat children with CF. Additionally, it provides special programs to educate families about the disease and participate in a national CF quality improvement network to align with Children's commitment to high-quality care. Services the program provides include:

- Prenatal visits
- Follow-up services for newborns
- Diagnostic testing
- Genetic evaluations
- Pulmonary functions tests
- Respiratory culture
- Chest imaging
- Bronchoscopy

In partnership with other pediatric specialists within Children's, including gastroenterologists and endocrinologists, the CF Program provides the following multidisciplinary clinics: the CF Mental Health Clinic, the CF GI Clinic and the CF Endocrinology and Diabetes Clinic.

#### Educational resources provided include:

- CF Family Advisory Council: This council is made up of a group of patients' parents who serve as an advisory group to the Emory Adult Cystic Fibrosis Center and the Children's and Emory Pediatric Cystic Fibrosis Program.
- Family Mentor Program: This program matches families facing CF with trained, veteran parents.
- CF Transition Program: This program helps children with CF achieve a full, independent life and enables a successful transition to adult care.
- Caregiver Support Groups

[choa.org/medical-services/cystic-fibrosis](https://choa.org/medical-services/cystic-fibrosis)

## Heart Center

Children's Heart Center is the only nationally ranked pediatric cardiology and heart surgery program in the state of Georgia. Children's heart doctors and surgeons specialize in the diagnosis, treatment and management of pediatric conditions of the heart, blood vessels and circulatory system, including congenital heart defects (CHDs). Some of the pediatric heart conditions treated are arrhythmia, atrial septal defect, cardiomyopathy, chest pain, congestive heart failure, heart murmur, hypertension, hypoplastic left heart syndrome, Tetralogy of Fallot and more. The center offers the following programs:

- **Aorta and Vascular Program:** The Aorta and Vascular Program brings together a team of pediatric cardiologists and cardiothoracic surgeons who provide care for conditions of the aorta and blood vessels.
- **Arrhythmia Program:** Electrophysiologists provide comprehensive care for infants, children, teens and young adults with heart rhythm disorders and inherited heart disease.
- **Cardiomyopathy Program:** The Cardiomyopathy Program provides focused care for conditions that reduce the heart's ability to pump blood effectively.
- **Cardiothoracic Surgery Program:** The pediatric Cardiothoracic Surgery Program repairs CHDs and heart conditions in children, infants and teens.
- **Fetal Cardiology Program:** The Fetal Cardiology Program diagnoses fetal heart conditions before a baby is born and consults with mothers of children with known or suspected heart conditions.
- **Heart Transplant Program:** Children's is home to one of the largest pediatric heart transplant programs in the country for children suffering from end-stage advanced heart failure or severe heart problems.
- **Marfan Syndrome Program:** Children's Marfan Syndrome Program is one of just a few in the Southeast that provides comprehensive cardiovascular care for kids with Marfan syndrome.
- **Outpatient Cardiology:** Children's Cardiology offers over 20 outpatient cardiology locations across the state to deliver accessible heart care to infants, children and teens.
- **Preventive Cardiology Program:** The Preventive Cardiology Program at Children's helps treat conditions that place children at risk for early heart attack or stroke.
- **Pulmonary Artery Reconstruction Program:** One of just a few programs of its kind in the country, the Pulmonary Artery Reconstruction Program at Children's treats complex congenital and acquired pulmonary artery disease.
- **Pulmonary Hypertension Program:** The Pulmonary Hypertension Program treats conditions that cause elevated blood pressure in the lungs.
- **Pulmonary Vein Stenosis (PVS) Program:** The PVS Program delivers focused care for PVS, a rare and serious condition that can cause heart failure.
- **Single Ventricle Program:** The Single Ventricle Program delivers advanced surgical care for CHDs that affect the heart's ventricles and the way they work.
- **Transcatheter Closure of Patent Ductus Arteriosus (PDA) in Infants Program:** The PDA Closure Program provides innovative, less-invasive treatment for premature babies affected by a persistent PDA.

Children's also provides services that help patients and families navigate emotional, financial, familial and spiritual challenges with chaplains, child life specialists, family experience liaisons, financial services, social workers and psychologists.

[choa.org/medical-services/heart-center](https://choa.org/medical-services/heart-center)

### **Kids at Heart Program**

The Kids at Heart Program is a support program for parents, caregivers and families of patients with CHDs who are treated at Children's. Since 2022, the Kids at Heart Program has been sponsored by Chick-fil-A Atlanta and other donors, offering social, emotional and educational support programs to help families inside and outside of the hospital setting year-round.

### **Aflac Cancer and Blood Disorders Center**

The Aflac Cancer and Blood Disorders Center is a nationally recognized pediatric cancer center. It offers the following programs:

- Adolescent and Young Adult Cancer Program
- Bone and Soft Tissue Sarcoma Program
- Brain and Spinal Cord Tumor Program
- Cancer Predisposition Program
- Cancer Survivor Program
- Developmental Therapeutics Program
- Fertility Preservation Program
- Germ Cell Tumor Program
- High-Risk Leukemia and Lymphoma Program
- Immunohematology and Immune Dysregulation Program
- Leukemia and Lymphoma Program
- Liver Tumor Program
- Neuroblastoma Program
- Precision Medicine Program
- Psychology Program
- Retinoblastoma Program
- Solid Tumor Program
- Wilms/Kidney Tumor Program

The Aflac Cancer and Blood Disorders Center offers a full range of treatment options for kids and young adults with cancer. It creates a unique treatment plan for each child, as approaches to treatment can vary. The team works closely with each family to determine the best course of action.

