Wellstar MCG Health Medical Center
2025 Community Health Needs Assessment

Presented to Wellstar Health System

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EXECUTIVE SUMMARY

As a not-for-profit hospital, Wellstar's MCG Health Medical Center is required to conduct a Community Health Needs Assessment (CHNA) under the Internal Revenue Code (IRC) Section 501(r). The purpose of the CHNA is to gather new (primary) and interpret existing (secondary) data to identify health priorities that Wellstar can address over the next 3 years.

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

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 MCG Health Medical Center Service Area and Potential Next Steps

Health Priority	Findings	Potential Next Steps
Access	All counties had residents living in an area affected by a health professional shortage, and in Burke, Aiken (SC), and Edgefield (SC) counties this included almost 100% of residents. All counties except McDuffie County also had a percentage of residents living in a health professional shortage for dental care, and this included 100% of residents from Aiken (SC), and Edgefield (SC) counties.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	Between 2019 and 2023, most Georgia counties in the service area exceeded the behavioral health ER visit state rates for all other mental and behavioral disorders.	Commit resources to increase the availability of behavioral health services in the MCG service area (e.g., establish more local and affordable behavioral health services, establish effective

Health Priority	Findings	Potential Next Steps
		referral processes). Develop efforts to prevent poor mental health in the service area.
Healthy Living	Healthy food access and cost are a concern in this region. Food insecurity rates are highest in Richmond and Burke Counties, and about 80% of schools (43 of 54) in these counties have free and reduced lunch eligibility that exceeds 95%.	Fluctuations in finances and food access are very stressful. Achieving secure employment with a living wage and financial management and food prep skills could build capacity to shop on a limited budget and prepare healthier meals. These supports will contribute to improved food security and family stability.
Maternal and Child Health	Richmond County faced challenges compared to other counties in the service area Richmond County also had the highest pregnancy rate at 61.4 per 1,000 females, well above the state rate of 48.2. However, while Richmond had the highest pregnancy rate, it also had the lowest birth rate among the counties (34.9). These data may suggest a high rate of unintended pregnancy and/or a high rate of pregnancy terminations.	Factor in residence when assessing maternal risk and provide targeted interventions to those living in areas with poorer outcomes.
Healthy Aging	With the exception of Columbia County, counties in the service area experienced higher mortality rates among adults 65 and older than the state.	Partner with community-based groups and organizations working with aging adults to ensure health issues among older residents are identified early.

SERVICE AREA

Wellstar MCG Health Medical Center offers the most advanced comprehensive care to the people of Augusta and the surrounding areas. Our highly trained physicians, nurses and staff provide patient-centered, collaborative care from diagnosis through recovery. At our 520-bed tertiary hospital, we provide cutting-edge technology and extensive expertise to create a healthcare experience that delivers high-quality care for your medical, surgical, rehabilitative or emergency needs. Wellstar MCG Health has a Kidney and Pancreas Transplant Program and is designated as a Level I Trauma Center and Advanced Comprehensive Stroke Center.

The MCG Health Medical Center service area includes Burke, Columbia, McDuffie, and Richmond counties in Georgia, and Aiken and Edgefield counties in South Carolina (state comparisons in this report will refer to Georgia for all demographics and health indicators) (Figure 1). The CHNA includes all residents living in the

service area regardless of whether they use Wellstar's services. This service area includes 71 zip codes across the six counties (Table 2).

Figure 1. Map of Wellstar MCG Health Medical Center service area by county

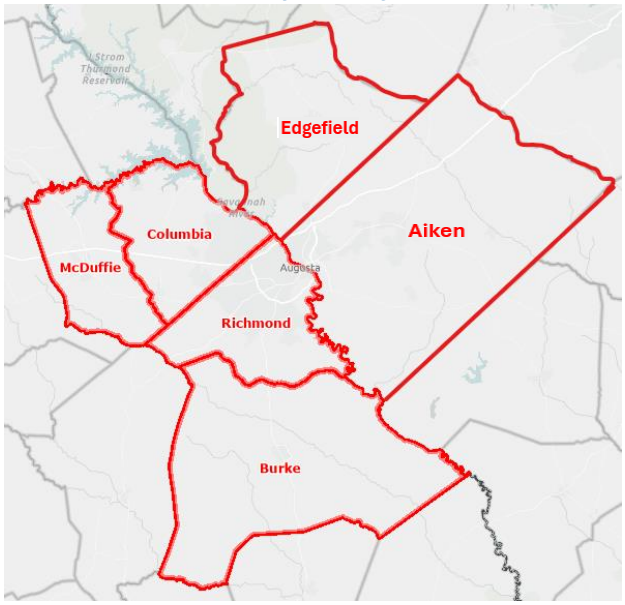


Table 2. Zip Codes by County

County	Zip Codes
Burke County, GA	30426, 30441, 30456, 30805, 30811, 30815, 30816, 30830
Columbia County, GA	30802, 30809, 30813, 30814, 30907, 30917
McDuffie County, GA	30806, 30808, 30824
Richmond County, GA	30805, 30812, 30815, 30901, 30903, 30904, 30905, 30906, 30907, 30909, 30912, 30914, 30916, 30917, 30919
Aiken County, SC	29006, 29022, 29033, 29038, 29039, 29042, 29047, 29070, 29075, 29105, 29107, 29129, 29137, 29146, 29164, 29801, 29802, 29803, 29804, 29805, 29808, 29809, 29816, 29822, 29828, 29829, 29831, 29834, 29839, 29841, 29842, 29847, 29851, 29853, 29856, 29861
Edgefield County, SC	29129, 29138, 29821, 29824, 29832, 29835, 29838, 29847, 29860

Source: Georgia Department of Community Health, https://www.georgiahealthdata.info/Georgia_Zip_Code_County_Lookup.PDF

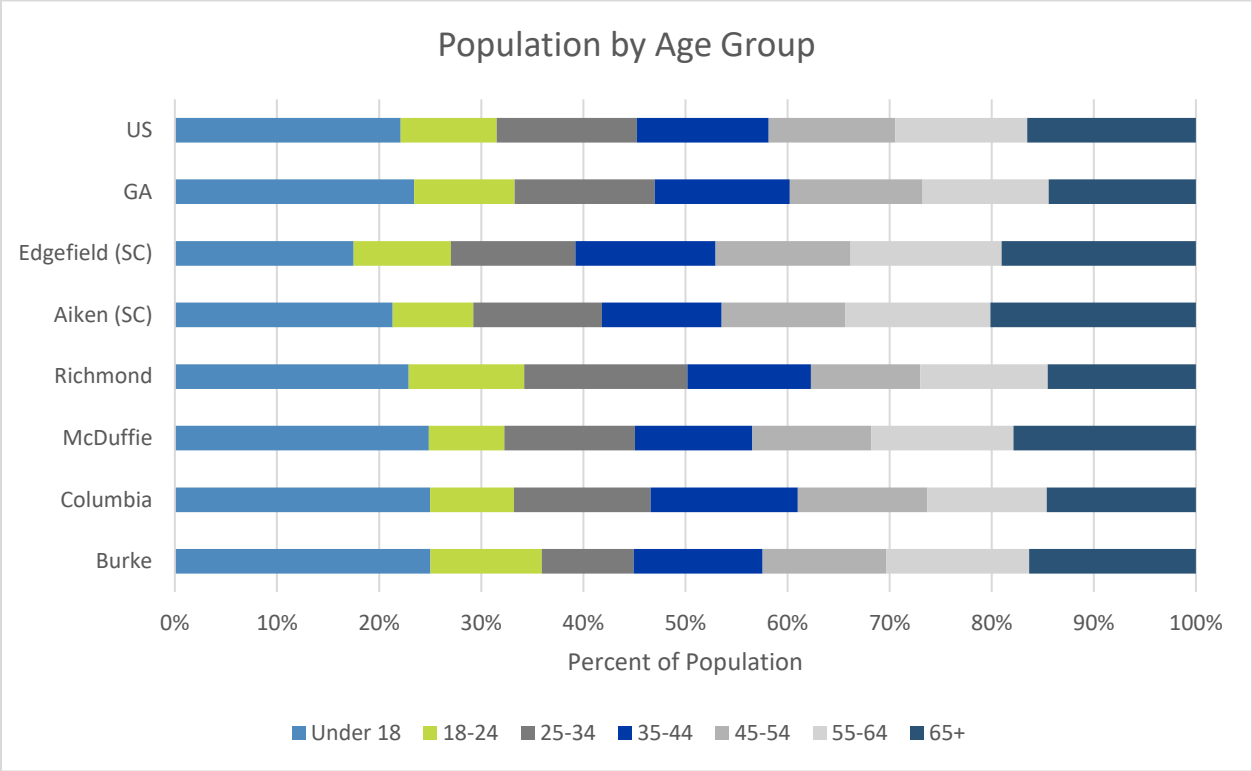
Demographics

Population and Age

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

Figure 2). The age distributions in all counties except Richmond also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over. This is indicative of an adult population facing the dual responsibilities of caring for both children and aging adults at the same time.

Figure 2. Percentage of Population by Age Groups and County (2018-2022)

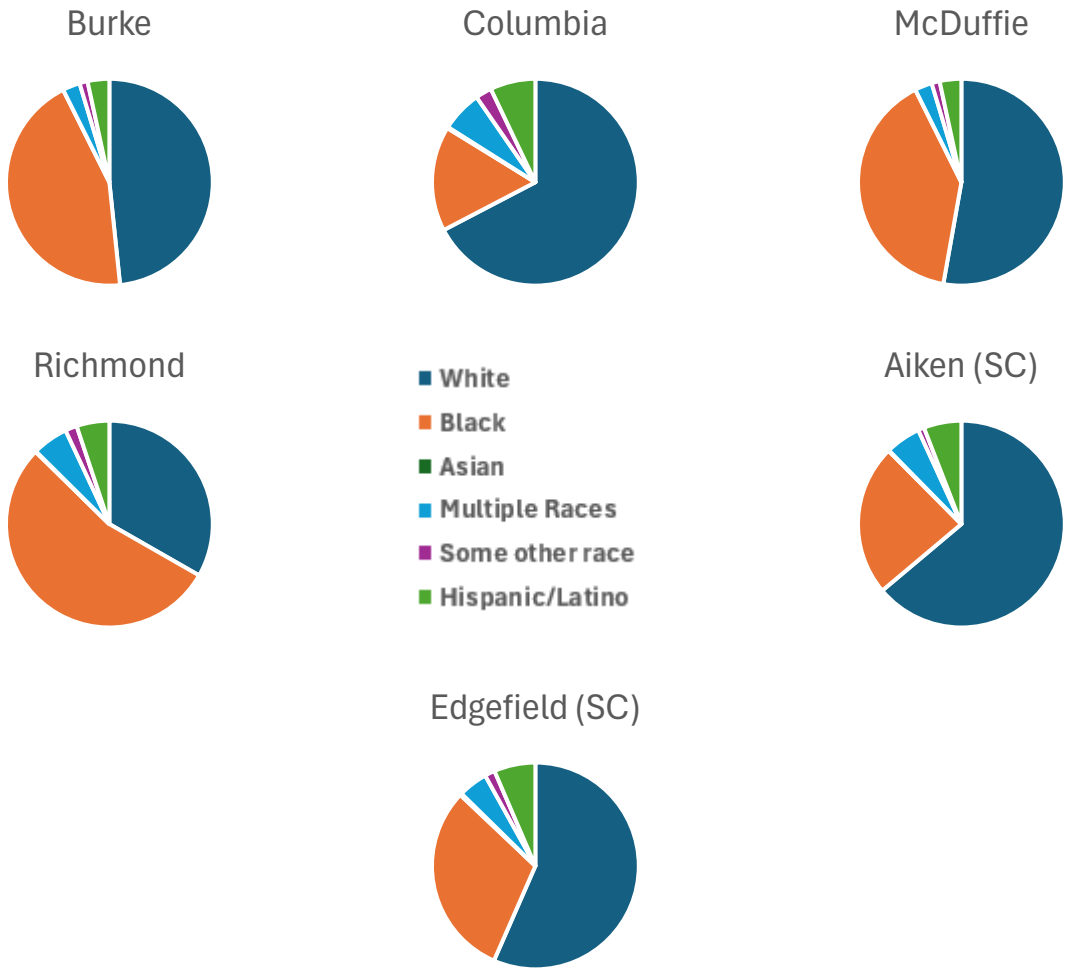


Source: US Census Bureau, American Community Survey. 2024 - August.

