

3 Hospitals:
Wellstar Cobb Medical Center, Wellstar Kennestone
Regional Medical Center, and Wellstar Windy Hill
2025 Community Health Needs Assessment

Presented to Wellstar Health System

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EXECUTIVE SUMMARY

As a not-for-profit hospital, Wellstar’s Cobb Medical Center, Kennestone Regional Medical Center, and Windy Hill (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:

- 1. Access
- 2. Behavioral Health
- 3. Healthy Living
- 4. Maternal and Child Health
- 5. Healthy Aging

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	Prioritize facilitating access to behavioral health care in Bartow

Health Priority	Select Findings	Potential Next Steps
	drug overdoses in the service area, doubling the state rate in 2021. Bartow County also had among the highest behavioral health ER visit rates (2019-2023).	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.
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.
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.
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.

SERVICE AREA

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

Wellstar Cobb Medical Center

With 382 beds, Wellstar Cobb Hospital 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

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 our 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

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

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 48 zip codes across the five counties (Table 2).

Figure 1: Map of 3 Hospitals: Wellstar Cobb Medical Center, Wellstar Kennestone Regional Medical Center, and Wellstar Windy Hill service area by county

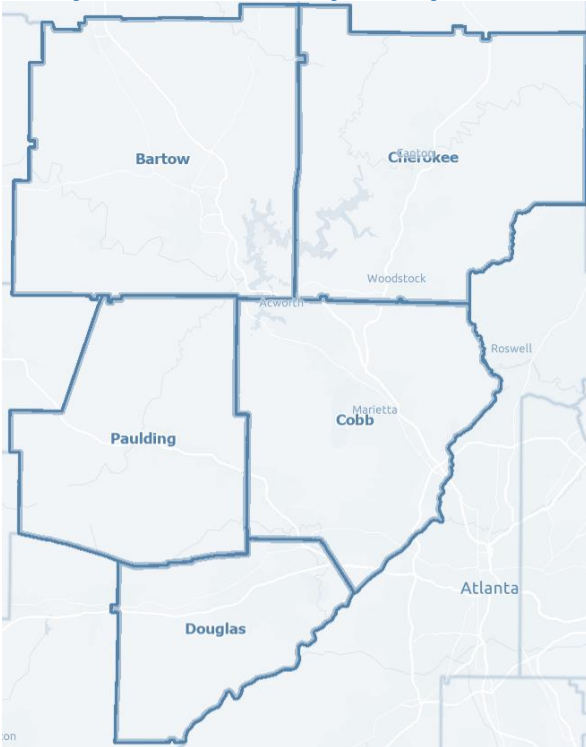


Table 2: Zip Codes by County

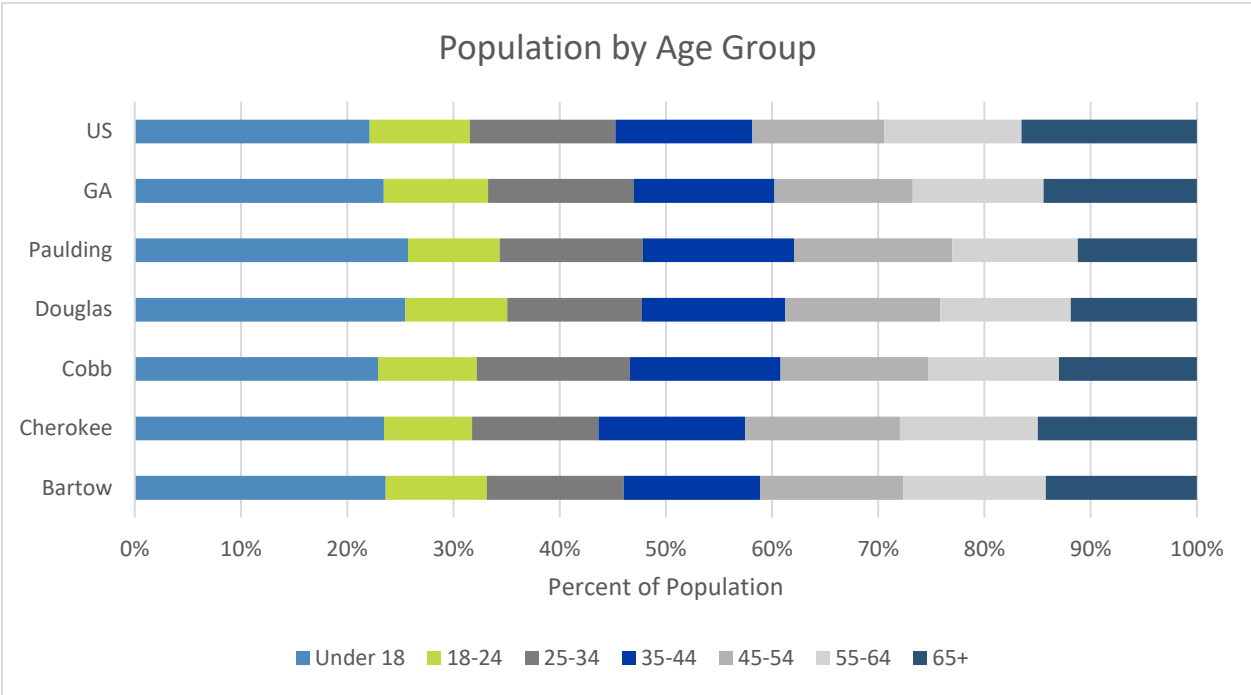
County	Zip Codes
Bartow	30103, 30120, 30121, 30123, 30137, 30145, 30171, 30178, 30184
Cherokee	30102, 30107, 30114, 30115, 30142, 30146, 30151, 30169, 30183, 30188, 30189
Cobb	30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080, 30082, 30101, 30106, 30111, 30126, 30127, 30144, 30152, 30156, 30160, 30168
Douglas	30122, 30133, 30134, 30135, 30154, 30187
Paulding	30132, 30141, 30153, 30157
Source: Georgia Department of Community Health, https://www.georgiahealthdata.info/Georgia_Zip_Code_County_Lookup.PDF	

Demographics

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: Percentage of Population by Age Groups and County (2018-2022)

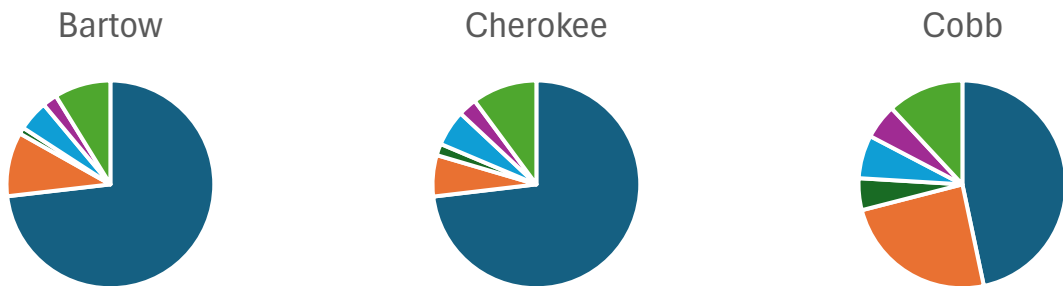


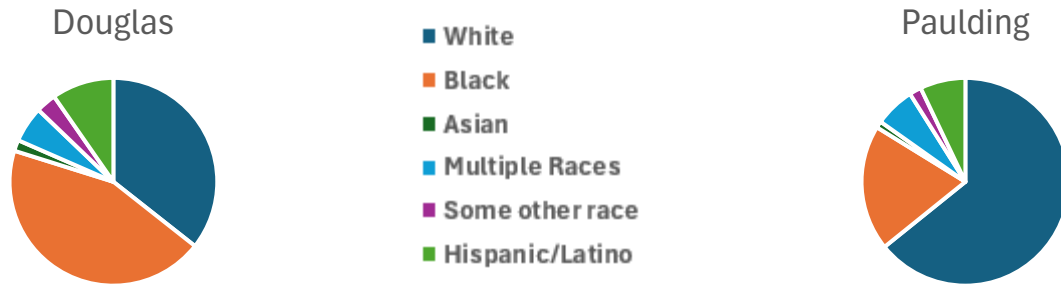
Source: US Census Bureau, American Community Survey. 2024 - August.

