



2025

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

**WELLSTAR WEST GEORGIA MEDICAL CENTER
AND WELLSTAR ROOSEVELT**



Wellstar.

More than healthcare.
PEOPLECARE

Wellstar West Georgia Medical Center

EIN: 20-5497506
1514 Vernon Rd.
LaGrange, Georgia 30240

Located in LaGrange, Georgia, Wellstar West Georgia Medical Center has served Troup County for nearly 80 years. With about 60,000 patients served each year, this 276-bed facility has focused on delivering high-quality healthcare to its community through top-rated services. Recently, Wellstar West Georgia was named the top large hospital in Georgia by Georgia Trend Magazine. Wellstar West Georgia is proud to be part of Wellstar, the largest health system in Georgia, known nationally for its innovative care models and focus on improving quality and access to healthcare. Wellstar also includes Wellstar Medical Group, 240 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice, homecare, as well as additional inpatient hospitals.

Winner of Georgia Alliance of Community Hospitals' 2019 Large Hospital of the Year, Wellstar West Georgia Medical Center has increased the availability of healthcare services to members of the community living in poverty by providing free medical care and prescriptions for qualifying patients through its Community Service Clinic, and its deep involvement with promoting good health for all within its service area.



Wellstar Roosevelt

EIN: 46-4824043
6135 Roosevelt Highway
Warm Springs, Georgia 31830

At Wellstar Roosevelt, we deliver long-term acute care for medically complex patients through our dedicated on-site provider care. The expert care our patients and community know and trust continues at Wellstar Roosevelt Rehabilitation Care with hands-on therapy and interdisciplinary teamwork.

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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 West Georgia Medical Center and Wellstar Roosevelt, 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 not-for-profit hospitals, Wellstar West Georgia Medical Center and Wellstar Roosevelt 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. The following report identifies the shared service area of both Wellstar West Georgia and Wellstar Roosevelt as “Wellstar West Georgia Medical Center.”

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 West Georgia Medical Center Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	All counties except Coweta County had a percentage of residents living in an area affected by a health professional shortage, and in Harris and Meriwether counties this included almost 100% of residents. Heard and Meriwether also had higher proportions of their populations living in a health professional shortage for dental care than the state.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	One of the only recorded rates of drug overdoses in Heard County was the highest rate observed and more than double the state average in 2022. Between 2019 and 2023, Heard, Meriwether, and Troup counties consistently had the highest behavioral health ER visit rates in the service area, which were at or above the state average.	Prioritize facilitating access to behavioral health care in Heard, Meriwether, and Troup 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	Access to preventative care, food deserts and cost, diabetes, obesity, poverty, health education, and preventative care and screenings were top community needs. Food insecurity rates in the service area range from 11.5% to 19.4% (Heard County highest). Obesity is impacting 17.9% to 42% with Troup County adults having the highest obesity rate at 42%.	Fluctuations in finances and food access are very stressful. Achieving secure employment along with financial management and food prep skills could build capacity to shop on a limited budget and prepare healthier meals. 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	Community residents identified the need for more geriatric specialists and better provider training on how to interact and support seniors.	Explore offering continuing education opportunities that focus on gerontology.
Maternal and Child Health	Black infants living in the West Georgia service area have some of the highest percentage of low birthweight births in the Wellstar system. Percentages range from 15.9% in Harris County to 25.0% in Heard County.	Work with Wellstar staff in Harris and Heard Counties to explore the specific causes of low birthweight in the area (nutrition, gestational diabetes, substance use, etc.) and work with partners to develop targeted interventions.





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DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Service Area

The Wellstar West Georgia Medical Center service area includes Coweta, Heard, Harris, Meriwether, and Troup 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 24 zip codes across the five counties (Table 2).

Figure 1 | Primary Service Area of Wellstar West Georgia Medical Center

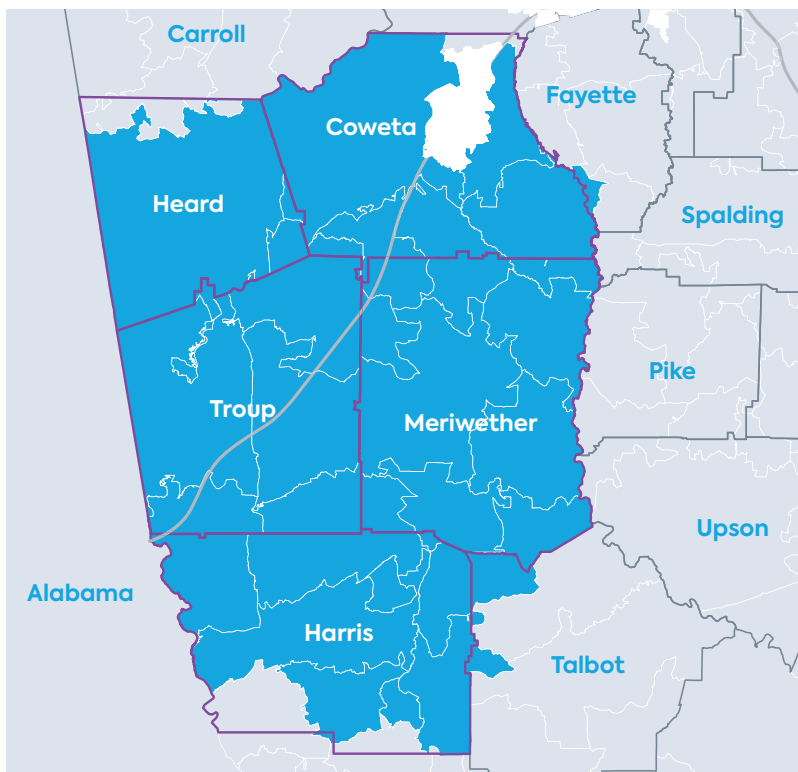


Table 2 | Wellstar West Georgia Medical Center Service Area

County	Zip Codes
Coweta	30220, 30259, 30263, 30265, 30276, 30277
Harris	31804, 31807, 31811, 31822, 31823, 31826, 31831
Heard	30217
Meriwether	30218, 30222, 30251, 30293, 31816, 31830
Troup	30230, 30240, 30241, 31833

Source: Georgia Department of Community Health

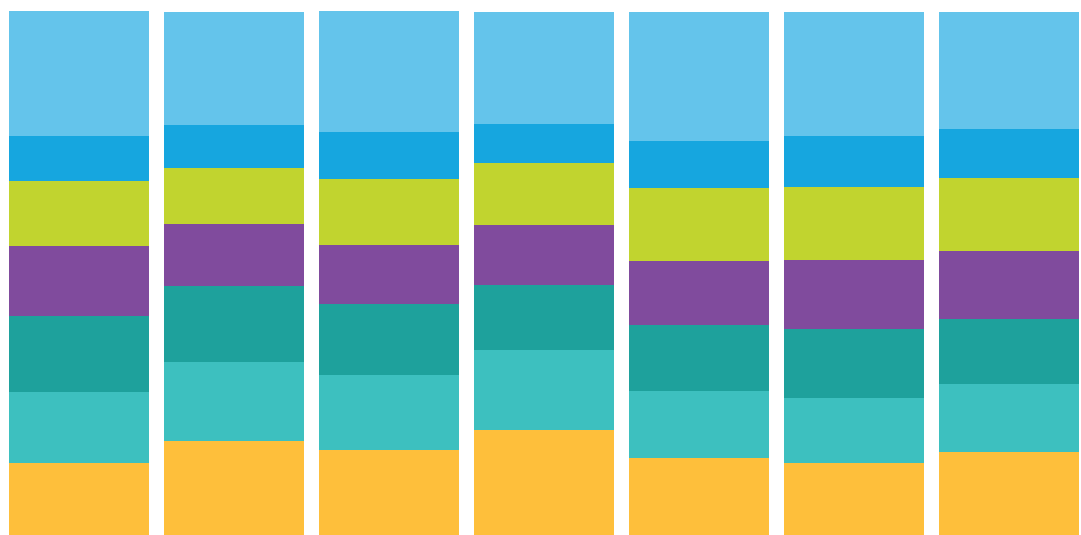
Demographic Data

Wellstar West Georgia Medical Center | by County and State (2018–2022)

Population and Age

Coweta County had the largest population in the service area with 147,449 residents, while Heard County had the smallest with 11,489 residents (see Appendix A). Across the service area and state, about a quarter of residents were under 18 years of age (Figure 2). The age distributions in Harris, Heard, Meriwether, and Troup 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



	COWETA	HARRIS	HEARD	MERIWETHER	TROUP	GEORGIA	U.S.
< 18 Years Old	23.6%	21.3%	22.8%	21.1%	24.3%	23.4%	22.1%
18–24 Years Old	8.4%	8.3%	8.9%	7.5%	9.1%	9.8%	9.4%
25–34 Years Old	12.4%	10.5%	12.4%	11.8%	13.7%	13.7%	13.7%
35–44 Years Old	13.4%	11.9%	11.3%	11.3%	12.3%	13.2%	12.9%
45–54 Years Old	14.5%	14.3%	13.5%	12.5%	12.4%	13.0%	12.4%
55–64 Years Old	13.5%	15.1%	14.2%	15.0%	12.7%	12.3%	12.9%
65+ Years Old	14.4%	18.5%	16.9%	20.8%	15.4%	14.4%	16.5%

Percent of total population by age group.

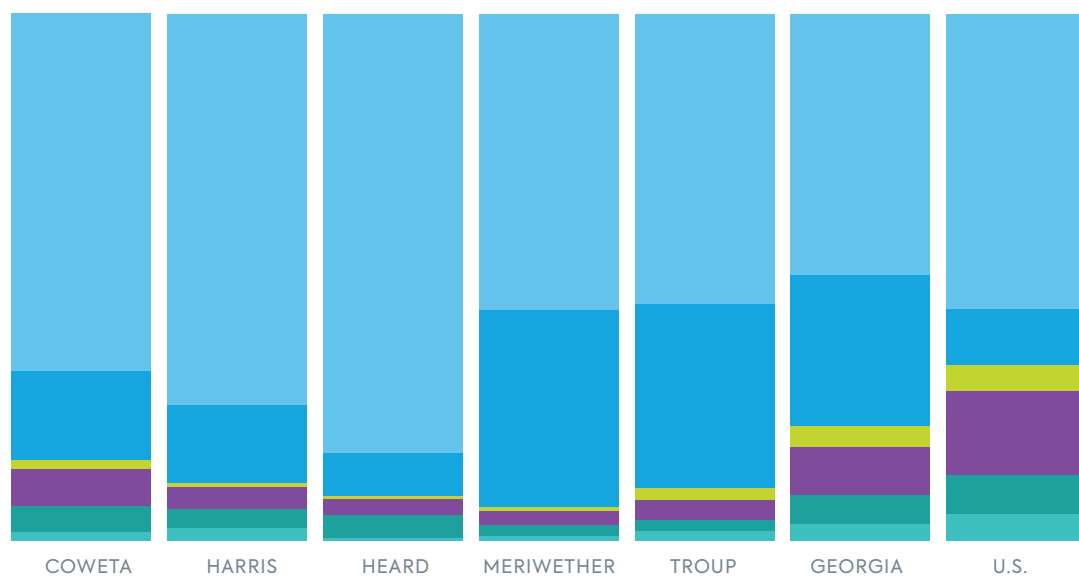
Sources:

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

Race and Ethnicity

Coweta, Harris, and Heard counties are less diverse than the state, with higher proportions of White residents (72.8%, 77.4%, and 85.8%, respectively), and lower proportions of Black (18.0%, 15.6%, and 8.5%) or Asian (1.9%, 0.7% and 0.5%) residents compared to state rates (Figure 3). Meriwether and Troup counties are similar to the state in their rates of White and Black residents, however, all counties in the service area have smaller proportions of Hispanic and multiracial residents than the state.

