Health Beyond Health Care

Opportunities to Advance Health by Addressing Social Determinants

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GEORGIANS FOR A HEALTHY FUTURE

THE VOICE FOR GEORGIA HEALTH CARE CONSUMERS

Introduction

There is a growing recognition that factors outside the formal health care system such as safe and affordable housing, access to transportation, education, and criminal justice reform also impact the health of individuals, families, and communities. These factors, known as the social determinants of health, affect the way people are born, grow, live, work, and age. Inequities within these arenas can contribute to and compound health inequities, resulting in avoidable differences in health status between and within populations.[1] As more people gain health insurance and access to care as a result of the Affordable Care Act, great strides have been made to advance population health. However, achieving full health equity will require advocates across sectors to identify policy opportunities that can impact health beyond health insurance and health care and work together to seize them.

In communities and states across the country, this type of multi-sectoral work is emerging, and promising practices are being adopted and refined. Here in Georgia, opportunities abound to advance health, and a strong advocacy community can lift up evidence-based approaches and collaborate to implement them at the local or state level. To help spark this sort of inter-sectoral collaboration among advocates, Georgians for a Healthy Future has been working over the past several months with support from the Healthcare Georgia Foundation to identify Georgia-specific opportunities to address social determinants of health through a "health in all policies" approach. This has involved key informant interviews with advocacy organizations, community-based nonprofits, and policymakers active in the housing, education, transportation, and criminal justice reform sectors.

Social Determinants of Health

ECONOMIC STABILITY	NEIGHBORHOOD AND PHYSICAL ENVIRONMENT	EDUCATION	FOOD	COMMUNITY AND SOCIAL CONTEXT	HEALTH CARE SYSTEM
Employment	Housing	Literacy	Hunger	Social Integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical Bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: The Henry J. Kaiser Foundation http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

The goals of this brief are to:

- Provide results from the key informant interviews and review of promising community-based and policy initiatives in the housing, criminal justice reform, education, and transportation sectors
- Highlight standout local examples of health in all policies approaches
- Feature state-level budget and policy recommendations to address social determinants of health

Housing

AND ITS IMPACT ON HEALTH

Health and housing are intertwined on multiple dimensions, both direct and indirect. Housing can influence physical health, mental health, and access to economic opportunity and necessary social and health services. When housing is inadequate, it can compound poor health and drive up health care costs; conversely, stable and affordable housing of adequate quality can serve as a "vaccine," particularly for the health and well-being of children.[2] For all of these reasons, there is growing interest within the policy, service provider, and advocacy communities to explore and document the relationship between health and housing. As this process unfolds, a growing body of evidence is emerging that purposeful investments to improve the quality, conditions, affordability, accessibility, and stability of housing can have a positive impact on the health of individuals, families, and communities.

HOUSING CONDITIONS

Housing conditions and quality can directly impact health. The recent lead crisis in Flint, Michigan provides a palpable example of how physical and mental health can be affected by toxins in the home. While the situation in Flint is extreme, exposure to toxins like lead, radon, and mold in the home present real risks to children and families in communities across the nation and right here in Georgia, if not quite on the same scale as Flint. In addition to these toxins, which can impact brain development and can cause chronic health problems like asthma, poor insulation and dilapidated fixtures and structures can also lead to illness and injury. Public policies like lead abatement and assistance with mold removal, such as through the Healthy Homes initiatives of the U.S. Department of Housing and Urban Development and the Centers for Disease Control and Prevention, can help address these risks.

HOUSING LOCATION

Home location and neighborhood environment also impact health in direct and indirect ways. Neighborhoods that are not walkable, lack fresh fruit and vegetable options, or have high crime rates can pose direct risks to health and safety. Neighborhoods that have experienced disinvestment, are not near transportation or jobs, and that feature high concentrations of poverty or are segregated can impact health through stress and lack of opportunity. Local, state, and federal policies that aim to connect communities to jobs and services and to foster community development and partnerships can help ameliorate some of these challenges.

