2025
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR PAULDING MEDICAL CENTER

Wellstar

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Wellstar Paulding Medical Center

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

Wellstar Paulding Medical Center, 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 Medical Center 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 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 Paulding 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 Paulding 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 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 Paulding Medical Center Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	In 2024, about 20% of residents in Douglas County lived in a health professional shortage area for dental care.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	In 2022, the rate of drug overdoses peaked in Paulding County; this was the highest rate among all counties in the service area (2013–2023). Between 2019 and 2023, behavioral health emergency room visit rates for all other mental and behavioral disorders in Paulding and Douglas exceeded the state average.	Prioritize facilitating access to behavioral health care in Paulding County (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	Food insecurity rates in Douglas County (12.3%) are higher compared to Cobb (11.5%) and Paulding (10.6%) counties. The same trend is found in free and reduced school lunch (FRL) rates with Douglas at 70.8% and Cobb and Paulding at 52.5% and 51.2% respectively. Marietta City Schools, within Cobb County, has an FRL of 63.6%.	Community members suggested nutrition education for young parents and community members would be beneficial. Implementation of evidence-based initiatives (e.g., Diabetes Prevention Program, physical activity, and produce prescriptions) and post-cardiovascular event follow-up or programming may impact chronic disease hospital discharge and mortality rates and improve chronic disease management.
Healthy Aging	Some of our participants shared the impact that caring for older adults has had on their own lives and health. One participant shared that because care was so expensive, she had to make the decision to leave her job to care for an aging parent. The participant shared how tiring and isolating caregiving can be.	Consider caregivers an at-risk group and assess their unique needs during routine care.
Maternal and Child Health	Focus Group Discussion (FGD) participants discussed the long-term health implications associated with gestational diabetes and the relationship between maternal health and chronic health.	Wellstar's Women's Health and Cardiovascular Service Lines are already working together to combat pre-eclampsia among mothers. There may be a similar opportunity for the Women's Health Service Line to partner with diabetes experts within the health system on gestational diabetes prevention and care.

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DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Service Area

The Paulding Medical Center service area includes Cobb, Douglas, and Paulding 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 25 zip codes across the three counties *(Table 2)*.

Figure 1 | Primary Service Area of Wellstar Paulding Medical Center

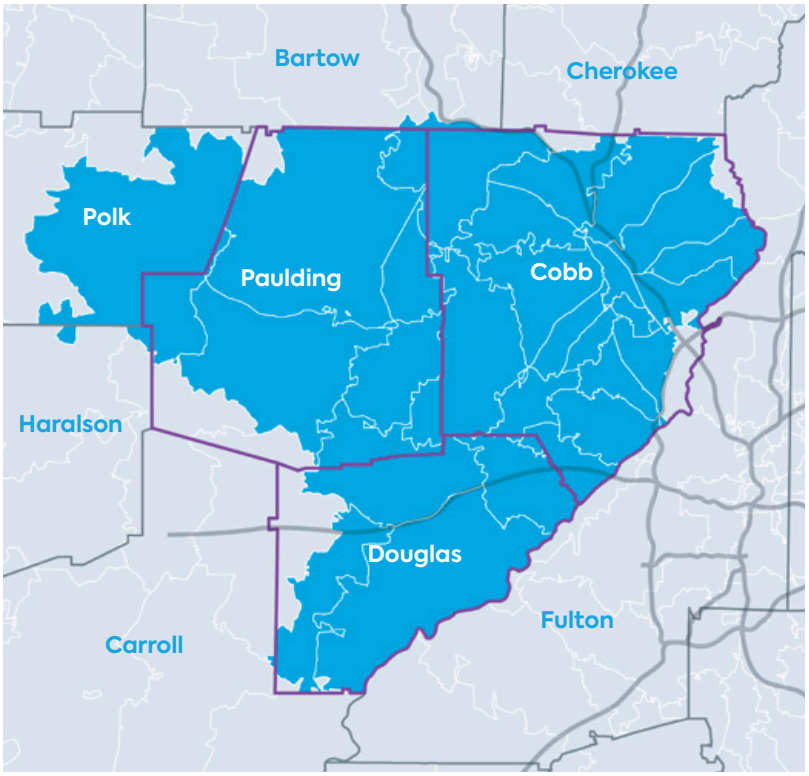

Table 2 | Wellstar Paulding Medical Center Service Area

County	Zip Codes
Cobb	30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080, 30082, 30101, 30106, 30126, 30127, 30144, 30152, 30168
Douglas	30122, 30134, 30135, 30187
Paulding	30132, 30141, 30153, 30157

Source: Georgia Department of Community Health

Demographic Data

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

Population and Age

Cobb County had the largest population in the service area with 771,952 residents, while Paulding County had the smallest with 178,421 residents *(see Appendix A)*. Douglas and Paulding counties had a younger population compared to state averages, with lower median ages (36.7 and 36.6 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age *(Figure 2)*.

Figure 2

Age Distribution

	COBB	DOUGLAS	PAULDING	GEORGIA	U.S.
< 18 Years Old	22.9%	25.5%	25.7%	23.4%	22.1%
18-24 Years Old	9.3%	9.6%	8.6%	9.8%	9.4%
25-34 Years Old	14.4%	12.7%	13.5%	13.7%	13.7%
35-44 Years Old	14.2%	13.5%	14.2%	13.2%	12.9%
45-54 Years Old	13.9%	14.6%	14.9%	13.0%	12.4%
55-64 Years Old	12.3%	12.3%	11.8%	12.3%	12.9%
65+ Years Old	13.0%	11.9%	11.2%	14.4%	16.5%

Percent of total population by age group.

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

Race and Ethnicity

Paulding County was less diverse than the state, with higher proportions of White residents (68.9%), and lower proportions of Black (21.0%) or Asian (1.1%) residents compared to state rates *(see Figure 3 and Appendix A)*. In contrast, Cobb and Douglas counties are more diverse than the state, with Douglas County having the highest percentage of Black residents (48.9%), and Cobb County having the highest percentage of Hispanic residents (13.5%) and the highest percentage of residents with limited English proficiency (7.2%), exceeding the state average of 5.5%.

Figure 3

Racial/Ethnic Distribution

	COBB	DOUGLAS	PAULDING	GEORGIA	U.S.
Non-Hispanic White	52.8%	39.4%	68.9%	54.3%	65.9%
Black	27.5%	48.9%	21.0%	31.5%	12.5%
Asian	5.6%	1.9%	1.1%	4.3%	5.8%
Hispanic/Latino	13.5%	10.7%	7.6%	10.1%	18.7%
Multiple Races	7.6%	6.2%	6.7%	6.0%	8.8%
Some Other Race	6.5%	3.6%	2.4%	3.5%	6.0%

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
Cobb	0.3993	Low – Medium
Douglas	0.4873	Low – Medium
Paulding	0.0253	Low

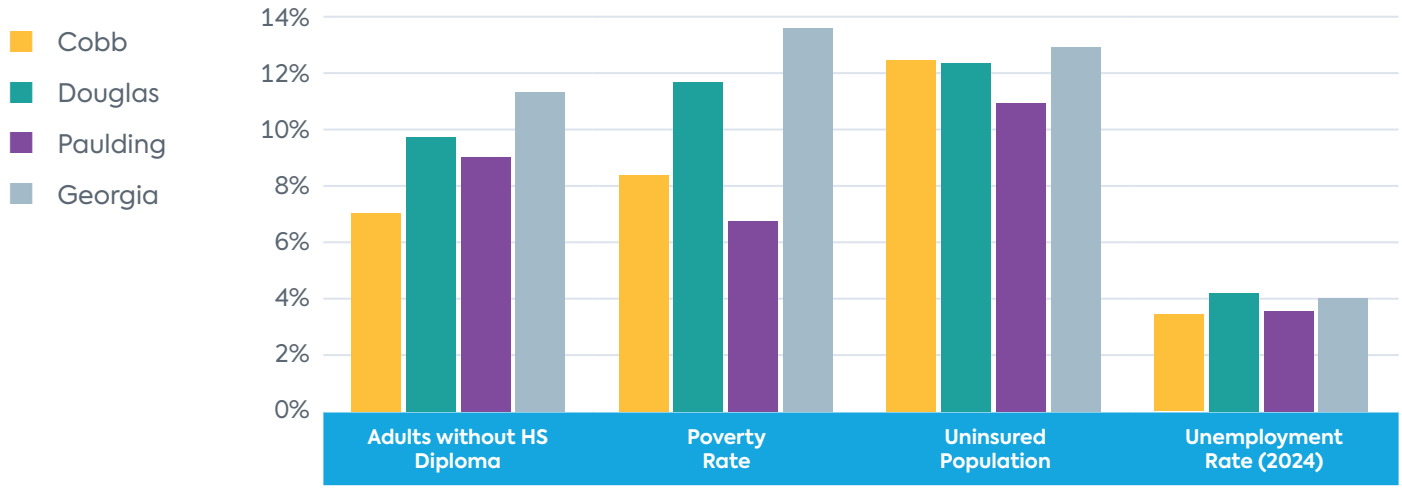
Source: CDC. (2022). Sustainability Vulnerability Index Interactive Map.

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

Social and Community Context

Compared to Georgia, the Wellstar Paulding Medical Center service area had a lower percentage of adults 25 or older without high school diplomas *(Figures 4 and 5)*. Douglas County had the highest poverty (11.6%) and unemployment rates (4.1%), but Cobb and Douglas counties had similarly high percentages of uninsured residents in the service area (12.4% in Cobb and 12.3% in Douglas) *(Figures 4 and 6)*. However, poverty and uninsured rates across all counties were lower than the state averages (13.5% and 12.9% respectively).

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

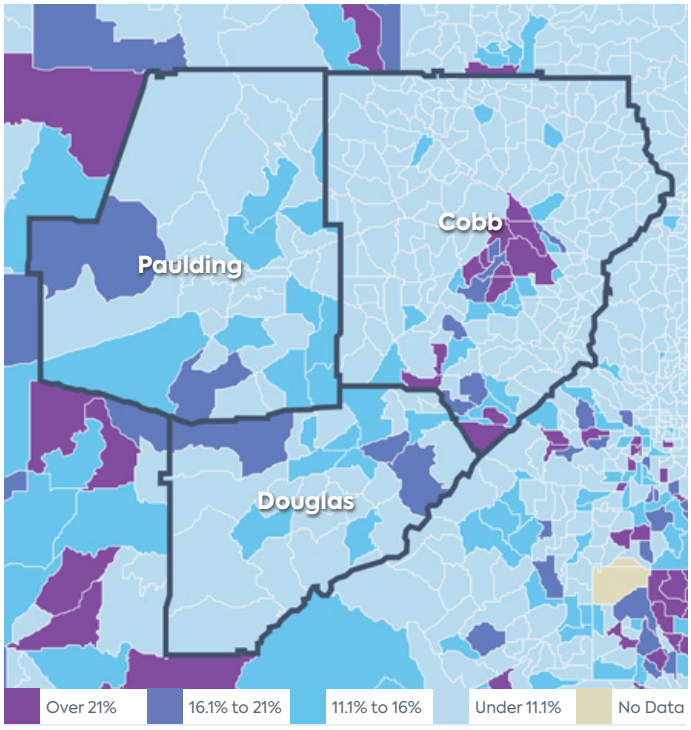


Adults without a High School Diploma includes population aged 25+
Poverty Rate – Percent of all people below 100% of the Federal Poverty Level

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 by county 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 SDOHs compared to the rest of the service area *(Figures 5, 6, and 7)*.