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) (Figure 3). 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: Percent of Population by Race and Ethnicity (2018-2022)*





*Pie 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: US Census Bureau, American Community Survey. 2024 - August.

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.” 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

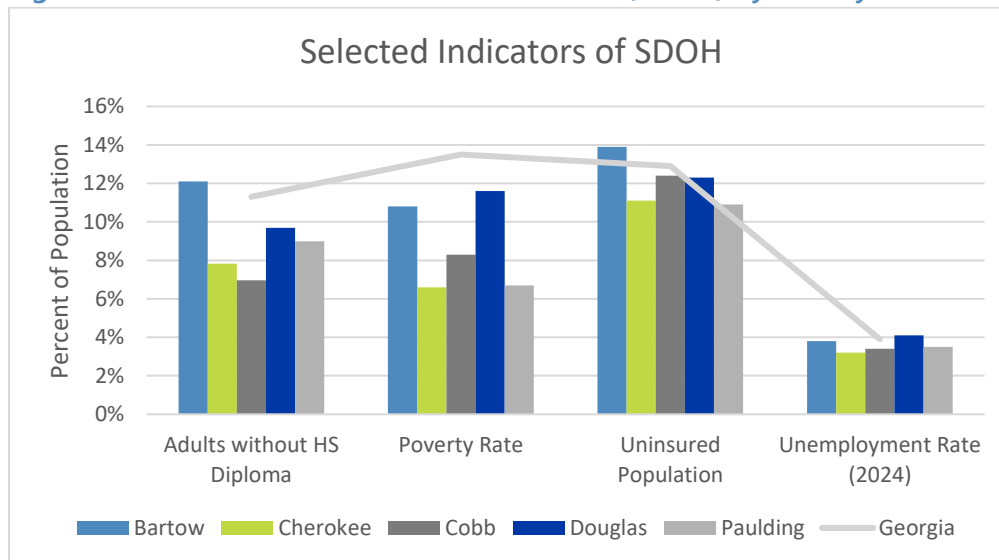
“The minimum wage sure hasn’t changed but the cost of EVERYTHING has...people have to choose eating or health!!!”

- Wellstar Cobb Focus Group Participant Chat Post

Education, Poverty, and Unemployment & Insurance Coverage

Compared to Georgia, the service area for the 3 Hospitals 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% (Figure 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: Select Social Determinants of Health (SDOH) by County ^{1,2}



Adults without a High School Diploma- includes population aged 25+

Poverty Rate-Percent of all people below 100% of the Federal Poverty Level

Sources:

¹US Census Bureau, American Community Survey. 2018-2022

²US Department of Labor, Bureau of Labor Statistics. 2024 - August.

Figure 5: Population with No High School Diploma (Aged 25 and older) by Census Tract and County (2018-2022)

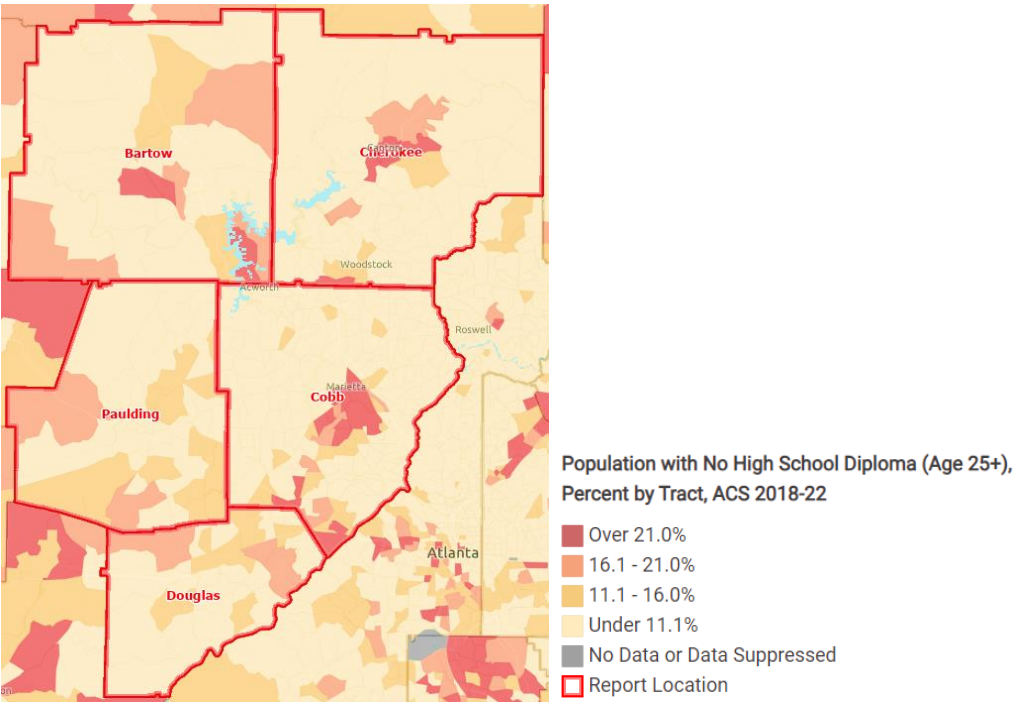


Figure 6: Population Below 100% Federal Poverty Level by Census Tract and County (2018-2022)

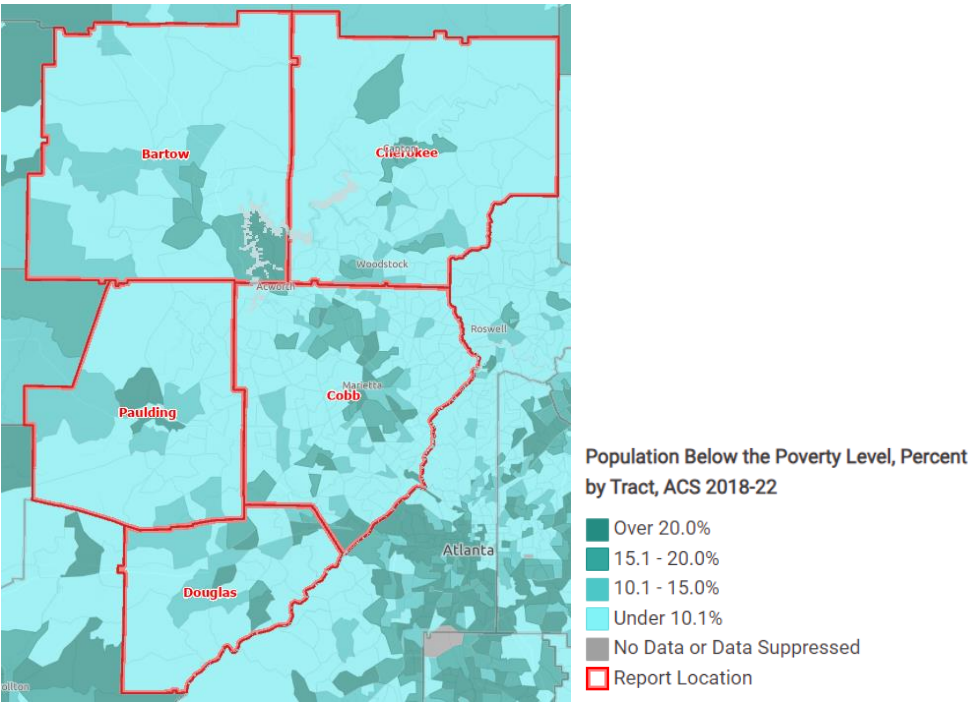
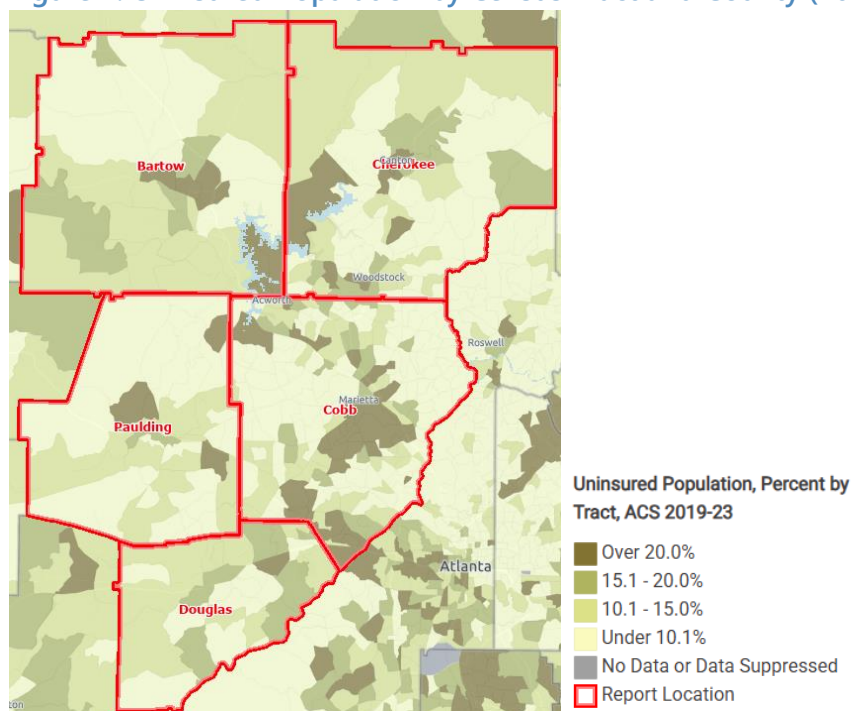


