Wellstar North Fulton Medical Center
2025 Community Health Needs Assessment

Presented to Wellstar Health System

By
Georgia Health Policy Center
Andrew Young School of Policy Studies
Georgia State University

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EXECUTIVE SUMMARY

As a not-for-profit hospital, Wellstar's North Fulton 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 North Fulton Medical Center Service Area and Potential Next Steps

Health Priority	Findings	Potential Next Steps
Access	In 2024, almost 20% of residents in Fulton County lived in a health professional shortage area.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	Between 2019 and 2023, Dawson, Dekalb, and Fulton counties had the highest behavioral health ER visit rates in the service area, which were at or above the state average.	Prioritize facilitating access to behavioral health care in Dawson, Dekalb, and Fulton counties (e.g., establish more local and affordable behavioral health services, establish effective referral processes). Develop efforts to prevent poor mental health in the service area.
Healthy Living	ER visits and hospital discharge rates for high blood pressure, heart disease and stroke are high in the service area. DeKalb, Fulton, and Cobb are experiencing the highest rates of ER visits for high blood pressure and stroke discharge rates.	Implement evidence-based programming such as Diabetes Prevention Program or Wellstar-branded physical activity or produce prescriptions. Education and medical nutrition therapy support for the Food as Medicine or DASH (Dietary

Health Priority	Findings	Potential Next Steps
		Approaches to Stop Hypertension) eating plans for preventing and addressing chronic disease.
Maternal and Child Health	While Cherokee County had the highest percentages of inadequate prenatal care when compared to other counties (by as much as 11.3 percentage points in some instances), the county's percentages of premature and low birthweight births and infant mortality rate were on par with Dawson and Forsyth counties, which had much better prenatal care outcomes.	Explore the causes of prematurity, low birthweight and infant mortality and the potential for prenatal care to mitigate those causes.
Healthy Aging	Dawson County was the only county with Malignant Neoplasms of the Trachea, Bronchus and Lung among the top 5 causes of death.	Explore the potential behavioral and environmental causes of lung disease in the county to inform prevention interventions.

SERVICE AREA

Wellstar North Fulton Medical Center, a not-for-profit hospital under the Internal Revenue Code (IRC) Section 501(r). Wellstar North Fulton Hospital is a 202-bed facility recognized for its Accredited Cancer Program and Primary Stroke Center designations and for being one of only three state-designated Level II Trauma Centers in metro Atlanta. Known for providing a continuum of services through its centers and programs, including neurosciences, pain management, cardiology, women's services, rehabilitation, surgical services, and oncology, the hospital caters to the unique healthcare needs of all patients in the North Fulton Hospital Service area.

The Wellstar North Fulton Medical Center service area includes Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton and Gwinnett 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 109 zip codes across the seven counties (Table 2).

Figure 1. Map of Wellstar North Fulton Medical Center service area by county

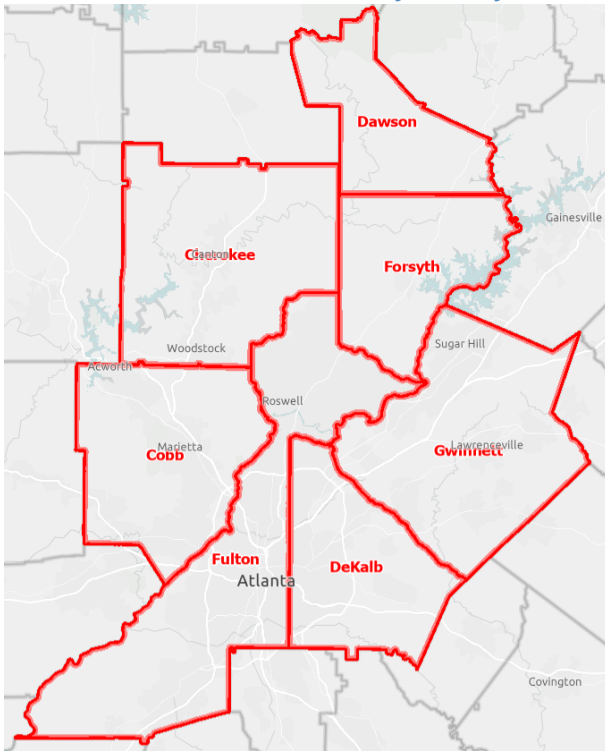


Table 2. Zip Codes by County

County	Zip Codes
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
Dawson	30534
DeKalb	30002, 30021, 30030, 30032, 30033, 30034, 30035, 30038, 30058, 30079, 30083, 30084, 30087, 30088, 30294, 30317, 30319, 30329, 30338, 30340, 30341, 30345, 30346, 30350, 30360
Forsyth	30040, 30041
Fulton	30004, 30005, 30022, 30075, 30076, 30097, 30213, 30268, 30291, 30303, 30304, 30305, 30306, 30307, 30308, 30309, 30310, 30311, 30312, 30313, 30314, 30315, 30316, 30318, 30324, 30326, 30327, 30328, 30331, 30334, 30336, 30337, 30339, 30342, 30344, 30349, 30354, 30361, 30363, 30369
Gwinnett	30017, 30019, 30024, 30039, 30043, 30044, 30045, 30047, 30071, 30078, 30092, 30093, 30096, 30518, 30519

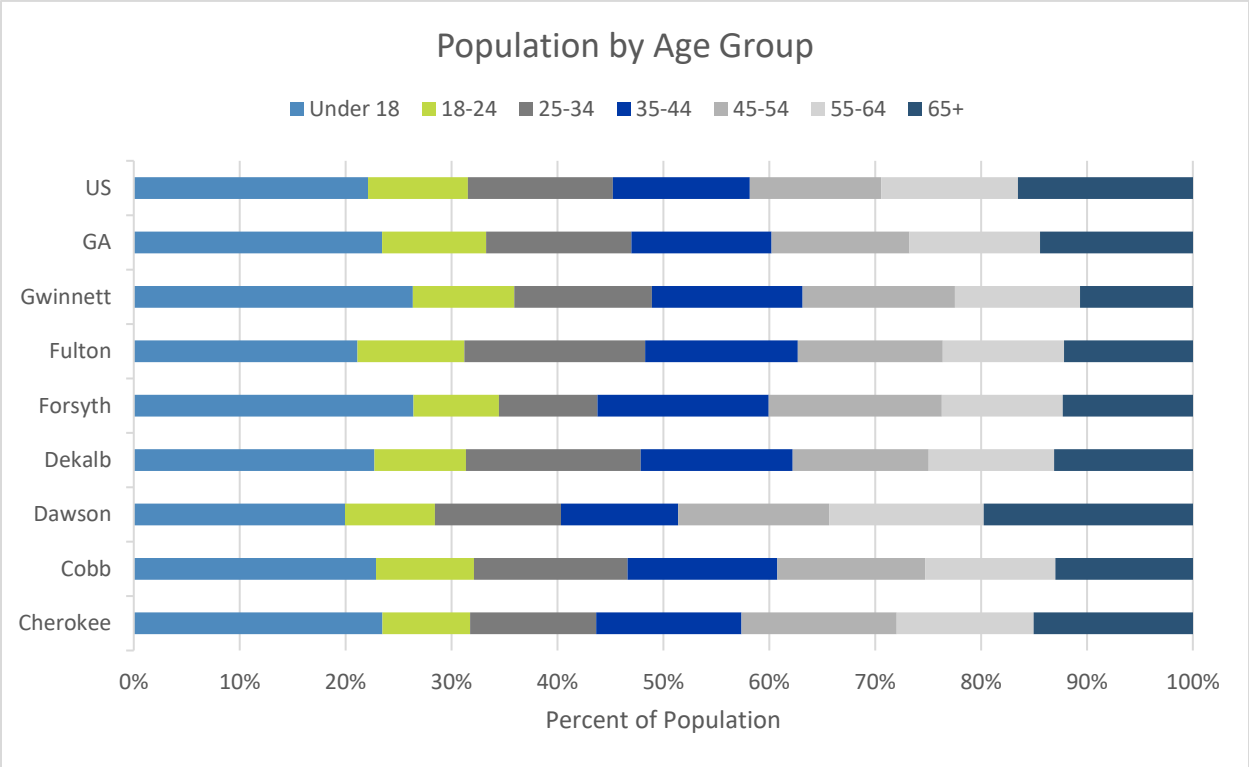
Source: Georgia Department of Community Health, https://www.georgiahealthdata.info/Georgia_Zip_Code_County_Lookup.PDF

Demographics

Population and Age

Population sizes in the service area varied widely, as Fulton County had the largest population with 1,061,944 residents, while Dawson County had the smallest with 27,355 residents (See Appendix A). DeKalb, Fulton, and Gwinnett counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (36.3, 36.1, and 35.7 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age. The age distributions in Cherokee and Dawson counties also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over (15.0% in Cherokee and 19.7% in Dawson) (Figure 2). 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)

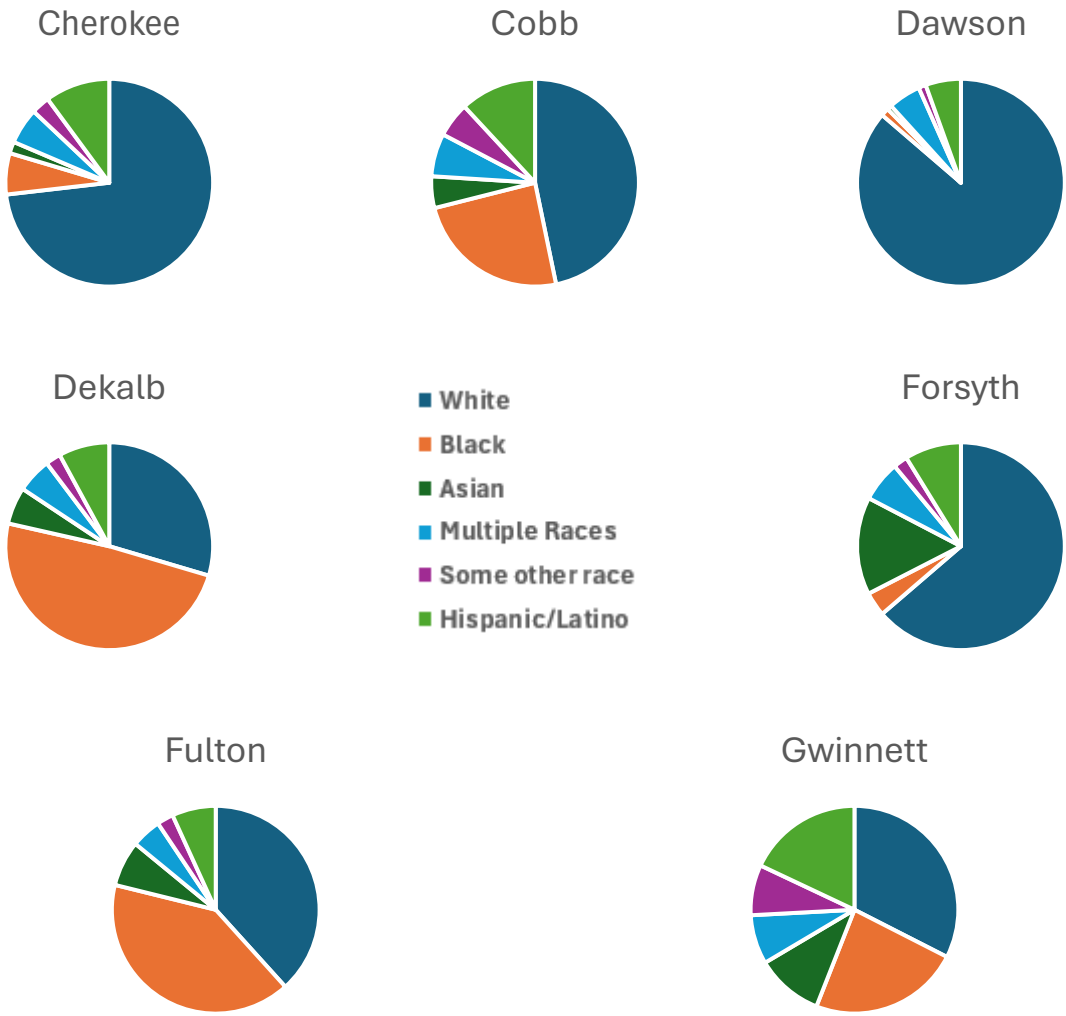


Source: US Census Bureau, American Community Survey. 2024 - August.

