2025
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR SPALDING MEDICAL CENTER
WELLSTAR SYLVAN GROVE MEDICAL CENTER

Wellstar

More than healthcare.
PEOPLECARE

Wellstar Spalding Medical Center

EIN: 81-0864789
601 S. 8th Street
Griffin, Georgia 30224

The Wellstar Spalding Medical Center supports over 110,000 patients annually. Fully accredited by the Joint Commission on Accreditation, Spalding Medical Center's medical specialties include emergency services, cardiac health, Primary Stroke Center, orthopedic & joint health, women's services, and oncology. Wellstar Spalding Medical Center also operates several specialized outpatient facilities: Center for Rehabilitation, Center for Sleep Medicine, and Center for Wound Healing and Hyperbaric Medicine.

Wellstar Spalding Medical Center has received several awards and recommendations, including multiple Joint Commission accreditations and distinctions from the American Heart Association, Georgia Association of Emergency Medical Services, and American College of Surgeons. The Center for Wound Healing and Hyperbaric Medicine has been named a National Center of Distinction. The Primary Stroke Center was presented with the Gold Plus Target: Stroke Honor Roll Elite award by the American Heart/American Stroke Association. The medical center's Emergency Medical Services has been named "Best in the State" and given the Gold Award for Cardiac Services from the prestigious American Heart Association.

Wellstar Sylvan Grove Medical Center

EIN: 81-0875069
1050 McDonough Road
Jackson, Georgia 30233

Wellstar Sylvan Grove Medical Center supports the health needs of over 15,800 patients annually. Specialties at Wellstar Sylvan Grove Medical Center include Emergency Services, inpatient Center for Rehabilitation, swing beds, and diagnostics and pulmonary evaluation programs. Wellstar Sylvan Grove Medical Center offers 24-hour Emergency Services and provides inpatient programs focused on occupational, physical, and speech therapy. Programs are designed for recovery regarding diverse conditions, including joint replacement, various surgeries, stroke, cardiac, and resistant wounds that cannot be treated through outpatient means. The medical center also offers post-acute, extended care, and personalized nursing care and treatment. Wellstar Sylvan Grove Medical Center is nationally recognized for patient safety and quality and locally known for its friendliness, personalized care, and community involvement. In 2017, Wellstar Sylvan Grove Medical Center I was named a Top Rural Hospital by The Leapfrog Group.

TABLEOFCONTENTS

This report utilizes a data-driven approach to better understand, identify, and prioritize the health needs of the community served by Wellstar Spalding Medical Center and Wellstar Sylvan Grove Medical Center, not-for-profit hospitals 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**

PEOPLECARE

IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

As a not-for-profit hospital, Wellstar's Spalding and Sylvan Grove Medical Centers are 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 Spalding and Sylvan Grove Medical Centers Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	In 2024, counties in the service area had between 31–45% of residents living in an area affected by a health professional shortage areas in all but three counties.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	Between 2019 and 2023, Spalding and Upson had noticeably higher rates for emergency room visits related to all other mental and behavioral disorders compared to the other counties in the service area. These rates exceeded the state average by far.	Prioritize facilitating access to behavioral health care in Spalding and Upson 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	Spalding Focus Group members and Community Summit attendees identified access to healthy foods, physical activity, and chronic disease as concerns, but the top priority was health education/literacy. Food insecurity rates in the service area range from 11.1% to 18.6% (Upson County is highest). Butts, Clayton, Lamar, and Upson-Thomaston school systems have free and reduced school lunch rates greater than 95%.	Nutrition education and promotion of enrollment of federal nutrition programs among young parents, particularly in Clayton and Upson, may 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.
Healthy Aging	Focus Group participants acknowledged the financial barriers to care for seniors on a fixed income and the challenge of navigating the Medicare system.	Wellstar should consider how they can support insurance literacy efforts for seniors.
Maternal and Child Health	Overall, Clayton County consistently exhibited the poorest maternal and infant health outcomes among the counties in the service area. For example, sixteen percent (16.2%) of births in Clayton County received late or no prenatal care, compared to 9.1% at the state level.	In 2024, Wellstar received a Healthy Start Grant to improve health outcomes in Butts, Spalding, and Troup counties. If the Healthy Start program continues to grow, there may be an opportunity to improve outcomes in the broader Spalding service area including Clayton County.

LOCALCARE

DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Service Area

The Wellstar Spalding Medical Center and Wellstar Sylvan Grove Medical Center service area includes Butts, Clayton, Henry, Lamar, Monroe, Newton, Pike, Spalding, and Upson 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 36 zip codes across the nine counties *(Table 2)*.

Figure 1 | Primary Service Area of Wellstar Spalding and Sylvan Grove Medical Centers

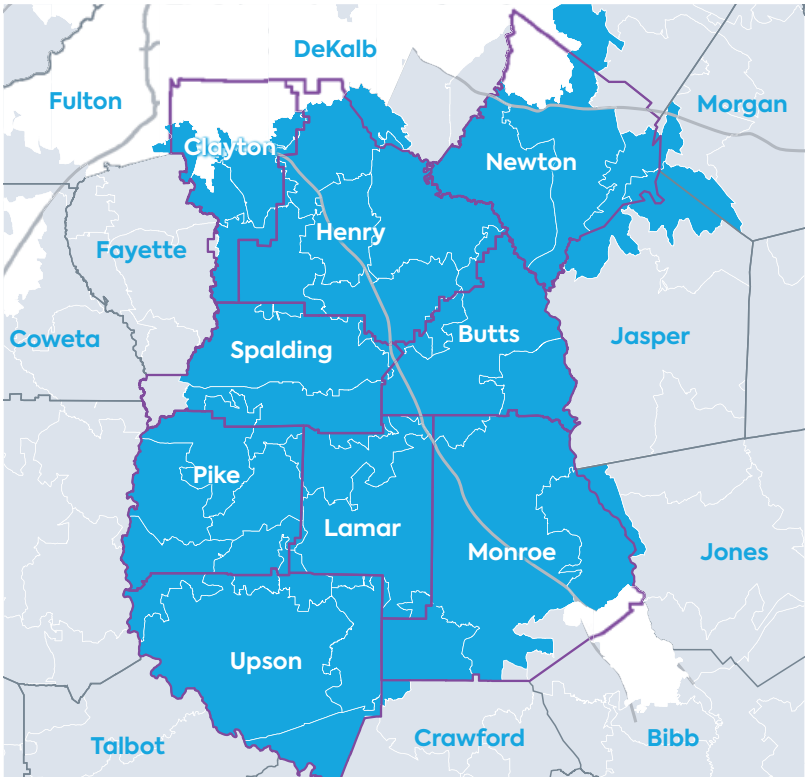


Table 2 | Wellstar Spalding and Sylvan Grove Medical Centers Service Area

County	Zip Codes
Butts	30216, 30233, 30234
Clayton	30236, 30238, 30260, 30273, 30274, 30288, 30296, 30297
Henry	30228, 30248, 30252, 30253, 30281
Lamar	30204, 30257
Monroe	31016, 31029, 31046
Newton	30014, 30016, 30054, 30055, 30056
Pike	30206, 30256, 30258, 30292, 30295
Spalding	30223, 30224
Upson	30285, 30286, 31097

Source: Georgia Department of Community Health.

Demographic Data

Wellstar Spalding and Sylvan Grove Medical Centers | by County and State (2018–2022)

Population and Age

Population sizes in the service area varied widely, as Clayton County had the largest population with 296,312 residents, while Lamar County had the smallest with 18,676 residents *(see Appendix A)*. Clayton, Henry, and Newton counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (33.0, 36.9, and 36.4 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age *(Figure 2)*. The age distributions in Butts, Lamar, Monroe, Pike, Spalding, and Upson counties also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over. 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

	BUTTS	CLAYTON	HENRY	LAMAR	MONROE	NEWTON	PIKE	SPALDING	UPSON	GEORGIA	U.S.
< 18 Years Old	20.5%	27.5%	25.2%	20.7%	20.7%	25.5%	23.5%	23.4%	22.7%	23.4%	22.1%
18–24 Years Old	9.4%	9.9%	9.8%	13.6%	9.3%	10.0%	8.3%	8.1%	8.4%	9.8%	9.5%
25–34 Years Old	15.1%	15.5%	12.4%	12.9%	11.2%	12.7%	11.8%	13.6%	12.7%	13.8%	13.7%
35–44 Years Old	12.8%	13.0%	13.4%	10.2%	11.6%	12.8%	13.0%	11.8%	11.6%	13.3%	12.9%
45–54 Years Old	13.7%	12.7%	14.8%	12.2%	13.8%	13.8%	14.3%	12.1%	11.8%	13.1%	12.4%
55–64 Years Old	12.6%	11.4%	12.5%	13.0%	14.7%	12.0%	13.4%	12.7%	14.6%	12.3%	12.9%
65+ Years Old	16.0%	10.0%	12.0%	17.5%	18.7%	13.2%	15.7%	18.4%	18.2%	14.4%	16.5%

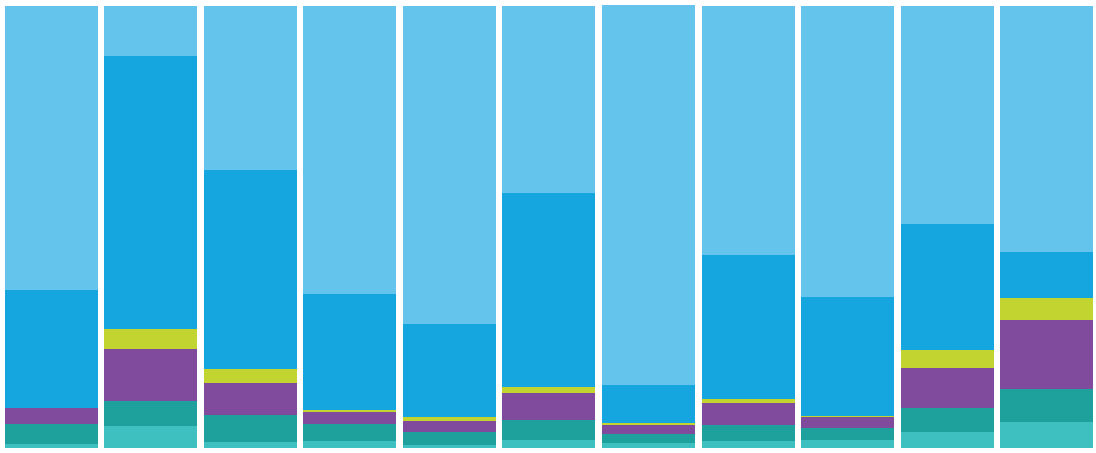
Percent of total population by age group.
Source: U.S. Census Bureau, American Community Survey. 2018–2022

Race and Ethnicity

Butts, Lamar, Monroe, Pike, and Upson counties are less diverse than the state, with higher proportions of White residents, and lower proportions of Black or Asian residents compared to state rates *(Figure 3)*. Pike County was the least diverse in the service area, with White residents making up 87.4% of its population. In contrast, Clayton, Henry, and Newton counties are more diverse than the state, with Clayton County having the highest percentage of Black residents (70.2%), and the highest percentage of Hispanic residents (13.4%) and the highest percentage of residents with limited English proficiency (9.0%), exceeding the state average of 5.5%.

Figure 3

Racial/Ethnic Distribution



	BUTTS	CLAYTON	HENRY	LAMAR	MONROE	NEWTON	PIKE	SPALDING	UPSON	GEORGIA	U.S.
Non-Hispanic White	66.5%	12.7%	39.8%	67.1%	73.7%	44.9%	87.4%	59.1%	67.5%	54.3%	65.9%
Black	27.8%	70.2%	48.7%	26.9%	21.6%	46.8%	8.6%	34.5%	27.4%	31.5%	12.5%
Asian	0.1%	5.1%	3.3%	0.5%	1.0%	1.4%	0.6%	0.9%	0.4%	4.3%	5.8%
Hispanic/Latino	3.7%	13.4%	7.6%	2.9%	2.5%	6.3%	1.9%	5.1%	2.4%	10.1%	18.7%
Multiple Races	4.7%	6.4%	6.6%	3.9%	2.9%	4.9%	2.2%	4.0%	2.8%	6.0%	8.8%
Some Other Race	1.0%	5.7%	1.6%	1.7%	0.8%	2.0%	1.2%	1.6%	2.0%	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

COMMUNITYCARE

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
Butts	0.5565	Medium – High
Clayton	0.9488	High
Henry	0.4018	Low – Medium
Lamar	0.4092	Low – Medium
Monroe	0.329	Low – Medium
Newton	0.6577	Medium – High
Pike	0.0665	Low
Spalding	0.8206	High
Upson	0.6468	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 Spalding Medical Center and Wellstar Sylvan Grove Medical Center had a higher percentage of adults 25 or older without high school diplomas in six of its nine counties *(Figure 4)*. Butts, Clayton, Spalding, and Upson counties had the highest poverty rates, with Upson County's rate almost 10% higher than the state average. Clayton, Newton, and Pike counties had the highest percentages of uninsured residents in the service area, with Clayton and Newton also having the highest unemployment rates in the region.

