



Healthcare Georgia Foundation's

JOURNEY TOWARD EQUITY

Creating a Sustainable Model to Improve Health Outcomes, Economic Access and Opportunity in Rural Communities

A STORY OF IMPACT



Healthcare Georgia Foundation
grantmaking for health





Introduction

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Director of Programs

When we tell stories, we can make change.

That belief served as the driving force behind chronicling the story of The Two Georgias Initiative, a pioneering effort launched by Healthcare Georgia Foundation in 2017 to address significant health inequities, poor health outcomes and an increasing divide between Georgia's metropolitan and rural areas.

The Foundation designed and implemented The Initiative with clear intention. We wanted it to be a place-based effort that encouraged community ownership and centered equity as its North Star. Our five-year, \$10 million commitment to The Initiative was the largest single investment in the Foundation's history.

The journey and stories of the 11 Community Coalitions that were chosen to participate depict the realities of living in rural Georgia. It reveals the challenges faced by rural communities, their successes during their five-year journey, and the resilient nature of the residents who live there. By telling the stories of rural communities in the South, we hope to increase knowledge and understanding of the rich culture that has shaped the American landscape.

Each chapter of this story also provides insight into The Initiative's unique structure, design, and strategy. Flexibility and choice were the bedrock of the effort and guided the Foundation's support of each community. We prioritized cultivating local leadership capacity, which empowered residents with lived experience to serve as community leaders. This stands as one of The Initiative's signature achievements.

Rural communities are home to a wealth of local resources and dedicated residents. With the proper support over time, individual rural communities can develop their own best approaches for improving health. Thus far, support and resources have been scarce for community-building work in rural communities. The Initiative addressed this challenge by providing coaching in each of the 11 communities aimed at supporting coalition development; enlisting equity experts to guide health equity activities and conversations; and engaging evaluation support to

capture impact. This approach was key to breaking down silos, building trust and creating a safe space to assure everyone had a voice.

It also helped each community remain strong and steady in the midst of the COVID-19 pandemic. Rural communities experienced the brunt of the impact during the pandemic. During the early days of the pandemic in 2020, we were all reminded of the fragility of our food systems and infrastructure.

In the face of these challenges, the herculean efforts of the Two Georgias coalitions showed what's possible when united communities work collaboratively and with compassion and determination. Because of the work they had done and the relationships they had forged through The Initiative, the coalitions were able to quickly mobilize to deliver food, COVID-19 testing/education and vaccinations. The coalitions continue to serve as leaders and catalysts to positively impact health in their communities today.

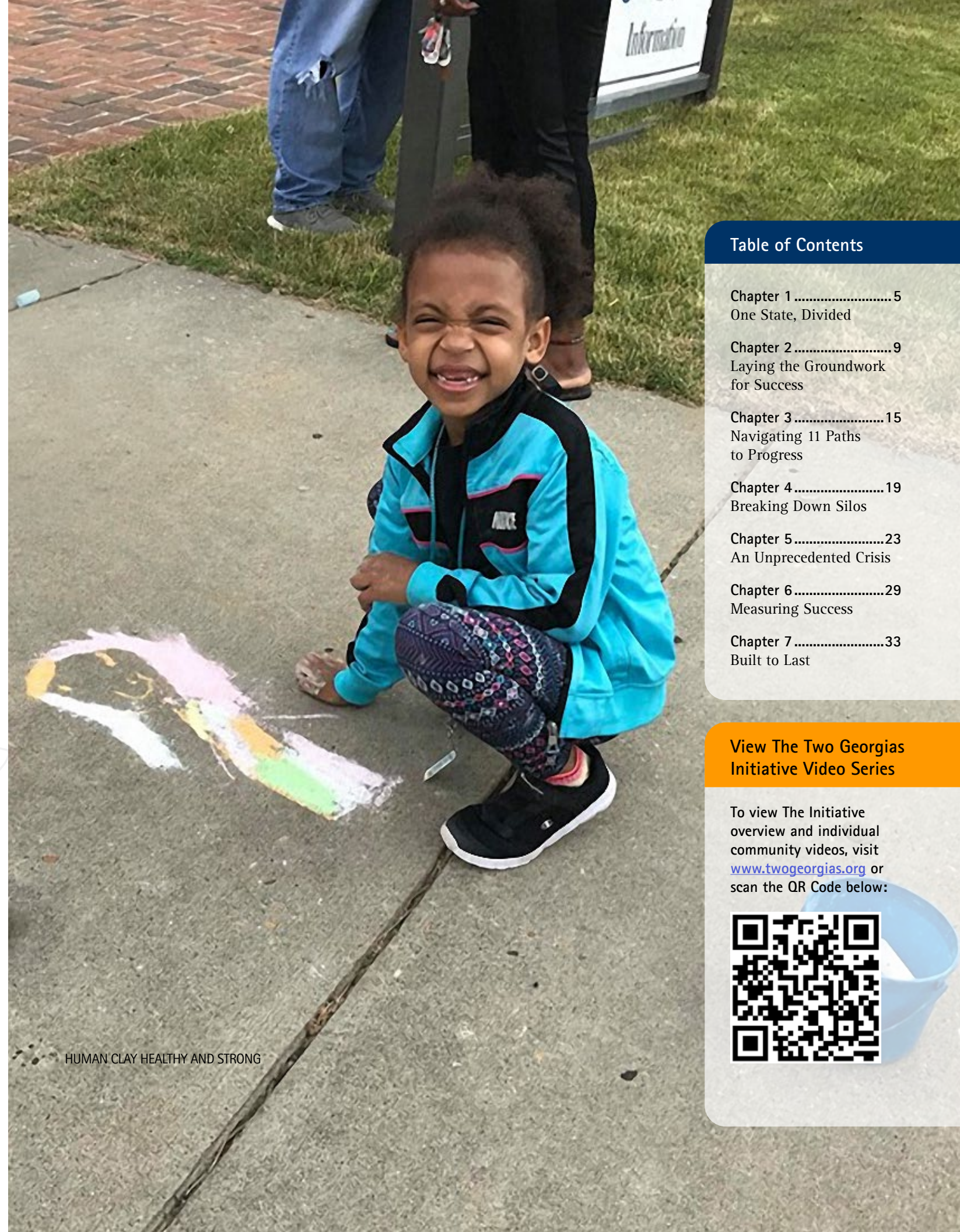
From the onset of The Initiative, we supported these 11 communities to build sustainable, functional coalitions focused on health. We committed to walk beside them as they embraced equity by encouraging authentic conversations. We empowered those with lived experience and trusted them to recognize and respond to their own greatest needs. Ultimately, the Foundation helped each community build legacies that they can be proud of based on their individual achievements.

Throughout the story of the Two Georgias Initiative, two pressing questions emerged that are central to addressing challenges in rural areas: What can philanthropy bring of value? And what can we leave behind?

We focused on answering those questions in ways that made both an immediate impact as well as sustainable progress and hope.

When we tell stories, we can make change.

We hope these stories honor the many people who helped improve the lives of our fellow Georgians through the Two Georgias Initiative. And that these stories also serve to inspire those in philanthropy to take the less-traveled path into rural communities to work toward an America where geography and zip code are no longer barriers to healthy and fulfilling lives.



HUMAN CLAY HEALTHY AND STRONG

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View The Two Georgias Initiative Video Series

To view The Initiative overview and individual community videos, visit www.twogeorgias.org or scan the QR Code below:





ONE STATE, DIVIDED

Two Georgias.

In a state where it's common to hear the phrase "there's Atlanta and there's everywhere else," the concept of Two Georgias is relatively easy to grasp.

It's a shorthand way to frame the gulf between the haves and the have-nots. Many of those living in the Atlanta metro area and in smaller cities such as Athens, Augusta, and Savannah have ready access to world-class medical care, first-rate education, lightning-fast internet connectivity, rich cultural and recreational opportunities, healthy foods, and ample transportation options.

And then there are those who live just about anywhere else in the state.

About 2.75 million people, roughly one-quarter of Georgia's population, live in rural communities where there are often few nearby doctors or hospitals. For many of those Georgians, a simple visit to a primary care doctor could mean a lengthy round trip, provided you have a vehicle to get there. This challenge can quickly morph into a crisis if you need to travel to see a specialist or receive ongoing treatments for a chronic condition.

Further, some rural communities are virtual food deserts where a few browning bananas at a convenience store pass as the closest thing to fresh produce for sale. Restaurant options are often limited to fast-food. Schools and social services chronically lack adequate funding. Meanwhile, spotty, sometimes nonexistent, internet and cellular service limit access to health information and telemedicine.

These stark disparities led the Healthcare Georgia Foundation to launch The Two Georgias Initiative, an ambitious health-equity program involving 11 rural community coalitions across the state, providing each community with financial

backing and a robust support system that aimed to help each community address long-standing and daunting health and equity challenges. What follows is a chronicle of the journey toward equity that continues to this day.

EXPLORING THE RURAL CHALLENGE

Inequity is not exclusive to rural communities, with many people living in Georgia's cities also facing persistent and severe poverty. Yet, most urban areas have an established social service infrastructure backed by significant funding to attempt to support addressing healthcare challenges.

Not so across much of rural Georgia, where you can often drive for hours in solitude between expansive farmland and the occasional small town. Some remote mountain areas have homes with dirt floors and no indoor plumbing. Even within an hour's drive of Atlanta, you can readily stroll under the shade of a pecan grove or find yourself chest high in ripening late-summer cornfields.

As a foundation that aims to enable, improve, and advance the health and well-being of all Georgians, the Healthcare Georgia Foundation's mission centers on serving those in urban and rural communities alike. It focuses on promoting health equity with a core belief that all individuals, regardless of age, gender, race, culture, education, income, and geography, can achieve their fullest potential.

Headquartered in downtown Atlanta, the Foundation had developed a reputation as a statewide leader in advancing health equity. But, like many of its philanthropic peers, it traditionally supported programs and initiatives that had the promise of reaching the greatest number of people and provided grants to established nonprofits that had the infrastructure to apply for funding.



"We began this Initiative with a conviction that work in any community with philanthropic resources should be grounded in science, built on partnership, and focused on results."

-Gary Nelson, Ph.D.
Former President,
Healthcare Georgia
Foundation

As a result, much of its work was centered in Georgia's cities and suburbs, a fact that only further widened the divide between the two Georgias.

This reality was not lost on the Foundation's founding President, Gary Nelson, Ph.D. Nelson, who retired from his role in 2022, knew that in order to achieve its equity-focused mission, the Foundation needed to commit more fully to empowering the state's rural communities.