Race and Ethnicity

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

Figure 3. 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."[1] The Vulnerability Index uses 16 U.S.

[1] CDC. (2024). SVI Interactive Map.

Census variables from the 5-year American Community Survey (ACS). The variables are grouped into four themes that cover four major areas of social vulnerability including socioeconomic status household characteristic, racial and ethnic minority status and housing type and transportation. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Table 3 includes the vulnerability index for all the counties in the MCG service area.

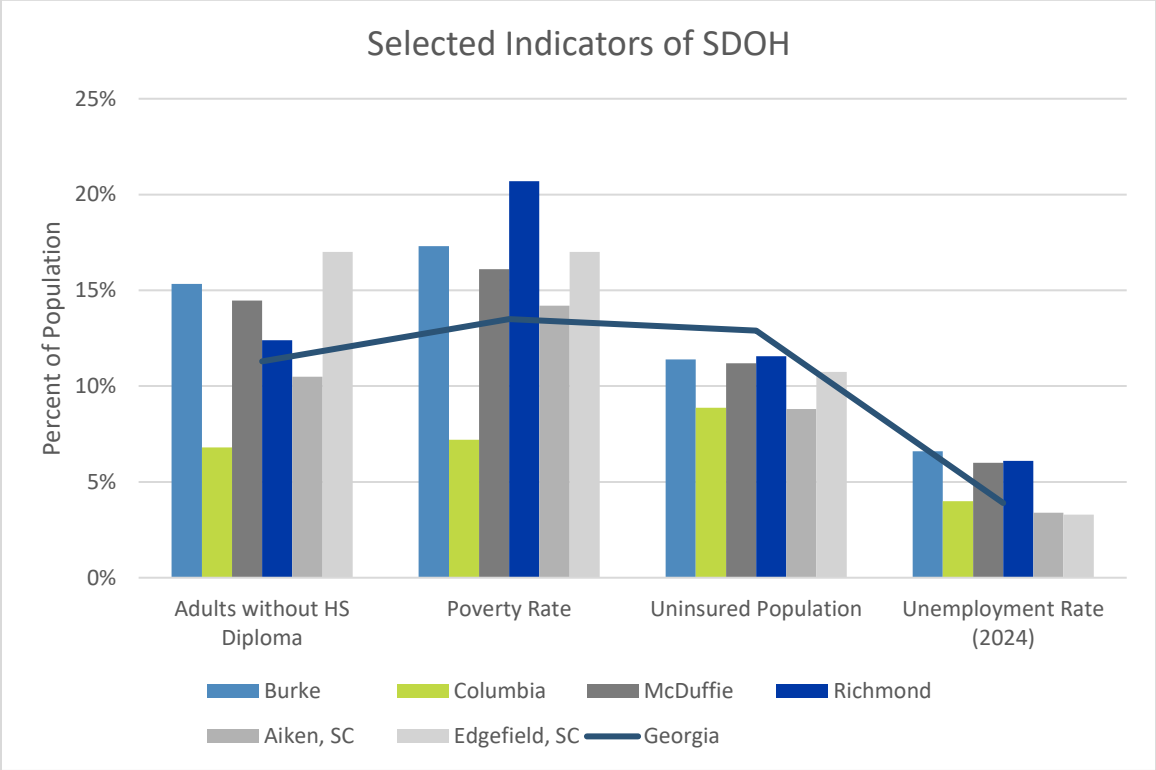
Table 3: Vulnerability Index by County

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

Education, Poverty, and Unemployment & Insurance Coverage

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

Figure 4. Selected Indicators of Social Determinants of Health (SDOH) by County for Education, Poverty, and Uninsured for 2018-2022[1], and Unemployment for 2024[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:

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

[2]US 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)

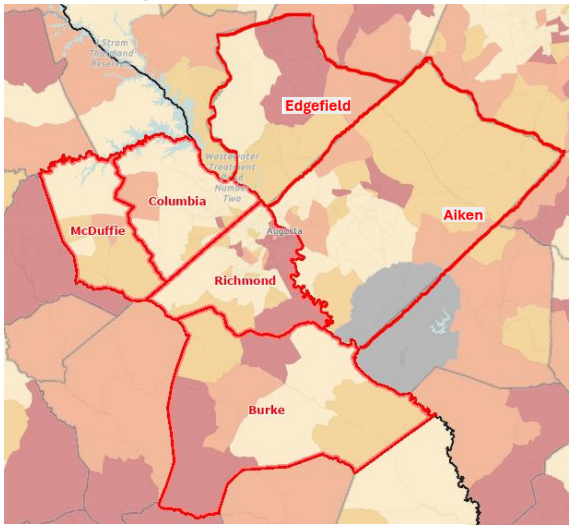


Figure 6. Population Below 100% Federal Poverty Level by Census Tract and County (2018-2022)

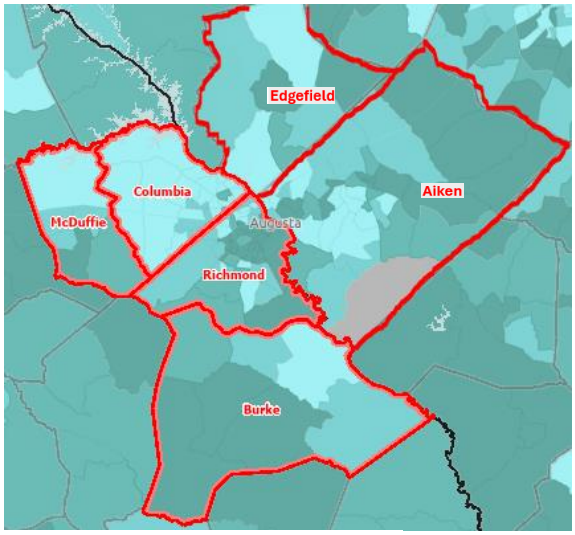
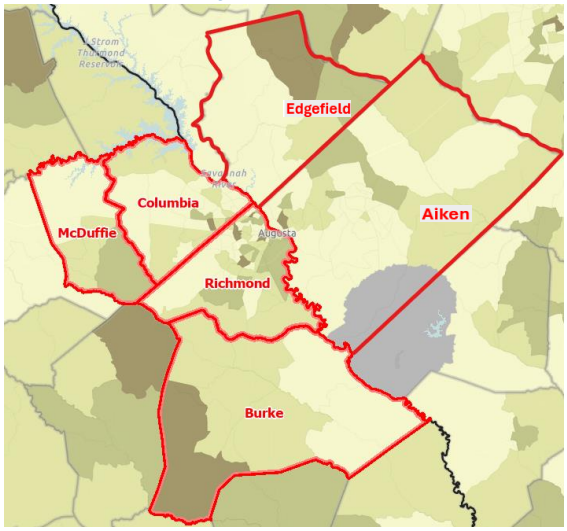


Figure 7. Uninsured Population by Census Tract and County (2019-2023)



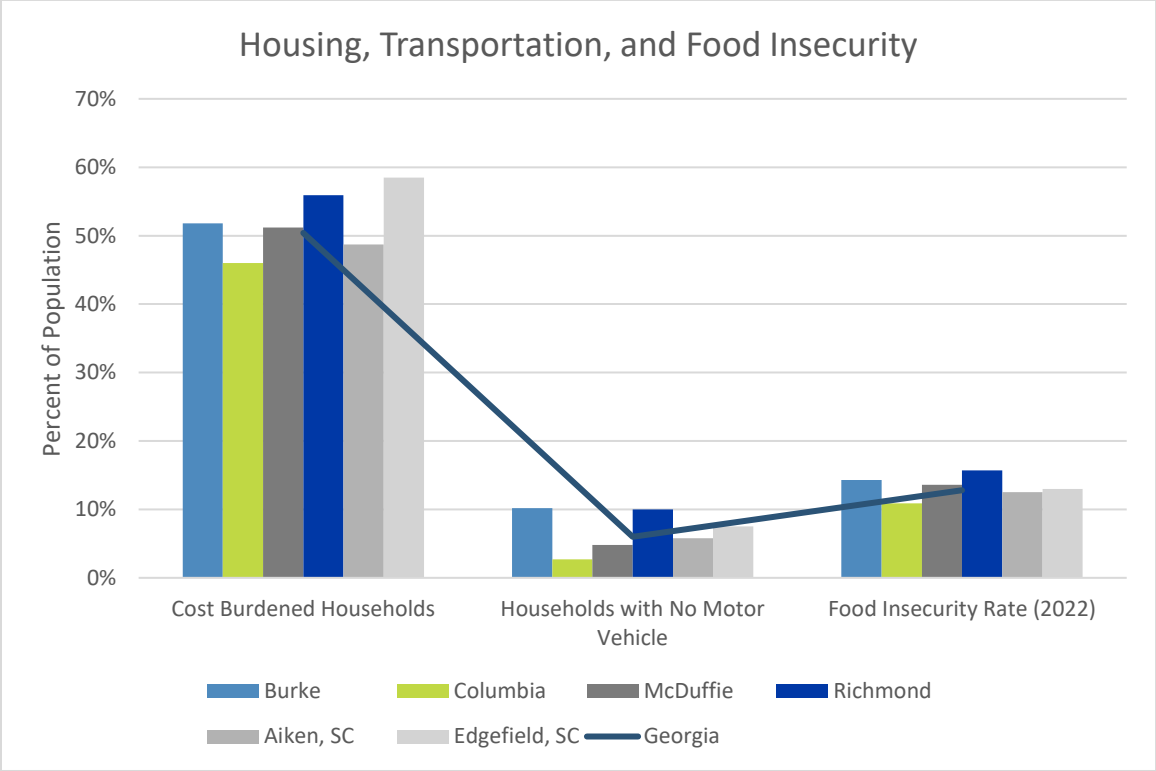
Source: US Census Bureau, American Community Survey. 2018-2022 and 2019-2023

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

Housing, Transportation, and Food Insecurity

Cost burdened households are those paying more than 30% of their monthly income on housing costs, including rent, mortgage, and utilities.[2] From 2018-2022, around 50% of renters and 19-31.5% of homeowners in the Wellstar MCG Health Medical Center service area spent more than a third of their income on housing (Figure 8 and 9).

Figure 8. Selected Indicators of Social Determinants of Health (SDOH) by County for Affordable Housing[1] and Transportation[1] for 2018-2022, and Food Insecurity[2] for 2022



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: [1]US Census Bureau, American Community Survey. 2018-2022
[2]Feeding America, 2022. Retrieved from http://map.feedingamerica.org

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

Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.[3] The service area had similar rates of food insecurity compared to state (12.8%), although Burke and Richmond counties had higher rates at 14.3% and 15.7% respectively. Another

[2] US Census Bureau. (2018-2022). American Community Survey.
[3] Feeding America. (2022.) Map the Meal Gap.

metric to understand food security in a geographic area is a food desert, which is defined by the USDA as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.[4]

Figure 11 shows Burke, Richmond, and Aiken counties all had census tracts that were denoted as food deserts during the period from 2015-2019.