Race and Ethnicity

Cherokee, Dawson, and Forsyth counties are less diverse than the state, with higher proportions of White residents (80.8%, 91.2%, and 69.6%, respectively), and lower proportions of Black (7.1%, 1.3%, and 4.1%) residents compared to state rates (see Figure 3 and Appendix A). However, Forsyth had the highest proportion of Asian residents (16.6%) compared to the rest of the service area and the state. In contrast, Cobb, DeKalb, Fulton, and Gwinnett counties are more diverse than the state, with DeKalb County having the highest percentage of Black residents (52.8%), and Gwinnett County having the highest percentage of Hispanic residents (21.8%) and the highest percentage of residents with limited English proficiency (15.9%), 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."[1] The Vulnerability Index uses 16 U.S. Census variables from the 5-year American Community Survey (ACS). The variables are grouped into four themes that cover four major areas of social vulnerability including socioeconomic status household characteristic, racial and ethnic minority status and housing type and transportation. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Table 3 includes the vulnerability index for all the counties in the North Fulton service area.

Table 3: Vulnerability Index by County

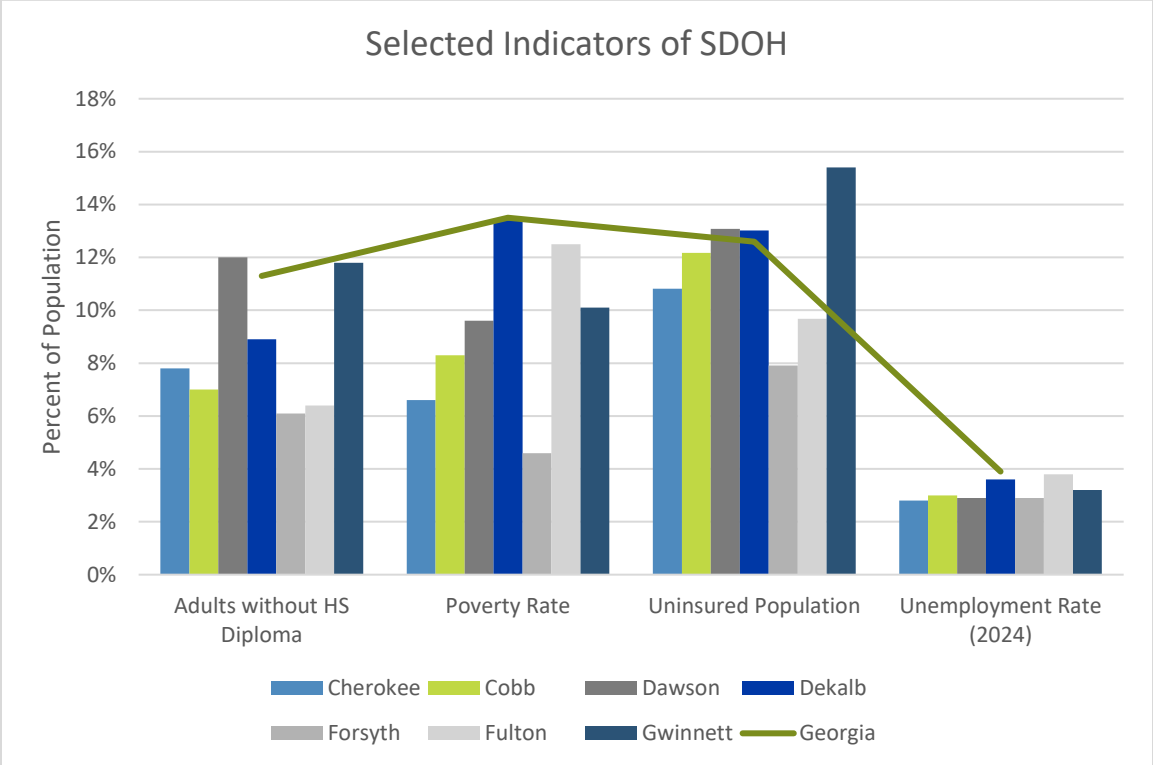
County	Vulnerability Index	Level of Vulnerability
Cherokee	0.1969	Low
Cobb	0.3993	Low – Medium
Dawson	0.1861	Low
DeKalb	0.7903	High
Forsyth	0.07	Low
Fulton	0.6599	Medium – High
Gwinnett	0.6433	Medium – High

Education, Poverty, and Unemployment & Insurance Coverage

Compared to Georgia, the service area for Wellstar North Fulton Medical Center had a lower percentage of adults 25 or older without high school diplomas except for Dawson and Gwinnett Counties (12.0% and 11.8% respectively) which were higher than the state average of 11.3% (Figure 4). DeKalb and Fulton counties had the highest poverty rates in the service area, but rates across the region still remained slightly below the state rate for both poverty and unemployment. Dawson, DeKalb and Gwinnett counties had higher proportions of uninsured residents compared to the state average of 12.6%, and rates were particularly high in Gwinnett County (15.4%)

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

Figure 4. Select Indicators of Social Determinants of Health (SDOH) by County for Education, Poverty, and Uninsured for 2018-2022[1], and Unemployment for 2024[2]



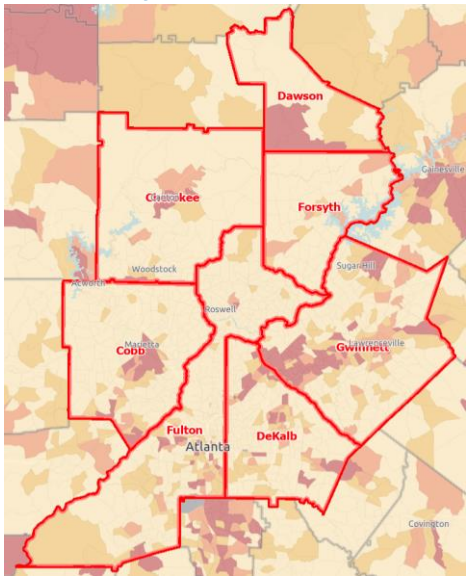
Adults without a High School Diploma- includes population aged 25+
Poverty Rate-Percent of all people below 100% of the Federal Poverty Level

Sources:

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

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

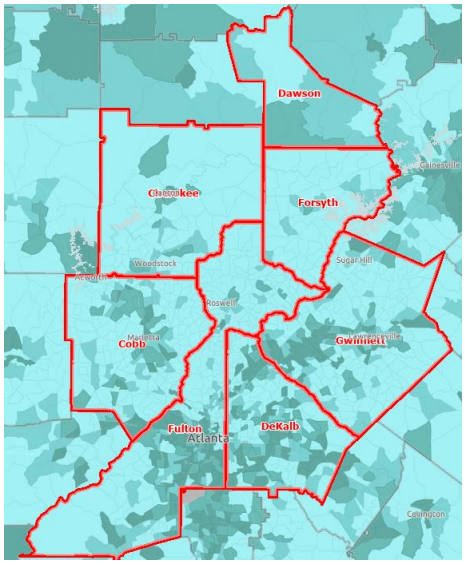
Figure 5. Population with No High School Diploma (Aged 25 and older) by Census Tract and County (2018-2022)



Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2018-22

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Location

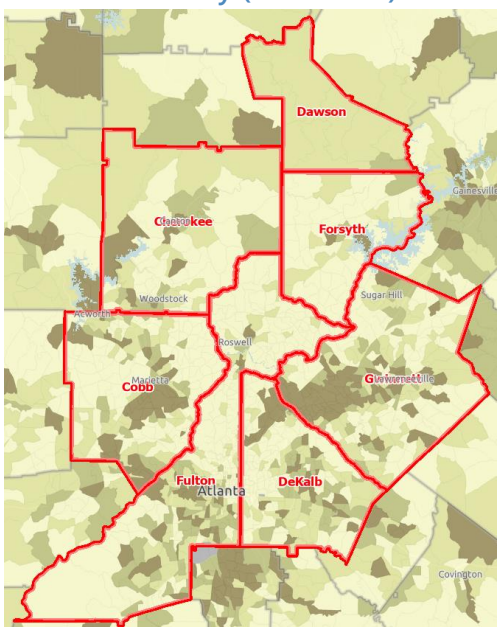
Figure 6. Population Below 100% Federal Poverty Level by Census Tract and County (2018-2022)



Population Below the Poverty Level, Percent by Tract, ACS 2018-22

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Location

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



Uninsured Population, Percent by Tract, ACS 2019-23

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Location

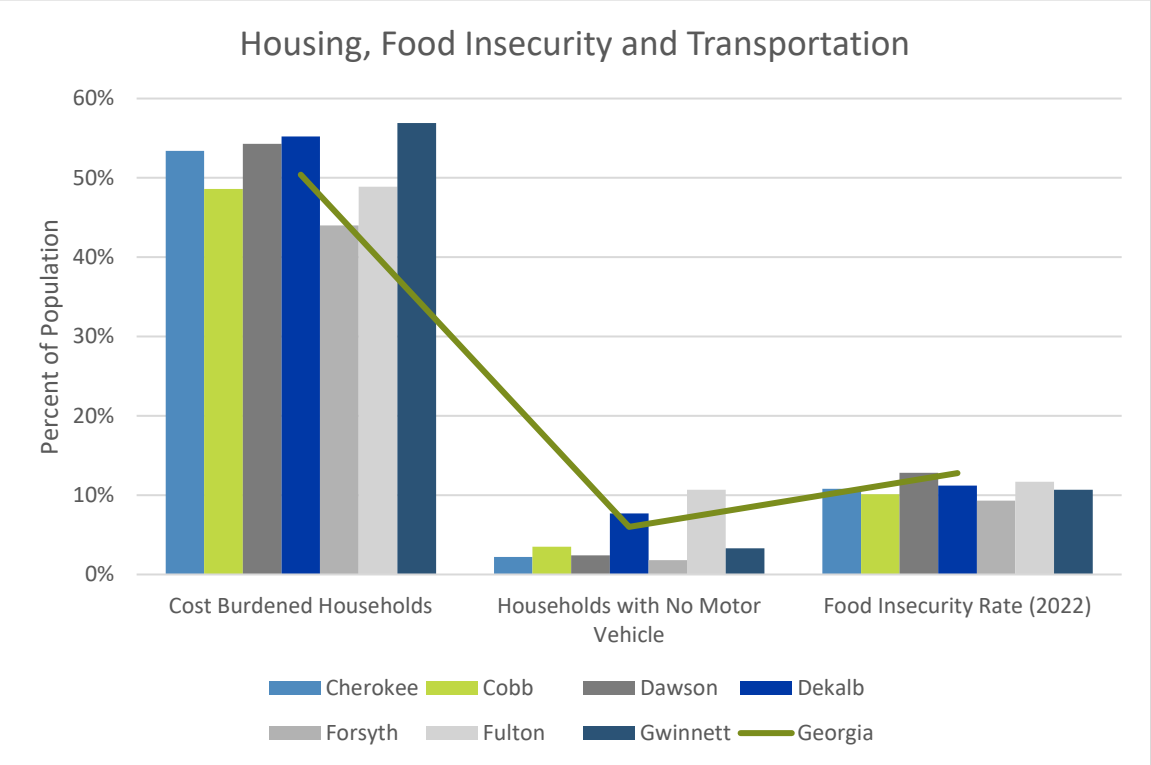
Rates of education, poverty, and uninsured, varied within counties and throughout the service area. While there are distinctions in areas of need, there is a lot of overlap in pockets of each county where census tracts have the highest rates of all three social determinants of health compared to the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

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

Housing, Transportation, and Food Insecurity

Cost burdened households are those paying more than 30% of their monthly income on housing costs, including rent, mortgage, and utilities.[2] From 2018-2022, around 50% of renters and 18-28% of homeowners in the service area spent more than a third of their income on housing (Figure 8, **Error! Reference source not found.**).

