2025

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR COBB MEDICAL CENTER
WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER
WELLSTAR WINDY HILL

Wellstar

More than healthcare.
PEOPLECARE

Wellstar Health System, the largest health system in Georgia, provides patients with world-class healthcare close to home, treating the entire family from birth. With 11 hospitals, 2,900 physicians and advanced practitioners on medical staff, 240 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice and homecare, Wellstar is there for your family when and where you need us. Spanning more than half a century and three generations, Wellstar has grown its not-for-profit healthcare system into one of the nation's best. In 1993, our independent community hospitals in northwest Atlanta merged, creating Wellstar Health System. Today, Wellstar leads the way toward bringing world-class healthcare to Georgia.

Wellstar Cobb Medical Center

EIN: 51-0185621
3950 Austell Road, SW
Austell, Georgia 30106

With 382 beds, Wellstar Cobb Medical Center offers leading-edge cancer treatment, a state-of-the-art cardiac program, a warm maternity center with private rooms, and accredited joint and spine surgery programs.

Wellstar Kennestone Regional Medical Center

EIN: 58-1245368
677 Church Street
Marietta, Georgia 30060

This 633-bed community hospital continually earns its distinction as a "Top 100" hospital with ongoing investment in new technologies such as Georgia's first CyberKnife®, TomoTherapy® and da Vinci® robotic surgical systems. Wellstar Kennestone Hospital is known for its "state-of-the-heart" cardiac program, collaborative vascular program, multidisciplinary STAT cancer treatment, and renowned Women's Center. And its emergency room (ER) – one of the busiest in the state – includes an accredited chest pain center. No wonder Wellstar Kennestone is known as an established healthcare provider for metro Atlanta and its surrounding communities, as well as a tertiary referral hospital within Wellstar Health System.

Wellstar Windy Hill

EIN: 20-0164703
2540 Windy Hill Road
Marietta, Georgia 30067

Wellstar Windy Hill is known for its Long-Term Acute Care (LTAC) program, specialized surgical services, and interventional radiology expertise, which includes its minimally invasive Center for Fibroid Care. And if you're in need of a good night's sleep, look no further. The Sleep Disorders Center is nationally acclaimed, with board-certified sleep specialists, a sleep laboratory, and the latest advancements in research.

TABLEOFCONTENTS

This report utilizes a data-driven approach to better understand, identify, and prioritize the health needs of the community served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals, not-for-profit hospitals under the Internal Revenue Code (IRC) Section 501(r).

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a community health needs assessment (CHNA) and implementation plan every three years to better meet the health needs of under-resourced populations living in the communities they serve. What follows is a comprehensive CHNA that meets industry standards, including Internal Revenue Service regulations set forth in the Additional Requirements for Charitable Hospitals section of IRC 501(r).

A digital copy of this CHNA is publicly available: **www.wellstar.org/chna**

Date CHNA adopted by the Wellstar Board of Trustees: **June 5, 2025**

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

PEOPLECARE

IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

As a not-for-profit hospital, Wellstar's Cobb, Kennestone, and Windy Hill Hospitals (referred to throughout this report as 3 Hospitals) 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's 3 Hospitals can address over the next 3 years.

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

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

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

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

Table 1 | Highlighted Findings for the Wellstar 3 Hospitals Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	In 2024, over a third (36.1%) of residents in Bartow County lived in a health professional shortage area for both medical and dental care.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	Between 2021 and 2023, Bartow County maintained the highest rates of drug overdoses in the service area, doubling the state rate in 2021. Bartow County also had among the highest behavioral health emergency room visit rates (2019-2023).	Prioritize facilitating access to behavioral health care in Bartow County (e.g., establish more local and affordable behavioral health services, establish effective referral processes). Develop efforts to prevent poor mental health in the service area.
Food Access and Healthy Living	Diabetes, high blood pressure, and obesity were identified as chronic conditions impacting residents in the service area, particularly elderly and low-income populations. Almost 30% of adults experience obesity, and 9% of adults have a diabetes diagnosis.	Implement 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	Overall, mortality rates for adults 65 and older are higher in the service area than in the state and most causes of death are associated with poor nutrition and limited physical activity.	Partner with organizations working with aging adults and bolster nutrition and physical activity interventions targeting older adults.
Maternal and Child Health	Between 2019-2023, the percentages of women who received inadequate prenatal care (no, late, or fewer than 5 visits) were higher in the service area than the state. The most striking outcome was among Hispanic women in Cherokee county, 30% of whom received late or no prenatal care.	Identify partners that work with Hispanic residents to promote early identification of pregnancy and initiation of prenatal care.

LOCALCARE

DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Wellstar's 3 Hospitals includes Wellstar Cobb Medical Center, Wellstar Kennestone Regional Medical Center, and Wellstar Windy Hill.

The 3 Hospitals service area includes Bartow, Cherokee, Cobb, Douglas, and Paulding counties *(Figure 1.)*. The CHNA includes all residents living in the service area regardless of whether they use Wellstar's services. This service area includes 40 zip codes across the five counties *(Table 2)*.

Figure 1 | Primary Service Area of Wellstar Cobb, Kennestone, and Windy Hill Hospitals

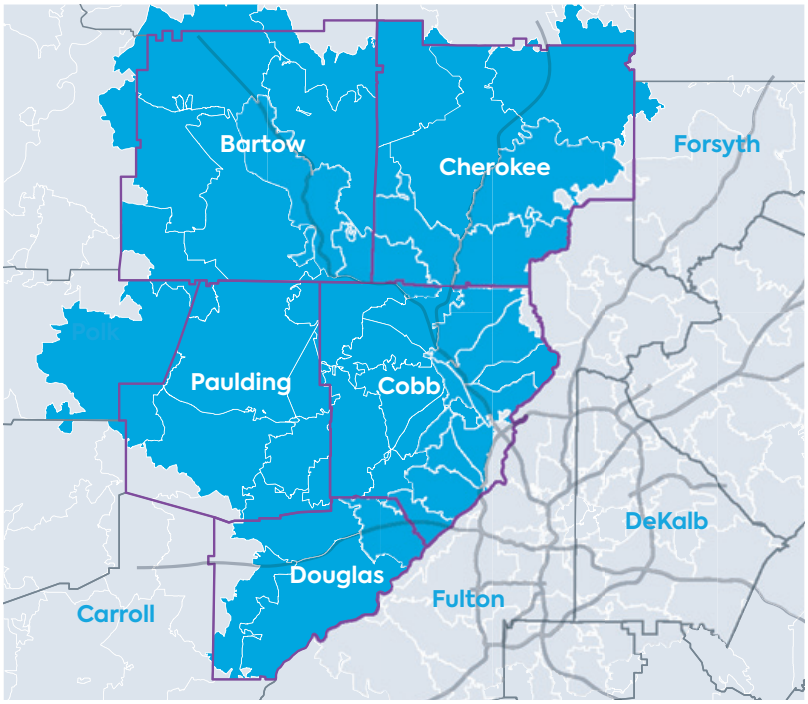


Table 2 | Wellstar Cobb, Kennestone, and Windy Hill Hospitals Service Area

County	Zip Codes
Bartow	30103, 30120, 30121, 30137, 30145, 30171, 30178, 30184
Cherokee	30102, 30107, 30114, 30115, 30183, 30188, 30189
Cobb	30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080, 30082, 30101, 30106, 30126, 30127, 30144, 30152, 30168
Douglas	30122, 30134, 30135, 30187
Paulding	30132, 30141, 30153, 30157

Source: Georgia Department of Community Health.

Demographic Data

Wellstar Cobb, Kennestone, and Windy Hill | by County and State (2018-2022)

Population and Age

Cobb County had the largest population in the service area with 771,952 residents, while Bartow County had the smallest with 112,816 residents (*see Appendix A*). Douglas and Paulding counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (36.7 and 36.6 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age (*Figure 2*). The age distributions in Bartow and Cherokee counties also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over (14.2% in Bartow and 15.0% in Cherokee). 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

	BARTOW	CHEROKEE	COBB	DOUGLAS	PAULDING	GEORGIA	U.S.
< 18 Years Old	23.6%	23.5%	22.9%	25.5%	25.7%	23.4%	22.1%
18-24 Years Old	9.5%	8.3%	9.3%	9.6%	8.6%	9.8%	9.4%
25-34 Years Old	12.9%	11.9%	14.4%	12.7%	13.5%	13.7%	13.7%
35-44 Years Old	12.8%	13.8%	14.2%	13.5%	14.2%	13.2%	12.9%
45-54 Years Old	13.5%	14.6%	13.9%	14.6%	14.9%	13.0%	12.4%
55-64 Years Old	13.4%	13.0%	12.3%	12.3%	11.8%	12.3%	12.9%
65+ Years Old	14.2%	15.0%	13.0%	11.9%	11.2%	14.4%	16.5%

Percent of total population by age group.

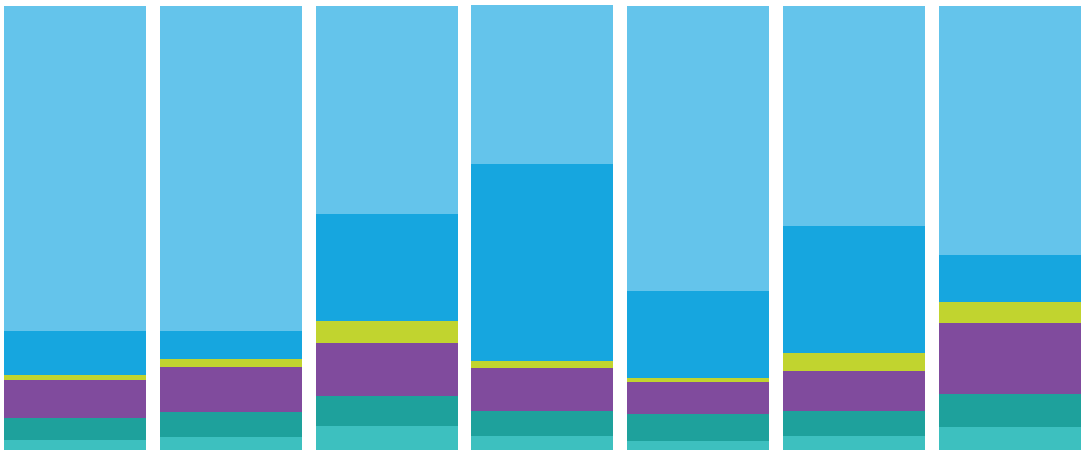
Source: U.S. Census Bureau, American Community Survey. 2018-2022.

Race and Ethnicity

Bartow, Cherokee, and Paulding counties are less diverse than the state, with higher proportions of White residents (79.9%, 80.8%, and 68.9%, respectively), and lower proportions of Black (10.9%, 7.1%, and 21.0%) or Asian (1.1%, 2.0%, and 1.1%) residents compared to state rates (*see Appendix A*). In contrast, Cobb and Douglas counties are more diverse than the state, with Douglas County having the highest percentage of Black residents (48.9%), and Cobb County having the highest percentage of Hispanic residents (13.5%) and the highest percentage of residents with limited English proficiency (7.2%), exceeding the state average of 5.5%.

Figure 3

Racial/Ethnic Distribution



	BARTOW	CHEROKEE	COBB	DOUGLAS	PAULDING	GEORGIA	U.S.
Non-Hispanic White	79.9%	80.8%	52.8%	39.4%	68.9%	54.3%	65.9%
Black	10.9%	7.1%	27.5%	48.9%	21.0%	31.5%	12.5%
Asian	1.1%	2.0%	5.6%	1.9%	1.1%	4.3%	5.8%
Hispanic/Latino	9.6%	11.2%	13.5%	10.7%	7.6%	10.1%	18.7%
Multiple Races	5.2%	6.2%	7.6%	6.2%	6.7%	6.0%	8.8%
Some Other Race	2.8%	3.9%	6.5%	3.6%	2.4%	4.0%	7.0%

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

COMMUNITYCARE

DISCOVERING HEALTH NEEDS

COMMUNITYHEALTHNEEDS

Social Determinants of Health (SDOHs)

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

Vulnerability Index

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

Table 3 | Vulnerability Index by County

County	Vulnerability Index	Level of Vulnerability
Bartow	0.454	Low – Medium
Cherokee	0.1969	Low
Cobb	0.3993	Low – Medium
Douglas	0.4873	Low – Medium
Paulding	0.0253	Low

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

"The minimum wage sure hasn't changed but the cost of EVERYTHING has...people have to choose eating or health!!!"

