2025

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR NORTH FULTON MEDICAL CENTER

Wellstar

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Wellstar North Fulton Medical Center

EIN: 81-0851756
3000 Hospital Blvd.
Roswell, GA 30076

Wellstar North Fulton Medical Center is a 202-bed facility located in Roswell, Georgia. North Fulton is recognized for its Accredited Cancer Program and Primary Stroke Center designations and for being one of only three state-designated Level II Trauma Centers in metro Atlanta. North Fulton Medical Center is known for providing a continuum of services through its centers and programs, including neurosciences, pain management, cardiology, women's services, rehabilitation, surgical services and oncology. With this combination of commitment and expertise, North Fulton Medical Center caters services to the unique healthcare needs of all patients in the north Fulton area.

Wellstar North Fulton Medical Center 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 North Fulton Medical Center, 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 5, 2025**

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

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IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

As a not-for-profit hospital, Wellstar North Fulton Medical Center is required to conduct a Community Health Needs Assessment (CHNA) under the Internal Revenue Code (IRC) Section 501(r). The purpose of the CHNA is to gather new (primary) and interpret existing (secondary) data to identify health priorities that Wellstar's 3 Hospitals can address over the next 3 years.

In support of this effort, Wellstar partnered with Georgia State University's Georgia Health Policy Center (GHPC) to identify these health priorities by (1) gathering and interpreting existing system-wide and service-area specific secondary data, and (2) collecting insights and input from Wellstar staff, partners, community leaders, and residents. Together, these data establish a thorough understanding of community health needs, health inequities, and their community context (e.g., availability of resources in the community to address health needs). The 2025 CHNA identified the following health priorities:

Access

Behavioral Health

Food Access and Healthy Living

Healthy Aging

Maternal and Child Health

Following the completion of the CHNA, the Wellstar Health System will develop its Community Health Improvement Plan (CHIP). The CHIP includes appropriate, evidence-informed, and equity-centered strategies to address the identified health priorities.

Table 1 highlights select service-area-specific findings from the CHNA and potential next steps to inform the CHIP.

Table 1 | Highlighted Findings for the Wellstar North Fulton Medical Center Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	In 2024, almost 20% of residents in Fulton County lived in a health professional shortage area.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	Between 2019 and 2023, Dawson, DeKalb, and Fulton counties had the highest behavioral health emergency room visit rates in the service area, which were at or above the state average.	Prioritize facilitating access to behavioral health care in Dawson, DeKalb, and Fulton counties (e.g., establish more local and affordable behavioral health services, establish effective referral processes). Develop efforts to prevent poor mental health in the service area.
Food Access and Healthy Living	Emergency room visits and hospital discharge rates for high blood pressure, heart disease, and stroke are high in the service area. DeKalb, Fulton, and Cobb are experiencing the highest rates of emergency room visits for high blood pressure and stroke discharge rates.	Implement evidence-based programming such as Diabetes Prevention Program or Wellstar-branded physical activity or produce prescriptions. Education and medical nutrition therapy support for the Food as Medicine or DASH (Dietary Approaches to Stop Hypertension) eating plans for preventing and addressing chronic disease.
Healthy Aging	While Cherokee County had the highest percentages of inadequate prenatal care when compared to other counties (by as much as 11.3 percentage points in some instances), the county's percentages of premature and low birthweight births and infant mortality rate were on par with Dawson and Forsyth counties, which had much better prenatal care outcomes.	Explore the causes of prematurity, low birthweight and infant mortality and the potential for prenatal care to mitigate those causes.
Maternal and Child Health	Dawson County was the only county with Malignant Neoplasms of the Trachea, Bronchus, and Lung among the top 5 causes of death.	Explore the potential behavioral and environmental causes of lung disease in the county to inform prevention interventions.

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DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Service Area

The Wellstar North Fulton Medical Center service area includes Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton, and Gwinnett counties *(Figure 1)*. The CHNA includes all residents living in the service area regardless of whether they use Wellstar's services. This service area includes 108 zip codes across the seven counties *(Table 2)*.

Table 2 | Wellstar North Fulton Medical Center Service Area

County	Zip Codes
Cherokee	30102, 30107, 30114, 30115, 30183, 30188, 30189
Cobb	30008, 30060, 30062, 30064, 30066, 30067, 30068, 30080, 30082, 30101, 30106, 30126, 30127, 30144, 30152, 30168, 30339
Dawson	30534
DeKalb	30002, 30021, 30030, 30032, 30033, 30034, 30035, 30038, 30058, 30079, 30083, 30084, 30087, 30088, 30288, 30294, 30307, 30316, 30317, 30319, 30322, 30329, 30338, 30340, 30341, 30345, 30346, 30360
Forsyth	30028, 30040, 30041
Fulton	30004, 30005, 30009, 30022, 30075, 30076, 30097, 30213, 30268, 30291, 30303, 30305, 30306, 30308, 30309, 30310, 30311, 30312, 30313, 30314, 30315, 30318, 30324, 30326, 30327, 30328, 30331, 30334, 30336, 30337, 30342, 30344, 30349, 30350, 30354, 30363,
Gwinnett	30017, 30019, 30024, 30039, 30043, 30044, 30045, 30046, 30047, 30071, 30078, 30092, 30093, 30096, 30518, 30519

Source: Georgia Department of Community Health.

Figure 1 | Primary Service Area of Wellstar North Fulton Medical Center

Demographic Data

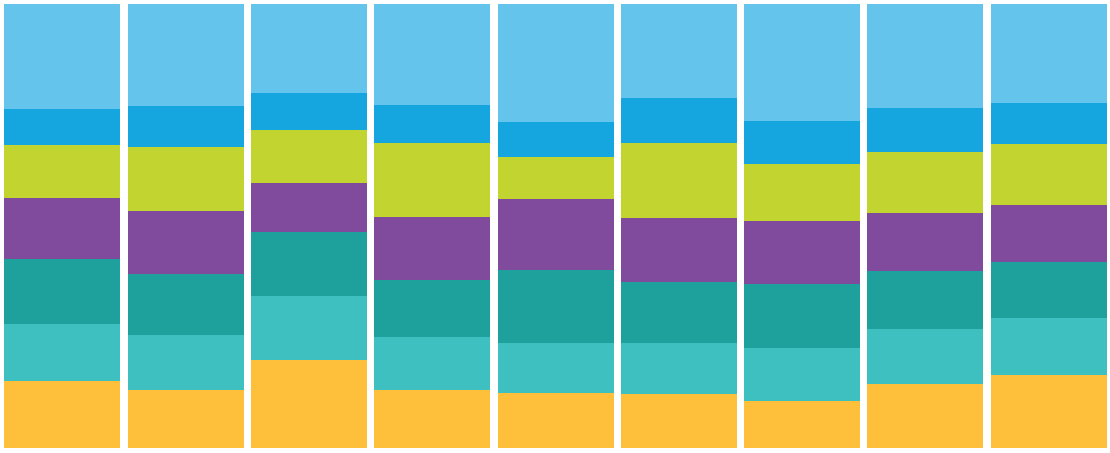
Wellstar North Fulton Medical Center | by County and State (2018-2022)

Population and Age

Population sizes in the service area varied widely, as Fulton County had the largest population with 1,061,944 residents, while Dawson County had the smallest with 27,355 residents *(see Appendix A)*. DeKalb, Fulton, and Gwinnett counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (36.3, 36.1, and 35.7 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age. The age distributions in Cherokee and Dawson counties also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over (15.0% in Cherokee and 19.7% in Dawson) *(Figure 2)*. This is indicative of an adult population facing the dual responsibilities of caring for both children and aging adults at the same time.

Figure 2

Age Distribution



	CHEROKEE	COBB	DAWSON	DEKALB	FORSYTH	FULTON	GWINNETT	GEORGIA	U.S.
< 18 Years Old	23.5%	22.9%	19.9%	22.7%	26.4%	21.1%	26.4%	23.4%	22.1%
18-24 Years Old	8.3%	9.3%	8.5%	8.6%	8.1%	10.1%	9.6%	9.8%	9.5%
25-34 Years Old	11.9%	14.5%	11.9%	16.5%	9.3%	17.1%	13.0%	13.8%	13.7%
35-44 Years Old	13.7%	14.2%	11.1%	14.4%	16.2%	14.4%	14.2%	13.3%	12.9%
45-54 Years Old	14.7%	14.0%	14.3%	12.8%	16.4%	13.7%	14.4%	13.1%	12.4%
55-64 Years Old	12.9%	12.3%	14.6%	11.8%	11.4%	11.4%	11.8%	12.3%	12.9%
65+ Years Old	15.0%	13.0%	19.7%	13.1%	12.3%	12.2%	10.6%	14.4%	16.5%

Percent of total population by age group.

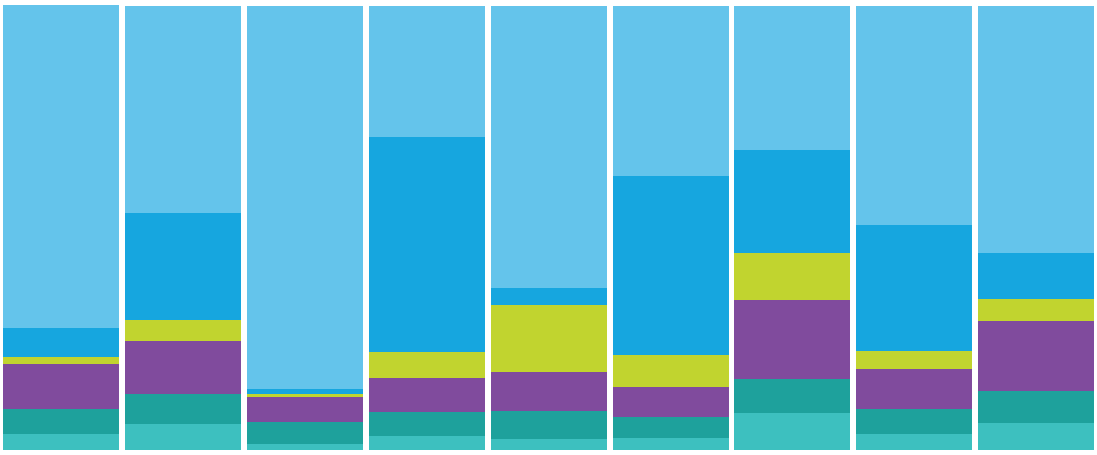
Source: U.S. Census Bureau, American Community Survey. 2018-2022

Race and Ethnicity

Cherokee, Dawson, and Forsyth counties are less diverse than the state, with higher proportions of White residents (80.8%, 91.2%, and 69.6%, respectively), and lower proportions of Black (7.1%, 1.3%, and 4.1%) residents compared to state rates *(see Figure 3 and Appendix A)*. However, Forsyth had the highest proportion of Asian residents (16.6%) compared to the rest of the service area and the state. In contrast, Cobb, DeKalb, Fulton, and Gwinnett counties are more diverse than the state, with DeKalb County having the highest percentage of Black residents (52.8%), and Gwinnett County having the highest percentage of Hispanic residents (21.8%) and the highest percentage of residents with limited English proficiency (15.9%), exceeding the state average of 5.5%.

Figure 3

Racial/Ethnic Distribution



	CHEROKEE	COBB	DAWSON	DEKALB	FORSYTH	FULTON	GWINNETT	GEORGIA	U.S.
Non-Hispanic White	80.8%	52.8%	91.2%	31.9%	69.6%	41.0%	39.4%	54.3%	65.9%
Black	7.1%	27.5%	1.3%	52.8%	4.1%	43.4%	28.5%	31.5%	12.5%
Asian	2.0%	5.6%	0.8%	6.2%	16.6%	7.6%	12.8%	4.3%	5.8%
Hispanic/Latino	11.2%	13.5%	5.8%	8.5%	9.6%	7.3%	21.8%	10.1%	18.7%
Multiple Races	6.2%	7.6%	5.4%	5.8%	6.9%	5.0%	9.3%	6.0%	8.8%
Some Other Race	4.0%	6.6%	1.3%	3.3%	2.7%	2.9%	10.1%	4.0%	7.0%

Charts only reflect races and ethnicities that make up at least 1% of the population (complete list of service area races and ethnicities is in Appendix A.)
Source: U.S. Census Bureau, American Community Survey. 2018-2022

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DISCOVERING HEALTH NEEDS

COMMUNITYHEALTHNEEDS

Social Determinants of Health (SDOHs)

This section includes the service area's social vulnerability index scores by county and data on select SDOH in the service area including education, poverty, unemployment and insurance coverage, housing, transportation, and food insecurity. See Appendix B for more data on SDOH by topic.

Vulnerability Index

The CDC's Social Vulnerability Index is a "place-based index, database, and mapping application designed to identify and quantify communities experiencing social vulnerability."[1] The Vulnerability Index uses 16 U.S. Census variables from the 5-year American Community Survey (ACS). The variables are grouped into four themes that cover four major areas of social vulnerability including socioeconomic status household characteristic, racial and ethnic minority status and housing type and transportation. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Table 3 includes the vulnerability index for each county.

Table 3 | Vulnerability Index by County

County	Vulnerability Index	Level of Vulnerability
Cherokee	0.1969	Low
Cobb	0.3993	Low – Medium
Dawson	0.1861	Low
DeKalb	0.7903	High
Forsyth	0.07	Low
Fulton	0.6599	Medium – High
Gwinnett	0.6433	Medium – High

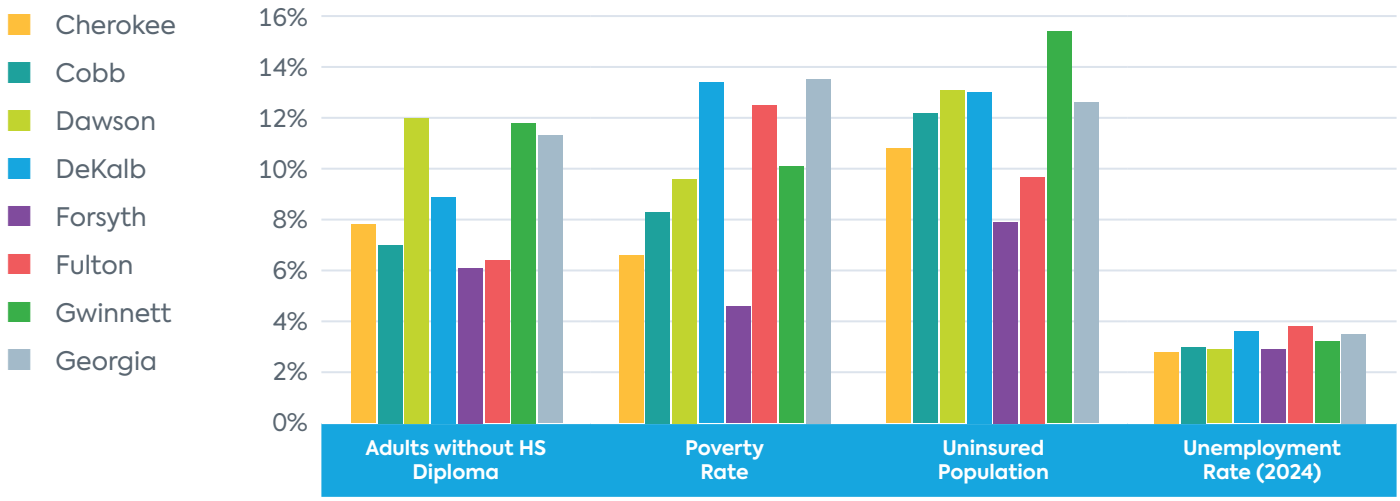
Source: CDC. (2022). Sustainability Vulnerability Index Interactive Map.

