

# **Wellstar Spalding Medical Center & Wellstar Sylvan Grove 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 Spalding and Sylvan Grove Hospitals are required to conduct a Community Health Needs Assessment (CHNA) under the Internal Revenue Code (IRC) Section 501(r). The purpose of the CHNA is to gather new (primary) and interpret existing (secondary) data to identify health priorities that Wellstar 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 Spalding Medical Center Service Area and Potential Next Steps**

Health Priority	Findings	Potential Next Steps
<b>Access</b>	In 2024, counties in the service area had between 31-45% of residents living in an area affected by a health professional shortage areas in all but three counties	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
<b>Behavioral Health</b>	Between 2019 and 2023, Spalding and Upson had noticeably higher rates for ER visits related to all other mental and behavioral disorders compared to the other counties in the service area. These rates exceeded the state average by far.	Prioritize facilitating access to behavioral health care in Spalding and Upson 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.
<b>Healthy Living</b>	Spalding focus group members and community summit attendees identified access to healthy foods, physical activity, and chronic disease as concerns, but the top priority was health education/literacy. Food insecurity rates in the service area range from 11.1% to	Nutrition education and promotion of enrollment of federal nutrition programs among young parents, particularly in Clayton and Upson, may be beneficial. Implementation of evidence-based initiatives (e.g., Diabetes Prevention

Health Priority	Findings	Potential Next Steps
	18.6% (Upson County is highest). Butts, Clayton, Lamar, and Upson-Thomaston school systems have free and reduced school lunch rates greater than 95%.	Program, physical activity and produce prescriptions) and post-cardiovascular event follow-up or programming may impact chronic disease hospital discharge and mortality rates.
<b>Maternal and Child Health</b>	Overall, Clayton County consistently exhibited the poorest maternal and infant health outcomes among the counties in the service area. For example, sixteen percent (16.2%) of births in Clayton County received late or no prenatal care, compared to 9.1% at the state level.	In 2024, Wellstar Received a Healthy Start Grant to improve health outcomes in Butts, Spalding and Troup counties. If the Healthy Start program continues to grow, there may be an opportunity to improve outcomes in the broader Spalding service area including Clayton County.
<b>Healthy Aging</b>	Focus group participants acknowledged the financial barriers to care for seniors on a fixed income and the challenge of navigating the Medicare system.	Wellstar should consider how they can support insurance literacy efforts for seniors.

## SERVICE AREA

### Wellstar Spalding Medical Center

The Wellstar Spalding Medical Center supports over 110,000 patients annually. Fully accredited by the Joint Commission on Accreditation, Spalding Medical Center's medical specialties include Emergency Services, Cardiac Health, Primary Stroke Center, Orthopedic & Joint Health, Women's Services and Oncology. Wellstar Spalding Medical Center also operates several specialized outpatient facilities: Center for Rehabilitation, Center for Sleep Medicine, and Center for Wound Healing and Hyperbaric Medicine. Wellstar Spalding Medical Center has received several awards and recommendations, including multiple Joint Commission accreditations and distinctions from the American Heart Association, Georgia Association of Emergency Medical Services, and American College of Surgeons. The Center for Wound Healing and Hyperbaric Medicine has been named a National Center of Distinction. The Primary Stroke Center was presented with the Gold Plus Target: Stroke Honor Roll Elite award by the American Heart/American Stroke Association. The medical center's Emergency Medical Services has been named "Best in the State" and given the Gold Award for Cardiac Services from the prestigious American Heart Association.

### Wellstar Sylvan Grove Medical Center

Wellstar Sylvan Grove Medical Center supports the health needs of over 15,800 patients annually. Specialties at Wellstar Sylvan Grove Medical Center include Emergency Services, inpatient Center for Rehabilitation, swing beds, and diagnostics and pulmonary evaluation programs. Wellstar Sylvan Grove Medical Center offers 24-hour Emergency Services and provides inpatient programs focused on occupational, physical, and speech therapy. Programs are designed for recovery regarding diverse conditions, including joint replacement, various surgeries, stroke, cardiac and resistant wounds that cannot be treated through outpatient means. The medical center also offers post-acute, extended care and

personalized nursing care and treatment. Wellstar Sylvan Grove Medical Center is nationally recognized for patient safety and quality and locally known for its friendliness, personalized care, and community involvement. In 2017, Wellstar Sylvan Grove Medical Center I was named a Top Rural Hospital by The Leapfrog Group.

The Wellstar Spalding Medical Center & Wellstar Sylvan Grove Medical Center service area includes Butts, Clayton, Henry, Lamar, Monroe, Newton, Pike, Spalding, and Upson 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 36 zip codes across the nine counties (Table 2).

Figure 1. Map of Wellstar Spalding & Sylvan Grove service area by county

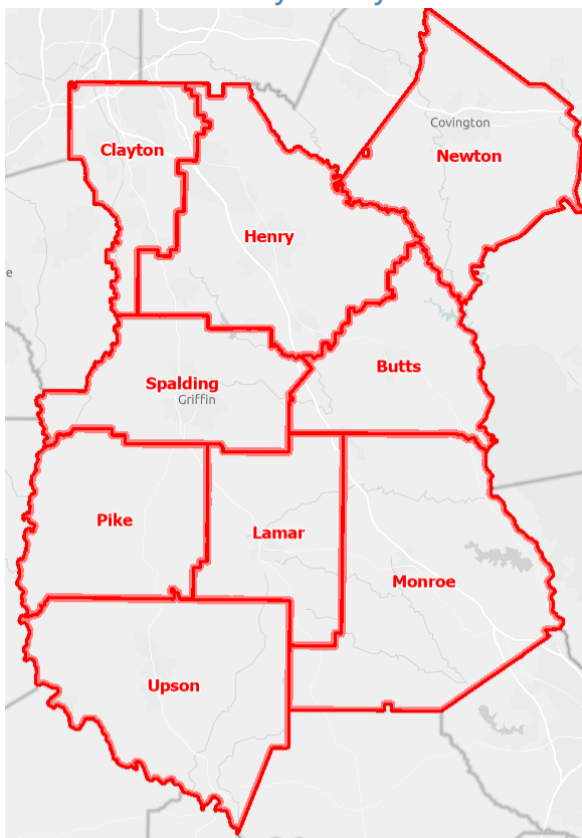


Table 2. Zip Codes by County

County	Zip Codes
Butts	30216, 30233, 30234
Clayton	30236, 30238, 30260, 30273, 30274, 30288, 30296, 30297
Henry	30228, 30248, 30252, 30253, 30281
Lamar	30204, 30257
Monroe	31016, 31029, 31046
Newton	30014, 30016, 30054, 30055, 30056
Pike	30206, 30256, 30258, 30292, 30295
Spalding	30223, 30224
Upson	30285, 30286, 31097
Source: Georgia Department of Community Health, <a href="https://www.georgiahealthdata.info/Georgia_Zip_Code_County_Lookup.PDF">https://www.georgiahealthdata.info/Georgia_Zip_Code_County_Lookup.PDF</a>	