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

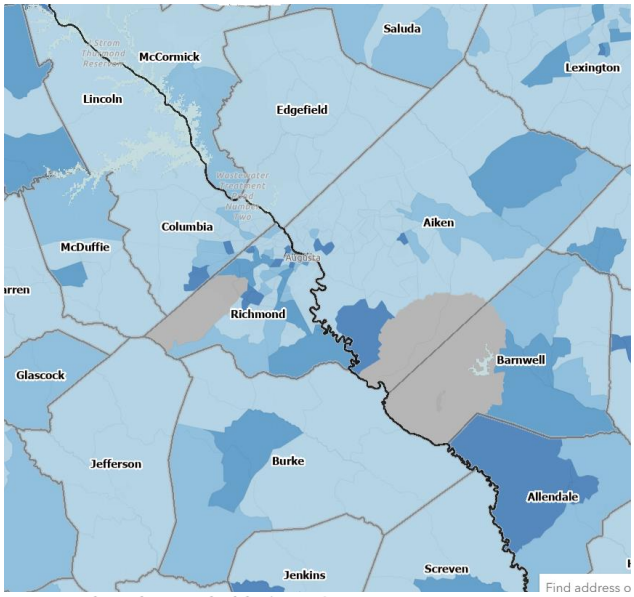
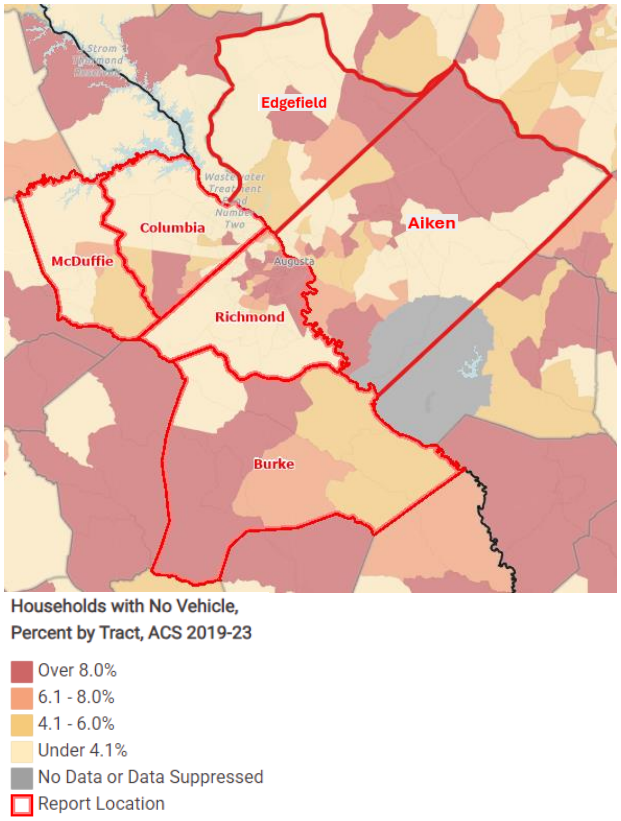
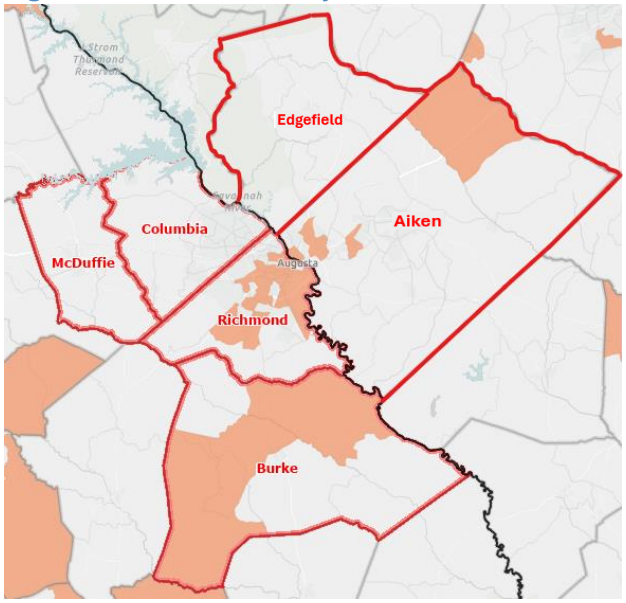


Figure 10. Households with No Vehicle, Percent by Census Tract and County (2019-2023)[1]



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

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



Source: [1]U.S. Census Bureau, American Community Survey, 2018-2022 and 2019-2023
[2]U.S. Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2015-2019

MORTALITY AND MORBIDITY

Top Causes of Death

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

1. Ischemic heart and vascular disease
2. Essential (Primary) hypertension and hypertensive renal, and heart disease
3. COVID-19
4. Alzheimer's disease

5. Cerebrovascular disease (Table 4)

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

- Diseases of the Heart
- Cancers (Malignant Neoplasms)
- Accidents
- COVID-19
- Chronic lower respiratory disease (Table 5)

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

COVID-19 was also a top cause across counties in both states, and all counties except for Columbia County in Georgia had higher death rates from this cause compared to their respective states. Given that there were no documented deaths from COVID-19 in 2019, and death rates have dropped off since the height of the pandemic in 2021, this highlights COVID-19's sudden and severe impact on the community during this five-year span. Essential hypertension and hypertensive renal and heart disease was a common top cause of death across the Georgia counties, and was of particular concern in Richmond County, who's death rate was nearly double the state rate. The Georgia and South Carolina counties had some major differences in their top causes of death, such as cancer and accidents in the South Carolina counties, however, because reporting systems in the two states used different definitions of health outcomes, death rates should not be directly compared between states.

Table 4. Top Causes of Death (Georgia Counties): Age-Adjusted Death Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Georgia
#1	Ischemic Heart and Vascular Disease- 96.2	Ischemic Heart and Vascular Disease- 54.2	Ischemic Heart and Vascular Disease- 100.2	Ischemic Heart and Vascular Disease- 91.3	Ischemic Heart and Vascular Disease- 77.7	Ischemic Heart and Vascular Disease- 75.0
#2	COVID-19- 77.1	Alzheimer's Disease- 58.8	All COPD Except Asthma- 66.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 82.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 60.1	COVID-19- 54.9
#3	Cerebrovascular Disease- 62.0	COVID-19- 44.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 65.1	COVID-19- 68.0	COVID-19- 58.8	Cerebrovascular Disease- 43.9

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Georgia
#4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 48.4	Cerebrovascular Disease- 34.9	COVID-19- 58.0	Alzheimer's Disease- 53.6	Alzheimer's Disease- 55.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 42.0
#5	Diabetes Mellitus- 43.7	Malignant Neoplasms of the Trachea, Bronchus and Lung- 31.3	Cerebrovascular Disease- 57.0	Cerebrovascular Disease- 48.9	Cerebrovascular Disease- 44.7	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
*service area average only includes Georgia counties

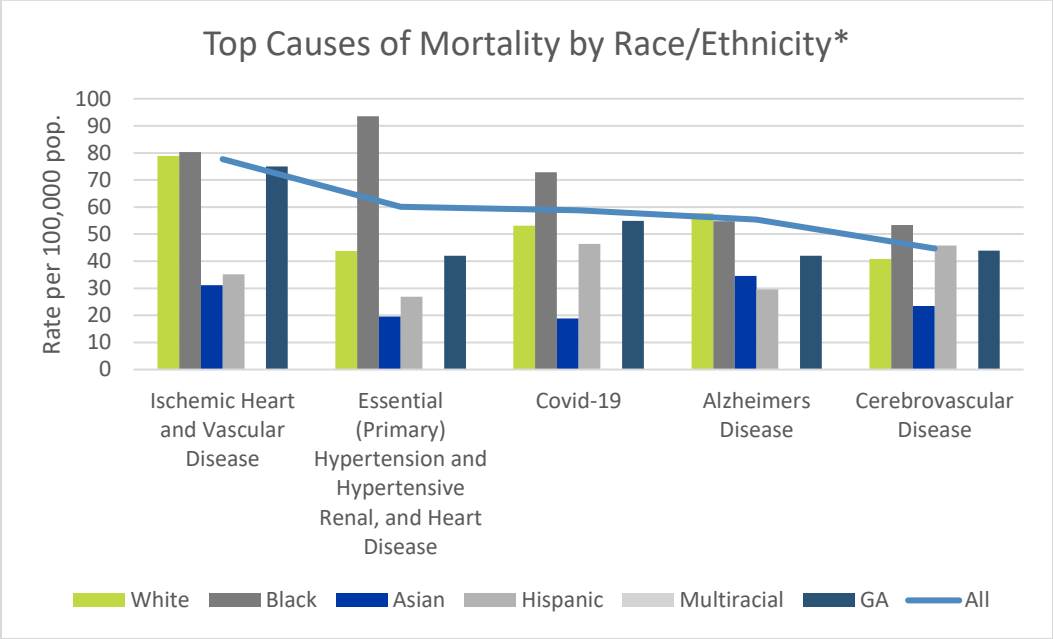
Table 5. Top Causes of Death (South Carolina Counties): Age-Adjusted Death Rate by County (2018-2022)

Ranking	Aiken	Edgefield	South Carolina
#1	Diseases of Heart- 265.6	Diseases of Heart- 252.8	Diseases of Heart- 218.2
#2	Cancer (Malignant Neoplasms)- 219.8	Cancer (Malignant Neoplasms)- 196.3	Cancer (Malignant Neoplasms)- 205.4
#3	Accidents- 82.6	COVID-19 Pandemic- 75.1	Accidents- 78.4
#4	COVID-19 Pandemic- 77.3	Chronic Lower Respiratory Disease- 69.1	COVID-19 Pandemic- 68.9
#5	Chronic Lower Respiratory Disease- 70.4	Accidents-64.7	Chronic Lower Respiratory Disease- 56.5

Rates per 100,000 population for Specific Cause of Death
Source: SCAN SC Department of Health and Environmental Control https://apps.dhec.sc.gov/Health/scan/scan/index.aspx

Compared to state rates, Black residents had higher mortality rates from essential (primary) hypertension and hypertensive renal, COVID-19, and cerebrovascular disease than other racial and ethnic groups in the service area (Figure 12). White residents had slightly higher mortality rates from Alzheimer's disease compared to the state.

Figure 12. 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
*Only includes Georgia counties

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

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

1. Accidental poisoning and exposure to noxious substances
2. Ischemic heart and vascular disease
3. Motor vehicle crashes
4. Intentional self-harm
5. Essential (primary) hypertension and hypertensive renal, and heart disease

Accidental exposure poisoning and exposure to noxious substances was the top cause of premature death in Columbia and Richmond counties, and Richmond County's YPLL rates were almost double those of the state (
Table 6). Motor vehicle crashes were the number one cause of premature death in Burke (1,208.8 YPLL) and McDuffie (953.6 YPLL), and both counties far exceeded the state's rate of 542.9 YPLL. The Georgia counties of the service area also had slightly higher YPLL rates for Ischemic heart and vascular disease and intentional self-harm (suicide) than the state. While COVID-19 was not a top cause of YPLL in the service area, it was the second leading cause of premature death in Burke County (904.4 YPLL) with rates much higher than the state's (479.8 YPLL) and was the fourth leading cause in Columbia County (350.8 YPLL). Other outliers in the top causes of premature death included Assault (homicide) as the fifth leading cause in Burke County, and Certain Conditions Originating in the Perinatal Period as the fifth leading cause in McDuffie County, suggesting unique causes of concern in those counties.