So in 2016, he embarked on a whistle stop tour of sorts to meet with leaders in the far reaches of the state to discuss health needs and challenges.

HEARING A SENSE OF ABANDONMENT

It was on these visits to the red-clay communities of southern Georgia and the hilly Appalachian

regions up north that the seeds of what would become the Two Georgias Initiative began taking root.

In community after community, Nelson heard an urgent call to expand the Foundation's mission. He took what he heard back to the Foundation team, which began brainstorming how it could address the stark inequities facing Georgia's rural communities. The team dove into the data to add depth and context to what Nelson had heard during his tour. Lisa Medellin, the Foundation's Director of Programs, was among those exploring the possibilities.

"I'm a program development person, so my thoughts immediately turned to scale and execution," Medellin said. "In my head, I was just like, 'OK great idea,' but this sounds like quite a mammoth undertaking. It was clear there were

enormous problems and challenges, but while we had some relationships in rural communities, it wasn't with the same depth and intentionality that we had in more urban areas."

While the challenges were immense, the Foundation's team pushed forward to further explore how to create a meaningful rural initiative.

Medellin began to see a path forward during a series of five town-hall-type meetings the Foundation hosted to hear directly from the people in the communities it had been studying. During those sessions, staff listened to physicians, social service professionals, educators, and citizens who detailed what they were experiencing: rampant diabetes, the unchecked opioid epidemic, transportation challenges, and the constant quest for a decent internet connection and fresh fruits and vegetables.

Woven into the litany of specific issues simmered frustration, anger, and despair.

"Those meetings sealed it for me that there really are two Georgias," Medellin said. "The people we heard from felt like they had been just left to fend for themselves. What we were hearing was this sense of abandonment and a sense that nobody really cares about some faraway rural community in Georgia."

The Foundation team cared. And would soon prove it through the Two Georgias Initiative, an effort that over the following five years would become the farthest-reaching and most impactful undertaking in the Foundation's history.

In 2017, the project formally kicked off with each coalition receiving a \$70,500 planning grant to develop community health-improvement plans, as well as \$100,000 annually to implement programming. Finally, a bridge grant of \$80,000 was given to coalitions to begin executing their sustainability plans.

Throughout the project, two key priorities remained a constant. First, a deep commitment to emphasizing the many aspects of equity, and how perceptions and actions related to equity have heavily influenced quality of life and social dynamics in rural communities. Second, the relentless focus on developing sustainable solutions.

"It was important to keep in mind what could philanthropy leave behind after an initiative such as this formally ends," Medellin said. "We wanted to leave a legacy of goodwill, a sustainable coalition, increased leadership capacity, and a spirit of innovation as well as a host of practical tools, resources, and training that would allow for the journey in these communities to continue on a positive path."

2.75M PEOPLE LIVE IN RURAL GEORGIA



CONVENIENCE STORES ARE SOMETIMES THE ONLY CHOICE FOR "FRESH" PRODUCE



BROADBAND, WI-FI, AND CELLULAR COMMUNICATIONS ARE OFTEN POOR OR NONEXISTENT



VISITING A HEALTHCARE PROVIDER COULD MEAN A LENGTHY ROUND TRIP

THE EVERYDAY REALITY OF LIVING IN TWO GEORGIAS

Dealing with a chronic disease such as lupus presents constant challenges.

The magnitude of those challenges, however, can depend to a significant degree on your ZIP code.

Take Belinda Richmond. The Hancock County woman was diagnosed with lupus in the 1980s and has been receiving treatments ever since. Lupus is a disease that occurs when your body's immune system attacks your own tissues and organs. Richmond's healthcare visits include seeing a primary care doctor once or twice a month as well as visiting a specialist for lupus.

Currently, there is only one full-time primary care doctor in Hancock County, and they see patients only one day a week.

Richmond faces an even bigger hurdle to visit her specialist. To keep her appointments every three months, Richmond must make the 125-mile drive to Marietta, a northern suburb of Atlanta.

"It takes more than two hours one way," Richmond said. "It's unfortunate, but that's the way it is when you are living in rural Georgia."

In contrast, a quick Google search of specialists that treat lupus in the metro Atlanta area reveals more than 40 to choose from.

Richmond, who works for the Georgia Department of Public Health, was a member of The Two Georgias Initiative coalition for Hancock County. She praised The Initiative for making a positive impact in the community,



but she added that there are no easy answers to the transportation and access challenges that rural living presents.

For instance, even getting ongoing support to navigate life with lupus presents logistical hurdles. The Lupus Foundation of Georgia has more than 30 active support groups throughout the state; however, the one that Richmond participates in is more than 60 miles away in Macon.

While the travel is inconvenient and costly, Richmond counts herself among the lucky ones. Overall, she is in good health and can drive herself to both her doctor appointments and support group sessions.

"There are a lot of elderly people in this community that don't have a car or can't drive themselves, so they often struggle to get the care they need," Richmond said. "For someone who doesn't drive, even getting to a doctor's appointment here in town can be a challenge."

AN AWARD-WINNING EFFORT

HEALTHCARE GEORGIA FOUNDATION IS THE PROUD RECIPIENT OF THE



THE MACKENZIE SCOTT FOUNDATION HAS GENEROUSLY DONATED

\$9M

The Two Georgias Initiative's innovative approach to rural philanthropy has drawn some major accolades, and the attention of one of the world's most prominent philanthropists.

Philanthropy Southeast, a membership group that supports foundations in the American South, presented the Healthcare Georgia Foundation with its 2022 Truist Promise Award.

The award, Philanthropy Southeast's top annual honor, recognizes an initiative or innovative grant-making strategy or approach that is focused on significant and systemic issues facing the region and the country.

Criteria include focus on racial equity issues; innovative use of multiple forms of philanthropic capital; cooperation with community partners and direct engagement with community members; use of data and research in determining strategies; and evidence-based impact and outcomes.

On the heels of that honor, philanthropist MacKenzie Scott made a \$9 million unrestricted donation in November 2022 that will allow the Healthcare Georgia Foundation to continue its work to improve and advance the health and well-being of all Georgians.

Scott's donation, the largest in the Foundation's history, provides an opportunity to build on work accomplished through the Two Georgias Initiative by continuing to foster collaborative conversations that bring Georgians together around the health issues affecting communities.

"These funds will help us elevate conversations and further leverage statewide partnerships that will create a better and healthier future for all Georgians," said Dr. Doug Patten, the Foundation's Board Chair. "We're grateful to Ms. Scott for investing in us, and thereby investing in Georgia families."



TWO GEORGIAS GRANTEE MEETING

LAYING THE GROUNDWORK FOR SUCCESS

Before the Healthcare Georgia Foundation could launch the Two Georgias Initiative, it needed to navigate a daunting logistical and operational maze.

Georgia is a big state, and each rural community has its own set of challenges and assets. There are no one-size-fits-all solutions to the systemic issues at the root of health inequities in rural communities. As a result, the Foundation's team concluded that a single pilot program would only go so far. The team also recognized it likely would be greeted by skepticism in communities where many locals had grown wary of researchers showing up to study rural poverty only to vanish after gathering data.

"A lot of these communities have become something of a petri dish for researchers," said Beverly Tyler, the executive director of Georgia Health Decisions and one of The Initiative coaches. "These are places where you can study the challenges of rural poverty, and there is plenty of fodder. Not to minimize the importance of research, but there is rarely funding for follow-up."

As a result, the Foundation knew it would need to move methodically and thoughtfully to build trust for the program to succeed. It needed to develop a robust program infrastructure that could sustain the effort by providing hands-on, on-the-ground support backed by resources, research, and expertise.

CREATING A FRAMEWORK FOR SUCCESS

So before it made any announcements or issued a request for proposals, the Foundation designed the framework for a model aimed at giving the effort the best chance for success.

- To broaden potential impact across the state, funding would be granted to up to 20 rural communities. As the selection process evolved, logistical considerations and other factors such as community readiness and the desire to spread The Initiative across various regions of the state led to the decision to fund 11 community coalitions.

- To best position grant recipients for success, the program required a sustained investment. Rather than a one- or two-year funding commitment, the Two Georgias Initiative aimed to invest in each community for five years, with the first year focused on comprehensive planning and training. All told, each coalition completing the five-year process received \$450,500.

- Each community would have ownership of and autonomy for choosing how to address its unique needs. Communities were given tools to gather and interpret data and develop strategies for making progress.

- The Foundation enlisted experienced coaches from Georgia Health Decisions to serve as strategic thought partners and an on-the-ground resource to the 11 rural community health coalitions. These coaches teamed up with community coalitions from day one to provide guidance in developing plans to reduce rural health disparities in their communities and worked with each community for the duration of the program.

- The Two Georgias Initiative was grounded in advancing health equity. To ensure health equity remained front and center, the Foundation recruited the Partnership for Southern Equity to provide ongoing expertise to the Foundation and provide equity training and technical support for the community coalitions. The management team supporting The Initiative was composed of the Foundation, Georgia Health Decisions, Emory University evaluators, and the Partnership for Southern Equity.

- Georgia Tech's Health Analytics Group developed and deployed a comprehensive measurement approach for improving community health. Georgia Tech's team created an interactive mapping tool, the Health(care) Data Portal, to help coalitions identify needs and opportunities within their communities.



"These are places where you can study the challenges of rural poverty, and there is plenty of fodder. Not to minimize the importance of research, but there is rarely funding for follow-up."

-Beverly Tyler, Executive Director, Georgia Health Decisions

Approximately one-third of the Healthcare Georgia Foundation's grant-making efforts were designated for coalition support.

- Emory Prevention Research Center joined the team to evaluate the impact of the entire Two Georgias Initiative. The center provided support to local evaluators to work with each community coalition as well as create common indicators across all sites for the overall initiative evaluation. Emory researchers used the CDC's Framework for Program Evaluation in Public Health to conduct the evaluation.

The Foundation created this dream team of partners, and committed to a multi-year investment, with the goal of providing each community with the resources and tools it needed to create partnerships and programs that would survive and thrive. At every step of the way, it wanted to make sure it was both building trust and providing meaningful support to the rural communities that were committing to the program.

"As someone who has been part of the community development and health-advocacy conversation for a very long time, this was the first time that I participated in an initiative that was structured this way," said Arlene Parker Goldson, a health-equity consultant with the Partnership for Southern Equity.