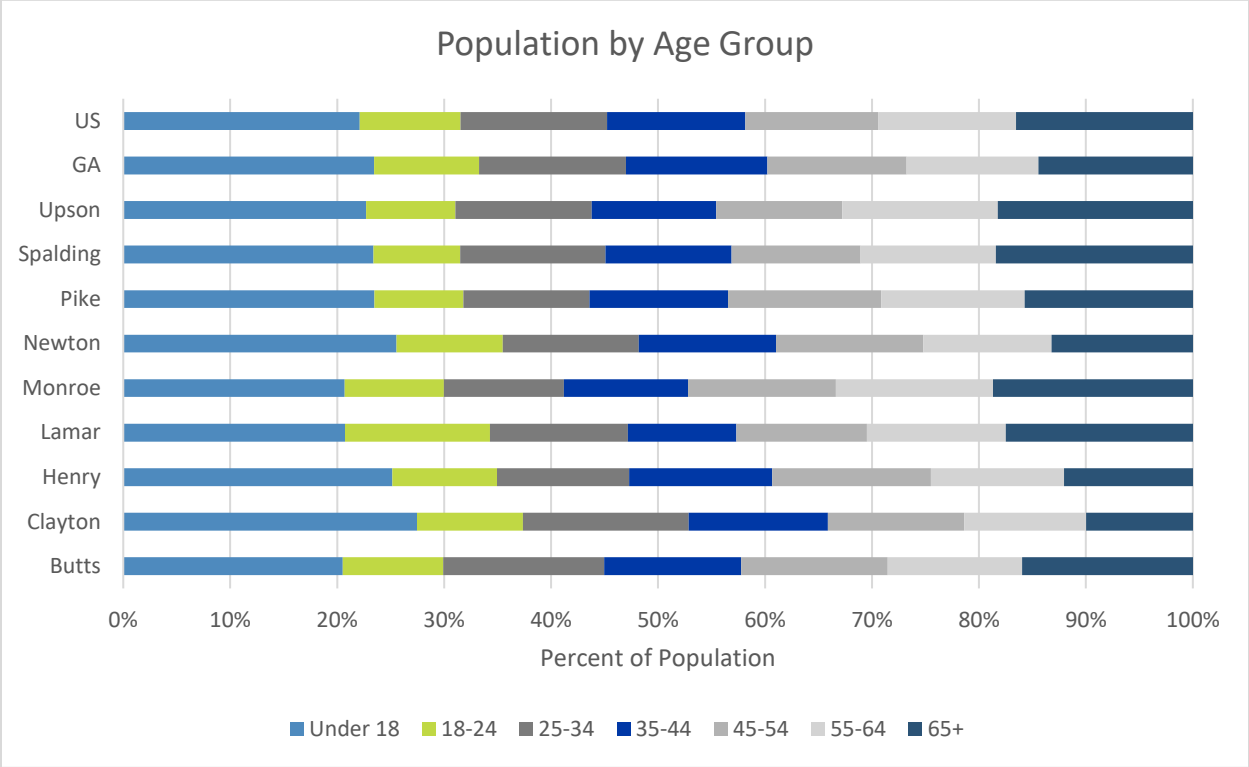
## Demographics

### Population and Age

Population sizes in the service area varied widely, as Clayton County had the largest population with 296,312 residents, while Lamar County had the smallest with 18,676 residents (See Appendix A). Clayton, Henry, and Newton counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (33.0, 36.9, and 36.4 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age (**Error! Reference source not found.**). The age distributions in Butts, Lamar, Monroe, Pike, Spalding, and Upson counties also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over. This is indicative of an adult population facing the dual responsibilities of caring for both children and aging adults at the same time.



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

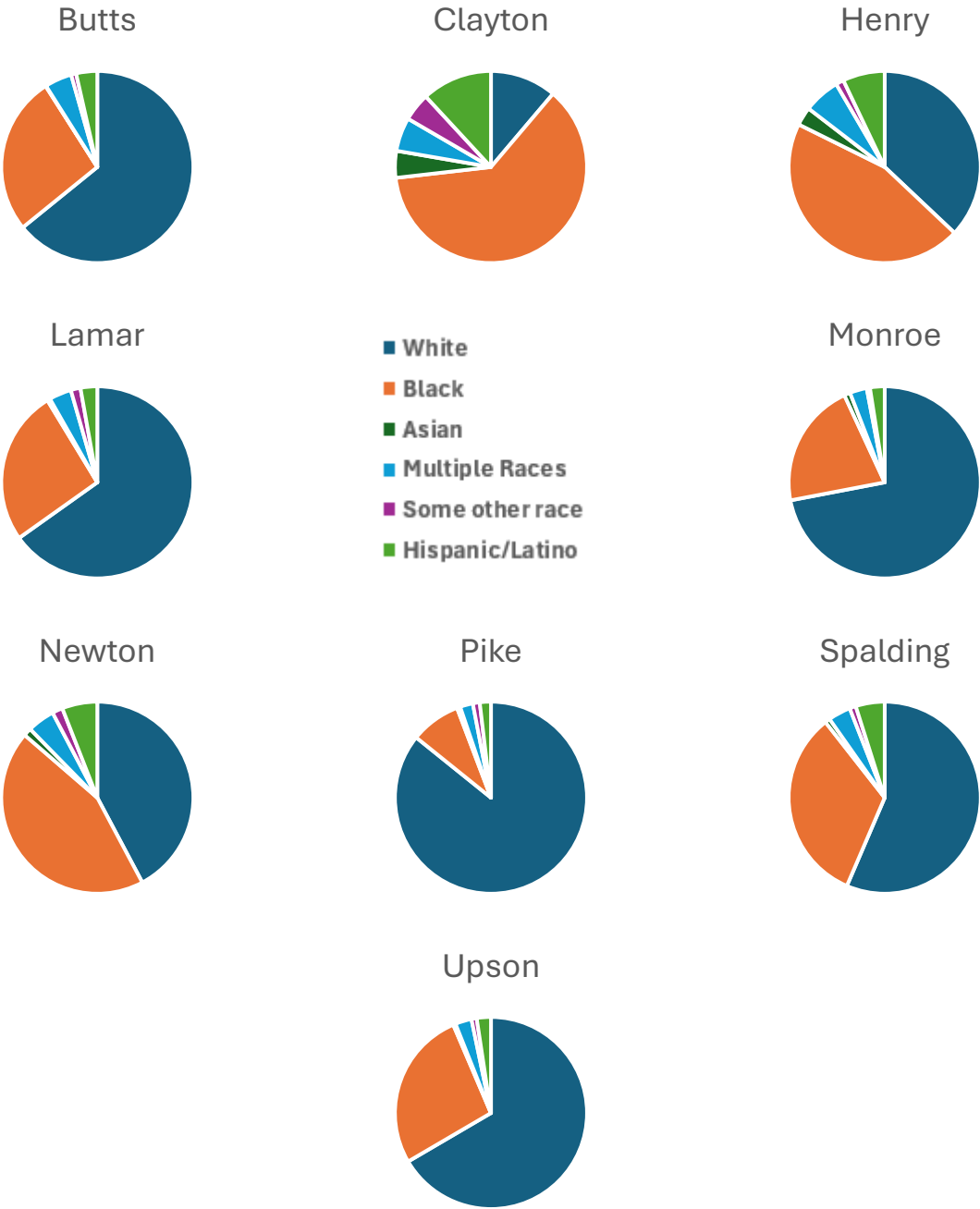


Source: US Census Bureau, American Community Survey. 2024 - August.