404-785-1112 | [choa.org/medical-services/cancer-and-blood-disorders/cancer](https://choa.org/medical-services/cancer-and-blood-disorders/cancer)

### **Sickle Cell Disease Program**

Part of the Aflac Cancer and Blood Disorders Center, the Sickle Cell Disease Program is the largest pediatric program in the country, caring for more than 2,000 children and young adults. Combining the latest proven technology and research with a caring, child-friendly approach, the Aflac Cancer Center is a top choice for the treatment of sickle cell disease. Children's is a member of the Atlanta Sickle Cell Consortium, a citywide collaboration of physicians and researchers advancing the treatment of sickle cell disease and trying to develop a cure. The organization has been recognized as a national leader in treating patients with sickle cell disease through bone marrow transplant. At each location, a specialized multidisciplinary team of pediatric hematologists, nurse practitioners, nurses, social workers, psychologists, teachers and chaplains provides care to patients.

The transition program is one of the largest pediatric sickle cell disease programs in the country. This program enables emerging adults to acquire skills to manage their health and navigate the adult healthcare system, so they are more likely to stay in care.

404-785-1112 | [choa.org/medical-services/cancer-and-blood-disorders/blood-disorders/sickle-cell-disease](https://choa.org/medical-services/cancer-and-blood-disorders/blood-disorders/sickle-cell-disease)

### **Pediatric Transplant Programs**

Children's is home to one of the leading pediatric transplant programs in the country, offering comprehensive pre- and post-transplant services to children, teens and young adults with end-stage diseases of the liver, heart and kidney. Since the beginning of this program in 1988, Children's has performed over 1,800 transplants and has the third-highest volume of pediatric transplants including heart, liver and kidney, according to the United Network for Organ Sharing.

800-605-6175 | [choa.org/medical-services/transplants](https://choa.org/medical-services/transplants)

### **The Strong4Life Clinic**

The Strong4Life Clinic has a multidisciplinary team of medical providers, dietitians, exercise physiologists and psychologists who work with patients and families to provide intensive treatment of obesity lifestyle changes, medication and/or bariatric surgery. Patient successes include healthy weight loss and weight management, increase in daily physical activity, improved nutritional intake, reduction of incidence of associated comorbidities and improved quality of life and self-image.

404-785-5437 | [Strong4Life.com/en/clinic/medical-program/medical-approach](https://Strong4Life.com/en/clinic/medical-program/medical-approach)

## **Children's community programs**

Children's has taken a leading role within Georgia in developing and supporting community programs to help children and families. Highlighted below are the extensive programs, education and services offered.

### **Strong4Life Provider Trainings**

Children's Strong4Life offers training opportunities for pediatric primary care providers, focusing on three areas: obesity prevention, behavior and mental health, and injury and illness. The trainings are free and include lectures, videos and resources. They cover topics such as motivational interviewing, raising healthy eaters, increasing resilience, firearm storage, obesity medication management and safe sleep.

[Strong4Life.com/clinicians](https://Strong4Life.com/clinicians)

### **Early childhood intervention book program**

In this program, providers including pediatricians, nurse practitioners and physician assistants offer evidence-based messaging at well-child checkups and giving families a children's book reinforcing those messages. The program has the dual benefit of reinforcing messages that prevent obesity while also promoting reading and literacy.

### **The Children's Heart Center**

The Heart Center houses a preventive cardiology program to assist cardiac patients who are overweight and obese. The program provides diet and nutrition counseling.

[choa.org/medical-services/heart-center](https://choa.org/medical-services/heart-center)



### **Essentials of Child and Adolescent Weight Management Training for Registered Dietitians (RDs)**

This RD training series from Children's Strong4Life develops and supports a network of RDs across the state of Georgia with the targeted skills and training to provide medical nutrition therapy to manage and treat childhood obesity. The program uses a continuous tiered education format with a combination of live and web-based training and hands-on workshops. RDs who attend training components are promoted as a referral resource to pediatric primary care providers, enabling RDs and pediatricians to work collaboratively to reduce childhood obesity in Georgia.

### **Strong4Life School Nutrition Training**

Children's Strong4Life offers a School Nutrition Training designed to increase consumption of healthier foods in Georgia school lunchrooms by equipping school nutrition team members with targeted skills and an innovative toolkit. Children's Strong4Life uses basic marketing principles to encourage kids to make positive choices regarding the foods they eat.

[Strong4Life.com/en/schools-and-community/school-nutrition-program](http://Strong4Life.com/en/schools-and-community/school-nutrition-program)

### **Children's Strong4Life School Health Program webinar**

The goal of the Children's School Health webinars is to educate and empower Georgia's school nurses to serve as health ambassadors in the school. A variety of webinars are provided to improve or refresh relevant topics seen in school practice. Skills trainings are also provided.