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

Overall, the service area for Wellstar North Fulton Medical Center had fewer households with no motor vehicle compared to 6% of households in the state, except for DeKalb and Fulton counties which are the most urban counties in the region (Figure 8). However, transportation may be an issue for some residents across the service area, as all counties except Dawson have census tracts where over 8% of the households do not have a motor vehicle (10).

[2] US Census Bureau. (2018-2022). American Community Survey.

Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.[3] All counties in the service area had the same or 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 USDA as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.[4]

Figure 11 shows there are census tracts throughout the service area that were denoted as food deserts during the period from 2015-2019, except in Dawson County.

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

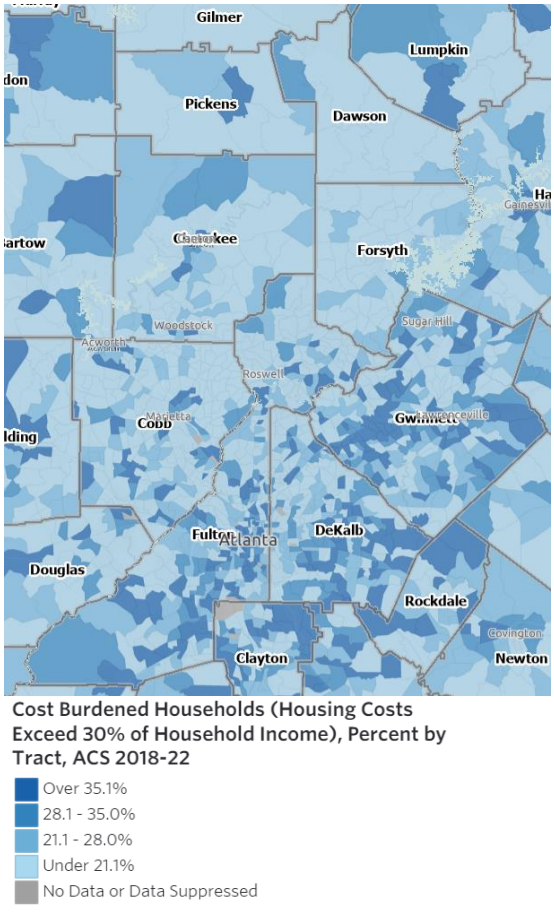
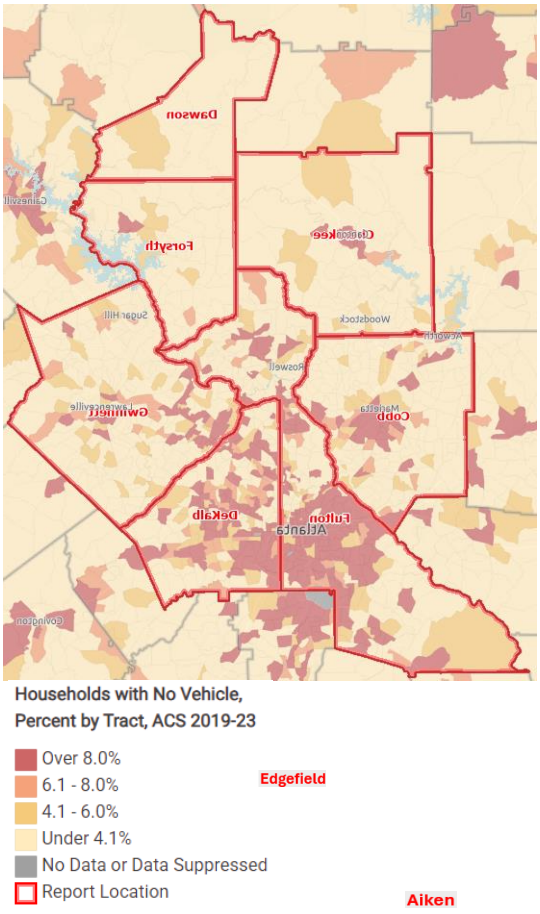


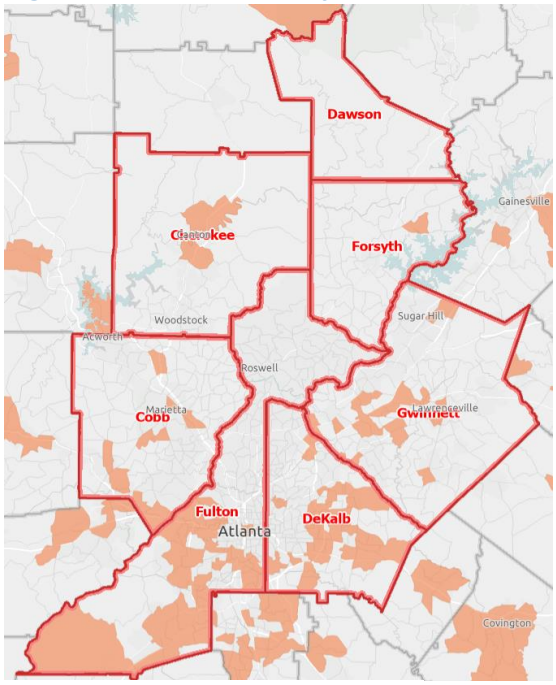
Figure 10. Households with No Vehicle, Percent by Census Tract and County (2019-2023)[1]



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

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

Figure 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 service area were:

1. Ischemic heart and vascular disease
2. Cerebrovascular disease
3. All other diseases of the nervous system
4. COVID-19
5. Essential (Primary) hypertension and hypertensive renal, and heart disease

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 the service area except Forsyth County (Table 4). Across the service area, the mortality rate from all top causes of death were generally lower than state averages, except for all other diseases of the nervous system. This was not a top five cause in the state but was a top cause of death in all counties in the service area and was the number one cause of death in Forsyth County. COVID-19 was also a top cause of death for all counties in the service area and was the second leading cause of death in Dawson and Gwinnett counties. 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.

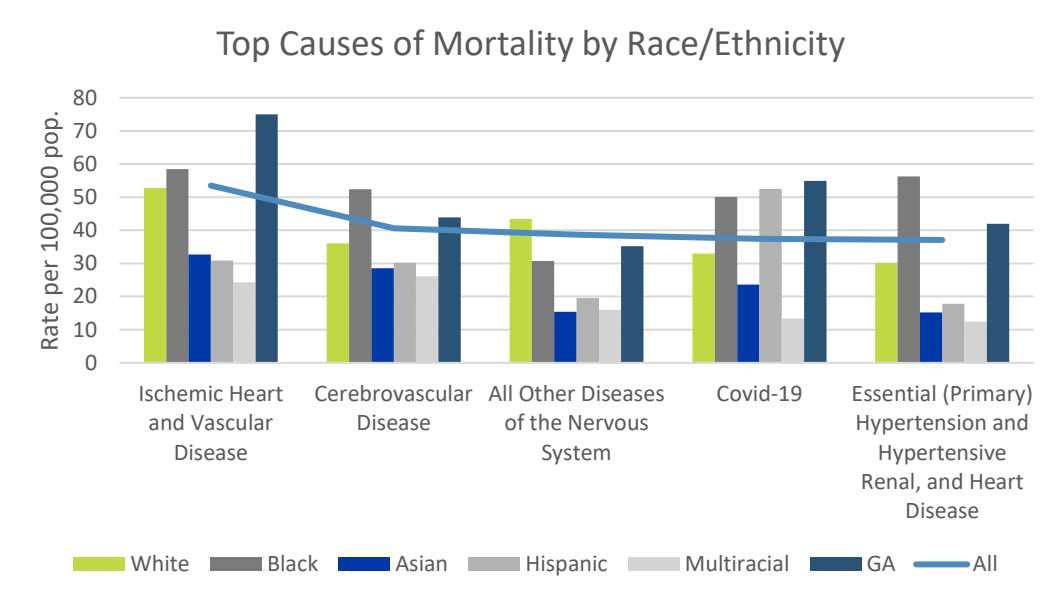
Table 4. Top Causes of Death (Georgia Counties): Age-Adjusted Death Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#1	Ischemic Heart and Vascular Disease-57.3	Ischemic Heart and Vascular Disease-59.4	Ischemic Heart and Vascular Disease-71.5	Ischemic Heart and Vascular Disease-51.5	All Other Diseases of the Nervous System-50.3	Ischemic Heart and Vascular Disease-52.0	Ischemic Heart and Vascular Disease-51.6	Ischemic Heart and Vascular Disease-53.5	Ischemic Heart and Vascular Disease-75.0
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-47.8	Cerebrovascular Disease-48.9	COVID-19-49.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-43.3	Ischemic Heart and Vascular Disease-44.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-46.5	COVID-19-37.6	Cerebrovascular Disease-40.6	COVID-19-54.9
#3	All Other Diseases of the Nervous System-49.1	COVID-19-37.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-50.1	Cerebrovascular Disease-38.2	Cerebrovascular Disease-35.6	Cerebrovascular Disease-41.0	Cerebrovascular Disease-38.8	All Other Diseases of the Nervous System-38.7	Cerebrovascular Disease-43.9
#4	COVID-19-36.2	All Other Diseases of the Nervous System-35.1	Malignant Neoplasms of the Trachea, Bronchus and Lung-36.2	COVID-19-35.0	COVID-19-32.5	COVID-19-37.5	All Other Diseases of the Nervous System-38.6	COVID-19-37.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-42.0
#5	Cerebrovascular Disease-37.2	Alzheimer's Disease-34.9	All Other Diseases of the Nervous System-50.3	All Other Diseases of the Nervous System-33.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-33.3	All Other Diseases of the Nervous System-39.8	Alzheimer's Disease-39.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-37.1	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 ischemic heart disease, cerebrovascular disease and essential (primary) hypertension and hypertensive renal, and heart disease compared to 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 other groups and the state. Black and Hispanic residents had the highest mortality rates from COVID-19 compared to other racial and ethnic groups in the service area.

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. Assault (homicide)
3. Intentional self-harm (suicide)
4. Motor vehicle crashes
5. Ischemic heart and vascular disease

Accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) was the top cause of premature death across the service area and in all counties except DeKalb and Fulton (Table 5). Assault was the number one cause of premature death in DeKalb and Fulton counties, but did not appear in the top causes of YPLL for any other counties in the service area or the state, indicating an increased burden of violence in the urban communities of these counties. Suicide was the second leading

cause of premature death in all counties except DeKalb and Fulton where it ranked fourth, and Dawson County's rate of 629.4 YPLL exceeded the state's average of 471.4 YPLL. Dawson County's premature death rate also exceeded the state's YPLL rate for ischemic heart disease. Forsyth County was the only county in the service area where COVID-19 was a leading cause of premature death.