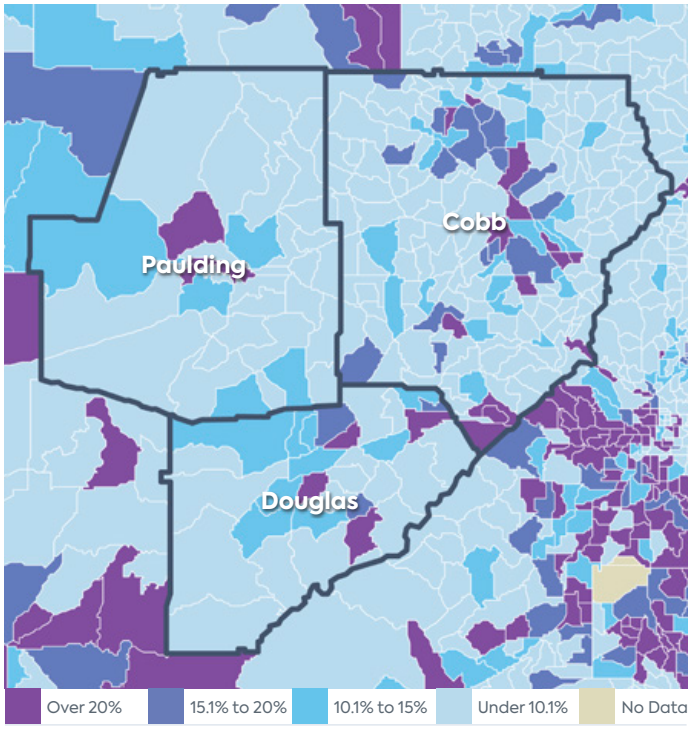
Figure 5 | Population with No High School Diploma (2018-2022)



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

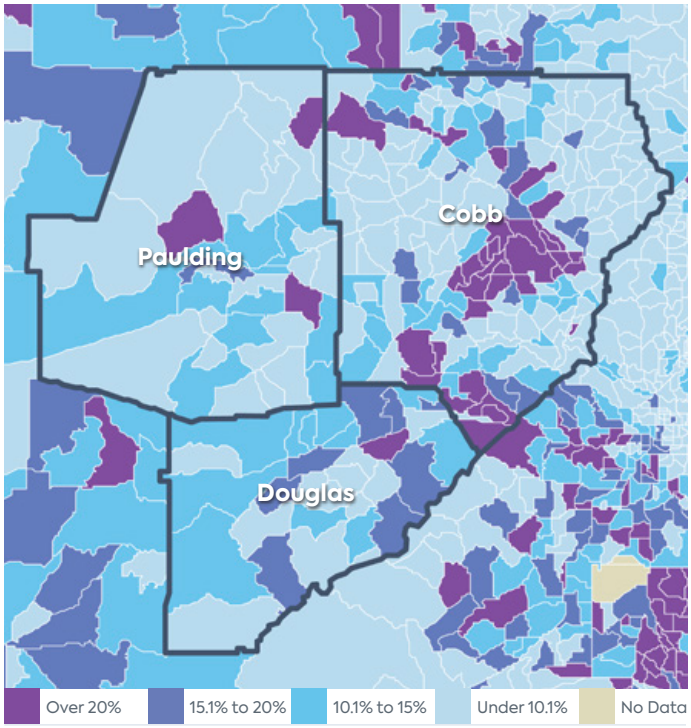
Figure 6 | Population Below 100% Federal Poverty Level (2018-2022)



Percent by tract, ACS 2018-2022

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

Figure 7 | Uninsured Population (2019-2023)



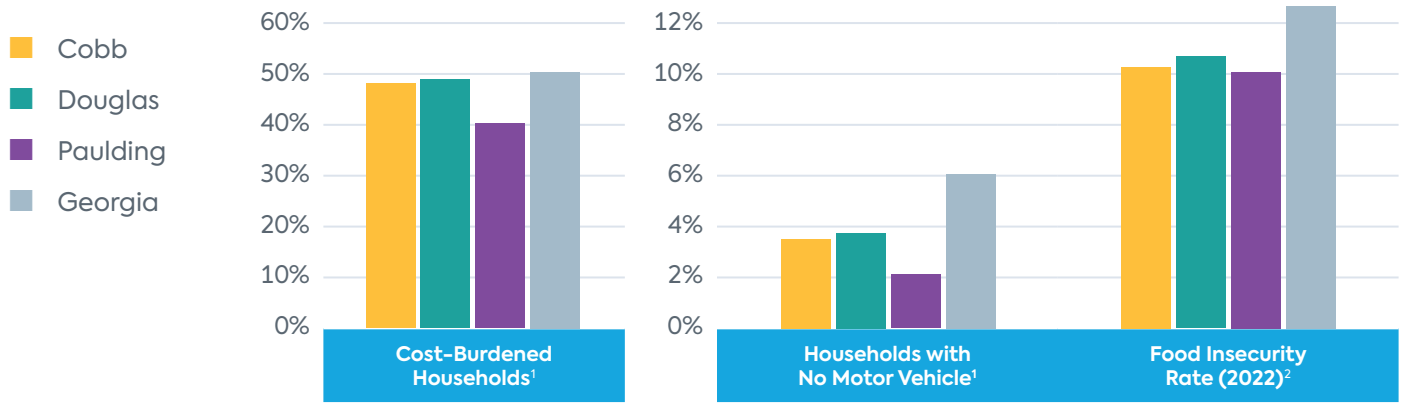
Percent by tract, ACS 2019-2023

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, almost 50% of renters and 20-24% 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:

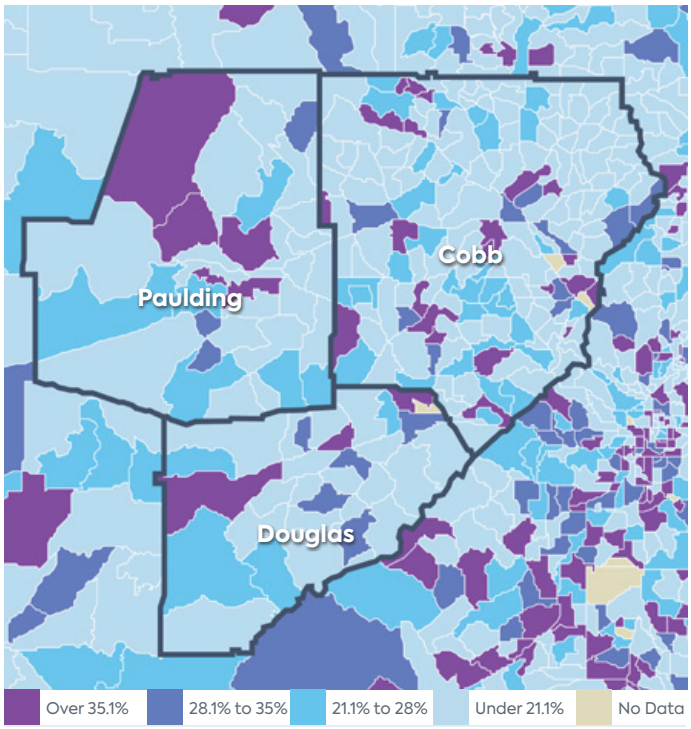
1 U.S. Census Bureau, American Community Survey. 2019-2023
2 Feeding America, 2022, retrieved from map.feedingamerica.org

Overall, the service area for Wellstar Paulding Medical Center had fewer households with no motor vehicle compared to 6% of households in the state *(Figure 8)*. However, transportation may be an issue for some residents across the service area, as all three counties have census tracts where over 8% of 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 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.

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.

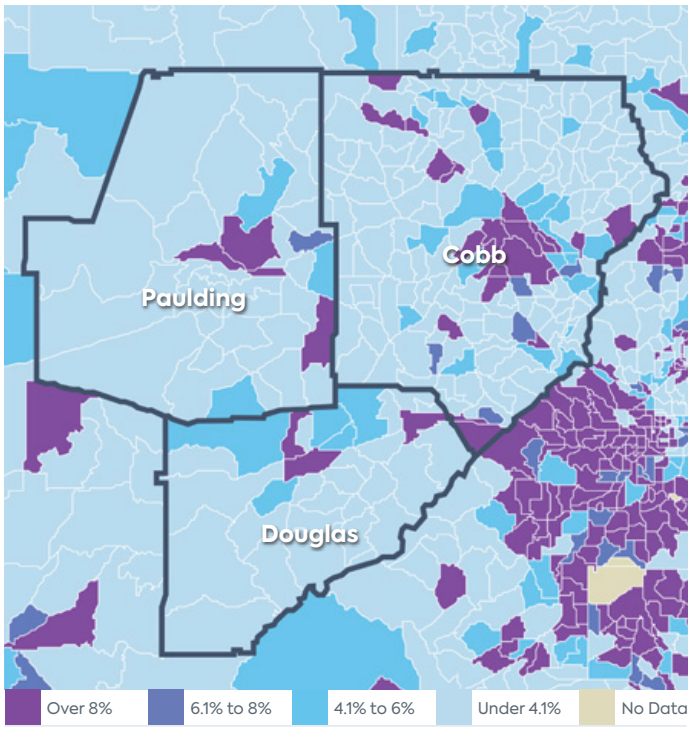
Figure 9 | Cost-Burdened Households (2019-2023)



Housing costs exceed 30% of household income, percent by tract, ACS 2019-2023

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

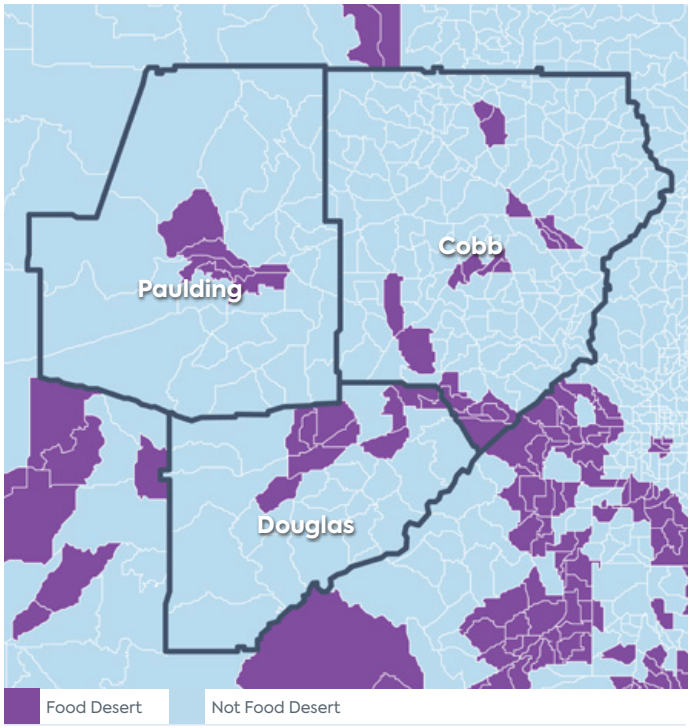
Figure 10 | Households with No Vehicle (2019-2023)