[choa.org/schoolhealth](http://choa.org/schoolhealth)

### **Strong4Life Challenge Program**

Children's Strong4Life offers Challenge, a program that teaches elementary school children about the importance of good nutrition and physical activity in a fun and challenging way, energizing the entire school community. The program provides schools with a kickoff pep rally and a follow-up visit to the P.E. classroom and cafeteria, as well as fun incentives for students and teachers, including water bottles, posters, videos and more.

[Strong4Life.com/challenge](http://Strong4Life.com/challenge)

### **Camp Strong4Life**

Children's Strong4Life hosts Camp Strong4Life, a traditional overnight camp that encourages simple, sustainable change through the adoption of healthy habits while having fun. Featuring a curriculum developed by a multidisciplinary team of experts, Camp Strong4Life provides targeted interventions for children age 9 to 14 with a BMI in the 85th percentile or higher. The unique camp experience engages the entire family, providing hands-on learning and skill building.

Camp Strong4Life is located at Camp Twin Lakes in Rutledge, Georgia.

[Strong4Life.com/camp](http://Strong4Life.com/camp)

### **Champions Program**

The Children's Champions Program invites employees to participate as volunteer representatives of Children's Strong4Life at community events. The program engages employees in wellness while increasing the presence of Children's Strong4Life at community events, such as races, health fairs, festivals and more.

### **Community events**

Children's Strong4Life is often asked to participate in community events. At these events, Children's Strong4Life delivers key campaign messages, promotes programs, and builds relationships with community partners and stakeholders. Positioning itself as a go-to resource for helping Georgia's families raise healthy, safe, resilient kids, Children's Strong4Life has a responsibility to offer support resources to the community.

[Strong4Life.com/community-request](http://Strong4Life.com/community-request)

### **Ronald McDonald Care Mobile**

Launched in October 2016, the RMCM is a mobile clinic that visits schools in metro Atlanta to provide medical services for children with asthma. The concept, which is part of a larger outreach program of the Children's Asthma Center at Hughes Spalding, is a collaborative effort between Children's and Atlanta Ronald McDonald House Charities. Asthma is one of the leading reasons for missed school days in Georgia, and access to care is a barrier to asthma control identified by many families. By bringing asthma medical care directly to the schools, Children's aims for kids to be able to gain control of their asthma, miss less school and spend less time at unnecessary emergency room visits. Children's mission is to bring asthma care to where kids live, learn and play.

[choa.org/rmcm](http://choa.org/rmcm)

### **Children's regional school health coordinator**

Children's has a full-time regional school health coordinator who collaborates with schools and school health professionals throughout Georgia to provide updates and webinars on clinical pediatric topics and staff education for school districts in metro Atlanta. The regional school health coordinator serves as the primary contact for school health professionals to call to discuss programmatic needs and difficult cases. The regional school health coordinator also provides resources to the school health community, including an annual conference for school nurses, a comprehensive school health manual, a common infectious illnesses poster, teaching sheets and educational videos.

[schoolhealth@choa.org](mailto:schoolhealth@choa.org)

### **Georgia School Health Resource Manual**

Children's provides school health professionals with a free, regularly updated, online Georgia School Health Resource Manual, which is also available for purchase in hard copy. The manual includes sections on injury management and emergency medical concerns, administration of medications, communicable disease and infection control, chronic health conditions, special health procedures in a school setting, mental health in schools, screening considerations in the school setting, health education, and employee health and workplace wellness.

[choa.org/schoolhealth](http://choa.org/schoolhealth)

### **Children's Asthma Management Education Program**

The Asthma Management Education Program trains school staff, parent groups, after-school programs, childcare centers and pediatric primary care offices in asthma management. Topics include controlling asthma triggers and helping children safely participate in school and physical activities. Program offerings include on-site presentations, trainings through the Asthma Care and Education (ACE) Program, asthma education resources and asthma equipment.

404-785-7240 | [choa.org/medical-services/asthma](http://choa.org/medical-services/asthma)

### **Scoliosis Screening Program**

The Scoliosis Screening Program partners with public health and school health professionals to detect early signs of scoliosis. Students can be referred to one of the registered nurse-facilitated scoliosis tertiary clinics for an X-ray evaluation, and the results and treatment recommendations are sent to the family and primary care physician. The annual Scoliosis Screening Conference is conducted for healthcare professionals and focuses on scoliosis screening techniques, research and treatment methods.

[choa.org/medical-services/orthopedics/scoliosis-and-spine-program](http://choa.org/medical-services/orthopedics/scoliosis-and-spine-program)

### **Diabetes community education**

Children's has a diabetes community educator who offers information, classes and contacts to help teachers and other school health professionals make their schools safe for kids with diabetes.

[choa.org/medical-services/diabetes/managing-diabetes](http://choa.org/medical-services/diabetes/managing-diabetes)

### **Project S.A.V.E.**

Children's cardiac services support Project S.A.V.E. (Sudden Cardiac Death: Awareness, Vision for Prevention and Education), a program that helps Georgia's schools become recognized as heart-safe, which means they have implemented the comprehensive program to prevent sudden cardiac deaths. It includes teaching CPR, using automated external defibrillators (AEDs), and preparing coaches, school nurses and other school staff to manage these emergencies. Project S.A.V.E. was created to educate school systems and doctors about pediatric sudden cardiac arrest. Georgia schools can apply for grants to assist with the training portion of program implementation.

