

1 CITY OF COLLEGE PARK
2 MAYOR AND CITY COUNCIL
3 WORKSHOP SESSION
4 AUGUST 7, 2023
5

6 MINUTES
7
8

9 Present: Mayor Bianca Motley Broom; Councilmen Ambrose Clay, Joe Carn, Ken Allen
10 and Roderick Gay; City Manager Stanley Hawthorne; City Attorney Winston
11 Denmark; City Clerk Shavala Ames

12 Absent: None

13 Mayor Motley Broom called the workshop session to order at 5:01 p.m.

14 **ACTION:** Councilman Clay moved to take up executive session to discuss real estate,
15 litigation, and cyber security at 5:02 p.m., seconded by Councilman Carn and
16 motion carried by those present. *Councilman Gay was absent.*
17

18 The workshop session reconvened at 6:09 p.m.

19 MAYOR MOTLEY BROOM: Good evening. We are back for our workshop session, and we
20 have a couple of items on the agenda. We are ready to begin here at 6:09 p.m.
21

22 **1. State of the Health Industry in the South Metropolitan Area presentation by**
23 **Michael Carnathan, Research/Analysis Manager at the Atlanta Regional**
24 **Commission.**
25

26 MAYOR MOTLEY BROOM: The first item on the workshop session agenda is state of the
27 health industry in the South Metro area by Mike Carnathan, the research analysis manager at the
28 Atlanta Regional Commission. Good evening. Good to see you.
29

30 MR. CARNATHAN: Good to see you. How's everybody? I was supposed to lean into this mic;
31 is that correct?
32

33 MAYOR MOTLEY BROOM: Yes, sir.
34

35 MR. CARNATHAN: Thank you for having me today. Again, my name is Mike Carnathan, and I
36 am the manager of the research and analytics group at the Atlanta Regional Commission. And I
37 am here to give you a brief presentation just about, sort of, public health landscape. So, I am
38 going to give a brief presentation about the overall health landscape in the Atlanta region. Of
39 course, that's going to include South metro as well. And what I'm going to do is I'm really going
40 to talk broadly about the public health landscape, because that's the way we need to think about
41 any potential solutions we may need for public health because it is a systemic issue. And so, we
42 need to think broadly and systemically about that.
43

44 And so, those are the things I'm going to be talking about, specifically -- well, really, it's going to
45 boil down to four things. The first thing is depending on our race and depending on place,
46 leaning, where we live, we are having very different experiences in this region in terms of
47 interacting with the healthcare system. And we have very different needs from the healthcare
48 system. The second thing is, if you look at health disparities, it's producing very different
49 outcomes. And, again, this is going to be centered in race and place. Third thing that I'll talk
50 about is, if you think about what makes us healthy, or what makes us unhealthy, it really comes
51 down to a lot of what happens outside of doctor's office, outside of a hospital, outside of an ER.
52 And it's these so-called social determinants of health. We've all heard that term. That's really
53 where these disparities have their roots.

54
55 And so, you can't just address what's happening in a clinic setting or in a hospital setting without
56 also dealing with the social determinants of health. And then the final point is when you talk
57 about public health, you cannot not talk about mental health. Because public health and mental
58 health are inextricably entwined. And so, those are the four basic points that I'm going to be
59 talking about. I sort of gave away the punch line before telling the joke. But those are the things
60 that's on my agenda for this presentation. So, before I get into the meat of the presentation, I do
61 just want to give a quick reminder of who ARC is and what we do.

62
63 On this slide here, you see our vision, you see our mission, you see our values, and then you see
64 our goals. And that top goal right there is healthy, safe, livable communities. That's why I'm
65 here. That's why ARC recently held a public health summit to help our local governments sort of
66 start thinking through some of the big challenges of our day, because health and public health is
67 one of the critical issues facing the region, really, facing any region. So, let's get into it. On this
68 slide what you're looking at is, you're looking at white population and black populations across
69 five key indicators of health. Infant mortality, asthma, diabetes, major cardiovascular diseases,
70 and premature death. And I'm not going to read the statistics for you, you can see the vast
71 disparities that exist.

72
73 So, you'll look at infant mortality, it's up almost three times a higher rate for black populations
74 than it is for white populations. And this exists for ER visits for asthma, ER visits for diabetes,
75 ER visits for any major cardiovascular diseases. And it also extends to years of potential life loss,
76 which is just a measure of premature death. And so, these are the disparities we have in our
77 healthcare system that's producing these sorts of outcomes. Now, if we extend this kind of
78 analysis to other races and ethnicities, we get this chart. And so, this chart will take a little bit of
79 explaining because there's a bunch of colors and a bunch of numbers going on. But what you're
80 looking at is, you're looking at the leading causes of death across the 11-county area. And the
81 rate, 1 through 15 for black populations. So, you'll see that first column, black population, you'll
82 see numbers 1 through 15. Those are the leading causes of death for black populations.

83
84 Now, what I've appended to this is the same leading causes of death, but looking at the Asian
85 populations, Hispanic populations, and white population. Now, the reason I made this chart is if
86 you look very carefully, you'll start seeing what I meant by my first point, is that we're having
87 very different experiences in interacting with the healthcare in this region, and we have very
88 different needs. So let me spend a little bit of time walking through this chart. Now, you see the
89 very first, the top row, ischemic heart and vascular diseases, those are heart attacks. Heart attacks

90 don't care what race or ethnicity you are, that's going to be the leading cause of death, or the
91 second leading cause of death for all races and ethnicities. But when you start diving into the
92 details, that's when you start seeing my point. So just go on down to the second, for black
93 population, second leading cause of death is hypertension. But that's not even the top five for any
94 other race or ethnicity. Then you keep scrolling down in the black population column and you'll
95 see number 8 is assault and homicide. So, homicide is the eighth leading cause of death for black
96 population. It's not even in the top ten for other races and ethnicities.

