



Educate. Convene. Influence.

Barriers to Healthcare for Georgia's Children

September 2018

Advocates for the Next Generation

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GLOSSARY OF TERMS

2-Generation Approaches (2Gen)

2Gen Approaches focus on creating opportunities for and addressing the needs of both children and their families together, with the goal of creating economic stability for the family. This includes five key components: early childhood education, adult and postsecondary education and workforce pathways, economic supports and assets, health and well being, and social capital.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders.

Care Management Organizations (CMO)

Care Management Organizations are private Medicaid managed healthcare companies.

Children’s Health Insurance Program (CHIP)

The Children’s Health Insurance Program (CHIP), known as PeachCare for Kids in Georgia, provides medical coverage for individuals under age 19 whose parents earn too much to qualify for Medicaid, but not enough to pay for private coverage.

Express Lane Eligibility

The practice of using data from existing government databases and other means-tested programs to expedite and simplify eligibility determinations for Medicaid and the Children’s Health Insurance Program (CHIP).

Gateway Eligibility and Enrollment System

The Georgia Gateway Integrated Eligibility System is an online enrollment system for economic assistance programs including, but not limited to, Medicaid, PeachCare for Kids®, Planning for Healthy Babies, and Supplemental Nutrition Assistance Program (SNAP/Food Stamps).

Federally Qualified Health Centers (FQHCs)

A Federally Qualified Health Center is an outpatient clinic that qualifies for specific reimbursements under Medicare and Medicaid. Health centers provide a comprehensive set of health services including primary care, behavioral health, chronic disease management, preventive care, and other specialty, enabling, and ancillary services, which may include radiology, laboratory services, dental, transportation, translation, and social services.

Implicit Bias

Implicit bias is an unconscious attribution of particular qualities to a member of a certain social group. These biases are typically influenced by experience, and are based on learned associations between various qualities and social categories, including race, socioeconomic status or gender.

Medical Necessity

For services to be considered a “medical necessity,” they must be reasonable and necessary for the treatment of illness, injury, disease, disability, or developmental condition. Determined by the physician and the insurance co/CMO has to agree before it is approved or denied.

Non-Emergency Medical Transportation (NEMT)

The Non-Emergency Medical Transportation Program provides no-cost transportation to Medicaid enrollees who need to get to and from medical services but have no means of transportation.

Project ECHO

Project ECHO uses a telehealth model to bridge the gap in health care for rural and underserved communities.

Supplemental Nutrition Assistance Program (SNAP)

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families through electronic benefit cards.

Telehealth

Telehealth refers to a broad scope of remote healthcare services, including non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

Telemedicine

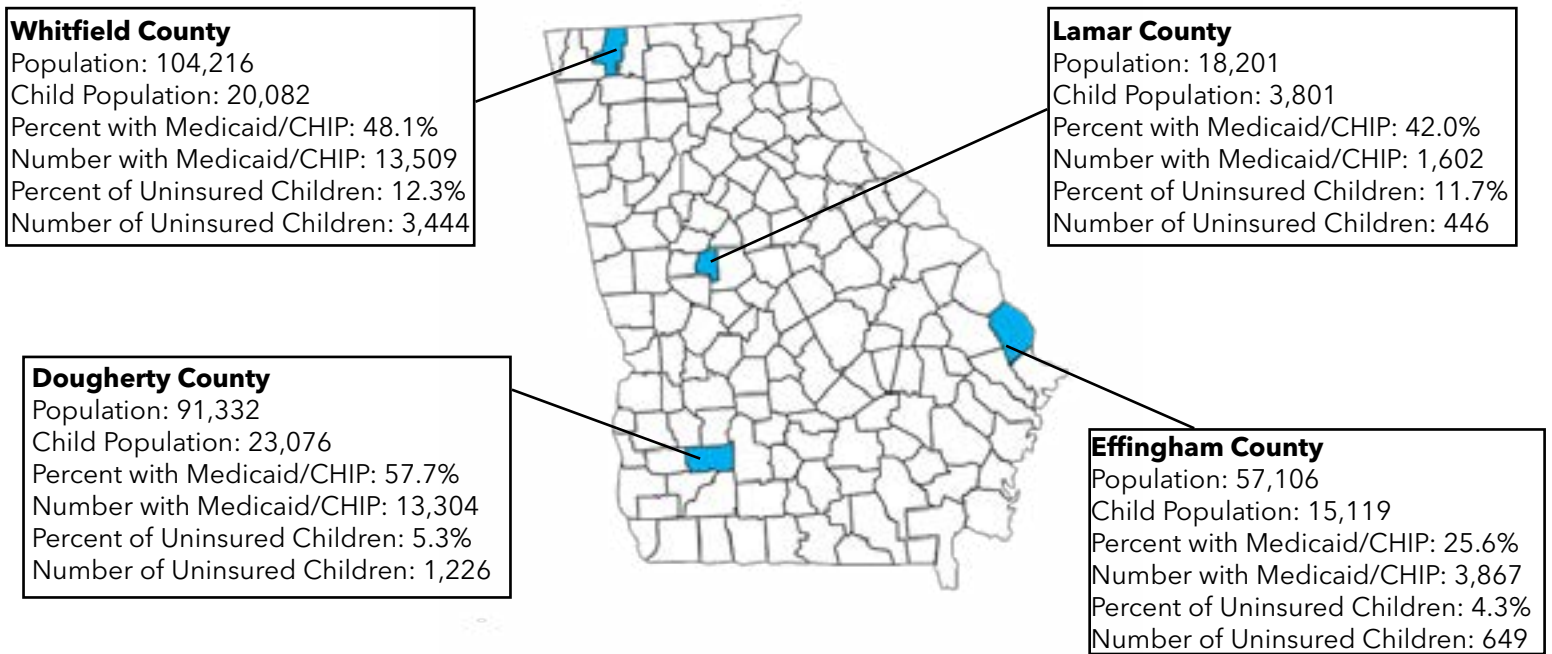
Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit.