HOUSING AFFORDABILITY

When housing is unaffordable, it can crowd out other expenses and limit the ability to spend household funds on healthy food, health care services, or other necessary components of a household budget that support health and wellbeing. Unaffordable housing can also lead to housing instability with frequent moves and to overcrowding and unsafe conditions. Housing subsidies can contribute to the stability and affordability of housing, freeing up resources for food and other basic necessities for low-income and vulnerable populations, by limiting to 30 percent of income the amount that eligible households contribute towards rent. Affordable housing has documented benefits, especially for children: according to Children's Health Watch, children in subsidized housing are more likely to be food secure, less likely to be underweight, and are more likely a "well" child than comparable children on the waitlist for such housing. Despite the clear health benefits of affordable housing, housing assistance is limited, and according to the National Housing Conference, only one in four eligible households receive housing subsidies. There is more that can be done at all levels of government (local, state, and federal) and through public-private partnerships to help increase the supply of affordable housing.

HOUSING ACCESSIBILITY & ACCESS TO WRAP-AROUND SERVICES

Housing must be accessible to people with physical disabilities and behavioral health needs to facilitate optimal health. For these populations, services are critical to the ability to remain in the home and function effectively. Without them, bouts of homelessness, avoidable trips to the emergency department, and even incarceration can occur. Supportive housing is a promising practice that better connects people to the critical services they need while reducing overall health care costs.[3]

PROMISING INITIATIVES IN GEORGIA: SUPPORTIVE HOUSING

The Corporation for Supportive Housing, a national nonprofit organization, defines supportive housing as "an innovative and proven solution to some of communities' toughest problems. It combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity." Here in Georgia, the

Georgia Supportive Housing Association (GSHA) works to increase the amount of supportive housing available to Georgians who need it through education and advocacy. Informant interviews with the leadership of GSHA uncovered a strong link between behavioral health and supportive housing as well as a demand for these services that exceeds the current capacity and funding for them. This presents an opportunity in Georgia for enhanced coordination across state agencies, service providers, and health and housing advocates to shine a light on the effectiveness of the supportive housing approach and to identify additional funding streams to scale up this approach. One such funding stream could be Medicaid, a model which other states adopting the Medicaid expansion option under the Affordable Care Act have utilized to provide health services to people in supportive housing.

MORE SUPPORTIVE HOUSING IN GEORGIA: WHAT WOULD IT TAKE?

A substantial portion of the people served by supportive housing have low-incomes and are currently ineligible for Medicaid, which creates challenges in using Medicaid as a lever and funding source to better provide and coordinate services that can improve health outcomes and adherence to prevention and treatment regimens, particularly for people with substance use disorders or other behavioral health needs. Preserving and protecting the Affordable Care Act and the federal dollars that it provides to states to extend eligibility for Medicaid to all low-income Georgians (often known as closing the coverage gap or expanding Medicaid) could open up a new avenue for funding these services. State policymakers can play an important role, together with service providers and advocates, in working to ensure that the Affordable Care Act is protected, that this avenue is opened up in Georgia, and in finding ways to leverage Medicaid in this area.

Another policy option is to coordinate existing supportive housing programs funded in collaboration with the Department of Community Affairs, Department of Community Health, Department of Corrections, and the Department of Behavioral Health and Developmental Disabilities. Like the majority of states, Georgia promotes some supportive housing development through the low-income housing tax credit program. The Department of Community Affairs leads this effort by awarding grantees that provide permanent housing in connection with supportive services for homeless people with disabilities and their families. The Department of Corrections supports a short-term re-entry housing program and the Department of Behavioral Health and Developmental Disabilities provides support in coordinating housing for adults with mental illnesses. The Department of Community Health can use the Medicaid program to provide behavioral health care services, case management, and help searching for housing if necessary for someone to maintain their health or stay out of expensive institutional care.

"Medicaid has proven itself as the most effective and sustainable way to fund services — both for the provider and the client."

