

# What the health, Georgia?

Understanding the health & health care issues facing Georgians



#### Introduction

Every person who calls Georgia home deserves to live healthy and thrive. While Georgia has made recent strides to improve the health of our residents, we haven't yet reached that goal according to Georgians themselves and our state's health data.

This packet is offered as a guide to state and community leaders as they make decisions about issues that impact our health. With a brief introduction about Georgia's health and health care landscape, the packet's primary focus is a poll of 1000+ Georgians about their health care experiences and concerns. Learnings from the poll are distilled into policy recommendations that leaders may consider as they work to improve health care and costs for Georgians across our great state.

The packet concludes with brief looks at mental health and the building blocks of health — because health is more than health care.

We hope this packet drives conversations, ideas, and actions by Georgia leaders. Georgians for a Healthy Future stands by as a willing partner, working to build the healthy and thriving state we all want to live in.

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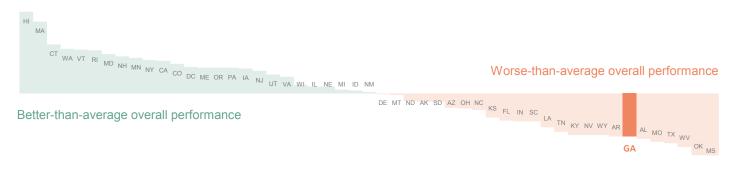
# How healthy is Georgia?

### How Georgia measures up

## Georgia's health care system is 44th among U.S. states:

According to the
Commonwealth Fund,
Scorecard on State Health
System Performance. The
scorecard uses the latest
data available to assess how
well the health care system
is working in every state.

Georgia is 9<sup>th</sup> of 12 among Southeastern states<sup>1</sup>



Source: Commonwealth Fund, Scorecard on State Health System Performance

## Access to mental health care for adults: 31st

According to the 2022 <u>State of Mental</u> <u>Health report, by Mental Health America.</u> This annual report provides a snapshot of mental health status among youth & adults for policy & program planning, analysis, and evaluation.

#### Clinical care: 48<sup>th</sup>

Access to quality health care and preventive services, such as primary care providers, immunizations and preventable hospitalizations

#### Health outcomes: 36<sup>th</sup>

Mental & physical sickness, quality of life, & death experienced by residents in state

According to America's Health Rankings, by United Health Foundation. AHR is a long-running annual report that analyzes more than 340 measures of behaviors, social & economic factors, physical environment, and clinical care data.

## Health headlines in Georgia

Georgia has high rates of low-birth weight babies and maternal deaths (often called maternal mortality), especially among Black babies & women.<sup>2</sup>

1.5 million Georgians (15.5%) are uninsured.<sup>4</sup> 408,000 low-income, uninsured Georgians fall into the Medicaid coverage gap.<sup>5</sup>

Rates of drug use & overdoses remain high, especially in rural areas.<sup>2,3</sup> High numbers of Georgians died from COVID-19 and our state has low rates of vaccinations.<sup>1</sup>

Young people are struggling with mental health issues. Georgia has made gains in this area, but large gaps remain.<sup>6,7</sup>

## Strengths contributing to Georgians' health

Low rate of excessive alcohol drinking<sup>2</sup>

Relatively low percentage of housing with lead risk<sup>2</sup> 9% High rate of Georgians are served by community water systems that have fluoridated water<sup>2</sup> 95% Relatively
low rates of
cancer
6% of Georgia
adults<sup>2</sup>

# Continued challenges for the health of Georgians

- High percentage of adults who avoid health care due to cost<sup>2</sup>
- Shortages of primary care doctors, dentists, and mental health providers— Georgia's shortages are more severe than other states.<sup>2</sup>
- Almost two-thirds (64%) of Georgia adults with a mental illness did not receive treatment<sup>6</sup>
- Low rates of vaccinations among children & adults:<sup>2</sup>
  - 3 out of 10 children do not receive recommended childhood shots by their 3rd birthday
  - 6 in 10 adults did not get an annual flu vaccine
- 13% of Georgia households live in poverty and our state has a relatively high rate of income inequality compared to other states.<sup>2</sup>
- Only 82% of Georgians graduate from high school<sup>2</sup>

# Some Georgians experience worse health than others

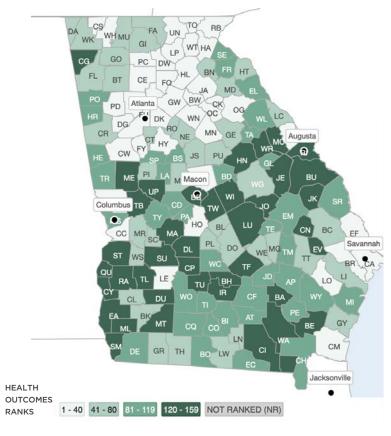


Image: County Health Rankings

These Georgians are more likely to be uninsured, have one or more chronic conditions, live shorter lives, and struggle to afford health care services:

- Rural residents
- Black & Hispanic Georgians
- LGBTQ+ people
- Individuals & families with low-incomes
- Refugees and immigrants
- People with disabilities

For example, the map on the left illustrates the poorer health outcomes experienced by rural Georgians, especially those in the south and east.

