# 2022
## COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

## WELLSTAR DOUGLAS HOSPITAL

Wellstar

More than healthcare.
PEOPLECARE


## Wellstar Douglas Hospital

EIN: 56-2380090
8954 Hospital Drive
Douglasville, GA 30134

Wellstar Douglas Hospital is a 108-bed facility serving Douglas County with world-class inpatient and outpatient services, earning recognition as one of the top-ranked Community Value Hospitals in the nation. Known for providing a continuum of services through its centers and programs, including neurosciences, pain management, cardiology, women's services, rehabilitation, surgical services, and oncology, the hospital caters its services to the unique healthcare needs of all patients in the Douglas area.

Wellstar, the largest health system in Georgia, is known nationally for its innovative care models and is focused on improved quality and access to healthcare. Wellstar is dedicated to reinvesting back into the community with innovative treatments and state-of-the-art technology and facilities. Our vision is to deliver world-class healthcare.

# TABLEOFCONTENTS



This report utilizes a data-driven approach to better understand, identify, and prioritize the health needs of the community served by Wellstar Douglas Hospital, a not-for-profit hospital under the Internal Revenue Code (IRC) Section 501(r).

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a community health needs assessment (CHNA) and implementation plan every three years to better meet the health needs of under-resourced populations living in the communities they serve. What follows is a comprehensive CHNA that meets industry standards, including Internal Revenue Service regulations set forth in the Additional Requirements for Charitable Hospitals section of IRC 501(r).

A digital copy of this CHNA is publicly available: **www.wellstar.org/chna**

Date CHNA adopted by the Wellstar Board of Trustees: **June 2, 2022**

Community input is encouraged. Please address CHNA feedback to **chna@wellstar.org**

# PEOPLECARE

## IDENTIFYING HEALTH NEEDS

# EXECUTIVESUMMARY



Wellstar partnered with the Georgia Health Policy Center to complete a comprehensive CHNA process, which included synthesis of:

- Secondary data specific to the populations and geographic area served
- National literature review on the impact of COVID-19 on community health
- A survey of stakeholders' perceptions of the impact of COVID-19 on the health of communities they serve
- 27 individual key informant interviews with community leaders
- One focus group with residents

As in previous years, Wellstar Douglas Hospital worked with community and hospital leaders to identify the top community health needs. Like in the 2019 assessment, the primary focus of data collection for this assessment was on under-resourced, high-need, and medically underserved populations living in. Some noticeable differences between the 2019 assessment and this one are:

- Health needs are assessed for residents in five zip code areas concentrated in Carroll and Douglas counties. In 2019, Wellstar Douglas Hospital was included in an assessment of community need for four other Wellstar hospitals (Cobb, Kennestone, Paulding, and Windy Hill hospitals) serving residents in 28 zip code areas.
- The prioritization process was different due to COVID, with community leaders identifying top needs during interviews instead of a large community convening. As a result, the number of health needs has grown (from 5 in 2019 to 6 in 2022).
- The COVID-19 pandemic has had an impact on all health needs – disproportionately affecting historically disadvantaged groups.
- Many comparisons are not possible between the 2019 and 2022 reports due to the significant changes made to the service area definition.
- The primary and secondary data have been updated and more data have been included when available.

Data from Carroll and Douglas counties were reviewed. County Health Rankings & Roadmaps was used to gauge counties' overall health. (Rankings are in relation to 159 counties in Georgia, and a lower score indicates better health with the county with the best health scoring number 1). Douglas County ranks lower than Carroll on all indicators except for clinical care and physical environment. (County Health Rankings, 2021) *(Table 1)*. Carroll County ranked best in Quality of Life (41) within the service area, and Douglas County ranked best in Health Outcomes (21). Both counties' worst rankings pertained to the physical environment. (County Health Rankings, 2021).

**Table 1 | County Health Rankings (2021)**

| | Health Outcomes | Health Factors | Length of Life | Quality of Life | Health Behaviors | Clinical Care | Social & Economic Factors | Physical Environment |
|---|---|---|---|---|---|---|---|---|
| Carroll | 56 | 44 | 73 | 41 | 70 | 48 | 45 | 94 |
| Douglas | 21 | 29 | 25 | 30 | 15 | 72 | 30 | 126 |

*Source: County Health Rankings & Roadmaps*

## 2021 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar Douglas Hospital *(Table 2)*. When compared to 2019 (set for the five hospitals noted above), the 2022 community health needs for Wellstar Douglas Hospital alone are broader in focus and take into consideration the long-term impact of the global pandemic. The 2019 community health needs did not change and are included in the newly stated 2022 community health needs.

**Table 2 | 2019 and 2022 Comparison of Community Health Needs**

| 2019 Community Health Needs | 2022 Community Health Needs |
|---|---|
| **Wellstar Douglas Hospital**<br>1. Access to appropriate care<br>2. Chronic disease<br>3. Behavioral health<br>4. Substance abuse<br>5. Maternal and child health | **Needs Common to All Hospitals in Wellstar Health System**<br>1. Access to appropriate healthcare<br>2. Behavioral health<br>3. Maternal and child health<br>4. Healthy living *(including access to food, physical activity, and chronic disease prevention and management)*<br>5. Housing<br>6. Poverty<br>**Additional Needs in the Wellstar Douglas Hospital Service Area**<br>7. Violence and crime<br>8. Cancer<br>9. Sexually transmitted diseases *(HIV/AIDS and STIs)*<br>10. Education |

In general, the community residents served by Wellstar Douglas Hospital are younger and less diverse, with slightly more language barriers than is average for the state. Douglas County has a larger population of Black residents, and Carroll County has a larger White population. When the data were disaggregated by race, ethnicity, and income, it was clear that these social determinants impacted health status. For example, income is lower in single-parent homes. When compared to Carroll County, single-parent families are on the rise in Douglas County. Hispanic[1] residents are two times more likely to be in poverty when compared to their racial and ethnic counterparts in both counties, and in Carroll County alone, Black and Asian residents are nearly half again as likely as their White counterparts to be in poverty. These trends align with health outcomes and have been consistent over time. (Other social determinants explored in the report are housing and education.)

Secondary data from 2019 and 2020 show that the social determinants were improving in many areas served by Wellstar Douglas Hospital before the global pandemic. For example, insurance rates, employment rates, and wages were all increasing prior to the global pandemic. Unfortunately, data are not available to depict the impact of the global pandemic on community health, health outcomes, or the social determinants of health because most data available when this report was authored are from 2019 or 2020 (just as the pandemic was

1 *Wellstar Health System has chosen to use the term "Hispanic" to describe populations of Hispanic, Latinx, or Spanish origins due to the term's universal use in secondary data sources. Latinx is a gender-neutral alternative to Latino or Latina.*

getting started). Community leaders and residents note that many of the most vulnerable populations were heavily impacted, including:

- People of color, particularly Black, Hispanic, and Indigenous communities.
- New American communities and those with limited English-speaking skills, including people without legal documentation and refugees.
- Members of the LGBTQ+ community, particularly students.
- Lower socioeconomic-status individuals, particularly single-parent families.
- Individuals with pre-existing chronic conditions, especially older residents.
- Those experiencing homelessness or at risk of experiencing homelessness (e.g., housing cost burdened renters).
- Residents in rural communities.
- Households without access to reliable broadband internet.
- Residents from zip codes 30134 and 30122.

These are the same populations that data has shown consistently experience more barriers to good health, higher disease burden, and higher incidence of premature death in the Wellstar Douglas Hospital service area, including those noted in the 2019 CHNA. Targeted investment is needed to address persistent health disparities within these groups.

This assessment also found that many residents do not have access to the most appropriate care to meet their needs for varied reasons, including insurance status, immigration status, the inability to navigate available services, lack of available providers, and lack of transportation. There is evidence in both the secondary and primary data of disruptions in the care continuum throughout the service area. Examples of these disruptions include health professional shortages, high rates of hospital utilization, and inability to access care because of COVID restrictions.

Similar to the 2019 CHNA, there are several undesirable health outcomes in the service area. Most of the top five causes of death in the service area are related to chronic conditions, lifestyle, behaviors (i.e., heart disease, stroke, lung cancer, and COPD), or behavioral health and substance abuse issues. Across the service area, residents of Carroll County have a higher disease burden and death rate. Black and Hispanic residents have the highest rates of poor health outcomes when compared to any other racial or ethnic cohort in the service area. These health disparities are most notable among the following conditions:

| Inequities Continuing from the 2019 Assessment: | Inequities Identified by the 2022 Assessment: |
|---|---|
| • Hypertension<br>• Diabetes<br>• HIV/AIDS<br>• Asthma<br>• Cancer | • Maternal and child health, including mortality and teen pregnancy<br>• Assault<br>• Behavioral health |

There are several health issues that are prevalent regardless of race or ethnicity throughout the service area. These include:

| Common Health Issues Continuing from the 2019 Assessment: | Common Health Issues Identified by the 2022 Assessment: |
|---|---|
| • Cancer *(Breast and Prostate)*<br>• Behavioral health *(suicide and drug-related mortality)* | • Septicemia<br>• Stroke<br>• Heart disease<br>• Accidental poisoning<br>• Motor vehicle crashes<br>• Injury |

Investments in addressing these issues would improve the health of the community served by Wellstar Douglas Hospital.

Tables 3–5 include an overview of stakeholders' perceptions about what has improved, what remains the same, and what has declined since the last assessment.

**Table 3 | Improvements Since the 2019 Assessment According to Community Leaders**

| | Improved |
|---|---|
| **Access to Appropriate Healthcare** | • There has been an increase in care coordination efforts.<br>• Increased use of technology, like telehealth, has increased access to care for some residents. |
| **Healthy Living** | • There has been an increased focus on wellness among residents.<br>• Safety-net support has increased to meet growing demands, particularly for food access, housing, transportation, and social services.<br>• Collaborations between transportation and community development resulted in more policy, systems, and environmental changes, such as sidewalks and walking trails. |
| **Behavioral and Mental Health** | • The pandemic has increased awareness about the stigma associated with common mental illness (e.g., stress, depression, and anxiety) and greater support for mental wellbeing in some areas, particularly in school settings.<br>• Increased access to resources, particularly through telehealth, has improved access to affordable care and outcomes. |
| **Maternal and Child Health** | • Medicaid coverage was expanded to six months, from six weeks, for pregnant and postpartum women.<br>• Increased focus on community support and wraparound services in school systems, such as support for school-based grant applications.<br>• Incarcerated women are permitted 24 hours after delivery before being separated from their infant, an increase from two hours. |

**Table 4 | Outcomes That Have Remained the Same Since the Last Assessment According to Community Leaders**

| | No Change |
|---|---|
| **Housing** | • Awareness about housing challenges has increased, and affordable housing remains largely unavailable with low levels of the incentives and political will needed to make significant changes. |
| **Environment** | • Environmental conditions remain unchanged. |
| **Health Outcomes** | • The rates of chronic conditions have remained unchanged. |
| **Inequity** | • The global pandemic highlighted existing disparities around access to care, economic opportunity, and education that continue to influence maternal and child health, diabetes, and cardiovascular disease. Systemic issues influencing health, including racism, housing, and education, have not improved, and many of the inequities in health outcomes have remained unchanged. |

**Table 5 | Areas of Decline Since the Last Assessment According to Community Leaders**

| | Declined |
|---|---|
| **Access to Appropriate Healthcare** | • The global pandemic has decreased access to care with office closure, a shift to telehealth services, and an increase in uninsured due to loss of employment.<br>• It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans. Many immigrants resist seeking care prior to an emergency due to fear. |
| **Housing** | • The cost of housing has increased, outpacing the growth of entry-level wages, making housing less affordable.<br>• While moratoriums on evictions helped those who have housing, it has decreased the supply of housing and driven up the cost for those who did not already have it. |
| **Behavioral and Mental Health** | • Mental health and substance use have gotten worse due to the impact of the global pandemic.<br>• It has become difficult to access behavioral health services that are not online, which is not the most available or effective treatment option for some residents.<br>• State hospital closures decreased residential post-hospitalization mental healthcare among residents in general and the availability and comprehensiveness of behavioral health treatment for juveniles in the justice system specifically. |
| **Social Safety Net** | • While safety-net services have increased, the need for food pantries and food assistance has also increased. |
| **Health Outcomes** | • The global pandemic has decreased overall mental health, wellbeing, job security, and healthcare access.<br>• The financial, housing, and food burdens experienced in underserved communities increase stress and chronic diseases, which decreases life expectancy.<br>• Vaccine hesitancy has made it difficult to decrease COVID-19 cases, severe outcomes, and death. |
| **Environment** | • Septic system failures have increased over the past few years due to increased use and climate issues. |

# COLLABORATIVECARE

## LISTENING TO RESIDENTS

# METHODS



**The Georgia Health Policy Center partnered with Wellstar to implement a collaborative and comprehensive CHNA process. The following methods were used to assess the health needs of communities served by Wellstar Douglas Hospital.**

## Health System and Hospital Oversight

*April 2021–June 2022*

The Wellstar Community Health Council provided oversight and guidance to the CHNA team by reviewing and providing feedback on the assessment process and inputs throughout the assessment process. Wellstar Douglas Hospital leadership, including the Regional Health Board, were also engaged to inform the service area definition, list of community leaders for stakeholder interviews, and final community health needs.

## Secondary Data

*April–August 2021*

The secondary data included in this assessment are from a variety of sources that are both reliable and representative of the community served by Wellstar Douglas Hospital. Data sources include, but are not limited to:

- County Health Rankings & Roadmaps
- Emory University's Rollins School of Public Health's AIDSVu
- Georgia Bureau of Investigation
- Health Resources and Services Administration's Health Professional Shortage Areas Database
- Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)
- Kaiser Permanente's Community Health Needs Dashboard
- Georgia Rural Health Innovation Center's Georgia Health Data Hub
- Truven Health Analytics' Community Needs Index
- U.S. Census Bureau's American Community Survey

Secondary data were analyzed at the zip code and county level. Most publicly available data are not available at a sub-county level.

## COVID-19 Literature Review and Local Impact Survey

*May–November 2021*

This CHNA is being completed during the COVID-19 pandemic, which has had a significant impact on most of the population-level indicators reviewed by this CHNA process. To address this limitation, the CHNA team completed a comprehensive review of the literature published during the last two years related to the impact that COVID-19 has had on community health throughout the U.S. Specifically, more than 80 sources were reviewed related to the impact of COVID-19 on cancer (general, breast, cervical, colorectal, lung, prostate), chronic disease (general, heart disease, asthma, diabetes), behavioral health and substance abuse, access to and use of care, housing, food insecurity, education, access to technology, HIV/AIDS, STIs, maternal and child health, single parents, obesity, violence, education, health equity, and new Americans.

The assessment team used the findings from the literature review to inform the creation of a 20-question survey, which was administered online to nearly 1,000 stakeholders to better understand how the COVID-19 pandemic has influenced the health of communities served by Wellstar Health System. Questions were asked about the impact of the pandemic on community health needs identified for Wellstar Health System – i.e., behavioral health, housing, access to care, healthy living and food access, and maternal and child health. Respondents were also given the opportunity to identify other notable areas impacted by the global pandemic not mentioned in the survey. Of the 204 responses received for the health system, 25 respondents represented Carroll and Douglas counties. These findings have been added to this assessment to better understand the health in communities served by Wellstar Douglas Hospital in 2022.

## Community Input

*July–October 2021*

To better understand the experience and needs of the residents living in the areas served by the hospital, several types of qualitative data were used, including interviews with 27 key community leaders and a focus group with residents from the hospital service area. An in-depth summary of each qualitative process can be found in the Appendix.

Community health needs were identified by the triangulation of community leader input, secondary data, and a literature review of the impact of COVID-19 on community health.

- Indicators showing above average rates when compared with state and national benchmarks and increasing or not decreasing were noted.
- Community leaders were asked to identify the top three community health needs for the communities they serve.
- Areas where COVID-19 has impacted local community health were identified.

These data were presented to Wellstar Health System leaders in a review process that led to identifying the six community health needs listed on page 17.

## Data Limitations

Most of the data included in this assessment are available only at the county level. County-level data are an aggregate of large populations and do not always capture or accurately reflect the nuances of health needs. This is particularly important for Wellstar Douglas Hospital because the service area includes areas with higher socioeconomic status, as well as much lower morbidity and mortality rates, and areas with lower socioeconomic status coupled with higher morbidity and mortality rates. Where smaller data points were available (i.e., for census tracts or zip codes), they were included.

Secondary data are not always available. For example, there is no secondary data source that offers a valid measure of educational awareness in the context of healthy options and the availability of resources. In the absence of secondary data, this assessment has noted relevant anecdotal data gathered from residents and community leaders with lived experience during primary data collection. It is important to note that primary data are limited by individual vocabulary, interpretation, and experience.

# LOCALCARE

## DEFINING THE AREA OF CARE

# COMMUNITY DEMOGRAPHICS

**Wellstar Douglas Hospital is in Douglasville, Georgia, approximately 30 miles west of Atlanta. For the purposes of the CHNA, the primary service area for the hospital is defined as the five zip codes from which 75% of discharged inpatients originated during the previous year. Carroll and Douglas counties constitute this service area. The bulk of the zip codes are from Douglas County, with Carroll County rounding out the hospital service area. The area definition was verified by the Wellstar Community Health Council members.**

The CHNA considers the population of residents living in the five residential zip code areas regardless of the use of services provided by Wellstar or any other provider *(Table 6)*. This assessment focuses specifically on residents in the service area who are medically under-resourced or at risk of poor health outcomes.

**Map 1** | **Primary Service Area of Wellstar Douglas Hospital**

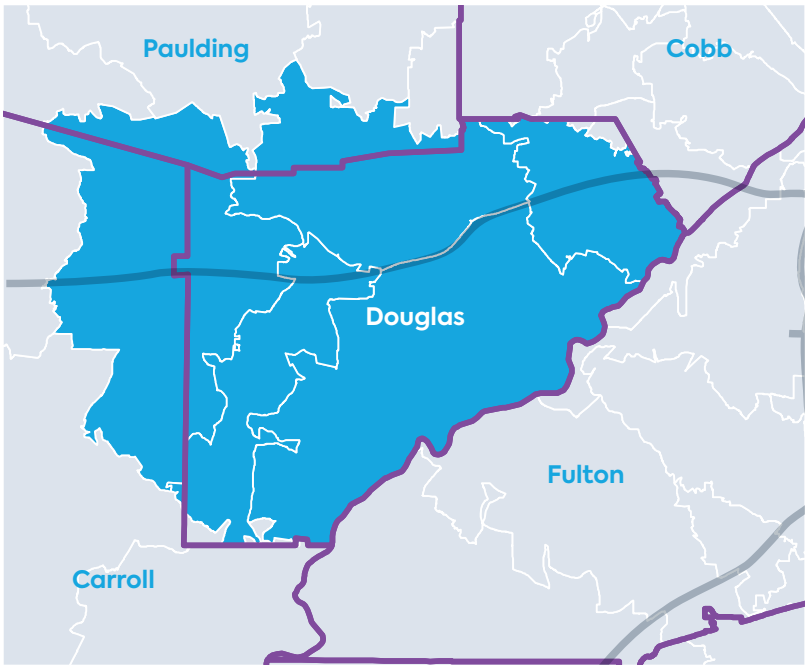



**Table 6** | **Wellstar Douglas Hospital Service Area**

| County* | Zip Codes |
|---|---|
| Carroll | 30135, 30134, 30122, 30180, 30187 |
| Douglas | |

** Counties included if zip codes constituted at least 30% of the total county population.*

# Demographic Data

**Wellstar Douglas Hospital** | by County and State (2015-2019)

This hospital service region has a higher population density (per square miles) than the state and national benchmarks. When compared to Georgia, this region has younger residents, average age distribution, less diversity, and more language barriers. Carroll County is younger, less diverse, and lower-income earning when compared to Douglas County and state averages. In comparison, Douglas County is more diverse, higher-income earning, with a slightly larger population with limited English-speaking skills when compared to state averages.

