



2021

COMMUNITY HEALTH NEEDS ASSESSMENT



Shepherd
Center



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Shepherd Center

2020 Peachtree Road, NW
Atlanta, GA 30309-1465
404-352-2020 shepherd.org

I. EXECUTIVE SUMMARY

Shepherd Center is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury, brain injury, stroke, multiple sclerosis, spine and chronic pain, and other neuromuscular conditions. Shepherd primarily serves patients from Georgia and the Southeast but also has patients from across the United States and other countries. Shepherd Center has consistently been ranked by *U.S. News & World Report* among the top 10 rehabilitation hospitals in the nation since 2008.

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included a new requirement for non-profit hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all non-profit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (bit.ly/CHNA21).

Shepherd Center assesses the health needs of people living with spinal cord (SCI), acquired brain injury (ABI), stroke and people living with multiple sclerosis (MS) in its community every three years to determine its community impact and identify unmet health needs in its community. The CHNA process undertaken in 2021 and described in this report was conducted in compliance with current federal requirements.

The six identified 2021 health needs are:

1. Fitness and physical activities
2. Expanded access to Shepherd Center-level services
3. Community-based access to specialized healthcare providers
4. Financial stability and insurance coverage
5. Expanded access to mental health and emotional well-being services
6. Expanded access to wellness and nutritional programs



II. INTRODUCTION AND BACKGROUND

A. Letter from Chairman Alana Shepherd, Board of Directors

Dear Friends,

Shepherd Center is pleased to present its 2021 Community Health Needs Assessment (CHNA).

With input from Shepherd patients and internal and external healthcare professionals with expertise in acquired brain injuries (ABI), spinal cord injuries (SCI) and multiple sclerosis (MS), we have identified community health needs of patients and community members alike as they return home to their local community to rebuild their lives with dignity, hope and independence.

In recently receiving reaccreditation from The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF), Shepherd was commended for its culture and dedication:

“Teamwork is amazing — from board members to patients, family members, volunteers — Great teamwork! The culture is very evident. Patients are so complex, and the quality of life given back to these folks is awe-inspiring and can't be compared to anywhere else. [There is] No way to measure what is given back to these patients. Great job, everyone!! Would I want to be a patient here? Yes! Would I bring my family here? Yes! Would I work here? Yes! WHAT A WONDERFUL PLACE!”

Similarly, conducting this federally mandated triennial CHNA in 2021 was not just a check-the-box exercise for Shepherd. It was approached with enthusiasm, teamwork across the organization, and a strong focus on identifying unmet community needs and determining how we can improve our programs, efforts and partnerships to significantly improve the lives of individuals with ABI, stroke, SCI and MS in the Shepherd community.



Our Board of Directors has approved the 2021 CHNA and the strategies outlined herein to address the prioritized needs. Many of the strategies align directly with the Shepherd Center's 2020-2025 strategic plan goals, including expanding our recently launched telehealth program and executing on our largest ever comprehensive campus expansion plan, which includes increased inpatient beds and expanded patient family housing. Implementing the strategies for the prioritized needs will be a focus throughout the organization — from the Board of Directors to our dedicated team members who work directly with patients and the community.

In short, Shepherd will build upon our nationally recognized inpatient, outpatient, day program and research projects to further expand and enhance our role as the bridge between “**I can't**” and “**I can,**” in restoring the lives of individuals who have sustained ABI, stroke, SCI and those diagnosed with MS so they recover, adapt and live fully in their communities.

Please visit us at shepherd.org for more information and watch our progress.

Warm Regards,

Alana

Board of Directors, Chairman
Shepherd Center

Board of Directors

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Chairman, Shepherd Center Founding Member

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Shaler Alias (2020)

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Shepherd Center Founding Member

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Susan Hawkins (2019)
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Donald P. Leslie, M.D. (1992)

Douglas Lindauer (2010)

Talbot Nunnally (1997)

Sally D. Nunnally (1991)

Vincenzo Piscopo (2020)

John Rooker (2014)

James H. Shepherd III (2014)

W. Clyde Shepherd III (2005)

K. Boynton Smith (2017)

James E. Stephenson (2008)

Jarrad Turner (2020)

EMERITI MEMBERS:

C. Duncan Beard (1979)

Bernie Marcus (1987)

SENIOR EXECUTIVE TEAM AT SHEPHERD CENTER:

Brian Barnette
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Sarah Batts
Senior Vice President, Office of Advancement
Executive Director, Shepherd Center Foundation

Deborah Backus
Vice President, Research and Innovation
Director, Crawford Research Institute

Wilma Bunch
Vice President, Patient Experience

Katherine Creek
Vice President, Human Resources

John R. Hamilton III
Chief Compliance Officer and General Counsel

Steve Holleman
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Sarah Morrison
President and Chief Executive Officer

Joe Nowicki
Vice President, Facilities Services

Jamie Shepherd
Chief Operating Officer

Michael Yochelson
Chief Medical Officer



B. About Shepherd Center

Founded in 1975, Shepherd Center is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury, brain injury, stroke, multiple sclerosis, spine and chronic pain, and other neuromuscular conditions. Shepherd Center's mission is to help people with temporary or permanent disability caused by injury or disease rebuild their lives with hope, independence and dignity, advocating for their full inclusion in all aspects of community life while promoting safety and injury prevention.

Patients at Shepherd Center receive more than medical care at our 152-bed rehabilitation hospital, which includes a 10-bed intensive care unit. Through inpatient and outpatient/day programs, our team of expert clinicians provides individualized patient recovery plans and compassionate care that brings healing and hope. Shepherd understands that patients are going through more than just recovery from an injury, stroke or other neuromuscular condition. They are learning a new way of life.

- › **In FY 2021 (Fiscal Year April 1 – March 31)**, Shepherd Center admitted 743 patients to its inpatient programs.
- › **In FY 2021**, Shepherd Center admitted 277 patients to its day programs.
- › **In FY 2021**, more than 7,161 people were seen on an outpatient basis in more than 46,000 visits.

Shepherd serves as an ambassador to help patients navigate their journey over a lifetime. Regarding functional improvements, Shepherd's patients are more independent and continue to have better outcomes than the national average, including meeting or exceeding discharge to community metrics and risk-adjusted expected value at discharge for traumatic spinal cord and brain injuries. Additionally, Shepherd's hospital readmission rate is only 4.6% compared to the national average of 22%.

FY 2021 Discharge to Community Outcomes (SCI, ABI)

Shepherd's above-average FY 2021 patient outcomes were achieved while caring for the most medically complex cases and at rates exceeding national averages, as measured by traumatic injury volume, patient complexity (Case-Mix Index, or CMI) and Severity of Illness (SOI).

In FY 2021, 66.4% of Shepherd rehabilitation patients had traumatic injuries compared to 10.5% nationally; Shepherd's rehabilitation patient CMI was 2.06 v. 1.43 nationally; and 75% of Shepherd's overall patient population had an SOI of 3 or 4 (major or extreme level).

Outcomes FY 2021

Percent of patients meeting or exceeding risk adjusted expected value at discharge

Traumatic Brain Injury

SELF-CARE



MOBILITY



Discharge to Community Traumatic Brain Injury



88.8%



68.1%

■ Shepherd Center ■ Nation of UDSMR

Percent of patients meeting or exceeding risk adjusted expected value at discharge

Traumatic Spinal Cord Injury

SELF-CARE



MOBILITY



Discharge to Community Traumatic Spinal Cord Injury



90.3%

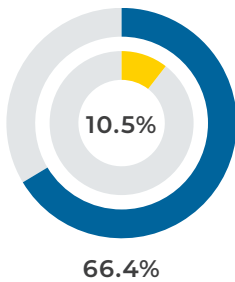


72.9%

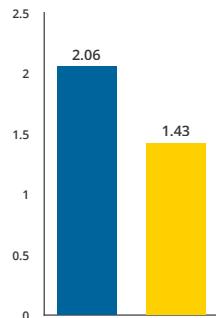
Data Source: Uniform Data Systems for Medical Rehabilitation (UDSMR)

FY 2021 Overall Patient Complexity

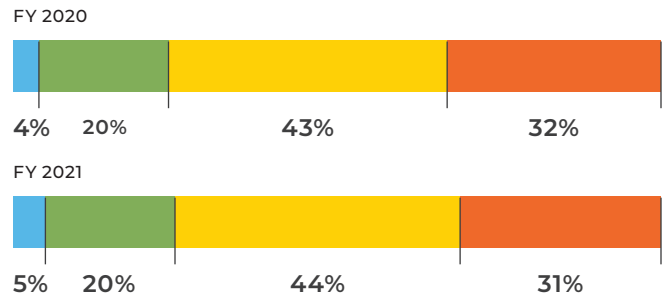
PROPORTION OF OVERALL VOLUME THAT IS TRAUMATIC



CASE MIX INDEX

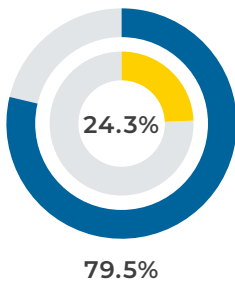


SEVERITY OF ILLNESS

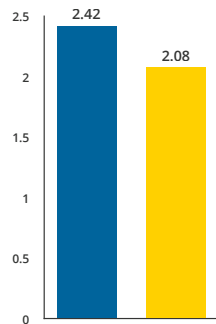


FY 2021 SCI Complexity

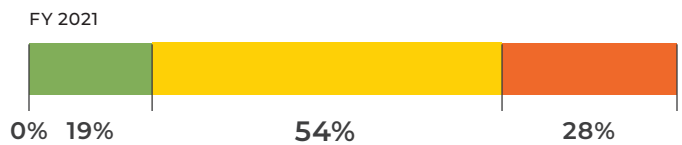
PROPORTION OF SCI VOLUME THAT IS TRAUMATIC



CASE MIX INDEX

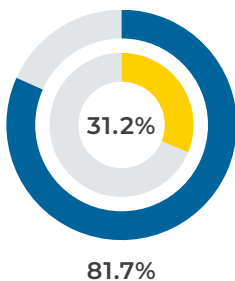


SEVERITY OF ILLNESS

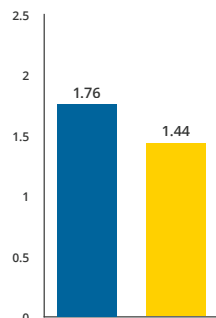


FY 2021 ABI Complexity

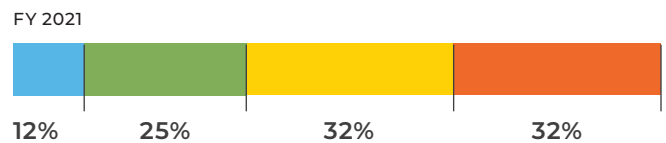
PROPORTION OF ABI VOLUME THAT IS TRAUMATIC



CASE MIX INDEX



SEVERITY OF ILLNESS



Data Source: Epic, Uniform Data Systems for Medical Rehabilitation (UDSMR), and 3M APR-DRG

A Comprehensive Rehabilitation and Research Center

Shepherd Center offers a complete continuum of care, from evaluation and medical treatment to rehabilitation and lifelong support programs. The patients Shepherd serves have access to programs that many other facilities don't have, including recreation therapy, community outings, pastoral care, extensive family training, assistive technology, back-to-school programs, peer support, vocational counseling and return-to-work programs, and enhanced, post-discharge case management for all patients to help ease the transition back into the community.

As a world-renowned provider of comprehensive specialized rehabilitation for people with SCI, ABI, stroke and MS, Shepherd Center has consistently been ranked by *U.S. News & World Report* among the top 10 rehabilitation hospitals in the nation. Additional accolades and highlights include:

- › Shepherd is designated as a **Spinal Cord Injury Model System of Care** by the National Institute on Disability, Independent Living, and Rehabilitation Research and is accredited by **The Joint Commission** and the **Commission on Accreditation of Rehabilitation Facilities (CARF)**.
- › Shepherd is the only freestanding rehabilitation hospital focusing on brain and spinal cord injuries in the nation with an intensive care unit and acute medical components on site, allowing us to begin the rehabilitation process sooner than other rehabilitation hospitals and save costs by eliminating transfers to other hospitals for this level of care.
- › Shepherd is a world-renowned neuromuscular and neurological research center.
- › Shepherd provides up to 30 days of donor-funded housing to families of newly injured rehabilitation patients if both the family and patient live more than 60 miles from the hospital. Housing is also available for patients and families in Shepherd Center's Day Programs if both the family and patient live more than 60 miles from the hospital.
- › Shepherd has above-average patient satisfaction scores.
 - Overall Rating of Care: Based on responses from the inpatient setting for Overall Rating of Care, Shepherd Center ranked at the 92nd percentile among the nation.
 - Likelihood of Recommending Facility: Based on responses from the inpatient setting for Likelihood to Recommend the Facility, Shepherd Center ranked at the 96th percentile in the nation.