97
98 Now, let's move across the table. Let's look at Hispanic populations. The number one leading
99 cause of death for Hispanic population, during this five-year period, 2017 to 2021, is Covid. We
100 only had COVID for two of those years. So, this particular disease hit Hispanic population very,
101 very hard. Keep scrolling down in the Hispanic population, you'll see the third leading cause of
102 death is motor vehicle crashes. And then look at the white populations, the number 2 leading
103 cause of death among white populations is Alzheimer's disease. Number 4 leading cause is other
104 diseases of the nervous system like Parkinson's. So, all of this is to say that, depending on your
105 race and ethnicity, you have different health challenges, and you have different health needs
106 coming out of the healthcare system.

107
108 So, let's move on a little bit and let's talk more about just the disparities among black and white
109 populations. Here, you're just looking at age adjusted death rate. And you'll see for most
110 counties, it's about even for white and black populations. The two biggest exceptions are Fulton
111 County and DeKalb County, where you see the greatest disparity. In other words, black
112 populations have a higher age adjusted death rate than do white populations, by a pretty far
113 margin in both Fulton and DeKalb. Now, this is just hospitalizations, so just view this as just the
114 rate of hospitalization. Again, you'll see in many of our counties, you see parity between white
115 and black populations, but that's not the case again in Fulton or DeKalb, when we see big
116 disparities. Black populations are extremely more likely to utilize a hospital for any reason.
117 Diabetes, we mentioned this at the very beginning. This is where disparities are among the
118 greatest. And, again, among the greatest in Fulton and DeKalb. And so, these -- so, what I've
119 been talking about so far is just really illustrating the disparities that exist in the outcomes and
120 how healthy we are.

121
122 But those disparities extend beyond just what we visibly see from health outcomes. Now, let's
123 talk a little bit about access. And so, here when you think about access, well, if you want to get
124 healthcare that you need, having health insurance helps that. And so, you'll see spatially, county
125 by county, you see vast disparities in the uninsured rate. Clayton County has the highest
126 uninsured rate in the region, at around 18.3. Its next-door neighbor, Fayette, has the lowest of
127 about 7. So more than twice the uninsured rate in Clayton when compared to its next-door
128 neighbor. And, of course, if you look at this by race and ethnicity, about 1 in 3 of our Hispanic
129 residents in this region do not have health insurance. And the uninsured rate for black
130 populations is almost twice that of white populations. So, again, we're seeing some of these
131 disparities in access.

132
133 And now, we add kind of the spatial component to this, and you'll see that these disparities exist
134 at the spatial level too. Now, of course, place and race are related. But what you'll see here is
135 those red areas in the region, those represent the greatest concentration of those without health

136 insurance. And if you look at the spatial pattern, this is a very familiar spatial pattern in this
137 region. We kinda start up in the Marietta area in Cobb. You go down through Atlanta, South
138 Fulton, yes, College Park into Clayton County, back up to south DeKalb, back into Norcross,
139 kind of forms a U-shape. So just remember, so sort of take a picture of that spatial pattern. Now,
140 one of biggest of barriers to accessing the healthcare that you need is transportation. And so, this
141 is looking at the percent of households that do not have a vehicle. Again, red areas represent the
142 highest concentration. And, again, you see a very familiar spatial pattern; right? You see that
143 U-shape. Now, one of the solutions or potential solutions to transportation as a barrier to
144 healthcare is telemedicine. But to access telemedicine, you need broadband internet. And so,
145 here the red areas represent lack of broadband access, the highest concentration of households
146 without broadband access. And you see the exact same pattern. Then, finally, poverty, which is
147 probably the number one indicator of access, because this is just telling you about access to just
148 resources, in general.

149
150 And, again, you'll see the red areas represent the highest rate of poverty. And I'm doing all this to
151 say, yes, place matters, but when you see maps like this, regardless of whether you're mapping
152 access to vehicle, access to healthcare, access to broadband, or access to resources, and you see
153 the map looking the same over and over and over again, guess what, College Park is in that
154 U-shape. This talks about a system issue. And that's why at the very beginning, I said that we
155 need to think very broadly about public health because a lot of what makes us healthy doesn't
156 have much to do with what happens inside a doctor's office or inside a hospital.

157
158 Now, let's talk about access a little bit more directly. And this is just access to our trauma I and
159 trauma II hospitals in the region. We only have four of them now with AMC closure. And you'll
160 see the blue areas represent, I guess, the quickest drive times. And the yellow areas represent the
161 slowest drive times to one of these hospitals. Now, the map on the left just shows you average
162 across the entire day. The map on the right actually shows you the travel time in P.M. peak. And
163 so, you'll see that footprint, that blue fingerprint on the right map is a lot smaller, because don't
164 get sick during P.M. peek, because your drive times become significantly longer. You'll see
165 some areas in like southern Henry, southern Fayette, southern Clayton, where drive times are
166 upwards of an hour. And here, we're just talking about a one-way drive from a house there to a
167 hospital, more than likely, Grady. It's not talking about response times and ambulances. And it's
168 not talking about the wall times you may have to wait once you get to the emergency room. This
169 is just a; how long does it take to get from point A to a hospital.

170
171 And that little area in southern Henry, it's actually quicker for someone in that area to go to
172 Macon to a Trauma I, Trauma II hospital than it is to go here. So, transportation is a big part of
173 the overall healthcare system. Now, I'm going to kind of linger on this chart a little bit, because
174 this sort of encompasses all of the four points that I led this presentation on. And what this is
175 looking at, it's looking at premature death, so it's a little bit different than the first chart I showed
176 you that's just looking at overall leading causes of death overall. This is looking at what gets us
177 early. And we're looking at white populations and we're looking at black populations. And so,
178 you'll see the chart to the left, that's for white populations. And what we're looking at is we're
179 looking at years and we're looking at percentages of death by cause.