Figure 7: Uninsured Population by Census Tract and County (2019-2023)



Source: US Census Bureau, American Community Survey. 2018-2022 and 2019-2023

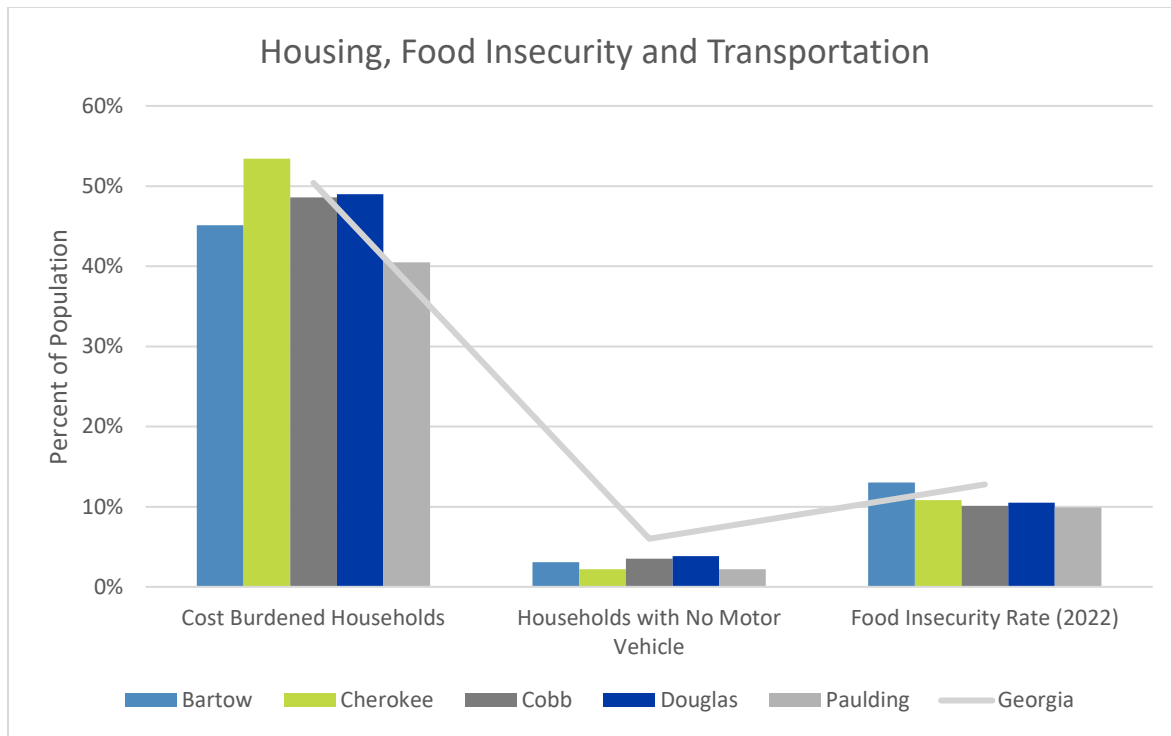
Rates of education, poverty, and uninsured, varied by county throughout the service area. While there are distinctions in areas of need, there is a lot of overlap in pockets of each county where census tracts have the highest rates of all three social determinants of health compared to the rest of the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

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.¹ 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: Selected Indicators of Social Determinants of Health (SDOH) by County for Affordable Housing¹, Transportation¹ and Food Insecurity²

¹ US Census Bureau. (2018-2022). American Community Survey.



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

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

Sources: ¹US Census Bureau, American Community Survey. 2018-2022

²Feeding America, 2022. Retrieved from <http://map.feedingamerica.org>

Overall, the service area for 3 Hospitals had fewer households with no motor vehicle compared to

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

-Wellstar Cobb Focus Group Participant Chat Post

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).

Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.² 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

² Feeding America. (2022.) [Map the Meal Gap](#).

substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.³ Figure 11 shows there are census tracts throughout the service area that were denoted as food deserts during the period from 2015-2019.

Figure 9: Percent of Cost Burdened Households by Census Tract and County (2018-2022)¹

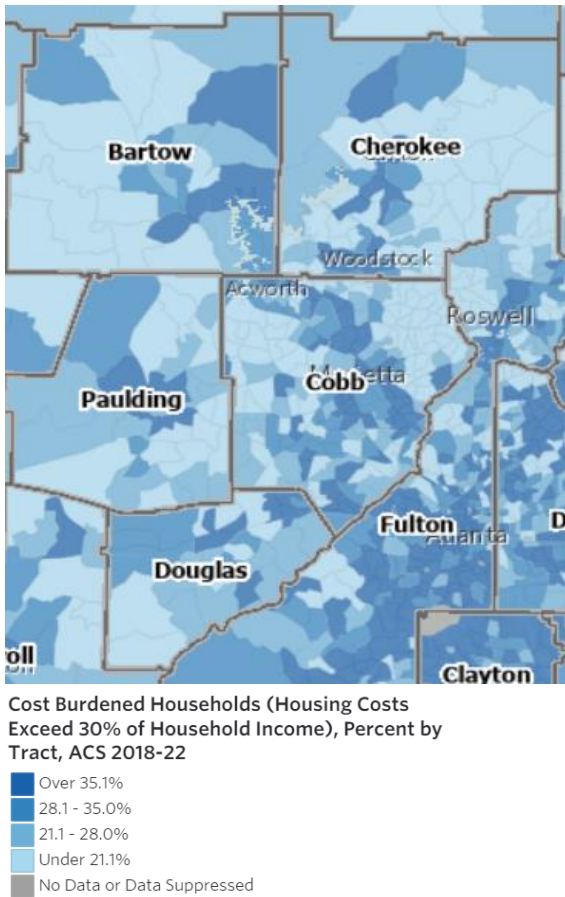
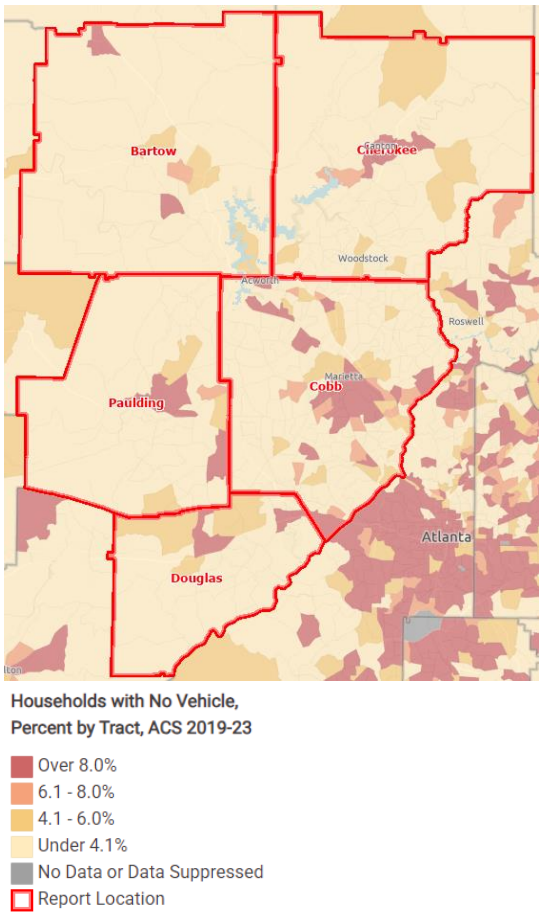
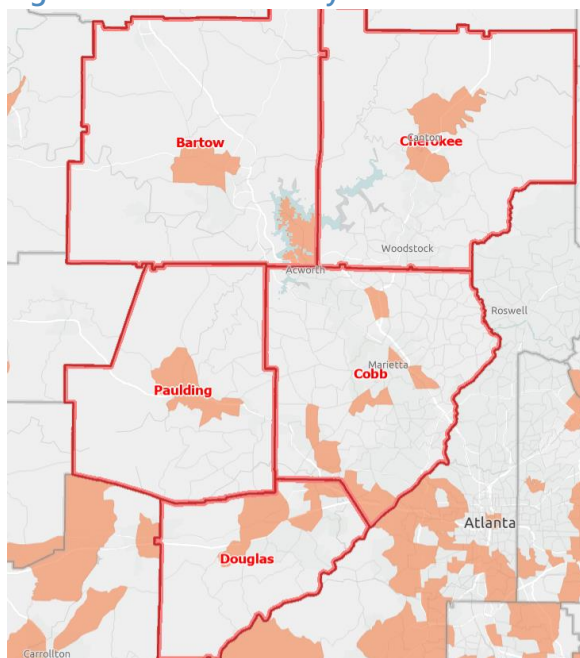