Brain Injury Rehabilitation Program

Shepherd Center's Brain Injury Rehabilitation Program provides a full continuum of services to treat patients who have experienced a traumatic brain injury (TBI) or non-traumatic brain injury. Its programs treat specific conditions, such as disorders of consciousness, complex concussion, stroke, and specific age groups, such as adolescents. Shepherd Center's 10-bed ICU allows our specialists to begin treatment early for patients with complex brain injuries and address secondary complications resulting from the injury.

Shepherd Center's inpatient ABI rehabilitation program considers each patient's physical and cognitive changes to create a unique care plan designed to reach the patient's recovery goals. As part of the individualized approach to care at Shepherd's brain injury treatment center, the inpatient program involves both the patient and their family and offers total support along the way.

Shepherd Center's brain injury program offers 55 secured-care beds to treat patients with a variety of brain injuries. This includes traumatic brain injury, stroke and other neurological diagnoses, such as tumors, encephalitis and anoxia.

Shepherd's brain injury and SCI rehabilitation programs include large therapy gyms with state-of-the-art rehabilitation equipment, a transitional living apartment with a full kitchen, accessible bathrooms and private treatment rooms.

Shepherd's brain injury rehabilitation program also offers specialized services for adolescents recovering from brain injury. Patients who enter the post-acute phase of recovery may transition to Shepherd's Brain Injury Day Program or Residential Program at Shepherd Pathways.

Shepherd's Brain Injury Day Program at Shepherd Pathways provides a continuation of recovery and traumatic brain injury treatment for patients with brain injury who no longer require 24-hour nursing care. The full-day program continues the rehabilitation track from an inpatient program, or from the community, and provides ongoing assessment and therapeutic intervention.



Located in Decatur, Georgia, Shepherd Pathways' Residential Program offers an accessible 11-bed facility with 24-hour supervision by our nursing and patient care staff. The home is convenient to nearby shopping, recreational amenities and medical services.

Each patient's care is facilitated by a physiatrist and supported by a team of nurses, therapists and rehabilitation assistants, while brain injury specialists work with transitional residents to implement behavior and personal management plans. Patients receive additional assistance with activities of daily living (ADLs), medications and behavior management.

Residents of Shepherd Pathways are encouraged to do as much for themselves as possible, including showering, getting dressed and cleaning their rooms. The goal is to help residents be as independent as possible as they prepare for the transition back into their homes and communities. The Brain Injury Residential Program is licensed through the state of Georgia and is accredited by CARF.

Spinal Cord Injury Rehabilitation Program

As a national leader in spinal cord injury care and research, Shepherd Center examines ways to improve the quality of life for people who have experienced a spinal cord injury. Its comprehensive spinal cord injury program is tailored to meet individual needs to optimize recovery and improve independence in patients.

Inpatient spinal cord injury rehabilitation provides strategies for active, daily mobility, as well as strengthening and range-of-motion exercises. Depending on their health condition and needs, patients in Shepherd’s SCI rehabilitation program work on different goals and progress at a pace that’s right for them. A typical inpatient SCI rehabilitation stay can last from six to eight weeks.

Many patients with complex injuries need to continue their recovery and rehabilitation but no longer require the around-the-clock care of an inpatient hospital setting. That is why Shepherd Center created the **Spinal Cord Injury Day Rehabilitation Program**. It provides

comprehensive outpatient rehabilitation services to people with spinal cord injury and other neuromuscular conditions to increase the level of independent functioning while living in our residence center next door or at home, and at work/school and in the community.

Day Program services are focused on the functional return of skills necessary for community reintegration. Services may include physical or occupational therapy, nursing, respiratory therapy, counseling sessions, recreation therapy, vocation, peer support, chaplains and educational training sessions. Depending on the patient’s goals, they may need these services for a few days or a few weeks.

The Day Program also helps minimize the chance of further medical complications that are secondary to the neurological injury or illness. Shepherd offers return-to-work counseling, a back-to-school program, and many other outpatients services that provide individualized, integrative care that include family members, when appropriate.

Incidence: The 2020 population size in the United States was estimated to be about 329 million people. The most recent estimate of the annual incidence of spinal cord injury (SCI) is approximately 54 cases per one million people in the United States, which equals about 17,810 new SCI cases each year. New SCI cases do not include those who die at the location of the incident that caused the SCI.¹

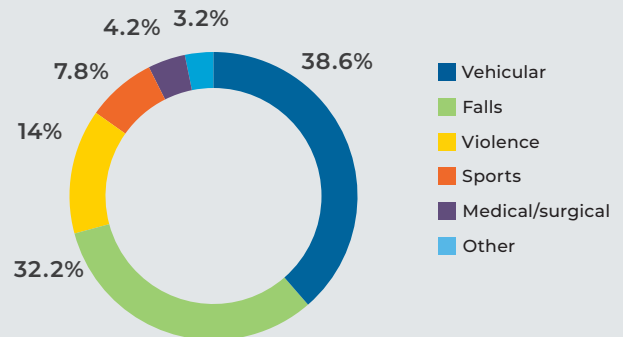
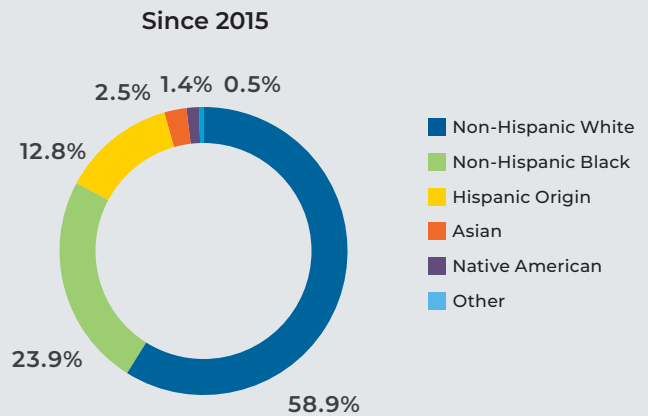
Prevalence: The estimated number of people with SCI living in the United States is approximately 294,000 persons, with a range from 250,000 to 368,000 persons.²

Age at Injury: The average age at injury has increased from 29 years during the 1970s to 43 since 2015.

Sex: About 78% of new SCI cases are male.

Race/Ethnicity: Recently, about 24% of injuries have occurred among non-Hispanic blacks, which is higher than the proportion of non-Hispanic Blacks in the general population (13%).

Cause: Vehicle crashes are the most recent leading cause of injury, closely followed by falls. Acts of violence (primarily gunshot wounds) and sports/recreation activities are also relatively common causes. A customizable Leading Causes of SCI tool is at uab.edu/NSCISC.



Data Source: 1. Jain NB, Ayers GD, Peterson EN, et al. Traumatic spinal cord injury in the United States, 1993-2012. JAMA; 2015; 319 (22): 2236-2243. 2. Lastfargues JE, Curtis D, Morrone F, Carswell J, Nguyen T. A model estimating spinal cord injury prevalence in the United States. Paraplegia. 1995; 33 (2): 62-68.

Multiple Sclerosis

The **Andrew C. Carlos Multiple Sclerosis Institute** at Shepherd Center provides treatment to people with MS, suspected MS or related disorders. The MS Institute uses a wide range of neurological and rehabilitative services to treat thousands of people with MS.

Multiple sclerosis care options focus on medications, physical rehabilitation (including strength and energy conservation) and experimental therapies. The MS Institute at Shepherd Center offers comprehensive evaluations, diagnostics, rehabilitation services and treatment options through FDA-approved drugs and clinical trials.

The MS Institute also offers additional MS support services, including a neuropsychology consultant, counseling, educational programs, vocational services, nutritional counseling, recreation therapy and wellness programs. We believe in providing comprehensive, patient-centered support for people with MS.

The **Eula C. and Andrew C. Carlos Multiple Sclerosis Rehabilitation and Wellness Program** at Shepherd Center uses rehabilitative treatment to improve wellness for patients diagnosed with MS and related conditions. The rehabilitation and wellness program provides the tools MS patients need to take control of their condition. The MS Wellness Program's offerings include training outings, educational sessions and exercise classes.

WHAT IS MS?
Multiple sclerosis (MS) is an unpredictable disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body.

MS IS MORE PROMINENT IN FEMALES

<p>74% Female</p>	<p>26% Male</p>
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Nearly **1 MILLION** people in the U.S. have MS

RESEARCH SHOWS:
MS occurs in most ethnic groups, including **African Americans, Asians and Hispanics/Latinos**, but is most common amongst **Caucasians of northern European ancestry**.

Susceptibility rates vary among these groups, with recent findings suggesting that **African American women** have a higher than previously reported risk of developing MS.

Most people are diagnosed with MS between the ages of **20 & 50**

1991 — The **Multiple Sclerosis Institute at Shepherd Center** opened to provide treatment to people with multiple sclerosis (MS), suspected MS or related disorders. It was later renamed the **Andrew C. Carlos Multiple Sclerosis Institute at Shepherd Center**.

Each year, Shepherd Center sees nearly **3,000 PATIENTS** for multiple sclerosis.

Shepherd Center
2020 Peachtree Road, NW
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404-352-2020 shepherd.org

Facts courtesy of the National Multiple Sclerosis Society and Shepherd Center.

Research



Always Prepared to Discover and Innovate

Research studies are conducted in collaboration with leading experts at other hospitals, research centers, medical schools, universities and industry partners around the world. Shepherd Center's research activities focus primarily on spinal cord injury, brain injury, stroke, multiple sclerosis and neuromuscular disorders.

Deborah Backus, PT, Ph.D., FACRM,
Vice President of
Research and Innovation
at Shepherd Center

Shepherd Center aims to develop, refine and evaluate new treatments, drugs, surgical techniques, diagnostic tools and therapeutic interventions. Shepherd Center also works to improve the effectiveness and cost-effectiveness of clinical services, as well as document the long-term effectiveness and benefits of rehabilitation to improve patient outcomes.

The overall goals of Shepherd Center's research program are to:

- Determine needs
- Develop processes
- Establish a culture of innovation
- Determine our destination and metrics
- Build relationships with innovators and partners



Spinal Cord Injury Research



Investigators at Shepherd Center conduct translational and clinical research to improve the lives of people with spinal cord injury by advancing knowledge that informs clinical practice. Shepherd's studies are focused on neurorehabilitation and neuromodulation approaches informed by the latest neuroscience research and guided by outcomes that have meaning for persons with spinal cord injury. Shepherd's team includes neuroscientists, exercise physiologists, engineers, research physical and occupational therapists, as well as pre-and post-doctoral research trainees.

Edelle Field-Fote, PT, Ph.D., FAPTA, FASIA, Director of Spinal Cord Injury Research and the Hulse Spinal Cord Injury Lab at Shepherd Center

Through their work in the Hulse Spinal Cord Injury Lab, researchers in the Spinal Cord Injury Research Program at Shepherd Center aim to translate discoveries made in basic and applied science research and promote functional restoration in people with spinal cord injury.

Examples of Shepherd SCI Research Studies include:

Activating Spinal Circuits to Improve Walking, Balance, Strength and Reduce Spasticity

For many people with SCI, the goal of walking is a high priority. Restoration of walking function requires intensive rehabilitation over a long period. When training is discontinued, the individual may not have access to opportunities to practice walking that are needed to maintain the gains experienced during therapy. This project examines a novel training circuit, which can be performed in a community wellness center or possibly in the home, that engages the brain and spinal cord in a way that resembles locomotor training.

In addition, new evidence suggests that non-invasive spinal stimulation has the potential, not to repair the damaged spinal cord, but to amplify activation of the brain and spinal cord. Combining training with spinal stimulation may be a valuable approach to amplify the impact of training for optimal restoration of walking function, as well as having a positive influence on other function. This study will investigate the value of a novel training circuit — with and without the addition of spinal stimulation — for improving walking function, balance, and strength and reducing spasticity in participants with SCI. (Funded by the National Institute on Disability, Independent Living, and Rehabilitation Research via the Spinal Cord Injury Model Systems Program).

Random Noise to Enhance Cortical Drive and Improve Hand Function

In persons with SCI affecting the neck region, impaired hand and arm function severely limits function, independence, and quality of life. While the impairment is primarily due to disruption of the brain-spinal cord connections, the loss of sensory input to the brain also results in lower levels of brain excitability. In turn, because of this lowered excitability, the brain is less effective at driving commands down through the remaining spinal cord pathways. Non-invasive brain stimulation can increase brain excitability, thereby enhancing transmission through the remaining spinal pathways to improve motor function.