180
181 Now if you look at white population chart, you'll see the number one leading cause of premature

182 death is accidental poisoning, which is just another word for OD, overdose. Now, look at the 30,
183 like 30 to 39. So, if you go over and you look at -- let's look at 30 to 34 specifically, you'll see
184 that 50 percent of all death of that age group, among the white population, is attributed to OD.

185
186 COUNCILMAN CARN: Are you on the bottom or on the side numbers?
187

188 MR. CARNATHAN: The side. So, age and years. And look at the 30 to 34- and then follow that
189 pink blob over, and that represents about 50 percent of the deaths of 30 to 34-year-old white
190 populations are due to overdoses. Now, from this chart, skip on over to that green block, number
191 two cause of premature death among white population and that is suicide. And so, if you kind of
192 follow the 30- to 34-year-olds across that green blob, that's another 20 percent. So, what this
193 chart is suggesting is that 70 percent of white population, age 30 to 34, they're dying due to OD's
194 and they're dying due to suicides. Which gets to that final point that I made at the very
195 beginning; mental health is a big part of public health. You really can't talk about one without the
196 other.

197
198 Now, let's skip over to black populations, same deal, right. So, you have the age on the Y-axis on
199 the vertical axis and you have the percent of deaths by cause on the bottom. Number one cause
200 of premature deaths for black population is homicide. And look at the 15 to 19 age band there.
201 You'll see about 50 percent of all deaths among black, 15- to 19-year-olds, occur due to
202 homicide. And then you skip over to kind of that blue blob at the end, those are motor vehicle
203 crashes. That's about another 25 percent of deaths. So, for 15- to 19-year-old black populations,
204 75 percent of deaths are caused due to homicide or motor vehicle crashes. And that brings in
205 Public Safety into the mesh. You must have partnerships with Public Safety if you're going to
206 tackle the bigger broader issue of public health.

207
208 So, does that make sense in terms how to read this chart? You should have this presentation, so
209 hopefully, you can spend some time with this. Because you'll find out a lot of the stuff, and that's
210 really what it boils down to when I said at the very beginning is like, we have very different
211 experiences in this region based on our race and how we interact with healthcare system. So, I
212 want to finish this up very quickly. Just to, you know, kind of put in a plug for what, you know,
213 kind of ARC's main sort of forward-facing division for this is our aging independent services.
214 They mostly deal with older adults. But they have is their north star, is their number one goal is
215 to reduce disparities and life expectancy and increase life expectancy for all. Because, again, that
216 is part of this broader system. Now, the reason they have a focus on older adults is because we're
217 all getting older. The Atlanta region is going to have, you know, somewhere around 900,000
218 people 75 years and older in this region by 25th.

219
220 And so, you know, yes, we can celebrate greater longevity, but that greater longevity is not
221 enjoyed by everyone equally. So, let's take a look at life expectancy. And so, here's a map of life
222 expectancy, where you see the blues represent the highest life expectancy in the region and the
223 red represent the lowest. Now, the two little areas that we've highlighted here represent Smyrna
224 in Cobb County, which has the highest life expectancy in the region. And then about seven miles
225 away in Bankhead, you have the lowest life expectancy in the region and the differences
226 somewhere around 25 years. So, we're talking about 7 miles, what happens that causes 25 years
227 of difference in life expectancy. And it all goes back to that same point that I've been making

228 about disparities, about social determinants of health and about the importance of race and place
229 in determining any sort of healthcare status we may be thinking of. And this will be my last slide.
230 And you'll see at the Fulton County level -- you know, Fulton County actually performs better
231 than the state and the nation as a whole in terms of life expectancy. But the devil's in the details,
232 right. We have to get down in the neighborhood level. We have to see those disparities that exist
233 at place.

234
235 Again, same point that I just made. And I'll stop on this slide going back to that idea that, you
236 know, most of what makes us healthy happens outside of clinical care. Now, based on this health
237 model, they say about 20 percent of what drives our health outcomes and drives our quality of
238 life happens because of what we get treated for in a clinic. That means 80 percent is something
239 else. 80 percent is healthy behaviors. 80 percent is, you know -- so 30 percent is healthy
240 behaviors, 40 percent are social economic factors. And then another 10 percent is just a physical
241 environment. And so, if we're going to craft, again, a solution, and I sound like a broken record
242 here, around the public health sphere, we have to think about the other 80 percent that really
243 happens out in the community. And so, that is my last slide and I'll take any questions if I haven't
244 burned through my time.

245
246 MAYOR MOTLEY BROOM: Thank you so much. We'll start with Councilman Clay.

247
248 COUNCILMAN CLAY: Well, I really like to thank you for being here, because I went through
249 the charts. And I've had a lot of experience with charts, but I was having a tough time with the
250 squiggly one.

251
252 MR. CARNATHAN: That's why I spent some time on that to kind of show you what you're
253 looking at. It's a Histomap and it's created by the Department of Public Health. And it does kind
254 of show you, you know, what different ages and different races, what health issues they're
255 struggling with the most. So, I spent some time with it.

256
257 COUNCILMAN CLAY: Having said that, this has gotta be one of the most disturbing reports
258 I've seen. So, I immediately -- being an engineer by training, I immediately go and say, well,
259 okay, what's the solution? You know, what's the fix for this? And the one thing I would like to
260 have seen in this chart is a correlation -- I mean, you can make a correlation out of race, for
261 example, black and white, which is most of your presentation.

262
263 You can make a correlation out of that with race, right? What I'd also like to see, though, is what
264 is the correlation with economic situation? Because my gut feeling is, and I have -- for example,
265 College Park, I have the Housing Authority in my Ward. I'm down there every month for
266 meetings. I know a whole bunch of the people down there. And if you were to talk to Chief
267 Elmore, he would tell you, as he's told us many, many times that the majority, the vast majority,
268 of our ambulance calls, our paramedic calls are to take people to the hospital that don't have
269 insurance; that don't have a doctor, period. And I would just love to know, because I think I do
270 know, that that is a high correlation with economic position. So, if we were to look at this thing
271 of how we solve it -- I mean, yes, there's training, right? You can educate people to be savvier on
272 medical conditions and so forth. But that doesn't get them insurance.

