



2025

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR MCG HEALTH MEDICAL CENTER



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Wellstar MCG Health Medical Center

EIN: 58-2144788
1120 15th Street
Augusta, GA 30912

Wellstar MCG Health Medical Center offers the most advanced comprehensive care to the people of Augusta and the surrounding areas. Our highly trained physicians, nurses and staff provide patient-centered, collaborative care from diagnosis through recovery. At our 520-bed tertiary hospital, we provide cutting-edge technology and extensive expertise to create a healthcare

experience that delivers high-quality care for your medical, surgical, rehabilitative or emergency needs. Wellstar MCG Health has a Kidney and Pancreas Transplant Program and is designated as a Level I Trauma Center and Advanced Comprehensive Stroke Center.

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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 MCG Health Medical Center and Children’s Hospital of Georgia, 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



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IDENTIFYING HEALTH NEEDS

EXECUTIVE SUMMARY

As a not-for-profit hospital, Wellstar's MCG Health 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:



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 MCG Health Medical Center Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	All counties had residents living in an area affected by a health professional shortage, and in Burke, Aiken (SC), and Edgefield (SC) counties this included almost 100% of residents. All counties except McDuffie County also had a percentage of residents living in a health professional shortage for dental care, and this included 100% of residents from Aiken (SC) and Edgefield (SC) 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, most Georgia counties in the service area exceeded the behavioral health emergency room visit state rates for all other mental and behavioral disorders.	Commit resources to increase the availability of behavioral health services in the MCG service area (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	Healthy food access and cost are a concern in this region. Food insecurity rates are highest in Richmond and Burke counties, and about 80% of schools (43 of 54) in these counties have free and reduced lunch eligibility that exceeds 95%.	Fluctuations in finances and food access are very stressful. Achieving secure employment with a living wage and financial management and food prep skills could build capacity to shop on a limited budget and prepare healthier meals. These supports will contribute to improved food security and family stability.
Healthy Aging	With the exception of Columbia County, counties in the service area experienced higher mortality rates among adults 65 and older than the state.	Partner with community-based groups and organizations working with aging adults to ensure health issues among older residents are identified early.
Maternal and Child Health	Richmond County faced challenges compared to other counties in the service area. Richmond County also had the highest pregnancy rate at 61.4 per 1,000 females, well above the state rate of 48.2. However, while Richmond had the highest pregnancy rate, it also had the lowest birth rate among the counties (34.9). These data may suggest a high rate of unintended pregnancy and/or a high rate of pregnancy terminations.	Factor in residence when assessing maternal risk and provide targeted interventions to those living in areas with poorer outcomes.





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DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Service Area

The Wellstar MCG Health Medical Center service area includes Burke, Columbia, McDuffie, and Richmond counties in Georgia, and Aiken and Edgefield counties in South Carolina (state comparisons in this report will refer to Georgia for all demographics and health indicators) (Figure 1). The CHNA includes all residents living in the service area regardless of whether they use Wellstar's services. This service area includes 51 zip codes across the six counties (Table 2).

Figure 1 | Primary Service Area of Wellstar MCG Health Medical Center

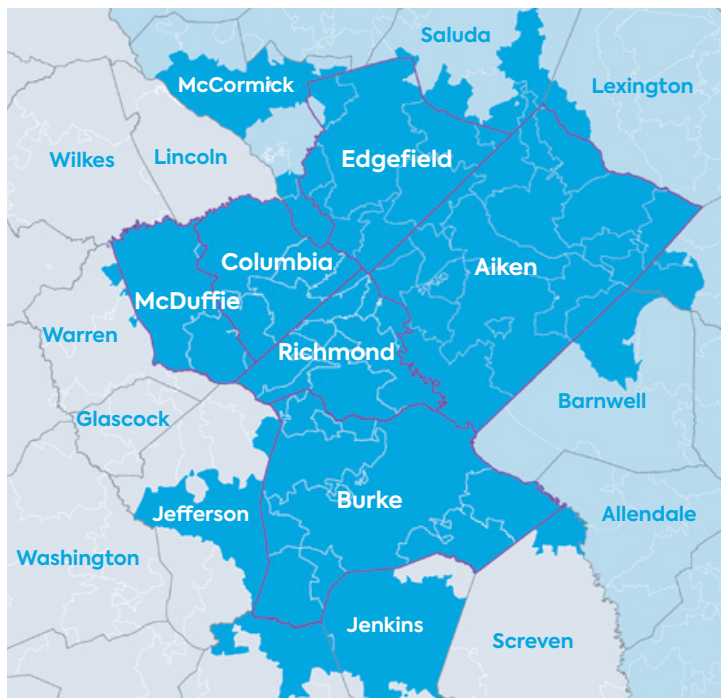


Table 2 | Wellstar Wellstar MCG Health Medical Center Service Area

County	Zip Codes
Burke County, GA	30426, 30434, 30441, 30442, 30456, 30811, 30816, 30830,
Columbia County, GA	30802, 30809, 30813, 30814, 30907
McDuffie County, GA	30808, 30824
Richmond County, GA	30805, 30812, 30815, 30901, 30904, 30905, 30906, 30909, 30912
Aiken County, SC	29006, 29105, 29129, 29137, 29146, 29164, 29801, 29803, 29805, 29809, 29816, 29828, 29829, 29831, 29834, 29841, 29842, 29851, 29853, 29856
Edgefield County, SC	29821, 29824, 29832, 29835, 29838, 29847, 29860

Source: Georgia Department of Community Health.

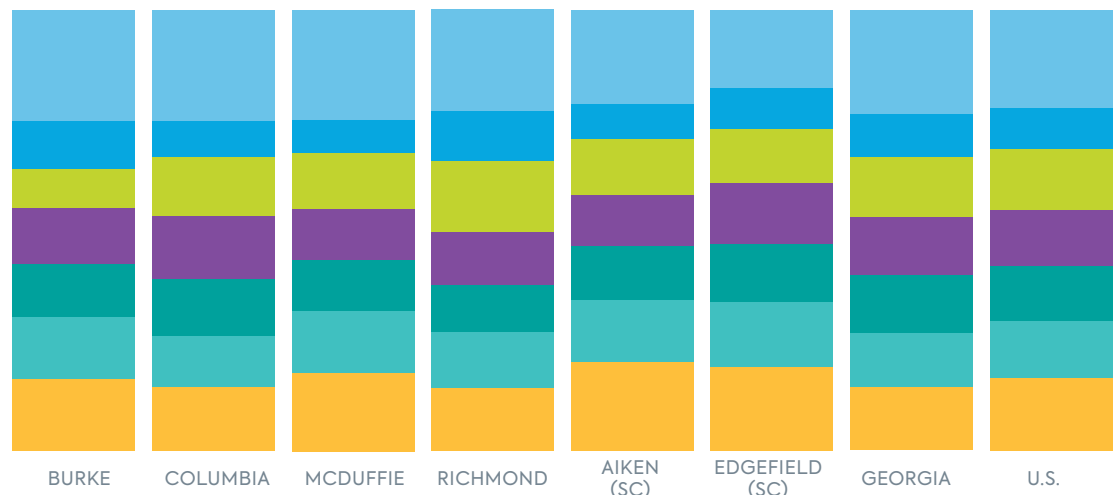
Demographic Data

Wellstar MCG Health Medical Center | by County and State (2018–2022)

Population and Age

Richmond, Columbia, and Aiken (SC) counties had populations between about 150,000– 200,000 residents, while Burke, McDuffie, and Edgefield (SC) counties had much smaller populations of between 21,000–26,000 residents (see Appendix A). Columbia and Richmond counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (37.4 and 34.8 years respectively). Except for Edgefield County in South Carolina, about a quarter of residents across the service area and the state were under 18 years of age (Figure 2). The age distributions in all counties except Richmond 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



	BURKE	COLUMBIA	MCDUFFIE	RICHMOND	AIKEN (SC)	EDGEFIELD (SC)	GEORGIA	U.S.
< 18 Years Old	25.0%	25.0%	24.9%	22.9%	21.3%	17.5%	23.4%	22.1%
18–24 Years Old	10.9%	8.2%	7.4%	11.3%	7.9%	9.5%	9.8%	9.4%
25–34 Years Old	9.0%	13.4%	12.8%	16.0%	12.6%	12.2%	13.7%	13.7%
35–44 Years Old	12.6%	14.4%	11.5%	12.1%	11.7%	13.7%	13.2%	12.9%
45–54 Years Old	12.1%	12.7%	11.7%	10.7%	12.1%	13.2%	13.0%	12.4%
55–64 Years Old	14.0%	11.7%	13.9%	12.5%	14.2%	14.8%	12.3%	12.9%
65+ Years Old	16.3%	14.6%	17.9%	14.5%	20.1%	19.0%	14.4%	16.5%

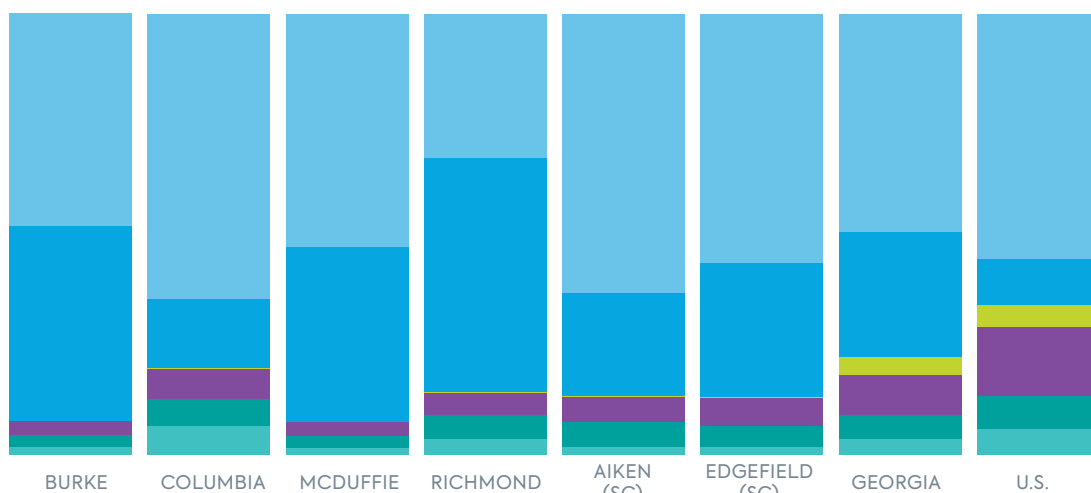
Percent of total population by age group.

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

Race and Ethnicity

Columbia and Aiken counties are less diverse than the state, with higher proportions of White residents (69.3% and 67.2% respectively), and lower proportions of Black (16.9% and 24.9%) or Asian (0.2% and 0.1%) residents compared to state rates (see Appendix A). Burke, McDuffie, and Richmond counties have higher percentages of Black residents (45.6%, 41.2%, and 55.9%) compared to the state rate of 31.5%, but all counties in the service area have lower rates of all other racial and ethnic groups, and residents with limited English proficiency compared to state rates Figure 3.

Figure 3
Racial/Ethnic Distribution



	BURKE	COLUMBIA	MCDUFFIE	RICHMOND	AIKEN (SC)	EDGEFIELD (SC)	GEORGIA	U.S.
Non-Hispanic White	49.8%	69.3%	54.6%	34.4%	67.2%	60.3%	54.3%	65.9%
Black	45.6%	16.9%	41.2%	55.9%	24.9%	32.5%	31.5%	12.5%
Asian	0.0%	0.2%	0.0%	0.1%	0.1%	0.3%	4.3%	5.8%
Hispanic/Latino	3.5%	7.3%	3.5%	5.3%	6.2%	6.9%	10.1%	18.7%
Multiple Races	2.8%	6.6%	2.8%	5.8%	5.8%	4.9%	6.0%	8.8%
Some Other Race	1.8%	7.0%	1.5%	3.8%	2.0%	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.



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DISCOVERING HEALTH NEEDS

COMMUNITY HEALTH NEEDS

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 all the counties in the MCG service area.

Table 3 | Vulnerability Index by County

County	Vulnerability Index	Level of Vulnerability
Burke, GA	0.7483	Medium – High
Columbia, GA	0.23	Low
McDuffie, GA	0.6567	Medium – High
Richmond, GA	0.9513	High
Aiken, SC	0.6322	Medium – High
Edgefield, SC	0.8476	High

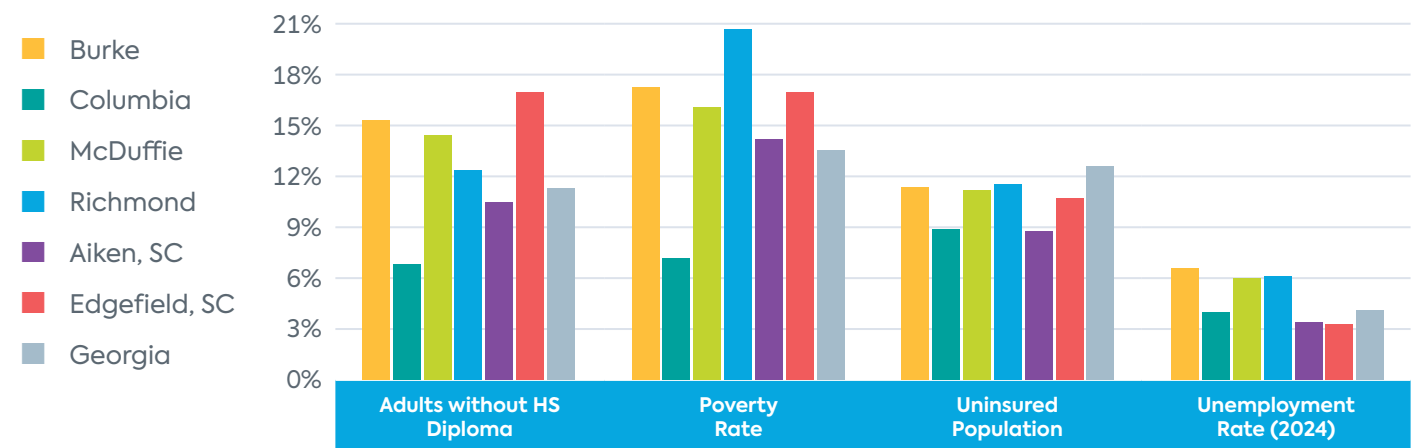
Source: CDC. (2022). Sustainability Vulnerability Index Interactive Map.