1 *CDC. (2024). SVI Interactive Map.*

Social and Community Context

Compared to Georgia, the service area for Wellstar North Fulton Medical Center had a lower percentage of adults 25 or older without high school diplomas except for Dawson and Gwinnett counties (12.0% and 11.8% respectively) which were higher than the state average of 11.3% *(Figure 4)*. DeKalb and Fulton counties had the highest poverty rates in the service area, but rates across the region still remained slightly below the state rate for both poverty and unemployment. Dawson, DeKalb, and Gwinnett counties had higher proportions of uninsured residents compared to the state average of 12.6%, and rates were particularly high in Gwinnett County (15.4%).

Figure 4 | Selected Indicators of SDOH (2018–2022)

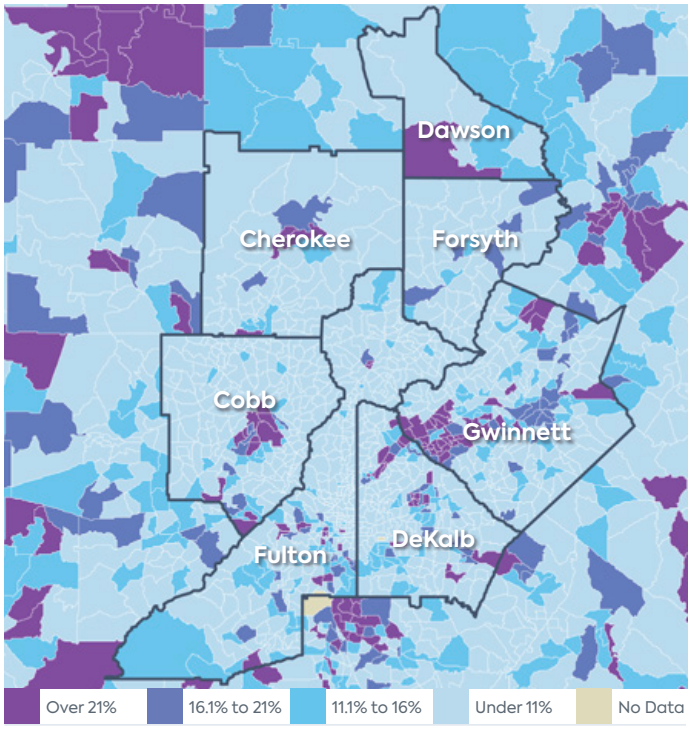


Adults without a High School Diploma includes population aged 25+
Poverty Rate – Percent of all people below 100% of the Federal Poverty Level

Sources:
1 U.S. Census Bureau, American Community Survey, 2018-2022
2 U.S. Department of Labor, Bureau of Labor Statistics, August 2024.

Rates of education, poverty, and uninsured, varied within counties and throughout the service area. While there are distinctions in areas of need, there is a lot of overlap in pockets of each county where census tracts have the highest rates of all three social determinants of health compared to the rest of the service area *(Figures 5, 6, and 7)*.

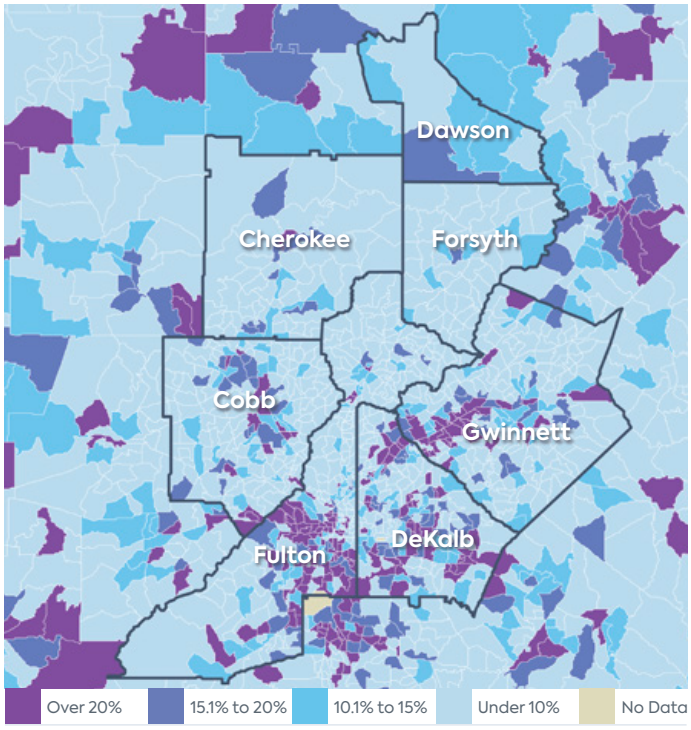
Figure 5 | Population with No High School Diploma (2018-2022)



Adults without a High School Diploma includes population aged 25+, percent by tract, ACS 2018-2022

Source: U.S. Census Bureau, American Community Survey. 2018-2022

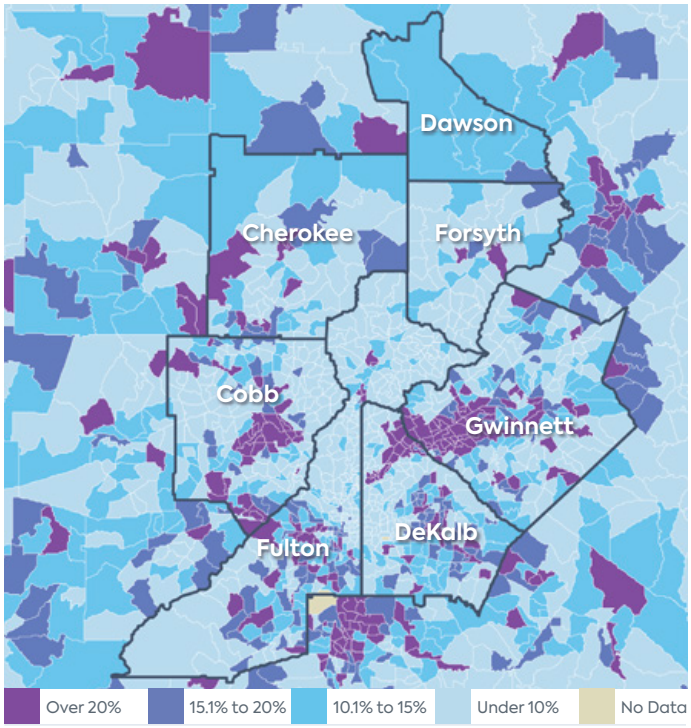
Figure 6 | Population Below 100% Federal Poverty Level (2018-2022)



Percent by tract, ACS 2018-2022

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Figure 7 | Uninsured Population (2019-2023)



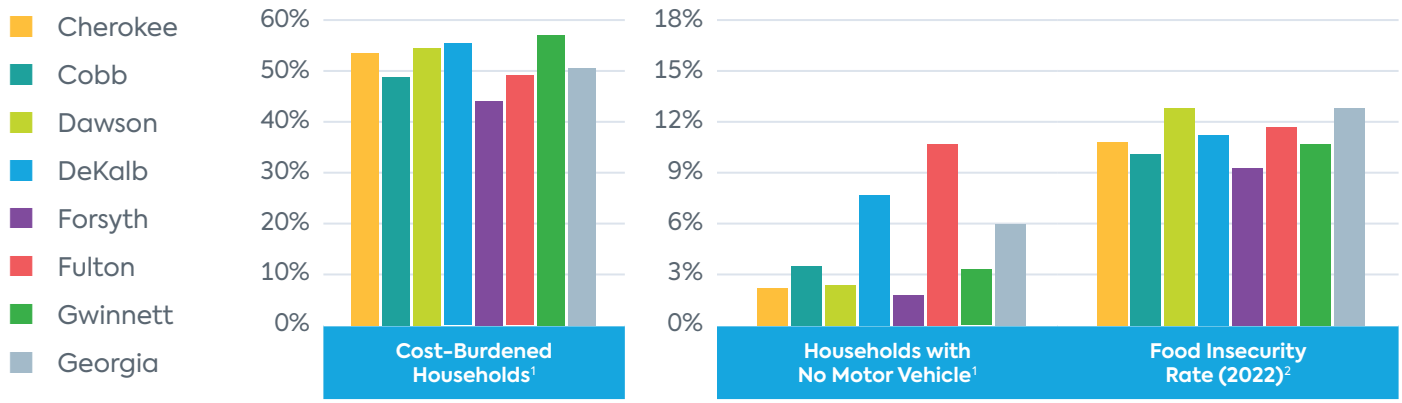
Percent by tract, ACS 2019-2023

Source: U.S. Census Bureau, American Community Survey. 2019-2023

Housing, Transportation, and Food Insecurity

Cost burdened households are those paying more than 30% of their monthly income on housing costs, including rent, mortgage, and utilities.[2] From 2018-2022, around 50% of renters and 18-28% of homeowners in the service area spent more than a third of their income on housing *(Figures 8 and 9)*.

Figure 8 | Housing, Transportation, and Food Insecurity



Cost Burdened Households – Households paying more than 30% of income for monthly rent.
Food Insecurity – Estimated percentage of the population that experienced food insecurity at some point during the report year.

Sources:

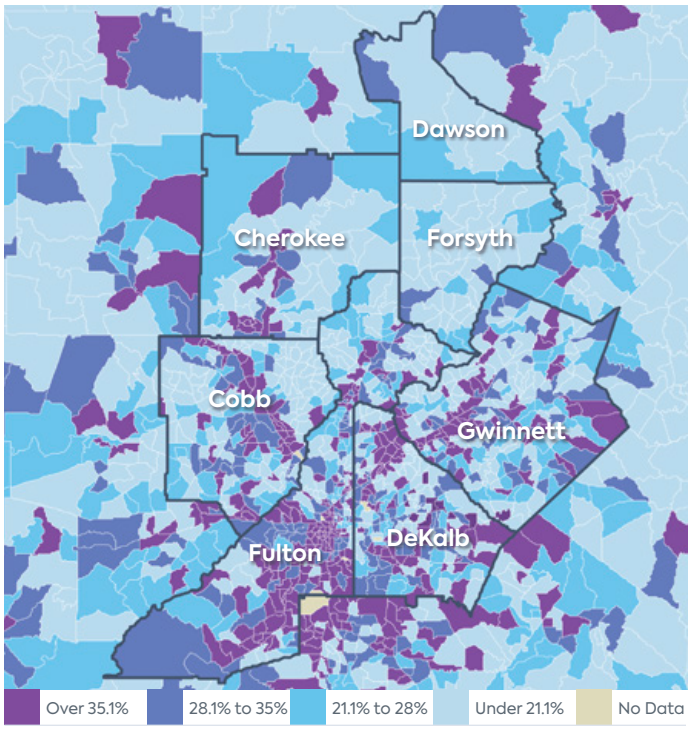
1 U.S. Census Bureau, American Community Survey. 2018-2022
2 Feeding America, 2022, retrieved from map.feedingamerica.org

Overall, the service area for Wellstar North Fulton Medical Center had fewer households with no motor vehicle compared to 6% of households in the state, except for DeKalb and Fulton counties which are the most urban counties in the region *(Figure 8)*. However, transportation may be an issue for some residents across the service area, as all counties except Dawson have census tracts where over 8% of the households do not have a motor vehicle *(Figure 10)*.

Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.[3] All counties in the service area had the same or lower rates of food insecurity compared to the state (12.8%) *(Figure 8)*. Another metric used to measure food insecurity is the presence of a food desert, which is defined by the USDA as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.[4] Figure 11 shows there are census tracts throughout the service area that were denoted as food deserts during the period from 2015-2019, except in Dawson County.

2 U.S. Census Bureau. (2018-2022). American Community Survey.
3 Feeding America. (2022.) Map the Meal Gap.
4 Ver Ploeg, M., Nulph, D., Williams, R. (2011). Mapping Food Deserts in the United States. UDSA, Economic Research Service.