273

274 And so, where I'm coming from is, if we're looking for a solution, it would seem to me that one
275 of the basic solutions is to improve the economic health, regardless of what race you are. But we
276 are -- and I think you're going to find that there's a high correlation -- I can guarantee it in
277 College Park -- between race and economic position. So, the next question is, really, in my mind,
278 and this is the thing that drives a lot of the things I do, how do you improve the economic
279 situation for people of another race, in this case, black race? Might be, somewhere else, it might
280 be Hispanic. Somewhere else, it might be -- I doubt it'll be Asian, but it might be. And so, if
281 we're trying to get this solved, do you have any recommendations? And would you agree that my
282 correlation will probably show what I think it will show?

283
284 MR. CARNATHAN: Absolutely, your correlation will show that. I mean, that's why I put that
285 poverty map in there, because it's going to show the same basic spatial pattern, which is nothing
286 more than just a spatial correlation; absolutely. Income is driving all of this. And you'll see on
287 this chart right here, social and economic factors, based on this model, from the -- it's a county
288 health ranking model. And they say that, you know, social and economic factors represent 40
289 percent of what make us healthy or unhealthy. So, yes, improving overall economic status, you
290 can expect to improve overall public health once you do that. Now, in terms of the solutions to
291 do that, there's many ways to do that. I mean, you know, jobs are going to be -- jobs are always,
292 you know, kind of a pathway to wealth. Homeownership is another traditional --

293
294 COUNCILMAN CLAY: Education.

295
296 MR. CARNATHAN: Education is one --

297
298 COUNCILMAN CLAY: One of the most fundamental things.

299
300 MR. CARNATHAN: Absolutely. And so, there's lots and lots of pathways to get us into a
301 wealthier place, which, by correlation, would translate into better health outcomes.

302
303 COUNCILMAN CLAY: The last thing -- I'm taking up too much time -- the last thing I would
304 say is that we lost a significant -- we don't have good trauma capability in this area, on the
305 southside, period. And we need to improve -- we need to get a hospital here, maybe it's not a
306 Level I trauma, but that's capable of addressing the poverty situation that we have here. It's just
307 that plain and simple, I think.

308
309 MR. CARNATHAN: Yeah, I mean the maps that I showed about the drive times shows that very
310 clearly, that if you do have an emergency situation down here, the drive times can be --

311
312 COUNCILMAN CLAY: Not even an emergency. I mean, just getting to the doctor. Anyhow,
313 enough said. I think you're right on target. This is something that is fundamental that we got to
314 work on.

315
316 MR. CARNATHAN: Thank you, Councilman Clay.

317
318 MAYOR MOTLEY BROOM: Thank you, sir. Councilman Carn?

319

320 COUNCILMAN CARN: Mike, first, thank you for coming out. We met several times at the
321 ARC, and he gave me some other data near the beginning of the year concerning College Park.
322 And, City Manager, I wanted you to kind of get a feel, I guess, if you want to get a hundred-
323 thousand-foot overview and look at College Park in terms of where we are and where we're
324 ranking, I guess, this is a good start. The data that Mike has is amazing for all of these cities and
325 counties. And I really think that the ARC is a seriously untapped resource. I was asked to serve
326 on one of the boards of the ARC years ago, even before I became county commissioner, actually,
327 by Doug Hooker.

328
329 I didn't have time to do it at the time, but very underutilized resource. I think all of our
330 departments would be wise to get some data from them pertaining to their particular
331 departments. He has a plethora of free information that we already paid for through our taxes and
332 everything else that's just sitting there that can benefit how we budget, how we look at doing
333 things. So, we need to take -- everyone needs to take a look at that free data. Ambrose touched
334 on the big issue, I think, education and awareness, education and awareness. When I first got
335 back into office here in 2022, at the first council meeting, one of the things I said I wanted to
336 really take a serious look at are our disparities in our community, in particular, health disparities.
337 I asked for funding for health initiatives in that 2022 budget. Those funds did not make it in the
338 budget. I also asked for health initiatives in the last budget, the 2023 budget. That money did not
339 get in there, but we put together a couple of committees and we're working towards better health
340 outcomes with Fulton County Board of Health and some other partners.

341
342 I'm hoping we get some funds in the next budget for health issues and health solutions. All of
343 those charts, the causes of death and all the things we're looking at, because we're so heavy
344 multi-family apartment complexes, we're 75 percent rental, which is the highest in the region.
345 Being 75 percent of apartment complexes, and these complexes, roughly half of our residents
346 don't have vehicles or personal transportation. They have to do Uber, Lyft, the bus, MARTA,
347 bike, whatever, have you. So that transportation issue is a real big issue for us. Accidents -- I got
348 an intersection, which is Camp Creek and Herschel Road, I asked Dawn Chappell to pull stats for
349 me because we've had so many accidents and wrecks on that intersection, and it's a flawed left
350 turn signal that, I think, GDOT needs to just, all together, remove the option of the yellow signal,
351 but that's a whole 'nother thing.

352
353 I asked the police department to look at the stats for the number of accidents there, because I had
354 seen a few myself. And 64 accidents in a little over one year at one intersection. I would imagine
355 that's probably the number one worst intersection that we have and it's -- I wouldn't say it's
356 necessarily an easy fix, but it can be an easy fix, and it's something we need to work on. We're a
357 hospitality city so that exacerbates some of our issues, perhaps. But I think a lot of this is about,
358 you know, what we call affordances; what's afforded in the community. And affordances is like,
359 you know, chairs in this council chamber affords city; it's what's available to you, affordances.
360 We have a lot of alcohol in our community. Now, part of that is because we are a hospitality
361 community, so we have a lot of hotels. We have 40 hotels/motels. We have restaurants.