[choa.org/projectsave](http://choa.org/projectsave)

### **Georgia Health Information Network**

Children's is enrolled in the Georgia Health Information Network to help communicate and coordinate care with community colleagues, including both providers and schools.

1-855-200-1214 | [gahin.org](http://gahin.org)

### **Safe Kids**

Safe Kids Georgia was established more than 30 years ago as an injury prevention outreach arm and is managed by injury prevention specialists with Children's Strong4Life. Safe Kids fosters collaboration to prevent injuries to children by bringing together a statewide network of health educators from law enforcement, fire departments, public health agencies and hospitals. Depending on the individual county community needs and resources, Safe Kids coalitions provide direct services in the following areas: child passenger, bike/wheeled, pedestrian, home, water, fire and sports safety.

[safekidsgeorgia.org/](http://safekidsgeorgia.org/)



## Sports Medicine

The Children's sports medicine team understands how to diagnose and care for young athletes to avoid long-term damage from sports injuries. The multidisciplinary team includes sports medicine physicians, orthopedic surgeons, physical therapists and certified athletic trainers. The team works together to develop specialized, effective treatments that return young athletes to playing their sport as safely and quickly as possible, treating athletes who have a wide range of sports-related injuries and conditions, including of the back, neck and spine, upper body and lower body. Children's services include athletic training, physical therapy, sports primary care, sports surgery, specialized treatment and testing, dry needling, isokinetic testing, sports motion analysis, sports nutrition education and surgery.

404-785-KIDS (5437) | [choa.org/medical-services/sports-medicine](https://choa.org/medical-services/sports-medicine)

## Children's Strong4Life Health Promotion

- **Awareness:** Children's continues to leverage our health communications expertise to deliver messages that address critical needs in obesity prevention, injury and illness prevention, behavior and mental health, and child protection. Children's employs traditional media campaigns, as well as digital media and other tactics, to reach parents and caregivers in the community.
- **Website:** Children's created Strong4Life.com to educate parents and empower key influencers to support change and provide practical solutions for those ready to change. The site contains:
  - Articles, videos, tip sheets, recipes, activity ideas and other useful information on healthy habits.
  - In-depth information on all Children's Strong4Life programs, as well as community resources.
  - Specific information for physicians and other clinical professionals interested in training and continuing medical education.









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## Appendix F: Community Resources

### Advocacy for children's community health needs

#### **Annie E. Casey Foundation**

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the U.S. KIDS COUNT is a national and state-by-state effort to track the well-being of children in the U.S. using data and policy analysis. The Atlanta Civic Site incorporates multiple programs for vulnerable families with young children. These programs seek to ensure that children are healthy, thriving socially and emotionally, and developing on track to achieve academic success by the third grade.

678-686-0145 | [aecf.org](http://aecf.org)

#### **Boys & Girls Clubs of Metro Atlanta (BGCMA)**

For nearly 75 years, BGCMA has been at the forefront of youth development, working with young people with disadvantaged economic, social and family circumstances. BGCMA enriches the lives of girls and boys whom other youth agencies fail to reach. BGCMA is dedicated to ensuring that the community's young people who are most in need of their help have greater access to quality programs and services that help them succeed academically, live healthy lifestyles and become leaders.

404-527-7100 | [bgcma.org](http://bgcma.org)

#### **Georgia Chapter-American Academy of Pediatrics**

The Georgia Chapter of the AAP is the statewide professional association of general pediatricians and pediatric medical and surgical subspecialists. Its mission is to obtain optimal physical, mental and social health for the infants, children, adolescents and young adults of Georgia. To help accomplish this, the Georgia AAP also supports the professional needs of its members.

404-881-5020 | [gaaap.org](http://gaaap.org)

#### **Georgia Family Connections Partnership (GFCP)**

The GFCP is a statewide network of all 159 county organizations collaborating in communities to improve the quality of life for children and families. GFCP wants kids to be healthy and ready to start school and do well when they get there and wants families to be stable and self-sufficient.

404-527-7394 | [gafcp.org](http://gafcp.org)

#### **Voices for Georgia's Children**

Established in 2003, Voices for Georgia's Children is a nonprofit child policy and advocacy organization that envisions a Georgia where children are safe, healthy, educated, employable and connected to their families and communities. Its mission is to be a powerful, unifying voice for a public agenda that ensures the well-being of all of Georgia's children. Voices has developed a long-term policy agenda focused on early childhood, child health and transitioning youth to foster change in five measures of child well-being.

404-521-0311 | [georgiavoices.org](http://georgiavoices.org)

### **YMCA of Metro Atlanta**

The YMCA of Metro Atlanta focuses on developing kids' potential, improving individual health and well-being, and giving back and supporting neighbors. Parents find a safe, positive environment for children to learn good values, social skills and behaviors. Families come together to have fun and spend quality time with each other. Children and teens play, learn who they are and what they can achieve, and are accepted. Adults connect with friends, pursue interests and learn how to live healthier. Communities thrive because neighbors support each other and give back. Everyone builds relationships that further their sense of belonging and purpose.