"There was a huge value-add with the Foundation management team being aligned with all of the subject matter experts and technical advisers who were accessible and could provide coalition wraparound services and support in real time. The Healthcare Georgia Foundation deserves credit for having the wisdom to put that in place."

PREPARING FOR ANTICIPATED CHALLENGES AND UNFORESEEN CIRCUMSTANCES

The wisdom and strength of this collaborative approach would prove itself time and again over the next five years, both through the predictable challenges of managing a sprawling rural initiative and in the face of the many unforeseen events and circumstances to come.

After all, when the Two Georgias Initiative launched in June 2017, there was no way of knowing that in October 2018, Hurricane Michael, the first Category 5 hurricane to make landfall in the United States in 26 years, would wreak havoc on several of the communities involved in The Initiative, with much of the destruction impacting Early, Miller and Decatur counties.

Back then, the public had not yet heard of George Floyd, Breonna Taylor, or, closer to home, Ahmaud Arbery, the Black man murdered during a racially motivated hate crime while jogging near Brunswick, Ga.

And outside select scientific circles, the word "Corona" almost exclusively conjured images of a cold beer on a hot beach, not a life-altering worldwide pandemic that would ultimately take the lives of nearly 40,000 Georgians and millions of people worldwide.

Life makes no promises and brings constant surprises. This reality haunts even the best-laid plans, particularly if those plans span five years and involve coordination with 11 rural counties scattered across 59,425 square miles. It also demands ongoing flexibility, the ability to adapt quickly, and a willingness at times to abandon traditional practices to meet unique needs.

That mindset would be put to the test soon after the Foundation invited communities to apply to become part of The Initiative. Some of the communities that were applying for The Initiative struggled to find nonprofits that had the capacity to administer foundation grants.

The Foundation worked closely with the interested communities to identify solutions to this problem. In some cases, the foundation arm of a local hospital was able to step up. Other places found a nonprofit in a neighboring county that was willing to serve as the lead organization.

MOLDING A SOLUTION FOR CLAY COUNTY

In Clay County, this challenge was particularly vexing. Bordering Alabama in southwest Georgia, the county is home to scenic Lake George, which serves as a playground for anglers, boaters, and weekend warriors.

Yet daily life for many locals in Clay offers a vastly different story. The county ranks as one of the poorest in Georgia, with a median household income of just about \$32,000. One-third of its roughly 3,000 citizens live below the poverty level. In 2016, Clay County ranked 158 out of 159 Georgia counties for negative health outcomes.

All these factors made Clay County an ideal candidate for the Two Georgias Initiative. So, too, did the fact that it had a passionate champion in local physician Dr. Karen Kinsell. For most of her 25-year career, Kinsell has been the county's sole doctor.

It wasn't long ago that Clay County residents at least had some options for care. As recently as a decade ago, residents could find four small hospitals within a 50-mile drive. Yet, three had closed. A fourth remained open, but when Kinsell last checked, it lacked even a workable computer to track patient care.

"We do have EMS," Kinsell said. "But unfortunately, it's multicounty EMS, so at any given time there may or may not be an ambulance in the county. It could be a good 20 minutes away if not longer."

But the community does have Kinsell, who was working out of a small building, so she could see patients and dispense needed care.

Kinsell saw in the Two Georgias Initiative an opportunity to start to close the massive gap that affected health and wellness in Clay County. She recruited a small group of engaged community members to apply to become part of The Initiative.

But while there was a clear need and a motivated physician who could help lead the charge locally, there wasn't a nonprofit that could serve as a fiscal agent, and finding one in a nearby county kept hitting dead ends.

The Healthcare Georgia Foundation's Medellin decided to make the three-hour drive from Atlanta to Ft. Gaines to visit the community to learn more about the community and need. There, she saw Kinsell's office waiting room crammed with patients with a host of ailments.

Awed by Kinsell's matter-of-fact determination to improve her ability to deliver care to her patients, Medellin vowed she would figure out a way to include Clay in The Initiative.

'A LESSON FOR PHILANTHROPY'

The Foundation worked with local advocates in Clay to explore several options. Together, they cobbled together an approach that identified a viable fiscal agent.

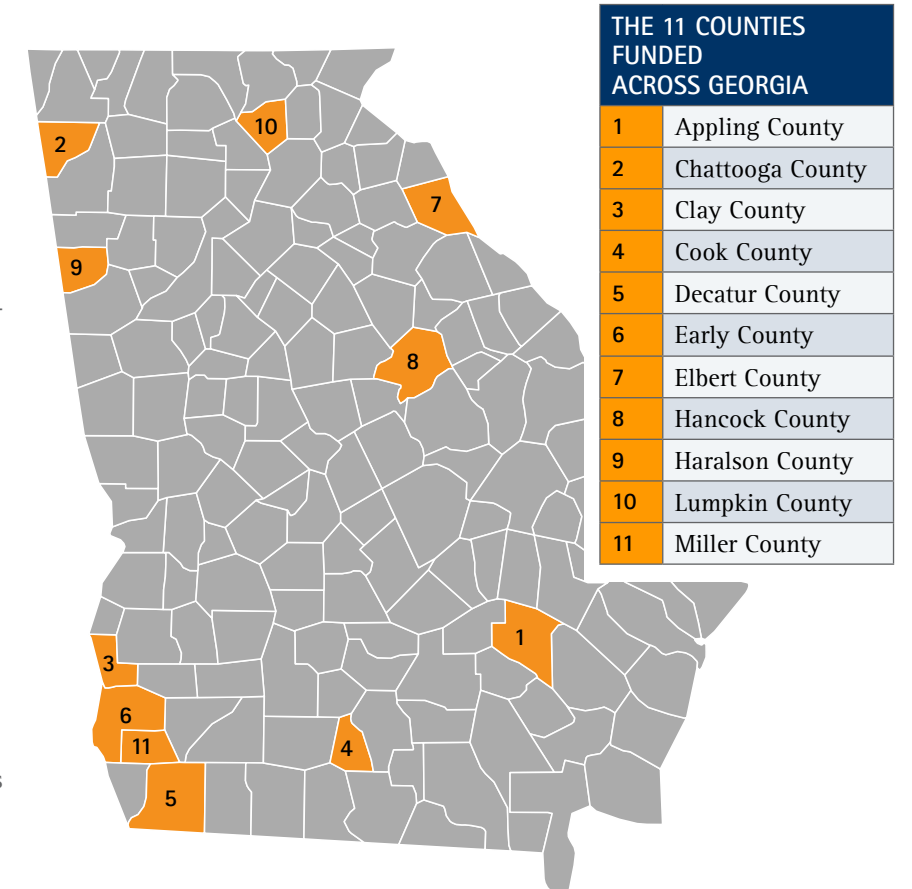
"I really had to advocate at that time," Medellin recalled. "Based on the county health rankings, there are 159 counties in the state of Georgia, and Clay County was 158. I thought, 'In good conscience, we cannot *not* fund this organization.' They have few resources, but plenty of grit, determination, hope, and love for their community. They feel like they have been forgotten."

Her advocacy paid off. Clay County was ultimately approved as part of The Initiative.

Today, Clay County is one of The Initiative's most powerful success stories.

In just five years, it climbed 32 places in the state's ranking of counties based on health outcomes, moving from 158 to 126.

But the change doesn't end there. Led by a tenacious project manager, Tara Gardner, the Clay County Health Partnership has mobilized the community. The partnership includes more



than 50 organizations and individuals who have collaborated to achieve a long list of community improvements, and they have forged a partnership with the local Clay County Family Connections to ensure sustainability of the work going forward.

For example, during the early days of COVID-19 in 2020, the partnership mobilized the community to create a food pantry that continues to provide essential food for more than 600 families in need. Children have access to after-school programs and are able to play basketball on brand-new public courts. The county is now home to eight new mini-libraries, as well as a youth summer reading program that has been extended from one month to three months.

Meanwhile Dr. Kinsell was able to raise funding to upgrade her office in an old Tastee Freez building. Meanwhile, state funding was secured to establish a medical clinic in downtown Ft. Gaines.

"What has happened in Clay County has been transformative," Medellin said. "This is a lesson for philanthropy: Sometimes you have to embrace the idea of being flexible, adaptive, and take risks. Oftentimes foundations are hesitant to take risks. This was a risk in many different ways. But it's a risk that has paid off and made a difference in a lot of lives."



CLAY COUNTY CLIMBED FROM
158
— TO —
126
IN HEALTH OUTCOMES

EXPLORING — AND EMBRACING — EQUITY ACROSS RURAL GEORGIA



ARLENE PARKER-GOLDSON

Conversations about equity can be tricky.

And those conversations can be even trickier when city folk from Atlanta venture into rural Georgia to facilitate the discussions.

Yet from the very start, Healthcare Georgia Foundation made a commitment to position equity front-and-center in the Two Georgias Initiative. The Foundation believed that to create lasting change, it was essential to get to the heart of the systemic inequities that exist throughout Georgia, and the attitudes, economic factors, and social dynamics that have allowed them to endure.

To make that happen, the Foundation turned to experts: The Partnership for Southern Equity, an organization solely focused on equity issues and on facilitating meaningful conversations on the topic with people from all backgrounds and walks of life.

Throughout the five-year grant, the Partnership for Southern Equity served as an active partner, providing equity-focused technical support and advice for 11 community coalitions and their project managers.

Equity training was provided to the entire management team, including the Georgia Health Decisions community coaches, the Emory evaluation team, and Foundation staff.

The Partnership also developed a Health Equity Assessment Guide aimed at encouraging communities to reflect on their own pathways and progress toward a fair and equitable Georgia.

“I don’t know that I really had any understanding of equity before Two Georgias,” said Carla Harward, CEO of Chattooga County’s Helping Hands Ending Hunger. “There’s been wonderful training and education that has flowed through this partnership that clarified the distinction between equality and equity. For me, equity is now part of my regular routine and conversations I am having for educating and improving our community.”

‘FRIENDS OVER SWEET POTATO PIE’

The key to successful equity conversations is to meet people where they are, said Arlene Parker-Goldson, a health-equity consultant with the Partnership for Southern Equity.

Parker-Goldson recalled her feelings when she led one of the first equity training sessions in Cook County with about 35 local participants.

“So here I am, this little African American girl from Atlanta coming into the room to have this equity conversation,” Parker-Goldson said. “What exactly does that mean? How is that going to be perceived?”

Parker-Goldson started with her typical approach, warming up the room by asking some people their names and roles in the community. She got to an older white man who had held some leadership positions locally. Some banter ensued, leading her to say, “Buddy, are you going to be trouble for me today?”