Policy & structural barriers are the primary causes of these health disparities. For example, long-term disinvestment in rural communities and Black neighborhoods dissuade doctors and hospitals from locating to those areas. That makes it harder for these Georgians to access needed health services.

Smart legislation and strategic investments in the state budget can resolve these differences and put Georgians on equal footing regardless of who they are or where they live.

#### References

- 1. Commonwealth Fund, Scorecard on State Health System Performance, Georgia
- 2. America's Health Rankings, Georgia summary, 2021
- 3. <u>Georgia Department of Public Health discusses soaring fentanyl overdose deaths on National Fentanyl Awareness Day,</u> Rebecca Grapevine. May 10, 2022. Capitol Beat News Service.
- 4. <u>Health Insurance Coverage of Nonelderly 0-64</u>, Kaiser Family Foundation.
- 5. Georgia Environmental Scan Report. July 8, 2019. Georgia Department of Community Health.
- 6. State of Mental Health in America, Youth Rankings 2022, Mental Health America of Georgia.
- 7. <u>Understanding the Landscape: Mental Health Access for African American and Latinx Children and Youth in the State of Georgia</u>, Healthcare Georgia Foundation. May 2022.
- 8. Georgia, Overall Rankings in Health Outcomes. 2022. County Health Rankings & Roadmaps.

# Health care costs & affordability

### **Background**

The high cost of medical care has long been a concern for consumers and frequent topic of conversation among policymakers and industry leaders.

Many Georgians are uninsured, delay needed care, or struggle to pay their medical bills due to high costs. Even more Georgians worry about affording care in the future, especially care related to aging or medical emergencies.

Georgians for a Healthy Future partnered with Altarum to administer the Consumer Healthcare Experience State Survey (CHESS) to 1,000+ Georgians. The survey is designed to understand consumers' struggles with health care costs, reveal the cost-drivers that need to be addressed in Georgia, and assess consumers' support for policy solutions to improve health care affordability for consumers.

Statewide survey results are presented here (pages 13-22). Regional survey results for east, north, and southwest Georgia, and metro Atlanta are presented on pages 23-31.

# Most Georgians face challenges paying for health care



Almost 7 in 10 (68%) Georgia adults face challenges paying for health care:

- 1. Being uninsured because coverage was too expensive
- 2. Skipping or delaying health care due to cost
- 3. Struggling to pay medical bills

#### **Uninsured Adults**

"don't need it"

"too expensive"

"don't know how to get it"

## Almost half (48%) of uninsured adults

cited "too expensive" as the major reason for not having coverage. This response exceeded other reasons like "don't need it" and "don't know how to get it."

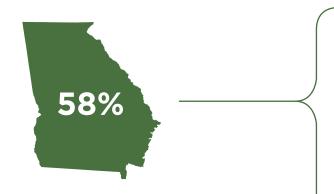
#### The gap

Some uninsured Georgia adults have incomes too low to qualify for financial help from the Affordable Care Act. They would qualify for Medicaid if Georgia made low-income adults eligible for coverage.

#### At work

Even job-based health insurance may be getting too expensive for Georgians, leaving them uninsured. Average employee premiums and deductibles have risen to 14.3% of median income (~\$59,000) in Georgia. That's up from 9.3% in 2010.¹ The increase is due to rising health care costs and employers shifting costs to their employees.

#### Cost-related barriers to health care



Over half (58%) of Georgia adults encountered one or more cost-related barriers to getting health care because it was too expensive. These challenges included:



#### 38%

Cut pills in half, skipped doses of medicine or did not fill a prescription



#### 38%

Skipped a recommended medical test or treatment



#### 36%

Delayed going to the doctor or having a procedure done



#### **34**%

Skipped needed dental care



#### 33%

Avoided going to the doctor or having a procedure done altogether



#### 29%

Had problems getting mental healthcare or addiction treatment

## Struggling to pay medical bills

Other times, Georgia adults got the care they needed but struggled to pay the resulting bill. Half (50%) of Georgia adults experienced one or more of these struggles to pay their medical bills:

