Westside Health Collaborative Initiative

OVERVIEW, KEY FINDINGS, IMPROVEMENT PLAN

www.westsideontherise.org
A collective effort among Westside residents, foundations, civic leaders, nonprofits and businesses to catalyze transformation in Atlanta’s historic Westside neighborhoods.
Geographical Tiers

- Westside on the Rise footprint: Three prioritized geographic focus areas

**Tier 1**
- Castleberry Hill
- English Avenue
- Vine City

**Tier 2**
- Ashview Heights
- Atlanta University Center (AUC)
- Bankhead
- Grove Park
- Washington Park

**Tier 3**
- Zip code 30314
- Zip code 30318
Westside Health Collaborative

• Westside Health Collaborative (WHC) was organized to address the health component of the place-based effort, focusing on the Tier 1 neighborhoods

• WHC stakeholders include:
  ➢ Health institutions
  ➢ State and county health officials
  ➢ Community based organizations
  ➢ Community members

**WHC Goal**

Develop a *data-driven, solution-focused three year plan* that has the potential to impact priority health issues and produce measurable results
Community Needs Assessment

Demographic Overview
- Approximately 22,000 residents in Tier 1 and Tier 2 neighborhoods
- Over 80% African American resident population

Economic Overview
- Approximately 40% of all residents are living below the poverty line
- Median household incomes less than half the Atlanta average

Environmental Overview
- Housing vacancy rates over double the Atlanta average
- Substandard living conditions (mold)
- High rates of violent crime

Tier 1: Income Distribution
- English Avenue: $15,914
- Vine City: $24,610
- Castleberry Hill, Downtown: $34,956

Tier 2: Housing Distribution
- Ashview Heights, AUC, The Villages: 26%
- Bankhead, Washington Park: 36%
- Harris Chiles, Just at Castleberry Hill: 27%
- Grove Park: 34%

City of Atlanta Housing Vacancy Rate: 17%
Education: Washington Cluster

• Washington Cluster (Atlanta Public Schools and Charter schools)

Over 50% of students in Bethune Elementary missed 6 or more days of school in 2015

Similarly, 50% of students in Brown Middle School missed 6 or more days of school in 2015 (data not shown)

“Chronic absenteeism is a proven early warning sign of academic risk and school dropout. While the causes of chronic absenteeism are multifold, research shows that student health issues are a leading contributor.”
National Collaborative on Education + Health (March 2015)
Morbidity and Mortality

• Tier 1 and Tier 2 leading causes of mortality:
  ➢ Heart disease, hypertension, and lung/throat cancer are in top 5 causes of death
  ➢ Mental and behavioral disorders and HIV are in top ten causes of mortality

• Tier 1 and Tier 2 morbidity assessed by hospital discharge data confirmed that HIV and mental and behavioral health disorders are extremely important health issues
Maternal and Child Health

• Tier 1 and Tier 2 Key trends in maternal and child health:
  ➢ Significantly high percentages of teen birth rates, double the Georgia average
  ➢ High percentages of premature births
  ➢ High percentages of low birthweight births
  ➢ High percentages of births to females with <12th grade education
Community Member Surveys

- Over 100 resident surveys were collected to gain insight into Tier 1 and Tier 2 communities’ health needs and healthcare practices.

### Biggest Health Concern (Adult)

- **High BP**: 72 responses
- **Resp. Health (asthma)**: 47 responses
- **High cholesterol**: 46 responses
- **Mental health**: 43 responses
- **Cancer**: 39 responses
- **Stroke**: 38 responses
- **Diabetes**: 34 responses
- **Drug/Alcohol Abuse**: 28 responses
- **Quitting smoking**: 28 responses
- **Safety**: 23 responses
- **Nutrition**: 19 responses
- **HIV**: 17 responses

### Healthcare Practices

- **% No Regular Source of Healthcare**: 55%
- **% Do Not Visit Healthcare provider Once Per Year for Checkup**: 45%
- **% ER Is Main Source of Healthcare Services**: 64%
In addition to a number of great assets, resources and organizations to build on through future programming, the asset map identified critical gaps:

- Food desert with minimal access to nutritious food
- Lack of quality early childcare programs
- Gaps in health education programs
- Lack of home-visiting programs
- Inconsistent developmental screening
- Gaps in mental health and addiction treatment services
- Gaps in physical fitness programming
- Gaps in social networking activities
Community Contextual Effects

• The social determinants of health in the Tier 1 and Tier 2 neighborhoods have created a community atmosphere that is negatively affecting health

Asset Gaps

- Food Desert
- Lack of mental health and addiction treatment
- Limited quality early childcare
- Limited social networking activities
- Lack of healthy living programming

Community Context

- Socio-economic Isolation
- Mental Health Issues
- Fear for Safety
- Lack of Trust
- Hopelessness & High Stress

Community Health Status
Developing a Community Health Improvement Plan

PROCESS:
• Data collection—quantitative and qualitative
• Needs assessment and asset mapping
• WHC retreat and assessment
• Three-year strategic plan and one-year implementation plan
Health Priorities and Goals

**Health Priorities**
1. Low access to healthcare
2. Poor maternal and child health outcomes
3. High rates of morbidity and mortality associated with cardiometabolic syndrome
4. High rates of HIV infection

**Goal 1**
Increase Access to Healthcare

**Goal 2**
Improve Maternal and Child Health

**Goal 3**
Decrease Morbidity and Mortality Associated with Cardiometabolic Syndrome

**Goal 4**
Decrease High Rates of HIV Infection

**Goal 5**
Establish a Sustainable Model for Continued Collaborative Efforts
WHC Three-Year Strategic Plan

Health Priorities
1. Low access to healthcare
2. Poor maternal and child health outcomes
3. High rates of morbidity and mortality associated with cardiometabolic syndrome
4. High rates of HIV infection

Goal 1
Increase Access to Healthcare
- Develop a community health worker program (short)
- Expand available mental health and addiction services for adults, children and families (medium)
- Increase opportunities for social networking and support groups (medium)
- Improve options for public transportation (medium-long)
- Develop mobile units for health education and health services (medium-long)
- Expand school-based health services (long)

Goal 2
Improve Maternal and Child Health
- Develop a home-visiting program for children 0-5 years of age (short)
- Develop and strengthen parenting education programs (short)
- Integrate comprehensive preventive care practices, including developmental screening, into early childcare and pediatric practices (short)
- Expand pregnancy prevention programs (short-medium)
- Implement Centering Pregnancy Program (CPP) (medium)
- Expand access to quality early childcare and increase enrollment including in-school opportunities (long)

Goal 3
Decrease Morbidity and Mortality Associated With Cardiometabolic Syndrome
- Implement Diabetes Prevention Program (DPP) (short)
- Expand opportunities for affordable physical activities (short-medium)
- Provide access to safe and affordable nutritious foods (medium-long)
- Improve the built environment to provide opportunities for increased physical activity (long)

Goal 4
Decrease High Rates of HIV Infection
- Increase the number of HIV testing and treatment services (medium)
- Develop and strengthen HIV prevention program for children and youth (medium)
- Increase harm reduction services (medium)
- Develop an education and outreach campaign to reduce stigma (medium)

Goal 5
Establish a Sustainable Model for Continued Collaborative Efforts Focused on Health Improvements
- Establish long-term structure for WHC sustainability (short)
- Develop a forum for service provider communication (short-medium)
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Year One Implementation

- WHC 5 Year-One Strategies for implementation as soon as practicable:

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- WHC Measurement Subcommittee is identifying objectives, indicators and performance targets for year-one programs
Together, we can all make a difference