“And he looks straight at me and says, ‘I don’t know. Are you going to be troubled?’”

The exchange elicited some room-lightening laughter. But for Parker-Goldson it represented more than a routine icebreaker. It served as a pivotal moment that revealed both frank skepticism paired with a wary willingness to explore a touchy subject.

“It was an example of two human beings ready to engage in what is sometimes a very uncomfortable and courageous conversation around equity, health equity and racial equity in particular,” Parker-Goldson said.

“After the training, he and I ate lunch together. He asked some very pointed questions, and I tried to be as open as possible with my answers. He said he had a better understanding of equity and how framing it in the work in the community made all the difference. We ended up becoming friends over sweet potato pie.”

TOUGH CONVERSATIONS, FRESH INSIGHTS

Lisa Medellin, the Foundation’s Director of Programs, recalled one equity training session in which the conversation took an unexpected turn that led to a deep conversation about bias and long-held perceptions regarding race in that community.

“I had to stand and say, ‘It’s OK for you all to talk about this,’” Medellin said.

The conversation led to increased understanding as well as some productive next steps, including more intentional training and education for volunteers. It also created a shared belief that people could be honest and forthcoming in the pursuit of greater understanding.

“So that is where the equity becomes real. It is having honest conversations

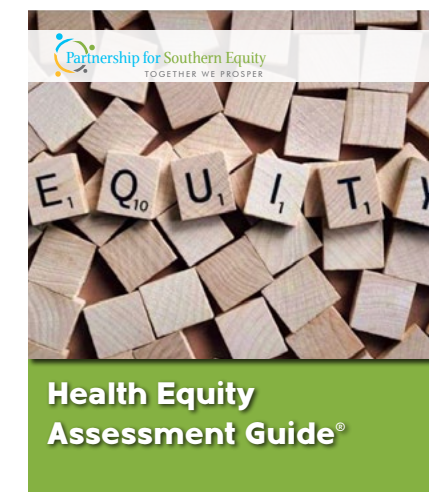
that lead to progress moving forward,” Medellin said.

And it wasn’t only the locals in rural Georgia who gained fresh insight into equity issues. Foundation staff benefited as well.

“This is the first time that I saw an organization bring in an outside partner specifically focused on equity and really helping the communities understand not only what equity means, but also how that can look different to different people,” said Samantha Beasley, a Program Assistant for the Foundation. “So what one community might need to address when it comes to equity might not be the same as a community a few towns over. I think this approach can serve as a model for working through misunderstandings and preconceived notions that people might have.”

HEALTH EQUITY ASSESSMENT GUIDE

The Partnership for Southern Equity developed the [Health Equity Assessment Guide](#) as part of a multi-year collaboration with the Healthcare Georgia Foundation to educate and strengthen Georgia’s rural communities in health equity, which is an often-misunderstood or underestimated factor that can heal and strengthen traditionally marginalized populations and provide an opportunity for growth and sustainability.



THE SOCIAL DETERMINANTS OF HEALTH*

The Foundation drew insights from these to focus priorities. The determinants are conditions in places where people live, learn, work and play that affect a wide range of health risks and outcomes.

-  RACISM AND DISCRIMINATION
-  INCOME AND POVERTY
-  HOUSING QUALITY AND AFFORDABILITY
-  ACCESS TO TRANSPORTATION
-  EDUCATION
-  ACCESS TO HEALTHCARE SERVICES
-  EMPLOYMENT AND FINANCIAL OPPORTUNITIES
-  SOCIAL SUPPORT
-  AVAILABILITY OF SAFE STREETS + GREEN SPACE
-  ACCESS TO NUTRITIOUS FOODS

*Source: Centers for Disease Control and Prevention



NAVIGATING 11 PATHS TO PROGRESS

There's an African proverb that served as a useful mantra throughout the Two Georgias Initiative:

"If you want to go fast, go alone. If you want to go far, go together."

With the Two Georgias Initiative, the Foundation resisted the impulse to go fast or alone. It wanted to go far. So, it decided to move more deliberately.

Rather than racing to start up programs, each community spent its first year getting organized. And each was given the resources to do so through startup planning grants that would support a full year of laying the groundwork for priorities and programming.

This thoughtful, detail-oriented approach was designed to help forge relationships and build trust, and to help ensure that the programs and efforts that were ultimately created would have a greater chance to take root for the long term.

This approach came as a surprise in some communities. Derek Jones, the chief operations officer for Georgia's Southeast Health District, a government agency that oversees public health-related activities for 16 rural counties, was among the early skeptics.

He showed up at the kickoff meeting for Two Georgias grant recipients in Appling County motivated to get cracking.

"I'm a doer," Jones said. "I like to just jump in to get stuff done, so this was something different. But ultimately, that planning year really served to help us focus, to take a look at the priorities of the community, and what people were most interested in doing."

"Then with the subsequent years of funding, it really laid out a plan for us to get the work done in a thoughtful and efficient way. I have 25 years of experience working in public health, and this grant has been the most rewarding because it grew out of what people wanted to achieve at the local level."

The Foundation saw the planning year as a way to make sure that communities were fully coming together around The Initiative. And the organization provided considerable support and guidance to each community on how to assemble local coalitions. The idea was that each community would achieve more if its efforts had true community buy-in. That meant bringing together nonprofits, schools, social service organizations, community advocates, and people with lived experiences. In some instances, governmental agencies or established health systems were engaged in the process.

"It was like a puzzle to put together initially," said Tina Anderson Smith of Anderson Smith Consulting. "And the most important piece of the puzzle focused on what the communities awarded the funding wanted to do. What were their aspirations? What were their capacities?"



"It was like a puzzle to put together initially. And the most important piece of the puzzle focused on what the communities awarded the funding wanted to do."

-Tina Anderson Smith,
Consultant

What were their most pressing needs? Putting those pieces together was really critical.”

KNITTING TOGETHER COALITIONS

The formation of local coalitions posed a bit of a challenge itself. Some counties already had a strong local organization that could serve as the obvious lead. Miller County, for instance, was home to a strong nonprofit, Family Connections. “So the idea of bringing multiple agencies and entities together to talk about interesting improvement was not new,” said community coach Karen Wakeford from Georgia Health Decisions.

It was a much different story in neighboring Decatur County. “There, they essentially started from scratch by putting together a coalition focused on community health improvement,” Wakeford said. “There were all kinds of siloed organizations in that community all doing good work, but building the coalition itself was a challenge.”

The planning year allowed time to assemble those coalitions. It also helped communities build vital program support infrastructure, nurture relationships, and build support and trust.

It was also an opportunity to address one of the common mistakes foundations make when they implement programs in rural communities, namely that they use a top-down approach without taking time to fully understand or consider the needs of individual communities.

“I’m very used to hearing about projects where whoever is spearheading it sort of tells the community what to work on, what to do, and how to do it,” said Samantha Beasley, who joined the Healthcare Georgia Foundation in July 2019 as a program assistant. “This project was the most creative version I’d seen of having a funder come to communities to provide the resources and guidance to help them build up their community. The focus was on their needs, as opposed to just our ideas of what might be needed.”

The bottom-up approach gave each coalition ownership from the start, freeing them to assess priorities, identify needs and gaps, and, perhaps most importantly, envision possibilities.

It also served to broaden the definition of health equity beyond access to medical care

“I’m very used to hearing about projects where whoever is spearheading it sort of tells the community what to work on, what to do, and how to do it.”

-Samantha Beasley, Healthcare Georgia Foundation



COLLABORATIVE IMPACT EVALUATION FOR DECATUR COUNTY

and physical well-being to consider factors frequently cited in the social determinants of health defined by Healthy People 2030 (Department of Health and Human Services) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

UNIQUE PRIORITIES AND SHARED CHALLENGES

This deliberate approach gave each community the freedom to identify and pursue its own priorities. This, in turn, led to 11 counties creating 11 Community Improvement Plans that were as unique as the communities themselves.

Hancock County, for instance, opted to focus on economic development, health environments, housing, and literacy.

Decatur County decided to concentrate on diabetes awareness and prevention, particularly among the hard-hit African American community that makes up a large portion of its population. To address this issue, the community emphasized programs that improved access to healthy foods and promoted physical activity.

Meanwhile, Haralson County focused considerable effort on addressing opioid abuse and attacking the stigma around treating addiction.



HANCOCK COUNTY HEALTH IMPROVEMENT PARTNERSHIP

But while each community had different priorities and targets, they all also confronted common themes that reflect the persistent challenges faced by rural communities across America. Reliable transportation options were a problem everywhere, particularly for the elderly and those with disabilities.

For those living in rural communities, a lack of transportation makes it difficult to access medical care, find and buy healthy foods, access information, and engage and socialize with others.

Layered on the physical accessibility challenges are the virtual ones. Lack of broadband services and consistent cellular coverage means there are rural areas where a simple cellphone call or scoring a Wi-Fi connection is a hit-or-miss proposition, exacerbating access issues to new technologies like telemedicine.

TACKLING THE TRANSPORTATION CHALLENGE

While solving these daunting accessibility challenges went well beyond the scope of The Initiative, many of the coalitions, over time, figured out ways to help residents get to doctor’s appointments and community activities. Some coalitions launched outreach programs that met people with mobile health clinics and fairs. Others devised ways to get vital health and wellness information to people in formats that go beyond the Google searches that so many of us take for granted.



MEAL DELIVERY IN LUMPKIN COUNTY

Elbert County’s coalition, for instance, channeled funding and resources into increasing the availability of on-demand rides. It also created a system for helping residents get rides to visit specialists and doctors, many of whom were located an hour away or more. The coalition also introduced telehealth services for those who could access the internet.

“Because they lacked transportation, some of these folks just wouldn’t go to the doctor,” said the Rev. Richard Jarvis, who oversees what he describes as a transportation ministry in Elbert County. “They would just let their medications run out, which is a shame because many of them are either on Medicare or Medicaid so their prescriptions would be covered. But if you can’t get to the pharmacy, that doesn’t do you much good.”

Billy Jones spends his day driving the van that gets people where they need to go. He describes his time behind the wheel as more of a mission than a job.

“A lot of people I pick up say they don’t know what they would do without this transportation because they depend on us so much,” Jones said. “For many of them, this might be the only time they get out of their house. So in addition to a doctor’s appointment, I’ll take them to a grocery store. They may spend an hour there and walk out with just a bag of groceries because they got to mingling and spending time among people. They need that social time too, and it makes me feel good to give them that.”