Figure 3
Racial/Ethnic Distribution



	COWETA	HARRIS	HEARD	MERIWETHER	TROUP	GEORGIA	U.S.
Non-Hispanic White	72.8%	77.4%	85.8%	57.7%	57.1%	54.3%	65.9%
Black	18.0%	15.6%	8.5%	38.4%	36.2%	31.5%	12.5%
Asian	1.9%	0.7%	0.5%	0.8%	2.4%	4.3%	5.8%
Hispanic/Latino	7.6%	4.4%	3.2%	2.7%	3.9%	10.1%	18.7%
Multiple Races	5.3%	3.7%	4.5%	2.1%	2.2%	6.0%	8.8%
Some Other Race	1.8%	2.6%	0.6%	1.0%	2.0%	3.5%	6.0%

Charts only reflect races and ethnicities that make up at least 1% of the population (complete list of service area races and ethnicities is in Appendix A.)

Sources:

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 social determinants of health in the service area including education, poverty, unemployment and insurance coverage, housing, transportation, and food insecurity. See Appendix B for more data on social determinants of health 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
Coweta	0.2402	Low
Harris	0.0675	Low
Heard	0.6459	Medium – High
Meriwether	0.9074	High
Troup	0.9023	High

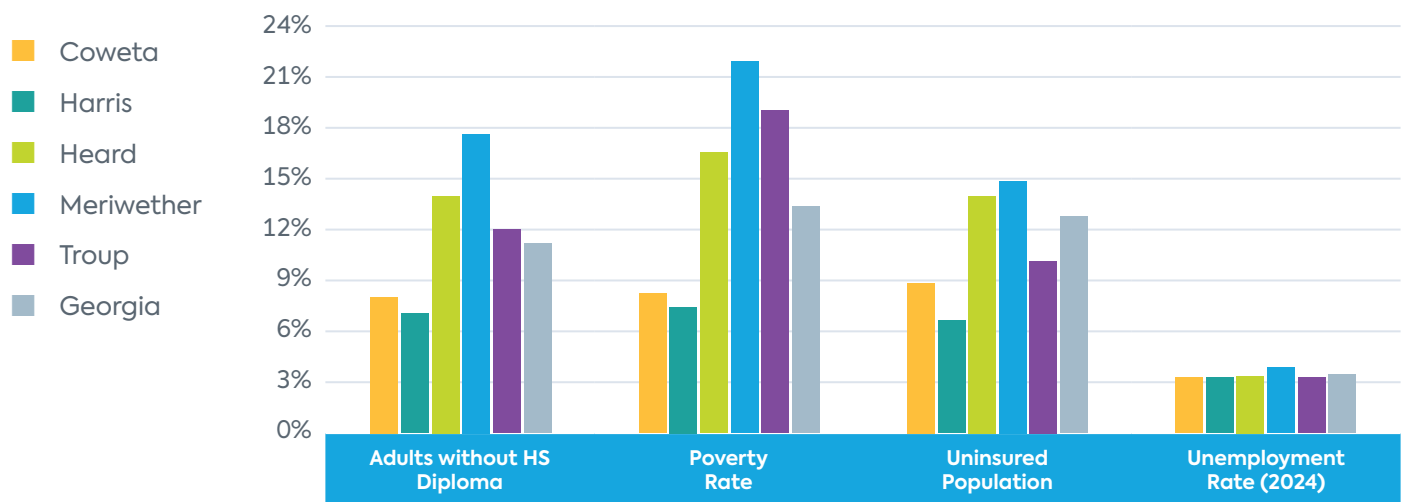
Source: CDC. (2022). *Sustainability Vulnerability Index Interactive Map*.

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

Social and Community Context

Compared to Georgia, the service area for Wellstar West Georgia Medical Center generally had a higher percentage of adults 25 or older without high school diplomas except for Coweta and Harris counties (8.1% and 7.1%), which was lower than the state average of 11.3% (Figure 4). Heard, Meriwether, and Troup counties had both the highest poverty rates and the highest percentages of uninsured residents in the service area. However, while poverty rates were higher than the state average in three of the five counties, unemployment rates were slightly lower than the state rate (3.5%) in all counties except Meriwether County (3.9%).

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

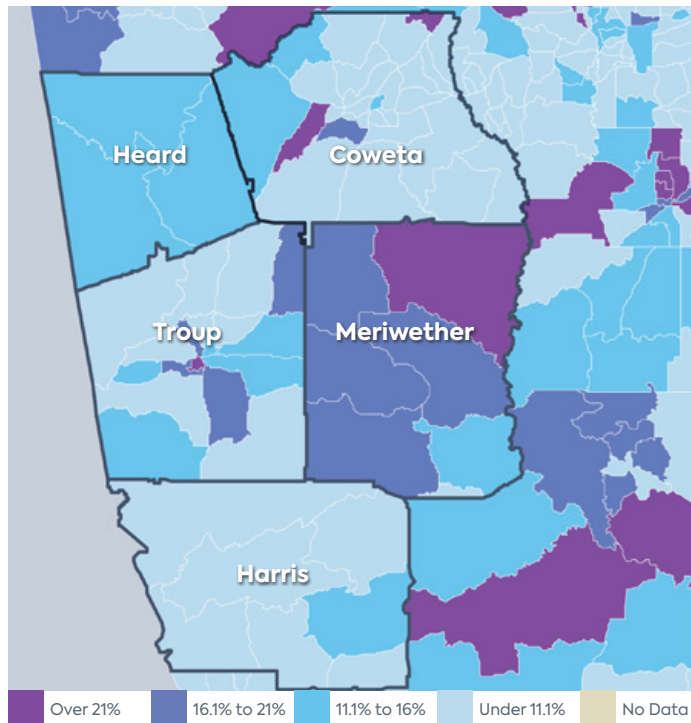


Adults without a High School Diploma includes population aged 25+
Poverty Rate – Percent of all people below 100% of the Federal Poverty Level

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

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

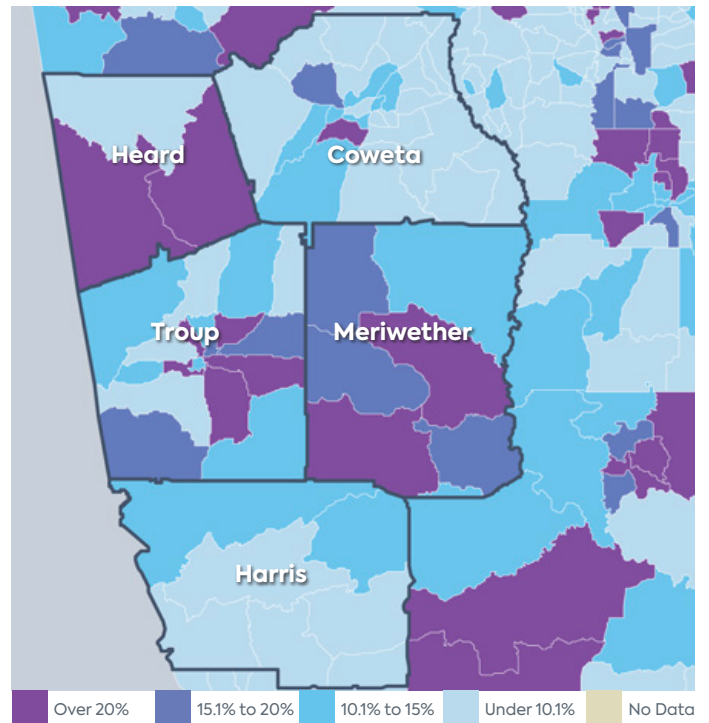
Figure 5 | Population with No High School Diploma (2018–2022)



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

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

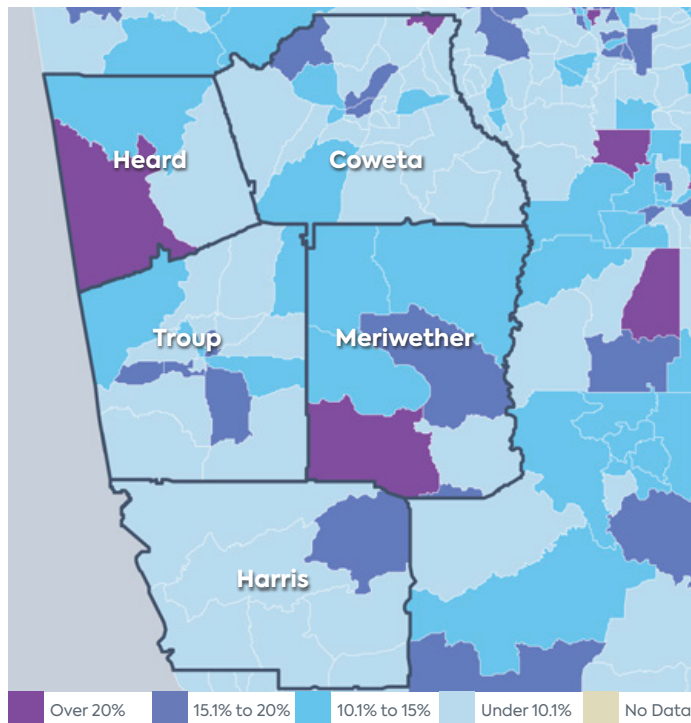
Figure 6 | Population Below 100% Federal Poverty Level (2018–2022)



Percent by tract, ACS 2018–2022

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

Figure 7 | Uninsured Population (2019–2023)



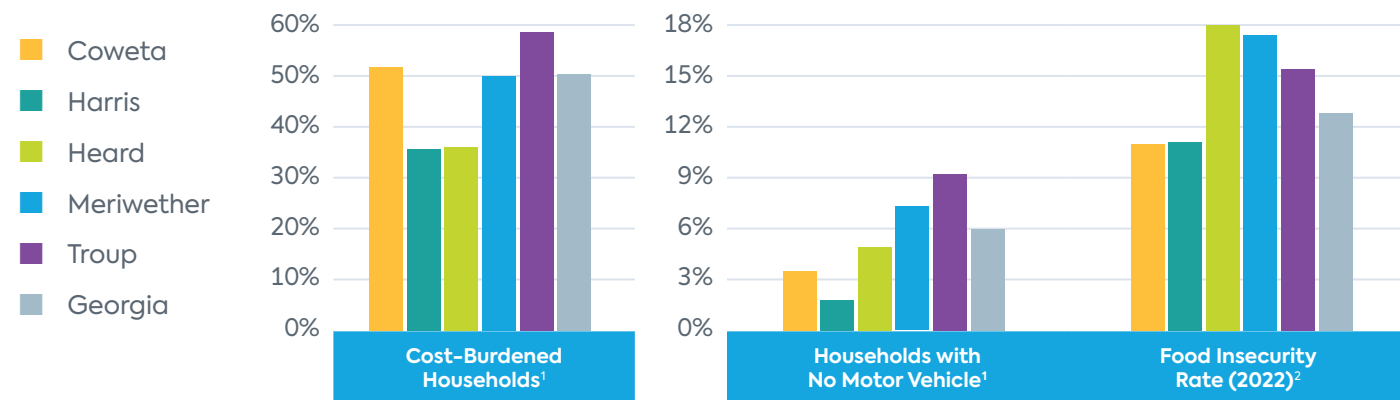
Percent by tract, ACS 2019–2023

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

Housing, Transportation, and Food Insecurity

Cost burdened households are those paying more than 30% of their monthly income on housing costs, including rent, mortgage, and utilities.² From 2018–2022, from 35–58% of renters and 20–24% 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

Within the service area for Wellstar West Georgia Medical Center, Meriwether and Troup counties had more households with no motor vehicle compared to 6% of households in the state (*Figure 8*). However, transportation may be an issue for some residents across all counties in the service area, as four of the five counties have census tracts where over 8% of the households do not have a motor vehicle (*Figure 10*).