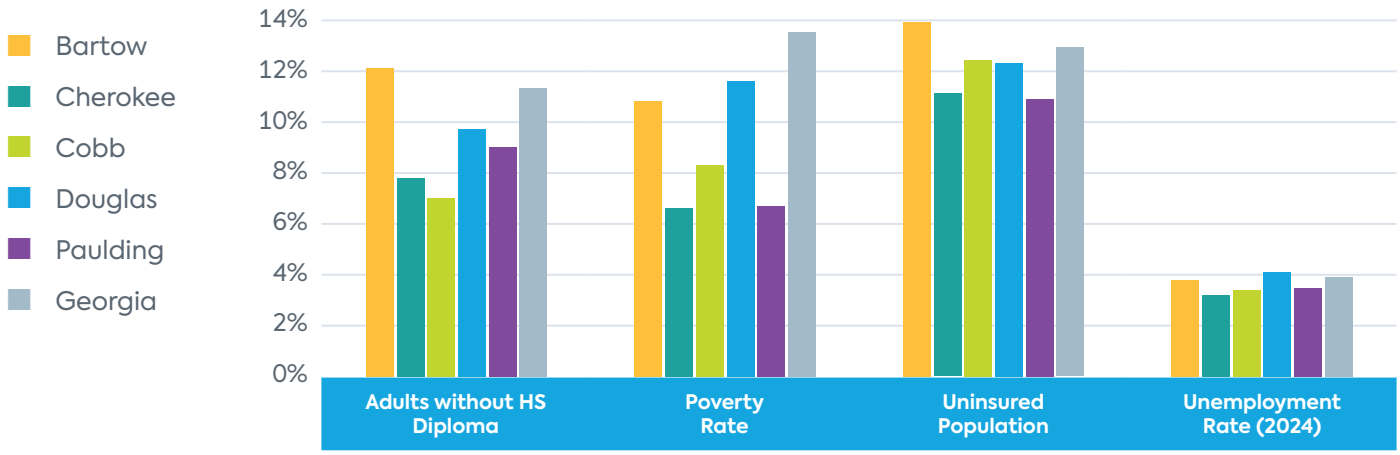
- Wellstar Cobb Focus Group Participant Chat Post

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

Social and Community Context

Compared to Georgia, the service area for 3 Hospitals: Wellstar Cobb Medical Center, Wellstar Kennestone Regional Medical Center, and Wellstar Windy Hill had a lower percentage of adults 25 or older without high school diplomas except for Bartow County (12.1%), which was higher than the state average of 11.3% *(Figures 4 and 5)*. Bartow, Cobb, and Douglas counties had both the highest poverty rates *(Figure 6)* and the highest percentages of uninsured residents *(Figure 7)* in the service area. However, while poverty rates across all counties were lower than the state average, the percentage of uninsured in Bartow County (13.9%) was higher than the state rate (12.9%).

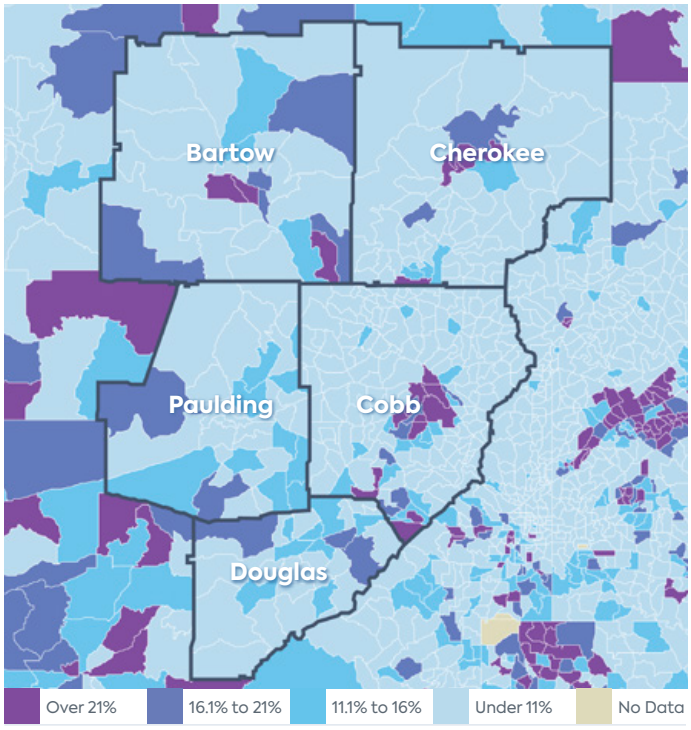
Figure 4 | Selected Indicators of SDOH (2018–2022)



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, August 2024.

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

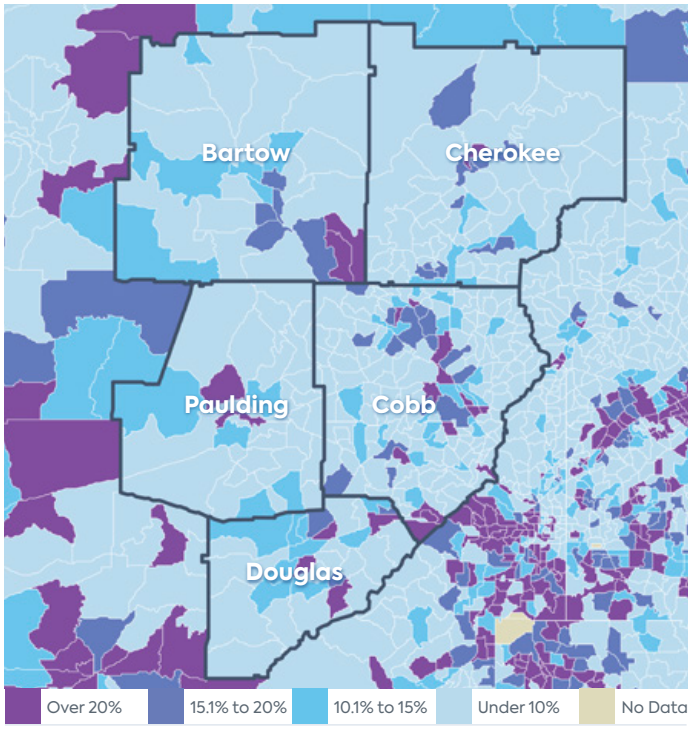
Figure 5 | Population with No High School Diploma (2018-2022)



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

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

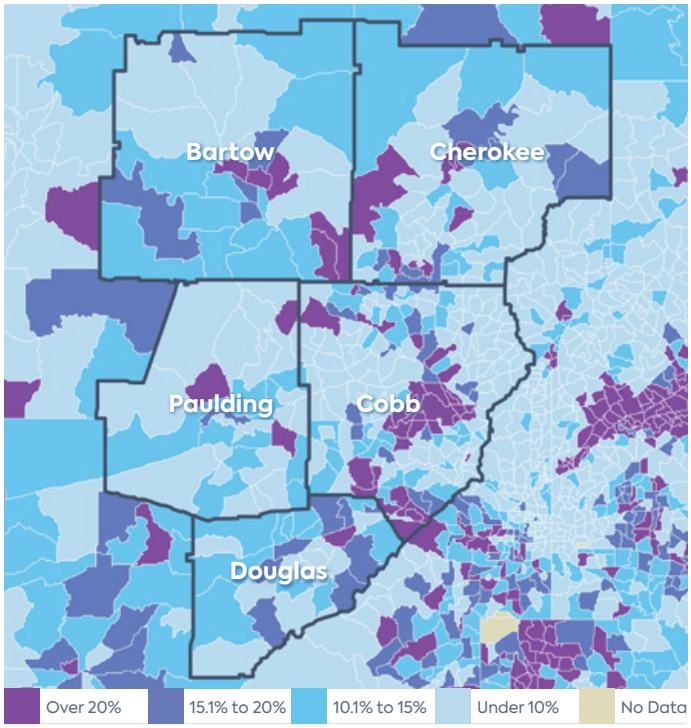
Figure 6 | Population Below 100% Federal Poverty Level (2018-2022)



Percent by tract, ACS 2018-2022

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

Figure 7 | Uninsured Population (2019-2023)



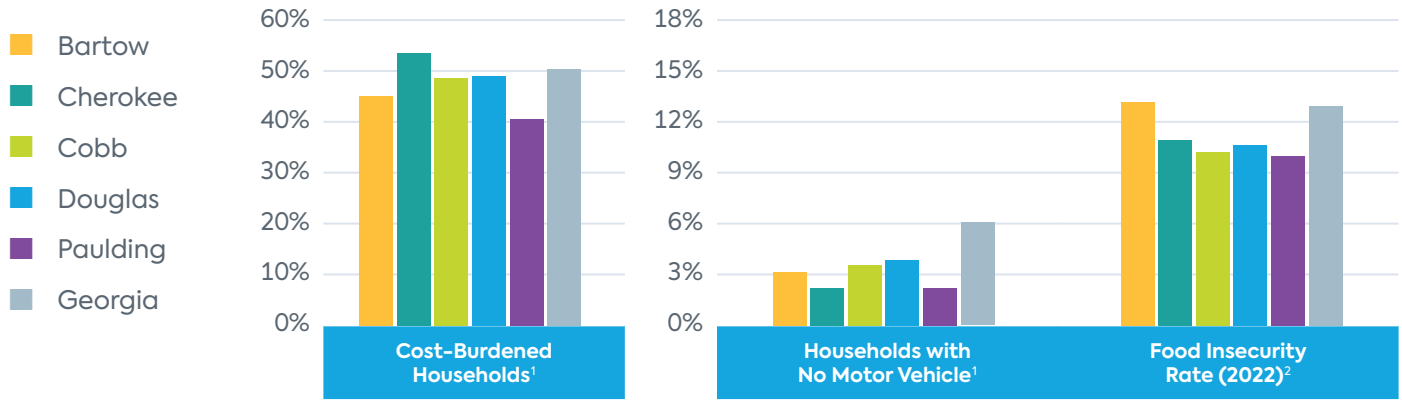
Percent by tract, ACS 2019-2023

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

Housing, Transportation, and Food Insecurity

Cost burdened households are those paying more than 30% of their monthly income on housing costs, including rent, mortgage, and utilities.[2] From 2018-2022, almost 50% of renters and 20-24% of homeowners in the service area spent more than a third of their income on housing *(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

Overall, the service area for 3 Hospitals: Wellstar Cobb Medical Center, Wellstar Kennestone Regional Medical Center, and Wellstar Windy Hill, had fewer households with no motor vehicle compared to 6% of households in the state *(Figure 8)*. However, transportation may be an issue for some residents across the service area, as all five counties have census tracts where over 8% of the households do not have a motor vehicle *(Figure 10)*.

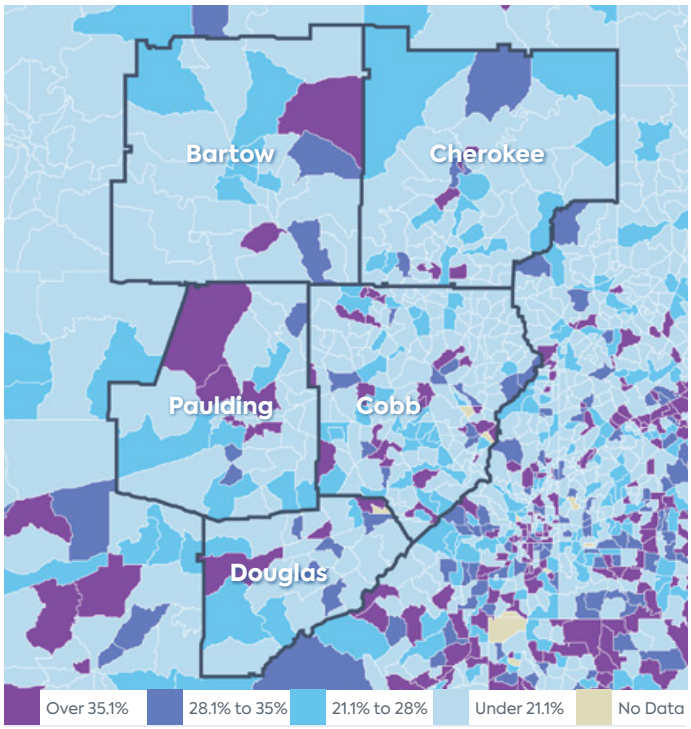
"Cobb is good at housing for wealthy people, but there are few apartments or housing for lower income people."