404-267-5353 | [ymcaatlanta.org](http://ymcaatlanta.org)

## **Financial assistance**

### **PeachCare for Kids**

The PeachCare program is sponsored by the Georgia Department of Community Health and provides comprehensive healthcare to children through the age of 18 who do not qualify for Medicaid and live in households with incomes at or below 247% of the federal poverty level. Health benefits include primary, preventive and specialist care; dental care; and vision care. The program covers hospitalization, emergency room services, prescription medications and mental health care. Each child in the program has a Georgia Families Care Management Organization coordinator who is responsible for coordinating the child's care.

404-463-8368 | [peachcare.org](http://peachcare.org)

### **Right from the Start Medical Assistance Group (RSM)**

RSM is a doorway for certain people in need of healthcare coverage. RSM's mission is to enable children under age 19, pregnant women, low-income families, and women with breast or cervical cancer to receive comprehensive health services through Medicaid and related programs. RSM eligibility specialists help working and low-income families obtain access to no-cost and low-cost healthcare coverage. The RSM staff has expertise in accessing eligibility for Medicaid, as well as PeachCare for Kids for those not eligible for Medicaid. RSM also refers clients to other services and collaborative programs for assistance, and conducts outreach within the communities.

1-800-809-7276 | [medicaid.georgia.gov](http://medicaid.georgia.gov)

### **Temporary Assistance for Needy Families (TANF)**

The TANF program, often referred to as welfare, is a monthly cash assistance program for low-income families with children under the age of 18. Cooperation with the Division of Child Support Services is a requirement for receiving TANF benefits. In order to be determined eligible for TANF benefits, a child under the age of 18 must reside in the home and must be deprived of the care of at least one parent for one or more of a variety of reasons, including a parent's continued absence from home, the death of a parent, physical or mental incapacity of a parent, or if one parent has a recent connection to the workforce and both parents are in the home.

877-423-4746 | [dfcs.dhs.georgia.gov](http://dfcs.dhs.georgia.gov)

## Legal assistance

### Health Law Partnership (HeLP)

HeLP is an interdisciplinary community collaboration among Children's Healthcare of Atlanta, Georgia State University College of Law and the Atlanta Legal Aid Society to improve the health and well-being of low-income children and their families by providing free civil legal services to address health-harming legal problems affecting children.

404-785-2005 | [healthlawpartnership.org](http://healthlawpartnership.org)

## Behavioral health

### Behavioral Health Link

Behavioral Health Link provides professional staff who are available any time day or night to help with a mental health crisis or problem with drugs or alcohol.

800-715-4225 | [behavioralhealthlink.com](http://behavioralhealthlink.com)

### Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)

DBHDD provides treatment and support services to people with behavioral health challenges and addictive diseases and assists individuals who live with developmental disabilities. The agency's mission is to provide high-quality healthcare opportunities for individuals with developmental disabilities or behavioral health challenges close to their homes and in the least restrictive setting possible, allowing them to create a sustainable, self-sufficient and resilient life in their community while embracing independence and recovery. DBHDD offers crisis services, outpatient treatment and therapeutic programs to all Georgia residents.

404-657-2252 | [dbhdd.georgia.gov](http://dbhdd.georgia.gov)

### Georgia Community Support Solutions (GCSS)

GCSS is a community-based nonprofit organization that provides services to people with developmental disabilities, as well as support to their families. GCSS offers a wide variety of program options, including respite services, residential options, children's services and day programs. The Homes Offering Support and Training (HOST) Children and Adolescents program provides a safe, supportive family environment for children and adolescents with developmental disabilities, including those with severe behavioral problems. GCSS currently operates 23 programs that benefit over 1,300 individuals in 20 counties in Georgia.

404-634-4222 | [incommunityga.org](http://incommunityga.org)

### View Point Health

View Point Health provides behavioral health services to children, adolescents and their families throughout the state. View Point Health is a pioneer in Georgia's system of care, having helped develop community services and support for over a decade. View Point Health fees are established by the state of Georgia on a sliding scale based on family size and amount of income. View Point Health does not file private insurance claims for services provided to clients.

678-209-2411 | [myviewpointhealth.org](http://myviewpointhealth.org)

**Devereux Advanced Behavioral Health Georgia (Devereux Georgia)**

Devereux Georgia, in Kennesaw, Ga., provides a continuum of care that includes a psychiatric residential treatment facility for youth 10 to 21 years of age who are experiencing emotional and behavioral challenges brought on by mental illness, abuse, neglect, sexual exploitation, or intellectual and/or developmental disabilities; a specialty foster care program; community-based therapeutic group homes; and an AdvancED-accredited school.