Race and Ethnicity

Butts, Lamar, Monroe, Pike, and Upson counties are less diverse than the state, with higher proportions of White residents, and lower proportions of Black or Asian residents compared to state rates (**Error! Reference source not found.**). Pike County was the least diverse in the service area, with White residents making up 87.4% of its population. In contrast, Clayton, Henry, and Newton counties are more diverse than the state, with Clayton County having the highest percentage of Black residents (70.2%), and the highest percentage of Hispanic residents (13.4%) and the highest percentage of residents with limited English proficiency (9.0%), 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.”<sup>1</sup> 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 Spalding service area.

**Table 3: Vulnerability Index by County**

County	Vulnerability Index	Level of Vulnerability
Butts	0.5565	Medium – High
Clayton	0.9488	High
Henry	0.4018	Low – Medium
Lamar	0.4092	Low – Medium
Monroe	0.329	Low – Medium
Newton	0.6577	Medium – High
Pike	0.0665	Low
Spalding	0.8206	High
Upson	0.6468	Medium – High

### Education, Poverty, and Unemployment & Insurance Coverage

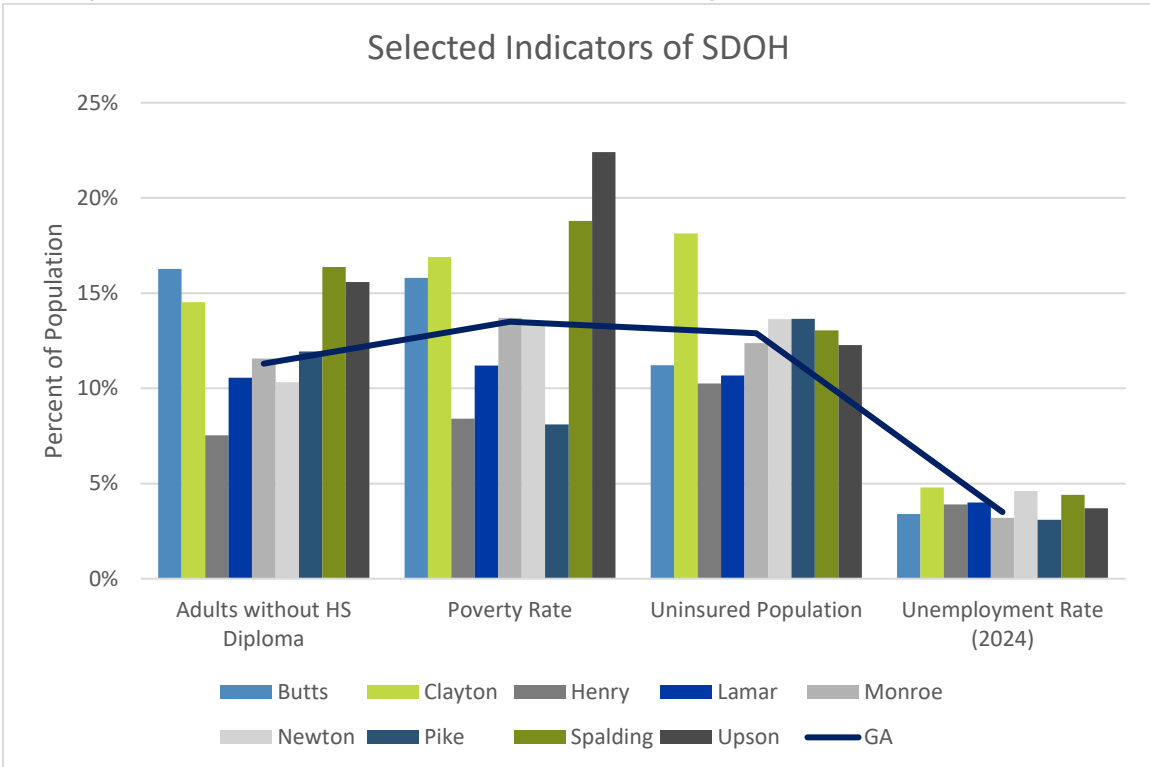
Compared to Georgia, the service area for Wellstar Spalding Medical Center & Wellstar Sylvan Grove Medical Center had a higher percentage of adults 25 or older without high school diplomas in six of its nine

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<sup>1</sup> CDC. (2024). [SVI Interactive Map](#).

counties (Figure 4). Butts, Clayton, Spalding, and Upson counties had the highest poverty rates, with Upson County's rate almost 10% higher than the state average. Clayton, Newton, and Pike counties had the highest percentages of uninsured residents in the service area, with Clayton and Newton also having the highest unemployment rates in the region.

**Figure 4. Select Indicators of Social Determinants of Health (SDOH) by County for Education, Poverty, and Uninsured for 2018-2022<sup>1</sup>, and Unemployment for 2024<sup>2</sup>**



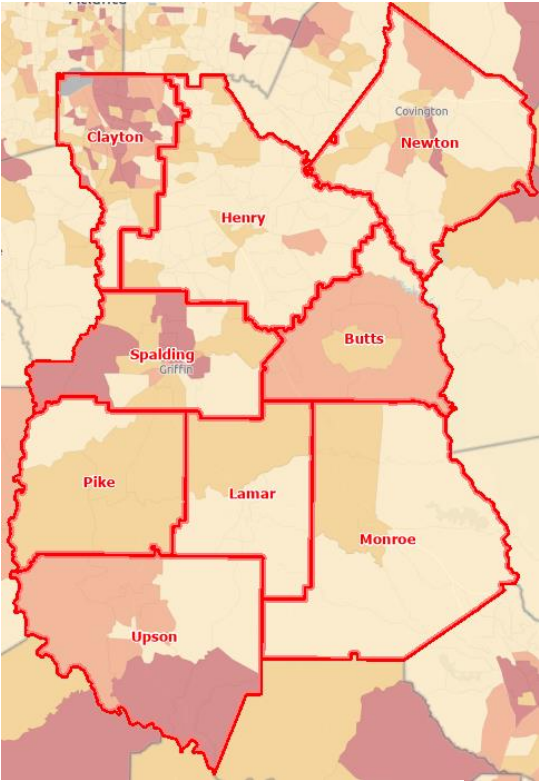
Adults without a High School Diploma- includes population aged 25+  
Poverty Rate-Percent of all people below 100% of the Federal Poverty Level

**Sources:**

<sup>1</sup>US Census Bureau, American Community Survey. 2018-2022

<sup>2</sup>US Department of Labor, Bureau of Labor Statistics. 2024 - August.