Carol Collard
President & CEO, Caring Works, a local supportive housing provider

Criminal Justice Reform

AND ITS IMPACT ON HEALTH

The interconnectivity of criminal justice and health is multi-directional and involves multiple stakeholders. At the community level, public safety and health outcomes are impacted by exposure to violence, stress, and other activities associated with crime. Individuals living in high crime neighborhoods have a higher risk of physical injury, mental health conditions such as depression or anxiety, and shorter life spans. In addition, they have a higher likelihood of involvement in the criminal justice system. Within the criminal justice system, a disproportionate share of incarcerated people has a mental health and/or substance use disorder. The rate of serious mental illness is two to six times higher among incarcerated populations than it is in the general population[4]. Despite these high rates, mental health and substance use treatment and therapies are inadequate to meet the needs of these populations in correctional settings. Overcrowding in prisons exacerbates unhealthy prison conditions and results in increased recidivism, behavioral issues, and suicide. Moreover, the racial and income disparities of those who are most heavily impacted by incarceration compound these disparities at the community level.

At the state level, the disproportionate number of people in the criminal justice system with unmet health needs impacts budgets and the well-being of communities, creating opportunities for cross-sector collaboration to improve treatment options and access to care to impact health outcomes, the likelihood of recidivism, and reduce state costs.

Community-based health organizations, advocates, and criminal justice agencies are partnering with each other in many states and localities to invest resources in community re-entry programs. Community re-entry is pivotal because this is the point at which formerly incarcerated persons face a combination of health, housing, employment, and education issues that are critical to their stability and success. Thus, effective planning and coordination of treatment and social services prior to release is imperative to mitigate incidence of compromised public safety, hospitalization, suicide, homelessness, and re-arrest.

Some states are linking individuals involved with the criminal justice system to health coverage and services through Medicaid while incarcerated and after release. A significant number of individuals involved in the criminal justice system are newly eligible for Medicaid in states that have expanded coverage under the Affordable Care Act. The use of Medicaid dollars to help pay for health care provided to this population can save states and localities money, in addition to minimizing health and public safety concerns. Ways in which states have used Medicaid to address health needs of persons in the criminal justice system include:

- Suspending Medicaid enrollment for inmates upon incarceration rather than terminating enrollment. Under federal Medicaid law an incarcerated person may remain enrolled in Medicaid in a suspended status. This allows Medicaid to be

billed for certain health care services and makes it easier to access Medicaid services upon release. New York is a state that changed its Medicaid policies to suspend Medicaid enrollment for individuals[5].

- Hiring or training staff to assist with inmate enrollment in insurance coverage. In Connecticut the Department of Corrections and Department of Social Services have partnered to ensure that individuals who are discharged from a Department of Corrections facility continue to receive necessary health care upon re-entry into the community through Medicaid. The Department of Social Services has provided two eligibility workers dedicated solely to processing Medicaid applications for those individuals determined potentially eligible for assistance[6]. Another example is New Hampshire, where state prison and county jail staff initiate Medicaid applications for individuals nearing release by using an automated process or by completing and mailing all necessary forms to the Medicaid agency.[7]
- Requiring contracted hospitals to accept Medicaid rates or obtain Medicaid reimbursement for allowable services. In North Carolina, state law requires the Departments of Corrections and Health and Human Services to develop protocols utilizing Medicaid to pay for care provided to those in the state that would be receiving Medicaid if not for the incarceration. Since February 2011, under the State Plan, North Carolina has been requiring hospitals and other inpatient providers to bill Medicaid for services provided to Medicaid-enrolled incarcerated individuals[8].

PROMISING INITIATIVE IN GEORGIA: THE GEORGIA COUNCIL ON CRIMINAL JUSTICE REFORM

The Georgia Council on Criminal Justice Reform is another important partner to promote health in the criminal justice system. In 2011, the Georgia General Assembly created the Special Council on Criminal Justice Reform to investigate ways to modernize criminal justice in Georgia. These reforms included "accountability courts," where people are diverted into substance use treatment or mental health therapy rather than being incarcerated. The centerpiece of the Council's work in 2014 began to focus on re-entry programs through the Georgia Prisoner Reentry Initiative (GA-PRI). The council releases policy recommendations each year — including one this year that recommends removing the lifetime ban on food stamps for felony drug offenders. The Legislature has passed many of the Council's recommendations and as the Council enters its sixth year of work, there is a clear need for more policies that promote health for people in the criminal justice system. Several organizations in Georgia advocate for criminal justice related policies and would be ideal partners to work with the Council, the Department of Corrections and Community Health in these areas. Organizations include: Voices for Georgia's Children, the Georgia Justice Project, the Georgia Public Policy Foundation, and the Southern Center for Human Rights.