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

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 except for Douglas County *(Table 4)*. Across the service area, the mortality rate from Cerebrovascular Disease was higher than the state rate and was of particular concern in Douglas County where it was the number one cause of death. COVID-19 was either a second or third top cause of death for all counties in the service area. 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)

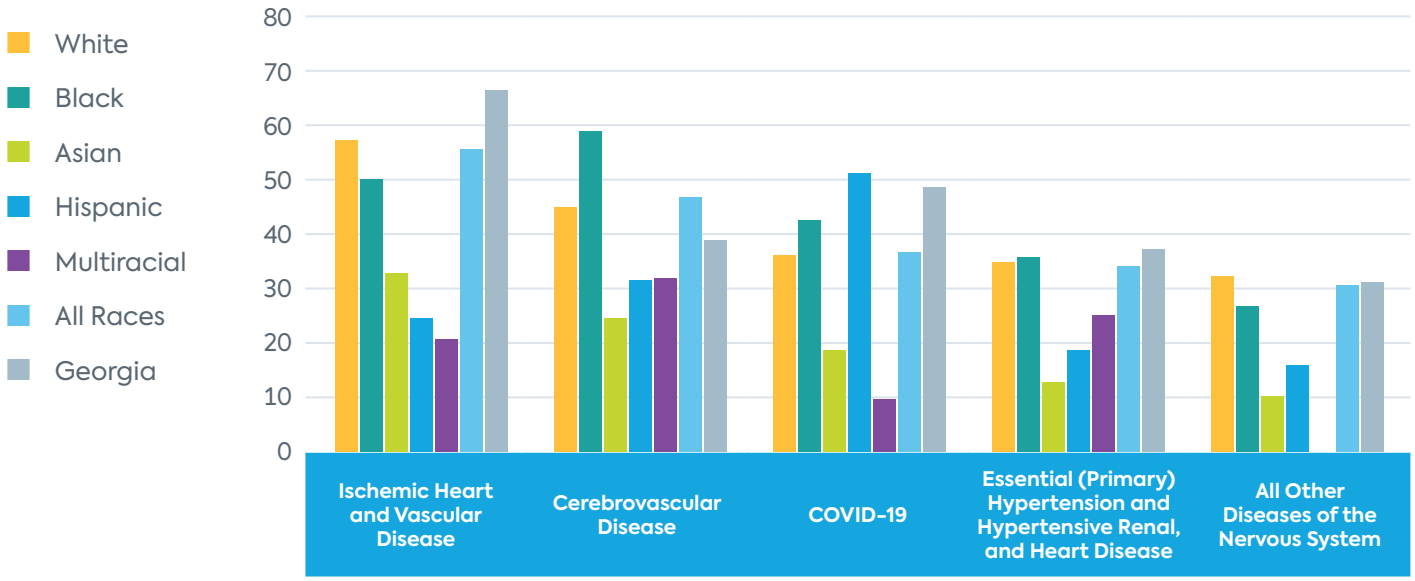
Rank	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 59.4	Cerebrovascular Disease 65.3	Ischemic Heart and Vascular Disease 79.0	Ischemic Heart and Vascular Disease 62.8	Ischemic Heart and Vascular Disease 75.0
#2	Cerebrovascular Disease 48.9	COVID-19 53.0	Cerebrovascular Disease 62.8	Cerebrovascular Disease 52.9	COVID-19 54.9
#3	COVID-19 37.0	Ischemic Heart and Vascular Disease 56.7	COVID-19 53.3	COVID-19 41.4	Cerebrovascular Disease 43.9
#4	All Other Diseases of the Nervous System 35.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 40.8	Alzheimer's Disease 51.3	Alzheimer's Disease 38.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 42.0
#5	Alzheimer's Disease 34.9	Alzheimer's Disease 47.2	Malignant Neoplasms of the Trachea, Bronchus, and Lung 36.2	All Other Diseases of the Nervous System 34.6	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 Cerebrovascular Disease and Essential (Primary) Hypertension and Hypertensive Renal, and heart disease than 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 the state.

Figure 12 | Top Causes of Mortality by Race/Ethnicity (2019-2023)



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. Intentional self-harm
3. Motor vehicle crashes
4. Ischemic Heart and Vascular Disease
5. COVID-19

Accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) was the top cause of premature death across the service area, YPLL rates associated with accidental exposure in the service area were higher than the state rate *(Table 5)*. Rates of accidental exposure were highest in Paulding County (845.1 YPLL) compared to the other counties.

Motor vehicle crashes were the second leading cause of premature death in Douglas and Paulding counties, but ranked fourth in Cobb County. The service area overall had lower rates of YPLL from intentional self-harm, motor vehicle crashes, Ischemic Heart and Vascular Disease, and COVID-19 compared to the state, despite being four of the top five leading causes of YPLL. However, specific counties were affected by these causes more severely, with Paulding County having higher rates of YPLL from motor vehicle crashes and intentional self-harm than the rest of the service area and the state. The fifth leading cause of YPLL in Cobb County (certain conditions originating in the perinatal period) and in Douglas County (Assault) were unique to those counties in the service area.

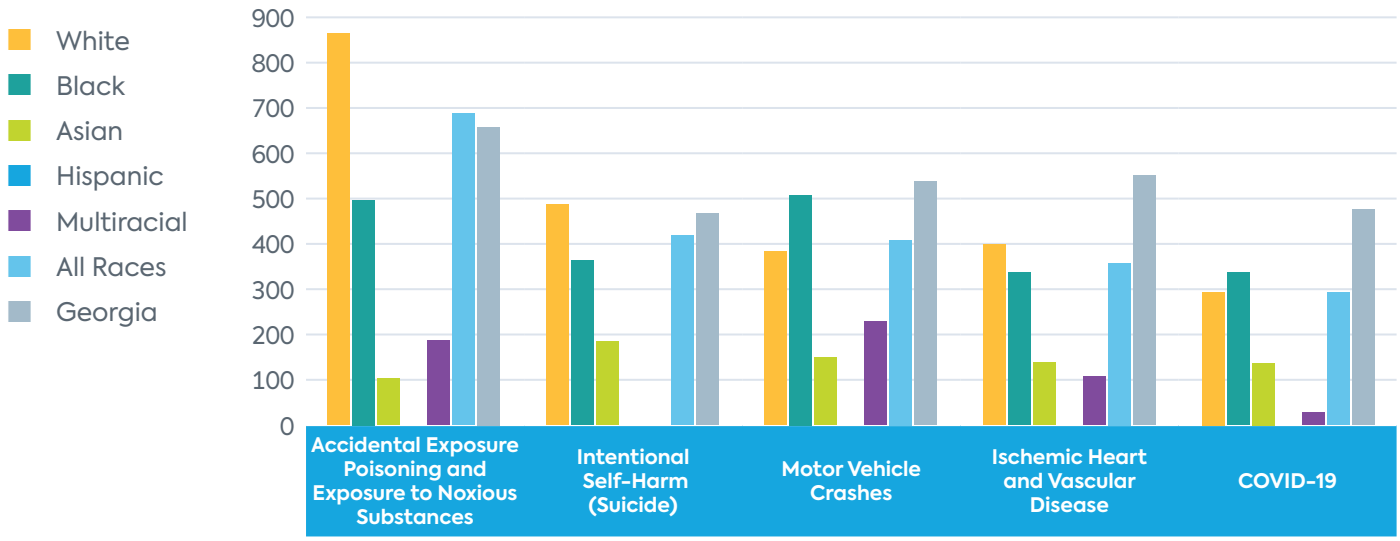
Table 5 | Top Causes of Years of Potential Life Lost (YPLL) (2019-2023)

Rank	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Accidental Exposure Poisoning and Exposure to Noxious Substances 674.1	Accidental Exposure Poisoning and Exposure to Noxious Substances 618.6	Accidental Exposure Poisoning and Exposure to Noxious Substances 845.1	Accidental Exposure Poisoning and Exposure to Noxious Substances 694.3	Accidental Exposure Poisoning and Exposure to Noxious Substances 664.4
#2	Intentional Self-Harm (Suicide) 397.3	Motor Vehicle Crashes 543.4	Motor Vehicle Crashes 597.4	Intentional Self-Harm (Suicide) 423.2	Ischemic Heart and Vascular Disease 556.9
#3	Ischemic Heart and Vascular Disease 357.8	Intentional Self-Harm (Suicide) 428.1	Intentional Self-Harm (Suicide) 531.1	Motor Vehicle Crashes 412.7	Motor Vehicle Crashes 542.9
#4	Motor Vehicle Crashes 344.8	COVID-19 426.5	Ischemic Heart and Vascular Disease 419.7	Ischemic Heart and Vascular Disease 360.9	COVID-19 479.8
#5	Certain Conditions Originating in the Perinatal Period 269.4	Assault (Homicide) 404.1	COVID-19 366.9	COVID-19 295.5	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, and for suicide compared to other groups *(Figure 13)*. Black and multiracial residents had the highest rates of YPLL from motor vehicle crashes and COVID-19 compared to other racial and ethnic groups in the service area, but lower rates of YPLL than 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. Rates based on 1-4 events are not shown (no bar).
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 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 room use in the service area were all related to accidents (all other unintentional injury, falls, and motor vehicle crashes) *(Table 6)*. All five of the top causes of ED visits were the same across the service area and in all counties. Douglas County had the highest rates of ED use for all causes, and Douglas and Paulding counties had higher rates of all causes of ED visits compared to state rates.

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

Rank	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Diseases Of the Musculoskeletal System and Connective Tissue 1,703.7	Diseases Of the Musculoskeletal System and Connective Tissue 3,625.1	Diseases Of the Musculoskeletal System and Connective Tissue 2,810.6	Diseases Of the Musculoskeletal System and Connective Tissue 2,134.2	Diseases Of the Musculoskeletal System and Connective Tissue 2,774.6
#2	All Other Unintentional Injury 1,537.8	All Other Unintentional Injury 2,991.6	All Other Unintentional Injury 2,845.7	All Other Unintentional Injury 1,949.9	All Other Unintentional Injury 2,458.9
#3	All Other Diseases of the Genitourinary System 1,241.5	All Other Diseases of the Genitourinary System 2,275.8	All Other Diseases of the Genitourinary System 1,929.0	All Other Diseases of the Genitourinary System 1,487.5	All Other Diseases of the Genitourinary System 1,899.3
#4	Falls 1,141.4	Falls 1,874.9	Falls 1,871.4	Falls 1,358.1	Falls 1,565.3
#5	Motor Vehicle Crashes 724.6	Motor Vehicle Crashes 1,405.2	Motor Vehicle Crashes 1,130.7	Motor Vehicle Crashes 880.6	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 *(Table 7)* were:

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

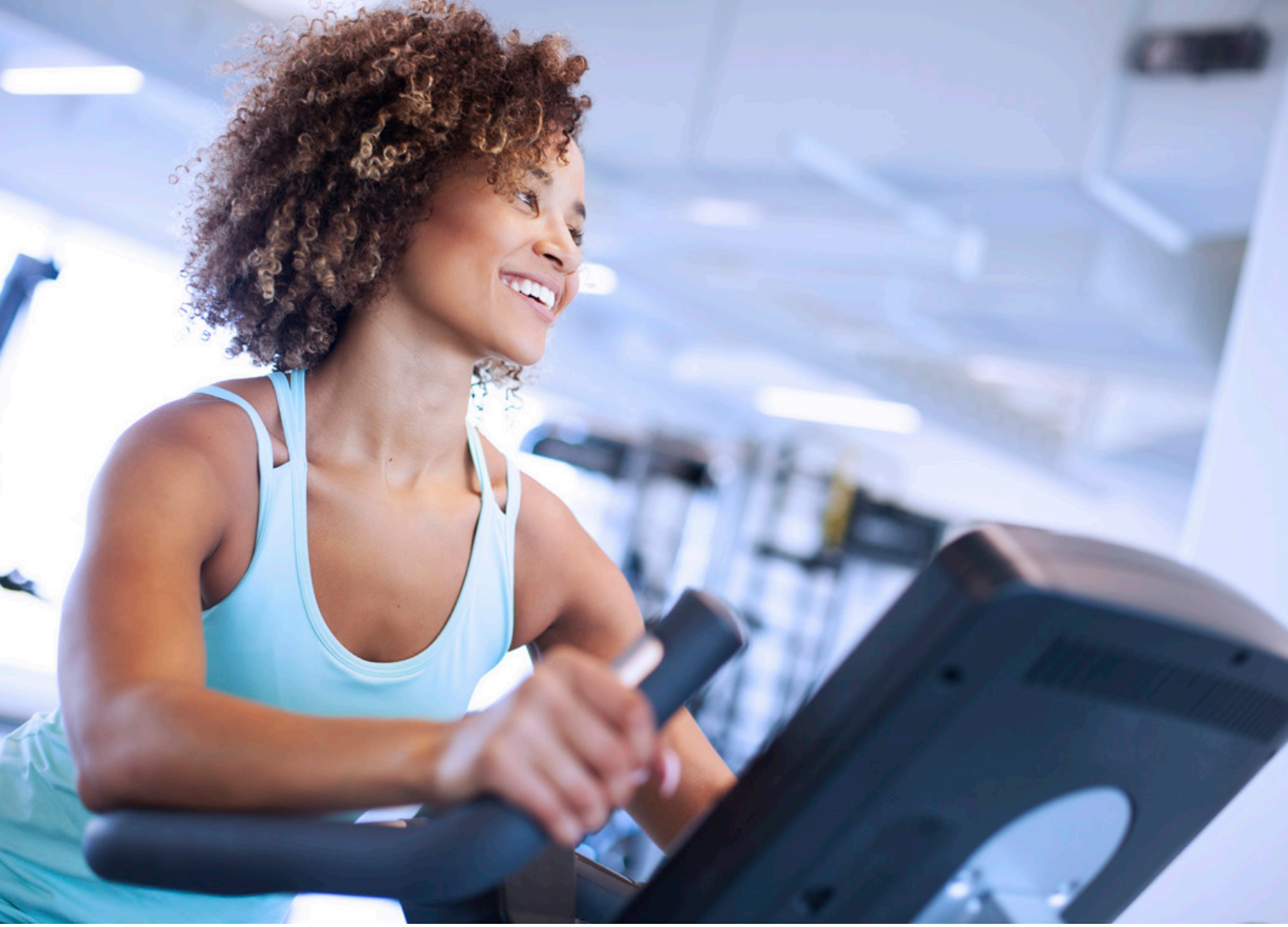
Across the service area, rates for all five top causes of hospital discharge were lower than state rates but varied when looking at specific counties. Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, and Douglas County's rate was much higher than those of the other counties and state. Douglas and Paulding counties had higher rates of all other mental and behavioral disorders than state rates, ranking as the second highest cause of hospital discharge in Paulding County and third in Douglas County. Douglas and Paulding counties also had higher hospital discharge rates of Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease, and Ischemic Heart Disease compared to the state. Cerebrovascular Disease was in the top five causes of hospital discharge for Cobb and Douglas counties and the service area, although this was not a top cause across the state.

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

Rank	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Septicemia 436.5	Septicemia 807.8	Septicemia 694.6	Septicemia 522.9	Septicemia 604.4
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 300.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 495.9	All Other Mental and Behavioral Disorders 434.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 351.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 360.9
#3	All Other Mental and Behavioral Disorders 297.1	All Other Mental and Behavioral Disorders 475.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 479.3	All Other Mental and Behavioral Disorders 343.8	All Other Mental and Behavioral Disorders 381.3
#4	Diseases of the Musculoskeletal System and Connective Tissue 246.2	Cerebrovascular Disease 324.8	Ischemic Heart and Vascular Disease 302.5	Diseases of the Musculoskeletal System and Connective Tissue 256.7	Diseases of the Musculoskeletal System and Connective Tissue 270.3
#5	Cerebrovascular Disease 222.7	Ischemic Heart and Vascular Disease 283.7	Diseases of the Musculoskeletal System and Connective Tissue 284.5	Cerebrovascular Disease 241.9	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

Focus Group and Community Summit participants living in the Paulding service area identified access as the top health priority. Barriers to access included:

- **Being un- or under-insured:** Participants shared that their insurance plans would only cover so much, making it difficult to get the care they need. Participants were also frustrated with how difficult insurance websites and bills were to decipher—some suggesting that the complexity is intentionally designed to keep patients ill informed.
- **Limited digital literacy:** Participants shared that many health providers use online portals, apps and telemedicine. While these can be facilitators to access for some, they can be barriers for older patients with limited digital literacy: "Apps might help, but for older folks that's not practical. My parents need a lot of help navigating MyChart." Participants also shared that some online portals are more intuitive and easier to use than others.
- **Lack of client-centered care:** Participants explained the need for more patient advocates and social workers. As one participant shared: "I don't know how people get along without a nursing advocate. If my wife hadn't been a retired RN they could have just been speaking in a foreign language." While some felt their healthcare providers used too much technical language and jargon, others complained of "short-tempered" and insensitive staff.

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. Douglas County is the only county where any percent of the population lived in a health professional shortage area for dental care (19.4%).

Table 8 | Provider Shortage Areas (2024)

	Cobb	Douglas	Paulding	Service Area	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage	0.0%	0.0%	0.0%	0.0%	26.0%
Percentage of Health Professional Shortage Population Underserved	0.0%	0.0%	0.0%	ND	61.0%
Percentage of Population Living in a Health Professional Shortage for Dental Care	0.0%	19.4%	0.0%	2.6%	18.5%

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

By type of provider, the service area had lower rates of addiction providers, mental health providers, nurse practitioners, and primary care providers compared to state averages *(Table 9)*. Douglas County had the highest rates of addiction providers compared to the other counties and the state, while Cobb and Paulding counties' rates fell below the state average. All counties except Cobb County had lower rates of buprenorphine providers, dentists, mental health providers, and primary care providers compared to state averages. All counties fell below state rates for nurse practitioners. Paulding County in particular had consistently much lower rates of providers across almost all provider types compared to the rest of the service area and the state.

Table 9 | Rates of Providers by Specialty

	Cobb	Douglas	Paulding	Service Area	Georgia
Addiction/Substance Abuse Providers (2020)[1]	5.0	15.3	5.3	6.4	7.7
Buprenorphine Providers (2023)[2]	11.1	5.5	4.2	9.2	8.1
Dentists (2022)[3]	72.2	44.1	16.3	59.3	53.9
Mental Health Providers (2024)[4]	109.1	66.6	46.8	93.7	98.1
Nurse Practitioners (2024)[4]	50.4	36.1	17.8	43.4	60.4
Primary Care (2021)[5]	78.0	43.3	13.8	63.1	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.

Paulding County Focus Group participants living in the Paulding Medical Center service area identified the following challenges that negatively affected their access to care:

- Lack of resources for aging population and their caretakers
- Sometimes easier to go to a CVS Pharmacy (Minute Clinic) or free clinic because it's cheaper and easier to schedule than going to see your actual doctor.
- Online applications for scheduling medical care and getting medical results can be a barrier for older adults
- It can be hard to figure out what is covered in different insurance plans, and navigating options is difficult

Behavioral Health

Behavioral Health was the highest priority health need identified in the Community Summit for the Paulding County service area. The following data supports this priority. Across all counties in the service area, Paulding County had the highest rates of drug overdose, peaking at 30.6 in 2022 and exceeding the state rate that year *(Table 10)*.

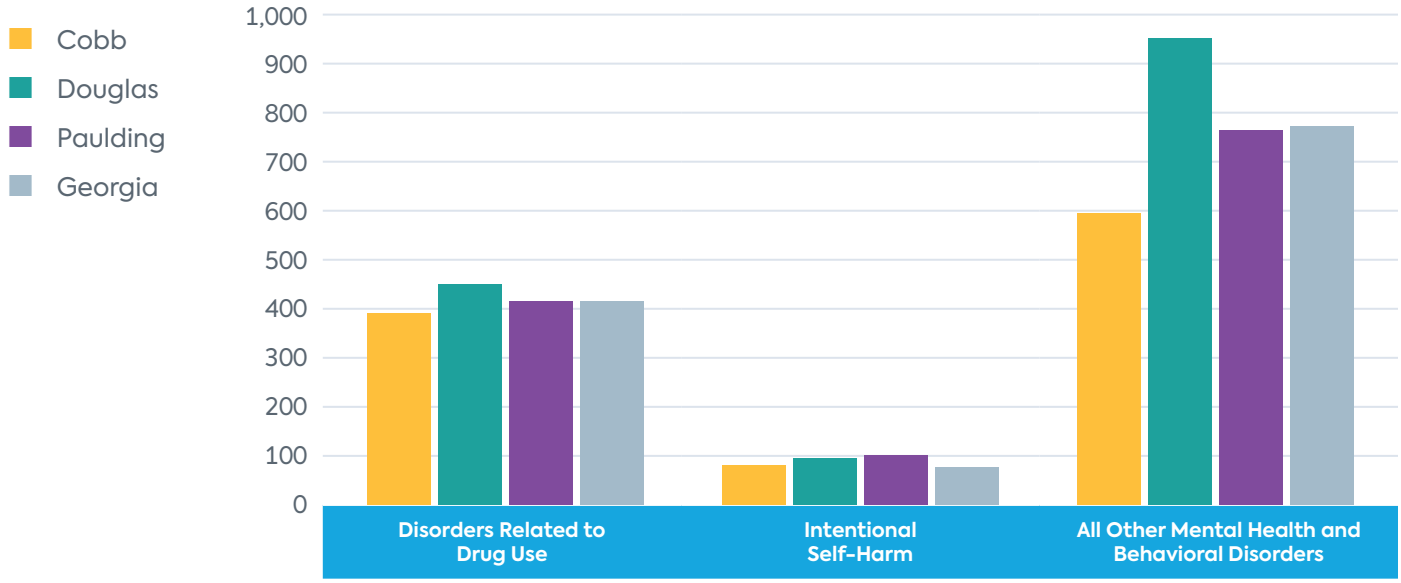
Table 10 | Rate of Drug Overdose (2013-2023)

	Cobb	Douglas	Paulding	Georgia
2013	13.3	5.5	10.5	10.5
2014	15.1	18.9	21.0	11.4
2015	13.4	12.7	17.5	12.2
2016	16.1	21.9	19.2	13.1
2017	18.1	16.0	15.5	14.6
2018	13.6	19.5	11.4	13.1
2019	13.3	18.4	15.0	12.9
2020	20.0	20.1	25.3	17.9
2021	21.2	16.6	28.5	22.5
2022	21.9	19.8	30.6	24.8
2023	21.1	15.7	25.4	23.1

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

As Figure 14 shows, in all counties, the highest behavioral health emergency room visit rates (>300 per 100,000) were due to (1) disorders related to drug use and (2) all other mental and behavioral disorders. In both categories, Douglas County had the highest rates for behavioral health emergency room visits, exceeding the state average. Paulding also exceeded the state average for emergency room visits for all other mental and behavioral disorders. Across all counties, emergency room visit rates were lowest for intentional self-harm (including suicide attempts) at under 100 per 100,000.