19%

Contacted by a collection agency

17%

Unable to pay for basic necessities like food 16%

Used up all or most of their savings

16%

Borrowed money, got a loan or mortgage on their home 12%

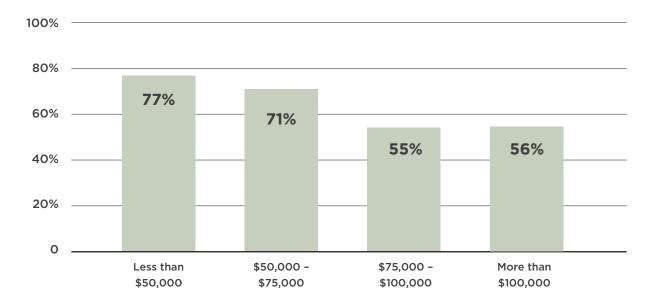
Racked up large amounts of credit card debt 10%

Placed on a long-term payment plan

# Health care costs are difficult to afford even far up the income ladder

Health care costs affect families quite far up the income ladder, with over half (56%) of residents with household incomes of \$100,000 or more struggling to afford healthcare in the past 12 months.

Georgia residents earning less than \$50,000 face the greatest burden, with 77% reporting affordability problems.\* Percent of Adults with Any Health Care Affordability Burden in Prior 12 Months, by Income Group



# Prescription Drug Costs

## Georgians pay more for prescription drugs



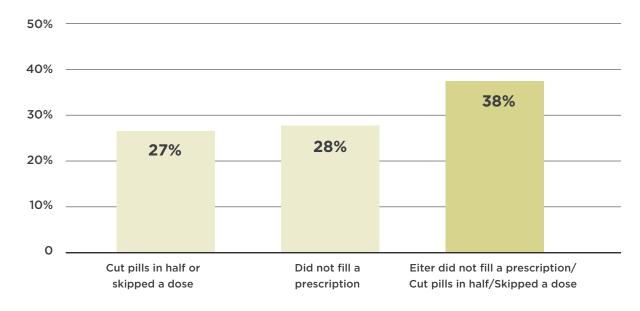
Georgians spend more than the national average on out-of-pocket costs for prescription. Nationally, prescription drug spending is on the rise. Those with chronic diseases and disabilities bear the most burden.

Source: Health Care Cost and Utilization Report, State Spending Trends. 2018. Health Care Cost Institute.

### Prescription drug cost burdens

Cost concerns led over one-third (38%) of Georgia adults to not fill a prescription, cut pills in half or skip a dose of medicine.

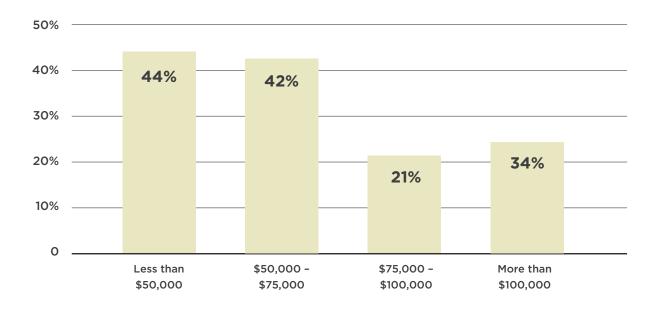
#### DId Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Concerns About Cost



# Households with less income have a harder time affording prescription meds

Affordability hardships disproportionately impact people in lower income households. Households making less than \$75,000 per year are more likely to have rationed their prescription medicines than households making more than \$75,000 per year. Still, these hardships are alarmingly prevalent across all income levels.

DId Not Fill a Prescription, Cut Pills in Half or Skipped a Dose by Income Group



# Regional differences in prescription drug affordability burdens

Affordability hardships are common statewide. The East Georgia region fared worst, with 44% struggling to afford prescription drugs.

#### Georgia Adults with Drug Affordability Issues, by Region

REGION	CUT PILLS IN HALF OR SKIPPED A DOSE	DID NOT FILL A PRESCRIPTION	EITHER DID NOT FILL A PRESCRIPTION/ CUT PILLS IN HALF/SKIPPED A DOSE
East	32%	32%	44%
Metro-Atlanta	22%	22%	33%
North	30%	30%	39%
Southwest	26%	31%	37%



# Results by Region



Full regional results are available at healthyfuturega.org/our-priorities/ensuring-value-for-health-care-consumers/health-care-costs/

### Background on regional results

Before administering the Consumer
Healthcare Experience State Survey
(CHESS), Georgians for a Healthy
Future defined regions in the state
for more localized results. To ensure
regional results were valid and
representative, the number of regions
was limited to four. The resulting four
regions are loosely based on Georgia's economic development regions.

While the survey found slight variations in challenges affording health care by region, by and large, Georgians experienced very similar health cost issues regardless of where they lived in the state.



#### **East**



57% agreed or strongly agreed that "the system needs to change. 71% of East Georgia adults reported that they fit at least one of these categories in the year before the survey:

- uninsured;
- avoided health care because of costs;
- struggled to pay medical bills.

Because of health costs, more than three in five (62%) East Georgia adults delayed or went without needed health care during the prior 12 months.