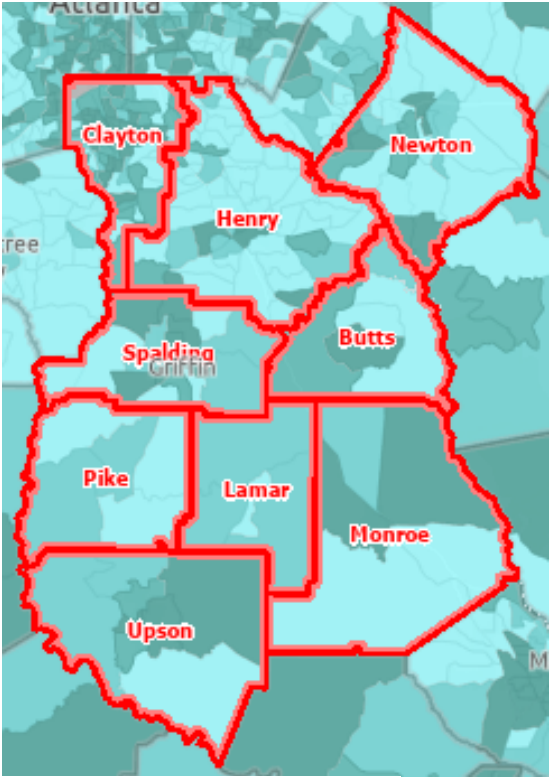
Figure 5. Population with No High School Diploma (Aged 25 and older) by Census Tract and County (2018-2022)



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

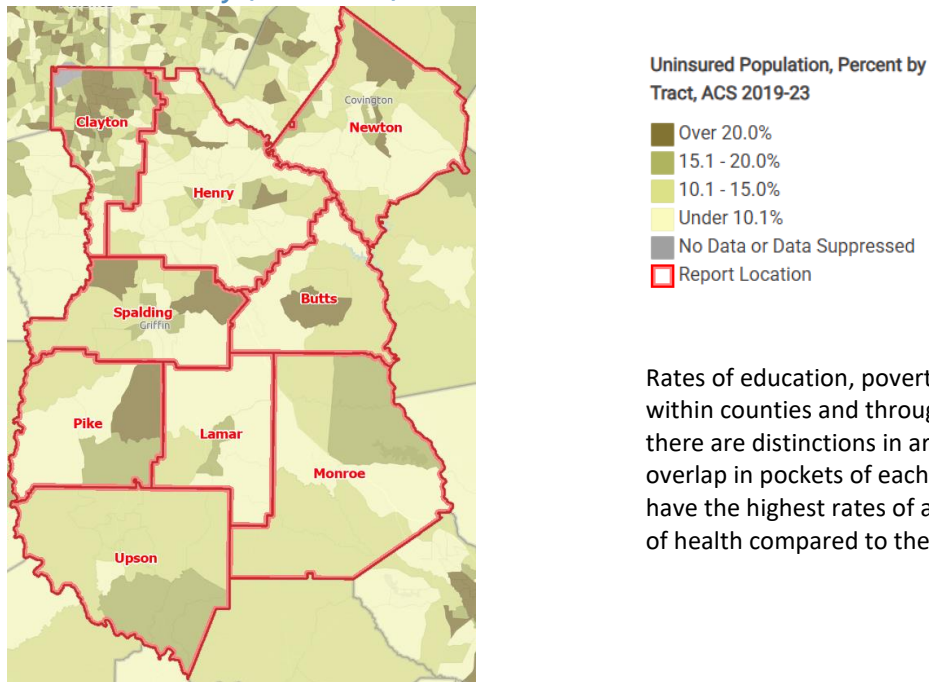
Figure 6. Population Below 100% Federal Poverty Level by Census Tract and County (2018-2022)



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)



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.

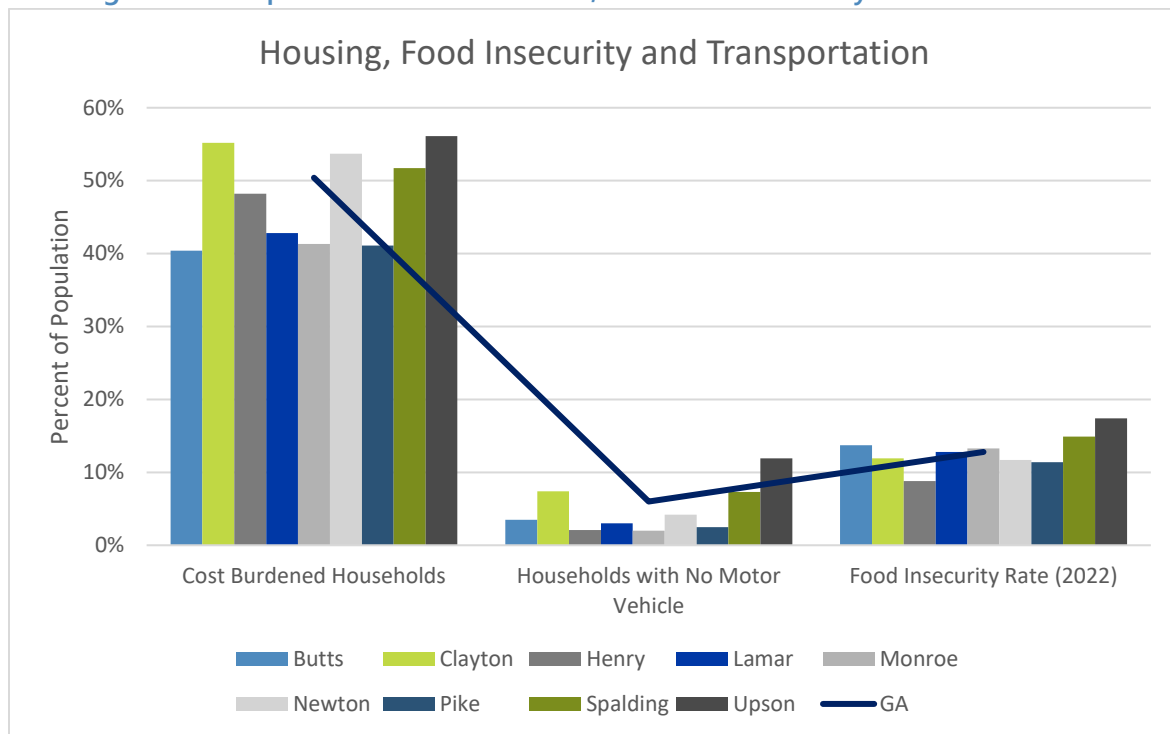
**Source:** US Census Bureau, American Community Survey. 2018-2022 and 2019-2023

## 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<sup>2</sup>. From 2018-2022, around 50% of renters and 14-33% of homeowners in the service area spent more than a third of their income on housing (Figure 8).

<sup>2</sup> US Census Bureau. (2018-2022). American Community Survey.

Figure 8. Select Indicators of Social Determinants of Health (SDOH) by County for Affordable Housing<sup>1</sup> and Transportation<sup>1</sup> for 2018-2022, and Food Insecurity<sup>2</sup> 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: <sup>1</sup>US Census Bureau, American Community Survey. 2018-2022

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

The service area for Wellstar Spalding Medical Center & Wellstar Sylvan Grove Medical Center had more households with no motor vehicle in Clayton, Spalding, and Upson counties (7.4%, 7.3% and 11.9% respectively) compared to 6% of households in the state (Figure 8). Transportation may be an issue for some residents across the other counties of the service area as well, as all counties except Lamar have census tracts where over 6.1% of households do not have a motor vehicle (Figure 10).

Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.<sup>3</sup> Butts, Monroe, Spalding and Upson counties had higher 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.<sup>4</sup>

<sup>3</sup> Feeding America. (2022.) [Map the Meal Gap](#).

<sup>4</sup> Ver Ploeg, M., Nulph, D., Williams, R. (2011). [Mapping Food Deserts in the United States](#). USDA, Economic Research Service.

Figure 11 shows that Pike and Monroe counties were the only counties in the service area that did not have 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)<sup>1</sup>

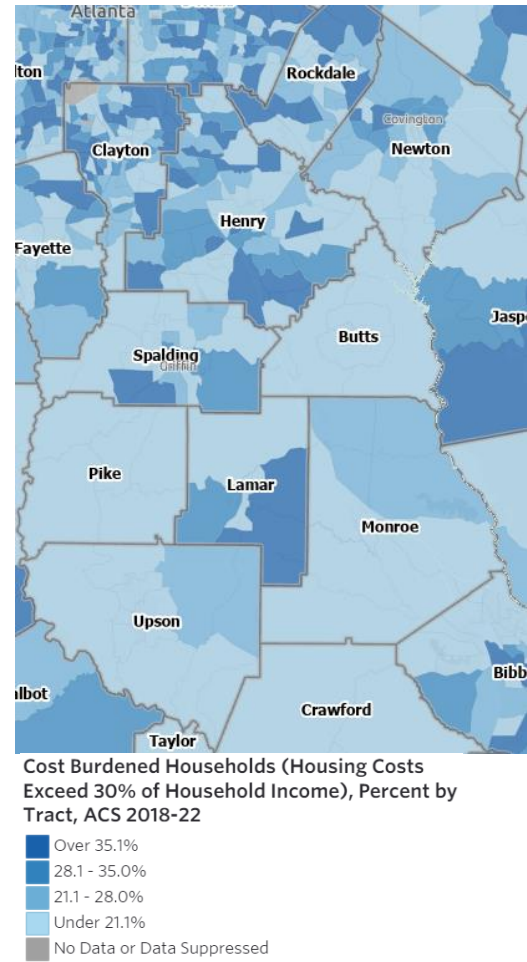


Figure 10. Households with No Vehicle, Percent by Census Tract and County (2019-2023)<sup>1</sup>

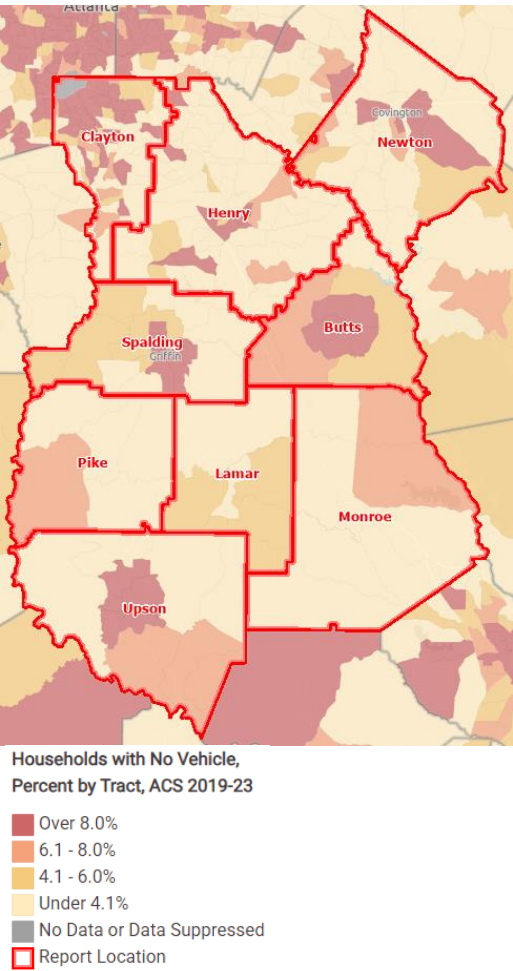
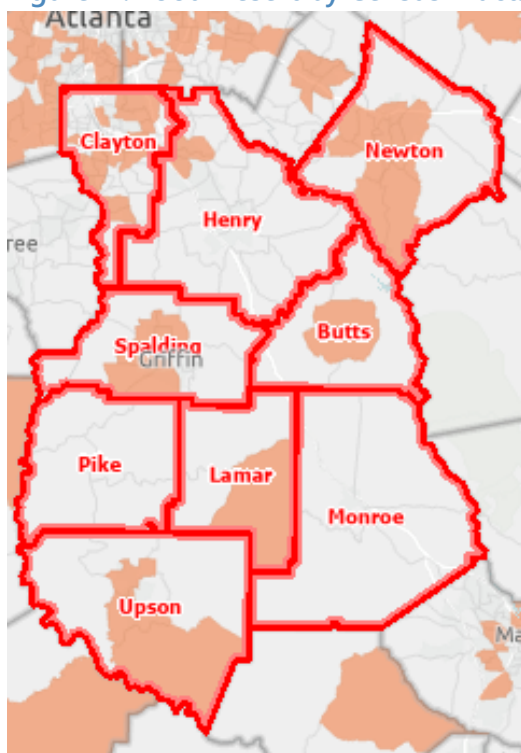




Figure 11. Food Desert by Census Tracts and County 1Mi./10Mi. (2015-2019)<sup>2</sup>



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

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

**Source:** <sup>1</sup>U.S. Census Bureau, American Community Survey, 2018-2022 and 2019-2023

<sup>2</sup>U.S. Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2015-2019

# MORTALITY AND MORBIDITY

## Top Causes of Death

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

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

Across the service area, the mortality rates from all five top causes were higher than state rates. 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 over half the counties in the service area, almost all with rates higher than the state. Death rates from Ischemic Heart and Vascular disease were especially high in Upson County at 186.1 per 100,000 population, far exceeding rates of the other counties and the state (Table 4). COVID-19 was the top cause of death in Monroe, Newton, Pike and Spalding counties, and in the top three leading causes of death for all counties in the service area, exceeding state rates in all 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. Essential hypertension and hypertensive renal and heart disease was the top cause of death in Henry County and appeared as a top cause in five of the nine counties. All COPD except asthma, also appeared as a top cause of death in eight counties in the service area, with rates exceeding the state in all those counties.