Figure 10: Households with No Vehicle, Percent by Census Tract and County (2019-2023)¹



³ Ver Ploeg, M., Nulph, D., Williams, R. (2011). [Mapping Food Deserts in the United States](#). USDA, Economic Research Service.

Figure 11: Food Desert by Census Tracts and County 1Mi./10Mi. (2015-2019)²



Food Desert Census Tracts, 1 Mi. / 10 Mi. by
Tract, USDA - FARA 2019

- Food Desert
- Not a Food Desert
- No Data
- Report Location

Source: ¹U.S. Census Bureau, American Community Survey, 2018-2022 and 2019-2023

²U.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: Age-Adjusted Death Rate by County Compared to State Benchmarks (2019-2023)

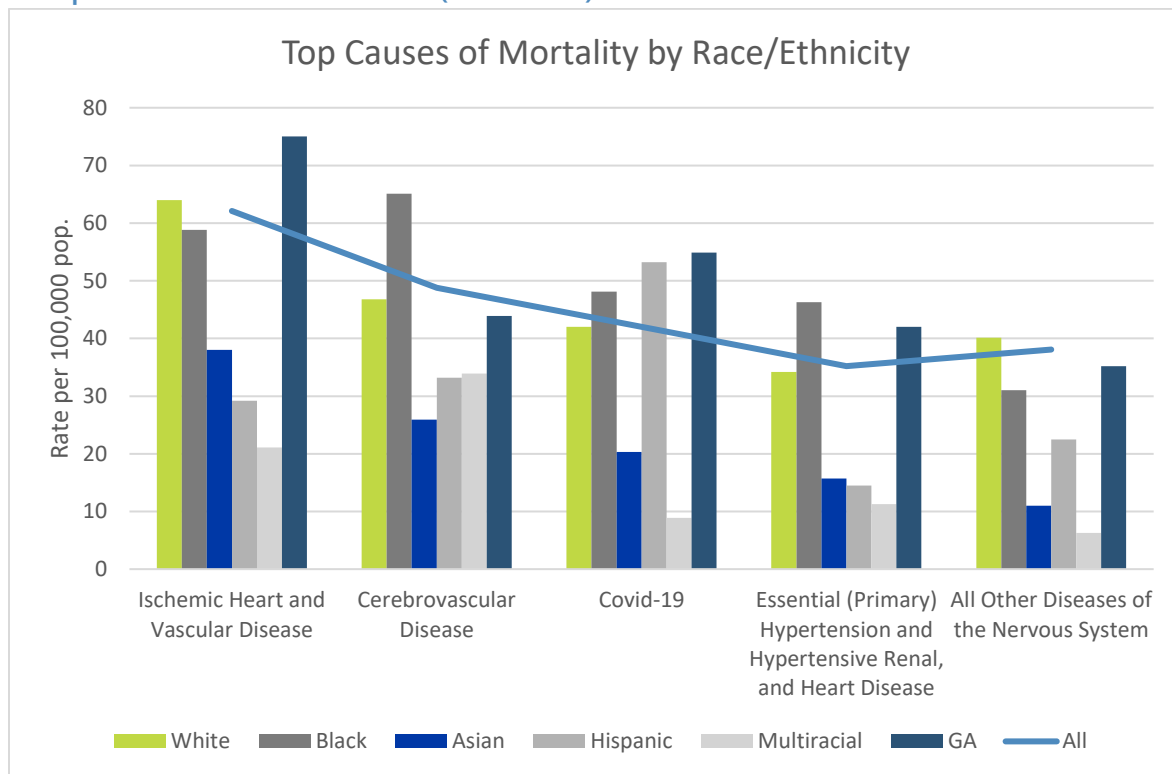
Ranking	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease- 77.5	Ischemic Heart and Vascular Disease- 57.3	Ischemic Heart and Vascular Disease- 59.4	Cerebrovascular Disease- 65.3	Ischemic Heart and Vascular Disease- 79.0	Ischemic Heart and Vascular Disease- 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: Service Area Top Causes of Death: Age-Adjusted Death Rate by Race and Ethnicity Compared to State Benchmarks (2019-2023)



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

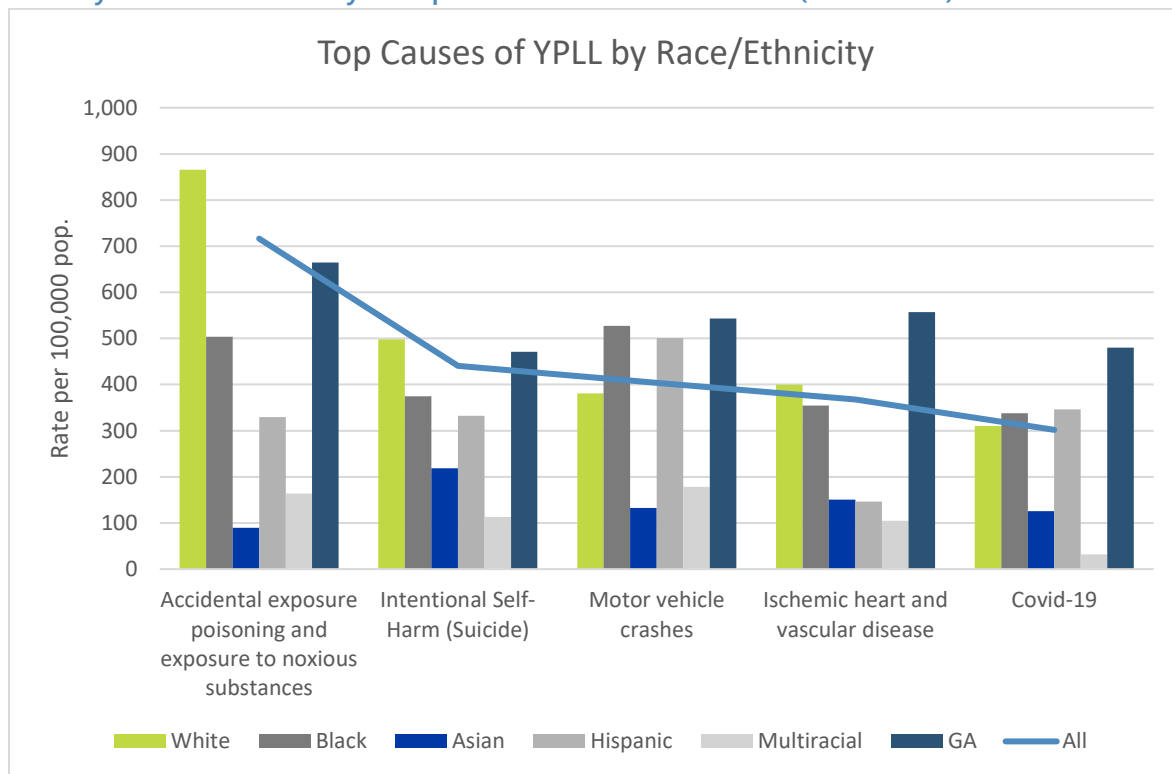
vehicle crashes, ischemic heart and vascular disease, and COVID-19 compared to the state, despite being the third, fourth and fifth leading causes of YPLL. However, specific counties were affected by these causes more severely, with Bartow County having higher rates of YPLL from ischemic heart disease, 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): Age-Adjusted YPLL Rate by County Compared to State Benchmarks (2019-2023)