¹ CDC. (2024). SVI Interactive Map.

Social and Community Context

Compared to Georgia, the service area for Wellstar MCG Health Medical Center had a higher percentage of adults 25 or older without high school diplomas except for Columbia and Aiken counties (6.8% and 10.5%), which were lower than the state (11.3%) (*Figure 4*). All counties except Columbia had higher poverty rates than the state (13.5%), and rates were particularly high in Richmond County at 20.7%. Richmond also had the highest rate of uninsured population in the service area at 11.6%, followed closely by Burke at 11.4% and McDuffie at 11.2%. These higher rates are consistent with higher rates of unemployment in those same three counties. Figures 5, 6 and 7 provide census tract data on education, socio-economic status and insurance. These figures illustrate the diversity of lived experience residents in the same county can have.

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

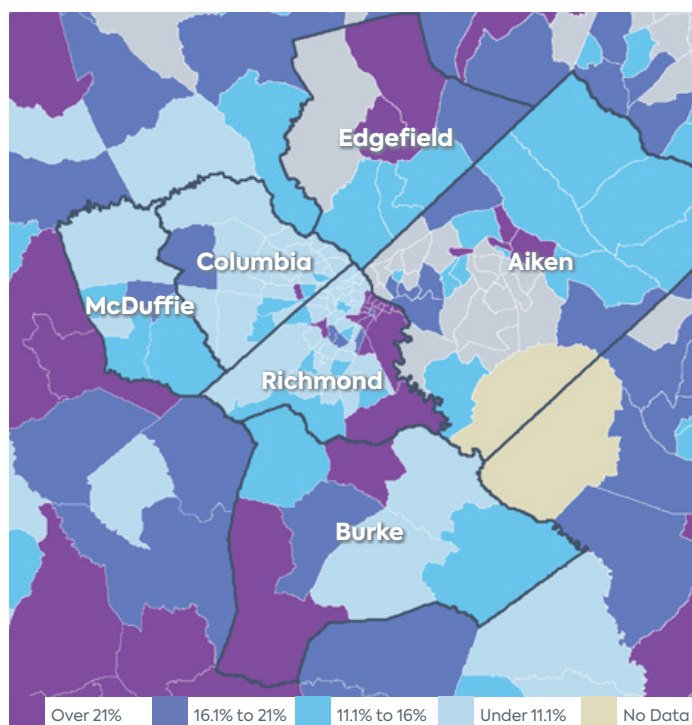
Sources:

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*).

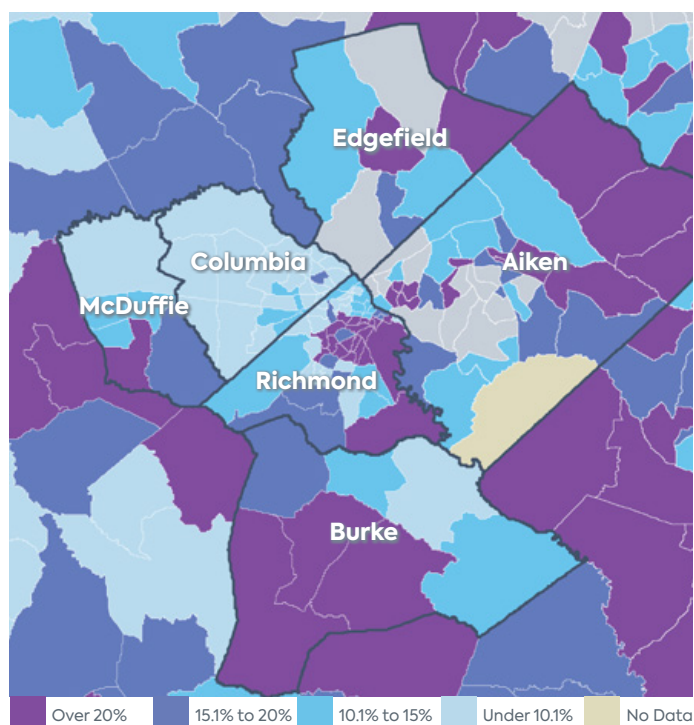
Figure 5 | Population with No High School Diploma (2018–2022)



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

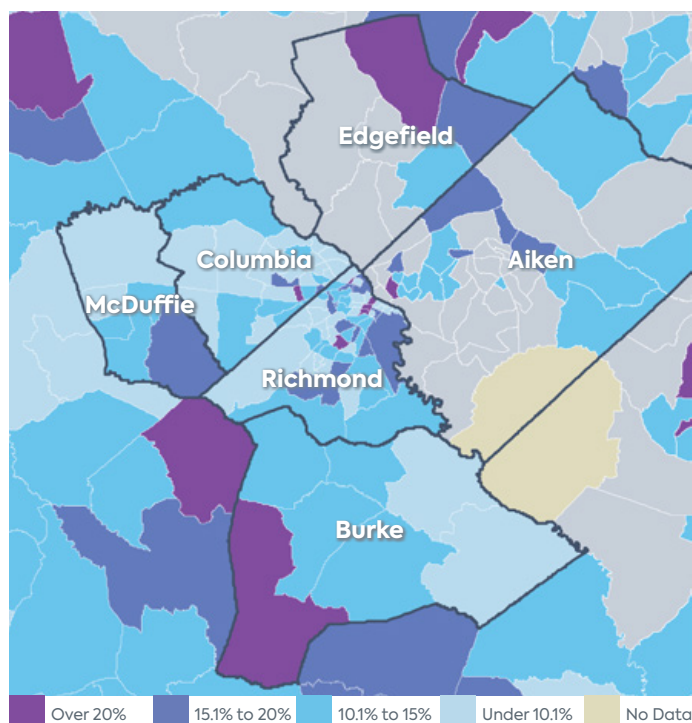
Figure 6 | Population Below 100% Federal Poverty Level (2018–2022)



Percent by tract, ACS 2018–2022

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

Figure 7 | Uninsured Population (2019–2023)



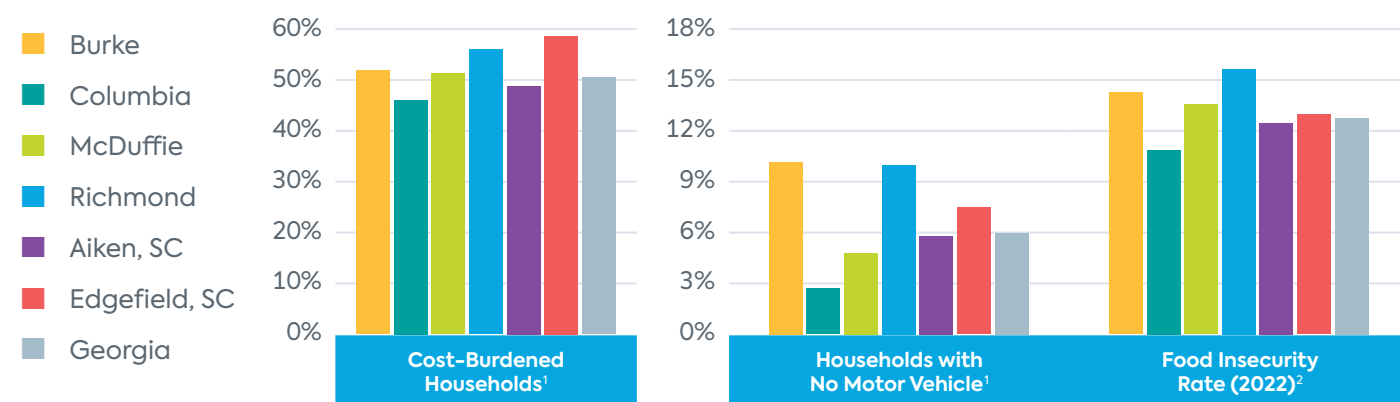
Percent by tract, ACS 2019–2023

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 19–31.5% of homeowners in the Wellstar MCG Health Medical Center service area spent more than a third of their income on housing (*Figures 8 and 9*).

Figure 8 | Housing, Transportation, and Food Insecurity



Cost Burdened Households – Households paying more than 30% of income for monthly rent.

Food Insecurity – Estimated percentage of the population that experienced food insecurity at some point during the report year.

Sources:

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

2 Feeding America, 2022, retrieved from map.feedingamerica.org

Half of service area counties (Burke, Richmond, and Edgefield counties) had more households with no motor vehicle compared to 6% of households in the state (*Figure 8*). Transportation may be an issue for some residents across all counties in the service area, as pockets of all counties except McDuffie County have populations with over 8% of households without motor vehicles (*Figure 10*).

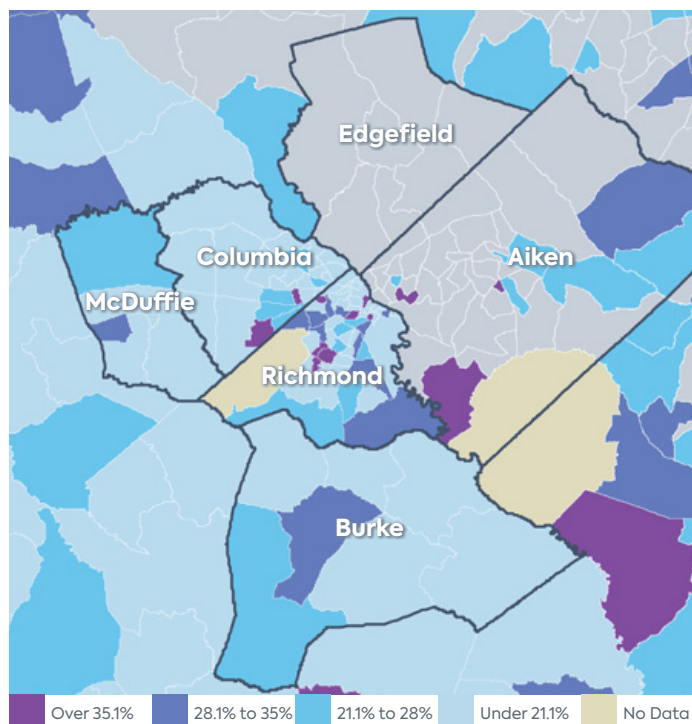
Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.³ The service area had similar rates of food insecurity compared to state (12.8%), although Burke and Richmond counties had higher rates at 14.3% and 15.7% respectively. Another metric to understand food security in a geographic area is 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 Burke, Richmond, and Aiken counties all had 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. USDA, Economic Research Service.