WHAT WOULD IT TAKE TO DO THIS IN GEORGIA?

The following are policy and budget recommendations Georgia could consider implementing to better meet the health needs of people in the criminal justice system:

- Implement policies to screen all individuals in prisons and jails for Medicaid eligibility, and suspend enrollment for those found eligible
- Develop strategies to screen and enroll Medicaid-eligible individuals at all points of justice-system involvement and maximize the use of federal administrative matching funds to support enrollment staff and processes
- Identify and address enrollment challenges and coverage issues unique to the criminal justice population
- Make effective use of federal Medicaid funding for inpatient services by implementing policies to require community-based hospitals, nursing homes, juvenile psychiatric facilities, and intermediate care facilities to bill Medicaid for eligible inpatient services provided to incarcerated individuals
- Expand Medicaid eligibility to receive enhanced federal matching dollars to cover behavioral health and other health services for recently released inmates

Georgia can employ these strategies through the Medicaid program in the Department of Community Health to partner with current work in the Department of Corrections. The Georgia Department of Corrections increased funds for Hepatitis C treatment for inmates and provided funding for short term housing subsidies for released inmates at risk of homelessness. The Department of Community Health can take further steps to address health by dedicating funding to improve the coordination of behavioral health care for inmates. Several states are doing this by establishing medical homes for the formerly incarcerated or using information technology to connect people with social service and health programs as they move out of the criminal justice system.[9] These are ways in which advocates can work with the Criminal Justice Reform Council to advance policies that will improve health equity.

Transportation

AND ITS IMPACT ON HEALTH

The U.S. transportation system, and to a great extent, Georgia's, is built to move people and goods quickly and efficiently. Its focus is not on the health of people and communities; however, transportation has a great impact on the wellbeing of populations. The mechanisms through which transportation can impact health are multifaceted and varied.

The variety of transportation options available to community residents affects health in two different ways. Increasing active transportation options, like walking, biking, and public transit, provides people with opportunities to incorporate physical activity into their normal daily living activities. This integration of physical activity has a strong correlation with significantly lower rates of smoking, obesity, diabetes, high blood pressure, high cholesterol, and depression; and significantly higher rates of exercise, healthy eating, and fruit and vegetable consumption.[10] Communities with a variety of accessible transportation options also facilitate health care access. The ability of a person to travel to where health care services are delivered is an important aspect of access and having a variety of options available throughout the community enables that access. This aspect of access is especially important for vulnerable populations who may already have limited access to health care, like people with low incomes, the uninsured, and people with physical and mental disabilities that prevent them from driving.

Transportation can also impact health through the environment. The production of air pollution primarily by motor vehicles impacts the air quality in many communities and it has been demonstrated that living close to a major roadway produces higher rates of asthma among children.[11] Chemicals and debris from cars and other vehicles may also impact the physical environment around roadways. Lastly, injury is a common health impact from transportation, often resulting from motor vehicle crashes. Injuries may be mitigated through safe driving campaigns and design standards for transportation infrastructure.

PROMISING INITIATIVE IN GEORGIA: COMPLETE STREETS AND INFRASTRUCTURE INVESTMENT

Georgia's Department of Transportation adopted a "Complete Streets" policy in 2012. Complete Streets is a framework for the design, operation, and maintenance of streets that are safe and convenient for cars, pedestrians, bicycle riders, and transit riders of all ages, incomes, and abilities. Features include traffic-calming, street trees, wide sidewalks, and bike lanes. To date Georgia's DOT has facilitated a number of complete streets projects across the state in places like Atlanta, Decatur, and Cobb County.