- Wellstar Cobb County Focus Group Participant

Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.[3] All counties in the service area except Bartow County (13.0%), had lower rates of food insecurity compared to the state (12.8%) *(Figure 8)*. Another metric used to measure food insecurity is the presence of a food desert, which is defined by the United States Department of Agriculture (USDA) as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.[4] Figure 11 shows there are census tracts throughout the service area that were denoted as food deserts during the period from 2015-2019.

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

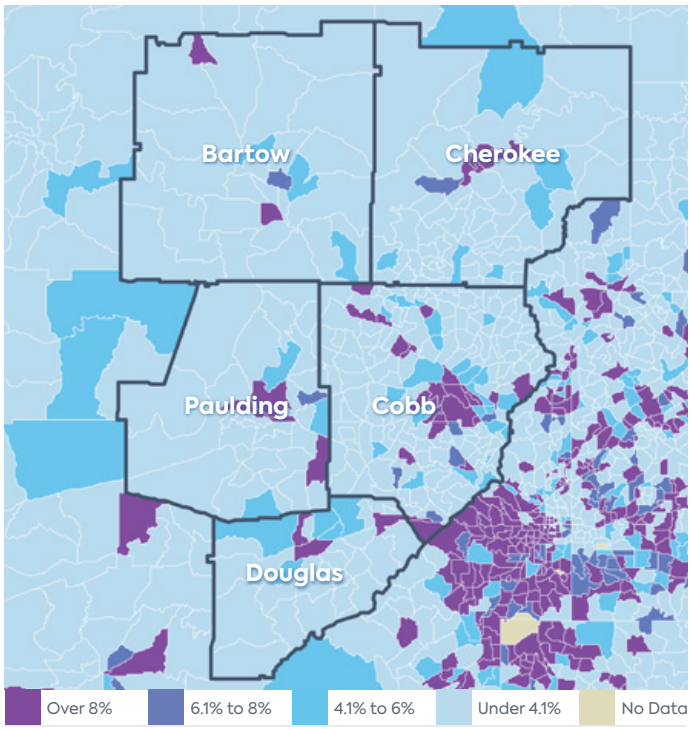
Figure 9 | Cost-Burdened Households (2018-2022)



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

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

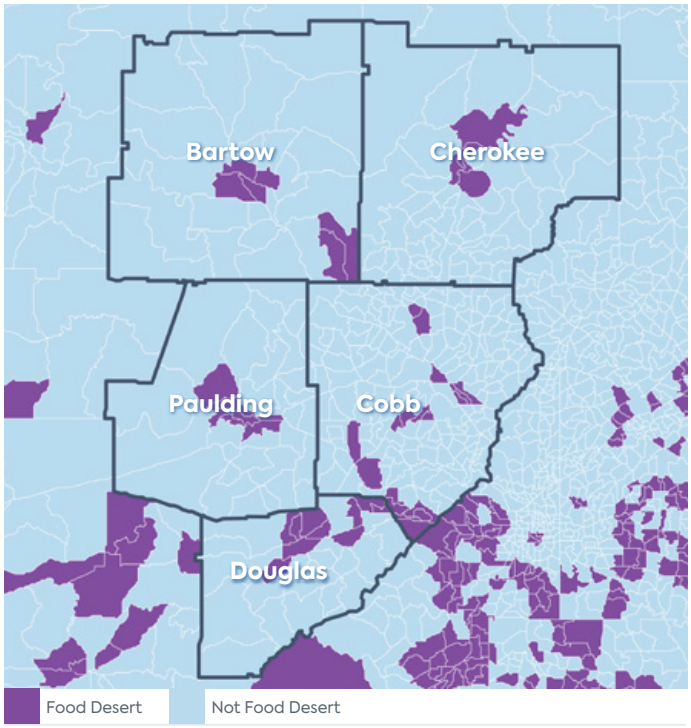
Figure 10 | Households with No Vehicle (2019-2023)



Percent by tract, ACS 2019-2023

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

Figure 11 | Food Deserts (2015-2019)



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

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

Mortality and Morbidity

Top Causes of Death

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

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

While there was some variation in the top causes based on county, Ischemic Heart and Vascular Disease was the number one cause of death in all counties except Douglas County *(Table 4)*. Across the service area, the mortality rate from Cerebrovascular Disease was higher than the state rate and was of particular concern in Douglas County where it was the number one cause of death. COVID-19 was either a second or third top cause of death for all counties in the service area except Cherokee County (#4). 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)

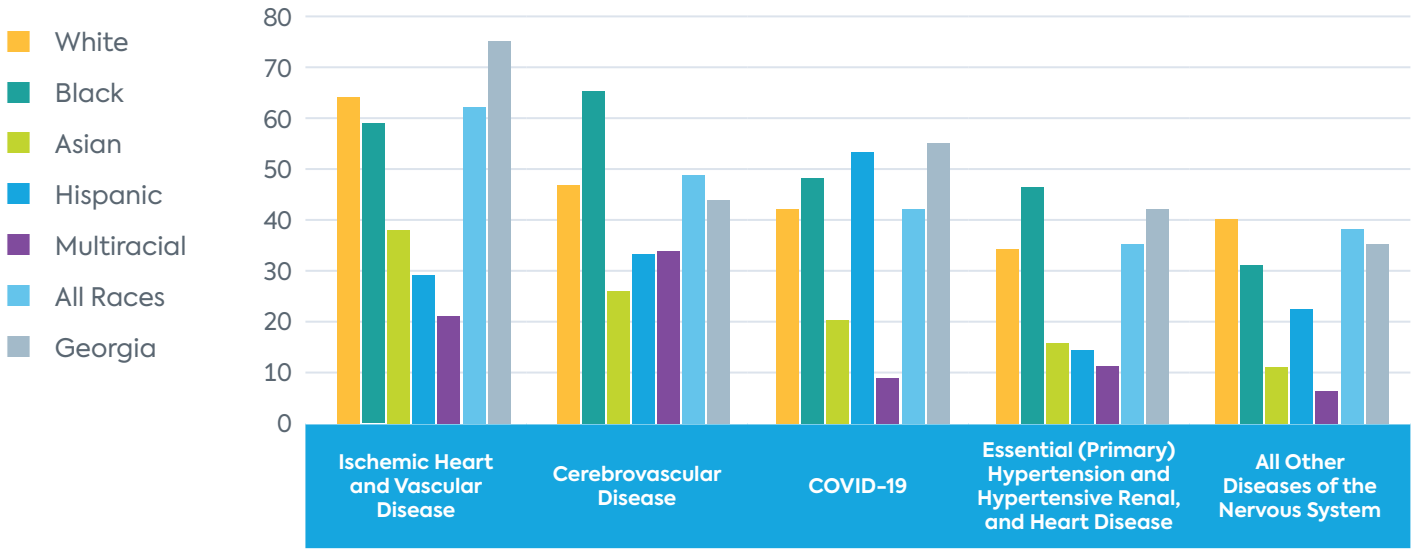
Rank	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 77.5	Ischemic Heart and Vascular Disease 57.3	Ischemic Heart and Vascular Disease 59.4	Cerebrovascular Disease 65.3	Ischemic Heart and Vascular Disease 79.0	Ischemic Heart and Vascular Disease 62.1	Ischemic Heart and Vascular Disease 75.0
#2	COVID-19 62.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 47.8	Cerebrovascular Disease 48.9	COVID-19 53.0	Cerebrovascular Disease 62.8	Cerebrovascular Disease 48.8	COVID-19 54.9
#3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 61.6	All Other Diseases of the Nervous System 49.1	COVID-19 37.0	Ischemic Heart and Vascular Disease 56.7	COVID-19 53.3	COVID-19 42.0	Cerebrovascular Disease 43.9
#4	All COPD Except Asthma 49.0	COVID-19 36.2	All Other Diseases of the Nervous System 35.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 40.8	Alzheimer's Disease 51.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 35.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 42.0
#5	Malignant Neoplasms of the Trachea, Bronchus and Lung 44.1	Cerebrovascular Disease 37.2	Alzheimer's Disease 34.9	Alzheimer's Disease 47.2	Malignant Neoplasms of the Trachea, Bronchus and Lung 36.2	All Other Diseases of the Nervous System 38.1	All COPD Except Asthma 39.3

Rates are age-adjusted per 100,000 population

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

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

Figure 12 | Top Causes of Mortality by Race/Ethnicity



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

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

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

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

Accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) was the top cause of premature death across the service area. YPLL rates associated with accidental exposure in the service area were higher than the state rate *(Table 5)*. Rates of accidental exposure were especially high in Bartow County (1,258.0 YPLL) compared to the other counties.

Suicide was the second leading cause of premature death in all counties except Douglas and Paulding where it ranked third. Overall, the service area had lower rates of YPLL from motor vehicle crashes, Ischemic Deart and Vascular Disease, and COVID-19 compared to the state, despite being the third, fourth, and fifth leading causes of YPLL. However, specific counties were affected by these causes more severely, with Bartow County having higher rates of YPLL from Ischemic Heart Disease, and Bartow, Douglas, and Paulding counties having higher rates of YPLL from motor vehicle crashes than the rest of the service area and the state.

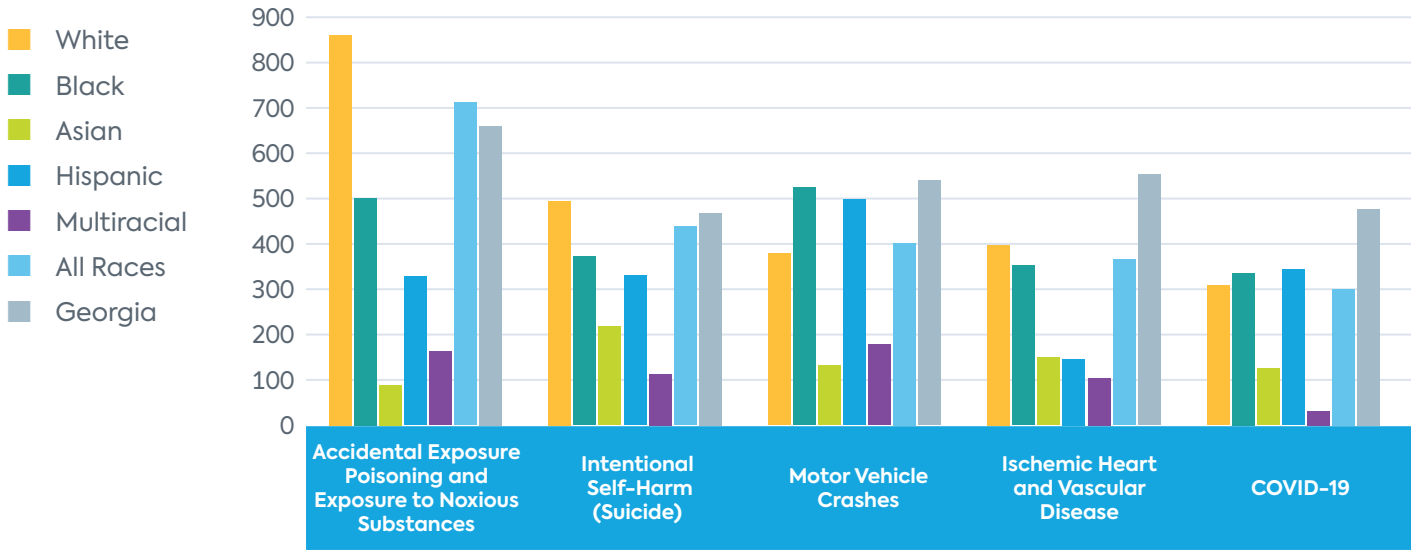
Table 5 | Top Causes of Years of Potential Life Lost (YPLL) (2019-2023)

Rank	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Accidental Exposure Poisoning and Exposure to Noxious Substances 1,258.0	Accidental Exposure Poisoning and Exposure to Noxious Substances 584.4	Accidental Exposure Poisoning and Exposure to Noxious Substances 674.1	Accidental Exposure Poisoning and Exposure to Noxious Substances 618.6	Accidental Exposure Poisoning and Exposure to Noxious Substances 845.1	Accidental Exposure Poisoning and Exposure to Noxious Substances 716.3	Accidental Exposure Poisoning and Exposure to Noxious Substances 664.4
#2	Intentional Self-Harm (Suicide) 637.7	Intentional Self-Harm (Suicide) 430.9	Intentional Self-Harm (Suicide) 397.3	Motor Vehicle Crashes 543.4	Motor Vehicle Crashes 597.4	Intentional Self-Harm (Suicide) 440.7	Ischemic Heart and Vascular Disease 556.9
#3	Ischemic Heart and Vascular Disease 610.9	Motor Vehicle Crashes 309.6	Ischemic Heart and Vascular Disease 357.8	Intentional Self-Harm (Suicide) 428.1	Intentional Self-Harm (Suicide) 531.1	Motor Vehicle Crashes 403.9	Motor Vehicle Crashes 542.9
#4	Motor Vehicle Crashes 548.3	Ischemic Heart and Vascular Disease 297.4	Motor Vehicle Crashes 344.8	COVID-19 426.5	Ischemic Heart and Vascular Disease 419.7	Ischemic Heart and Vascular Disease 368.0	COVID-19 479.8
#5	COVID-19 542.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 274.9	Certain Conditions Originating in the Perinatal Period 269.4	Assault (Homicide) 404.1	COVID-19 366.9	COVID-19 301.9	Intentional Self-Harm (Suicide) 471.4

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

When looking at racial and ethnic groups in the service area, White residents had higher rates of YPLL for accidental exposure poisoning and exposure to noxious substances, and for suicide compared to other groups *(Figure 13)*. Black and multiracial residents had the highest rates of YPLL from motor vehicle crashes and COVID-19 compared to other racial and ethnic groups in the service area, but lower rates of YPLL than the state.