“A lot of people I pick up say they don’t know what they would do without this transportation because they depend on us so much. For many of them, this might be the only time they get out of their house.”

-Billy Jones, Transportation Driver



#LUMPKINMATTERS INITIATIVE

BREAKING DOWN SILOS

Community coach Beverly Tyler calls it the “common myth”, the assumption that in small towns and rural communities everyone knows everyone else’s business.

“In some ways they do,” Tyler said. “But that doesn’t necessarily mean that they all work collectively together. There are still silos that have been created over time.”

Indeed, a collective aha moment occurred across the 11 coalitions as they started executing on their plans: There was a dearth of awareness and communication about what resources already existed in the communities, leading to widespread duplication of services and missed opportunities to collaborate and innovate.

Breaking down those proverbial silos proved to be one of the hallmarks of the Two Georgias Initiative and holds the promise to be its most enduring legacy.

Many of the silos had formed over years as local organizations focused on their core priorities with limited budgets and skeleton-crew staffing that left little time to network or identify ways to collaborate. In other instances, competition over funding and resources dampened efforts to work together.

The Two Georgias Initiative helped quell those concerns by encouraging the creation of coalitions, emphasizing the power of pooling resources, and identifying opportunities to amplify impact through partnership. Time and again, the approach brought together people

who may have known each other for years, but didn’t have a clear sense of what work was being done.

‘RESOURCES THAT I DIDN’T EVEN KNOW EXISTED’

A prime example of the power of this approach can be found in Elbert County, a community known as the granite capital of the world because of its deep reserves of igneous rock, which ultimately ends up as the exterior of stately buildings and in high-end kitchen countertops around the globe.

The son of two local teachers, Elbert County School District superintendent Jon Jarvis grew up in the town of Elberton and returned after college to become a teacher, principal, and eventually, superintendent.

Jarvis got involved with the Two Georgias Initiative early on. At one of the early Initiative meetings, he learned that a local post-secondary tech campus offered a program in which students who had dropped out or had difficulty succeeding in a traditional school environment could earn a GED and start working on a technical associate degree.

“Here I am, a school leader, and I didn’t know that could happen,” Jarvis said. “I’ve lived here my whole life. I know everybody, but there were different community organizations coming to these meetings and talking about resources that I still didn’t know existed.”

“I’ve lived here my whole life. I know everybody, but there were different community organizations coming to these meetings and talking about resources that I still didn’t know existed.”

–Jon Jarvis,
Superintendent,
Elbert County
School District

“In Chattooga County, a simple but memorable solution to a community challenge grew out of people who had rarely met in the past sitting around the same table.”

-Catherine Liemohn, Community Coach

Since then, the school district has referred several students to get involved in the program, setting them on the path to successful careers that they might not have discovered without The Initiative.

Similarly, in Chattooga County, a simple but memorable solution to a community challenge grew out of people who had rarely met in the past sitting around the same table, said community coach Catherine Liemohn.

“They were talking about cervical cancer screening programs and getting the word out about programs available,” Liemohn said. “All of a sudden, the parks and rec guy jumps up and says, ‘Give me the information! All I need are the flyers and I can make sure they’re posted in every stall of the women’s bathrooms in every single facility for parks and recs in the whole county.’

“So we ended up with the parks and rec department working on cervical cancer outreach because this man was at the table and saw the opportunity for such a simple solution. Those are the kinds of little nuggets that occurred in a lot of these places. The quiet transformations that happened because of the relationships that were created.”



“SHAPE-UP” MILLER COUNTY PLANNING

REACHING PEOPLE AND GROUPS ON THE MARGINS

In addition to maximizing existing resources, several communities focused on reaching those who had long been overlooked.

That challenge was particularly acute in Lumpkin County, home to the scenic mountain town of Dahlonega, which features multimillion-dollar homes with sweeping views and a quaint college downtown with coffee shops, boutiques, and a locally owned bookstore.

“This community is a perfect fit for Two Georgias because we really do have two Lumpkin Counties here,” said Melissa Line, executive director for Community Helping Place, who served as the project manager for the coalition, #LumpkinMatters. “We have people who live in golf course communities here living in very luxurious homes and enjoying a high-end retirement. Then we have folks who live well below the federal poverty threshold living in what we call Appalachian poverty. Many don’t have running water or access to healthy food, consistent transportation, and the resources that they need to be successful.”

#LumpkinMatters brought together 17 community partners with a key focus on reaching segments of the populations that had been largely overlooked. Early on, members of Parents and Friends of Lesbians and Gays (PFLAG), who Line said had been “kind of meeting in secret,” were welcomed into the coalition.

Another population that had long gone under the radar was a growing Hispanic community. The increased awareness of that group’s needs led the food pantry to stock foods that are mainstays in Hispanic diets. Additionally, signage and informational materials were translated into Spanish, and Spanish-speaking people were engaged to conduct outreach and make connections.

“Hispanic folks who live here historically have been afraid of social services because they think we represent the government,” Line said. “And so through bringing in folks who are bilingual, who look like they do, just built a bridge where we’ve been able to say, look, we’re here to help you.”



“WELL-FED, WELL-READ” PROGRAM IN LUMPKIN COUNTY



COMMUNITY HELPING PLACE FREE HEALTH CLINIC IN LUMPKIN COUNTY

LIFESAVING OUTREACH

The #LumpkinMatters coalition also realized it would have to find a way to bring services directly to those living largely off the grid in what locals call “the hollers.” So, they converted an aging RV into a traveling clinic that traversed winding roads to remote campgrounds and churches located deep in the hills to offer health screenings and wellness information.

“There were literally stories that came out of that of saving somebody’s life because they came to the mobile clinic one day and their numbers were so alarming they were immediately transferred via ambulance to the hospital,” Liemohn said. “It made a real difference being able to get to meet people where they are.”

#LumpkinMatters touched another often-forgotten population: those in the prison system. It teamed up with a local sheriff to launch a program in which inmates would be filmed reading a storybook to their child. The video was then shared with the child, who also received a new pair of pajamas.

“Some of those men had never read a story to their child before this,” said Brigette Barker, Lumpkin Family Connection executive director. “It was such a meaningful program for both the children and the parents.”

Lumpkin County Sheriff Stacy Jarrard said his department was eager to help make the program happen.

“Anything we can do to help make those family connections stronger, we’re happy to do it,” he said. “Something like this benefits everybody.”



PROMISING PATHWAYS: HANCOCK COUNTY

A HEALTHY DOSE OF HISTORY

In Hancock County, members of the local coalition focused on the past to create a healthier future. Recently, there have been increased efforts to establish historic tourism and restore some of beautiful downtown Sparta.

A Two Georgias Initiative project took it a step further by producing a walking brochure, site-specific QR codes, a coloring book, and a scavenger hunt for youth engagement.

“We’re trying to get people out of their cars, to see the architecture and walk around town,” said Dip Polatty, Sparta’s Historic Preservation Commission chairman.



PROMISING PATHWAYS: EARLY COUNTY

WALKING TOWARD A HEALTHIER COMMUNITY

Sometimes progress comes one step at a time.

Consider what transpired in Early County after COVID-19 shut down many of the activities associated with Early Cares coalition’s focus on encouraging healthier lifestyles.

Coalition member Dwayne Fields proposed having a walking day. “We had about 200 people to show up to that walk, which was big for our community.”

Early Cares built on that success, now hosting a community walk every quarter of the year that draws hundreds of people.

AN UNPRECEDENTED CRISIS

By March 2020, the Two Georgias Initiative was hitting its stride. The Foundation had just approved budgets for the upcoming year of activities, and enthusiasm was high in many of the 11 counties.

Then COVID-19 turned the world upside down. No one was immune from the unprecedented challenges that emerged after the World Health Organization announced a global pandemic on March 11, 2020. Those challenges were particularly acute considering the health and wellness focus of The Initiative.

“In philanthropy, something unexpected is always going to happen. But we didn’t anticipate a worldwide pandemic,” said Medellin. “We just took the approach we’ve got to figure this out. As a foundation, the question was how are we able to pivot and move forward?”

The first answer: Throw out the playbook.

Foundation leaders quickly realized that lockdowns and social distancing would severely curb Initiative activities for the foreseeable future. Beyond that, the fast-emerging needs throughout the communities would have to push aside longer-term programs already in motion. The Foundation loosened reporting standards and delivered the message across the coalitions that the focus should shift to dealing with the impact of the accelerating pandemic.

SPRINGING INTO ACTION

That edict was quickly tested when Medellin received a call from one of the coalition managers in April 2020. A truck filled with meat was headed north out of Alabama to deliver to restaurants throughout Georgia. Trouble was, all the restaurants had abruptly shut down, leaving the driver with the prospect of the meat spoiling if he didn’t find a home for it.

Medellin suggested looking for someone who could store the meat until they could figure out how to get it into the right hands.

“I was stunned by what happened next,” Medellin said. “In no time, the manager got a team together to do the food distribution and got the word out in the community.”

The lightning fast response was not a unique occurrence in the 11 counties that spring and summer. In almost every case, the coalitions that had been formed as a result of The Initiative created networks that enabled the rural communities to mobilize quickly in the face of COVID-related challenges.

“If Two Georgias wasn’t underway, it would have been far more devastating,” Liemohn said. “There was a real sense that we’ve got each other’s back here.”

“In philanthropy, something unexpected is always going to happen. But we didn’t anticipate a worldwide pandemic. We just took the approach we’ve got to figure this out.”

-Lisa Medellin,
Director of Programs

Many of the coalitions worked together to address a problem that had long plagued rural Georgia but became even more pronounced during the pandemic: the lack of broadband and wireless internet access.

In-person meetings that had been the lifeblood of The Initiative were eliminated overnight. That meant communities that had been dealing with shaky internet connections and spotty cell service faced limited communications options. Amplifying this challenge was the fact that some coalition members weren't tech savvy.

The Foundation responded by providing each coalition a Zoom subscription so, when possible, participants could hold meetings via videoconferencing. The community coaches and Foundation staff, to the extent they could, assumed the role of tech support. The pandemic also put resourcefulness and adaptability on full display. In one instance, a diabetes support group that had been meeting in person resorted to meeting via landline phones.

"The common denominator was that everyone in the group at least had a landline," Liemohn said. "It was like, well, it's disappointing not to see everybody but let's make the most of what we can do together."

ADAPTING TO THE NEW NORMAL

As it became clear that COVID-19 was going to be more than a short-term disruption, the consistent message from the Foundation focused on adapting to the new normal to make sure emerging community needs were being met.