## Total Population

GEORGIA TOTAL POPULATION

**10,403,847**

| CARROLL | DOUGLAS |
|---|---|
| 117,183 | 143,316 |

## Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

**$58,700.00**

| | CARROLL | DOUGLAS |
|---|---|---|
| Median household income | $53,737.00 | $63,835.00 |
| Less than $15,000 | 11.5% | 8.5% |
| $15,000- $24,999 | 9.9% | 8.5% |
| $25,000- $34,999 | 10.1% | 9.4% |
| $35,000- $49,999 | 15.5% | 12.4% |
| $50,000- $74,999 | 18.7% | 19.8% |
| $75,000- $99,999 | 13.4% | 14.6% |
| $100,000 and above | 20.9% | 26.7% |
| Unemployment (2020) | 15.3% | 14.8% |

*Source: U.S. Census Bureau, American Community Survey (2015-2019)*

## Age Distribution

| | CARROLL | DOUGLAS | GEORGIA |
|---|---|---|---|
| Median age in years | 34.4 | 36.3 | 36.7 |
| 0-17 Years Old | 23.0% | 26.1% | 24.3% |
| 18-64 Years Old | 62.7% | 62.5% | 62.6% |
| 65+ Years Old | 13.4% | 11.4% | 13.5% |

## Racial/Ethnic Distribution

| | CARROLL | DOUGLAS | GEORGIA |
|---|---|---|---|
| Black | 19.0% | 45.9% | 31.2% |
| Asian | 0.8% | 1.6% | 4.0% |
| Hispanic | 6.9% | 9.7% | 9.5% |
| Non-Hispanic White | 70.3% | 40.5% | 52.7% |
| Limited English | 3.1% | 4.5% | 3.0% |

# COMMUNITYCARE

## DISCOVERING HEALTH NEEDS

# COMMUNITYHEALTHNEEDS

Community leaders were asked to identify community health needs. The following section includes briefs outlining key findings by health need:

## Needs Common to All Hospitals in Wellstar Health System

1. Access to Appropriate Healthcare
2. Behavioral Health
3. Maternal and Child Health
4. Healthy Living*
5. Housing
6. Poverty

** including access to food, physical activity, and chronic disease prevention and management*

## Additional Health Needs in the Wellstar Douglas Hospital Service Area

7. Violence and Crime
8. Cancer
9. Sexually Transmitted Diseases**
10. Education

*** including HIV/AIDS*

# Health Outcomes

Compared to the state, the service area has above average rates of hospital utilization and death due to cardiovascular disease (ischemic heart and vascular and cerebrovascular diseases), cancer (lung and breast cancers), and behavioral health, including self-harm *(Tables 7-10)* (DPH, 2015-2019) (CMS, 2015-2016; CMS, 2015-2018). The following disparities are evident in health outcomes among residents served by Wellstar Douglas Hospital:

- With few exceptions, Black and Hispanic[2] residents have the highest rates of poor health outcomes (often higher than state rates) when compared to any other racial or ethnic cohort in the service area.
- With few exceptions, Carroll County residents have the highest rates of poor health outcomes when compared to Douglas County and the state.
- The highest rates of mortality and morbidity for ischemic heart disease occur among White residents and residents in Carroll County.
- The highest rates of morbidity and mortality for hypertensive heart disease and breast cancer occur among Black residents.
- Hospital utilization rates are high throughout the service area, which may indicate a breakdown in community-based primary and preventive care.

## Top Causes for Death

According to 2019 data, the top five causes of death in the service area are related to chronic conditions, lifestyle, and behavior (i.e., heart disease, stroke, lung cancer, and COPD). Deaths due to Cerebrovascular and Alzheimer's diseases have increased since 2018.

**Table 7 | Top Causes of Death**

| | Carroll | Douglas | All Counties | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|---|---|---|
| Ischemic heart and vascular disease | 89.8 | 68.0 | 78.3 | 87.4 | 63.2 | ND | 17.8 | 78.6 |
| Cerebrovascular disease | 44.7 | 49.9 | 47.1 | 45.5 | 65.3 | ND | 15.3 | 43.3 |
| Malignant neoplasms of the trachea, bronchus, and lung | 51.0 | 36.4 | 43.3 | 48.7 | 35 | ND | ND | 38.7 |
| All COPD except asthma | 56.8 | 40.3 | 48.1 | 58.3 | 19 | ND | ND | 44.3 |
| Alzheimer's disease | 58.6 | 46.9 | 52.8 | 54.7 | 58 | ND | 19.8 | 44.0 |

*Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*
*ND: No Data – Data not available for this population*

2 *Wellstar Health System has chosen to use the term "Hispanic" to describe populations of Hispanic, Latinx or Spanish origins due to the term's universal use in secondary data sources. Latinx is a gender-neutral alternative to Latino or Latina.*

## Years of Potential Life Lost – Premature Death

Years of Potential Life Lost (YPLL) is used to measure the rate and distribution of premature death. According to County Rankings & Roadmaps:

"Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings' intent to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly." (County Health Rankings, 2021)

Accidental poisoning and exposure to noxious substances is the primary cause of Years of Potential Life Lost in the service area *(Table 8)*. Motor vehicle crashes are the second leading cause of Years of Potential Life Lost

Motor vehicle crashes, assault (homicide), and heart disease are the leading causes of Years of Potential Life Lost among Black residents in the service area, with assault and heart disease increasing significantly since 2018 *(Table 8)*. Accidental poisoning and exposure to noxious substances, ischemic heart disease, and intentional self-harm are the leading causes among White residents. Motor vehicle crashes are the most common cause of Years of Potential Life Lost among Hispanic residents.

**Table 8 | Years of Potential Life Lost**

| | Carroll | Douglas | All Counties | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|---|---|---|
| Accidental poisoning and exposure to noxious substances | 579.6 | 571.8 | 575.3 | 932.7 | 175.6 | ND | 207.9 | 415.7 |
| Motor vehicle crashes | 588.8 | 511.9 | 546.2 | 529.3 | 623.1 | ND | 581 | 482.2 |
| Ischemic heart and vascular disease | 654.1 | 431.9 | 521.1 | 719.2 | 389 | ND | 83.3 | 560.7 |
| Intentional self-harm | 568.2 | 384.2 | 466.4 | 698.0 | 253.4 | ND | ND | 431.1 |
| Certain conditions originating in the perinatal period | 147.3 | 345.5 | 257.0 | 135.5 | 450.3 | ND | ND | 366.2 |

*Rates per 100,000 population. Racial and ethnic data is by all counties*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*
*ND: No Data – Data not available for this population*

## Top Causes for Emergency Department Visits

There is anecdotal evidence that residents are seeking care in the emergency room for a variety of reasons, such as lack of insurance or acute symptoms. Three of the top causes of emergency room use in the service area are related to accidents *(Table 9)*. Carroll County shows higher rates of emergency room use when compared to Douglas County and state benchmarks. Black residents have higher rates than other races and the state for each cause of emergency room use in the service area, except falls, where White residents show the highest rates.

**Table 9** | **Emergency Room Visit Rates**

| | Carroll | Douglas | All Counties | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|---|---|---|
| Diseases of the musculoskeletal system and connective tissue | 4,845.6 | 4,069.6 | 4,401.5 | 2,926.0 | 4,908.2 | 462.0 | 1,246.7 | 3,232.8 |
| All other unintentional injury | 4,166.0 | 3,877.4 | 3,995.8 | 2,919.3 | 3,348.2 | 609.2 | 1,469.8 | 3,007.2 |
| All other diseases of the genitourinary system | 3,668.5 | 2,865.3 | 3,225.4 | 2,302.0 | 2,836.7 | 465.0 | 1,086.0 | 2,274.1 |
| Falls | 3,118.8 | 2,327.9 | 2,684.9 | 2,254.2 | 1,686.0 | 654.7 | 818.9 | 1,891.6 |
| Motor vehicle crashes | 1,597.2 | 1,777.5 | 1,695.3 | 993.6 | 2,127.5 | 396.7 | 657.0 | 1,143.8 |

*Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

## Top Causes of Hospital Discharge Rates

An overview of the number of inpatients discharged from nonfederal acute-care inpatient facilities who are residents of Georgia and seen in a Georgia facility is provided in Table 10. Uninsured residents are not always admitted to the hospital without some form of payment and may not be accurately represented in this data. Hospital discharge rates are highest for septicemia, mental and behavioral disorders, and diseases of the musculoskeletal system and connective tissue. Overall, residents of Carroll County have higher hospital discharge rates when compared to the service area and state except for hypertension, where Douglas County shows the highest rates. White residents have higher rates of hospital discharges than other races and state benchmarks, except hypertension, where Black residents show the highest rates.

**Table 10** | **Hospital Discharge Rates**

| | Carroll | Douglas | All Counties | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|---|---|---|
| Septicemia | 748.0 | 678.50 | 709.5 | 597.4 | 587.0 | 134.9 | 250.0 | 501.3 |
| All other mental and behavioral disorders | 811.1 | 542.9 | 657.2 | 559.6 | 489.6 | 85.5 | 98.1 | 435.5 |
| Diseases of the musculoskeletal system and connective tissue | 506.7 | 437.2 | 468.5 | 410.7 | 337.5 | 123.7 | 116.2 | 467.6 |
| Ischemic heart and vascular disease | 497.3 | 321.9 | 402.5 | 346.8 | 255.3 | 144.3 | 120.4 | 309.4 |
| Essential (primary) hypertension and hypertensive renal, and heart disease | 281.6 | 357.6 | 320.4 | 248.5 | 460.5 | 185.7 | 115.3 | 272.7 |

*Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

## Obesity

High body mass index is a national and statewide health issue. Table 11 displays obesity and diabetes indicators for the hospital service region. Compared to the state, the service area shows more adult obesity (33.2% vs. 36.2%), higher diabetes prevalence (11.2% vs. 13.8%), and mortality (21.1 vs. 24.0 per 100,000 pop.). The proportion of adults

with obesity and those living with diabetes is highest in Carroll County, at 36.2% and 17.1%, respectively, while Douglas County residents are more likely to be hospitalized for their diabetes-related ailments (225.4 vs. 179.8 per 100,000 pop.). When compared to White residents, Black residents show higher mortality rates due to diabetes (19.2 and 33.5 per 100,000 pop., respectively).

**Table 11 | Select Adult Body Mass Index and Diabetes Indicators** *(2015-2019, unless otherwise noted)*

| | Carroll | Douglas | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|---|---|
| Adults with Body Mass Index > 30.0 (Obese), Percent (2017) | 36.2% | 33.2% | ND | ND | ND | ND | 32.1% |
| Adults with Diagnosed Diabetes* (2017) | 17.1% | 10.5% | ND | ND | ND | ND | 11.2% |
| Diabetes Discharge Rate* | 179.8 | 225.4 | 155.4 | 229.8 | ND | 103.0 | 202.8 |
| Diabetes Mortality Rate* | 26.0 | 22.0 | 21.2 | 37.9 | ND | 15.8 | 21.1 |
| Diabetes Emergency Room Visit Rate* | 395.4 | 368.1 | 243.1 | 501.8 | 116.0 | 351.0 | 311.4 |

** Age-adjusted rates per 100,000 population*
*Racial and ethnic data is by all counties*
*ND: No Data – Data not available for this population*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

## Coronavirus

Prior to the global pandemic, economic conditions, social determinants of health, and community health were improving for many people in the hospital service area. There is anecdotal evidence that many of the improvements that were taking place have been set back and may be worse today than during the 2019 CHNA. There is some evidence in recent literature that the following populations have been impacted most by the global pandemic:

- People of color, Black, Hispanic, and Indigenous communities
- Lower socioeconomic status individuals and single-parent families
- Those experiencing homelessness or at risk of experiencing homelessness (i.e., renters)
- Individuals with pre-existing chronic conditions, especially of older age
- LGBTQ+ community
- New American communities

COVID-19 cases in Georgia have spiked three times during the pandemic, with the highest daily new reported cases occurring in December 2021. When compared to the state, the hospital service area shows higher rates (per 100,000 pop.) of mortality (81.6 vs. 86.2, respectively), emergency room visits (599.1 vs. 1214.7, respectively), and hospitalizations (331.8 vs. 368.2, respectively). Douglas County shows lower confirmed COVID-19 cases per 100,000 population than Carroll County, and both counties show lower vaccine rates when compared to the state.

**Table 12 | Select COVID-19 Measures**

| | Carroll | Douglas | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|---|---|
| Cases | 14,314 | 27,937 | 34.9% | 36.5% | 1.0% | 8.7% | 1,902,211 |
| Fully Vaccinated | 39.0% | 48.0% | ND | ND | ND | ND | 55.0% |

*Racial and ethnic data is by all counties*
*ND: No Data – Data not available for this population, or suppressed data*
*Sources: Georgia Department of Public Health Daily Status Report, Georgia Department of Public Health Vaccine Distribution Dashboard*

Community leaders identified a number of adverse impacts caused by the COVID-19 pandemic. Their perspectives are explored in detail throughout the report and summarized in Table 13.

**Table 13 | Impact of COVID-19 on the Service Area According to Community Leaders and the COVID-19 Pandemic Influence Survey Respondents**

| Topic | Impact of COVID-19 |
|---|---|
| **Behavioral and Mental Health** | • Isolation, disruptions in social connectivity, caregiver burden, unemployment, and workforce shortages have increased behavioral health issues, including stress, depression, anxiety, substance abuse, and domestic violence, and contributed to poor outcomes.<br>• Residents avoided seeking mental healthcare out of fear of COVID-19 exposure, and there was concern about the efficacy of providing mental health support virtually.<br>• Office closures and lack of behavioral health and substance abuse services made accessing timely and quality behavioral or substance abuse care difficult.<br>• The shortage of mental health services has disproportionately impacted Black residents and communities of color due to the reduction in an already limited pool of behavioral health providers representing communities of color. |
| **Food Access** | • Food supply chain stress was unprecedented. It disproportionately affected those who did not have transportation or were unable to purchase delivery options online. Food pantries were unable to accept new clients. |
| **Access to Appropriate Healthcare** | • Residents were hesitant to come into healthcare facilities for services; individuals were not seeking care due to fear of COVID-19 pandemic and safety.<br>• During the pandemic, healthcare systems have been overwhelmed by the demand of treating COVID-19, with healthcare capacity shifting to COVID-19 efforts, like vaccination and telehealth. |
| **Chronic Disease** | • Community leaders felt stress, isolation, staying home, less physical activity, eating "comfort food," and avoidance of wellness visits would contribute to increased chronic disease.<br>• Decreased adherence to diagnostics and medication. |
| **Social Determinants of Health** | • Exacerbated persistent health disparities with higher rates of hospitalizations and mortality.<br>• Underserved communities faced the brunt of the pandemic impacts.<br>• Transportation challenges for some residents to get to vaccine distribution and testing sites. |
| **Economy and Employment** | • Small business owners are not able to afford needed safety changes.<br>• Worsening economic conditions resulted in a large increase of people losing health insurance and unemployment for part time or blue-collar sectors. |
| **Early and K-12 Education** | • Academic challenges with online learning and life challenges of uncertainty and balancing multiple priorities is a hardship for school-aged children. |

## Vaccination

Data show that the first COVID-19 vaccine was administered in Georgia on December 12th, 2020. Since then, vaccine uptake has faced several challenges. There are transportation barriers for some residents to get to and from vaccination sites. Many of the vaccine distribution sites have an exclusively online registration process. See the next section on the impact of technology for the challenges associated with online registration portals. Distrust of the efficacy and necessity of the vaccine has led some residents to resist or refuse to get vaccinated.

## Impact of Technology

COVID-19 encouraged the use of technology for a variety of health service provision, including medical and mental healthcare. Telehealth has increased both access and barriers to accessing these services. Community leaders felt that while telehealth could not replace in-person care, it did decrease some barriers to access. For example:

- Telehealth improved access to care in rural areas where broadband access was available.
- For those with the necessary skills, equipment, and internet access, telehealth made care more accessible for some vulnerable populations, including senior, Hispanic, immigrant, and low-income residents.

While telemedicine has been a helpful tool, it was not a universal remedy. Those without smart phones, computers, internet access, sufficient bandwidth, and unlimited minutes would not have ready access to telemedicine. Several challenges were presented with the shift to virtual health services:

- Not all residents (i.e., seniors and immigrants without legal documentation) have the computer skills necessary to access telemedicine and web-based COVID-19 resources including vaccine information and appointment scheduling.
- Many electronic and virtual services are exclusively provided in English, creating language barriers for some residents when accessing social services and healthcare.

There is a need for greater support for populations that struggle with technology-based resources, such as seniors, immigrants, and those with limited internet access.

# Access to Appropriate Healthcare

The service area has higher provider rates than the state for substance use (5.7 vs. 2.3 per 100,000 pop.) and Buprenorphine Providers (4.2 vs. 3.4 per 100,000 pop.) but lower rates of providers for dental care (36.4 vs. 49.2 per 100,000 pop.), mental health (125.8 vs. 146.0 per 100,000 pop.), nurse practitioners (31.4 vs. 38.7 per 100,000 pop.), and primary care (40.6 vs. 65.6 per 100,000 pop.). (CMS 2020, CMS 2021, HHS 2015, 2017, 2020). Over 35 percent of the population live in a Health Provider Shortage Area, and of those, almost three-fourths are considered underserved (HHS, 2021).

Uninsured rates across the service area are slightly above county and state benchmarks in 2020 and are highest in a geographic pocket in Douglasville (30134), where 15% of residents are going uninsured (Community Needs Index [CNI] 2020). The service area has a slightly lower percentage of uninsured population compared to the state, but a higher percentage uninsured compared to national benchmarks (12.6% vs. 13.2% and 8.8%) (ACS, 2015-2019). Hispanic residents in the service area are more likely than other groups to be uninsured (28.1% vs. 12.6%) (ACS, 2015-2019).

## Causal factors

According to community leaders, there are many reasons for poor access to appropriate healthcare, including:

### Lack of affordable insurance

- Need Medicaid expansion.
- Residents choose to be uninsured because they cannot afford the increasing cost of insurance, including employer-provided and Marketplace benefits.
- New Americans without legal documentation do not have access to health insurance options, making healthcare unaffordable for some new Americans.
- Medicaid reimbursement rates are too low, especially for dental services.
- In urban areas, healthcare providers are accessible and may be unaffordable due to the cost of insurance, copays, and deductibles. One participant stated, "So you have access to care but you really can't afford it."

### Poor continuum of care

- Care coordination is not readily available for uninsured residents.