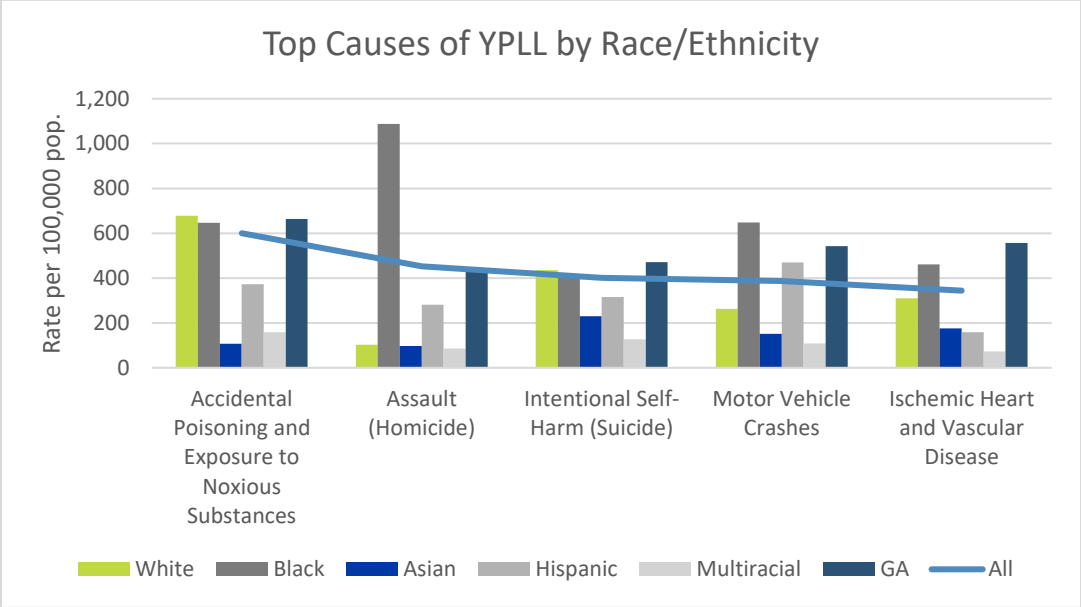
Table 5. Top Causes of Years of Potential Life Lost (YPLL): Age-Adjusted YPLL Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#1	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-698.5	Assault (Homicide)-839.6	Accidental Exposure Poisoning and Exposure to Noxious Substances-420.7	Assault (Homicide)-702.6	Accidental Exposure Poisoning and Exposure to Noxious Substances-524.7	Accidental Poisoning and Exposure to Noxious Substances-600.1	Accidental Poisoning and Exposure to Noxious Substances-664.4
#2	Intentional Self-Harm (Suicide)-430.9	Intentional Self-Harm (Suicide)-397.3	Intentional Self-Harm (Suicide)-692.4	Accidental Exposure Poisoning and Exposure to Noxious Substances-629.8	Intentional Self-Harm (Suicide)-308.4	Accidental Exposure Poisoning and Exposure to Noxious Substances-639.0	Intentional Self-Harm (Suicide)-394.2	Assault (Homicide)-452.3	Ischemic heart and vascular disease-556.9
#3	Motor Vehicle Crashes-309.6	Ischemic Heart and Vascular Disease-357.8	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease-563.5	Motor Vehicle Crashes-517.8	Ischemic Heart and Vascular Disease-219.7	Motor Vehicle Crashes-397.6	Motor Vehicle Crashes-373.9	Intentional Self-Harm (Suicide)-400.8	Motor vehicle crashes-542.9
#4	Ischemic Heart and Vascular Disease-297.4	Motor Vehicle Crashes-344.8	Ischemic Heart and Vascular Disease-485.7	Intentional Self-Harm (Suicide)-431.8	Motor Vehicle Crashes-202.9	Intentional Self-Harm (Suicide)-394.3	Certain Conditions Originating in the Perinatal Period-335.9	Motor Vehicle Crashes-386.7	COVID-19-479.8
#5	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease-274.9	Certain Conditions Originating in the Perinatal Period-269.4	Motor Vehicle Crashes-450.1	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease-411.6	COVID-19-173.0	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease-391.7	Ischemic heart and vascular disease-319.8	Ischemic Heart and Vascular Disease-344.1	Intentional Self-Harm (Suicide)-471.4

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

When looking at racial and ethnic groups in the service area, White residents had higher rates of YPLL for accidental exposure poisoning and exposure to noxious substances compared to other groups and the state (Figure 13). Black residents had the highest rates of YPLL from assault and motor vehicle crashes compared to other racial and ethnic groups in the service area 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 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). Across the service area, rates for all the top causes of emergency department visits were lower than state averages, however, specific counties were affected by these causes more severely. Diseases of the musculoskeletal system and connective tissue and all other unintentional injury were consistently the top two causes of ED visits across the service area, aside from Cherokee and Forsyth counties, where falls were the second leading cause. Dawson County had the highest rate of ED visits for all other diseases of the genitourinary system and falls compared to the other counties, although rates remained lower than the state averages. Gwinnett County had the highest rates of emergency department use for motor vehicle crashes compared to the rest of the service area and the state.

Table 6. Top Causes of Emergency Room Visits: Age-Adjusted Emergency Room Visit Rate by County Compared to State Benchmarks (2019-2023)

Ranking	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#1	All Other Unintentional Injury-1,774.6	Diseases Of the Musculoskeletal System and Connective Tissue-1,703.7	All Other Unintentional Injury-2,295.8	Diseases Of the Musculoskeletal System and Connective Tissue-2,769.0	All Other Unintentional Injury-1,384.9	Diseases Of the Musculoskeletal System and Connective Tissue-2,642.5	Diseases Of the Musculoskeletal System and Connective Tissue-1,516.7	Diseases of the Musculoskeletal System and Connective Tissue-2,026.7	Diseases Of the Musculoskeletal System and Connective Tissue-2,774.6
#2	Falls-1,371.0	All Other Unintentional Injury-1,537.8	Diseases Of the Musculoskeletal System and Connective Tissue-1,856.8	All Other Diseases of The Genitourinary System-1,431.4	Falls-1,171.0	All Other Unintentional Injury-1,546.2	All Other Unintentional Injury-1,481.1	All Other Unintentional Injury-1,501.1	All Other Unintentional Injury-2,458.9
#3	Diseases Of the Musculoskeletal System and Connective Tissue-1,320.8	All Other Diseases of The Genitourinary System-1,241.5	Falls-1,509.9	All Other Unintentional Injury-1,326.8	Diseases Of the Musculoskeletal System and Connective Tissue-1,002.8	All Other Diseases of the Genitourinary System-1,455.0	All Other Diseases of The Genitourinary System-1,150.3	All Other Diseases of the Genitourinary System-1,296.2	All Other Diseases of the Genitourinary System-1,899.3
#4	All Other Diseases of the Genitourinary System-1,248.1	Falls-1,141.4	All Other Diseases of the Genitourinary System-1,631.2	Falls- 896.8	All Other Diseases of The Genitourinary System-939.9	Falls-1,029.7	Falls-1,052.8	Falls-1,067.4	Falls-1,565.3
#5	Motor Vehicle Crashes-603.3	Motor Vehicle Crashes-724.6	Motor Vehicle Crashes-893.1	Motor Vehicle Crashes-859.5	Motor Vehicle Crashes-466.9	Motor Vehicle Crashes-750.6	Motor Vehicle Crashes-1,773.9	Motor Vehicle Crashes-745.8	Motor Vehicle Crashes-907.1

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

Top Causes of Hospital Discharge Rates

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

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

Across the service area, rates for top causes of hospital discharge were lower than state rates except for cerebrovascular disease and varied when looking at specific counties. Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, but no county's rate was higher than the state average. Dawson, DeKalb and Fulton counties all had higher rates of all other mental and behavioral disorders than state rates, and it ranked in the top three leading causes of hospital discharge in those counties (Table 7). Fulton and DeKalb counties also had higher hospital discharge rates of essential

(primary) hypertension and hypertensive renal, and heart disease compared to the state. Cherokee, Dawson, and Gwinnett all had COVID-19, and Cobb, DeKalb, and Fulton all had cerebrovascular disease in their top 5 causes of hospital discharges, while these causes did not make the top five for state rates of hospital discharges.

Table 7. Top Causes of Hospital Discharges: Age-Adjusted Hospital Discharge Rate by County Compared to State Benchmarks (2019-2023)

Rank	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#1	Septicemia- 441.1	Septicemia- 436.5	Septicemia- 420.0	Septicemia- 490.5	Septicemia- 316.2	Septicemia- 546.2	Septicemia- 481.2	Septicemia- 475.7	Septicemia- 604.4
#2	Diseases Of the Musculoskeletal System and Connective Tissue- 252.3	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 300.3	Ischemic Heart and Vascular Disease- 284.1	All Other Mental and Behavioral Disorders- 444.5	Ischemic Heart and Vascular Disease- 230.3	All Other Mental and Behavioral Disorders- 415.0	All Other Mental and Behavioral Disorders- 272.0	All Other Mental and Behavioral Disorders- 342.8	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 360.9
#3	Ischemic Heart and Vascular Disease- 236.5	All Other Mental and Behavioral Disorders- 297.1	All Other Mental and Behavioral Disorders- 431.6	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 371.7	Diseases Of the Musculoskeletal System and Connective Tissue- 227.9	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 389.6	Diseases Of the Musculoskeletal System and Connective Tissue- 225.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 312.5	All Other Mental and Behavioral Disorders- 381.3
#4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 246.9	Diseases Of the Musculoskeletal System and Connective Tissue- 246.2	COVID-19- 289.8	Cerebrovascular Disease- 237.9	All Other Mental and Behavioral Disorders- 238.0	Diseases Of the Musculoskeletal System and Connective Tissue- 251.9	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 246.8	Diseases of the Musculoskeletal System and Connective Tissue- 239.6	Diseases Of the Musculoskeletal System and Connective Tissue- 270.3
#5	COVID-19- 219.3	Cerebrovascular Disease- 222.7	Diseases Of the Musculoskeletal System and Connective Tissue- 282.5	Diseases Of the Musculoskeletal System and Connective Tissue- 232.8	Falls- 214.2	Cerebrovascular Disease- 230.6	COVID-19- 202.2	Cerebrovascular Disease- 218.9	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

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. DeKalb, Fulton, and Gwinnett counties all had a percentage of their residents living in an area affected by a health professional shortage area (8%, 19.8% and 7.4% respectively), and within those populations, about two thirds were underserved in DeKalb and Gwinnett counties, and 36.6% were underserved in Fulton County. Fulton County also included 5% of its population living in a health professional shortage for dental care.

Table 8. Provider Shortage Areas and Rates of Providers by Specialty and County Compared to State Benchmarks

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	GA
Percentage of Population Living in an Area Affected by a Health Professional Shortage (2024)	0.0%	0.0%	0.0%	8.0%	0.0%	19.8%	7.4%	26.3%
Percentage of Health Professional Shortage Population Underserved (2024)	0.0%	0.0%	0.0%	64.1%	0.0%	36.6%	68.5%	60.7%
Percentage of Population Living in a Health Professional Shortage for Dental Care (2024)	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	18.6%

Sources: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.

Despite their health professional shortage areas, Fulton and DeKalb counties had higher rates of providers compared to the state average for all provider types except addiction/substance use providers (**Error! Reference source not found.** 9). By type of provider, the service area had wide differences in rates, especially of mental health providers, nurse practitioners, and primary care providers. Cherokee, Dawson, and Forsyth counties consistently fell below state provider rates for almost every category, but Cobb, DeKalb, and Fulton counties were consistently higher than state rates, particularly for mental health and primary care providers.

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

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	GA
Addiction/Substance Abuse Providers (2020)*[1]	8.3	6.0	7.5	7.1	7.6	5.3	7.4	7.9
Buprenorphine Providers (2023)*[2]	4.4	10.8	7.0	10.8	4.6	11.9	5.3	7.9

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	GA
Dentists (2022)*[3]	50.9	72.2	46.4	62.4	38.9	76.1	65.2	53.9
Mental Health Providers (2024)*[4]	127.2	227.4	130.6	408.3	120.6	282.8	158.3	188.4
Nurse Practitioners (2024)*[4]	34.1	63.6	41.1	93.5	30.6	122.9	56.7	75.6
Primary Care (2021)*[5]	41.1	78.0	66.7	105.9	39.5	112.6	65.9	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.

