

Addressing Patient Engagement and Experience in Athens-Clarke County

Introduction

In Athens-Clarke County, gaps in care coordination, care fragmentation, and failure to address basic barriers (transportation, childcare, and low health literacy) mean low-income residents underuse free preventive services and see avoidable worsening of chronic disease. There is no standard operative definition for fragmented care. A review of the literature suggests that most studies refer to fragmentation as ‘noncontinuous, low-quality, duplicated, or omitted pivotal care from multiple healthcare providers or multiple healthcare settings’ (Joo, 2023).

In Athens, 12% of surveyed households reported misusing a prescription drug (either prescribed or unprescribed). Addressing fragmented care in Athens, particularly among indigent care clinics, would foster greater patient healthcare access, reduce duplication, and provide opportunities for increased coordinated care for low-income households (Adams and Baskam, 2025).

Indigent care in Athens-Clarke County is supported by a wide network of hospitals, clinics, public health, and non-profit organizations that provide and support a varying group of people and their needs. Piedmont Athens Regional and St. Mary’s Hospital, which is within the Trinity Health System, both provide emergency, inpatient, and specialty hospital care as well as financial assistance. These major hospitals also run and partner with low-cost clinics to support patients who are underinsured, uninsured, low income, or below the poverty line after they are discharged.

The Athens-Clarke County Health Department helps promote population health at free to low cost through immunizations, family planning, supplemental nutrition programs, TB and STI testing and treatment, breast/cervical cancer screening, high blood pressure screening, HIV and PrEP testing and treatment, etc. Athens Neighborhood Health Center (ANHC) acts as the main care center for Medicaid and uninsured patients through its comprehensive primary care, behavioral health, and pharmacy support. Mercy Health Center, Athens Nurses Clinic/Athens Wellness Clinic, and AU/UGA Athens Free Clinic provide completely free medical, dental, and/or pharmacy services for uninsured adults and those below the federal poverty line. Athens Community Council on Aging provides support for indigent older adults with meals, transportation, day health, care management, and insurance counseling. Advantage Behavioral Health and The Cottage: Sexual Assault and Children’s Advocacy Center provide mental health, substance use, and/or crisis and violence services.

With the varying resources available, there is often an overlap in care that can become duplicative or fragmented without proper coordination between care facilities. Uninsured or underinsured individuals may go between ANHC, Mercy, and the free clinics, or they may rely on ERs for basic care, which can lead to repeated intakes, duplicated tests, and unclear medical “homes.” There are still major gaps in adult dental care, specialty medical care for the uninsured, mental health and addiction treatment, navigation for immigrants, those without documentation, or low-income populations, and long-term care for older adults.

Additionally, the complications associated with disconnected data systems, informal and inconsistent referrals, multiple case managers for the same patients, and various barriers such as transportation can make it difficult to reach the right service or remain consistent. Due to these various challenges, Athens’ indigent care network functions as many separate efforts rather than

Addressing Patient Engagement and Experience in Athens-Clarke County

one strong, fully integrated network; this makes information sharing, navigation, and joint planning essential for improved care.

Recommendation 1

For providers serving indigent and rural populations, such as those in Athens-Clarke County, a lack of care coordination exacerbates medical error, duplication of services, and avoidable hospitalizations (Kern et al., 2024). Moreover, fragmentation is associated with increased costs of care, reduced likelihood of receiving clinical best practice, and heightened rates of preventable hospitalizations. Health care waste, including failure of care coordination and overtreatment or low-value care, accounts for approximately 25% of total health care spending in the U.S. (Shrank et al., 2024). A study of 506,376 chronically ill patients enrolled in a major nationwide private health plan found that fragmentation was associated with increased total costs between \$5,854 and \$10,386 per patient. Significantly, researchers suggest that higher costs may be due to the lack of concentrated patient care to address the full spectrum of a patient's needs (Frandsen et al., 2015).

In Athens-Clarke County, significant barriers to care persist, with 25% of surveyed households with insurance reporting difficulty finding an in-network provider and an additional 16% of households reporting challenges locating a general provider. Increasing rates of uninsurance coupled with inconsistent sources of care negatively impact long-term health conditions and lead to increased dependence on emergency medical services (Adams and Baskam, 2025). This increased reliance on emergency care often leads to overcrowding in emergency departments and heightened health care costs (Solberg et al., 2016).