### COVID-19

- Increased unemployment due to COVID-19 left many without insurance.
- Health providers have been overwhelmed by the demand to treat COVID-19; with healthcare capacity shifting to COVID-19 efforts like vaccination and telehealth, preventive screenings and other primary care services have decreased.
- Concern of COVID-19 transmission in a healthcare setting.
- The pandemic exacerbated existing disparities in access. Residents, particularly people of color and low-income residents, received a lower level of healthcare after the pandemic.
- Workforce shortages and the increased demand for care during a time when healthcare agencies found it challenging to hire staff and bringing on new contractors due to not offering competitive wages led to a shortage of professionals to provide care.
- Hospitals experienced low staff capacity, which contributed to delays in emergency and non-emergency care.

### Care-seeking behavior

- People with pre-existing conditions delay accessing necessary care.
- Families may prioritize the health needs of children and neglect adult healthcare needs. For example, there is a disproportionate amount of undetected ovarian and breast cancer among Hispanic women who forgo regular screening.
- Immigrant populations may not access care out of fear of deportation.
- Lack of trust in the medical community may discourage some from seeking care.

### Lack of service providers

- Community leaders report a lack of providers accepting Medicaid and a lack of care options for uninsured residents, including dental care.
- Lack of free or low-cost providers that speak languages other than English.
- Need for more culturally responsive and relevant services.

### Lack of investment in prevention

- More funding is invested in treatment than in preventative care and early interventions.
- Financial support and provider follow-up to ensure that children receive timely vaccinations.

### Other barriers

- Lack of transportation, particularly among low-income residents and in rural areas.
- Those without access to reliable technology and internet access cannot access telehealth services, including seniors who also may not be as familiar with how to use telehealth.

COVID-19 Pandemic Influence Survey respondents agreed that delays, postponements, and cancellations of healthcare services; disruptions in the management of chronic disease conditions; and concerns among families and individuals about COVID-19 transmission in a healthcare setting have influenced access to care during the pandemic. Respondents also noted that reliable and safe public transportation was less available, which made it more difficult for residents to access care.

Residents in focus groups shared that there are several Walmart health clinic locations in the service area that are a good resource for routine dental and medical care, especially for those who are not insured. Many participants did not know about this community asset.

Based on an inventory of community assets *(see Appendix)*, there are 6 resources in the area to address access to care; however, additional exploration will be required to determine the capacity of resources to meet identified needs. For example, it is not possible to determine the extent to which practitioners (medical, behavioral, and dental) are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services. YourTown Health offers both primary care and behavioral health services on a sliding scale to residents who are low-income, under- and uninsured. Also, Federally Qualified Health Centers, e.g., The Family Health Centers, may offer services that address other barriers such as transportation by offering telehealth services.

Community leaders and residents made several recommendations:

- Support expanding Medicaid and the Marketplace in Georgia to increase access to affordable health insurance options.
- Build and cultivate trust in the communities and leverage partnerships.
- Increase and improve strategic partnerships with different healthcare organizations.
- Increase access to care using an asset-based approach, including:
  - Increase the number of providers and family health centers
  - Work with providers to increase the number of those who serve the Medicaid population and undocumented and uninsured patients
  - Establish mobile clinics
  - Advocate for better broadband access for telehealth

# Behavioral Health

## Key Behavioral Health Findings

### Emergency room visits

- When compared to the state, the service area has higher rates of emergency utilization for mental health/behavioral health disorders (1,102.4 vs. 1,343.0 per 100,000 pop.), intentional self-harm (68.2 vs. 75.3 per 100,000 pop.), and drug-related disorders (318.2 vs. 350.4 per 100,000 pop.) (DPH, 2015-2019).
- Community leaders noted that children generally end up in the emergency room for mental health concerns and illnesses due to a lack of pediatric mental health providers serving the community.

### Drug overdose

- From 2009-2019, age-adjusted drug overdose rates fluctuated with increases in Carroll County, and there were generally higher rates (overall and opioid-specific) compared to the state. In 2019, overall age-adjusted overdose rates in Douglas County were one and a half times higher than the state rate and in Carroll County were four times higher than the state rate (18.4 and 28.0 vs. 12.9 per 100,000 pop.) (DPH, 2015-2019) *(Table 14)*.
- Community leaders noted that the opioid crisis remains a concern.

**Table 14 | Rate of Drug Overdose (2009-2019)**

| | Carroll | Douglas | Georgia |
|---|---|---|---|
| 2009 | 26.8 | 5.90 | 9.9 |
| 2010 | 17.10 | 10.10 | 10.3 |
| 2011 | 23.00 | 9.40 | 10.4 |
| 2012 | 13.70 | 6.70 | 9.9 |
| 2013 | 13.90 | 5.50 | 10.5 |
| 2014 | 17.10 | 18.90 | 11.4 |
| 2015 | 15.40 | 12.70 | 12.2 |
| 2016 | 25.40 | 21.90 | 13.1 |
| 2017 | 27.50 | 16.00 | 14.6 |
| 2018 | 14.80 | 19.50 | 13.1 |
| 2019 | 28.00 | 18.40 | 12.9 |

*Age-adjusted rates per 100,000 population*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

### Suicide

- Between 2015-2019, the suicide rates in Carroll County and in the service region were higher compared to the state (17.1 and 14.9 vs. 13.7 per 100,000 pop.) (DPH, 2015-2019).
- In 2020, Carroll County had rates of suicide deaths 1.5 times higher than Douglas County and the state (18.4 vs. 12.8 and 13.1 per 100,000 pop.) (KP, 2020).

### Availability of care

- Douglas County has fewer mental health providers than Carroll County and the state (110.0 vs. 145.0 and 146.0 per 100,000 pop., respectively) (CMS, 2021). Carroll County has fewer addiction/substance use providers when compared to Douglas County and the state (1.7 vs. 9.1 and 2.3 per 100,000 pop.) (CMS 2020).

### Disparities

- Emergency room visits for mental health and behavioral disorders are higher among White residents compared to other races (White 1,142.10, vs. Black 1,043.70, Asian 219.9, Hispanic 357.9 per 100,000 pop.) (DPH, 2015-2019).
- Drug-use emergency room visit rates are higher among White residents (430.7 per 100,000 pop.) and males (457.0 per 100,000 pop.) compared to other races (Black 218.7, Asian 43.1, Hispanic 99.1 per 100,000 pop.) and females (253.8 per 100,000 pop.) (DPH, 2015-2019).

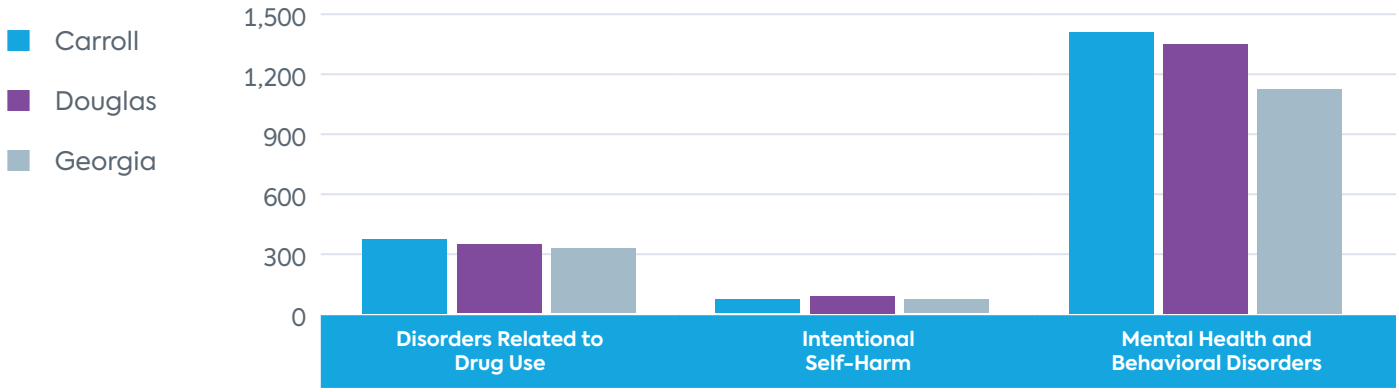
- Suicide rates are higher among White residents (22.4 per 100,000 pop.) and males (26.0 per 100,000 pop.) compared to Black residents (5.6 per 100,000 pop.) and females (5.5 per 100,000 pop.) (DPH, 2015-2019).
- Emergency room visit rates for intentional self-harm are higher for White residents (71.0 per 100,000 pop.) and females (93.0 per 100,000 pop.) compared to other races (Black 55.3, Hispanic 13.1 per 100,000 pop.) and males (57.1 per 100,000 pop.) (DPH, 2015-2019).

Though disparities seem most apparent among White residents, data show that access to behavioral health services is low for populations that are underinsured, uninsured, earning a low income, and without legal citizenship. Community leaders noted that:

- The shortage of mental health services during the pandemic has disproportionately impacted Black and communities of color due to the preexisting lack of diversity among behavioral health providers.
- Immigrants without citizenship or residency are more likely to experience lower access to mental health support.
- Single parents, members of single-income homes, and caretakers of elderly relatives were the most negatively impacted by the pandemic. One participant explained, "When you don't have money, you can't take a mental health break."
- The behavioral health needs of LGBTQ+ populations have not been treated adequately.
- Rural areas outside of Augusta and Atlanta have less access to mental health services and support.

Residents called attention to increasing rates of depression, anxiety, and substance abuse during a time when effective behavioral health services can be more difficult to find and engage due to office closures and virtual service provision. Community leaders agreed, expressing concern about the increasing incidence of poor mental health, substance use, and inequity. Community leaders also reported an increase in hospital admissions among children for mental health and eating disorders.

**Figure 1 | Emergency Room Visit Rate for Disorders Related to Behavioral Health**




*Age-adjusted rates per 100,000 population, in the Wellstar Douglas Hospital service area compared to state benchmarks (2018)*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

## Factors Contributing to Poor Behavioral Health Outcomes

### COVID-19 pandemic

Behavioral health was a growing need pre-pandemic, and all data sources included in this assessment indicate that behavioral health outcomes have gotten worse since COVID began. Residents discussed mental health outcomes associated with the pandemic, including increased prevalence of stress, depression, anxiety, isolation, and substance abuse (alcohol and drugs). COVID-19 Pandemic Influence Survey participants and community leaders shared concerns about the temporary closures and lack of behavioral health and substance abuse services during the global pandemic making access to timely and quality behavioral or substance abuse care difficult.

There is concern about COVID-related stress on families:

- Isolation, disruptions in social connectivity, and caregiver burden have contributed to poor mental health outcomes.
- Overburdened parents who are working full-time and supporting at-home virtual learning during the initial shut-down and ongoing unexpected school and classroom closings due to COVID-19 exposures.
- Academic and developmental challenges associated with virtual learning and consistent uncertainty for youth.

Social distancing was necessary because of COVID-19, but these precautions were in direct contrast with the needs of those in need of substance abuse recovery programs and some mental health treatments. Additionally, residents avoided seeking mental health services and treatment out of fear and uncertainty of COVID-19 exposure. The availability of telehealth services is helping some residents to access care; there was concern over its efficacy in providing the same level of intimacy.

Respondents participating in the COVID-19 Pandemic Influence Survey *(see Appendix)* indicated that the following behavioral health outcomes were significantly influenced by the global pandemic (listed in order of the number of responses):

- Worsened states of mental health and mental health outcomes.
- Higher frequency of alcohol consumption and heavy drinking.
- Greater rates of substance abuse.
- Increased instances of suicidal behaviors.
- Lowered access to behavioral healthcare and substance abuse services.

Survey participants indicated that the following groups' behavioral health was disproportionately affected by the global pandemic:

- Low-income and socioeconomic status individuals.
- Racial and ethnic minorities.
- Those of older age.
- People experiencing homelessness.
- Those with pre-existing conditions.

Despite the pandemic highlighting the need for mental health, some persistent stigma remains, particularly in communities of color. Residents felt that underlying mental health issues were exacerbated by the pandemic. They expressed concern about increased rates of suicide, increased alcohol and drug use, and residents being pushed over the edge into "full-blown clinical depression."

## Lack of access to services

Residents identified access to behavioral health services as a community health need, citing concerns about the lack of affordable and accessible mental health facilities, specialists, and services. Residents and community leaders expressed the need for:

- Emergency and inpatient services to treat acute and crisis behavioral health needs, particularly for youth.
- Patients to be discharged with needed mental health medication.
- Culturally competent providers for Hispanic communities, including the need for Spanish-speaking mental health services.
- Mental health messaging for teens.
- Pediatric mental health services and inpatient acute crisis care for youths.
- Mental health support for undocumented immigrants.
- Affordable outpatient services, transitional housing to ensure a safe discharge, and care continuity post-hospitalization.
- Providers familiar with the unique needs of LGBTQ+ residents.

## Lack of insurance parity

Community leaders reported there are limited affordable behavioral health services for underinsured, uninsured, low-wage earners, and immigrants without legal citizenship. While crisis centers are available for low-income, underinsured, and uninsured residents, there is a lack of continuity of care after discharge. Low-income, underinsured, and uninsured residents are often discharged without prescriptions and have very limited access to outpatient services and transitional housing.

Based on an inventory of community assets *(see Appendix)*, there are four resources in the area to address access to behavioral healthcare. Further examination is necessary to determine the capacity of resources to meet specific needs – for instance, it is not possible to determine the extent to which practitioners are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services.

Community leaders and residents made several recommendations:

- Collaboration among organizations serving similar populations and people groups (i.e., low-income earners, immigrants without legal citizenship, seniors, LGBTQ+, and communities of color) around meeting the burgeoning mental health needs of the community could maximize resources and reduce duplication to fill gaps in the care continuum in the community.
- Collaborate with school admins and teachers to deliver age-appropriate emotional wellbeing curriculum in school settings.
- Develop and support affordable and sustainable prevention, treatment, and recovery programs – e.g., one community leader suggested that health providers engage payers to develop mental health rehab facilities as they have for medical conditions, e.g., stroke and physical injury.
- Support efforts to increase transitional housing and residential reentry centers.
- One resident recommended more support targeted for essential and low-wage workers through employer or government programs.

# Maternal and Child Health

Georgia has the second highest rate of maternal mortality in the country (48.4 per 100,000 pop.) (World Population Review, 2022). Areas of concern include lack of "follow-up on cardiovascular symptoms, failure to recognize and treat hypertension or hemorrhages soon enough," and lack of sufficient prenatal care. Black mothers are most at risk with "Black mothers are more likely to die from pregnancy in Georgia than they are in the rest of the United States" (World Population Review, 2022).

## Key Maternal Health Findings

### Pregnancy and birth rates

- Compared to Georgia, the service area has lower overall pregnancy rates (49.4 vs. 47.5 per 1,000 live births) and birth rates (38.9 vs. 37.2 per 1,000 live births) (DPH, 2016-2020). Carroll County has a higher rate of teen pregnancy (females aged 15-17) compared to the service area and the state (14.1 vs. 12.1 and 13.0 per 1,000 live births, respectively, DPH 2016-2020). Douglas County has a higher pregnancy rate among 40-44-year-olds than the service area and the state (14.8 vs. 13.0 and 14.3 per 1,000 live births, respectively) (DPH, 2016-2020).

### Low birth weight

- Douglas County has a higher percentage of infants born with low birth weight than County and the state (9.6% vs. 8.5% and 9.5%, respectively) (DPH, 2015-2019). *(Figure 2)*

### Infant mortality

- Compared to the state, infant mortality is lower in the service region (7.3 vs. 7.0 per 1,000 live births) (DPH, 2015-2019). *(Figure 2)*

### Maternal morbidity and mortality

- Reliable county-level data on maternal morbidity and mortality is not available. Maternal morbidity and mortality in Georgia are high – particularly among Black women. Community leaders indicated there is high maternal mortality among Black women. More data are needed to understand how the service area is impacted.

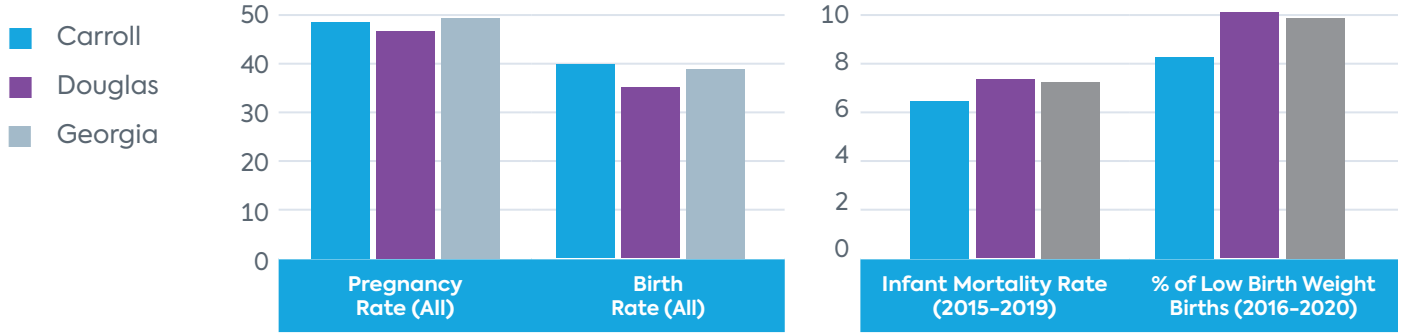
### Access to care

- Community leaders were concerned about the need for Medicaid services to new mothers and their infants; specifically, they expressed a need for prenatal, postnatal, and pediatric care options for the underinsured and uninsured.

### Disparities

- Rates of infant deaths in the service area are higher among Black residents when compared to all other races and ethnicities (9.8 vs. 7.0 per 1,000 live births) (DPH, 2015-2019). Community leaders were concerned about rates of low birth weight, infant mortality, and maternal mortality among Black residents, noting that there is a need for increased awareness about race, generational trauma, and infant and maternal mortality. Community leaders also felt that family care responsibilities limit Black women's ability to seek healthcare.
- There is a higher rate of teen pregnancy (females aged 15-17) among Hispanic teens compared to White teens and the population overall (19.2 vs. 10.9 and 12.1 per 1,000 live births, respectively) (DHP 2016-2020). Community leaders felt that higher rates of teen pregnancy among New American populations are partially attributable to the limited information available to teenagers on health and reproduction in languages other than English.
- Expecting mothers from Hispanic communities do not seek care until advanced pregnancy due to fear of deportation, cost, and not knowing where to go for prenatal care.

**Figure 2 | Pregnancy and Birth Rates per 1,000 live births, Infant Mortality, and Low Birth Weight**




*Per 100,000 pop. in the Wellstar Douglas Hospital service area, compared to state benchmarks (2016-20)*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

Community leaders identified incarcerated and recently incarcerated women among those in need of improved access to maternal and child health services. Identified needs included:

- Increased number of staff to support pregnant women and mothers.
- Maternal and child health education for pregnant women and mothers.
- Mental health services for postpartum depression.
- Improved communication between incarcerated mothers and the caregivers of their children.
- Improved care coordination for postnatal mothers and infants.
- Improved access to safe and sanitary healthcare facilities.

In addition to postponement of prenatal and postnatal care, increases in stress and isolation, and limited support for single parents; COVID-19 Pandemic Influence Survey respondents identified ways the pandemic may have contributed to or exacerbated poor maternal and child health outcomes, including:

- Increased rate of unplanned pregnancies;
- High-risk pregnancies influenced by limited prenatal and postnatal care;
- Increased caregiver burden from juggling work, childcare, and household responsibilities at once; and
- Delays in developmental milestones, growth monitoring, and routine childhood vaccinations.

Community leaders recommended increasing the level of support that pregnant women receive from the community, including:

- Early education,
- Support securing immunizations and follow-up care,
- School retention services for pregnant teens attending high school,
- Intervention services for infants born to incarcerated mothers, and
- Community care for pregnant prisoners.