North Fulton focus group participants living in the North Fulton service area identified the following challenges that negatively affected their access to care:

- Availability of mental healthcare and speech therapy.
- Scheduling doctor's appointments in a timely manner.
- Providers who are dismissive of patients' health concerns.
- Unpredictable healthcare costs.

Access-related recommendations from community members included expanding what Wellstar is currently doing in:

- Telehealth
- Medical College of Georgia (MCG at Home)
- Mobile care units

Behavioral Health

In the North Fulton community focus group, residents indicated that there may be a need for additional mental health services in this service area. In the North Fulton Medical Center service area, recorded rates of drug overdose were considerably higher in Dawson County compared to other counties and the state rate (Table 10). The highest recorded rate in Dawson County was 48.4 in 2018. In 2023, Fulton County had the highest rate at 26.9. Forsyth County is the only county to see an overall decrease in drug overdose rates.

Table 10. Georgia Service Area Counties: Rates of All Drug Overdoses by County and Year (2013-2023)

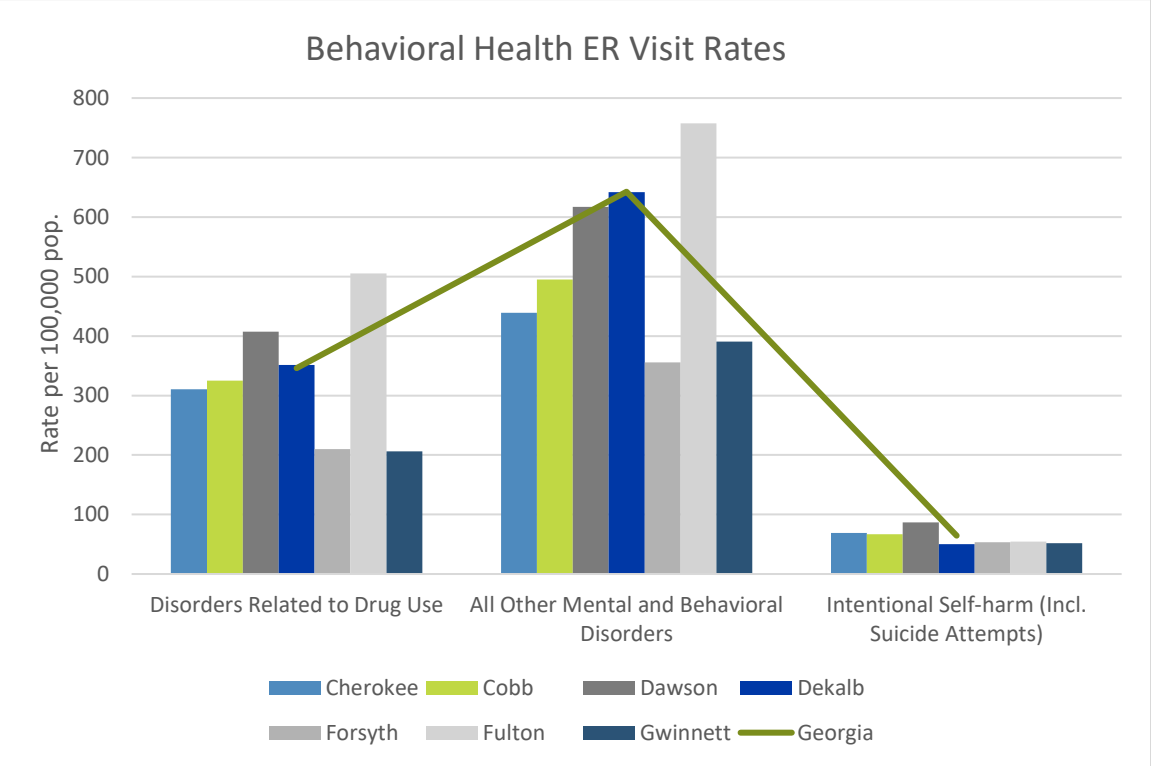
Year	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
2013	14.6	13.3	ND	5.4	12.6	11.5	7.1	10.5
2014	17.6	15.1	ND	7.8	15.7	12.1	6.6	11.4

Year	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
2015	24.1	13.4	29.8	9.4	18.8	13.0	10.8	12.2
2016	21.0	16.1	23.6	9.4	10.6	14.8	8.7	13.1
2017	16.7	18.1	30.0	10.2	14.3	14.5	10.3	14.6
2018	20.6	13.6	48.4	10.9	8.8	14.6	10.8	13.1
2019	12.3	13.3	ND	12.8	12.9	12.3	8.4	12.9
2020	20.7	20.0	21.6	14.0	9.2	17.0	12.5	17.9
2021	19.8	21.2	24.2	20.7	13.1	22.4	17.3	22.5
2022	20.8	21.9	22.8	24.2	19.2	24.0	17.4	24.8
2023	16.3	21.1	23.6	23.0	9.4	26.9	17.8	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

As shown in Figure 14, the highest rates of behavioral health emergency room visits across all counties were due to (1) disorders related to drug use and (2) all other mental and behavioral disorders. In both categories, most county rates were below the state average. The highest rates were observed in Dawson, DeKalb, and Fulton, which were at or above the state average. Overall, ER visit rates for intentional self-harm (including suicide attempts) were lowest, remaining under 100 for all counties.

Figure 14. 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 participants reported liking the food access and food variety in Fulton County and surrounding counties served by the North Fulton health system. “We have diverse people and diverse restaurants with foods from all around the world,” said one focus group attendee. Several noted that there were healthy food options available to them including farmers markets and grocery stores in close proximity. Community summit and focus group members noted that there were parks and green space in their neighborhoods to support physical activity and time in nature with Gwinnett County especially lauded for their park system.

The state’s two largest counties by population are in the North Fulton service area, Fulton County which has a food insecurity rate of 13.7% and Gwinnett County whose rate is 12.2%. Food security rates vary widely by geography. For example, free and reduced lunch (FRL) rates in Fulton County Schools range from less than 5% to 100% with 35 of 107 schools, many which are in the north section of the county, below 20% FRL. Lower FRL rates are seen in other counties in this service area: Forsyth County Schools 21%, Cherokee County Schools 36.7%, and and Dawson County Schools 50%.

Diabetes and Obesity

Obesity rates in this service area range from a low of 23.1% in Dawson County to a high of 29.5% in Gwinnett County (Table 11). Diabetes diagnoses are highest in DeKalb and Fulton Counties along with diabetes-related ER visits exceeding 290 per 100,000 population in the period 2019 to 2023. Obesity and sedentary lifestyles were noted as contributors to chronic conditions by focus group and community summit members. Community members also expressed concern about cancer, diabetes, arthritis, heart disease and stroke. The high cost of healthy food and convenience and low cost of “fast food” were identified as contributors to poor health especially among older adults.

Table 11. Select indicators for Obesity and Diabetes by County (2019-2023)

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021)1	28.2%	28.1%	23.1%	28.1%	24.5%	26.9%	29.5%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes1* (2021)	7.4%	7.9%	8.1%	10.7%	7.6%	9.0%	8.9%	9.6%
Diabetes ER Visit Rate2*	142.8	220.2	179.9	290.6	107.8	294.2	156.1	309.9
Diabetes Discharge Rate2 *	116.7	159.7	158.2	218.7	84.4	201.5	136.4	209.1
Diabetes Mortality Rate2*	9.7	17.9	11.1	23.9	12.2	20.7	22.2	22.4

*Age-adjusted rates per 100,000 population

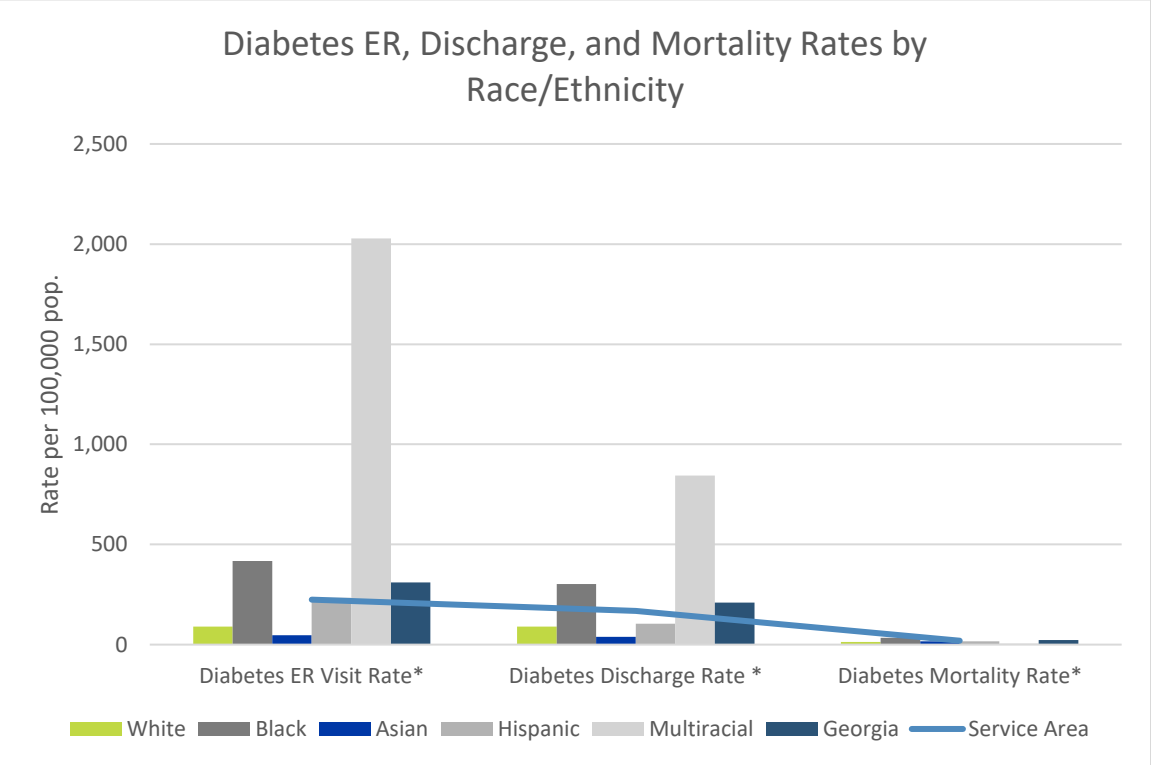
Sources:

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

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
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)



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

Chronic Disease

ER visits for high blood pressure and hospital discharge rates due to heart disease and stroke are high in the service area. DeKalb, Fulton, and Cobb are experiencing the highest rates of high blood pressure ER visits and stroke discharge rates. It is important for the health system to 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.