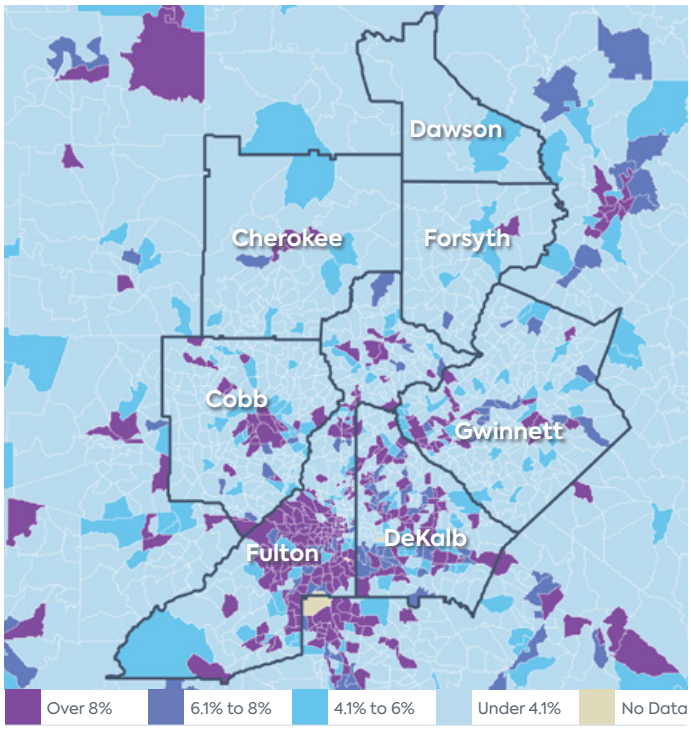
Figure 9 | Cost-Burdened Households (2018-2022)



Housing costs exceed 30% of household income, percent by tract, ACS 2018-2022

Source: U.S. Census Bureau, American Community Survey. 2018-2022

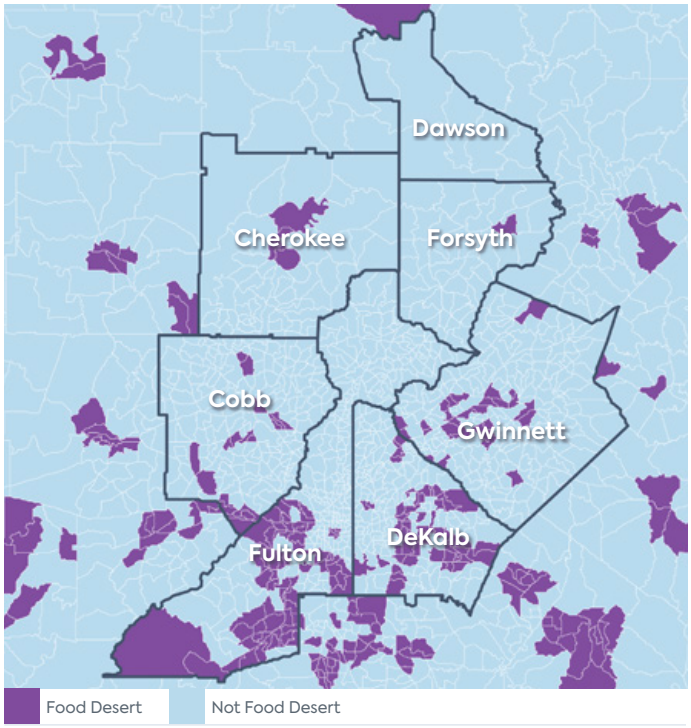
Figure 10 | Households with No Vehicle (2019-2023)



Percent by tract, ACS 2019-2023

Source: U.S. Census Bureau, American Community Survey. 2019-2023

Figure 11 | Food Deserts (2015-2019)



Food desert census tracts 1 Mi. / 10 Mi. by tract, USDA - FARA 2019

Source: U.S. Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2015-2019

Mortality and Morbidity

Top Causes of Death

Between 2019-2023, the top causes of death in the service area were:

1. Ischemic Heart and Vascular Disease
2. Cerebrovascular Disease
3. All other diseases of the nervous system
4. COVID-19
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

While there was some variation in the top causes based on county, Ischemic Heart and Vascular Disease was the number one cause of death in all counties in the service area except Forsyth County *(Table 4)*. Across the service area, the mortality rate from all top causes of death were generally lower than state averages, except for all other diseases of the nervous system. This was not a top five cause in the state but was a top cause of death in all counties in the service area and was the number one cause of death in Forsyth County. COVID-19 was also a top cause of death for all counties in the service area and was the second leading cause of death in Dawson and Gwinnett counties. There were no documented deaths from COVID-19 in 2019, and death rates have dropped off since the height of the pandemic in 2021. This highlights COVID-19's sudden and severe impact on the community during this five-year span.

Table 4 | Top Causes of Death (2019-2023)

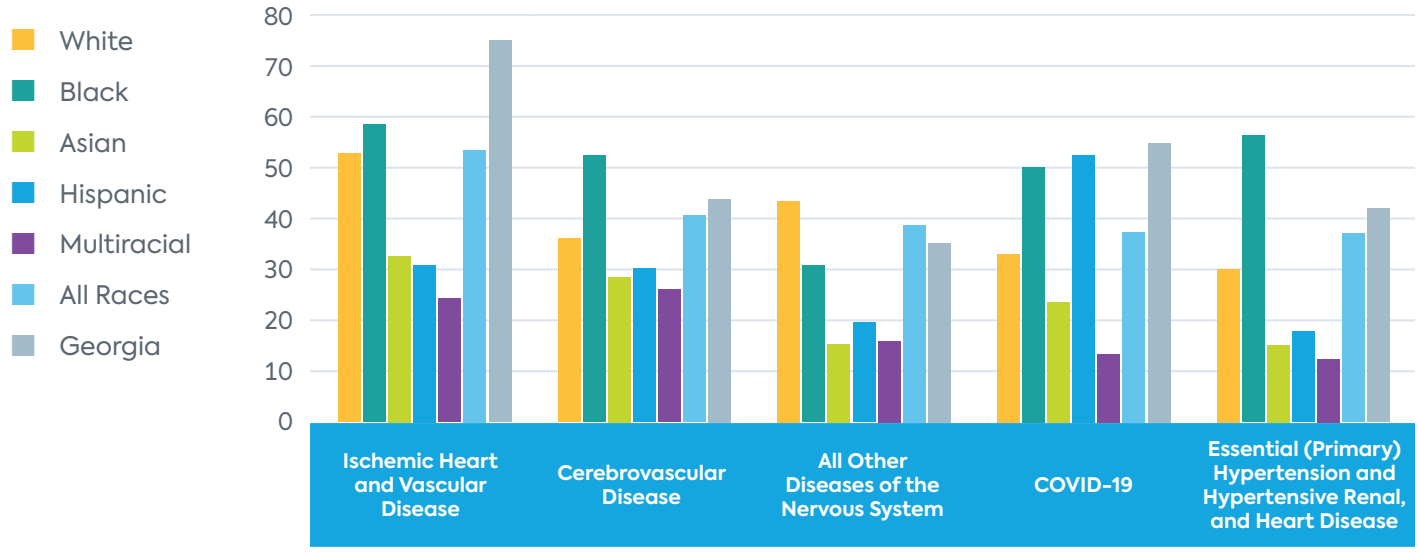
	#1	#2	#3	#4	#5
Cherokee	Ischemic Heart and Vascular Disease 57.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 47.8	All Other Diseases of the Nervous System 49.1	COVID-19 36.2	Cerebrovascular Disease 37.2
Cobb	Ischemic Heart and Vascular Disease 59.4	Cerebrovascular Disease 48.9	COVID-19 37.0	All Other Diseases of the Nervous System 35.1	Alzheimer's Disease 34.9
Dawson	Ischemic Heart and Vascular Disease 71.5	COVID-19 49.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Diseas 50.1	Malignant Neoplasms of the Trachea, Bronchus and Lung 36.2	All Other Diseases of the Nervous System 50.3
DeKalb	Ischemic Heart and Vascular Disease 51.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 43.3	Cerebrovascular Disease 38.2	COVID-19 35.0	All Other Diseases of the Nervous System 33.9
Forsyth	All Other Diseases of the Nervous System 50.3	Ischemic Heart and Vascular Disease 44.8	Cerebrovascular Disease 35.6	COVID-19 32.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 33.3
Fulton	Ischemic Heart and Vascular Disease 52.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 46.5	Cerebrovascular Disease 41.0	COVID-19 37.5	All Other Diseases of the Nervous System 39.8
Gwinnett	Ischemic Heart and Vascular Disease 51.6	COVID-19 37.6	Cerebrovascular Disease 38.8	All Other Diseases of the Nervous System 38.6	Alzheimer's Disease 39.8
Service Area	Ischemic Heart and Vascular Disease 53.5	Cerebrovascular Disease 40.6	All Other Diseases of the Nervous System 38.7	COVID-19 37.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 37.1
Georgia	Ischemic Heart and Vascular Disease 75.0	COVID-19 54.9	Cerebrovascular Disease 43.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 42.0	All COPD Except Asthma 39.3

Rates are age-adjusted per 100,000 population

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

Compared to state rates, Black residents had higher mortality rates from Ischemic Heart disease, Cerebrovascular Disease and Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease compared to other racial and ethnic groups in the service area *(Figure 12)*. White residents had higher mortality rates from all other diseases of the nervous system compared to other groups and the state. Black and Hispanic residents had the highest mortality rates from COVID-19 compared to other racial and ethnic groups in the service area.

Figure 12 | Top Causes of Mortality by Race/Ethnicity



Rates are age-adjusted per 100,000 population
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Top Causes of Years of Potential Life Lost (Premature Death)

Years of Potential Life Lost (YPLL) is used to measure the rate and distribution of premature death. Between 2019-2023, the top causes of YPLL in the service area were:

1. Accidental poisoning and exposure to noxious substances
2. Assault (homicide)
3. Intentional self-harm (suicide)
4. Motor vehicle crashes
5. Ischemic Heart and Vascular Disease

Accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) was the top cause of premature death across the service area and in all counties except DeKalb and Fulton (Table 5). Assault was the number one cause of premature death in DeKalb and Fulton counties, but did not appear in the top causes of YPLL for any other counties in the service area or the state, indicating an increased burden of violence in the urban communities of these counties. Suicide was the second leading cause of premature death in all counties except DeKalb and Fulton where it ranked fourth, and Dawson County's rate of 629.4 YPLL exceeded the state's average of 471.4 YPLL. Dawson County's premature death rate also exceeded the state's YPLL rate for Ischemic Heart Disease. Forsyth County was the only county in the service area where COVID-19 was a leading cause of premature death.

Table 5 | Top Causes of Years of Potential Life Lost (YPLL) (2019-2023)

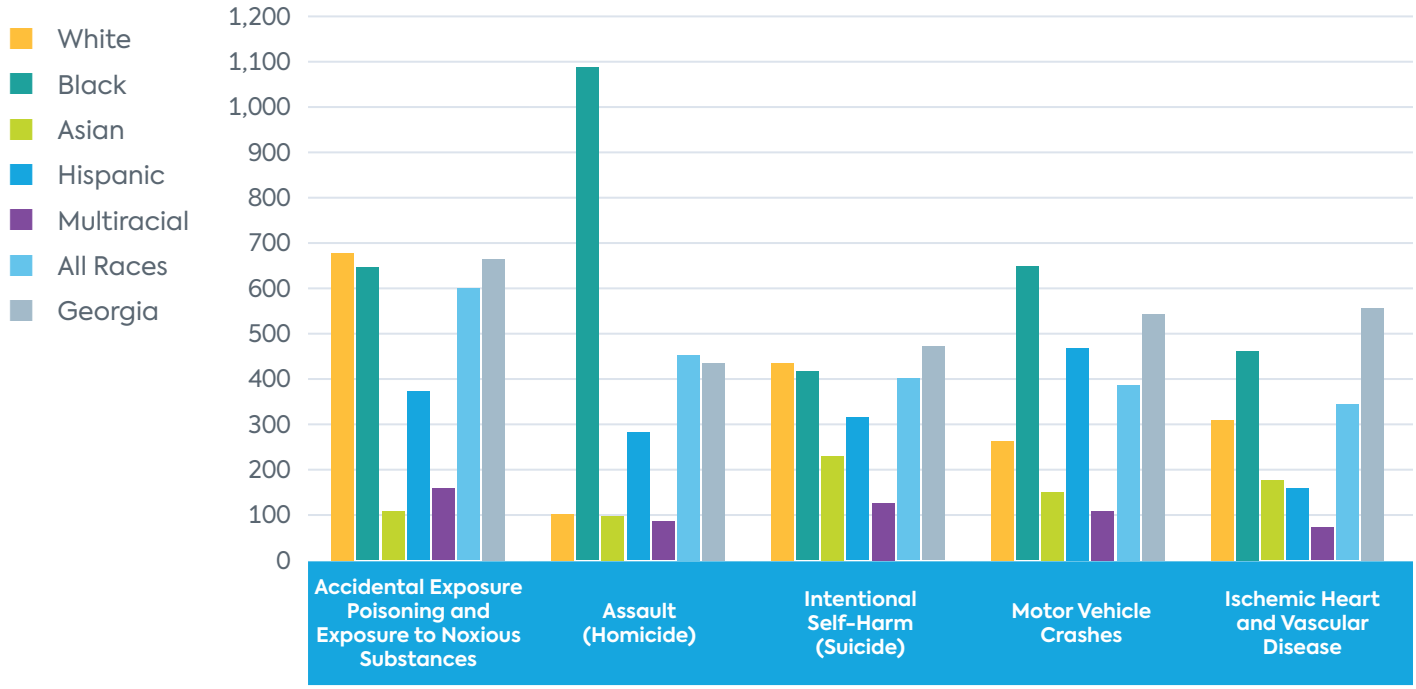
	#1	#2	#3	#4	#5
Cherokee	Accidental Exposure Poisoning and Exposure to Noxious Substances 584.4	Intentional Self-Harm (Suicide) 430.9	Motor Vehicle Crashes 309.6	Ischemic Heart and Vascular Disease 297.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 274.9
Cobb	Accidental Exposure Poisoning and Exposure to Noxious Substances 674.1	Intentional Self-Harm (Suicide) 397.3	Ischemic Heart and Vascular Disease 357.8	Motor Vehicle Crashes 344.8	Certain Conditions Originating in the Perinatal Period 269.4
Dawson	Accidental Exposure Poisoning and Exposure to Noxious Substances 698.5	Intentional Self-Harm (Suicide) 692.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 563.5	Ischemic Heart and Vascular Disease 485.7	Motor Vehicle Crashes 450.1
DeKalb	Assault (Homicide) 839.6	Accidental Exposure Poisoning and Exposure to Noxious Substances 629.8	Motor Vehicle Crashes 517.8	Intentional Self-Harm (Suicide) 431.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 411.6
Forsyth	Accidental Exposure Poisoning and Exposure to Noxious Substances 420.7	Intentional Self-Harm (Suicide) 308.4	Ischemic Heart and Vascular Disease 219.7	Motor Vehicle Crashes 202.9	COVID-19 173.0
Fulton	Assault (Homicide) 702.6	Accidental Exposure Poisoning and Exposure to Noxious Substances 639.0	Motor Vehicle Crashes 397.6	Intentional Self-Harm (Suicide) 394.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 391.7
Gwinnett	Accidental Exposure Poisoning and Exposure to Noxious Substances 524.7	Intentional Self-Harm (Suicide) 394.2	Motor Vehicle Crashes 373.9	Certain Conditions Originating in the Perinatal Period 335.9	Ischemic Heart and Vascular Disease 319.8
Service Area	Accidental Poisoning and Exposure to Noxious Substances 600.1	Assault (Homicide) 452.3	Intentional Self-Harm (Suicide) 400.8	Motor Vehicle Crashes 386.7	Ischemic Heart and Vascular Disease 344.1
Georgia	Accidental Poisoning and Exposure to Noxious Substances 664.4	Ischemic Heart and Vascular Disease 556.9	Motor Vehicle Crashes 542.9	COVID-19 479.8	Intentional Self-Harm (Suicide) 471.4

The YPLL 75 Rate is the years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age

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

When looking at racial and ethnic groups in the service area, White residents had higher rates of YPLL for accidental exposure poisoning and exposure to noxious substances compared to other groups and the state *(Figure 13)*. Black residents had the highest rates of YPLL from assault and motor vehicle crashes compared to other racial and ethnic groups in the service area the state.