Based on an inventory of community assets *(see Appendix)*, there are four resources in the area to address maternal and child health; however, additional exploration will be required to determine the capacity of resources to meet identified needs. For example, it is not possible to determine the extent to which practitioners are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services.

# Healthy Living

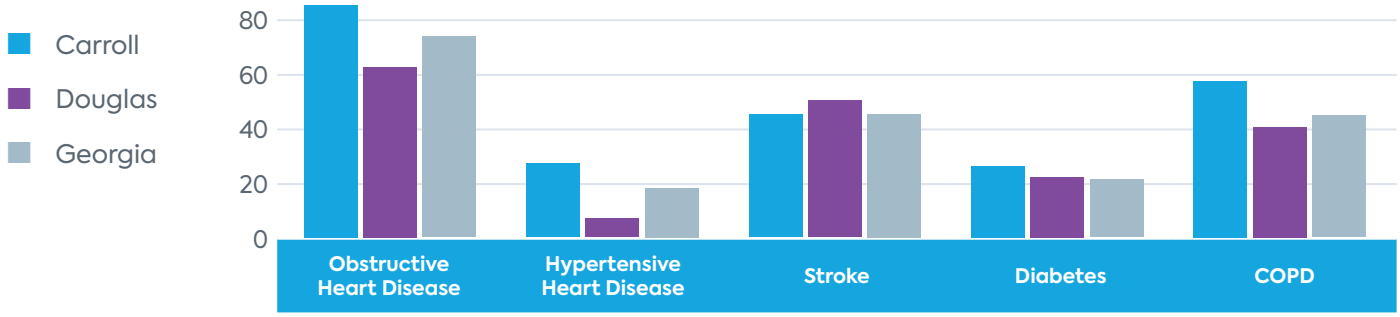
Themes emerging from secondary and primary data included chronic disease, healthy eating, access to amenities, and healthy "culture."

## Chronic Disease

Community leaders and residents noted that diabetes, obesity, cardiovascular disease (including hypertension), and asthma were some of the biggest health concerns in their community. Data show elevated morbidity and mortality rates associated with cardiovascular disease, diabetes, COPD, and asthma. Furthermore, there is evidence that suggests it may be difficult to manage chronic disease in communities served by Wellstar Douglas Hospital due to:

- The influence of the pandemic causing disruptions in daily routines resulting in poorer eating, reduced physical activity, etc.; and
- Supply chain disruptions making it difficult to find over-the-counter medication and foods for special diets.

**Figure 3 | Chronic Disease Mortality Rates**




*Age-adjusted rates per 100,000 population*

*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

## Detailed Findings by Chronic Disease/Condition

### Hypertension, hypertensive heart disease, and stroke

- Compared to the state, the service area has higher rates of:
  - Stroke mortality and hospital use (45.0 vs. 47.1 and 244.4 vs. 286.7 per 100,000 pop., respectively),
  - Obstructive heart disease or heart attack hospital use (256.5 vs. 334.5 per 100,000 pop., respectively), and
  - Hypertensive heart disease hospital use (94.2 vs. 111.5 per 100,000 pop., respectively) (DPH, 2015-2019).
- When compared to the state and Douglas County, Carroll County has higher rates of mortality and hospital use for:
  - Obstructive heart disease or heart attack (73.0 and 61.9 vs. 84.4 and 256.5 and 263.1 vs. 418.7 per 100,000 pop., respectively), and
  - Hypertensive heart disease (18.1 and 7.0 vs. 27.0 and 94.2 and 107.8 vs. 116.8 per 100,000 pop., respectively) (DPH, 2015-2019).
- When compared to the state and Carroll County, Douglas County has higher rates of mortality and hospital use associated with stroke (45.0 and 44.0 vs. 49.9 and 244.4 and 281.1 vs. 292.6 per 100,000 pop., respectively) (DPH, 2015-2019).

- Health outcomes are worse among Carroll County residents (high blood pressure, heart disease, and stroke), males (heart attack, stroke), and Black residents (heart attack, hypertension, stroke) (DPH, 2015–2019).

### Diabetes

- Compared to the state, the service area shows more adult obesity (32.1% vs. 34.5%) and higher diabetes prevalence (11.2% vs. 13.4%) and mortality (24.0 vs. 21.1 per 100,000 deaths). The proportion of adults with obesity and those living with diabetes is highest in Carroll County, at 36.2% and 17.1%, respectively – while Douglas County residents are more likely to be hospitalized for their diabetes-related ailments (225.4 vs. 179.8 per 100,000 cases).

**Disparities:**

- Diabetes disproportionately impacts Black residents compared to White residents, with a diabetes mortality rate of 37.9 per 100,000 deaths among Blacks and only 21.2 per 100,000 deaths among Whites.
- Community leaders indicated that high blood pressure and diabetes are not managed well among New American populations due to lack of access to primary care and the high cost of medications without health insurance coverage.

### Asthma

- Residents in this area are more likely to utilize the ER for asthma-related illnesses, especially Black residents, who are nearly three times more likely than their White racial peers to be admitted to the ER for asthma (965.4 vs. 284.4 per 100,000 cases).
- Community leaders felt that asthma diagnoses have been increasing in adults in the service area.

## Healthy Living and Food Access

Residents indicated that the barriers to healthy eating in the hospital service area included the food culture, a lack of education, and food insecurity – due to availability, accessibility, and affordability. There is evidence in this assessment that points to barriers to healthy eating in communities served by Wellstar Douglas Hospital due to:

- Low-income populations with low food access,
- Increasing costs of healthy foods associated with inflation, and
- Increased food insecurity resulting from economic hardship and school closure during the pandemic.

### Food insecurity

Compared to Georgia (28.4%) and the U.S. (19.4%), the service area for Wellstar Douglas Hospital has a higher percentage of low-income families with low food access (49.8%) (USDA, 2019) *(Figure 4)*. The service area has a higher percentage of families that receive SNAP benefits when compared to the state (14.2% vs. 12.8%), but Douglas County has a lower rate of SNAP authorized food stores when compared to Carroll County or the state (9.4 vs. 11.2 and 9.6 per 100,000 population) (U.S. Census, American Community Survey, 2015–2019).

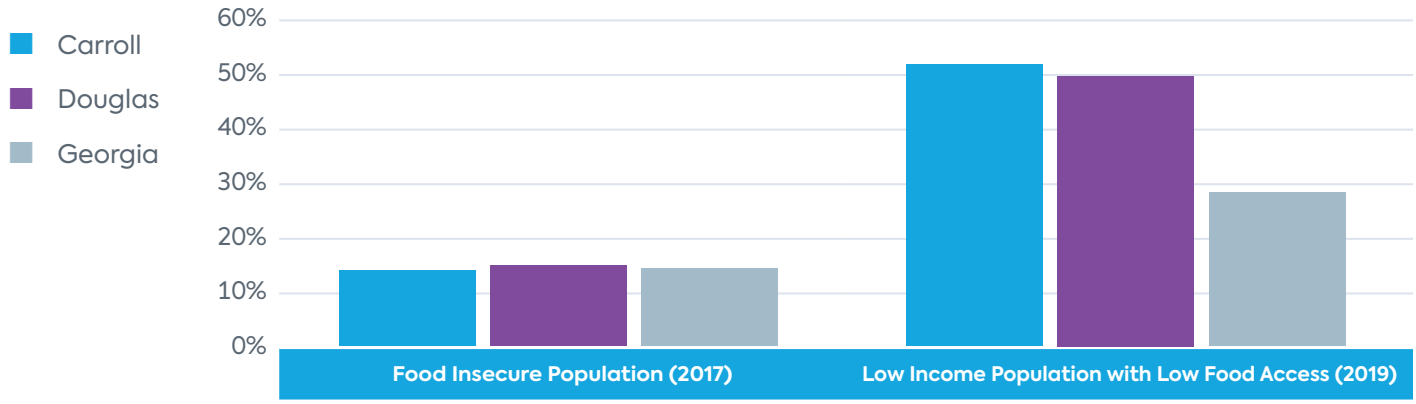
Community leaders expressed concerns about residents being able to afford healthy food, experiencing food insecurity, and having access to adequate nutrition during the pandemic. Pressure on the food supply chain during the pandemic disproportionately affected populations without public transportation options and homes that were unable to purchase delivery options online, while some food pantries were unable to accept new clients.

Some children rely on their schools to provide the majority of their meals during the school year. According to COVID-19 Pandemic Influence Survey respondents, children may have eaten less healthy when they were learning from home during the pandemic than they would have if they were in school.

COVID-19 Pandemic Influence Survey respondents identified these additional impacts on access to healthy food: global food shortages, increased food costs, and restrictions on public transportation further reducing residents' access to healthy foods, particularly in Douglas County due to limited public transportation options.

Based on an inventory of community assets *(see Appendix)*, there are six resources in the area to address food insecurity. Additional exploration will be required to determine the capacity of these resources to address specific barriers to food access (e.g., transportation, income, and education) and other organizations that may offer food assistance on an infrequent basis.

**Figure 4 | Percentage of Population with Food Insecurity and Low Food Access**




*In the Wellstar Douglas Hospital service area, compared to state benchmarks (2017-2019)*

*Sources: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2019. Source geography: Tract; Feeding America. 2017.*

## Education

Residents felt that there was a need for more nutrition education in their communities. Community leaders felt that adults also need nutrition-related education, particularly when it comes to preventing and managing diabetes. Interviewees identified a need among SNAP-eligible individuals and families for increased exposure to "new" fruits and vegetables and education on how to affordably cook and store healthy foods. There was also a perception that people didn't fully understand the relationship between diet, physical activity, and chronic disease – specifically cardiovascular disease.

## Access to Amenities

While residents highlighted that the community contains many good public parks and opportunities for spending time outdoors on trails, community leaders noted that populations with less financial resources lack the technology that middle- and upper-income earning residents use to track steps and motivate physical activity.

## Health Culture

Community leaders felt that COVID-19 exacerbated an already unhealthy culture due to stress, isolation, and a lack of motivation. They shared that residents were hesitant – or less motivated – to get outside, exercise or eat well. Limited in-person doctor's appointments negatively impacted all residents' health status, particularly those with a chronic disease.

# Social Determinants of Health

The social determinants of health prioritized by this needs assessment include poverty, housing, and education. Data suggests that these social determinants of health were improving prior to the pandemic. Community leaders have agreed that employment, wages, and the number of insured residents were all increasing before the pandemic. While data are not recent enough to depict the impact of the pandemic on social determinants of health in the hospital service area, current literature and all primary data included in this assessment suggests that poverty, housing, and education have all grown worse since 2020.

All community input collected during this assessment indicated that single parents and new Americans without legal documentation were impacted by the pandemic the most and will take the longest to recover.

Community leaders discussed inequitable systems that influence equity challenges in social and health outcome indicators. Leaders recommended a systems-based approach and community collaboration to begin to address inequity, including systemic racism. One leader noted that the current siloed approach to social services is fraught with territorialism and data sharing limitations, which leads to residents' difficulty navigating a disconnected service system, a lack of awareness about what services are available, and the need to complete multiple applications.

Residents in focus groups discussed the availability of services to help residents in need. One participant shared his perception that more people are coming to him in need of services, and at the same time, there are more services available to offer people. Residents also discussed that 211 is a useful referral source for services, including assistance with utilities and food. Local power companies have a program in which residents can round up their bills, and extra money is used to support people who cannot afford their electricity bills.

The Community Needs Index (CNI) ranks each zip code in the United States against all other zip codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing. Each factor is rated on a scale of 1 to 5 (1 indicates the lowest barrier to accessing healthcare and indicates the most significant). A score of 3 is the median for the scale.

**Map 2 | Community Needs Index Score by ZIP Code (2020)**

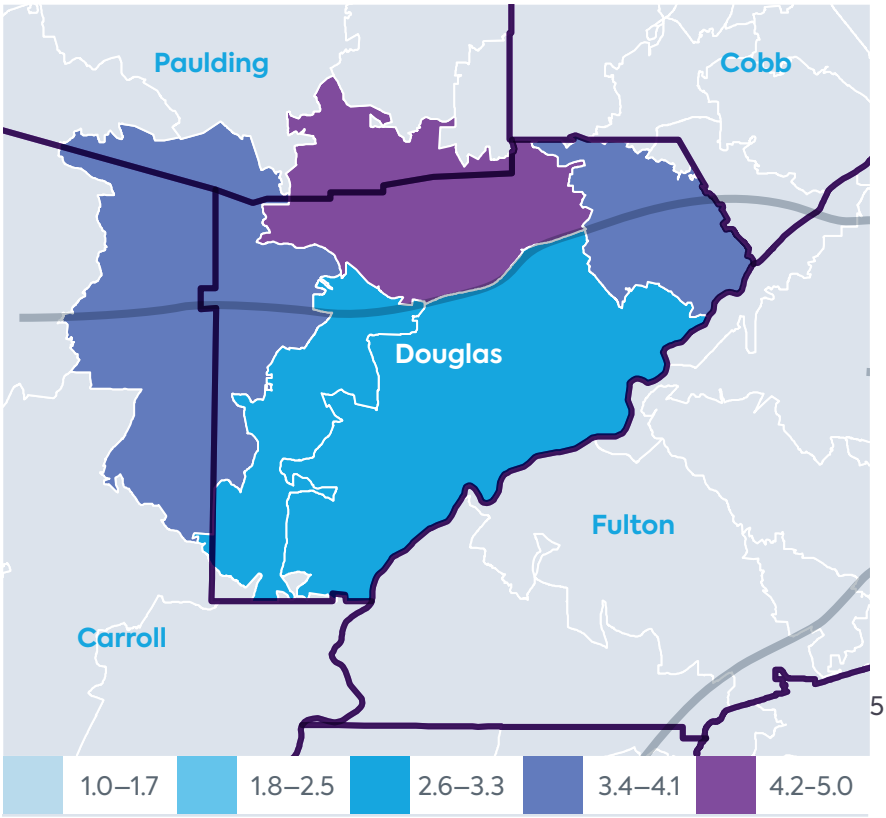


**Table 15 | Community Needs Index Scores (2020)**

| Zip | County | Change (2018–2020) | 2020 CNI Score | Poverty 65+ | Poverty Children | Poverty Single w/ Kids | LES | Minority | No High School Diploma | Unemployed | Uninsured | Renting |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30122 | Douglas | 0.2 | 4.0 | 8.8% | 18.8% | 32.4% | 1.9% | 74.1% | 12.0% | 7.2% | 12.2% | 50.1% |
| 30134 | Douglas | 0.0 | 4.2 | 18.2% | 17.0% | 32.7% | 1.6% | 59.3% | 15.2% | 5.8% | 15.0% | 30.7% |
| 30135 | Douglas | 0.2 | 3.0 | 12.9% | 8.4% | 20.9% | 1.3% | 59.1% | 12.0% | 4.8% | 9.0% | 19.5% |
| 30180 | Carroll | 0.2 | 3.6 | 12.2% | 16.8% | 35.4% | 0.5% | 37.7% | 11.5% | 5.5% | 12.6% | 25.6% |
| 30187 | Carroll | 0.0 | 2.6 | 5.9% | 8.4% | 29.4% | 0.5% | 31.9% | 12.3% | 3.3% | 8.4% | 13.3% |
| **County Totals** | | | | | | | | | | | | |
| Douglas County | | 0.0 | 3.5 | 13.3% | 12.8% | 27.0% | 1.5% | 60.1% | 13.0% | 5.4% | 11.3% | 27.9% |
| Carroll County | | -0.1 | 3.9 | 12.8% | 19.8% | 42.2% | 1.4% | 30.9% | 14.5% | 5.7% | 15.9% | 31.0% |

*Source: Truven Health Analytics, Community Needs Index (2020)*
*Note: These data are from 2019 and 2020 and do not represent the influence of the global pandemic*

## Poverty

Impoverished residents have reduced access to healthy food, high-performing schools, transportation, and adequate and safe housing. Poverty limits access to care and increases poor physical and mental health outcomes. Compared to Georgia and Douglas, Carroll County has higher rates of poverty (15.1% and 12.8% vs. 17.30%), though rates have remained stable from 2006-2019 (ACS, 2019). Douglas County had a slight increase in residents living in poverty between 2006 and 2019 (11.3% vs. 12.8%) (ACS, 2019). However, these numbers are pre-pandemic, and current literature suggests that post-pandemic numbers will be higher.

At the county level, Carroll and Douglas counties show average barriers to accessing care (3.1 and 2.2, respectively), with Carroll County showing the greatest barriers *(Table 16)*. A closer look at zip code-level scores shows that there are two zip codes in the service area experiencing average socioeconomic barriers to accessing care (30122 and 30134 with 4.0 and 4.2, respectively) (CNI, 2020).

Overall, poverty levels are elevated, especially for single-parent households, where one in three households is experiencing poverty. There are pockets in both counties where educational attainment is low, and poverty and unemployment rates are high, such as 30122 and 30134. (CNI, 2020).

**Table 16 | Population Below the Federal Poverty Level**

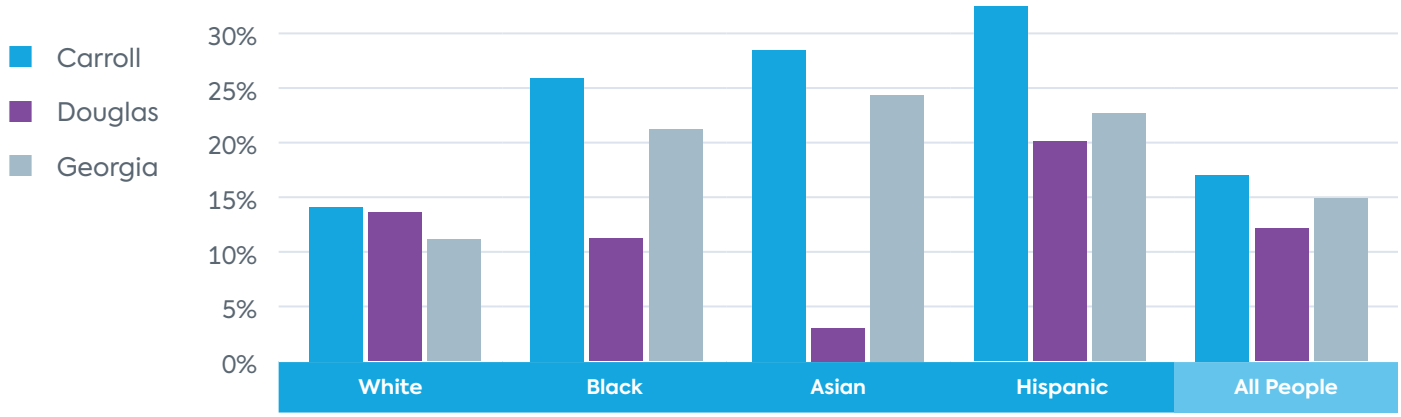
| | Carroll | | Douglas | |
|---|---|---|---|---|
| | 2006-2010 | 2015-2019 | 2006-2010 | 2015-2019 |
| Total households | 39,421 | 41,903 | 44,747 | 49,187 |
| All people | 17.3% | 17.3% | 11.3% | 12.8% |
| All families | 12.5% | 12.6% | 8.8% | 9.7% |
| Married couple families | 6.1% | 7.1% | 4.2% | 4.9% |
| Single female head of household families | 37.9% | 30.1% | 21.0% | 23.9% |
| Households with No Motor Vehicle | 5.5% | 4.7% | 3.2% | 4.0% |
| Commuting mode – Public Transportation | 0.3% | 0.4% | 1.5% | 0.8% |

*Source: U.S. Census Bureau, American Community Survey. 2015-2019*

The percentage of people living below 100% of the Federal Poverty Level is higher among populations of color (ACS, 2019). Primary and secondary data included in this assessment suggests poverty is highest among:

- People of color (highest among Black and Hispanic populations) – Poverty levels in this region are higher among Black (14.9%) and Hispanic residents (24.9%) compared to White residents (14.1%) and Asian residents (10.9%). However, in Carroll County, the percent of Asian residents living in poverty is nine times higher than in Douglas County (28.9% vs. 3.1%) (ACS, 2019). Community leaders noted that Black residents are more likely to be sentenced for a crime and to spend longer periods incarcerated. Individuals incarcerated for excessively long amounts of time lose access to social service benefits and employment. When they are released, "it's like starting all over again."
- Single parents – Single female heads of households constitute the largest group of individuals living in poverty, at 23.9% and 30.1% in Douglas and Carroll counties respectively. However, rates decreased in Carroll County from 2006-2010 (37.9% to 30.1%) (ACS, 2015-2019).
- Undocumented immigrants – Community leaders noted that New Americans, particularly those without legal citizenship, have not had access to government resources, such as Medicaid, SNAP, or the stimulus package benefits that most families have relied on throughout the pandemic. Many leaders noted that new Americans without legal citizenship lack proof of income – an eligibility requirement for most social services – because they are paid in cash.
- Community leaders indicated that transgendered individuals have struggled to secure and maintain gainful employment.
- Residents 65 and older.
- Women.
- Residents with limited English proficiency.
- Those without a high school diploma (ACS, 2019).

