2022
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR PAULDING HOSPITAL

Wellstar

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PEOPLECARE

Wellstar Paulding Hospital

EIN: 05-0578448
2518 Jimmy Lee Smith Parkway
Hiram, Georgia 30141

Wellstar Paulding Hospital, which opened in Hiram in 2014, is a state-of-the-art county hospital that replaced a previous community facility. Today, it features 112 private inpatient rooms, 40 emergency exam and pediatric emergency exam rooms, seven surgical suites, two GI-specific surgical suites, a bronchoscopy suite, and decentralized nursing stations. Wellstar Paulding Hospital continues its reputation for high-quality healthcare with an expanding staff of physicians and medical professionals and a connection to additional medical specialties throughout the Wellstar Health System.

Wellstar Paulding Hospital is a proud member of the Wellstar Health System. 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. Its vision is to deliver world-class healthcare.

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This report utilizes a data-driven approach to better understand, identify and prioritize the health needs of the community served by Wellstar Paulding 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**

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IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

Wellstar Paulding Hospital partnered with Georgia Health Policy Center to complete a comprehensive Community Health Needs Assessment process, which includes 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
- 31 individual key informant interviews with community leaders
- One focus group with residents

As in previous years, Wellstar Paulding Hospital worked with community and hospital leaders to identify 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 five zip codes concentrated in the primary service area of Douglas, Paulding, and Polk counties. Some noticeable differences between the 2019 assessment and this one are:

- Health needs are assessed for residents in five zip code areas concentrated in Douglas, Paulding, and Polk counties. In 2019, Wellstar Paulding Hospital was included in an assessment of community need for four other Wellstar hospitals (Cobb, Kennestone, Douglas, and Windy Hill hospitals) serving residents in 28 zip code areas.
- The prioritization process was different due to COVID-19, 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 five in 2019 to nine in 2021).
- 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 Douglas, Paulding, and Polk 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). Between Paulding, Douglas, and Polk counties, Paulding and Douglas counties ranked mostly in the top (best) quartile, whereas Polk County ranks in the bottom (worst) third of counties in the state. *(Table 1)*. Clinical care and physical environment are the worst ranked factors in the service area, with the exception of Paulding County's physical environment ranking much higher than Douglas and Polk counties. (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
Douglas	21	29	25	30	15	72	30	126
Paulding	8	13	9	11	17	92	8	5
Polk	92	102	120	68	94	134	80	116

Source: County Health Rankings & Roadmaps

2021 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar Paulding Hospital *(Table 2)*. When compared to 2019, the 2022 community health needs 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 Paulding Hospital 1. Access to appropriate care 2. Chronic disease 3. Behavioral health 4. Substance abuse 5. Maternal and child health	**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 *(including access to food, physical activity, and chronic disease prevention and management)* 5. Housing 6. Poverty **Additional needs in the Wellstar Paulding Hospital service area** 7. Violence and crime 8. Cancer 9. Sexually transmitted diseases *(HIV/AIDS and STIs)*

In general, the community residents served by Wellstar Paulding Hospital have a slightly higher median household income ($59,032.00) when compared to the state ($58,700.00). Douglas County is more diverse, with a population of Black residents 2.5 to 3.8 times that of Paulding and Polk counties, respectively, as well as a larger Asian community. 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, with the highest rates of poverty among single-parent households in Douglas County. Hispanic[1] residents in the service area are twice as likely to live in poverty compared to other races. These trends have been consistent over time.

Unfortunately, data are not available to demonstrate 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

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.*

authored are from 2019 or 2020 (just as the pandemic was 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,
- Lower socioeconomic status individuals, particularly single-parent families,
- Those experiencing homelessness or at risk of experiencing homelessness (i.e., renters),
- LGBTQ+ community,
- New American communities and those with limited English-speaking skills, including people without legal documentation and refugees, and
- Individuals with pre-existing chronic conditions, especially older residents.

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 Paulding Hospital service area, including those noted in the 2019 Community Health Needs Assessment. 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, inability to afford insurance due to economic and insurance status, and – most recently – inability to access care because of COVID-19 restrictions. Like the 2019 Community Health Needs Assessment, the service area's top five causes of death are related to chronic conditions, lifestyle, and behavior (i.e., heart disease, stroke, lung cancer, and COPD).

These health disparities are most notable among the following conditions:

Inequities Continuing from the 2019 Assessment:	Inequities Identified by the 2022 Assessment:
• Cancer • Hypertension • Diabetes • HIV/AIDS • Asthma	• Maternal and child health, including mortality and teen pregnancy • Assault • 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 • Behavioral health	• Heart disease • Accidental poisoning

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

Tables 3–5 include an overview of community leaders' 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
Mental Health	• A decline in suicide rates is attributed to increased awareness about mental health issues and access to resources.
Benefits and Social Safety Net	• 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). • More jobs in the area are offering health insurance benefits. • Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need. • Increased services and resources for food insecurity, housing, transportation, and social services.
Health and Wellbeing in Schools	• There is a greater awareness of the safety net that schools and their support staff provide. There has been an increased focus on community support and wraparound services in school systems, such as school-based health centers.
Maternal and Child Health	• Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated. • Medicaid coverage was expanded from 6 weeks to 6 months for pregnant and postpartum women.
Environment	• Collaborations between transportation and community development resulted in more policy, systems, and environmental changes, such as sidewalks and walking trails.

Table 4 | Outcomes That Have Remained the Same Since the 2019 Assessment According to Community Leaders

	No Change
Chronic Disease	• The rate of chronic health conditions has stayed the same.
Housing	• While awareness about housing challenges has increased, there is a lack of affordable housing without the political will and capacity required to make significant changes.
Systemic Inequity	• 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. • Housing has always been an issue for low-income renters.*
Access to Appropriate Healthcare	• Access to healthcare remains the same.
Poverty	• The COVID-19 pandemic highlighted existing disparities around access, unemployment, and income that continue to influence all health outcomes, specifically maternal and child health, diabetes, and cardiovascular disease.

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

	Declined
Chronic Disease	• Asthma being diagnosed in adults
Mental Health	• The COVID-19 pandemic has decreased overall mental health and wellbeing, especially among immigrant, Hispanic, and LGBTQ+ communities. • It is harder to access mental health services and resources that are not online. • State hospital closures decreased residential post-hospitalization mental healthcare.
Behavioral Health	• Substance abuse has increased. • Hospital closures and/or use of contracted facilities decreased the availability and comprehensiveness of behavioral health treatment for juveniles in the justice system.
Access to Appropriate Healthcare	• The COVID-19 pandemic has decreased access to in-person care. It is harder to access mental health services and resources that are not online. As Medicaid-accepting offices closed and services were shifted online, those with coverage but lack of technology skills have had difficulty accessing care. • It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans. • Fear amongst immigrant populations driven by previous federal administration policies has resulted in a hesitancy to access services. • Hesitancy to seek healthcare due to fear of COVID-19.
Maternal and Child Health	• Collaboration with Motherhood Beyond Bars has been strained, and services have decreased within prison settings as a result. These changes may increase risks associated with shackling and solitary confinement. • Teen pregnancy had declined, but rates have started to increase over the last two years.
Social Determinants of Health	• The COVID-19 pandemic has decreased job security. Financial, housing, and food burdens particularly experienced in underserved communities increase stress and chronic diseases, which 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. During COVID-19, homeless services were closed or unable to take new clients.
Vaccination	• Community-level vaccine hesitancy has led to an inability to eradicate COVID-19.

COLLABORATIVECARE

LISTENING TO RESIDENTS

METHODS

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

Health System and Hospital Oversight

April 2021–June 2022

The Wellstar Community Health Council provided oversight and guidance to the Community Health Needs Assessment team by reviewing and providing feedback on the assessment process and inputs throughout the assessment process. Paulding 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 Paulding 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 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 Community Health Needs Assessment is being completed during the COVID-19 pandemic, which has had a significant impact on most of the population-level indicators reviewed in this process. To address this limitation, the Community Health Needs Assessment 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, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), sexually transmitted infections, 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, 36 respondents represented Douglas, Paulding, and Polk counties. These findings have been added to this assessment to better understand the health in communities served by Paulding Hospital in 2022.

Community Input

July–October 2021

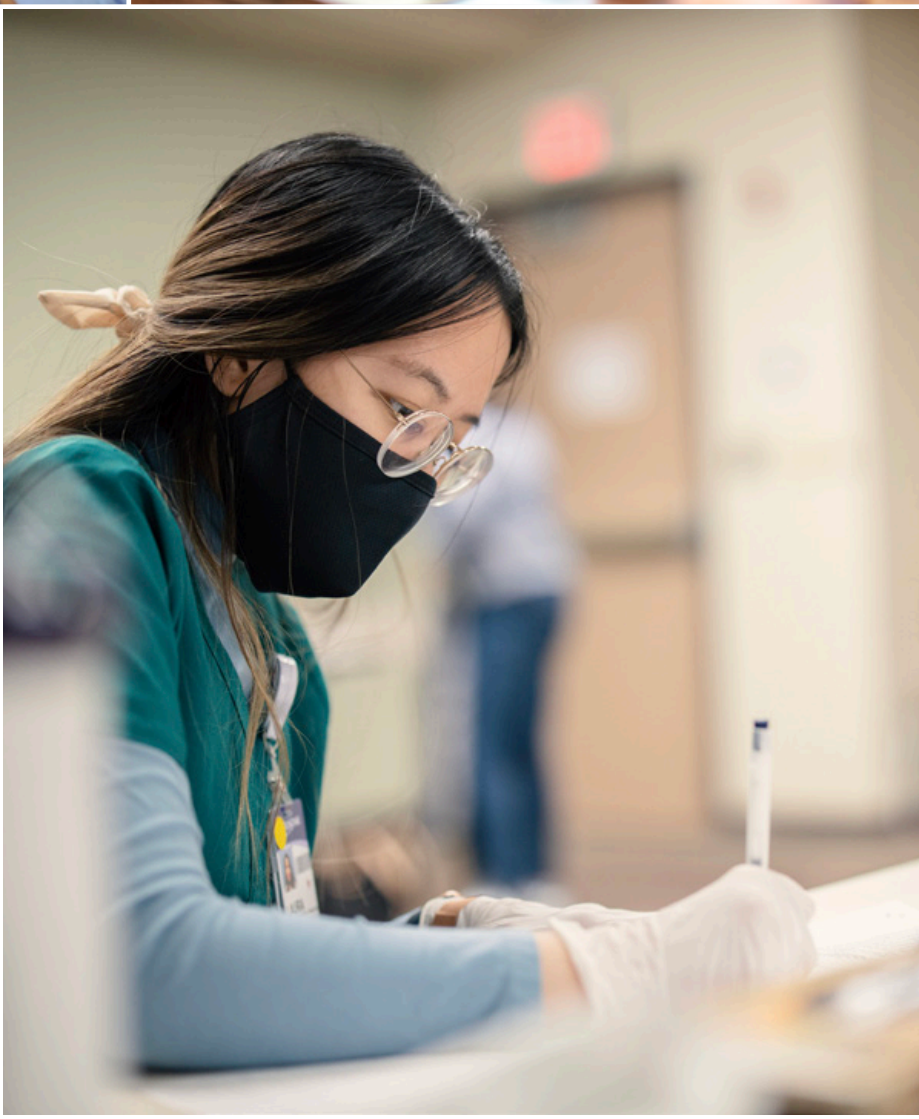
To better understand the experience and needs of the residents living in the areas served by the hospital, several types of qualitative data were used, including interviews with 31 key community leaders and a focus group with residents from the hospital service area. An in-depth summary of each qualitative process can be found in the Appendix.

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 Paulding Hospital because the service area includes Paulding County, which data shows has higher socioeconomic status, as well as much lower morbidity and mortality rates than Douglas and Polk counties. 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.


Wellstar



LOCALCARE

DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Wellstar Paulding Hospital is in Hiram, Georgia, approximately 30 miles northwest of Atlanta. For the purposes of the Community Health Needs Assessment, the primary service area for the hospital is defined as the five zip codes where 75 percent of the previous year's discharged inpatients reside *(Table 6)*. Specific counties were selected if the zip codes cover more than 30 percent of the county. Paulding and Douglas met the criteria for inclusion. Key hospital personnel recommended Polk County also be added as it is an important part of the market. For this reason, Polk County is not reflected in the list of zip codes.

The area definition was verified by the Wellstar Community Health Council members. The Community Health Needs Assessment considers the population of residents living in the five residential zip code areas regardless of the use of services provided by Wellstar Paulding Hospital or any other provider. More specifically, this assessment focuses 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 Paulding Hospital

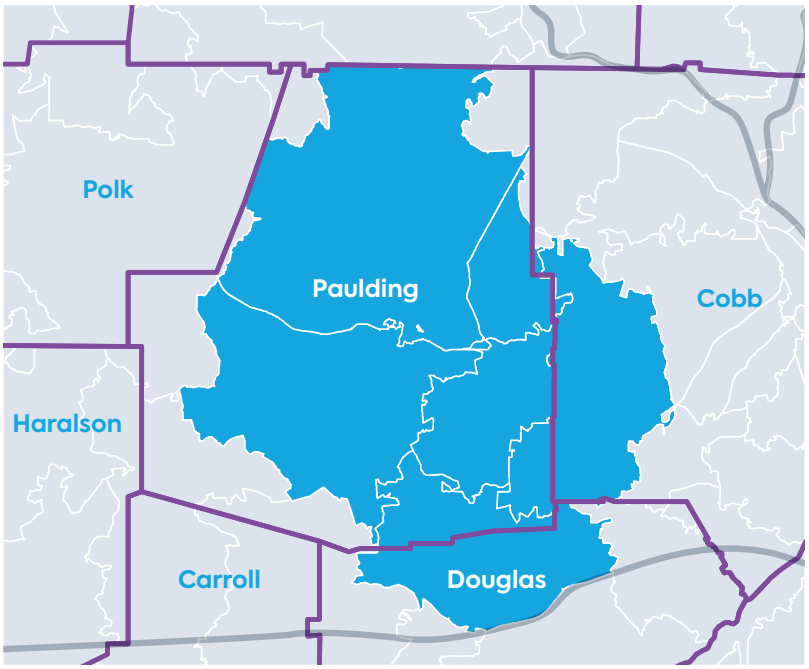


Table 6 | Wellstar Paulding Hospital Service Area

County*	Zip Codes
Douglas	30127, 30132, 30134, 30141, 30157
Paulding	
Polk	

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

Demographic Data

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

Compared to the state, the service area has a younger population, with 20 percent of the population between 5 and 17 years of age. The service area is also less diverse compared to the state and nation, with 58.5 percent White residents. Within the service area, Douglas County has more than twice as many Black residents (45.9 percent) compared to Paulding County (18.4 percent) and nearly four times as many black residents compared to Polk County (12 percent). Both Paulding and Polk counties are predominantly White, at 71.0 percent and 72.0 percent, respectively. Compared to the state, Douglas and Polk counties have higher populations with limited English proficiency (3.5 percent vs. 4.5 percent and 6.1 percent, respectively). Polk County has a lower median household income ($45,649) than the state ($58,700) and the rest of the service area ($59,032). (ACS 2015-2019).