Figure 13 | Top Causes of YPLL by Race/Ethnicity (2019-2023)



The YPLL 75 Rate is the years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Top Causes of Years of Emergency Department Visits

Between 2019-2023, the top causes of emergency department (ED) visits in the service area were:

1. Diseases of the musculoskeletal system and connective tissue
2. All other unintentional injury
3. All other diseases of the genitourinary system
4. Falls
5. Motor vehicle crashes

Three of the top causes of emergency department use in the service area were all related to injury (all other unintentional injury, falls, and motor vehicle crashes) *(Table 6)*. Across the service area, rates for all the top causes of ED visits were lower than state averages, however, specific counties were affected by these causes more severely. Diseases of the musculoskeletal system and connective tissue and all other unintentional injury were consistently the top two causes of ED visits across the service area, aside from Cherokee and Forsyth counties, where falls were the second leading cause. Dawson County had the highest rate of ED visits for all other diseases of the genitourinary system and falls compared to the other counties, although rates remained lower than the state averages. Gwinnett County had the highest rates of ED use for motor vehicle crashes compared to the rest of the service area and the state.

Table 6 | Top Causes of Emergency Room Visits (2019-2023)

	#1	#2	#3	#4	#5
Cherokee	All Other Unintentional Injury 1,774.6	Falls 1,371.0	Diseases of the Musculoskeletal System and Connective Tissue 1,320.8	All Other Diseases of the Genitourinary System 1,248.1	Motor Vehicle Crashes 603.3
Cobb	Diseases of the Musculoskeletal System and Connective Tissue 1,703.7	All Other Unintentional Injury 1,537.8	All Other Diseases of the Genitourinary System 1,241.5	Falls 1,141.4	Motor Vehicle Crashes 724.6
Dawson	All Other Unintentional Injury 2,295.8	Diseases of the Musculoskeletal System and Connective Tissue 1,856.8	Falls 1,509.9	All Other Diseases of the Genitourinary System 1,631.2	Motor Vehicle Crashes 893.1
DeKalb	Diseases of the Musculoskeletal System and Connective Tissue 2,769.0	All Other Diseases of the Genitourinary System 1,431.4	All Other Unintentional Injury 1,326.8	Falls 896.8	Motor Vehicle Crashes 859.5
Forsyth	All Other Unintentional Injury 1,384.9	Falls 1,171.0	Diseases of the Musculoskeletal System and Connective Tissue 1,002.8	All Other Diseases of the Genitourinary System 939.9	Motor Vehicle Crashes 466.9
Fulton	Diseases of the Musculoskeletal System and Connective Tissue 2,642.5	All Other Unintentional Injury 1,546.2	All Other Diseases of the Genitourinary System 1,455.0	Falls 1,029.7	Motor Vehicle Crashes 750.6
Gwinnett	Diseases of the Musculoskeletal System and Connective Tissue 1,516.7	All Other Unintentional Injury 1,481.1	All Other Diseases of the Genitourinary System 1,150.3	Falls 1,052.8	Motor Vehicle Crashes 1,773.9
Service Area	Diseases of the Musculoskeletal System and Connective Tissue 2,026.7	All Other Unintentional Injury 1,501.1	All Other Diseases of the Genitourinary System 1,296.2	Falls 1,067.4	Motor Vehicle Crashes 745.8
Georgia	Diseases of the Musculoskeletal System and Connective Tissue 2,774.6	All Other Unintentional Injury 2,458.9	All Other Diseases of the Genitourinary System 1,899.3	Falls 1,565.3	Motor Vehicle Crashes 907.1

Rates are age-adjusted per 100,000 population

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

Top Causes of Hospital Discharge Rates

Between 2019-2023, the top causes of hospital discharge rates in the service area were:

1. Septicemia
2. All other mental and behavioral disorders
3. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
4. Diseases of the musculoskeletal system and connective tissue
5. Cerebrovascular Disease

Across the service area, rates for top causes of hospital discharge were lower than state rates except for Cerebrovascular Disease and varied when looking at specific counties. Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, but no county's rate was higher than the state average. Dawson, DeKalb, and Fulton counties all had higher rates of all other mental and behavioral disorders than state rates, and it ranked in the top three leading causes of hospital discharge in those counties *(Table 7)*. Fulton and DeKalb counties also had higher hospital discharge rates of Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease compared to the state. Cherokee, Dawson, and Gwinnett all had COVID-19, and Cobb, DeKalb, and Fulton all had Cerebrovascular Disease in its top 5 causes of hospital discharges, while these causes did not make the top five for state rates of hospital discharges.

Table 7 | Top Causes of Hospital Discharges (2019-2023)

	#1	#2	#3	#4	#5
Cherokee	Septicemia 441.1	Diseases of the Musculoskeletal System and Connective Tissue 252.3	Ischemic Heart and Vascular Disease 236.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 246.9	COVID-19 219.3
Cobb	Septicemia 436.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 300.3	All Other Mental and Behavioral Disorders 297.1	Diseases of the Musculoskeletal System and Connective Tissue 246.2	Cerebrovascular Disease 222.7
Dawson	Septicemia 420.0	Ischemic Heart and Vascular Disease 284.1	All Other Mental and Behavioral Disorders 431.6	COVID-19 289.8	Diseases of the Musculoskeletal System and Connective Tissue 282.5
DeKalb	Septicemia 490.5	All Other Mental and Behavioral Disorders 444.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 371.7	Cerebrovascular Disease 237.9	Diseases of the Musculoskeletal System and Connective Tissue 232.8
Forsyth	Septicemia 316.2	Ischemic Heart and Vascular Disease 230.3	Diseases of the Musculoskeletal System and Connective Tissue 227.9	All Other Mental and Behavioral Disorders 238.0	Falls 214.2
Fulton	Septicemia 546.2	All Other Mental and Behavioral Disorders 415.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 389.6	Diseases of the Musculoskeletal System and Connective Tissue 251.9	Cerebrovascular Disease 230.6
Gwinnett	Septicemia 481.2	All Other Mental and Behavioral Disorders 272.0	Diseases of the Musculoskeletal System and Connective Tissue 225.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 246.8	COVID-19 202.2
Service Area	Septicemia 475.7	All Other Mental and Behavioral Disorders 342.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 312.5	Diseases of the Musculoskeletal System and Connective Tissue 239.6	Cerebrovascular Disease 218.9
Georgia	Septicemia 604.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 360.9	All Other Mental and Behavioral Disorders 381.3	Diseases of the Musculoskeletal System and Connective Tissue 270.3	Ischemic Heart and Vascular Disease 261.5

Rates are age-adjusted per 100,000 population

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

COMMUNITYCARE

COMMUNITY HEALTH NEEDS

HEALTHPRIORITIES

The goal of the CHNA process is to identify system-wide health priorities that Wellstar can address over the next three years. The process for determining the 2025–2028 health priorities included 1) reviewing and interpreting existing data on health outcomes and 2) collecting and analyzing new data related to community health needs. During data collection, Wellstar service providers, community residents, and public health leaders shared their perspectives, insights and lived experience. While many health needs were identified, service providers, residents, and leaders were asked to prioritize those needs based on their unique perspective, existing health outcomes, anticipated needs. Data from 7 Wellstar service areas were triangulated and the following 5 health priorities were identified:

- Access
- Behavioral Health
- Food Access and Healthy Living
- Healthy Aging
- Maternal and Child Health

The following section provides an overview of service area-specific findings related to these top 5 health priorities.

Access

Factors associated with access were a common theme in the North Fulton Focus Group and Community Summit discussions. Participants specifically mentioned the following barriers to access:

Availability:

- Participants shared that the availability of care differs by county and census tract.
- Participants shared that there are not enough providers in certain geographic areas, which leads to a lack of available appointment times and an increase in wait times. They shared that it can be difficult to get an appointment when they need one. Many end up going to urgent care instead of their general practitioner.
- Participants shared that the availability of specialists is particularly poor. As one participant shared, "There are rarely options for mental health in my county. Trying to get a speech therapist in my area has a 6 month wait. Now, I drive over an hour to a speech therapist."
- Transportation was also mentioned as a barrier to access.
- Some participants see telehealth as a solution to some of these barriers. However, others are strongly opposed to virtual healthcare and want to see their doctor in person. This difference in preference underscores the need for patient-centered care.

Affordability:

- Participants shared that the high cost of healthcare and medications prevent some—even those with insurance—from accessing care. Some participants forgo preventive care and screenings, only accessing care after they start feeling sick. Putting off care may reduce costs in the short term but ends up being more expensive in the long term.

Barriers associated with insurance:

- Several participants mentioned the lack of transparency about how much procedures cost makes it very difficult to anticipate costs. Two participants shared personal stories regarding procedures they received. They explained not being able to get a definitive cost up front and were told they would be billed by insurance. They remembered receiving bills months and even years after their procedures.
- Others mentioned not being able to trust their insurance providers and having to argue over what is and is not covered based on discrepancies between what is written in their policies and what they are billed: "[You have] to be on the phone for hours to deal with someone else's mistakes."
- Others mentioned how difficult it can be to navigate insurance, specifically determining which providers are in network, which medications are covered and how to decipher medical bills. "It's more difficult to get care—a moving target when insurance companies can change the medications [they cover] or change who's in network. Healthcare is becoming maddening."
- One participants shared that they "wish insurance did not have to determine where you could go for what—you shouldn't have to think about making choices because of your healthcare insurance."

Accommodating and Acceptable:

- Communication, clarity and compassion were brought up repeatedly during the Focus Group Discussion. Many participants shared that they often don't feel listened to or taken seriously by their health providers. When asked what would make it easier to access healthcare, participants responded:
  - "Clear communication."
  - "Fluency in native tongue."
  - "Believe what patients tell you."
  - "A doctor who takes the time to listen and understand what problems you are facing and gives thoughtful and clear instructions on how to fix them."
  - "What makes a great situation is great communication, addressing me, asking good questions and actually caring."

Providers

Overall, the service area has a much smaller percentage of the population living in an area affected by a health professional shortage area compared to the state for both medical and dental care *(Table 8)*. However, access rates vary drastically from county to county, and by the specific type of provider. DeKalb, Fulton, and Gwinnett counties all had a percentage of their residents living in an area affected by a health professional shortage area (8%, 19.8%, and 7.4% respectively), and within those populations, about two thirds were underserved in DeKalb and Gwinnett counties, and 36.6% were underserved in Fulton County. Fulton County also included 5% of its population living in a health professional shortage for dental care.

Table 8 | Provider Shortage Areas (2024)

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage	0.0%	0.0%	0.0%	8.0%	0.0%	19.8%	7.4%	26.3%
Percentage of Health Professional Shortage Population Underserved	0.0%	0.0%	0.0%	64.1%	0.0%	36.6%	68.5%	60.7%
Percentage of Population Living in a Health Professional Shortage for Dental Care	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	18.6%

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, HRSA – Health Professional Shortage Areas Database. 2024.

Despite their health professional shortage areas, Fulton and DeKalb counties had higher rates of providers compared to the state average for all provider types except addiction/substance use providers *(Table 9)*. By type of provider, the service area had wide differences in rates, especially of mental health providers, nurse practitioners, and primary care providers. Cherokee, Dawson, and Forsyth counties consistently fell below state provider rates for almost every category, but Cobb, DeKalb, and Fulton counties were consistently higher than state rates, particularly for mental health and primary care providers.

Table 9 | Rates of Providers by Specialty

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
Addiction/Substance Abuse Providers (2020)[1]	8.3	6.0	7.5	7.1	7.6	5.3	7.4	7.9
Buprenorphine Providers (2023)[2]	4.4	10.8	7.0	10.8	4.6	11.9	5.3	7.9
Dentists (2022)[3]	50.9	72.2	46.4	62.4	38.9	76.1	65.2	53.9
Mental Health Providers (2024)[4]	127.2	227.4	130.6	408.3	120.6	282.8	158.3	188.4
Nurse Practitioners (2024)[4]	34.1	63.6	41.1	93.5	30.6	122.9	56.7	75.6
Primary Care (2021)[5]	41.1	78.0	66.7	105.9	39.5	112.6	65.9	66.0

Rate per 100,000 population

Sources:

1 Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). September 2024.
2 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2023.
3 U.S. Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. 2022
4 Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). September 2024
5 Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2020.

North Fulton Focus Group participants living in the North Fulton service area identified the following challenges that negatively affected their access to care:

- Availability of mental healthcare and speech therapy.
- Scheduling doctor's appointments in a timely manner.
- Providers who are dismissive of patients' health concerns.
- Unpredictable healthcare costs.

Access-related recommendations from community members included expanding what Wellstar is currently doing in:

- Telehealth
- Medical College of Georgia (MCG at Home)
- Mobile care units

Behavioral Health

In the North Fulton Community Focus group, residents indicated that there may be a need for additional mental health services in this service area. In the Wellstar North Fulton Medical Center service area, recorded rates of drug overdose were considerably higher in Dawson County compared to other counties and the state rate *(Table 10)*. The highest recorded rate in Dawson County was 48.4 in 2018. In 2023, Fulton County had the highest rate at 26.9. Forsyth County is the only county to see an overall decrease in drug overdose rates.

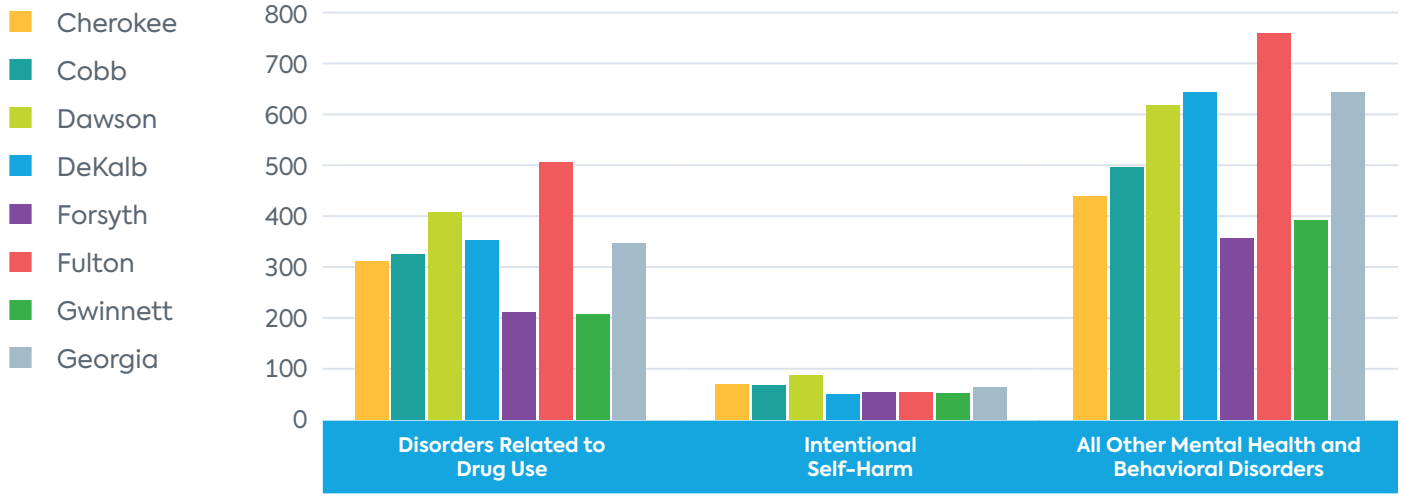
Table 10 | Rate of Drug Overdose (2013-2023)

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
2013	14.6	13.3	ND	5.4	12.6	11.5	7.1	10.5
2014	17.6	15.1	ND	7.8	15.7	12.1	6.6	11.4
2015	24.1	13.4	29.8	9.4	18.8	13.0	10.8	12.2
2016	21.0	16.1	23.6	9.4	10.6	14.8	8.7	13.1
2017	16.7	18.1	30.0	10.2	14.3	14.5	10.3	14.6
2018	20.6	13.6	48.4	10.9	8.8	14.6	10.8	13.1
2019	12.3	13.3	ND	12.8	12.9	12.3	8.4	12.9
2020	20.7	20.0	21.6	14.0	9.2	17.0	12.5	17.9
2021	19.8	21.2	24.2	20.7	13.1	22.4	17.3	22.5
2022	20.8	21.9	22.8	24.2	19.2	24.0	17.4	24.8
2023	16.3	21.1	23.6	23.0	9.4	26.9	17.8	23.1

Age-adjusted rates per 100,000 population. ND = No Data.
Source: Georgia Department of Public Health Online Analytical Statistical Information System

As shown in Figure 14, the highest rates of behavioral health emergency room visits across all counties were due to (1) disorders related to drug use and (2) all other mental and behavioral disorders. In both categories, most county rates were below the state average. The highest rates were observed in Dawson, DeKalb, and Fulton, which were at or above the state average. Overall, emergency room visit rates for intentional self-harm (including suicide attempts) were lowest, remaining under 100 for all counties.