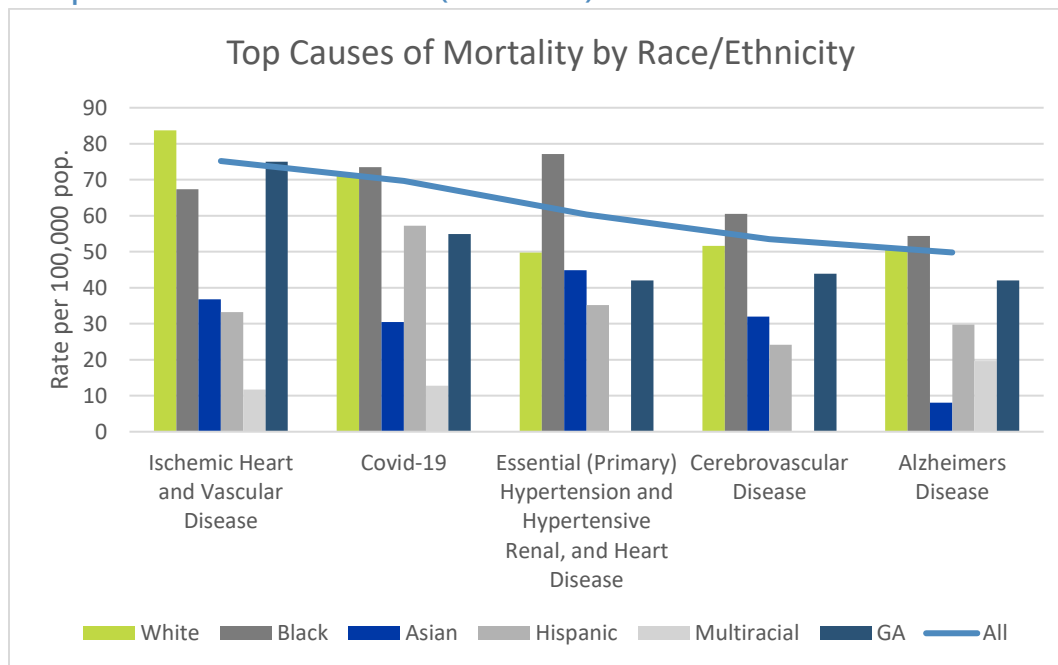
**Table 4. Top Causes of Death (Georgia Counties): Age-Adjusted Death Rate by County Compared to State Benchmarks (2019-2023)**

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#1	Ischemic Heart and Vascular Disease- 78.0	Ischemic Heart and Vascular Disease- 83.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 69.7	Ischemic Heart and Vascular Disease- 96.6	COVID-19- 70.3	Ischemic Heart and Vascular Disease- 74.4	COVID-19- 91.6	COVID-19- 87.5	Ischemic Heart and Vascular Disease- 186.1	Ischemic Heart and Vascular Disease- 75.2	Ischemic Heart and Vascular Disease- 75.0
#2	COVID-19- 78.6	Essential (Primary) Hypertension and Hypertensive Renal, and Heart	Ischemic Heart and Vascular Disease- 57.1	COVID-19- 88.1	Ischemic Heart and Vascular Disease- 58.0	COVID-19- 65.9	Ischemic Heart and Vascular Disease- 88.4	All COPD Except Asthma- 67.0	COVID-19- 106.3	COVID-19- 69.7	COVID-19- 54.9

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
		Disease-77.6									
#3	All COPD Except Asthma-65.6	COVID-19- 69.7	COVID-19- 55.0	All COPD Except Asthma-71.6	All COPD Except Asthma-48.7	Cerebrovascular Disease-53.5	All COPD Except Asthma-51.7	Cerebrovascular Disease-56.1	All COPD Except Asthma-81.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-60.3	Cerebrovascular Disease-43.9
#4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-62.9	Cerebrovascular Disease-58.1	Cerebrovascular Disease-49.0	Cerebrovascular Disease-52.0	Alzheimer's Disease-50.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-46.8	Malignant Neoplasms of the Trachea, Bronchus and Lung-48.3	Ischemic Heart and Vascular Disease-54.5	Cerebrovascular Disease-64.0	Cerebrovascular Disease-53.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-42.0
#5	Cerebrovascular Disease-55.7	Malignant Neoplasms of the Trachea, Bronchus and Lung-29.0	Alzheimer's Disease-54.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-46.5	Malignant Neoplasms of the Trachea, Bronchus and Lung-46.1	All COPD Except Asthma-43.7	Cerebrovascular Disease-54.6	Malignant Neoplasms of the Trachea, Bronchus and Lung-46.8	Alzheimer's Disease-60.6	Alzheimer's Disease-49.8	All COPD Except Asthma-39.3
Rates are age-adjusted per 100,000 population <b>Source:</b> Georgia Department of Public Health Online Analytical Statistical Information System											

Compared to state rates, White residents had higher mortality rates from all five top causes of death, and higher rates of ischemic heart disease compared to other racial and ethnic groups in the service area (Figure 12). Black residents had higher mortality rates from COVID-19, essential (primary) hypertension and hypertensive renal and heart disease, cerebrovascular disease, and Alzheimer's disease compared to both the state and 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  
 \*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 service area were:

1. Motor vehicle crashes
2. Assault (homicide)
3. COVID-19
4. Ischemic heart and vascular disease
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

The top causes of premature death in the service area differed from the top causes across the state and were higher than state rates for all causes (Table 5). Motor vehicle crashes were the leading cause of premature death and were especially high in Spalding County (942.7 YPLL) compared to the other counties. Ischemic heart disease was only a top cause in Upson County, although YPLL rates were over double those of the state. Assault was the second leading cause of premature death in the service area, appearing in the top causes of five counties, and was the leading cause in Clayton County.

While accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) and intentional self-harm (suicide) were not in the top five causes of premature death across the service area, specific counties were affected by these causes more severely, with Butts, Pike and Spalding

counties having higher rates of YPLL from accidental poisoning, and Butts, Lamar, Monroe, Newton, and Spalding counties having higher rates of YPLL from intentional self-harm than the state.

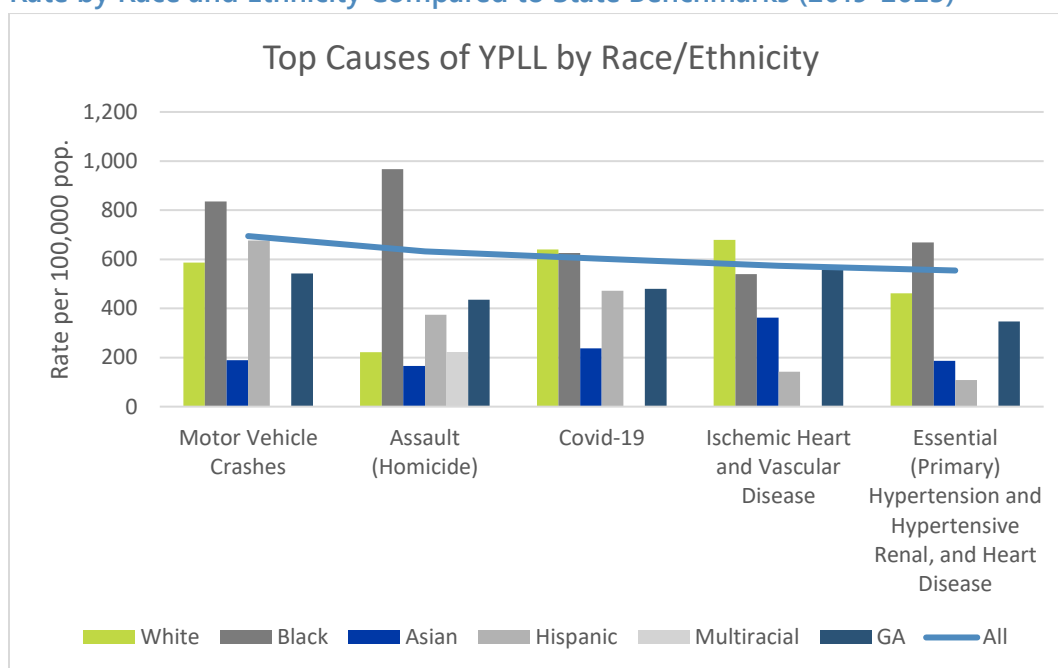
**Table 5. Top Causes of Years of Potential Life Lost (YPLL): Age-Adjusted YPLL Rate by County Compared to State Benchmarks (2019-2023)**

