What the health, Georgia?

Understanding the health & health care issues facing Georgians

September 2022
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 9th of 12 among Southeastern states¹

Access to mental health care for adults: 31st

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

Clinical care: 48th

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

Health outcomes: 36th

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.²

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

High numbers of Georgians died from COVID-19 and our state has low rates of vaccinations.¹

Rates of drug use & overdoses remain high, especially in rural areas.²,³

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

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Strengths contributing to Georgians’ health

| Low rate of excessive alcohol drinking\(^2\) 15% | Relatively low percentage of housing with lead risk\(^2\) 9% | High rate of Georgians are served by community water systems that have fluoridated water\(^2\) 95% | Relatively low rates of cancer 6% of Georgia adults\(^2\) |
SECTION 1 — HOW HEALTHY IS GEORGIA?

Continued challenges for the health of Georgians

• High percentage of adults who avoid health care due to cost

• Shortages of primary care doctors, dentists, and mental health providers—Georgia’s shortages are more severe than other states.

• Almost two-thirds (64%) of Georgia adults with a mental illness did not receive treatment

• Low rates of vaccinations among children & adults:
  - 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.

• Only 82% of Georgians graduate from high school
Some Georgians experience worse health than others

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
4. Health Insurance Coverage of Nonelderly 0-64, Kaiser Family Foundation.
6. State of Mental Health in America, Youth Rankings 2022, Mental Health America of Georgia.
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

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:

- **58%**: 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 altogether
- **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

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
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.

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

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
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

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Less than $50,000</td>
<td>44%</td>
</tr>
<tr>
<td>$50,000 - $75,000</td>
<td>42%</td>
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<tr>
<td>$75,000 - $100,000</td>
<td>21%</td>
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<tr>
<td>More than $100,000</td>
<td>34%</td>
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</table>

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
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.

<table>
<thead>
<tr>
<th>REGION</th>
<th>CUT PILLS IN HALF OR SKIPPED A DOSE</th>
<th>DID NOT FILL A PRESCRIPTION</th>
<th>EITHER DID NOT FILL A PRESCRIPTION/CUT PILLS IN HALF/SKIPPED A DOSE</th>
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</thead>
<tbody>
<tr>
<td>East</td>
<td>32%</td>
<td>32%</td>
<td>44%</td>
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<tr>
<td>Metro-Atlanta</td>
<td>22%</td>
<td>22%</td>
<td>33%</td>
</tr>
<tr>
<td>North</td>
<td>30%</td>
<td>30%</td>
<td>39%</td>
</tr>
<tr>
<td>Southwest</td>
<td>26%</td>
<td>31%</td>
<td>37%</td>
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</tbody>
</table>

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
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

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.”

57% agreed or strongly agreed that “the system needs to change.”
North

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.”

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

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.”

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

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.”

61% agree or strongly agree that the health care system needs to change.
Share of respondents who experienced affordability burdens within the last 12 months

<table>
<thead>
<tr>
<th>REGION</th>
<th>PERCENTAGE OF RESPONDENTS</th>
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<tbody>
<tr>
<td>East</td>
<td>71%</td>
</tr>
<tr>
<td>Southwest</td>
<td>69%</td>
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<tr>
<td>North</td>
<td>69%</td>
</tr>
<tr>
<td>Statewide</td>
<td>68%</td>
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<tr>
<td>Metro-Atlanta</td>
<td>64%</td>
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</table>

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
Delaying or Forgoing Care

<table>
<thead>
<tr>
<th>REGION</th>
<th>Percentage of Respondents</th>
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</thead>
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<tr>
<td>East</td>
<td>62%</td>
</tr>
<tr>
<td>North</td>
<td>59%</td>
</tr>
<tr>
<td>Statewide</td>
<td>58%</td>
</tr>
<tr>
<td>Metro-Atlanta</td>
<td>57%</td>
</tr>
<tr>
<td>Southwest</td>
<td>55%</td>
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PERCENTAGE OF RESPONDENTS
Struggling to Pay Medical Bills

<table>
<thead>
<tr>
<th>REGION</th>
<th>PERCENTAGE OF RESPONDENTS</th>
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<tbody>
<tr>
<td>Southwest</td>
<td>55%</td>
</tr>
<tr>
<td>East</td>
<td>55%</td>
</tr>
<tr>
<td>Statewide</td>
<td>50%</td>
</tr>
<tr>
<td>North</td>
<td>48%</td>
</tr>
<tr>
<td>Metro-Atlanta</td>
<td>44%</td>
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</table>
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.”