Four out of five (81%) respondents reported being "worried" or "very worried" about affording health care in the future.

East region residents were generally dissatisfied with the health system. Just thirty-six percent 36% agreed or strongly agreed with the statement "We have a great healthcare system in the U.S." Fifty-seven percent (57%) agreed or strongly agreed that "the system needs to change."

#### North



70% agree or strongly agree that the health care system needs to change.

69% of adults in North Georgia experienced health care affordability burdens in the previous 12 months.

Because of health costs, almost six in ten (59%) North Georgia adults skipped or avoided needed health care during the prior 12 months. Four out of five (81%) respondents reported being "worried" or "very worried" about affording health care in the future.

North Georgia residents were extremely dissatisfied with the health system. Just 37% agreed or strongly agreed with the statement "We have a great healthcare system in the U.S." Seventy percent (70%) agreed or strongly agreed that "the system needs to change."

#### Southwest



60% agree or strongly agree that the health care system needs to change.

71% of Southwest Georgia adults reported that they fit at least one of these categories in the year before the survey:

- uninsured;
- avoided health care because of costs;
- struggled to pay medical bills.

Because of health costs, more than half (55%) of southwest Georgia adults skipped or avoided needed health care during the prior 12 months. Four out of five (81%) respondents reported being "worried" or "very worried" about affording health care in the future.

Southwest region residents were generally dissatisfied with the health system. Forty-one percent (41%) agreed or strongly agreed with the statement "We have a great health care system in the U.S." Sixty percent (60%) agreed or strongly agreed that "the system needs to change."

#### Metro Atlanta



61% agree or strongly agree that the health care system needs to change.

64% of Georgia adults reported that they fit at least one of these categories in the year before the survey:

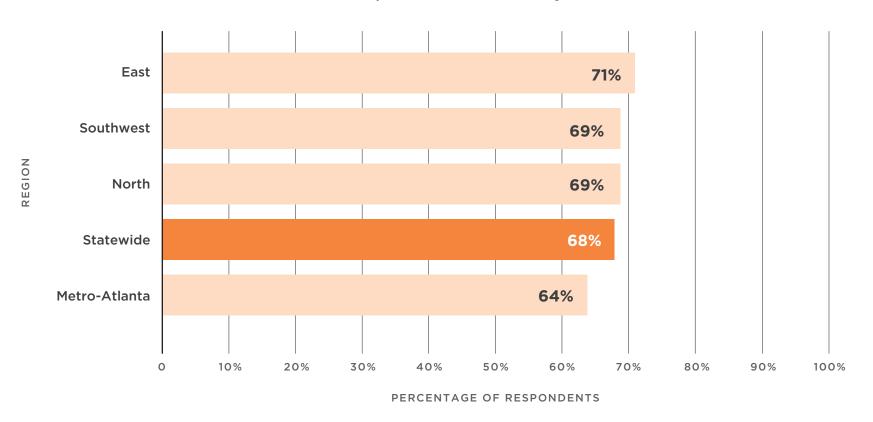
- uninsured;
- avoided health care because of costs;
- struggled to pay medical bills.

Because of health costs, more than half (57%) of metro-Atlanta Georgia adults skipped or avoided needed health care during the prior 12 months. Nearly four out of five (79%) respondents reported being "worried" or "very worried" about affording health care in the future.

Metro-Atlanta region residents were generally dissatisfied with the health system. Forty percent (40%) agreed or strongly agreed with the statement "We have a great healthcare system in the U.S.;" Sixty-one percent (61%) agreed or strongly agreed that "the system needs to change."

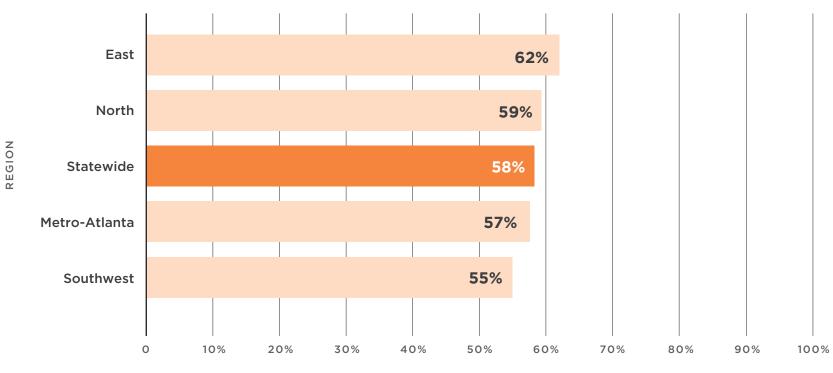
# Share of respondents who experienced affordability burdens within the last 12 months