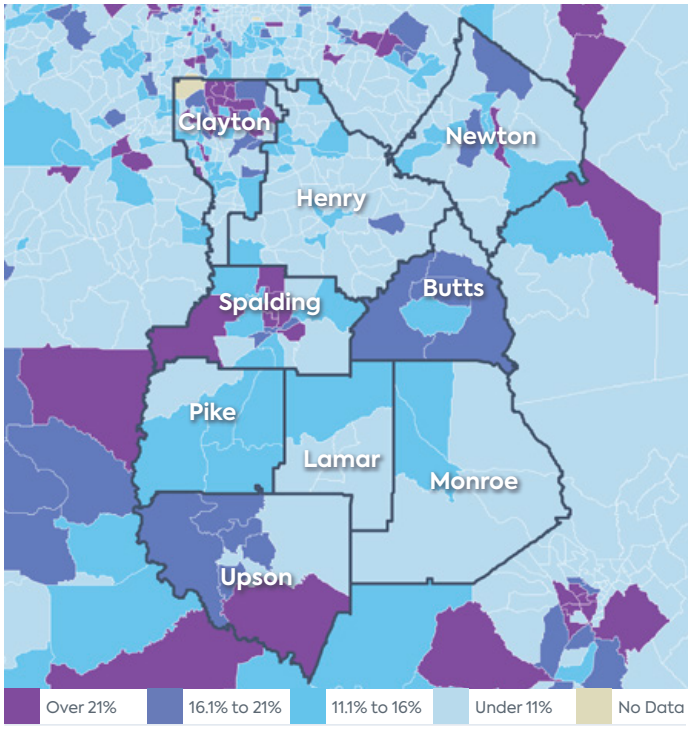
Figure 4 | Selected Indicators of SDOH (2018–2022)

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).*

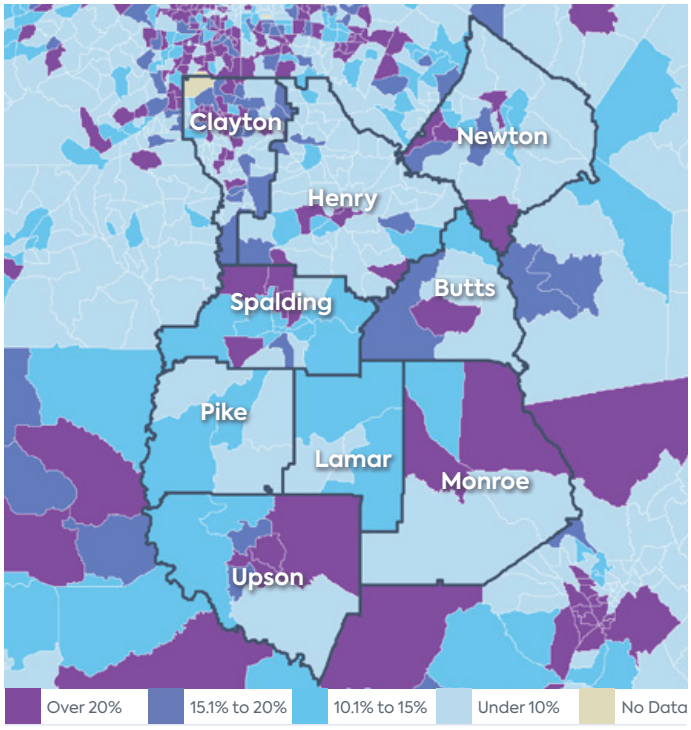
Figure 5 | Population with No High School Diploma (2018-2022)



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

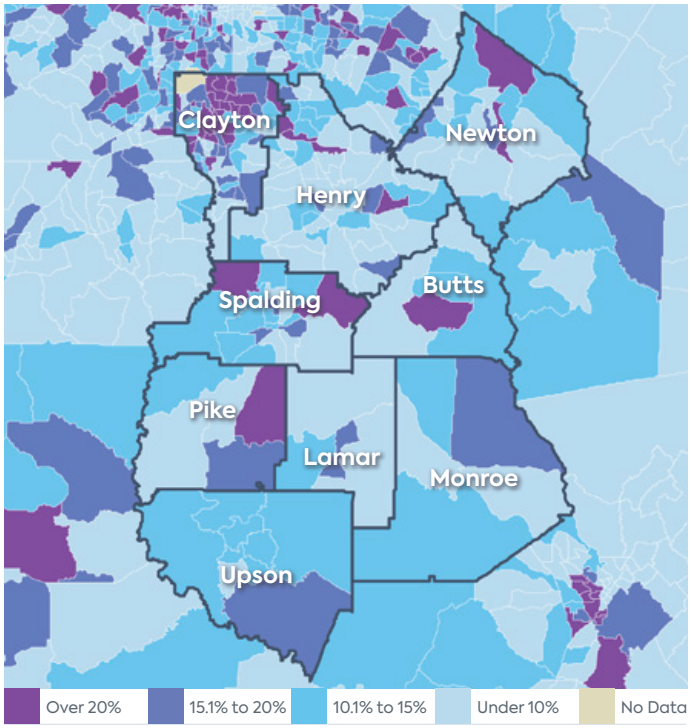
Figure 6 | Population Below 100% Federal Poverty Level (2018-2022)



Percent by tract, ACS 2018-2022

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

Figure 7 | Uninsured Population (2019-2023)



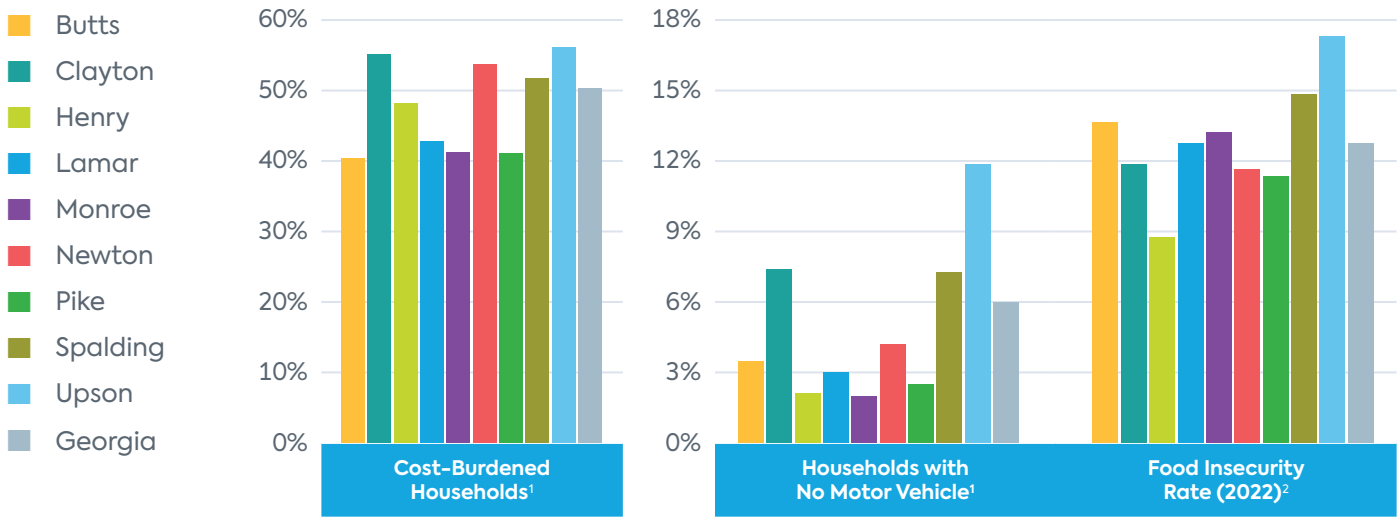
Percent by tract, ACS 2019-2023

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 14-33% of homeowners in the service area spent more than a third of their income on housing *(Figure 8)*.

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:

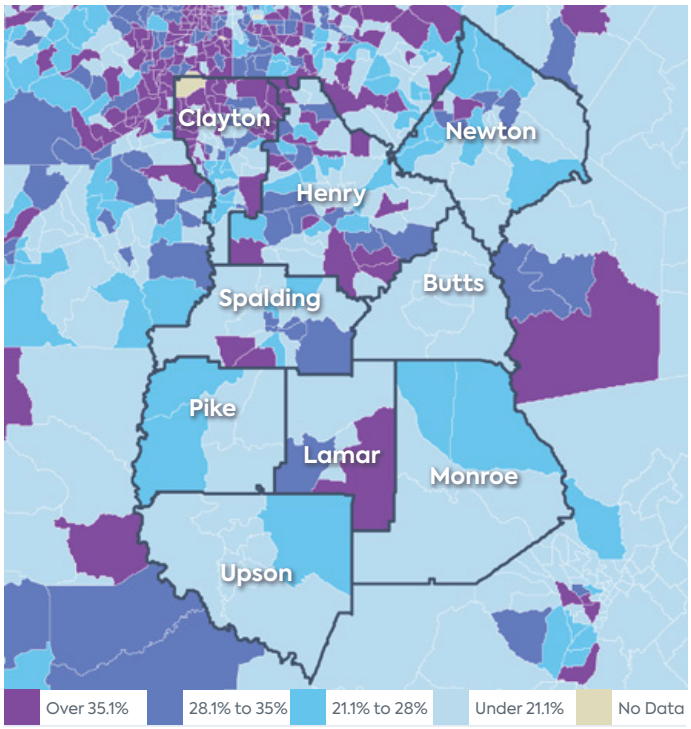
1 U.S. Census Bureau, American Community Survey. 2018-2022
2 Feeding America, 2022, retrieved from map.feedingamerica.org

The service area for Wellstar Spalding Medical Center and Wellstar Sylvan Grove Medical Center had more households with no motor vehicle in Clayton, Spalding, and Upson counties (7.4%, 7.3%, and 11.9% respectively) compared to 6% of households in the state *(Figure 8)*. Transportation may be an issue for some residents across the other counties of the service area as well, as all counties except Lamar have census tracts where over 6.1% 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] Butts, Monroe, Spalding and Upson counties had higher 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 that Pike and Monroe counties were the only counties in the service area that did not have census tracts 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.

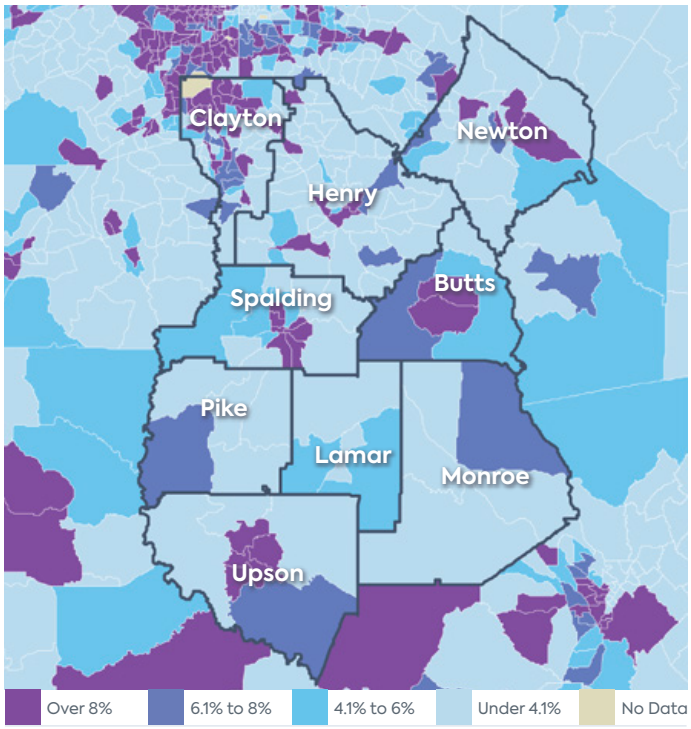
Figure 9 | Cost-Burdened Households (2018-2022)



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

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

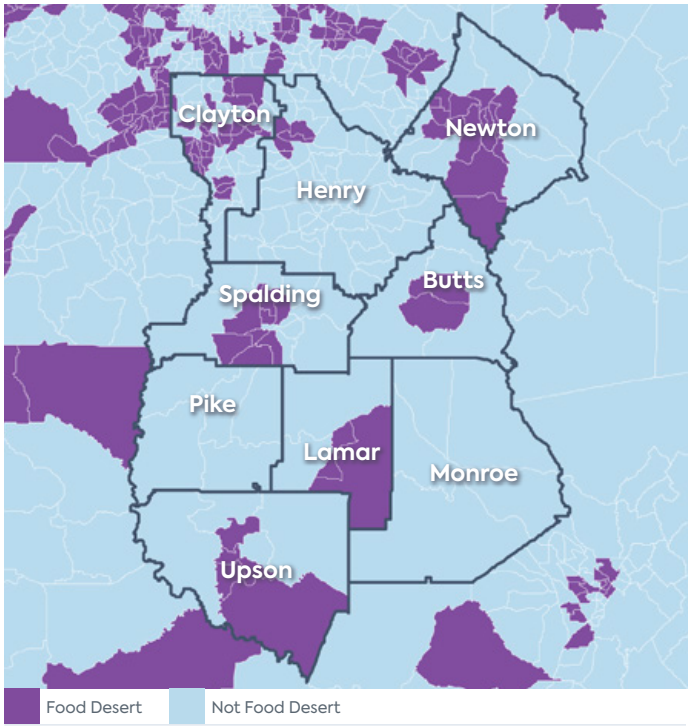
Figure 10 | Households with No Vehicle (2019-2023)



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. COVID-19
3. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
4. Cerebrovascular Disease
5. Alzheimer's Disease

Across the service area, the mortality rates from all five top causes were higher than state rates. 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 over half the counties in the service area, almost all with rates higher than the state. Death rates from Ischemic Heart and Vascular Disease were especially high in Upson County at 186.1 per 100,000 population, far exceeding rates of the other counties and the state (Table 4). COVID-19 was the top cause of death in Monroe, Newton, Pike, and Spalding counties, and in the top three leading causes of death for all counties in the service area, exceeding state rates in all 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. Essential Hypertension and Hypertensive Renal and Heart Disease was the top cause of death in Henry County and appeared as a top cause in five of the nine counties. All COPD except asthma, also appeared as a top cause of death in eight counties in the service area, with rates exceeding the state in all those counties.