Total Population

GEORGIA TOTAL POPULATION

10,403,847

DOUGLAS	PAULDING	POLK
143,316	159,825	41,908

Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

$58,700.00

	DOUGLAS	PAULDING	POLK
Median household income	$63,835.00	$68,370.00	$44,891.00
Less than $15,000	8.5%	6.4%	13.3%
$15,000- $24,999	8.5%	6.7%	12.8%
$25,000- $34,999	9.4%	7.2%	13.3%
$35,000- $49,999	12.4%	13.7%	13.7%
$50,000- $74,999	19.8%	20.9%	19.1%
$75,000- $99,999	14.6%	14.5%	11.4%
$100,000 and above	26.7%	30.5%	16.4%
Unemployment (2020)	14.8%	12.3%	ND

ND: No Data – Data not available for this population

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

Age Distribution

	DOUGLAS	PAULDING	POLK	GEORGIA
Median age in years	36.3	35.6	37.1	36.7
0-17 Years Old	26.1%	26.6%	25.8%	24.3%
18-64 Years Old	62.3%	63.0%	58.7%	62.6%
65+ Years Old	11.4%	10.4%	15.4%	13.5%

Racial/Ethnic Distribution

	DOUGLAS	PAULDING	POLK	GEORGIA
Black	45.9%	18.5%	11.9%	31.2%
Asian	1.6%	0.9%	0.0%	4.0%
Hispanic	9.7%	6.3%	13.1%	9.5%
Non-Hispanic White	40.5%	71.0%	72.0%	52.7%
Limited English	4.5%	1.8%	6.1%	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 Paulding Hospital Service Area

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

*** 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 (DPH, 2015-2019) (CMS, 2015-2016; CMS, 2015-2018). The following disparities are evident in health outcomes among residents served by Wellstar Paulding Hospital:

- White residents have higher mortality rates across almost all top five causes of death when compared to other races/ethnicities across the service area and the state. Black residents have a higher mortality rate for stroke than White residents.
- With one exception (stroke), Polk County residents have the highest rates of poor health outcomes when compared to the service area and the state.

Top Causes of 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). Alzheimer's disease is also a leading cause of death.

Table 7 | Top Causes of Death

	Douglas	Paulding	Polk	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	68.0	81.1	153.3	74.6	95.8	72.9	31.0	31.1	78.6
Cerebrovascular disease	49.9	51.5	50.6	50.6	51.3	57.9	ND	22.1	43.4
Alzheimer's disease	46.9	53.8	63.4	50.3	54.8	54.6	ND	25.0	44.0
All COPD except asthma	40.3	49.1	78.5	44.8	59.4	21.0	ND	12.1	44.3
Malignant neoplasms of the trachea, bronchus, and lung	36.4	43.9	66.4	40.2	50.0	32.5	ND	12.9	38.7

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

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)*

Motor vehicle crashes are the primary cause of Years of Potential Life Lost[2] in the service area. Accidental poisoning and exposure to noxious substances is the second leading cause of Years of Potential Life Lost *(Table 8)*.

Motor vehicle crashes are the leading cause of Years of Potential Life Lost among Black and Hispanic[3] residents in the service area, with assault and heart disease increasing significantly since 2018. Accidental poisoning and motor vehicle crashes are the leading causes among White residents.

Table 8 | Years of Potential Life Lost

	Douglas	Paulding	Polk	All Counties	White	Black	Asian	Hispanic	Georgia
Motor vehicle crashes	511.9	601.2	727.2	559.0	575.7	653.2	ND	439.7	482.2
Accidental poisoning and exposure to noxious substances	571.8	524.8	446.9	547.0	810.2	180.1	0.0	133.0	415.7
Intentional self-harm	384.2	480.4	550.7	435.0	621.9	252.5	ND	145.2	431.1
Ischemic heart and vascular disease	431.9	411.6	1,005.2	421.2	640.8	339.7	456.7	137.7	560.7
Certain conditions originating in the perinatal period	345.5	336.8	528.2	340.9	195.6	728.9	0.0	ND	366.2

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

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, limited availability of after-hours care, or acute symptoms. Three of the top causes of emergency room use in the service area are all related to injury and accidents – unintentional injury, falls, and motor vehicle crashes. Polk County shows higher rates of emergency room use compared to Douglas and Paulding counties. Black residents have higher rates of emergency room use than other races in the service area for diseases of the musculoskeletal system and connective tissue and motor vehicle crashes. White residents have the highest emergency room use for unintentional injury and falls.

2 YPLL 75 represents the number of years of potential life lost due to death before age 75, as a measure of premature death.

3 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.

Table 9 | **Emergency Room Visit Rates**

	Douglas	Paulding	Polk	All Counties	White	Black	Asian	Hispanic	Georgia
All other unintentional injury	3,887.4	3,776.0	6,008.9	3,822.6	4,071.5	3,762.2	722.0	2,111.9	3,007.2
Diseases of the musculoskeletal system and connective tissue	4,069.6	3,282.5	8,053.5	3,650.6	3,761.2	5,071.6	556.7	1,956.4	3,232.8
All other diseases of the genitourinary system	2,865.3	2,482.2	4,400.5	2,660.7	2,680.6	2,806.3	493.6	1,465.6	2,274.1
Falls	2,327.9	2,358.8	3,667.5	2,344.7	2,702.7	1,790.1	571.9	1,244.3	1,891.6
Motor vehicle crashes	1,777.5	1,434.0	1,567.2	1,593.5	1,230.8	2,272.2	479.9	886.5	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

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 heart and vascular disease. Overall, residents of Polk County have higher hospital discharge rates when compared to the service area and state. White residents have higher rates of hospital discharges than other races for septicemia, mental and behavioral health, and heart and vascular disease, while Black residents have the highest rates for hypertension and stroke.

Table 10 | **Hospital Discharge Rates**

	Douglas	Paulding	Polk	All Counties	White	Black	Asian	Hispanic	Georgia
Septicemia	678.5	548.4	755.0	611.1	677.0	609.2	127.2	352.2	501.3
All other mental and behavioral disorders	542.9	492.4	1,173.5	515.5	579.9	514.5	46.4	125.2	435.5
Diseases of the musculoskeletal system and connective tissue	437.2	486.6	587.7	462.3	489.6	370.3	105.3	170.0	467.6
Essential (primary) hypertension and hypertensive renal and heart disease	357.6	356.1	409.1	355.7	376.3	553.3	177.7	188.8	272.7
Ischemic heart and vascular disease	321.9	351.3	768.6	336.9	431.5	289.9	135.9	156.5	309.4

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 state-wide health issue. Table 11 displays obesity and diabetes indicators for the hospital service region. Compared to the state, the service area has a higher percentage of residents with obesity (body mass index over 30) (32.1 vs. 35.9). Polk County has the highest percentage of adults with obesity (42.0 percent) compared to Paulding County (36.7 percent) and Douglas County (33.2 percent) (CDC, 2017).

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

	Douglas	Paulding	Polk	White	Black	Asian	Hispanic	Georgia
Adults with BMI > 30.0 (Obese), Percent (2017)	33.2%	36.7%	42.0%	ND	ND	ND	ND	32.1%
Adults with Diagnosed Diabetes* (2017)	10.5%	9.2%	15.9%	ND	ND	ND	ND	11.2%
Diabetes Discharge Rate *	225.4	188.4	284.3	193.1	268.7	ND	136.8	202.8
Diabetes Mortality Rate*	21.0	14.7	13.1	14.6	31.5	ND	ND	21.6
Diabetes ER Visit Rate*	368.1	268.4	516.1	271.0	526.1	97.4	402.4	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:

- 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. The service area had a higher rate of confirmed COVID-19 cases (13,177.1 per 100,000 pop.) compared to the state (12,643.6 per 100,000 pop.) (DPH, 2021).[4] Polk County has the highest rate of cases in the service area, with 15,808.8 confirmed cases per 100,000 population.

Table 12 | Select COVID-19 Measures

	Douglas	Paulding	Polk	White	Black	Asian	Hispanic	Georgia
Cases	28,042	25,845	9,219	841,607	558,370	51,860	192,505	1,913,823
Fully Vaccinated	48%	41%	41%	ND	ND	ND	ND	55%

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

4 Data are as of 08/30/2021

The COVID-19 pandemic significantly challenged two health needs across the state: mental health and healthy food access. Additionally, in this service area, COVID-19 significantly impacted residents' access to employment, education, and behavioral health services. Community leaders and respondents to the COVID-19 Pandemic Influence Survey identified a number of adverse impacts caused by the COVID-19 pandemic.

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

	Impact of COVID-19
Behavioral and Mental Health	• Isolation, unemployment, workforce shortages, and family stressors are considered some of the reasons for pandemic-related poor mental health. Similarly, community leaders reported an increase in behavioral issues related to isolation, including substance abuse and domestic violence. • Community leaders were concerned about the relationship between poor mental health and increased substance abuse and felt there was an increased need for substance abuse services. • While the number of virtual mental health support groups increased, there is concern over their efficacy in providing the same level of intimacy. • Parents were overstressed and overburdened. Many are working full-time, parenting, and supporting children's learning. • Academic challenges with online learning and life challenges of uncertainty and balancing multiple priorities were a hardship for school-aged children. Students were exhibiting decreased resilience and ability to cope with transitions due to online school and lack of social interaction. • COVID-19 safety precautions isolated those in need of substance abuse recovery programs. • Despite the many negative impacts of COVID-19 on mental and behavioral health, community leaders did feel that the pandemic highlighted the need for mental health.
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. • The global pandemic resulted in food shortages and inflation, which drove up the cost of food, especially nutritious, fresh foods. Gas prices have also decreased food access. • Some food pantries were unable to accept new clients due to the COVID-19 pandemic. • Children at home during the global pandemic may have eaten less healthily than they would have if they were in school.
Access to Appropriate Healthcare	• Patients delayed seeking care, even in emergency situations, due to fear of hospital conditions given overcrowding and the risk of COVID-19 transmission.
Social Determinants of Health	• COVID-19 exacerbated persistent health disparities. Underserved communities faced the brunt of the pandemic impacts.
Economy and Employment	• During the pandemic, people lost jobs because they could not work remotely, and employers cut staff. Now, many businesses are hiring but still having trouble finding new employees. • Small business owners did not have the financial resources to implement necessary safety protocols.
Early and K-12 Education	• There was a lack of childcare services and facilities. • School-age children were falling behind, and teachers were struggling to get them back on track.
Transportation	• Transportation to COVID-19 testing centers and care was a challenge.

Vaccination

Data show that the first COVID-19 vaccine was administered in Georgia on December 12th, 2020. Residents shared that even if residents were concerned about COVID-19 and knowledgeable about prevention, they might lack the necessary resources to follow all recommended precautions. According to COVID-19 Pandemic Influence Survey respondents, the top five marginalized groups disproportionately affected by the global pandemic were:

- Low-income and socioeconomic status individuals,
- Those of older age,
- Racial and ethnic minorities,
- Rural communities, and
- People experiencing homelessness.

Impact of Technology

COVID-19 encouraged the use of technology for service provision. Community leaders felt that while telehealth could not replace in-person care, it did decrease some barriers to access. For example:

- Increased employer insurance coverage and greater access to providers, especially mental health services.
- 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 was a helpful tool, it was not a universal remedy. Not all residents have the equipment or computer skills necessary to access telemedicine and web-based COVID-19 resources, including vaccine information and appointment scheduling. Those without smartphones, computers, internet access, sufficient bandwidth, and unlimited minutes would not be able to use telemedicine. Groups considered least likely to be able to access telemedicine include:

- Low-income residents,
- Seniors,
- Residents with limited English proficiency, and
- Immigrants.

Access to Appropriate Healthcare

Table 14 shows that 61.4 percent of the population in the service area lives in a Health Professional Shortage Area, twice that of the state (30.2 percent). Ninety percent (90.5) of Paulding County's population and 42.8 percent of Polk County's population live in a Health Professional Shortage Area. Of those living in a Health Professional Shortage Area, almost three-fourths (73.2 percent) of the population are considered underserved. Additionally, 100 percent of the service area's population live in a Health Professional Shortage Area for dental providers.

The service area has lower provider rates than the state for:

- Dental care providers (27.8 vs. 49.2 per 100,000 pop.),
- Mental health (78.0 vs. 146.0 per 100,000 pop.),
- Nurse practitioners (13.6 vs. 38.7 per 100,000 pop.), and
- Primary care (25.8 vs. 65.6 per 100,000 pop.) (CMS 2015, 2021, 2020, 2017; County Health Rankings, 2021; CMS, 2020).

Paulding and Douglas counties have low provider rates for dental, mental health, nurse practitioners, and primary care. Paulding County also has low rates for addiction/substance abuse and buprenorphine providers.