770-427-0147 | [devereuxga.org](http://devereuxga.org)

**Hillside Inc.**

Hillside Inc. in Atlanta provides numerous treatment options for children and adolescents age 7 to 21 experiencing difficulties with emotional and behavioral challenges. Hillside's primary treatment modality is dialectical behavior therapy (DBT), a specialized form of cognitive behavioral therapy. DBT has been successfully proven to help decrease self-injurious behaviors, mood instability, chaotic relationships, anger and impulsive behaviors. DBT also helps improve the understanding of personal boundaries and relationships and how to better deal with conflicting or painful emotions. Other interventions provided are Theraplay, animal-assisted therapy, recreation therapy, the Triple P Positive Parenting Program and the prescriptive education curriculum provided at the accredited Conant School. Hillside's array of services include residential, day/partial hospitalization and outpatient DBT services, as well as community intervention programs and therapeutic foster care.

404-875-4551 | [hside.org](http://hside.org)

**Laurel Heights Hospital**

Laurel Heights Hospital is a private intensive residential treatment center located in Atlanta's Emory/Druid Hills neighborhood. Laurel Heights has the only specialty acute unit in the Southeast that specializes in the treatment of children and adolescents age 6 to 17 with complex psychiatric and behavioral problems with co-occurring developmental disabilities. This includes children and adolescents with any level of ASD. The 12-acre campus offers seven residential cottages, a separate clinic, a Southern Association of Colleges and Schools (SACS)-accredited school, a cafeteria, a gym, a swimming pool and several outdoor playgrounds. Laurel Heights accepts commercial insurance, Medicaid/Managed Medicaid, TriCare, payments from agencies and school system funding.

404-888-5475 | [laurelheightshospital.com](http://laurelheightshospital.com)

**Peachford Hospital**

Peachford Hospital in Atlanta provides mental health and chemical dependency treatment in a nurturing environment for children (age 4 to 12), adolescents (age 13 to 18), adults and senior adults to find hope and healing from emotional, psychiatric and addictive diseases. The Peachford Hospital system includes a 246-bed inpatient acute care facility, partial hospitalization and intensive outpatient programs.

770-455-3200 | [peachford.com](http://peachford.com)

### **Ridgeview Institute**

Ridgeview Institute is located in the suburb of Smyrna, Ga. Since 1976, Ridgeview has treated adolescents and their families with a variety of therapeutic approaches, such as group therapy, family therapy, cognitive behavioral therapy and dialectical behavior therapy. Ridgeview emphasizes a multidisciplinary model with an integrated treatment approach, providing comprehensive care for adolescents between the ages of 11 and 17. Using a track system, patients are separated by age and diagnosis; this includes primary psychiatric, primary addiction and dual diagnosis. Ridgeview provides three levels of care for the adolescent population: inpatient, partial hospitalization and intensive outpatient. Ridgeview is in-network with most major insurers and offers free assessments 24 hours a day, seven days a week.

1-800-329-9775 or 770-434-4567 | [ridgeviewinstitute.com](http://ridgeviewinstitute.com)

### **Riverwoods Behavioral Health**

Riverwoods Behavioral Health is located behind the Southern Regional Medical Center campus in Riverdale, Ga., and provides psychiatric and chemical dependency services, intensive outpatient programs, partial hospitalization programs and adolescent treatment.

770-951-8500 | [riverwoodsbehavioral.com](http://riverwoodsbehavioral.com)

### **SummitRidge Hospital**

SummitRidge Hospital in Lawrenceville, Ga., treats teenagers with addiction problems through inpatient and partial hospitalization programs.

678-442-5800 | [summitridgehospital.net](http://summitridgehospital.net)

## **Obesity**

### **Alliance for a Healthier Generation**

Founded by the American Heart Association and the Clinton Foundation, Alliance for a Healthier Generation works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong healthy habits. The Alliance works with schools, companies, community organizations, healthcare professionals and families to transform the conditions and systems that lead to healthier children.

[healthiergeneration.org](http://healthiergeneration.org)

### **The State Physical Activity and Nutrition Program (SPAN)**

SPAN is a program funded by the CDC to address health disparities related to poor nutrition, physical inactivity and obesity. The overarching goals are to make healthy food choices easier, provide safe and accessible physical activity, support continuity of care in breastfeeding support, and improve nutrition and physical activity in early care and education settings. The Georgia Health Policy Center provides more information about the five-year implementation plan on its website.

[ghpc.gsu.edu](http://ghpc.gsu.edu)

### **Georgia Campaign for Adolescent Power & Potential (G-CAPP)**

G-CAPP works with adolescents and their parents to reduce childhood obesity through the PowerMoves: Eat Better Do Better Program.

[gcapp.org](http://gcapp.org)



### **Georgia Family Connection Partnership (GFCP)**

GFCP is a statewide network of 159 county organizations collaborating in communities to improve the quality of life for children and families. GFCP wants kids to be healthy and ready to start school and do well when they get there. GFCP wants families to be stable and self-sufficient.

[gafcp.org](http://gafcp.org)

### **Georgia Health Policy Center (GHPC)**

GHPC was established in 1995 in the Andrew Young School of Policy Studies at Georgia State University. The GHPC integrates research, policy and programs to advance health and well-being. With more than 20 years of experience, the center is at work locally, statewide and nationally, focusing on solutions to some of the most complex issues facing health and healthcare today, including child health and well-being. The center aims to improve child outcomes and child and family policies in Georgia through applied policy analysis and research. Funding from public and private sources supports work in the areas of school health, childhood obesity and child well-being. GHPC is also home to the Georgia Center of Excellence for Children's Behavioral Health (COE). The COE partners with the Georgia Department of Behavioral Health and Developmental Disabilities to participate in the state's child and adolescent behavioral health system of care.