Transcranial direct current stimulation (tDCS) and transcranial random noise stimulation (tRNS) are two forms of non-invasive brain stimulation, which have the potential to be combined with training to achieve the goal of improving hand function. Because even small improvements in hand function can have a large impact on independence and quality of life, this study will compare the two different approaches to brain stimulation to determine which has greater value for amplifying the effects of hand training and improving function. (Funded by the Craig H. Neilsen Foundation)

Brain Injury Research



George "Brick" Johnstone, Ph.D., ABPP, O. Wayne Rollins Director of Brain Injury Research

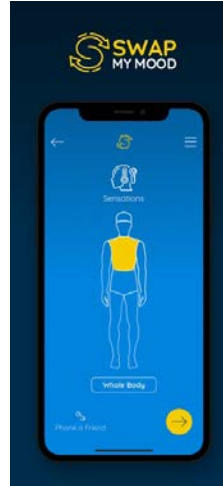
The Shepherd ABI research team has been working the past year to develop a systematic approach to validate the effectiveness of rehabilitation interventions for all ABI clinical programs, particularly related to their long-term effectiveness. For example, all ABI research programs now focus on demonstrating the long-term, post-discharge financial and employment outcomes of Shepherd Center patients with ABI. This supports our efforts

to demonstrate that our patients not only experience improvement in the severity of their symptoms, but they are able to return to their communities, find appropriate and meaningful activities (such as employment), and achieve higher levels of earned income with reduced government expenditures. Our goal is for other rehabilitation institutes and government programs to follow our innovative research programs when we demonstrate our successes.

Our team is similarly interested in documenting the effectiveness of several of Shepherd Center's innovative services, such as recreation therapy, chaplaincy services and vocational rehabilitation (through the Transitional Support Program). Most rehabilitation programs do not offer these valuable services because they are not reimbursed by insurance programs; however, Shepherd Center has made a concerted effort to provide these valuable services for years. We are currently working with these clinical programs to demonstrate that not only do they improve physical, psychological and spiritual health, but they are also effective in improving community integration and financial outcomes (i.e., better-earned income, less long-term financial support). We hope and expect that through our collaborative research, we can encourage insurance companies and government programs to reimburse such programs, allowing other rehabilitation programs to follow our lead and provide these essential services.

Shepherd ABI Research Study Example:

SwapMyMood Mobile App



SwapMyMood is a mobile app version (on iOS and Android) of the successful Executive Plus/STEP program used extensively in Shepherd Center's SHARE Military Initiative, which is in the Acquired Brain Injury (ABI) Program. The Executive Plus/STEP program incorporates metacognitive strategy training to support executive functioning, namely problem solving (SWAPS strategy) and emotion regulation (Emotion Cycle strategy), for individuals who have sustained a brain injury. The program has been shown to be efficacious in improving self-re-

ported post-TBI executive function and problem-solving, helping individuals identify and implement solutions to problems encountered in daily life and regulate their emotional responses to these problems.

SwapMyMood addresses barriers to traditional metacognitive strategy instruction by offering personalized solutions that have shown to be effective for real-time situational coping with individualized challenges. It supports the users in recalling and implementing multi-step, executive functioning strategies. The app also provides feedback about actions that have previously been successful in helping the user with problem-solving and emotion regulation.

SwapMyMood was developed following principles of user-centered design, engaging stakeholders at each stage of development. Subject matter experts and target users provided feedback throughout the process. A proof of concept was created for iOS and then updated with input from 12 subject matter experts and 16 target users via interviews, sit-by demonstrations, and take-home testing.

Development and testing of SwapMyMood was funded by the Rehabilitation Engineering Research Center for Community Living Health and Function (**LiveWellRERC.org**) a 5-year grant awarded to Shepherd Center (grant #90RE5028) by the National Institute on Disability Independent Living and Rehabilitation Research (NIDILRR), U.S. Department of Health and Human Services.

Download SwapMyMood



Multiple Sclerosis Research

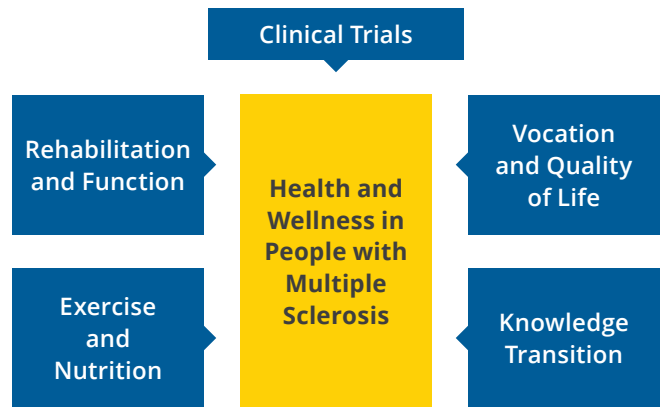
Shepherd's MS research activities also include clinical trials related to cutting-edge therapies, such as investigational medications, new cell therapies and new devices to patients in the MS Institute at Shepherd Center. Shepherd supports basic and applied MS trials and research efforts that are scientifically sound, safeguard the welfare of research participants and have the potential to advance the field of rehabilitation medicine.

MS researchers conduct studies to better understand the effects of rehabilitation (both physical and cognitive) and exercise interventions for individuals with MS, with a specific focus on those with mobility challenges or barriers to access to rehabilitation interventions.

Shepherd's research also addresses how interventions affect vocation and quality of life for these individuals. Shepherd disseminates research findings (knowledge

translation) to people with MS, as well as MS healthcare providers, caregivers and payers. By sharing its research and findings, Shepherd helps optimize function and quality of life for all people living with MS.

Research Intervention Model



Shepherd MS Research Study Example:

The STEP for Multiple Sclerosis Trial

MS is a chronic, progressive disease of the central nervous system (brain and spinal cord) that disrupts the flow of information within the brain and between the brain and body. People with MS can experience a multitude of unpredictable motor and cognitive symptoms, including impaired walking. Evidence shows us that exercise may help decrease the symptoms and improve the mobility, health and quality of life of people with MS. Unfortunately, these same people often are challenged by barriers to exercise, such as inaccessible exercise facilities or the lack of knowledgeable clinicians and exercise providers with knowledge to help them achieve safe and effective exercise.

The **Supervised versus Telerehab Exercise Program for people with MS (STEP for MS)** trial was designed to better understand what exercise options are the safest and most

effective for people with MS. The STEP for MS trial is a four-year study funded by the Patient-Centered Outcomes Research Institute (PCORI). The trial will compare the outcomes of a 16-week exercise program conducted at home ("telerehab") to a program conducted in a facility ("supervised"). The exercise protocol in both programs is the same; the only difference is where people will exercise.

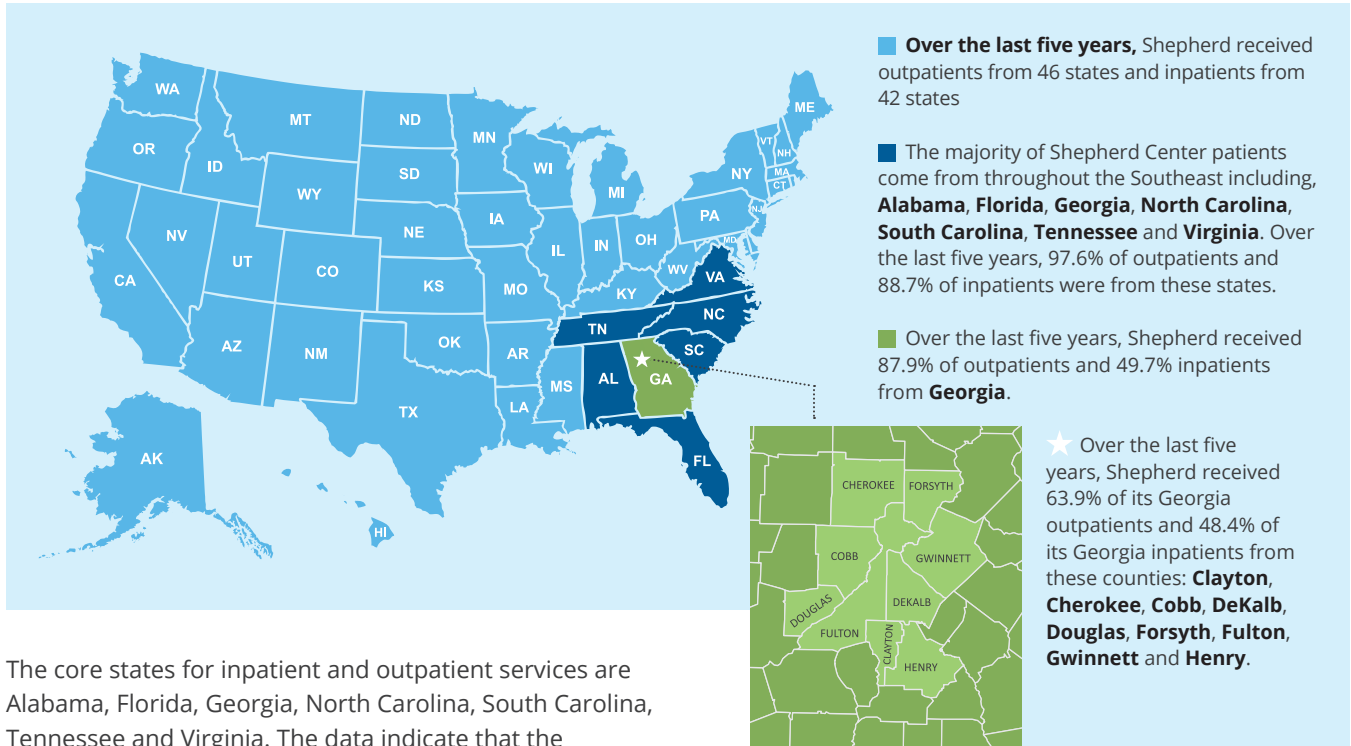
Researchers from several sites as well as an advisory board comprised of community MS providers and people with MS — led by Deborah Backus, PT, Ph.D., vice president, research and innovation at Shepherd, and Robert Motl, Ph.D., a professor at the University of Alabama at Birmingham — will use findings from the trial to develop tools and information for people with MS, caregivers, community providers, insurers and policymakers about different modes of exercise interventions to help them make educated choices.

III. COMMUNITY SERVED BY SHEPHERD CENTER

A. Geographic Description of Community Served

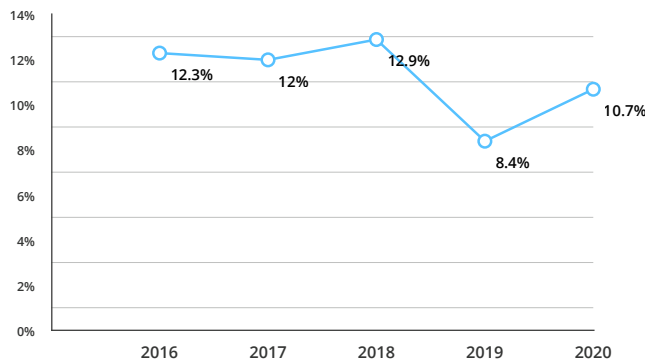
Even though the majority of Shepherd Center patients come from throughout the Southeast, the hospital's reputation for excellence, continuum of care and above-average patient outcomes with the most complex cases is

exemplified by having served outpatients from 46 states and inpatients from 42 states over the past five years. During this time, 88% of outpatients and 50% of inpatients were from Georgia.

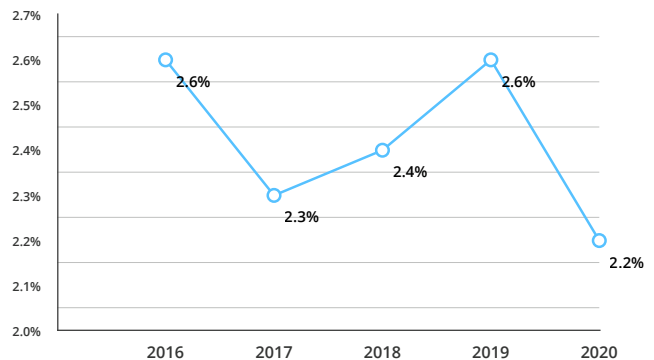


The core states for inpatient and outpatient services are Alabama, Florida, Georgia, North Carolina, South Carolina, Tennessee and Virginia. The data indicate that the percentage of patients outside of core states remains relatively the same over the five-year period.

Percentage of Unique INPATIENTS Who Reside Outside of Core States



Percentage of Unique OUTPATIENTS Who Reside Outside of Core States



Over the last five years, 63.9% of Shepherd Georgia outpatients and 48.4% of Georgia inpatients came from these counties: Clayton, Cherokee, Cobb, DeKalb, Douglas, Forsyth, Fulton, Gwinnett and Henry.