A proven solution to address this challenge, particularly among indigent patients in Athens, is the adoption of a community care coordination platform. Care coordination is understood as the deliberate organization of patient care across various participants, alongside the sharing of relevant information that helps improve the safety and effectiveness of services (Albertson et al., 2021). Community care coordination platforms have shown promise in increasing access to community resources, improving health outcomes, and providing a continuum of care through technological infrastructure (Terry et al., 2025). When care coordination platforms effectively incorporate patient-centered care, the number of hospitalizations significantly decreases by around 33% for those at risk of near-term hospitalization (Brown et al., 2012).

Systems like these can be extremely beneficial as they can increase efficiency, better data-driven decision-making, and improved continuity of care. In an evaluation of the implementation of Unite Us by the Sarasota Memorial Health Care System to address obstetric patients' non-medical needs, researchers found that Medicaid/Medicare-insured patients who received a referral through Unite Us were 59% less likely to be readmitted to the hospital within 30 days of discharge than patients who received typical care before program implementation (Unite Us, n.d.). Moreover, these patients were 55% less likely to have an obstetric-related inpatient admission within six months of discharge (Unite Us, n.d.).

One of the main challenges of care coordination platforms, particularly across health care, is the variance between organizational structure, financing, workplace culture, etc., that creates barriers to effective partnerships (Albertson et al., 2021). There are also concerns with privacy and data-sharing regulations like HIPAA that would make it more complicated and require significant compliance infrastructures (Albertson et al., 2021). Moreover, smaller clinical facilities may lack

Addressing Patient Engagement and Experience in Athens-Clarke County

the resources, training, or staffing capacity to engage in care platforms, and the costs associated with implementation, maintenance, and user resistance can act as barriers to expansion (Albertson et al., 2021). Additionally, a major barrier is making sure populations that are underserved and underrepresented receive equitable access to these technologies, especially with accessibility and funding limitations (Albertson et al., 2021).

While community care coordination platforms have demonstrated significant promise in addressing fragmented health care among indigent care populations, we were unable to procure pricing and quotes from leading organizations such as Unite Us and CarePortal. However, cost estimates from other comparable statewide and regional implementations give a basis for approximation. Generally, software options can cost as low as \$0.99 per month or as high as \$8 per managed patient per month (ThoroughCare, n.d.). If a third party is managing the program, then it may cost around \$20–\$30 per patient per month (ThoroughCare, n.d.). With Athens-Clarke County serving over 17 counties, the estimated population of patients would be around 650,000 (Athens Wellbeing Project, n.d.). This would cost as low as \$7,722,000 or as high as \$234,000,000 per year.

Recommendation 2

The Clarke County Health Department offers a large variety of services (Northeast Health District, 2023). Despite offering useful resources to the public for free or low cost, community members will often shy away from receiving them. Services can be difficult for community members to access due to transportation challenges, individual discomfort, lack of childcare, and inconvenient facility hours. Approximately 38% of households in Athens-Clarke County rely on an alternative form of childcare (Adams & Baskam, 2025). This is difficult and costly to attain, ranging from \$476 for children aged 5 to 18 to \$747 for children from birth to age 4 (Adams & Baskam, 2025).

Without these resources, entire populations experience worsened health outcomes. Blood pressure testing can decrease the risk of stroke, cardiac arrest, and kidney damage. Providing immunizations to individuals for low to no cost can prevent mass infectious disease outbreaks, prolonged weakened immune systems, and premature mortality from preventable diseases (Ryder et al., 2022). Low health literacy can create disparities among underserved populations, as many individuals also do not understand the importance of preventive and primary care (Fritz et al., 2023).

Community health fairs have proven to increase preventive care uptake, patient engagement, and overall health and well-being. By providing crucial medical services, along with education about health issues and the importance of preventive care, health inequities among this population may decrease (Fritz et al., 2023). This intervention would greatly benefit the Athens community.