As the pandemic evolved, so did the focus of the coalitions. Getting food to those in need dominated the early days of the pandemic. Coalition members scrambled to find ways to get food to children who had been getting two meals a day at schools that were now shuttered. Efforts were accelerated to get meals to the elderly, many of whom had been isolated before the pandemic but now were quarantined in their homes.

Appling County's coalition offered a prime example of rapid response to the emerging pandemic, quickly stepping up food distribution efforts, enlisting volunteers, and coming up with creative ways to keep communications flowing.

As the weeks passed, attention also shifted to directing school supplies to students and finding opportunities to shore up or strengthen mental health services. In many instances, work ensued



LUMPKIN COUNTY

on establishing a more sustainable infrastructure to address food insecurity. Coalitions focused on consistently supplying existing food banks and, in some instances, opening new ones. Several coalitions started building relationships with local farmers to initiate gleaning projects so produce that previously had gone to waste could provide nourishment for those in need.

'REIMAGINING HOW PHILANTHROPY SHOWS UP'

In relatively short order, the coalitions pivoted to hosting or supporting COVID-19 testing sites and battling growing misinformation with science-based guidance on how to stay safe. When vaccines were made available, many coalitions took the lead in making shots accessible in their communities.

For Regina Butts, The Foundation's ability to "step out of the box" to address the emerging challenges of the pandemic took on special meaning. Butts serves with the Family Health Connections in Hancock County, a community that was hit particularly hard by COVID. In 2021, COVID-19 claimed the life of Butts' father. He had wanted to get vaccinated but passed away before the vaccine was available.

"Losing my dad due to COVID, I knew how important it was to get people vaccinated," Butts said. "The Two Georgias Initiative allowed us to get an employee to canvas the area and be able to get information about why it's so important to be vaccinated. That created visibility to make people aware that they could come to the local health department or through local health fairs and the vaccine was available to them."



MOBILE MEDICAL DENTAL OUTREACH DAY IN LUMPKIN COUNTY

COVID-19 would continue to shape the scope and focus of The Initiative for the remainder of the project, providing a steady stream of heart-wrenching lessons as well, along with countless examples of human resourcefulness and spirit. At the coalition level as well as from the Foundation's perspective, the pandemic tested the bounds of adaptability and innovation.



HEALTH CLINIC IN LUMPKIN COUNTY

"It was really about reimagining how philanthropy can show up and invest in communities," Medellin said. "We learned that we have a lot more flexibility as funders. COVID taught us we need to be more innovative, more creative, more open to risk-taking and educating our board on that so that they are comfortable with what we are doing."

"It was really about reimagining how philanthropy can show up and invest in communities. We learned that we have a lot more flexibility as funders. COVID taught us we need to be more innovative, more creative, and more open to risk-taking...."

-Lisa Medellin, Director of Programs

"Losing my dad due to COVID, I knew how important it was to get people vaccinated. The Two Georgias Initiative allowed us to get an employee to canvas the area and be able to get information about why it's so important to be vaccinated."

-Regina Butts, Family Health Connections, Hancock County



PROMISING PATHWAYS: CHATTOOGA COUNTY

HUNTERS SHARE THE HARVEST

In Chattooga County, the coalition received a grant to purchase freezers for local schools to store excess cafeteria foods that could be sent to homes in need over the weekend.

Yet, as the program evolved, organizers noticed a key missing ingredient. Typically there were no meats to provide a protein for families. Enter Hunters for the Hungry, a local group of hunters who were already involved in providing game to local food banks. The group partnered with the coalition to add fresh venison and other meats to the weekend food baskets.

"We were able to get hunters to easily share their bounty with the families that need it the most," said Allison Agnew. "It was one of my favorite success stories of The Initiative because it connected two programs that already existed to make a real difference."



PROMISING PATHWAYS: EARLY COUNTY

REDUCING WASTE, FEEDING FAMILIES

You don't have to spend much time in a school cafeteria to know that a decent amount of unopened food ends up in the trash can instead of kids' stomachs.

In Early County, the coalition found a way to put an end to that wasteful practice and get students involved in making a difference. Student volunteers were trained to collect unopened food and make sure it quickly got stored or refrigerated properly. Come Friday, the food was transferred into bags that were sent home with children who were identified as being in need of healthy foods over the weekend.

DRIVING TOWARD PROGRESS

Every county involved with the Two Georgias Initiative experienced victories both large and small. Here's a sampling of what was accomplished, and coalition members' perspective on how The Initiative sparked change.

APPLING COUNTY



COALITION: Coalition for a Healthy Appling County

KEY WINS:

- Developed and built the Poor Robin Community Playground, as well as walking trails and exercise equipment..
- Enhanced mental health services for students.
- Created a gleaning program that provided healthy foods for those in need.

CHANGE IN ACTION: "I've worked for public health about 25 years. And I've been fortunate to be involved in a lot of innovative projects. I will say that among the many grants that I've worked on and participated in, this project has been one of the most rewarding."

Derek Jones
Chief operations officer,
Georgia's Southeast Health District

CHATTOOGA COUNTY



COALITION: Live Healthy Chattooga County

KEY WINS:

- Launched Mobile Health Units to deliver preventative services, health education, and vaccines.
- Created Community Garden Communities.
- Partnered with Hunters for the Hungry to provide protein-rich foods for those in need.

CHANGE IN ACTION: "We were able to expand our outreach through our school pantries and introduce healthier foods like fruits and vegetables, whole grains, meats, and other nutritious items along with education about nutrition. We also developed our mobile pantry outreach to the community at large, which continues to be quite successful."

Carla Harward
CEO, Helping Hands Ending Hunger Inc.

CLAY COUNTY



COALITION: Clay County Health Partnership

KEY WINS:

- Expanded behavioral health services.
- Created Community Garden Communities.
- Added a new pharmacy at Clay Medical Center.
- Set up an annual health fair that dramatically expanded residents' access to health services.

CHANGE IN ACTION: "The start of the grant was really about identifying opportunities. What assets here in the community were available for us? In the beginning, I didn't think we had much, but as we assessed the community and got a better sense of work being done, I learned we did have a lot to work with."

Tara Gardner
Project manager

COOK COUNTY



COALITION: Cook County Family Connection

KEY WINS:

- Built and furnished a one-room Tiny Library in the poorest neighborhood in county.
- Distributed Backpack Buddy of food supplies to more than 100 children for their weekends and holiday breaks at home.
- Created a calming room as a safe, nurturing space for traumatized children to de-stress and interact with trauma-informed counselors.

CHANGE IN ACTION: "The increased collaboration among social service agencies is really a great thing that has evolved from the Two Georgias Initiative. Our collaborative capacity has strengthened."

Jennifer Lovett
Program coordinator

DECATUR COUNTY



COALITION: Collaborative Impact for Decatur County

KEY WINS:

- Invested in a walking path lighting investment improvement.
- Launched diabetes awareness and activities programming.
- Established community gardens through mini-grant program.
- Prioritized COVID-19 vaccinations and mask distributions to outlying rural areas in the county.

CHANGE IN ACTION: "I give the Healthcare Georgia Foundation credit for putting their money where their mouth was and reaching out to the most remote areas of the state to say we deserve the same access to care as those in Metro Atlanta. We've begun to see the focus shift to programs related to transportation, housing, and food security and the roles they play in maintaining a healthy population."

Glennie Cox Bench
Board member, Healthcare Georgia Foundation Chair,
Hospital Authority of Bainbridge

EARLY COUNTY



COALITION: Early Cares

KEY WINS:

- Established and supported the Backpack Food Program and Fresh Food Summer Program.
- Implemented the Helping Hands Ending Hunger initiative.
- Offered the Neighbor-to-Neighbor program to two cohorts of adults who were either homeless or at risk of homelessness.

CHANGE IN ACTION: "The Two Georgias Initiative has been a true partnership of learning and experiencing. A lot of times things come into rural Georgia, and they are gone tomorrow. But this has firm roots. I believe it is really something that is going to have a lasting impact."

Cynthia George
CEO, Horizons Community Solutions

ELBERT COUNTY



COALITION: Elbert Partners for Health

KEY WINS:

- Launched a local chapter of the National Diabetes Prevention Program, Prevent T2, a free year-long nutrition and lifestyle-change program.
- Partnered with Elbert County School District to implement University of Minnesota's Check and Connect Mentoring Program.
- Partnered with Elbert County Middle School, 4-H, and other community organizations to provide life

skills training for upper-elementary and middle-school-aged students.

CHANGE IN ACTION: "People in Elbert care about our county. They care about making it prosper, being involved, and getting their hands dirty to make it a better place to live. And so that mindset really fed into the success of The Two Georgias Initiative because it gave us the opportunity to accelerate that."

Alicia Poon
Project manager

HANCOCK COUNTY



COALITION: Hancock Health Improvement Partnership

KEY WINS:

- Helped fund a new playground at M.E. Lewis Elementary School.
- Installed Free Little Libraries (FLL) in three hair salons, as well as in a low-income housing community.
- Created a Senior Center community garden to educate about gardening and create healthy meals from harvested food.

CHANGE IN ACTION: "We knew that high blood pressure, cancer, and several other diseases were an issue. Having The Two Georgias Initiative brought in extra dollars to be able to make our community aware and provide resources to reach out to our seniors and those dealing with various diseases and illnesses."

Regina Butts
Executive director, Family Connection-Communities in Schools of Hancock County Inc.

HARALSON COUNTY



COALITION: Healthy Haralson

KEY WINS:

- Substance Misuse task force increased resources on misuse education and access to overdose-prevention treatment.
- Partnering with the Atlanta Community Food Bank, the Community Christian Council provided free food boxes to 12,600 residents during the COVID pandemic.

- Created a resource guide and hotline for community members to easily connect with social services.

CHANGE IN ACTION: "The collaboration between so many of the community members at all levels and different walks of life within the community... has really empowered the citizens to work together, to continue the build what we have started for the long term."

Tonya Fulk
Healthy Haralson coordinator

LUMPKIN COUNTY



COALITION: #LumpkinMatters

KEY WINS:

- Hosted Mobile Medical events, transportation, and telehealth.
- Held resource events, providing flu shots and other medical care for hundreds of patients.
- Established a program of incarcerated parents reading stories to their children via video.

CHANGE IN ACTION: "Through The Initiative, there is definitely more awareness, more openness, and inviting people to the table to consider other people's viewpoints. We've had some great equity training that has led to greater understanding."