Inpatient Services: Number of Unique Patients						
County	2016	2017	2018	2019	2020	Total
Fulton	54	64	78	78	50	324
DeKalb	44	49	41	24	24	182
Cobb	35	33	38	36	28	170
Gwinnett	37	29	26	33	24	149
Cherokee	14	16	13	19	15	77
Henry	12	12	8	14	8	54
Clayton	9	14	8	6	8	45
Bibb	8	11	13	7	5	44
Hall	3	10	14	5	6	38
Walton	10	7	5	11	4	37
Houston	6	10	9	5	5	35
Carroll	6	7	8	8	5	34
Fayette	12	4	7	7	4	34
Paulding	7	7	3	7	9	33
Newton	7	3	10	8	5	33
Douglas	10	0	0	10	7	31

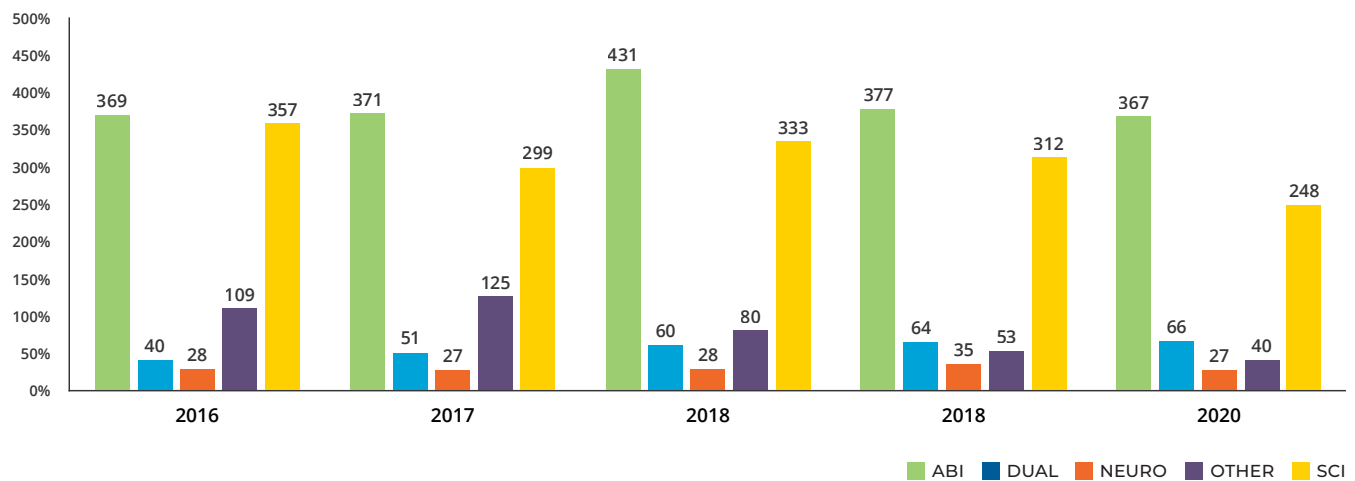
Outpatient Services: Number of Unique Patients						
County	2016	2017	2018	2019	2020	Total
Fulton	1,316	1,389	1,420	1,548	1,323	3,489
DeKalb	826	807	804	899	747	1,897
Cobb	713	718	747	806	724	1,614
Gwinnett	571	614	587	636	594	1,309
Cherokee	231	233	255	270	238	518
Henry	211	223	217	241	215	483
Clayton	164	164	182	205	174	427
Douglas	127	126	124	145	121	290
Forsyth	129	126	136	150	132	287

B. Demographic Profile of Community Served

Over the past five years, the percentage of inpatients with the primary impairment of ABI has been trending up; those with the primary impairment of SCI trending down; and those with dual primary impairment has been increasing. This trend is expected, given the prevalence of SCI vs. ABI.



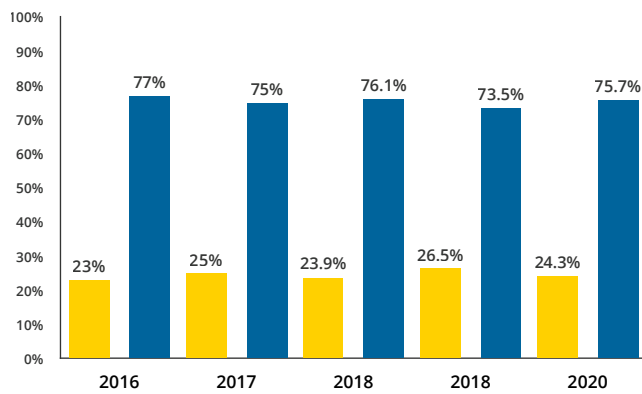
Number of Total Unique Patients and Primary Impairment



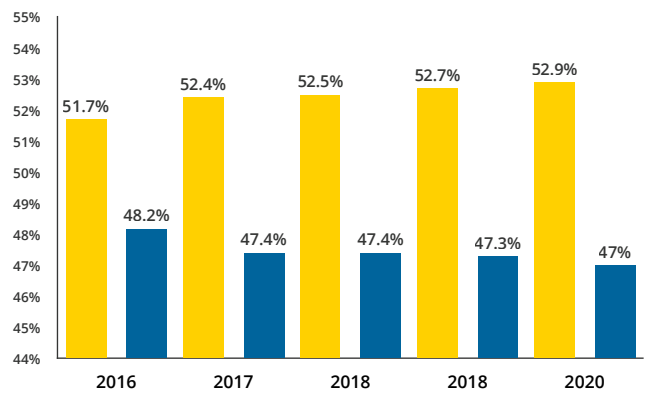
Gender and Military/Veteran Status: From a gender perspective, a higher percentage of inpatients are male, and a consistently higher percentage of females receive outpatient services. This has remained stable over the past five years. Regarding military and veteran patients served, the share of military/veteran inpatients (5.5%) almost doubled in 2020 (41) compared to 2019 (24) and is the highest percentage in the last five years. The percentage of military/veteran outpatients has remained relatively stable over the past five years.



Gender of Total Unique INPATIENTS Per Year

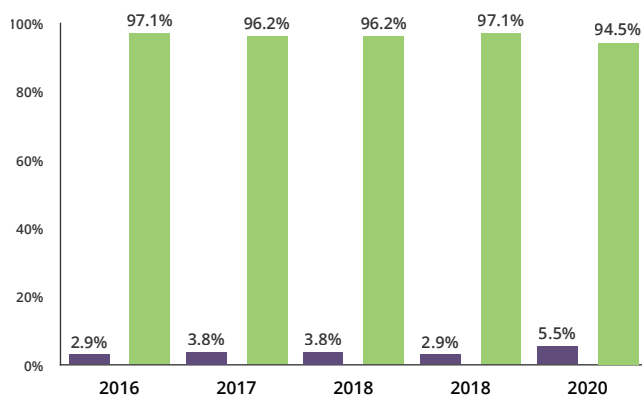


Gender of Total Unique OUTPATIENTS Per Year

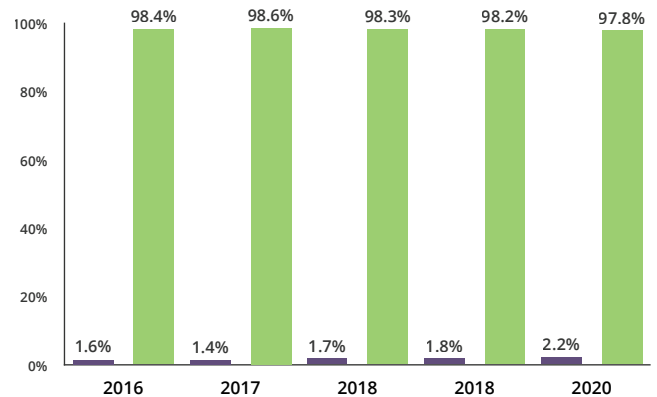


Female Male

Military/Veteran Status of Total Unique INPATIENTS



Military/Veteran Status of Total Unique OUTPATIENTS



Military/Veteran Non-Military/Veteran

Race/Ethnicity: Over the past five years, the racial and ethnic make up has remained relatively consistent for inpatients and very consistent for outpatients, with the exception of patients identifying themselves as Hispanic.

The percentage of inpatients identifying as Black/African American has fluctuated within a 3.5% range over the past five years. In 2020, more inpatients identified as Black/African American than in 2016 and 2018, but it was 2.2 points lower than in 2019. Concurrently, the

percentage of White/Caucasian inpatients was 4.7 points higher in 2020 than 2019. The percentage of inpatients and outpatients identifying as Hispanic has been trending down, with no patients who self-identified as Hispanic in 2020, even though there were Hispanic patients in 2020. Therefore, by conducting the Community Health Needs Assessment, we realized that Hispanic patients had not been self-identifying, so we've refined our processes to improve self-identification accuracy.

Race/Ethnicity Percentages of Total Unique Inpatients Per Year					
	2016	2017	2018	2019	2020
American Indian or Alaska Native	0.3%	0.3%	0.3%	0.8%	0.3%
Asian	1.8%	1.4%	1.4%	1.9%	1.2%
Black or African American	22.9%	26.2%	23.1%	26.5%	24.3%
Hispanic	4.5%	3.7%	4.2%	1.3%*	0.0%*
Other	0.8%	0.6%	1.0%	0.0%	0.0%
Pacific Islander	0.0%	0.0%	0.2%	0.1%	0.9%
Patient Refused/Unknown	0.3%	0.1%	0.5%	2.3%	1.5%
White or Caucasian	69.3%	67.7%	69.3%	67.1%	71.9%

Race/Ethnicity Percentages of Total Unique Outpatients Per Year					
	2016	2017	2018	2019	2020
American Indian or Alaska Native	0.1%	0.3%	0.3%	0.8%	0.3%
Asian	0.8%	0.7%	0.8%	1.3%	1.0%
Asian Indian	0.0%	0.0%	0.0%	0.0%	0.0%
Black or African American	30.3%	30.6%	30.1%	30.3%	29.8%
Hispanic	2.8%	2.7%	2.7%	1.4%	0.0%
Native Hawaiian	0.0%	0.0%	0.0%	0.5%	0.5%
Pacific Islander	1.2%	1.3%	1.3%	0.6%	0.0%
Other	0.0%	0.0%	0.0%	0.1%	0.2%
Patient Refused	0.0%	0.0%	0.0%	3.4%	3.6%
Unknown	0.6%	0.8%	1.0%	0.6%	0.1%
White or Caucasian	64.4%	63.9%	64.0%	64.5%	64.1%

*In early 2019, Shepherd transitioned to a new medical record system that was not accurately capturing the Hispanic race/ethnicity.



IV. 2021 CHNA METHODOLOGY AND PROCESS

A. Steering Committee Methodology

To conduct and produce a high-quality 2021 CHNA, a small group of engaged partners and an external consultant (Di Vito Consulting) guided the process as outlined in the 2010 Affordable Care Act. The CHNA Steering Committee consisted of 14 members of the clinical and operations teams at Shepherd Center.

The Steering Committee oversaw a process that included:

- › demographic assessment identifying the national, regional and local community served
- › four focus groups and key community member informant interviews
- › community health needs assessment survey of perceived healthcare issues among Shepherd patients
- › quantitative analysis of actual health care issues and national benchmarking data and reports
- › appraisal of current efforts to address the healthcare issues
- › development of proposed strategies to deploy over the next three years to address issues collectively, ultimately working towards growing a healthier community

B. External Agency and Constituency Interviews and Focus Groups

Four separate focus groups, including 20 Shepherd Center staff members, patients, family members and caregivers, were conducted with the Shepherd Consumer Advisory Group, Patient Family Support Group, Shepherd case managers and a multiple sclerosis group.

Additionally, 22 key informant interviews were conducted with community partner subject matter experts. These interviews provided qualitative information for primary data analysis. Organizations that participated in the structured interviews were:

- › Piedmont Atlanta Hospital
- › Grady Memorial Hospital
- › Brain Injury Association of America
- › United Spinal Association
- › Georgia's Vocational Rehabilitation Agency
- › Georgia's Aging and Disability Resource Connection

To compare and contrast the community health assessment process and priorities, Shepherd Center reviewed the community health needs from other national, state and local departments. These organizations included:

- › Healthy People 2030
- › Centers for Disease Control and Prevention
- › Georgia Department of Public Health
- › Brain and Spinal Cord Injury Trust Fund Commission (2020 Annual Report)

Shepherd Center also reviewed the CHNA by other national specialty hospitals as part of its secondary data analysis. These hospitals included:

- › Bryn Mawr Rehabilitation Hospital, Philadelphia
- › Craig Hospital, Denver
- › Marianjoy Rehabilitation Hospital at Northwestern Medical, Wheaton
- › Rusk Rehabilitation Center at NYU Langone Medical Center, New York
- › Shirley Ryan Ability Lab, Chicago
- › Spaulding Rehabilitation Hospital, Boston

C. Detailed Process, Data Analytics and Key Findings

Primary Data

Primary data used to inform the CHNA came from the four focus groups consisting of 20 individuals. The focus groups were conducted virtually for one hour each and focused on questions related to the participants' perceptions of the community health needs of patients that Shepherd Center serves. Focus group participants including Shepherd Center staff, patients, family members and caregivers.

Additionally, data and input were obtained through 22 key informant interviews, which included participants within Shepherd Center and external constituencies. The interviews were conducted virtually for 45 minutes to one hour each. The list of participants and the interview questions are included in the Appendix.

Finally, in partnership with the vice president of research and innovation and the team, the Steering Committee developed a 26-question patient survey, which was emailed to 3,018 inpatients and outpatients covering the prior three years (2018-2020). Respondents could

complete the survey online or complete it by phone by contacting Shepherd Center. Respondents completed 221 surveys for a 27% response rate. The survey questions, respondent information and quantitative survey results are included in the Appendix.