INTRODUCTION

At Voices for Georgia's Children, we believe that access to quality healthcare and comprehensive insurance is vital for a child's development. Unfortunately, not all of Georgia's children receive this, as the state has the 7th highest childhood uninsured rate in the country.^[1] In 2016 alone, more than 162,000 children were uninsured, of which, an estimated 140,000 qualified for either Medicaid or PeachCare for Kids (also known as CHIP - the federal Children's Health Insurance Program).^[2] Being Georgia's only comprehensive statewide child advocacy and policy organization, we sought to figure out why so many of our state's children are being left behind.

In April 2018, Voices staff visited 4 different counties - Whitfield, Dougherty, Effingham and Lamar - to ask residents about the barriers and struggles children who live outside of the Atlanta metro area face in accessing quality health care. We worked with partners to identify counties that were geographically diverse in region.

Parents, healthcare workers, government employees, law enforcement, community volunteers and school officials were placed into 8 focus groups, with sessions lasting approximately 1.5 hours each. Although participants differed in insurance and employment status, as well as in race and cultural backgrounds, one commonality stood out: a belief that children in their community deserve better.



**Source: U.S. Census Bureau

ACKNOWLEDGEMENTS

Voices would like to say a special thank you to Georgia Family Connection Partnership for helping with this endeavor and, in particular, acknowledge the local GaFCP coordinators in each specific county. Without you, this work would not have been possible.

[1] http://www.shadac.org/sites/default/files/publications/US_Kids18.pdf
[2] <http://georgiavoices.org/wp-content/uploads/14.-Medicaid-and-PeachCare-12.05.16.pdf>

EXECUTIVE SUMMARY

Community members discussed a wide array of barriers and shared their personal stories during these sessions. Additionally, Voices has developed a podcast series called Challenges for Children, where you can hear firsthand from the participants of this important conversation.

Topics ranged from transportation issues to a lack of mental health services. The 10 most commonly discussed barriers from all counties are outlined, accompanied by corresponding quotes, relevant data points and potential state-policy solutions.

Ten Key Barriers

| | |
|---|-------------------------------|
| System Navigation | Health Literacy |
| Gateway Eligibility and Enrollment System | Stigma |
| Provider Availability | Poverty |
| Non-Emergency Medical Transportation | Caregiver Coverage |
| Mental Health Services | Access to High Speed Internet |