362
363 But the issue I have are the convenient stores on the corner; the liquor stores, which by the way,
364 City Manager, we are in violation of our Charter with liquor stores, by the way. Our Charter says
365 we're only supposed to have two liquor stores in this city. However, we are in violation of our

366 Charter and we have four liquor stores in our community. So that's something I think we need to
367 look at. I actually spoke to our judge about that at one point and asked her about it, and she said,
368 well, you all regulate what's in your Charter and you're not obligated to issue any licenses to
369 anyone necessarily, especially, if it says it in the Charter. Outside of that, I'd like to see us try to
370 make some changes in some things that we can do. I saw this presentation a couple of months
371 ago at a health conference at the Central Public Library, which I supported the funding for when
372 we did 250-million-dollar renovation over there, which was a pretty big deal.

373
374 But when I saw this presentation, I told Mike that I think it would be good to come and give this
375 presentation to our council so we can get a feel for a lot of what we're dealing with. Because a lot
376 of what he's talking about is happening here. So, City Manager, I really want us to start to work
377 on some initiatives that I think would better the quality of life for everybody. In a sense, College
378 Park is kind of a tale of two cities. We've got one area of town that relatively does pretty well,
379 and it's around this City Hall and the north end of town. You can go a few blocks down the road
380 and the disparities are shockingly different. And that's something I think we need to try to
381 equalize a little bit more. But it's going to take education and awareness, and a lot of it.

382
383 And I think part of that is our responsibility. We're not schoolteachers, but at the end of the day
384 we want a quality of lifestyle for everybody, not just folks on the north side of town, or on this
385 side of town, or on that side of town. It's good information. And I think it's an eye opener and I
386 think we need to look at some of this stuff from time to time and figure out what we're going to
387 do about it.

388
389 MAYOR MOTLEY BROOM: Any questions, Councilman Carn?

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391 COUNCILMAN CARN: No.

392
393 MAYOR MOTLEY BROOM: Councilman Allen?

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395 COUNCILMAN ALLEN: No, I don't have any questions. I like your chart. It's interesting, the
396 squiggly chart talks about children between the ages of 5 and 9, and there's an area where there's
397 suicide in there.

398
399 MR. CARNATHAN: Fortunately, not many.

400
401 COUNCILMAN ALLEN: Is that from taking pills, or is that just --

402
403 MR. CARNATHAN: I'm not sure. This is how they diagnosed --

404
405 COUNCILMAN ALLEN: That floors me that that's in there. Again, my colleagues have
406 mentioned, you know, we're a tourist destination, so in College Park, we have a lot of hotels. We
407 have a lot of tourists. We have a lot of people eating at our restaurants. And we have a ton of
408 people at the airport, which is primarily in College Park. So, you know, those people need a
409 hospital, as well. So, we need to be looking at that as well. That's all I had to mention.

410
411 MAYOR MOTLEY BROOM: Thank you, Councilman Allen. Councilman Gay?

412
413 COUNCILMAN GAY: Sir, I don't have any questions, but I apologize for not hearing you at the
414 start, but I did read it. It's a great report.

415
416 MR. CARNATHAN: Thank you, sir.

417
418 MAYOR MOTLEY BROOM: Mr. Carnathan, thank you so much for your time. We value our
419 relationship with ARC and everything that ARC does to support this region and, of course, the
420 city of College Park. Have a wonderful evening.

421
422 MR. CARNATHAN: Thanks. Y'all too.

423
424 **2. Discussion of the Consent Agenda.**

425
426 **a. Motion to approve a four way stop sign at the intersection of Hawthorne**
427 **Avenue and Lee Street.**

428
429 MAYOR MOTLEY BROOM: Moving on to the consent agenda. Any questions on Item 2(a),
430 Councilman Clay?

431
432 COUNCILMAN CLAY: Yeah, I got answers to most of my questions on the items. But on this
433 one, I didn't understand how there was zero cost to the city resource input part to put in the stop
434 sign. I totally agree we need a stop sign, but I just didn't understand why it was zero.

435
436 MAYOR MOTLEY BROOM: Mr. Hawthorne?

437
438 MR. HAWTHORNE: I'm not sure where the police chief is, first of all, but what kind of cost are
439 you expecting?

440
441 COUNCILMAN CLAY: I mean, it can't be much; maybe \$50, maybe a hundred dollars, maybe
442 \$500. But it just said zero and that just surprised me. That's all.

443
444 COUNCILMAN CARN: My guess was we probably already have the signs and, I guess, it's a
445 matter of sticking them on in the ground.

446
447 COUNCILMAN CLAY: I mean, you know, there's some labor and you got to cover the signs for
448 thirty days and what have you. The other comment I wanted to make; we've got some real
449 problems with our packets coming together. And in this particular packet, if you look at the
450 pages, starting at 31, they're pretty much useless. Now, I don't need them. I mean, this is not a
451 problem. This is just a process comment, City Manager. And in the other, you'll find out, in the
452 regular session, you'll find that the page numbering in the packets don't line up after you've got
453 fairly far down the road, you know. If I look at the 50th page, physically, and the document is
454 not on packet page 50. It might be packet page 48 or 6 or whatever, just a comment. That's all I
455 had.

456
457 MAYOR MOTLEY BROOM: Any questions, Councilman Carn, on Item 2(a)?