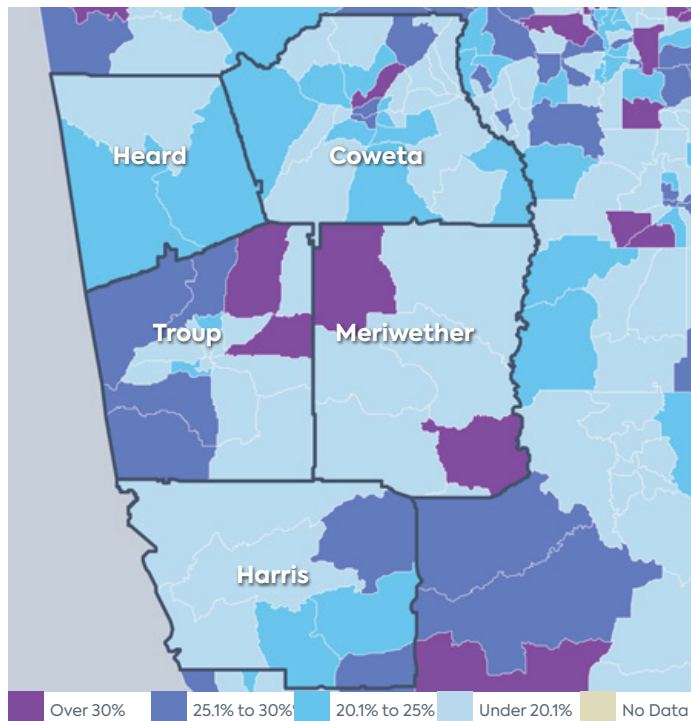
Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.³ Heard, Meriwether, and Troup counties, had higher rates of food insecurity (18.0%, 17.4%, and 15.4%) compared to the state (12.8%) (*Figure 8*). Another metric used to measure food insecurity is the presence of a food desert, which is defined by the USDA as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.⁴ *Figure 11* shows there are census tracts in Coweta, Meriwether, and Troup counties 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.

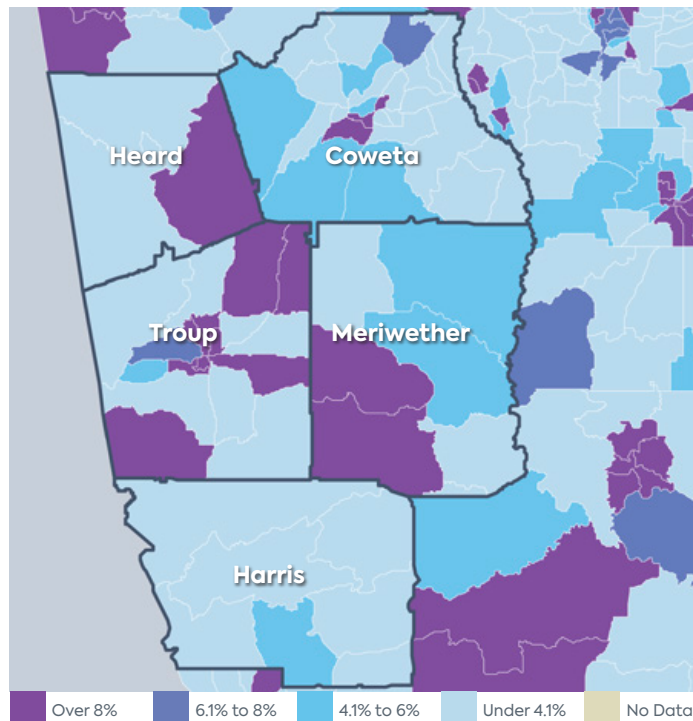
⁴ Ver Ploeg, M., Nulph, D., Williams, R. (2011). Mapping Food Deserts in the United States. USDA, Economic Research Service.

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



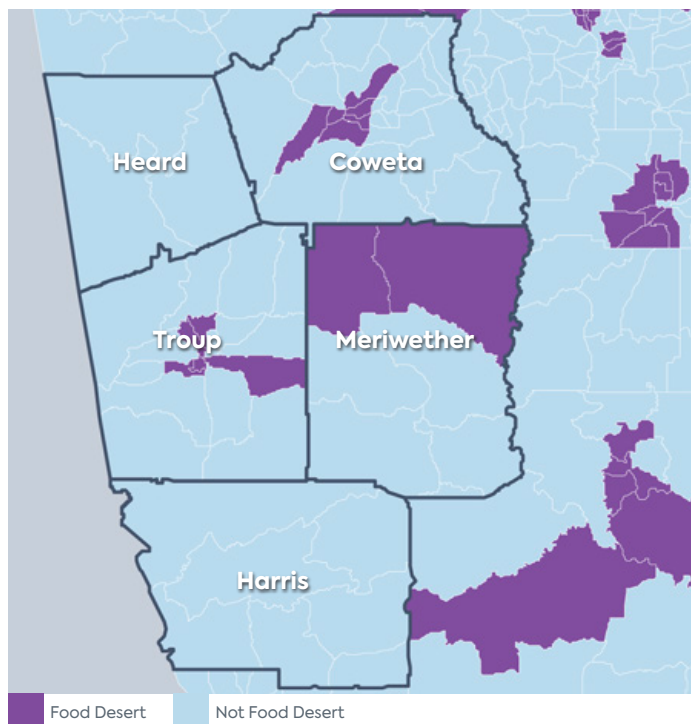
Housing costs exceed 30% of household income, percent by tract, ACS 2019–2023
 Source: U.S. Census Bureau, American Community Survey, 2019–2023

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



Percent by tract, ACS 2019–2023
 Source: U.S. Census Bureau, American Community Survey, 2019–2023

Figure 11 | Food Deserts (2015–2019)



Food desert census tracts 1 Mi. / 10 Mi. by tract, USDA – FARA 2019
 Source: U.S. Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2015–2019

Mortality and Morbidity

Top Causes of Death

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

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

Death rates of all five top causes in the service area were higher than state rates for those causes. Ischemic Heart and Vascular Disease was the number one cause of death in all counties except Heard County, and rates in Meriwether and Troup counties were both over double the state rate (*Table 4*). While not a top cause across the service area as a whole, all COPD except asthma impacted counties differently, with Harris, Heard, and Meriwether all having higher rates than the state. COVID-19 was either a second or third top cause of death for all counties in the service area. There were no documented deaths from COVID-19 in 2019, and death rates have dropped off since the height of the pandemic in 2021. This highlights COVID-19’s sudden and severe impact on the community during this five-year span.

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

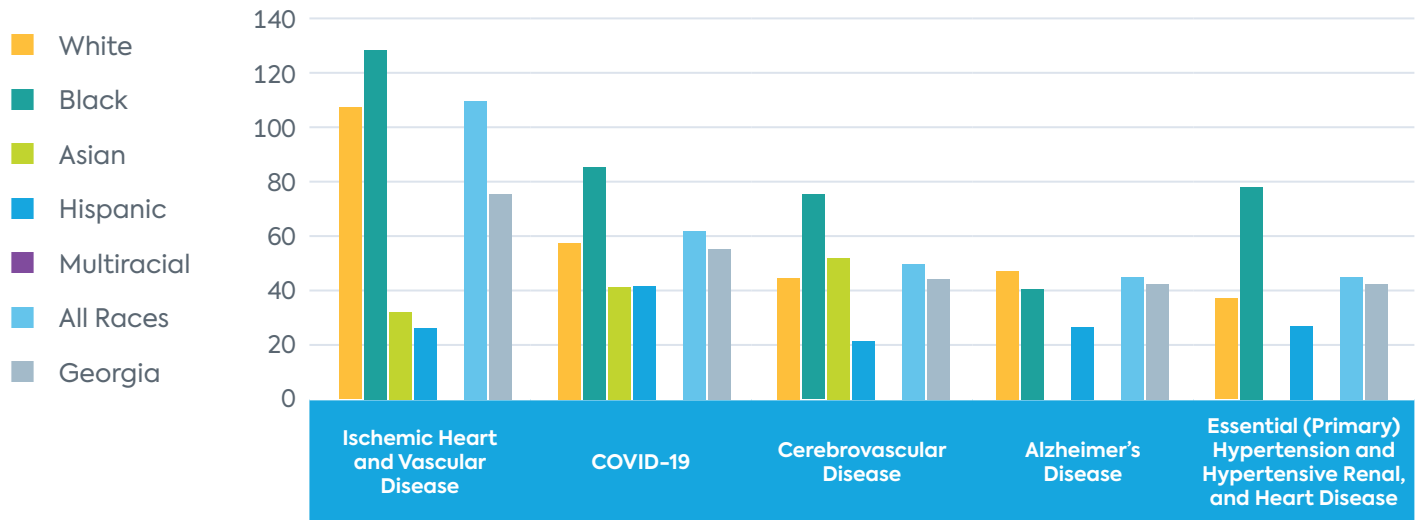
Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 91.2	Ischemic Heart and Vascular Disease 67.6	All COPD Except Asthma 75.6	Ischemic Heart and Vascular Disease 174.8	Ischemic Heart and Vascular Disease 158.0	Ischemic Heart and Vascular Disease 108.7	Ischemic Heart and Vascular Disease 75.0
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 53.0	COVID-19 49.5	Ischemic Heart and Vascular Disease 79.7	COVID-19 74.9	COVID-19 82.5	COVID-19 61.3	COVID-19 54.9
#3	COVID-19 51.1	All COPD Except Asthma 35.3	COVID-19 66.0	Cerebrovascular Disease 62.5	Cerebrovascular Disease 73.6	Cerebrovascular Disease 49.5	Cerebrovascular Disease 43.9
#4	All Other Diseases of the Nervous System 46.7	Cerebrovascular Disease 36.7	Malignant Neoplasms of the Trachea, Bronchus and Lung 51.3	All COPD Except Asthma 52.2	Alzheimer’s Disease 57.5	Alzheimer’s Disease 44.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 42.0
#5	Cerebrovascular Disease 37.0	Alzheimer’s Disease 35.6	Cerebrovascular Disease 56.3	Malignant Neoplasms of the Trachea, Bronchus and Lung 38.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 54.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 44.6	All COPD Except Asthma 39.3

Rates are age-adjusted per 100,000 population

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

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

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



Rates are age-adjusted 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

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. Ischemic Heart and Vascular Disease
2. Motor vehicle crashes
3. COVID-19
4. Accidental poisoning and exposure to noxious substances
5. Intentional self-harm

Rates of all top causes of premature death across the service area except for accidental exposure poisoning and exposure to noxious substances were higher than state rates (Table 5). Ischemic Heart and Vascular Disease was the leading cause of premature death in Meriwether and Troup counties, where rates were almost four times the state average in Meriwether County, and over double the state average in Troup County. Essential hypertension and hypertensive renal and heart disease was the leading cause of death in Coweta County, but did not make the top five for most other counties in the region. YPLL rates associated with motor vehicle crashes were highest in Heard and Meriwether counties compared to the rest of the service area and the state, where it was the first and second leading cause of premature death. Heard County also had especially high rates of premature death from suicide and accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) compared to the rest of the service area and the state. Meriwether County was the only county where assault was a top cause of premature death.