Recommendations to Reduce Barriers

- Streamline health insurance eligibility determinations and enrollment when families re-enroll their children in Medicaid, e.g., Express Lane Eligibility via Supplemental Nutrition Assistance Program (SNAP) and 12-month continuous eligibility.
- Keep the Gateway System on 24 hours per day, 7 days per week.
- Incentivize pediatric providers and specialists to make regular visits to areas of high need and support the implementation of telemedicine/telehealth to cover the time between those visits through a state technical assistance system.
- Increase accountability and then expand the use of Non-Emergency Medical Transportation (NEMT) companies through the 2019 contract development process.
- Continue to invest in and support the recommendations from the Governor's Commission for Children's Mental Health and Voices' Behavioral Health Workforce Report.
- Bring healthcare and health information to the locations where people and children are: schools, grocery stores, faith-based organizations, etc.
- Integrate implicit bias and trauma awareness (Adverse Childhood Experiences - ACES) training into degree programs and training for medical professionals.
- Educate providers and policymakers on the physical, emotional, and logistical complications which appear as a result of intergenerational poverty.
- Ensure access to healthcare coverage for all adults caring for or living with children.
- Expand internet access (broadband connectivity) to all residences.

Recommendations included in this report are by no means comprehensive, but rather, offer a few strategic policy solutions, which could mitigate some of the challenges children and families face. Voices will continue to share information and progress made regarding these recommendations as necessary and appropriate.

SYSTEM NAVIGATION

Families struggle to navigate the system of insurance, health-care providers and services. Specifically, parents report having trouble keeping up with which providers accept certain Care Management Organizations (CMOs), which CMO is a better choice for their family, and how to get and keep public coverage.

IN THEIR OWN WORDS

“Keeping kids insured is hard too because parents have to follow up and keep the stuff up to date. So when they turn [a] year old, they fall off and they have to redo it. Then they have to go into a CMO and then they have to pick all these choices. And if you don’t stay on top of families, they don’t do it. Or they don’t turn in all their stuff...if they miss one thing, it gets cut off.” -Lamar Co.

“The doctors...may take straight Medicaid, or they may take this CMO this month, and then they take [something else]...That confuses the parents when they get dropped.” -Lamar Co.

“I’m gonna tell you what my issue with health insurance is. I don’t understand it. It’s hard to understand.” -Effingham Co.

“Something always goes wrong. My son has been on the same medication for over a year, has been getting meds with no problem, then they screwed up something on their end and he went a week without medication. Because they screwed up something on their end. It took them that long to fix it.” -Effingham Co.

THE DATA

More than

1.3 million

children in Georgia are enrolled in one of the four CMOs in the state.^[3]

RECOMMENDATIONS

- Streamline health insurance eligibility determinations and enrollment when families re-enroll their children in Medicaid. (e.g. Express Lane Eligibility via Supplemental Nutrition Assistance Program (SNAP)) and 12-month continuous eligibility. For more on how Georgia can do this, check out this fact sheet:

Two Ways to Get Kids Covered^[4]



[3] <https://tinyurl.com/kffttotalmedicaidmcoenrollment>

[4] <http://georgiavoices.org/wp-content/uploads/15.-Two-Ways-to-Get-Kids-Care-10.04.17.pdf>

GATEWAY ELIGIBILITY AND ENROLLMENT SYSTEM

Families report encountering accessibility issues when trying to use the Gateway Eligibility and Enrollment System, including the system not being available after 5 p.m. on weekdays or problems uploading their information.

IN THEIR OWN WORDS

“One thing I know that Medicaid applications... a lot of people come and tell me it won't let you do it past 5, if it's past 5 o'clock and you are typing through the application, if it's after 5 and you hit submit, they won't let you do it.” -Lamar Co.

“When it came time to do our Medicaid renewal -- and this is something we hear from parents that bring their kids into DJJ that were on medication at one point and now they're not -- when it came time for renewal it was like, we get into this merry go round, fill out the paperwork for Medicaid, they said 'Oh, no, you make too much'. They sent us to PeachCare. We went to PeachCare. PeachCare says, 'Oh, no, you don't make enough', then they sent us back to Medicaid.” -Effingham Co.

“We have a lot of kids that are being raised by grandparents and grandparents just don't really know how to navigate the system to begin with. They're doing all they can just to be trying to raise this child.” -Effingham Co.

“A lot of us in this room can share this, uninsured and teenage moms are not going to renew themselves unless they have someone saying, 'we are going to do this together.’” -Dougherty Co.



THE DATA

Of the **162,000** children in need of health insurance in Georgia, approximately **140,000** are eligible for either Medicaid or PeachCare for Kids.^[5]

RECOMMENDATIONS

- Keep the Gateway Eligibility and Enrollment System on 24 hours per day, 7 days per week. If this is not possible, then the Georgia Department of Community Health must have well-publicized time periods when the system is on.