Figure 14 | Emergency Room Visit Rate for Disorders Related to Behavioral Health (2019-2023)



Age-adjusted rates per 100,000 population

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

Food Access and Healthy Living

Focus Group participants reported liking the Food Access and food variety in Fulton County and surrounding counties served by the North Fulton health system. "We have diverse people and diverse restaurants with foods from all around the world," said one focus group attendee. Several noted that there were healthy food options available to them including farmers markets and grocery stores in close proximity. Community Summit and Focus Group members noted that there were parks and green space in their neighborhoods to support physical activity and time in nature with Gwinnett County especially lauded for their park system.

The state's two largest counties by population are in the North Fulton service area, Fulton County which has a food insecurity rate of 13.7% and Gwinnett County whose rate is 12.2%. Food security rates vary widely by geography. For example, free and reduced lunch (FRL) rates in Fulton County Schools range from less than 5% to 100% with 35 of 107 schools, many which are in the north section of the county, below 20% FRL. Lower FRL rates are seen in other counties in this service area: Forsyth County schools 21%, Cherokee County schools 36.7%, and Dawson County schools 50%.

Diabetes and Obesity

Obesity rates in this service area range from a low of 23.1% in Dawson County to a high of 29.5% in Gwinnett County *(Table 11)*. Diabetes diagnoses are highest in DeKalb and Fulton counties along with diabetes-related emergency room visits exceeding 290 per 100,000 population in the period 2019 to 2023. Obesity and sedentary lifestyles were noted as contributors to chronic conditions by Focus Group and Community Summit members. Community members also expressed concern about cancer, diabetes, arthritis, heart disease, and stroke. The high cost of healthy food and convenience and low cost of "fast food" were identified as contributors to poor health especially among older adults.

Table 11 | Select Indicators for Obesity and Diabetes (2019-2023)

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021)[1]	28.2%	28.1%	23.1%	28.1%	24.5%	26.9%	29.5%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)[1]	7.4%	7.9%	8.1%	10.7%	7.6%	9.0%	8.9%	9.6%
Diabetes Emergency Room Visit Rate[2]*	142.8	220.2	179.9	290.6	107.8	294.2	156.1	309.9
Diabetes Discharge Rate[2]*	116.7	159.7	158.2	218.7	84.4	201.5	136.4	209.1
Diabetes Mortality Rate[2]*	9.7	17.9	11.1	23.9	12.2	20.7	22.2	22.4

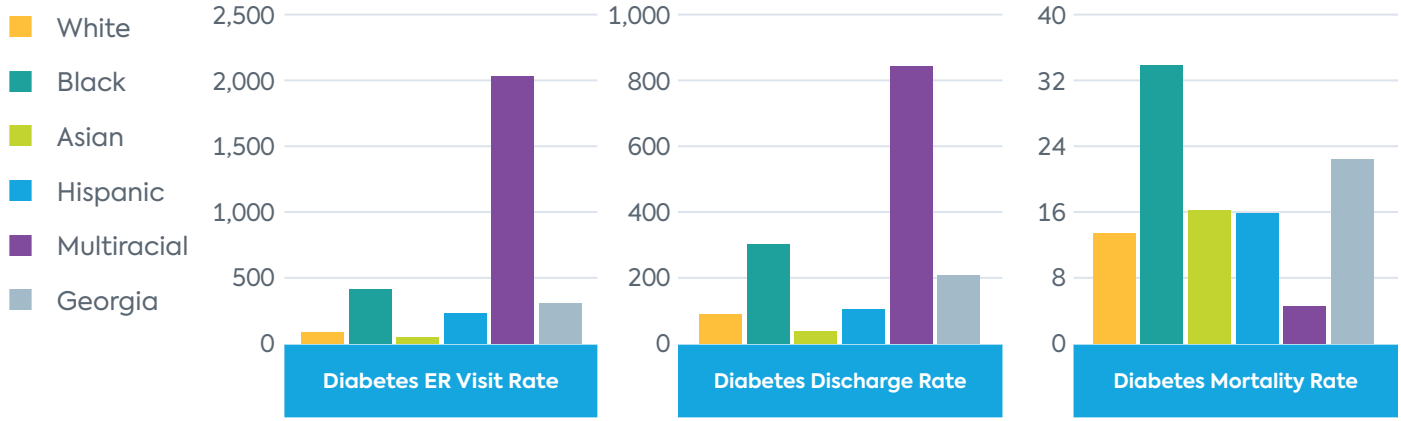
** Age-adjusted rates per 100,000 population*

Sources:

1 Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. [accessed Sep 24, 2024].

2 Georgia Department of Public Health Online Analytical Statistical Information System

Figure 15 | Diabetes Emergency Room (ER), Discharge, and Mortality Rates (2019-2023)

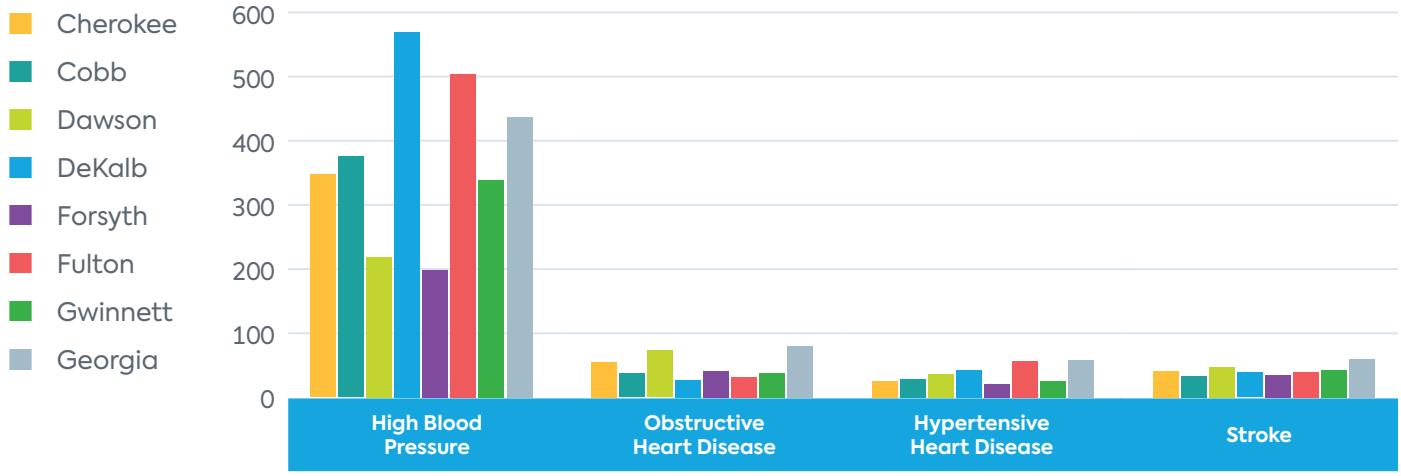


Age-adjusted rates per 100,000 population
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Chronic Disease

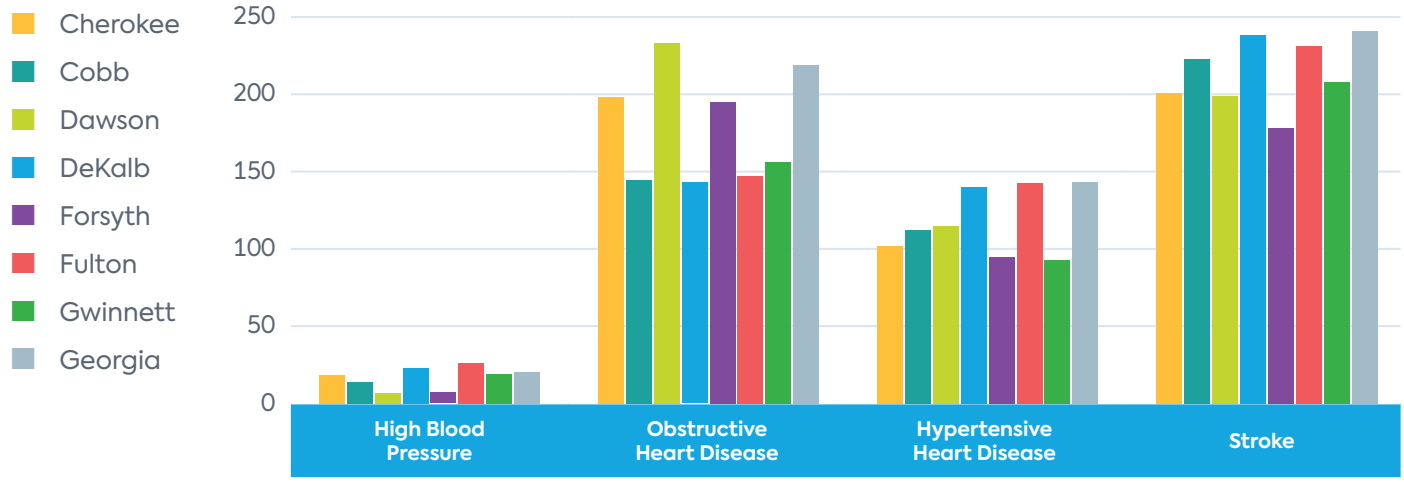
Emergency room visits for high blood pressure and hospital discharge rates due to heart disease and stroke are high in the service area. DeKalb, Fulton, and Cobb are experiencing the highest rates of high blood pressure emergency room visits and stroke discharge rates. It is important for the health system to consider evidence-based programming such as Diabetes Prevention Program, Food as Medicine, or Physical Activity or Produce Prescriptions, or education and dietary support such as the DASH (Dietary Approaches to Stop Hypertension) eating plan for preventing and addressing chronic disease.

Figure 16 | Chronic Disease Emergency Room Visit Rate (2019-2023)



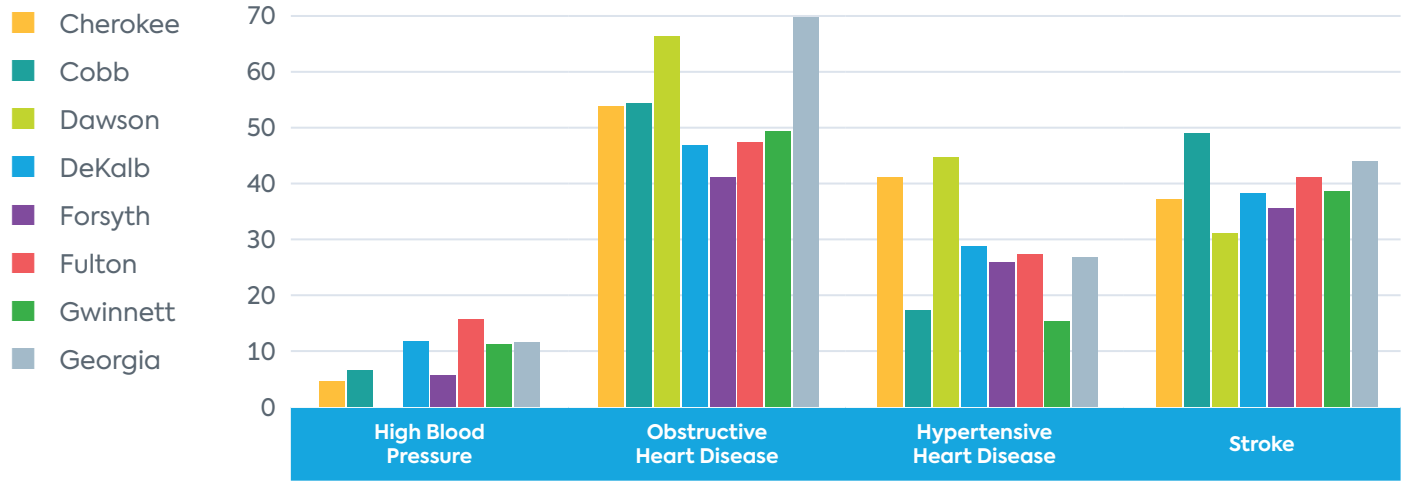
Age-adjusted rates per 100,000 population. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 17 | **Chronic Disease Hospital Discharge Rate (2019-2023)**



Age-adjusted rates per 100,000 population
Hypertension Heart Disease = Essential (Primary) Hypertension and Hypertensive Renal Disease
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 18 | **Chronic Disease Mortality Rate (2019-2023)**



Age-adjusted rates per 100,000 population
Hypertension Heart Disease = Essential (Primary) Hypertension and Hypertensive Renal Disease
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Healthy Aging

Healthy Aging was identified by Community Summit and Focus Group discussion participants as a health priority. Community residents identified the following health concerns specifically:

- Cancer
- Arthritis
- Heart disease
- Brain bleeds
- Autoimmune disease
- Overprescription of drugs and adverse drug side effects
- Overweight and obesity

"Elderly people" were considered a vulnerable group because they "cannot get out much" and they have "other people making decisions for them." The following section provides an overview of the top 5 causes of death and emergency room visits among adults aged 65 and older in the North Fulton service area. These data offer insight into some of the most pressing health issues for aging adults.