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

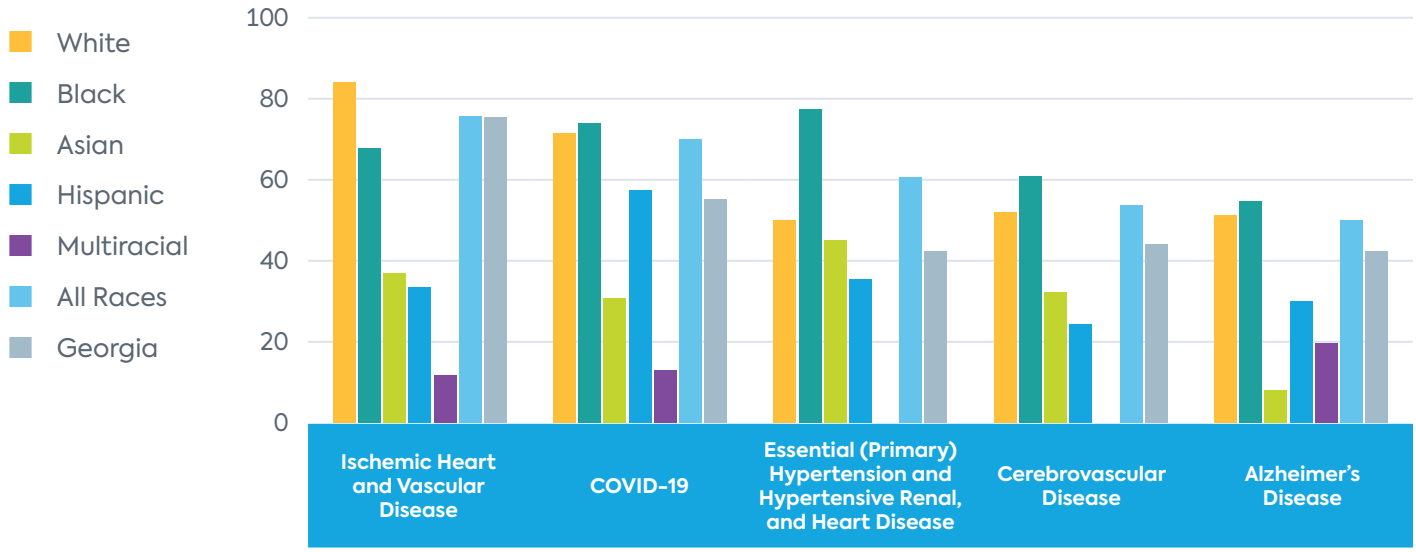
	#1	#2	#3	#4	#5
Butts	Ischemic Heart and Vascular Disease 78.0	COVID-19 78.6	All COPD Except Asthma 65.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 62.9	Cerebrovascular Disease 55.7
Clayton	Ischemic Heart and Vascular Disease 83.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 77.6	COVID-19 69.7	Cerebrovascular Disease 58.1	Malignant Neoplasms of the Trachea, Bronchus and Lung 29.0
Henry	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 69.7	Ischemic Heart and Vascular Disease 57.1	COVID-19 55.0	Cerebrovascular Disease 49.0	Alzheimer's Disease 54.8
Lamar	Ischemic Heart and Vascular Disease 96.6	COVID-19 88.1	All COPD Except Asthma 71.6	Cerebrovascular Disease 52.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 46.5
Monroe	COVID-19 70.3	Ischemic Heart and Vascular Disease 58.0	All COPD Except Asthma 48.7	Alzheimer's Disease 50.5	Malignant Neoplasms of the Trachea, Bronchus and Lung 46.1
Newton	Ischemic Heart and Vascular Disease 74.4	COVID-19 65.9	Cerebrovascular Disease 53.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 46.8	All COPD Except Asthma 43.7
Pike	COVID-19 91.6	Ischemic Heart and Vascular Disease 88.4	All COPD Except Asthma 51.7	Malignant Neoplasms of the Trachea, Bronchus and Lung 48.3	Cerebrovascular Disease 54.6
Spalding	COVID-19 87.5	All COPD Except Asthma 67.0	Cerebrovascular Disease 56.1	Ischemic Heart and Vascular Disease 54.5	Malignant Neoplasms of the Trachea, Bronchus and Lung 46.8
Upson	Ischemic Heart and Vascular Disease 186.1	COVID-19 106.3	All COPD Except Asthma 81.7	Cerebrovascular Disease 64.0	Alzheimer's Disease 60.6
Service Area	Ischemic Heart and Vascular Disease 75.2	COVID-19 69.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 60.3	Cerebrovascular Disease 53.5	Alzheimers Disease 49.8
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, White residents had higher mortality rates from all five top causes of death, and higher rates of Ischemic Heart Disease compared to other racial and ethnic groups in the service area *(Figure 12)*. Black residents had higher mortality rates from COVID-19, Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease, Cerebrovascular Disease, and Alzheimer's Disease compared to both the state and other racial and ethnic groups in the service area.

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. Motor vehicle crashes
2. Assault (homicide)
3. COVID-19
4. Ischemic Heart and Vascular Disease
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

The top causes of premature death in the service area differed from the top causes across the state and were higher than state rates for all causes *(Table 5)*. Motor vehicle crashes were the leading cause of premature death and were especially high in Spalding County (942.7 YPLL) compared to the other counties. Ischemic heart disease was only a top cause in Upson County, although YPLL rates were over double those of the state. Assault was the second leading cause of premature death in the service area, appearing in the top causes of five counties, and was the leading cause in Clayton County.

While accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) and intentional self-harm (suicide) were not in the top five causes of premature death across the service area, specific counties were affected by these causes more severely, with Butts, Pike, and Spalding counties having higher rates of YPLL from accidental poisoning, and Butts, Lamar, Monroe, Newton, and Spalding counties having higher rates of YPLL from intentional self-harm than the state.

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

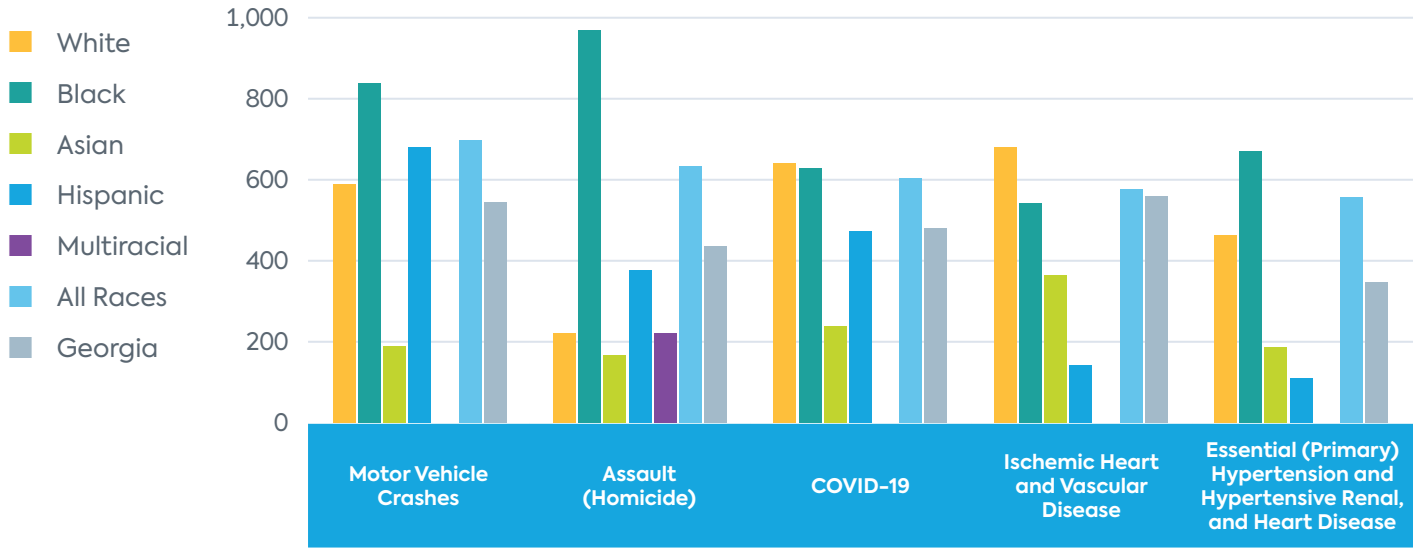
	#1	#2	#3	#4	#5
Butts	Motor Vehicle Crashes 793.7	Accidental Exposure Poisoning and Exposure to Noxious Substances 780.1	Intentional Self-Harm (Suicide) 779.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 716.4	COVID-19 676.9
Clayton	Assault (Homicide) 908.3	Motor Vehicle Crashes 721.5	Ischemic Heart and Vascular Disease 648.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 648.1	COVID-19 612.5
Henry	Motor Vehicle Crashes 569.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 549.5	Accidental Exposure Poisoning and Exposure to Noxious Substances 499.9	Assault (Homicide) 464.8	Intentional Self-Harm (Suicide) 452.6
Lamar	COVID-19 883.4	Ischemic Heart and Vascular Disease 810.0	Intentional Self-Harm (Suicide) 799.6	Motor Vehicle Crashes 785.8	Accidental Exposure Poisoning and Exposure to Noxious Substances 634.6
Monroe	Motor Vehicle Crashes 753.3	Intentional Self-Harm (Suicide) 743.9	COVID-19 724.0	Accidental Exposure Poisoning and Exposure to Noxious Substances 586.9	Ischemic Heart and Vascular Disease 459.5
Newton	Motor Vehicle Crashes 638.0	Assault (Homicide) 601.5	Ischemic Heart and Vascular Disease 568.3	Accidental Exposure Poisoning and Exposure to Noxious Substances 566.8	Intentional Self-Harm (Suicide) 550.1
Pike	Accidental Poisoning and Exposure to Noxious Substances 875.0	Motor Vehicle Crashes 864.6	COVID-19 843.3	Ischemic Heart and Vascular Disease 638.1	Malignant Neoplasms of the Trachea, Bronchus, and Lung 458.0
Spalding	Motor Vehicle Crashes 942.7	COVID-19 912.2	Accidental Poisoning and Exposure to Noxious Substances 697.2	Intentional Self-Harm (Suicide) 571.6	Assault (Homicide) 555.7
Upson	Ischemic Heart and Vascular Disease 1,345.1	COVID-19 1,014.6	Motor Vehicle Crashes 823.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 726.3	All COPD Except Asthma 642.1
Service Area	Motor Vehicle Crashes 694.5	Assault (Homicide) 631.9	COVID-19 601.6	Ischemic Heart and Vascular Disease 573.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 554.3
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, Black and Hispanic residents had the highest rates of premature death from motor vehicle crashes compared to other racial and ethnic groups in the service area and the state *(Figure 13)*. Black residents also had the highest rates of YPLL from assault, and Essential Hypertension and Hypertensive Renal, and Heart Disease compared to other racial and ethnic groups. White residents had higher rates of YPLL for COVID-19, and Ischemic Heart and Vascular Disease compared to other groups.

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 ED use in the service area were all related to injury (all other unintentional injury, falls, and motor vehicle crashes) *(Table 6)*. All top five causes matched the state's top causes for ED visits; however, the service area's rates were higher than the state for all causes except falls. Diseases of the musculoskeletal system and connective tissue were the number one cause of ED visits across the service area and was particularly high in Upson County, whose visit rate of 5,238.0 almost doubled the state average (2,774.6). All other unintentional injury was in the top two causes of ED visits in the service area, and the rate in Butts County was higher than the rest of the service area and the state. While the average ED visit rate across the service area for falls was lower than the state, rates were higher in Lamar, Monroe, Spalding, and Upson counties. Upson County was also the only county where COVID-19 was a top five leading cause of emergency room visits.