Key Patient Survey Findings

Patient Health and Quality of Life

Key Shepherd Center Positive Observations and Challenges (obtained from Focus Groups and Interviews)

Observations — Comprehensive care, culture, “extras matter,” and building capacity for patients and their families

Challenges — Access to care, identification and training of specialists, education and training of the community at large, insurance coverage

Secondary Data

Secondary data included the information gathered from state and local departments and the CHNAs of other national specialty hospitals. In addition, the key informant interviews resulted in other data points, which aided in the completion of the CHNA, including:

- › National Spinal Cord Injury Statistical Center (NSCISC), Spinal Cord Injury Model Systems, 2020 Annual Report – Complete Public Version
- › National Spinal Cord Injury Statistical Center (NSCISC), Recent Trends in Spinal Cord Injury, 2020
- › Shepherd Center, Pursuing Possible, The Campaign for Shepherd Center (2020)
- › Shepherd Center Strategic Plan 2020 – 2025
- › Shepherd Center Admits, FY 2020 – FY 2021
- › Shepherd Center Trends in Injury Source, FY 2018 – 2021 (December 2020)
- › Shepherd Center Community Benefit Report, April 2019 – March 2020
- › Shepherd Center Patient Demographics, 2016 – 2020
- › Shepherd Center Research and Innovation, 2020
- › Shepherd Center CY 2016, CY 2017, CY 2018 and CY 2020 Quality and Safety Performance Reports
- › Grady Health System Community Benefit Report, 2016-2019
- › U.S. Department of Health and Human Services Healthy People 2030 Initiative, <https://health.gov/healthypeople>
- › Centers for Disease Control and Prevention Disability and Health Promotion, www.cdc.gov/ncbddd/disabilityandhealth/impacts

Top 5 Responses Positively Impacting Health and Quality of Life

Access to Healthcare	66%
Ability to Live Independently	60%
Financial Stability	52%
Fitness and Physical Activity	37%
Chronic Disease Management	27%

Top 5 Responses Challenging Health and Quality of Life

Fitness and Physical Activity	52%
Ability to Live Independently	29%
Financial Stability	25%
Mental Health and Well-Being	25%
Healthy eating/Nutrition Education	23%

National Benchmarking Data

In addition to the primary and secondary data noted above and obtained through interviews, focus groups and a patient survey, national benchmarking data and studies were used to identify and prioritize the 2021 needs. The 2019 Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System Data shows that adults with disabilities in Georgia and the country continue to experience significant differences in health characteristics and behaviors compared to adults without disabilities.

Adults with disabilities are more likely to:

Have Diabetes

	U.S.	Georgia
Adults with disabilities	16.3%	18%
Adults without disabilities	7.2%	8%

Have Heart Disease

	U.S.	Georgia
Adults with disabilities	11.5%	12%
Adults without disabilities	3.8%	3%

Smoke

	U.S.	Georgia
Adults with disabilities	28.2%	27%
Adults without disabilities	13.4%	13%

Be Obese

	U.S.	Georgia
Adults with disabilities	38.2%	42%
Adults without disabilities	26.2%	29%

On August 18, 2020, the U.S. Department of Health and Human Services launched Healthy People 2030, which is the fifth iteration of the Healthy People initiative. Healthy People (HP2030) was developed through a multi-year process with input from members of the public; public and private organizations; the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030, an independent federal advisory committee with subject matter experts; a diverse group of federal and non-federal subject matter experts; and federal agencies HP2030 features a framework that includes its vision, mission, foundational principles and overarching goals.

According to HP2030 and a growing number of publications from governmental agencies, advocacy organizations, academic researchers, and others document disparities in health and healthcare for individuals with disabilities. Major findings of differences in health and health risks show that in comparison with individuals without disability, those with disability:

- › Have higher rates of common chronic conditions, such as diabetes, hypertension, and chronic pulmonary disease.
- › Experience difficulties or delays in getting healthcare when needed.
- › Limited access to cancer screening tests, such as mammography and Pap tests.
- › Limited access to services relating to contraception, sexuality and reproductive health.
- › Have not had an annual dental exam.
- › Do not engage in fitness activities.
- › Use tobacco.
- › Are overweight or obese.
- › Have high blood pressure.
- › Experience symptoms of psychological distress.
- › Receive less social-emotional support.
- › Have lower employment rates.

The overall goal of HP2030 relating to disability is to “maximize health, prevent chronic disease, improve social and environmental living conditions and promote full community participation, choice, health equity, and quality of life among individuals with disabilities of all ages.”

Several of their objectives relate to issues impacting Shepherd Center’s patients, including:

- › Increasing the proportion of adults with traumatic brain injury who are able to resume 50% or more of pre-injury activities five years after acute rehabilitation.
- › Increasing the proportion of students with disabilities who spend at least 80% of their time in regular education programs.
- › Reducing the proportion of adults with disabilities who experience delays in receiving primary and periodic preventive care due to cost.

The National Center for Health Statistics (NCHS) is responsible for monitoring the progress toward Healthy People targets using data from more than 80 different data sources. For HP2030, NCHS data systems are used to monitor progress toward targets for about half of the HP2030 core objectives.

V. 2021 CHNA PRIORITIZED NEEDS

A. Prioritized Needs

2021 Community Health Needs Identifiers / Source				
Community Health Needs	Patient Survey [^]	Key Informant Interviews	Focus Groups	National & Secondary Data
1. Fitness and physical activities	X	X	X	X
2. Expanded access to Shepherd Center-level services*	X	X	X	X
3. Community-based access to specialized healthcare providers*	X	X	X	
4. Financial stability and insurance coverage*	X	X	X	
5. Expanded access to mental health and emotional well-being services	X	X	X	
6. Expanded access to wellness and nutritional programs	X	X		X

*Needs align with Shepherd Center 2020 – 2025 Strategic Plan [^]See Appendix for additional quantitative data from patient surveys.



B. Strategies to Address Prioritized Community Health Needs for Individuals with SCI, ABI, Stroke and MS



1. Fitness and physical activities —

need for improved, community-based access to fitness, in general, and physical activities/programs designed specifically for individuals with SCI, ABI, stroke and MS

- › Through a partnership with BurnAlong (burnalong.com), an independent online wellness platform, Shepherd-developed and branded nutrition and exercise educational videos will be available on the platform. Shepherd patients, non-patients and their community-based supporters and caregivers will have access to these materials so they can be used at any local gym and fitness center, or at home.
- › Strive to increase remote classes through the BurnAlong partnership.
- › Continue Shepherd Center's 11 sports teams — ranging from fencing, rugby, basketball, tennis and water skiing to soccer — which allow our community to stay fit and active.
- › Continue partnership with Blaze Sports, encouraging health and wellness/sports teams for youths and veterans.
- › Increase access and knowledge of apps that promote individuals to achieve and maintain a healthy lifestyle by doing exercises shown and described in how-to videos.
- › Through telerehabilitation, continue increasing the number of health-related virtual classes.



2. Expanded access to Shepherd Center-level services —

need for expanded community access to Shepherd services and expertise (individuals with SCI, ABI, stroke and MS, and among healthcare professionals)

- › Educate healthcare professionals (“train the trainer” programs).
- › Provide Shepherd doctors volunteer hours within the community through organizations like the Georgia Rehabilitation Service Volunteer Partnership (GA RSVP Clinic).
- › Share research more broadly, i.e., be the “exporters of excellence.”
 - This will be achieved by publishing research results, sitting on various committees and boards and/or sharing information via social media. This YouTube video with Dr. Thrower of Shepherd Center is an example: bit.ly/3nKMjpl
- › Continue to expand telehealth and telerehabilitation reach for Shepherd patients as allowed by regulatory bodies.
 - At the time of this writing, the nation is operating under the federal government's declared COVID-19 public health emergency, allowing physicians and other professionals to provide telehealth, telerehabilitation and other web-based services without needing to be licensed in every state. Once the public health emergency is lifted, Shepherd may have more difficulty reaching patients in other states requiring individual licensures instead of belonging to a compact that allows reciprocity (i.e., PsyPact for Psychologists). Shepherd staff will need to be knowledgeable of which states allow reciprocity and the level of service that can be offered — e.g., telecounseling may be allowed, but telerehabilitation may not be allowed.
- › Increase outreach to Hispanic individuals by creating additional publications, marketing collateral and other written communications available in Spanish (some currently available at shepherd.org/espanol).





3. Community-based access to specialized health care providers —

need for improved and expanded access to community-based health care providers who are educated or trained to work with — and support — individuals with SCI, ABI, stroke and MS

- › Continue to grow engagement and partnership with Can Do MS, an experiential learning MS non-profit. Leveraging a Shepherd neurologist who is also Can Do MS board member, Shepherd provides this network with virtual and on-site education and healthcare provider resources. This engagement will be expanded in the next three years.
- › Expand the knowledge of community-based professionals on the unique needs of our patients through the neurorehabilitation learning institute.
 - Continue to become accredited by appropriate organizations, enabling Shepherd to provide continuing education credits to community healthcare professionals and care providers across multiple disciplines.
- › Increase the number of fellowships for ABI, SCI, MS, pain and psychology through the Institute of Higher Learning.
- › Use technology more effectively to provide educational sessions.
 - Fully implement the program funded by Andee’s Army, which is focused on developing adolescent and young adult peer mentoring and mental health assessment and intervention programs.



4. Financial stability and insurance coverage —

need to ensure that financial concerns and constraints are not a barrier to individuals with ABI, stroke, SCI and MS receiving specialized care as inpatients or outpatients, nor do they prevent a successful return to home, work/school and life in the community

- › Continue to advocate for the expansion of Medicaid in Georgia and other states, and help out-of-state patients who become eligible for Georgia Medicaid determine if there is Medicaid reciprocity they can benefit from upon moving back to their home state.
- › Continue to work with insurance carriers to expand covered services.
- › Continue to work with governmental agencies and nonprofits to increase financial stability. For example, Georgia has a brain and spinal cord injury trust fund that reduces the financial burden of Georgia patients. Identifying states that do not have a similar trust fund and advocating for the creation of one is a way to reduce barriers to specialized care.
- › Build new and expanded patient family housing — a key objective in the existing Shepherd 2020-2025 Strategic Plan.
- › Continue to assist patients in applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- › In addition to continuing Shepherd’s Patient Equipment Fund (for equipment) and Patient Assistance Fund (for supplies, medication, etc.) not covered by insurance, expand efforts to encourage donations to Atlanta-based FODAC (Friends of Disabled Adults and Children), enabling the organization to provide more equipment to individuals.





5. Expanded access to mental health and emotional well-being services — need

for more community-based mental health and emotional well-being service providers equipped to meet the unique needs of individuals with an ABI, stroke, SCI or MS

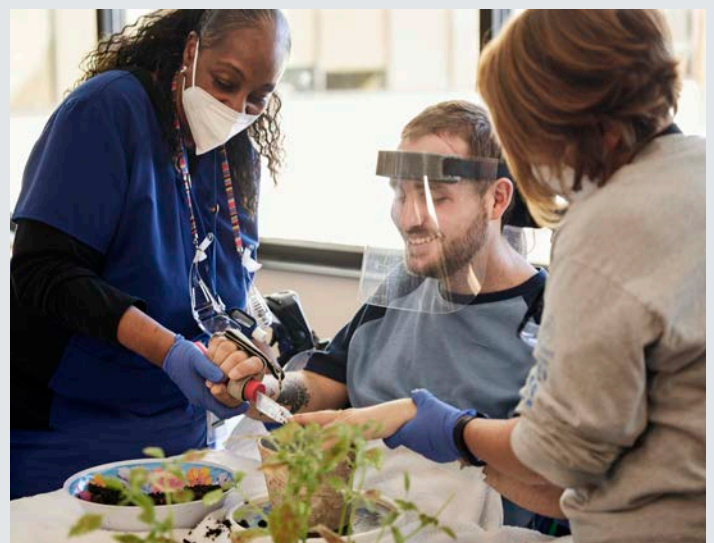
- › Increase network of counselors who are knowledgeable of specialized mental health and emotional well-being issues.
 - Provide student training in rehabilitation psychology, neuropsychology and psychometry.
 - Continue monthly interdisciplinary clinics where volunteer providers, including psychologists, licensed professional counselors and social workers, provide services.
- › Increase the number of partnerships with individual counselors, nonprofits and governmental agencies.
 - Shepherd Center applied for and was awarded an Andee's Army grant to develop adolescent and young adult peer mentoring and mental health assessment and intervention. This three-year grant starting in late 2021 will include working with local universities and counseling centers to provide training and development of an app to provide outreach wherever and whenever needed.
- › Continue providing Shepherd training to these professionals.
 - Staff members volunteer to teach classes and serve as guest speakers at local and national universities for psychology and medical school courses.
 - Employees are members of the Georgia Psychological Association and American Psychological Association to provide education and update resources for our patients.
 - Continue the APPCN Fellowship, Shepherd's nationally recognized, two-year clinical neuropsychology training fellowship.