Additionally, local communities are investing in infrastructure to promote walking and biking. While Atlanta's Beltline is much discussed, the City of Carrolton is in the midst of completing a similar shared use path for pedestrians and other non-motorized forms of

"Expanding the availability of, safety for, and access to a variety of transportation options and integrating health-enhancing choices into transportation policy has the potential to save lives by preventing chronic diseases, reducing and preventing motor-vehicle-related injury and deaths, improving environmental health, while stimulating economic development, and ensuring access for all people."

Centers for Disease Control and Prevention

transportation. The trail will be 18 miles long when complete and connects many areas of the city together. Already fifteen percent of children in Carrolton now ride their bikes to school, well above the ten percent state average.

WHAT WOULD IT TAKE TO DO THIS IN GA?

The following are ways in which Georgia can create structural changes for transportation to create healthier communities:

- Sustain non-emergency transportation options for Medicaid recipients. States can continue to meet the needs of residents without transportation to get to their health care appointments while reducing costs by coordinating medical trips with other community transportation providers. State human service transportation coordinating councils can help reduce one-purpose (NEMT) trips when possible and connect people to other services. Georgia established a council in 2010 and has integrated rural public transportation and Medicaid software platforms to reduce administrative costs and reduced capital costs by revising surplus vehicle procedures.[12]

- Use Highway Safety Improvement Projects and dedicated grants to support active transportation. States such as Indiana and North Carolina offered local planning assistance grants to help develop and fund comprehensive bicycle and pedestrian plans. The Georgia Department of Transportation is taking steps toward this goal by using state gas tax revenue to fund Highway Safety Improvement Projects (HSIP) at 90 percent federal funding and 10 percent state funding. Very few states have used HSIP for bicycle and pedestrian projects statewide.[13] Georgia Department of Transportation recently partnered with Pedestrians Educating Drivers on Safety and Georgia Bikes to provide them funding aimed at increasing the safety of people who walk and ride bicycles.

- Encourage counties to target new revenue from special local option sales taxes for transportation (T-SPLOST) to projects that can improve health. In 2015, the General Assembly passed legislation that allows counties to enact by local referendum a new sales tax of up to 1% for needed investments in transportation. The tax provides local governments with broad discretion of how to use the additional funds, ranging from road repair and construction to multimodal investments including transit, improved streetscapes and bike and walking trails. Cities and counties looking to improve health outcomes can consider targeting future T-SPLOST investments toward projects that encourage people to be active and use non-car forms of transportation where possible. For example, Atlanta voters in November 2016 overwhelming approved a new T-SPLOST of 0.4% that over the next five years will devote about $300 million to complete street projects, bike share, sidewalk improvements and completing the Atlanta Beltline.

Education

AND ITS IMPACT ON HEALTH

Education is a key determinant of health and vice versa. Education provides knowledge and life skills that help people avoid unhealthy or risky behaviors and greater access to resources that promote health. Additionally, people with higher levels of education experience more benefits of better jobs that allow access to healthy food, safer homes, and better health care. On the other hand, academic success is related to health through the impact on attendance. Factors that may influence a child's ability to learn include physical inactivity, asthma, impaired vision, hunger, stress, and more. Essentially, healthier students are better able to learn, and are therefore more successful at school. Further, inequalities factor into these bi-directional relationships. Children from low-income, underserved and/or minority populations typically have worse health outcomes and academic achievement because they are less likely to have access to care and more likely to develop chronic health problems. These students are more at risk for poor academic performance, high absenteeism, and behaviors that keep them out of school. Thus education disparities exist for children who have low socioeconomic status due to poor health.

Given the critical bi-directional relationship between education and health it is important to identify cross-sector approaches that will increase healthier outcomes and decrease disparities, especially in Georgia. Currently, Georgia ranks 42nd in the nation on child wellbeing[14] and health issues are the leading cause for student absenteeism in the state[15]. Further, Georgia ranks 4th in the nation for the number of children who are uninsured and have limited access to care. By addressing these health needs at school in comprehensive and affordable ways, *all* children will have an opportunity to learn better. School based health centers (SBHC) by design serve as a unique point of access to care that meets health needs and educational disparities.