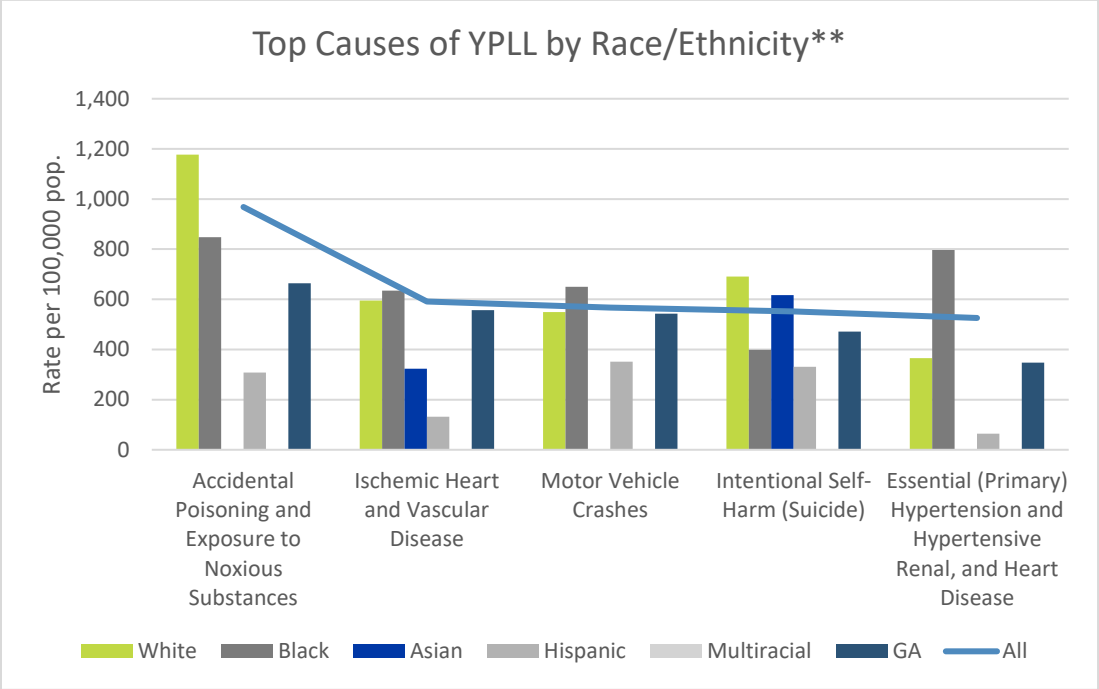
Table 6. Top Causes of Years of Potential Life Lost (YPLL): Age-Adjusted YPLL Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Aiken (SC)	Edgefield (SC)	Georgia
#1	Motor Vehicle Crashes- 1,208.0	Accidental Poisoning and Exposure to Noxious Substances- 743.7	Motor Vehicle Crashes- 953.6	Accidental Poisoning and Exposure to Noxious Substances- 1,204.7	Accidental Poisoning and Exposure to Noxious Substances- 968.2	ND	ND	Accidental Poisoning and Exposure to Noxious Substances- 664.4
#2	COVID-19- 904.4	Intentional Self-Harm (Suicide)- 504.5	Ischemic Heart and Vascular Disease- 785.8	Assault (Homicide)- 750.6	Ischemic Heart and Vascular Disease- 590.7	ND	ND	Ischemic heart and vascular disease- 556.9
#3	Ischemic Heart and Vascular Disease- 744.5	Ischemic Heart and Vascular Disease- 361.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 779.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 747.5	Motor Vehicle Crashes- 567.2	ND	ND	Motor vehicle crashes- 542.9
#4	Accidental Poisoning and Exposure to Noxious Substances- 650.1	COVID-19- 350.8	Accidental Poisoning and Exposure to Noxious Substances- 742.6	Ischemic Heart and Vascular Disease- 733.5	Intentional Self-Harm (Suicide)- 551.3	ND	ND	COVID-19- 479.8
#5	Assault (Homicide)- 617.1	Motor Vehicle Crashes- 345.0	Certain Conditions Originating in the Perinatal Period- 672.8	Motor Vehicle Crashes- 628.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 525.7	ND	ND	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
ND: No Data – Data are not available for this population, or suppressed data

When looking at racial and ethnic groups in the Georgia counties of the service area, White residents had higher rates of YPLL for accidental exposure poisoning and exposure to noxious substances, and for suicide compared to other groups and the state. Asian residents also had a higher rate of YPLL for suicide compared to the state (Figure 13). Black residents had the highest rates of YPLL from motor vehicle crashes and essential (primary) hypertension and hypertensive renal, and heart disease compared to other racial and ethnic groups in the service area and the state.

Figure 13. 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
**Only includes Georgia counties

Top Causes of Emergency Department Visits

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

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

Three of the top causes of emergency room use in the service area were all related to accidents (all other unintentional injury, falls, and motor vehicle crashes) (Table 7Table 7). Diseases of the musculoskeletal system and connective tissue were the number one cause of ED visits across the service area, but by county, was only the top cause in Richmond County, and the second leading cause in all other counties. Rates of ED visits were especially high for all other unintentional injury in Burke, McDuffie, and Richmond counties, all exceeding the state rates. Burke and Richmond counties had the highest rates of emergency department use for motor vehicle crashes compared to the rest of the service area and the state. McDuffie County was the only county where all other diseases of the nervous system was a top five leading cause of emergency department visits.

Table 7. Top Causes of Emergency Room Visits: Age-Adjusted Emergency Room Visit Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Aiken (SC)	Edgefield (SC)	Georgia
#1	All Other Unintentional Injury- 4,058.7	All Other Unintentional Injury- 1,648.6	All Other Unintentional Injury - 4,461.1	Diseases of the Musculoskeletal System and Connective Tissue- 4,435.3	Diseases of the Musculoskeletal System and Connective Tissue- 3,193.9	ND	ND	Diseases of the Musculoskeletal System and Connective Tissue- 2,774.6
#2	Diseases of the Musculoskeletal System and Connective Tissue- 3,698.4	Diseases of the Musculoskeletal System and Connective Tissue- 1,515.4	Diseases of the Musculoskeletal System and Connective Tissue- 4,079.2	All Other Unintentional Injury- 3,038.0	All Other Unintentional Injury- 2,606.9	ND	ND	All Other Unintentional Injury - 2,458.9
#3	All Other Diseases of the Genitourinary System- 2,469.3	Falls-1,149.6	All Other Diseases of the Genitourinary System- 2,963.3	All Other Diseases of the Genitourinary System- 2,356.9	All Other Diseases of the Genitourinary System- 1,912.1	ND	ND	All Other Diseases of the Genitourinary System - 1,899.3
#4	Falls- 1,816.9	All Other Diseases of the Genitourinary System- 1,106.5	Falls-2,369.3	Falls- 1,457.1	Falls- 1,401.8	ND	ND	Falls- 1,565.3
#5	Motor Vehicle Crashes- 1,211.5	Motor Vehicle Crashes - 535.0	All Other Diseases of the Nervous System- 1,410.7	Motor Vehicle Crashes - 1,120.5	Motor Vehicle Crashes- 897.2	ND	ND	Motor vehicle crashes- 907.1

Rates are age-adjusted per 100,000 population
Source: Georgia Department of Public Health Online Analytical Statistical Information System
ND: No Data – Data are not available for this population, or suppressed data

Top Causes of Hospital Discharge Rates

Between 2019-2023, the top causes of hospital discharge rates in the Georgia counties of the service area were:

1. Septicemia
2. Essential (primary) hypertension and hypertensive renal, and heart disease
3. All other mental and behavioral disorders
4. Diseases of the musculoskeletal system and connective tissue
5. Cerebrovascular disease

Across the Georgia counties of the service area, septicemia was the leading cause of hospital discharges across all counties except McDuffie County, and Richmond County far exceeded the state rate (Table 8). All counties except Columbia County had essential (primary) hypertension and hypertensive renal, and heart disease as a first or second leading cause of hospital discharge, with rates higher than the state. Burke, Columbia and McDuffie counties all had ischemic heart and vascular disease as a top third or fourth leading cause of hospital discharges, although it was not a leading cause overall for the Georgia counties of the service area. Richmond County was the only county with diabetes mellitus in the top 5 causes of hospital discharges in the region.

Table 8. Top Causes of Hospital Discharges: Age-Adjusted Hospital Discharge Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Aiken (SC)	Edgefield (SC)	Georgia
#1	Septicemia- 581.8	Septicemia- 408.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 624.7	Septicemia- 745.4	Septicemia- 593.0	ND	ND	Septicemia- 604.4
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 433.1	Diseases of the Musculoskeletal System and Connective Tissue- 270.8	Septicemia- 628.4	Essential (primary) hypertension and hypertensive renal, and heart disease- 548.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 421.0	ND	ND	Essential (primary) hypertension and hypertensive renal, and heart disease- 360.9
#3	Ischemic Heart and Vascular Disease- 358.4	Ischemic Heart and Vascular Disease- 232.8	Diseases of the Musculoskeletal System and Connective Tissue- 404.2	All Other Mental and Behavioral Disorders- 410.0	All Other Mental and Behavioral Disorders- 337.1	ND	ND	All other mental and behavioral disorders- 381.3
#4	Cerebrovascular Disease- 322.5	All Other Mental and Behavioral Disorders- 261.3	Ischemic Heart and Vascular Disease- 364.5	Cerebrovascular Disease- 347.0	Diseases of the Musculoskeletal System and Connective Tissue- 299.1	ND	ND	Diseases of the musculoskeletal system and connective tissue- 270.3
#5	Diseases of the Musculoskeletal System and Connective Tissue- 331.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 234.9	Cerebrovascular Disease- 344.8	Diabetes Mellitus- 357.2	Cerebrovascular Disease- 288.2	ND	ND	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
ND: No Data – Data are not available for this population, or suppressed data

2025 HEALTH PRIORITIES

Access

Overall, the service area has a larger percentage of the population living in an area affected by a health professional shortage area compared to the state for medical care (Table 9). However, access rates vary drastically from county to county, and by the specific type of provider. All counties had a percentage of residents living in an area affected by a health professional shortage, and in Burke, Aiken (SC), and Edgefield (SC) counties this included almost 100% of residents. All counties except McDuffie County also had a percentage of residents living in a health professional shortage for dental care, and this included 100% of residents from Aiken (SC), and Edgefield (SC) counties.

Table 9. Provider Shortage Areas and Rates of Providers by Specialty and County Compared to State Benchmarks

	Burke	Columbia	McDuffie	Richmond	Aiken (SC)	Edgefield (SC)	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage (2024)	98.8%	9.3%	44.8%	40.7%	100.0%	100.0%	26.0%
Percentage of Health Professional Shortage Population Underserved (2024)	9.0%	48.2%	87.2%	48.2%	ND	ND	61.0%
Percentage of Population Living in a Health Professional Shortage for Dental Care (2024)	45.0%	9.3%	0.0%	40.7%	100.0%	100.0%	18.5%

Sources: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.
ND: No Data – Data are not available for this population**,** or suppressed data

By type of provider, the service area had consistently lower rates of all provider types compared to state aside from Richmond County, and some counties reported no providers types in their county for certain provider types (Table 10). Burke, McDuffie, and Edgefield (SC) counties reported no addiction/substance abuse or buprenorphine providers. Richmond and Aiken (SC) counties had higher rates of addiction/substance abuse providers than the rest of the service area and the state. Richmond County also had higher rates of all other provider types, with particularly high rates of dentists, mental health providers, and nurse practitioners compared to the rest of the service area and the state. Columbia County had higher rates of dentists and primary care providers than the state.

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

barriers to access. Access to care was identified as the top health priority in the MCG service area community summit.
Access-related recommendations from community members participating in the focus group and summit included:

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

Table 10. Rates of Providers by Specialty and County Compared to State Benchmarks

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

Behavioral health

While there are gaps in the data shown in Table 11, there are notable patterns in drug overdose rates in the MCG Health Medical Center service area. In Columbia and Richmond Counties, generally, rates of drug overdoses increased from 2013 to 2023. Rates in Columbia County consistently exceeded the Georgia state rate starting in 2014, more than doubling it in 2022 and 2023. Rates also consistently increased in Aiken County, South Carolina, from 2014 to 2024 (Table 12).