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

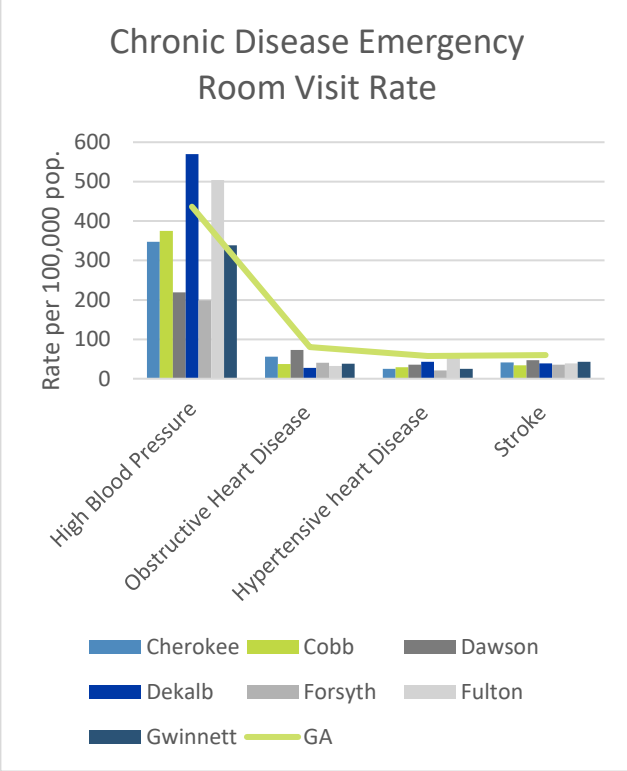


Figure 17. Age-Adjusted Chronic Disease Hospital Discharge Rate Compared to State Benchmarks (2019-2023)

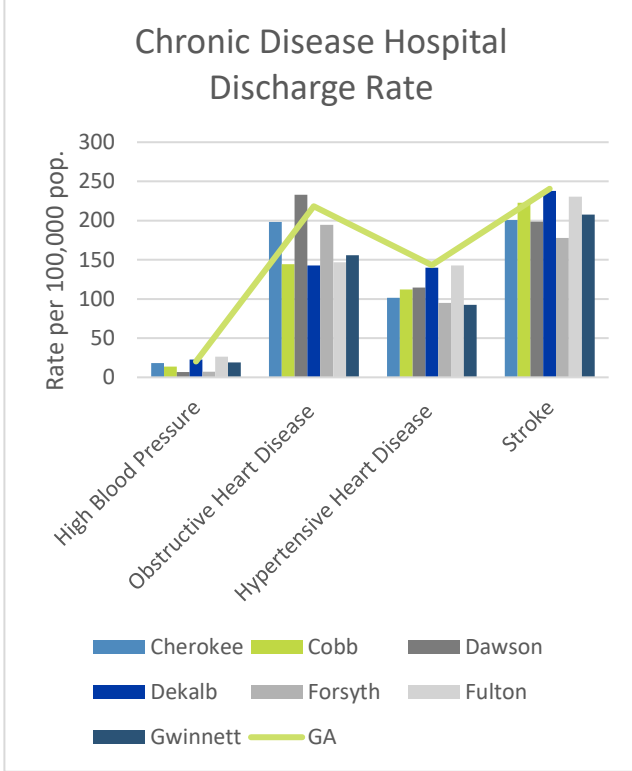
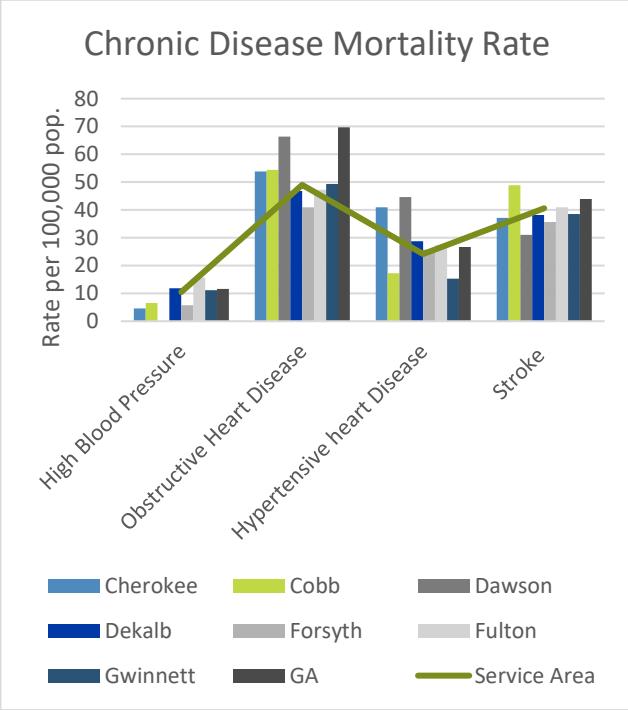


Figure 18. Age-Adjusted Chronic Disease Mortality Rate Compared to State Benchmarks (2019-2023)



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

From 2019 to 2023, pregnancy rates ranged from a low of 33.6 in Forsyth County to a high of 58.0 in DeKalb County, with Georgia's statewide average at 48.2 per 1,000 females aged 10–55 (Table 12). Birth rates followed a similar trend, ranging from 29.3 in Forsyth to 41.0 in Dawson, compared to the state at 36.9.

Late or no prenatal care was most prevalent in Cherokee County at 14.3%, significantly higher than the state percentage of 9.1%. In contrast, Dawson and Forsyth had the lowest rates at 3.0% and 3.6%, respectively. Likewise, the percentage of women who had fewer than five prenatal visits was highest in Cherokee (13.2%) and lowest in Dawson (2.2%), compared to the state percentage of 7.8%.

Premature births ranged from 9.4% in Forsyth to 11.6% in Fulton County, closely aligning with the statewide rate of 11.7%. Low birthweight births were most common in Fulton (11.3%) and least common in Dawson (6.7%), with Georgia averaging 10.3%.

Infant mortality rates were lowest in Cherokee County (4.0) and highest in Fulton County (7.0), compared to the state average of 6.8 deaths per 1,000 live births. Interestingly, while Cherokee County had the highest percentages of inadequate prenatal care (by as much as 11.3 percentage points in some instances), the county's percentages of premature and low birthweight births and infant mortality rate were on par with Dawson and Forsyth counties which had much better prenatal care outcomes.

Table 12. Select indicators for Pregnancy and Birth by County (2019-2023)*

	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Georgia
Pregnancy Rate	40.9	46.6	47.0	58.0	33.6	50.5	46.8	48.2
Birth Rate	35.5	34.9	41	40.4	29.3	31.6	35.8	36.9
% Births with late or no prenatal care	14.3%	8.2%	3.0%	11.3%	3.6%	10.7%	8.0%	9.1%
% Births with <5 prenatal Care visits	13.2%	5.9%	2.2%	11.1%	2.4%	10.1%	6.3%	7.8%
% Premature Births	10.0%	10.6%	9.9%	11.0%	9.4%	11.6%	10.5%	11.7%
% Low Birth Weight Births*	7.0%	8.8%	6.7%	10.7%	7.1%	11.3%	9.2%	10.3%
Infant Mortality Rate	4.0	5.2	4.3	6.3	4.3	7.0	6.0	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

Figure 19 illustrates the percentage of births with late or no prenatal care by race and ethnicity across the service area. Among all racial and ethnic groups, the highest percentage was among Hispanic mothers in Cherokee County with over 30% of Hispanic mothers receiving late or no prenatal care. Black and Multiracial mothers consistently exhibited higher percentages of inadequate prenatal care across most counties compared to White and Asian mothers. For example, Black mothers in Fulton and DeKalb Counties, and Multiracial mothers in Forsyth and DeKalb, had percentages exceeding 15%.

Asian mothers generally had the lowest percentages across all counties, frequently falling below 5%. The overall trend showed that racial disparities in prenatal care access persisted, with minority groups, especially Hispanic, Black, and Multiracial mothers, experiencing higher percentages of late or no prenatal care compared to the general population.

Figure 19: Percentage of Births with Late or No Prenatal Care by Race and Ethnicity Compared to State Benchmarks (2019-2023)

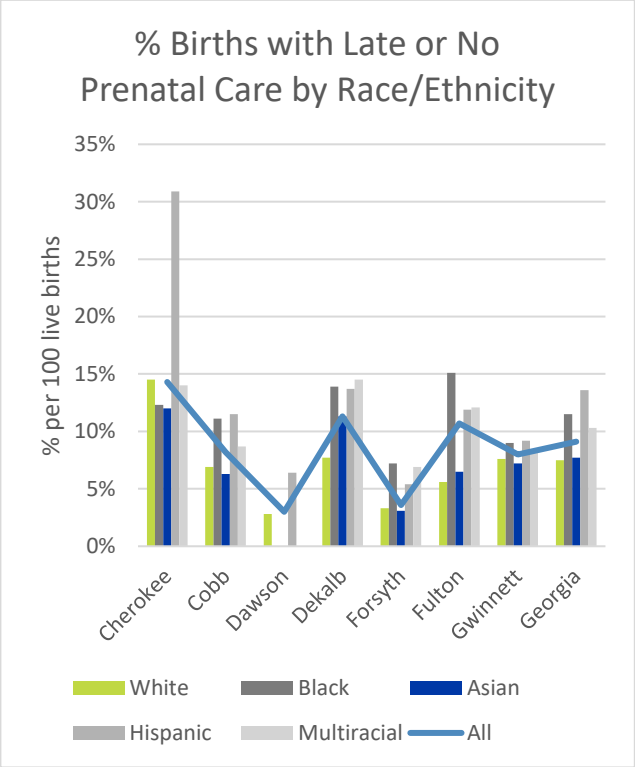


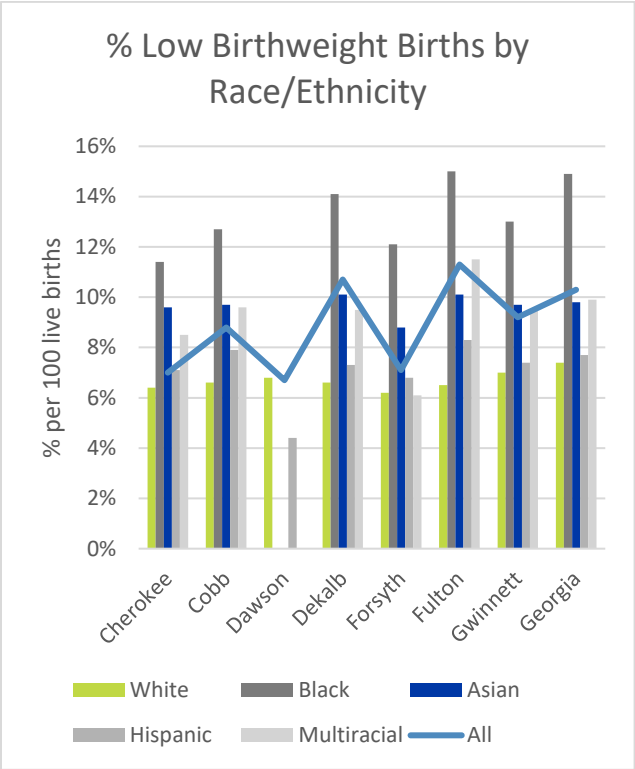
Chart only includes Georgia counties from service area
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 20 shows the percentage of low birthweight births by race and ethnicity across the service area. Across the counties where data were available, Black mothers consistently had the highest percentages of low birthweight births, exceeding 12% in every county and reaching approximately 15% in Fulton and Georgia overall.

White and Hispanic mothers tended to have lower percentages of low birthweight babies when compared to other racial groups, ranging between 6% to 8%, with little variation between counties. Asian mothers generally had slightly higher rates than White and Hispanic mothers but remained below 10% in most counties. Multiracial mothers also had relatively high rates in several counties, particularly in Fulton and Georgia overall, where the rate approached or exceeded 12%.

Overall, the graph highlighted persistent racial disparities in birth outcomes, with Black infants being more likely to be born with low birthweight compared to infants of other racial and ethnic backgrounds.