Table 14 | Health Professional Shortage and Service Provider Rates

	Douglas	Paulding	Polk	All Counties	Georgia	U.S.
Percentage of Population Living in an Area Affected by a Health Professional Shortage	34.4%	90.5%	42.8%	61.4%	30.2%	22.6%
Percentage of Health Professional Shortage Population Underserved	78.7%	71.5%	71.4%	73.2%	56.1%	53.7%
Percentage of Population Living in an Area Affected by Dental Health Professional Shortage	100.0%	100.0%	100.0%	100.0%	59.0%	44.5%
Addiction/Substance Abuse (2020)*	9.1	0.6	12.0	5.5	2.3	9.5
Buprenorphine Providers (2020)*	4.2	3.8	0.0	3.5	3.4	5.7
Dental (2015)*	41.9	15.8	24.1	27.8	49.2	65.6
Mental Health (2021)*	110.0	52.2	70.4	78.0	146.0	261.6
Nurse Practitioners (2020)*	19.5	4.4	28.7	13.6	38.7	39.7
Primary Care (2017)*	36.3	15.7	28.7	25.8	65.6	76.7

**Per 100,000 Population*

Sources:

- *U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates: www.census.gov/acs/www/*
- *Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.*
- *U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. 2020.*
- *U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.*
- *Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2021.*
- *Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.*
- *U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017.*

Causal Factors

Participants identified access to appropriate healthcare services as a community health need. Participants focused discussions on the lack of affordable healthcare and the community's culture of preventative care. According to community leaders, there are many reasons for poor access to appropriate healthcare, including:

Cost

Residents "ignore" chronic health problems because of limited access to providers, inability to cover cost or co-pays, and/or they do not have health insurance.

Lack of affordable insurance

Polk County (15.7 percent) has a higher uninsured population than Douglas County (12.9 percent) and Paulding County (11.5 percent). Hispanic residents living in the service area are less likely to be insured (ACS, 2019).

- There is a need for Medicaid expansion.
- The increasing number of those who fall off the "benefits cliff" into the "Medicaid gap." These are residents whose increasing income puts them at risk of losing benefits.
- There is a lack of providers that accept Medicaid and uninsured patients. Medicaid reimbursement rates are too low, especially for dental services.
- There is a lack of health insurance and access to healthcare among the adult Hispanic immigrant population.
- Some residents are unable to afford health insurance. One resident shared that Walmart Care Clinic is a great resource for their community and offers dental, eye, and primary care for those without insurance.
- 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.
- Residents are not aware of dental services that are available with Medicaid.

COVID-19

- Delays, postponements, and cancellations of healthcare services and appointments for healthcare services.
- Disruptions in routine care and management for chronic disease conditions.
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services.
- Loss of family and individual healthcare coverage due to unemployment caused by the pandemic.
- The transition of healthcare services to telehealth and telehealth not being accessible to all.

Hospital closures

- Hospital closures have decreased access to care.
- Increased distance traveled to access care.

Lack of service providers

- Lack of nurse practitioners was mentioned specifically.
- Many rural counties do not have practicing physicians or dentists.

Care-seeking behavior

- Hispanic populations are not utilizing healthcare or social services. For example, there is a disproportionate amount of undetected ovarian and breast cancer among Hispanic women who forgo regular screening.
- Residents discussed how healthcare in their community was perceived as "reactive" rather than preventative.
- Some residents may be resistant to doctor recommendations to lose weight or exercise. One shared, "People get amputations before they even know they have diabetes."

Other barriers

- Lack of transportation, particularly among low-income residents.
- Healthcare providers' hours of operation are incongruent with working families' schedules.
- Lack of childcare options can make it difficult for parents to access care.
- Those without access to reliable technology and internet access cannot access telehealth services.
- Financial support for families that cannot afford immunizations and vaccinations and provider follow-up to ensure that children receive needed vaccinations.
- Residents also discussed how it is easier for some residents to take off work when there is an "issue" and harder to take off work for preventative care.

Culturally competent services

- Immigrants need greater access to services and support.
- There is a lack of low-cost bilingual or multilingual providers.
- There is distrust of the medical system, particularly among Black women.

Based on an inventory of community assets *(see Appendix)*, there are five 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. Cedartown Healthcare Center in Polk County offers both primary care and behavioral health services on a sliding scale to low-income, underinsured, and uninsured residents. Also, Federally Qualified Health Centers, e.g., The Family Health Centers, may offer services that address other barriers such as transportation.

Behavioral Health

Key Behavioral Health Findings

Emergency room visits

When compared to the state, the service area has higher emergency room visits related to behavioral disorders (1,102.4 vs. 1,303.0 per 100,000 pop.) (DPH 2015-2019). Within the service area, Polk County has the highest rate of emergency room visits related to behavioral health disorders (1,772.2 per 100,000 pop.) and drug use (554.6 per 100,000 pop.) (DPH, 2015-2019). Polk County has higher rates for drug-related emergency room use and hospital discharges (554.6 and 110.5 per 100,000 pop., respectively) compared to the state (374.2 and 84.3 per 100,000 pop., respectively) and the service area (318.2 and 85.2 per 100,000 pop., respectively).

Drug overdose

The service area has a higher age-adjusted overdose rate than the state (17.3 vs. 12.9 per 100,000 pop.) (DPH, 2015-2019). The service area's age-adjusted opioid-specific overdose rate is also higher than the state (10.4 vs. 8.1 per 100,000 pop.) (DPH, 2015-2019). In 2019, Polk County's overdose rate was almost twice the state's (24.3 vs. 12.9 per 100,000 pop.) *(Table 15).*

Suicide

Compared to the state, the service area has a slightly higher rate of hospital discharges for intentional self-harm (30.9 vs. 33.1 per 100,000 pop.). Polk County has two times the rate of hospital discharges for intentional self-harm compared to the service region (70.6 vs. 33.1 per 100,000 pop.), and the suicide rate in Polk County is higher than the service area and the state (19.5 vs. 14.6 and 13.7 per 100,000 pop.) (DPH, 2015-2019).

Availability of care

The service area has fewer mental health providers than the state (78.0 vs. 146.0 per 100,000 pop.) (CMS, 2021). Compared to the service area and the state, Paulding County has:

- A lower rate of mental health providers (78.0 and 146.0 vs. 52.2 per 100,000 pop.) and
- Fewer addiction/substance use providers (5.5 and 2.3 vs. 0.6 per 100,000 pop.) (CMS, 2020).

Disparities

- Emergency room visits for behavioral disorders and mental health are higher among White and male (1,358.9 and 1,313.9 per 100,000 pop.) residents compared to Black and female (1,121.3 and 1,290.6 per 100,000 pop.) residents.
- Emergency room visits for drug-related disorders are also higher among White and male (535.9 and 475.3 per 100,000 pop.) residents compared to Black and female (243.0 and 281.4 per 100,000 pop.) residents (DPH, 2015-2019).
- Self-harm emergency room visits are higher among females than males (102.2 vs. 60.9 per 100,000 pop., respectively) (DPH, 2015-2019).

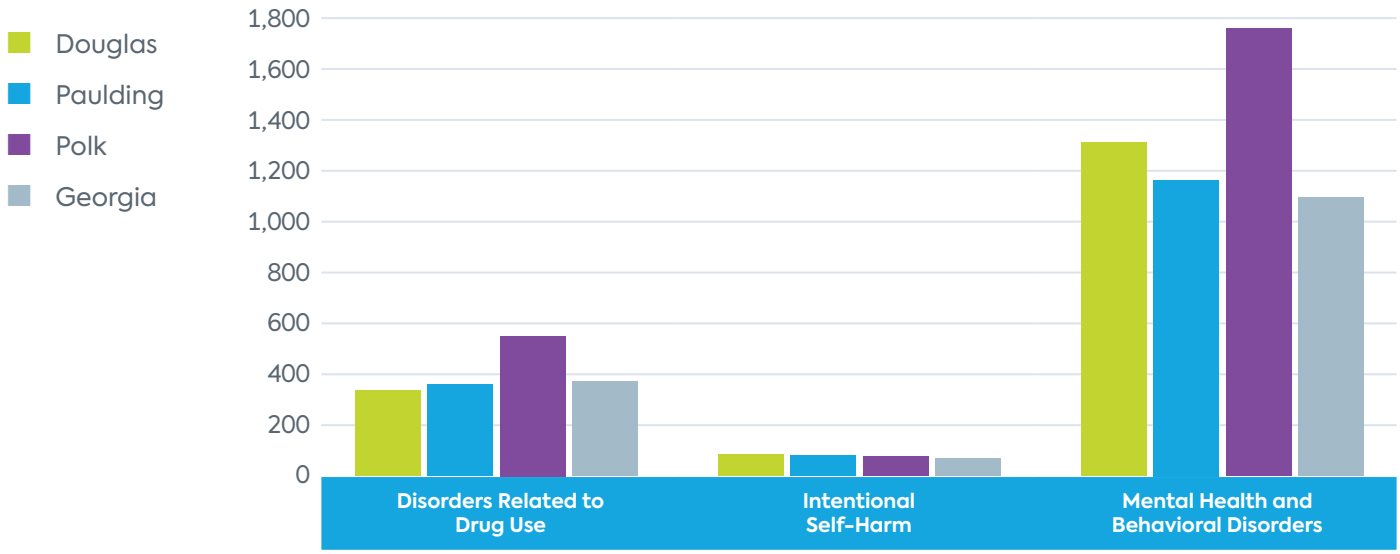
Table 15 | Rate of Drug Overdose (2009-19)

	Douglas	Paulding	Polk	Georgia
2009	5.9	17.0	15.4	9.9
2010	10.1	22.5	28.1	10.3
2011	9.4	15.3	19.7	10.4
2012	6.7	17.5	16.5	9.9
2013	5.5	10.5	16.7	10.5
2014	18.9	21.0	14.2	11.4
2015	12.7	17.5	20.4	12.2
2016	21.9	19.2	17.7	13.1
2017	16.0	15.5	22.3	14.6
2018	19.5	11.4	ND	13.1
2019	18.4	15.0	24.3	12.9

Age-adjusted rates per 100,000 population
ND: No Data – Data not available for this population
Source: Georgia Department of Public Health Online Analytical Statistical Information System

In focus group discussions, residents shared concerns about rising rates of depression, anxiety, and substance abuse and reported a need for more mental health services. Community leaders agreed, expressing concern about the increasing incidence of poor mental health, as well as substance use, relapse, and overdose. Interviewees also reported an increase in hospital admissions among children for mental health, eating disorders, and suicide attempts.

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



Age-adjusted rates per 100,000 population, in the Wellstar Paulding 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 need pre-pandemic, and literature indicates that behavioral health outcomes have gotten worse since COVID-19 began. Residents discussed mental health outcomes associated with the pandemic, including increased prevalence of depression, anxiety, isolation, and substance abuse (alcohol and drugs). Community leaders shared similar concerns, citing loneliness, depression, anxiety, and high economic stress associated with unemployment. Participants felt that drug use and abuse increased as residents lost "structure" in their lives. Residents shared that there has been an increase in overdoses. The use of methamphetamine and prescription medication was mentioned specifically. Residents were also concerned about a "substantial increase" in police calls to report suicidal behavior.

There is concern about COVID-19-related stress on families:

- 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 challenges associated with virtual learning.
- Decreased resilience and inability to cope with transitions due to online school and lack of social interaction.

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

Social distancing was necessary because of COVID-19, and these precautions were in direct contrast with the needs of those in need of substance abuse recovery programs. People were also avoiding non-emergency care, which caused mental health screening rates to decrease overall. The availability of telehealth services is helping some residents to access care.

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:

- 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.
- People experiencing homelessness.
- Those of older age.
- Children.

Lack of access to services

Residents felt that there were not enough mental health services available in the area and that there was a lack of knowledge among residents about how to access mental health services, especially crisis services. Community leaders expressed a need for:

- Emergency behavioral health services.
- Affordable services, mental health facilities, specialists, and services for residents experiencing homelessness, lifetime trauma, and PTSD.
- Affordable outpatient services and transitional housing for individuals experiencing mental illness, particularly those who earn a low income or are underinsured or uninsured.
- Providers familiar with the unique needs of LGBTQ+ residents.
- Culturally competent providers for Hispanic communities, including a need for mental health services in languages other than English.
- Post-hospitalization housing/residential care.
- Mental health support for undocumented immigrants.

Despite a growing need for behavioral health services among youths, there are even fewer resources for children than there are for adults. Community leaders and residents feel children and teens need:

- Mental health messaging to teens.
- Behavioral health services to treat anxiety, depression, eating disorders, and suicidal tendencies in youths.
- Pediatric mental health services and inpatient acute crisis care for youths. (Participants felt that 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.)

Lack of insurance parity

Community leaders reported that while insurance plans are not supposed to charge more for or put more restrictions on behavioral health benefits than they do for medical benefits, they do not feel mental health insurance parity exists. 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 seven 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.

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. "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 rates of teen pregnancy (15–17-year-olds) (13.0 vs. 8.9 per 1,000 live births), except for Polk County, where rates are higher than the state and twice as high as the service area (18.4 vs. 13.0 and 8.9 per 1,000 live births) (DPH, 2016-2020). In Douglas County, the birth rate among females aged 40-44 (10.4 per 1,000 live births) is higher than in other counties and the service area (8.8 per 1,000 live births) (DPH, 2016-2020).
- Teen pregnancy among immigrants was a concern.
- There is limited information available to teenagers on health and reproduction.

Low birth weight

- Paulding County and Polk County have an average percentage of infants born with low birth weight compared with the state (8.4 percent and 9.5 percent vs. 9.9 percent). Paulding has a lower percentage of infants born with low birth weight compared to the state (7.3 percent vs. 9.5 percent) (DPH, 2016-2020).

Infant mortality

- The infant mortality rate in Polk County (8.3 per 1,000 live births) is higher than in the state (7.3 per 1,000 live births) and the service area (7.4 per 1,000 live births).