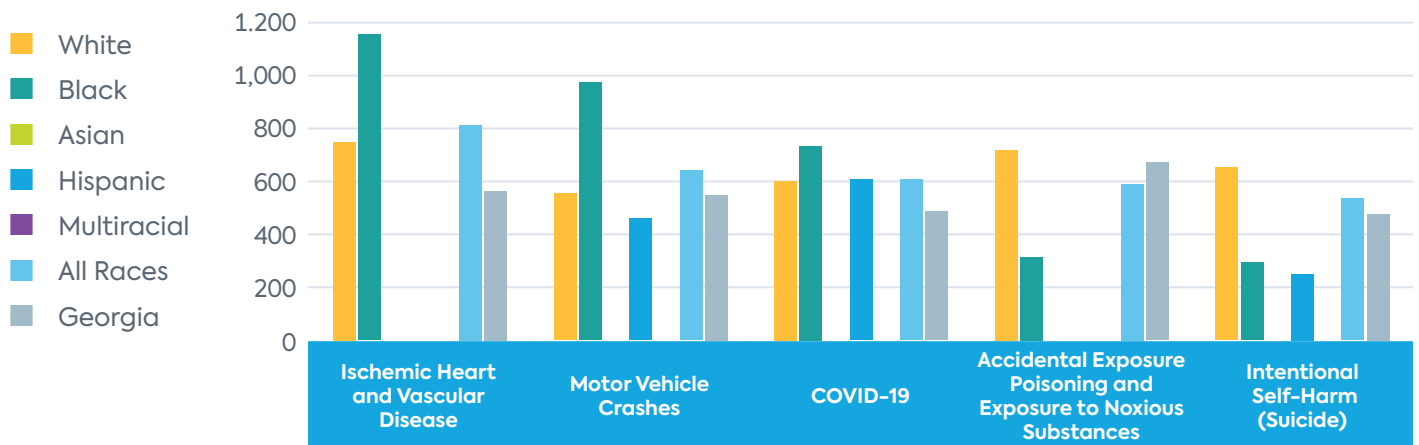
Table 5 | Top Causes of Years of Potential Life Lost (YPLL) (2019–2023)

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
#1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 522.0	Accidental Exposure Poisoning and Exposure to Noxious Substances 691.7	Motor Vehicle Crashes 1,185.7	Ischemic Heart and Vascular Disease 2,148.7	Ischemic Heart and Vascular Disease 1,342.7	Ischemic Heart and Vascular Disease 803.4	Accidental Poisoning and Exposure to Noxious Substances 664.4
#2	COVID-19 519.4	Motor Vehicle Crashes 622.8	Intentional Self-Harm (Suicide) 1,170.2	Motor Vehicle Crashes 1,021.4	Motor Vehicle Crashes 817.0	Motor Vehicle Crashes 633.6	Ischemic Heart and Vascular Disease 556.9
#3	Accidental Exposure Poisoning and Exposure to Noxious Substances 503.8	Ischemic Heart and Vascular Disease 535.1	Accidental Exposure Poisoning and Exposure to Noxious Substances 1,144.8	COVID-19 881.6	COVID-19 719.6	COVID-19 599.4	Motor Vehicle Crashes 542.9
#4	Intentional Self-Harm (Suicide) 493.9	COVID-19 458.4	COVID-19 855.5	Intentional Self-Harm (Suicide) 702.7	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease 676.5	Accidental Poisoning and Exposure to Noxious Substances 583.1	COVID-19 479.8
#5	Motor Vehicle Crashes 457.0	Intentional Self-Harm (Suicide) 440.1	Ischemic Heart and Vascular Disease 602.4	Assault (Homicide) 624.4	Accidental Exposure Poisoning And Exposure To Noxious Substances 604.0	Intentional Self-Harm (Suicide) 529.7	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 residents had the highest rates of YPLL from Ischemic Heart and Vascular Disease, motor vehicle crashes, and COVID-19 compared to other racial and ethnic groups in the service area and the state (Figure 13). 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 average.

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



The YPLL 75 Rate is the years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age. Rates based on 1–4 events are not shown (no bar).

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

Top Causes of Emergency Department Visits

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

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

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 other unintentional injury was the number one cause of ED visits across the service area and in Coweta, Harris, and Meriwether counties. Troup County had the highest rates of ED use for diseases of the musculoskeletal system and connective tissue compared to the rest of the service area and the state. Meriwether and Troup counties showed higher rates of ED use for all other diseases of the genitourinary system and falls compared to the other counties and the state. Troup 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)

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
#1	All Other Unintentional Injury 2,545.9	All Other Unintentional Injury 2,537.5	Diseases of the Musculoskeletal System and Connective Tissue 3,928.9	All Other Unintentional Injury 4,942.8	Diseases of the Musculoskeletal System and Connective Tissue 5,512.8	All Other Unintentional Injury 3,143.9	Diseases of the Musculoskeletal System and Connective Tissue 2,774.6
#2	Diseases of the Musculoskeletal System and Connective Tissue 2,088.5	Diseases of the Musculoskeletal System and Connective Tissue 1,877.1	All Other Unintentional Injury 3,545.6	Diseases of the Musculoskeletal System and Connective Tissue 4,402.6	All Other Unintentional Injury 4,165.4	Diseases of the Musculoskeletal System and Connective Tissue 3,117.4	All Other Unintentional Injury 2,458.9
#3	All Other Diseases of the Genitourinary System 1,886.0	Falls 1,553.3	All Other Diseases of the Genitourinary System 2,869.8	All Other Diseases of the Genitourinary System 3,383.7	All Other Diseases of the Genitourinary System 3,637.5	All Other Diseases of the Genitourinary System 2,424.0	All Other Diseases of the Genitourinary System 1,899.3
#4	Falls 1,547.4	All Other Diseases of the Genitourinary System 1,586.7	Fall 2,193.1	Falls 2,569.2	Falls 2,191.7	Falls 1,795.9	Falls 1,565.3
#5	All Other Diseases of the Nervous System 744.9	All Other Diseases of the Nervous System 714.5	All Other Diseases of the Nervous System 1,240.9	All Other Diseases of the Nervous System 1,647.4	COVID-19 2,043.5	All Other Diseases of the Nervous System 1,098.8	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. All other mental and behavioral disorders
4. Ischemic Heart and Vascular Disease
5. Cerebrovascular Disease

Across the service area, septicemia was the leading cause of hospital discharges across all counties in the service area and the state, and all counties except Harris had rates were much higher than those of the state (Table 7). Essential Hypertension and Hypertensive Renal, and Heart Disease was the second leading cause of hospital discharge in the service area and most counties, and Troup County’s rate was much higher than the other counties and the state. Heard and Troup counties also had much higher rates of all other mental and behavioral disorders than state rates. The service area as a whole had higher rates of Ischemic Heart and Vascular Disease, and Cerebrovascular Disease than the state. Meriwether County was the only county with diabetes mellitus in the top 5 causes of hospital discharges in the service area.

“Some type of unified front to address these [health issues] would be a tremendous asset.... everyone has their piece of turf they want to protect. We have the food bank and churches and other folks that are doing food drives... it seems like together they would have much more powerful impact. We have a couple of overarching groups in the county that could pull some of these other groups together but I don’t know if it is any interest to them.”

– Wellstar Troup County Focus Group Participant

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

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
#1	Septicemia 1,010.6	Septicemia 509.7	Septicemia 1,063.6	Septicemia 1,154.9	Septicemia 1,207.8	Septicemia 997.9	Septicemia 604.4
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 321.4	Diseases of the Musculoskeletal System and Connective Tissue 255.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 614.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 546.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 730.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 432.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 360.9
#3	Diseases of the Musculoskeletal System and Connective Tissue 255.3	Ischemic Heart and Vascular Disease 235.3	Ischemic Heart and Vascular Disease 463.5	Ischemic Heart and Vascular Disease 405.6	All Other Mental and Behavioral Disorders 540.0	All Other Mental and Behavioral Disorders 313.0	All Other Mental and Behavioral Disorders 381.3
#4	Ischemic Heart and Vascular Disease 242.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 246.4	All Other Mental and Behavioral Disorders 620.0	Cerebrovascular Disease 361.1	Ischemic Heart and Vascular Disease 401.9	Ischemic Heart and Vascular Disease 299.2	Diseases of the Musculoskeletal System and Connective Tissue 270.3
#5	Cerebrovascular Disease 241.6	Cerebrovascular Disease 227.4	Cerebrovascular Disease 352.0	Diabetes Mellitus 411.7	Cerebrovascular Disease 335.5	Cerebrovascular Disease 274.8	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

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

Focus Group participants identified access as a top health priority. One of the most mentioned barriers to access was lack of insurance. One reason for a lack of insurance included residents falling into the Medicaid coverage gap. (The Medicaid coverage gap refers to those who earn too much to qualify for traditional Medicaid but not enough to afford private insurance plans through the Health Insurance Marketplace.) States that did not expand Medicaid have larger populations who fall within the Medicaid gap when compared to states that did expand Medicaid.

Other barriers included 1) lack of transportation, 2) having to travel long distances to access care and 3) providers' lack of availability. Participants shared that it could be difficult to get an appointment when you really need one. Some reported having to use urgent care when they are sick because their primary care physician couldn't see them. As one participant shared, "It's difficult to find a healthcare professional that can see you on a moment's notice."

Ultimately, access issues often come down to cost. As one participant shared, "A lot of people don't go unless they are severe enough sick or injured to go to the emergency room – they just can't afford it."

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 except Coweta County had a percentage of residents living in an area affected by a health professional shortage, and in Harris and Meriwether counties this included almost 100% of residents. Of residents in these areas, over 50% were underserved in Harris, Meriwether, and Troup counties, and 100% of Heard's health professional shortage population were underserved. Heard and Meriwether also had higher proportions of their populations living in a health professional shortage for dental care than the state.

Table 8 | Provider Shortage Areas (2024)

	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage	0.0%	98.3%	34.7%	99.4%	41.2%	47.9%	26.3%
Percentage of Health Professional Shortage Population Underserved	0.0%	54.1%	100.0%	59.6%	51.7%	56.8%	60.7%
Percentage of Population Living in a Health Professional Shortage for Dental Care	0.0%	0.0%	34.7%	52.9%	0.0%	11.3%	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 averages, and some counties reported no provider types in their county for certain provider types (Table 9). Harris County reported no addiction/substance abuse providers; Harris, Heard, and Meriwether counties reported no buprenorphine providers; and Heard County reported no dentists. Meriwether and Troup counties had higher rates of addiction/substance abuse providers, Troup County had a higher rate of dentists, and Coweta had higher rates of nurse practitioners 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

	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
Addiction/Substance Abuse Providers (2020) ¹	1.4	0.0	8.8	9.7	20.2	7.1	7.9
Buprenorphine Providers (2023) ²	2.7	0.0	0.0	0.0	5.8	2.8	7.9
Dentists (2022) ³	38.6	19.3	0.0	23.9	59.8	38.7	53.9
Mental Health Providers (2024) ⁴	109.5	49.0	52.6	43.7	188.7	114.2	188.4
Nurse Practitioners (2024) ⁴	106.7	11.5	26.3	29.1	76.3	82.9	75.6
Primary Care (2021) ⁵	45.3	28.1	17.3	29.0	50.4	42.1	66.0

Rate per 100,000 population

Sources:

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

West Georgia focus group participants living in the Wellstar West Georgia service area identified the following challenges that negatively affected their access to care:

- Price of medication and medical bills is high and has gone up in recent years.
- A lot of people in rural areas don't have insurance and cannot go to the doctor
- Distance to travel to care can be difficult
- It is difficult to find a healthcare professional that can see you with short notice

One recommendation the community members discussed was the need to attract more health care specialists to the area.



Behavioral Health

Behavioral Health was the highest priority health need identified in the Community Summit for the West Georgia service area. The following data supports this priority. Among the counties with consistently recorded rates of drug overdose (Coweta and Troup), rates generally increased and exceeded the state average during some years. One of the only rates recorded in Heard County was the highest rate observed (50.1) and more than double the state average (Table 10).