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

	#1	#2	#3	#4	#5
Butts	All Other Unintentional Injury 4,847.9	Diseases of the Musculoskeletal System and Connective Tissue 3,800.3	All Other Diseases of the Genitourinary System 2,771.6	Falls 2,628.0	All Other Diseases of the Nervous System 1,939.1
Clayton	Diseases of the Musculoskeletal System and Connective Tissue 2,949.0	All Other Unintentional Injury 2,219.3	All Other Diseases of the Genitourinary System 1,900.1	Motor Vehicle Crashes 1,063.1	Falls 1,015.0
Henry	Diseases of the Musculoskeletal System and Connective Tissue 2,031.0	All Other Unintentional Injury 1,792.4	All Other Diseases of the Genitourinary System 1,478.8	Falls 1,067.1	Motor Vehicle Crashes 894.6
Lamar	Diseases of the Musculoskeletal System and Connective Tissue 3,367.9	All Other Unintentional Injury 3,537.8	All Other Diseases of the Genitourinary System 2,455.3	Falls 2,244.5	All Other Diseases of the Nervous System 1,423.2
Monroe	All Other Unintentional Injury 3,627.5	Diseases of the Musculoskeletal System and Connective Tissue 3,125.0	Falls 2,426.8	All Other Diseases of the Genitourinary System 2,239.1	All Other Diseases of the Nervous System 1,306.9
Newton	Diseases of the Musculoskeletal System and Connective Tissue 3,430.8	All Other Unintentional Injury 3,392.5	All Other Diseases of the Genitourinary System 2,366.7	Falls 1,914.3	Motor Vehicle Crashes 1,298.3
Pike	All Other Unintentional Injury 2,783.8	Diseases of the Musculoskeletal System and Connective Tissue 2,006.4	Falls 1,812.7	All Other Diseases of the Genitourinary System 1,743.9	Motor Vehicle Crashes 1,047.8
Spalding	Diseases of the Musculoskeletal System and Connective Tissue 4,415.5	All Other Unintentional Injury 3,669.0	All Other Diseases of the Genitourinary System 3,153.6	Falls 2,208.7	All Other Diseases of the Nervous System 2,036.9
Upson	Diseases of the Musculoskeletal System and Connective Tissue 5,238.0	All Other Unintentional Injury 5,449.8	Falls 3,363.5	All Other Diseases of the Genitourinary System 3,587.2	COVID-19 2,142.7
Service Area	Diseases of the Musculoskeletal System and Connective Tissue 2,952.6	All Other Unintentional Injury 2,625.3	All Other Diseases of the Genitourinary System 2,044.1	Falls 1,480.8	Motor Vehicle Crashes 1,133.9
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. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
3. Ischemic Heart and Vascular Disease
4. All other mental and behavioral disorders
5. Cerebrovascular Disease

Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, and Clayton and Henry counties' rates were much higher than those of the other counties and state *(Table 7)*. Essential Hypertension and Hypertensive Renal and Heart Disease was in the top three causes of hospital discharge across the service area and was highest in Newton County. Lamar County's discharge rate for Ischemic Heart and Vascular Disease was higher than the rest of the service area and the state. Lamar, Monroe, Spalding, and Upson counties all had higher rates of diseases of the musculoskeletal system and connective tissue than the state, despite that cause not making the top five leading causes of hospital discharge across the service area. Clayton and Upson counties also had much higher rates of all other mental and behavioral disorders than state rates. Clayton County was the only county where diabetes mellitus was a top cause, and Pike was the only county where COVID-19 was a top cause of hospital discharges.

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

	#1	#2	#3	#4	#5
Butts	Septicemia 926.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 449.3	Ischemic Heart and Vascular Disease 360.1	Cerebrovascular Disease 294.0	Diseases of the Musculoskeletal System and Connective Tissue 252.9
Clayton	Septicemia 1,030.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 462.4	All Other Mental and Behavioral Disorders 338.2	Diabetes Mellitus 261.5	Cerebrovascular Disease 277.1
Henry	Septicemia 1,003.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 376.8	Ischemic Heart and Vascular Disease 233.2	Diseases of the Musculoskeletal System and Connective Tissue 226.4	Cerebrovascular Disease 230.9
Lamar	Septicemia 648.9	Ischemic Heart and Vascular Disease 418.8	Diseases of the Musculoskeletal System and Connective Tissue 336.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 298.9	Cerebrovascular Disease 266.7
Monroe	Septicemia 454.2	Diseases of the Musculoskeletal System and Connective Tissue 372.8	Ischemic Heart and Vascular Disease 333.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 299.9	Cerebrovascular Disease 268.5
Newton	Septicemia 853.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 491.3	Ischemic Heart and Vascular Disease 368.6	Diseases of the Musculoskeletal System and Connective Tissue 301.5	Cerebrovascular Disease 291.0
Pike	Septicemia 587.0	Ischemic Heart and Vascular Disease 321.1	Covid-19 286.1	Diseases of the Musculoskeletal System and Connective Tissue 273.9	Cerebrovascular Disease 249.7
Spalding	Septicemia- 979.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 464.9	Ischemic Heart and Vascular Disease 397.2	Cerebrovascular Disease 332.7	Diseases of the Musculoskeletal System and Connective Tissue 285.4
Upson	Septicemia 442.8	Ischemic Heart and Vascular Disease 414.7	All Other Mental and Behavioral Disorders 479.5	Diseases of the Musculoskeletal System and Connective Tissue 386.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 339.5
Service Area	Septicemia 913.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 417.1	Ischemic Heart and Vascular Disease 284.5	All Other Mental and Behavioral Disorders 278.9	Cerebrovascular Disease 270.3
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

Focus Group and Community Summit participants living in the Spalding service area identified multiple barriers to access:

- **Distance to care:** Participants mentioned that the distance to doctors varied across the service area, with some having to travel long distances to receive care.
- **Navigating insurance:** Some participants struggle with understanding their insurance plans and navigating the "rules and guidelines" required by insurers.
- **Provider shortages:** Some participants felt that there were not enough healthcare providers in their areas.
- **Limited digital literacy:** While apps and patient portals can be facilitators to access for some, they can be barriers for those with limited digital literacy.

Providers

Provider rates vary drastically from county to county, and by the specific type of provider. The service area had between 31-45% of residents living in an area affected by a health professional shortage areas in all but three counties, which is higher than the state for medical care *(Table 8)*. Of those residents, from 70% in Upson County to 93.7% in Clayton County were underserved. All counties in the service area except Henry and Pike counties had over 30% of residents living in a health professional shortage for dental care, with almost all 100% of Upson County residents lacking dental care. In all counties with health care professional shortages, these rates were higher than the state average.

Table 8 | Provider Shortage Areas (2024)

	Percentage of Population Living in an Area Affected by a Health Professional Shortage	Percentage of Health Professional Shortage Population Underserved	Percentage of Population Living in a Health Professional Shortage for Dental Care
Butts	36.1%	91.4%	36.1%
Clayton	45.3%	93.7%	45.3%
Henry	0.0%	0.0%	0.0%
Lamar	34.7%	83.6%	34.7%
Monroe	31.6%	93.4%	31.6%
Newton	0.0%	0.0%	34.8%
Pike	0.0%	0.0%	0.0%
Spalding	42.2%	71.9%	42.2%
Upson	45.1%	70.0%	97.5%
Georgia	26.3%	60.7%	18.6%

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 consistently lower rates of all provider types compared to state outcomes, and some counties reported no providers types in their county for certain provider types *(Table 9)*. Lamar, Monroe, Pike, and Upson counties reported zero addiction/substance abuse providers, Monroe and Pike counties reported no buprenorphine providers, and Pike County reported no nurse practitioners. Butts and Newton counties had higher rates of addiction/substance abuse providers, and Henry and Upson had higher rates of buprenorphine providers than the rest of the service area and the state. For all other provider types across all counties in the service area, rates were lower than state averages.

Table 9 | Rates of Providers by Specialty

	Addiction/ Substance Abuse Providers (2020)[1]	Buprenorphine Providers (2023)[2]	Dentists (2022)[3]	Mental Health Providers (2024)[4]	Nurse Practitioners (2024)[4]	Primary Care (2021)[5]
Butts	11.8	3.8	15.0	66.8	15.7	26.8
Clayton	4.0	3.7	23.1	102.8	33.6	25.1
Henry	4.2	9.4	35.8	160.8	56.5	48.6
Lamar	0.0	5.4	10.3	64.9	16.2	26.7
Monroe	0.0	0.0	17.0	50.1	28.6	52.2
Newton	9.8	2.6	20.4	84.5	53.3	23.4
Pike	0.0	0.0	20.1	74.1	0.0	20.5
Spalding	4.5	5.9	34.8	144.1	81.7	41.3
Upson	0.0	14.5	21.4	54.2	46.9	50.6
Georgia	7.9	7.9	53.9	188.4	75.6	66.0

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.

Spalding Focus Group participants living in the Wellstar Spalding Medical Center and Wellstar Sylvan Grove Medical Center service area identified the following challenges that negatively affected their access to care:

- Lack of mental health resources
- Long distances to travel to get to doctors' appointments
- Struggles with rules and guidelines about insurance coverage
- Shortage of doctors and specialists

Access-related recommendations from community members included:

- More patient support for making appointments, especially for older individuals who may not be able to navigate the online systems
- Increase the number of specialists and mental health providers

Behavioral Health

In the Spalding and Sylvan Grove service area Community Focus Group, Behavioral Health was identified as a common health issue for which health resources are lacking. The following data further explains this health issue, partially. Among the counties with consistently recorded rates of drug overdose, Spalding County often exceeded the state average up to 2022 (*Table 10)*. When recorded, Butts County showed relatively high rates, peaking at 40.5 and consistently exceeding the state average up to 2022.

"Mental health is a priority. It can contribute to other diseases, it can lead to behaviors that result in other conditions. Mental health can shift your whole paradigm."

- Focus Group Participant

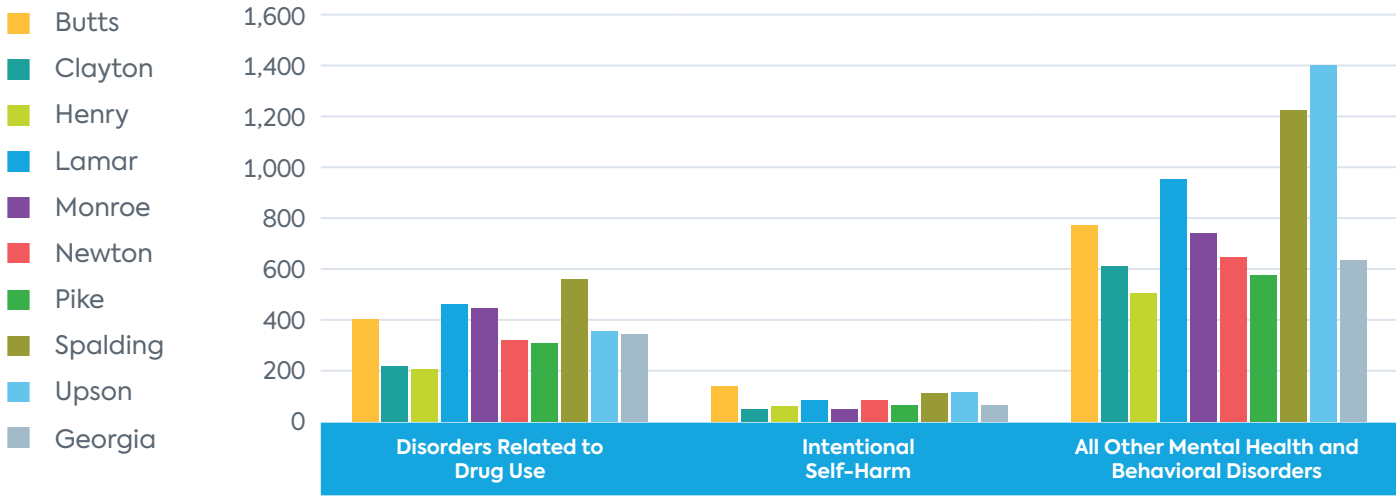
Table 10 | **Rate of Drug Overdose (2013-2023)**

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Butts	ND	ND	24.3	ND	21.9	22.9	ND	21.9	40.5	31.3	18.8
Clayton	8.4	8.7	9.9	9.0	12.0	9.4	7.6	17.0	18.9	22.2	19.4
Henry	11.4	12.8	12.5	16.2	12.7	14.0	11.7	14.7	16.3	21.4	14.2
Lamar	ND	ND	27.0	ND	ND	ND	ND	ND	ND	40.2	ND
Monroe	ND	ND	ND	ND	ND	ND	ND	16.7	23.3	28.6	ND
Newton	11.3	9.3	10.4	13.6	13.8	8.5	11.8	17.0	21.3	21.6	21.7
Pike	ND	ND	ND	ND	ND	ND	ND	ND	ND	35.6	29.9
Spalding	12.1	14.6	18.6	16.4	15.7	17.4	9.5	23.7	31.5	27.6	14.7
Upson	28.8	18.6	ND	ND	ND	ND	ND	ND	ND	28.2	ND
Georgia	10.5	11.4	12.2	13.1	14.6	13.1	12.9	17.9	22.5	24.8	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. Butts, Lamar, Monroe, Spalding, Clayton, Newton, and Upson counties had the highest rates in these categories which were at or above the state average. Spalding and Upson had noticeably higher rates for emergency room visits related to all other mental and behavioral disorders compared to the other counties. Overall, emergency room visit rates for intentional self-harm (including suicide attempts) were lowest, remaining under 100 except for Butts, Spalding, and Upson.