#### **Experienced Affordability Burdens**



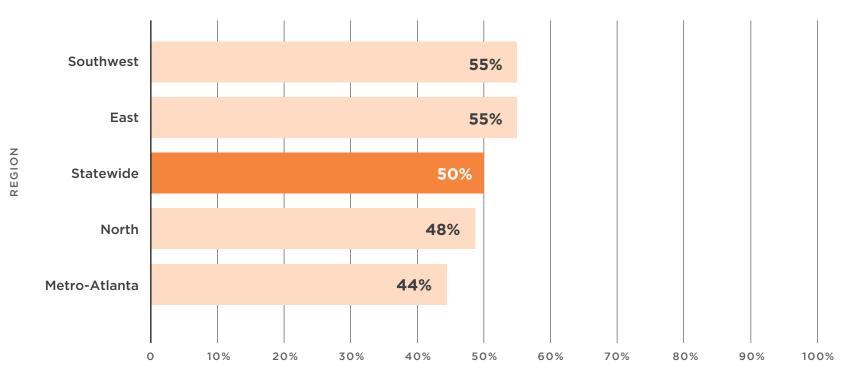
## **Delaying or Forgoing Care**

#### **Delaying or Forgoing Care Due to Costs**



## Struggling to Pay Medical Bills

#### Struggling to Pay Medical Bills



PERCENTAGE OF RESPONDENTS

# Support for Change

# Georgians are largely dissatisfied with our health care system

#### **Only 4 in 10**

Only 4 in 10 (39%) agreed or strongly agreed that "we have a great health care system in the U.S."

#### 62% say the system needs to change

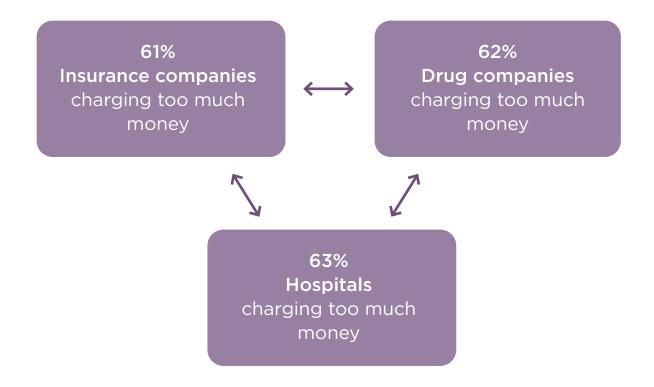
More than 6 in 10 (62%) agreed or strongly agreed that "the system needs to change."

# North Georgia is ready for change

Georgians were most ready for change, with almost 70% of respondents agreeing that "the system needs to change."

## The role of industry stakeholders

Georgia adults believe the reason for high health care costs is unfair prices charged by powerful industry stakeholders.



## Support for action across party lines

**Across party lines and regions,** respondents express strong support for government-led solutions.

With only a few exceptions, *more than 80%* agreed or strongly agreed that the government should:

- Make it easier to switch insurers if a health plan drops your doctor.
- Require insurers to provide up-front cost estimates to consumers.
- Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.

#### 7 out of 10

Seven in 10 agreed or strongly agreed that the government should expand health insurance options so everyone can afford quality coverage.\*

<sup>\*</sup>Support was lowest among metro-Atlanta Republicans at 67%. Among east, southwest, and north Georgia Republicans, 79%, 78%, & 88% respectively expressed support.

# Consumers want to play a role in addressing affordability, but need the right tools

When asked to select the top three personal actions that they could take to address health care affordability, consumers said:

Personal action:

requires

The right tools:

67%

Take better care of my personal health



Strong public health systems that can help build communities with safe, healthy options like parks, grocery stories, and clean air and water. 38%

Research treatments myself, before going to the doctor



- Truthful, fact-based media & internet environments.
- Strong health literacy skills.

35%

Do more to compare doctors on cost and quality before getting



Accessible, easy-tounderstand, and reliable information about doctors and hospitals. Georgia's new all-payer claims database could be used for this purpose.

## Consumers want to play a role in addressing high drug costs, but need the right tools



When asked to select the top three personal actions that they could take to address prescription drug affordability, consumers said:

Personal action:

Would switch from a brandname to an equivalent generic 67%

Have tried to find out the cost of a drug beforehand

requires



regunes

The right tools:

- Easy-to-understand and reliable information at the pharmacy counter or in a doctor's office about generic options for brand name drugs, and their relative costs.
- With the right technology, insurers could help deliver this information to doctors, pharmacists, and consumers during a health appointment and before the patient picks up their prescription.
- Promoting generic options should be carefully balanced with the individual needs and choices of the patient, especially among patients with chronic or complex conditions (ex: multiple sclerosis, HIV, mental health conditions).

69%

## Recommendations for Action

## A new Georgia tool that can address health care costs & affordability

An **all-payer claims database** is a system that collects health care claims and related data from all (or nearly all) entities that pay for health care services in a state. The data is usually provided by private and public health plans.