458
459 COUNCILMAN CARN: On the stop sign? No.
460
461 MAYOR MOTLEY BROOM: Councilman Allen?
462
463 COUNCILMAN ALLEN: No, I don't have any questions. I think it's needed, because it goes
464 straight into the FAA, so you need to have a four way stop.
465
466 MAYOR MOTLEY BROOM: Councilman Gay?
467
468 COUNCILMAN GAY: No, ma'am. I don't have any questions until we get to (h).
469
470 MAYOR MOTLEY BROOM: Thank you, sir. Considering that Items 2(b)(c) and (d) are all fire
471 related; is that correct, Chief Elmore?
472
473 **b. Motion to approve the purchase of fire personnel protective clothing utilizing**
474 **Municipal Emergency Services (MES) as the City's protective clothing and**
475 **turnout gear supplier at a cost of \$298,413.**

476 **c. Motion to approve the purchase of Fire Department uniforms utilizing North**
477 **America Fire Equipment Company (NAFECO) as the annual uniform**
478 **supplier at a cost of \$44,730.**

479 **d. Motion to approve the purchase of 40 SCBA (Self-Contained Breathing**
480 **Apparatus) cylinder units for the fire department from MES (Municipal**
481 **Emergency Services) at a cost of \$57,600.00.**
482
483 CHIEF ELMORE: Yes.
484
485 MAYOR MOTLEY BROOM: So, we'll take those together. Any questions for Chief Elmore on
486 Items 2(b), (c), or (d), Councilman Clay?
487
488 COUNCILMAN CLAY: I got all my questions answered, and I'm good.
489
490 MAYOR MOTLEY BROOM: Councilman Carn?
491
492 COUNCILMAN CARN: Chief, what did we do with the old turn out gear? I'm just curious.
493
494 CHIEF ELMORE: We probably get them repaired and we use them for either the --
495
496 MAYOR MOTLEY BROOM: Chief, can you turn your mic up?
497
498 CHIEF ELMORE: We use them for the new recruits that's coming in, if we're still to use them, if
499 they haven't reached their life expectancy.
500
501 COUNCILMAN CARN: Stanley, can we take a quick note while I'm thinking about it again?

502 We need to get a taller microphone, flex thing. I'm sure we got that somewhere in the budget.
503 But while I'm thinking about it, just somebody take that note so that it's easier for folks to talk,
504 especially, tall folks. But even short folks, the mic -- if we can get it a little longer, I think that
505 would solve a lot of our problems so that people can hear what's going on. If somebody can just
506 write that down and get one of those in two weeks before we have our next meeting, that'd be
507 great. We were just talking about it up here. In my mind, meeting after meeting, I'd say to
508 myself, oh, I gotta remember that I gotta remember that. So, let's remember that.

509
510 MR. HAWTHORNE: Just to clarify, and I'll refer this to the City Clerk. I'm not sure if that's
511 your area of responsibility or communications?

512
513 MS. AMES: I'll take over it.

514
515 MR. HAWTHORNE: Thank you.

516
517 MAYOR MOTLEY BROOM: Any further questions on 2 (b), (c), or (d), Councilman Carn?

518
519 COUNCILMAN CARN: Nope.

520
521 MAYOR MOTLEY BROOM: Councilman Allen?

522
523 COUNCILMAN ALLEN: No questions.

524
525 MAYOR MOTLEY BROOM: Councilman Gay, you're good?

526
527 COUNCILMAN GAY: Yes.

528
529 MAYOR MOTLEY BROOM: All right. Thank you, Chief. Item 2(e) questions for Mr. Hicks on
530 this one. Motion to approve integrated security technology pricing for card readers. Any
531 questions for Mr. Hicks, Councilman Clay?

532
533 **e. Motion to approve Integrated Security Technologies pricing for card readers**
534 **and access control on city owned facilities at a total cost of \$169,068.94.**
535

536 COUNCILMAN CLAY: On 2(e)?

537
538 MAYOR MOTLEY BROOM: Yes, sir.

539
540 COUNCILMAN CLAY: 2(b) is the SCBA equipment.

541
542 COUNCILMAN CARN: That's the fire, isn't it?

543
544 COUNCILMAN CLAY: That's the fire. You must mean 2(f) maybe?

545
546 MAYOR MOTLEY BROOM: It's listed as 2(e) on the workshop session agenda.
547

548 COUNCILMAN CARN: But the packet 2(e) is the fire.
549
550 COUNCILMAN CLAY: 2(e) is fire on the packet. This is another problem, Stanley, with the
551 packet.
552
553 MR. HAWTHORNE: Okay. We'll work on that.
554
555 MAYOR MOTLEY BROOM: Hold on. I'll go by the packet. Give me one moment. I was going
556 off the agenda.
557
558 COUNCILMAN CARN: The agenda is reading something, but the actual packets are reading
559 completely different.
560
561 MAYOR MOTLEY BROOM: I understand, but I want to make -- hold on just one second here,
562 because I want to make sure that -- so what are (b), (c), and (d)? Give me one moment here.
563
564 COUNCILMAN CLAY: Take your time. I'm going to have a hard time finding it once you
565 figure out which one it is. The item that we're here to talk about is the card reader system. But
566 what happens is that 2(a) and 2(b) were both labeled for the four-way stop sign. So that's why
567 there's a shift in the packet that does not correspond with the agenda itself.
568
569 COUNCILMAN CLAY: So, are we talking about the access control?
570
571 MAYOR MOTLEY BROOM: We are. So, are there questions for Mr. Hicks on that from
572 Integrated Security Technology?
573
574 COUNCILMAN CLAY: The only question I have, again -- this is a process issue. We have
575 statements in here that say it's a budgeted item. But what they don't say is, is it a fully budgeted
576 item? I mean, just because it's an item in the budget, they might be asking for twice as much than
577 what's actually in the budget. So as a process improvement, I'd like to see that it's stated to be
578 fully covered in the budget so we're not approving an additional amount without knowing it.
579
580 MAYOR MOTLEY BROOM: Understood.
581
582 COUNCILMAN CLAY: I got my questions answered on the access earlier. This is something
583 sorely needed, I think. It's the old technology and it's -- some of it's worn out, I think. And some
584 of it is just out of date, period, oh, I'm good on that.
585
586 MAYOR MOTLEY BROOM: Councilman Carn?
587
588 COUNCILMAN CARN: I don't have that agenda item in my packet at all. I have 2(e)(a) and it
589 goes from packet page 61 to 67. And I don't have -- someone said it started at 68. I don't have
590 anything that's 68. Now, one thing with our packets that I used to get is, we used to have them
591 stapled together, the different items were stapled together. Now, I know at times, some of the
592 packet are too thick to staple. Those we have the small clips, but a lot of these sectioned off
593 pieces, now, I'm getting paper clipped too death with all these paper clips all over the place. And,

594 again, I still use the paper, you know, myself. I'm just old fashioned that way. I like to see it on
595 paper. But if I can get it stapled together like we used to have it and then the stuff that's too thick
596 is in the little binder clip, but I'd like it that way. But I'm completely missing that all together. I
597 don't have that at all.