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#1	Motor Vehicle Crashes- 793.7	Assault (Homicide)- 908.3	Motor Vehicle Crashes- 569.6	COVID-19- 883.4	Motor Vehicle Crashes- 753.3	Motor Vehicle Crashes- 638.0	Accidental Poisoning and Exposure to Noxious Substances- 875.0	Motor vehicle crashes- 942.7	Ischemic heart and vascular disease- 1,345.1	Motor Vehicle Crashes- 694.5	Accidental Poisoning and Exposure to Noxious Substances- 664.4
#2	Accidental Exposure Poisoning And Exposure To Noxious Substances- 780.1	Motor Vehicle Crashes- 721.5	Essential (Primary) Hypertension And Hypertensive Renal, And Heart Disease- 549.5	Ischemic Heart And Vascular Disease- 810.0	Intentional Self-Harm (Suicide)- 743.9	Assault (Homicide)- 601.5	Motor vehicle crashes- 864.6	COVID-19- 912.2	COVID-19- 1,014.6	Assault (Homicide)- 631.9	Ischemic heart and vascular disease- 556.9
#3	Intentional Self-Harm (Suicide)- 779.7	Ischemic heart and vascular disease- 648.7	Accidental Exposure Poisoning And Exposure To Noxious Substances- 499.9	Intentional Self-Harm (Suicide)- 799.6	COVID-19- 724.0	Ischemic Heart And Vascular Disease- 568.3	COVID-19- 843.3	Accidental Poisoning and Exposure to Noxious Substances- 697.2	Motor vehicle crashes- 823.2	COVID-19- 601.6	Motor vehicle crashes- 542.9
#4	Essential (Primary) Hypertension And Hypertensive Renal, And Heart Disease- 716.4	Essential (Primary) Hypertension And Hypertensive Renal, And Heart Disease- 648.1	Assault (Homicide)- 464.8	Motor Vehicle Crashes- 785.8	Accidental Exposure Poisoning And Exposure To Noxious Substances- 586.9	Accidental Exposure Poisoning And Exposure To Noxious Substances- 566.8	Ischemic Heart And Vascular Disease- 638.1	Intentional Self-Harm (Suicide)- 571.6	Essential (Primary) Hypertension And Hypertensive Renal, And Heart Disease- 726.3	Ischemic Heart and Vascular Disease- 573.7	COVID-19- 479.8
#5	COVID-19- 676.9	COVID-19- 612.5	Intentional Self-Harm (Suicide)- 452.6	Accidental Exposure Poisoning And Exposure To Noxious Substances- 634.6	Ischemic Heart And Vascular Disease- 459.5	Intentional Self-Harm (Suicide)- 550.1	Malignant Neoplasms of the Trachea, Bronchus and Lung- 458.0	Assault (Homicide)- 555.7	All COPD Except Asthma- 642.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 554.3	Intentional Self-Harm (Suicide)- 471.4

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
<i>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</i> <b>Source:</b> Georgia Department of Public Health Online Analytical Statistical Information System											

When looking at racial and ethnic groups in the service area, Black and Hispanic residents had the highest rates of premature death from motor vehicle crashes compared to other racial and ethnic groups in the service area and the state (Figure 13). Black residents also had the highest rates of YPLL from assault, and essential hypertension and hypertensive renal, and heart disease compared to other racial and ethnic groups. White residents had higher rates of YPLL for COVID-19, and ischemic heart and vascular disease compared to other groups.

**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). All top five causes matched the state's top causes for ED visits; however, the service area's rates were higher than the state for all causes except falls. Diseases of the musculoskeletal system and connective tissue were the number one cause of ED visits across the service area and was particularly high in Upson County, whose visit rate of 5,238.0 almost doubled the state average (2,774.6). All other unintentional injury was in the top two causes of ED visits in the service area, and the rate in Butts County was higher than the rest of the service area and the state. While the average ED visit rate across the service area for falls was lower than the state, rates were higher in Lamar, Monroe, Spalding, and Upson counties. Upson County was also the only county where COVID-19 was a top five leading cause of emergency room visits.

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

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#1	All Other Unintentional Injury-4,847.9	Diseases Of the Musculoskeletal System and Connective Tissue-2,949.0	Diseases Of the Musculoskeletal System and Connective Tissue-2,031.0	Diseases Of the Musculoskeletal System and Connective Tissue-3,367.9	All Other Unintentional Injury-3,627.5	Diseases Of the Musculoskeletal System and Connective Tissue-3,430.8	All Other Unintentional Injury-2,783.8	Diseases Of the Musculoskeletal System and Connective Tissue-4,415.5	Diseases Of the Musculoskeletal System and Connective Tissue-5,238.0	Diseases Of the Musculoskeletal System and Connective Tissue-2,952.6	Diseases Of the Musculoskeletal System and Connective Tissue-2,774.6
#2	Diseases Of The Musculoskeletal System and Connective Tissue-3,800.3	All Other Unintentional Injury-2,219.3	All Other Unintentional Injury-1,792.4	All Other Unintentional Injury-3,537.8	Diseases Of the Musculoskeletal System and Connective Tissue-3,125.0	All Other Unintentional Injury-3,392.5	Diseases Of the Musculoskeletal System and Connective Tissue-2,006.4	All Other Unintentional Injury-3,669.0	All Other Unintentional Injury-5,449.8	All Other Unintentional Injury-2,625.3	All Other Unintentional Injury-2,458.9
#3	All Other Diseases of the Genitourinary System-2,771.6	All Other Diseases of the Genitourinary System-1,900.1	All Other Diseases of the Genitourinary System-1,478.8	All Other Diseases of the Genitourinary System-2,455.3	Falls-2,426.8	All Other Diseases of the Genitourinary System-2,366.7	Falls-1,812.7	All Other Diseases of the Genitourinary System-3,153.6	Falls-3,363.5	All Other Diseases of the Genitourinary System-2,044.1	All Other Diseases of the Genitourinary System-1,899.3
#4	Falls-2,628.0	Motor Vehicle Crashes-1,063.1	Falls-1,067.1	Falls-2,244.5	All Other Diseases of the Genitourinary System-2,239.1	Falls-1,914.3	All Other Diseases of the Genitourinary System-1,743.9	Falls-2,208.7	All Other Diseases of the Genitourinary System-3,587.2	Falls-1,480.8	Falls-1,565.3
#5	All Other Diseases of the Nervous System-1,939.1	Falls-1,015.0	Motor Vehicle Crashes-894.6	All Other Diseases of the Nervous System-1,423.2	All Other Diseases of the Nervous System-1,306.9	Motor Vehicle Crashes-1,298.3	Motor Vehicle Crashes-1,047.8	All Other Diseases of the Nervous System-2,036.9	COVID-19-2,142.7	Motor Vehicle Crashes-1,133.9	Motor Vehicle Crashes-907.1