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



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

Top Causes of Years of Emergency Department Visits

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

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

Three of the top causes of ED use in the service area were all related to injury (all other unintentional injury, falls, and motor vehicle crashes) *(Table 6)*. Diseases of the musculoskeletal system and connective tissue were the number one cause of ED visits across the service area and in all counties except Cherokee County (#3). Douglas County had the highest rates of ED use for motor vehicle crashes compared to the rest of the service area and the state. Bartow County showed higher rates of ED use for unintentional injury, all other diseases of the genitourinary system, and falls, compared to the other counties and the state. Bartow County was also the only county where COVID-19 was a top five leading cause of ED visits.

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

Rank	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Diseases of the Musculoskeletal System and Connective Tissue 3,623.3	All Other Unintentional Injury 1,774.6	Diseases of the Musculoskeletal System and Connective Tissue 1,703.7	Diseases of the Musculoskeletal System And Connective Tissue 3,625.1	Diseases of the Musculoskeletal System And Connective Tissue 2,810.6	Diseases of the Musculoskeletal System And Connective Tissue 2,094.4	Diseases of the Musculoskeletal System And Connective Tissue 2,774.6
#2	All Other Unintentional Injury 3,592.3	Falls 1,371.0	All Other Unintentional Injury 1,537.8	All Other Unintentional Injury 2,991.6	All Other Unintentional Injury 2,845.7	All Other Unintentional Injury 2,040.5	All Other Unintentional Injury 2,458.9
#3	All Other Diseases of the Genitourinary System 2,672.7	Diseases of the Musculoskeletal System and Connective Tissue 1,320.8	All Other Diseases of the Genitourinary System 1,241.5	All Other Diseases of the Genitourinary System 2,275.8	All Other Diseases of the Genitourinary System 1,929.0	All Other Diseases of the Genitourinary System 1,533.5	All Other Diseases of the Genitourinary System 1,899.3
#4	Falls 2,209.2	All Other Diseases of the Genitourinary System 1,248.1	Falls 1,141.4	Falls 1,874.9	Falls 1,871.4	Falls 1,426.6	Falls 1,565.3
#5	COVID-19 1,130.0	Motor Vehicle Crashes 603.3	Motor Vehicle Crashes 724.6	Motor Vehicle Crashes 1,405.2	Motor Vehicle Crashes 1,130.7	Motor Vehicle Crashes 842.1	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. Diseases of the musculoskeletal system and connective tissue
5. Ischemic Heart and Vascular Disease

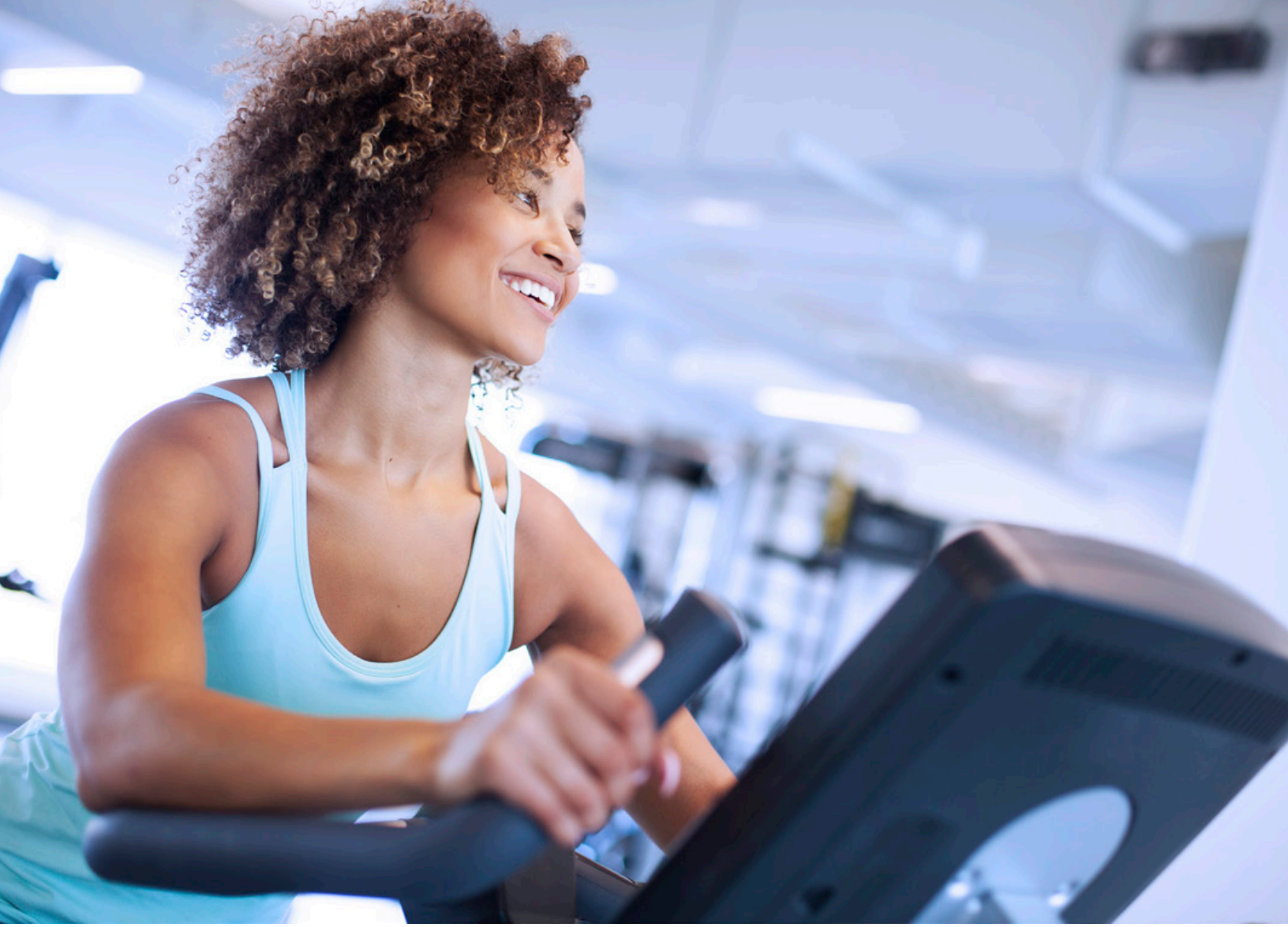
Across the service area, rates for all five top causes of hospital discharge were lower than state rates but varied when looking at specific counties *(Table 7)*. Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, and rates in Bartow and Douglas counties were much higher than those of the other counties and state. Bartow and Douglas also had much higher rates of all other mental and behavioral disorders than state rates, and it ranked as the second highest cause of hospital discharge in those two counties. Bartow, Douglas, and Paulding counties had higher hospital discharge rates of Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease compared to the state. Cherokee was the only country with COVID-19 in the top 5 causes of hospital discharges in the service area.

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

Rank	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Septicemia 852.9	Septicemia 441.1	Septicemia 436.5	Septicemia 807.8	Septicemia 694.6	Septicemia 532.8	Septicemia 604.4
#2	All Other Mental and Behavioral Disorders 638.9	Diseases of the Musculoskeletal System and Connective Tissue 252.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 300.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 495.9	All Other Mental and Behavioral Disorders 434.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 341.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 360.9
#3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 494.0	Ischemic Heart and Vascular Disease 236.5	All Other Mental and Behavioral Disorders 297.1	All Other Mental and Behavioral Disorders 475.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 479.3	All Other Mental and Behavioral Disorders 347.9	All Other Mental and Behavioral Disorders 381.3
#4	Ischemic Heart and Vascular Disease 467.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 246.9	Diseases of the Musculoskeletal System and Connective Tissue 246.2	Cerebrovascular Disease 324.8	Ischemic Heart and Vascular Disease 302.5	Diseases of the Musculoskeletal System and Connective Tissue 261.7	Diseases of the Musculoskeletal System and Connective Tissue 270.3
#5	Diseases of the Musculoskeletal System and Connective Tissue 329.8	COVID-19 219.3	Cerebrovascular Disease 222.7	Ischemic Heart and Vascular Disease 283.7	Diseases of the Musculoskeletal System and Connective Tissue 284.5	Ischemic Heart and Vascular Disease 238.5	Ischemic Heart and Vascular Disease 261.5

Rates are age-adjusted per 100,000 population

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



COMMUNITYCARE

COMMUNITY HEALTH NEEDS

HEALTHPRIORITIES

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

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

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

Access

Focus Group and Community Summit participants living in the 3 Hospitals service area identified Access as the top health priority. They specifically mentioned the following barriers to Access:

- High cost of care:
  - According to some community members, those who live below the poverty line can avail of services to pay for healthcare, but "middle class folks are living paycheck to paycheck" making care cost prohibitive.
  - "The minimum wage hasn't changed, but the cost of everything has. People have to choose between eating or healthcare."
- Lack of insurance:
  - "My husband works, but can't afford insurance, and I'm too sick to work so I find places to get care where you don't need insurance."
  - Health insurance is too expensive. "I see a lot of single mothers making sure their children have insurance but not for themselves - how can you take care of kids if you're not taking care of yourself?"
- Lack of transportation:
  - "Whether you have insurance or not, if you have ability to get to the services is an issue as well."
- Lack of providers, which leads to a lack of appointment times and increased wait times.

Providers

Overall, the service area has a much smaller percentage of the population living in an area affected by a health professional shortage area compared to the state for both medical and dental care *(Table 8)*. However, access rates vary drastically from county to county, and by the specific type of provider. Bartow County is the only county where any percent of the population lived in a health professional shortage area (36.1%), and almost all residents in that population were underserved. Both Bartow and Douglas had higher proportions of their populations living in health professional shortage areas for dental care than the state.

Table 8 | Provider Shortage Areas (2024)

	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage	36.1%	0.0%	0.0%	0.0%	0.0%	2.7%	26.0%
Percentage of Health Professional Shortage Population Underserved	94.4%	0.0%	0.0%	0.0%	0.0%	94.4%	61.0%
Percentage of Population Living in a Health Professional Shortage for Dental Care	36.1%	0.0%	0.0%	19.4%	0.0%	4.7%	18.5%

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

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

Table 9 | Rates of Providers by Specialty

	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
Addiction/Substance Abuse Providers (2020)[1]	22.0	7.9	5.0	15.3	5.3	7.8	7.7
Buprenorphine Providers (2023)[2]	4.6	4.6	11.1	5.5	4.2	8.1	8.1
Dentists (2022)[3]	32.8	50.8	72.2	44.1	16.3	55.7	53.9
Mental Health Providers (2024)[4]	61.5	63.0	109.1	66.6	46.8	85.7	98.1
Nurse Practitioners (2024)[4]	66.1	31.5	50.4	36.1	17.8	42.9	60.4
Primary Care (2021)[5]	37.0	41.1	78.0	43.3	13.8	57.0	66.0

Per 100,000 population

Sources:

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

Access-related recommendations from community focus group members included:

- Opening up weekend clinics and extending urgent care hours.
- Establish a well-publicized website and phone number so that people can find resources and help.
- Utilize mobile health clinics that offer a variety of services. Have patient advocates and case workers attached to the mobile clinics to provide support during and after care.
- Support the staff and minimize burnout.
  - Prioritize the staff's mental health.
  - "Offer a great place to work to attract great people."