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

Spalding Focus Group members and Community Summit attendees identified access to healthy foods, physical activity, and chronic disease as concerns, but they were not among the top priorities in the service area. Health education/literacy was identified as a top need which may encompass these topics. Food insecurity rates in the service area range from 11.1% to 18.6% with Henry County having the lowest and Upson County having the highest. An estimated 53% of Upson residents' may be eligible for the Supplemental Nutrition Assistance Program (Feeding America, Map the Meal Gap, 2023).

Of the eight school districts in the service area, five districts have fewer than five schools. Clayton, Henry, and Newton school districts are much bigger. Free and reduced school lunch (FRL) rates in the service area range from 42.8% (Pike County) to greater than 95% in Butts, Clayton, Lamar, and Upson-Thomaston school systems. Of note, only three of Clayton County's 67 schools are below 95% FRL. Nutrition education and promotion of federal nutrition programs among young parents, particularly in Clayton and Upson, may be beneficial.

Diabetes and Obesity

Obesity is impacting 19.6% to 41% of adults in the service area *(Table 11)*. Clayton County is experiencing the highest obesity rate at 41% followed by Henry and Newton at just over 36%. 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; Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2022-2023).

While Clayton County has the highest diabetes diagnoses percent (13.8%), Upson County is experiencing, by far, the highest rate of diabetes-related emergency room visits, 835.8 per 100,000. This rate is more than three times higher than Henry County's rate of 259.6 per 100,000.

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

	Adults with BMI > 30.0 (Obese), Percent (2021)[1]	Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)[1]	Diabetes ER Visit Rate[2]*	Diabetes Discharge Rate[2]*	Diabetes Mortality Rate[2]*
Butts	21.2%	8.9%	564.9	216.1	28.7
Clayton	41.0%	13.8%	392.4	261.5	26.2
Henry	36.6%	9.1%	259.6	176.1	19.1
Lamar	19.6%	8.2%	458.3	244.1	33.2
Monroe	26.8%	10.0%	339.4	194.2	14.4
Newton	36.2%	10.9%	432.8	228.4	24.3
Pike	21.5%	8.9%	327.2	180.1	21.8
Spalding	27.2%	8.7%	633.7	315.6	23.9
Upson	21.7%	8.4%	835.8	353.3	30.0
Georgia	29.7%	9.6%	309.9	209.1	22.4

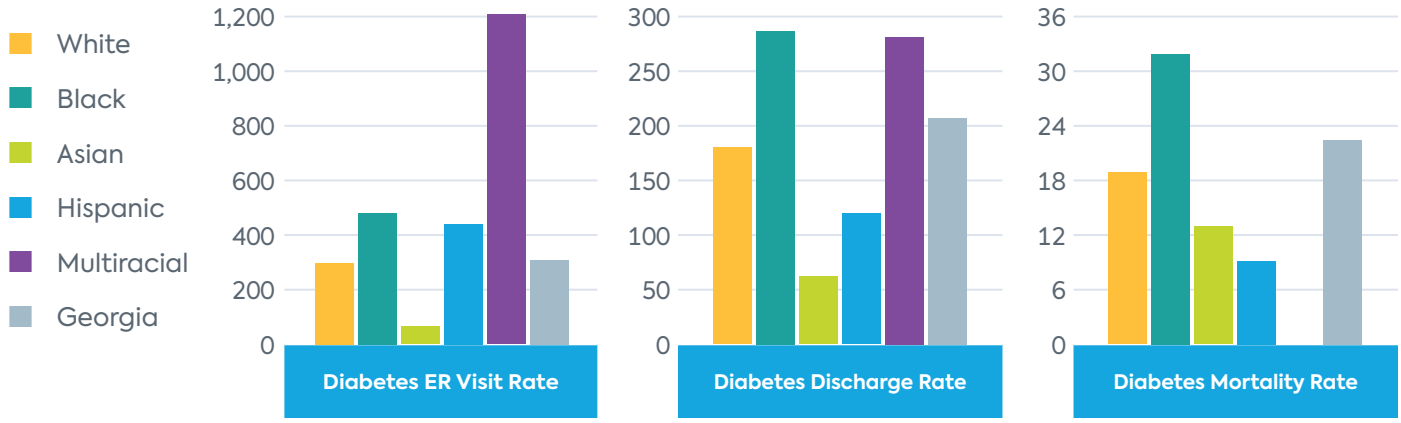
** Age-adjusted rates per 100,000 population*

Sources:

1 Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity

2 Georgia Department of Public Health Online Analytical Statistical Information System

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

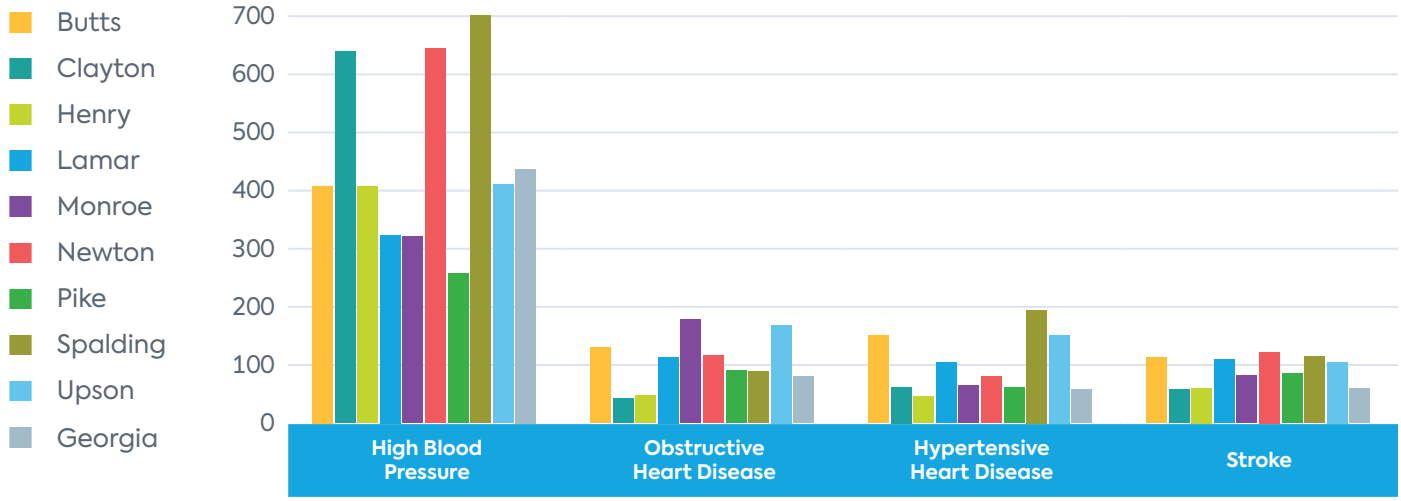


Age-adjusted rates per 100,000 population . Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Chronic Disease

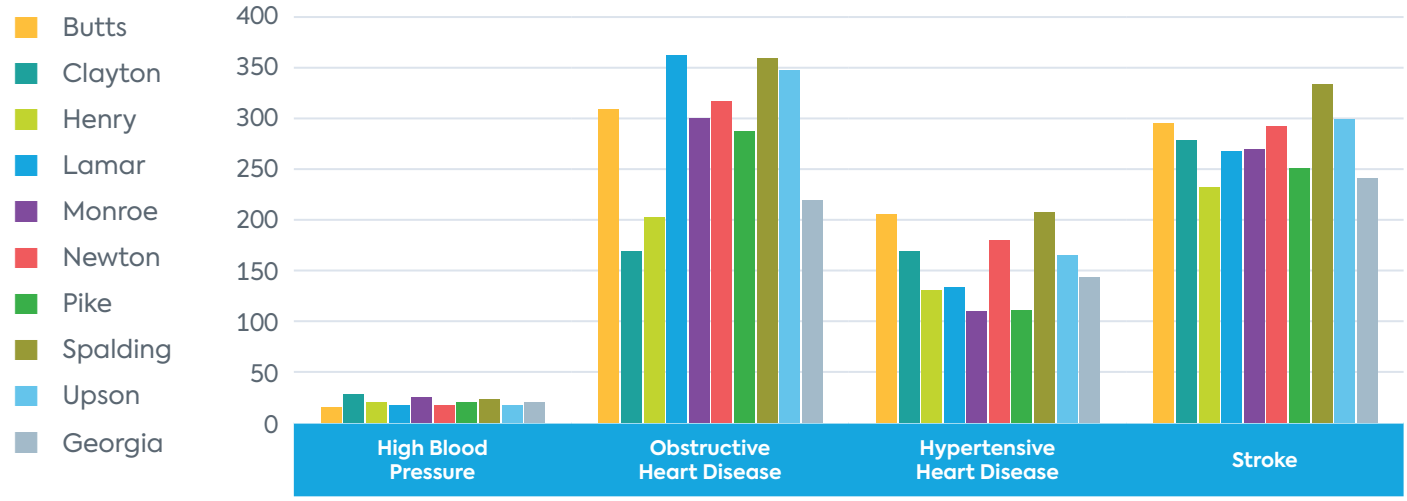
As noted, the behaviors that lead to lifestyle-related chronic diseases were named by community residents in focus group and summit tabletop discussions. Limited healthy food access, sedentariness, an affinity for "comfort foods" (vs. healthy foods) were specific issues named by focus group members. Clayton, Newton, and Spalding counties have the highest rates of emergency room visits due to high blood pressure and stroke in the service region *(Figures 16 and 17)*. Given the top causes of early death (before 75 years) in the service area for persons 45+ years are hypertension, heart disease, and Ischemic Heart and Vascular Disease (Georgia Department of Public Health, OASIS, 2019-2023), 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

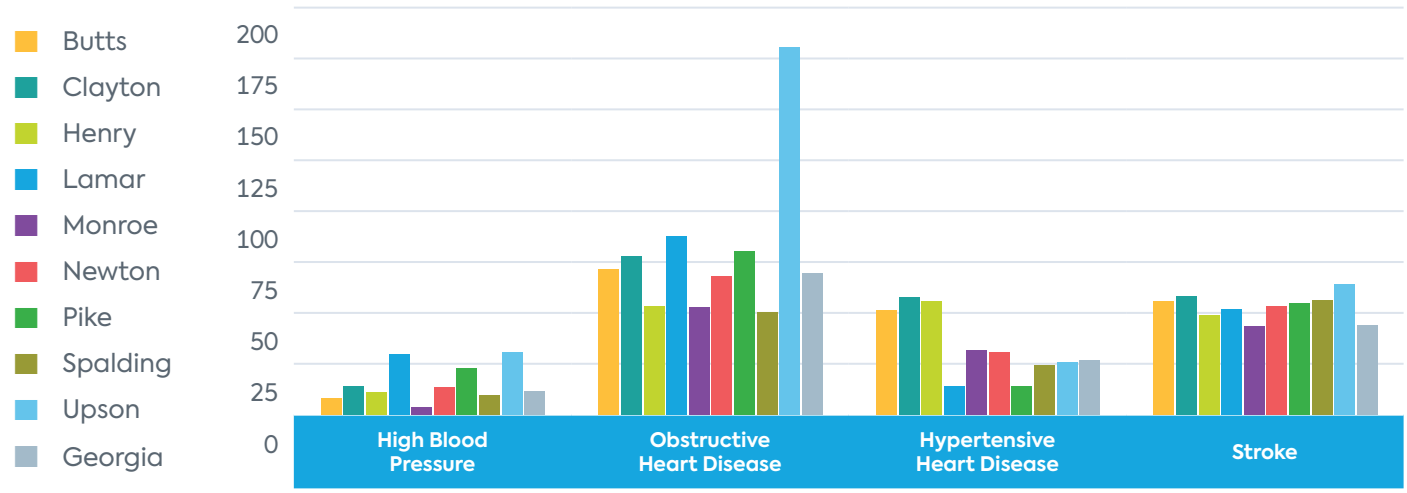
Figure 17 | **Chronic Disease Hospital Discharge Rate (2019-2023)**



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 as a health priority and Focus Group participants acknowledged the financial barriers to care for seniors on a fixed income and the challenge of navigating the Medicare system.

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 Spalding Medical Center and Wellstar Sylvan Grove 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 *(Table 12)* in the service area were:

1. Ischemic Heart and Vascular Disease
2. COVID-19
3. Alzheimer's Disease
4. Cerebrovascular Disease
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

Table 12 outlines the top five leading causes of death among individuals aged 65 and older across the service area. Ischemic Heart and Vascular Disease was the #1 cause of death across most counties (except for Henry, Monroe, and Spalding) and the state, with particularly high rates in Upson (1,024.2) and Lamar (483.5) counties.