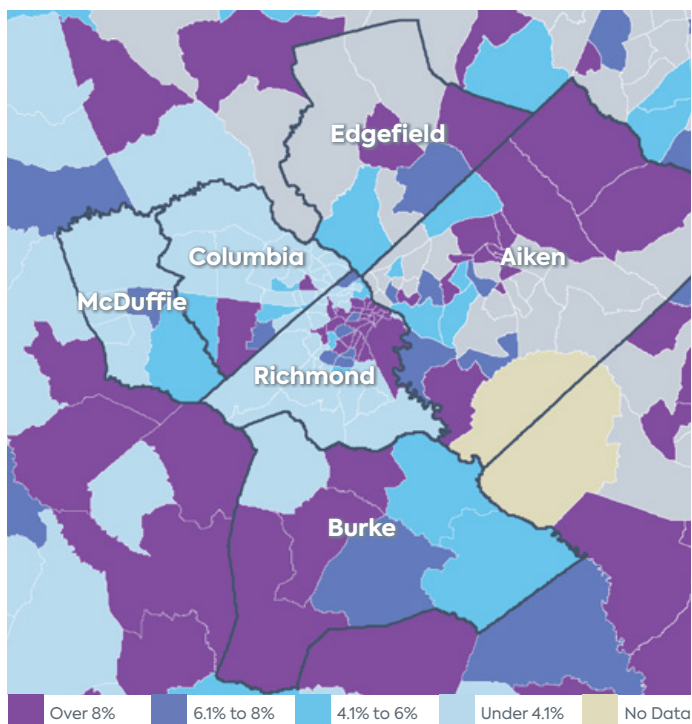
Figure 9 | Cost-Burdened Households (2018–2022)



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

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

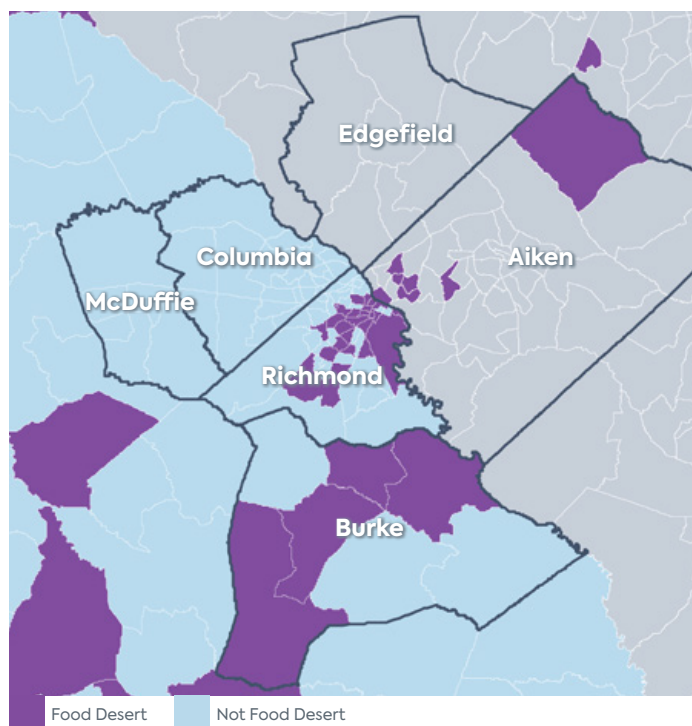
Figure 10 | Households with No Vehicle (2019–2023)



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 Georgia counties of the service area (*Table 4*) were:

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

Between 2018–2022, the top causes of death in the South Carolina counties of the service area (*Table 4*) included (not in rank order):

- | | |
|---------------------------------|-------------------------------------|
| ● Diseases of the Heart | ● COVID-19 |
| ● Cancers (Malignant Neoplasms) | ● Chronic Lower Respiratory Disease |
| ● Accidents | |

While there was some variation in the top causes based on county, Ischemic Heart and Vascular Disease was the number one cause of death in all counties in Georgia, and similarly, diseases of the heart were the top cause of death in both South Carolina counties. These rates in all counties except Columbia County exceeded state death rates in their respective states for these heart related outcomes.

COVID-19 was also a top cause across counties in both states, and all counties except for Columbia County in Georgia had higher death rates from this cause compared to their respective states. Given that 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 a common top cause of death across the Georgia counties, and was of particular concern in Richmond County, who's death rate was nearly double the state rate. The Georgia and South Carolina counties had some major differences in their top causes of death, such as cancer and accidents in the South Carolina counties, however, because reporting systems in the two states used different definitions of health outcomes, death rates should not be directly compared between states.

Table 4 | Top Causes of Death

	#1	#2	#3	#4	#5
Georgia Counties¹ (2019–2023)					
Burke	Ischemic Heart and Vascular Disease 96.2	COVID-19 77.1	Cerebrovascular Disease 62.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 48.4	Diabetes Mellitus 43.7
Columbia	Ischemic Heart and Vascular Disease 54.2	Alzheimer's Disease 58.8	COVID-19 44.5	Cerebrovascular Disease 34.9	Malignant Neoplasms of the Trachea, Bronchus, and Lung 31.3
McDuffie	Ischemic Heart and Vascular Disease 100.2	All COPD Except Asthma 66.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 65.1	COVID-19 58.0	Cerebrovascular Disease 57.0
Richmond	Ischemic Heart and Vascular Disease 91.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 82.7	COVID-19 68.0	Alzheimer's Disease 53.6	Cerebrovascular Disease 48.9
Service Area*	Ischemic Heart and Vascular Disease 77.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 60.1	COVID-19 58.8	Alzheimer's Disease 55.4	Cerebrovascular Disease 44.7
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
South Carolina Counties² (2018–2022)					
Aiken	Diseases of Heart 265.6	Cancer (Malignant Neoplasms) 219.8	Accidents 82.6	COVID-19 77.3	Chronic Lower Respiratory Disease 70.4
Edgefield	Diseases of Heart 252.8	Cancer (Malignant Neoplasms) 196.3	COVID-19 75.1	Chronic Lower Respiratory Disease 69.1	Accidents 64.7
South Carolina	Diseases of Heart 218.2	Cancer (Malignant Neoplasms) 205.4	Accidents 78.4	COVID-19 68.9	Chronic Lower Respiratory Disease 56.5

Rates are age-adjusted per 100,000 population

* Service area average only includes Georgia counties

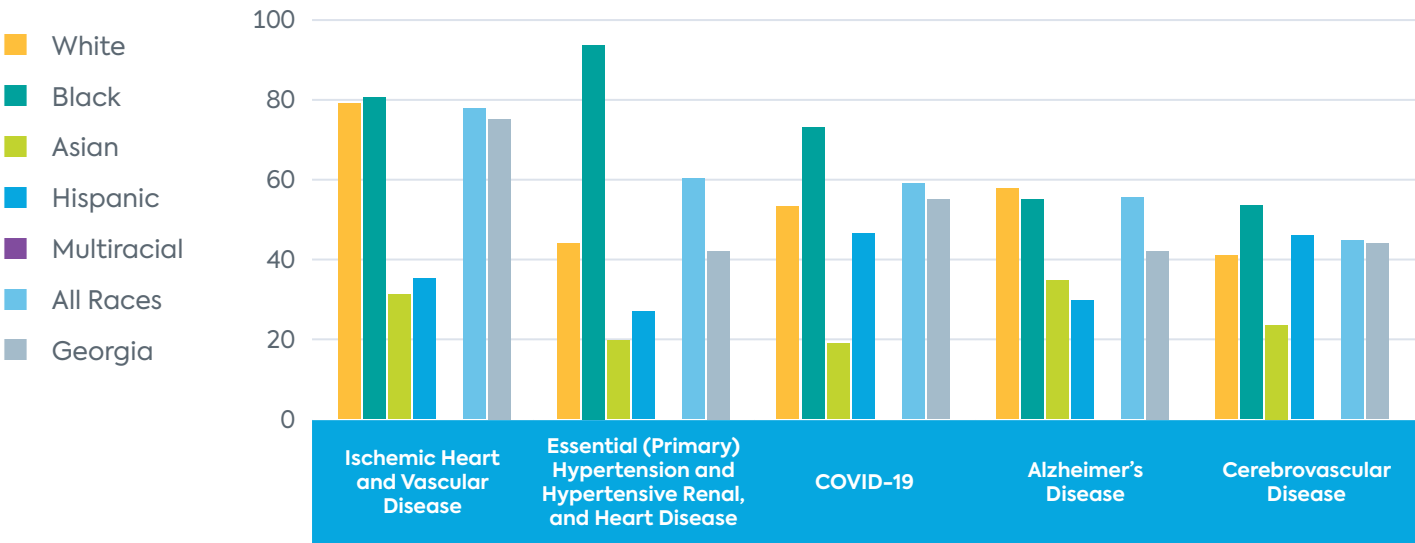
Sources:

1 Georgia Department of Public Health Online Analytical Statistical Information System

2 SCAN SC Department of Health and Environmental Control

Compared to state rates, Black residents had higher mortality rates from Essential (Primary) Hypertension and Hypertensive Renal, COVID-19, and Cerebrovascular Disease than other racial and ethnic groups in the service area (Figure 12). White residents had slightly higher mortality rates from Alzheimer’s Disease compared to the state.

Figure 12 | Top Causes of Mortality by Race/Ethnicity*



Rates are age-adjusted per 100,000 population
* Only includes Georgia counties
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 Georgia counties of the service area were:

1. Accidental poisoning and exposure to noxious substances
2. Ischemic Heart and Vascular Disease
3. Motor vehicle crashes
4. Intentional self-harm
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

Accidental exposure poisoning and exposure to noxious substances was the top cause of premature death in Columbia and Richmond counties, and Richmond County’s YPLL rates were almost double those of the state (Table 5). Motor vehicle crashes were the number one cause of premature death in Burke (1,208.8 YPLL) and McDuffie (953.6 YPLL), and both counties far exceeded the state’s rate of 542.9 YPLL. The Georgia counties of the service area also had slightly higher YPLL rates for Ischemic Heart and Vascular Disease and intentional self-harm (suicide) than the state. While COVID-19 was not a top cause of YPLL in the service area, it was the second leading cause of premature death in Burke County (904.4 YPLL) with rates much higher than the state’s (479.8 YPLL) and was the fourth leading cause in Columbia County (350.8 YPLL). Other outliers in the top causes of premature death included Assault (homicide) as the fifth leading cause in Burke County, and Certain Conditions Originating in the Perinatal Period as the fifth leading cause in McDuffie County, suggesting unique causes of concern in those counties.

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

	#1	#2	#3	#4	#5
Georgia Counties					
Burke	Motor Vehicle Crashes 1,208.0	COVID-19 904.4	Ischemic Heart and Vascular Disease 744.5	Accidental Poisoning and Exposure to Noxious Substances 650.1	Assault (Homicide) 617.1
Columbia	Accidental Poisoning and Exposure to Noxious Substances 743.7	Intentional Self-Harm (Suicide) 504.5	Ischemic Heart and Vascular Disease 361.3	COVID-19 350.8	Motor Vehicle Crashes 345.0
McDuffie	Motor Vehicle Crashes 953.6	Ischemic Heart and Vascular Disease 785.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 779.8	Accidental Poisoning and Exposure to Noxious Substances 742.6	Certain Conditions Originating in the Perinatal Period 672.8
Richmond	Accidental Poisoning and Exposure to Noxious Substances 1,204.7	Assault (Homicide) 750.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 747.5	Ischemic Heart and Vascular Disease 733.5	Motor Vehicle Crashes 628.7
Service Area*	Accidental Poisoning and Exposure to Noxious Substances 968.2	Ischemic Heart and Vascular Disease 590.7	Motor Vehicle Crashes 567.2	Intentional Self-Harm (Suicide) 551.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 525.7
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
South Carolina Counties					
Aiken	ND	ND	ND	ND	ND
Edgefield	ND	ND	ND	ND	ND

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

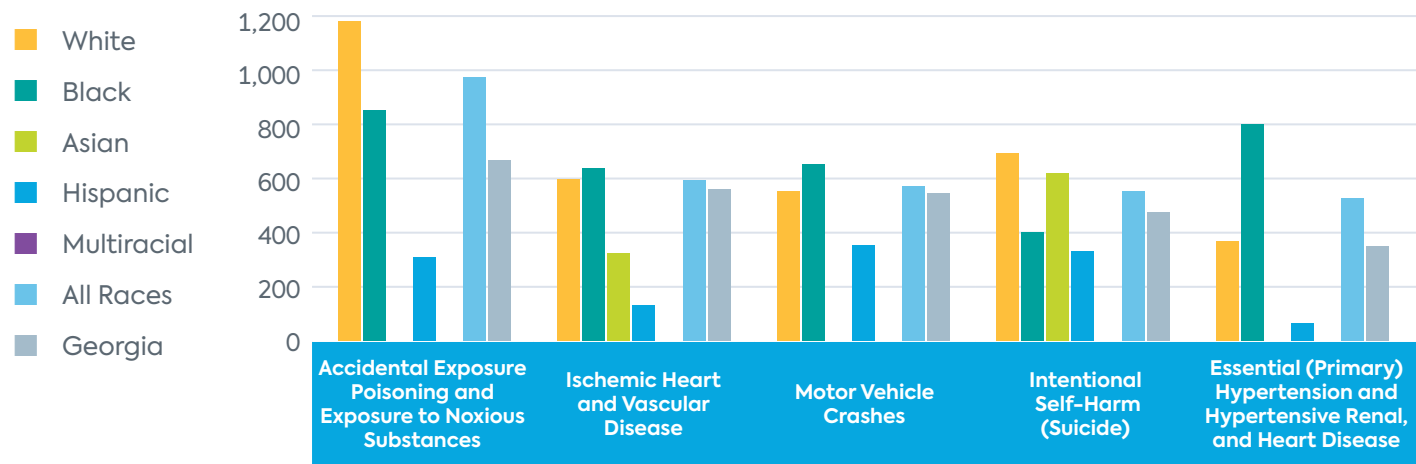
* Service area average only includes Georgia counties

ND: No Data – Data are not available for this population, or suppressed data

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

When looking at racial and ethnic groups in the Georgia counties of 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 and the state. Asian residents also had a higher rate of YPLL for suicide compared to the state (Figure 13). Black residents had the highest rates of YPLL from motor vehicle crashes and Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease compared to other racial and ethnic groups in the service area and 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).

* Only includes Georgia counties

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 Georgia counties of 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). Diseases of the musculoskeletal system and connective tissue were the number one cause of ED visits across the service area, but by county, was only the top cause in Richmond County, and the second leading cause in all other counties. Rates of ED visits were especially high for all other unintentional injury in Burke, McDuffie, and Richmond counties, all exceeding the state rates. Burke and Richmond counties had the highest rates of ED use for motor vehicle crashes compared to the rest of the service area and the state. McDuffie County was the only county where all other diseases of the nervous system were a top five leading cause of ED visits.