**Figure 5 | Population Below 100% Federal Poverty Level**




*By Race, Ethnicity, and County, Compared to State Benchmarks (2015-2019)*
*Source: U.S. Census Bureau, American Community Survey. 2015-2019*

Compared to Georgia, residents living in Carroll County have a lower median income and residents in Douglas County have a higher median income ($58,700 vs. $53,737 and $63,835, respectively) (ACS, 2015-2019). From 2015-19, unemployment rates in the service area (4.7%) were higher than in Georgia (4.4%) (ACS, 2015-2019). Overall, the unemployment rate tripled in both counties between 2019 and 2020, which is likely due to COVID-19 (Douglas County 5.0% to 14.8%; Carroll County 4.2% to 15.3%)(U.S. Department of Labor, 2020).

All community input included in this assessment noted that the pandemic had a negative impact on poverty in the hospital service area. Residents in focus groups discussed the impact that reduced work hours and supply chain issues had on front-line workers earning a low wage (grocery store workers, restaurant employees, gas station attendants, etc.). Community leaders agreed, noting that front-line workers were at greatest risk for COVID-19 exposure while being unable to afford breaks in employment for illness (or prevention of illness) and unable to work from home.

Based on an inventory of community assets *(see Appendix)*, there are seven resources in the area to address poverty (e.g., job readiness and local resources). Further examination will be needed to determine the capacity of these organizations to address said needs. For example, specific criteria may be required in order for residents to access services or goods.

## Housing

Across the service area, the percentage of families with cost-burdened housing (spending more than 30% of income on rent or mortgage) decreased from 2010 to 2019. Despite these decreases, almost 40-45% of renters and 25% of homeowners in the service area are, on average, still paying more than a third of their income for housing (ACS, 2019) (Capacity, Health Communication, 2015). There is concern that housing outcomes will get worse as post-pandemic data become available.

**Table 17 | Select Housing Indicators**

| | Carroll | Douglas | Georgia | U.S. |
|---|---|---|---|---|
| Units Affordable at 15% AMI* | 3.0% | 2.0% | 2.9% | 3.1% |
| Units Affordable at 30% AMI | 8.2% | 5.7% | 7.6% | 7.9% |
| Units Affordable at 40% AMI | 15.5% | 12.4% | 10.4% | 13.2% |
| Units Affordable at 50% AMI | 24.6% | 22.1% | 21.6% | 20.9% |
| Units Affordable at 60% AMI | 35.7% | 35.2% | 32.1% | 29.9% |
| Units Affordable at 80% AMI | 58.6% | 62.0% | 52.6% | 47.3% |
| Units Affordable at 100% AMI | 75.3% | 77.9% | 67.1% | 61.1% |
| Units Affordable at 125% AMI | 84.3% | 85.6% | 78.0% | 73.2% |
| Median Gross Rent | $877.00 | $1,087.00 | $1,006 | $1,062 |
| Households paying more than 30% of income for monthly mortgage | 24.5% | 24.7% | ND | ND |
| Households paying more than 30% of income for monthly rent | 42.7% | 46.3% | ND | ND |
| Households living in homes with one or more severe problems | 17.8% | 17.4% | 17.7% | 18.5% |

** Area Median Income*

*Sources: U.S. Census Bureau, American Community Survey, 2015-19; Community Health Needs Dashboard by KP CHNA Data Platform, Esri Business Analyst, 2020.*

*ND: No Data – Data not available for this population*

According to community leaders, rural and urban areas experience different challenges in accessing affordable housing or housing support. There are fewer homes available in rural areas, while affordability is more the challenge in the more urban areas in and around Atlanta. Housing, employment, and transportation all influence and inform the need for affordable housing, as housing is more affordable outside of urban areas where employment and public transportation are less available.

Housing outcomes are worse for residents who are Black, single mothers, undocumented, and have a low income (ACS, 2019). There are needs for affordable housing, housing assistance, and services for people experiencing homelessness. Community leaders also expressed concern that zoning laws inhibit the development of housing for residents with disabilities, which is contrary to fair housing laws.

Community leaders and COVID-19 Pandemic Influence Survey respondents reported that the economic impacts of the pandemic have made housing less stable and less affordable due to unstable or lost income and rising materials and building costs. According to the COVID-19 Pandemic Influence Survey respondents, small independent apartment owners did not receive enough federal or state assistance during the global pandemic. Survey respondents also identified the following groups as being disproportionately affected by COVID's impact on housing:

- Individuals earning a low income,
- Racial and ethnic minorities,
- People experiencing homelessness,
- Seniors, and
- Non-English speaking or proficient communities.

Based on an inventory of community assets *(see Appendix)*, there are three resources in the area to address housing; however, additional exploration will be required to determine other organizations that offer housing assistance (e.g., placement, housing affordability). For example, some job-readiness organizations also offer housing assistance to their clients.

Community leaders and residents made several recommendations:

- Incentivize the expansion of public-private partnerships to develop affordable housing that targets the specific issues causing affordable housing challenges in rural and urban areas.
- Collaborate with organizations working on housing issues to strengthen resources.
- Advocate for policies that promote equitable and fair housing practices and abolish zoning laws that restrict the development of multi-tenant and affordable housing units.

## Education

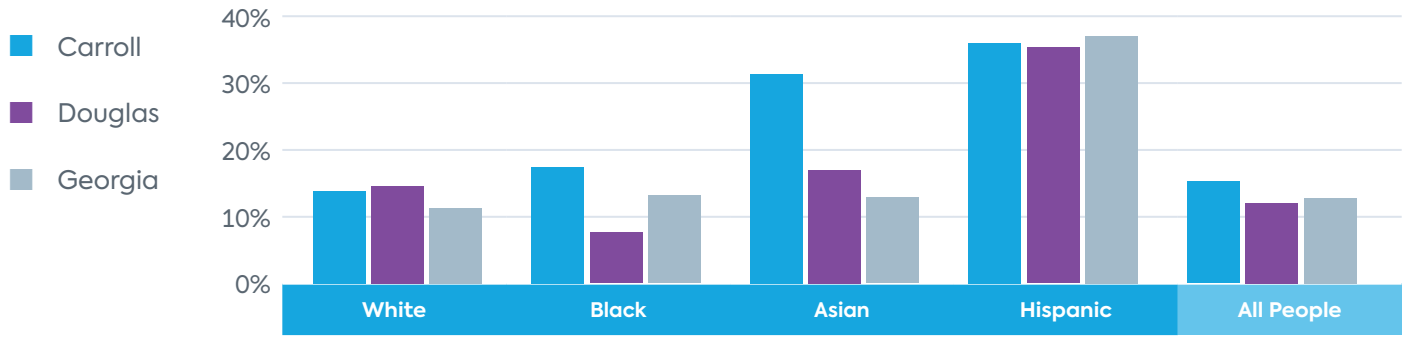
Compared to Georgia, the service area has lower educational attainment, with higher high school graduation rates and lower rates of higher educational degrees *(Table 18)* (ACS, 2019). Populations of color in the service area are less likely to have a high school diploma than White residents, with the exception of Black residents in Douglas County *(Figure 6)*. Hispanic residents have the highest population without a high school diploma *(Figure 6)* (ACS, 2019). Community leaders believed that institutional racism plays a role in education outcomes, indicating that residents who have dark skin are more likely than other races to have grown up in neighborhoods with lower socioeconomic status and were less likely to achieve higher education.

**Table 18 | Select Education Indicators**

| | Carroll | Douglas | Georgia | U.S. |
|---|---|---|---|---|
| Adults without a high school diploma (age 25+) | 15.4% | 12.2% | 12.9% | 12.0% |
| High school graduate rate | 92.5% | 87.0% | 85.4% | 87.7% |
| Associate degree or higher | 27.1% | 35.6% | 39.1% | 40.6% |
| Bachelor's degree or higher | 21.1% | 28.2% | 31.3% | 32.2% |
| Preschool enrollment (ages 3-4) | 43.6% | 49.1% | 50.3% | 48.3% |

*Source: U.S. Census Bureau, American Community Survey. 2015-2019*

**Figure 6 | Percentage of Population Without a High School Diploma**




*By Race, Ethnicity, and County, Compared to State Benchmarks (2015-2019)*
*Source: U.S. Census Bureau, American Community Survey. 2015-2019*

Community leaders reported that increased rates of homelessness are impacting public school students, particularly those who cannot access services due to fear of deportation. Additionally, leaders noted that children are not always able to log into virtual schooling if they do not have access to the appropriate internet services.

Residents expressed differing opinions on the effect of school closures and virtual school on children and families. Several residents discussed concerns about children in their communities participating in virtual learning experiencing long-term effects from lower socialization during key developmental years. One participant shared that her child had not done well with virtual learning. Another participant shared that her children thrived in homeschooling after experiencing racism and bullying at school.

Community leaders and residents made several recommendations:

- Support policies that lower the cost of education and increase equity in funding for education.
- Support federal loans to students who are not legal citizens.
- Support efforts to increase options for higher education and vocational training.

# Violence and Crime

Compared to Georgia, the service area has lower assault-related hospital discharge rates (16.0 vs. 9.0 per 100,000 pop.) and emergency room visit rates (247.6 vs. 236.0 per 100,000 pop.) (DPH 2015-2019). Serious offenses decreased across the service area between 2006-2017, with a few notable exceptions in violent crime *(Table 19)* (Georgia Bureau of Investigation, Crime Statistics Report, 2017):

- Violent crime, murder, and aggravated assault rates rose in Douglas County from 2006 to 2017 (UCR, 2017).
- The rate of rape rose across the service region from 2006-2017 (UCR, 2017).

It is important to note that these data do not depict violence after 2019, which is the time when published literature and primary data included in this assessment all indicate an increase in violence has occurred. Current literature indicates that Black, Asian, and LGBTQ+ residents were more likely to be victims of violence during the pandemic. Residents discussed a shift in how residents interact with one another due to the politicization of COVID-19. Residents discussed the increase in division, hysteria, fear, and discrimination based on opinions about COVID-19, including mitigation methods like vaccination and masking.

**Table 19 | Crime Rates per 100,000 population**

| | Carroll | | Douglas | |
|---|---|---|---|---|
| | 2013-2017 | 2006-2010 | 2013-2017 | 2006-2010 |
| All Part I Crimes | 3,452.8 | 4,392.6 | 3,165.8 | 3,727.4 |
| Violent Crime | 312.3 | 711.9 | 298.1 | 271.6 |
| Murder | 3.3 | 3.5 | 4.4 | 3.6 |
| Rape | 32.6 | 29.5 | 18.4 | 15.2 |
| Robbery | 49.4 | 59.7 | 68.4 | 70.4 |
| Aggravated Assault | 227.0 | 619.3 | 206.9 | 182.3 |
| Property Crime | 3,140.5 | 3,680.7 | 2,867.7 | 3,455.8 |
| Burglary | 691.4 | 861.7 | 434.7 | 709.5 |
| Larceny | 2,253.0 | 2,565.8 | 2,270.0 | 2,441.9 |
| Vehicle theft | 196.2 | 253.2 | 163.1 | 304.4 |

*Source: U.S. Census, Georgia Bureau of Investigation*

The COVID-19 Pandemic Influence Survey respondents and community leaders identified an increase in violent crimes, including child abuse and domestic and intimate partner violence, because of the pandemic. The increase in violence could be attributed to 1) increased social isolation, 2) exposure to violent family members during the shutdown, and 3) the strain on mental health and increase in behavioral health symptoms. Leaders also noted that residents of color are more likely to get a traffic citation or shot than White residents.

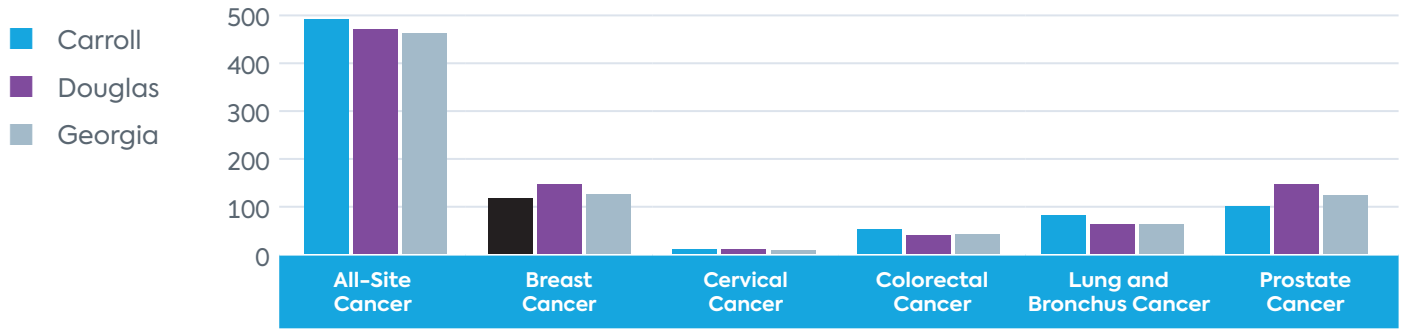
Community leaders reported increases in child physical and sexual abuse. There was a perception that during the pandemic shut-down, families were spending more time together, and some families had to cohabitate due to loss of housing. During this period, children were not interacting with professionals that are mandated to report child abuse, and reports of child abuse were less frequent as a result.

# Cancer

Historically, the burden of cancer has been much higher in Georgia when compared to national benchmarks, which in turn influences morbidity and mortality rates in the hospital service area. The communities served by Wellstar Douglas Hospital have higher age-adjusted incidence rates for all-site cancers when compared to the state *(Figure 7)*. Community leaders and residents noted that cancer was also one of the biggest health concerns in their community.

Compared to Georgia, the service area shows higher age-adjusted cancer mortality rates for all-site cancers (155.1 vs. 166.6 per 100,000 pop.), and specifically for breast cancer (11.7 vs. 14.3 per 100,000 pop.), colorectal cancer (14.6 vs. 16.9 per 100,000 pop.), and lung cancer (38.7 vs. 43.3 per 100,000 pop.) (DPH 2013-2017). Mortality rates are highest in Douglas County, with the exception of colorectal cancer, which is higher in Carroll County compared to Douglas County and the service region (18.6 vs. 15.4 and 16.9 per 100,000 pop.) (DPH 2013-2017).

**Figure 7 | Incidence Rates of Selected Cancer Sites**




*Age-adjusted rates per 100,000 population, in the Wellstar Douglas Hospital service area, compared to state benchmarks (2015-19)*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

Cancer is more treatable when detected and treated in earlier stages of the disease. As a result, community leaders and COVID-19 Pandemic Influence Survey respondents agree that cancer-related mortality rates are most likely to increase due to the decline in cancer screenings during the COVID-19 pandemic and later stage detection, with less effective treatment options. Some patients also put treatment on hold or delayed starting treatment during COVID-19.

Across all cancer sites, rates of emergency-room use are 1.5 times higher among Black residents than White residents (24.7 vs. 17.4 visits per 100,000 pop.). The prostate cancer mortality rate for Black residents is twice as high when making the same racial comparison (14.6 vs. 7.5 per 100,000 pop.) (DPH 2013-2017). *(Table 20)*

**Table 20 | Cancer Mortality Rates**

| | White | Black | Asian | Hispanic | Georgia |
|---|---|---|---|---|---|
| All-Site Cancer | 175.6 | 164.4 | 85.2 | 78.8 | 226.9 |
| Breast Cancer | 14.3 | 14.7 | 0 | ND | 11.7 |
| Colorectal Cancer | 16.7 | 20 | ND | ND | 14.6 |
| Cervical Cancer | 1.4 | ND | 0 | ND | 1.20 |
| Prostate Cancer | 7.5 | 14.6 | ND | ND | 8.60 |
| Lung Cancer | 48.7 | 35 | ND | ND | 38.7 |

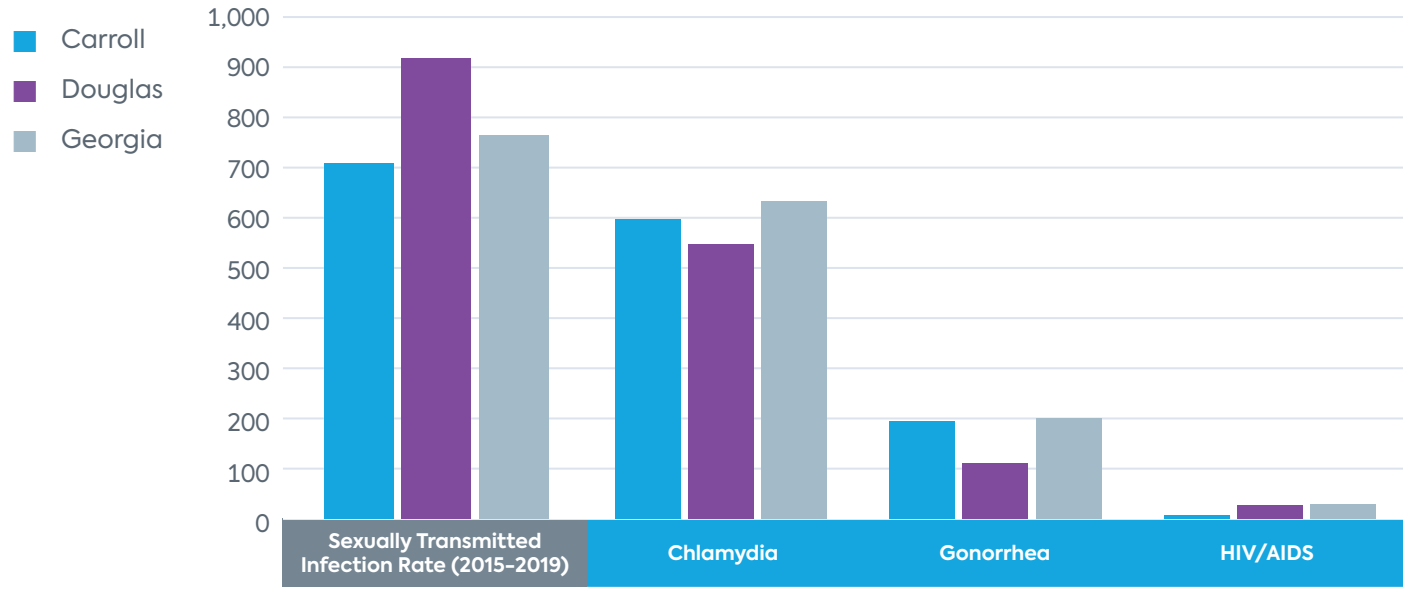
*Age-adjusted rates per 100,000 population, compared to state benchmarks (2015-2019). Racial and ethnic data is by all counties*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*
*ND: No Data – Data not available for this population, or suppressed data*

# Sexually Transmitted Diseases

Compared to Georgia, the service area has higher age-adjusted rates for sexually transmitted infections overall (762.2 vs. 815.4 per 100,000 pop.) (DPH, 2015-2019). Rates for individual STIs, such as Chlamydia, Gonorrhea, and HIV/AIDS, are equal to or lower than the state *(Figure 8)*; however, HIV/AIDS prevalence is almost twice as high in Douglas County when compared to Carroll County (444.2 vs. 249.4 per 100,000 pop.) (DPH, 2015-2019).