Ranking	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
<p>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</p>							

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: Service Area Top Causes of Years of Potential Life Lost* (YPLL): Age-Adjusted YPLL Rate by Race and Ethnicity Compared to State Benchmarks (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 Emergency Department Visits

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

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

Three of the top causes of emergency department 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: Age-Adjusted Emergency Room Visit Rate by County Compared to State Benchmarks (2019-2023)

Ranking	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 Bartow and Douglas County's rates 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: Age-Adjusted Hospital Discharge Rate by County Compared to State Benchmarks (2019-2023)

Ranking	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

2025 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 by County Compared to State Benchmarks

	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage (2024)	36.1%	0.0%	0.0%	0.0%	0.0%	2.7%	26.0%
Percentage of Health Professional Shortage Population Underserved (2024)	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 (2024)	36.1%	0.0%	0.0%	19.4%	0.0%	4.7%	18.5%
Sources: US 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 Cobb and Paulding counties' rates fell below the state average. All counties except Cobb County had lower rates of buprenorphine providers, dentists, mental health providers, and primary care providers compared to state averages. All counties 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 and County Compared to State Benchmarks

	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.							

	Bartow	Cherokee	Cobb	Douglas	Paulding	Service Area	Georgia
²	US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2023.						
³	US 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: Rates of All Drug Overdoses by County and Year (2013-2023)

Year	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

Year	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia
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

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

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 ER 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 ER visits at under 100 per 100,000.

Figure 14: Chronic Disease Emergency Room Visit Rate by County

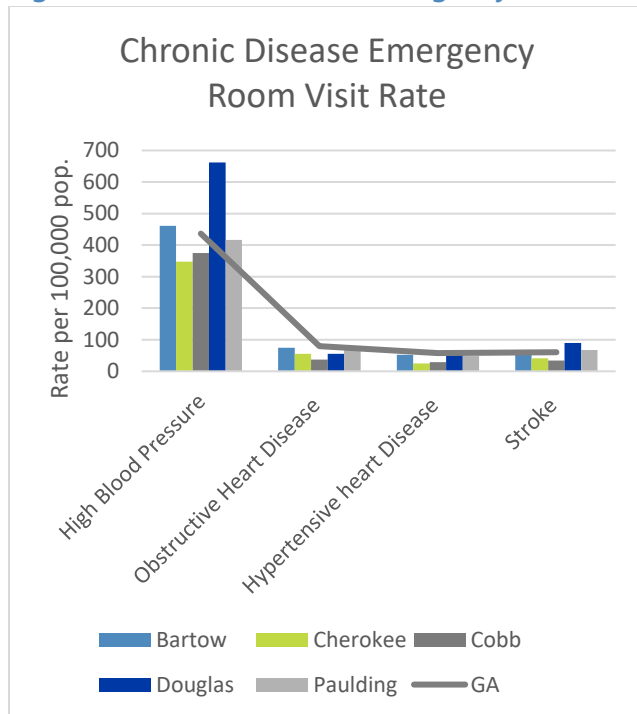
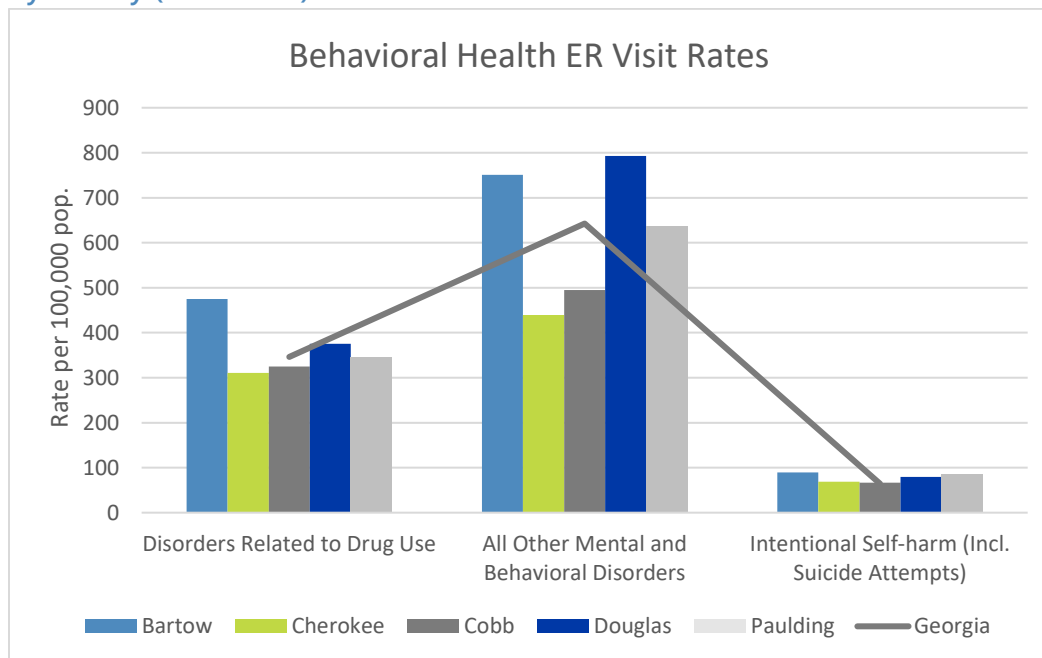


Figure 15. Age-Adjusted Emergency Room Visit Rate for Disorders related to Behavioral Health by County (2019-2023)



Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

Healthy Living - Nutrition, Physical Activity, Diabetes, Heart Disease, Chronic Disease

Focus group and community summit participants in the 3 Hospitals Service Area (Cobb, Kennestone, and Windy Hill) 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 16) and action on blood pressure monitoring and treatment, particularly in Douglas and Bartow Counties (Figure 17), may reduce ER 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 18 and 19) indicate that implementation of