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

	#1	#2	#3	#4	#5
Georgia Counties					
Burke	All Other Unintentional Injury 4,058.7	Diseases of the Musculoskeletal System and Connective Tissue 3,698.4	All Other Diseases of the Genitourinary System 2,469.3	Falls 1,816.9	Motor Vehicle Crashes 1,211.5
Columbia	All Other Unintentional Injury 1,648.6	Diseases of the Musculoskeletal System and Connective Tissue 1,515.4	Falls 1,149.6	All Other Diseases of the Genitourinary System 1,106.5	Motor Vehicle Crashes 535.0
McDuffie	All Other Unintentional Injury 4,461.1	Diseases of the Musculoskeletal System and Connective Tissue 4,079.2	All Other Diseases of the Genitourinary System 2,963.3	Falls 2,369.3	All Other Diseases of the Nervous System 1,410.7
Richmond	Diseases of the Musculoskeletal System and Connective Tissue 4,435.3	All Other Unintentional Injury 3,038.0	All Other Diseases of the Genitourinary System 2,356.9	Falls 1,457.1	Motor Vehicle Crashes 1,120.5
Service Area*	Diseases of the Musculoskeletal System and Connective Tissue 3,193.9	All Other Unintentional Injury 2,606.9	All Other Diseases of the Genitourinary System 1,912.1	Falls 1,401.8	Motor Vehicle Crashes 897.2
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
South Carolina Counties					
Aiken	ND	ND	ND	ND	ND
Edgefield	ND	ND	ND	ND	ND

Rates are age-adjusted per 100,000 population

* Service area average only includes Georgia counties

ND: No Data – Data are not available for this population, or suppressed data

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 Georgia counties of the service area 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. Cerebrovascular Disease

Across the Georgia counties of the service area, Septicemia was the leading cause of hospital discharges across all counties except McDuffie County, and Richmond County far exceeded the state rate (*Table 7*). All counties except Columbia County had Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease as a first or second leading cause of hospital discharge, with rates higher than the state. Burke, Columbia, and McDuffie counties all had Ischemic Heart and Vascular Disease as a top third or fourth leading cause of hospital discharges, although it was not a leading cause overall for the Georgia counties of the service area. Richmond County was the only county with diabetes mellitus in the top 5 causes of hospital discharges in the region.

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

	#1	#2	#3	#4	#5
Georgia Counties					
Burke	Septicemia 581.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 433.1	Ischemic Heart and Vascular Disease 358.4	Cerebrovascular Disease 322.5	Diseases of the Musculoskeletal System and Connective Tissue 331.9
Columbia	Septicemia 408.2	Diseases of the Musculoskeletal System and Connective Tissue 270.8	Ischemic Heart and Vascular Disease 232.8	All Other Mental and Behavioral Disorders 261.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 234.9
McDuffie	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 624.7	Septicemia 628.4	Diseases of the Musculoskeletal System and Connective Tissue 404.2	Ischemic Heart and Vascular Disease 364.5	Cerebrovascular Disease 344.8
Richmond	Septicemia 745.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 548.1	All Other Mental and Behavioral Disorders 410.0	Cerebrovascular Disease 347.0	Diabetes Mellitus 357.2
Service Area*	Septicemia 593.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 421.0	All Other Mental and Behavioral Disorders 337.1	Diseases of the Musculoskeletal System and Connective Tissue 299.1	Cerebrovascular Disease 288.2
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
South Carolina Counties					
Aiken	ND	ND	ND	ND	ND
Edgefield	ND	ND	ND	ND	ND

Rates are age-adjusted per 100,000 population. ND: No Data – Data are not available for this population, or suppressed data.

* Service area average only includes Georgia counties.

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





COMMUNITYCARE

COMMUNITY HEALTH NEEDS

HEALTH PRIORITIES

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:



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



Access

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

Availability:

- Participants shared that there are not enough providers, which leads to a lack of available appointment times and an increase in wait times. They shared that it can be difficult to get an appointment when needed. Many end up going to urgent care for care and to Google for advice: “The path of least resistance is going to Google or a friend; it’s hard to get to your provider when you need it.”
- There was also a concern that while the area “[produces] a lot of doctors,” they are not staying in Georgia. Similarly, participants felt that there are not enough younger doctors to replace those that are retiring.
- Participants shared a need for more specialists in the service area. The need for specialists in Burke County was mentioned specifically.
- Participants shared that there is a need for more mental health professionals in the region generally and for the unhoused population specifically.
- Access to dental care was also mentioned. A lack of providers, cost, and the need for additional insurance were considered barriers to access.

Transportation:

- Participants’ perspectives on transportation varied depending on where they lived. For example:
 - “Our area is not walkable and there is no bus, trains, or subway transportation. If you don’t have a car or a bike, you can’t just ‘hoof it.’”
 - “We have a sidewalk on my street but no sidewalks after my street – you can only drive a car, no safe way to walk or bike lanes.”

However, those who lived in the downtown area have a very different experience: “I lived downtown for years—there is a lot of people that bike and walk in that area by the riverwalk.”

- Some participants see telehealth as a solution to some of these barriers: “Telehealth should be a bigger thing—if people have transportation barriers that would help them to be seen.” However, others reported struggling with online healthcare visits and patient portals: “It is a pain to use the app, two factor identification, and other steps which are barriers...”

In addition to discussing barriers to access participants also shared what their providers are doing right when it comes to access:

- “My doctor’s office has weekend hours on certain days.”
- “[My provider has] weekend and evening hours.”
- Several participants appreciated that their providers are attentive, listen, and take them seriously.

When asked how to improve access, participants recommended:

- 1. Access to no or low-cost counseling as a component of routine care. Particularly for patients with chronic serious conditions.
- 2. Employing diverse healthcare providers.
- 3. Patient-centered care:
 - a. “My ideal medical facility would be one where the patients are [at the] center; not all about investors and profits. They are truly in it for the patient; [even] those that don’t have insurance or are underinsured... Need to have a sliding scale system.”
 - b. “Where the doctor’s get to KNOW the patients.”
- 4. Working with insurance companies to reduce the confusion around cost.
- 5. More public outreach programs: “On a monthly basis have different clinics for different specializations.” “Have buses for healthcare like they have for mammograms or screening.”
- 6. Work with churches to “plant the seed and spread the messages” to encourage preventive care and screenings.
- 7. Utilize medical students and residents for community outreach: “Get some of these 3rd or 4th year residents out into the field. It gives them hands on experience and gets them out in the community. It helps the students by giving them experience and lets them see what is happening out in the field.”

Providers

Overall, the service area has a larger percentage of the population living in an area affected by a health professional shortage area compared to the state for medical care (Table 8). However, access rates vary drastically from county to county, and by the specific type of provider. All counties had a percentage of residents living in an area affected by a health professional shortage, and in Burke, Aiken (SC), and Edgefield (SC) counties this included almost 100% of residents. All counties except McDuffie County also had a percentage of residents living in a health professional shortage for dental care, and this included 100% of residents from Aiken (SC), and Edgefield (SC) counties.

Table 8 | Provider Shortage Areas (2024)

	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield
Percentage of Population Living in an Area Affected by a Health Professional Shortage	98.8%	9.3%	44.8%	40.7%	26.0%	100.0%	100.0%
Percentage of Health Professional Shortage Population Underserved	9.0%	48.2%	87.2%	48.2%	61.0%	ND	ND
Percentage of Population Living in a Health Professional Shortage for Dental Care	45.0%	9.3%	0.0%	40.7%	18.5%	100.0%	100.0%

ND: No Data – Data are not available for this population, or suppressed data

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 aside from Richmond County, and some counties reported no providers types in their county for certain provider types (Table 9). Burke, McDuffie, and Edgefield (SC) counties reported no addiction/substance abuse or buprenorphine providers. Richmond and Aiken (SC) counties had higher rates of addiction/substance abuse providers than the rest of the service area and the state. Richmond County also had higher rates of all other provider types, with particularly high rates of dentists, mental health providers, and nurse practitioners compared to the rest of the service area and the state. Columbia County had higher rates of dentists and primary care providers than the state.

Though some participants in the MCG community Focus Group had favorable experiences with accessing health care (e.g., appointment availability on weekends and evenings), others highlighted gaps in access. They noted the general need for more healthcare providers; while the area produces many doctors, most do not stay in the area. More specifically, they mentioned that more providers of dental, mental (especially for the unhoused population), and men’s healthcare are needed. Cost was mentioned as a barrier to care. Additionally, appointment availability and transportation to health care facilities were also mentioned as barriers to access. Access to care was identified as the top health priority in the MCG service area Community Summit.

Access-related recommendations from community members participating in the Focus Group and Summit included:

- A menu of prices available at doctors’ offices and offering a sliding scale for costs.
- Patient-centered care (e.g., get to know the patients rather than focusing on profit).

Table 9 | Rates of Providers by Specialty

	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield
Addiction/Substance Abuse Providers (2020) ¹	0.0	1.9	0.0	25.2	7.7	15.9	0.0
Buprenorphine Providers (2023) ²	0.0	5.7	0.0	13.3	8.1	6.5	0.0
Dentists (2022) ³	12.3	57.9	55.3	216.6	53.9	43.1	26.0
Mental Health Providers (2024) ⁴	44.7	130.8	64.7	435.1	187.3	34.7	26.7
Nurse Practitioners (2024) ⁴	44.7	35.3	41.6	235.7	60.4	33.6	15.3
Primary Care (2021) ⁵	32.8	105.2	50.9	89.2	66.0	34.0	34.0

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.





Behavioral Health

While there are gaps in the data shown in Table 10, there are notable patterns in drug overdose rates in the MCG Health Medical Center service area. In Columbia and Richmond counties, generally, rates of drug overdoses increased from 2013 to 2023. Rates in Columbia County consistently exceeded the Georgia state rate starting in 2014, more than doubling it in 2022 and 2023. Rates also consistently increased in Aiken County, South Carolina, from 2014 to 2024 (Table 10).

“We need more mental health care, more psychiatric care, and facilities. Addressing this will help with physical health and homelessness.”

– Focus Group Participant

Table 10 | Rate of Drug Overdose

	Georgia (2013–2023)					South Carolina (2014–2024)	
	Burke ¹	Columbia ¹	McDuffie ¹	Richmond ¹	Georgia ¹	Aiken ²	Edgefield ²
2013	ND	7.6	ND	10.2	10.5	14	8
2014	0	12.9	ND	13.8	11.4	16	8
2015	ND	12.8	0	22.7	12.2	19	ND
2016	ND	12.7	ND	21.4	13.1	20	ND
2017	ND	16.8	ND	26.8	14.6	20	ND
2018	20.8	17.2	32.4	29.9	13.1	23	ND
2019	31.8	13.4	ND	21.7	12.9	24	ND
2020	ND	18.4	31.5	35.3	17.9	24	ND
2021	ND	19.2	35.9	39.1	22.5	29	ND
2022	29.5	27.1	45.2	57.3	24.8	29	ND
2023	ND	25.8	27.6	53.8	23.1	37	19

Age-adjusted rates per 100,000 population

ND: No Data – Data are not available for this population, or suppressed data

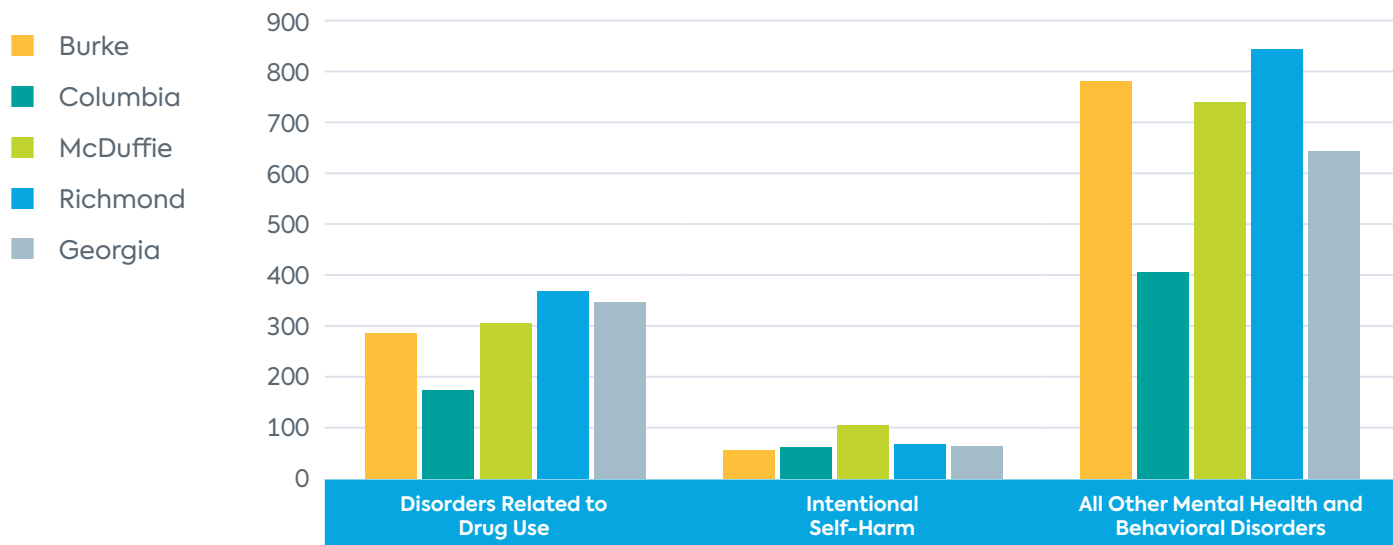
Sources:

1 Georgia Department of Public Health Online Analytical Statistical Information System

2 National Center for Health Statistics – Mortality Files; Census Population Estimates Program. Accessed through County Health Rankings and Roadmaps

In the Georgia service area counties, behavioral health emergency room visit rates due to disorders related to drug use remained below the state rate from 2019 to 2023 (Figure 14). In contrast, emergency room visit rates for all other mental and behavioral disorders exceeded the state in most counties and were among the highest rates displayed (>700). Across all counties, emergency room visit rates were lowest for intentional self-harm (including suicide attempts). In a Community Focus group, residents of the service area shared that mental health issues are common where they live, especially among the unhoused population, and there is a noticeable lack of mental health care providers. The lack of providers may be related to relatively high emergency room use for all other mental and behavioral disorders.