Age-adjusted STI rates for Black residents are nearly four times higher than for White residents (793.4 vs. 197.4 per 100,000) (DPH, 2015-2019). HIV/AIDS prevalence is higher among Black and Hispanic populations and men who have sex with men (DPH, 2015-2019; CDC, 2018).

**Figure 8 | Sexually Transmitted Infection Rate* and Incidence Rates for HIV/AIDS, Chlamydia*, and Gonorrhea***



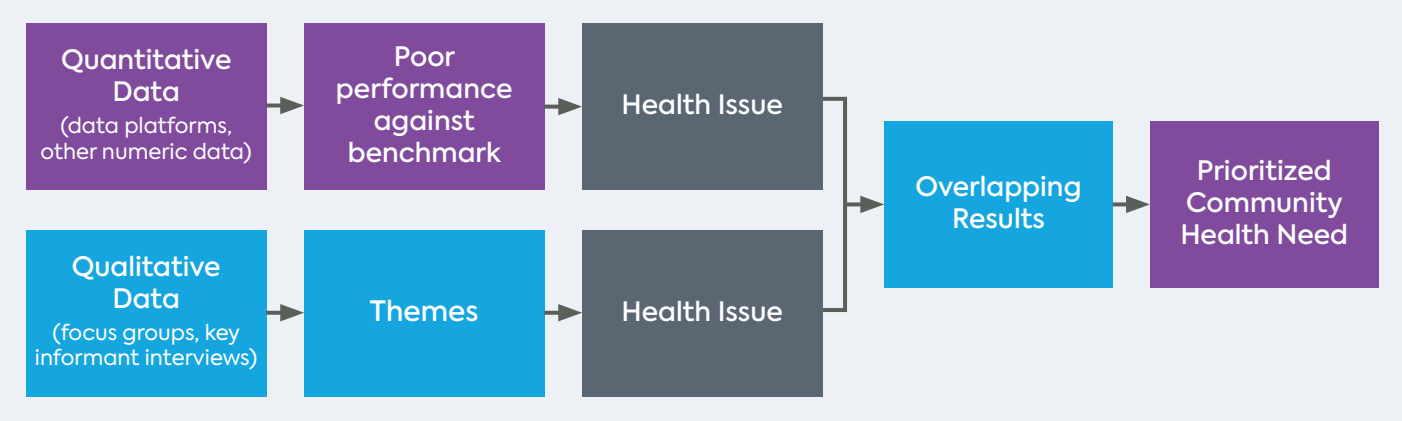

*In the Wellstar Douglas Hospital service area compared to state benchmarks (2018, except as noted)*
** Age-adjusted*
*Source: Georgia Department of Public Health Online Analytical Statistical Information System*

# Setting Community Health Priorities

Community health priorities were identified by the triangulation of community input, secondary data, and a literature review of the impact of COVID-19 on community health.

- Indicators showing above average rates when compared with state and national benchmarks and increasing or decreasing were noted.
- Community leaders were asked to identify the top three community health priorities for the communities they serve.
- Areas where COVID-19 has impacted local community health were identified.

**Figure 9 | Process Used to Identify the Most Pressing Health Needs**




The most pressing health needs included in this report include:

- Access to appropriate healthcare
- Behavioral health *(suicide and drug-related mortality)*
- Maternal and child health
- Healthy living *(including access to food, physical activity, and chronic disease prevention and management)*
- Cardiovascular disease
- Diabetes
- Asthma
- Accidental poisoning
- Motor vehicle crashes
- Injury
- Housing
- Poverty
- Violence and crime
- Cancer *(breast and prostate)*
- Sexually transmitted diseases *(HIV/AIDS and STIs)*
- Education

These data were presented to Wellstar Health System leaders in a review process that led to identifying the six community health priorities.

1. Access to Appropriate Healthcare
2. Behavioral Health
3. Maternal and Child Health
4. Healthy Living*
5. Housing
6. Poverty

** including access to food, physical activity, and chronic disease prevention and management*

Strategies were developed to address the following priorities during the implementation planning process:

1. Access to Healthcare
2. Behavioral Health
3. Food Access and Chronic Disease Management
4. Housing
5. Pediatric (Infant and child health)
6. Women's Health (Maternal health)

Wellstar Douglas Hospital has chosen not to develop a strategy targeting improving poverty in the communities served because there are many capable community-based organizations and social service agencies meeting the needs of residents experiencing poverty. Wellstar Douglas Hospital will address poverty through many of the strategies implemented to address each of the selected priorities and will continue to partner with organizations and agencies serving residents experiencing poverty.

# PARTNERSINCARE

## LISTENING TO COMMUNITY INPUT

# APPENDIX



## Stakeholder Interviews

**Georgia Health Policy Center conducted interviews with community leaders. Leaders who were asked to participate in the interview process encompassed a wide variety of professional backgrounds, including 1) Public health expertise, 2) Professionals with access to community health-related data, and 3) Representatives of underserved populations. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.**

### Methodology

The following qualitative data were gathered during individual interviews with 27 community leaders in communities served by Wellstar Douglas Hospital. Each interview was conducted by Georgia Health Policy Center staff and lasted approximately 45 minutes. All respondents were asked the same set of questions developed by Georgia Health Policy Center. The purpose of these interviews was for community leaders to identify health issues and concerns affecting residents in the communities served by Wellstar Douglas Hospital, as well as ways to address those concerns.

Interviews were conducted with representatives from the following organizations:

Local organizations included:

- Atlanta Regional Commission
- Black Mommas Matter Alliance
- Catholic Charities of Atlanta
- Cobb & Douglas Public Health
- Center for Black Women's Wellness
- Douglas County School System
- Good Samaritan Health Center
- Kennesaw State University
- Live Healthy Douglas
- Marietta Housing Authority
- Morehouse School of Medicine
- The Care Place
- Wellstar Kennestone Cancer Care

Organizations representing the state of Georgia included:

- American Heart Association
- American Foundation for Suicide Prevention
- CDC
- Georgia Asylum and Immigration Network
- Georgia Department of Education
- Georgia Department of Juvenile Justice
- Georgia Supportive Housing Association
- Healthcare Georgia Foundation
- HealthMPowers
- Latin American Association
- Motherhood Beyond Bars
- National Alliance on Mental Illness
- Partnership for Southern Equity
- Wholesome Wave Georgia

# Primary Data and Community Input

When asked what has improved, declined, or remained unchanged in the past three years, key informants said the following:

## Improved

- Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.
- Enrollment in health and human service benefits has increased as demand has increased. This includes SNAP (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).
- Decreased stigma and increased awareness about mental health issues. Increased access to resources, particularly through telehealth, has improved access to affordable care and outcomes, including a decline in suicide rates.
- Greater awareness of the safety net schools and their support staff provide for children. Increased focus on community support and wraparound services in school systems, such as support for school-based grant applications.
- Increased services and resources for food insecurity, housing, transportation, and social services.
- Medicaid coverage was expanded to six months, from six weeks, for pregnant and postpartum women.
- Collaborations between transportation and community development resulted in more policy, systems, and environmental changes, such as sidewalks and walking trails.

## Remained the same

- Environmental and physical health are largely unchanged. The rate of chronic health conditions have stayed the same.
- While awareness about housing challenges has increased, there remains a lack of affordable housing without the political will and capacity required to make significant changes.
- Systemic issues influencing health, including racism, housing, and education, have not improved. While there has been an increase in awareness among the general population, these systemic issues have not improved. Racial and ethnic reckoning makes it feel like it has gotten worse, but these issues were pervasive prior to the pandemic.
- The COVID-19 pandemic highlighted existing disparities around access, unemployment, opportunities, and income that continue to influence maternal and child health, diabetes, and cardiovascular disease.

## Declined

- The COVID-19 pandemic has decreased overall mental health, wellbeing, job security, and healthcare access. Financial, housing, and food burdens particularly experienced in underserved communities increase stress and chronic diseases, which is believed to decrease life expectancy.
- While safety-net services have increased, the need for food pantries and food assistance has also increased.
- The cost of housing has increased, outpacing the growth of entry-level wages, making housing less affordable.
- While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
- Mental health has declined.
- Worsening substance abuse
- It is harder to access mental health services and resources that are not online.
- Collaboration with Motherhood Beyond Bars has been strained, and services have decreased within prison settings as a result. There can be an increase in the risks associated with shackling, solitary confinement, and near-miss fatalities.*
- It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans.
- Hospital closures and/or use of contracted facilities decreased availability and comprehensiveness of behavioral health treatment for juveniles in the justice system.*
- State hospital closures decreased residential post-hospitalization mental healthcare.*

- Fear amongst the immigrant population driven by previous federal administration policies has resulted in a hesitancy to access services*
- As Medicaid accepting offices closed and services were shifted online, those with coverage but lack technology skills have had difficulty accessing care.
- Failures of septic systems have gone up over the past few years and can be related to climate issues, such as more rain.
- Asthma being diagnosed in adults*
- Hesitancy to seek healthcare due to fear of COVID-19
- Community-level vaccine hesitancy has led to an inability to eradicate COVID-19.

** Indicates a change that is not attributed to the COVID-19 pandemic.*

## Top Health Needs

Community leaders were asked to identify the top health needs in the Wellstar Douglas Hospital area.

### Top needs identified:

#### Access to Appropriate Healthcare

(primary, specialty, mental, dental, and maternal and child health)

- Lack of access to healthcare insurance and providers
  - Need for Medicaid expansion and more providers that accept Medicaid
  - Affordable and accessible healthcare insurance and providers, especially primary and preventative care
  - Many rural counties do not have practicing physicians or dentists.
- Maternal and Child Health:
  - Lack of Medicaid providers available for newborn infants and need for prenatal, postnatal, and pediatric care options for the uninsured, such as funding or discounts
  - Higher rates of preterm and low birth rate babies and infant deaths in the African-American community
  - Teen pregnancy is a concern amongst the New American population. There is limited information available to teenagers on health and reproduction.
  - Services for incarcerated pregnant women:
    - Providing education and programming
    - Increasing the number of staff and improving the quality of care
    - Mental health services for prevention or treatment of postpartum depression
    - Communication between pregnant women and caregiver(s) of their children
  - Early prevention – Starting with supporting pregnant women with health services to early education. Schools have the necessary resources to retain students. Early prevention has to start while in utero.
  - Need for increased awareness about race, generational trauma, and infant and maternal mortality
  - Financial support for families that can not afford immunizations and vaccinations and provider follow-up to ensure that children receive needed vaccinations
- Lack of needed services or programming for institutionalized populations, including primary interventions to reduce the risk for entering the DJJ system.
- Need for more culturally responsive and relevant services
  - Despite increasing population, Hispanic populations are not utilizing healthcare or social services
  - Not enough health and social services with staff that speak languages other than English
- Lack of access to dental care:
  - Lack of dentists and providers that accept Medicaid

#### Behavioral Health and Substance Abuse

Mental health was consistently noted as a top need across Key Informant Interviews.

- Mental health needs have increased, including depression, isolation, and anxiety.
- Mental health parity with insurance and healthcare systems
- Increased domestic violence
- Lack of affordable or accessible mental health facilities, specialists, and services
- Need for more culturally competent providers for the LGBTQ+ community and Latino communities, including the need for Spanish-speaking mental health services
- The behavioral health needs of LGBTQ+ populations are not being treated
- Post-hospitalization housing or residential care [National Alliance on Mental Health]
- The opioid crisis remains a concern.

- Higher prevalence suicidal thoughts and/or suicide attempts in all groups, especially school-aged children
- LGBTQ+ populations need access to culturally competent care that enables individuals to work through issues without judgment or facing stigmas.
- Mental health concerns specific to youth:
  - Need for mental health messaging targeted directly to teens
  - Lack of inpatient beds for acute, crisis care for youth
  - Increase in children's hospital admission for mental health and eating disorders

### Chronic Disease and Disability (including cancer)

- Obesity
- Cardiovascular disease
- Diabetes – Amongst New American populations, high blood pressure and diabetes are not managed due to lack of access to primary care and the high cost of medication
- Asthma

### Social Determinants of Health
(including transportation, income and employment, food security, education, housing, family and social support, technology, and structural racism)

- Inequitable systems, need for a systems-based approach
  - Trauma-sensitive systems to prevent systemic bias against traumatized children
  - Equity issues, systemic racism, including systemic bias against traumatized children.
  - Community collaboration to address equity challenges
- Access to affordable housing and/or housing assistance needed
  - Need for more public housing, especially for those with incomes of $30,000 and under
  - Need for financial assistance to reduce safety hazards in the home, such as failing septic tanks
- Access to affordable healthy food, food insecurity, and food access is a concern.

## Context and drivers

Key informants were asked to identify structural policy, or cultural factors that are driving the identified healthcare needs.

### Access to Appropriate Healthcare
(primary, specialty, mental, dental, and maternal and child health)

- Geographic inequities:
  - Immigrant issues: Immigrants outside of metro Atlanta, particularly south Georgia, need greater access to services and support.
  - Closure of rural hospitals: Georgians in rural areas are facing a lack of providers. Hospital closures have increased the distance traveled to access care and have been detrimental to rural economies.
- Inequity, disparities, and racism:
  - Lack of health insurance and access to healthcare amongst the adult Hispanic immigrant population, including those that are documented. Amongst immigrant Hispanic populations, care is sought for children but not for adults. For example, there is a disproportionate amount of ovarian and breast cancer due to a lack of annual checkups and early detection.
  - Not enough free or low-cost providers that can speak a multitude of languages
  - Distrust of the medical system amongst Black women
- Access to health insurance, coordinated and/or continued medical care for certain populations or conditions
  - In urban areas, healthcare providers are accessible and may be unaffordable due to the cost of insurance, copays, and deductibles.
  - The rising cost of healthcare causes more people to choose to be uninsured, even if offered coverage from a job or the Marketplace.
  - Issues impacting Medicaid beneficiaries and low-income residents:
    - There is a lack of providers that accept Medicaid and uninsured patients. Medicaid reimbursements rates are too low, especially for dental services.
- Maternal and Child Health:
  - Shortage of postpartum support providers and pediatricians
  - Lack of coordination, communication, and support for postnatal incarcerated mothers and infants. Lack of access to an appropriate standard of care and safe and sanitary environments, and any mental health support.
  - Maternal and child health outcomes are worse for Black women regardless of income, access to care, and education.
  - The Hispanic community doesn't seek care in advanced pregnancy due to fear of deportation, cost, and not knowing where to go for prenatal care.
  - Childcare responsibilities reduce Black women's ability to seek healthcare.
- Access to dental services:
  - Residents are not aware of dental services that

are available with Medicaid. Parents are not well educated on pediatric dental needs.

### Behavioral Health and Substance Abuse

- Despite the COVID-19 pandemic highlighting the need for mental health, some persistent stigma remains.
- Geographic inequities:
  - Mental health services: Rural areas outside of Augusta and Atlanta have less access to mental health services and support.
- Inequity and disparities:
  - Immigrants without citizenship or residency are more likely to experience lower access to mental health support.
- There is a need for behavioral health services and insurance coverage:
  - Lack of affordable outpatient services and transitional housing for safe discharge options for individuals experiencing mental illness, particularly those earning a low income, underinsured, and uninsured. While crisis centers are available for the underinsured and uninsured, there is a lack of care continuity upon discharge, and patients are often discharged without prescriptions.
  - Lack of affordable services for those with general mental health needs
- Youth needs:
  - Limited services for pediatric mental healthcare; healthcare providers and educators are not trained or equipped to support students. Children generally end up in the emergency room for mental health concerns and illnesses.
- Increases in housing safety issues like hoarding

### Chronic Disease and Disability (including cancer)

- Partially related to the COVID-19 pandemic, cancer screening and treatment rates have slowed drastically, causing declining diagnosis rates.

### Sexually Transmitted Diseases (HIV/AIDS and STIs)

- Need to increase awareness of testing and PrEP for HIV prevention

### Healthy Eating, Active Living

- Need for increased exposure to "new" fruits and vegetables for SNAP-eligible individuals and education on how to purchase cost-effective, healthy foods and cook and store them.

### Social Determinants of Health

(including transportation, income and employment, food security, education, housing, family and social support, technology, and structural racism)

- Geographic inequities:
  - Rural and urban areas experience different challenges in accessing affordable housing or housing support. Housing is less accessible in rural areas, while affordable housing is difficult to find in the metro Atlanta area.
  - Rural areas of the state, particularly south Georgia, have lower access to healthy food outlets, social services, healthcare, transportation, and communication (broadband and Wi-Fi)
  - Metro Atlanta areas have more resources for immigrants than rural areas. There is very limited access to Spanish-speaking services, or other languages, in rural Georgia.
  - Lower-income communities in parts of metro Atlanta:
    - North Douglas County (Douglasville and Lithia Springs) is a food desert.
    - High prevalence of chronic disease in Douglas County without access to public transit.
- Inequity, disparities, and racism:
  - Racial inequities and discrimination:
    - Discrimination of Black women in healthcare is a concern.
    - Healthcare issues affecting incarcerated women are more likely to affect Black women as they are over-represented in the prison population.
    - Inequities in sentencing and behavioral diagnosis based on race in the criminal justice system
    - Individuals incarcerated for excessively long amounts of time lose access to benefits and employment. When they are released, "it's like starting all over again."
    - Emerging challenge of prioritizing and accessing mental and behavioral health is affected by systemic factors that create barriers, like racism.
    - Institutional racism against those who have dark skin, grew up in a lower economic neighborhood, and were unable to achieve higher education. The odds of getting a traffic ticket or getting shot are higher if you are Black than if you are White.
  - Transgender individuals have a hard time being gainfully employed.
  - Immigration status:
    - New Americans may be in poverty but do not have access to government resources, such as Medicaid, SNAP, or stimulus package benefits, due to immigration status. Many lack proof of income because they are paid in cash. Barriers make it exhausting to find help.
    - Undocumented immigrants have worse healthcare outcomes.
- Housing issues:
  - Zoning laws that inhibit the development of housing for those with disabilities and are contrary to fair housing laws

- Children missing school or not logged into virtual school attributed to increasing homelessness
- There are some areas in the counties where there are more septic failures than other areas and it is related to income.

- Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
  - Lack of transportation for those that are SNAP eligible to access healthy foods
  - Healthy food can be unaffordable for many families, which leads to the consumption of high sugar, fat, and/or cholesterol foods. This is cost-effective in the moment but high-cost long term.
  - Underserved communities are vulnerable to marketing by fast food.
- Lack of safety-net services or coordination of services for vulnerable populations:
  - Territorial challenges and silos in data sharing amongst social service providers result in clients having to complete separate applications for services and a lack of knowledge about services available.

### Knowledge, communication, and funding gaps amongst community and healthcare organizations:

- Need for better alignment of priorities for organizational partnerships and better understanding the true needs of a community
- Lack of funding for community resources, assets, and partnerships that improve chronic disease outcomes
- Resources are not allocated where they are needed.
- The structure of the hospital care system is focused on treatment rather than community and public health.

### Political issues affecting access or utilization of care:

- Department of Corrections' standard operating procedures and budget cuts make it difficult for outside partnerships to solve problems and hinder effective communication.
- Increased polarization in the state of Georgia about resident needs and wants. Resource and service allocation is determined by socioeconomic and political decisions.

## COVID-19 pandemic impact

The COVID-19 andemic significantly challenged two health needs: mental health and healthy food access.

### Access to Appropriate Healthcare

- There is some hesitancy to come in for services; individuals are not seeking care due to fear of COVID-19 pandemic and safety.
- During the Pandemic, healthcare systems have been overwhelmed by the demand of treating COVID-19, with healthcare capacity shifting to COVID-19 efforts, like vaccination and telehealth.

### Behavioral and Mental Health

- The COVID-19 pandemic highlighted the need for mental health. Stress related to the pandemic is driving mental health needs due to isolation, unemployment and workforce shortages, and family stress.
- Key informants report concern over mental health decline and increased substance abuse. While the number of virtual mental health support groups has increased, there is concern over its efficacy in providing the same level of intimacy.
- Overstressed and overburdened parents who are working full-time, being a parent, and also supporting children's learning.
- Academic challenges with online learning and life challenges of uncertainty and balancing multiple priorities is a hardship for school-aged children.
- Increased behavioral issues related to isolation, including depression, anxiety, substance abuse, and domestic violence.

### Chronic Diseases

- Stress, isolation, and consumption of comfort food is contributing to chronic disease and compounded by people canceling healthcare appointments.

### Social Determinants of Health

- Exacerbated persistent health disparities with higher rates of hospitalizations and mortality. Patients were significantly worried about COVID-19 and had the education on prevention, but they did not have the resources and ability to follow all the precautions.
- Economy and employment:
  - Small business owners are not able to afford needed safety changes.
- Transportation:
  - Transportation is a challenge in accessing COVID-19 testing centers and care.
- Food access:
  - Food supply chain stress was unprecedented. It disproportionately affected those who did not have transportation or were unable to purchase delivery options online. Food pantries were unable to accept new clients due to the COVID 19 pandemic.

## Impact of technology

Key informants commented on the impact of technology on people's ability to be healthy.

- Telehealth has increased both access and barriers to access:
  - Access to telehealth during the COVID 19 pandemic has been beneficial with increased employer insurance coverage and greater access to providers, especially mental health services.
  - Telemedicine for rural populations:
    - Telemedicine could replace the lack of healthcare providers in rural areas, but existing broadband issues need to be solved.
  - Telemedicine for vulnerable populations, including low income, seniors, Hispanic and other immigrants:
    - Language barriers in accessing social services and healthcare. Programs, outreach, and technology-based resources are often only available in English and, less often, Spanish
    - Those without a phone and unlimited minutes cannot access the benefits of telehealth.
    - Some seniors do not know how to use technology.
    - Need for greater support for populations that struggle with technology-based resources, such as immigrants, and those with limited Wi-Fi access.
    - Reliance on technology for COVID-19 information and vaccination appointments has been challenging for immigrants. Many do not know how to use email.
- Chronic disease
  - Middle- and upper-class Atlantans have more access to technology, including the ability to use it to prevent chronic disease (track steps, heart rate, etc.), but also are more likely to overuse technology. Underserved populations lack needed technology.
- Amongst the youth, technology is both necessary (for school) and detrimental to mental health and proper socialization (social media).
- Reliance on social media for social needs, but these aren't reliable sources of social connection. Social media has had a "horrific impact" on everyone's wellbeing.
- Spreading misinformation on social media is especially detrimental to immigrants.

## Recommended interventions:

### Access to Appropriate Healthcare

- Increase access to insurance and affordable care
  - Explore options to make healthcare more affordable
  - Expand the Marketplace in Georgia
  - Expand Medicaid
  - Advocate for state leadership to prioritize housing and healthcare resources
  - Advocate for state healthcare funding and policy
- Increase access to care using an asset-based approach
  - Increase the number of providers and family health centers
  - Work with providers to increase those that serve the Medicaid population and to serve undocumented and uninsured patients
  - Assess geographic availability of clinics and work to fill gaps
  - Establish mobile clinics
  - Advocate for better broadband access for telehealth
- Build and cultivate trust in the communities and leverage partnerships
  - Broad campaign to make people feel seen and understood
  - Conduct community health needs assessment by non-profits so that they can involve the community when they think they are identifying the needs, talking to the people, engaging those who utilize services or are in service areas
  - Increase and improve strategic partnerships with different healthcare organizations. For example, partnership with the Wellstar or Northside health system allows the affordable cost of diagnostic tests
- Maternal and Child Health:
  - Develop intervention services for the infants (zero to three) whose parents are incarcerated
  - Get pregnant women out of prison - no more prison births. For example, Minnesota passed a law that provides community care for pregnant prisoners.

### Behavioral Health and Substance Use

- Advocate for and communicate the importance of mental health with the state and other organizations.
  - Reach out to healthcare/insurance companies and let them know the statistics about mental health issues and what they should provide.
  - Include and prioritize children's mental health in conversations at state and local levels.
  - Include elderly (Medicare) and low-income populations (Medicaid).

- Connect with other organizations that provide mental health services and support.
  - Make connections with mental health non-profits, such as NAMI.
  - Connect with different state organizations for mental health services.
  - Connect with mental healthcare providers so that we can better understand the patient's needs.
- Develop and support prevention, treatment, and recovery programs:
  - Work with school admins and teachers to establish an emotional well-being curriculum
  - Introduce low-cost or no-cost mental health counseling that is flexible (remote, available in different languages, culturally specific)
  - Develop interventions that prevent suicides among teens and young adults through direct communication to this population, not through the parents
  - Provide housing and residential care facilities (long-term, few months)
  - Develop mental health rehab facilities as they have for stroke and heart facilities; get insurance companies on board
  - Need the advanced research to have a definitive lab test for mental illness
  - Build more halfway houses, transitional housing, residential reentry centers, etc.

### Chronic Disease and Disability:

- Increase community education and awareness around the connection between healthy eating and exercise and the risk of cardiovascular diseases

### Healthy Eating, Active Living

- Educate community members on healthy eating - introducing new fruits and vegetables, how to purchase them more cost-effectively using SNAP, how to cook and store them.
- Increase collaboration with different faith-based and non-profit organizations to reach out and to educate the community whom the community trusts
- Use social media platforms to disseminate resources

### Social Determinants of Health

**Housing**

- Increase public-private collaboration to expand resources and make policy interventions
- Work with different community and public organizations to strengthen housing resource list
- Abolish the zoning laws
- Support and encourage business investment in community assets
- Support critical partnerships between the private market and state resources
- Advocate for state leadership to provide funding and policy for housing
  - Have policies that promote equity and fair housing
  - Adhere to federal fair housing law

**Food Security**

Expand the resources and programs to increase healthy food access:

- Expand food distribution programs that help with food insecurity
- Establish more affordable grocery stores in low-income communities
- Increase the number of fresh food drives
- Partner with community-based organizations to provide culturally sensitive/relevant food boxes to the areas in need
- Provide families resources to shop at the nearest farmers' markets
- Establish community gardens to allow families to grow their own produce
- Engage with the philanthropic and corporate communities to support food access

**Education**

Increase policy interventions to lower the cost of education

- Have more options for higher educational/vocational training
- Lower the cost of education for undocumented residents
- Allow federal loans for education to non-citizens/residents

### Structural Racism

- Focus on advocating for policy and legislation that supports public health and equity
  - Provide education in health equity and SDoH
  - Provide more training for public health professionals
  - Implement approaches with inequities in mind
  - Analyze policies and processes to mitigate biases
  - Involve police departments to look at biases
- Build and promote community engagement and outreach
  - Build and cultivate trust with individuals; connect them with the resources that exist
  - Engage community health workers and community

leaders as effective, trusted messengers
    - Get trusted experts. Healthcare system has a big potential for outreach
    - Use news media and social media platforms to broadcast good examples of resources that people need
    - Get feedback from the community about different interventions
- Partner with organizations trusted by the community
    - Reach out to different organizations that can serve as connectors to host events or provide services and community health education
    - Involve key partners from faith-based places in the community
    - Get community support in schools
    - Establish medical-legal partnership
- Work with funders to promote equity-based programs
    - Work to establish private-public partnership; government, business, non-profit collaborations
    - Advocate for philanthropy to work on addressing systemic issues
    - Provide funding for changes in existing programs rather than new programs; support programs that were effective in the past
- Design culturally appropriate interventions and materials
    - Develop patient education that is culturally derived to discuss cultural diets/norms targeted initiatives that are invaluable in remaining true to culture while adopting healthier habits
    - Reach people through the avenues where they want to receive information
    - Promote health literacy
    - Incorporate different languages into educational materials
    - Introduce campaigns around immunizations (standard)
    - Forensic evaluation needs to work closely with medical professionals to improve overall outcomes

## Resident Focus Group Discussion

**This assessment engaged community residents to develop a deeper understanding of the health needs of residents as well as the existing opinions and perspectives related to the health status and health needs of the populations in communities served by Wellstar Douglas Hospital.**

### Methodology

Georgia Health Policy Center recruited and conducted one focus group with residents living in the communities served by Wellstar Douglas Hospital. Georgia Health Policy Center designed facilitation guides for focus group discussions. Residents were recruited using a third-party recruiting firm. Recruitment strategies focused on residents who had characteristics representative of the broader communities in the service area, specifically communities that experience disparities and low socioeconomic status. Focus groups lasted approximately 1.5 hours, during which time trained facilitators led 10 participants through a virtual discussion about the health of their communities, health needs, resources available to meet health needs, and recommendations to address health needs in their communities. All participants were offered appropriate compensation ($75.00) for their time. The following focus group was conducted by Georgia Health Policy Center in October 2021.

The focus group was recorded and transcribed with the informed consent of all participants. Georgia Health Policy Center analyzed and summarized data from the focus group to determine similarities and differences across populations related to the collective experience of healthcare, health needs, and recommendations, which are summarized in this section.

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## Group recommendations

The group provided many recommendations to address community health needs and concerns for residents in the Wellstar Douglas Hospital service area. Below is a brief summary of the recommendations:

- **There is a need for mental health resources** and support for essential and low-wage workers. Participants discussed how mental health should be prioritized for all people, not just the wealthy. One participant recommended more support targeted for essential and low-wage workers through employer or government programs.
- **There is a need for pediatric dental services**. Participants found that many pediatric dental offices had closed or consolidated during the COVID-19 andemic, making dental care harder to access.
- **There is a need for more affordable care options** for those without insurance and for those with insurance but unaffordable copayments. Participants discussed the need for affordable options for those without insurance and were considered with the high cost of specialty care and affording multiple prescriptions.

## Problem identification

During the community planning forum process, community participants discussed regional health needs that centered around four themes. These were (in order of priority assigned):

- Behavioral Health
- Access to Appropriate Healthcare
- Social Determinants of Health
- Healthy Living

### Behavioral Health

Community participants identified access to behavioral health services as a community health need. Participants focused discussions around the impacts of the COVID-19 pandemic on mental health.

**Outcomes:**

- Substance abuse
- Suicide
- Depression and stress
- Community division

**Contributing Factors:**

- Participants felt that underlying mental health issues were exacerbated by the pandemic. There is concern about increased rates of suicide in the Black community, increased alcohol and drug use, and residents being pushed over the edge into "full-blown clinical depression."
- Single-income parents and caretakers of elderly relatives were the most negatively impacted by the COVID-19 pandemic. One participant explained, "When you don't have money, you can't take a mental health break."
- The politicization of the COVID-19 pandemic has changed the way residents interact with each other. Residents discussed the increase in division, hysteria, fear, and discrimination based on opinions of the pandemic and vaccination. One participant shared that on Sundays, people sing in church together, and then during the week, those same people are fighting on social media. Another participant shared that she felt that the pandemic was causing the community to work together for the common good in following masking and other CDC guidelines.
- There are differing opinions on the effect of school closures and virtual schools on children and families. Some participants felt that homeschooling stress, learning gaps, and reduced socialization will have long-term impacts. One participant shared that their children thrived in the homeschool environment.

### Access to Appropriate Healthcare

Community participants identified access to appropriate healthcare services as a community health need. Participants focused discussions around the affordability of insurance and copayments and pediatric dental care.

**Outcomes:**

- Poor pediatric dental health
- Unaffordable insurance

**Contributing Factors:**

- Participants discussed the need for healthcare services for the uninsured. One participant shared that there are several Walmart health clinic locations in the service area that are a good resource for routine dental and medical care, especially for those that are not insured. Many participants did not know about this community asset.
- For those that can afford insurance, some residents find the copayments unaffordable, especially for specialty care and when multiple medications are needed. One participant stated, "So you have access to care, but you really can't afford it."
- Participants noted that pediatric dental care became more difficult to access during the COVID-19 pandemic due to office closures or practice consolidation. Participants did not find the same barriers with pediatricians, whose offices remained "rolling along" during the pandemic.

## Social Determinants of Health

Participants identified social determinants of health as a community health need. Participants focused discussions around the impact of the COVID-19 pandemic on the children, parents, and front-line workers and the availability of social services.

**Outcomes:**

- Education gaps

**Contributing Factors:**

- Residents discussed how front-line workers (grocery store workers, gas station attendants, etc.) are heavily relied on by all residents and were the most impacted by reduced work hours and supply chain issues. They felt that front-line workers were at the greatest risk for COVID-19 exposure while being unable to afford breaks in employment for illness and unable to work from home.
- The participants agreed that the COVID-19 pandemic caused communities to do a needed "reset" and enabled people to "slow down." The pandemic resulted in people doing things they should be doing, including staying home if they themselves or their child is sick and keeping public spaces, stores, and restaurants clean. The participants also felt that Douglas County did a good job with messaging and sharing CDC guidelines.
- Participants discussed the availability of services to help residents in need. One participant who is in ministry shared his perception that more people are coming to him in need of services, and at the same time, there are more services available to offer people. Participants discussed that 211 is a useful referral source for services, including assistance with utilities and food. Local power companies have a program in which residents can round up their bills, and extra money is used to support people who cannot afford their electricity bills.
- There was discussion on the impact of the COVID-19 pandemic on children, with some concerned that virtual learning and reduced socialization will have long-term impacts. One woman shared that her child had not done well with virtual learning. However, another participant shared that her children thrived in homeschooling after experiencing racism and bullying at school.
- Participants also felt that single parents were most negatively impacted by the COVID-19 pandemic.

## Healthy Living

Community participants identified healthy living opportunities as a community health need. Participants focused discussions around:

**Outcomes:**

- Chronic disease (diabetes, obesity, hypertension, cancer)

**Contributing Factors:**

- Participants shared that diabetes, obesity, high blood pressure, and cancer are the biggest health concerns in their community.
- Participants agreed that the community had many good public parks and opportunities for spending time outdoors on walking and biking trails.
- There was a concern of how some residents were unable to find over-the-counter medication and foods for special diets due to COVID-19 pandemic supply chain disruptions. They noted that restrictions on purchasing and empty grocery store shelves were causing stress.

# COVID-19 Literature Review and Local Impact Survey

## Demographics

### Industry

Participants at the start of the survey were asked what industry or industries they represented and were allowed to select any of the following options that applied: Healthcare Services, Social Services, Higher Education/ Academia, Public School Education, Government, Public Health, a Wellstar Regional Hospital Board, or Other with the opportunity to provide an explanation. Out of the 25 responses, more than one-third of the participants were in the Healthcare Services industry (34.2%, n=13). The second most common industry of those listed was Government (16%, n=6), and Social Services (10.5%, n=4) and Public Health (10.5%, n=4) were tied for third. Less than 6% (n=2) of the sample represented the two industries in Education combined, which were Higher Education and Public School Education.

Six of the 25 participants (14%) selected the Other option, either in combination with another industry to provide additional details or by itself. Among those responses, Non-profit or Community organizations were the most common written-in industry responses. Other written-in responses for industries not listed were Philanthropy and Utility Provider.

### Wellstar Health System Regional Hospital Board Participation

Four (10.5%) of the 25 participants were associated with one of Wellstar's nine Regional Hospital Boards in the state. All four of those Wellstar Regional Hospital Board representatives were associated with the Wellstar Health System Douglas Hospital Board.

### Geographic Representation

In the question, 'Please identify the counties where you have the best understanding of the health needs of residents,' participants were able to choose and select any of the 25 options, including the 'State of Georgia,' that applied. Respondents who indicated that they have an understanding of the needs of residents in Douglas and/or Carroll counties were identified to represent the Wellstar Douglas Hospital Service Area. Of the 25 participants, 26% (n=23) and 6% (n=5) indicated that they represented Douglas and Carroll counties, respectively. More than half (68%) of the respondents who represented the Wellstar Douglas Hospital service area also indicated they represented Bartow, Butts, Cherokee, Clayton, Cobb, Dawson, DeKalb, Fulton, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Harris, and Troup counties.

### Selected Health Need Focus Areas:

Participants were asked to select health need topics they felt comfortable responding to based on their experience in relation to the influence of the global pandemic in these areas: 1) Behavioral Health; 2) Housing; 3) Access to Care; 4) Healthy Living and Food Access; and 5) Maternal and Child Health. If none applied, participants had the option to select 'None of these' and were sent to a section focused on a broad range of areas the global pandemic may have influenced.

Out of a total choice count of 61 for this question, 31% (n=19) of participants selected Access to Care, 15% (n=9) for Behavioral Health, 23% (n=14) for Healthy Living and Food Access, 16% (n=10) for Housing, and 15% (n=9) for Maternal and Child Health.

### Behavioral Health

Nine (15%) participants in total completed the Behavioral Health section of the survey. When asked to score the influence of the global pandemic on behavioral health outcomes, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the following behavioral health outcomes in the Douglas service area had been significantly influenced by the global pandemic from highest to lowest significance:

- Worsened states of mental health and mental health outcomes (100%, n=9)
- Higher frequency of alcohol consumption and heavy drinking (89%, n=8 out of 9 responses)
- Greater rates of substance abuse (87.5%, n=7 out of 8 responses)
- Increased instances of suicidal behaviors (78%, n=7 out of 9 responses)
- Lowered access to behavioral healthcare and substance abuse services (44%, n=4 out of 9 responses)

Although participants did not score the global pandemic as significantly influencing lowered access to care as high as the other outcomes, a high proportion of participants indicated this outcome was moderately influenced. When combined, 67% (n=6) of participants, out of 9 total responses, scored the global pandemic as either significantly or moderately influencing access to behavioral healthcare. None of the participants in this section indicated that the global pandemic had no influence on any of these behavioral health-related outcomes.