6. Expanded access to wellness and nutritional programs — need for

expanded and enhanced Shepherd wellness and nutritional programs for patients, their care providers and family members

- › Increase the nutritional education provided to patients, care providers and family members through all communication vehicles available.
- › Develop educational and outreach programs via partnerships and contracts with insurance companies for their clients.
- › Through a partnership with BurnAlong (burnalong.com), an independent online wellness platform, add Shepherd-developed and branded nutrition and exercise educational videos to the platform. Shepherd patients, non-patients and their community-based supporters and care providers will have access to these materials for use in their community at gyms and fitness centers of their choice, as well as at home.
- › Strive to increase remote nutritional and wellness classes through the BurnAlong partnership and other avenues and mobile apps.



VI. APPENDIX

A. Steering Committee Members

Deborah Backus, PT, Ph.D., FACRM
Vice President of Research and Innovation

Brian Barnette, CHCIO, CISSP, CPHIMS, PMP
Chief Information Officer

Jacqueline Baron-Lee, Ph.D., CPHQ, PMP
Director of Quality and Outcomes Management

Marsha Hanson, RN, BSN, CRRN
Director of Outpatient Services

Mariellen Jacobs, Family Member/Brain Injury
Peer Support Liaison

Diane Johnston, MSPT
Director of Professional Education

Jacqueline Jones, RN, CCM, BSN, MM
Director of Admissions and Case Management

Shari McDowell, PT, DPT
Director, Spinal Cord Injury Rehabilitation Program

Katie Metzger, OTR, MBA
Director, Brain Injury Rehabilitation Program

Laurie Baker, Ph.D., ABPP-RP
Director, Department of Psychology

Ellen Perry
Director of Strategy, Shepherd Center Foundation

Vincenzo Piscopo, MBA
President & CEO, United Spinal Association, and
Board of Directors, Shepherd Center

Jane Sanders
Director of Public Relations and Digital Marketing

Michael Yochelson, M.D., MBA
Chief Medical Officer

B. Key Informant Interview Participants and Interview Questions

Deborah Backus, PT, Ph.D., FACRM
Vice President of Research and Innovation,
Shepherd Center

Brian Barnette, CHCIO, CISSP, CPHIMS, PMP
Vice President and Chief Information Officer,
Shepherd Center

Jacqueline Baron-Lee, Ph.D., CPHQ, PMP
Director of Quality and Outcomes Management,
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Anna Berry, PT, DPT
Program Manager, Andrew C. Carlos Multiple Sclerosis
Institute, Shepherd Center

Jackie Breitenstein, MS, CTRS, CCM
Program Manager, SHARE Military Initiative,
Shepherd Center

Wilma Bunch, RD, MS
Vice President of Patient Experience, Shepherd Center

Susan Connors
President and Chief Executive Officer, Brain Injury
Association of America

General Larry Ellis
CEO, ESSE, and Board of Directors, Shepherd Center

Marsha Hanson, RN, BSN, CRRN
Director of Outpatient Services, Shepherd Center

Emma Harrington, M.Ed.
Director of Injury Prevention and Education,
Shepherd Center

Mariellen Jacobs
Family Member/Brain Injury Peer Support Liaison,
Shepherd Center

Jacqueline M. Jones, RN, CCM, BSN, MM
Director of Admissions and Case Management,
Shepherd Center

Shari McDowell, PT, DPT
Director, Spinal Cord Injury Rehabilitation Program,
Shepherd Center

Katie Metzger, OTR, MBA
Director of Brain Rehabilitation Program, Shepherd Center

Katie Mooney
Sr. Manager of Community Benefit and Population Health,
Grady Health

Sarah Morrison, PT, MBA, MHA
President and CEO, Shepherd Center

Laurie Baker, Ph.D., ABPP-RP
Director, Department of Psychology, Shepherd Center

Karen Nelson
Team Lead, Georgia's Aging and Disability Resource
Connection

Vincenzo Piscopo, MBA
President and CEO, United Spinal Association,
Board of Directors, Shepherd Center

Jamie Shepherd, MBA, MHA
Chief Operating Officer, Shepherd Center

Chris Wells
Executive Director, Georgia Vocational Rehabilitation Agency

Michael Yochelson, M.D., MBA
Chief Medical Officer, Shepherd Center

Key Informant Interview Questions

Key Informant Interview Questions

1. Tell me a little about your work in the acquired brain injury, spinal cord injury or multiple sclerosis community?
2. In your opinion, what does success look like for people in (your community) this community?
3. What are the most important issues impacting the health of people with acquired brain injury, spinal cord injury or multiple sclerosis? Why?
4. What are things that are working well in the community and that are positively impacting the health and quality of life of people with acquired brain injury, spinal cord injury or multiple sclerosis?
5. When you think about Shepherd Center, how would you like to see them participate in the community? This could include addressing some of the issues you highlighted or harnessing some of the new ideas we just spoke about.
6. Is there anything else that we should be aware of? What else should we know?

C. Constituency Focus Groups and Questions

Five focus groups were held with various constituents, including:

1

Shepherd Consumer Advisory Group

2

Shepherd Center Case Managers Group

3

Patient/Family Support Group

4

Community Group

5

Multiple Sclerosis

Questions Discussed with Focus Groups



Shepherd Center

Focus Group Questions

Shepherd Consumer Advisory Group

Question 1. What are things that are working well in the community and that are positively impacting the health and quality of life of people with acquired brain injury, spinal cord injury or multiple sclerosis?

Another version of the same question: Where are areas of strength at Shepherd Center in responding to needs of the patient population Shepherd Center serves?

Question 2. Where are areas of opportunity/ growth for Shepherd Center related to serving the community (e.g., expanding telehealth appointments, asking and responding to mental health, focusing on innovation/ research in core areas)?

Question 3. What are your perceptions related to access to care specifically related to Shepherd Center? And how can Shepherd address these challenges? (Drill down, if possible, in acquired brain injury, spinal cord injury and MS.)

Question 4. What does success look like for people in this community?

Question 5. Is there anything that we don't know that we need to know? What else should we know?

Case Managers Group

Question 1. What are things that are working well in the community and that are positively impacting the health and quality of life of people with acquired brain injury, spinal cord injury or multiple sclerosis?

Another version of the same question: Where are areas of strength at Shepherd Center in responding to needs of the patient population Shepherd Center serves?

Question 2. Where are areas of opportunity/ growth for Shepherd Center related to serving the community (e.g., expanding telehealth appointments, asking and responding to mental health, focusing on innovation/ research in core areas)?

D. Patient Survey

The patient survey was emailed to 3,018 inpatients and outpatients covering the prior three years (2018-2020). Of those, 221 respondents completed the survey with an open rate of 27.5% and a 26.6% response rate. The survey period was June 11 – June 25, 2021.

Demographic information of survey respondents:

- › 56% male, 44% female
- › 77% Caucasian, 15% African American, 2% Hispanic, 2% Multiracial, 1% Asian, 1% American Indian
- › 62% completed college or graduate school
- › 94% reside in private residence
- › 51% have private health insurance

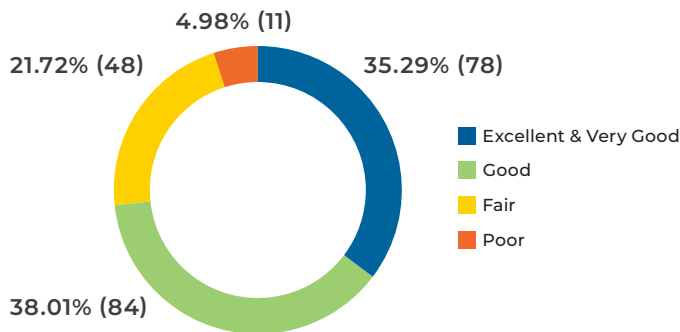
Diagnosis while at Shepherd Center:

- › 39% MS, 25% SCI, 21% ABI, 6% Stroke, 7% Other and 2% Disorders of Consciousness.

Survey Quantitative Data

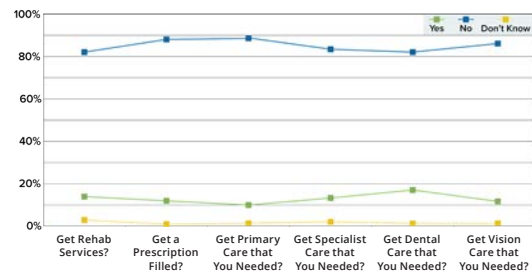
Self-Assessment of Overall Health

In general, how would you rate your overall health?



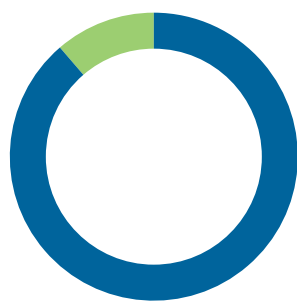
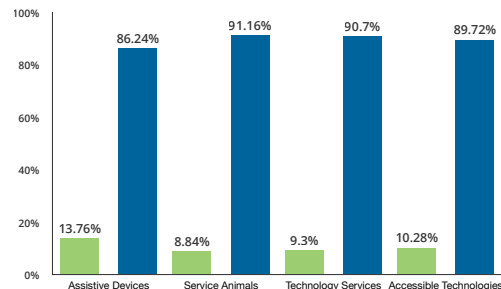
Access to Rehabilitation Services, Prescriptions, Primary Care and Specialists

In the past 12 months, was there ever a time because of cost you did not:



Existing Barriers

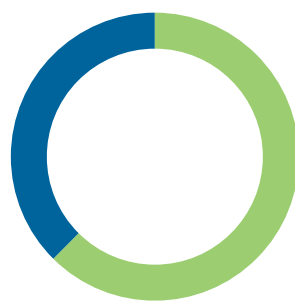
Do you have barriers to obtaining the assistive devices, service animals, technology services or the accessible technologies you need?



Access to Mental Health

In the last year, was there a time you needed mental health counseling but were not able to receive services?

YES 11.31%
NO 88.69%



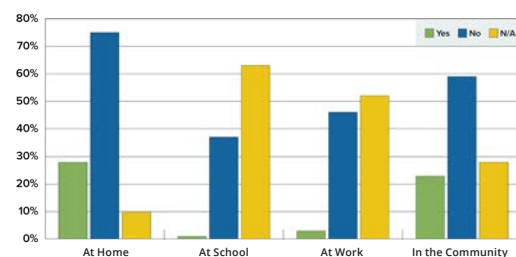
Participation

Do you participate in social, spiritual, recreational, community or civic activities?

NO 37.56%
YES 62.44%

Environmental Barriers

Do you have environmental barriers to participating in social, recreational, community or home activities?



Shepherd Center Community Health Needs Assessment

Introduction

Shepherd Center is required to complete a community health needs assessment (CHNA) every three years. We are completing the CHNA for 2022-2024 and would like your participation in the survey. Please click on the link below to start the survey.

Your individual survey answers are confidential and will only be combined with other responses and summarized in the CHNA. The survey is expected to take 10-15 minutes and it can be completed by you or a caregiver in your household.

If you prefer to have a staff member at Shepherd Center complete the survey with you through a phone interview, please indicate so in question #1 below and provide your contact information. A member of our team will contact you. We are grateful for your participation in this important survey as it will help us understand how to address the needs of our community at large.

If you would like to be included in a drawing for one of ten \$25 Amazon or American Express gift cards, please add your contact information in the last question.

Information About You

Question 1. Do you prefer a member of our staff contact you to complete this survey?

Yes No

Question 2. If you prefer a member of our staff contact you to complete this survey, please provide contact information.

Name

Email Address

Phone Number

For those who want to be contacted to complete the survey, please do not continue.

Question 3. What is your gender? (Please select only one option.)

Female

Male

Non-Binary

Other (please specify)

Question 4. What is the highest level of education you have completed? (Please select from the list below.)

Did Not Attend

1st grade

10th grade

2nd grade

11th grade

3rd grade

Graduated from high school

4th grade

1st year college

5th grade

2nd year college

6th grade

3rd year college

7th grade

Graduated from college

8th grade

Some graduate school

9th grade

Completed graduate school

Continued at top of next page

Question 5. Type of current residence (Please select only one option.)

- Private Residence
- Nursing Home
- Rehabilitation Facility
- Group Home
- Homeless
- Other (please specify)

Question 6. Current primary address ZIP code (Please enter five digits)

Question 7. Injury/diagnosis while at Shepherd Center (Please select only one option.)

- Tetraplegia (quadriplegia) – persons with spinal cord injury at the C-8 level or above
- Paraplegia – Persons with spinal cord injury at the T-1 level and below
- Stroke
- Acquired Brain Injury
- Disorders of Consciousness
- Multiple Sclerosis
- Other (please specify)

Question 8. Which of the following is your MAIN source of health insurance coverage?
(Please select only one option.)

- Private health insurance
- Medicare
- Medicaid or Medi-Cal
- TRICARE
- Not covered by health insurance
- Other (please specify)

Question 9. What is your race/ethnicity? (Please select only one option.)