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



Age-adjusted rates per 100,000 population, compared to state benchmarks

* Only includes Georgia counties

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



Food Access and Healthy Living

In the MCG service area, as noted earlier in this report, food insecurity rates are highest in Richmond and Burke counties. This is also evidenced by the high rates of free and reduced lunch eligibility among students in Richmond County (39 of 49 schools 95%+) and Burke County (4 of 5 schools 95%+).⁵

Community Summit participants, including representatives from two important nutrition security organizations in the region, selected healthy food access and affordability as a top concern. Focus Group members affirmed that promotion of junk food, food cost, and unhealthy eating habits contribute to poor health and chronic disease risk. Summit attendees also identified health and nutrition education and health literacy as a top concern. The community wanted more nutrition education, food preparation and cooking classes, and considerations for cultural foods.

While certain areas of the service area were considered “walkable,” namely the downtown and riverwalk areas, most geographies have few sidewalks and no bike lanes to support non-motorized transport.

Diabetes and Obesity

Chronic disease was not frequently named as a concern in the region by community residents in Focus Group and Summit tabletop discussions. The importance of healthy food access and physical activity promoting neighborhoods were more emphasized as important strategies to being healthy. Richmond County adults have much higher rates of obesity (38.1%) and diabetes (13.5%) compared to other areas in the service region. McDuffie and Burke counties are experiencing high diabetes emergency room visit rates, compared the state rate, and Burke has a diabetes mortality rate that is almost double that of the state rate (Table 11).

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

	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield
Adults with BMI > 30.0 (Obese), Percent (2021) ¹	30.0%	33.2%	27.1%	38.1%	29.7%	35.5%	30.0%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021) ¹	11.6%	7.6%	8.7%	13.5%	9.6%	11.5%	10.5%
Diabetes Emergency Room Visit Rate ^{2*}	491.2	134.3	688.8	399.7	309.9	ND	ND
Diabetes Discharge Rate ^{2*}	286.5	138.1	358.3	357.2	209.1	ND	ND
Diabetes Mortality Rate ^{2,3*}	43.7	19.6	34	24.5	22.4	42.3**	36.3**

* Age-adjusted rates per 100,000 population

**Crude rates for South Carolina counties diabetes mortality not age adjusted

ND: No Data – Data are not available for this population, or suppressed data

Sources:

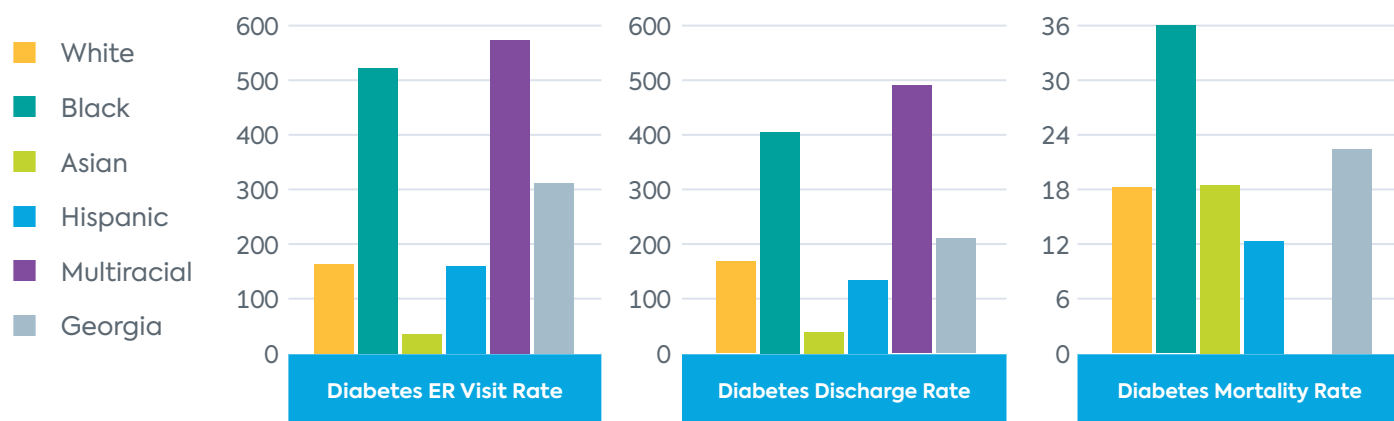
1 Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity

2 Georgia Department of Public Health Online Analytical Statistical Information System

3 South Carolina Department of Public Health

⁵ Georgia Department of Education, October 2024

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



Age-adjusted rates per 100,000 population

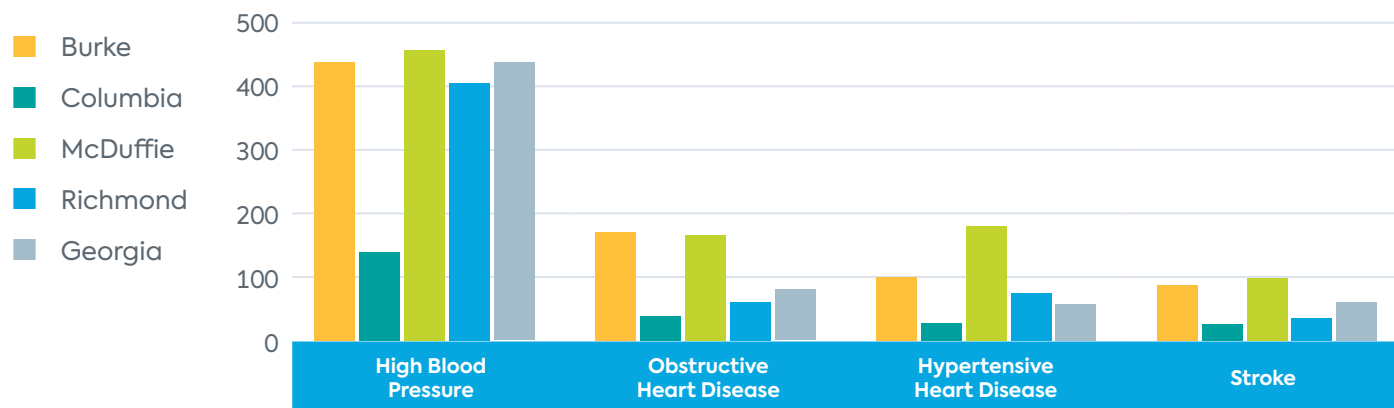
* Only includes Georgia counties

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

Chronic Disease

Emergency room visits for blood pressure and mortality rates due to heart disease are high in the service area with Burke, McDuffie, and Richmond experiencing the highest rates (*Figures 16–18*). The health system may consider evidence-based programming such as Diabetes Prevention Program, Food as Medicine, or Physical Activity or Produce Prescriptions, or education and dietary support such as the DASH (Dietary Approaches to Stop Hypertension) eating plan for preventing and addressing chronic disease. Virtual offerings of programming may enhance participation and reduce attrition based on community member feedback.

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

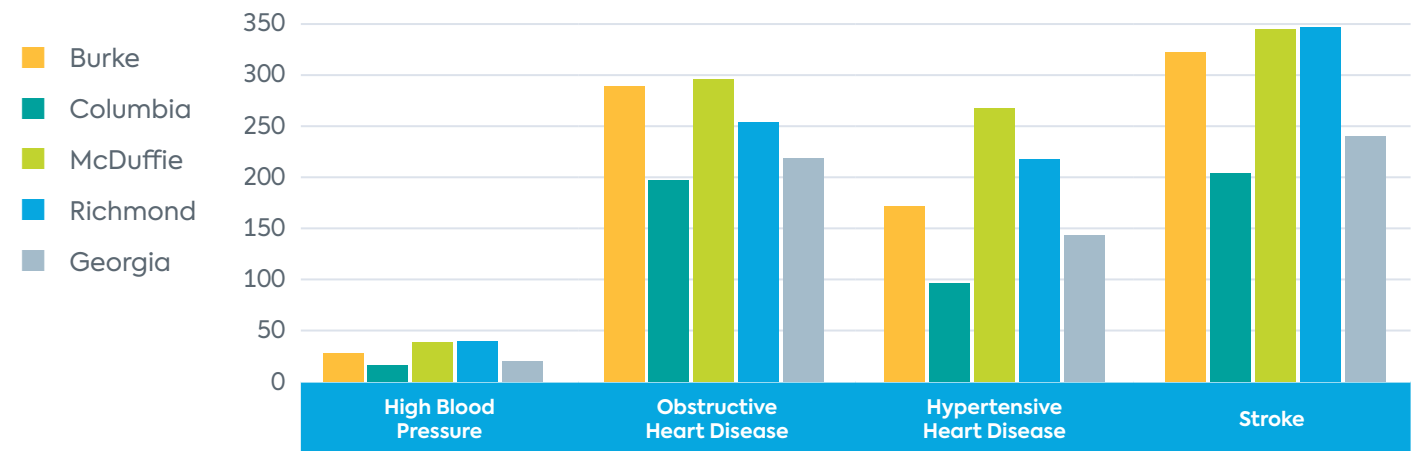


Age-adjusted rates per 100,000 population

* Only includes Georgia counties

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

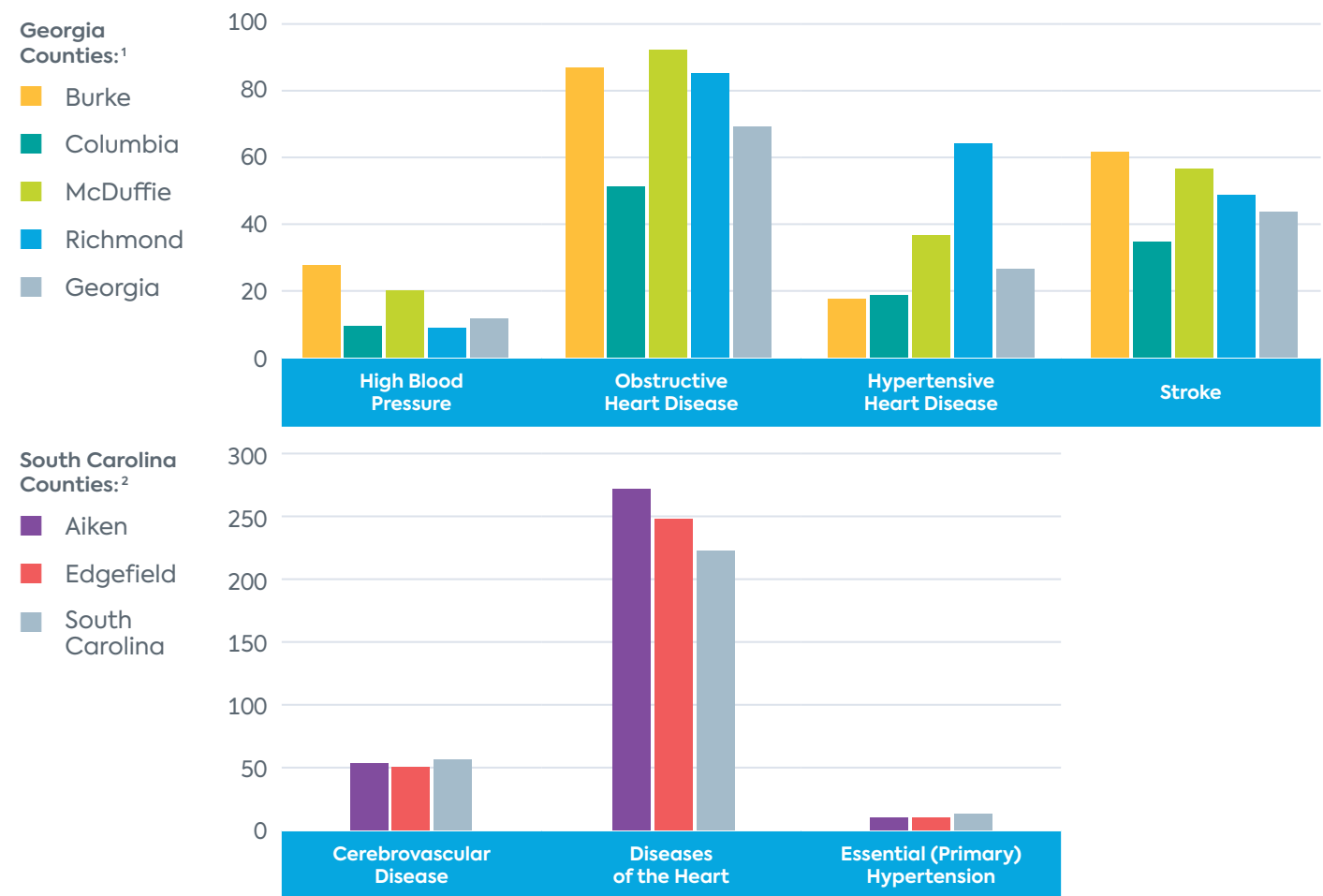
Figure 17 | Chronic Disease Hospital Discharge Rate (2019–2023)



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

South Carolina definitions for chronic disease causes of death are different from Georgia's

Sources:

1 Georgia Department of Public Health Online Analytical Statistical Information System

2 South Carolina Department of Public Health





Healthy Aging

Healthy Aging was identified by Community Summit participants as a health priority. 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 MCG Health 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 were:

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

Between 2018–2022, the top causes of death in the South Carolina counties of the service area included (not in rank order):

- Diseases of the Heart
- Cancers (Malignant Neoplasms)
- Accidents
- COVID-19
- Chronic lower respiratory disease

Overall, the data showed that cardiovascular conditions, COVID-19, and chronic illnesses such as Alzheimer’s and COPD were the most common causes of death in seniors across the region (*Table 14*). Rates varied by county, with some areas—like McDuffie and Burke—reporting substantially higher mortality rates for certain conditions than the state benchmark.