> "We need more mental health care, more psychiatric care and facilities. Addressin this will help with physical health and homelessness."
>
> - Focus Group Participant

Table 11. Georgia Service Area Counties: Rates of All Drug Overdoses by County and Year (2013-2023)

Year	Burke	Columbia	McDuffie	Richmond	Georgia
2013	ND	7.6	ND	10.2	10.5
2014	0	12.9	ND	13.8	11.4
2015	ND	12.8	0	22.7	12.2
2016	ND	12.7	ND	21.4	13.1
2017	ND	16.8	ND	26.8	14.6
2018	20.8	17.2	32.4	29.9	13.1
2019	31.8	13.4	ND	21.7	12.9
2020	ND	18.4	31.5	35.3	17.9
2021	ND	19.2	35.9	39.1	22.5
2022	29.5	27.1	45.2	57.3	24.8
2023	ND	25.8	27.6	53.8	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
ND: No Data – Data are not available for this population, or suppressed data

Table 12. South Carolina Service Area Counties: Rates of All Drug Overdoses by County and Year (2014-2024)

Year	Aiken (SC)	Edgefield (SC)
2014	14	8
2015	16	8
2016	19	ND
2017	20	ND
2018	20	ND
2019	23	ND
2020	24	ND
2021	24	ND
2022	29	ND
2023	29	ND
2024	37	19

Source: National Center for Health Statistics - Mortality Files; Census Population Estimates Program. Accessed through County Health Rankings and Roadmaps https://www.countyhealthrankings.org/
ND: No Data – Data are not available for this population, or suppressed data

In the Georgia service area counties, behavioral health emergency room visit rates due to disorders related to drug use remained below the state rate from 2019 to 2023 (Figure 15). In contrast, ER visit rates for all other mental and behavioral disorders exceeded the state in most counties and were among the highest rates displayed (>700). Across all counties, ER visit rates were lowest for intentional self-harm (including

suicide attempts). In a community focus group, residents of the service area shared that mental health issues are common where they live, especially among the unhoused population, and there is a noticeable lack of mental health care providers. The lack of providers may be related to relatively high ER use for all other mental and behavioral disorders.

Figure 14. Georgia Service Area Counties*: Age-Adjusted Emergency Room Visit Rate for Disorders related to Behavioral Health by County (2019-2023)

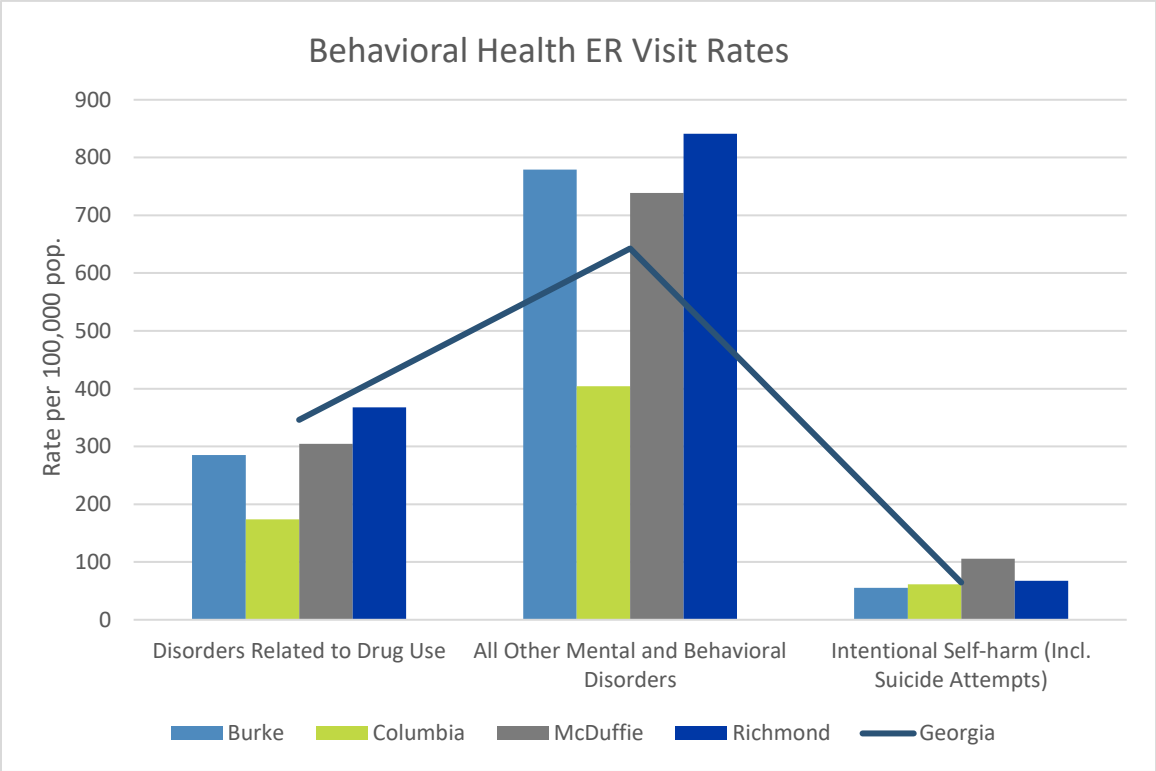


*Chart only includes Georgia counties
Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

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

In the MCG service area, as noted earlier in this report, food insecurity rates are highest in Richmond and Burke Counties. This is also evidenced by the high rates of free and reduced lunch eligibility among students in Richmond County (39 of 49 schools 95%+) and Burke County (4 of 5 schools 95%+). (Georgia Department of Education, October 2024)

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

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

Diabetes and Obesity

Chronic disease was not frequently named as a concern in the region by community residents in focus group and summit tabletop discussions. The importance of healthy food access and physical activity promoting neighborhoods were more emphasized as important strategies to being healthy. Richmond County adults have much higher rates of obesity (38.1%) and diabetes (13.5%) compared to other areas in the service region. McDuffie and Burke Counties are experiencing high diabetes ER visit rates, compared the state rate, and Burke has a diabetes mortality rate that is almost double that of the state rate (Table 13).

Table 13. Selected indicators for Obesity and Diabetes by County (2019-2023)

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

*Age-adjusted rates per 100,000 population
**Crude rates for South Carolina counties diabetes mortality not age adjusted
Sources:
[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.
[2] Georgia Department of Public Health Online Analytical Statistical Information System
[3] South Carolina Department of Public Health. https://apps.dhec.sc.gov/Health/SCAN/scan/index.aspx
ND: No Data – Data are not available for this population, or suppressed data

Figure 15. Age-Adjusted Emergency Room Visit Rate, Hospital Discharge Rate, and Mortality Rate for Diabetes by Race and Ethnicity Compared to State Benchmarks (2019-2023)

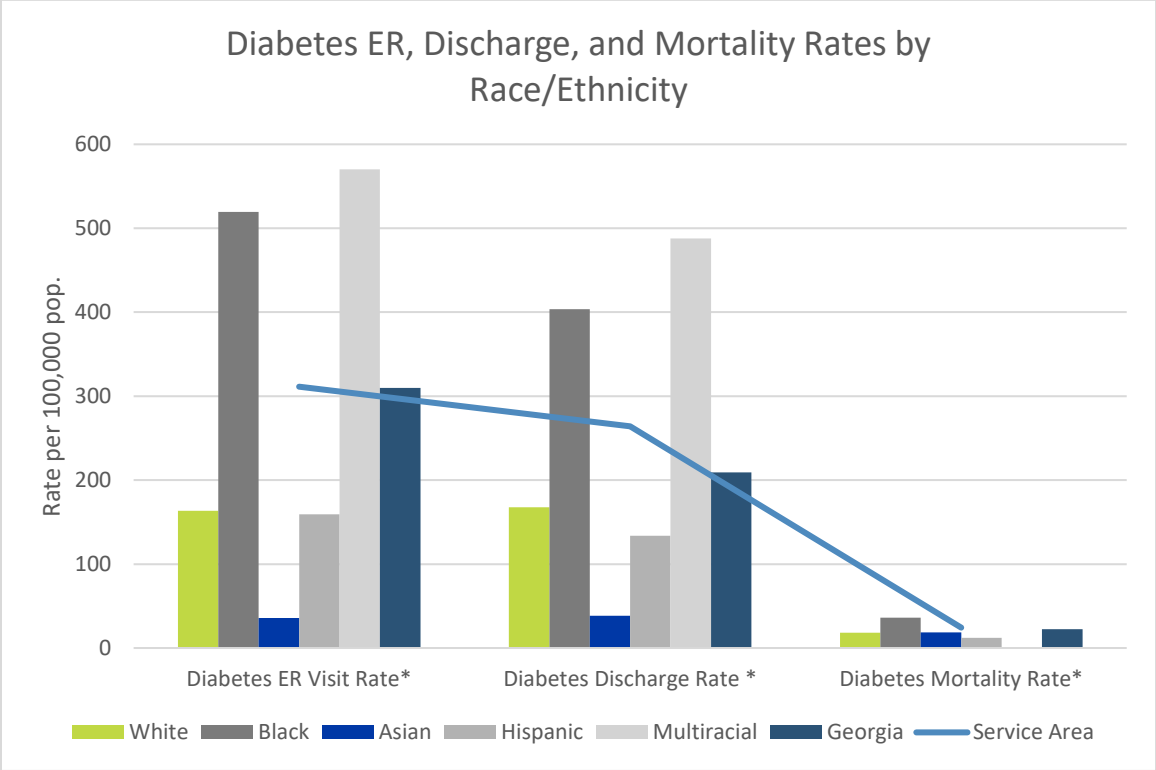


*Chart only includes Georgia counties

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

Chronic Disease

ER visits for blood pressure and mortality rates due to heart disease are high in the service area with Burke, McDuffie and Richmond experiencing the highest rates (Figure 17-20). The health system may consider evidence-based programming such as Diabetes Prevention Program, Food as Medicine, or Physical Activity or Produce Prescriptions, or education and dietary support such as the DASH (Dietary Approaches to Stop Hypertension) eating plan for preventing and addressing chronic disease. Virtual offerings of programming may enhance participation and reduce attrition based on community member feedback.

Figure 16. Age-Adjusted Chronic Disease Emergency Room Visit Rate Compared to State Benchmarks (2019-2023)

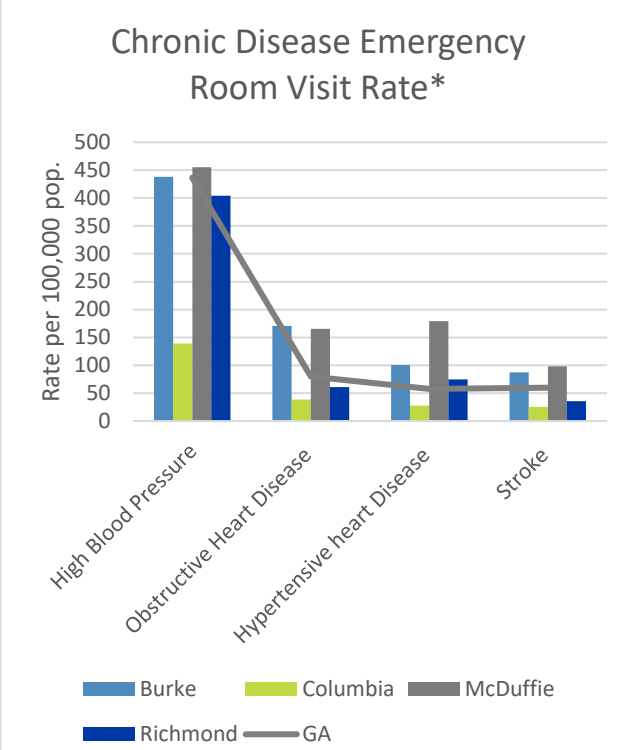


Figure 17. Age-Adjusted Chronic Disease Hospital Discharge Rate Compared to State Benchmarks (2019-2023)