Top Causes of Death

Between 2019–2023, the top causes of death among people aged 65 and older in the service area were:

1. Ischemic Heart and Vascular Disease
2. Cerebrovascular Disease
3. All other diseases of the nervous system
4. Alzheimer's Disease
5. COVID-19

The leading causes of death *(Table 12)* were consistently related to chronic and age-associated conditions. Ischemic Heart and Vascular Disease ranked as the leading cause of death in Cherokee, Cobb, Dawson, DeKalb, Fulton, Gwinnett counties, and the state, with rates ranging from 271.6 in DeKalb County to 397.1 in Gwinnett County per 100,000. Forsyth was the only county where Ischemic Heart and Vascular Disease did not rank first. Instead, All Other Diseases of the Nervous System took the top spot in Forsyth.

Cerebrovascular Disease appeared as the second or third leading cause of death in Cobb, DeKalb, and Fulton Counties. COVID-19 was a top cause in Cobb, Dawson, and Gwinnett counties, and across the state, where it ranked second or fifth with rates over 250 per 100,000.

Alzheimer's Disease was a consistently ranked among the top 5 causes of death. Other causes included Essential Hypertension and Hypertensive Renal and Heart Disease, and Chronic Obstructive Pulmonary Disease (COPD). Dawson County was the only county with Malignant Neoplasms of the Trachea, Bronchus, and Lung among the top 5 causes of death.

Overall, the data highlighted that heart disease, neurological conditions, and vascular disorders were among the most common causes of death for older adults in the service area, with some geographic variation in the order and rates.

Table 12 | Top Causes of Death for Population Aged 65 and Over (2019-2023)

	#1	#2	#3	#4	#5
Cherokee	Ischemic Heart and Vascular Disease 304.3	All Other Diseases of the Nervous System 261.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 248.4	Alzheimer's Disease 220.3	Cerebrovascular Disease 202.9
Cobb	Ischemic Heart and Vascular Disease 326.8	Cerebrovascular Disease 288.4	Alzheimer's Disease 216.3	All Other Diseases of the Nervous System 202.4	COVID-19 201.8
Dawson	Ischemic Heart and Vascular Disease 349.8	COVID-19 257.2	All Other Diseases of the Nervous System 240.1	Alzheimer's Disease 229.8	Malignant Neoplasms of the Trachea, Bronchus and Lung 216.1
DeKalb	Ischemic Heart and Vascular Disease 271.6	Cerebrovascular Disease 213.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 208.3	All Other Diseases of the Nervous System 192.7	Alzheimer's Disease 192.3
Forsyth	All Other Diseases of the Nervous System 303.8	Ischemic Heart and Vascular Disease 259.8	Alzheimer's Disease 216.4	Cerebrovascular Disease 214.6	All COPD Except Asthma 193.8
Fulton	Ischemic Heart and Vascular Disease 289.0	All Other Diseases of the Nervous System 246.1	Cerebrovascular Disease 245.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 239.5	Alzheimer's Disease 206.9
Gwinnett	Ischemic Heart and Vascular Disease 397.1	COVID-19 281.4	Alzheimer's Disease 267.9	Cerebrovascular Disease 248.9	All COPD Except Asthma 240.5
Service Area	Ischemic Heart and Vascular Disease 291.0	Cerebrovascular Disease 233.7	All Other Diseases of the Nervous System 223.1	Alzheimer's Disease 211.3	COVID-19 199.7
Georgia	Ischemic Heart and Vascular Disease 397.1	COVID-19 281.4	Alzheimer's Disease 267.9	Cerebrovascular Disease 248.9	All COPD Except Asthma 240.5

Rates are per 100,000 population aged 65 and over

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

Top Causes of Emergency Department Visits

Between 2019-2023, the top causes of emergency department (ED) visits among people aged 65 and older in the service area were:

1. Falls
2. Diseases of the musculoskeletal system and connective tissue
3. All other diseases of the genitourinary system
4. All other unintentional injury
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

The top five causes of emergency room visits were primarily related to falls, musculoskeletal disorders, and genitourinary issues *(Table 13)*. Falls consistently ranked as the leading cause across most counties and the state, with rates ranging from 2,466.1 in Gwinnett County to 4,253.3 in Forsyth County.

Diseases of the musculoskeletal system and connective tissue ranked either first (DeKalb and Fulton) or second (Cherokee, Cobb, Dawson, Forsyth, and Gwinnett) in all counties, with the statewide rate reaching 3,328.2 per 100,000. All other diseases of the genitourinary system commonly ranked third, appearing consistently in this position across nearly all counties across the service area, with rates ranging from 1,311.9 in Cobb County to 1,539.8 in Dawson County.

All Other Unintentional Injuries and Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease were also among the top 5 causes across the service area. COVID-19 was only represented in Dawson County, where it ranked fifth with a rate of 836.8 per 100,000.

Overall, the data showed that falls and musculoskeletal conditions were the most common causes of emergency room visits among older adults in the service area, followed by genitourinary conditions and chronic cardiovascular issues.

Table 13 | Top Causes of Emergency Room Visits for Population Aged 65 and Over (2019-2023)

	#1	#2	#3	#4	#5
Cherokee	Falls 3,982.1	Diseases of the Musculoskeletal System and Connective Tissue 2,043.4	All Other Diseases of the Genitourinary System 1,614.6	All Other Unintentional Injury 1,400.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 798.4
Cobb	Falls 3,164.5	Diseases of the Musculoskeletal System and Connective Tissue 2,050.7	All Other Diseases of the Genitourinary System 1,311.9	All Other Unintentional Injury 1,013.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 891.4
Dawson	Falls 3,412.3	Diseases of the Musculoskeletal System and Connective Tissue 1,923.9	All Other Diseases of the Genitourinary System 1,539.8	All Other Unintentional Injury 1,289.5	COVID-19 836.8
DeKalb	Diseases of the Musculoskeletal System and Connective Tissue 3,182.6	Falls 2,466.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,366.0	All Other Diseases of the Genitourinary System 1,287.7	All Other Unintentional Injury 887.3
Forsyth	Falls 4,253.3	Diseases of the Musculoskeletal System and Connective Tissue 2,053.6	All Other Diseases of the Genitourinary System 1,496.6	All Other Unintentional Injury 1,404.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 819.8
Fulton	Diseases of the Musculoskeletal System and Connective Tissue 3,393.4	Falls 3,205.3	All Other Diseases of the Genitourinary System 1,483.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,358.7	All Other Unintentional Injury 1,259.6
Gwinnett	Falls 2,889.5	Diseases of the Musculoskeletal System and Connective Tissue 2,114.9	All Other Diseases of the Genitourinary System 1,337.0	All Other Unintentional Injury 1,079.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 933.6
Service Area	Falls 3,118.3	Diseases of the Musculoskeletal System and Connective Tissue 2,624.4	All Other Diseases of the Genitourinary System 1,394.2	All Other Unintentional Injury 1,122.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,098.2
Georgia	Falls 3,746.0	Diseases of the Musculoskeletal System and Connective Tissue 3,328.2	All Other Diseases of the Genitourinary System 1,960.3	All Other Unintentional Injury 1,529.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,197.6

Rates are per 100,000 population aged 65 and over

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

Maternal and Child Health

From 2019 to 2023, pregnancy rates ranged from a low of 33.6 in Forsyth County to a high of 58.0 in DeKalb County, with Georgia's statewide average at 48.2 per 1,000 females aged 10–55 *(Table 14)*. Birth rates followed a similar trend, ranging from 29.3 in Forsyth to 41.0 in Dawson, compared to the state at 36.9.

Late or no prenatal care was most prevalent in Cherokee County at 14.3%, significantly higher than the state percentage of 9.1%. In contrast, Dawson and Forsyth had the lowest rates at 3.0% and 3.6%, respectively. Likewise, the percentage of women who had fewer than five prenatal visits was highest in Cherokee (13.2%) and lowest in Dawson (2.2%), compared to the state percentage of 7.8%.

Premature births ranged from 9.4% in Forsyth to 11.6% in Fulton County, closely aligning with the statewide rate of 11.7%. Low birthweight births were most common in Fulton (11.3%) and least common in Dawson (6.7%), with Georgia averaging 10.3%.

Infant mortality rates were lowest in Cherokee County (4.0) and highest in Fulton County (7.0), compared to the state average of 6.8 deaths per 1,000 live births. Interestingly, while Cherokee County had the highest percentages of inadequate prenatal care (by as much as 11.3 percentage points in some instances), the county's percentages of premature and low birthweight births and infant mortality rate were on par with Dawson and Forsyth counties which had much better prenatal care outcomes.

Table 14 | Select Indicators for Pregnancy and Birth

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
Pregnancy Rate	40.9	46.6	47.0	58.0	33.6	50.5	46.8	48.2
Birth Rate	35.5	34.9	41	40.4	29.3	31.6	35.8	36.9
% Births with Late or No Prenatal Care	14.3%	8.2%	3.0%	11.3%	3.6%	10.7%	8.0%	9.1%
% Births with <5 Prenatal Care Visits	13.2%	5.9%	2.2%	11.1%	2.4%	10.1%	6.3%	7.8%
% Premature Births	10.0%	10.6%	9.9%	11.0%	9.4%	11.6%	10.5%	11.7%
% Low Birthweight Births*	7.0%	8.8%	6.7%	10.7%	7.1%	11.3%	9.2%	10.3%
Infant Mortality Rate	4.0	5.2	4.3	6.3	4.3	7.0	6.0	6.8

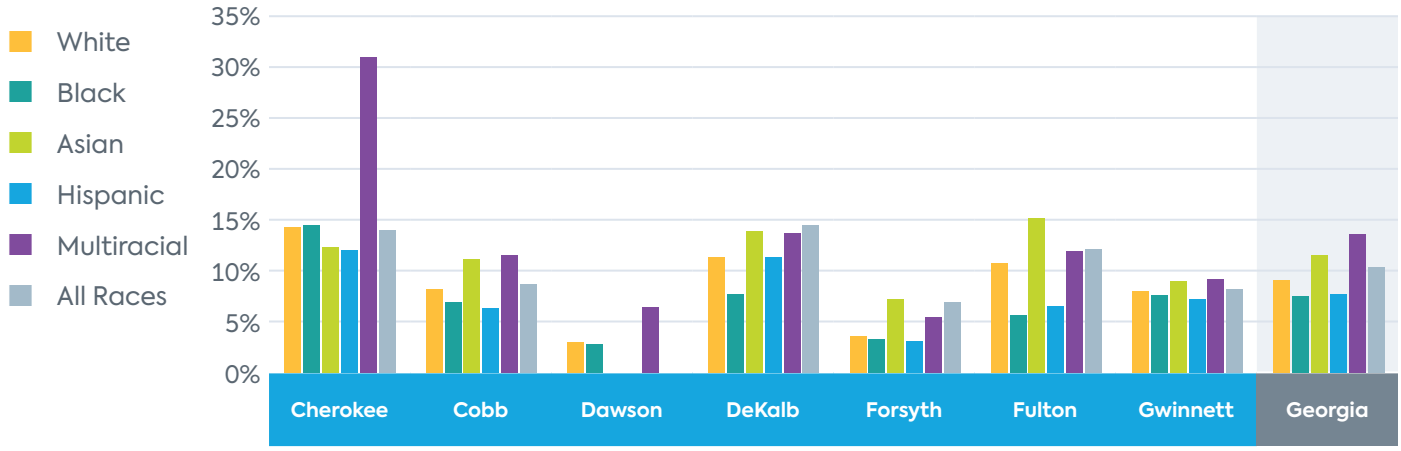
Rates per 1,000 females 10-55 years of age in the population, 2019-2023
** Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births*
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Variations in Population Rates

Figure 19 illustrates the percentage of births with late or no prenatal care by race and ethnicity across the service area. Among all racial and ethnic groups, the highest percentage was among Hispanic mothers in Cherokee County with over 30% of Hispanic mothers receiving late or no prenatal care. Black and multiracial mothers consistently exhibited higher percentages of inadequate prenatal care across most counties compared to White and Asian mothers. For example, Black mothers in Fulton and DeKalb counties, and multiracial mothers in Forsyth and DeKalb, had percentages exceeding 15%.

Asian mothers generally had the lowest percentages across all counties, frequently falling below 5%. The overall trend showed that racial disparities in prenatal care access persisted, with minority groups, especially Hispanic, Black, and multiracial mothers, experiencing higher percentages of late or no prenatal care compared to the general population.

Figure 19 | Percentage of Births with Late or No Prenatal Care by Race/Ethnicity



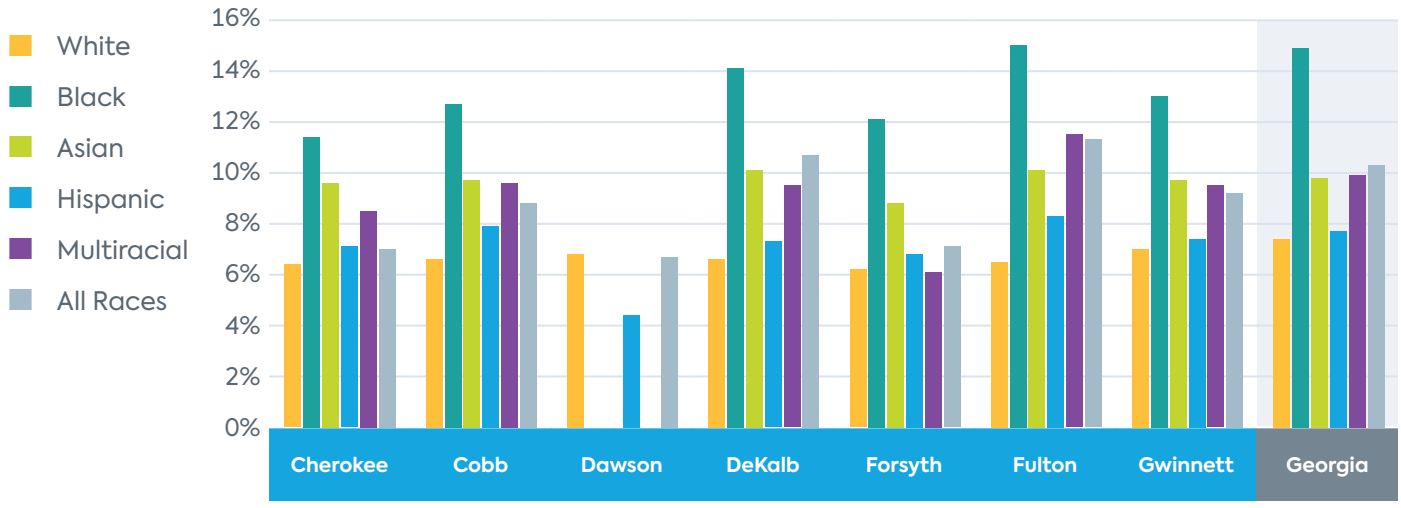
Percentage per 100 live births. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 20 shows the percentage of low birthweight births by race and ethnicity across the service area. Across the counties where data were available, Black mothers consistently had the highest percentages of low birthweight births, exceeding 12% in every county and reaching approximately 15% in Fulton and Georgia overall.