From 2019 to 2023, the leading causes of death among individuals aged 65 and over varied across the service area, but Ischemic Heart and Vascular Disease consistently ranked as the top cause in most counties. Ischemic Heart and Vascular Disease was the #1 cause of death in Burke, McDuffie, and Richmond counties as well as the state. McDuffie had the highest rate of deaths due to Ischemic Heart and Vascular Disease at 506.3 per 100,000. In contrast, Columbia County reported Alzheimer’s Disease as the leading cause, with a rate of 373.7, higher than the state rate of 267.9.

COVID-19, ranked #2, #3, or #4. Burke County experienced a notably high COVID-19 death rate of 344.4, compared to the state rate of 281.4. Alzheimer’s Disease in the top five causes of death across the service area. Cerebrovascular Disease and Essential Hypertension and Hypertensive Renal and Heart Disease were also common causes of death. All COPD Except Asthma ranked 2nd and 5th in McDuffie and Richmond counties respectively, with McDuffie having the highest rate at 416.9.

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

	#1	#2	#3	#4	#5
Georgia Counties¹					
Burke	Ischemic Heart and Vascular Disease 482.2	COVID-19 344.4	Cerebrovascular Disease 329.7	Diabetes Mellitus 265.7	Alzheimer's Disease 260.8
Columbia	Alzheimer's Disease 373.7	Ischemic Heart and Vascular Disease 289.1	COVID-19 232.5	Cerebrovascular Disease 216.4	Malignant Neoplasms of the Trachea, Bronchus and Lung 186.0
McDuffie	Ischemic Heart and Vascular Disease 506.3	All COPD Except Asthma 416.9	Alzheimer's Disease 357.4	COVID-19 302.8	Cerebrovascular Disease 268.0
Richmond	Ischemic Heart and Vascular Disease 469.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 406.2	COVID-19 338.7	Alzheimer's Disease 338.1	All COPD Except Asthma 261.5
Service Area*	Ischemic Heart and Vascular Disease 404.3	Alzheimer's Disease 347.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 299.5	COVID-19 296.6	Cerebrovascular Disease 248.7
Georgia	Ischemic Heart and Vascular Disease 397.1	COVID-19 281.4	Alzheimer's Disease 267.9	Cerebrovascular Disease 248.9	All COPD Except Asthma 240.5
South Carolina Counties²					
Aiken	Diseases of Heart 272.1	Cancer (Malignant Neoplasms) 215.7	Accidents 90.8	COVID-19 Pandemic 80.2	Alzheimer's disease 65.9
Edgefield	Diseases of Heart 248.0	Cancer (Malignant Neoplasms) 208.8	COVID-19 Pandemic 77.0	Chronic lower respiratory disease 71.8	Accidents 68.9
South Carolina	Diseases of Heart 222.7	Cancer (Malignant Neoplasms) 206.2	Accidents 82.7	COVID-19 Pandemic 71.8	Cerebrovascular Disease 56.2

Rates are per 100,000 population aged 65 and over

* Service area average only includes Georgia counties

Sources:

1 Georgia Department of Public Health Online Analytical Statistical Information System

2 SCAN South Carolina Department of Health and Environmental Control

Top Causes of Emergency Department Visits

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

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

From 2019 to 2023, the leading causes of emergency room visits among adults aged 65 and older in the service area primarily involved falls, musculoskeletal conditions, and chronic diseases (*Table 13*). Diseases of the Musculoskeletal System and Connective Tissue ranked #1 in Burke (4,423.3 per 100,000), Richmond, and across the service area, and was #2 in Columbia and McDuffie. These rates were higher than Georgia's statewide rate of 3,328.2.

Falls were the top cause of emergency room visits in Columbia and McDuffie and ranked second in most other counties. McDuffie recorded the highest falls-related rate at 4,367.7, well above the state rate of 3,746.0.

All Other Diseases of the Genitourinary System consistently ranked #3 across the service area. All Other Unintentional Injuries appeared as the fourth most common cause across counties, with McDuffie showing the highest rate at 2,248.4. Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease was the fifth most frequent cause in every county, with McDuffie again reporting a notably high rate of 1,806.6 compared to Georgia's 1,197.6.

Data for Aiken and Edgefield counties in South Carolina were not available (ND) for this analysis. Overall, the data showed that musculoskeletal issues, falls, and chronic cardiovascular and renal diseases were leading reasons for emergency room visits among older adults, with variation in severity across counties.

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

	#1	#2	#3	#4	#5
Georgia Counties					
Burke	Diseases of the Musculoskeletal System and Connective Tissue 4,423.3	Falls 3,463.9	All Other Diseases of the Genitourinary System 2,775.0	All Other Unintentional Injury 2,041.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,476.1
Columbia	Falls 3,029.9	Diseases of the Musculoskeletal System and Connective Tissue 1,870.0	All Other Diseases of the Genitourinary System 1,252.9	All Other Unintentional Injury 1,055.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 503.9
McDuffie	Falls 4,367.7	Diseases of the Musculoskeletal System and Connective Tissue 3,806.8	All Other Diseases of the Genitourinary System 2,809.2	All Other Unintentional Injury 2,248.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,806.6
Richmond	Diseases of the Musculoskeletal System and Connective Tissue 4,030.4	Falls 2,815.7	All Other Diseases of the Genitourinary System 1,564.5	All Other Unintentional Injury 1,374.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,045.4
Service Area*	Diseases of the Musculoskeletal System and Connective Tissue 3,224.7	Falls 3,038.7	All Other Diseases of the Genitourinary System 1,605.5	All Other Unintentional Injury 1,353.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 917.7
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
South Carolina Counties					
Aiken	ND	ND	ND	ND	ND
Edgefield	ND	ND	ND	ND	ND

Rates are per 100,000 population aged 65 and over

ND: No Data – Data are not available for this population, or suppressed data

* Service area average only includes Georgia counties

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



Maternal and Child Health

Between 2019–2023, Columbia County had the strongest maternal and infant health outcomes in the service area (Table 14). Conversely Richmond County faced challenges compared to other counties in the service area, particularly in prenatal care adequacy, premature births, low birthweight, and infant mortality. These disparities may suggest a need for targeted maternal health interventions where need is greatest.

Richmond County had the highest pregnancy rate at 61.4 per 1,000 females, well above the state rate of 48.2. However, while Richmond had the highest pregnancy rate, it also had the lowest birth rate among the counties (34.9). These data may suggest a high rate of unintended pregnancy and/or a high rate of pregnancy terminations.

Despite challenges in Richmond County, Wellstar's Women's Health Service Line leaders identified Augusta (located in Richmond County) was doing some exceptional work related to early detection of pregnancy complications. They are providing expectant mothers with blood pressure cuffs and wearable monitoring devices that alert a woman's doctor when her results are outside normal parameters.

Columbia County performed best in prenatal care, with the lowest rates of late/no prenatal care (3.6%) and fewer than 5 prenatal visits (2.5%). Richmond County had the highest percentage of inadequate prenatal care: 7.3% with late/no care and 6.1% with fewer than 5 visits. All four counties performed better than the state on prenatal care indicators.

Premature births were highest in Richmond (12.5%) and McDuffie (12.4%) counties, exceeding the state percentage of 11.7%. Low birthweight rates in Richmond (12.9%) and McDuffie (11.9%) also exceeded the state rate of 10.3%. Columbia County had the best outcomes with the lowest percentages for both premature and low-weight births.

Richmond County had the highest infant mortality rate at 10.0 per 1,000 live births, far above the state rate of 6.8. McDuffie also exceeded the state rate with a rate of 8.4. Columbia had the lowest infant mortality at 5.3.

Table 14 | Select Indicators for Pregnancy and Birth (Georgia)

	Burke	Columbia	McDuffie	Richmond	Georgia
Pregnancy Rate	54.2	42.9	53.4	61.4	48.2
Birth Rate	39.4	38.9	35.5	34.9	36.9
% Births with Late or No Prenatal Care	6.3%	3.6%	4.7%	7.3%	9.1%
% Births with <5 Prenatal Care Visits	4.6%	2.5%	4.9%	6.1%	7.8%
% Premature Births	11.6%	8.9%	12.4%	12.5%	11.7%
% Low Birthweight Births*	11.1%	7.9%	11.9%	12.9%	10.3%
Infant Mortality Rate	6.3	5.3	8.4	10.0	6.8

Table only includes Georgia counties from service area

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

The Wellstar MCG Health Medical Center service area includes two counties in South Carolina. South Carolina does not gather data in the same way as Georgia. For example, in Table 14, Georgia measures prenatal care by percentage. Table 15 includes data from South Carolina which measures prenatal care visits by rate per 1,000 females 15–44 in the population.

Both Aiken and Edgefield counties faced challenges in prenatal care access, with high rates of late or insufficient care (Table 15). Aiken had notably higher pregnancy and birth rates, while infant mortality in both counties exceeded the state rate.

Aiken County had a higher pregnancy rate (74.2 per 1,000 women aged 15–44) than both Edgefield (53.3) and the state (69.4). Aiken’s birth rate (60.6) also exceeded both Edgefield (43.9) and the state (57.3). The state and both counties had high rates of women who received no, late, or fewer than 5 prenatal visits. The birth rate with no prenatal care was 20.6 in Aiken County, 22.4 in Edgefield County, and 23.0 in the state. The infant mortality rate was 7.7 per 1,000 live births in both Aiken and Edgefield counties, slightly higher than the South Carolina rate of 6.9. Data on premature births and low birthweight births were not available (ND) for both counties, limiting a full assessment of birth outcomes.

Table 15 | Select Indicators for Pregnancy and Birth (South Carolina)

	Aiken	Edgefield	South Carolina
Pregnancy Rate	74.2	53.3	69.4
Birth Rate	60.6	43.9	57.3
% Births with Late or No Prenatal Care	20.6	22.4	23.0
% Births with <5 Prenatal Care Visits	56.8	59.6	61.8
% Premature Births	ND	ND	ND
% Low Birthweight Births	ND	ND	ND
Infant Mortality Rate	7.7	7.7	6.9

Rates per 1,000 females 15–44 years of age in the population
ND: No Data – Data are not available for this population, or suppressed data
Source: SCAN SC Department of Health and Environmental Control

Variations in Population Rates

The secondary data revealed that Hispanic and Black mothers were more likely to receive late or no prenatal care, suggesting barriers to early and consistent access to maternal healthcare (Figure 19). Columbia County appeared to have the highest percentages of mothers accessing care and Burke County appeared to have the lowest percentages when compared to other counties in the service area; however, it is difficult to compare given that data on all racial and ethnic groups was not available in all counties.

Hispanic mothers consistently had the highest rates of late or no prenatal care in all areas where data were shown. For instance, in Burke County, over 12% of Hispanic births received late or no care—the highest rate among all racial/ethnic groups and counties. Black mothers also exhibited elevated rates, particularly in Georgia overall (about 11.5%) and in McDuffie County (8%).

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

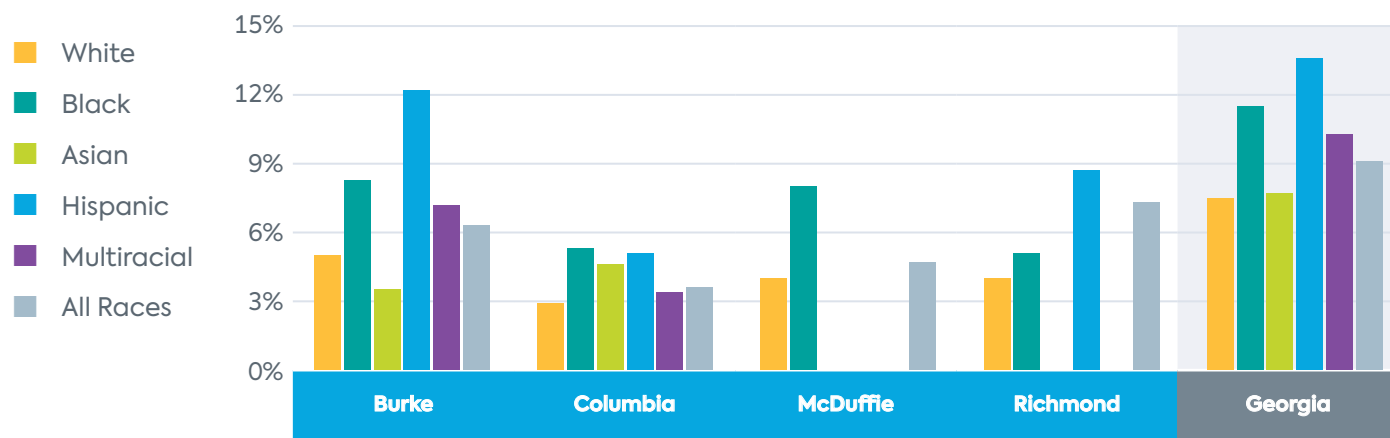


Chart only includes Georgia counties from service area

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

Black infants experienced a higher percentage of low birthweight births across all counties in the service area, mirroring well-documented racial health disparities (Figure 20). These findings underscored the need for focused maternal and prenatal health interventions to address systemic inequities in birth outcomes.