Four participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced behavioral health and behavioral health treatment that you think are important to include?':

- Isolation, disruptions in social connectivity, and caregiver burden have contributed to poor mental health outcomes during the global pandemic.
- The temporary closures and lack of behavioral health and substance abuse services during the global pandemic have made accessing timely and quality behavioral or substance abuse care difficult. This

shortage of mental health services disproportionately impacted Black and communities of color due to the lack of diversity among behavioral health providers.

- Residents avoided seeking mental health services and treatment out of fear and uncertainty of COVID-19 exposure.

The top five marginalized groups participants indicated as having their behavioral health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (13%, n=8)
- Racial and ethnic minorities (13%, n=8)
- Those of older age (12%, n=7)
- People experiencing homelessness (10%, n=6)
- Those with pre-existing conditions (10%, n=6)

## Housing

Ten (16%) participants in total completed the Housing section of the survey. When asked to score the influence of the global pandemic on housing-related outcomes, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the following housing-related outcomes have been significantly influenced by the global pandemic from highest to lowest significance:

- Increased housing insecurity, impacting both general health as well as mental health (66%, n=6 out of 9 responses).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (62.5%, n=5 out of 8 responses).
- Families and individuals behind on housing payments, both rent and mortgages (56%, n=5 out of 9 responses).
- Foreclosure initiation or completion (44%, n=4 out of 9 responses).

None of the10 participants in this section indicated that the global pandemic had no impact on any of these housing outcomes.

Three participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced housing that you think are important to include?':

- Economic impacts of the pandemic have worsened housing stability and affordability of communities across the service area and beyond. The primary economic impact commented on is the lack of housing availability, especially affordable housing, resulting from rising costs, job/income instability or loss, and higher supply costs of building materials, among others.
- Small, independent apartment owners did not receive any federal or state assistance during the global pandemic.

The top five marginalized groups participants indicated as having their housing disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (21%, n=9)
- Racial and ethnic minorities (14%, n=6)
- People experiencing homelessness (12%, n=5)
- Those of older age (12%, n=5)
- Non-English speaking or proficient communities (7%, n=3)

In the comments, a participant indicated that single-parent homes and households with one income were also disproportionately impacted.

## Access to Appropriate Healthcare

Nineteen (31%) participants in total completed the Access to Care section of the survey. When asked to score the influence of the global pandemic on access to care, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced access to care by contributing to the following outcomes, from highest to lowest significance:

- Delays, postponements, and cancellations of healthcare services and appointments for healthcare services, including for preventive care (89%, n=16 out of 18 responses).
- Disruptions in routine care and management for chronic disease conditions (65%, n=11 out of 17 responses).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (56%, n=10 out of 18 responses).
- Loss of family and individual healthcare coverage (53%, n=8 out of 15 responses).
- Transition of healthcare services to telehealth and telehealth not being accessible to all (28%, n=5 out of 18 responses).

Although participants did not score the global pandemic as significantly influencing access to care through the loss of healthcare coverage and the transition to telehealth services as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 80% (n=12) of participants, out of 15 total responses, scored the global pandemic as either significantly or moderately influencing access to care through loss of healthcare coverage among families and individuals. Additionally, 89% (n=16) of participants, out of 18 responses, ranked the pandemic as either a significant or moderate influence on access to care due to the transition from in-person to telehealth services.

None of the 19 participants in this section indicated that the global pandemic had no influence on access to care through contributing to any of these access-related outcomes.

Three participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced access to care that you think are important to include?':

- In response to the pandemic, there was a disruption in the access to reliable and safe public transportation, which made it more difficult to access care.
- Populations not accustomed to telehealth and use of technology were at a disadvantage during the global pandemic in managing their health and accessing healthcare services, especially older aged communities.
- There was a lack of professional healthcare capacity and coverage for services. Healthcare agencies found it challenging in hiring staff and bringing on new contractors due to not offering competitive wages and those not willing or able to return to an office environment to instead work at home.

The top five marginalized groups participants indicated as having their access to care disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (18%, n=17)
- Those of older age (15%, n=14)
- Racial and ethnic minorities (12%, n=12)
- People experiencing homelessness (11%, n=10)
- Uninsured (9%, n=9)

## Healthy Living and Food Access

Fourteen (23%) of participants in total completed the Healthy Living and Food Access section of the survey. When asked to score the influence of the global pandemic on healthy living and food access, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced healthy living and food access by contributing to the following outcomes, from highest to lowest significance:

- Greater food insecurity and hunger in response to job loss and economic hardship (92%, n=12 out of 13 responses).
- Increased social isolation and stress affecting mental health and ability to engage in healthy behaviors (85%, n=11 out of 13 responses).
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (85%, n=11 out of 13 responses).
- Concern about COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (85%, n=11 out of 13 responses).

None of the 14 participants in this section indicated that the global pandemic had no influence on healthy living and food access in its contribution to disruptions in daily routines; negative mental health outcomes and social isolation; the concern for COVID-19 transmission; and on the increasing levels of food insecurity.

Three participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced healthy living and food access that you think are important to include?':

- The global pandemic has resulted in food shortages and inflation, which have driven up the cost of food, especially nutritious and fresh foods. Access to food in the area has also become more difficult due to the increase in gas prices.
- There are concerns about the lack of food and supply deliveries to grocery stores due to labor shortages, which has impacted food access for all retail industries, including fast food and restaurants.
- With children at home during the global pandemic, they may have eaten less healthily than they would have if they were in school.

The top five marginalized groups participants indicated as having access to food and healthy living disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (15%, n=11)
- Those of older age (14%, n=10)
- Racial and ethnic minorities (11%, n=8)
- People experiencing homelessness (10%, n=7)
- Rural communities (10%, n=7)

## Maternal and Child Health

Nine (15%) of participants in total completed the Maternal and Child Health section of the survey. When asked to score the influence of the global pandemic on maternal and child health, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced maternal and child health by contributing to the following outcomes, from highest to lowest significance:

- Increased fear, anxiety, depression, social isolation, and a reduced sense of control among pregnant women due to uncertainty around COVID-19 and changes in prenatal care (75%, n=6 out of 8 responses)
- Disproportionate hardship among single parents, especially single mothers, in higher caregiver stress and greater financial constraints (62.5%, n=5 out of 8 responses).

- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (57%, n=4 out of 7 responses).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (50%, n=4 out of 8 responses).
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (37.5%, n=3 out of 8 responses).

None of the 9 participants in this section indicated that the global pandemic had no influence on maternal and child health, indicating that the global pandemic influenced all these maternal health-related outcomes on some level.

Eight participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced maternal and child health that you think are important to include? There was a loss of follow-up in prenatal care, which especially impacted those with higher risk pregnancies. The COVID-19 pandemic in turn contributed to significant maternal and child health morbidity and mortality.

The conditions of the global pandemic have increased caregiver burden and stress, in juggling work, childcare, and household responsibilities at once.

Routine child check-up appointments have been delayed to avoid potential COVID-19 exposures, resulting in children potentially being behind on vaccination schedules.

The top five marginalized groups participants indicated as having their maternal and child health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (16%, n=7)
- Racial and ethnic minorities (16%, n=7)
- People experiencing homelessness (11%, n=5)
- Non-English speaking or proficient (11%, n=5)
- Rural communities (9%, n=4)

## Other Impacts

Twenty-one participants in total completed the Other Impacts section of the survey, which comprised categories on poverty, cultural competency, STIs and HIV, transportation, education, Internet access, violence, child abuse and neglect, and cancer. When asked to score the influence of the global pandemic on each of these categories, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced each category, from highest to lowest:

- Violence (79%, n=15 out of 19 responses)
- Poverty (76%, n=16 out of 21 responses)
- Education (75%, n=15 out of 20 responses)
- Cancer (60%, n=9 out of 16 responses)
- Child abuse and neglect (54%, n=7 out of 13 responses)
- Internet access (50%, n=10 out of 20 responses)
- Transportation (48%, n=10 out of 21 responses)
- Culturally competent services (33%, n=6 out of 18 responses)
- STIs and HIV (27%, n=3 out of 11 responses)

None of the 21 participants in this section indicated that the global pandemic had no influence on poverty, culturally competent services, transportation, education, child abuse and neglect, violence, cancer, and STIs and HIV/AIDS

# Consultant Qualifications

**Georgia Health Policy Center, housed within Georgia State University's Andrew Young School of Policy Studies, provides evidence-based research, program development, and policy guidance locally, statewide, and nationally to improve communities' health status. With more than 25 years of service, Georgia Health Policy Center focuses on solutions to the toughest issues facing healthcare today, including insurance coverage, long-term care, children's health, and the development of rural and urban health systems.**

Georgia Health Policy Center draws on more than a decade of combined learnings from its experience with 100-plus projects supported by 75 diverse funders. The studies span the layers of the socioecological model and include individual, multisite, and meta-level assessments of communities, programmatic activities, and provision of technical assistance. Georgia Health Policy Center has been supporting hospital partners in meeting the CHNA components of IRS regulations since their inception in 2010. Additionally, Georgia Health Policy Center partnered with Wellstar Health System hospitals to complete the 2019 CHNA and Implementation Planning Process, meeting IRS regulations at that time.

# Community Facilities, Assets, and Resources

## Health Departments

**Cobb & Douglas Public Health**

Douglas Public Health Center
6770 Selman Drive
Douglasville, Georgia 30134
770-949-1970
www.cobbanddouglas publichealth.com

Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties.

We work to achieve healthy people in healthy communities by:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of healthcare

By excelling at our core responsibilities, we will achieve healthier lives and a healthier community.

**Carroll County Health Department**

1004 Newnan Rd,
Carrollton, Georgia 30116
770-836-6667
www.district4health.org/ locations/carroll-county/

District 4 Public Health is dedicated to protecting and improving the health of our communities through the prevention of disease, the promotion of healthy behaviors, access to quality services, strong community partnerships, and disaster preparedness.

## Primary Care: Safety-Net Clinics & Federally Qualified Health Centers

**The Family Health Centers**

Douglas County (Burnett Elementary School)
8277 Connally Drive
Douglasville, Georgia 30134
770-651-2273
fhcga.org

The Family Health Centers of Georgia, Inc. (FHCGA), formerly West End Medical Centers, Inc., is a not-for-profit, 501(c)3, federally qualified health center. FHCGA is accredited by The Joint Commission as a Primary Care Medical Home. FHCGA has been providing comprehensive primary healthcare services since 1975.

**YourTown Health**

202 Croft Street
Carrollton, Georgia 30117
770-834–2255

YourTown Health's network of seven non-profit Community Health Centers serves the communities of Meriwether, Pike, Lamar, Carroll, Coweta, and south Fulton counties.

## Transportation

**Non-Emergency Medical Transportation (NEMT)**
Schedule Transportation:
**Logisticare:**
1-888-224-7981 (Central)
1-888-224-7985 (Southwest)
1-888-224-7988 (East)
**Medicaid Member Call Center:**
866-211-0950

The Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.

**Douglas County Fixed Route Bus Service**
8800 Dorris Road
Douglasville, Georgia 30134
770-949-7665

Connect Douglas is a commuter-focused program of the Douglas County Board of Commissioners through its Department of Multi-Modal Transportation Services.

Fixed route service is simple. Buses travel along the same path to the same locations throughout the day every day. Connect Douglas operates four routes. Schedules for the four routes can be found at connectdouglas.com..

**Carroll Connection**
www.threeriversrc.com
www.carrollcountyga.com
844-778-7826

Connecting you where you need to go!

Rides are scheduled on a "First Come, First Service" basis.

Carroll Connection Fees:
$3.00 One-Way Trip
$6.00 Round Trip
Fees must be paid at time of boarding or prior to pickup.

## Behavioral Health

**Pathways Center Carroll County Behavioral Health Clinic**
153 Independence Drive
Carrollton, Georgia 30116
770-836-6678

Services Offered:

- Outpatient Services
- Community Support
- Peer Support
- Developmental Disabilities

**Douglas County CSB**
5905 Stewart Parkway
Douglasville, Georgia 30135
770-949-8082

DCCSB utilizes a sliding-scale fee for all services; this is based on a non-insured individual's ability to pay. Fees are thereby reduced for those who have lower incomes or, alternatively, less money to spare after their personal expenses, regardless of income. Douglas County CSB conducts a preliminary screening and risk assessment at the point of first contact with all citizens interested in our services.

If the screening identifies an emergency or crisis need, an immediate response with appropriate services is required. The criteria do not specify the content of the preliminary screening and risk assessment.

**YourTown Health**
202 Croft Street
Carrollton, Georgia 30117
770-834–2255

YourTown Health's network of seven non-profit Community Health Centers serves the communities of Meriwether, Pike, Lamar, Carroll, Coweta, and South Fulton counties.

## HIV

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| **Cobb & Douglas Public Health**<br>Douglas Public Health Center<br>6770 Selman Drive<br>Douglasville, Georgia 30134<br>770-949-1970<br>www.cobbanddouglas publichealth.com | Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties. |

## Employment

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| **Work Source Atlanta Regional - Douglas**<br>4655 Timber Ridge Dr.<br>Douglasville, GA 30135<br>770-920-4104<br>atlantaregional.org/workforce-economy/services-for-job-seekers/career-resource-centers/ | WorkSource Atlanta Regional, which is managed by ARC, maintains career resource centers that serve Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry, and Rockdale counties. Professionals at these centers assist job-seekers with career assessment testing, job readiness training in areas such as effective communication and problem solving, job search training assistance, and help locating approved training and education providers and registering for programs. |

## Under-Resourced

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| **The Pantry**<br>9633-A Hwy. 5<br>Douglasville, Georgia 30135<br>770-217-0729<br>www.thepantrydc.com | Hundreds of thousands of pounds of food are distributed to folks in need each year and all with a very joyful spirit. Our goal is to be the "the most loving place in the world." It sure is a lofty goal but one that keeps us focused on serving without a judgmental attitude. We believe at The Pantry that we never know enough about any person's situation to sit in judgment over them. Our role is to love and love unconditionally.<br><br>Serves Douglas County. |
| **Salvation Army - Douglas County Service Unit**<br>770-942-7188<br>www.needhelppayingbills.com html/douglasville_salvation_army_assistance.html | One of the agencies that may offer the most extensive amount of help. They can also refer people to multiple agencies and local charities, both at the local, state, and federal government levels. The primary goal of the Salvation Army is to provide emergency financial assistance to persons and families who are in a crisis situation.<br><br>They provide aid in the areas of rent, food, clothing, lodging, as well as utility and cooling bill assistance. There is also counseling and referrals to other comprehensive crisis centers. Some of the services offered at the crisis centers in Douglas County include Gas and Utility Bill Payment Assistance, Prescription Medications, Mortgage, Rent, and Housing Payment Assistance as well as many other programs. Families with children get free back-to-school supplies, holiday meals, or Christmas toys from Angel Tree. |
| **Good Samaritan Center**<br>8366 Grady Street<br>Douglasville, GA 30134<br>770-949-7335<br>goodsamaritancenter-douglasville.com/ | Good Samaritan Center is an emergency assistance ministry offering services to low-income/food-insecure residents of Douglas County in the name of Jesus Christ.<br><br>Food Assistance – Financial Aid Assistance – Spiritual Counseling |
| **A Gift of Love**<br>3870 Longview Drive<br>Douglasville, GA 30135<br>770-672-4707<br>770-947-8200<br>giftofloveservice.com | A Gift of Love is a nonprofit 501-C organization that was created by Juanita Clay twenty-one years ago. Mrs. Clay worked in the cafeteria at an elementary school and witnessed children stuffing food in their pockets to take home and eat later. With some of the children wearing the wrong size shoes and clothing to school daily, Mrs. Clay saw a need to help! |

**Bremen Food & Clothing Bank**
180 Helton Road
Bremen, Georgia 30110
770-537-0920
www.bremenfoodbank.org

It is the mission of the Bremen Food & Clothing Bank to improve the quality of life for families in the west Georgia and surrounding areas. We do this by assisting families with food, clothing, personal care items, household items, and more.

Every week, hundreds of people from different walks of life enter our facility. They all have one thing in common – they need some type of help. We work hard to make sure that help is available. Here they can find the help they need and/or information about other resources available in the area.

**Open Hands of Carrollton**
100 Bledsoe Street
Carrollton, Georgia 30117
678-664-2206
www.ohucm.org

Open Hands is a collaborative effort by member churches to better coordinate and increase the effectiveness of the benevolence ministries involved.

## Youth Programs

**Douglas County Boys & Girls Club**
8828 Gurley Road
Douglasville, Georgia 30134
770-577-9824
www.bgcma.org/club/douglas/

The Douglas County Boys & Girls Club works with hundreds of kids and teens each year to help them reach their full potential. We provide an environment where all youth feel safe and secure to dream, discover, and develop. Our programs focus on helping kids succeed in school, live healthy, and become leaders. We are so glad to be part of this community and look forward to working with you.

**Carroll County - 4-H Youth Development Programs**
UGA Extension Office
770-836.8546
Contacts:
Susannah Lassetter:
slass4h@uga.edu,
Natalie Moncus:
natalie.moncus@uga.edu

4-H is an educational program teaching leadership, citizenship, public speaking, and practical life skills. The goal is to make learning fun! It is the youth phase of UGA Extension.

The 4-H program is part of the Carroll County and Carrollton City school systems. There are also 4-H activities outside of school. 4-H is open to all children ages 9-19. 4-H may have begun as Corn and Tomato Clubs; however, today 4-H has evolved to teach computers, recycling, photography, nutrition, violence prevention, teamwork, and many other topics relative to Carroll County and Carrollton City youth.

**Douglas County Parks & Recreation**
12431 Veterans Memorial Parkway
Old Douglas County Courthouse
Douglasville, Georgia 30134
770-489-3918

The Douglas County Parks & Recreation Department does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

**Carroll County Recreation**
1201 Newnan Road
Carrollton, Georgia 30116
770-830-5902
www.carrollcountyga.com/345/Sports

We offer the following sports/services:

- Baseball
- Basketball
- Cheerleading
- Facilities Rentals
- Football
- Gymnastics
- Soccer
- Softball
- Summer Camps
- Volleyball
- Other Events

## Additional Resources

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| **American Cancer Society**<br>Global Headquarters<br>250 Williams Street NW<br>Atlanta, Georgia 30303<br>www.cancer.org<br>24-7 Cancer Helpline<br>1-800-227-2345 | • Knowledge Resource<br>• Cancer resources and 24-hour phone support |
| **Georgia Department of Community Health**<br>1-800-436-7442<br>dch.georgia.gov/programs | Providing online services and state programs such as Medicaid and Peachcare for Kids |
| **American Heart Association**<br>Atlanta Office<br>10 Glenlake Parkway,<br>South Tower, Suite 400<br>Atlanta, GA 30328<br>678-224-2000<br>1-800-257-6941<br>National Customer Service<br>www.heart.org | • Knowledge Resource<br>• Heart health knowledge and resources |

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Wellstar
HEALTH SYSTEM

793 Sawyer Road, Marietta, Georgia 30062 | (770) 956-GIVE (4483) | wellstar.org