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
The role of industry stakeholders

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

- **61%** Insurance companies charging too much money
- **62%** Drug companies charging too much money
- **63%** Hospitals charging too much money

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
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.

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

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

Source: 2021 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
 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:

- **67%** Take better care of my personal health
- **38%** Research treatments myself, before going to the doctor
- **35%** Do more to compare doctors on cost and quality before getting

**The right tools:**

- Strong public health systems that can help build communities with safe, healthy options like parks, grocery stories, and clean air and water.
- **• Truthful, fact-based media & internet environments.**
- **• Strong health literacy skills.**
- Accessible, easy-to-understand, 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:**
  - 69% Would switch from a brand-name to an equivalent generic
  - 67% Have tried to find out the cost of a drug beforehand

- **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).
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.
SECTION 6 — RECOMMENDATIONS FOR ACTION

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 help consumers understand what they might pay for a specific treatment or shop for a better deal elsewhere.
☐ Create health care spending and quality benchmarks (goals) for the state that can 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?

Incentivize hospitals to provide more generous financial assistance and discontinue unfair debt collection practices, including:

- 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.

Addressing behavioral health in Georgia
Behavioral health is more than mental health

Behavioral Health Conditions

Substance use disorders

Mental Illness

Co-occurring

- Depression
- Anxiety disorders
- Schizophrenia or other psychoses
- PTSD
- Attention hyperactive disorder (ADHD)
- Etc.
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.

50% of all MH conditions begin by age 14

75% of all MH conditions begin by age 24

Among Georgia children & youth

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

Two thirds (67%) of Georgia youth with mental illness do not receive treatment.³

67% without treatment

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.⁴
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.

- 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:

References


The building blocks of health
Health is more than health care

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<th>FORSYTH</th>
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<tbody>
<tr>
<td>Life expectancy</td>
<td>69.5 yrs</td>
</tr>
<tr>
<td>% who lack adequate access to food</td>
<td>15%</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>83%</td>
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</table>

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 quality 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

**EVERY DAY EXAMPLES**

- Employment • Income • Expenses • Debt • Medical Bills • Support
- Housing • Transportation • Safety • Parks • Playgrounds • Walkability • Zip Code / Geography
- Literacy • Language • Early Childhood Education • Vocational Training • Higher Education
- Hunger • Access to Healthy Options
- Social Integration • Support Systems • Community Engagement • Discrimination • Stress
- Health Coverage • Provider Availability • Provider Linguistic and Cultural Competency • Quality of Care

**BUILDING BLOCKS**

- Economic Stability
- Neighborhood & Physical Environment
- Education
- Food
- Community & Social Context
- Health Care System

**Healthy Outcomes**

These building blocks can all impact quality of life, life expectancy, health care costs, health status, and disability for Georgians.
A building blocks example: Housing

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

OR

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-air-conditioned, 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

**DEPARTMENT OF Community Health**
- Medicaid
- State Health Benefit Plan
- Health care facility oversight
- Workforce boards

**DEPARTMENT OF Behavioral Health & Dev. Disabilities**
- BH services people with Medicaid coverage & uninsured
- Georgia Council on Developmental Disabilities
- Oversight of Community Service Boards

**DEPARTMENT OF Public Health**
- Population health programs
- County health departments
- Emergency Management

**DEPARTMENT OF Insurance**
- Regulation of individual, small group, fully insured plans
- Consumer complaints & appeals
- Home, car, other types of insurance
- State fire marshall

**DEPARTMENT OF Human Services**
- Division of Aging Services
- Division of Family & Children Services
- Adult protective services
- Medicaid enrollment
- SNAP, TANF child care support
- Child protective services, foster care

**Governor**

**Office of Health Strategy & Coordination**
Federal poverty limits, 2022

<table>
<thead>
<tr>
<th>Family size</th>
<th>2022 federal poverty limit, annual income</th>
<th>138% FPL (Annual income limit for adults who would qualify for Medicaid expansion)</th>
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