- Asian
- Black or African American
- Hispanic or Latino/Latina
- Middle Eastern or North African
- Multiracial or Multiethnic
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- White, Non-Hispanic or Latino/Latina
- Another race or ethnicity, please describe below
- Prefer not to answer
- Self-describe below:

Questions 10-16 Pertain to access and use of medical and mental health services AFTER rehabilitation is complete.

Question 10. In the past 12 months, was there ever a time BECAUSE OF COST, YOU DID NOT:

	Yes	No	Don't Know
Get rehabilitation services you needed?			
Fill a prescription for medicine?			
Get primary care that you needed?			
Get specialist care that you needed?			
Get dental care that you needed?			
Get vision care that you needed?			

Continued next page

Question 11. In the last year, was there a time you needed mental health counseling but were not able to receive services?

Yes No

Question 12. If you entered YES to Question 11, please indicate why you were unable to receive mental health counseling. (Please select all that apply.)

- I don't have insurance for mental health counseling
- I couldn't afford to pay my co-pay or deductible
- I didn't have any way to get to a counselor (transportation issues)
- Counselor refused to take my insurance or Medicaid
- I didn't know how to find a counselor
- Too long of a wait for an appointment
- Fear
- Embarrassment
- Other (please specify)

Question 13. Did you access any Shepherd Center services remotely through telehealth or telerehabilitation between November 2019 and May 2021?

Yes No

Question 14. If you accessed Shepherd Center services remotely through telemedicine or telerehabilitation between November 2019 and May 2021, were you satisfied in the services you were provided?

Yes No

Question 15. If you did NOT access services remotely through telehealth or telerehabilitation between November 2019 and May 2021, please indicate the reason why. (Please select all that apply)

- No access to broadband internet
- Lack of computer or smartphone
- Need assistance to access services
- Unaware of option
- Do not feel comfortable
- Other (please specify)

Question 16. If you had a choice, would you rather access services remotely through telehealth or telerehabilitation or in-person visit?

- Telehealth or telerehabilitation
- In-person visit

Your Health Status

Questions 17 - 19 ask you or your family member or caregiver to report your assessment of your health status. Please complete this section of the survey thinking about your health status beyond your diagnosis from Shepherd Center.

Question 17. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

Continued at top of next page

Question 18. Now, thinking about your physical health, which includes physical illness and injury, how many days out of the past 30 days was your physical health good? Please enter the number of days your physical health was good out of 30 days.

Question 19. Now, thinking about your mental health, which includes stress, depression and emotional difficulty, how many days out of the past 30 days was your mental health good? Please enter the number of days your mental health was good out of 30 days.

Community Activities and Services

Question 20. Do you participate in social, spiritual, recreational, community or civic activities?

Yes No

Question 21. Do you have barriers to obtaining the assistive devices, service animals, technology services or accessible technologies you need?

Yes No

	Yes	No
Assistive Devices		
Service Animals		
Technology Services		
Accessible Technologies		

Question 22. If you answered YES to having a barrier in obtaining the assistive devices in the previous question, please indicate the barrier you had. Please indicate all that apply.

- Cost
- Not covered by health insurance
- Unable to access
- Do not know where to get assistance
- Other (please specify)

Question 23. Do you have environmental barriers to participating in social, spiritual, recreational, community or home activities? For example, for a wheelchair or walker-user, an environmental barrier may include stairs, narrow doorways or high countertops. Do you have any of these barriers?

	Yes	No	No Applicable
At home			
At school			
At work			
In the community			

Question 24. Have you used Shepherd Center’s website, shepherd.org, as a resource for health-related information on your injury or diagnosis?

Yes No

Continued next page

Living Fully and Independently

Question 25. Of the health needs listed below, what are the TOP 5 that are WORKING WELL for you that POSITIVELY impact your health and quality of life? Please select ONLY your top 5 from the list below.

- Ability to live independently
- Access to alcohol and substance abuse support
- Access to dental care
- Access to employment support
- Access to healthcare
- Access to rehabilitation services
- Accessible housing
- Accessible transportation
- Caregiver education, training and support
- Chronic disease management
- Clinical preventive care (ex. flu shot, pneumonia shot, other primary care services)
- Financial stability
- Fitness and physical activity
- Healthy eating/nutrition education
- Injury prevention education
- Lack of peer-to-peer support
- Lack of specialized equipment
- Mental health/emotional well-being
- Preventive care against further injury
- Quality of rehabilitation services
- Support transitioning back into the community
- Other (please specify)

Question 26. Of the health needs listed below, what are the TOP 5 CHALLENGES impacting your health and quality of life? Please select ONLY your Top 5 from the list below.

- Ability to live independently
- Access to alcohol and substance abuse support
- Access to dental care
- Access to employment support
- Access to healthcare
- Access to rehabilitation services
- Accessible housing
- Accessible transportation
- Caregiver education, training, and support
- Chronic disease management
- Clinical preventive care (ex. flu shot, pneumonia shot, other primary care services)
- Financial stability
- Fitness and physical activity
- Healthy eating/nutrition education
- Injury prevention education
- Lack of peer-to-peer support
- Lack of specialized equipment
- Mental health/emotional well-being
- Preventive care against further injury
- Quality of rehabilitation services
- Support transitioning back into the community
- Other (please specify)

E. 2018 CHNA Prioritized Needs

A community health needs assessment was conducted in 2018. At the time of the 2018 assessment, the following were the community health needs priorities:

- ▶ Need for community-based primary care physicians willing to accept individuals with ABI and SCI.
- ▶ Need for specialized services to meet the unique home health needs of persons with ABI and SCI.
- ▶ Need for community-based programs to provide caregiver education, training and support.
- ▶ Need for community-based specialized rehabilitation services for individuals with ABI, SCI and MS.
- ▶ Need for community care coordination and management professionals with an understanding of the unique pain management, behavioral adjustment and sexuality-related issues of individuals with ABI and SCI.
- ▶ Need for enhanced community educational outreach on the prevention of primary injuries, secondary complications, appropriate standards of care, and aging-related issues of individuals with ABI and SCI.
- ▶ Need for telephone and web-based peer support systems for individuals with ABI, SCI and MS.
- ▶ Need for community-based exercise programs and facilities for individuals with AB, SCI and MS.

Shepherd Center’s implementation strategy focused on addressing the community health needs of persons with ABI, stroke, SCI and MS who reside within the eight counties around metro Atlanta (Cherokee, Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett and Henry counties) where it could realistically provide access to community health programs, services and resources.

For example, to address *the need for specialized services to meet the unique home health needs of persons with ABI and SCI* and the challenges presented by the COVID-19 pandemic, Shepherd Center clinics enhanced outpatient services with the launch of telehealth in FY 2021. Of 33,099 outpatient visits in FY 2021, 36% of these visits were completed via telehealth, improving the ease, efficiency, quality and continuity of outpatient care provided, particularly while the community was grappling with the impact of the COVID-19 pandemic.



F. Community Inventory

Healthcare facilities and resources available to respond to the health needs of the brain injury, stroke, spinal cord injury and multiple sclerosis communities.

Atlanta Rehabilitation Centers for the Treatment of Brain Injury, Spinal Cord Injury and Multiple Sclerosis

Shepherd Center

Shepherd Center, located in Atlanta, Georgia, is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury, brain injury, stroke, multiple sclerosis, spine and chronic pain, and other neuromuscular conditions. Founded in 1975, Shepherd Center is ranked by *U.S. News & World Report* among the top 10 rehabilitation hospitals in the nation. In its more than four decades, Shepherd Center has grown from a six-bed rehabilitation unit to a world-renowned, 152-bed hospital that treats more than 743 inpatients, 277 day program patients and more than 7,161 outpatients each year in more than 46,000 visits.

Shepherd Center focuses on highly individualized care, and our programs have some of the best long-term outcomes in the United States. Value-added services include family housing, recreation therapy, animal-assisted therapy,

Continued on next page

chaplancy, assistive technology, peer support, return-to-school programs and family support programs. Shepherd Center also has specialized programs tailored to adolescents, patients with dual diagnoses (both brain and spinal cord injuries), patients who use ventilators and patients with disorders of consciousness.

Shepherd Center is accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as well as the Commission on Accreditation of Rehabilitation Facilities (CARF).

Emory University Hospital's Center for Rehabilitation Medicine

Located on the Emory University Hospital Campus in Atlanta, the Center for Rehabilitation Medicine is a 56-bed inpatient and outpatient facility that offers treatment for adult patients who have had a brain and/or spinal cord injury.

In addition to providing interdisciplinary care focused on helping patients return to their most independent, Emory's Center for Rehabilitation Medicine is also a teaching and research facility. Patients have access to highly skilled and experienced staff, current, cutting-edge equipment, and a wide variety of specialty services.

Emory University Hospital's Center for Rehabilitation Medicine is accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as well as the Commission on Accreditation of Rehabilitation Facilities (CARF).

Children's Healthcare of Atlanta

Children's Healthcare of Atlanta's 28-bed rehabilitation facility is one of the largest pediatric inpatient rehabilitation facilities in the country, providing treatment from birth to age 21.

The Brain Injury Program is designed to get patients to the functional level necessary to return home and to the community as quickly as possible. The program is designed specifically for patients experiencing difficulties due to a brain injury or other related neurological conditions.

Children, adolescents and teens with spinal cord injuries may need specialized rehabilitation to regain skills and abilities and address new problems from their injury. The Spinal Cord Injury Program is designed to help restore function to the highest possible level and help them become independent and return home.

Children's Healthcare of Atlanta's Rehabilitation Program is accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as well as the Commission on Accreditation of Rehabilitation Facilities (CARF) with special recognition as a spinal cord injury system of care and pediatric specialty program.

Programs, Services and Resources Available to Respond to the Needs of the Brain and Spinal Cord Injury Community¹

The **Brain & Spinal Injury Trust Fund Commission:**

The Brain & Spinal Injury Trust Fund Commission enhances the lives of Georgians with traumatic brain and spinal cord injuries. Guided by the aspirations of people with traumatic injuries, The Commission supports lives of meaning, independence and inclusion. As the state's lead agency on traumatic injuries, the BSITF:

- Administers the Central Registry to identify those who are injured,
- Distributes resources through the Trust Fund, and
- Advocates for improvements in statewide services.

Advocacy

Brain & Spinal Injury Trust Fund Commission:

See bsitf.state.ga.us to learn about local and federal advocacy initiatives for people with traumatic brain and spinal cord injuries.

Brain Injury Association of Georgia: The Brain Injury Association of Georgia is a charitable organization working together with families and professionals in Georgia to provide education, advocacy and support for those affected by brain injury. Call to learn about local support groups.

braininjuryga.org | 1441 Clifton Rd NE, #114-A, Atlanta, GA 30322 | (404) 712-5504

1. "Go Ahead, Ask" published by the Brain & Spinal Injury Trust Fund Commission

Brain Injury Association of America (BIAA): Founded in 1980, the Brain Injury Association of America (BIAA) is the leading national organization serving and representing individuals, families and professionals who are touched by a life-altering, often devastating, traumatic brain injury.

biausa.org | 8201 Greensboro Drive, Suite 611, McLean, VA 22102 | (800) 444-6443

Christopher & Dana Reeve Foundation: The Reeve Foundation is a non-profit foundation dedicated to curing spinal cord injury by funding innovative research and improving the quality of life for people living with paralysis through grants, information and advocacy.

christopherreeve.org | 636 Morris Turnpike, Suite 3A, Short Hills, NJ 07078 | (973) 379-2690

Georgia Advocacy Office: The Georgia Advocacy Office is a non-profit organization that provides advocacy to people with disabilities who have been abused or neglected or may need assistance in getting out of an institution.

thegao.org | 150 E Ponce de Léon Ave., Suite 250, Decatur, GA 30030 | (800) 537-2329

Georgia Legal Services: Georgia Legal Services is a non-profit organization that provides free legal services to low-income people in civil matters.

glsp.org | 104 Marietta St., Ste. 250, Atlanta, GA 30303 | (404) 206-5175

National Spinal Cord Injury Association (NSCIA): NSCIA is a national non-profit organization that strives to provide individuals with spinal cord injuries with information and resources available to help educate and empower them to maintain a higher level of independence, health and personal fulfillment.

spinalcord.org | 6701 Democracy Blvd., #300-9, Bethesda, MD 20817 | (800) 962-9629

Parent to Parent of Georgia: Parent to Parent provides support and information to parents of children with disabilities. In addition to other resources, parents are matched with a supporting parent based on the child's disability, health care need or special concerns. Regional offices are listed on the website.