White and Hispanic mothers tended to have lower percentages of low birthweight babies when compared to other racial groups, ranging between 6% to 8%, with little variation between counties. Asian mothers generally had slightly higher rates than White and Hispanic mothers but remained below 10% in most counties. Multiracial mothers also had relatively high rates in several counties, particularly in Fulton and Georgia overall, where the rate approached or exceeded 12%.

Overall, the graph highlighted persistent racial disparities in birth outcomes, with Black infants being more likely to be born with low birthweight compared to infants of other racial and ethnic backgrounds.

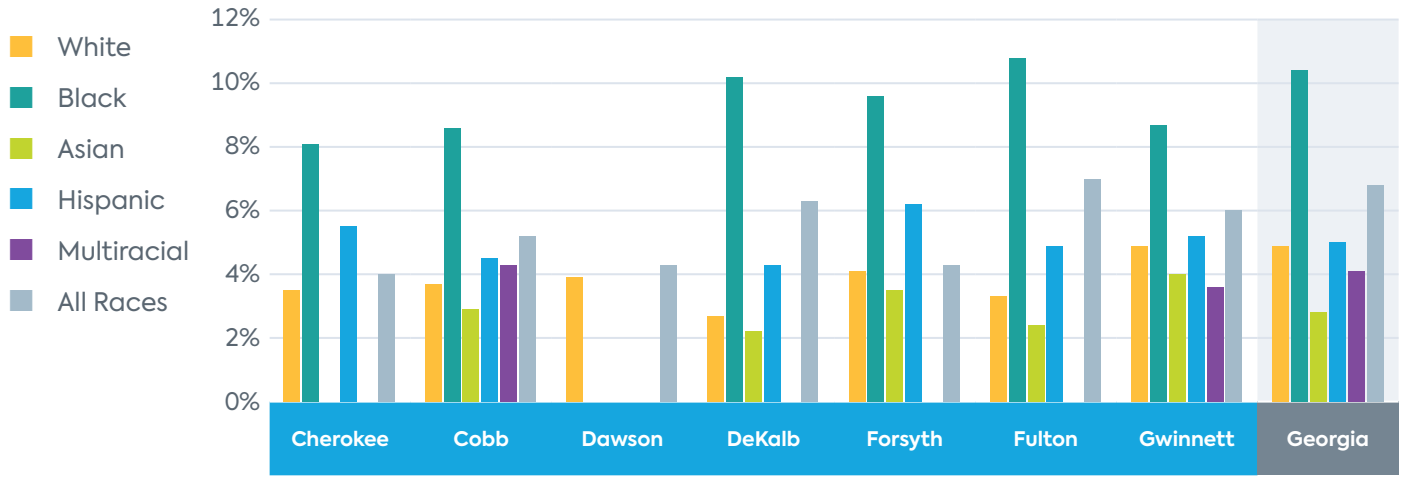
Figure 20 | Percentage of Low Birthweight Births by Race/Ethnicity



Percentage per 100 live births. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 21 presents infant mortality rates by race and ethnicity across the service area. Black infants consistently experienced the highest mortality rates, with outcomes surpassing 8 per 1,000 live births in all counties and exceeding 10 in DeKalb, Fulton, and the state. Asian infants generally had the lowest mortality rates, typically ranging between 2 and 4 per 1,000 live births. The data highlight persistent racial disparities particularly affecting Black infants, who faced the highest risk of infant death compared to other groups.

Figure 21 | Infant Mortality by Race/Ethnicity



Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

APPENDICES

Appendix A: Demographic Data

Table 15 | Demographics for Population, Age, Race, and Ethnicity (2018-2022)

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Total Population (2022)	268,567	765,813	27,355	761,209	253,225	1,061,944	957,977	10,722,325	331,097,593
Age Distribution									
Median Age in Years	39.7	37.2	43.9	36.3	39.2	36.1	35.7	37.2	38.5
Under 18 Years	23.5%	22.9%	19.9%	22.7%	26.4%	21.1%	26.4%	23.4%	22.1%
18-24 Years Old	8.3%	9.3%	8.5%	8.6%	8.1%	10.1%	9.6%	9.8%	9.5%
25-34 Years Old	11.9%	14.5%	11.9%	16.5%	9.3%	17.1%	13.0%	13.8%	13.7%
35-44 Years Old	13.7%	14.2%	11.1%	14.4%	16.2%	14.4%	14.2%	13.3%	12.9%
45-54 Years Old	14.7%	14.0%	14.3%	12.8%	16.4%	13.7%	14.4%	13.1%	12.4%
55-64 Years Old	12.9%	12.3%	14.6%	11.8%	11.4%	11.4%	11.8%	12.3%	12.9%
65+ Years Old	15.0%	13.0%	19.7%	13.1%	12.3%	12.2%	10.6%	14.4%	16.5%
Racial/Ethnic Distribution									
White	80.8%	52.8%	91.2%	31.9%	69.6%	41.0%	39.4%	54.3%	65.9%
Black	7.1%	27.5%	1.3%	52.8%	4.1%	43.4%	28.5%	31.5%	12.5%
Asian	2.0%	5.6%	0.8%	6.2%	16.6%	7.6%	12.8%	4.3%	5.8%
Native American and Alaska Native	0.7%	0.4%	0.1%	0.7%	0.3%	0.2%	0.5%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.2%
Multiple Races	6.2%	7.6%	5.4%	5.8%	6.9%	5.0%	9.3%	6.0%	8.8%
Some Other Race	3.2%	6.1%	1.2%	2.5%	2.4%	2.7%	9.5%	3.5%	6.1%
Hispanic/Latino	11.2%	13.5%	5.8%	8.5%	9.6%	7.3%	21.8%	10.1%	18.7%
Population with Limited English Proficiency	5.3%	7.2%	1.8%	8.0%	5.9%	4.8%	15.9%	5.5%	8.2%
Income Distribution									
Median Household Income	$100,824	$94,244	$84,516	$76,044	$131,660	$86,267	$82,296	$71,355	$75,149
Less than $25,000	9.2%	9.3%	10.3%	14.6%	5.8%	15.5%	10.8%	16.6%	15.7%
$25,000 - $49,999	13.2%	14.5%	17.1%	19.2%	9.2%	14.9%	17.4%	19.0%	18.1%
$50,000 - $99,999	27.1%	28.7%	30.3%	27.9%	20.4%	26.3%	30.9%	29.7%	28.9%
$100,000 - $199,999	35.9%	30.9%	30.1%	24.7%	37.9%	24.8%	29.7%	24.7%	25.9%
$200,000 or more	14.7%	16.6%	12.2%	13.7%	26.7%	18.6%	11.2%	10.0%	11.4%

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Appendix B: Social Determinants of Health (SDOHs)

Education

Table 16 | Select Education Indicators

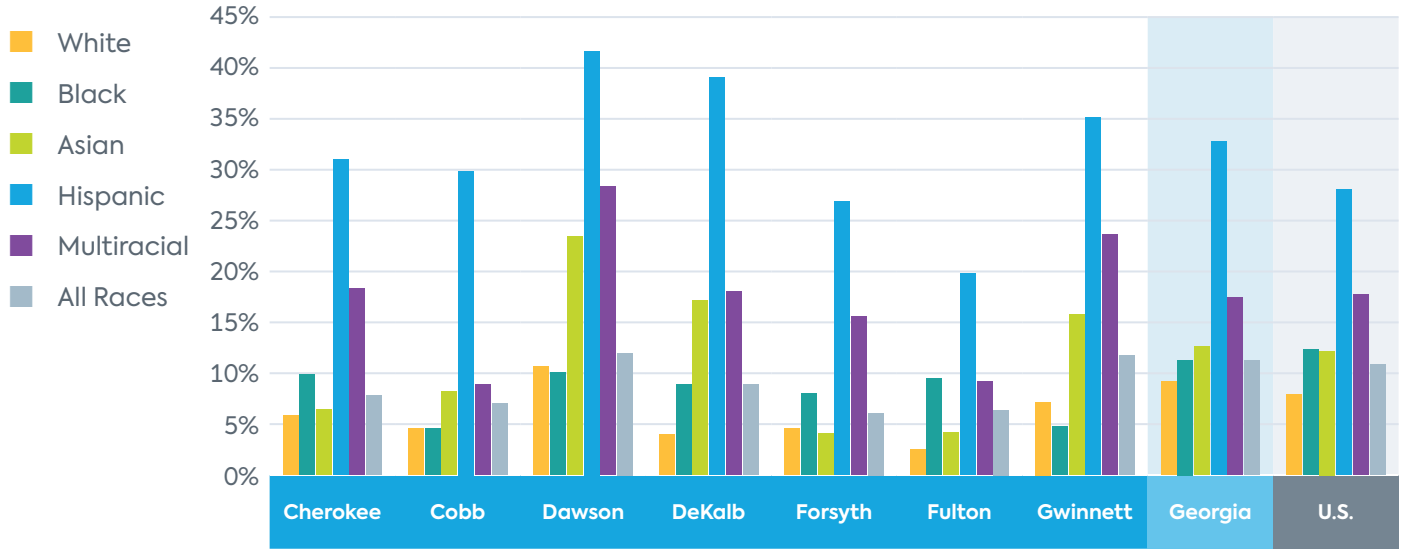
	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Adults without HS Diploma (Age 25+)[1]	7.8%	7.0%	12.0%	8.9%	6.1%	6.4%	11.8%	11.3%	10.9%
High School Graduate Rate (2020-2021)[2]	91.0%	87.0%	97.6%	75.2%	96.0%	86.8%	82.0%	86.9%	81.1%
Associates degree or higher[1]	47.5%	57.1%	43.0%	54.3%	63.0%	63.2%	48.4%	41.9%	43.1%
Bachelor's degree or higher[1]	39.5%	49.7%	35.5%	46.7%	56.2%	57.1%	38.9%	33.6%	34.3%
Preschool Enrollment (ages 3-4)[1]	50.3%	53.7%	37.5%	56.0%	55.6%	60.0%	43.9%	47.7%	45.6%

Sources:

1 U.S. Census Bureau, American Community Survey. 2018-2022

2 U.S. Department of Education, EDFacts. Additional data analysis by CARES. 2020-2021.

Figure 22 | Population Over Age 25 Without a High School Diploma by Race/Ethnicity



Source: U.S. Census Bureau, American Community Survey. 2018-2022

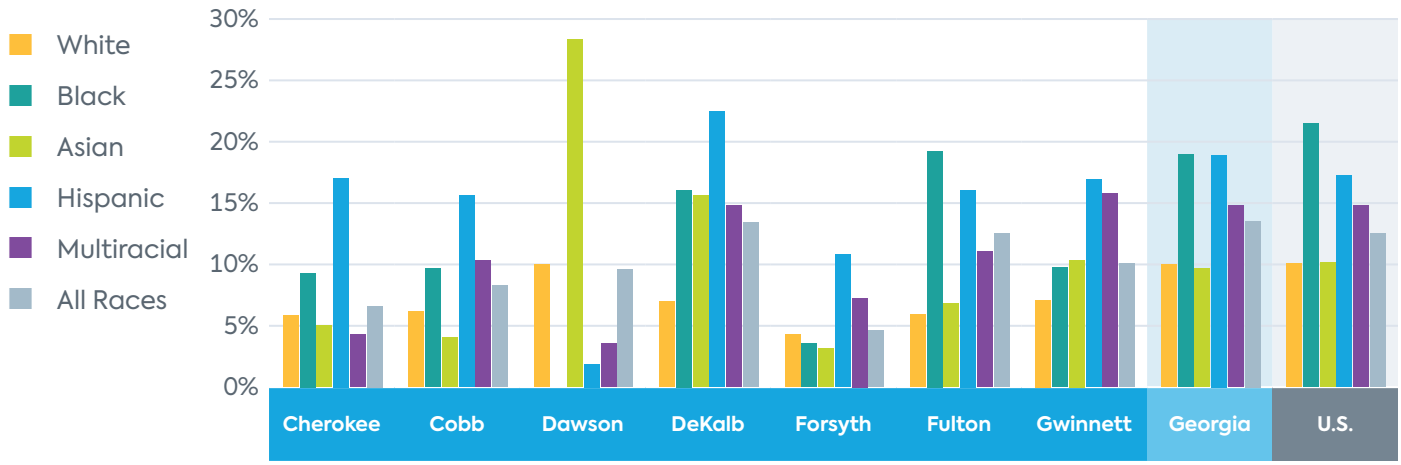
Socioeconomic Status/Income

Table 17 | Population Below 100% of the Federal Poverty Level by Family Status

		Total households	All people	All families	Married couple families	Single female head of household families
Cherokee	2014-2018	85,825	6.0%	3.8%	20.3%	8.1%
	2018-2022	97,023	6.6%	5.3%	3.1%	14.9%
Cobb	2014-2018	277,222	6.9%	3.6%	18.1%	10.0%
	2018-2022	291,171	8.3%	5.4%	2.9%	13.4%
Dawson	2014-2018	8,711	6.8%	5.7%	14.7%	8.7%
	2018-2022	10,343	9.6%	7.4%	3.6%	29.3%
DeKalb	2014-2018	277,757	12.3%	6.2%	24.7%	16.6%
	2018-2022	284,730	13.4%	9.4%	4.5%	20.0%
Forsyth	2014-2018	73,675	4.4%	3.1%	14.9%	5.9%
	2018-2022	84,662	4.6%	3.2%	2.0%	13.4%
Fulton	2014-2018	400,016	11.2%	4.2%	27.7%	15.1%
	2018-2022	450,856	12.5%	8.7%	3.3%	21.7%
Gwinnett	2014-2018	288,724	9.0%	5.9%	21.4%	11.4%
	2018-2022	317,971	10.1%	8.2%	5.4%	18.4%
Georgia	2014-2018	3,709,488	16.0%	12.1%	5.8%	30.6%
	2018-2022	3,946,490	13.5%	10.0%	4.8%	25.2%
U.S.	2014-2018	119,730,128	14.1%	10.1%	5.0%	27.8%
	2018-2022	125,736,353	12.5%	8.8%	4.5%	24.1%

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Figure 23 | Population Below 100% Federal Poverty Level by Race/Ethnicity



Source: U.S. Census Bureau, American Community Survey. 2018-2022. Rates based on 1-4 events are not shown (no bar).