[5] <http://georgiavoices.org/wp-content/uploads/14.-Medicaid-and-PeachCare-12.05.16.pdf>

PROVIDER AVAILABILITY

Due to a provider shortage in the state's rural areas, families often need to travel long distances to access pediatric primary and specialty services, regardless of the kind of insurance they have, public or private. As a result, families are forced to use an emergency department or travel to other cities and counties to obtain care. Many participants stated that weekly or monthly visits by outside pediatric providers could make a difference in outcomes.

Additionally, because of the dearth of providers, there are concerns that some care is not of the quality that may be found when there is more provider competition and accountability.

IN THEIR OWN WORDS

"[Imagine] having only one local provider and not being happy with them...having your kid have strep and flu and being told they have a cold several times, and then end[ing] up in the emergency room is a problem. [...] There are other pediatricians that are maybe in the Tri-county area that have been recommended, but [only] if you are on state insurance or government insurance, they don't take any new Medicaid/Medicare patients. That's disappointing." -Lamar Co.

"A huge problem is [the] lack of qualified health professionals in our area as far as pediatric specialists for child psychology, pediatric psychiatrist, specialist, and just a lack of resources and physicians here in rural Georgia." -Effingham Co.

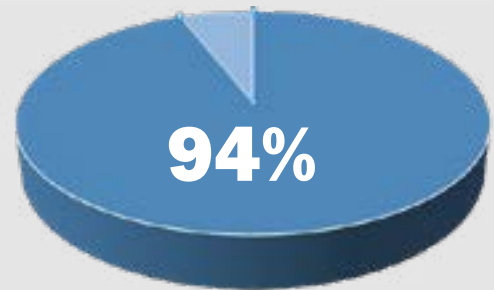
"We got approved for Medicaid. I got the packet in the mail [and] called every doctor that was listed for our area. Nobody was accepting new Medicaid patients." -Effingham Co.

"I know when I had a child that was sick and it was later in the evening, I had a very difficult time trying to find another provider that was open, outside of going to the emergency room, that would take the Medicaid insurance because they were not the primary doctor." -Lamar Co.

"In my line of work we deal a lot with psychologists, psychiatrists ... and we had this issue with mental health specialists coming through rural county connections a while back. They may come into this area, they may come in one day a week or something like that, but then they don't see the children." -Dougherty Co.

"It is very rural. Having a child with a disability, we do have to go into Savannah. There were some instances where we've even had to travel as far as Atlanta to get healthcare specific, because they do not have the specialists that are there. That is very nerve-racking when you have a child that is having seizures or things of that nature that you don't have somebody that is adequate to monitor your child's medications or things of that nature." -Effingham Co.

THE DATA



Approximately 94% of Georgia counties have a full or partial health professional shortage. Only 10 counties do not have a health professional shortage.^[6]



[6] <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

THE DATA

64

76

52

of Georgia's 159 counties

do not have
a
pediatrician

do not have
a licensed
psychologist

do not have
a licensed
social worker

[7]

"Well, I would say that transportation is always an issue. Even here in Albany, where we have a transit system, you still have parents that can't afford the \$2 or whatever it is to get on the bus to get their children to a doctor." -Dougherty Co.

"One lady that was pregnant rode her bike to the public health department because she didn't have transportation. It was summertime and it was hot." -Lamar Co.

"I wish I didn't have to go all the way to Atlanta to have my daughter's blood checked." -Whitfield Co.

"We deserve the same level of care as metro Atlanta. We're hardworking citizens that want the best for our kids and our families. Just because our zip code is different doesn't mean that we aren't worthy of it." -Lamar Co

RECOMMENDATIONS

- Incentivize pediatric providers and specialists to make regular weekly or monthly visits to areas of high need.
- Support rural health efforts currently underway, including but not limited to: increasing the number of (pediatric) residency programs outside of Atlanta; cultivate and support rural Georgia high school students for future healthcare careers; incentivize post-secondary students to practice in rural areas (a good example: Mercer University's Physicians for Rural Georgia Program)
- Develop a state level infrastructure to support effective implementation of telemedicine and telehealth, being sure to leverage underutilized equipment that currently exists in schools. Also, build upon lessons learned from other states, including an examination of the potential of Project ECHO models found in South Carolina and New Mexico.
- Establish statewide standards for broadband connectivity for telemedicine and best practice guidance for telemedicine/telehealth in school settings and healthcare facilities.
- Finalize and implement the school nurse Medicaid state plan amendment to enable reimbursement for services. Consider future such funding for additional health relevant services, such as those provided by school social workers and school psychologists.^[8]
- Provide adequate start-up funding (both public and private) for School-Based Health Centers. To learn more about this proposed solution, check out our factsheet:

School-Based Health Centers in Georgia^[9]



[7] <https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/GBPWDatabook2014-15.pdf>

[8] <https://dch.georgia.gov/sites/dch.georgia.gov/files/PN%20School%20Admin%20Direct%20Nursing%20Serv.pdf>

[9] <http://georgiavoices.org/wp-content/uploads/17.-SBHCs-in-GA-05.24.18-3.pdf>

NON-EMERGENCY MEDICAL TRANSPORTATION

The Non-Emergency Medical Transportation (NEMT) program provides eligible members, both kids and adults, transportation to Medicaid medical appointments. To be eligible for these services, members must have no other means of transportation.

There are widespread issues with NEMT in terms of reliability, timeliness, and availability. Families are often forced to resort to alternative methods such as walking, biking, hiring expensive taxis, or paying family, friends, or acquaintances to drive them. This is particularly problematic when coupled with lack of health providers in much of Georgia, adding both time and complication to travel.

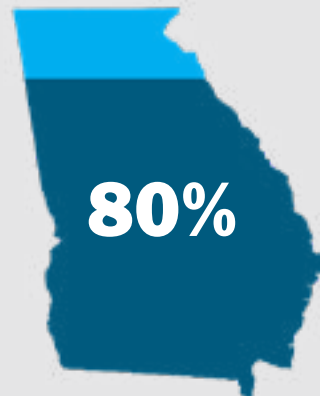
IN THEIR OWN WORDS

"A child may have a two o'clock appointment but may get picked up at eight o'clock in the morning. They are left at the doctor's office or wherever they go and then it may be five or six before they pick them back up. If the family has more than one child, only the child that has the appointment can ride in the Medicaid van with them. They can't take the rest of their kids with them." -Lamar Co.

"I've used those Medicaid to transport me to Atlanta, because my daughter has to go to Atlanta. I'll call those and I have been sitting at the hospital for four hours, waiting for them to come back and pick me up. Just to get back home. Our appointments are an hour, and I'm still sitting there four hours later waiting." -Whitfield Co.

"I know of other people that have had to use the (Medicaid transport). Their biggest issue was they never got picked up on time. They were either extremely early or it made them late for appointments and having to book it really far out. You couldn't, if you were sick, you couldn't call and say I need to be picked up today to go or tomorrow. It had to be like a week out." -Dougherty Co.

THE DATA



More than 80% of Georgia's counties have a health transportation shortage.^[10]

RECOMMENDATIONS

- Increase accountability and then expand the use of contracted NEMT companies (through the Department of Community Health 2019-2020 contract development process). Integrate technological solutions into NEMT practice, such as developing/accessing mapping, communication and trip tracking technology available through ride share services such as Uber or Lyft.
- Require NEMT vehicles and policies to adequately address the needs of families, including accommodating for additional siblings or family members and ensuring disability-friendly vehicles.



[10] <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

MENTAL HEALTH SERVICES

Mental health services for children and youth are not consistently covered by CMOs or private insurers, nor are they usually offered in communities. This leads to fragmented care. Challenges exist around travel for ongoing therapies, pediatric and family behavioral health provider shortages, determination of medical necessity, and poor broadband connectivity, which limits the potential for the use of telehealth.

IN THEIR OWN WORDS

"Mental health issues happen more than you would think. We're seeing them younger and younger, I mean, down to Pre-K age. A young student told me the other day, "I want to die. I don't want to live anymore. I don't want to be here." We had a student who tried to strangle himself in the school, and that's in an elementary age." -Effingham Co.