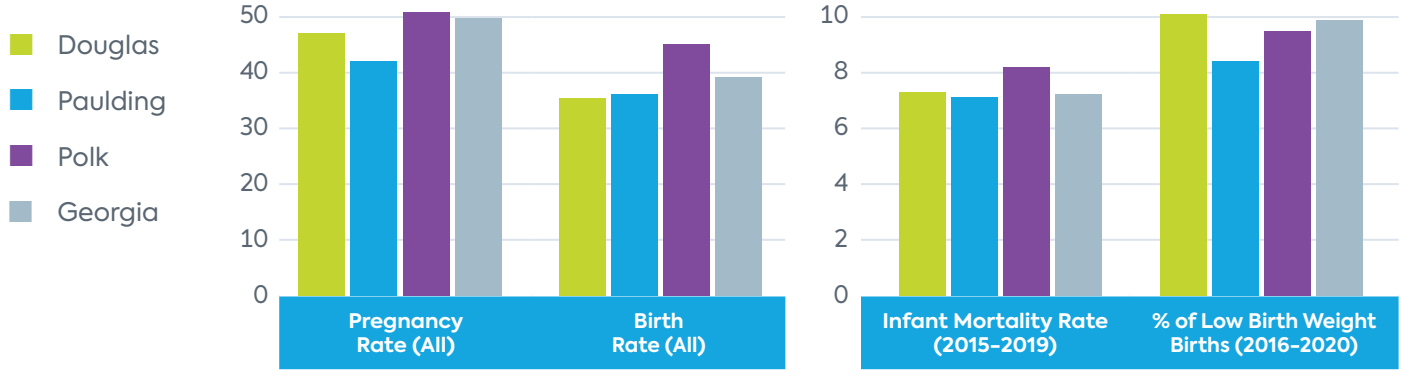
Maternal morbidity and mortality

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

Disparities and culturally competent care

- The infant mortality rate among Black infants (12.0 per 1,000 live births) is two to four times higher than White infants (5.8 per 1,000 live births) across the service area (DPH, 2015-2019).
- Participants were concerned about the higher rates of preterm birth, low birth weight, and mortality amongst Black mothers and their children. Maternal and Child Health outcomes are worse for Black mothers and their children regardless of income, education, or access to care. Community leaders felt doctors might not take Black mothers' concerns seriously.
- Residents shared that immigrants may not seek prenatal care. Barriers to prenatal care include lack of knowledge about where to access care, cost, and fear of deportation.
- Providers are unaware of the relationship between race and generational trauma and infant and maternal mortality.
- Need for more culturally responsive and relevant services.

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



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

Table 16 | Infant Mortality (2015-2019)

	White	Black	Asian	Hispanic	All People
Douglas	5.7	9.8	ND	ND	7.4
Paulding	5.7	14.0	ND	ND	7.2
Polk	6.2	27.7	0.0	ND	8.3
Georgia	5.2	11.8	3.1	5.4	7.3

Rates per 1,000 live births
ND: No Data – Data not available for this population
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 and increases in stress and isolation, COVID-19 Pandemic Influence Survey respondents identified ways the pandemic may have contributed to or exacerbated poor maternal and child health outcomes, including:

- 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.
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion.
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists.

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.

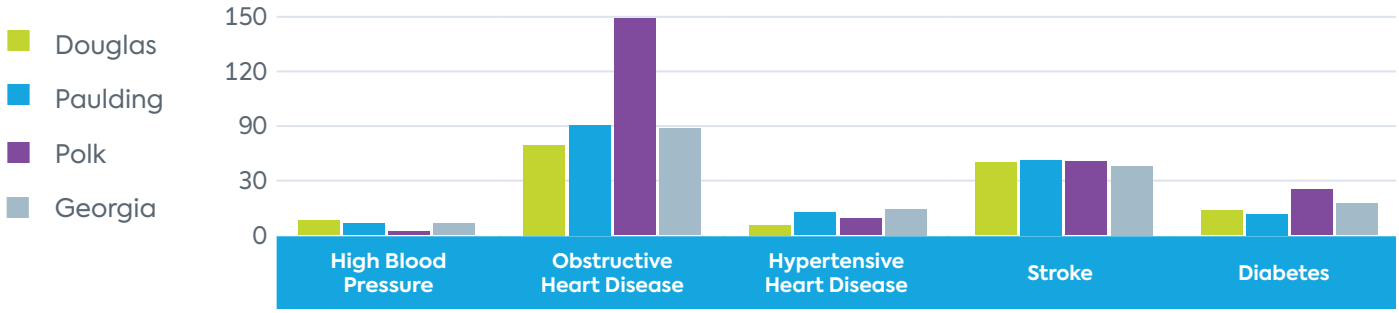
Healthy Living

The themes emerging from secondary and primary data included chronic disease, healthy eating, and access to amenities.

Chronic Disease

Chronic diseases include high blood pressure, heart disease, stroke, and diabetes.

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 region has:

- Higher emergency room visits due to high blood pressure (452.2 vs. 571.5 per 100,000 pop.), obstructive heart disease (86.9 vs. 96.0 per 100,000 pop.), stroke (53.5 vs. 68.6 per 100,000 pop.), and hypertensive heart disease (34.8 vs. 37.5 per 100,000 pop.);
- Higher hospital discharge rates for obstructive heart disease (256.5 vs. 335.4 per 100,000 pop.) and stroke (244.4 vs. 287.6 per 100,000 pop.); and
- Higher rates of mortality due to stroke (43.3 vs. 50.2 per 100,000 pop.) and obstructive heart disease (73.0 vs. 81.8 per 100,000 pop.) (DPH, 2015-2019).

Disparities:

- Black residents have worse health outcomes for hypertension and stroke compared to White residents.
- Hospital discharge rates for hypertension are four times higher among Black residents than White residents (63.3 vs. 16.5 per 100,000 pop.).
- Hypertension mortality is twice as high among Black residents than White residents (16.2 vs. 6.6 per 100,000 pop.).
- Rates of obstructive heart disease hospitalization are higher among White residents (365.7 per 100,000 pop.) and males (463.5 per 100,000 pop.) compared to Black residents (233.1 per 100,000 pop.) and females (230.8 per 100,000 pop.) (DPH, 2015-2019).

Diabetes

- The rate of emergency room visits for diabetes is higher in Polk County (516.1 per 100,000 pop.) compared to the state (311.4 per 100,000 pop.) and the service region (338.1 per 100,000). Black and Hispanic residents have considerably higher rates of emergency room visits for diabetes (526.1 and 402.2 per 100,000 pop.) compared to White residents (271.0 per 100,000 pop.) (DPH, 2015–2019).

Disparities:

- Black and Hispanic residents have nearly double the rates of emergency room visits for diabetes (526.1 and 402.2 per 100,000 pop.) compared to White residents (271.0 per 100,000 pop.) (DPH, 2015–2019).
- Community leaders reported increased diagnosis of diabetes, prediabetes, and hypertension in young adults. They also felt that immigrant populations are unable to manage high blood pressure and diabetes due to lack of access to primary care and the high cost of medication.

Asthma and COPD

- Compared to the state, the service area has a higher asthma hospital discharge rate (72.4 vs. 82.6 per 100,000 pop.) and a higher rate of emergency room visits for asthma (539.9 vs. 700.8 per 100,000 pop.) (DPH, 2015–2019). Douglas County has the highest asthma emergency room visit and hospital discharge rate in the service area (855.4 and 93.8 per 100,000 pop., respectively) (DPH, 2015–2019).

Disparities:

- The emergency room use rate for asthma is more than 2.5 times higher among Black residents compared to White residents (1,099.5 vs. 397.0 per 100,000 pop.) (DPH, 2015–2019).
- According to community leaders, respiratory issues are increasing among young people.

Healthy Living and Food Access

Barriers to healthy eating included food insecurity – due to availability, accessibility, and affordability issues – and a lack of education and food culture.

Food insecurity

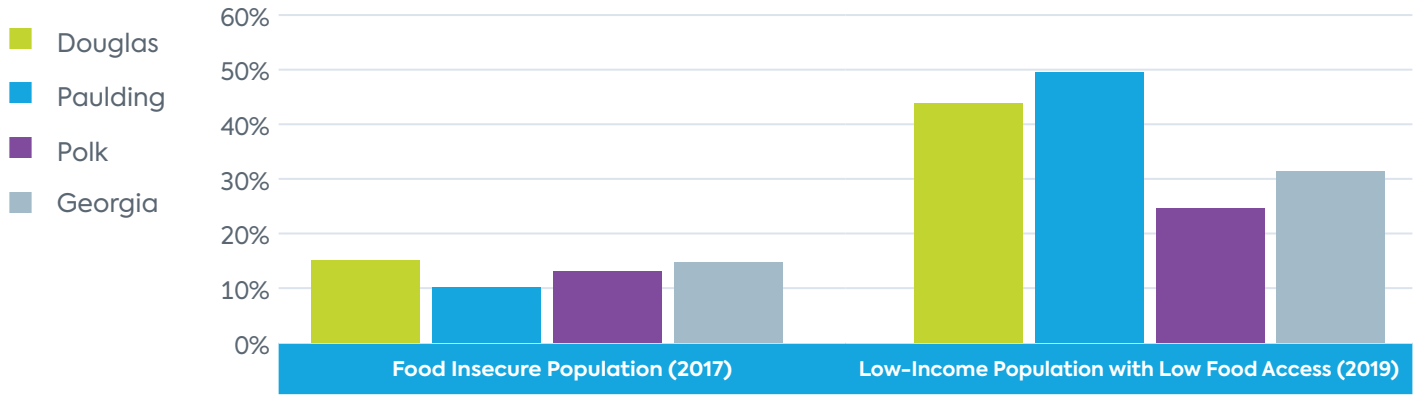
Compared to the state, the service area for Wellstar Paulding Hospital has a higher percentage of low-income families with limited access to healthy foods (30.9 percent vs. 43.1 percent); only Polk County (24.2 percent) has a lower percentage than the state benchmark (USDA, 2019).

Residents shared that while there are a lot of fast-food restaurants, the service area also has farmers' markets and farm stores that sell fresh produce at an affordable price – less expensive than the grocery store. One resident noted that personal choice plays a large role in food purchases. Others felt that healthy eating was a challenge in rural areas, especially for those that commute to Atlanta or work "traditional hours." They discussed that the blue-collar community did not have time to prepare food, couldn't access farm stands when they were open, and that there were limited fresh, healthy options available at restaurants.

According to community leaders, there is an identified need among Supplemental Nutrition Assistance Program (SNAP)-eligible individuals and families for increased exposure to "new" fruits and vegetables and education on how to affordably cook and store healthy foods. Some SNAP-eligible families have limited access to transportation, making it difficult to access healthy food. Lack of access can lead to consumption of high sugar, fat, and/or cholesterol foods, which contributes to both hidden hunger and obesity. These unhealthy foods may be cost-effective in the short term but can cost residents a great deal in the long run.

Based on an inventory of community assets *(see Appendix)*, there are five 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 Paulding Hospital service area by race, 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.

Access to Amenities

Respondents reported the presence of parks, outdoor areas, and the Silver Comet Trail and shared that some gyms are under construction. Despite these amenities, a quarter (25.6 percent) of the population reports not having enough leisure time to exercise. Almost 80 percent of residents in Douglas (79.5 percent) and Paulding counties (79.7 percent) report having access to exercise opportunities (County Health Rankings, 2021).

Social Determinants of Health

The social determinants of health prioritized by this needs assessment include housing and poverty.

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 from 1 to 5 (1 indicates the lowest barrier to accessing healthcare and 5 indicates the most significant). A score of 3 is the median for the scale. Zip codes that fall within the service area have Community Needs Index scores between 2.4 and 4.2 *(Map 2 and Table 17)*.

Table 17 | 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
Areas with the Highest CNI Scores												
30134	Douglas	--	4.2	18.2%	17.0%	32.7%	1.6%	59.3%	15.2%	5.8%	15.0%	30.7%
30141	Paulding	--	3.2	12.6%	7.4%	16.7%	0.7%	35.3%	9.7%	4.2%	10.3%	30.0%
30157	Paulding	--	3.2	12.1%	11.0%	30.1%	0.5%	28.5%	10.6%	3.4%	9.6%	19.6%
Areas with the Lowest CNI Scores												
30127	Cobb	--	2.4	9.2%	5.5%	13.1%	2.0%	55.8%	8.2%	5.5%	7.1%	12.5%
30132	Paulding	--	2.8	12.0%	8.3%	22.7%	1.0%	28.6%	9.7%	2.4%	8.2%	19.6%
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%
Paulding County		-0.1	3.1	12.2%	9.3%	24.7%	0.7%	30.0%	10.1%	3.2%	9.3%	19.9%
Polk County		0.1	4.5	11.9%	25.3%	57.8%	3.1%	28.2%	21.6%	6.4%	20.4%	30.9%

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

In addition to economic factors, demographics (race, ethnicity, sex, gender expression, sexual orientation, immigration status, citizenship status, etc.) also impact health outcomes. The Examples of Social Determinants of Health from the Primary Data section provides an overview of the socioeconomic and demographic factors mentioned by interview and group discussion participants.

Examples of Social Determinants of Health from Primary Data

Income

Participants felt there were limited opportunities for low-income families and drew connections between low income to poor health outcomes and many of the other Social Determinants of Health:

- Poor housing
- Limited access to healthy food
- Lack of transportation
- Lower quality education
- Limited social support
- Low or no access to broadband internet
- Structural racism

Employment status

Participants discussed the difficulties of obtaining employment and services as a single parent. It can be difficult to find a job that allows flexibility for child care. Many services require you to be "dead broke."

Food access

Participants feel that poor access to healthy foods is a primary barrier to healthy living *(see Healthy Living section)*. North Douglas County (Douglasville and Lithia Springs) is a food desert.