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

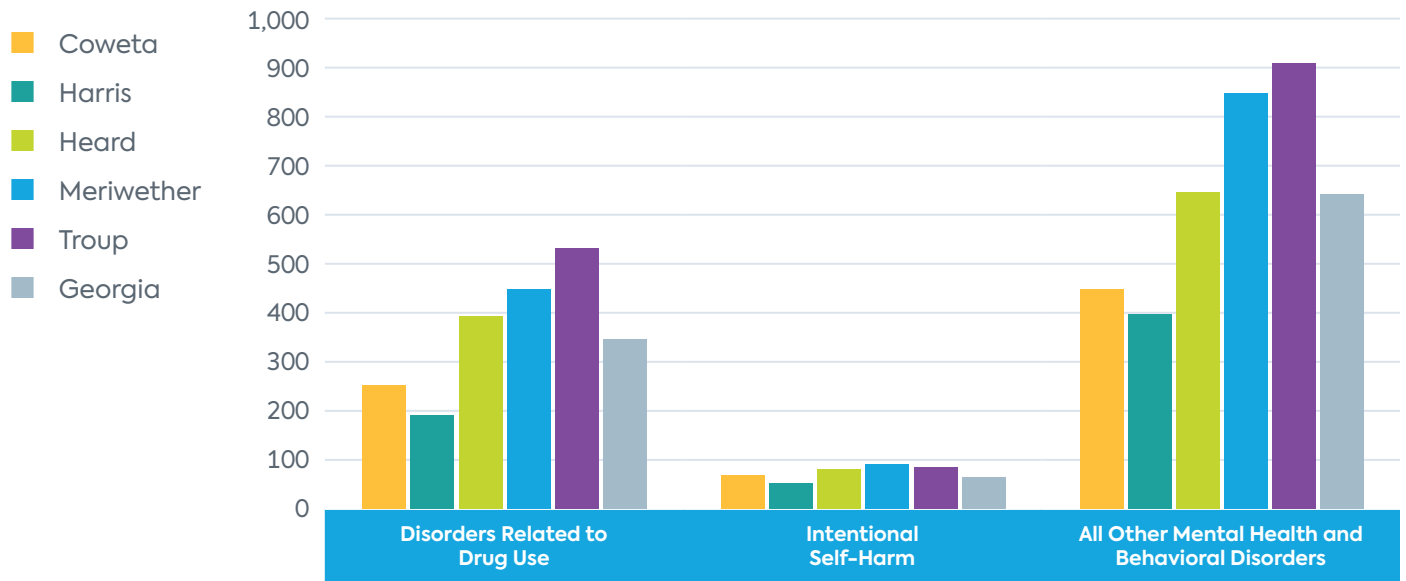
	Coweta	Harris	Heard	Meriwether	Troup	Georgia
2013	8.5	18.1	ND	ND	9.6	10.5
2014	10.0	ND	ND	ND	15.3	11.4
2015	9.3	ND	0.0	22.6	17.3	12.2
2016	12.1	26.4	ND	0.0	15.3	13.1
2017	16.2	ND	ND	ND	18.6	14.6
2018	12.2	ND	ND	ND	7.9	13.1
2019	11.0	24.3	ND	ND	10.3	12.9
2020	13.7	18.4	ND	18.8	24.7	17.9
2021	20.9	13.9	ND	32.9	28.3	22.5
2022	19.2	27.2	50.1	ND	16.5	24.8
2023	13.9	18.5	ND	ND	21.4	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. Heard, Meriwether, and Troup counties consistently had the highest rates in these categories, which were at or above the state average. Meriwether and Troup 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.

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



Age-adjusted rates per 100,000 population in the Wellstar West Georgia Medical Center service area, compared to state benchmarks (2019–2023)

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



Food Access and Healthy Living

Troup County Focus Group members and Community Summit attendees identified access to preventative care, food deserts, diabetes, obesity, poverty and food costs among their concerns. Health education/literacy and preventative care and screenings were identified as top needs by summit attendees. Food insecurity rates in the service area range from 11.5% to 19.4% with Harris County having the lowest and Heard County having the highest. It is estimated that greater than 50% of residents in Heard (56%), Meriwether (55%) and Troup (52%) counties may be eligible for the Supplemental Nutrition Assistance Program (Feeding America, Map the Meal Gap, 2023).

Of the five school districts in the service area, Heard, Meriwether, and Troup County school districts have free and reduced school lunch (FRL) rates that exceed 90%. Harris County FRL is 39% and Coweta County is 46%. Nutrition education and promotion of federal nutrition programs among young parents, particularly in Heard, Meriwether and Troup Counties, may be beneficial.

Diabetes and Obesity

Obesity is impacting 17.9% to 42% of adults in the service area. Troup County is experiencing the highest obesity rate at 42% followed by Coweta at just over 33%. 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.) Fitness assessment results from the Georgia Department of Education (2020-2021) provides an overview of body composition (body mass index) data for students in physical education in four of five counties in the service area (no data available for Heard County). Coweta and Harris have greater than 60% of students in the healthy zone for body composition. Troup County has 52% and Meriwether has 44% of students in the BMI healthy zone; 54% of Meriwether students are in the needs improvement or needs improvement-high risk categories for body composition.

While Troup and Harris Counties have the highest diabetes diagnoses percent (about 11-12%), Meriwether County is experiencing, by far, the highest rate of diabetes-related ER visits, 634.8 per 100,000 (Table 11).

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

	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021) ¹	33.2%	29.1%	17.9%	26.7%	41.8%	33.6%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021) ¹	8.5%	11.0%	7.5%	9.4%	11.7%	9.6%	9.6%
Diabetes ER Visit Rate ^{2*}	246.2	233.5	389.0	634.8	553.5	348.3	309.9
Diabetes Discharge Rate ^{2*}	176	167.3	323.2	411.7	347.2	236.5	209.1
Diabetes Mortality Rate ^{2*}	16.4	18.1	17.6	25.6	22.4	18.6	22.4

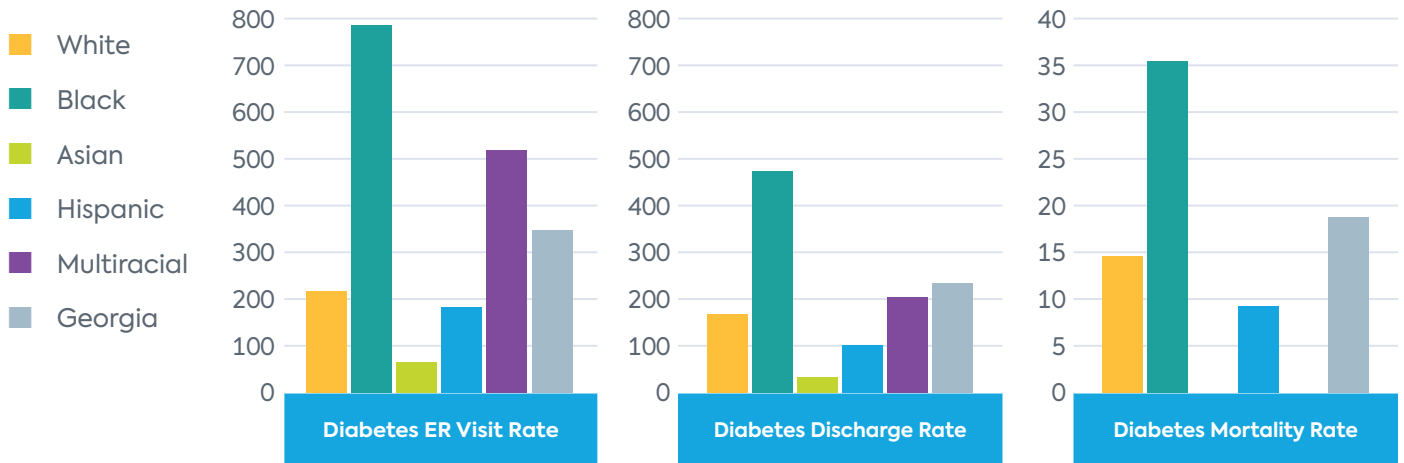
* Age-adjusted rates per 100,000 population

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)

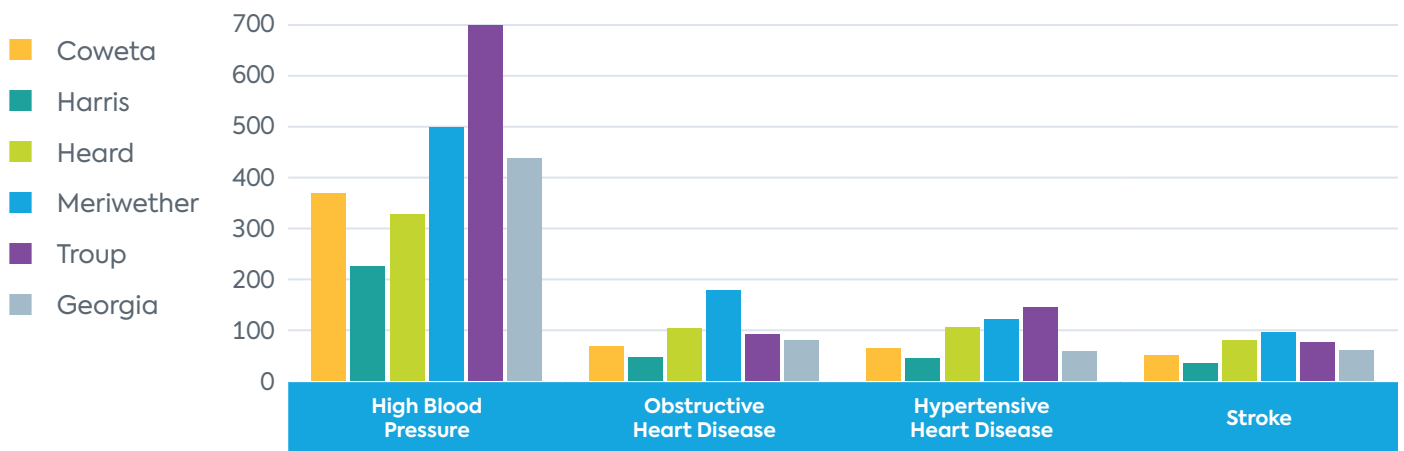


Age-adjusted rates per 100,000 population. Rates based on 1–4 events are not shown (no bar).
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

Chronic Disease

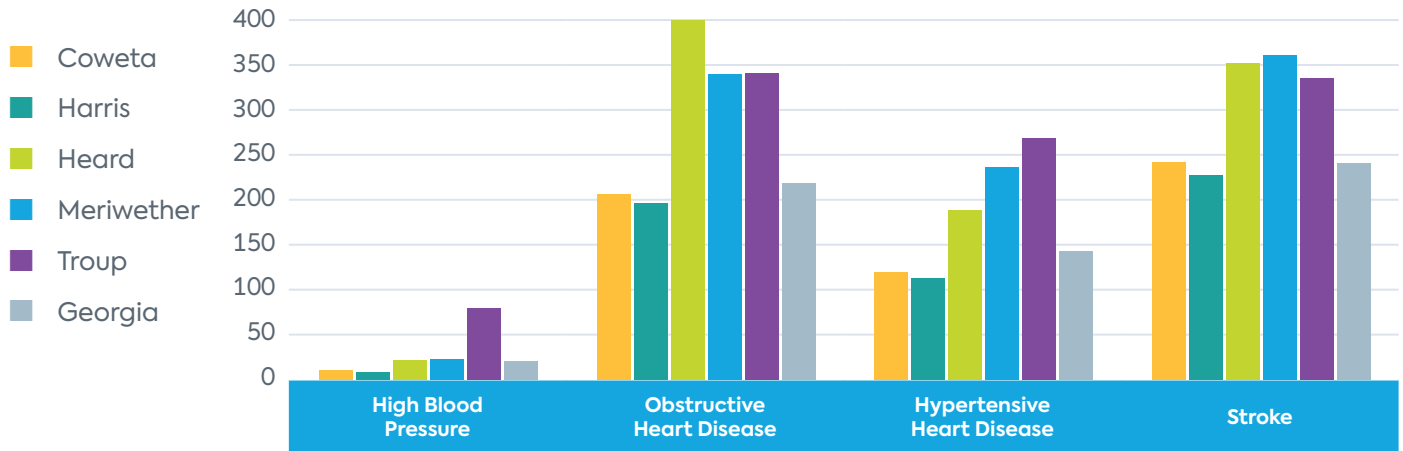
Focus Group members identified the increasing cost of food and medicine as concerns and one person noted, “I see challenges for elderly folks [at my church food bank] – do they buy groceries or do they buy medicine.” Chronic pain, diabetes, and obesity were noted as impacting many age groups. Troup and Meriwether counties have the highest rates of ER visits due to high blood pressure and hypertensive heart disease in the service region. Given the top cause of early death (before 75 years) in the service area in 2023 is Ischemic Heart and Vascular Disease (Georgia Department of Public Health, OASIS, 2023), the health system may consider evidence-based programming for senior citizens. 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 due the rurality of part of the region 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