Behavioral Health

Behavioral Health was one of the highest priority health needs identified at the Community Summits for the 3 Hospitals service area. Focus Group participants also mentioned the need for behavioral health interventions for autism and unhoused populations. The following data supports this priority. Compared to the other counties, which generally experienced some fluctuations, Bartow County had a notable increase in drug overdose rates starting at 13.7 in 2013 and jumping to 41.2 by 2023 *(Table 10)*. The largest increase occurred in Bartow between 2020 and 2021 (from 31.3 to 45.2); 45.2 was the highest rate across counties and double the state average. In addition to Bartow, Paulding County also had one of the highest rates (30.6) of drug overdose in 2022, also exceeding the state average.

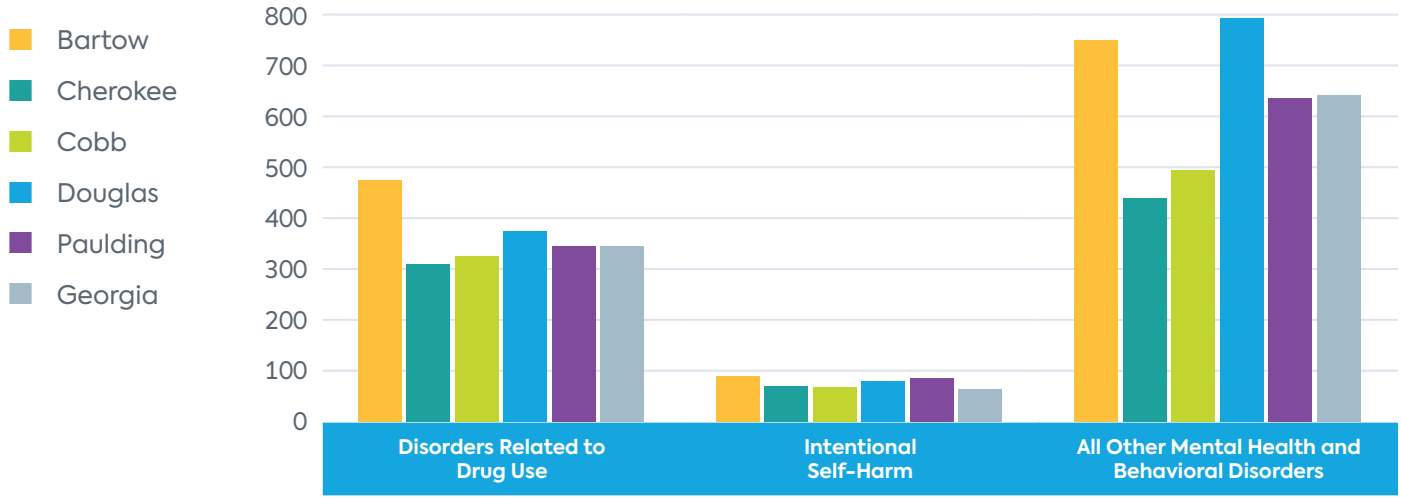
Table 10 | Rate of Drug Overdose (2013–2023)

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia
2013	13.7	14.6	13.3	5.5	10.5	10.5
2014	17.4	17.6	15.1	18.9	21.0	11.4
2015	18.0	24.1	13.4	12.7	17.5	12.2
2016	19.5	21.0	16.1	21.9	19.2	13.1
2017	25.8	16.7	18.1	16.0	15.5	14.6
2018	18.8	20.6	13.6	19.5	11.4	13.1
2019	19.9	12.3	13.3	18.4	15.0	12.9
2020	31.3	20.7	20.0	20.1	25.3	17.9
2021	45.2	19.8	21.2	16.6	28.5	22.5
2022	35.9	20.8	21.9	19.8	30.6	24.8
2023	41.3	16.3	21.1	15.7	25.4	23.1

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

As Figure 14 shows, in all counties, the highest behavioral health emergency room visit rates were due to (1) disorders related to drug use and (2) all other mental and behavioral disorders. Like the rates of all drug overdoses, Bartow County also stood out with considerably higher rates of behavioral health emergency room visits for disorders related to drug use (>300 per 100,000) and all other mental and behavioral disorders (>750 per 100,000); Douglas County exceeded Bartow's rate for emergency room visits for all other mental and behavioral disorders *(Figure 15)*. Along with Bartow County, Douglas and Paulding counties also had among the highest rates in the previously mentioned categories, hovering around or above the state average rate. Across all counties, intentional self-harm (including suicide attempts) produced the lowest rates for emergency room visits at under 100 per 100,000.

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



Age-adjusted rates per 100,000 population

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

Food Access and Healthy Living

Focus Group and Community Summit participants in the 3 Hospitals service area were complimentary of farmers markets, grocery store access, trails, and parks and recreation sites that offer affordable health-related classes. They also noted safe neighborhoods with sidewalks supported healthy living. Certain areas of the region are more rural which impedes residents' ability to be active, access affordable healthy food, and get care and monitoring for chronic conditions.

Focus Group participants identified consumption of low-quality foods as a risk factor for chronic disease. Diabetes, high blood pressure, stress, and obesity were identified as chronic conditions impacting residents in the service area, particularly elderly and low-income populations. Data support residents' concerns with almost 30% of adults experiencing obesity and 9% of adults with diagnosed diabetes *(Table 11)*. The figures below suggest concentration of diabetes monitoring and support among adults who are multi-racial *(Figure 15)* and action on blood pressure monitoring and treatment, particularly in Douglas and Bartow counties *(Figure 16)*, may reduce emergency room visits and improve health outcomes in the service region.

While Cardiovascular Disease and stroke were not identified by focus group and community summit participants, the secondary data *(Figures 17 and 18)* indicate that implementation of evidence-based initiatives and post-cardiovascular event follow-up or programming may impact chronic disease hospital discharge and mortality rates.

Diabetes and Obesity

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

	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021)[1]	27.7%	28.2%	28.1%	29.3%	33.8%	28.9%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)[1]	9.1%	7.4%	7.9%	12.1%	10.1%	8.5%	9.6%
Diabetes Emergency Room Visit Rate[2]*	343.7	142.8	220.2	447.2	263.1	241.3	309.9
Diabetes Discharge Rate[2]*	256.5	116.7	159.7	230.4	211.3	171.5	209.1
Diabetes Mortality Rate[2]*	20.7	9.7	17.9	15.9	12.4	15.7	22.4

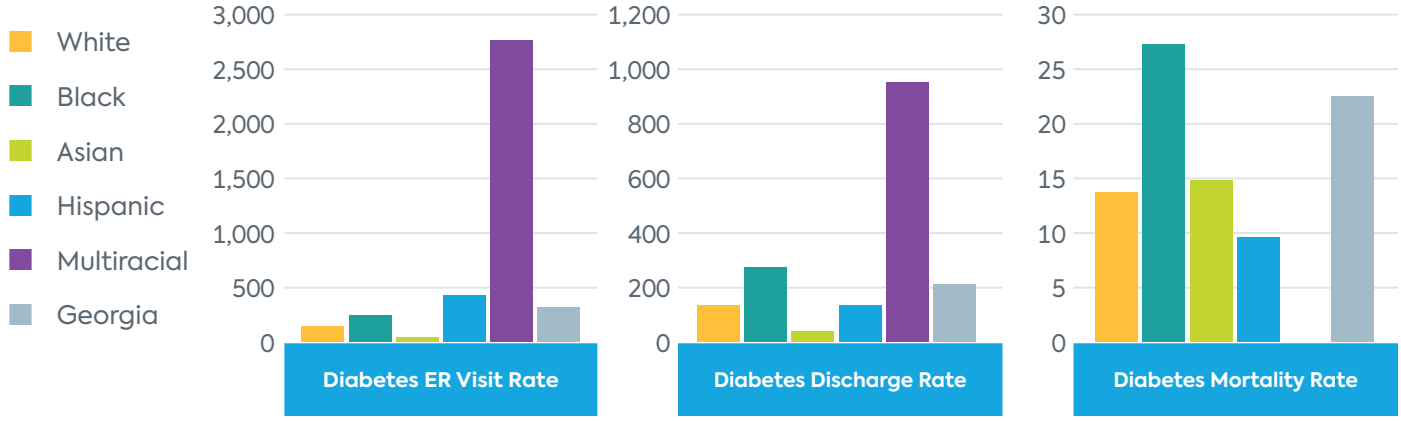
** Age-adjusted rates per 100,000 population*

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

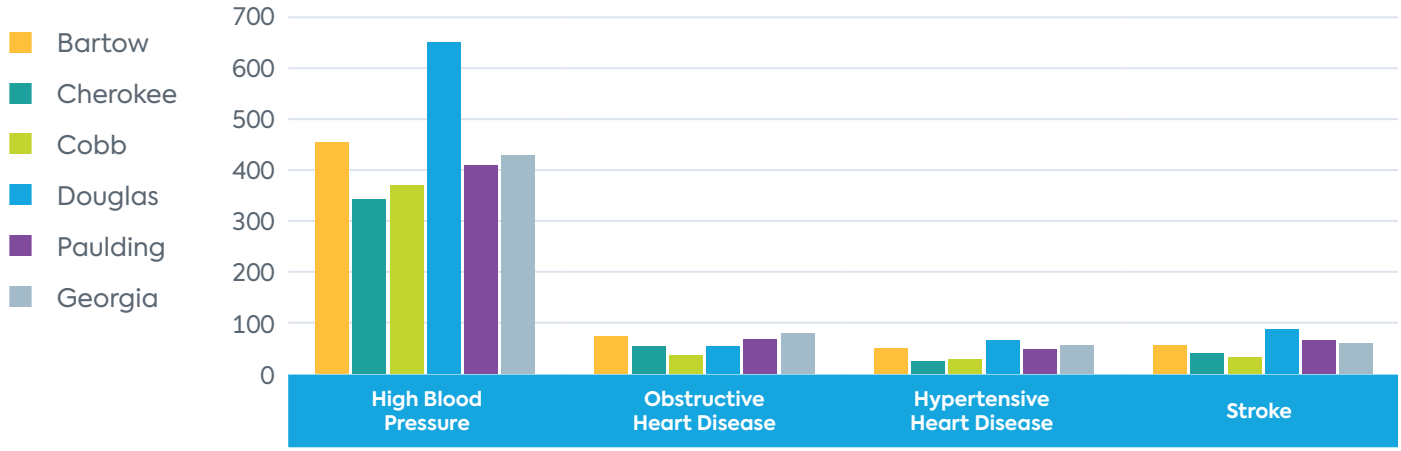
Figure 15 | Diabetes Emergency Room (ER), Discharge, and Mortality Rates (2019-2023)