Unemployment and Insurance

Table 18 | Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022)

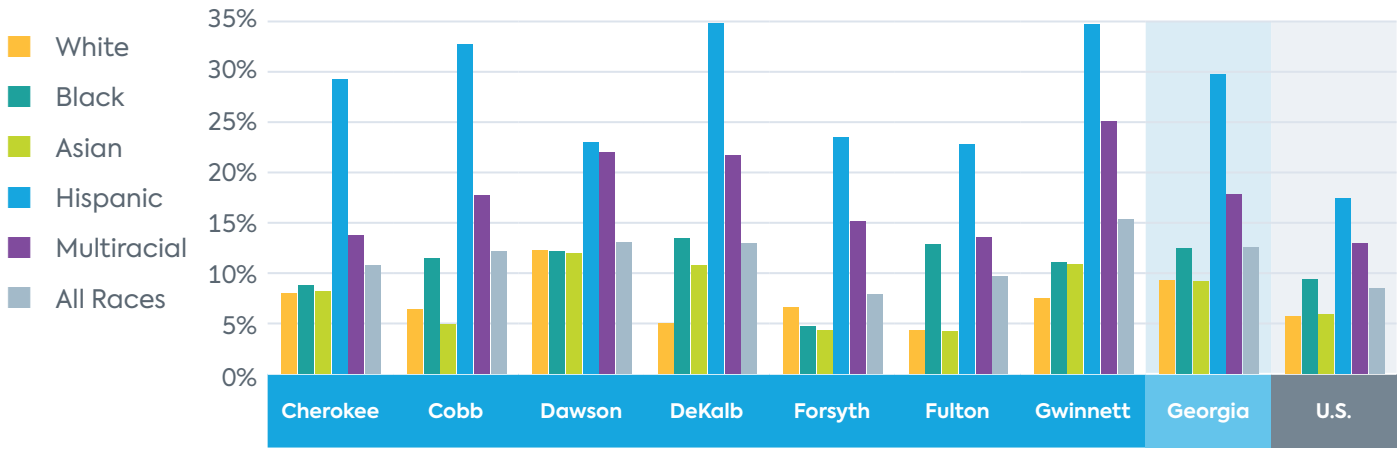
	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Unemployment Rate (2024)[1]	2.8%	3.0%	2.9%	3.6%	2.9%	3.8%	3.2%	3.5%	3.9%
Uninsured Population (2018-2022)[2]	10.81%	12.17%	13.08%	13.02%	7.91%	9.68%	15.40%	12.60%	8.55%

Sources:

1 U.S. Department of Labor, Bureau of Labor Statistics. August 2024

2 U.S. Census Bureau, American Community Survey. 2018-2022

Figure 24 | Uninsured Population by Race/Ethnicity



Source: U.S. Census Bureau, American Community Survey. 2018-2022

Housing

Table 19 | Selected Indicators of Affordable Housing

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Units Affordable at 15% AMI	2.1%	1.6%	3.8%	1.8%	1.7%	2.9%	1.7%	3.7%	3.6%
Units Affordable at 30% AMI	4.2%	3.0%	7.6%	4.1%	4.9%	6.3%	2.5%	9.1%	8.4%
Units Affordable at 40% AMI	8.1%	7.0%	12.6%	6.9%	8.3%	10.5%	4.6%	14.7%	13.6%
Units Affordable at 50% AMI	13.7%	14.3%	17.9%	12.3%	14.1%	16.8%	8.3%	22.2%	20.7%
Units Affordable at 60% AMI	22.0%	23.4%	23.8%	20.7%	23.4%	24.9%	14.5%	30.3%	28.6%
Units Affordable at 80% AMI	46.4%	45.6%	39.2%	40.5%	44.8%	42.8%	34.7%	46.5%	44.2%
Units Affordable at AMI	58.3%	62.4%	52.9%	57.8%	60.7%	64.5%	59.5%	60.2%	59.5%
Units Affordable at 125% AMI	73.1%	73.4%	63.1%	71.5%	99.1%	70.1%	70.5%	72.3%	69.6%
Median Gross Rent	$1,580	$1,535	$1,360	$1,464	$1,779	$1,529	$1,594	$1,221	$1,268
Households paying more than 30% of income for monthly mortgage	20.9%	21.3%	21.6%	25.9%	18.6%	24.4%	27.8%	25.0%	27.3%
Households paying more than 30% of income for monthly rent	53.4%	48.6%	54.3%	55.2%	44.0%	48.9%	56.9%	50.4%	49.9%
Households with One or More Severe Problems (2017-2021)*	11.3%	11.8%	10.9%	13.7%	8.8%	12.5%	15.5%	12.8%	13.1%

Sources: U.S. Census Bureau, American Community Survey. 2018-2022.

** U.S. Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.*

AMI: Area median household income

Transportation

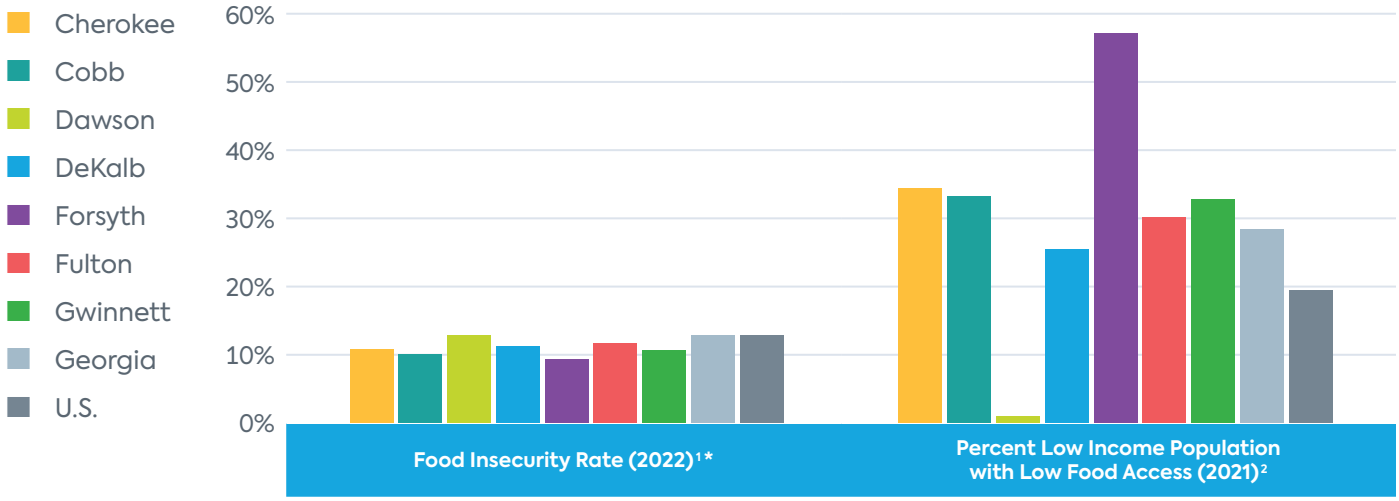
Table 20 | Selected Transportation Indicators

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Households with No Motor Vehicle	2.2%	3.5%	2.4%	7.7%	1.8%	10.7%	3.3%	6.0%	8.3%
Commuting Mode - Public Transportation	0.2%	0.6%	0.0%	5.0%	0.5%	5.2%	0.7%	1.5%	3.8%

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Food Security

Figure 25 | Indicators of Food Insecurity



** This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year*

Sources:

1 Feeding America, 2022. Retrieved from map.feedingamerica.org

2 U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.A75:F88

Appendix C: Wellstar CHNA Strategic Partners

Through internal and external strategic partnerships, Wellstar is better positioned to implement multi-disciplinary approaches to address factors that drive deeply entrenched health inequities. The list below includes potential partners working within and across the 5 health priorities (Access, Behavioral Health, Food Access and Healthy Living, Healthy Aging, and Maternal and Child Health). The purpose of the list is to provide Wellstar with a suggested starting place for collaborating with service-area specific groups, organizations and agencies to improve health outcomes across the 2025 CHNA health priorities over the next 3 years.

For a more comprehensive list of community resources, please refer to Wellstar's Find Help at wellstar.findhelp.com

The potential partners are:

- Organized by Wellstar's strategic partner categories (healthcare systems, public health agencies, public health leaders and advocates, community and faith-based organizations, philanthropic community, academia, and payor/for-profit organizations), and,
- Labeled with icons indicating which health priority/ies they address.

Table 21 | Wellstar CHNA Strategic Partners

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Healthcare Systems						
Atlanta Psychiatry & Neurology, PC	atlantabehavioralcare.com		■			
Georgia Supplemental Nutrition Program for Women, Infants & Children (WIC)	dph.georgia.gov/WIC					■
Highland Rivers Behavioral Health	highlandrivers.org		■			
The Joint Commission	jointcommission.org/what-we-offer/accreditation/health-care-settings/behavioral-health-care/behavioral-health-care-and-human-service-provider-locator/238465/630953	■				
Peachtree Immediate Care – Mableton (Kaiser Permanente)	healthy.kaiserpermanente.org/georgia/facilities/Peachtree-Immediate-Care-Mableton-338545				■	
PRC Medical	prcmedicalwomensclinic.com					■
Pregnancy Services Cobb & Douglas Public Health	cobbanddouglaspublichealth.com/services/pregnancy-services					■
Ridgeview Institute Psychiatric Hospital	ridgeviewinstitute.com		■			

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Public Health Agencies						
Cherokee County DBHDD	cherokeecountyga.gov/_focus/Meetings/board-details.php?board=26		■		■	
Cherokee County Senior Services	cherokeecountyga.gov/senior-services				■	
Cobb & Douglas Public Health	cobbanddouglaspublichealth.com	■	■	■	■	■
Douglas County Senior Services	douglascountyga.gov/304/senior-services				■	
Dawson County Family and Child Services	dawsoncountyga.gov/322/family-children-services					■
Dawson County Mental Health	dawsoncountyga.gov/390/mental-health		■			
Dawson County Senior Services	dawsoncountyga.gov/402/senior-services				■	
DeKalb County Mental Health and Wellness	dekalbcountyga.gov/youth-services/mental-health-and-wellness		■			
DeKalb County Senior Services	dekalbcountyga.gov/human-development/senior-services-1				■	
Forsyth County Senior Services	forsythco.com/senior-services				■	
Forsyth County Women's Health	forsythhd.com/pages/Clinical/womenshealth.html					■
Fulton County Board of Health	fultoncountyga.gov/publichealth	■	■	■	■	■
Fulton County Department of Behavioral Health and Developmental Disabilities (DBHDD)	dbhdd.georgia.gov/contacts/fulton-county-department-behavioral-health-and-developmental-disabilities		■			
Fulton County Senior Services	fultoncountyga.gov/inside-fulton-county/fulton-county-departments/senior-services				■	
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap			■		
Gwinnett County Behavioral Health Unit	gwinnettcounty.com/departments/police/organization/operationsbureau/uniform/behavioralhealthunit		■			
Gwinnett County Senior Services	gwinnettcounty.com/departments/communityservices/healthhumanservices/seniorservices				■	
Gwinnett, Newton, and Rockdale County Health Departments	gwinnettcounty.com/aboutgwinnett/healthcareandhousing/healthdepartment	■	■	■	■	■
New Focus Addiction and Behavioral Health	newfocusabh.com		■			
North Georgia Health District	nghd.org/nghd-locations-listing/item/woodstock-clinic	■	■	■	■	■
Public Health District 2 (North Health District)	phdistrict2.org/dawson-county-health-department/	■	■	■	■	■

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Public Health Leaders and Advocates						
AARP Georgia	states.aarp.org/georgia				■	
Cobb 2020: A Partnership for a Healthier Cobb County	cobbanddouglaspublichealth.com/programs/community-health/cobb2020			■		
Georgia Advocacy Office	thegao.org		■			
Georgia Mental Health Consumer Network	gmhcn.org		■			
Georgia Public Health Association	gapha.org	■				
Georgia Watch Healthcare Access and Consumer Advocacy	georgiawatch.org/protect-yourself/healthcare	■				
Georgia Watch Senior Health Resources	georgiawatch.org/senior-health				■	
Healthy Mothers, Healthy Babies Coalition of Georgia	hmhbga.org					■
Strong4Life	nutrition.fultonschools.org/Strong4Life			■		
Voices for Georgia's Children	georgiavoices.org					■
Community and Faith-Based Organizations						
Atlanta Community Food Bank	acfb.org			■		
Avita Community Partners	avitapartners.org		■			
Black Mamas Matter Alliance	blackmamasmatter.org					■
Clatarel	claratel.org					
Cobb Collaborative	cobbcollaborative.org		■			
Georgians for a Healthy Future	healthyfuturega.org	■				
Healthy Communities Initiative	dph.georgia.gov/chronic-disease-prevention/healthy-communities-initiative			■		
HOPE for Georgia Moms	hopeforgeorgiamoms.org					■
Jehovah's Behavioral Care	jehovahsbehavioralcare.com		■			
Northwest Georgia Area Agency on Aging	nwgrc.org/services/area-agency-on-aging				■	
The Pantry	thepantrydc.com			■		
Ser Familia	serfamilia.org	■	■	■	■	■
The Spot	gmhcn.org/starting-place-of-transformation		■			

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Philanthropic Community						
American Heart Association	heart.org/en/affiliates/georgia	■	■	■	■	■
Cobb Community Foundation	cobbfoundation.org		■			■
Dreams Come True International Foundation	dreamscometrueinternational.org		■			
Georgia Health Foundation	gahealthfdn.org	■				
Georgia Health Initiative	georgiahealthinitiative.org	■				
Life Foundation	lfstudenthelp.org		■			
The Pearl Foundation	thepearlfoundationga.org	■	■	■	■	■
Academia						
Chattahoochee Tech Health Sciences *(Austell, Marietta, Mountain View, N. Metro, Paulding, Woodstock)*	chattahoocheetech.edu	■	■	■	■	■
Georgia State University Gerontology Master's Program	gsu.edu/program/gerontology-ma				■	
Kennesaw State University Wellstar School of Nursing	kennesaw.edu	■	■	■	■	■
Lincoln Tech Health Sciences	lincolntech.edu	■	■	■	■	■
University of Georgia Institute of Gerontology	publichealth.uga.edu/research/research-institutes/institute-of-gerontology				■	
West Georgia Tech College Nursing & Health Sciences	westgatech.edu	■	■	■	■	■
Payor/For-Profit Organizations						
Cherokee Center for Change	cherokeecenterforchange.com		■			
Church Street Farmers Market	douglasvillega.gov/Departments/Public-Services/Keep-Douglasville-Beautiful/2025-Church-St-Farmers-Market			■		
Devereux Advanced Behavioral Health	devereux.org		■			
The Family Health Centers of Georgia	fhcga.org	■				■
Inner Harbor/Youth Villages Residential Treatment	youthvillages.org/services/residential-services/inner-harbour-campus		■			
MARTA (MARTA Mobility)	itsmarta.com/marta-mobility-guide.aspx	■				

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