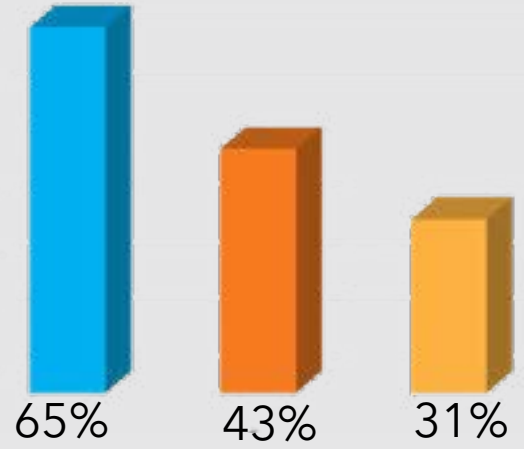
"We do have some private behavioral health providers, but they tend to not take public insurance. And psychiatrists won't either. Dr. X will. She's limited though. She's the one. And she's my only one. She's hard to get in with." -Whitfield Co.



"I know in my instance I needed a counselor, therapist for my kids. The only one that I know of that's local is a very long process to get in because I checked into it. It got to the point where my child was telling a friend of hers I'm not worth anything, I'm trash, take me out and throw me away. At that point, I couldn't afford to wait a month to do the whole process and application to get her to see somebody. I found somebody in Thomason. Of course, I have to pay out of pocket because Medicaid won't pay them. The girl that works with me, her brother has to go up to Griffin." -Lamar Co.

"...Funding [for] adolescent behavioral health, we only get so many [billable] units that we can work with the family. Everything has to be related to the child or the adolescent. So to do systemic work with the family, it's at your own cost and... they do above and beyond what money they're funding, they're not recouping anything and they're reaching out." -Whitfield Co.

THE DATA



RECOMMENDATIONS

- Implement recommendations from the *Voices' Behavioral Health Workforce Analysis*.^[14]
- Continue investment in and support for the Governor's Commission for Children's Mental Health recommendations.^[15]
- Invest in the Interagency Director's Team's System of Care State Strategic Plan.^[16]

[11] <http://www.mentalhealthamerica.net/issues/mental-health-america-youth-data>

[12] <http://childhealthdata.org/> (NSCH 2016 Indicator 4.4a)

[13] <http://childhealthdata.org/> (NSCH 2016 Indicator 3.5)

[14] <http://georgiavoices.org/wp-content/uploads/23.-BHWf-Analysis-12.12.17.pdf>

[15] <http://georgiavoices.org/wp-content/uploads/22.-CCMH-Recommendations-Fact-Sheet-12.18.17.pdf>

[16] <https://gacoeonline.gsu.edu/files/2017/09/SOC-State-Plan-2017.pdf>

HEALTH LITERACY

Families often lack general knowledge about health insurance, available services and the health needs of their children. Challenges with health literacy include problems with communication systems, such as the absence of broadband internet connectivity and reliable cell phone service, as well as low overall literacy, discomfort with healthcare staff and settings, and sometimes perceived staff disinterest.

IN THEIR OWN WORDS

"I'll say that a lack of - and I hate to say education - but just knowledge. Lack of knowledge, and that it's important to have the phone contacts updated and, just even if for minor things, if you just know when to take your child to the doctor or when to keep your child at home ... I think we could really use programs that would help increase the health literacy in our community." -Dougherty Co.

"Some of them don't understand some of the benefits that they qualify for when they're on these three given categories. So my daughter tried to complete one, I couldn't even help her because I didn't know what was the difference between the three categories of the Medicaid." -Lamar Co.

"Nine times out of ten, parents will just tell their kids to go see the school nurse and they think they can treat them. But when the nurse makes a call to the parents, and the communication piece is not there to get the child to where they need to, our only option is calling an ambulance" -Dougherty Co.

"In rural Georgia, people are mistreated because of lack of knowledge, and the fact that they will fight, and say to you 'No, that's not true'. We're only a few of us, who are out here, in the areas, that can actually tell a family, or tell a group of people what you qualify for. It is hard work. It is everyday work that needs to happen. And I will just say, like we talked about literacy, but it is a lack of knowledge for some middle class people as well as upper class." -Lamar Co.

"So literacy in general, and then health literacy, are big problems in our community at large. I mean, it starts with the entire population, but the children suffer." -Dougherty Co.

THE DATA



Approximately 1 in 6 adults in Georgia struggles to read.^[17]



Nearly 1 in 5 census block groups in Georgia scored basic or below basic on health literacy.^[18]

RECOMMENDATIONS

- Bring healthcare and health information to the locations where people and children are: schools, grocery stores, faith-based organizations, etc.
- Build on lessons learned from Phoebe Putney Health System's Network of Trust School Health Program, which has significantly increased the opportunity to provide children with the healthcare they need, as well as talk with parents about healthcare, coverage, etc.