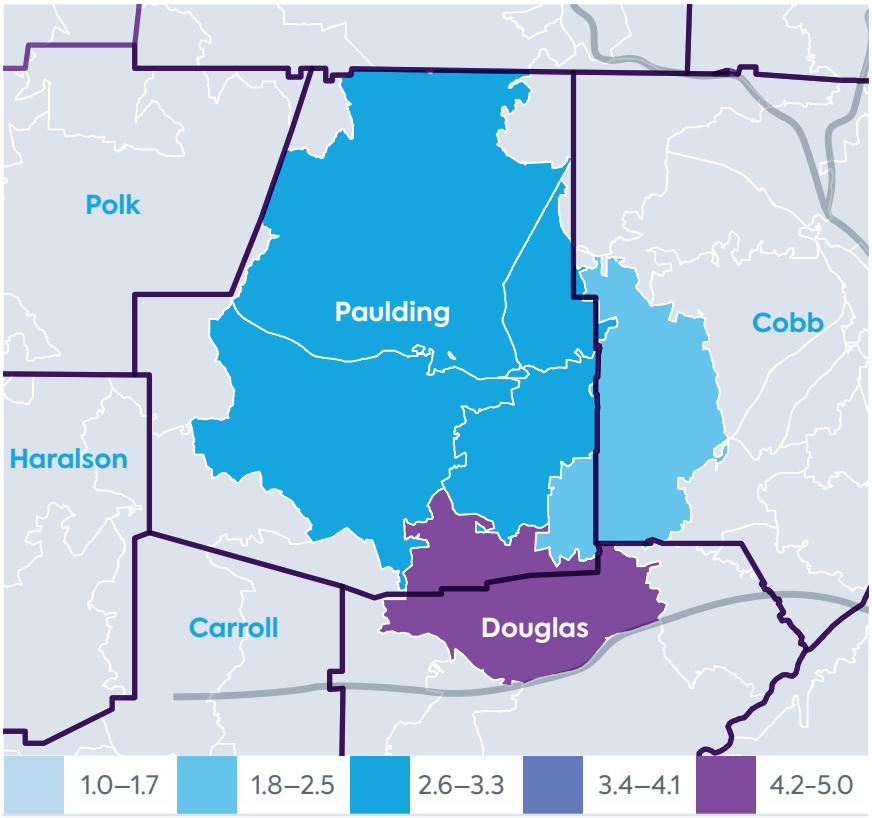
Transportation

High prevalence of residents with chronic disease in Douglas County without access to public transit.

Broadband access

Limited access to the internet and other technology, which limits residents' ability to access health information, educational resources, and telehealth services.

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



Race

Equity issues and systemic racism persist. Participants felt the discrimination against Black women in the healthcare setting is a particular concern.

Participants shared that healthcare issues affecting incarcerated women are more likely to affect Black women as they are overrepresented in the prison population. They also reported racial inequities in sentencing and behavioral diagnosis in the criminal justice system.

Gender expression and sexual orientation

There are limited resources and services for LGBTQ+ individuals. Barriers to employment for transgender individuals were mentioned specifically.

Immigration and citizenship status

- Immigrants may qualify for services such as Medicaid, Supplemental Nutrition Assistance Program, or stimulus package benefits based on income, but may not be able to access them due to their immigration status.
- Some may lack proof of income if they are paid in cash.
- Undocumented immigrants have worse healthcare outcomes.

Community leaders feel there is a need for a systems-based approach that leverages community collaboration to address social determinants of health and inequity. Leaders expressed the need for trauma-sensitive systems to prevent systemic bias.

Housing

Across the service area, the percentage of families with cost-burdened housing (spending more than 30 percent of income on rent or mortgage) decreased from 2010 to 2019. Despite these decreases, almost 50 percent of renters and 20-25 percent of homeowners in the service area are still paying more than a third of their income for housing (ACS, 2019) (Capacity, Health Communication, 2015). Median gross rent is higher in Paulding County ($1,163) when compared to state ($1,006) and national numbers ($1,062) (ACS, 2019). There is concern that housing outcomes will get worse as post-pandemic data become available.

Table 18 | Select Housing Indicators

	Douglas	Paulding	Polk	Georgia	U.S.
Units Affordable at 15% AMI*	2.0%	1.7%	2.3%	2.9%	3.1%
Units Affordable at 30% AMI	5.7%	4.9%	8.1%	7.6%	7.9%
Units Affordable at 40% AMI	12.4%	11.3%	14.9%	10.4%	13.2%
Units Affordable at 50% AMI	22.1%	21.8%	26.9%	21.6%	20.9%
Units Affordable at 60% AMI	35.2%	34.2%	40.6%	32.1%	29.9%
Units Affordable at 80% AMI	62.0%	60.8%	62.3%	52.6%	47.3%
Units Affordable at 100% AMI	77.9%	76.9%	73.3%	67.1%	61.1%
Units Affordable at 125% AMI	85.6%	85.2%	83.3%	78.0%	73.2%
Median Gross Rent	$1,087.00	$1,163.00	$718.00	$1,006.00	$1,062.00
Households paying more than 30% of income for monthly mortgage	24.7%	23.7%	19.8%	ND	ND
Households paying more than 30% of income for monthly rent	46.3%	47.6%	51.3%	ND	ND
Households living in homes with one or more severe problems (substandard housing)	17.4%	14.1%	16.8%	17.7%	18.5%

** Area Median Income*

ND: No Data – Data not available for this population

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

According to community leaders, debt is mounting, which may cause landlords to lose properties. Housing situations are fragile due to job loss, underemployment, low wages, and lack of access to housing services. 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, financial assistance for utilities, and addressing safety hazards in the home, such as failing septic tanks.

Interviewees also expressed concern that zoning laws inhibit the development of housing for residents with disabilities, which is contrary to fair housing laws.

Community leaders 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, the pandemic has increased:

- Housing insecurity, impacting both general health as well as mental health,
- The numbers of families and individuals who are behind on housing payments,
- The risk of COVID-19 among those experiencing homelessness, and
- Eviction filings and foreclosure initiation and completion.

Small, independent apartment owners did not receive any federal or state assistance during the global pandemic. The global pandemic has made it more challenging for families and first-time homebuyers to purchase housing. Survey respondents also identified the following groups as being disproportionately affected by COVID-19's impact on housing:

- Low-income and socioeconomic status individuals,
- Those of older age,
- Racial and ethnic minorities,
- People experiencing homelessness, and
- Rural communities.

Based on an inventory of community assets, 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.

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. Except for Douglas County, the percentage of families in the service area living in poverty[5] between 2015-2019 was lower than it had been between 2006-2010 (ACS, 2019). However, these numbers are pre-pandemic, and there is an expectation that post-pandemic numbers will be higher.

In the service area, Douglas County has the highest Community Needs Index score at 3.8, which indicates above-average socioeconomic barriers to accessing care *(Table 19)* (CNI, 2020). Within Douglas County, there are areas where an estimated 17.0 percent of children, 18.2 percent of people 65+, 32.7 percent of single families with children, and 59.3 percent of the minority population are living in poverty (CNI, 2020).

Table 19 | Population Below the Federal Poverty Level (2006-2019)

	Douglas		Paulding		Polk	
	2006-2010	2015-2019	2006-2010	2015-2019	2006-2010	2015-2019
Total households	44,747	49,187	46,440	53,299	14,623	15,038
All people	11.3%	12.8%	8.2%	8.2%	19.3%	18.4%
All families	8.8%	9.7%	7.0%	6.4%	15.6%	14.0%
Married couple families	51.8%	47.5%	60.6%	58.6%	52.8%	45.5%
Single female head of household families	16.8%	17.9%	13.5%	13.3%	15.1%	14.8%
Households with no motor vehicle	3.2%	4.0%	1.8%	2.5%	6.4%	7.7%
Commuting mode – public transportation	1.5%	0.8%	0.8%	0.4%	0.6%	0.3%

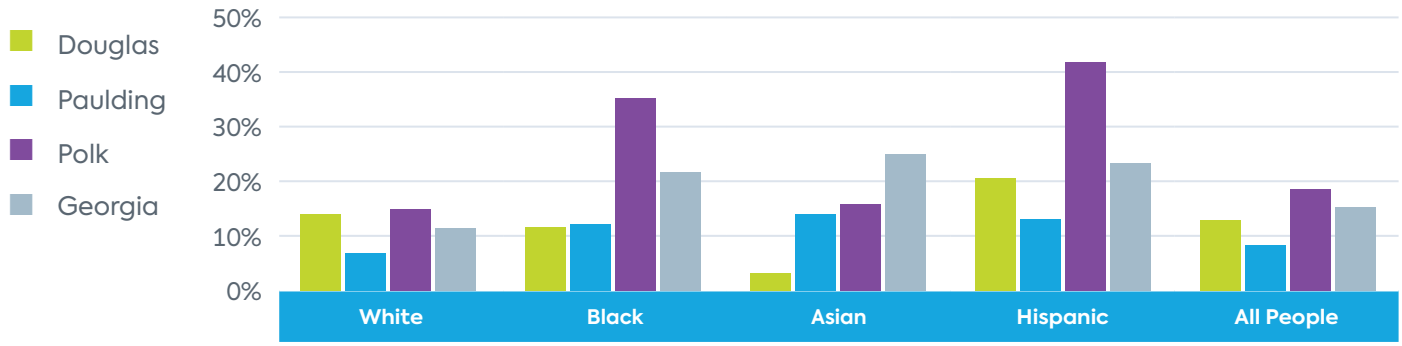
Source: U.S. Census Bureau, American Community Survey. 2015-2019

5 *According to the U.S. Department of Health & Human Services, in 2021, the U.S. poverty threshold for a single person under 65 was an annual income of $12,880, or about $35 per day. The threshold for a family group of four, including two children, was $26,500, or about $73 per day.*

The Hispanic population in the service area is twice as likely to fall under the 100 percent of Federal Poverty Level than the White population (21.7 percent vs. 10.0 percent). The Black population in the service area is less likely to live under 100 percent of the Federal Poverty level than Black people across the state (12.8 percent vs. 21.50 percent) but more likely than the White population in the service area (12.8 percent vs. 10.2 percent) (ACS, 2019). Overall, the percentage of people living below 100 percent of the Federal Poverty Level is higher among:

- People of color (highest among Hispanic populations),
- Residents 65 and older,
- Single parents,
- Women,
- Undocumented immigrants – who are also unable to access income-based entitlements like Medicaid, SNAP, or stimulus package benefits,
- Residents with limited English proficiency, and
- 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

From 2015 to 2019, the unemployment rate in Douglas County was higher than the service region and the state (5.0 percent vs. 4.1 percent and 3.9 percent) (ACS, 2019). Between 2019 and 2020, the unemployment rate tripled in Douglas (5.0 percent to 14.8 percent) and Paulding counties (3.5 percent to 12.3 percent), which is likely due to COVID-19 (there are no 2020 data for Polk County) (United States Department of Labor, 2020). Community leaders shared that underemployment and lack of living wage jobs are also contributing to poverty in the service area.

Based on an inventory of community assets *(see Appendix)*, there are eight 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 for residents to access services or goods.

Education

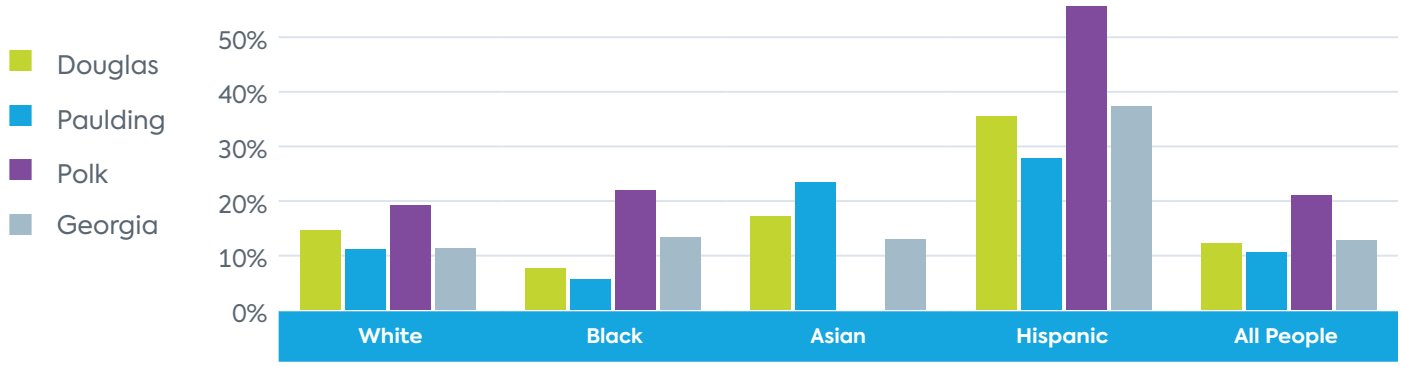
Compared to Georgia, the service area has a similar percentage of adults 25 or older without high school diplomas (12.9 percent vs. 12.6 percent) (ACS, 2019), but the percentage in Polk County is nearly twice as high (21.2 percent). Populations of color in the service area are less likely to have a high school diploma, and the percentage of Hispanic residents without a high school diploma is nearly twice as high as White residents (26.6 percent vs. 13.6 percent). Half of the Hispanic population in Polk County and one-third of the Hispanic population in Douglas and Paulding counties do not have a high school diploma (ACS, 2015-2019).

Table 20 | Select Education Indicators (2015-2019)

	Douglas	Paulding	Polk	Georgia	U.S.
Adults without a high school diploma (age 25+)	12.2%	10.6%	21.2%	12.9%	12.0%
High school graduate rate	87.0%	89.0%	81.9%	85.4%	87.7%
Associate degree or higher	35.6%	31.5%	20.6%	39.1%	40.6%
Bachelor's degree or higher	28.2%	22.6%	13.7%	31.3%	32.2%
Preschool enrollment (ages 3-4)	49.1%	35.1%	36.7%	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. Respondents also reported a lack of early care and education options. There was also some concern about the quality of public education, with one resident commenting that "education is on life support right now." Another resident felt that home schooling was better for their child's mental health because of racism and bullying in the school system, and another participant found it difficult to homeschool her children as a single parent and felt that children needed the interaction provided in school. When COVID-19 Pandemic Influence Survey respondents were asked to rank the impact the global pandemic had on poverty, cultural competency, sexually transmitted infections, and human immunodeficiency virus, transportation, education, Internet access, violence, child abuse and neglect, and cancer, respondents felt the pandemic had the biggest impact on education.