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

Paulding Focus Group members and Community Summit attendees identified access to healthy foods as a high priority in the service area. Food insecurity rates in Douglas County (12.3%) are higher compared to Cobb (11.5%) and Paulding (10.6%) counties. The same trend is found in free and reduced school lunch (FRL) rates with Douglas at 70.8% and Cobb and Paulding at 52.5% and 51.2% respectively. Marietta City Schools, within Cobb County, has an FRL of 63.6%. Community members suggested nutrition education for young parents and community members would be beneficial.

Community members noted the importance of and appreciation for parks and green space in the area. Currently the 2025 Paulding County Parks, Recreation, and Cultural Affairs guide lists 12 parks and sports complexes as well as the Silver Comet Trail (18 miles of trail in Paulding) and Pickett's Mill State Park.

Diabetes and Obesity

Obesity is impacting 29.1% of adults in the service area, however, Paulding County's obesity rate is approaching 34% *(Table 11)*. An estimated 30% children ages 10-17 in Georgia have overweight or obesity for their age based on reported height and weight (2-year estimate). Georgia Department of Education fitness assessment body composition data from Paulding, Douglas, and Cobb physical education students over three school years (2018-2019, 2019-2020, 2020-2021) suggest the percent of students in the healthy weight zone is declining over time. For example, in Paulding County 60% of assessed students were in the healthy zone in 2018-2019 and 58% in 2020-2021.

> "It's great we have the big hospital but more education would be helpful. How can I make better food choices if what I have available is fast food?"
>
> - Wellstar Paulding Focus Group Participant

Douglas County is experiencing the highest rate of diabetes-related emergency room visits, 447.2 per 100,000 – more than double Cobb County and 70% higher than Paulding County *(Figure 15)*. Two Focus Group members raised shared their experiences with gestational diabetes and noted the importance of access to health care professionals, dietitian support, and medications to help manage their condition.

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

	Cobb	Douglas	Paulding	Service Area	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021)[1]	28.1%	29.3%	33.8%	29.1%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)[1]	7.9%	12.1%	10.1%	8.8%	9.6%
Diabetes Emergency Room Visit Rate[2]*	159.7	230.4	211.3	177.0	209.1
Diabetes Discharge Rate[2]*	17.9	15.9	12.4	16.9	22.4
Diabetes Mortality Rate[2]*	220.2	447.2	263.1	256.3	309.9

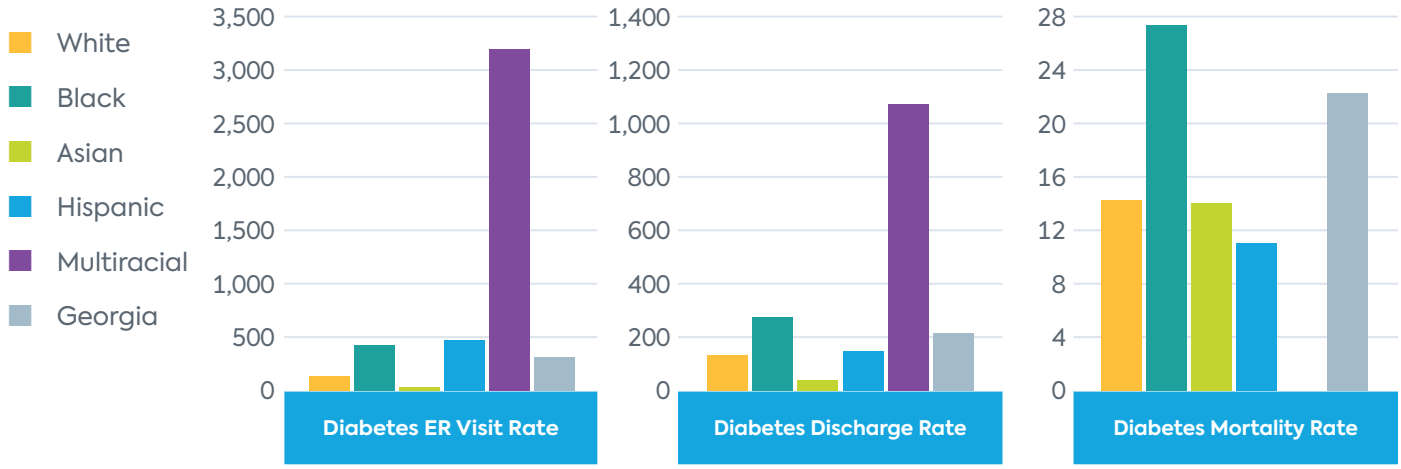
** Age-adjusted rates per 100,000 population*

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)

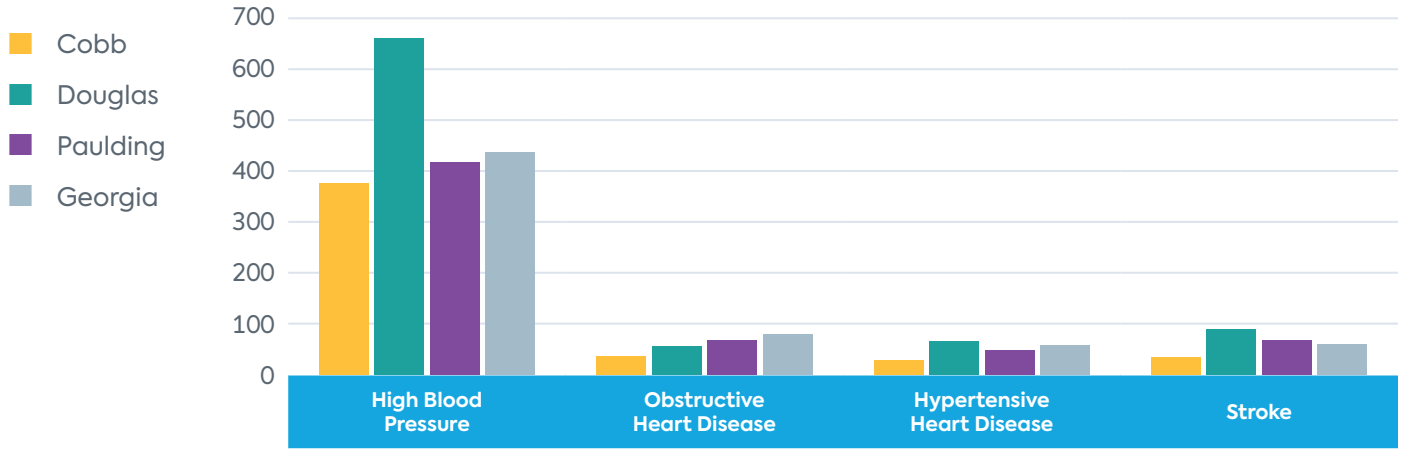


Age-adjusted rates per 100,000 population. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Chronic Disease

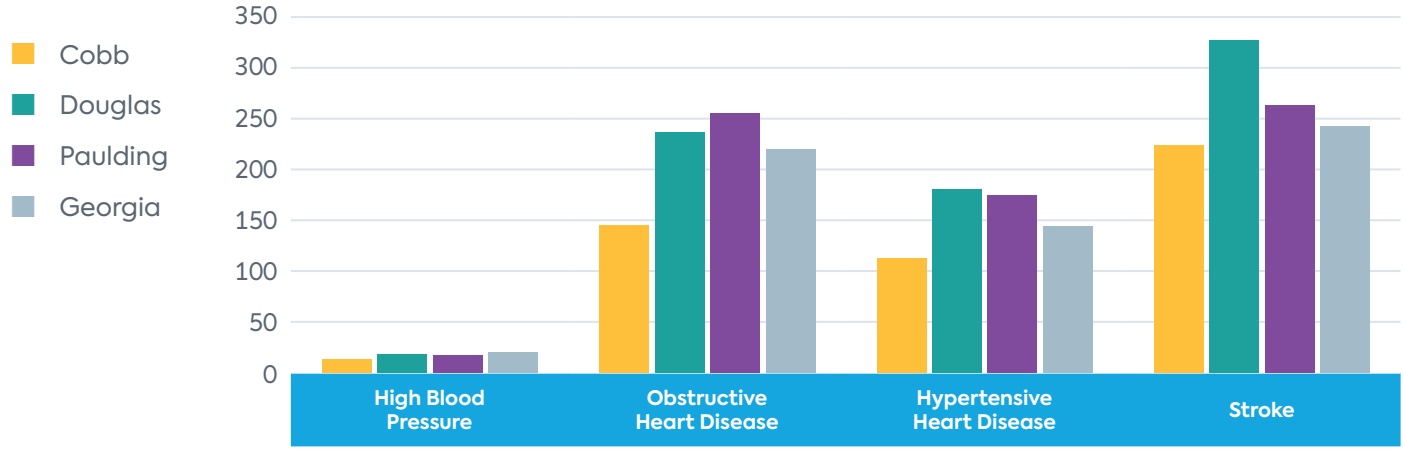
Chronic Disease was not frequently named as a concern in the region by community residents in Focus Group and Summit tabletop discussions. Like with diabetes, Douglas County has the highest rate of emergency room visits due to high blood pressure and stroke in the service region *(Figures 16 and 17)*. Given the top causes of death in the service area for persons 55+ years are Ischemic Heart and Vascular Disease and Cerebrovascular Disease, the health system may consider evidence-based programming for senior citizens *(Figure 18)*. Diabetes Prevention Program, Food as Medicine, 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 are examples of these programs. Offering virtual and in-person options for programming may enhance participation, provide social support, and reduce attrition based on community member feedback.