COVID-19 was also a leading cause, ranked #1 in Monroe (364.6) and Spalding (421.4) and #2 in Butts (428.0), Lamar (435.8), Newton (340.7), Pike (471.5), and Upson (559.0) counties such as Butts, Lamar, Spalding, and Upson. It was also ranked second across the service area (346.7) and the state (281.4).

Essential Hypertension and related diseases notably ranked #1 in Henry (342.7) and #2 in Clayton (351.5). Alzheimer's Disease and Cerebrovascular Disease were both found across the service area. The highest rates of Alzheimer's were found in Monroe (350.3) and Henry (303.6) counties where it ranked second. The highest rates of Cerebrovascular Disease were in Pike (339.5) and Lamar (304.4) counties where it ranked 3rd and 4th respectively. Chronic Obstructive Pulmonary Disease (COPD) excluding asthma was most prevalent in Spalding (385.5) and Upson (500.4). Monroe County (289.5) was the only county to have Malignant Neoplasms of the Trachea, Bronchus, and Lung among its top 5 causes of death.

Overall, the data highlighted that heart disease, COVID-19, COPD, Alzheimer's, and stroke-related illnesses were the most common causes of death among older adults in the service area, underscoring the need for continued public health efforts targeting cardiovascular and respiratory health, as well as infectious disease prevention in the elderly population.

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

	#1	#2	#3	#4	#5
Butts	Ischemic Heart and Vascular Disease 452.6	COVID-19 428.0	All COPD Except Asthma 398.5	Alzheimer's Disease 359.1	Cerebrovascular Disease 319.8
Clayton	Ischemic Heart and Vascular Disease 365.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 351.5	COVID-19 311.3	Cerebrovascular Disease 275.7	Alzheimer's Disease 227.2
Henry	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 342.7	Alzheimer's Disease 303.6	Ischemic Heart and Vascular Disease 284.4	COVID-19 281.1	Cerebrovascular Disease 261.2
Lamar	Ischemic Heart and Vascular Disease 483.5	COVID-19 435.8	All COPD Except Asthma 417.9	Cerebrovascular Disease 304.4	Alzheimer's Disease 280.6
Monroe	COVID-19 364.6	Alzheimer's Disease 350.3	Ischemic Heart and Vascular Disease 328.8	Malignant Neoplasms of the Trachea, Bronchus, and Lung 289.5	All COPD Except Asthma 285.9
Newton	Ischemic Heart and Vascular Disease 384.4	COVID-19 340.7	Cerebrovascular Disease 297.0	Alzheimer's Disease 273.8	All COPD Except Asthma 257.1
Pike	Ischemic Heart and Vascular Disease 477.8	COVID-19 471.5	Cerebrovascular Disease 339.5	Alzheimer's Disease 326.9	All COPD Except Asthma 301.8
Spalding	COVID-19 421.4	All COPD Except Asthma 385.5	Alzheimer's Disease 304.3	Cerebrovascular Disease 302.8	Ischemic Heart and Vascular Disease 263.8
Upson	Ischemic Heart and Vascular Disease 1,024.2	COVID-19 559.0	All COPD Except Asthma 500.4	Alzheimer's Disease 406.5	Cerebrovascular Disease 383.1
Service Area	Ischemic Heart and Vascular Disease 372.9	COVID-19 346.7	Alzheimer's Disease 287.3	Cerebrovascular Disease 286.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 284.2
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

Table 13 summarizes the top five causes of emergency room visits among individuals aged 65 and over across the service area. Falls were the #1 cause of emergency room visits in all counties except Clayton where Diseases of the Musculoskeletal System and Connective Tissue ranks #1. Fall rates ranged from 2,760.10 per 100,000 in Henry County to 5,859.6 in Upson County.

Diseases of the Musculoskeletal System and Connective Tissue (such as arthritis and related conditions) ranked #2 across all counties except for Clayton County and were the second leading cause of emergency room visits across the service area as a whole (3,161.90) and the state (3,328.20).

Genitourinary system diseases (e.g., kidney and urinary issues) appeared at #3 in most counties and remain a significant health burden, with the highest rates in Butts (2,883.0) and Upson (2,595.6) counties. Unintentional injuries other than falls (like accidents and trauma) ranked #4 in most counties, also reflecting safety risks among seniors beyond just falls.

Hypertension and related heart/kidney disease, COPD (excluding asthma), and nervous/endocrine system diseases were recurring in the #5 spot, varying slightly by county. These chronic conditions further underline the complex healthcare needs of the aging population. Monroe County (1,486.90) was the only county to have All Other Endocrine, Nutritional, and Metabolic Diseases among its top 5 causes of emergency room visits.

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

	#1	#2	#3	#4	#5
Butts	Falls 5,421.6	Diseases of the Musculoskeletal System and Connective Tissue 3,945.7	All Other Diseases of the Genitourinary System 2,883.0	All Other Unintentional Injury 2,597.7	All COPD Except Asthma 1,721.9
Clayton	Diseases of the Musculoskeletal System and Connective Tissue 2,798.1	Falls 1,996.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,741.8	All Other Diseases of the Genitourinary System 1,299.1	All Other Unintentional Injury 1,169.0
Henry	Falls 2,760.1	Diseases of the Musculoskeletal System and Connective Tissue 2,353.1	All Other Diseases of the Genitourinary System 1,393.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,150.1	All Other Unintentional Injury 1,119.6
Lamar	Falls 4,172.6	Diseases of the Musculoskeletal System and Connective Tissue 3,689.1	All Other Diseases of the Genitourinary System 2,232.6	All Other Unintentional Injury 1,790.8	All Other Diseases of the Nervous System 1,217.8
Monroe	Falls 4,564.5	Diseases of the Musculoskeletal System and Connective Tissue 3,913.9	All Other Diseases of the Genitourinary System 2,609.3	All Other Unintentional Injury 2,255.4	All Other Endocrine, Nutritional and Metabolic Diseases 1,486.9
Newton	Falls 4,367.1	Diseases of the Musculoskeletal System and Connective Tissue 4,134.4	All Other Diseases of the Genitourinary System 2,186.8	All Other Unintentional Injury 2,008.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,541.4
Pike	Falls 3,835.0	Diseases of the Musculoskeletal System and Connective Tissue 2,458.2	All Other Diseases of the Genitourinary System 1,829.5	All Other Unintentional Injury 1,609.5	All Other Diseases of the Nervous System 955.6
Spalding	Falls 4,100.1	Diseases of the Musculoskeletal System and Connective Tissue 3,494.6	All Other Diseases of the Genitourinary System 2,191.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,601.3	All Other Unintentional Injury 1,545.2
Upson	Falls 5,859.6	Diseases of the Musculoskeletal System and Connective Tissue 4,984.0	All Other Diseases of the Genitourinary System 2,595.6	All Other Unintentional Injury 2,282.9	All COPD Except Asthma 1,993.6
Service Area	Falls 3,333.4	Diseases of the Musculoskeletal System and Connective Tissue 3,161.9	All Other Diseases of the Genitourinary System 1,780.4	All Other Unintentional Injury 1,507.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,433.3
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

Between 2019-2023, 16.2% of births in Clayton County received late or no prenatal care, compared to 9.1% at the state level (Table 14). Births with late or no prenatal care were also higher than the state percentage in Henry County (10.3%). Whereas Pike County had the lowest percentage at 3.7%. The trend continued for fewer than five prenatal care visits, with Clayton County also had the highest percentage of births that received fewer than 5 prenatal care visits (14.9%) compared to 7.8% across the state.

The highest percentages of premature birth were in Butts, Newton, Spalding, and Upson counties, all at 13.6%, and Clayton County (13.3%). Pike County had the lowest percentage at 11.1%, which was just below the state's at 11.7%.

Clayton County had the highest low birthweight births with 14.2%, followed by Spalding (13.2%). Pike County had the lowest percentage at 8.3%, which fell under the state percentage of 10.3%. Clayton (9.1), Lamar (9.1), and Newton (9.0) had the highest infant mortality rates compared to other counties and the state (6.8). Spalding County had the lowest infant mortality rate at 4.7.

Overall, Clayton County consistently exhibited the poorest maternal and infant health outcomes, while Pike County generally showed the most favorable indicators among the counties in the service area. In 2024, Wellstar received a $5.5M Healthy Start Grant to improve health outcomes in Butts, Spalding, and Troup counties: the "funding enables Wellstar to provide individual and group perinatal and parenting education, expand prenatal and postpartum care for high-risk patients through nurse navigators, and increase access to community-based doulas." If the Healthy Start program continues to grow, there may be an opportunity to improve outcomes in the broader Spalding service area.

Table 14 | Select Indicators for Pregnancy and Birth

	Pregnancy Rate	Birth Rate	% Births with Late or No Prenatal Care	% Births with <5 Prenatal Care Visits	% Premature Births	% Low Birthweight Births*	Infant Mortality Rate
Butts	50.5	38.7	6.7%	5.3%	13.6%	11.1%	6.8
Clayton	56.7	39.1	16.2%	14.9%	13.3%	14.2%	9.1
Henry	48.5	31.4	10.3%	8.5%	12.8%	12.1%	5.6
Lamar	44.2	36.9	4.9%	3.3%	11.5%	10.2%	9.1
Monroe	40.6	34.7	5.8%	4.9%	12.1%	11.3%	5.8
Newton	50.4	34.7	6.7%	6.2%	13.6%	11.1%	9.0
Pike	38.0	32.2	3.7%	3.1%	11.1%	8.3%	6.2
Spalding	54.1	42.1	8.9%	7.9%	13.6%	13.2%	4.7
Upson	49.8	40.9	6.4%	4.4%	13.6%	11.1%	6.2
Georgia	48.2	36.9	9.1%	7.8%	11.7%	10.3%	6.8

Rates per 1,000 females 10-55 years of age in the population, 2019-2023

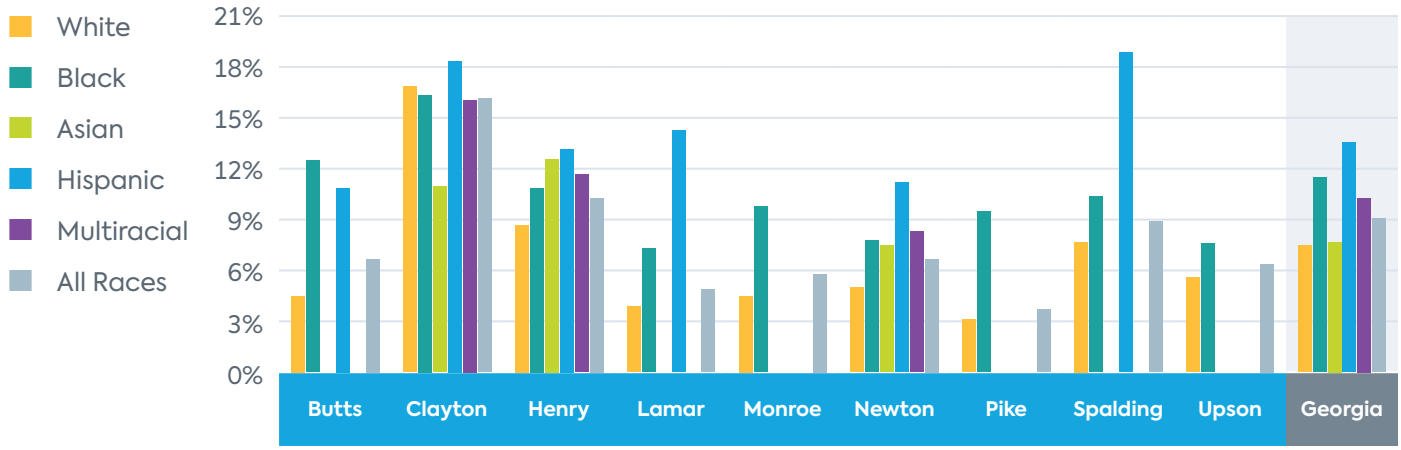
** Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births*

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

Variations in Population Rates

Figure 19 outlines the percentage of births with late or no prenatal care by race and ethnicity across the service area. Hispanic women were disproportionately more likely to have late or no prenatal care with outcomes that ranged from 10.9% in Butts County to 18.9% in Spalding County. Clayton County had the highest overall percentage at 16.2%, with 18.4% of Hispanic mothers, 16.9% of White mothers, 16.4% of Black mothers, 16.1% of Multiracial mothers and 11% of Asian mothers receiving late or no prenatal care. Black mothers also had higher percentages of late or no prenatal care compared to White and Asian mothers.