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

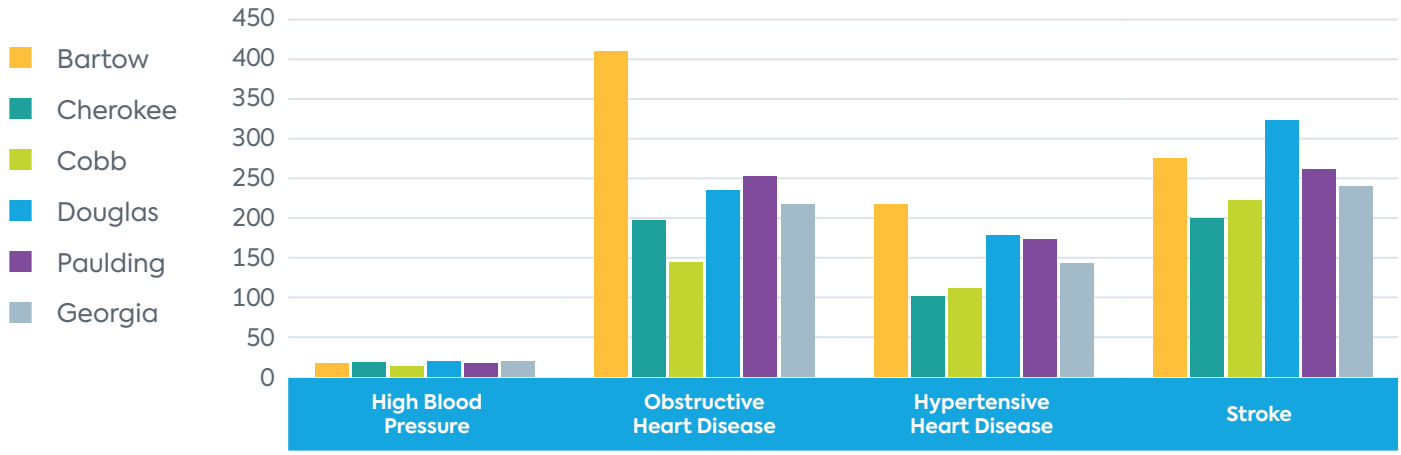
Chronic Disease

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



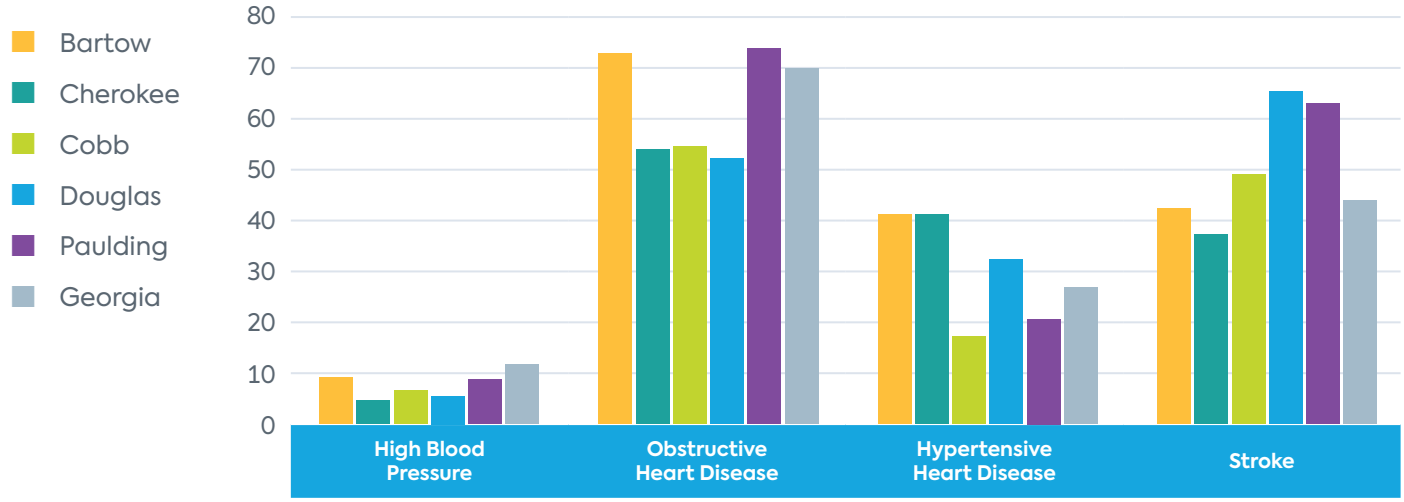
Age-adjusted rates per 100,000 population
Source: Georgia Department of Public Health Online Analytical Statistical Information System

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

Community Focus Group and Summit participants identified Healthy Aging as a priority. Specifically, aging adults were identified as a vulnerable population disproportionately affected by poor access to care and poor health outcomes. Focus Group participants discussed the need for care providers to ensure aging adults who need more assistance have access to patient advocates who can support them as they receive care and after they return home.

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 3 Hospitals service area. These data offer insight into some of the most pressing health issues for aging adults.

Top Causes of Death

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

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

The top causes of death for Georgia's senior population reveal a mix of chronic diseases (heart disease, hypertension, Alzheimer's, COPD) and infectious disease (COVID-19) *(Table 12)*. Cardiovascular issues dominate across most counties, while Alzheimer's and COVID-19 stand out as increasingly significant. Regional variations highlight the need for localized healthcare strategies, particularly in Bartow (higher COPD) and Douglas (higher stroke rates).

Ischemic Heart and Vascular Disease is the most common cause of death in all counties in the service area except Douglas. Rates vary from 304.3 in Cherokee to 425.9 in Paulding. COVID-19 remains a significant cause of death, ranking as high as #1 in Georgia (281.4), #2 in Bartow, and appearing in the top 5 in most counties.

Cerebrovascular Disease (e.g., strokes) ranks #1 in Douglas and appears in the top five across most counties. Alzheimer's Disease ranks among the top three causes in Cobb, Douglas, and Paulding, and is as high as #3 in the service area and #2 in Georgia, reflecting the growing burden of dementia-related deaths.

Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease is consistently among the top five causes in most counties, indicating persistent chronic disease challenges. Diseases of the Nervous System (other than Alzheimer's) appears prominently in Cherokee (#2) and Cobb (#4) counties but are less common overall. Chronic Obstructive Pulmonary Disease (COPD, excluding asthma) appears at the #5 rank in Bartow and Paulding, showing regional variation in respiratory-related deaths.

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

Rank	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 397.2	Ischemic Heart and Vascular Disease 304.3	Ischemic Heart and Vascular Disease 326.8	Cerebrovascular Disease 353.9	Ischemic Heart and Vascular Disease 425.9	Ischemic Heart and Vascular Disease 334.6	COVID-19 281.4
#2	COVID-19 331.6	All Other Diseases of the Nervous System 261.6	Cerebrovascular Disease 288.4	Ischemic Heart and Vascular Disease 291.7	Cerebrovascular Disease 352.4	Cerebrovascular Disease 277.8	Alzheimer's Disease 267.9
#3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 308.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 248.4	Alzheimer's Disease 216.3	Alzheimer's Disease 261.8	Alzheimer's Disease 286.9	Alzheimer's Disease 235.6	Cerebrovascular Disease 248.9
#4	Alzheimer's Disease 304.9	Alzheimer's Disease 220.3	All Other Diseases of the Nervous System 202.4	COVID-19 255.1	COVID-19 278	COVID-19 221.9	All COPD Except Asthma 240.5
#5	All COPD Except Asthma 289.1	Cerebrovascular Disease 202.9	COVID-19 201.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 204.1	All COPD Except Asthma 233.3	All Other Diseases of the Nervous System 209.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 211.7

Rates are per 100,000 population aged 65 and over

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

Top Causes of Emergency Department Visits

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

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

Falls are the leading cause of hospitalization across all counties, the service area, and the state. Rates range from 3,164.5 (Cobb) to 4,370.4 (Douglas) *(Table 13)*. Diseases of the musculoskeletal system and connective tissue rank second consistently in all areas, with Douglas again reporting the highest rate at 3,977.8 and Cherokee the lowest at 2,043.4.

Genitourinary System Diseases (excluding major categories) hold the third rank across all counties, with the highest rate in Bartow (2,317.6) and the lowest in Cobb (1,311.9). All Other Unintentional Injuries consistently rank fourth, with rates ranging from 1,013.4 (Cobb) to 1,854.8 (Bartow). Essential Hypertension and Related Conditions consistently rank fifth. This data highlights the significant impact of falls and chronic conditions like musculoskeletal and genitourinary diseases among seniors, emphasizing the need for targeted health interventions in these areas.

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

Rank	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Falls 4,162.7	Falls 3,982.1	Falls 3,164.5	Falls 4,370.4	Falls 4,216.2	Falls 3,634.5	Falls 3,746.0
#2	Diseases of the Musculoskeletal System and Connective Tissue 3,367.1	Diseases of the Musculoskeletal System and Connective Tissue 2,043.4	Diseases of the Musculoskeletal System and Connective Tissue 2,050.7	Diseases of the Musculoskeletal System and Connective Tissue 3,977.8	Diseases of the Musculoskeletal System and Connective Tissue 3,569.9	Diseases of the Musculoskeletal System and Connective Tissue 2,483.4	Diseases of the Musculoskeletal System and Connective Tissue 3,328.2
#3	All Other Diseases of the Genitourinary System 2,317.6	All Other Diseases of the Genitourinary System 1,614.6	All Other Diseases of the Genitourinary System 1,311.9	All Other Diseases of the Genitourinary System 2,012.2	All Other Diseases of the Genitourinary System 2,017.3	All Other Diseases of the Genitourinary System 1,592.7	All Other Diseases of the Genitourinary System 1,960.3
#4	All Other Unintentional Injury 1,854.8	All Other Unintentional Injury 1,400.0	All Other Unintentional Injury 1,013.4	All Other Unintentional Injury 1,801.4	All Other Unintentional Injury 1,833.6	All Other Unintentional Injury 1,318.0	All Other Unintentional Injury 1,529.4
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,136.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 798.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 891.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,456.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,498.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,003.6	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

Community Focus Group and Summit participants identified Maternal and Child Health as a priority.

> "A lot of friends that are African American women, are not treated fairly when they are having children, and tend to have a lot more issues."
>
> – Wellstar Cobb Focus Group Participant Chat Post

As explained in the overarching introduction, Georgia has more adverse birth outcomes when compared to national outcomes. Between 2019-2023, 9.1% of pregnant women in Georgia received late or no prenatal care and 7.8% received fewer than 5 prenatal care visits *(Table 14)*. Percentages were even higher in the service area. Cherokee County had the highest percentages of women who received late or no prenatal care (14.3%) and fewer than 5 prenatal care visits (13.2%). And Douglas County had the highest percentages of premature births (12.1%) and low birthweight births (11.3%). Surprisingly Paulding County had the lowest percentages of women who received inadequate prenatal care but had the highest infant mortality rate (7.0) when compared to other counties in the service area and the state (6.8).

Table 14 | Select Indicators for Pregnancy and Birth

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia
Pregnancy Rate	45.8	40.9	46.6	46.7	42.1	48.2
Birth Rate	39.4	35.5	34.9	34.0	35.6	36.9
% Births with Late or No Prenatal Care	8.4%	14.3%	8.2%	11.1%	6.7%	9.1%
% Births with <5 Prenatal Care Visits	6.1%	13.2%	5.9%	8.3%	4.5%	7.8%
% Premature Births	10.7%	10.0%	10.6%	12.1%	11.8%	11.7%
% Low Birthweight Births*	7.4%	7.0%	8.8%	11.3%	9.4%	10.3%
Infant Mortality Rate	5.1	4.0	5.2	6.4	7.0	6.8

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

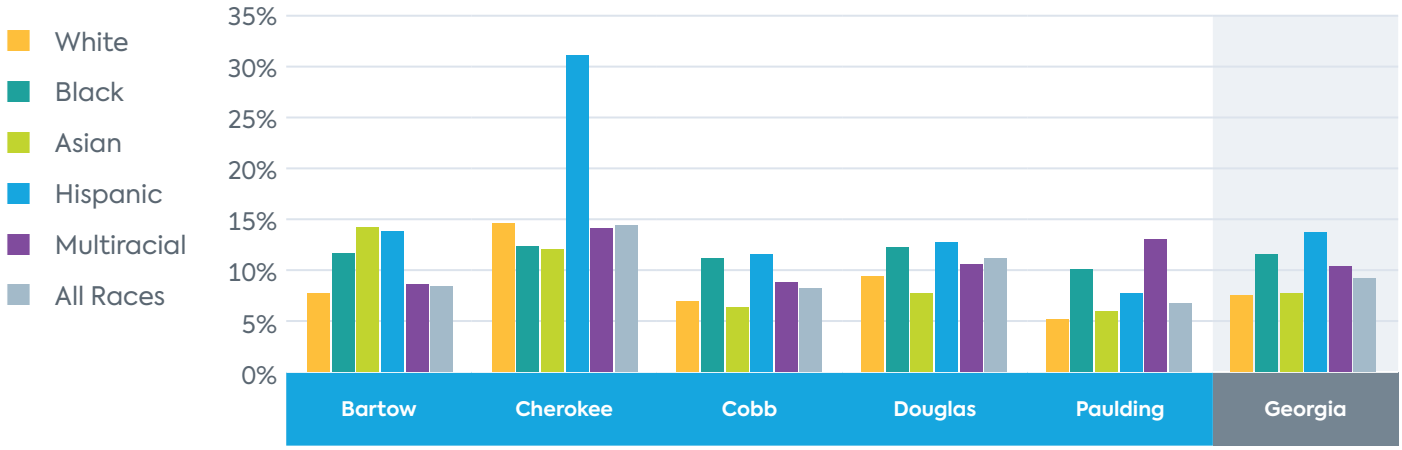
Variations in Population Rates

When we disaggregate prenatal visit data by race and ethnicity, we see a lot of variety across the service area. Those most likely to have had late or no prenatal care were:

- Asian and Hispanic women in Bartow County,
- Hispanic women in Cherokee County,
- Black and Hispanic women in Cobb and Douglas counties, and,
- Black and multiracial women in Paulding.