598
599 MAYOR MOTLEY BROOM: Councilman Allen, do you mind sharing?
600

601 COUNCILMAN CARN: Well, at this point, I mean, if there are no real problems with it, I didn't
602 have an issue with what I saw. It sounded just like the material that you needed, but I just like to
603 see it all.

604
605 COUNCILMAN CLAY: The one point of confusion, Joe, was that whether the police
606 department and so forth were covered, and that is covered. I got that clarified. It's not listed
607 upfront, but it is covered.

608
609 COUNCILMAN CARN: All right.

610
611 MAYOR MOTLEY BROOM: Councilman Allen?

612
613 COUNCILMAN ALLEN: No. We talked earlier today, so thank you very much for answering
614 all my questions.

615
616 MAYOR MOTLEY BROOM: Councilman Gay, you still good?

617
618 COUNCILMAN GAY: I have a quick question. With the card reader, will that be different types
619 of cards for all staff or would different staff -- can one staff access all city facilities? And will it
620 be a reader on the bathrooms?

621
622 MR. HICKS: It won't be a reader on the bathrooms, no.

623
624 COUNCILMAN GAY: The parks?

625
626 MR. HICKS: To the parks, no.

627
628 COUNCILMAN GAY: Because we have a problem with staff not showing up to open the doors.

629
630 MR. HICKS: Well, that's something we can certainly look at, City Manager, down the road. But
631 these are for city owned buildings. It wasn't for the bathroom for the parks. We can certainly
632 look at that. But it's certainly not budgeted for it. The finance director gave me specific numbers
633 out of hotel/motel tax. So, if we're looking at including a bathroom, that's something I can look at
634 down the road.

635
636 COUNCILMAN CLAY: We are looking at that for the Barrett Park. And they're intended to be a
637 pilot for all the other restrooms, Councilman Gay. So, whatever we implement there, access
638 control, we would implement at your restroom as well.

639

640 MR. HICKS: Yes.

641

642 MAYOR MOTLEY BROOM: All right. Thank you, Mr. Hicks. Questions for the Gateway
643 Arena portable floor rehab. Councilman Clay?

644

645

646 **f. Motion to approve Gateway Arena portable floor rehabilitation at a cost of**
647 **\$25,157.50 with service work to be performed by Praters Inc.**

648

649 COUNCILMAN CLAY: I'm good.

650

651 MAYOR MOTLEY BROOM: Councilman Carn?

652

653 COUNCILMAN CARN: I guess I'm all right.

654

655 MAYOR MOTLEY BROOM: Councilman Allen?

656

657 COUNCILMAN ALLEN: Are you going to redesign the floor? Is it going to have a different
658 design?

659

660 MS. MILLER: No.

661

662 COUNCILMAN ALLEN: Okay. I'm good. Thank you.

663

664 MAYOR MOTLEY BROOM: Councilman Gay?

665

666 COUNCILMAN GAY: I don't have any questions.

667

668 **g. Motion to approve Ward 4 festival for October 14, 2023, in Phillips Park.**

669

670 MAYOR MOTLEY BROOM: All right. Thank you. Any questions on Item (g) in regard to the
671 Ward IV Festival, Councilman Clay?

672

673 COUNCILMAN CLAY: No.

674

675 MAYOR MOTLEY BROOM: Councilman Carn?

676

677 COUNCILMAN CARN: No.

678

679 MAYOR MOTLEY BROOM: Councilman Allen?

680

681 COUNCILMAN ALLEN: No.

682

683 MAYOR MOTLEY BROOM: Councilman Gay?

684

685 COUNCILMAN GAY: No.

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h. Motion to approve bid from Global Environmental Services for construction and build for the Barrett Park restrooms in the amount of \$348,901.30 and total cost of the project in the amount of \$567,901.30.

MAYOR MOTLEY BROOM: All right. And we're on to construction of Barrett Park restrooms, the bid from Global Environmental Services for construction and build in the amount of \$348,901.30, and a total cost of project in the amount of \$567,901.30. Questions for Ms. Johnson, Councilman Clay?

COUNCILMAN CLAY: No, I've asked all my questions well before. I sure wish we hadn't had to put the new sewer line in, but that's the way it goes.

MS. JOHNSON: I'm surprised not to hear from you.

COUNCILMAN CLAY: But glad to see it moving along.

MAYOR MOTLEY BROOM: Councilman Carn?

COUNCILMAN CARN: No, just things have skyrocketed up so high. I remember when we did the one in Phillips Park. Times do change.

COUNCILMAN CLAY: You betcha.

MAYOR MOTLEY BROOM: Councilman Allen?

COUNCILMAN ALLEN: No questions.

MAYOR MOTLEY BROOM: Councilman Gay?

COUNCILMAN GAY: No questions.

i. Motion to approve continuing contract with Burnett Lime Company Inc. for the chemical injection system in the amount of \$192,000.

MAYOR MOTLEY BROOM: Thank you, sir. The next is the continuing contract -- thank you, Ms. Johnson -- with Burnett Lime Company for the chemical injection system in the amount of \$192,000. Questions for Dr. Adediran?

COUNCILMAN CLAY: No questions. We need it to keep it from eating up the pipes.