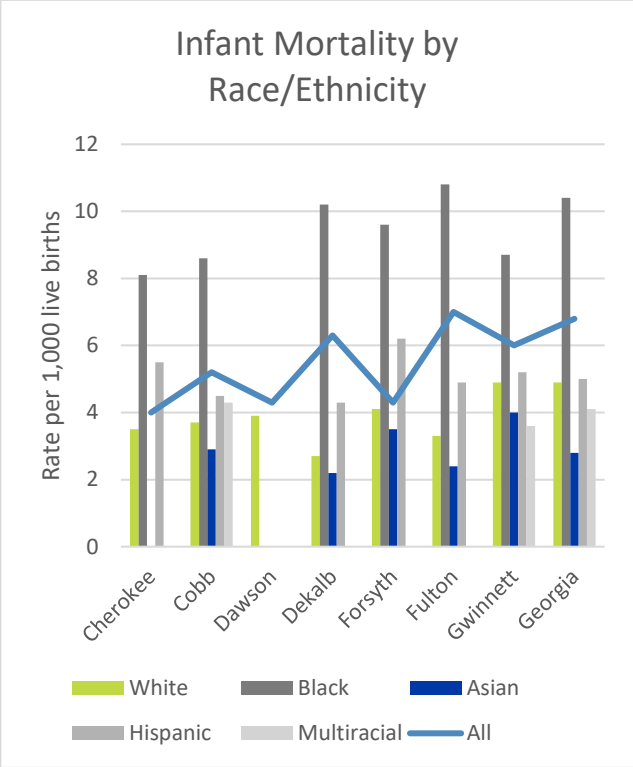
Figure 20: Percentage of Low Birthweight Births by Race and Ethnicity Compared to State Benchmarks (2019-2023)



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

Figure 21 presents infant mortality rates by race and ethnicity across the service area. Black infants consistently experienced the highest mortality rates, with outcomes surpassing 8 per 1,000 live births in all counties and exceeding 10 in DeKalb, Fulton and the state. Asian infants generally had the lowest mortality rates, typically ranging between 2 and 4 per 1,000 live births. The data highlight persistent racial disparities particularly affecting Black infants, who faced the highest risk of infant death compared to other groups.

Figure 21. 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 and focus group discussion participants as a health priority. Community residents identified the following health concerns specifically:

- Cancer
- Arthritis
- Heart disease
- Brain bleeds
- Autoimmune disease
- Overprescription of drugs and adverse drug side effects
- Overweight and obesity

"Elderly people" were considered a vulnerable group because they "cannot get out much" and they have "other people making decisions for them." 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 North Fulton 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 individuals aged 65 and above in the service area were:

- Ischemic heart and vascular disease
- Cerebrovascular disease
- All other diseases of the nervous system
- Alzheimer's Disease
- COVID-19 (Table 13)

The leading causes of death were consistently related to chronic and age-associated conditions. Ischemic heart and vascular disease ranked as the leading cause of death in Cherokee, Cobb, Dawson, DeKalb, Fulton, Gwinnett counties and the state, with rates ranging from 271.6 in DeKalb County to 397.1 in Gwinnett County per 100,000. Forsyth was the only county where Ischemic Heart and Vascular Disease did not rank first. Instead, All Other Diseases of the Nervous System took the top spot in Forsyth.

Cerebrovascular disease appeared as the second or third leading cause of death in Cobb, DeKalb, and Fulton Counties. COVID-19 was a top cause in Cobb, Dawson, and Gwinnett counties, and across the state, where it ranked second or fifth with rates over 250 per 100,000.

Alzheimer's disease was a consistently ranked among the top 5 causes of death. Other causes included Essential Hypertension and Hypertensive Renal and Heart Disease, and Chronic Obstructive Pulmonary Disease (COPD). Dawson County was the only county with Malignant Neoplasms of the Trachea, Bronchus and Lung among the top 5 causes of death.

Overall, the data highlighted that heart disease, neurological conditions, and vascular disorders were among the most common causes of death for older adults in the service area, with some geographic variation in the order and rates.

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

Rank	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#1	Ischemic Heart and Vascular Disease – 304.3	Ischemic Heart and Vascular Disease – 326.8	Ischemic Heart and Vascular Disease – 349.8	Ischemic Heart and Vascular Disease – 271.6	All Other Diseases of the Nervous System – 303.8	Ischemic Heart and Vascular Disease – 289.0	Ischemic Heart and Vascular Disease – 397.1	Ischemic Heart and Vascular Disease – 291.0	Ischemic Heart and Vascular Disease – 397.1
#2	All Other Diseases of the Nervous System – 261.6	Cerebrovascular Disease – 288.4	COVID-19 – 257.2	Cerebrovascular Disease – 213.9	Ischemic Heart and Vascular Disease – 259.8	All Other Diseases of the Nervous System – 246.1	COVID-19 – 281.4	Cerebrovascular Disease – 233.7	COVID-19 – 281.4
#3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 248.4	Alzheimer's Disease – 216.3	All Other Diseases of the Nervous System – 240.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 208.3	Alzheimer's Disease – 216.4	Cerebrovascular Disease – 245.6	Alzheimer's Disease – 267.9	All Other Diseases of the Nervous System – 223.1	Alzheimer's Disease – 267.9

Rank	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#4	Alzheimer's Disease – 220.3	All Other Diseases of the Nervous System – 202.4	Alzheimer's Disease – 229.8	All Other Diseases of the Nervous System – 192.7	Cerebrovascular Disease – 214.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 239.5	Cerebrovascular Disease – 248.9	Alzheimer's Disease – 211.3	Cerebrovascular Disease – 248.9
#5	Cerebrovascular Disease – 202.9	COVID-19 – 201.8	Malignant Neoplasms of the Trachea, Bronchus and Lung – 216.1	Alzheimer's Disease – 192.3	All COPD Except Asthma – 193.8	Alzheimer's Disease – 206.9	All COPD Except Asthma – 240.5	COVID-19 – 199.7	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									

Top Causes of Emergency Department Visits

Between 2019-2023, the top causes of emergency department (ED) visits among people aged 65 and above 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 (Table 14)

The top five causes of emergency room visits were primarily related to falls, musculoskeletal disorders, and genitourinary issues. Falls consistently ranked as the leading cause across most counties and the state, with rates ranging from 2,466.1 in Gwinnett County to 4,253.3 in Forsyth County.

Diseases of the musculoskeletal system and connective tissue ranked either first (DeKalb and Fulton) or second (Cherokee, Cobb, Dawson, Forsyth, and Gwinnett) in all counties, with the statewide rate reaching 3,328.2 per 100,000. All other diseases of the genitourinary system commonly ranked third, appearing consistently in this position across nearly all counties across the service area, with rates ranging from 1,311.9 in Cobb County to 1,539.8 in Dawson County.

All Other Unintentional Injuries and Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease were also among the top 5 causes across the service area. COVID-19 was only represented in Dawson County, where it ranked fifth with a rate of 836.8 per 100,000.

Overall, the data showed that falls and musculoskeletal conditions were the most common causes of emergency room visits among older adults in the service area, followed by genitourinary conditions and chronic cardiovascular issues.

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

Rank	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Service Area	GA
#1	Falls – 3,982.1	Falls – 3,164.5	Falls – 3,412.3	Diseases of the Musculoskeletal System and Connective Tissue – 3,182.6	Falls – 4,253.3	Diseases of the Musculoskeletal System and Connective Tissue – 3,393.4	Falls – 2,889.5	Falls – 3,118.3	Falls – 3,746.0
#2	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 – 1,923.9	Falls – 2,466.1	Diseases of the Musculoskeletal System and Connective Tissue – 2,053.6	Falls – 3,205.3	Diseases of the Musculoskeletal System and Connective Tissue – 2,114.9	Diseases of the Musculoskeletal System and Connective Tissue – 2,624.4	Diseases of the Musculoskeletal System and Connective Tissue – 3,328.2
#3	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 – 1,539.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,366.0	All Other Diseases of the Genitourinary System – 1,496.6	All Other Diseases of the Genitourinary System – 1,483.9	All Other Diseases of the Genitourinary System – 1,337.0	All Other Diseases of the Genitourinary System – 1,394.2	All Other Diseases of the Genitourinary System – 1,960.3
#4	All Other Unintentional Injury – 1,400.0	All Other Unintentional Injury – 1,013.4	All Other Unintentional Injury – 1,289.5	All Other Diseases of the Genitourinary System – 1,287.7	All Other Unintentional Injury – 1,404.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,358.7	All Other Unintentional Injury – 1,079.4	All Other Unintentional Injury – 1,122.8	All Other Unintentional Injury – 1,529.4
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 798.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 891.4	COVID-19 – 836.8	All Other Unintentional Injury – 887.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 819.8	All Other Unintentional Injury – 1,259.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 933.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,098.2	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)

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	GA	US
Total Population (2022)	268,567	765,813	27,355	761,209	253,225	1,061,944	957,977	10,722,325	331,097,593
Age Distribution									
Median Age in Years	39.7	37.2	43.9	36.3	39.2	36.1	35.7	37.2	38.5
Under 18 Years	23.5%	22.9%	19.9%	22.7%	26.4%	21.1%	26.4%	23.4%	22.1%
18-24 Years Old	8.3%	9.3%	8.5%	8.6%	8.1%	10.1%	9.6%	9.8%	9.5%
25-34 Years Old	11.9%	14.5%	11.9%	16.5%	9.3%	17.1%	13.0%	13.8%	13.7%
35-44 Years Old	13.7%	14.2%	11.1%	14.4%	16.2%	14.4%	14.2%	13.3%	12.9%
45-54 Years Old	14.7%	14.0%	14.3%	12.8%	16.4%	13.7%	14.4%	13.1%	12.4%
55-64 Years Old	12.9%	12.3%	14.6%	11.8%	11.4%	11.4%	11.8%	12.3%	12.9%
65+ Years Old	15.0%	13.0%	19.7%	13.1%	12.3%	12.2%	10.6%	14.4%	16.5%
Racial/Ethnic Distribution									
White	80.8%	52.8%	91.2%	31.9%	69.6%	41.0%	39.4%	54.3%	65.9%
Black	7.1%	27.5%	1.3%	52.8%	4.1%	43.4%	28.5%	31.5%	12.5%
Asian	2.0%	5.6%	0.8%	6.2%	16.6%	7.6%	12.8%	4.3%	5.8%
Native American and Alaska Native	0.7%	0.4%	0.1%	0.7%	0.3%	0.2%	0.5%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.2%
Multiple Races	6.2%	7.6%	5.4%	5.8%	6.9%	5.0%	9.3%	6.0%	8.8%
Some other race	3.2%	6.1%	1.2%	2.5%	2.4%	2.7%	9.5%	3.5%	6.1%
Hispanic/Latino	11.2%	13.5%	5.8%	8.5%	9.6%	7.3%	21.8%	10.1%	18.7%
Population with Limited English Proficiency	5.3%	7.2%	1.8%	8.0%	5.9%	4.8%	15.9%	5.5%	8.2%
Income Distribution									
Median Household Income	$100,824	$94,244	$84,516	$76,044	$131,660	$86,267	$82,296	$71,355	$75,149
Less than $25,000	9.2%	9.3%	10.3%	14.6%	5.8%	15.5%	10.8%	16.6%	15.7%
$25,000- $49,999	13.2%	14.5%	17.1%	19.2%	9.2%	14.9%	17.4%	19.0%	18.1%
$50,000- $99,999	27.1%	28.7%	30.3%	27.9%	20.4%	26.3%	30.9%	29.7%	28.9%
$100,000- $199,999	35.9%	30.9%	30.1%	24.7%	37.9%	24.8%	29.7%	24.7%	25.9%
$200,000 or more	14.7%	16.6%	12.2%	13.7%	26.7%	18.6%	11.2%	10.0%	11.4%

Data Source: US Census Bureau, American Community Survey. 2018-22
*US Department of Labor, Bureau of Labor Statistics. 2024 - August.