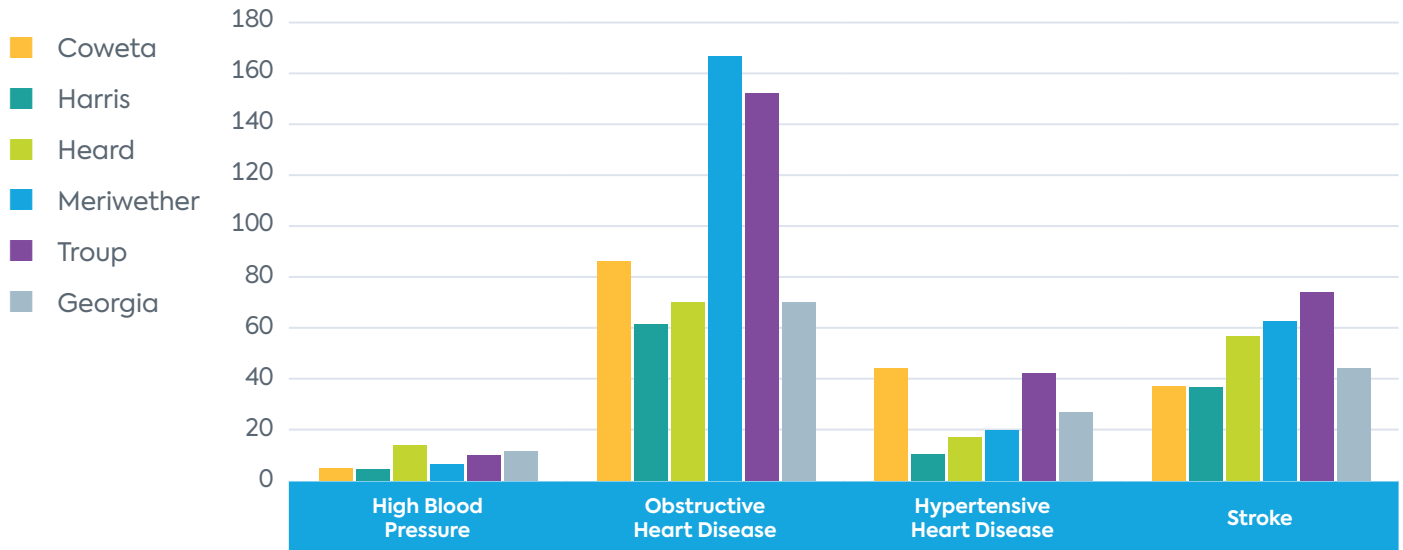
Figure 17 | Chronic Disease Hospital Discharge Rate (2019–2023)



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. In West Georgia, community residents identified the following needs specifically:

- There is a need for more doctors that specialize in geriatrics.
- Seniors have unique needs (transportation, meal programs, social support) and many communities can't adequately address them.
- There is a need for more community- and home-based services.
- Not all healthcare providers are adequately trained to work with older adults. As one participant shared, "I have had to care for elderly parents. Doctors talked down to them. Just because they are older, doesn't mean they don't understand. Need to respect the patient [and] treat patients better."

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 West Georgia Medical Center service area. These data offer insight into some of the most pressing health issues for aging adults.

Top Causes of Death

Between 2019–2023, the top causes of death among people aged 65 and older in the service area (*Table 12*) were:

1. Ischemic Heart and Vascular Disease
2. COVID-19
3. Alzheimer's Disease
4. Cerebrovascular Disease
5. All COPD except asthma

Ischemic Heart and Vascular Disease is the #1 cause of death across the state and the service area except in Heard County where the lead cause of death was All COPD except asthma (494.0). Troup (823.1) and Meriwether (817.0) counties had the highest rates of Ischemic Heart and Vascular Disease, both more than double the state average (397.1). COVID-19 was ranked #2 in Harris County (254.8), the service area (306.6) and the state (281.4), and #3 in Coweta (247.2), Meriwether (347.6), and Troup (444.2) counties.

Cerebrovascular Disease and Alzheimer's Disease were both found across the service area. The highest rates of Cerebrovascular Disease were in Meriwether (388.2) and Troup (449.6) counties where it ranked second. The highest rates of Alzheimer's were found in Troup (401.6) and Meriwether (275.3) counties where it ranked 4th and 5th respectively. Chronic Obstructive Pulmonary Disease (COPD) excluding asthma was most prevalent in Troup (335.4) and Meriwether (329.5) counties. Heard County (332.5) 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).

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

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 506.8	Ischemic Heart and Vascular Disease 346.4	All COPD Except Asthma 494.0	Ischemic Heart and Vascular Disease 817.0	Ischemic Heart and Vascular Disease 823.1	Ischemic Heart and Vascular Disease 581.6	Ischemic Heart and Vascular Disease 397.1
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 250.8	COVID-19 254.8	Ischemic Heart and Vascular Disease 408.5	Cerebrovascular Disease 388.2	Cerebrovascular Disease 449.6	COVID-19 306.6	COVID-19 281.4
#3	COVID-19 247.2	All COPD Except Asthma 211.8	Malignant Neoplasms of the Trachea, Bronchus and Lung 332.5	COVID-19 347.6	COVID-19 444.2	Alzheimer’s Disease 280.4	Alzheimer’s Disease 267.9
#4	Alzheimer’s Disease 244.6	Alzheimer’s Disease 209	Cerebrovascular Disease 323	All COPD Except Asthma 329.5	Alzheimer’s Disease 406.1	Cerebrovascular Disease 279.6	Cerebrovascular Disease 248.9
#5	All Other Diseases of the Nervous System 244.6	Cerebrovascular Disease 186.1	COVID-19 313.5	Alzheimer’s Disease 275.3	All COPD Except Asthma 335.4	All COPD Except Asthma 267.3	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 (Table 13) were:

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

Falls were the #1 cause of emergency room visits in all counties except Troup where diseases of the musculoskeletal system and connective tissue ranks #1. Fall rates ranged from 3,208.8 per 100,000 in Harris County to 4,703.2 in Meriwether County.

Diseases of the musculoskeletal system and connective tissue (such as arthritis and related conditions) ranked #2 across all counties except for Troup County and were the second leading cause of emergency room visits across the service area as a whole (3,414.5) and the state (3,328.2).

Genitourinary system diseases (e.g., kidney and urinary issues) appeared at #3 in all counties, with the highest rates in Troup (2,886.1) and Meriwether (2,766.9) counties. Unintentional injuries other than falls (like accidents and trauma) rank #4 in all counties, also reflecting safety risks among seniors beyond just falls.

Hypertension and related heart/kidney disease, COPD (excluding asthma), and all other diseases of the nervous system top the #5 spot, varying slightly by county. These chronic conditions further underline the complex healthcare needs of the aging population.

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

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	Georgia
#1	Falls 3,911.0	Falls 3,208.8	Falls 4,389.1	Falls 4,703.2	Diseases of the Musculoskeletal System and Connective Tissue 4,729.9	Falls 3,988.0	Falls 3,746.0
#2	Diseases of the Musculoskeletal System and Connective Tissue 2,740.8	Diseases of the Musculoskeletal System and Connective Tissue 2,730.8	Diseases of the Musculoskeletal System and Connective Tissue 3,410.6	Diseases of the Musculoskeletal System and Connective Tissue 4,676.1	Falls 4,278.5	Diseases of the Musculoskeletal System and Connective Tissue 3,414.5	Diseases of the Musculoskeletal System and Connective Tissue 3,328.2
#3	All Other Diseases of the Genitourinary System 2,035.1	All Other Diseases of the Genitourinary System 1,829.1	All Other Diseases of the Genitourinary System 2,394.1	All Other Diseases of the Genitourinary System 2,766.9	All Other Diseases of the Genitourinary System 2,886.1	All Other Diseases of the Genitourinary System 2,287.8	All Other Diseases of the Genitourinary System 1,960.3
#4	All Other Unintentional Injury 1,608.4	All Other Unintentional Injury 1,425.5	All Other Unintentional Injury 1,729.1	All Other Unintentional Injury 2,274.9	All Other Unintentional Injury 1,885.4	All Other Unintentional Injury 1,713.8	All Other Unintentional Injury 1,529.4
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,132.4	All Other Diseases of the Nervous System 801.5	All COPD Except Asthma 1,254.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,570.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,834.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,273.1	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

Table 14 presents key Maternal and Child Health (MCH) indicators for the service area that provide insight into the state of MCH throughout the service area. Harris (9.2%) and Meriwether (9.1%) counties have the highest percentages of births with late or no prenatal care. All counties in the service area have lower percentages of births with fewer than 5 prenatal visits than the state (7.8%). Overall, Troup County stands out for better prenatal care access, while Meriwether and Harris show weaker prenatal care indicators. One a related note, one community resident shared that the health care she received during her pregnancy was the only care she had received in over 6 years: “I don’t have insurance. I don’t have a primary care doctor. Other than pregnancy care, my daughter born 6 years ago, I have not had a primary care physician in 12-13 years.” This underscores the importance of pre- and postnatal care to women’s health beyond pregnancy and the opportunity to use pre- and postnatal care as a way to bring women into primary preventive care.

Percentages of premature births are higher than the state (11.7) in all counties except Harris (11.5%). Heard (15.3%) and Meriwether (14.8%) counties have the highest percentages of premature birth.

Low birthweight births are most frequent in Meriwether (13.6%) and Troup (11.6%) counties, exceeding the Georgia average of 10.3%. Meriwether (12.2 per 1,000 live births) has the highest infant mortality rate among the counties and is well above the state rate of 6.8. All other counties, including Coweta (7.0) and Troup (8.6), also exceed the state rate, highlighting a regional concern.

The data suggests Meriwether County is most at-risk area for poor maternal and infant health outcomes, with high rates of inadequate prenatal care, premature births, low birthweight, and infant mortality. Troup also shows elevated risks despite better prenatal care indicators. In contrast, Coweta performs relatively well across most indicators. Interestingly, although Troup County has fewer births with late/no prenatal care (3.4%) and births with fewer than 5 prenatal care visits (2.9%), it has more premature births (13.4%), low birthweight births (10.3%) and higher infant mortality (8.6 per 100,000) than the state. These insights suggest targeted maternal health interventions are needed to improve prenatal care access and birth outcomes.

Table 14 | Select Indicators for Pregnancy and Birth

	Coweta	Harris	Heard	Meriwether	Troup	Georgia
Pregnancy Rate	43.3	34.0	43.5	53.6	49.6	48.2
Birth Rate	34.5	30	37.6	42.6	40.8	36.9
% Births with Late or No Prenatal Care	4.7%	3.4%	9.2%	7.2%	9.1%	9.1%
% Births with <5 Prenatal Care Visits	4.0%	2.9%	7.3%	5.3%	6.3%	7.8%
% Premature Births	12.5%	13.4%	11.5%	15.3%	14.8%	11.7%
% Low Birthweight Births*	9.5%	8.3%	9.3%	13.6%	11.6%	10.3%
Infant Mortality Rate	7.0	7.4	7.9	12.2	8.6	6.8

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

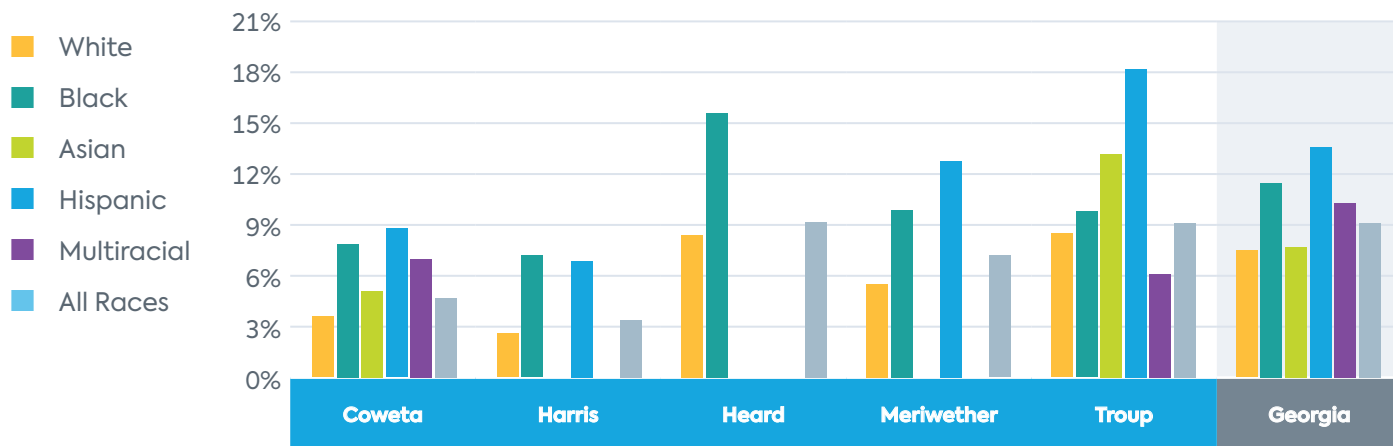
* Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births

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

Variations in Population Rates

Figure 19 displays the percentage of births with late or no prenatal care across the service area disaggregated by race/ethnicity. The highest percentages of births with late or no prenatal care are in Heard County among Black women (15.6%) and in Troup County among Hispanic women (18.2%). Harris County reports relatively lower rates across groups for whom data are available, with White births at 2.6%, Black births at 7.2% and Hispanic births at 6.9%. Data on Asian births is not available in all counties. Where it is available, there is a big difference in outcomes across counties with 5.1% of births in Coweta County and 13.2% of births in Troup County receiving late or no prenatal care.