Violence and Crime

Overall, Polk County has the highest crime rates in the service area, and from 2006 to 2017, it experienced increases in serious offenses, including violent crimes, murder, robbery, aggravated assault, property crime, burglary, and larceny *(Table 21)*. Douglas County has experienced increases in violent crimes, murder, rape, and aggravated assault from 2006 to 2017. Crime decreased in Paulding County from 2006 to 2017 (UCR, 2017). Assault-related emergency room visit rates in Douglas and Polk counties (250.5 and 392.1 per 100,000 pop., respectively) are higher than the service area and the state (229.9 and 247.6 per 100,000 pop., respectively) (DPH, 2015-2019).

Community leaders shared that Black, Asian, and LGBTQ+ residents were more likely to be victims of violence. COVID-19 Pandemic Influence Survey respondents indicated that violent crimes, including child abuse and domestic and intimate partner violence, had increased because of the pandemic. The increase in violence could be attributed to 1) increased social isolation and 2) exposure to violent family members during the shutdown and increased levels of anxiety, depression, and substance use.

Table 21 | Crime Rates per 100,000 population

	Douglas		Paulding		Polk	
	2013-17	2006-10	2013-17	2006-10	2013-17	2006-10
All Part I Crimes	3,165.8	3,727.4	2,160.8	2,482.0	5,460.4	3,574.0
Violent Crime	298.1	271.6	139.5	225.8	433.8	345.0
Murder	4.4	3.6	1.4	1.0	3.9	3.4
Rape	18.4	15.2	12.7	15.1	24.1	34.1
Robbery	68.4	70.4	19.3	24.8	121.6	53.5
Aggravated Assault	206.9	182.3	106.0	184.9	284.2	254.0
Property Crime	2,867.7	3,455.8	2,021.3	2,256.2	5,026.5	3,228.9
Burglary	434.7	709.5	369.2	516.1	1,278.3	976.7
Larceny	2,270.0	2,441.9	1,450.7	1,537.2	3,472.6	1,952.9
Vehicle Theft	163.1	304.4	201.4	202.8	275.6	299.3

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

The economic impacts and the political climate during the first half of the global pandemic may have increased desperation among those with unmet needs and higher stress levels, leading to more violent altercations.

Community leaders reported increases in child physical and sexual abuse. There was a perception that during the pandemic shutdown, families were spending more time together, and some families had to cohabitate due to loss of housing.

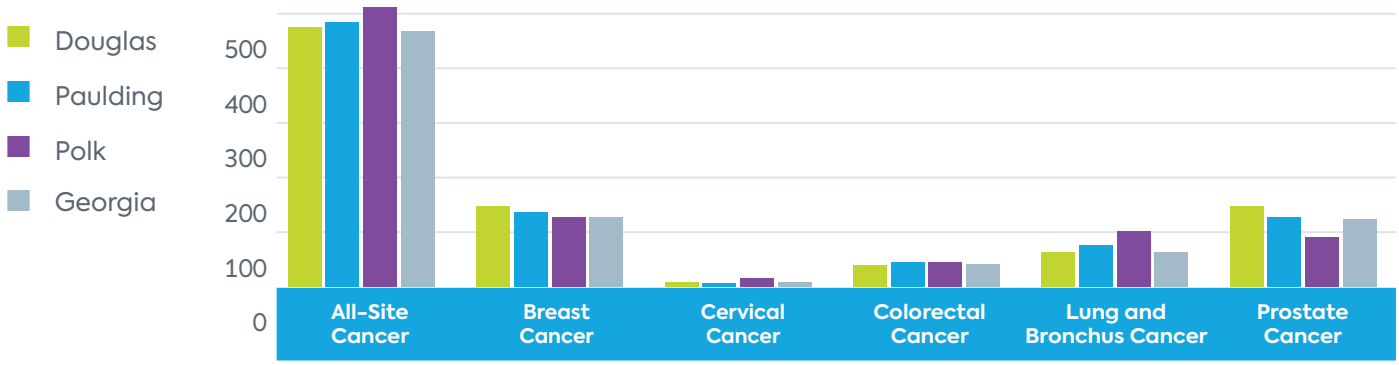
Cancer

The service area's all-site cancer incidence rate is higher than the state's (483.9 vs. 467.0 per 100,000 pop.) (DPH, 2013-2017). Compared to the state, the service area also has higher age-adjusted rates for hospital discharge per 100,000 population for cervical (2.1 vs. 2.7), lung (27.9 vs. 37.4) and prostate cancer (11.2 vs. 13.4), and higher mortality rates per 100,000 population for breast (11.7 vs. 14.1) and lung (38.7 vs. 44.1) cancer (DPH, 2015-2019). Within the service area, Polk County has the highest all-site cancer mortality rate compared to Douglas and Paulding counties (208.5 vs. 157.4 and 157.3 per 100,000 pop.) (DPH, 2015-2019).

Cancer outcomes are worse among Black and low-income residents, and prevalence increases as residents age *(Table 22)*. Age-adjusted mortality rates are higher among Black residents compared to White residents for breast cancer (19.0 vs. 14.4 per 100,000 pop.), colorectal cancer (19.6 vs. 13.0 per 100,000 pop.), and prostate cancer (12.4 vs. 8.3 per 100,000 pop.). Lung cancer age-adjusted mortality rates are nearly two times higher for males compared to females (58.2 vs. 34.0 per 100,000 pop.).

Participants shared concerns about lung cancer and cancer arising from occupational/environmental exposures. Residents point to smoking, chewing tobacco (which is typically linked to mouth, tongue, cheek, gum, esophageal and pancreatic cancer), and "weird occupational cancers" not caused by behavior but rather exposure to something environmental.

Figure 7 | Incidence Rates of Selected Cancer Sites



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

Cancer screenings declined during the COVID-19 pandemic, causing a decline in diagnoses. Some patients also put treatment on hold during COVID-19. Cancer outcomes are worse among Black and low-income residents, and prevalence increases as residents age *(Table 22)*.

Table 22 | Cancer Mortality Rates

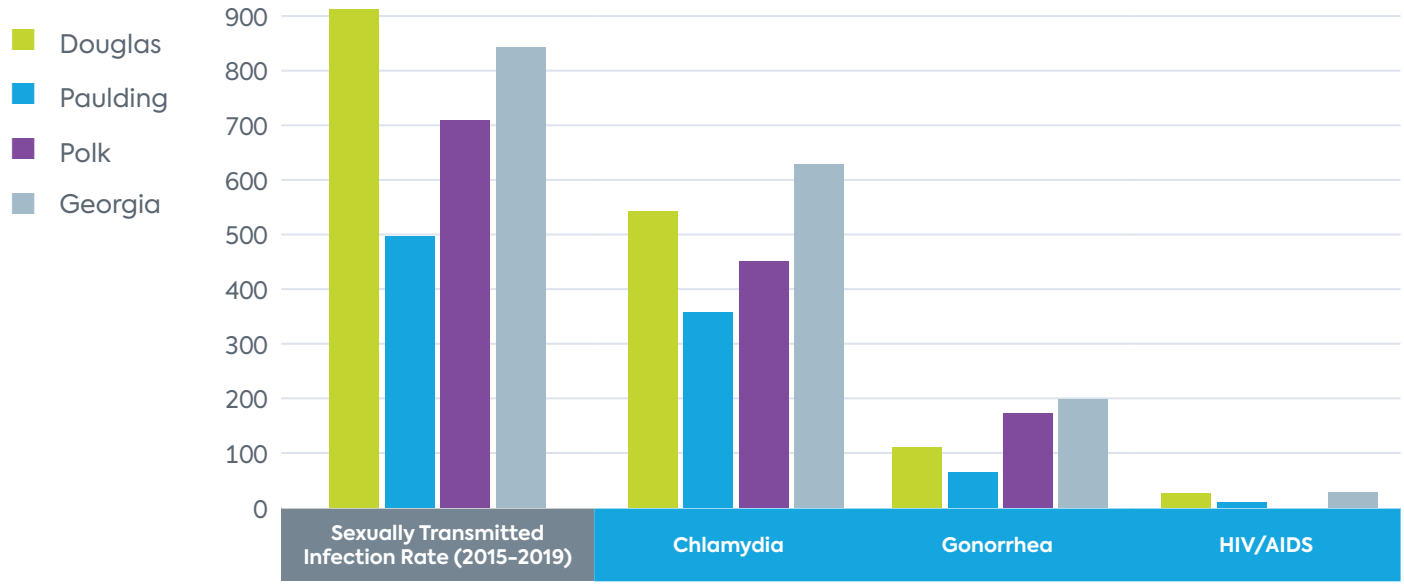
	White	Black	Asian	Hispanic	Georgia
All-Site Cancer	175.3	160.1	66.6	106.0	155.1
Breast Cancer	14.4	19.0	0	8.3	11.7
Colorectal Cancer	12.0	19.6	ND	16.9	14.6
Lung Cancer	48.8	30.1	ND	14.5	38.7
Prostate Cancer	8.3	12.4	0	ND	8.6

Age-adjusted rates per 100,000 population, compared to state benchmarks (2015-2019). 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

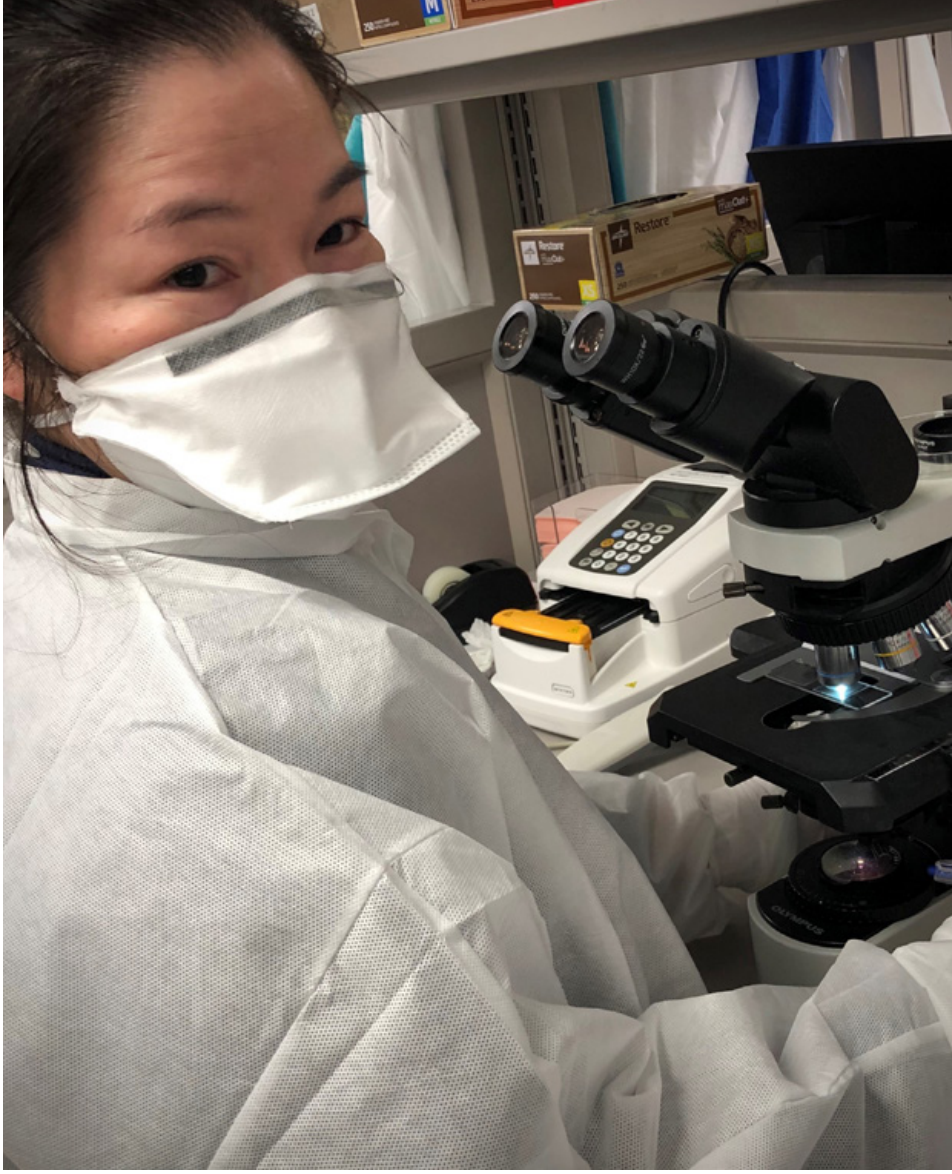
Sexually Transmitted Diseases

Compared to Georgia, the service area has lower age-adjusted rates for sexually transmitted infections (848.2 vs. 699.2 per 100,000 pop.) (DPH, 2015-2019). Within the service area, Douglas County has the highest age-adjusted rates of sexually transmitted infection overall (916.7 per 100,000 pop.) and age-adjusted rates of Chlamydia (693.9 per 100,000 pop.). Polk County has the highest age-adjusted rates of Gonorrhea (208.8 per 100,000 pop.). Community leaders felt there was a need to increase awareness of testing and Pre-Exposure Prophylaxis for Human Immunodeficiency Virus prevention.