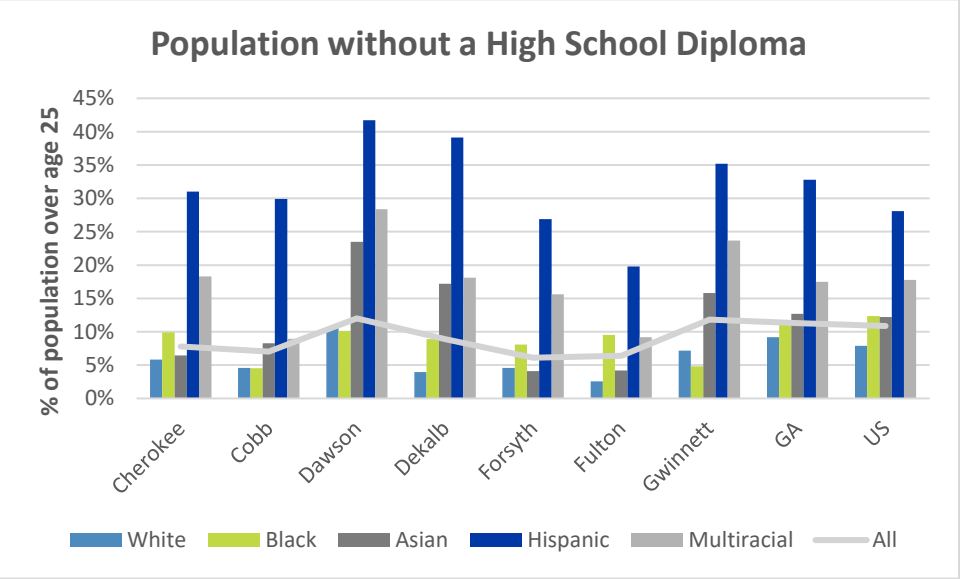
Appendix B: Data related to the Social Determinants of Health (SDOHs)

Education

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

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	GA	US
Adults without HS Diploma (Age 25+)[1]	7.8%	7.0%	12.0%	8.9%	6.1%	6.4%	11.8%	11.3%	10.9%
High School Graduate Rate (2020-2021)[2]	91.0%	87.0%	97.6%	75.2%	96.0%	86.8%	82.0%	86.9%	81.1%
Associates degree or higher[1]	47.5%	57.1%	43.0%	54.3%	63.0%	63.2%	48.4%	41.9%	43.1%
Bachelors degree or higher[1]	39.5%	49.7%	35.5%	46.7%	56.2%	57.1%	38.9%	33.6%	34.3%
Preschool Enrollment (ages 3-4) [1]	50.3%	53.7%	37.5%	56.0%	55.6%	60.0%	43.9%	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 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.

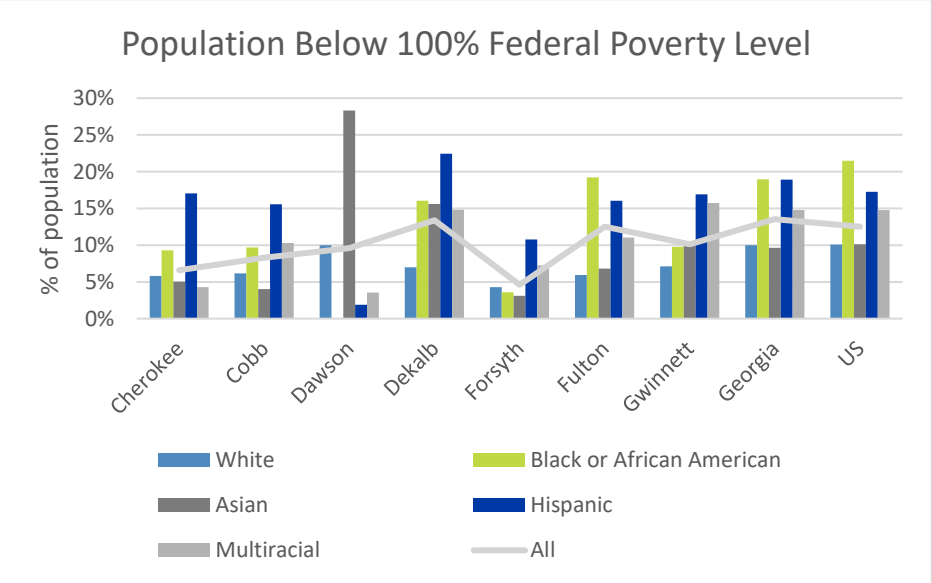
Socioeconomic status / Income

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

	Cherokee		Cobb		Dawson		Dekalb		Forsyth		Fulton		Gwinnett		Georgia		US	
	2014-	2018-22	2014-	2018-22	2014-	2018-22	2014-	2018-22	2014-	2018-22	2014-	2018-22	2014-	2018-22	2014-	2018-22	2014-	2018-22

	Cherokee		Cobb		Dawson		Dekalb		Forsyth		Fulton		Gwinnett		Georgia		US	
	2018		2018		2018		2018		2018		2018		2018		2018		2018	
Total households	85,825	97,023	277,222	291,171	8,711	10,343	277,757	284,730	73,675	84,662	400,016	450,856	288,724	317,971	3,709,488	3,946,490	119,730,128	125,736,353
All people	6.0%	6.6%	6.9%	8.3%	6.8%	9.6%	12.3%	13.4%	4.4%	4.6%	11.2%	12.5%	9.0%	10.1%	16.0%	13.5%	14.1%	12.5%
All families	3.8%	5.3%	3.6%	5.4%	5.7%	7.4%	6.2%	9.4%	3.1%	3.2%	4.2%	8.7%	5.9%	8.2%	12.1%	10.0%	10.1%	8.8%
Married couple families	20.3%	3.1%	18.1%	2.9%	14.7%	3.6%	24.7%	4.5%	14.9%	2.0%	27.7%	3.3%	21.4%	5.4%	5.8%	4.8%	5.0%	4.5%
Single female head of household families	8.1%	14.9%	10.0%	13.4%	8.7%	29.3%	16.6%	20.0%	5.9%	13.4%	15.1%	21.7%	11.4%	18.4%	30.6%	25.2%	27.8%	24.1%
Data 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

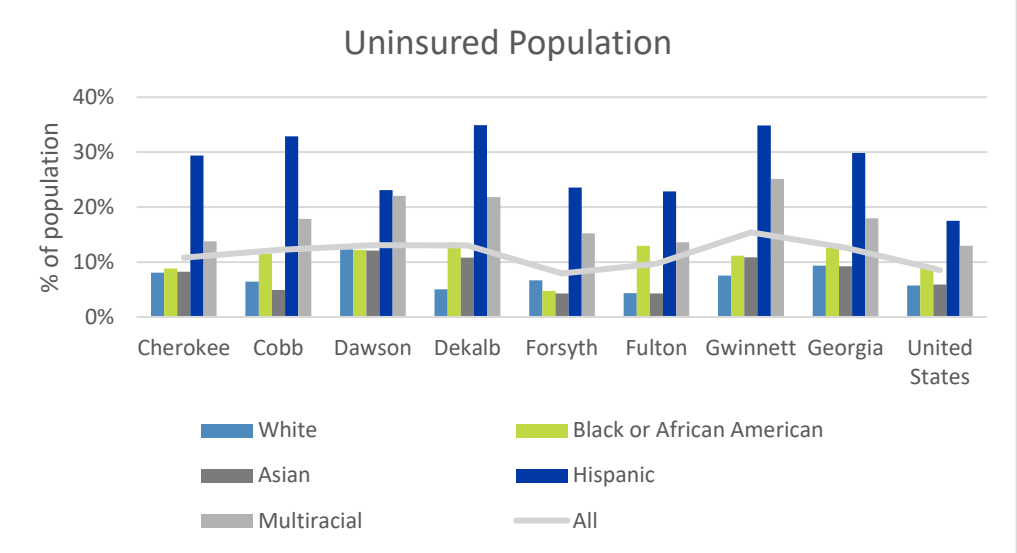
Table 18. Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022) by County

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	Georgia	US
Unemployment Rate (2024)[1]	2.8%	3.0%	2.9%	3.6%	2.9%	3.8%	3.2%	3.5%	3.9%

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	Georgia	US
Uninsured Population (2018-2022)[2]	10.81%	12.17%	13.08%	13.02%	7.91%	9.68%	15.40%	12.60%	8.55%

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

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Units Affordable at 15% AMI	2.1%	1.6%	3.8%	1.8%	1.7%	2.9%	1.7%	3.7%	3.6%
Units Affordable at 30% AMI	4.2%	3.0%	7.6%	4.1%	4.9%	6.3%	2.5%	9.1%	8.4%
Units Affordable at 40% AMI	8.1%	7.0%	12.6%	6.9%	8.3%	10.5%	4.6%	14.7%	13.6%
Units Affordable at 50% AMI	13.7%	14.3%	17.9%	12.3%	14.1%	16.8%	8.3%	22.2%	20.7%
Units Affordable at 60% AMI	22.0%	23.4%	23.8%	20.7%	23.4%	24.9%	14.5%	30.3%	28.6%
Units Affordable at 80% AMI	46.4%	45.6%	39.2%	40.5%	44.8%	42.8%	34.7%	46.5%	44.2%
Units Affordable at AMI	58.3%	62.4%	52.9%	57.8%	60.7%	64.5%	59.5%	60.2%	59.5%
Units Affordable at 125% AMI	73.1%	73.4%	63.1%	71.5%	99.1%	70.1%	70.5%	72.3%	69.6%
Median Gross Rent	$1,580	$1,535	$1,360	$1,464	$1,779	$1,529	$1,594	$1,221	$1,268
Households paying more than 30% of income for monthly mortgage	20.9%	21.3%	21.6%	25.9%	18.6%	24.4%	27.8%	25.0%	27.3%

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	Georgia	U.S.
Households paying more than 30% of income for monthly rent	53.4%	48.6%	54.3%	55.2%	44.0%	48.9%	56.9%	50.4%	49.9%
Households with One or More Severe Problems (2017-2021)*	11.3%	11.8%	10.9%	13.7%	8.8%	12.5%	15.5%	12.8%	13.1%
Data Sources: US Census Bureau, American Community Survey. 2018-22. *US Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021. AMI- Area Median Income									

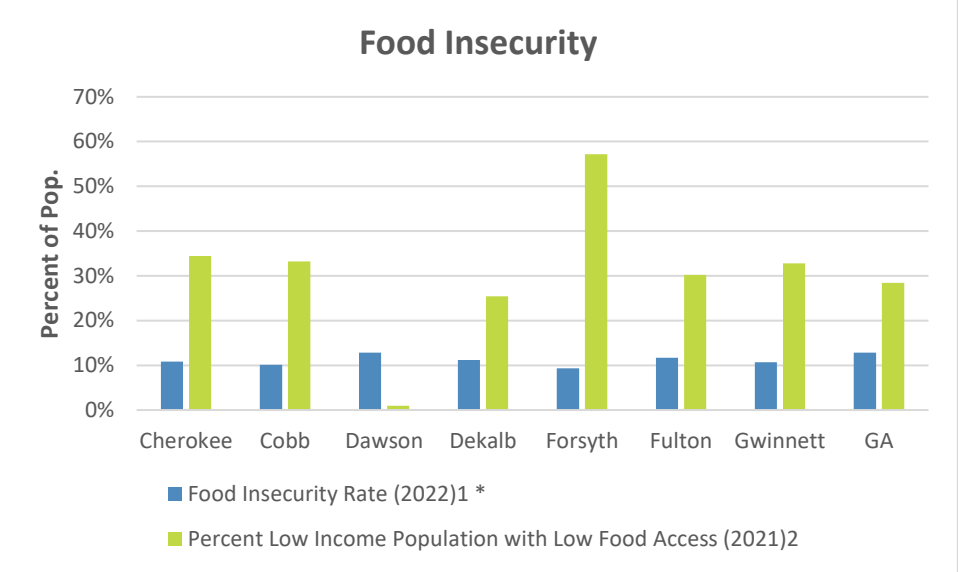
Transportation

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

	Cherokee	Cobb	Dawson	Dekalb	Forsyth	Fulton	Gwinnett	GA	US
Households with No Motor Vehicle	2.2%	3.5%	2.4%	7.7%	1.8%	10.7%	3.3%	6.0%	8.3%
Commuting mode - Public Transportation	0.2%	0.6%	0.0%	5.0%	0.5%	5.2%	0.7%	1.5%	3.8%
Data 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: [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

Georgia Health Policy Center
Andrew Young School of Policy Studies
Georgia State University
ghpc.gsu.edu