[ghpc.gsu.edu](http://ghpc.gsu.edu)

### **Georgia Organics**

Georgia Organics connects organic food from Georgia farms to Georgia families.

[georgiaorganics.org](http://georgiaorganics.org)

### **HealthMPowers**

HealthMPowers is a comprehensive school health intervention program exemplifying the key strategies that the CDC outlined for improving health, physical activity and healthy eating in schools. In collaboration with its sponsors, the CDC, Emory School of Public Health, Children's, Piedmont Healthcare, Northside Hospital and Isakson-Barnhart, HealthMPowers has created a model that not only targets youth but also addresses the major support networks in a child's life: school staff and family members.

770-817-1733 | [healthmpowers.org](http://healthmpowers.org)

### **University of Georgia (UGA) Obesity Research Initiative**

UGA launched a major campuswide initiative in January 2012 to help the state address its growing epidemic of childhood and adult obesity, as well as the increasing incidence of overweight infants. UGA harnesses diverse and extensive obesity-related instruction, research activities, and public service and outreach components to address this multifaceted problem. The initiative develops obesity prevention and treatment programs that interested Georgia communities, employers and healthcare providers can implement. The initiative also coordinates the study and development of state and national public health policies and economic strategies to address obesity and metabolic disorders. UGA works cooperatively with interested parties, including other Georgia research institutions and Athens Regional Medical Center, to help bring obesity under control.

[obesity.uga.edu](http://obesity.uga.edu)

## Other community resources

### American Heart Association

The American Heart Association has published “Best Practices in Managing Transition to Adulthood for Adolescents with Congenital Heart Disease: The Transition Process and Medical and Psychosocial Issues—A Scientific Statement from the American Heart Association” to assist healthcare providers in creating a formal transition process for youth with congenital heart disease.

[ahajournals.org](http://ahajournals.org)

### American Lung Association

The American Lung Association in Georgia is the lead organization in the state working to save lives by improving lung health and preventing lung disease. The association provides a wealth of resources related to respiratory health, including programs for children with asthma, such as the Asthma 101 Program, Camp Breathe Easy, asthma-friendly schools awards and Open Airways for Schools. In addition, it is a leading advocate for creating asthma-friendly environments.

770-434-5864 | [lung.org](http://lung.org)

### Georgia Academy of Family Physicians (GAFP)

GAFP offers patient-centered medical home educational opportunities to members with live activities, on-site coaching, online education and shared resources. GAFP encourages NCQA PCMH recognition. In 2010, GAFP initiated the Patient-Centered Medical Home University, which has now guided more than 200 clinicians from Georgia family medicine practices and residency programs through the process of meeting the standards for NCQA recognition.

[gafp.org](http://gafp.org)

### Georgia Adolescent Health and Youth Development (AHYD) Program

The Georgia AHYD Program includes 30 teen centers and 18 district youth coordinators and is available to children age 10 to 19. Services include abstinence education, drug and alcohol prevention education, reproductive health services, and seminars to increase awareness about sexually transmitted diseases and teen pregnancy.

404-656-6679 | <https://dph.georgia.gov/chronic-disease-prevention/adolescent-health-and-youth-development>

### Georgia Association of School Nurses (GASN)

GASN was organized in 1991 to unite school nurses committed to providing quality healthcare services to schoolchildren. GASN remains dedicated to promoting excellence in school health through its continued education programs and advocacy.

[gasn.org](http://gasn.org)

### Georgia Asthma Control Program

The Georgia Asthma Control Program is part of a national initiative launched by the CDC, National Center for Environmental Health to reduce the burden of asthma and improve the health and quality of life of all persons affected by asthma through effective control of the disease. The Georgia Asthma Control Program has developed a partnership with the Georgia Association of School Nurses that will lead efforts toward the adoption and implementation of the American Lung Association and CDC's Asthma-Friendly Schools Initiative throughout Georgia school systems. The core components of the program include establishment of management and support systems for asthma-friendly schools; providing appropriate school health and mental health services for students with asthma; providing asthma education and

awareness programs for students and school staff; providing a healthy school environment to reduce asthma triggers; providing enjoyable physical education and activity opportunities for students with asthma; and coordinating school, family and community efforts to better manage asthma symptoms and reduce asthma-related school absences. The goal of this initiative is to reduce asthma-related hospitalizations, emergency department visits and days missed from school.

404-651-7324 | [dph.georgia.gov/asthma-surveillance](http://dph.georgia.gov/asthma-surveillance)

### **Georgia Department of Public Health (DPH)**

The deputy chief nurse at DPH provides leadership, training and consultation as they relate to school nursing practice and public health to all health districts and school districts, including private and parochial schools, as well as to school nurses.