[17] https://docs.wixstatic.com/ugd/8b6097_11bb1c3b42204ab9a9d69bbe8bde1b1a.pdf

[18] <http://healthliteracymap.unc.edu/#>

STIGMA

Families report being hesitant to seek services because of the stigma, especially around mental health, as well as not wanting to be on Medicaid or CHIP because of the stigma around public assistance.

IN THEIR OWN WORDS

"I had to go find a doctor in Calhoun just because ... I watched the news and hear their political arena going; and then it's all about certain type of people, if you ask me. They won't see, under that insurance... I say it's stigmatized, if you have Medicaid, you have to go somewhere else." -Whitfield Co.

"Sometimes I think that's the stigma of what people are thinking, they're looking down on me because I come in here applying for some food stamps or some Medicaid or some services. They may feel like the person on the other side of the desk is giving them a hard time." -Lamar Co.

"I know I've had experiences with families that have gone to local doctors and felt like they were kind of being judged and treated as if they are not, this particular family is not necessarily educated, but they aren't unintelligent." -Lamar Co.

"I call[ed] for my son one time 'cause he wasn't breathing right. They told me he wasn't blue so they wouldn't take him in. He was gasping for air. They said that 'he's not blue, he's breathing.' I sent him to the hospital the next morning, and they rushed him to the back. She said I brought him just in time. They had to airlift him. They said he was this close [to] passing. One of our employees, it was probably three or four years ago now that was taken to the emergency room several times and they didn't know. I don't remember what they said. what they said, but anyway, the baby had a virus or something. Yeah, the baby died...They told Leroy's case, they took his case as a joke 'cause the EMT came in, he was laughing and joking. Like, is this what y'all calling he's gasping for air?...Like he was like...anybody that has sense knows that if a baby [is gasping], he can't just be faking that. He can't breathe. He just made a joke, 'Oh this is what y'all call can't breathe.'" -Dougherty Co.

RECOMMENDATIONS

- Integrate implicit bias and trauma awareness (Adverse Childhood Experiences) training into degree programs for Medicaid professionals, e.g., medical schools, nursing degree programs and advanced practice training programs, medical technician programs; as well as receptionist onboarding.

THE DATA

Rates of Insurance-Based Discrimination^[19]

24.8%



No insurance

21%



Public insurance

0.3%



Private insurance



POVERTY

Parents report poverty and high living costs as barriers to accessing health care. Low-income families are burdened not only by high costs for health care services but also housing, child care, utilities, and other necessities.

IN THEIR OWN WORDS

"As a parent, I have insurance, I have very good insurance, but you still have a \$40 copay you've gotta pay, I still receive a bill for five or six hundred dollars even after insurance has already paid it. I'm paying three to six hundred dollars a month for family insurance, but then I still receive a bill for something...I'm a mom of three and I have five in my household, and I have a decent income between my husband and I, but we still struggle to make, you know that's just another meal added on." -Effingham County

"I'm going to work, I found a job. Finally. But [as] soon as I start working, I give them my paperwork, that I'm going

to be working, and I get paid in two weeks. Once I get my first pay check, my service is going to be cut off. Then I got a childcare, how can I afford to pay, when two children have, a week is like \$300 a week, and I need to make a check to pay the utility?" -Whitfield Co.

THE DATA

Georgia's Overall Poverty Rate:^[20]

16%

Children Living in Poverty:

22.9%

Adults (18-64) Living in Poverty:

14.5%

THE DATA

Who is paying more than 30% of their income on housing costs?^[20]



20.7% of owner-occupied homes. **45%** of renter-occupied homes.

"That's the largest problem that I see in our community, that if there were jobs...and transportation to get to the jobs and child care services for their children when they're working. Most people want to work, it's just hard. Those are barriers that I see. I think that's what I want known about the community so that they just don't get pushed to the side and say, "They keep having babies. They don't want to work." They don't know better. They don't know the options that are out there. They may not even know about contraception. They may not want all those children. With some literacy, with some help, with some education, I think that the community could benefit as a whole." -Dougherty Co.

RECOMMENDATIONS

- Support and build awareness for 2-Generation approaches to learning, allowing those who work and live in poverty to access subsidized quality childcare, access education for improved work opportunities, and engage in improved health outcomes for themselves and their children.
- Partner health providers with literacy and GED educators in the community to encourage mentorship programs for mothers, fathers and other caregivers.