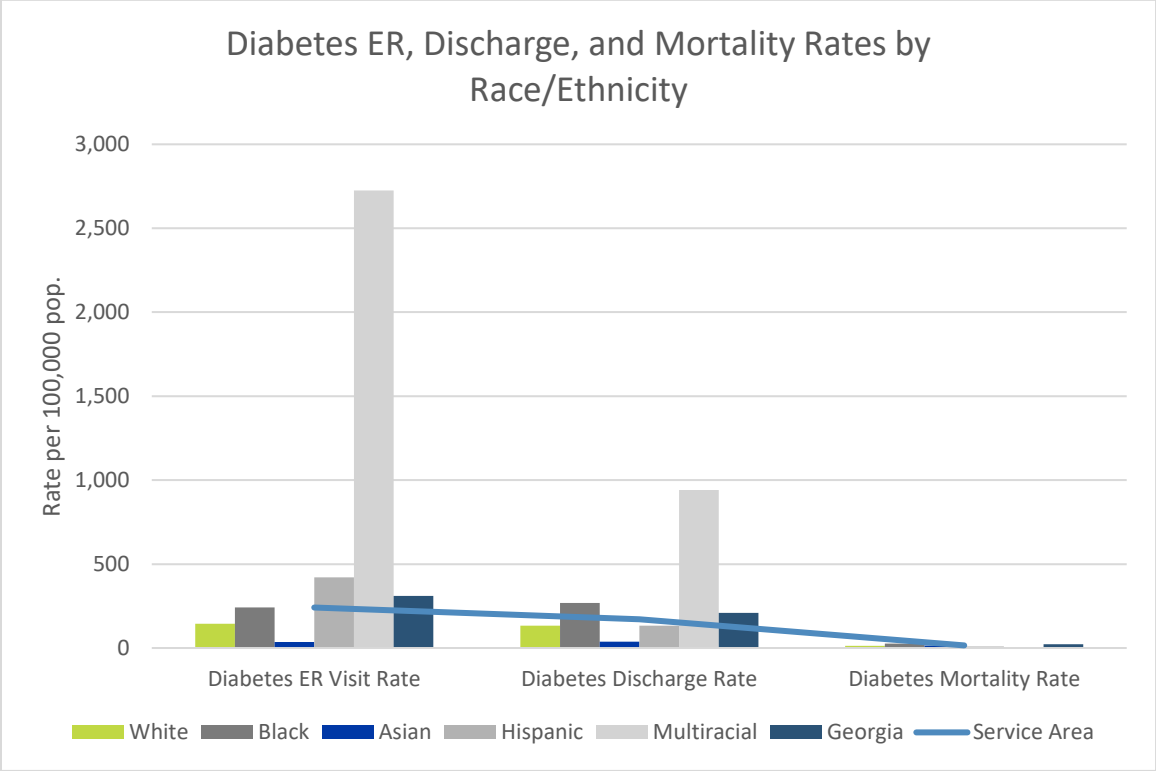
evidence-based initiatives and post-cardiovascular event follow-up or programming may impact chronic disease hospital discharge and mortality rates.

Diabetes and Obesity

Table 11: Select Indicators for Obesity and Diabetes by County (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 Discharge Rate² *	256.5	116.7	159.7	230.4	211.3	171.5	209.1
Diabetes Mortality Rate²*	20.7	9.7	17.9	15.9	12.4	15.7	22.4
Diabetes ER Visit Rate²*	343.7	142.8	220.2	447.2	263.1	241.3	309.9
<p>*Age-adjusted rates per 100,000 population</p> <p>Sources:</p> <p>¹ Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. [accessed Sep 24, 2024]. URL: https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html.</p> <p>² Georgia Department of Public Health Online Analytical Statistical Information System</p> <p>ND: No Data – Data are not available for this population, or suppressed data</p>							

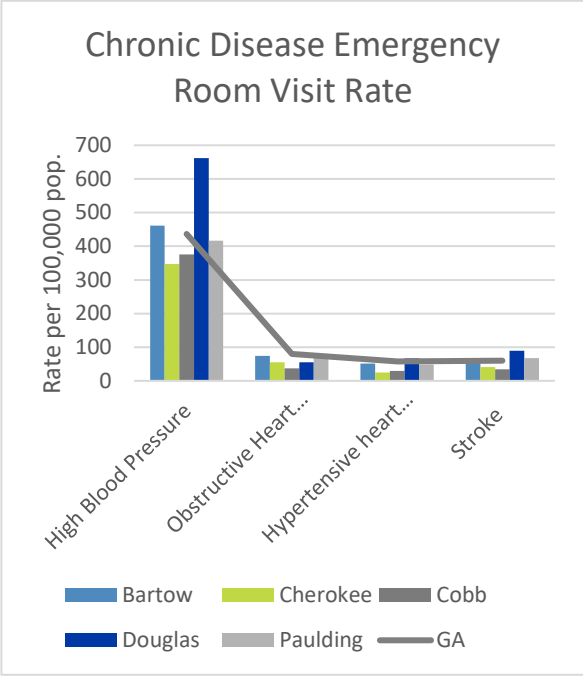
Figure 16. Age-Adjusted Emergency Room Visit Rate, Hospital Discharge Rate, and Mortality Rate for Diabetes by Race and Ethnicity Compared to State Benchmarks (2019-2023)



Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

Chronic Disease

**Figure 17. Age-Adjusted Chronic Disease
Emergency Room Visit Rate Compared to State
Benchmarks (2019-2023)**



**Figure 18. Age-Adjusted Chronic Disease
Hospital Discharge Rate Compared to State
Benchmarks (2019-2023)**

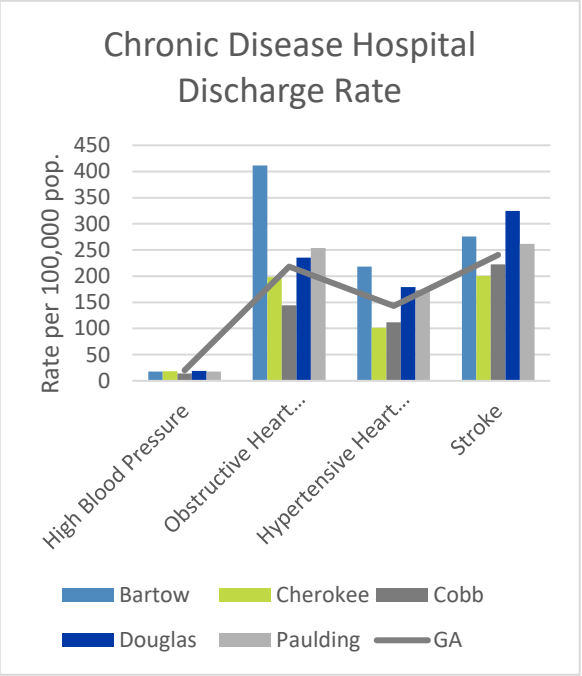
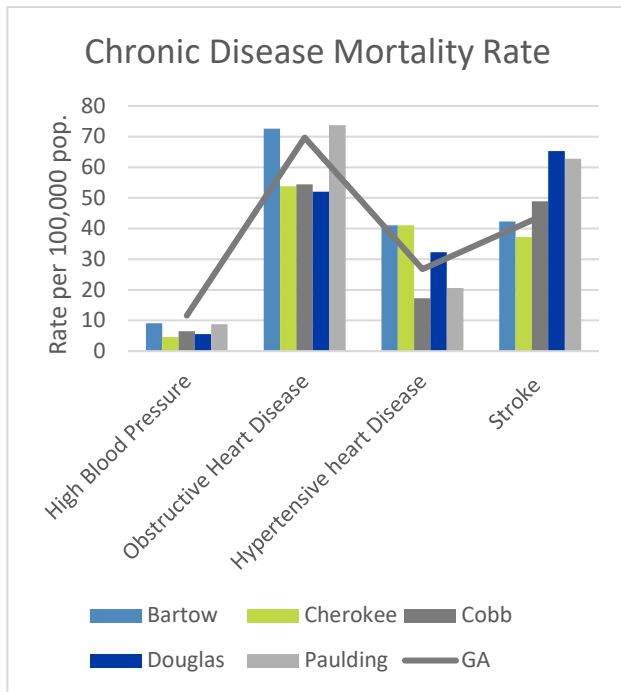


Figure 19. Age-Adjusted Chronic Disease Mortality Rate Compared to State Benchmarks (2019-2023)



Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

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 12). 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 12: Select Indicators for Pregnancy and Birth by County (2019-2023)

	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 Birth Weight 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						
*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: oasis.state.ga.us						

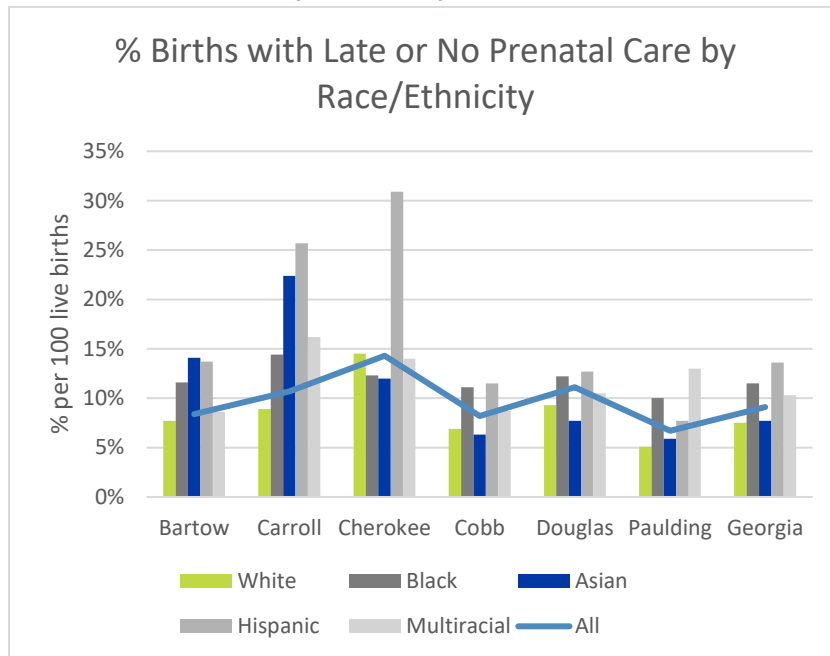
Variations in Population Rates

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.