Melissa Line
Executive director, Community Helping Place

MILLER COUNTY



COALITION: Shape Up Miller

KEY WINS:

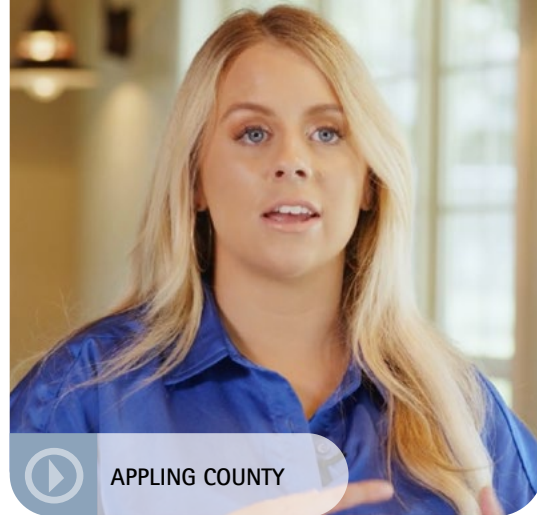
- Developed and offered free exercise classes to community members.
- Supported creation of a free dental clinic that's open to all without insurance.
- Offered self-defense training to women in the community.

CHANGE IN ACTION: "You begin to notice equity or the lack thereof when you take a step back to see what other people are facing. That's created awareness to help people see there is a need to create a more equitable community."

Pastor James Judkins
Youth and Children's Minister,
Colquitt Free Will Baptist Church



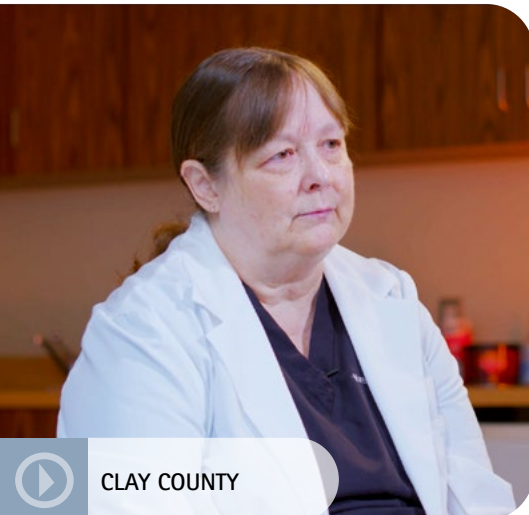
TWO GEORGIAS INITIATIVE OVERVIEW



APPLING COUNTY



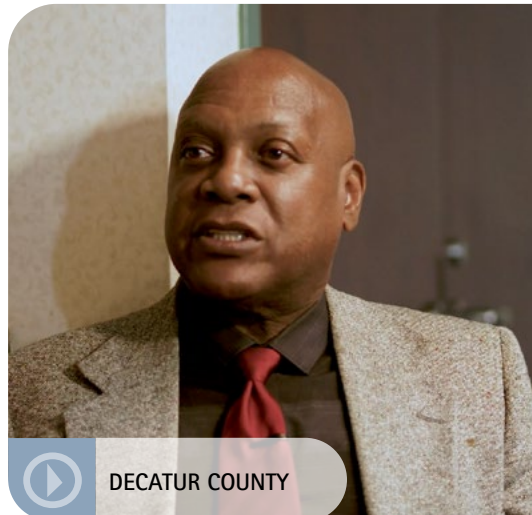
CHATTOOGA COUNTY



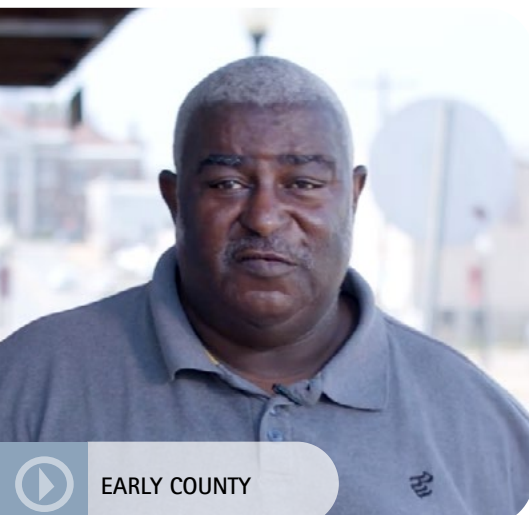
CLAY COUNTY



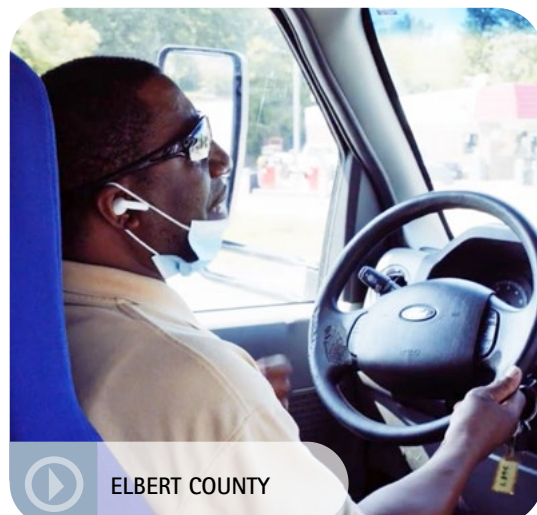
COOK COUNTY



DECATUR COUNTY



EARLY COUNTY



ELBERT COUNTY



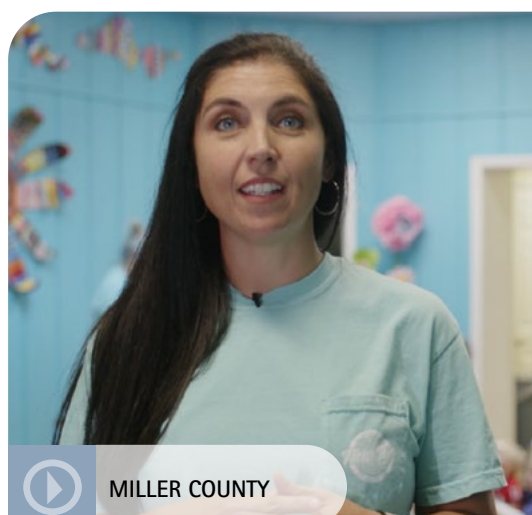
HANCOCK COUNTY



HARALSON COUNTY



LUMPKIN COUNTY



MILLER COUNTY

MEASURING SUCCESS

Impact lies at the core of any philanthropic undertaking.

Foundations are always challenged to find the best way to measure that impact. But for the Two Georgias Initiative, measurement was especially challenging, given the program's complexity and sprawling footprint.

A logical place to start, of course, is with the tangible results: the bricks-and-mortar evidence of progress that exists in the form of new health clinics, fitness trails, basketball courts, food banks, and community gardens that were built as part of the Two Georgias Initiative. All those things and more happened as a direct result of The Initiative.

The next step is to focus on the data: the quantifiable information across a nearly inexhaustible list of options. At the most basic level, there is capturing relevant statistics such as how many people were involved, the number and scope of programs and projects that were carried out. Then there is the more analytical exploration, which includes a more detailed analysis of health, educational, and wellness outcomes.

But how do you measure the outcomes that can't be readily seen, and don't fit neatly onto a spreadsheet?

For instance, how does one quantify this change in Clay County? There, a long-standing town parade had for years been unofficially segregated: Black residents on one side of the

street and whites on the other. Yet through relationships that had developed from the coalition's work, people started crossing the street, mingling, and enjoying a community activity together.

Or how to measure the impact of a homeless man who wasn't looking for a meal, but rather joined in efforts to distribute food to those in need. Or the former corporate executive and his wife who moved from Atlanta to rural Georgia seeking a healthier lifestyle for themselves and ended up joining The Initiative to grow healthy fruits and vegetables for the local food bank.

Then there were hundreds of people who went through equity training, many of them gaining transformative insights into the systemic inequities linked to race, class, age, and gender. How many people took those lessons home to share with their children or grandchildren to spark a new legacy framed on greater tolerance and understanding?

To capture these many intangibles, the Georgia Health Decisions team gathered feedback from members of the coalitions as the formal programming was winding down. That process proved to be cathartic, inspiring, and informative in terms of defining what had been the most meaningful impacts of The Initiative, and what promises to be central to its legacy moving forward. The results of those conversations were framed as five "key factors for change," which are:

"Throughout The Initiative we viewed impact through several different lenses. We looked for opportunities to make an immediate difference while never losing sight of the fact that the true test comes down to equipping these rural communities with the tools, resources, and expertise to make sustained change in the years and decades ahead."

-Samantha Tucker, Healthcare Georgia Foundation

CLICK ON IMAGES TO LEFT TO VIEW THE IN-DEPTH CONVERSATIONS FROM EACH COUNTY.



HARALSON COMMUNITY GARDEN



HUNTERS ENDING HUNGER PROGRAM IN CHATTOOGA COUNTY

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1. CHANGES IN MINDSETS:

BEFORE: Prior to receiving the grants, coalition partners often described their rural communities as paralyzed by the complexity of the problems that put their residents at risk of poor health. Health disparities were often accepted as simply the way things are. Community leaders were unable to see viable solutions, with skepticism that things could ever change being the predominant mindset. Generational apathy gave way to a sense of hopelessness.

AFTER: Coalition partners expressed an overarching hopefulness for the future as they continue to set aspirational goals. They described communities that are taking ownership and responsibility; residents who want to be of service to others and their community; and an overall greater sense of empathy toward others. Conversations continue about intractable issues such as racism, poverty, homelessness, and drug addiction, and people are working on solutions to these deeply rooted, hard-to-solve challenges.

2. STRONGER COLLABORATION:

BEFORE: Farm silos are an iconic symbol of rural America, but they serve no purpose when it comes to effectively addressing community health and wellness. While pre-Initiative collaboration varied among the

communities, all of them expressed a lack of consistent and optimal collaboration when it came to issues related to health equity.

AFTER: The Foundation's early decision to require grantees to form community coalitions to identify and address priorities proved to be a game-changer in the way organizations, government agencies, schools, businesses, and individuals work together on the local level. The focus on diversity and inclusion as a cornerstone of the effort helped broaden the range of faces and voices that assembled around tables to represent sectors and populations that often had been left out of the process.