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).

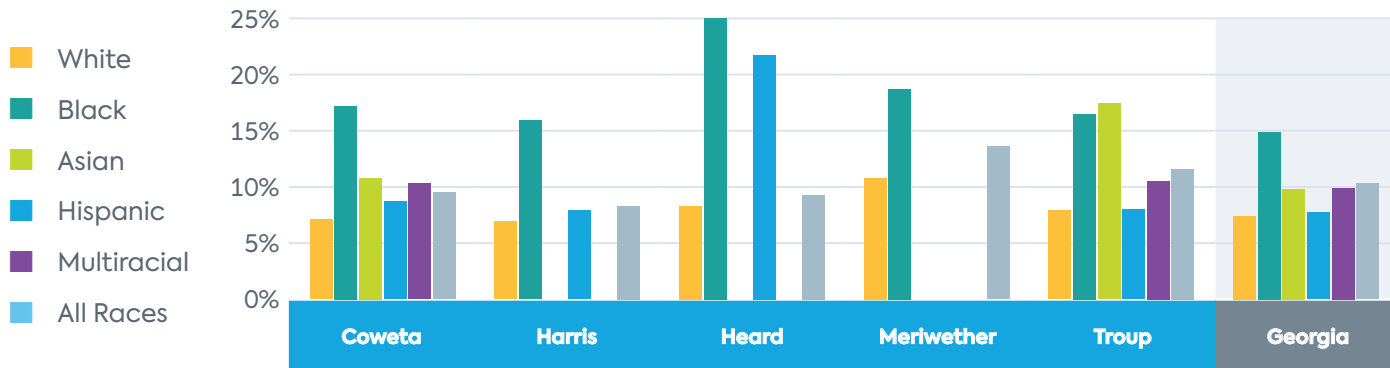
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 20 illustrates the percentage of low birthweight births (less than 2,500 grams) across the service area disaggregated by race and ethnicity. Overall Black infants have the highest percentage of low birthweight births with percentages ranging from 15.9% in Harris County to 25.0% in Heard County. Heard County also has a relatively high percentage of low birthweight births among Hispanic births (21.7%).

Meriwether County has the highest percentage of low birthweight births among White infants (10.8%). Data on Asian births is not available in all counties. Where it is available, there is a big difference in outcomes across counties with 10.8% of births in Coweta County and 17.4% of births in Troup County being low birthweight births.

Overall, Black infants experience the highest rates of low birthweight across all counties, indicating a persistent disparity. Hispanic and Asian infants show elevated rates in some counties, suggesting localized healthcare gaps. These trends underscore the need for targeted maternal and infant health interventions to address racial disparities and improve birth outcomes.

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



Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births. Rates based on 1-4 events are not shown (no bar).

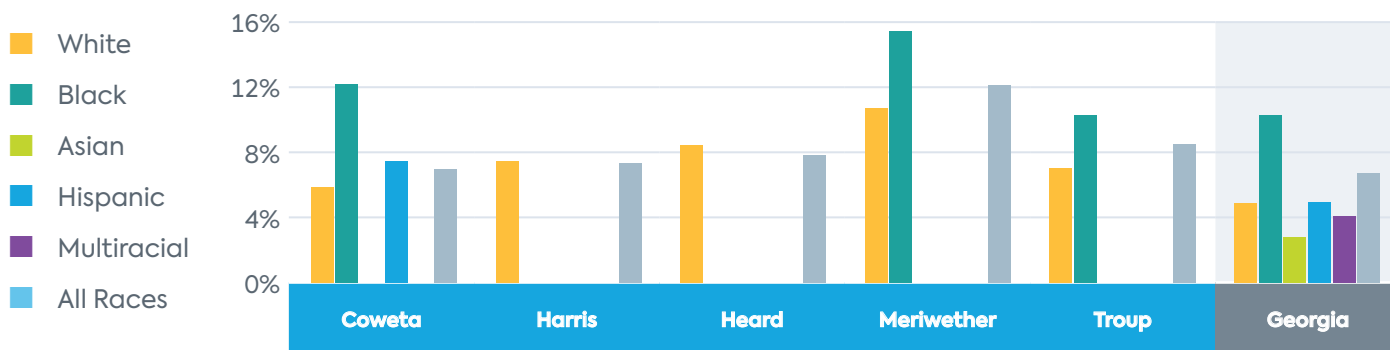
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 21 provides an overview of infant mortality rates (deaths per 1,000 live births) across the service area. While we have data on White infants across the service area, we only have data on:

- Black infants in Coweta, Meriwether, and Troup Counties,
- Hispanic infants in Coweta County, and,
- We have no county-level data on Asian or multiracial infants.

Based on the data we do have, we see that Black infants experienced higher rates of infant mortality than their White peers. Infant mortality rates among Black infants ranges from 10.4 in Troup County to 15.6 in Meriwether County. The only data available on Hispanic infants was limited to Coweta County, where the rate was 7.5.

Figure 21 | Infant Mortality by Race/Ethnicity



Percentage per 100 live births. Rates based on 1-4 events are not shown (no bar)

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





APPENDICES

Appendix A: Demographic Data

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

	Coweta	Harris	Heard	Meriwether	Troup	Georgia	U.S.
Total Population (2022)	147,449	34,914	11,489	20,679	69,527	10,722,325	331,097,593
Age Distribution							
Median Age in Years	39.1	13.2	40.7	43.6	37.2	37.2	38.5
Under 18 Years	23.6%	21.3%	22.8%	21.1%	24.3%	23.4%	22.1%
18–24 Years Old	8.4%	8.3%	8.9%	7.5%	9.1%	9.8%	9.5%
25–34 Years Old	12.4%	10.5%	12.4%	11.8%	13.7%	13.8%	13.7%
35–44 Years Old	13.4%	11.9%	11.3%	11.3%	12.3%	13.3%	12.9%
45–54 Years Old	14.5%	14.3%	13.5%	12.5%	12.4%	13.1%	12.4%
55–64 Years Old	13.5%	15.1%	14.2%	15.0%	12.7%	12.3%	12.9%
65+ Years Old	14.4%	18.5%	16.9%	20.8%	15.4%	14.4%	16.5%
Racial/Ethnic Distribution							
White	72.8%	77.4%	85.8%	57.7%	57.1%	54.3%	65.9%
Black	18.0%	15.6%	8.5%	38.4%	36.2%	31.5%	12.5%
Asian	1.9%	0.7%	0.5%	0.8%	2.4%	4.3%	5.8%
Native American and Alaska Native	0.2%	0.1%	0.0%	0.1%	0.1%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%
Multiple Races	5.3%	3.7%	4.5%	2.1%	2.2%	6.0%	8.8%
Some Other Race	1.8%	2.6%	0.6%	1.0%	2.0%	3.5%	6.1%
Hispanic/Latino	7.6%	4.4%	3.2%	2.7%	3.9%	10.1%	18.7%
Population with Limited English Proficiency	2.7%	1.0%	2.8%	0.6%	1.9%	5.5%	8.2%
Income Distribution							
Median Household Income	\$90,031	\$85,936	\$62,965	\$52,392	\$53,599	\$71,355	\$75,149
Less than \$25,000	10.5%	10.7%	24.0%	27.0%	25.0%	16.6%	15.7%
\$25,000 – \$49,999	15.7%	12.6%	18.6%	19.7%	20.4%	19.0%	18.1%
\$50,000 – \$99,999	29.5%	36.2%	33.0%	38.2%	29.0%	29.7%	28.9%
\$100,000 – \$199,999	31.8%	28.5%	19.3%	13.1%	20.1%	24.7%	25.9%
\$200,000 or more	12.5%	12.1%	5.0%	2.1%	5.5%	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

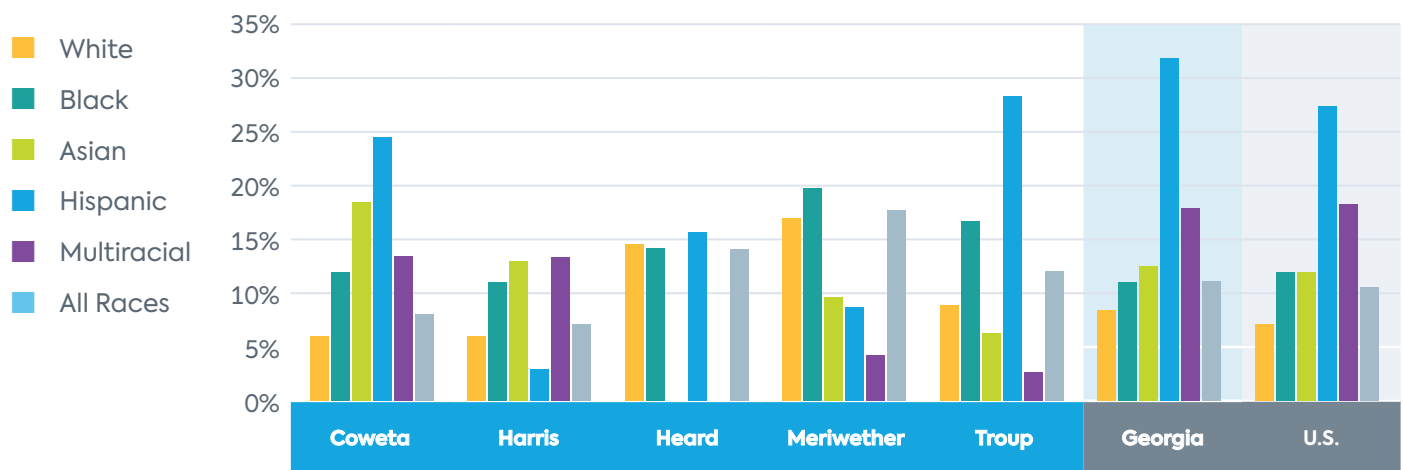
	Coweta	Harris	Heard	Meriwether	Troup	Georgia	U.S.
Adults without HS Diploma (Age 25+) ¹	8.1%	7.1%	14.1%	17.8%	12.1%	11.1%	10.6%
High School Graduate Rate (2020-2021) ²	89.0%	91.9%	92.1%	82.2%	86.0%	86.9%	81.1%
Associates degree or higher ¹	44.5%	44.1%	17.2%	18.3%	32.3%	42.5%	43.8%
Bachelor's degree or higher ¹	34.7%	34.7%	11.4%	13.0%	22.5%	34.2%	35.0%
Preschool Enrollment (ages 3-4) ¹	38.6%	66.0%	32.1%	34.5%	38.0%	47.6%	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