School based health centers are clinics, located on primary and secondary school campuses that provide comprehensive care for all students. Most SBHCs provide a combination of primary care, mental health services, substance abuse counseling, case management, dental care, nutrition education, and preventive services. By offering services regardless of ability to pay and being located on school grounds, SBHCs are able to serve all students. As a result, SBHCs are able to reduce barriers to care for low-income, medically underserved youth and thus work towards reducing some disparities. School based health center utilization rates are highest among children who are uninsured and who are enrolled in public insurance. School based health centers increase access to care for students who are most at risk for educational disparities related to health. Given the role SBHCs play at the intersection of health and education and the state of health for Georgia's children, it is important to identify ways in which to expand and strengthen school based health centers in the state.

By the Numbers

42nd

Georgia ranks 42nd in the nation on child wellbeing[13]

4th

Georgia ranks 4th in the nation for the number of children who are uninsured and have limited access to care

PROMISING INITIATIVES IN GEORGIA: SCHOOL BASED HEALTH CENTERS

Several school based health centers, at various stages of development, offer promising models for expansion in urban and rural communities in Georgia:

- Whitefoord, Inc[16]., was established in 1994 to meet the health and educational needs of children and families in a community in southeast Atlanta that had high mortality rates and poverty and low high school graduation rates. Since its founding, the SBHC has grown into three SBHCs, a family medical center, Pre-K and child development programs, and beyond school hour programs. Whitefoord, Inc.'s programs provide over 2,700 children annually with comprehensive health services. This model has resulted in substantial increases in student participation in asthma management programs, decreases in reported student absences due to asthma symptoms, increases in grade promotions, and number of students being on target for child hood development markers. The model has been shown to save Medicaid dollars as well[17].

- In rural areas school based health centers in Albany and Lamar County are underway to increase children's access to medical care. The Albany Area Primary Health Care (AAPHC) established seven SBHCs that provide health services for the whole family. One of the SBHCs was implemented at Turner Elementary School. The majority of the students at this school are low-income, have low attendance and test scores, and other socio economic factors linked to poor health outcomes. This SBHC has shown positive impacts on several of the aforementioned factors and increased identification and treatment of students at risk for behavioral health problems, asthma, and obesity[18]. In Lamar County, programs include a pilot project supported by the Department of Behavioral Health and Developmental Disabilities, called the Georgia Apex Project[19] to provide on-site behavioral health services in schools and a Department of Public Health pilot for behavioral health tele-health. Currently, the programs are working together to pilot and lean how best to implement a coordinated system of care at the school level to significantly improve healthcare access to a population that has traditionally not been served. Data collection and evaluation is being coordinated as part of this effort, which includes health and academic data.

WHAT WOULD IT TAKE TO EXPAND THESE MODELS IN GEORGIA?

From 1994–2009 Georgia had only two school based health centers (Whitefoord elementary and Coan middle school in Atlanta), but initiatives to expand school based health centers across in Georgia have picked up momentum. In 2009, the Partners for Equity in Child Adolescent Health was developed with the mission to increase access to and improve the delivery of primary health care for at-risk children throughout the state. The program granted twenty-nine SBHC planning grants over 34 counties. All of the SBHCs have support from local school boards, school administrators and staff, parents, and the community[20].

Long term funding and sustainability remain key challenges to the viability of existing SBHCs and the possibility to expand models across the state. The following are ways to approach these challenges:

- Georgia invests in school-based health centers and enacts policies to support them. Most school based health centers receive some support from patient revenue by billing services to Medicaid, CHIP, private insurance, or self-pay. However, public funding is necessary to offset losses from uninsured patients and services that cannot be reimbursed. Eighteen states direct funding for school-based health centers, mostly from state general revenue.[21] Their other sources of funding include the Social Services Block Grant, Medicaid matching dollars, and the Title V Maternal and Child Health Services Block Grant. Furthermore, states support school-based health centers through Medicaid policies such as waiving primary care prior authorization for specific services and requiring managed care organizations to reimburse or contract with SBHCs.