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



In the Wellstar Paulding Hospital service area compared to state benchmarks (2018, except as noted)
HIV/AIDS data not available for Polk County
** Age-adjusted*
Source: Georgia Department of Public Health Online Analytical Statistical Information System

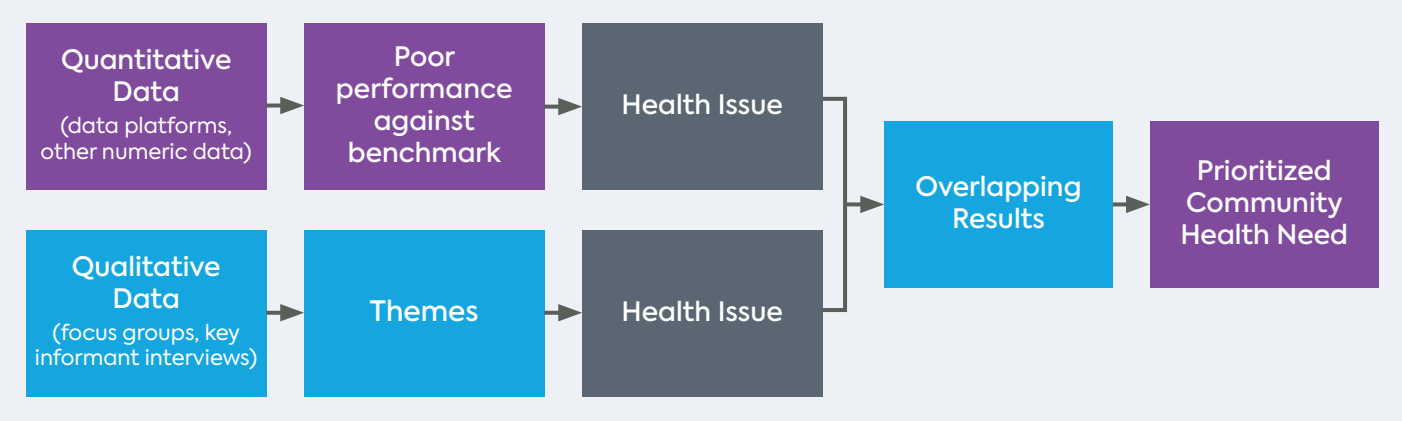


Setting Community Health Priorities

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 Paulding Hospital has chosen not to develop a strategy targeting 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 Paulding 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 31 community leaders in communities served by Wellstar Paulding 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 Paulding Hospital, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 31 community leaders interviewed. The organizations represented included:

Local organizations included:

- Atlanta Regional Commission
- Black Mamas Matter Alliance
- CareLink of Northwest Georgia
- Catholic Charities of Atlanta
- Center for Black Women's Wellness
- CDC
- Cobb & Douglas Public Health
- Davis Direction Foundation
- Douglas County School District
- Good Samaritan Health Center
- Helping Hands of Paulding County
- Kennesaw State University
- Live Healthy Douglas
- Marietta Housing Authority
- Metro Atlanta YMCA
- 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
- Georgia Asylum and Immigration Network
- Georgia Department of Education
- Georgia Department of Juvenile Justice
- Georgia Supportive Housing Association
- Latin American Association
- Healthcare Georgia Foundation
- HealthMPowers
- 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, community leaders 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).
- Increased awareness about mental health issues and access to resources is attributed to 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 funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need.
- 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

- Physical and environmental health are largely unchanged. The rate of chronic health conditions has 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.
- Housing has always been an issue for low-income renters.*
- 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.
- During COVID-19, homeless services were closed or unable to take new clients.
- 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 who 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 the 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 Paulding Hospital area.

Top needs identified:

Access to Appropriate Care

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

- Lack of access to healthcare insurance and providers, especially Medicaid populations.
  - 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 Black 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. (chronic disease)
  - Need for more culturally responsive and relevant services
    - 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 of 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 loneliness, depression, anxiety, and hoarding.
- Increased domestic violence
- Mental health parity with insurance and healthcare systems
- 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 top concern.
- Higher prevalence of suicidal thoughts and/or suicide attempts in all groups, including 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
  - Increased diagnosis of diabetes, prediabetes, and hypertension in young adults
  - Amongst immigrant populations, high blood pressure and diabetes are not managed due to lack of access to primary care and the high cost of medication.
- Asthma and increased respiratory issues amongst young people

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
  - Increased need for financial help for utilities, mortgages, rent, and to reduce safety hazards in the home, such as failing septic tanks.
- Access to affordable healthy food and food insecurity
- Education
  - Lack of childcare and early education options

Context and drivers

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

Access to Appropriate Care

(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 distance traveled to access care and 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 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.
- Lack of 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.
    - Increased number of those who fall in the Medicaid "gap" without access to healthcare options
  - Limited number of nurse practitioners
- 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 Latino community doesn't seek care in advanced pregnancy due to fear of deportation, cost, and not knowing where to go for prenatal care.
- 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.
    - Elementary school-age children need more preventative services and dental health education. The increasing prevalence of caries may be in part due to poor nutrition and food insecurity in the area.

Behavioral Health and Substance Abuse

- Geographic inequities:
    - Mental health services: Rural areas outside of 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
    - Those without transportation do not receive mental healthcare.
- 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

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 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 the service area:
        - North Douglas County (Douglasville and Lithia Springs) is a food desert. High prevalence of chronic disease in Douglas County without access to public transit.
        - Hiram and Dallas (zip codes 30157 and 30132) in Paulding County
- 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 overrepresented 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.
    - Transgender individuals have a hard time being gainfully employed.
    - Immigration status:
        - Immigrants 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
    - No solutions are in place to address issues of affordable housing.
    - 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 who 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.
- Education, employment, and the economy:
    - The economic ramifications of pandemic recession; price increases across sectors
    - Educational systems aren't nimble enough to address skill gaps in real time. Focus is on four-year college instead of exploring options like technical school.
- Lack of safety-net services or coordination of services for vulnerable populations:
    - Territorial challenges and silos in data sharing amongst social service providers results in clients having to complete separate applications for services and 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 towards where it is 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 pandemic 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.

Behavioral and Mental Health

- The COVID-19 pandemic highlighted the need for mental health. Stress related to the pandemic drives mental health needs due to isolation, unemployment, workforce shortages, family stress, and isolation.
- 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 are a hardship for school-aged children. Students are exhibiting decreased resilience and inability to cope with transitions due to online school and lack of social interaction.
- Safety precautions necessary because of COVID-19 were in direct contrast with the needs of those in need of substance abuse recovery programs.
- Increased behavioral issues related to isolation, including depression, anxiety, substance abuse, and domestic violence.

- Increased need for substance abuse services. Before the pandemic, one recovery clinic averaged 3,000 visits a month and increased to 5,000 visits a month during COVID-19.

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
  - During the pandemic, people lost jobs because they could not work remotely, and employers cut staff. Now, many businesses are hiring but still having trouble finding new employees.
  - Small business owners are not able to afford needed safety changes
- Early and K-12 education
  - There is a new lack of childcare services and facilities; working parents are looking for remote jobs because of the shortage.
  - School-age children are struggling, and teachers are trying to get kids back to grade level.
- 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:
  - Telehealth has its limitations and can worsen 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
    - 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 New Americans. 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.
  - Technology has made people more sedentary.
- Amongst 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.
- Spreading misinformation on social media is especially detrimental to immigrants.

Recommended interventions:

Collaboration and partnerships between the private sector and public resources.

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 administrators 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 using 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 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 risk of cardiovascular diseases (county/community)

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
- Increase collaboration with different faith-based and non-profit organizations to reach out and to educate the community with those 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 the 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 a 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 they serve as well as the existing opinions and perspectives related to the health status and health needs of the populations in communities served by Wellstar Paulding Hospital.

Methodology:

Georgia Health Policy Center recruited and conducted one focus group with residents living in the communities served by Wellstar Paulding 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 that 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 during October 2021.

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

Group recommendations

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

- **Increase awareness of available services and offer more mental health and substance abuse services:** Participants have witnessed an increase in overdose and substance abuse, especially related to meth and prescription medication. Residents may not know how to access mental health practitioners, especially when in crisis.
- **Increase awareness of the importance of preventative care and increase the number of general practitioners in Douglas and Polk counties:** Participants perceived healthcare in their community as "reactive" rather than preventative for several reasons, including resident resistance to doctor weight loss or exercise recommendations, unmanaged chronic disease, and difficulty taking off work for preventative care.
- **Increased messaging on healthy eating:** Many residents find healthy eating challenging, especially for those that commute or work traditional hours. Residents may benefit from more messaging on available farmer's markets and farm stores with affordably priced fresh produce and tips for how to prepare simple, healthy meals or purchase healthy options at restaurants.
- **Offer more bias training for healthcare providers:** Participants are concerned about the higher rates of mortality amongst Black mothers and their children. They discussed how doctors may not take Black moms' concerns seriously and their more limited access to care during pregnancy.
- **Increased awareness about tobacco use:** Participants report a high prevalence of lung cancer related to smoking and tobacco use.

Problem identification

Behavioral Health

Participants identified access to behavioral health services as a community health need. Participants focused the discussion around the effects of the COVID-19 pandemic on mental health.

Outcomes:

- Substance abuse
- Depression

Contributing Factors

- There is an increase in overdose and substance abuse, especially meth and abuse of prescription medication. Participants discussed how the COVID-19 pandemic has worsened drug abuse as residents have lost "structure" in their lives, are depressed, and/or cannot go to work.
- The participants discussed how the COVID-19 pandemic especially affects older populations that are increasingly isolated and fearful of going out into the community.
- There is a lack of knowledge on how to access mental health practitioners, especially for crisis needs.

Access to Appropriate Healthcare

Participants identified access to appropriate healthcare services as a community health need. Participants focused discussions around the lack of affordable healthcare and the community's culture of preventative care.

Outcomes:

- Uncontrolled chronic disease
- Unaffordable insurance

Contributing Factors:

- There may be a lack of medical professionals with long tenure in the community. The participants noted that there is a cycle of doctors in the community working off their student loans.
- Some residents are unable to afford health insurance. One resident shared that Walmart Care Clinic is a great resource for their community and offers dental, eye, and primary care for those without insurance.
- Participants discussed how healthcare in their community was perceived as "reactive" rather than preventative. There are general practitioners available in Polk County. The culture of the community may also contribute to residents not seeking preventative care. Some residents may be resistant to doctor recommendations to lose weight or exercise. One shared, "People get amputations before they even know they have diabetes." Participants also discussed how it is easier for some residents to take off work when there is an "issue" and harder to take off work for preventative care.
- Residents may also not be seeking care because of fear of COVID-19.

Social Determinants of Health

Participants identified social determinants of health as a community health need. Participants focused discussions around disparities.

Outcomes:

- Disparities in mental and physical health and education

Contributing Factors:

- Participants discussed the difficulties of obtaining employment and services as a single parent. It can be difficult to find a job that allows flexibility for child care. Many services require you to be "dead broke."
- Participants were concerned with the quality of education in their area, with one commenting that "education is on life support right now." One participant felt that home schooling was better for their child's mental health because of racism and bullying in the school system. Another participant found it difficult to homeschool her children as a single parent and felt that children needed the interaction provided in school.
- One participant felt that interactions in the community were not healthy and had experienced racial slurs and comments.

Healthy Living

Participants identified healthy living opportunities as a community health need. Participants focused discussions around chronic disease, cancer, and access to or ability to prepare healthy food.

Outcomes:

- Chronic disease (hypertension, heart disease, diabetes, metabolic syndrome)
- Cancers related to occupational or environmental exposure, including lung cancer

Contributing Factors:

- There is frequent lung cancer due to smoking and chewing tobacco use in the community.
- Participants also discussed "weird, occupational cancers" that arise in the community that do not match behavioral patterns but they believe are due to environmental exposure.
- Hypertension, heart disease, diabetes, and metabolic syndrome are prevalent in the service area.
- Although they may be "far away" or underutilized, there are resources for healthy living available in the community, including parks, outdoor areas, and the Silver Comet Trail. Gyms are currently being built.
- Participants discussed whether healthy eating was challenging in their community. There are a lot of fast-food restaurants but also farmers' markets and farm stores with fresh produce from local farmers that are less expensive than the grocery store. One participant noted that personal choice plays a large

role in food purchases. Others felt that healthy eating was a challenge in rural areas, especially for those that commute to Atlanta or work "traditional hours." They discussed that the blue-collar community did not have time to prepare food, couldn't access farm stands when they were open, and that there were limited fresh, healthy options available at restaurants or fast food.

Infant and Maternal Mortality

Participants identified infant and maternal mortality as a community health need. Participants focused discussions around higher rates of mortality for Black women and their children.

Outcomes:

- Mortality amongst Black mothers and infants

Contributing Factors:

- Participants were concerned about the higher rates of mortality amongst Black mothers and their children. They discussed how doctors may not take Black moms' concerns seriously, access to care during pregnancy, and variations in insurance coverage.

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, High 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 36 responses, one-third of the participants were in the Healthcare Services industry (33%, n=16). The second most common industry of those listed was Government (15%, n=7), and the third, Social Services (12%, n=6). None of the sample represented either of the two industries in Education, which were High Education and Public School Education.

Eight of the 36 participants (17%) 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, Utility Provider, Financial Industry, Retired, and Law Enforcement.

Wellstar Health System Regional Hospital Board Participation

Six (12%) of the 36 participants were associated with one of Wellstar's nine Regional Hospital Boards in the state. Of those hospital board representatives, most were affiliated with Wellstar Health System Douglas Hospital Board (67%, n=4), and the remaining represented Wellstar Health System Paulding Hospital Board and Wellstar Health System Kennestone 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, Paulding, and/or Polk counties were identified to represent the Wellstar Paulding Hospital Service Area. Of the 36 participants, 23% (n=23), 19% (n=19), and 3% (n=3) indicated that they represented Douglas, Paulding, and Polk counties, respectively. Almost half (45%) of the respondents who represented the Wellstar Paulding Hospital service area also indicated they represented Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Dawson, DeKalb, Forsyth, Fulton, Henry, Newton, Rockdale, Spalding, and Troup counties.

Selected Health Priority Focus Areas

Participants were asked to select health priority 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 87 for this question, 33% (n=29) of participants selected Access to Care, 19% (n=17) for Behavioral Health, 19% (n=17) for Healthy Living and Food Access, 15% (n=13) for Housing, and 13% (n=11) for Maternal and Child Health.

Behavioral Health

Seventeen (19%) 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 Paulding service area have been significantly influenced by the global pandemic from highest to lowest significance:

- Worsened states of mental health and mental health outcomes (94%, n=16 out of 17 responses)
- Higher frequency of alcohol consumption and heavy drinking (93%, n=14 out of 15 responses)
- Greater rates of substance abuse (86%, n=12 out of 14 responses)
- Increased instances of suicidal behaviors (69%, n=11 out of 16 responses)
- Lowered access to behavioral healthcare and substance abuse services (53%, n=9 out of 17 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, 82% (n=14) of participants, out of 17 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 behavioral health, indicating that the global pandemic influenced all these behavioral health-related outcomes on some level.