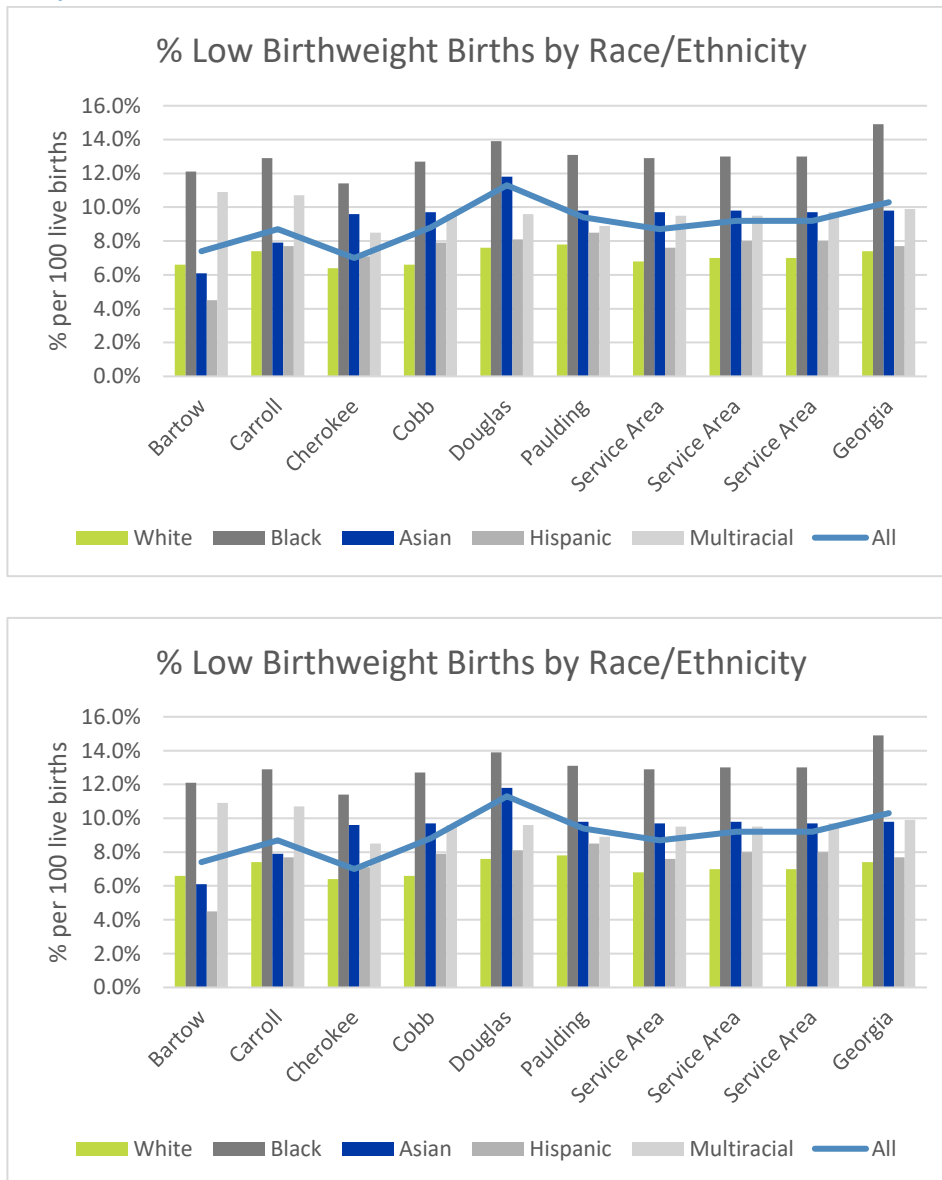
The most striking outcome was in Cherokee County, where over 30% of Hispanic women received late or no prenatal care between 2019-2023 (Figure 20).

Figure 20: Percentage of Births with Late or No Prenatal Care by Race and Ethnicity Compared to State Benchmarks (2019-2023)



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-birth-weight rates in the service area (Figure 21). 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 birth weight than White and Hispanic children.

Figure 21: Age-Adjusted Infant Mortality Rate and Percentage of Low Birthweight Births* (2019-2023)



Rates per 1,000 live births (Rates based on 1-4 events are not shown)

*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

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 13). 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 13: Top Causes of Death: Death Rate for Population Aged 65 and Over by County Compared to State Benchmarks (2019-2023)

Ranking	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 14). 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 14: Top Causes of Emergency Room Visits: Emergency Room Visit Rate for Population Aged 65 and Over by County Compared to State Benchmarks (2019-2023)

Ranking	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

APPENDIX

Appendix A: Demographic data

Table 15. Demographics for Population, Age, Race and Ethnicity by County (2018-2022)

	Bartow	Cherokee	Cobb	Douglas	Paulding	GA	US
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%
Data Source: US Census Bureau, American Community Survey. 2024 - August.							

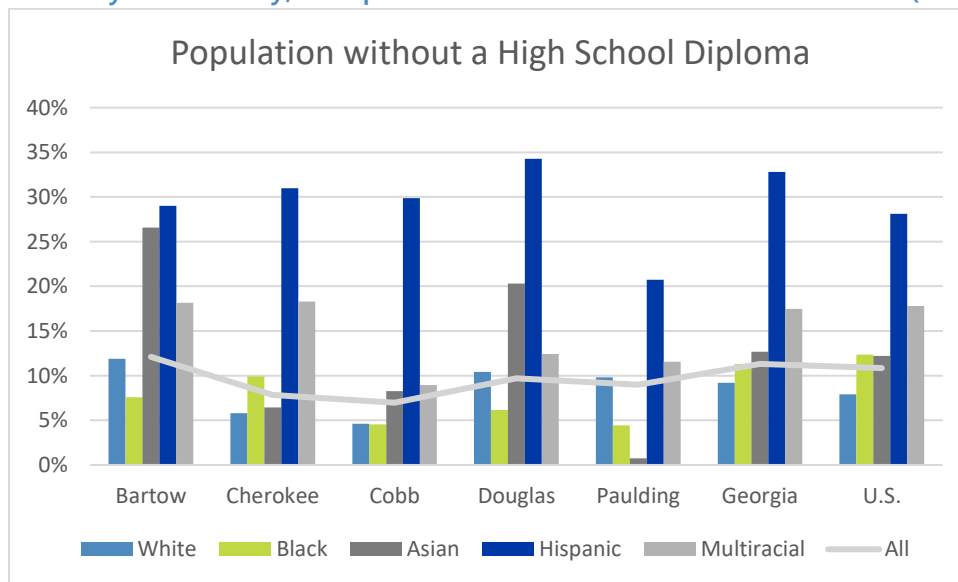
Appendix B: Social Determinants of Health (SDOHs)

Education

Table 16. Select Education Indicators by County (2018-2022)

	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 higher¹	28.9%	47.5%	57.1%	38.5%	35.3%	41.9%	43.1%
Bachelor's degree or higher¹	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%
Source: ¹ US Census Bureau, American Community Survey. 2018-2022							
² US Department of Education, EDData. Additional data analysis by CARES. 2020-21.							

Figure 22. Percentage of Population over age 25 Without a High School Diploma by Race, Ethnicity and County, Compared to State and National Benchmarks (2018-2022)



Data Source: US Census Bureau, American Community Survey. 2018-22.