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

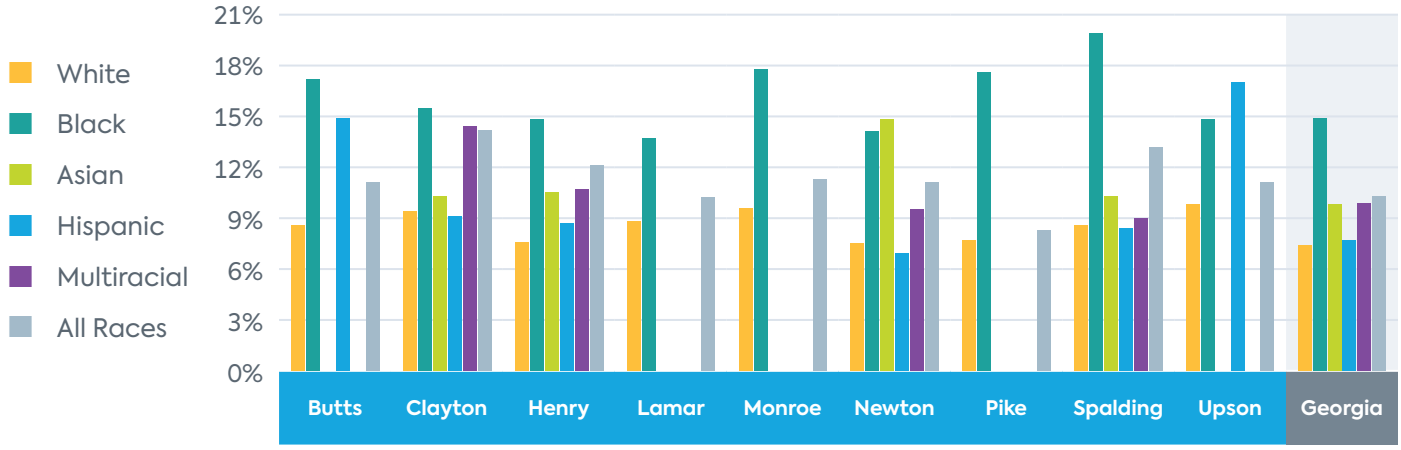


Percentage per 100 live births. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 20 shows the percentage of low birthweight births (less than 2,500 grams) by race and ethnicity across the service area between 2019-2023. Black infants tend to have the highest percentages of low birthweight births across the service area with percentages ranging from 13.7% in Lamar County to 19.9% in Spalding County. The one exception being in Upson County where Hispanic children are more likely to be born with low birthweight (17.0%). In contrast, White infants generally had lower percentages, ranging between 7.5% in Newton to 9.9% in Upson County.

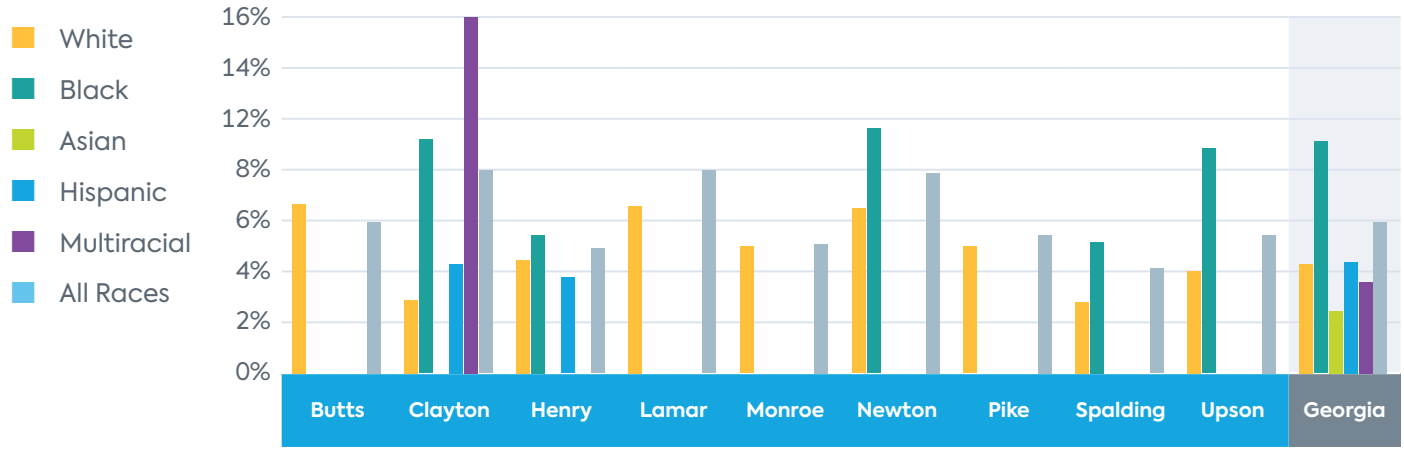
Asian infants in Newton County had a notably high percentage (14.8%), compared to Asian infants in other counties. Hispanic infants in Upson County had the highest percentage among their demographic at 17.0%.

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 | 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)

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Georgia	U.S.
Total Population (2022)	25,522	296,312	240,853	18,676	28,287	113,298	19,145	67,415	27,638	10.7M	331.0M
Age Distribution											
Median Age in Years	38.7	33.0	36.9	37.6	42.6	36.4	40.2	38.9	41.5	37.2	38.5
Under 18 Years	20.5%	27.5%	25.2%	20.7%	20.7%	25.5%	23.5%	23.4%	22.7%	23.4%	22.1%
18-24 Years Old	9.4%	9.9%	9.8%	13.6%	9.3%	10.0%	8.3%	8.1%	8.4%	9.8%	9.5%
25-34 Years Old	15.1%	15.5%	12.4%	12.9%	11.2%	12.7%	11.8%	13.6%	12.7%	13.8%	13.7%
35-44 Years Old	12.8%	13.0%	13.4%	10.2%	11.6%	12.8%	13.0%	11.8%	11.6%	13.3%	12.9%
45-54 Years Old	13.7%	12.7%	14.8%	12.2%	13.8%	13.8%	14.3%	12.1%	11.8%	13.1%	12.4%
55-64 Years Old	12.6%	11.4%	12.5%	13.0%	14.7%	12.0%	13.4%	12.7%	14.6%	12.3%	12.9%
65+ Years Old	16.0%	10.0%	12.0%	17.5%	18.7%	13.2%	15.7%	18.4%	18.2%	14.4%	16.5%
Racial/Ethnic Distribution											
White	66.5%	12.7%	39.8%	67.1%	73.7%	44.9%	87.4%	59.1%	67.5%	54.3%	65.9%
Black	27.8%	70.2%	48.7%	26.9%	21.6%	46.8%	8.6%	34.5%	27.4%	31.5%	12.5%
Asian	0.1%	5.1%	3.3%	0.5%	1.0%	1.4%	0.6%	0.9%	0.4%	4.3%	5.8%
Native American and Alaska Native	0.1%	0.2%	0.2%	0.0%	0.2%	0.1%	0.0%	0.5%	0.3%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.1%	0.2%
Multiple Races	4.7%	6.4%	6.6%	3.9%	2.9%	4.9%	2.2%	4.0%	2.8%	6.0%	8.8%
Some Other Race	0.9%	5.4%	1.4%	1.7%	0.6%	1.9%	1.2%	1.1%	0.9%	3.5%	6.1%
Hispanic/Latino	3.7%	13.4%	7.6%	2.9%	2.5%	6.3%	1.9%	5.1%	2.4%	10.1%	18.7%
Population with Limited English Proficiency	1.3%	9.0%	3.9%	0.4%	1.0%	2.4%	0.5%	1.7%	0.6%	5.5%	8.2%
Income Distribution											
Median Household Income	$60,076	$56,207	$79,663	$64,966	$74,867	$70,732	$83,866	$57,367	$48,740	$71,355	$75,149
Less than $25,000	14.8%	18.7%	8.3%	18.2%	15.5%	15.3%	12.8%	23.9%	28.2%	16.6%	15.7%
$25,000 - $49,999	27.3%	25.0%	17.8%	18.8%	15.5%	20.4%	16.3%	21.0%	22.4%	19.0%	18.1%
$50,000 - $99,999	30.7%	34.7%	36.4%	34.2%	32.3%	33.9%	30.5%	32.5%	27.1%	29.7%	28.9%
$100,000 - $199,999	23.7%	18.8%	29.3%	23.0%	27.2%	25.1%	31.3%	17.1%	18.2%	24.7%	25.9%
$200,000 or more	3.5%	2.8%	8.3%	5.8%	9.5%	5.2%	9.1%	5.6%	4.2%	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

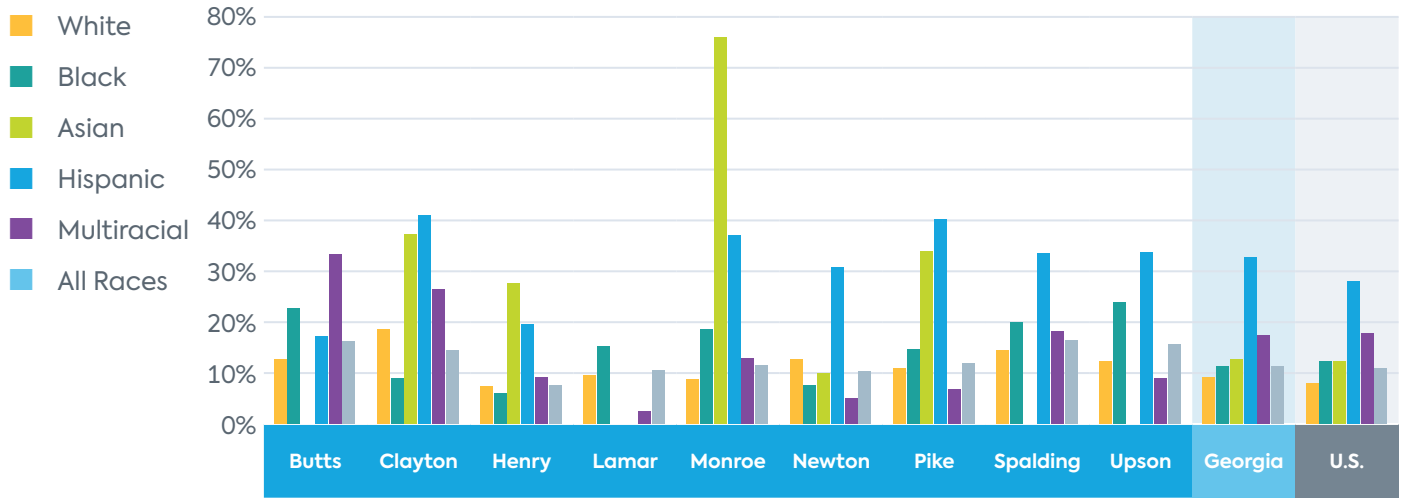
	Adults without HS Diploma (Age 25+)[1]	High School Graduate Rate (2020-2021)[2]	Associates degree or higher[1]	Bachelors degree or higher[1]	Preschool Enrollment (ages 3–4)[1]
Butts	16.3%	88.8%	18.9%	13.1%	67.6%
Clayton	14.5%	76.0%	30.0%	20.6%	35.4%
Henry	7.5%	88.0%	38.4%	27.5%	39.0%
Lamar	10.6%	86.8%	26.3%	17.5%	53.6%
Monroe	11.6%	91.0%	36.5%	28.6%	65.8%
Newton	10.3%	89.0%	31.8%	22.6%	56.1%
Pike	11.9%	95.1%	29.8%	20.2%	45.0%
Spalding	16.4%	84.0%	27.3%	18.3%	45.3%
Upson	15.6%	88.1%	25.3%	15.4%	56.5%
Georgia	11.3%	86.9%	41.9%	33.6%	47.7%
U.S.	10.9%	81.1%	43.1%	34.3%	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. Rates based on 1-4 events are not shown (no bar).