To keep a community healthy, access to testing and treatment for chronic diseases must be widespread and as comprehensive as possible. Community health fairs offer cost-effective medical services, preventive screenings, resources, and education to underserved or marginalized individuals who may not otherwise have access to them (Rojo et al., 2025). Common chronic diseases like diabetes and hypertension have long presymptomatic phases where the disease could be delayed or reversed (Burch et al., 2024). Participating in free health screenings at the community health fair gives attendees time to make lifestyle and behavior changes to prevent

Addressing Patient Engagement and Experience in Athens-Clarke County

further disease progression, leading to better health outcomes, particularly for low-income rural residents.

Moreover, patient awareness and education on chronic diseases are improved by attending community health fairs. On-site screening and coaching are provided to help patrons understand their results and find long-term follow-up care. Research shows gains in knowledge and self-efficacy when community fairs provide plain-language bilingual materials and clear referral instructions (Mooney & Franks, 2009).

Many medical schools (nursing, medical, dental) require students to complete clinical hours as part of their degree requirements. To address the challenge of low specialty care access, the community health fair would recruit trainee medical professions students to provide supervised services. These students, in turn, would gain experience in navigating real-world health challenges by engaging in patient interactions and health education activities (Rojo et al., 2025). Community health fairs typically take about six months to plan and implement (Health Common Solutions Lab, 2024). The costs of hosting a community health fair vary depending on the services offered. Health screening community health fairs can range from \$6,586 to \$43,428 (Escoffery et al., 2017).

However, challenges and barriers that prevent access to care persist. Attendees at a student-led free health fair frequently reported cost, provider availability, transportation, work and family responsibilities, and language barriers as reasons for delaying needed care (Chen et al., 2025). High-demand services, such as dental and vision health screenings, could also not be fully provided due to a lack of resources, resulting in hours-long wait times and excluding patrons due to limited time. Community health fairs often also face significant logistical barriers, including inconvenient or undersized venues, weather issues, limited budgets that depend on in-kind donations, and the need to recruit and train large numbers of volunteers (Escoffery et al., 2017).

Currently, the University of Georgia (UGA) hosts a Community Health Fair twice a year. In 2025, the fair offered educational information, important vaccines, and childcare for attendees (Linthicum, 2025). This event was a significant opportunity for community members to receive their yearly flu shots at no cost, learn about the importance of a healthy diet, and test their blood sugar levels (Linthicum, 2025). However, there is still an apparent need for unity among indigent clinics to provide the most efficient and positive patient experience possible.

Final Strategy for Intervention

Improving patient experience is essential to successful healthcare delivery. Hosting a community health fair that considers the needs of individuals beyond basic medical care, such as childcare, food availability, and transportation, can encourage people to attend and receive necessary services. The existing community health fair at UGA typically centers around providing flu shots, nutrition information, and free food. It is a promising start to providing some essential services to those in need. The University should expand the community health fair by establishing meaningful partnerships with various indigent health clinics, thereby improving overall health outcomes and increasing the variety of health services offered to attendees.

Although expanding these efforts poses challenges, collaborative community health fairs have proven to be effective and successful at improving patient engagement, satisfaction, and health outcomes. The University of Texas Health Science Center held a community health fair in 2023

Addressing Patient Engagement and Experience in Athens-Clarke County

that focused on providing various screening services, educational tools, and vaccines. Included in the offered services were taking basic vitals, vision and dental screenings, blood glucose screenings, COVID-19 vaccines, health education, and referrals to local clinics and facilities (Fritz et al., 2023).

Attendees had an average satisfaction rate of 4.62 out of five (Fritz et al., 2023), indicating that a large portion of participants were highly satisfied with the event and the services they received. Additionally, the mean score for comfortability was between 4.82 and 4.87 out of five for all offered screenings, suggesting that patients were typically very comfortable seeking out various screening services, specifically at the event (Fritz et al., 2023). Participants overwhelmingly reported that they felt more comfortable receiving medical care, screening services, and educational material from the community health fair than at individual health clinics or medical facilities (Fritz et al., 2023).

The UGA Community Health Fair could expand its reach and broaden its scope in the future by offering more services in partnership with Athens' indigent clinics, such as a wider variety of vaccines. Moreover, providing vision and dental screenings would provide opportunities to obtain services attendees otherwise may not be able to access. Blood glucose screenings can lead to prevention and early detection of serious health problems. These health services would increase preventive care and enhance health literacy—a significant challenge among impoverished communities and families—leading to better health outcomes across the community and saving patients time and money.