Seven 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 Blacks and communities of color due to the lack of diversity among behavioral health providers.
- There has been a substantial increase in police calls to report suicidal behavior and/or attempts than pre-pandemic.
- 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 (15%, n=15)
- Racial and ethnic minorities (12%, n=12)
- People experiencing homelessness (12%, n=12)
- Those of older age (9%, n=9)
- Children (9%, n=9)

Housing

Thirteen (15%) of 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 (75%, n=9 out of 12 responses).
- Families and individuals behind on housing payments, both rent and mortgages (67%, n=8 out of 12 responses).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (64%, n=7 out of 11 responses).
- Eviction filings affecting renters behind on rent payments (58%, n=7 out of 12 responses)
- Foreclosure initiation or completion (50%, n=6 out of 12 responses).

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

Four 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, 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 global pandemic has made it more challenging for families and first-time homebuyers to purchase housing than in pre-pandemic times.

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=12)
- Those of older age (13%, n=8)
- Racial and ethnic minorities (12%, n=7)
- People experiencing homelessness (12%, n=7)
- Rural communities (9%, n=5)

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

Access to Appropriate Healthcare

Twenty-nine (33%) 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=25 out of 28 responses).
- Disruptions in routine care and management for chronic disease conditions (70%, n=19 out of 27 responses).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (64%, n=18 out of 28 responses).
- Loss of family and individual healthcare coverage (44%, n=11 out of 25 responses).
- Transition of healthcare services to telehealth and telehealth not being accessible to all (33%, n=9 out of 27 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, 84% (n=21) of participants, out of 25 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=24) of participants, out of 27 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 participants in this section indicated that the global pandemic had no influence on access to care, indicating that the global pandemic influenced all these access to care-related outcomes on some level.

Five 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?':

- 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.
- In response to the pandemic, there was a disruption in access to reliable and safe public transportation, which made it more difficult to access care.
- Patients are delaying seeking care, even in emergency situations, due to fear of hospital conditions given overcrowding and the risk of COVID-19 transmission.

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 (17%, n=26)
- Those of older age (12%, n=18)
- Racial and ethnic minorities (11%, n=17)
- People experiencing homelessness (11%, n=17)
- Uninsured (10%, n=15)

Healthy Living and Food Access

Seventeen (19%) 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 (87%, n=14 out of 16 responses).
- Increased social isolation and stress affecting mental health and ability to engage in healthy behaviors (87%, n=14 out of 16 responses).
- Concern about COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (81%, n=13 out of 16 responses).
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (75%, n=12 out of 16 responses).

None of the participants in this section indicated that the global pandemic had no influence on food access and healthy living, indicating that the global pandemic influenced all these healthy living-related outcomes on some level.

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 (16%, n=14)
- Those of older age (13%, n=12)
- Racial and ethnic minorities (11%, n=10)
- Rural communities (11%, n=10)
- People experiencing homelessness (10%, n=9)

Maternal and Child Health

Eleven (13%) 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 (70%, n=7 out of 10 responses)
- Disproportionate hardship among single parents, especially single mothers, in higher caregiver stress and greater financial constraints (67%, n=6 out of 9 responses).
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (50%, n=4 out of 8 responses).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (40%, n=4 out of 10 responses).
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (40%, n=4 out of 10 responses).

None of the 11 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.

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=9)
- Racial and ethnic minorities (16%, n=9)
- People experiencing homelessness (9%, n=5)
- Children (9%, n=5)
- Rural communities (7%, n=4)

Other Impacts

Thirty-two 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:

- Education (77%, n=23 out of 30 responses)
- Violence (65%, n=19 out of 29 responses)
- Poverty (59%, n=19 out of 32 responses)
- Child abuse and neglect (54%, n=12 out of 22 responses)
- Cancer (52%, n=11 out of 21 responses)
- Transportation (52%, n=16 out of 31 responses)
- Internet access (34%, n=10 out of 29 responses)
- STIs and HIV (33%, n=5 out of 15 responses)
- Culturally competent services (31%, n=8 out of 26 responses)

None of the 32 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.cobbanddouglaspublichealth.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.

Georgia Department of Public Health:

Northwest Health District
Polk County Health Department
125 East Ware Street,
Cedartown, Georgia 30123
770-749-2270

Paulding County Health Department

451 Jimmy Campbell Parkway
Dallas, Georgia 30132
770-443-7881
WIC: 770-443-7900
nwgapublichealth.org/

Programs:

- Babies Can't Wait
- Breast and Cervical Cancer
- Children 1st
- Children's Medical Services
- Early Hearing Detection and Intervention (formerly UNHSI)
- Family Planning
- Health Check
- Health Promotion
- HIV/AIDS
- Immunizations and Vaccinations
- Infectious Diseases
- Other Programs and Services
- Pregnancy/Women's Health Medicaid
- Sexually Transmitted Infections
- Tuberculosis (TB) Prevention and Control
- Vital Records
- WIC

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

The Family Health Centers

Douglas County
(Burnett Elementary School)
8277 Connally Dr,
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.

Cedartown Healthcare Center – Polk County

118 E. Girard Avenue
Cedartown, Georgia 30125
678-246-5174

Primary Healthcare Centers is a group of non-profit community health centers dedicated to improving the healthcare status of our patients and community by providing accessible, affordable, quality primary healthcare services to everyone, regardless of their ability to pay. We look forward to serving your family.

Transportation

Non-Emergency Medical Transportation (NEMT)
Schedule Transportation:
Logisticare:
888-224-7981 (Central)
888-224-7985 (Southwest)
888-224-7988 (East)
Southeastrans:
866-388-9844 (North) and
404-209-4000 (Atlanta)

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
770-920-7515

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..

The standard one-way fare is $2.50. A ten-trip pass is available for $25 and a 31-day unlimited pass is $75. Senior adults, individuals with disabilities, and students can get a Reduced Fare of $1 per one-way ticket, $10 per 10-trip ticket, and $31 per 31-day pass.

Paulding Transit
Paulding Senior Center
54 Industrial Way N
Dallas, Georgia
770-443-8873
www.paulding.gov/809/Paulding-Transit

Paulding Transit is a public service of the Paulding County Board of Commissioners.

Behavioral Health

Healing Community Center
3666 GA-Hwy 5
Douglasville, Georgia 30135
404-564-7749

Health Education, Assessment & Leadership (HEAL), Inc.

- We are a Federally Qualified Health Center.
- We offer a sliding fee scale.

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 individuals' 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.

Highland Rivers Health

- Paulding Recovery and Wellness Center
- Polk Recovery and Wellness Center
- One Door Polk
- Kaleidoscope Services and Day Program
- Polk Crisis Stabilization Unit

1-800-493-1932

Paulding outpatient services:

- Mental health treatment and recovery services (adult) (child and adolescent)
- Addictive disease treatment and recovery services (adult) (child and adolescent)
- Community support services (adult) (child and adolescent)
- Addictive disease support services
- Intensive case management services
- Assertive community treatment
- Supported employment
- Residential recovery services
- The Kaleidoscope program helps individuals with intellectual and/or developmental disabilities achieve independence, productivity, and integration into their communities.
- The Polk Crisis Stabilization Unit provides acute psychiatric stabilization and detoxification for adults age 18 and over on a short-term basis.

National Alliance On Mental Illness (NAMI): Georgia

4120 Presidential Pkwy #200
Atlanta, Georgia 30340
770-225-0855
namiga.org

This organization provides a free mental illness helpline as well as peer support groups in English and Spanish. Please see "LOCATIONS" for a listing of support group meeting locations and hours.

HIV/AIDS

Cobb & Douglas Public Health

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

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- Health Promotion
- HIV/AIDS
- Immunizations and Vaccinations
- Infectious Diseases
- Other Programs and Services
- Pregnancy/Women's Health Medicaid
- Sexually Transmitted Infections
- Tuberculosis (TB) Prevention and Control
- Vital Records
- WIC

Employment Training

WorkSource Atlanta Regional - Douglas
4655 Timber Ridge Dr.
Douglasville, Georgia 30135
770-920-4104

WorkSource 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.

atlantaregional.org/workforce-economy/services-for-job-seekers/career-resource-centers/

Workforce Innovation and Opportunity Act (Service of the Northwest Georgia Regional Commission)
1 Jackson Hill Drive
Rome, Georgia 30161
706-295-6485

503 West Waugh Street
Dalton, Georgia 30720
706-272-2300

To empower financially vulnerable individuals in our community to become self-sufficient, sustainably employed, and economic contributors to society.

Who we serve: Men and women, including veterans, who are experiencing homelessness, at imminent risk of homelessness, or residing in subsidized housing.

www.nwgrc.org/services/workforce-innovation-and-opportunity-act/

Under-Resourced

Salvation Army - Douglas County Service Unit
770-942-7188

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.

www.needhelppayingbills.com/html/douglasville_salvation_army_assistance.html

Bethany Christian Church
3264 Villa Rica Hwy.
Dallas, Georgia 30157
770-445-3181
www.bccdallas.com

Provides food on a walk-in basis and every 4th Thursday from 11am until 2pm; a food truck will distribute food. Limited financial assistance depending on church finances – walk-ins up to $50 once per year, members will probably receive a higher amount. Help for families at Christmas depending on resources. Call to find out eligibility requirements.

The Been
551 Hardee Street
Dallas, Georgia 30132
770-443-7490

Provides clothing and some household items for low-income families for a nominal fee; assists with medical/dental expenses up to $100 per year; helps at Christmas by providing up to $100 per family for food.

Good Samaritan Center
8366 Grady Street
Douglasville, Georgia 30134
770-949-7335
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.

Food Assistance – Financial Aid Assistance – Spiritual Counseling

A Gift of Love
3870 Longview Drive
Douglasville, Georgia 30135
770-672-4707
770-947-8200
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!

The Book Bag Food Program: We service more than 30 elementary, middle, and high schools in Douglas County, feeding approximately 556 children every week! Through hard work and dedication to making sure no child is left hungry, our volunteers make sure local school children are sent home with a bag of food for every day they are out of school.

Youth Programs

Boys & Girls Club – Douglas County 8828 Gurley Road Douglasville, Georgia 30134 770-577-9824 **Paulding County Boys & Girls Club** 335A Academy Drive Dallas, Georgia 30132 678-363-8570 **Boys & Girls Club of NW Georgia – Polk County** 321 E. Queen Street Cedartown, Georgia 30125 770-749-0869 www.bgcma.org	Boys & Girls Club works with 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.
Polk County UGA Extension Office 4–H Youth Development 225 Main Street Cedartown, Georgia 30125 polk.extension@uga.edu 770-749-2142	Programs in the focus areas of agriculture and STEM (Science, Technology, Engineering, and Mathematics), healthy living, and civic engagement teach youth about creativity, curiosity, and encourage them to take on proactive leadership roles. Through hands-on learning and work with dedicated mentors, Georgia 4-H'ers develop valuable life and career readiness skills that will help them thrive today and for a lifetime.

Additional Resources

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

References

- ACS. (2019). U.S. American Community Survey 2015-2019. Retrieved from https://www.census.gov/newsroom/press-kits/2020/acs-5-year.html
- Capacity, Health Communication. (2015). *https://healthcommcapacity.org/hc3resources/ideation-hc3-research-primer/*. Retrieved from https://healthcommcapacity.org/: https://www.healthcommcapacity.org/wp-content/uploads/2015/02/Ideation.pdf
- CDC. (2017). Centers for Disease Control and Prevention. *National Diabetes Statistics Report*. Retrieved from dev.diabetes.org/sites/default/files/2019-06/cdc-statistics-report-2017.pdf
- CDC. (2018). Diagnoses of HIV Infection in the United States and Dependent Areas. *HIV Surveillance Report*. Retrieved from www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf
- CMS. (2015-2016). Centers for Medicare & Medicaid Services.
- CMS. (2015-2018). Centers for Medicare & Medicaid Services.
- CMS. (2020). Centers for Medicare & Medicaid Services. *National Provider Identification*. Retrieved from www.countyhealthrankings.org/app/georgia/2021/measure/factors/62/data
- CNI. (2020). Truven Health Analytics, Community Needs Index
- County Health Rankings. (2021). *County Health Rankings & Roadmaps: Access to Care*. Retrieved from www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care
- DPH. (2015-2019). Georgia Department of Public Health Online Analytical Statistical Information System. oasis.state.ga.us.
- Georgia Department of Public Health. (2016). *dph.georgia.gov*. Retrieved from Maternal Mortality: dph.georgia.gov/maternal-mortality
- Kenya Ministry of Health. (2018). *A guide to complementary feeding 6 to 23 months*. Naiobi: Kenya Ministry of Health.
- KP. (2020). Community Health Needs Dashboard by Kaiser Permanente CHNA Data Platform. Retrieved from www.chna.org/kp
- UCR. (2017). Georgia's Uniform Crime Reporting Program. *Georgia Bureau of Investigation*. Retrieved from gbi.georgia.gov/services/crime-statistics
- UN Women. (2018). *Jamaica First National Survey on Gender-Based Violence Launched*. Retrieved from UN Women Americas and the Caribbean: lac.unwomen.org/en/noticias-y-eventos/articulos/2018/6/presentan-primera-encuesta-nacional-de-jamaica-sobre-violencia-de-genero
- UNICEF. (2017). *Communication for Development (C4D): Global Progress and Country-Level Highlights Across Programme Areas*. New York. Retrieved from www.unicef.org/media/47781/file/UNICEF_2017_Report_on_Communication_for_Development_C4D.pdf
- United States Department of Labor. (2020). *U.S. Bureau of Labor Statistics*. Retrieved from www.bls.gov/regions/southeast/georgia.htm#eag
- World Population Review. (2022). *Maternal Mortality Rate by State 2022*. Retrieved from World Population Review: worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state

Wellstar
HEALTH SYSTEM

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