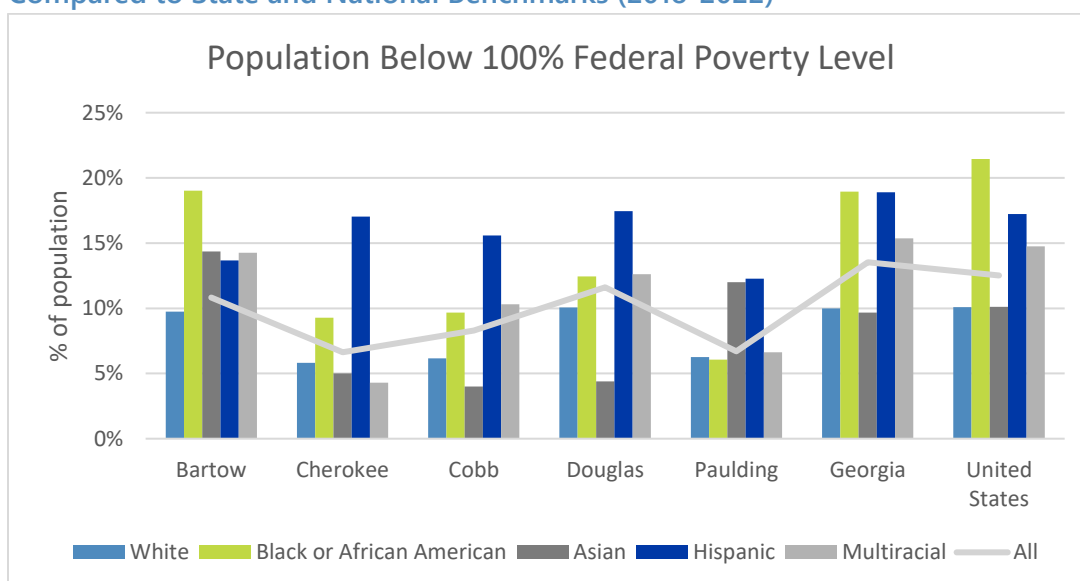
Socioeconomic status / Income

Table 17. Population Below 100% of the Federal Poverty Level by Family Status and County (2014-2022)

	Bartow		Cherokee		Cobb		Douglas		Paulding		Georgia		US	
	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22

	Bartow		Cherokee		Cobb		Douglas		Paulding		Georgia		US	
Total households	37,351	38,429	85,825	97,023	277,222	291,171	48,968	50,552	52,389	56,715	3,709,488	3,946,490	119,730,128	125,736,353
All people	13.2%	10.8%	8.1%	6.6%	10.0%	8.3%	13.1%	11.6%	9.4%	6.7%	16.0%	13.5%	14.1%	12.5%
All families	10.5%	8.3%	6.0%	5.3%	6.9%	5.4%	10.5%	8.8%	7.4%	5.1%	12.1%	10.0%	10.1%	8.8%
Married couple families	6.4%	4.9%	3.8%	3.1%	3.6%	2.9%	5.4%	4.3%	4.0%	3.5%	5.8%	4.8%	5.0%	4.5%
Single female head of household families	22.2%	21.0%	20.3%	14.9%	18.1%	13.4%	25.6%	18.0%	21.7%	13.9%	30.6%	25.2%	27.8%	24.1%
Source: Census Bureau, American Community Survey. 2018-22														

Figure 23. Population Below 100 Percent Federal Poverty Level by Race, Ethnicity, and County, Compared to State and National Benchmarks (2018-2022)



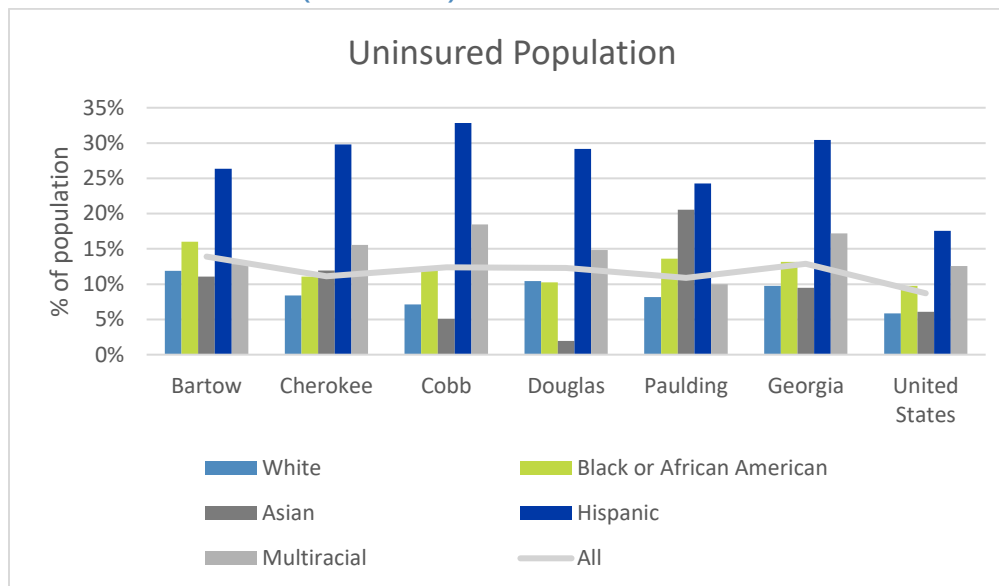
Data Source: US Census Bureau, American Community Survey. 2018-2022

Unemployment and Insurance

Table 18. Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022) by County

	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%
Data Sources: ¹ US Department of Labor, Bureau of Labor Statistics. 2024 - August.							
² US Census Bureau, American Community Survey. 2018-2022							

Figure 24. Uninsured Population by Race, Ethnicity, and County, Compared to State and National Benchmarks (2018-2022)



Data Source: US Census Bureau, American Community Survey. 2018-2022

Housing

Table 19. Selected Indicators of Affordable Housing by County Compared to State and National Benchmarks (2018-2022)

	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: Data Source: US Census Bureau, American Community Survey. 2018-22.

*US Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.

AMI- Area median household income

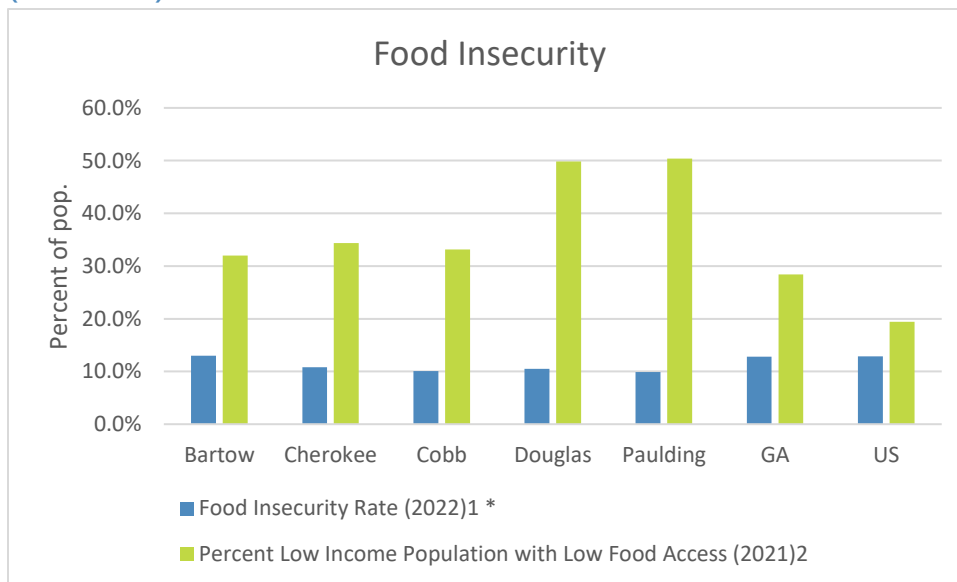
Transportation

Table 20. Selected Transportation Indicators by County (2018-2022)

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	US
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: Census Bureau, American Community Survey. 2018-22							

Food security

Figure 25. Indicators of Food Insecurity by County Compared to State and National Benchmarks (2021-2022)



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

Data Sources: ¹Feeding America, 2022. Retrieved from <http://map.feedingamerica.org>

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