An APCD can be a valuable tool that enables almost anyone with a stake in the health care system — including consumers, employers, health care providers, insurers, researchers, and policymakers — to understand and improve the system. With the right resources and structure, an APCD can:

- Include a free, health care price search feature that helps consumers understand what they might pay for a specific treatment or the quality of care available at certain facilities
- Lawmakers can use the data available from the APCD to understand where new laws or policies are needed to slow the rise of health costs or improve unequal outcomes.



Georgia's APCD was authorized by HB 888 in 2020. The new APCD is managed by the Office of Health Strategy & Coordination and its initial launch is expected in early 2023. Georgia is one of only four Southern states to make this important investment.

#### Curb excess health care prices

#### WHAT CAN YOU DO?



#### Grow Georgia's new APCD so that it can support these efforts:

A free, public-facing health care price search tool that reflects negotiated rates and
features treatment- and provider-specific prices. This would helps consumers un-
derstand what they might pay for a specific treatment or shop for a better deal
elsewhere.

Create health care spending and qualit	y benchmarks	(goals)	for th	e state	that	car
be monitored through the APCD						

#### Pass legislation to:

Cap prescription drug cost increases at the rate of inflation
 Incentivize large employers to submit their health insurance data to the APCD.
 Half of all Georgians are enrolled in large employer health plans. The health care costs and outcomes data from these plans will ensure the APCD is accurate and complete.

#### Protect consumers from unfair medical debt

#### WHAT CAN YOU DO?

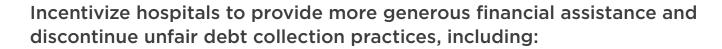
#### Ensure all Georgians have health coverage regardless of income by:



- Allowing low-income adults to qualify and enroll in Medicaid
   Waiving the 5-year waiting period for Medicaid coverage for lawful permanent residents
   Continuing to support and fund Georgia's reinsurance program to lower health insurance premiums, especially in rural & high-cost areas
  - Extend pregnancy Medicaid so that new mothers remain covered until 12 months after birth or miscarriage.
- Protect Georgian consumers from unfair surprise medical bills when they receive health care at in-network doctors & hospitals

#### Protect consumers from unfair medical debt

#### WHAT CAN YOU DO?





Require hospital staff to screen patients for financial assistance eligibility at the	point
of admission AND prior to billing	

Proactively offer interest-free payment plans to patients who do not qualify for free care
with terms they can afford to pay while covering other basic living expenses

Prohibit hospitals and third-party vendors (i.e. debt collection agencies) from targeting
low-income, uninsured, or underinsured patients for non-payment of medical bills

Require hospitals to send all charges to patients in a single, itemized bill

More related medical billing & debt policy recommendations available upon request.

#### Make out-of-pocket costs affordable

#### WHAT CAN YOU DO?

■ Waive or reduce out-of-pocket costs for high-value health services:

High-value health services are highly effective, low-cost services with no significant risks. Examples of high-value care includes flu shots, colorectal cancer screenings, eye screenings for people with diabetes, and cholesterol screenings, among many others.



- ☐ Limit the availability of "short-term, limited-duration" health plans which do not cover all essential health services, can exclude pre-existing conditions, and offer few consumer protections
  - Prohibit sales of STLDs during open enrollment periods for full coverage plans
  - Limit plan duration to 3 months
  - Other limits and protections that prevent consumers from unknowingly buying a health plan that does not meet their needs

#### Think small!

WHAT CAN YOU DO?

Slow consolidations among health insurers, hospitals, provider practices, and other industry stakeholders

"...Research clearly indicates that provider consolidation through mergers or acquisitions leads to increased prices without measurable improvement in quality or outcomes. Similarly, evidence suggests a lack of insurer competition can increase premiums."

—authors of Reducing Health Care Spending: What Tools Can States Leverage?

☐ Clarify and strengthen Georgia's antitrust enforcement tools and oversight of hospitals, insurers, certain provider groups, and other industry stakeholders.

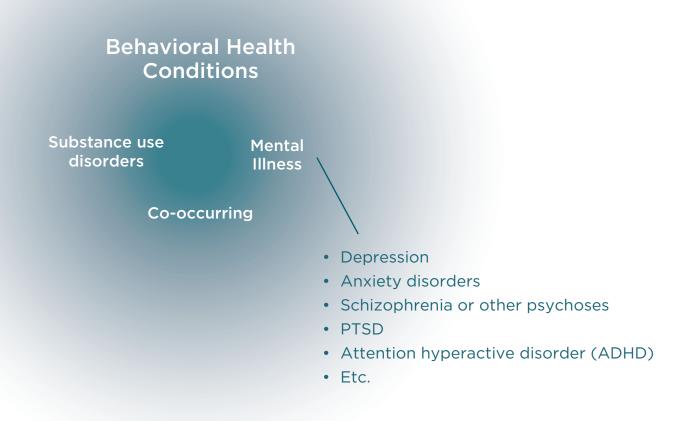
This will require coordination and enforcement across state agencies like the Attorney General's office, Department of Insurance, and Department of Community Health.