[20] <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

CAREGIVER COVERAGE

Lack of available employment or full-time jobs with benefits leaves many caregivers without options for coverage that makes sense for their families.

Additionally, seasonal work hours or small pay raises can immediately cut off family supports such as Medicaid and CHIP benefits, leaving children in those families in the lurch.

IN THEIR OWN WORDS

"How can people afford healthcare, if they don't have opportunities? We didn't get Medicaid expansion programs, so a lot of people got left behind. They fell in the gap. How do we insure people, who don't have [health insurance], who fall below the poverty level? And that's what we've been talking about, all those children without healthcare insurance. So how do we better serve the underserved in our community, that's not necessarily in poverty, but their income meets the level where they can't afford it? How do we get people in Georgia insured when we know that there is a big need for healthcare services and early healthcare and early intervention? -Dougherty Co.

"I find myself being in the position of living paycheck to paycheck just for decent housing, not something elaborate, but just something decent for me and my girls, and it's hard. You don't qualify for help, but you don't make enough money to help yourself either. I'm stuck right there in the middle, especially with housing and with medical for myself." -Dougherty Co.

"On a political standpoint, if you tell me that you're going to have healthcare.gov and we're going to have options, then I want options. You didn't give me any options. I don't want any insurance. That's how I feel." -Lamar Co.

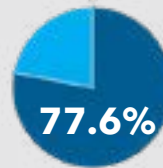
"For many families, this is another reason people don't go to the doctor. If you have a single parent family and that parent is working to put food on the table and they're barely surviving, can I afford to take off four to six hours to leave work, go pick up my child from school, get over to the doctor, then you get their medicines? Then you get them back to school, you've lost \$100 a day in that plus you have all this doctor stuff and prescriptions to pay." -Lamar Co.

THE DATA

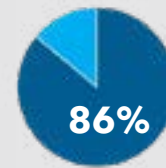


Approximately 53,000 parents in Georgia earn too much for Medicaid or CHIP, but not enough to afford health insurance.^[21]

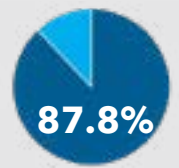
Who had health insurance in 2016?^[22]



Non-Full Time Workers



Unemployed



Full Time Employees

RECOMMENDATIONS

- Ensure access to healthcare coverage for all adults caring for or living with children.

[21] <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

[22] <https://www.socialexplorer.com/data/ACS2016/metadata/?ds=ACS16>

ACCESS TO HIGH SPEED INTERNET

High speed internet is a necessary tool for communities to prosper and access information. Unfortunately, few in rural Georgia have this access. Participants from all four counties cited poor internet speed or no internet access as a difficult barrier to overcome, leading to more uninsured children and decreasing opportunities for services like tele-health and obtaining information online. Many cited examples of spending hours on their application just to have their internet go out and consequently having to start over. Other participants stated they have to travel to find internet, often forced to take off work or find childcare so that they can submit their application.

IN THEIR OWN WORDS

"I have someone who has a child who will be two this month, a two-year old. The baby does not have any type of insurance

because they've been trying to do the Medicaid online. I know Medicaid has been going through all kind of updates and everything, but it will not let them submit. ...Their local office will not let them drop the application off, so it's a matter of actually having to take off of work and go and sit and wait however long it takes to talk to somebody." -Whitfield Co.

"Inside our little city limits, you can get internet. Outside, you can't, so you have to get to a place where you can connect to a computer in town." -Lamar Co.

"It comes back to the difficulty of the application. Because you might have Wi-Fi but if the application is so difficult, then you're taking so long and then it goes down or it freezes, or computer crashes because of the speed." -Dougherty Co.

"How do we get that information across when we don't have internet? A lot of the families don't have internet so you can't base it on that. So how do you get this information out to everyone?" -Dougherty Co.

THE DATA



25%

of rural Georgians do not have access to high speed internet^[23]

19%

of Georgia households reported not having an internet subscription.^[24]



RECOMMENDATIONS

- Provide incentives for broadband expansion that will allow all Georgians to receive high speed internet no matter where they live.
- Incentivize housing authorities and developers of low income housing to provide internet connectivity for all residents in their residences.

[23] ftp://ftp.census.gov/prod2/decennial/documents/1970a_mn-01.pdf

[24] <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2016-broadband-progress-report>



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