P2pga.org | Central Office, 3805 Presidential Parkway, #207, Atlanta, GA 30340 | (770) 451-5494 | (800) 229-2038

Southeast Disability and Business Technical Assistance Center: The southeast DBTAC promotes awareness about the Americans with Disabilities Act (ADA), accessible information technology (IT), and the rights and abilities of people with disabilities.

sedbtac.org | Southeast DBTAC, 490 Tenth Street NW, Atlanta, Georgia 30318 | (800) 949-4232

State of Georgia ADA Coordinator's Office: The State of Georgia ADA Coordinator's Office provides comprehensive educational and technical support for State agencies. Those programs, services and activities operated by the State of Georgia are accessible and usable by everyone.

state.ga.us/gsifc/ada | Mike Galifianakis, State ADA Coordinator's Office, c/o Georgia State Financing and Investment Commission, 270 Washington Street, 2nd Floor, Atlanta, Georgia 30334 | (404) 657-7313

Statewide Independent Living Council of GA, Inc.: The SILC of Georgia is a non-profit, non-governmental, consumer-controlled organization that provides disability information, financial support, and technical assistance to a network of seven Centers for Independent Living (CILs) located throughout the state.

silcga.org | 1431-C McLendon Drive, Decatur, GA 30033 | (770) 270-6860

United Spinal Association: United Spinal Association advocates for greater civil rights and independence for people with disabilities, including expanding education and employment, improving enforcement of the Americans with Disabilities Act (ADA), ensuring adequate access to public transportation and taxi services, and amending Medicare rules that restrict many individuals to their homes and nursing facilities.

unitedspinal.org | 120-34 Queens Blvd, Suite 320, Kew Gardens, NY 11415 | (718) 803-3782

Assistive Technology

Friends of Disabled Adults and Children, Inc. (FODAC):

FODAC is a non-profit organization that provides medical equipment to disabled people in the metro Atlanta area who could not otherwise afford it (they cannot ship items). FODAC serves metro Atlanta.

fodac.org | 4900 Lewis Rd, Stone Mountain, GA 30083 | (770) 491-9014

Tools for Life: Tools for Life Assistive Technology Resource Centers (ATRCs) are “hands-on” learning centers for demonstration, education and evaluation of products available on the market today. They are also a resource for Georgians with disabilities, families, friends, health care professionals and other professionals who are interested in seeing, learning and experimenting with new and existing assistive technology.

gatfl.org | Atlanta, Augusta, Macon, Conyers | (770) 934-8432

Education

Department of Labor Vocational Rehabilitation

Services: This organization can assist with paying for education.

vocrehabga.org | vrpcustomer-service@dol.state.ga.us | (404) 657-2239 | (866) 489-0001

Disability Services (for colleges): Ask for more information at your college registrar’s office.

Georgia Department of Education (DOE): To obtain information about parental rights for students receiving special education services, eligibility for services and special education contact information for each county, contact the Georgia DOE. The Georgia DOE serves students with disabilities from ages 3-22.

doe.k12.ga.us/curriculum/exceptional/tbi.asp | 1870 Twin Towers East, Atlanta, GA 30334 | (404) 656-3963

Parent to Parent of Georgia: Parent to Parent provides support and information to parents of children with disabilities. In addition to other resources, parents are matched with a supporting parent based on the child’s disability, health care need, or special concerns. Regional offices are listed on the website.

P2pga.org | Central Office, 3805 Presidential Parkway, #207, Atlanta, GA 30340 | (770) 451-5494 (800) 229-203

Emotions/Behavior

Empowerline (formerly AgeWise Connection) is a free Information and Referral Assistance program for older adults and people with disabilities. Trained professionals provide information about services from a vast database about programs appropriate for an individual’s situation, including housing options, in-home services, retirement planning, home-delivered meals, utility assistance, leisure and volunteer opportunities and much more.

empowerline.org | (404) 463-3333 | (800) 767-2433

Brain Injury Association of Georgia: A non-profit charitable organization working together with families and professionals in Georgia to provide education, advocacy and support for those affected by brain injury. Call to learn about local support groups.

braininjurygeorgia.org | 1441 Clifton Rd NE #114-A, Atlanta, GA 30322 | (404) 712-5504

Employment

Georgia Vocational Rehabilitation Agency: Operates five integrated and interdependent statutory programs that share a primary goal — to help people with disabilities to become fully productive members of society by achieving independence and meaningful employment.

gvs.georgia.gov | 2 Peachtree St NE Suite #6 Atlanta, GA 30303 (404) 232-1998

Financial Assistance/Benefits

Brain & Spinal Injury Trust Fund Commission: The trust fund provides funding for services and items that will improve the quality of life, increase independence, and allow inclusion in the community for individuals with traumatic brain and spinal cord injuries (priority given to those in at-risk situations).

bsitf.state.ga.us | 2 Peachtree St., NW, Ste.26-426, Atlanta, GA 30303 | (888) 233-5760

Credit-Able/Getting Ahead Association: This organization provides guaranteed loans for assistive technology, home and vehicle modifications to Georgians with disabilities, their families, caregivers, and/or employers.

gatfl.org | (800) 497-8665

Georgia Department of Labor/Tools for Life Program:

Tools for Life, Georgia's Assistive Technology Act Program, is dedicated to increasing access to and acquisition of assistive technology (AT) devices and services for Georgians of all ages and disabilities so they can live, learn, work and play independently and with greater freedom in communities of their choice.

gatfl.gatech.edu | 1700 Century Circle, B-4, Atlanta, GA 30345

Georgia Partnership for Caring: Georgia Partnership for Caring assists uninsured residents of Georgia with non-emergency health care assistance and prescription assistance.

gacares.org | P.O. Box 450987, Atlanta, GA 31145- 0987 | (404) 602-0068

Georgia RSVP Clinic: The Georgia RSVP Clinic is dedicated to providing free outpatient rehabilitation care that maximizes independence, wellness, and community participation for uninsured people with brain, stroke and spinal cord injuries.

garsvpclinic.org | Shepherd Center 2020 Peachtree Road NW Atlanta, Ga 30309 | 404- 721-3292

Medicaid: Medicaid provides medical assistance (doctors, pharmacists, and hospitals) to people who can't afford to pay for some or all of their medical bills.

medicaid.gov | (877) 267-2323

Medicare: Medicare provides health insurance (hospital and doctor's services) to people 65 years of age and older, and some disabled people under 65 years of age (eligibility begins two years after date of injury).

medicare.org | (800) 669-8387

Social Security Administration: The Social Security Administration provides cash benefits to people who have worked and have become disabled. This entitlement program ensures that citizens with disabilities receive benefits from this program.

ssa.gov | (800) 772-1213

Housing

Department of Community Affairs: The Georgia Department of Community Affairs (DCA) operates various state and federal grant programs, including Section 8.

dca.state.ga.us | 60 Executive Park South NE, Atlanta, Georgia 30329 | (404) 679-4940 (800) 359-4663

Department of Housing and Urban Development (HUD): Homeownership Centers insure single-family FHA mortgages and oversees the selling of HUD homes.

Hud.gov | Five Points Plaza Building: 40 Marietta Street, Atlanta, GA 30303 | (800) 767-4483 (404) 331-5001

Georgia Housing Search: Sponsored by the Georgia Department of Community Affairs, GeorgiaHousingSearch.org provides detailed information about rental properties and helps people find housing to best fit their needs.

georgiahousingsearch.org

National Association of Home Builders: The National Association of Home Builders represents the largest network of craftsmen, innovators and problem-solvers dedicated to building and enriching communities.

nahb.org

Medical Equipment

Friends of Disabled Adults and Children, Inc. (FODAC): A non-profit organization that provides medical equipment to disabled people in the metro Atlanta area who could not otherwise afford it. They cannot ship items.

fodac.org | 4900 Lewis Road, Stone Mountain, GA 30083 | Mike Maijala: mmajjala@fodac.org | (770) 491-9014

Personal Support/Home and Community-Based Services

Community Care Services Program: Community Care Services Program provides in-home and community-based services for people who are elderly or are otherwise functionally impaired or disabled. Funding provides in-home care for those who would otherwise receive services in an institution such as a nursing facility, personal care home or group home. CCSP program provides an average of 3-5 personal support hours per day. CCSP serves all areas.

northwestga-aaa.org | Area Agency on Aging: PO Box 1793, Rome, GA 30162 | (800) 759-2963

Independent Care: Independent Care offers services that help a limited number of adult Medicaid recipients with physical and cognitive disabilities live in their own homes or in the community instead of an institution such as a nursing home. There is a waiting list for services. Independent care provides an average of 6-10 hours per day of in-home care.

ghp.georgia.gov | GA Health Partnerships: 1455 Lincoln Parkway, Suite 800, Atlanta, GA 30346 | (800) 982-0411 Ext. 3632 or 3601 or 3643 or 3403

SOURCE (Service Options Using Resources in

Community): SOURCE is designed for frail elderly and disabled Georgians who require the level of care typically provided in a nursing home. However, this program allows eligible individuals to receive care in their homes or communities (such as in assisted living facilities, also referred to as personal care homes) and avoid using a long-term nursing home.

dch.georgia.gov/sites/dch.georgia.gov/files/related_files/document/17SOURCE.pdf | (866) 552-4464

Spinal Cord Injury Information Network: The National SCIMS Database has been in existence since 1973 and captures data from an estimated 6% of new SCI cases in the U.S.

msktc.org

Prescription Assistance

Eli Lilly: Lilly Answers is a patient assistance program for low-income Medicare enrollees who do not have prescription drug coverage. The Lilly Answers card allows people with disabilities under Medicare to pay a \$12 fee for a 30-day supply of certain retail-distributed Lilly drugs.

lillyanswers.com | Eli Lilly and Company, Lilly Answers, PO Box 219296, Kansas City, MO, 64121 | (877) 795-4559

Georgia Cares: Georgia Cares provides seniors and people with disabilities information about prescription drug assistance, Medicare, Medicaid, Medicare Supplemental Insurance (MediGap) and other health insurance issues. GeorgiaCares serves Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor and Webster counties.

gacares.org | 1428 Second Ave, PO Box 1908, Columbus, Ga. 31902 | (800) 249-7468

Medicare: This website offers information about public and private programs that offer discounted or free medication, programs that help with other health care costs, and Medicare health plans that include prescription coverage.

medicare.org | (800) 669-8387

Pfizer Pharmaceutical Company: Pfizer RxPathways connects patients to a range of programs and resources to help them access the Pfizer medicines they need.

pfizerrxpathways.com | (866) 706-2400

PhRMA-Pharmaceutical Research and Manufacturers Association: Helping Patients brings together pharmaceutical companies, doctors, patient advocacy organizations and civic groups to help low-income, uninsured patients get free or nearly free, brand-name medicines. This site provides access to 275+ public and private assistance companies, including 150+ programs offered by pharmaceutical companies.

helpingpatients.org | (888) 477-2669

Transportation – Used/Discount Vehicle Sales

Disabled Dealer Magazine: A magazine published monthly that offers a variety of vehicles for sale. The magazine serves the southeastern states.

disableddealer.com | southeast@disableddealer.com | 2391 Leisure Lake Drive, Atlanta, GA 30338 (770) 457-9697

Friends of Disabled Adults and Children, Inc. (FODAC): A non-profit organization that provides medical equipment to disabled people in the metro Atlanta area who could not otherwise afford it (they cannot ship items).

www.fodac.org | 4900 Lewis Road, Stone Mountain, GA 30083 | Mike Maijala: mmajjala@fodac.org | (770) 491-9014

National Mobility Equipment Dealers Association: NMEDA, a non-profit trade association of mobility equipment dealers, driver rehabilitation specialists and other professionals helping people with disabilities to drive or be transported in vehicles modified with mobility equipment. Its Quality Assurance Program (QAP) is the recognized accreditation program for the mobility equipment industry.

nmeda.org | 3327 W. Bears Ave., Tampa, Florida 33618 | (800) 833-0427

Georgia Department of Transportation: Information about Georgia's transit system.

dot.state.ga.us | No. 2 Capitol Square, SW, Atlanta, Georgia 30334 | (404) 656-5267

Easter Seals Transportation Services: Easter Seals Transportation Services promotes cooperation between the transportation industry and the disability community to increase mobility for people with disabilities under the ADA and beyond. Extensive resources include a hotline, an in-depth website, training and technical assistance.

easterseals.com | 1425 K Street, NW, Suite 200, Washington, DC 20005 | (800) 659-6428

For information on additional programs, services and resources available to respond to the needs of the brain and spinal cord injury community, contact:



G. 2021 CHNA Consultant Biography

Di Vito Consulting • divitoconsulting.com

Robert J. Di Vito, JD, CFRE

Robert Di Vito has significant experience in change management, organizational design, and research and clinical trial legal and regulatory oversight, as well as non-profit board development and optimization.

His experience includes working with the consulting firm Booz Allen Hamilton and more than 25 years working with large, regional and local healthcare organizations (Piedmont Healthcare and MedStar Health), nonprofits (legal, healthcare, secondary education and aviation) and governmental entities, including local boards of health and federal health agencies such as the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

Shepherd Center is a world-renowned provider of comprehensive, specialized rehabilitation for people with spinal cord injury, brain injury, stroke, multiple sclerosis, spine and chronic pain, and other neuromuscular conditions.



Shepherd Center

2020 Peachtree Road, NW
Atlanta, GA 30309-1465
404-352-2020 shepherd.org

**“Shepherd Center is the bridge
between ‘I can’t’ and ‘I can.’”**

James H. Shepherd Jr., Co-Founder