- Identify and engage the Department of Education (DOE), schools, school boards, health care providers, parents, policymakers, and the business and greater community. Sustainability is dependent upon strong, multi-stakeholder partnerships. Advocates in health and education sectors are best positioned to serve as leaders to garner support by educating local stakeholders on the value of establishing SBHCs to meet the needs of the children of their communities. Understanding stakeholder motivations are important to developing strong partnerships. Providers, schools, administrators, and SBHC leaders are interested in understanding the impact of SBHCs on students who were most in need. Administrators and policymakers are most interested in understanding the return on investment for SBHCs. The business community can engaged in efforts to identify and reduce barriers to improve graduation rates in the prospective workforce.

Several organizations such as the Georgia Partnership for Excellence in Education, the Georgia School Based Health Center Alliance, Partners in Equity for Child Adolescent Health, and Voices for Georgia's Children are currently leading efforts to mobilize and strengthen partnerships to expand the school based health center infrastructure across the state. This is an area of opportunity for advocates in health and education to leverage resources and expertise for the sustainability of school based health centers.

Conclusion

As we look to the future of health policy in Georgia, informed and coordinated policy and advocacy work across sectors is needed to tackle the various factors that impact health and how they intersect.
Local, community-driven efforts to address social determinants of health will be critical to demonstrate what works well and to achieve results at the local level. There is also tremendous potential in scaling up promising practices to the state level to achieve greater impact. Georgians for a Healthy Future looks forward to working with partners to identify opportunities across sectors to improve health.

[1] World Health Organizations http://www.who.int/social_determinants/sdh_definition/en/

[2] Children's Health Watch has described housing as a "vaccine." See http://childrenshealthwatch.org for a variety of publications on the links between health and housing

[3] National Housing Conference, How Investing in Housing Can Save in Health Care, January 2016, http://www.nhc.org/2016-cost-effectiveness

[4] https://csgjusticecenter.org/wp-content/uploads/2014/12/Prevalence-of-Serious-Mental-Illness-among-Jail-Inmates.pdf

[5] http://www.health.ny.gov/health_care/medicaid/reference/mrg/january2012/pages545-546.pdf

[6] https://www.cga.ct.gov/2013/rpt/2013-R-0288.htm

[7] http://kff.org/medicaid/issue-brief/state-medicaid-eligibility-policies-for-individuals-moving-into-and-out-of-incarceration/view/footnotes/#footnote-160166-31

[8] http://www.ncleg.net/Sessions/2009/Bills/Senate/PDF/S897v8.pdf

[9] http://www.chcs.org/media/MMF_CoordinatingAccess-FINAL.pdf

[10] http://info.healthways.com/hubfs/Gallup-Healthways_State_of_American_Well-Being_2015_Community_Impact_vFINAL.pdf?t=1476214532803

[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1459934/

[12] http://www.ncsl.org/Portals/1/Documents/transportation/SCC_transportation_final02.pdf

[13] http://www.advocacyadvance.org/docs/highway_safety_improvement_program.pdf

[14] http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-rankings-2015.pdf

[15] https://www.gadoe.org/External-Affairs-and-Policy/Policy/Documents/Student%20Attendance%20and%20Student%20Achievement%20Updated%20March%202016.pdf

[16] http://whitefoord.org/about-us/history

[17] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920971/pdf/1617.pdf

[18] http://www.house.ga.gov/Documents/CommitteeDocuments/2015/Health_Educ_School-Based_Health_Centers_FINAL_REPORT.pdf

[19] http://ghpc.gsu.edu/project/4745415/

[20] http://news.emory.edu/stories/2013/05/emory_pediatric_urban_health/

[21] http://www.sbh4all.org/school-health-care/aboutsbhcs/school-based-health-care-state-policy-survey/#seven

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