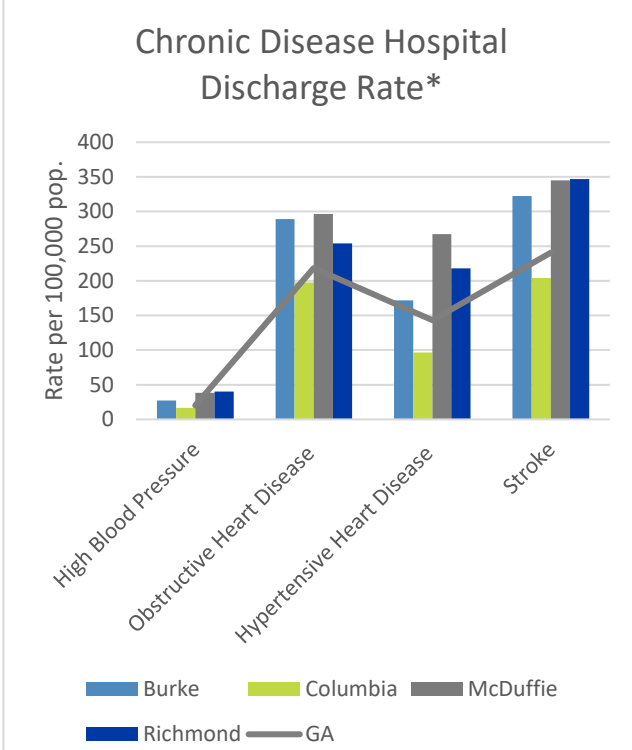


Figure 18. Age-Adjusted Chronic Disease Mortality Rate Compared to State Benchmarks (2019-2023)

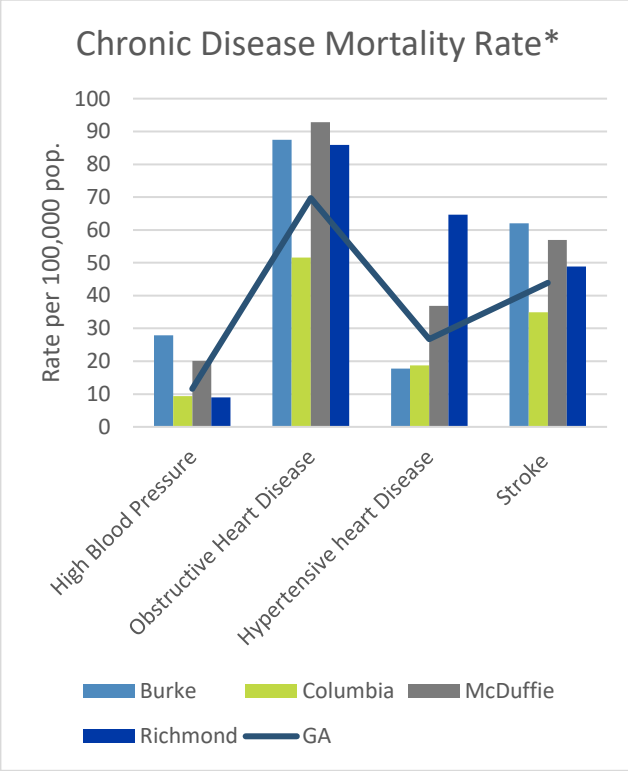
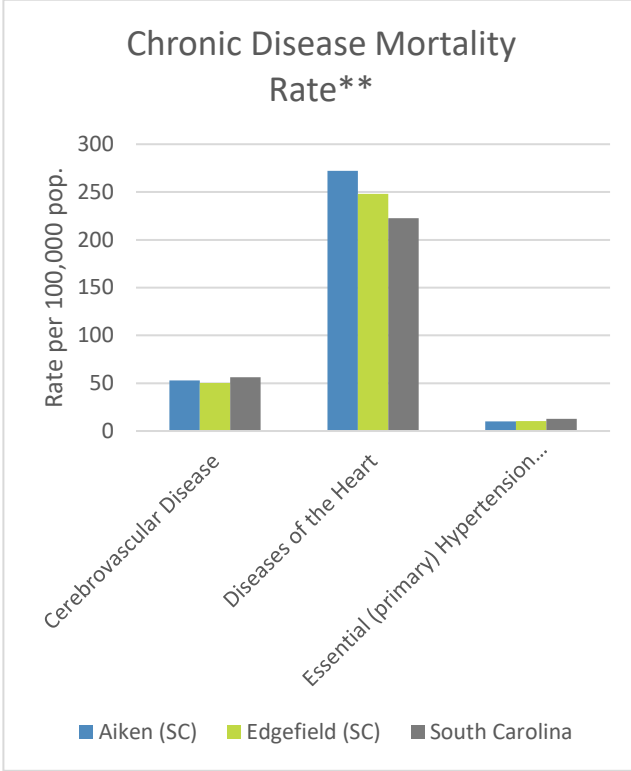


Figure 19. South Carolina Chronic Disease Mortality Rate Compared to State Benchmarks (2019-2023)



*Charts only include Georgia counties from service area
**Chart only includes South Carolina counties from service area (definitions for chronic disease causes of death are different from Georgia's)
Essential (primary) Hypertension= Essential (primary) hypertension and hypertensive renal disease
Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

Maternal and Child Health

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

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

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

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

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

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

Table 14. Georgia Service Area Counties: Selected indicators for Pregnancy and Birth by County (2019-2023)*

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

Rates per 1,000 females 10-55 years of age in the population
*Table only includes Georgia counties from service area
**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

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

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

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

Table 15. Selected indicators for Pregnancy and Birth by County in South Carolina (2019-2023)

	Aiken	Edgefield	South Carolina
Pregnancy Rate	74.2	53.3	69.4
Birth Rate	60.6	43.9	57.3
Rate of births with no prenatal care	20.6	22.4	23.0
Rate of births with <5 prenatal care visits	56.8	59.6	61.8
% Premature Births	ND	ND	ND
% Low Birth Weight Births	ND	ND	ND
Infant Mortality Rate	7.7	7.7	6.9

Rates per 1,000 females 15-44 years of age in the population
Source: SCAN SC Department of Health and Environmental Control https://apps.dhec.sc.gov/Health/scan/scan/index.aspx
ND: No Data – Data are not available for this population, or suppressed data

Variations in Population Rates

The secondary data revealed that Hispanic and Black mothers were more likely to receive late or no prenatal care, suggesting barriers to early and consistent access to maternal healthcare (Figure 21). Columbia County appeared to have the highest percentages of mothers accessing care and Burke County appeared to have the lowest percentages when compared to other counties in the service area; however, it is difficult to compare given that data on all racial and ethnic groups was not available in all counties. Hispanic mothers consistently had the highest rates of late or no prenatal care in all areas where data were shown. For instance, in Burke County, over 12% of Hispanic births received late or no care—the highest rate among all racial/ethnic groups and counties. Black mothers also exhibited elevated rates, particularly in Georgia overall (about 11.5%) and in McDuffie County (8%).

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

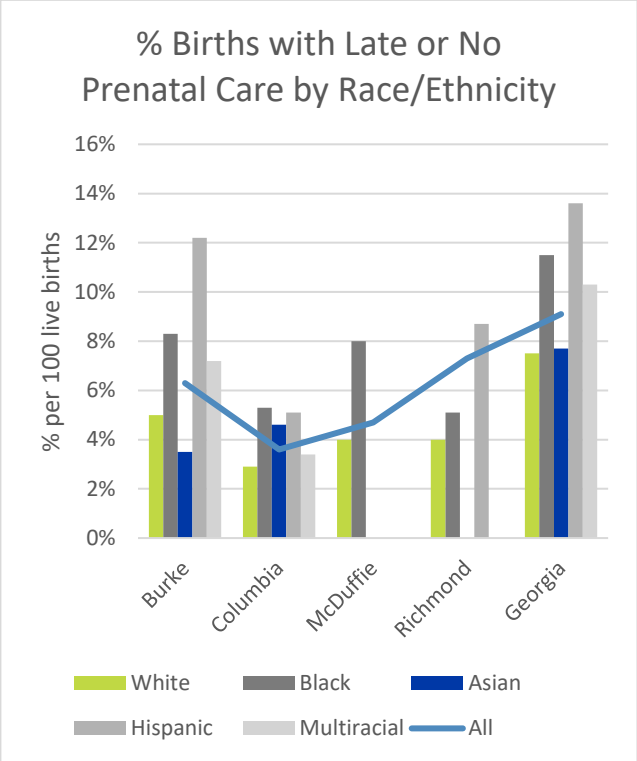


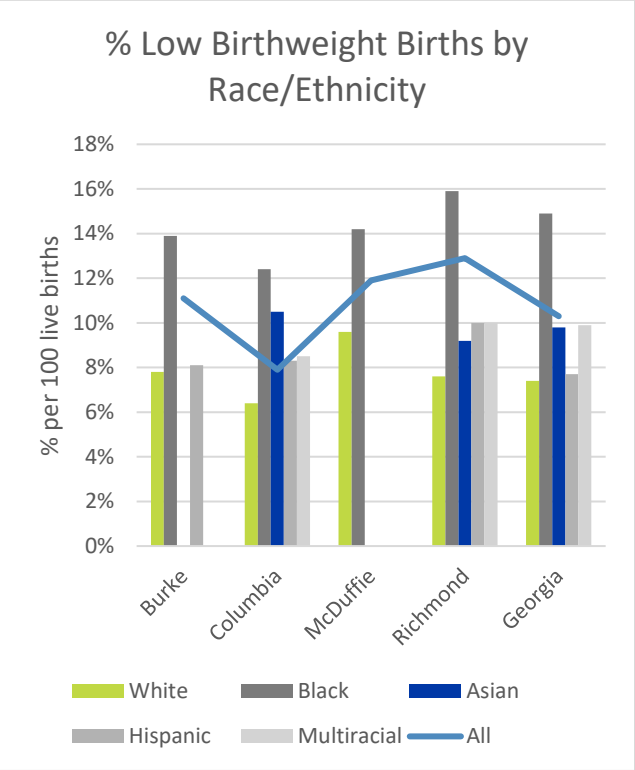
Chart only includes Georgia counties from service area
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Black infants experienced a higher percentage of low birthweight births across all counties in the service area, mirroring well-documented racial health disparities (Figure 22). These findings underscored the need for focused maternal and prenatal health interventions to address systemic inequities in birth outcomes.

Black infants consistently had the highest percentages of low birthweight births in every county and statewide, ranging from around 12% in Columbia to over 15% in Richmond (Figure 22). White infant low birthweight percentages remained lower in all counties, typically between 7% and 9%, showing more favorable outcomes in comparison to Black infants.

In counties where data were available, Asian, Hispanic, and Multiracial groups generally had percentages ranging from 8% to 11%. Notably, Asian infants in Columbia had percentages just under 11% (Figure 22).