The most striking outcome was in Cherokee County, where over 30% of Hispanic women received late or no prenatal care between 2019-2023 *(Figure 19)*.

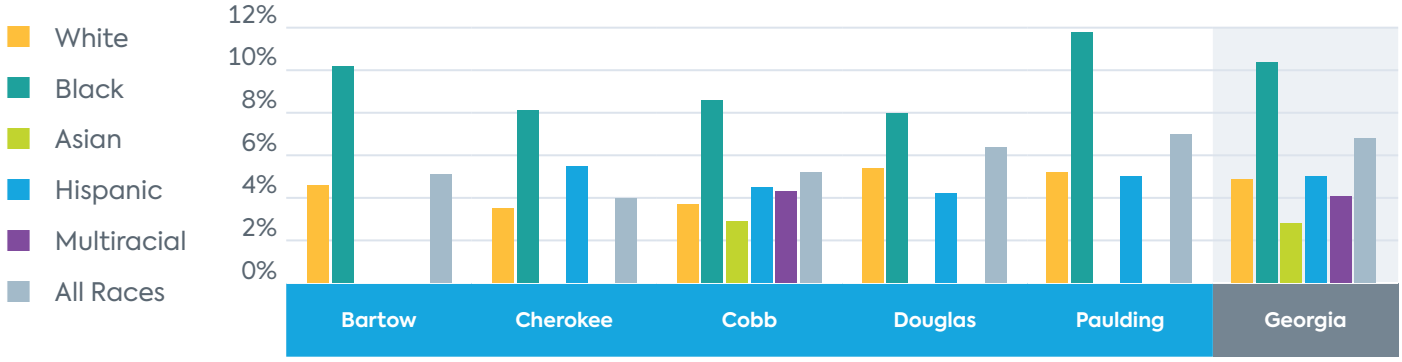
Figure 19 | Percentage of Births with Late or No Prenatal Care by Race/Ethnicity



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

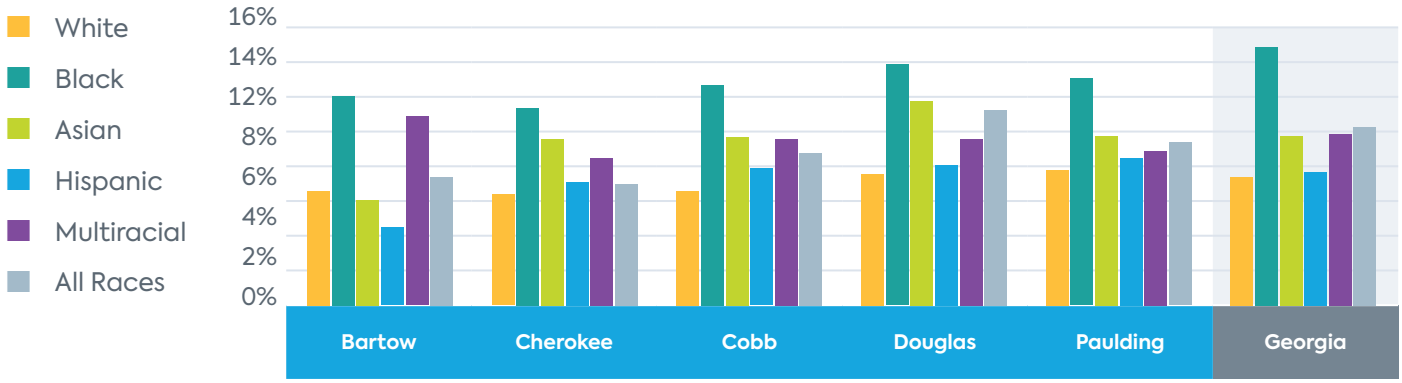
Black women in the service area experience more than two times the rate of infant mortality than White women in Bartow, Cherokee, Cobb, and Paulding counties *(Figure 20)*. Black, non-Hispanic infants had the highest percentage of low-birthweight rates in the service are. Asian, non-Hispanic children in Cherokee, Cobb, Douglas, and Paulding counties and multiracial, non-Hispanic infants in Bartow County also had higher rates of low birthweight than White and Hispanic children *(Figure 21)*.

Figure 20 | 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

Figure 21 | Percentage of Low Birthweight Births by Race/Ethnicity



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

APPENDICES

Appendix A: Demographic Data

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

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Total Population (2022)	112,816	281,278	771,952	147,316	178,421	10,912,876	333,287,562
Age Distribution							
Median Age in Years	38.2	39.7	37.2	36.7	36.6	37.2	ND
Under 18 Years	23.6%	23.5%	22.9%	25.5%	25.7%	23.4%	22.1%
18-24 Years Old	9.5%	8.3%	9.3%	9.6%	8.6%	9.8%	9.4%
25-34 Years Old	12.9%	11.9%	14.4%	12.7%	13.5%	13.7%	13.7%
35-44 Years Old	12.8%	13.8%	14.2%	13.5%	14.2%	13.2%	12.9%
45-54 Years Old	13.5%	14.6%	13.9%	14.6%	14.9%	13.0%	12.4%
55-64 Years Old	13.4%	13.0%	12.3%	12.3%	11.8%	12.3%	12.9%
65+ Years Old	14.2%	15.0%	13.0%	11.9%	11.2%	14.4%	16.5%
Racial/Ethnic Distribution							
White	79.9%	80.8%	52.8%	39.4%	68.9%	54.3%	65.9%
Black	10.9%	7.1%	27.5%	48.9%	21.0%	31.5%	12.5%
Asian	1.1%	2.0%	5.6%	1.9%	1.1%	4.3%	5.8%
Native American and Alaska Native	0.2%	0.7%	0.4%	0.1%	0.2%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	0.0%	0.2%	0.1%	0.2%
Multiple Races	5.2%	6.2%	7.6%	6.2%	6.7%	6.0%	8.8%
Some Other Race	2.5%	3.2%	6.1%	3.5%	2.0%	3.5%	6.0%
Hispanic/Latino	9.6%	11.2%	13.5%	10.7%	7.6%	10.1%	18.7%
Population with Limited English Proficiency	3.5%	5.3%	7.2%	4.7%	2.3%	5.5%	8.2%
Income Distribution							
Median Household Income	$74,812	$100,824	$94,244	$76,930	$89,237	$71,355	$75,149
Less than $25,000	14.3%	9.2%	9.3%	13.7%	8.2%	16.6%	15.7%
$25,000 - $49,999	18.8%	13.2%	14.5%	17.4%	13.9%	19.0%	18.1%
$50,000 - $99,999	32.2%	27.1%	28.7%	33.6%	34.7%	29.7%	28.9%
$100,000 - $199,999	27.8%	35.9%	30.9%	27.9%	35.8%	24.7%	25.9%
$200,000 or more	13.1%	14.7%	16.6%	7.5%	7.4%	10.0%	11.4%

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

Appendix B: Social Determinants of Health (SDOHs)

Education

Table 16 | Select Education Indicators

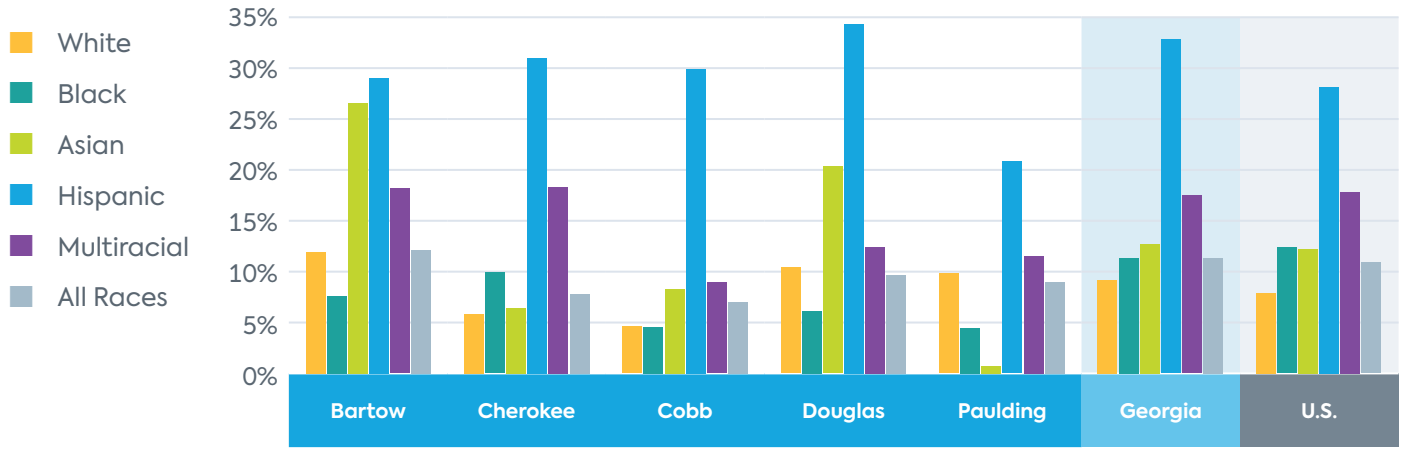
	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Adults without HS Diploma (Age 25+)[1]	12.1%	7.8%	7.0%	9.7%	9.0%	11.3%	10.9%
High School Graduate Rate (2020-2021)[2]	93.8%	91.0%	87.0%	88.0%	89.0%	86.9%	81.1%
Associates degree or higher[1]	28.9%	47.5%	57.1%	38.5%	35.3%	41.9%	43.1%
Bachelor's degree or higher[1]	21.0%	39.5%	49.7%	29.9%	26.5%	33.6%	34.3%
Preschool Enrollment (ages 3-4)[1]	35.9%	50.3%	53.7%	33.0%	44.6%	47.7%	45.6%

Sources:

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

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

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



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

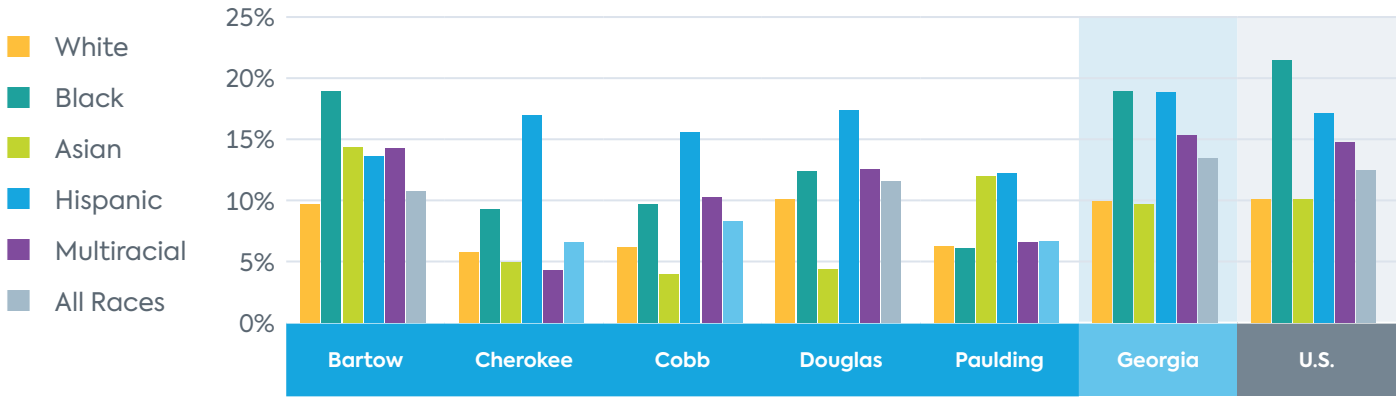
Socioeconomic Status/Income

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

		Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Total households	2014-2018	37,351	85,825	277,222	48,968	52,389	3,709,488	119,730,128
	2018-2022	38,429	97,023	291,171	50,552	56,715	3,946,490	125,736,353
All people	2014-2018	13.2%	8.1%	10.0%	13.1%	9.4%	16.0%	14.1%
	2018-2022	10.8%	6.6%	8.3%	11.6%	6.7%	13.5%	12.5%
All families	2014-2018	10.5%	6.0%	6.9%	10.5%	7.4%	12.1%	10.1%
	2018-2022	8.3%	5.3%	5.4%	8.8%	5.1%	10.0%	8.8%
Married couple families	2014-2018	6.4%	3.8%	3.6%	5.4%	4.0%	5.8%	5.0%
	2018-2022	4.9%	3.1%	2.9%	4.3%	3.5%	4.8%	4.5%
Single female head of household families	2014-2018	22.2%	20.3%	18.1%	25.6%	21.7%	30.6%	27.8%
	2018-2022	21.0%	14.9%	13.4%	18.0%	13.9%	25.2%	24.1%