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



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

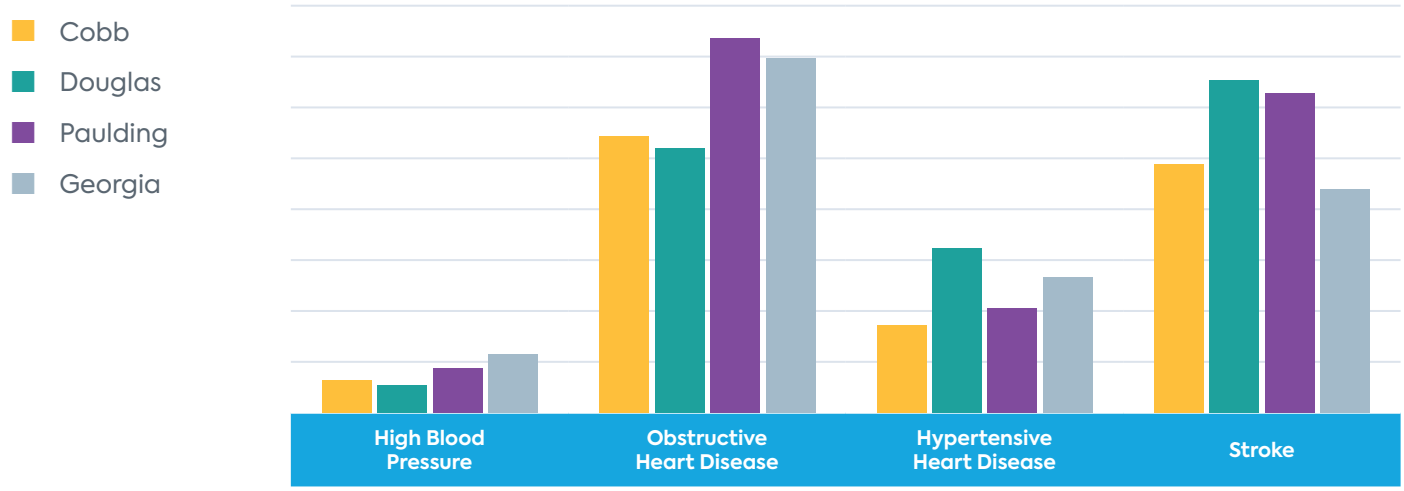
Figure 17 | Chronic Disease Hospital Discharge Rate (2019-2023)



Age-adjusted rates per 100,000 population

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

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

Healthy Aging

Healthy Aging was identified by Community Summit participants and Focus Group participants as a health priority. Focus Group participants shared that isolation and the inability for seniors to get out and do things was a barrier to good health. One participant shared that the hospitals are confusing and overwhelming. It's difficult for some older adults to navigate the premises without help.

Some of our participants shared the impact that caring for older adults has had on their own lives and health. One participant shared that because care was so expensive, she had to make the decision to leave her job to care for an aging parent. The participant shared how tiring and isolating caregiving can be.

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 Wellstar Paulding Medical Center 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 *(Table 12)* were:

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

Ischemic Heart and Vascular Disease ranked as the leading cause of death in both Cobb and Paulding counties, with rates of 326.8 and 425.9 per 100,000, respectively. In Douglas County, however, the top cause was Cerebrovascular Disease, with a rate of 353.9. Across the broader service area, Ischemic Heart and Vascular Disease remained the top cause, while COVID-19 ranked first statewide, with a rate of 281.4.

Alzheimer's Disease was the second leading cause of death in the state and the third leading cause across the service area. The highest rate of Alzheimer's was in Paulding County at 286.9 per 100,000 compared to a rate of 267.9 in the state. COVID-19 appeared frequently among the top five causes, ranking fifth in Cobb, and fourth in Douglas and Paulding counties.

Finally, All Other Diseases of the Nervous System, chronic lower respiratory diseases (All COPD except asthma), and Essential Hypertension and Hypertensive Renal/Heart Disease made up the remaining top causes. These causes highlighted the ongoing burden of cardiovascular, neurological, and respiratory conditions among older adults in Georgia.

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

Rank	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 326.8	Cerebrovascular Disease 353.9	Ischemic Heart and Vascular Disease 425.9	Ischemic Heart and Vascular Disease 336.5	COVID-19 281.4
#2	Cerebrovascular Disease 288.4	Ischemic Heart and Vascular Disease 291.7	Cerebrovascular Disease 352.4	Cerebrovascular Disease 305.9	Alzheimer's Disease 267.9
#3	Alzheimer's Disease 216.3	Alzheimer's Disease 261.8	Alzheimer's Disease 286.9	Alzheimer's Disease 232.2	Cerebrovascular Disease 248.9
#4	All Other Diseases of the Nervous System 202.4	COVID-19 255.1	COVID-19 278	COVID-19 219.4	All COPD Except Asthma 240.5
#5	COVID-19 201.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 204.1	All COPD Except Asthma 233.3	All Other Diseases of the Nervous System 191.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 211.7

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 *(Table 13)* 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

Falls are the leading cause of hospitalization across all counties, the service area, and the state. Rates range from 3,164.5 (Cobb) to 4,370.4 (Douglas) *(Table 13)*. Diseases of the Musculoskeletal System and Connective Tissue rank second consistently in all areas, with Douglas again reporting the highest rate at 3,977.8 and Cobb the lowest at 2,050.7.

Genitourinary System Diseases (excluding major categories) hold the third rank across all counties, with the highest rate in Paulding (2,017.3) and the lowest in Cobb (1,311.9). All Other Unintentional Injuries consistently rank fourth, with rates ranging from 1,013.4 (Cobb) to 1,833.6 (Paulding). Essential Hypertension and Related Conditions generally rank fifth across all counties with the highest rates in Paulding (1,498.0). This data highlights the significant impact of falls and chronic conditions like musculoskeletal and genitourinary diseases among seniors, emphasizing the need for targeted health interventions in these areas.

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

Rank	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Falls 3,164.5	Falls 4,370.4	Falls 4,216.2	Falls 3,468.2	Falls 3,746.0
#2	Diseases of the Musculoskeletal System and Connective Tissue 2,050.7	Diseases of the Musculoskeletal System and Connective Tissue 3,977.8	Diseases of the Musculoskeletal System and Connective Tissue 3,569.9	Diseases of the Musculoskeletal System and Connective Tissue 2,513.0	Diseases of the Musculoskeletal System and Connective Tissue 3,328.2
#3	All Other Diseases of the Genitourinary System 1,311.9	All Other Diseases of the Genitourinary System 2,012.2	All Other Diseases of the Genitourinary System 2,017.3	All Other Diseases of the Genitourinary System 1,501.7	All Other Diseases of the Genitourinary System 1,960.3
#4	All Other Unintentional Injury 1,013.4	All Other Unintentional Injury 1,801.4	All Other Unintentional Injury 1,833.6	All Other Unintentional Injury 1,230.8	All Other Unintentional Injury 1,529.4
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 891.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,456.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,498.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,050.0	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

Focus Group Discussion participants discussed the long-term health implications associated with gestational diabetes and the relationship between maternal health and chronic health. Wellstar's Women's Health and Cardiovascular Service Lines are already working together to combat pre-eclampsia among mothers. There may be a similar opportunity for the Women's Health Service Line to partner with diabetes experts within the health system on gestational diabetes prevention and care.

Table 14 outlines select maternal and infant health outcomes by county. Between 2019 and 2023, MCH indicators across Cobb, Douglas, and Paulding counties varied slightly but generally aligned with state outcomes. Cobb County had a pregnancy rate of 46.6 per 1,000 females aged 10-55, which was nearly equal to Douglas County (46.7) and just slightly higher than Paulding County (42.1). Paulding (35.6) slightly exceeded both Cobb (34.9) and Douglas (34.0) in birth rate.

Douglas County had the highest percentages of:

- Births with late or no prenatal care at 11.1% compared to the state at 9.1%. Paulding had the lowest percentage at 6.7%.
- Births with fewer than five prenatal care visits at 8.3%, followed by Cobb (5.9%) and Paulding (4.5%), with the state at 7.8%.
- Premature births (12.1%), followed closely by Paulding (11.8%). Both counties exceeded the state's outcome (11.7%).
- Low-birthweight births at 11.3%, with Cobb at 8.8% and Paulding at 9.4%, all in comparison to Georgia's 10.3%.

Infant mortality was lowest in Cobb (5.2 per 1,000 live births), while Paulding experienced the highest rate at 7.0, surpassing both Douglas (6.4) and the state (6.8). Overall, Douglas County had poorer prenatal care and birth outcomes, whereas Cobb had more favorable birth outcomes.

Table 14 | Select Indicators for Pregnancy and Birth

	Cobb	Douglas	Paulding	Georgia
Pregnancy Rate	46.6	46.7	42.1	48.2
Birth Rate	34.9	34	35.6	36.9
% Births with Late or No Prenatal Care	8.2%	11.1%	6.7%	9.1%
% Births with <5 Prenatal Care Visits	5.9%	8.3%	4.5%	7.8%
% Premature Births	10.6%	12.1%	11.8%	11.7%
% Low Birthweight Births*	8.8%	11.3%	9.4%	10.3%
Infant Mortality Rate	5.2	6.4	7.0	6.8

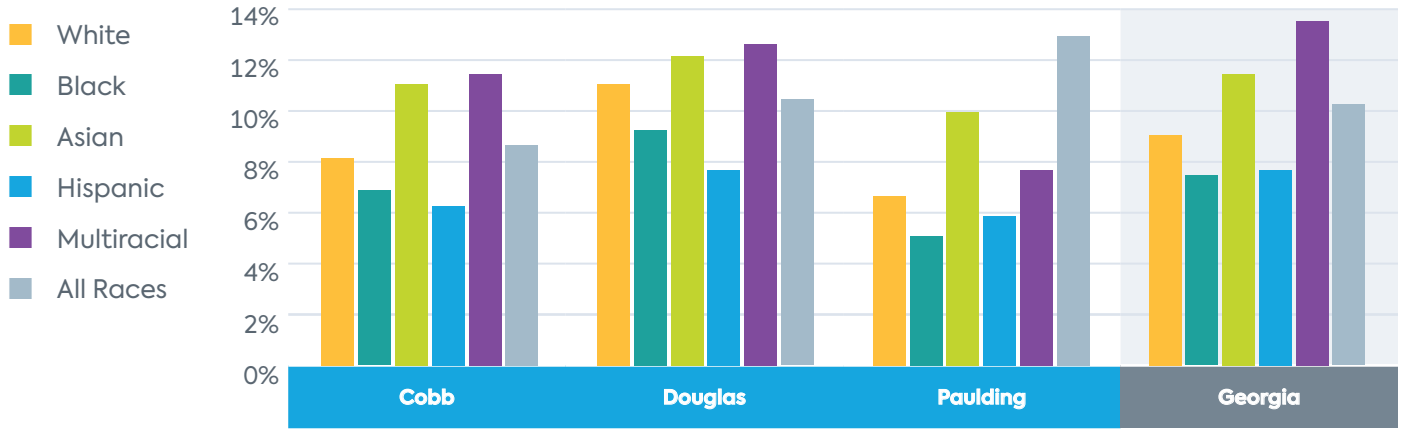
Rates per 1,000 females 10-55 years of age in the population, 2019-2023
** Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births*
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Variations in Population Rates

Figure 19 shows the percentage of births with late or no prenatal care by race and ethnicity across the service area. Black, Hispanic, and multiracial mothers had higher rates of late or no prenatal care than White and Asian mothers. The highest percentage was among multiracial mothers in Paulding County at around 13%. Hispanic mothers in Douglas County had the second highest percentage at approximately 12.5%.

White and Asian mothers generally had the lowest percentages. However overall, Douglas County had the highest percentage of late or no prenatal care when averaged across all races, while Paulding County had the lowest. Statewide figures for Georgia showed similar patterns, with Black, Hispanic, and multiracial women experiencing higher percentages of delayed or absent prenatal care compared to White and Asian women.