Black infants consistently had the highest percentages of low birthweight births in every county and statewide, ranging from around 12% in Columbia to over 15% in Richmond (Figure 20). White infant low birthweight percentages remained lower in all counties, typically between 7% and 9%, showing more favorable outcomes in comparison to Black infants.

In counties where data were available, Asian, Hispanic, and multiracial groups generally had percentages ranging from 8% to 11%. Notably, Asian infants in Columbia had percentages just under 11% (Figure 20).

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

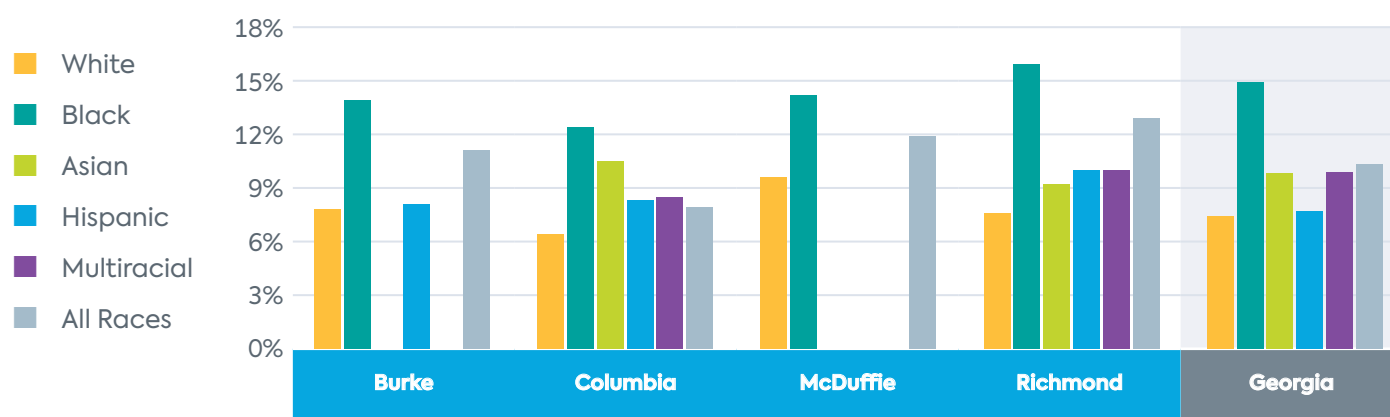


Chart only includes Georgia counties from service area

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

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

Black infants had the highest infant mortality rates across almost all counties and the state (Figure 21). Richmond County had the highest rate with over 13 deaths per 1,000 live births, followed by Burke and Columbia (each above 10). McDuffie was the only county where infant mortality was higher among White children than Black children. (Data on Asian, Hispanic, and multiracial populations were not available in all counties.)

The chart reveals a persistent and deep racial disparity in infant mortality, especially affecting Black infants, whose mortality rates are more than double or even triple those of other racial groups in some counties (Figure 21). These disparities call for targeted public health efforts to improve maternal and infant care, particularly for Black families in high-risk counties like Richmond and Burke.

Figure 21 | Infant Mortality by Race/Ethnicity

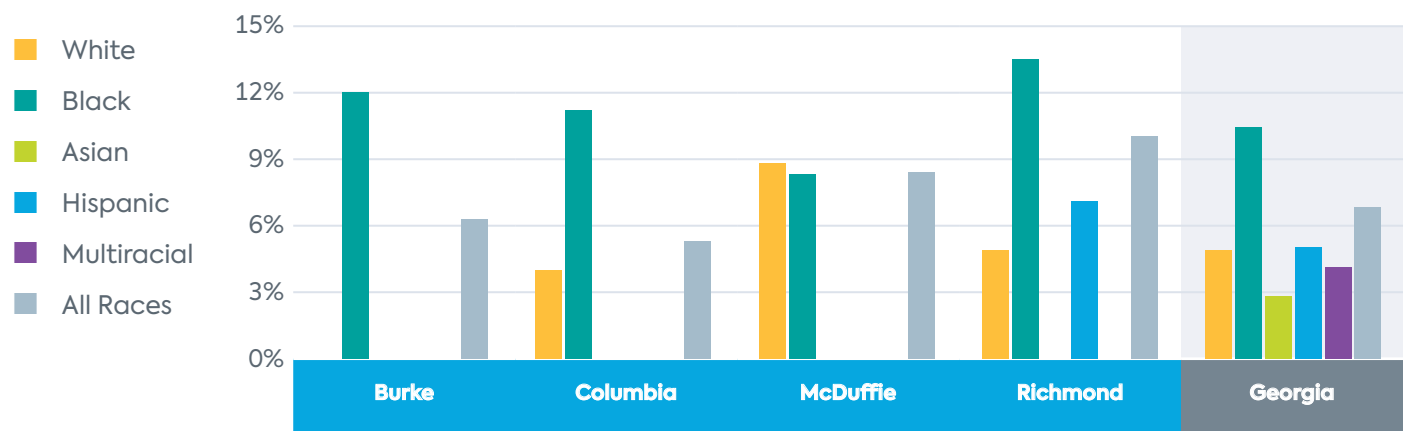


Chart only includes Georgia counties from service area
Rates per 1,000 live births. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System



APPENDICES

Appendix A: Demographic Data

Table 16 | Demographics for Population, Age, Race, and Ethnicity (2018–2022)

	Burke	Columbia	McDuffie	Richmond	Georgia	Alken	Edgefield	U.S.
Total Population (2022)	24,337	156,921	21,715	206,153	10,912,876	169,865	26,181	333,287,562
Age Distribution								
Median Age in Years	38.8	37.4	38.5	34.8	37.2	41.8	42.9	38.5
Under 18 Years	25.0%	25.0%	24.9%	22.9%	23.4%	21.3%	17.5%	22.1%
18–24 Years Old	10.9%	8.2%	7.4%	11.3%	9.8%	7.9%	9.5%	9.4%
25–34 Years Old	9.0%	13.4%	12.8%	16.0%	13.7%	12.6%	12.2%	13.7%
35–44 Years Old	12.6%	14.4%	11.5%	12.1%	13.2%	11.7%	13.7%	12.9%
45–54 Years Old	12.1%	12.7%	11.7%	10.7%	13.0%	12.1%	13.2%	12.4%
55–64 Years Old	14.0%	11.7%	13.9%	12.5%	12.3%	14.2%	14.8%	12.9%
65+ Years Old	16.3%	14.6%	17.9%	14.5%	14.4%	20.1%	19.0%	16.5%
Racial/Ethnic Distribution								
White	49.8%	69.3%	54.6%	34.4%	54.3%	67.2%	60.3%	65.9%
Black	45.6%	16.9%	41.2%	55.9%	31.5%	24.9%	32.5%	12.5%
Asian	0.0%	0.2%	0.0%	0.1%	4.3%	0.1%	0.3%	5.8%
Native American and Alaska Native	0.5%	4.4%	0.2%	1.8%	0.4%	1.0%	0.3%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.2%	0.2%
Multiple Races	2.8%	6.6%	2.8%	5.8%	6.0%	5.8%	4.9%	8.8%
Some Other Race	1.3%	2.6%	1.3%	1.9%	3.5%	1.0%	1.7%	6.0%
Hispanic/Latino	3.5%	7.3%	3.5%	5.3%	10.1%	6.2%	6.9%	18.7%
Population with Limited English Proficiency	1.4%	3.3%	0.2%	1.7%	5.5%	1.6%	4.4%	8.2%
Income Distribution								
Median Household Income	\$50,321	\$92,571	\$54,752	\$50,605	\$71,355	\$63,212	\$60,033	\$75,149
Less than \$25,000	27.8%	10.5%	21.1%	25.6%	16.6%	18.5%	23.5%	15.7%
\$25,000 – \$49,999	21.7%	13.4%	24.0%	24.0%	19.0%	21.5%	20.2%	18.1%
\$50,000 – \$99,999	26.0%	29.8%	31.6%	30.0%	29.7%	30.8%	28.2%	28.9%
\$100,000 – \$199,999	20.0%	32.8%	20.2%	15.9%	24.7%	22.2%	23.5%	25.9%
\$200,000 or more	4.5%	13.5%	3.1%	4.5%	10.0%	6.9%	4.6%	11.4%

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

Appendix B: Social Determinants of Health (SDOHs)

Education

Table 17 | Select Education Indicators

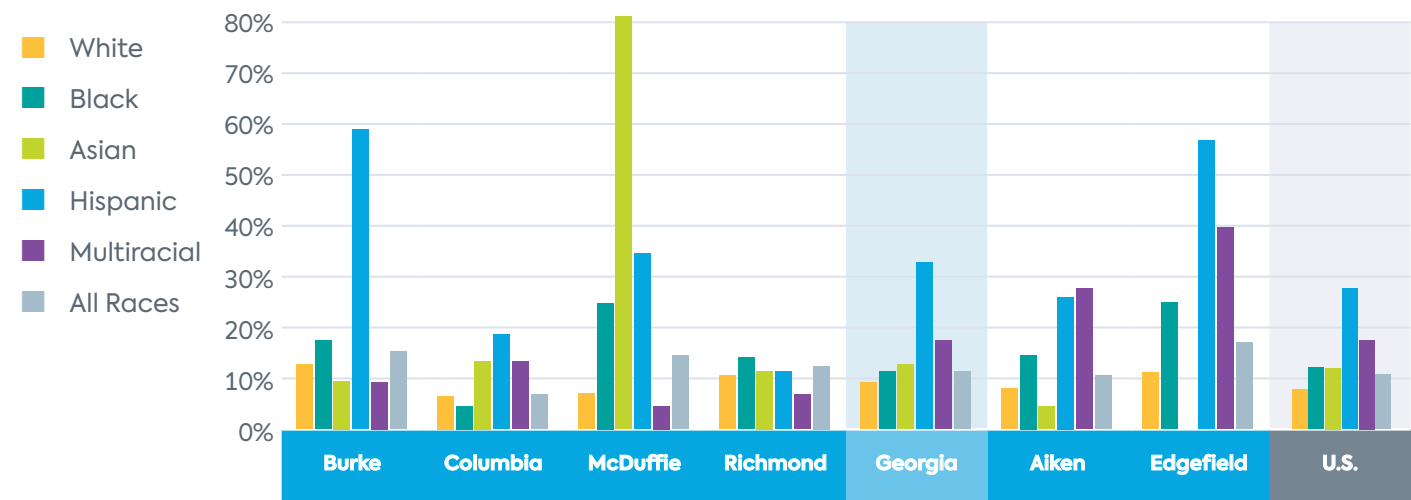
	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield	U.S.
Adults without HS Diploma (Age 25+) ¹	15.3%	6.8%	14.5%	12.4%	11.3%	10.5%	17.0%	10.9%
High School Graduate Rate (2020-2021) ²	88.1%	92.0%	82.8%	74.0%	86.9%	90.0%	82.0%	81.1%
Associates degree or higher ¹	25.6%	49.7%	26.2%	33.1%	41.9%	38.4%	29.8%	43.1%
Bachelor's degree or higher ¹	14.7%	37.4%	18.4%	23.6%	33.6%	29.6%	19.9%	34.3%
Preschool Enrollment (ages 3-4) ¹	53.5%	48.6%	47.1%	40.8%	47.7%	37.1%	30.0%	45.6%

Sources:

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

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

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



Rates based on 1-4 events are not shown (no bar).