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

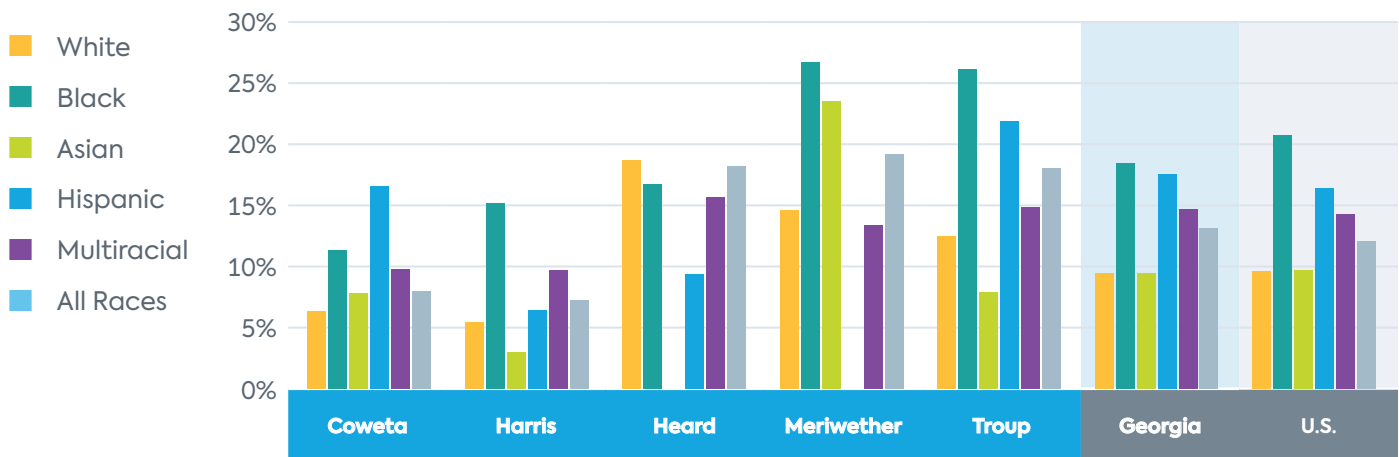
Socioeconomic Status/Income

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

		Coweta	Harris	Heard	Meriwether	Troup	Georgia	U.S.
Total households	2014-2018	51,308	12,158	4,489	8,151	24,843	3,709,488	119,730,128
	2018-2022	54,177	12,204	4,405	8,106	25,587	3,946,490	125,736,353
All people	2014-2018	11.1%	6.8%	15.6%	21.5%	20.5%	16.0%	14.1%
	2018-2022	8.3%	7.5%	16.7%	22.1%	19.2%	13.5%	12.5%
All families	2014-2018	9.0%	5.4%	12.3%	16.1%	16.6%	12.1%	10.1%
	2018-2022	5.5%	5.8%	14.5%	17.3%	15.6%	10.0%	8.8%
Married couple families	2014-2018	3.9%	2.3%	6.4%	8.4%	6.4%	5.8%	5.0%
	2018-2022	3.0%	2.7%	9.2%	5.0%	6.0%	4.8%	4.5%
Single female head of household families	2014-2018	30.4%	27.9%	32.2%	32.3%	38.9%	30.6%	27.8%
	2018-2022	16.0%	23.5%	27.4%	42.6%	33.8%	25.2%	24.1%

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

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



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

Unemployment and Insurance

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

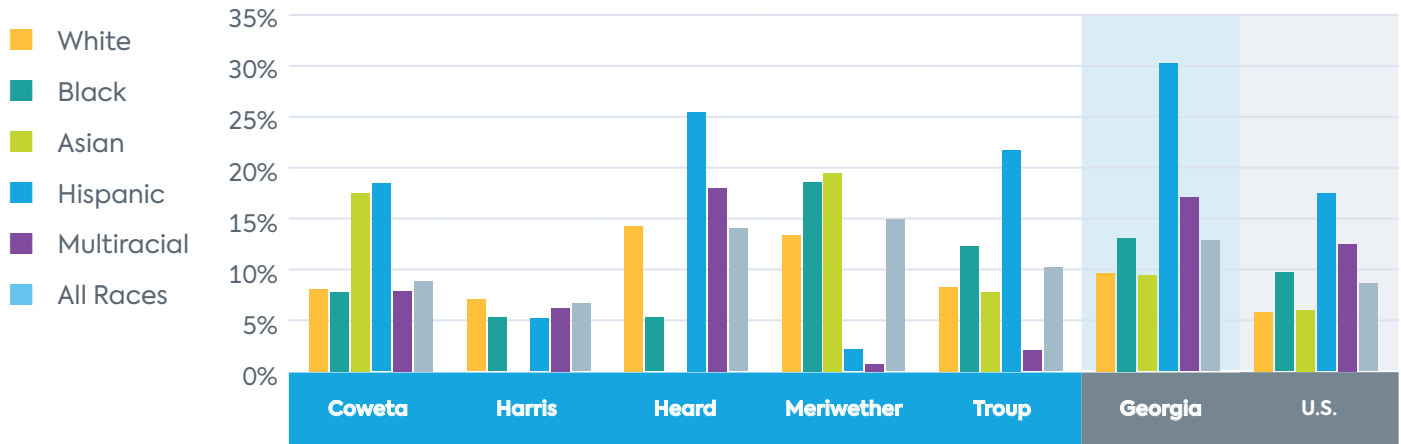
	Coweta	Harris	Heard	Meriwether	Troup	Georgia	U.S.
Unemployment Rate (2024) ¹	3.3%	3.3%	3.4%	3.9%	3.3%	3.5%	3.9%
Uninsured Population (2018-2022) ²	8.9%	6.7%	14.1%	15.0%	10.3%	12.9%	8.7%

Sources:

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

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

Figure 24 | Uninsured Population by Race/Ethnicity



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

Housing

Table 19 | Selected Indicators of Affordable Housing (2019–2023)

	Coweta	Harris	Heard	Meriwether	Troup	Georgia	U.S.
Units Affordable at 15% AMI	2.67%	4.21%	8.05%	4.68%	2.31%	3.7%	3.6%
Units Affordable at 30% AMI	6.67%	9.97%	15.68%	16.68%	7.19%	9.1%	8.4%
Units Affordable at 40% AMI	12.46%	16.24%	25.27%	24.35%	12.04%	14.7%	13.6%
Units Affordable at 50% AMI	18.49%	22.64%	33.82%	31.85%	17.85%	22.2%	20.7%
Units Affordable at 60% AMI	25.50%	28.37%	43.39%	40.14%	26.13%	30.3%	28.6%
Units Affordable at 80% AMI	44.61%	44.93%	61.84%	54.94%	44.85%	46.5%	44.2%
Units Affordable at AMI	59.19%	55.68%	72.04%	68.45%	62.10%	60.2%	59.5%
Units Affordable at 125% AMI	72.07%	68.21%	78.39%	77.02%	72.84%	72.3%	69.6%
Median Gross Rent	\$1,397	\$941	\$855	\$899	\$1,044	\$1,306	\$1,348
Households paying more than 30% of income for monthly mortgage	21.60%	28.60%	29.30%	26.50%	25.40%	25.0%	27.3%
Households paying more than 30% of income for monthly rent	51.80%	35.70%	36.00%	50.00%	58.60%	50.4%	49.9%
Households with One or More Severe Problems (2017–2021)*	11.3%	10.5%	8.1%	13.0%	14.4%	12.8%	13.1%

Sources: U.S. Census Bureau, American Community Survey, 2019–2023

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

AMI: Area median household income

Transportation

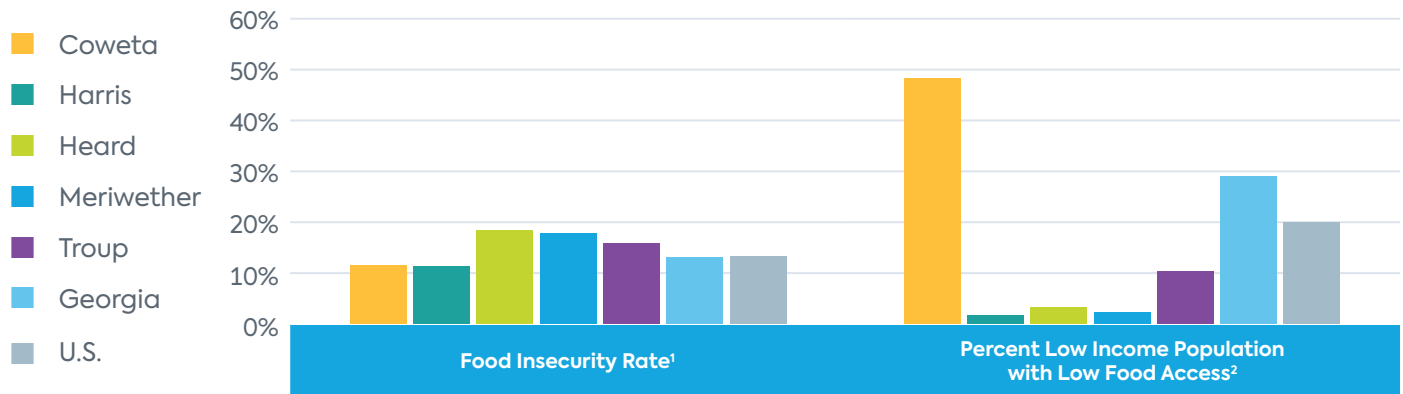
Table 20 | Selected Transportation Indicators

	Coweta	Harris	Heard	Meriwether	Troup	Georgia	U.S.
Households with No Motor Vehicle	3.5%	1.8%	4.9%	7.3%	9.2%	6.0%	8.3%
Commuting Mode - Public Transportation	0.5%	0.1%	0.6%	0.3%	0.1%	1.5%	3.8%

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

Food Security

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



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

Sources:

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

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

Appendix C: Wellstar CHNA Strategic Partners

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



















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

The potential partners are:

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



Table 21 | Wellstar CHNA Strategic Partners

		 Access	 Behavioral Health	 Food Access and Healthy Living	 Healthy Aging	 Maternal and Child Health
Healthcare Systems						
Grace Harbour	gharbour.com/coweta-county					
Pathways Center	pathwayscsb.org					
Troup Cares	troupcares.org					
Valley Healthcare System	valleyhealthcolumbus.com/fortson					
Public Health Agencies						
Children 1st Georgia Department of Public Health	dph.georgia.gov/children1st					
Children’s Medical Services Georgia Department of Public Health	dph.georgia.gov/CMS					
District 4 Public Health Georgia Department of Public Health	district4health.org					
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap					
River Valley Area Agency on Aging	rivervalleyaging.org					
Three Rivers Area Agency on Aging	threeriversrc.com/aging.php					



Public Health Agencies (continued)

West Central Health District (7)	westcentralhealthdistrict.com/counties/columbus/	■	■	■	■	■
Willow Oak Community Behavioral Health Center	willowoakgeorgia.com		■			

Public Health Leaders and Advocates

AARP Georgia	states.aarp.org/georgia				■	
Circles of Troup County	circlesoftroup.org			■		
Georgia Advocacy Office	thegao.org		■			
Georgia Parent Advisory Council	dfcs.georgia.gov/services/prevention-and-community-support-section/initiatives/georgia-parent-advisory-council					■
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					■
Troup Strategy Center	troustrategy.com			■		
Voices for Georgia's Children	georgiavoices.org					■

Community and Faith-Based Organizations

Boys & Girls Clubs	bgcma.org			■		
Calumet Center for Healing and Attachment	calumetcenter.org					■
Coweta Pregnancy Services	coweta-ps.org					■
Coweta Samaritan Clinic	csccares.org	■				
Georgians for a Healthy Future	healthyfuturega.org	■				
Harmony House	harmonyhousega.org		■			
Hogansville Active Life	unitedwaywga.org/hogansville-active-life				■	
HOPE for Georgia Moms	hopeforgeorgiamoms.org					■
Lagrange Active Life	unitedwaywga.org/lagrange-active-life				■	
Warren Temple United Methodist Church	warrentemple.org/Community-Ministries			■		



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	thepearlfoundaionga.org	■	■	■	■	■

Academia

Chattahoochee Tech Health Sciences (<i>Austell, Marietta, Mountain View, N. Metro, Paulding, Woodstock</i>)	chattahoocheetech.edu	■	■	■	■	■
Georgia State University Gerontology Master's Program	gsu.edu/program/gerontology-ma				■	
Kennesaw State University Wellstar School of Nursing	kennesaw.edu	■	■	■	■	■
Lincoln Tech Health Sciences	lincolntech.edu	■	■	■	■	■
University of Georgia Institute of Gerontology	publichealth.uga.edu/research/research-institutes/institute-of-gerontology				■	
West Georgia Tech College Nursing & Health Sciences	westgatech.edu	■	■	■	■	■



Wellstar
HEALTH SYSTEM

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