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



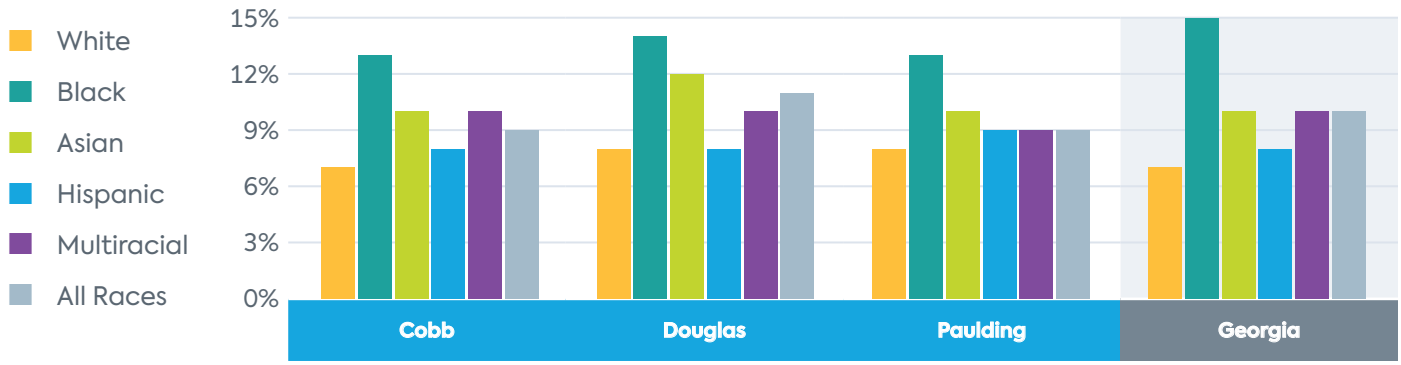
Percentage per 100 live births.
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 20 shows the percentage of low birthweight births by race and ethnicity across the service area. Black mothers consistently had the highest percentages of low birthweight births across all counties and the state, peaking at around 14.5% in Georgia and nearly 14% in Douglas County. In contrast, White mothers had the lowest rates, with percentages ranging from about 6.2% in Cobb County to 7.8% in Paulding County.

A notably high percentage of Asian mothers (almost 12%) in Douglas County also had low birthweight births. Hispanic mothers had percentages between 6–8% and multiracial mothers had percentages between 9% and 10%, slightly below the state average.

The overall percentages for all groups combined hovered between 8% and 12%, with Douglas County showing the highest average. These patterns indicated significant disparities in birth outcomes by race and ethnicity, particularly affecting Black and some Asian populations.

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

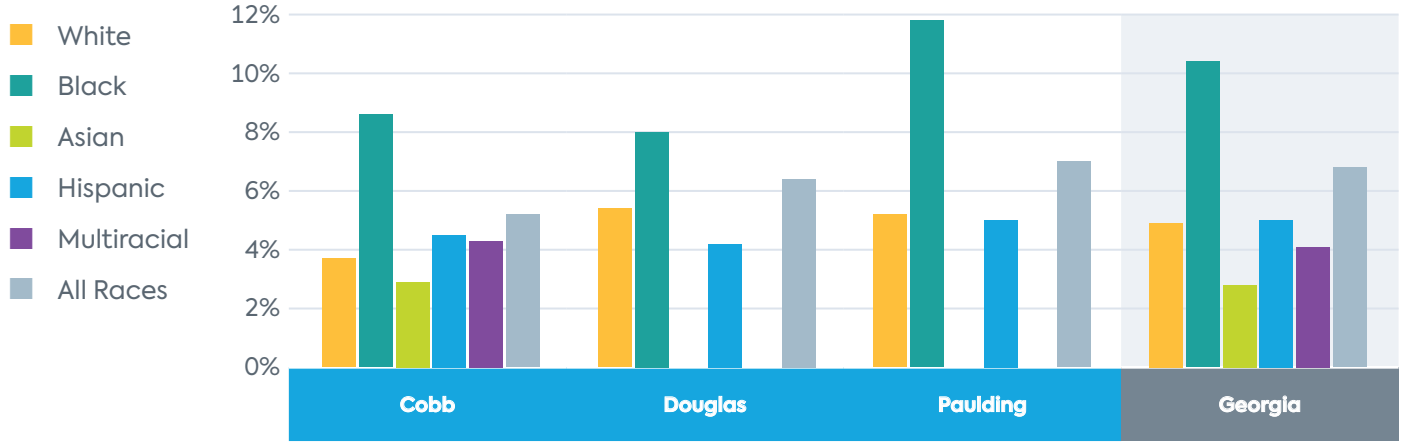


Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births.
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 21 shows infant mortality rates by race and ethnicity across the service area. Black infants consistently experienced the highest mortality rates across the service area. In Paulding County, the rate for Black infants peaked at nearly 12 deaths per 1,000 live births, more than two times the rates for White and Hispanic infants in that county. In contrast, based on the data available, we see that Asian infants had the lowest mortality rates falling below 4 per 1,000 in Cobb County and the state.

Hispanic and multiracial infants had relatively similar rates, ranging from about 4 to 5 deaths per 1,000 live births. The overall infant mortality rate for all races combined was highest in Paulding County, at around 7 per 1,000 live births, and lowest in Cobb County, at about 5.4 per 1,000. The data reflected persistent racial disparities in infant mortality, with Black infants facing a disproportionately higher risk across the service area.

Figure 21 | Infant Mortality 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

APPENDICES

Appendix A: Demographic Data

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

	Cobb	Douglas	Paulding	Georgia	U.S.
Total Population (2022)	771,952	147,316	178,421	10,722,325	331,097,593
Age Distribution					
Median Age in Years	37.2	36.7	36.6	37.2	38.5
Under 18 Years	22.9%	25.5%	25.7%	23.4%	22.1%
18-24 Years Old	9.3%	9.6%	8.6%	9.8%	9.5%
25-34 Years Old	14.4%	12.7%	13.5%	13.8%	13.7%
35-44 Years Old	14.2%	13.5%	14.2%	13.3%	12.9%
45-54 Years Old	13.9%	14.6%	14.9%	13.1%	12.4%
55-64 Years Old	12.3%	12.3%	11.8%	12.3%	12.9%
65+ Years Old	13.0%	11.9%	11.2%	14.4%	16.5%
Racial/Ethnic Distribution					
White	52.8%	39.4%	68.9%	54.3%	65.9%
Black	27.5%	48.9%	21.0%	31.5%	12.5%
Asian	5.6%	1.9%	1.1%	4.3%	5.8%
Native American and Alaska Native	0.4%	0.1%	0.2%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.2%	0.1%	0.2%
Multiple Races	7.6%	6.2%	6.7%	6.0%	8.8%
Some Other Race	6.1%	3.5%	2.0%	3.5%	6.1%
Hispanic/Latino	13.5%	10.7%	7.6%	10.1%	18.7%
Population with Limited English Proficiency	7.2%	4.7%	2.3%	5.5%	8.2%
Income Distribution					
Median Household Income	$94,244	$76,930	$89,237	$71,355	$75,149
Less than $25,000	9.3%	13.7%	8.2%	16.6%	15.7%
$25,000 - $49,999	14.5%	17.4%	13.9%	19.0%	18.1%
$50,000 - $99,999	28.7%	33.6%	34.7%	29.7%	28.9%
$100,000 - $199,999	30.9%	27.9%	35.8%	24.7%	25.9%
$200,000 or more	16.6%	7.5%	7.4%	10.0%	11.4%

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

Appendix B: Social Determinants of Health (SDOHs)

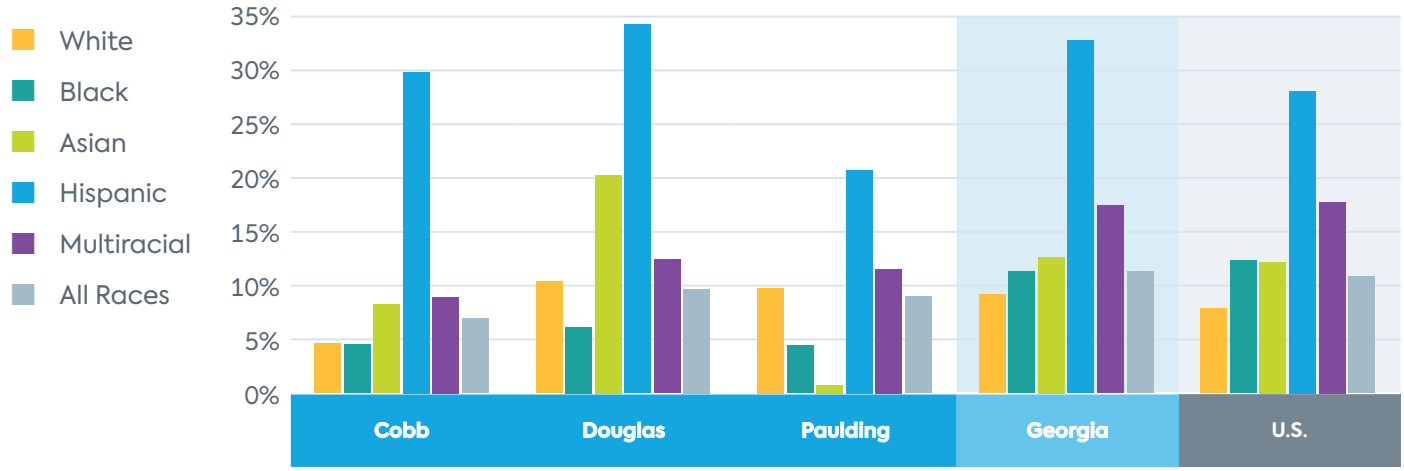
Education

Table 16 | Select Education Indicators

	Cobb	Douglas	Paulding	Georgia	U.S.
Adults without HS Diploma (Age 25+)[1]	7.0%	9.7%	9.0%	11.3%	10.9%
High School Graduate Rate (2020-2021)[2]	87.0%	88.0%	89.0%	86.9%	81.1%
Associates degree or higher[1]	57.1%	38.5%	35.3%	41.9%	43.1%
Bachelor's degree or higher[1]	49.7%	29.9%	26.5%	33.6%	34.3%
Preschool Enrollment (ages 3-4)[1]	53.7%	33.0%	44.6%	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.