Quote source: Reducing Health Care Spending: What Tools Can States Leverage?, Michael E. Chernew, David A. Cutler, Shivani A. Shah. August 2021. Commonwealth Fund.

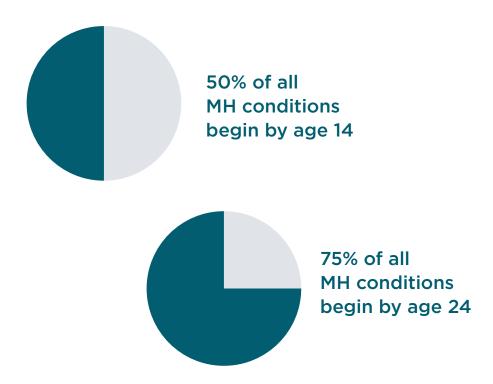


# Addressing behavioral health in Georgia

#### Behavioral health is more than mental health



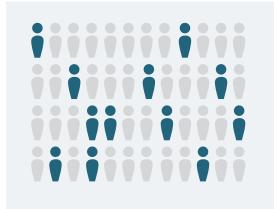
#### Childhood & adolescence are key



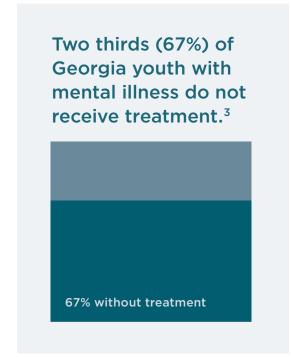
- Mental health and substance use
   (MH & SU) conditions often emerge early
   in a person's life.
- MH & SU conditions frequently occur at times of change or stress (ex: divorce of a child's parents; transition from a childhood home to college or independent living).
- Because MH & SU conditions commonly begin at these early ages, resources and programs for children, youth, and young adults are critical.

Source: Kessler, R. C. et al. 2005. See references page.

#### Among Georgia children & youth



Nearly 1 in 4 (23%) have 1+ diagnosed emotional, behavioral, or developmental condition.<sup>2</sup>



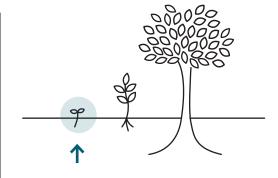
## 45% of high school students

Among Georgia high school students, 45% report experiencing intense anxiety, worries, or fears that get in the way of their daily activities. <sup>4</sup>

#### Preventable, treatable, chronic conditions



Mental health and substance use conditions are preventable, treatable, chronic conditions.



Mental health and substance use conditions are more treatable in early stages (similar to cancer or diabetes).



Prevention and early intervention are effective and reduce overall health care costs.

## Reducing costs and improving care for Georgians with MH & SU needs

	Ensure all Georgians have health coverage regardless of income. Health insurance opens up affordable treatment options that are unavailable to uninsured children and adults.
	Set strong standards so insurers have enough in-network MH & SU providers (called "network adequacy").  When insurance and Medicaid plans include too few providers, children and adults are forced to wait for care, travel long distances, pay higher costs, and sometimes skip necessary health care altogether.
	Build a MH & SU workforce that includes all levels of providers: from peer recovery coaches and community health workers to social workers to nurses and doctors.
<b>₫</b>	Approve a strong behavioral health parity law that strengthens public and private insurance coverage of MH & SU health services.

#### Georgia Mental Health Policy Partnership

Georgians for a Healthy Future is a member of the Georgia Mental Health Policy Partnership. GMHPP represents millions of Georgians-those with lived experience of mental illness and substance misuse, as well as families, friends, and allies. It is united in support of equal access to behavioral health care, eliminating the stigma of mental illness and substance use, and creating caring, compassionate, and connected communities that support all Georgians.

Annually the GMHPP updates our Unified Vision for Transforming Mental Health and Substance Use Care in Georgia. The Unified Vision proposes the next steps in MH & SU policy to guide Georgia policy makers. Find the Unified Vision here:

https://healthyfuturega.org/wp-content/uploads/2022/09/Unified-Vision-of-Behavioral-Health-Care-22-23.pdf

#### References

- 1. Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005, June). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 617–627.
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# The building blocks of health

## Health is more than health care

	MILLER	FORSYTH
Life expectancy	69.5 yrs	82.3 yrs
% who lack adequate access to food	15%	7%
High school graduation rate	83%	95%

People living in some counties in Georgia die more than 10 years earlier than people living in other counties even when they have access to affordable, high qualify medical care.