[dph.georgia.gov](http://dph.georgia.gov)

### **Georgia Campaign for Adolescent Power & Potential (GCAPP)**

GCAPP provides programs in teen pregnancy, physical activity and nutrition, and healthy relationships. GCAPP works to build comprehensive and improved sexual health education in Georgia school districts through the Working to Institutionalize Sex Education (WISE) initiative, educate high-risk youth on abstinence and contraception, decrease teen pregnancy rates in metro Atlanta through a youth leadership council and support young mothers through the Second Chance Homes Network.

404-524-2277 | [gcapp.org](http://gcapp.org)

### **Johns Hopkins Medicine Cystic Fibrosis Center**

The Johns Hopkins Medicine Cystic Fibrosis Center developed a webcast, “Partnering for Care: Transition to Adult Care,” which identifies specific and concise goals for adolescents as they transition from pediatric to adult care. Goals are established for 12- to 14-year-olds, 16- to 18-year-olds and 21-year-olds, with the focus on each individual developing a sense of personal responsibility for their own care and treatment. All patients and families have access to this webcast.

[hopkinscf.org](http://hopkinscf.org)

### **National Association of Free and Charitable Clinics (NAFC)**

NAFC is the only nonprofit 501(c)(3) nonprofit organization whose mission is solely focused on the issues and needs of the more than 1,200 free and charitable clinics and the people they serve in the U.S. Founded in 2001 and headquartered in Washington, D.C., the NAFC is an effective advocate for the issues and concerns of free and charitable clinics; their volunteer workforce of doctors, dentists, nurses, therapists, pharmacists, nurse practitioners, technicians and other healthcare professionals; and the patients they serve.

[nafcclinics.org](http://nafcclinics.org)

### **National Committee for Quality Assurance (NCQA)**

NCQA trains providers in the patient-centered medical home and recognizes practices implementing the PCMH program. NCQA PCMH recognition is the most widely used way to transform primary care practices into medical homes.

[ncqa.org](http://ncqa.org)

### **National Diabetes Education Program (NEDP)**

NEDP is a program of the National Institutes of Health and the CDC and provides a pediatric-to-adult diabetes care transition checklist designed to help healthcare providers, young adults and families discuss and plan the change from pediatric to adult healthcare. The young adult, family and healthcare provider can obtain online transition resources on the Pediatric Endocrine Society website.

[pedsendo.org](https://pedsendo.org)

### **The National Kidney Foundation**

The National Kidney Foundation has developed a toolkit to assist pediatric nephrology social workers in helping transition 55 adolescents with chronic kidney disease to adult facilities.

Note: Website membership is required to view toolkit modules.

[kidney.org](https://kidney.org)

### **Osteogenesis Imperfecta Foundation (OIF)**

OIF provides information to parents, youth and healthcare providers on the transition from pediatric to adult care for teens with osteogenesis imperfecta, a genetic bone disorder characterized by fragile bones that break easily.

[oif.org](https://oif.org)

### **The Primary Care Collaborative (PCC)**

The PCC is a nonprofit that advocates nationally to advance patient-centered primary care and the medical home model. The PCC also works to broadly disseminate resources that capture best practices and lessons learned from medical home initiatives throughout the country, including free webinars, publications and conferences.

[thepcc.org](https://thepcc.org)

### **Planned Parenthood**

Planned Parenthood offers sex education and counseling and reproductive services, and coordinates with schools to provide education programs. There are two Planned Parenthood locations in metro Atlanta, in Cobb and Gwinnett counties.

[plannedparenthood.org](https://plannedparenthood.org)

### **Sickle Cell Disease Association of America (SCDAA)**

The SCDAA provides resources to assist patients, family members, healthcare providers and medical social workers with the transition of patients with sickle cell disease from pediatric to adult care.

[sicklecelldisease.org](https://sicklecelldisease.org)



### **St. Joseph's Mercy Care Clinic**

St. Joseph's Mercy Care Clinic is sponsored by the Sisters of Mercy and Saint Joseph's Health System. The clinic was created in 1985 by volunteer nurses and physicians and grew from modest beginnings into a medical home that provides an efficient, integrated system of primary medical care for adults and children, dental health care, behavioral health care, education and social services that reaches thousands of persons in need throughout Atlanta each year. There are 10 fixed-site St. Joseph's Mercy Care clinics across metro Atlanta. Six other clinics are conducted in community partner facilities or onboard St. Joseph's Mercy Care's mobile health coach. Its clinic services are available to the uninsured, underinsured, low-income persons, unhoused individuals and HIV-positive individuals on a sliding-fee scale according to a patient's ability to pay. It offers resource referral, supportive services, case management and mental health assessment. It also provides health education programs on a variety of topics, including prenatal care, parenting and child education, to Atlanta's Hispanic community.

Downtown: 678-843-8600 | North: 678-843-8700 | City of Refuge: 678-843-8790  
[mercycareservices.org](http://mercycareservices.org)

### **ThinkFirst National Injury Prevention Foundation (ThinkFirst)**

ThinkFirst provides free, research-based education to children and teens on the prevention of injuries related to the use of seat belts, helmets and lifestyle choices. Presentations are available for schools and community programs.

800-THINK-56 | [thinkfirst.org](http://thinkfirst.org)









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