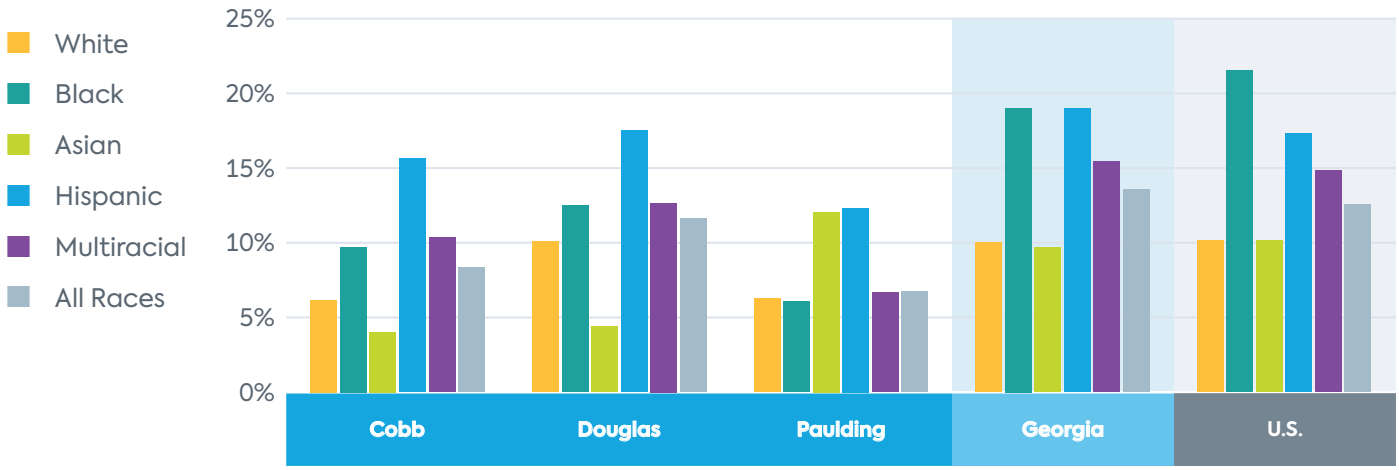
Socioeconomic Status/Income

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

		Cobb	Douglas	Paulding	Georgia	U.S.
Total households	2014-2018	277,222	48,968	52,389	3,709,488	119,730,128
	2018-2022	291,171	50,552	56,715	3,946,490	125,736,353
All people	2014-2018	10.0%	13.1%	9.4%	16.0%	14.1%
	2018-2022	8.3%	11.6%	6.7%	13.5%	12.5%
All families	2014-2018	6.9%	10.5%	7.4%	12.1%	10.1%
	2018-2022	5.4%	8.8%	5.1%	10.0%	8.8%
Married couple families	2014-2018	3.6%	5.4%	4.0%	5.8%	5.0%
	2018-2022	2.9%	4.3%	3.5%	4.8%	4.5%
Single female head of household families	2014-2018	18.1%	25.6%	21.7%	30.6%	27.8%
	2018-2022	13.4%	18.0%	13.9%	25.2%	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

Unemployment and Insurance

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

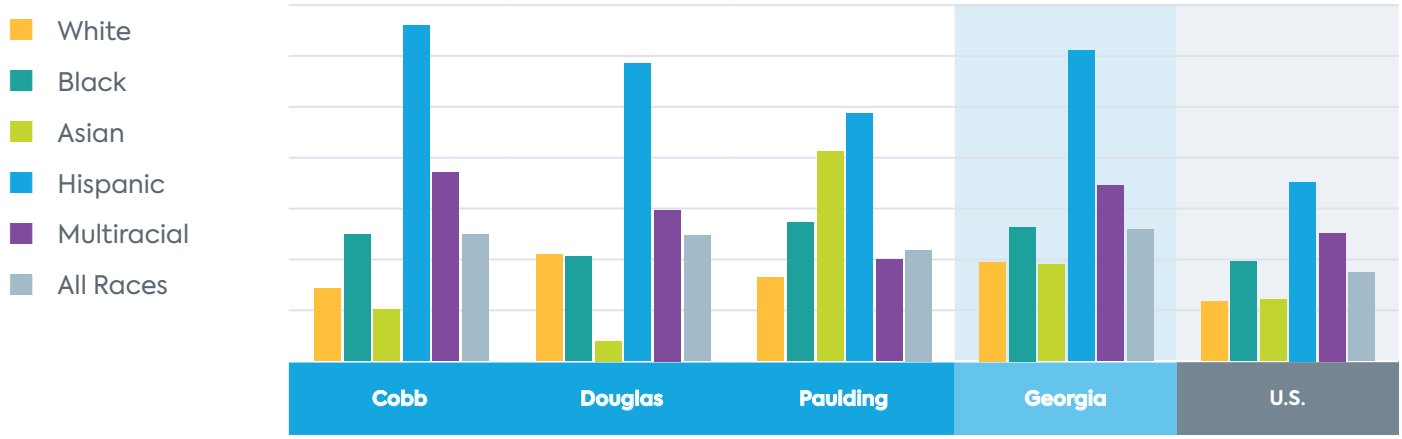
	Cobb	Douglas	Paulding	Georgia	U.S.
Unemployment Rate (2024)[1]	3.4%	4.1%	3.5%	3.9%	4.5%
Uninsured Population (2018-2022)[2]	12.4%	12.3%	10.9%	12.9%	8.7%

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 (2019-2023)

	Cobb	Douglas	Paulding	Georgia	U.S.
Units Affordable at 15% AMI	1.6%	2.7%	2.6%	3.7%	3.6%
Units Affordable at 30% AMI	3.0%	5.3%	5.6%	9.1%	8.4%
Units Affordable at 40% AMI	7.0%	10.3%	12.5%	14.7%	13.6%
Units Affordable at 50% AMI	14.3%	18.4%	21.8%	22.2%	20.7%
Units Affordable at 60% AMI	23.4%	30.0%	31.2%	30.3%	28.6%
Units Affordable at 80% AMI	45.6%	54.5%	53.4%	46.5%	44.2%
Units Affordable at AMI	62.4%	69.4%	68.0%	60.2%	59.5%
Units Affordable at 125% AMI	73.4%	79.6%	79.3%	72.3%	69.6%
Median Gross Rent	$1,535	$1,326	$1,464	$1,221	$1,268
Households paying more than 30% of income for monthly mortgage	21.3%	24.1%	21.3%	25.0%	27.3%
Households paying more than 30% of income for monthly rent	48.6%	49.0%	40.5%	50.4%	49.9%
Households with One or More Severe Problems (2017-2021)*	11.8%	15.1%	11.1%	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

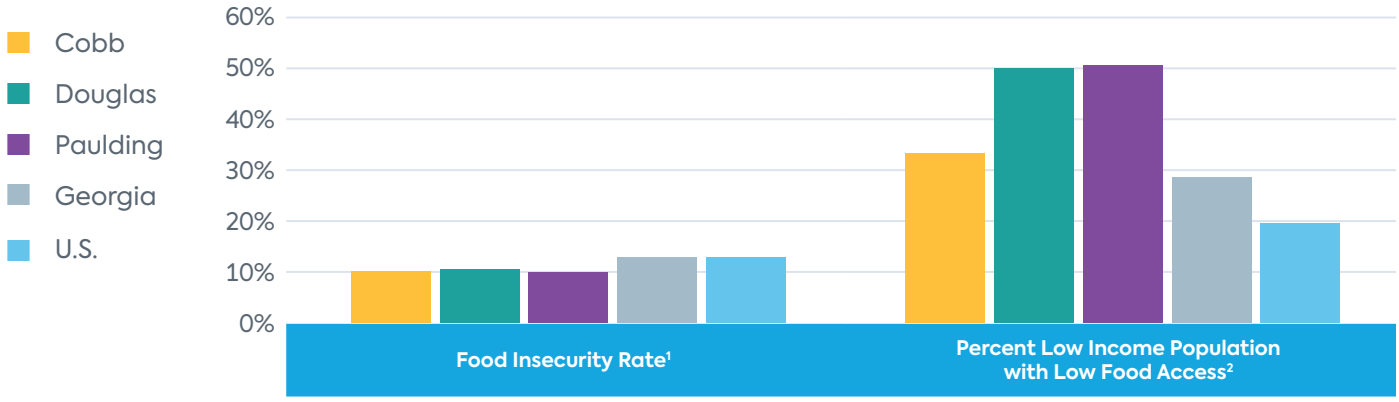
Table 20 | Selected Transportation Indicators

	Cobb	Douglas	Paulding	Georgia	U.S.
Households with No Motor Vehicle	3.5%	3.8%	2.2%	6.0%	8.3%
Commuting Mode - Public Transportation	0.6%	0.7%	0.4%	1.5%	3.8%

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

Food Security

Figure 25 | Indicators of Food Insecurity (2021-2022)



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		■			
Cobb Pregnancy Resource Center	cobbpregnancyresourcecenter.org					■
Georgia Supplemental Nutrition Program for Women, Infants & Children (WIC)	dph.georgia.gov/WIC					■
Highland Rivers Behavioral Health	highlandrivers.org		■			
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
Healthcare Systems (continued)						
Wellstar Dementia & Memory Care	wellstar.org/medical-services/treatments-procedures/memory-disorder-care				■	
Wellstar Hospice Care at Kennesaw Mountain & Cobb	wellstar.org/locations/community-hospice/hospice-care-475-dickson-avenue-nw				■	
Wellstar Locations: • Wellstar Acworth Health Park • Wellstar Cobb Medical Center • Wellstar Douglas Medical Center • Wellstar East Cobb Health Park • Wellstar Kennestone Regional Medical Center • Wellstar Paulding Medical Center • Wellstar Windy Hill	wellstar.org/locations	■	■	■	■	■
Public Health Agencies						
Atlanta Regional Commission Area Agency on Aging	aging.georgia.gov/locations/atlanta-regional-commission-area-agency-aging				■	
Cobb & Douglas Public Health	cobbanddouglaspublichealth.com	■	■	■	■	■
District 4 Public Health	district4health.org	■	■	■	■	■
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap			■		
Northwest Georgia Area Agency on Aging	aging.georgia.gov/locations/northwest-georgia-area-agency-aging				■	
Northwest Public Health District	dph.georgia.gov/contacts/district-1-1-rome-northwest-georgia-health-district	■	■	■	■	■
Three Rivers Area Agency on Aging	aging.georgia.gov/locations/three-rivers-area-agency-aging				■	
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 Public Health Association	gapha.org	■				

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Public Health Leaders and Advocates (continued)						
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					■
Live Healthy Douglas	cobbanddouglaspublichealth.com/programs/community-health/live-healthy-douglas			■		
ONE Community Health Solution	onechs.org		■			
Voices for Georgia's Children	georgiavoices.org					■
Community and Faith-Based Organizations						
Black Mamas Matter Alliance	blackmamasmatter.org					■
Cobb Collaborative	cobbcollaborative.org		■			
Cobb County Senior Services	cobbcounty.gov/senior-services				■	
Court Appointed Special Advocates of Paulding County	casapaulding.org					■
Douglas County Family Connection Partnership	douglas.gafcp.org					■
Douglas County Parks and Recreation	douglascountyga.gov/286			■		
Douglas County Senior Services	douglascountyga.gov/304/Senior-Services				■	
Georgians for a Healthy Future	healthyfuturega.org	■				
Good Samaritan Center	goodsamaritan-center.org			■		
HOPE for Georgia Moms	hopeforgeorgiamoms.org					■
Midway Community Resource Center	midwayresourcecenter.org			■		
The Nichols Center	nicholscenter.org		■			
The Pantry	thepantrydc.com			■		
Paulding County Senior Center	paulding.gov/203/Senior-Center					
Ser Familia	serfamilia.org	■	■	■	■	■
West Georgia Wellness Center	westgawellnesscenter.com		■			

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Philanthropic Community						
American Heart Association	heart.org/en/affiliates/georgia	■	■	■	■	■
Cobb Community Foundation	cobbfoundation.org		■			■
Douglas County Education Foundation	dcef.dcssga.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				■	
Georgia State University Nursing & Social Work	https://admissions.gsu.edu/program/nursing-bsn/		■			
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						
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		■			

Wellstar
HEALTH SYSTEM

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