The suggested approach is to hold the next community health fair at the Athens-Clarke County Library. This central location has a large amount of open space for care clinics to set up booths, stations, and equipment, increasing opportunities for attendee engagement and experience. Additionally, there is abundant parking and multiple accessible bus routes (5, 6, and 20), mitigating some of the transportation burden. The community health fair would take place between 5–8 p.m. on multiple consecutive days of a given week to accommodate the schedules of working parents and guardians.

A key recommendation to enhance the health fair is the inclusion of childcare and interactive family-friendly activities. Visiting iconic characters and participating in crafts and games, led by volunteers and UGA employees who work for the departments spearheading the event, would allow families to receive important health services, accommodating childcare needs and encouraging community cohesion. UGA could also consider partnering with local food vendors to provide free food at the event. Providing dinner at the event, as well as information on where to access food in the future, would be beneficial to attendees and could draw a larger audience.

The outputs of this intervention would be the number of people served, the number of vaccines administered, the number of screenings performed, the number of referrals received, and new knowledge gained. The intended outcomes of the community health fair are a decrease in flu and COVID-19 cases in the upcoming season, increased nutrition knowledge, increased health literacy, increased visits to indigent care clinics, increased free and preventive service uptake, and decreased emergency visits for services offered by indigent care clinics.

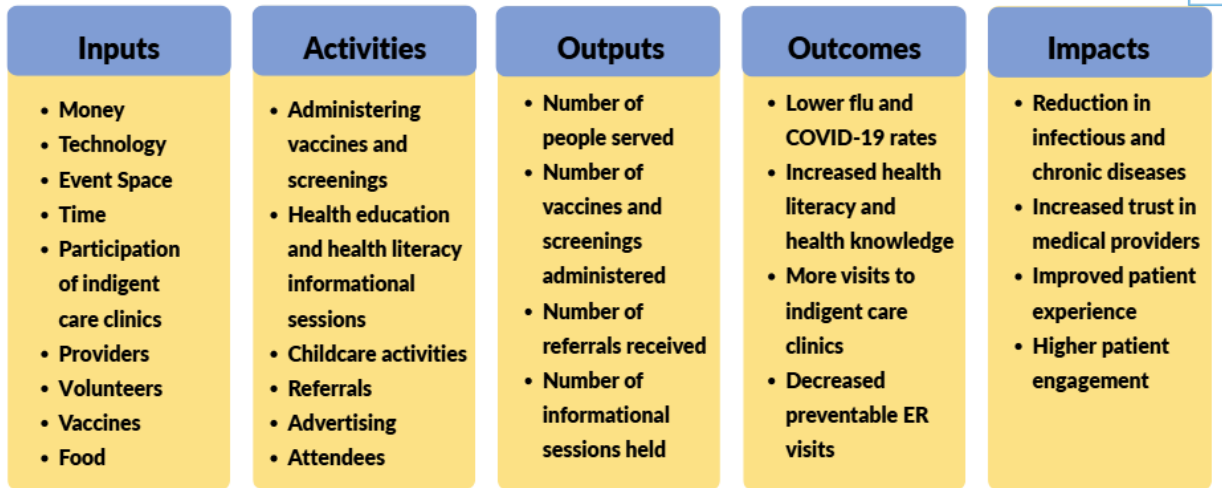
Healthcare professionals would anticipate long-term health impacts from this intervention, including reduced chronic disease progression, stronger patient-provider relationships, increased uptake of free and preventive services, and a more integrated indigent care ecosystem. The

Addressing Patient Engagement and Experience in Athens-Clarke County

ultimate objective of the enhanced community health fair is to provide necessary services for underserved populations in Clarke County through fostering a better patient experience with local medical providers. Ideally, this solution will lead to a higher uptake of free and preventive services as well as higher community engagement and satisfaction.

Figure 1

Logic Model



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Addressing Patient Engagement and Experience in Athens-Clarke County

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Addressing Patient Engagement and Experience in Athens-Clarke County

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