When we don't have the things we need, like cooled homes and healthy food, and are constantly worrying about making ends meet, it strains our bodies.

This results in increased stress, high blood pressure, weaker immune systems, and other health consequences.

Source: County Health Rankings & Roadmaps. countyhealthrankings.org

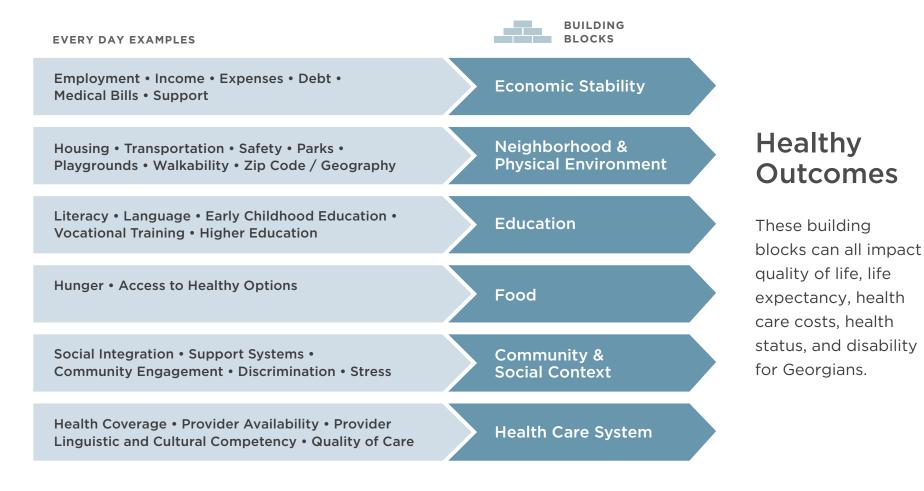


## When building blocks go missing, our health suffers



- To create a state where everybody can be their healthiest selves, we need all of the right building blocks in place: stable jobs, good pay, quality housing, good educations, and more.
- Sometimes these building blocks are called the "social determinants of health."
- When one or more of these building blocks are missing,
   Georgians will fall in the gaps and experience worse physical and mental health.

## These building blocks each contribute to healthy outcomes



#### A building blocks example: Housing





When housing costs rise quickly but workers make the same pay they did when costs were lower.



The costs of accessible housing that meets the needs of people with disabilities equals a whole month's disability check.



Decent housing is harder to afford.





Georgians live in un-airconditioned, damp homes that can result in respiratory problems and other health issues.

#### AND/OR

They constantly worry about having enough money to pay the rent leading to chronic stress, anxiety, and depression.

## Policymakers can improve the building blocks of health



Invest in the Georgia Department of Public Health, county health departments, and public health workers. Their work helps to address many building blocks of health.



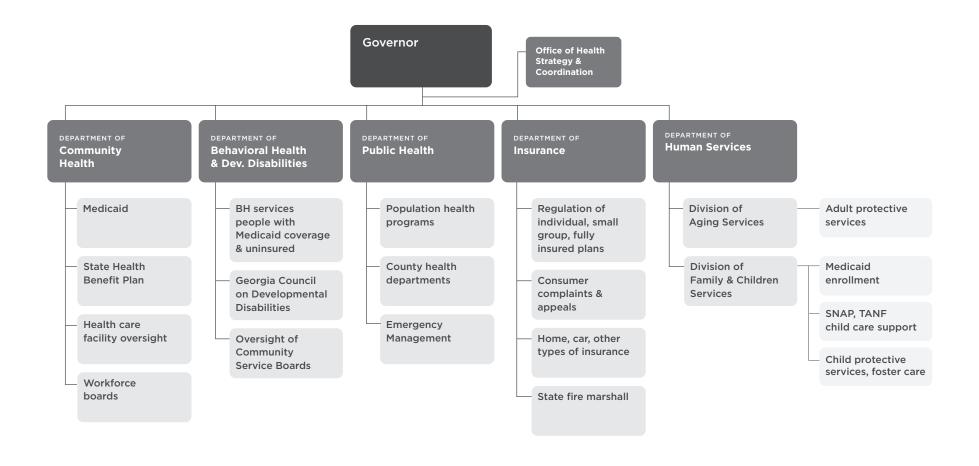
Ask how budget items and proposed bills impact the health of Georgians



Focus money and new legislation on the places and people who are without the highest number of building blocks

### For your reference

#### State agency roles in health & health care



#### Federal poverty limits, 2022

Family size	2022 federal poverty limit, annual income	138% FPL (Annual income limit for adults who would qualify for Medicaid expansion)
1	\$13,590	\$18,754.20
2	\$18,310	\$25,267.80
3	\$23,030	\$31,781.40
4	\$27,750	\$38,295.00
5	\$32,470	\$44,808.60
6	\$37,190	\$51,322.20



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