3. SHARED VISION:

BEFORE: Community programming was typically executed on an ad hoc basis with little consideration or planning in regard to how specific initiatives such as health fairs could drive toward a larger, more sustainable goal. This put most nonprofits in reactive mode, particularly when it came to addressing emerging issues that could have benefitted from a more coordinated approach.

AFTER: The yearlong process of developing a Community Health Improvement Plan provided the framework for each community to identify priorities and the connective tissue necessary to pursue those priorities in a collaborative way. Emphasis on the

social determinants of health created broader awareness of the vast web of issues that influence health equity. Now, these communities are thinking long term and focusing on more systemic approaches to achieve greater impact.

4. COMMUNITY CAPACITY:

BEFORE: At the outset of The Initiative, these communities had limited healthcare services and insufficient resources to promote wellness. Inadequate communications outlets limited awareness about the availability of any existing resources and services.

AFTER: As awareness of health needs deepened and the coalitions got a clear view into existing resources and glaring gaps, they began to take a strategic approach to expand capacity through new or revised programs and services, strengthening local organizations, building future leaders, and broadening communications.

Through Initiative funding, and other grant funding, growing partnerships, and volunteerism, coalitions oversaw or aided the development of programs and services that promote healthy lifestyles: community gardens, walking paths/trails, geocaching, parks, sporting events and exercise programs, nutrition education, farmers markets, food pantries and food distribution, gleaning of leftover produce after harvests, and the Georgia Hunters for the Hungry.

5. LEVERAGING RESOURCES:

BEFORE: It's difficult to fully leverage resources when you don't have a comprehensive view of the health and wellness infrastructure and capabilities in your community. That was largely the case with coalitions in the early stages of The Initiative.

AFTER: Success tends to build upon success, and in many instances, The Initiative activities and funding proved to be a catalyst for optimizing impact. Coalition members built relationships with regional and state organizations such as area agencies on aging, extension services, and public health, while departments and existing agencies focused on hunger, education, and doing more to amplify impact and pave the way for sustainable change.

PLANTING SEEDS FOR SUSTAINABILITY



Five years is a long time for a funded philanthropic program. But it's not forever.

Which is why from the very start, architects of the Two Georgias Initiative focused on preparing the county coalitions for a future of progress after the formal programming and its accompanying funding and support ceased.

To that end, in the fourth year of the five-year Initiative, a year-long effort called the Seeds for Sustainability was launched to give coalition members the knowledge, tools, and resources for sustaining progress.

Developed by Georgia Health Decisions, the Seeds for Sustainability focused on three key areas proven to be essential for long-term sustainability:

- **Adaptive stewardship:** sharing responsibility and ownership for achieving health equity in a community.
- **Enduring structures:** Building an organization for a positive and lasting impact.
- **Sustainable resources:** Generating monetary and human resources to continue progress.

Recognizing that each community coalition had unique circumstances and its own challenges and priorities, the program was framed around flexibility. Coalitions worked with coaches to prioritize which tactics made the most sense for their community. A flipped classroom approach was employed in which coalition members were provided access videos and information so training sessions could focus on applying new skills or exploring new ideas and strategies.

The seeds did indeed bear fruit, with each coalition creating detailed sustainability plans that serve as road maps for furthering health equity well into the future.

"I think that the folks that (have) been part of the Two Georgias Initiative believe in Haralson County and the potential that's here," said Ethelyn Johnson, principal of Buchanan Elementary School and a member of the Live Healthy Haralson coalition. "We've said with or without the grant money we are going to continue to make progress because we believe in this for our kids and our community. There is a commitment that people are ready and willing to sustain this."



BUILT TO LAST

Too often in philanthropy, hope and progress fade fast when the money runs out.

From the earliest planning stages, leaders of the Two Georgias Initiative focused on creating a model that would avoid that well-worn path. By engaging local partners and experts, emphasizing control and place-based philanthropy, they designed something built to last.

For instance, a key outcome the Foundation identified early on was that The Initiative funding and programming could serve as a catalyst for communities to be better positioned to seek support from additional funders. That strategy proved successful across many of the coalitions over the course of the five years.

In fact, private foundations, state, and federal grants received by The Initiative communities since 2017 exceed \$7.3 million. At the federal level, communities have won competitive grants from the Federal Office of Rural Health Policy, the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) and Healthier Together programs, and the Environmental Protection Administration's Environmental Justice Small Grants program.

Perhaps the most telling affirmation of this strategy came in mid-November 2022 when the Foundation announced it had received a staggering \$9 million investment from philanthropist MacKenzie Scott. This unrestricted donation will allow the Foundation to continue its work to improve and advance the health and well-

being of all Georgians, including building on the progress and achievements that grew out of the Two Georgias Initiative.

11 VISIONS FOR THE FUTURE

You only need to spend a few minutes paging through the sustainability plans crafted by each coalition to see that the place-based, bottom-up approach to addressing local issues has staying power well beyond the formal Initiative funding period. These plans, in some instances spanning more than 50 pages, are proof positive of ongoing engagement and steadfast determination to build momentum moving forward.

Excerpts from the following narratives brim with clear-eyed optimism and resolve.



EARLY CARES: *We are guided by our mission to work together to provide opportunities to improve the environments in which we all live, work, and play. The coalition will continue to work steadily to increase participation across all community sectors, build the capacity of community leaders, and involve disadvantaged families in improving the overall quality of life in Early County.*

"The Initiative is proof of the potential for private-public partnerships, which is a concept that has not really been fully examined or tested in rural communities."

-Dr. Charles Stafford,
Board Director,
Healthcare Georgia
Foundation



EARLY COUNTY



ELBERT COUNTY



COOK COUNTY



SHAPE UP MILLER COUNTY: The Community Health Partnership concentrated on developing a wider, more diverse partnership to ensure our "health movement" would positively address health equity and become a "movement" in our community, not just another program that could disappear when funding ended.



COOK COUNTY: We envision a community where every individual has access to literacy and learning opportunities, sufficient food supplies, and equitable healthcare services. Where free books and reading materials are available in public spaces, and all children have access to affordable quality early education. Where families have the resources and skills to grow gardens for healthy food. Where people have access to food pantries and supplemental food sources, and every individual has access to convenient and affordable healthcare services for their physical, mental, and behavioral health needs.

Working closely with Georgia Health Decisions, the Foundation launched a program called Seeds of Sustainability that provided robust training, resources, and support for each coalition to establish a detailed sustainability plan. (See Seeds of Sustainability sidebar.)

A RURAL MODEL TO LEARN FROM AND REPLICATE

While measuring the full impact of the Two Georgias Initiative is still a work in progress, there is a consistent sentiment among those involved with The Initiative that many of the changes that have occurred will serve as a catalyst for ongoing improvement to the health and lives of those living within the communities served.

"The Initiative is proof of the potential for private-public partnerships, which is a concept that has not really been fully examined or tested in rural communities," said former Healthcare Georgia Foundation Board Director Dr. Charles Stafford. "Hopefully the legacy will be that it will be an ongoing effort that takes a place-based approach toward addressing the long lists and persistent problems for health outcomes and rural communities and the associated disparities that spring from them."

For Tina Anderson Smith, a consultant, what transpired over the course of The Initiative offers a road map for addressing health-equity issues in rural communities across the country.

"Until now, there have not been a lot of models and strategies that have been tested in rural places," said Anderson Smith. "Our coaching team does work in rural communities all over the country where they are trying to execute on models that never really fit in the first place. Ultimately, the gift of the Two Georgias Initiative is a rural model that people can learn from and replicate."

That is a gift that promises to keep giving in 11 communities across Georgia. And one that has the potential to improve and transform lives across rural America.

MAPPING THE NEXT CHAPTER: ONE GEORGIA

"What's Next?"

That question has been foremost in our minds at the Foundation since the start of The Two Georgias Initiative. It was clear early on that The Initiative would not be a one-and-done proposition.

The Foundation was intentional with the design and execution of Two Georgias in a way that a viable and sustainable community-led coalition would be intact at the end of the funding commitment. This assured that each community would have sustainability plans to assist them in continuing the work of their coalitions, as well as having access to tools and resources to support their ongoing Equity Journey.

The opportunities are vast for a next chapter for the Two Georgias Initiative, and the lessons learned have been numerous. Philanthropy is at a pivotal intersection where it can have a profound impact on the trajectory of the South, and whether a new South can emerge that champions equity by example and is inclusive of its' diversity of people and perspectives.

The challenges in the rural South can be daunting if taken in isolation. Fragile broadband infrastructure, physical landscapes that have severe transportation limitations, healthcare access shortages, economic inequities and food insecurity are among the pressing challenges in our rural communities. All of these existed to varying degrees in the Two Georgias Initiative.

Philanthropy alone can't, and frankly should not, address the

myriad of challenges that exist in many rural areas of Georgia. The answer to the question, What's Next? should include a vision for One Georgia where urban centers and the rural communities have a shared agenda that honors and respects the multitude of assets and resources both bring to the table.

There should be a unified understanding that Georgia can't thrive fully without a roadmap forward that embraces this One Georgia. There is a need for authentic partnerships across disciplines and leveraging private-public resources to implement innovative strategies to address the challenges. Diverse people with lived experience should be celebrated and welcomed to the table.

Community is the driver of solutions and a mindset of abundance should be guiding ongoing and meaningful dialogue. Asset-based approaches aimed at systems change and transformative engagement versus transactional deployment of resources should be the goal of funders, stakeholders, and policymakers.

This is just the beginning of the journey to make Two Georgias, One. The seeds of community transformation have been planted over the past six years. The path forward will embrace building on that progress, elevating cross-sector collaboration and investing in opportunities that will continue the equity journey.

Lisa Medellin, Director of Programs

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Addison Mickens, former Project Manager for Appling County Coalition

Jessica Dudley, former Project Manager for Elbert County Coalition

Miranda Helms, former Project Manager for Hancock County

In Memoriam

The Healthcare Georgia Foundation would like to dedicate this primer to those whose tireless efforts helped forge a path toward a more equitable Georgia:



Andrea Berry former Healthcare Georgia Foundation Communications Director



O.P. "Butch" Fausett, Jr. Cook County Family Connections



Lynne Kernaghan former Community Coach with Georgia Health Decisions



Billy G. Ward, Sr. Community Impact Decatur Coalition

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1 Accord Media 1accordmedia.com



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For more information about the Two Georgias Initiative and Healthcare Georgia Foundation, please visit www.healthcaregeorgia.org or call us at 404.653.0990. Healthcare Georgia Foundation, 191 Peachtree St. NE, Suite 2650, Atlanta, GA 30303



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