MAYOR MOTLEY BROOM: Councilman Carn?

COUNCILMAN CARN: This is for the new pipe?

DR. ADEDIRAN: Yes -- no this is existing.

732
733 COUNCILMAN CLAY: No, no, no.
734
735 COUNCILMAN CARN: This is for what we got.
736
737 COUNCILMAN CLAY: This is raising the PH so the acid in the sewerage doesn't eat the pipes.
738
739 COUNCILMAN CARN: Gotcha. And it's in the budget, right?
740
741 MAYOR MOTLEY BROOM: Any other questions?
742
743 COUNCILMAN CARN: It just doesn't say if it's a budgeted item on here.
744
745 MAYOR MOTLEY BROOM: If it's on the consent agenda, it's already a budgeted item.
746
747 COUNCILMAN CARN: We used to see it on the page.
748
749 COUNCILMAN CLAY: I'd like to see it said too, Mayor.
750
751 MAYOR MOTLEY BROOM: Any other questions?
752
753 COUNCILMAN CARN: No.
754
755 MAYOR MOTLEY BROOM: Councilman Allen?
756
757 COUNCILMAN ALLEN: No. This is something we need to continue to do.
758
759 MAYOR MOTLEY BROOM: Councilman Gay?
760
761 COUNCILMAN GAY: No questions.
762
763 **j. Motion to approve Kemi Construction Inc., current on-demand contractor,**
764 **to perform an emergency sanitary sewer point repair and replace the**
765 **damaged manhole located at 1601 Cambridge Avenue for a cost of \$66,480.**
766
767 MAYOR MOTLEY BROOM: Thank you, sir. And the next one is Kemi Construction to
768 perform an emergency sanitary sewer point repair and replace the damaged manhole at 1601
769 Cambridge Avenue for a cost of \$66,480. Questions, Councilman Clay?
770
771 COUNCILMAN CLAY: No questions.
772
773 MAYOR MOTLEY BROOM: Councilman Carn?
774
775 COUNCILMAN CARN: No questions.
776
777 MAYOR MOTLEY BROOM: Councilman Allen?

778
779 COUNCILMAN ALLEN: No. This was direly needed. Thank y'all very much, appreciate this.
780
781 MAYOR MOTLEY BROOM: Councilman Gay?
782
783 COUNCILMAN GAY: No questions.
784
785 **k. Motion to approve renewal of contract with The Collaborative Firm for**
786 **planning services at an annualized cost of \$130,000 (\$10,833 monthly) plus**
787 **expenses for 2023-2024.**
788
789 MAYOR MOTLEY BROOM: Thank you, sir. And the last one is renewal of a contract with the
790 Collaborative Firm for planning service and an annualized cost of -- is it \$130,000, Mr.
791 Hawthorne?
792
793 MR. HAWTHORNE: Yes. Based on the budgeted amount, it is \$130,000 even though the
794 Collaborative Firm brought to my attention, and I shared with the council, that it's based on 20
795 hours per week, using the firm. This item will come back, along the restructuring that I'm going
796 to be recommending addressing this overall issue. So, yes, I'm asking for approval as the original
797 CAM stated, \$130,000.
798
799 MAYOR MOTLEY BROOM: Thank you, sir. Questions, Councilman Clay?
800
801 COUNCILMAN CLAY: No questions.
802
803 MAYOR MOTLEY BROOM: Councilman Carn?
804
805 COUNCILMAN CARN: No.
806
807 MAYOR MOTLEY BROOM: Councilman Allen?
808
809 COUNCILMAN ALLEN: No, I'm good.
810
811 MAYOR MOTLEY BROOM: Councilman Gay?
812
813 COUNCILMAN GAY: No.
814
815 MAYOR MOTLEY BROOM: Thank you, gentlemen. We have about 27 minutes until we start
816 our regular session --
817
818 COUNCILMAN GAY: I'm sorry -- did we -- oh, when you talked about the bathroom, you were
819 asking questions. I did have a question about the bid, not about the project. It had nothing to do
820 with the bathroom. I had a question about -- I'm sorry. I had it in my hand. I wasn't even paying
821 attention. The bathroom, that's a great project. I had a question about the bid. What happens
822 when we get bids when there's such a discrepancy in the different prices? I was just looking at
823 the three bidders. And some of the lines, there's like huge discrepancies. I'm just concerned. Are

824 we doing a good job explaining what the scope is?

825

826 MS. JOHNSON: I would have to defer to purchasing, Mr. Moody, in regard to that.

827

828 COUNCILMAN GAY: This has nothing to do with the project. I have a question about bidding.

829

830 MS. JOHNSON: I understand.

831

832 COUNCILMAN CLAY: Could you speak up.

833

834 MS. JOHNSON: We put the scope of work out and I know Mr. Moody sends it out via email to
835 everybody that we've got in contact wise. As far as the bid discrepancy, I'm not quite sure if I can
836 answer that.

837

838 COUNCILMAN GAY: Well, the successful bidder is the lower bidder. But it's a huge
839 discrepancy in the other bidders. And I just want to make sure that all our successful bidders are
840 responsive. You know what I mean? Bidding so low to get it, then they going to come back with
841 some cost over runs. I think we should kind of start looking at those discrepancies.

842

843 MS. JOHNSON: Then we looked at time wise too, how quickly the restrooms could be turned
844 around too. So, it wasn't just price but also on how quickly they can be built.

845

846 COUNCILMAN GAY: All right. Thank you.

847

848 MAYOR MOTLEY BROOM: Any other questions, Councilman Gay?

849

850 COUNCILMAN GAY: No.

851

852 MAYOR MOTLEY BROOM: All righty. Now, we have 25 minutes. So will see everyone at
853 7:30 for the regular session.

854

855

856

CITY OF COLLEGE PARK

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Bianca Motley Broom, Mayor

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863

864

865 **ATTEST:**

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869 _____