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

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



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

Unemployment and Insurance

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

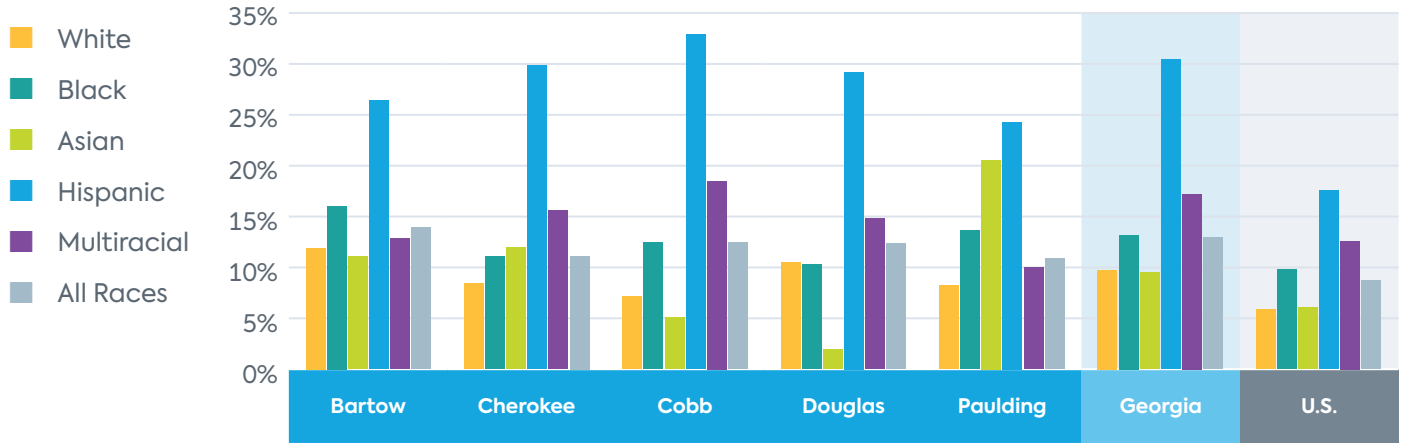
	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Unemployment Rate (2024)[1]	3.8%	3.2%	3.4%	4.1%	3.5%	3.9%	4.5%
Uninsured Population (2018-2022)[2]	13.9%	11.1%	12.4%	12.3%	10.9%	12.9%	8.7%

Sources:

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

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

Figure 24 | Uninsured Population by Race/Ethnicity



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

Housing

Table 19 | Selected Indicators of Affordable Housing

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Units Affordable at 15% AMI	2.4%	2.1%	1.6%	2.7%	2.6%	3.7%	3.6%
Units Affordable at 30% AMI	6.5%	4.2%	3.0%	5.3%	5.6%	9.1%	8.4%
Units Affordable at 40% AMI	13.0%	8.1%	7.0%	10.3%	12.5%	14.7%	13.6%
Units Affordable at 50% AMI	21.9%	13.7%	14.3%	18.4%	21.8%	22.2%	20.7%
Units Affordable at 60% AMI	32.4%	22.0%	23.4%	30.0%	31.2%	30.3%	28.6%
Units Affordable at 80% AMI	51.3%	46.4%	45.6%	54.5%	53.4%	46.5%	44.2%
Units Affordable at AMI	65.5%	58.3%	62.4%	69.4%	68.0%	60.2%	59.5%
Units Affordable at 125% AMI	74.5%	73.1%	73.4%	79.6%	79.3%	72.3%	69.6%
Median Gross Rent	$1,090	$1,580	$1,535	$1,326	$1,464	$1,221	$1,268
Households paying more than 30% of income for monthly mortgage	19.3%	20.9%	21.3%	24.1%	21.3%	25.0%	27.3%
Households paying more than 30% of income for monthly rent	45.1%	53.4%	48.6%	49.0%	40.5%	50.4%	49.9%
Households with One or More Severe Problems (2017-2021)*	14.0%	11.3%	11.8%	15.1%	11.1%	12.8%	13.1%

Sources: *U.S. Census Bureau, American Community Survey. 2018-2022.*
** U.S. Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.*
AMI: Area median household income

Transportation

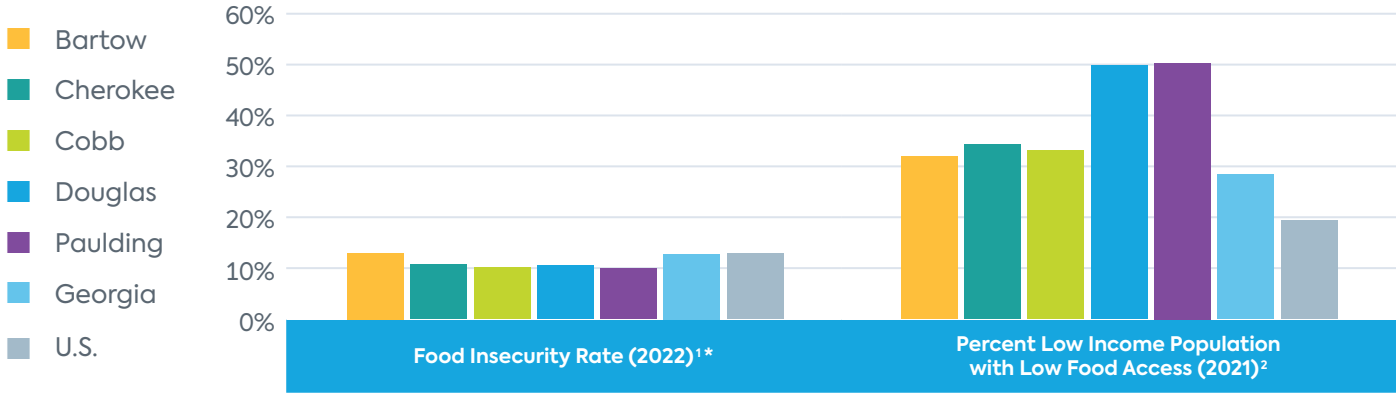
Table 20 | Selected Transportation Indicators

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Households with No Motor Vehicle	3.1%	2.2%	3.5%	3.8%	2.2%	6.0%	8.3%
Commuting Mode – Public Transportation	0.6%	0.2%	0.6%	0.7%	0.4%	1.5%	3.8%

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

Food Security

Figure 25 | Indicators of Food Insecurity



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

Sources:

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

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

Appendix C: Wellstar CHNA Strategic Partners

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

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

The potential partners are:

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

Table 21 | Wellstar CHNA Strategic Partners

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Healthcare Systems						
Atlanta Psychiatry & Neurology, PC	atlantabehavioralcare.com		■			
Cobb Pregnancy Resource Center	cobbpregnancyresourcecenter.org					■
Georgia Supplemental Nutrition Program for Women, Infants & Children (WIC)	dph.georgia.gov/WIC					■
Highland Rivers Behavioral Health	highlandrivers.org		■			
Peachtree Immediate Care – Mableton (Kaiser Permanente)	healthy.kaiserpermanente.org/georgia/facilities/Peachtree-Immediate-Care-Mableton-338545				■	
PRC Medical	prcmedicalwomensclinic.com					■
Pregnancy Services Cobb & Douglas Public Health	cobbanddouglaspublichealth.com/services/pregnancy-services					■
Ridgeview Institute Psychiatric Hospital	ridgeviewinstitute.com		■			

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Public Health Agencies						
Cherokee County Senior Services	cherokeecountyga.gov/senior-services				■	
Cobb & Douglas Public Health	cobbanddouglaspublichealth.com	■	■	■	■	■
Cobb County Senior Services	cobbcounty.gov/senior-services				■	
Douglas County Senior Services	douglascountyga.gov/304/senior-services				■	
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap			■		
North Georgia Health District	nghd.org/nghd-locations-listing/item/woodstock-clinic	■	■	■	■	■
Northwest Public Health District	dph.georgia.gov/contacts/district-1-1-rome-northwest-georgia-health-district	■	■	■	■	■
Paulding Country Senior Center	paulding.gov/203/senior-center				■	
Public Health Leaders and Advocates						
AARP Georgia	states.aarp.org/georgia				■	
Cobb 2020: A Partnership for a Healthier Cobb County	cobbanddouglaspublichealth.com/programs/community-health/cobb2020			■		
Georgia Advocacy Office	thegao.org		■			
Georgia Public Health Association	gapha.org	■				
Georgia Watch Healthcare Access and Consumer Advocacy	georgiawatch.org/protect-yourself/healthcare	■				
Georgia Watch Senior Health Resources	georgiawatch.org/senior-health				■	
Healthy Mothers, Healthy Babies Coalition of Georgia	hmhbga.org					■
Live Healthy Douglas	cobbanddouglaspublichealth.com/programs/community-health/live-healthy-douglas			■		
ONE Community Health Solution	onechs.org		■			
Voices for Georgia's Children	georgiavoices.org					■

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Community and Faith-Based Organizations						
Black Mamas Matter Alliance	blackmamasmatter.org					■
Cobb Collaborative	cobbcollaborative.org		■			
Court Appointed Special Advocates of Paulding County, Inc.	casapaulding.org					■
Douglas County Family Connection Partnership	douglas.gafcp.org					■
Douglas County Parks and Recreation	douglascountyga.gov/286			■		
Georgians for a Healthy Future	healthyfuturega.org	■				
Good Samaritan Center	goodsamaritan-center.org			■		
HOPE for Georgia Moms	hopeforgeorgiamoms.org					■
Midway Community Resource Center	midwayresourcecenter.org			■		
The Nichols Center	nicholscenter.org		■			
Northwest Georgia Area Agency on Aging	nwgrc.org/services/area-agency-on-aging				■	
The Pantry	thepantrydc.com			■		
Ser Familia	serfamilia.org	■	■	■	■	■
West Georgia Wellness Center	westgawellnesscenter.com		■			
Philanthropic Community						
American Heart Association	heart.org/en/affiliates/georgia	■	■	■	■	■
Cobb Community Foundation	cobbfoundation.org		■			■
Douglas County Education Foundation	dcef.dcssga.org					■
Dreams Come True International Foundation	dreamscometrueinternational.org		■			
Georgia Health Foundation	gahealthfdn.org	■				
Georgia Health Initiative	georgiahealthinitiative.org	■				
Life Foundation	lfstudenthelp.org		■			
The Pearl Foundation	thepearlfoundationga.org	■	■	■	■	■

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Academia						
Chattahoochee Tech Health Sciences *(Austell, Marietta, Mountain View, N. Metro, Paulding, Woodstock)*	chattahoocheetech.edu	■	■	■	■	■
Georgia State University Gerontology Master's Program	gsu.edu/program/gerontology-ma				■	
Kennesaw State University Wellstar School of Nursing	kennesaw.edu	■	■	■	■	■
Lincoln Tech Health Sciences	lincolntech.edu	■	■	■	■	■
University of Georgia Institute of Gerontology	publichealth.uga.edu/research/research-institutes/institute-of-gerontology				■	
West Georgia Tech College Nursing & Health Sciences	westgatech.edu	■	■	■	■	■
Payor/For-Profit Organizations						
Church Street Farmers Market	douglasvillega.gov/Departments/Public-Services/Keep-Douglasville-Beautiful/2025-Church-St-Farmers-Market			■		
Devereux Advanced Behavioral Health	devereux.org		■			
The Family Health Centers of Georgia	fhcga.org	■				■
Inner Harbor/Youth Villages Residential Treatment	youthvillages.org/services/residential-services/inner-harbour-campus		■			

Wellstar
HEALTH SYSTEM

793 Sawyer Road, Marietta, Georgia 30062 | (770) 956-GIVE (4483) | wellstar.org