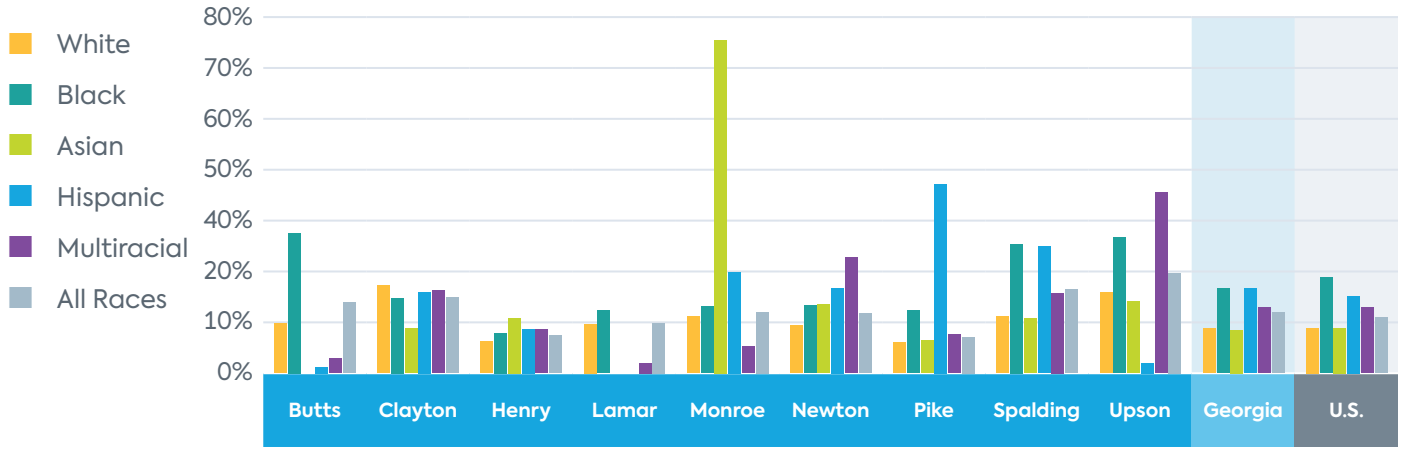
Socioeconomic Status/Income

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
Butts	2014-2018	8,157	23.8%	19.1%	8.2%	43.9%
	2018-2022	8,483	15.8%	11.7%	4.1%	24.7%
Clayton	2014-2018	92,845	20.0%	16.6%	8.5%	27.2%
	2018-2022	104,820	16.9%	13.9%	6.7%	23.6%
Henry	2014-2018	73,826	10.4%	8.4%	3.7%	20.4%
	2018-2022	82,232	8.4%	6.8%	3.5%	13.0%
Lamar	2014-2018	6,368	20.2%	16.5%	11.0%	42.6%
	2018-2022	6,918	11.2%	8.3%	4.2%	28.8%
Monroe	2014-2018	9,803	13.9%	10.3%	6.5%	24.8%
	2018-2022	10,248	13.7%	8.0%	7.7%	12.8%
Newton	2014-2018	36,626	17.9%	14.5%	7.0%	33.8%
	2018-2022	39,906	13.4%	11.1%	7.7%	18.4%
Pike	2014-2018	6,106	13.1%	9.2%	6.0%	25.4%
	2018-2022	6,445	8.1%	5.4%	1.6%	28.6%
Spalding	2014-2018	24,137	21.6%	16.8%	6.4%	38.3%
	2018-2022	26,303	18.8%	14.5%	5.8%	35.0%
Upson	2014-2018	10,204	22.3%	17.4%	9.5%	37.8%
	2018-2022	10,412	22.4%	17.6%	8.9%	41.6%
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)

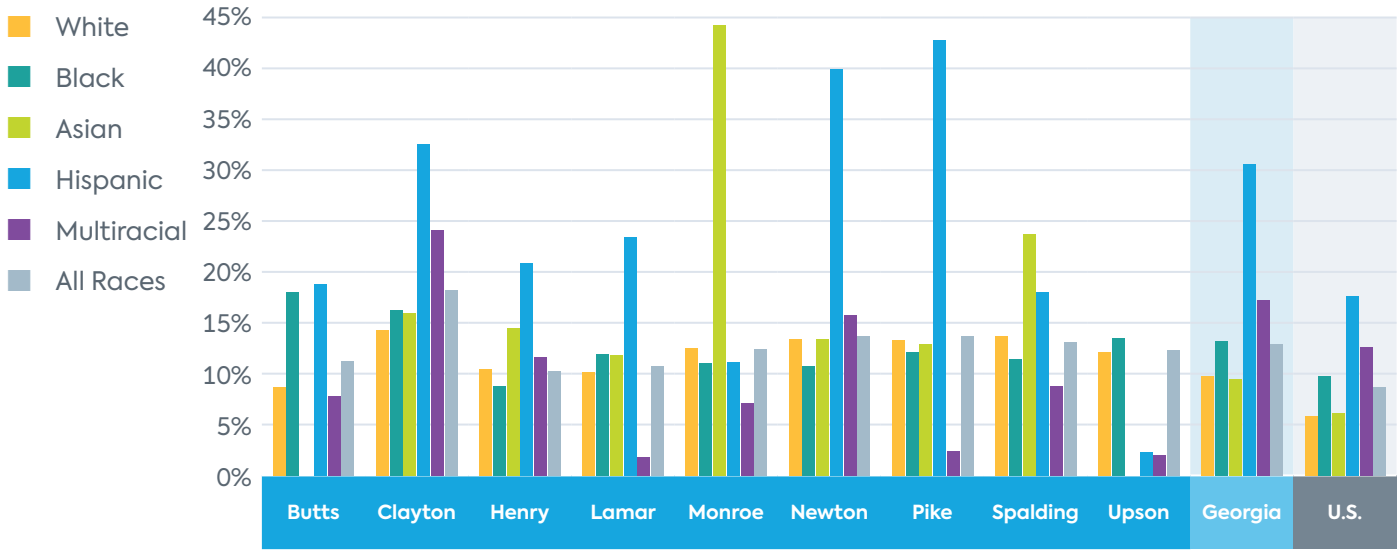
	Unemployment Rate (2024)[1]	Uninsured Population (2018-2022)[2]
Butts	3.4%	11.2%
Clayton	4.8%	18.1%
Henry	3.9%	10.2%
Lamar	4.0%	10.6%
Monroe	3.2%	12.3%
Newton	4.6%	13.6%
Pike	3.1%	13.6%
Spalding	4.4%	13.0%
Upson	3.7%	12.3%
Georgia	3.5%	12.9%
U.S.	4.0%	8.7%

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

	Units Affordable at 15% AMI	Units Affordable at 30% AMI	Units Affordable at 40% AMI	Units Affordable at 50% AMI	Units Affordable at 60% AMI	Units Affordable at 80% AMI	Units Affordable at AMI	Units Affordable at 125% AMI
Butts	1.9%	7.3%	12.6%	19.5%	28.3%	47.6%	61.7%	72.4%
Clayton	2.8%	4.9%	7.3%	13.0%	19.9%	42.3%	66.1%	82.9%
Henry	2.1%	3.6%	7.5%	15.0%	25.1%	47.9%	64.7%	76.1%
Lamar	4.3%	11.7%	21.6%	33.4%	44.0%	57.4%	69.4%	77.3%
Monroe	4.8%	13.3%	22.4%	33.8%	41.5%	55.3%	64.4%	71.9%
Newton	3.6%	6.0%	9.3%	18.5%	29.7%	51.6%	67.4%	78.4%
Pike	4.5%	12.5%	22.5%	31.1%	39.5%	56.5%	67.6%	76.5%
Spalding	3.0%	8.3%	13.1%	20.1%	28.8%	49.7%	66.6%	78.1%
Upson	4.8%	10.6%	16.4%	24.2%	38.0%	55.6%	69.4%	79.5%
Georgia	3.7%	9.1%	14.7%	22.2%	30.3%	46.5%	60.2%	72.3%
U.S.	3.6%	8.4%	13.6%	20.7%	28.6%	44.2%	59.5%	69.6%

	Median Gross Rent	Households paying more than 30% of income for monthly mortgage	Households paying more than 30% of income for monthly rent	Households with One or More Severe Problems (2017-2021)*
Butts	$961	24.4%	40.4%	9.2%
Clayton	$1,216	33.0%	55.2%	17.2%
Henry	$1,411	28.0%	48.2%	11.0%
Lamar	$888	27.2%	42.8%	8.4%
Monroe	$872	18.9%	41.3%	9.9%
Newton	$1,264	25.9%	53.7%	13.6%
Pike	$989	14.1%	41.1%	8.9%
Spalding	$1,024	28.0%	51.7%	12.2%
Upson	$778	26.1%	56.1%	10.2%
Georgia	$1,221	25.0%	50.4%	12.8%
U.S.	$1,268	27.3%	49.9%	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

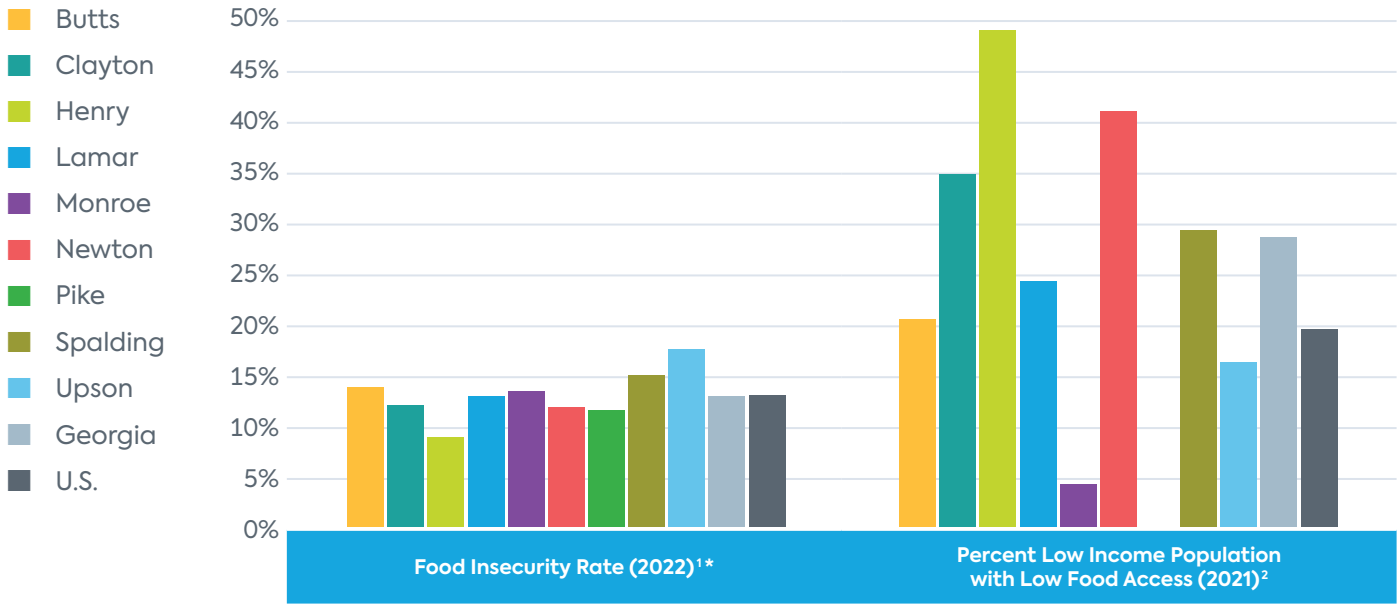
Table 20 | Selected Transportation Indicators

	Households with No Motor Vehicle	Commuting Mode – Public Transportation
Butts	3.5%	0.0%
Clayton	7.4%	3.2%
Henry	2.1%	0.9%
Lamar	3.0%	0.0%
Monroe	2.0%	0.3%
Newton	4.2%	0.7%
Pike	2.5%	0.2%
Spalding	7.3%	0.2%
Upson	11.9%	0.1%
Georgia	6.0%	1.5%
U.S.	8.3%	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						
CareConnect Health	ccthealth.org	■				
Grace Harbour	gharbour.com		■			
Southside Medical Center	southsidemedical.net				■	
SunCrest Home Health	lhcgroup.com/locations/suncrest-home-health-of-griffin			■		
YourTown Health	yourtownhealth.com			■		

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Public Health Agencies						
Atlanta Regional Commission Area Agency on Aging	empowerline.org				■	
Clayton Center	claytoncenter.org/addictive-disease-adult-outpatient.cms		■			
District 4 Public Health | Georgia Department of Public Health	district4health.org	■	■	■	■	■
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap			■		
GNR Public Health (3-4)	gnrhealth.com	■	■	■	■	■
Middle Georgia Area Agency on Aging	middlegeorgiarc.org/aging/aging-services				■	
North Central Public Health District (5-2)	northcentralhealthdistrict.org	■	■	■	■	■
Three Rivers Area Agency on Aging	threeriversrc.com/aging.php				■	
Public Health Leaders and Advocates						
AARP Georgia	states.aarp.org/georgia				■	
Butts County Family Connection Collaborative | Georgia Family Connection Partnership (GaFCP)	butts.gafcp.org					■
Georgia Advocacy Office	thegao.org		■			
Georgia Public Health Association	www.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					■
McIntosh Trail Community Service Board	mctrail.org		■			
Voices for Georgia's Children	georgiavoices.org					■

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Community and Faith-Based Organizations						
Christian Women's Center	cwcga.org		■			
Donavan's Dream	donavansdream.org			■		
Georgians for a Healthy Future	healthyfuturega.org	■				
HOPE for Georgia Moms	hopeforgeorgiamoms.org					■
Impact Christian Ministries	findhelp.org/impact-christian-ministries--griffin-ga--food-pantry-and-clothing-closet/6020202443309056?postal=30223			■		
Rahab's House	rahabshouse.org					■
Rock Springs Clinic	rockspringsclinic.wordpress.com	■				
Rushton's Hope – Hope for Health	rushtonshope.org	■				
Southern Crescent Women's Healthcare	scwhobgyn.com					■
Volunteers of America Southeast (VOASE)	voase.org/services/senior-health				■	
Philanthropic Community						
American Heart Association	heart.org/en/affiliates/georgia	■	■	■	■	■
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	■	■	■	■	■

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
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				■	
Griffin Spalding County School System	gscs.org	■				
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.com	■	■	■	■	■
Payor/For-Profit Organizations						
Crown Health Care Services	mycrownhealth.com				■	

Wellstar
HEALTH SYSTEM

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