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

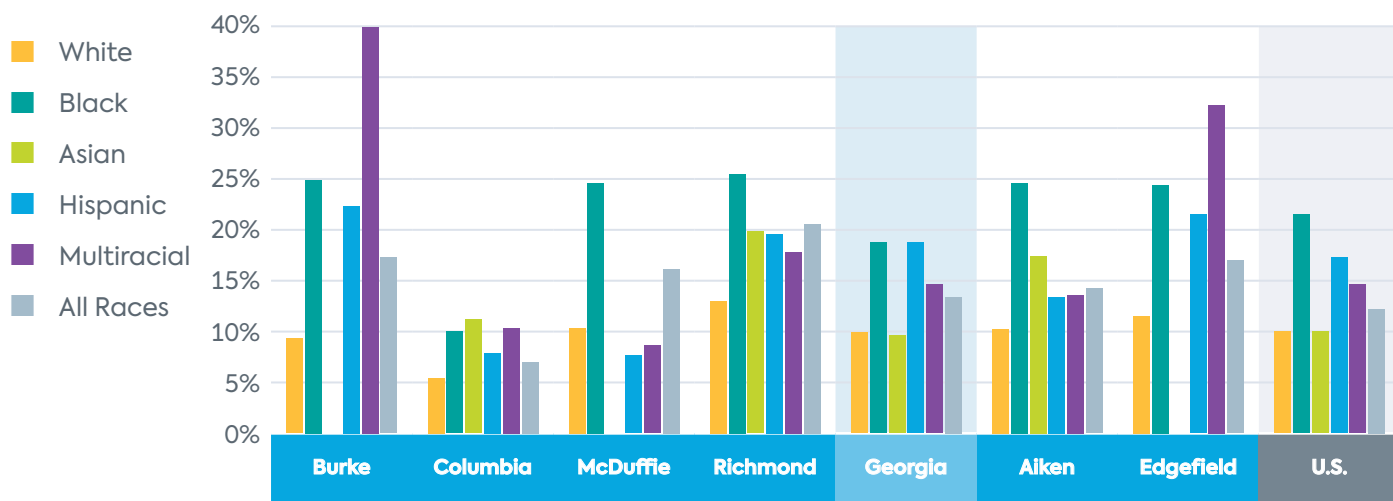
Socioeconomic Status/Income

Table 18 | 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
Burke	2014-2018	8,184	24.8%	20.4%	5.6%	52.7%
	2018-2022	8,913	17.3%	17.5%	9.5%	39.2%
Columbia	2014-2018	46,840	8.8%	6.0%	3.1%	22.9%
	2018-2022	50,056	7.2%	6.0%	2.4%	18.2%
McDuffie	2014-2018	8,103	24.9%	20.5%	5.8%	45.7%
	2018-2022	8,212	16.1%	14.0%	3.4%	33.1%
Richmond	2014-2018	72,165	23.4%	18.3%	6.4%	37.4%
	2018-2022	74,028	20.7%	16.4%	4.6%	33.2%
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%
Aiken, SC	2014-2018	66,710	16.1%	12.9%	5.5%	35.8%
	2018-2022	67,904	14.2%	9.8%	4.3%	31.5%
Edgefield, SC	2014-2018	9,063	15.5%	12.2%	3.0%	39.1%
	2018-2022	9,403	17.0%	11.9%	6.6%	27.6%
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

Unemployment and Insurance

Table 19 | Unemployment Rate (2024) and Percent of Population Uninsured (2018–2022)

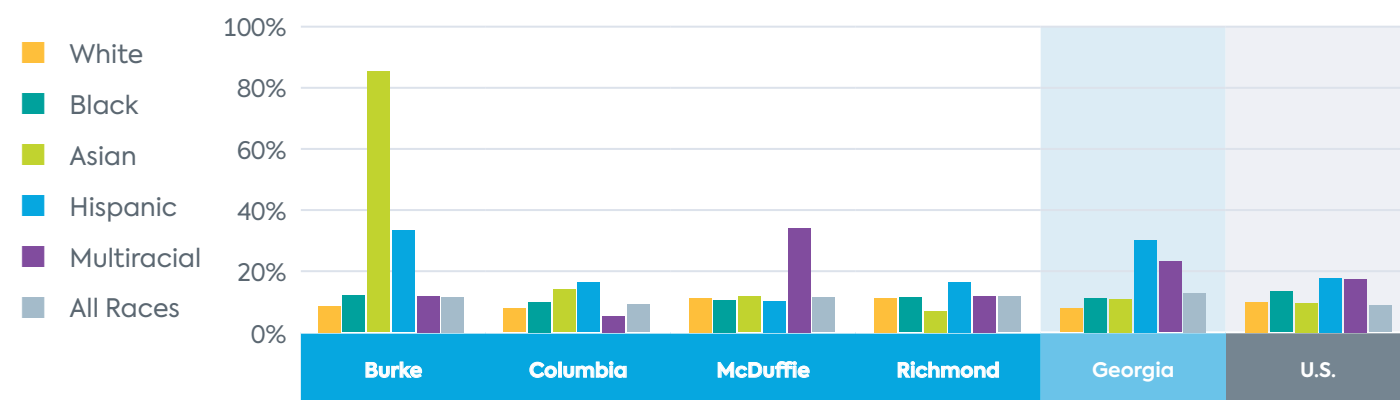
	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield	U.S.
Unemployment Rate (2024) ¹	6.6%	4.0%	6.0%	6.1%	4.1%	3.4%	3.3%	4.4%
Uninsured Population (2018–2022) ²	11.4%	8.9%	11.2%	11.6%	12.6%	8.8%	10.8%	8.6%

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 20 | Selected Indicators of Affordable Housing (2018–2022)

	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield	U.S.
Units Affordable at 15% AMI	11.2%	2.6%	6.3%	2.2%	3.7%	ND	ND	3.6%
Units Affordable at 30% AMI	23.7%	6.3%	12.7%	7.0%	9.1%	ND	ND	8.4%
Units Affordable at 40% AMI	30.2%	14.5%	19.7%	11.2%	14.7%	ND	ND	13.6%
Units Affordable at 50% AMI	39.8%	24.4%	29.7%	18.3%	22.2%	ND	ND	20.7%
Units Affordable at 60% AMI	49.4%	33.7%	41.1%	26.5%	30.3%	ND	ND	28.6%
Units Affordable at 80% AMI	62.5%	55.6%	60.1%	47.0%	46.5%	ND	ND	44.2%
Units Affordable at AMI	71.8%	68.3%	73.5%	67.1%	60.2%	ND	ND	59.5%
Units Affordable at 125% AMI	80.2%	79.6%	83.3%	81.5%	72.3%	ND	ND	69.6%
Median Gross Rent	\$747	\$1,295	\$834	\$1,024	\$1,221	\$ 973	\$ 786	\$1,268
Households paying more than 30% of income for monthly mortgage	31.5%	20.0%	20.0%	27.1%	25.0%	22.3%	19.0%	27.3%
Households paying more than 30% of income for monthly rent	51.8%	46.0%	51.2%	55.9%	50.4%	48.7%	58.5%	49.9%
Households with One or More Severe Problems (2017–2021)*	12.7%	7.5%	12.5%	12.0%	12.8%	12.3%	12.5%	13.1%

ND: No Data – Data are not available for this population, or suppressed data

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

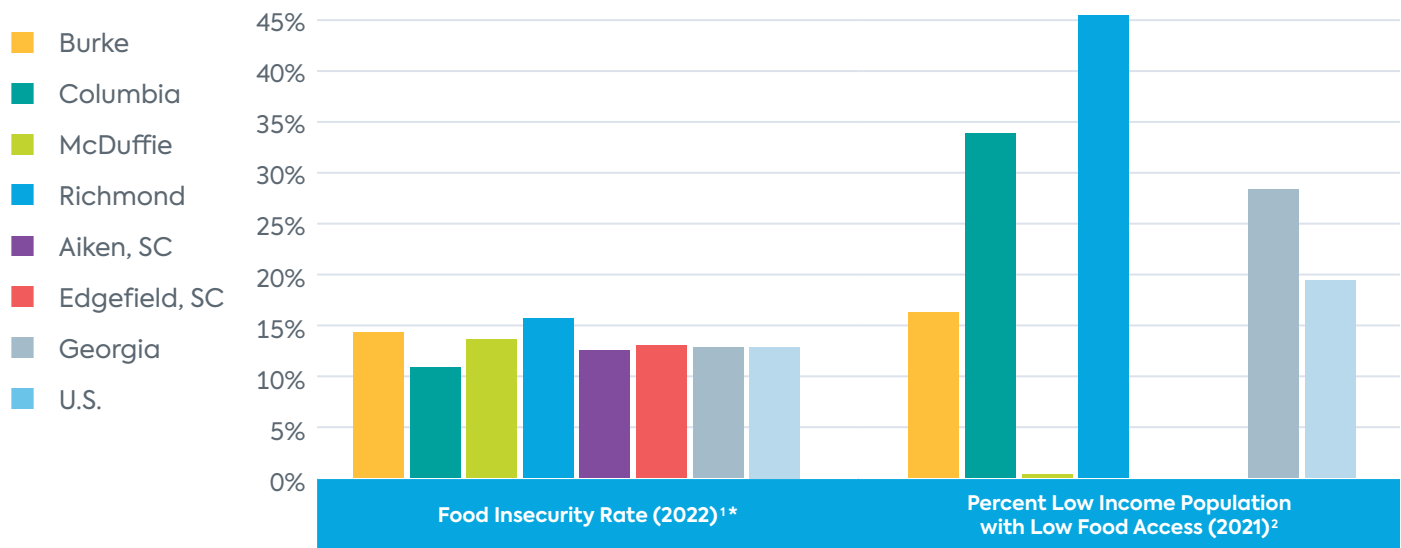
Table 21 | Selected Transportation Indicators

	Burke	Columbia	McDuffie	Richmond	Georgia	Aiken	Edgefield	U.S.
Households with No Motor Vehicle	10.2%	2.7%	4.8%	10.0%	6.0%	5.8%	7.5%	8.3%
Commuting Mode - Public Transportation	0.4%	0.2%	0.0%	1.9%	1.5%	10.0%	0.8%	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. Rates based on 1-4 events are not shown (no bar).

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](https://www.wellstar.com/findhelp)

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 22 | Wellstar CHNA Strategic Partners

		 Access	 Behavioral Health	 Food Access and Healthy Living	 Healthy Aging	 Maternal and Child Health
Healthcare Systems						
Christ Community Health	cchsaugusta.org					
Hope Women’s Center	hhopecsra.com					
Lamar Medical Center	bgcrcenter.org/lamar-medical-center					
Richmond County Medical Society: Project Access	rcprojectaccess.org					
Serenity Behavioral Health Systems	serenitybhs.com					

		 Access	 Behavioral Health	 Food Access and Healthy Living	 Healthy Aging	 Maternal and Child Health
Public Health Agencies						
CSRA Area Agency on Aging	csrarc.ga.gov					
East Central Health District	ecphd.com					
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap					
Lower Savannah Area Agency on Aging	lscog.org/aging					
Medical Associates Plus	primecarehomecare.com					
South Carolina Department of Public Health	dph.sc.gov					
Upper Savannah Area Agency on Aging	uppersavannah.com/divisions/aging					
Public Health Leaders and Advocates						
AARP Georgia	states.aarp.org/georgia					
Dr. April Hartman: <i>Newly appointed as a commissioner on the Medicaid and CHIP Payment and Access Commission—advising congress on Medicaid Policy</i>	rcprojectaccess.org/?id=AHARTMAN wellstar.org/physicians/april-hartman-md					
Georgia Advocacy Office	thegao.org					
Georgia Public Health Association	gapha.org					
Georgia Watch Healthcare Access and Consumer Advocacy	georgiawatch.org/protect-yourself/healthcare					
Georgia Watch Senior Health Resources	georgiawatch.org/senior-health					
Healthy Mothers, Healthy Babies Coalition of Georgia	hmhbga.org					
Voices for Georgia's Children	georgiavoices.org					

		 Access	 Behavioral Health	 Food Access and Healthy Living	 Healthy Aging	 Maternal and Child Health
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Community and Faith-Based Organizations

Aiken Senior Life Services	aikensenior.org					
Augusta Partnership for Children Project Impact	augustapartnership.org/programs-2					
The Blood Connection	thebloodconnection.org					
Ebony Tree Farms	ebonytreefarms.com					
Georgians for a Healthy Future	healthyfuturega.org					
HOPE for Georgia Moms	hopeforgeorgiamoms.org					
Resourced Augusta	facebook.com/resourcedaugusta					
The Salvation Army The Kroc Center of Augusta	augustakroc.org					

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					
Harrisburg Family Health Care (free and charitable clinic)	.infantrisk.com					
Life Foundation	lfstudenthelp.org					
The Pearl Foundation	thepearlfoundaionga.org					
The Women's Clinic	alas-csra.org/womens-clinic					

		 Access	 Behavioral Health	 Food Access and Healthy Living	 Healthy Aging	 Maternal and Child Health
Academia						
Augusta University Dental College (<i>emergency dental care</i>)	augusta.edu/dentalmedicine/patientservices/newpatients.php	■				
Chattahoochee Tech Health Sciences (<i>Austell, Marietta, Mountain View, N. Metro, Paulding, Woodstock</i>)	chattahoocheetech.edu	■	■	■	■	■
Georgia Apex Program (Region 2)	dbhdd.georgia.gov/georgia-apex-program		■			
Georgia Prevention Institute Augusta University	augusta.edu/institutes/gpi			■		
Georgia State University Gerontology Master's Program	gsu.edu/program/gerontology-ma				■	
Healthy Grandparents Program Augusta University	augusta.edu/nursing/hgp.php				■	
Kennesaw State University Wellstar School of Nursing	kennesaw.edu	■	■	■	■	■
Lincoln Tech Health Sciences	lincolntech.edu	■	■	■	■	■
Resilient Teens Resilient Communities of East Georgia	rceg.org/teens		■			
University of Georgia Institute of Gerontology	publichealth.uga.edu/research/research-institutes/institute-of-gerontology				■	
vidaRPM Remote Pregnancy/Postpartum Monitoring Augusta University	augusta.edu/institutes/gpi/vidarpm					■
West Georgia Tech College Nursing & Health Sciences	westgatech.edu	■	■	■	■	■
Payor/For-Profit Organizations						
Primecare Home Care Services	primecarehomecare.com			■		



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