Figure 21: Percentage of Low Birthweight Births by Race and Ethnicity Compared to State Benchmarks (2019-2023)

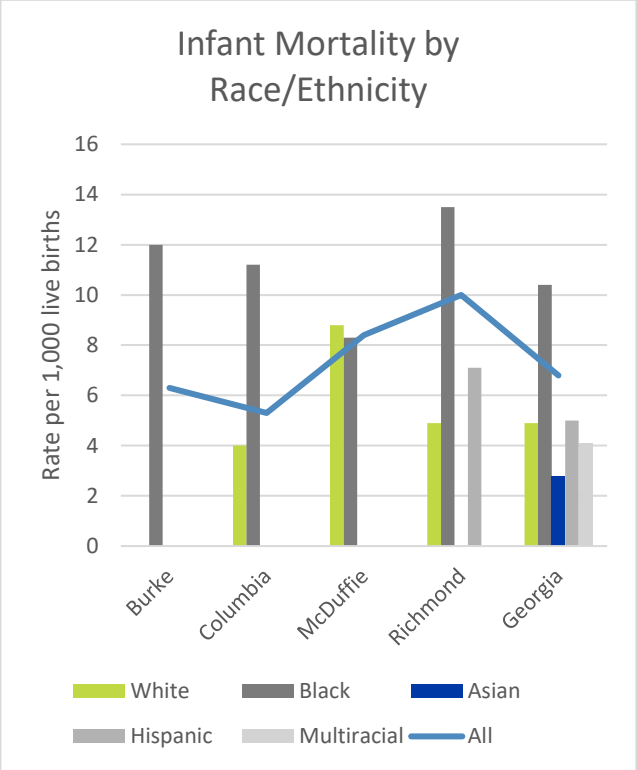


Live births of a birthweight less than 2500 grams (5lbs. 8oz.) per 100 live births
Chart only include Georgia counties from service area
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Black infants had the highest infant mortality rates across almost all counties and the state (Figure 23). Richmond County had the highest rate with over 13 deaths per 1,000 live births, followed by Burke and Columbia (each above 10). McDuffie was the only county where infant mortality was higher among White children than Black children. (Data on Asian, Hispanic, and multiracial populations were not available in all counties.)

The chart reveals a persistent and deep racial disparity in infant mortality, especially affecting Black infants, whose mortality rates are more than double or even triple those of other racial groups in some counties (Figure 23). These disparities call for targeted public health efforts to improve maternal and infant care, particularly for Black families in high-risk counties like Richmond and Burke.

Figure 22. Age-Adjusted Infant Mortality Rate by Race and Ethnicity Compared to State Benchmarks (2019-2023)



Rates per 1,000 live births (Rates based on 1-4 events are not shown)
Chart only include Georgia counties from service area
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Healthy Aging

Healthy aging was identified by community summit participants as a health priority. The following section provides an overview of the top 5 causes of death and emergency room visits among adults aged 65 and older in the Wellstar 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 adults aged 65 and over in the Georgia counties of the service area were:

1. Ischemic heart and vascular disease
2. Alzheimer's disease
3. Essential (Primary) hypertension and hypertensive renal, and heart disease
4. COVID-19
5. Cerebrovascular disease (Table 16)

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

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

Overall, the data showed that cardiovascular conditions, COVID-19, and chronic illnesses such as Alzheimer's and COPD were the most common causes of death in seniors across the region (Table 16). Rates varied by county, with some areas—like McDuffie and Burke—reporting substantially higher mortality rates for certain conditions than the state benchmark.

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

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

Table 16. Top Causes of Death (Georgia Counties): Death Rate for Population Aged 65 and Over by County Compared to State Benchmarks (2019-2023)

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Georgia
#1	Ischemic Heart and Vascular Disease – 482.2	Alzheimer's Disease – 373.7	Ischemic Heart and Vascular Disease – 506.3	Ischemic Heart and Vascular Disease – 469.2	Ischemic Heart and Vascular Disease – 404.3	Ischemic Heart and Vascular Disease – 397.1
#2	COVID-19 – 344.4	Ischemic Heart and Vascular Disease – 289.1	All COPD Except Asthma – 416.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 406.2	Alzheimer's Disease – 347.8	COVID-19 – 281.4
#3	Cerebrovascular Disease – 329.7	COVID-19 – 232.5	Alzheimer's Disease – 357.4	COVID-19 – 338.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 299.5	Alzheimer's Disease – 267.9
#4	Diabetes Mellitus – 265.7	Cerebrovascular Disease – 216.4	COVID-19 – 302.8	Alzheimer's Disease – 338.1	COVID-19 – 296.6	Cerebrovascular Disease – 248.9

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Georgia
#5	Alzheimer's Disease – 260.8	Malignant Neoplasms of the Trachea, Bronchus and Lung – 186	Cerebrovascular Disease – 268	All COPD Except Asthma – 261.5	Cerebrovascular Disease – 248.7	All COPD Except Asthma – 240.5

Rates are per 100,000 population aged 65 and over
Source: Georgia Department of Public Health Online Analytical Statistical Information System
*service area average only includes Georgia counties

Table 17. Top Causes of Death (South Carolina Counties) Among Adults 65 and Older by County (2019-2023)

Ranking	Aiken	Edgefield	South Carolina
#1	Diseases of Heart – 272.1	Diseases of Heart – 248	Diseases of Heart – 222.7
#2	Cancer (Malignant neoplasms) – 215.7	Cancer (Malignant neoplasms) – 208.8	Cancer (Malignant neoplasms) – 206.2
#3	Accidents – 90.8	COVID-19 Pandemic – 77	Accidents – 82.7
#4	COVID-19 Pandemic – 80.2	Chronic lower respiratory disease – 71.8	COVID-19 Pandemic – 71.8
#5	Alzheimer's disease – 65.9	Accidents – 68.9	Cerebrovascular Disease – 56.2

Rates per 100,000 population aged 65 and over for Specific Cause of Death
Source: SCAN SC Department of Health and Environmental Control https://apps.dhec.sc.gov/Health/scan/scan/index.aspx

Top Causes of Emergency Department Visits

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

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

From 2019 to 2023, the leading causes of emergency room visits among adults aged 65 and older in the service area primarily involved falls, musculoskeletal conditions, and chronic diseases (Table 18). Diseases of the Musculoskeletal System and Connective Tissue ranked #1 in Burke (4,423.3 per 100,000), Richmond, and across the service area, and was #2 in Columbia and McDuffie. These rates were higher than Georgia's statewide rate of 3,328.2.

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

All Other Diseases of the Genitourinary System consistently ranked #3 across the service area. All Other Unintentional Injuries appeared as the fourth most common cause across counties, with McDuffie showing the highest rate at 2,248.4. Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease was

the fifth most frequent cause in every county, with McDuffie again reporting a notably high rate of 1,806.6 compared to Georgia's 1,197.6.

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

Table 18. Top Causes of Emergency Room Visits for Population Aged 65 and Over by County Compared to State Benchmarks (2019-2023)

Ranking	Burke	Columbia	McDuffie	Richmond	Service Area*	Aiken (SC)	Edgefield (SC)	Georgia
#1	Diseases of the Musculoskeletal System and Connective Tissue – 4,423.30	Falls – 3,029.90	Falls – 4,367.70	Diseases of the Musculoskeletal System and Connective Tissue – 4,030.40	Diseases of the Musculoskeletal System and Connective Tissue – 3,224.70	ND	ND	Falls – 3,746.00
#2	Falls – 3,463.90	Diseases of the Musculoskeletal System and Connective Tissue – 1,870.00	Diseases of the Musculoskeletal System and Connective Tissue – 3,806.80	Falls – 2,815.70	Falls – 3,038.70	ND	ND	Diseases of the Musculoskeletal System and Connective Tissue – 3,328.20
#3	All Other Diseases of the Genitourinary System – 2,775.00	All Other Diseases of the Genitourinary System – 1,252.90	All Other Diseases of the Genitourinary System – 2,809.20	All Other Diseases of the Genitourinary System – 1,564.50	All Other Diseases of the Genitourinary System – 1,605.50	ND	ND	All Other Diseases of the Genitourinary System – 1,960.30
#4	All Other Unintentional Injury – 2,041.90	All Other Unintentional Injury – 1,055.90	All Other Unintentional Injury – 2,248.40	All Other Unintentional Injury – 1,374.40	All Other Unintentional Injury – 1,353.60	ND	ND	All Other Unintentional Injury – 1,529.40
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,476.10	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 503.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,806.60	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,045.40	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 917.7	ND	ND	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,197.60

Rates are per 100,000 population aged 65 and over
Source: Georgia Department of Public Health Online Analytical Statistical Information System
ND: No Data – Data are not available for this population, or suppressed data

APPENDIX

Appendix A: Demographic Data

Table 19. Demographics for Population, Age, Race and Ethnicity by County (2018-2022)

	Burke	Columbia	McDuffie	Richmond	Aiken (SC)	Edgefield (SC)	GA	US
Total Population (2022)	24,337	156,921	21,715	206,153	169,865	26,181	10,912,876	333,287,562
Age Distribution								
Median Age in Years	38.80	37.4	38.50	34.8	41.80	42.9	37.20	38.5
Under 18 Years	25.0%	25.0%	24.9%	22.9%	21.3%	17.5%	23.4%	22.1%
18-24 Years Old	10.9%	8.2%	7.4%	11.3%	7.9%	9.5%	9.8%	9.4%
25-34 Years Old	9.0%	13.4%	12.8%	16.0%	12.6%	12.2%	13.7%	13.7%
35-44 Years Old	12.6%	14.4%	11.5%	12.1%	11.7%	13.7%	13.2%	12.9%
45-54 Years Old	12.1%	12.7%	11.7%	10.7%	12.1%	13.2%	13.0%	12.4%
55-64 Years Old	14.0%	11.7%	13.9%	12.5%	14.2%	14.8%	12.3%	12.9%
65+ Years Old	16.3%	14.6%	17.9%	14.5%	20.1%	19.0%	14.4%	16.5%
Racial/Ethnic Distribution								
White	49.8%	69.3%	54.6%	34.4%	67.2%	60.3%	54.3%	65.9%
Black	45.6%	16.9%	41.2%	55.9%	24.9%	32.5%	31.5%	12.5%
Asian	0.0%	0.2%	0.0%	0.1%	0.1%	0.3%	4.3%	5.8%
Native American and Alaska Native	0.5%	4.4%	0.2%	1.8%	1.0%	0.3%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.1%	0.2%
Multiple Races	2.8%	6.6%	2.8%	5.8%	5.8%	4.9%	6.0%	8.8%
Some other race	1.3%	2.6%	1.3%	1.9%	1.0%	1.7%	3.5%	6.0%
Hispanic/Latino	3.5%	7.3%	3.5%	5.3%	6.2%	6.9%	10.1%	18.7%
Population with Limited English Proficiency	1.4%	3.3%	0.2%	1.7%	1.6%	4.4%	5.5%	8.2%
Income Distribution								
Median Household Income	$ 50,321	$ 92,571	$ 54,752	$ 50,605	$ 63,212	$ 60,033	$ 71,355	$ 75,149
Less than $25,000	27.8%	10.5%	21.1%	25.6%	18.5%	23.5%	16.6%	15.7%

$25,000-$49,999	21.7%	13.4%	24.0%	24.0%	21.5%	20.2%	19.0%	18.1%
$50,000-$99,999	26.0%	29.8%	31.6%	30.0%	30.8%	28.2%	29.7%	28.9%
$100,000-$199,999	20.0%	32.8%	20.2%	15.9%	22.2%	23.5%	24.7%	25.9%
$200,000 or more	4.5%	13.5%	3.1%	4.5%	6.9%	4.6%	10.0%	11.4%

Data Source: US Census Bureau, American Community Survey. 2024 - August.
*US Department of Labor, Bureau of Labor Statistics. 2024 - August.

Appendix B: Data related to the Social Determinants of Health (SDOHs)

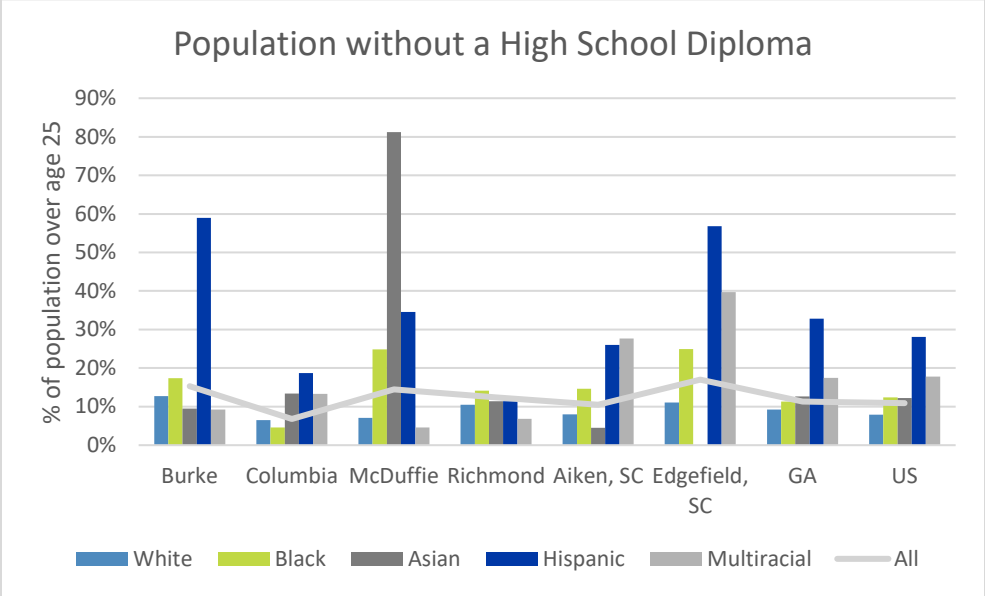
Education

Table 20. Select Education Indicators by County (2018-2022)

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

Data Source: [1]US Census Bureau, American Community Survey. 2018-2022
[2]US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

Figure 23. 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.

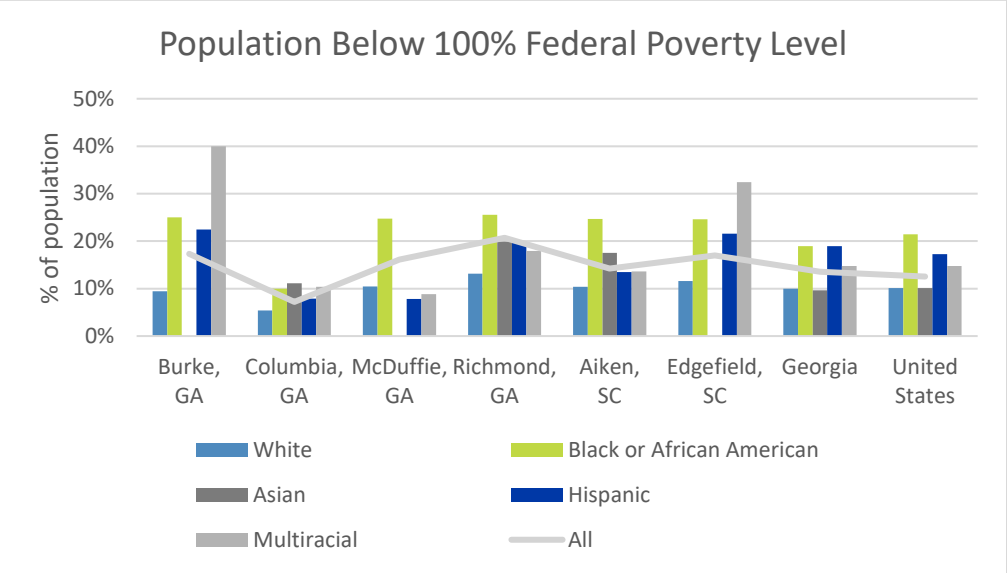
Socioeconomic status / Income

Table 21. Population Below 100% of the Federal Poverty Level by Family Status and County (2014-2022)

	Burke		Columbia		McDuffie		Richmond		Aiken (SC)		Edgefield (SC)		Georgia		US	
	2014-2018	2018-2022	2014-2018	2018-2022	2014-2018	2018-2022	2014-2018	2018-2022	2014-2018	2018-2022	2014-2018	2018-2022	2014-2018	2018-2022	2014-2018	2018-2022
Total households	8,184	8,913	46,840	50,056	8,103	8,212	72,165	74,028	66,710	67,904	9,063	9,403	3,709,488	3,946,490	119,730,128	125,736,353
All people	24.8%	17.3%	8.8%	7.2%	24.9%	16.1%	23.4%	20.7%	16.1%	14.2%	15.5%	17.0%	16.0%	13.5%	14.1%	12.5%
All families	20.4%	17.5%	6.0%	6.0%	20.5%	14.0%	18.3%	16.4%	12.9%	9.8%	12.2%	11.9%	12.1%	10.0%	10.1%	8.8%
Married couple families	5.6%	9.5%	3.1%	2.4%	5.8%	3.4%	6.4%	4.6%	5.5%	4.3%	3.0%	6.6%	5.8%	4.8%	5.0%	4.5%
Single female head of household families	52.7%	39.2%	22.9%	18.2%	45.7%	33.1%	37.4%	33.2%	35.8%	31.5%	39.1%	27.6%	30.6%	25.2%	27.8%	24.1%

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

Figure 24. 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

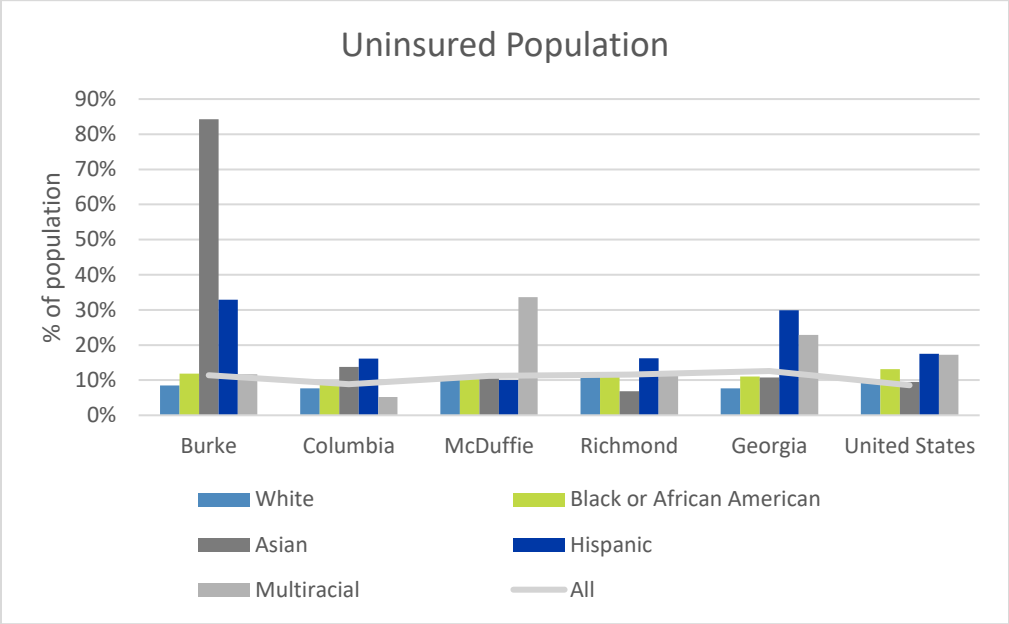
Unemployment and Insurance

Table 22. Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022) by County

	Burke	Columbia	McDuffie	Richmond	Aiken (SC)	Edgefield (SC)	Georgia	US
Unemployment Rate (2024)[1]	6.6%	4.0%	6.0%	6.1%	3.4%	3.3%	4.1%	4.4%
Uninsured Population (2018-2022)[2]	11.4%	8.9%	11.2%	11.6%	8.8%	10.8%	12.6%	8.6%

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

Figure 25. 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 23. Selected Indicators of Affordable Housing by County Compared to State and National Benchmarks (2018-2022)

	Burke	Columbia	McDuffie	Richmond	Aiken, SC	Edgefield, SC	Georgia	U.S.
Units Affordable at 15% AMI	11.20%	2.57%	6.30%	2.20%	ND	ND	3.7%	3.6%
Units Affordable at 30% AMI	23.69%	6.31%	12.65%	7.03%	ND	ND	9.1%	8.4%
Units Affordable at 40% AMI	30.24%	14.45%	19.68%	11.18%	ND	ND	14.7%	13.6%
Units Affordable at 50% AMI	39.79%	24.35%	29.67%	18.29%	ND	ND	22.2%	20.7%
Units Affordable at 60% AMI	49.42%	33.74%	41.12%	26.52%	ND	ND	30.3%	28.6%
Units Affordable at 80% AMI	62.54%	55.57%	60.05%	46.97%	ND	ND	46.5%	44.2%
Units Affordable at AMI	71.83%	68.27%	73.49%	67.06%	ND	ND	60.2%	59.5%
Units Affordable at 125% AMI	80.17%	79.61%	83.31%	81.47%	ND	ND	72.3%	69.6%
Median Gross Rent	$ 747	$ 1,295	$ 834	$ 1,024	$ 973	$ 786	$ 1,221	$ 1,268
Households paying more than 30% of income for monthly mortgage	31.50%	20.00%	20.00%	27.10%	22.3%	19.0%	25.0%	27.3%
Households paying more than 30% of	51.80%	46.00%	51.20%	55.90%	48.7%	58.5%	50.4%	49.9%

income for monthly rent								
Households with One or More Severe Problems (2017-2021)*	12.70%	7.46%	12.54%	11.99%	12.3%	12.5%	12.8%	13.1%
Data Sources: Data Source: US Census Bureau, American Community Survey. 2018-22. *US Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021. ND: No Data – Data are not available for this population								

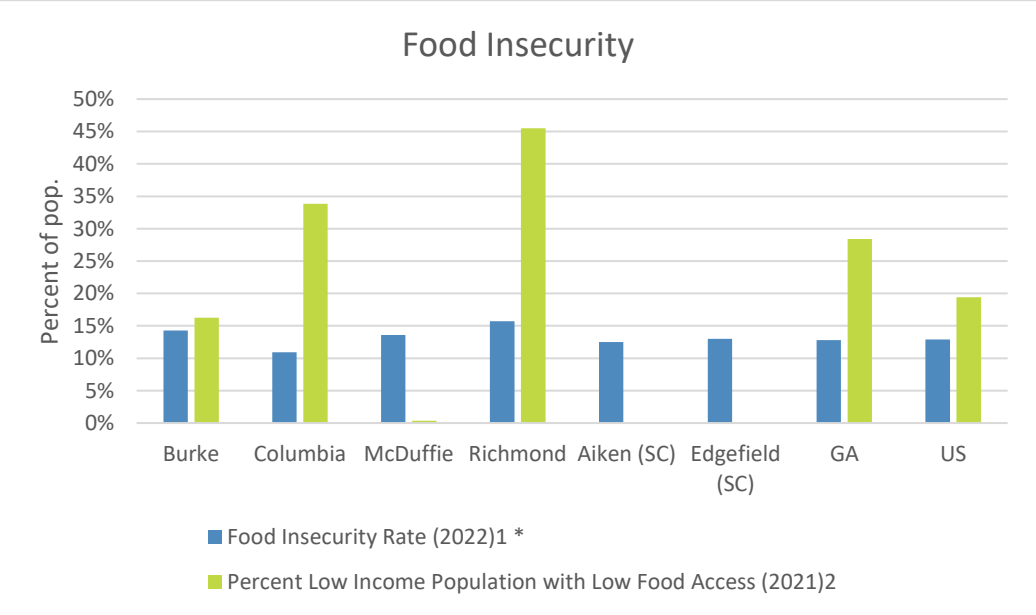
Transportation

Table 24. Selected Transportation Indicators by County (2018-2022)

	Burke	Columbia	McDuffie	Richmond	Aiken (SC)	Edgefield (SC)	Georgia	US
Households with No Motor Vehicle	10.2%	2.7%	4.8%	10.0%	5.8%	7.5%	6.0%	8.3%
Commuting mode - Public Transportation	0.4%	0.2%	0.0%	1.9%	10.0%	0.8%	1.5%	3.8%
Data Source: Census Bureau, American Community Survey. 2018-22								

Food security

Figure 26. 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: [1]Feeding America, 2022. Retrieved from http://map.feedingamerica.org

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

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