*Rates are age-adjusted per 100,000 population*

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

## Top Causes of Hospital Discharge Rates

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

1. Septicemia
2. Essential (primary) hypertension and hypertensive renal, and heart disease
3. Ischemic heart and vascular disease
4. All other mental and behavioral disorders
5. Cerebrovascular disease

Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, and Clayton and Henry County's rates were much higher than those of the other counties and state (Table 7). Essential hypertension and hypertensive renal and heart disease was in the top three causes of hospital discharge across the service area and was highest in Newton County. Lamar County's discharge rate for ischemic heart and vascular disease was higher than the rest of the service area and the state. Lamar, Monroe, Spalding and Upson counties all had higher rates of diseases of the musculoskeletal system and connective tissue than the state, despite that cause not making the top five leading causes of hospital discharge across the service area. Clayton and Upson counties also had much higher rates of all other mental and behavioral disorders than state rates. Clayton County was the only county where diabetes mellitus was a top cause, and Pike was the only county where COVID-19 was a top cause of hospital discharges.

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

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#1	Septicemia- 926.6	Septicemia- 1,030.5	Septicemia- 1,003.7	Septicemia- 648.9	Septicemia- 454.2	Septicemia- 853.7	Septicemia- 587.0	Septicemia- 979.8	Septicemia- 442.8	Septicemia- 913.4	Septicemia- 604.4
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 449.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 462.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 376.8	Ischemic Heart and Vascular Disease- 418.8	Diseases Of the Musculoskeletal System and Connective Tissue- 372.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 491.3	Ischemic Heart and Vascular Disease- 321.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 464.9	Ischemic Heart and Vascular Disease- 414.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 417.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 360.9
#3	Ischemic Heart and Vascular Disease- 360.1	All Other Mental and Behavioral Disorders - 338.2	Ischemic Heart and Vascular Disease- 233.2	Diseases Of the Musculoskeletal System and Connective Tissue- 336.4	Ischemic Heart and Vascular Disease- 333.5	Ischemic Heart and Vascular Disease- 368.6	COVID-19- 286.1	Ischemic Heart and Vascular Disease- 397.2	All Other Mental and Behavioral Disorders - 479.5	Ischemic Heart and Vascular Disease- 284.5	All Other Mental and Behavioral Disorders - 381.3



Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#4	Cerebrovascular Disease-294.0	Diabetes Mellitus-261.5	Diseases Of the Musculoskeletal System and Connective Tissue-226.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-298.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-299.9	Diseases Of the Musculoskeletal System and Connective Tissue-301.5	Diseases Of the Musculoskeletal System and Connective Tissue-273.9	Cerebrovascular Disease-332.7	Diseases Of the Musculoskeletal System and Connective Tissue-386.1	All Other Mental and Behavioral Disorders - 278.9	Diseases Of the Musculoskeletal System and Connective Tissue-270.3
#5	Diseases Of the Musculoskeletal System and Connective Tissue-252.9	Cerebrovascular Disease-277.1	Cerebrovascular Disease-230.9	Cerebrovascular Disease-266.7	Cerebrovascular Disease-268.5	Cerebrovascular Disease-291.0	Cerebrovascular Disease-249.7	Diseases Of the Musculoskeletal System and Connective Tissue-285.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease-339.5	Cerebrovascular Disease-270.3	Ischemic Heart and Vascular Disease-261.5
<i>Rates are age-adjusted per 100,000 population</i> <b>Source:</b> Georgia Department of Public Health Online Analytical Statistical Information System											

## 2025 HEALTH PRIORITIES

### Access

Provider rates vary drastically from county to county, and by the specific type of provider. The service area had between 31-45% of residents living in an area affected by a health professional shortage areas in all but three counties, which is higher than the state for medical care (Table 8). Of those residents, from 70% in Upson County to 93.7% in Clayton County were underserved. All counties in the service area except Henry and Pike counties had over 30% of residents living in a health professional shortage for dental care, with almost all 100% of Upson County residents lacking dental care. In all counties with health care professional shortages, these rates were higher than the state average.

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

	Butts	Clay-ton	Henry	Lamar	Mon-roe	New-ton	Pike	Spald-ing	Up-son	GA
<b>Percentage of Population Living in an Area Affected by a Health Professional Shortage (2024)</b>	36.1%	45.3%	0.0%	34.7%	31.6%	0.0%	0.0%	42.2%	45.1%	26.3%
<b>Percentage of Health Professional Shortage Population Underserved (2024)</b>	91.4%	93.7%	0.0%	83.6%	93.4%	0.0%	0.0%	71.9%	70.0%	60.7%
<b>Percentage of Population Living in a Health Professional Shortage for Dental Care (2024)</b>	36.1%	45.3%	0.0%	34.7%	31.6%	34.8%	0.0%	42.2%	97.5%	18.6%

\*Per 100,000 population

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

By type of provider, the service area had consistently lower rates of all provider types compared to state outcomes, and some counties reported no providers types in their county for certain provider types (Table 9). Lamar, Monroe, Pike and Upson counties reported zero addiction/substance abuse providers, Monroe and Pike counties reported no buprenorphine providers, and Pike County reported no nurse practitioners. Butts and Newton counties had higher rates of addiction/substance abuse providers, and Henry and Upson had higher rates of buprenorphine providers than the rest of the service area and the state. For all other provider types across all counties in the service area, rates were lower than state averages.

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

	Butts	Clay-ton	Henry	Lamar	Mon-roe	New-ton	Pike	Spald-ing	Up-son	GA
<b>Addiction/Substance Abuse Providers (2020)*<sup>1</sup></b>	11.8	4.0	4.2	0.0	0.0	9.8	0.0	4.5	0.0	7.9

<b>Buprenorphine Providers (2023)*<sup>2</sup></b>	3.8	3.7	9.4	5.4	0.0	2.6	0.0	5.9	14.5	7.9
<b>Dentists (2022)*<sup>3</sup></b>	15.0	23.1	35.8	10.3	17.0	20.4	20.1	34.8	21.4	53.9
<b>Mental Health Providers (2024)*<sup>4</sup></b>	66.8	102.8	160.8	64.9	50.1	84.5	74.1	144.1	54.2	188.4
<b>Nurse Practitioners (2024)*<sup>4</sup></b>	15.7	33.6	56.5	16.2	28.6	53.3	0.0	81.7	46.9	75.6
<b>Primary Care (2021)*<sup>5</sup></b>	26.8	25.1	48.6	26.7	52.2	23.4	20.5	41.3	50.6	66.0

\*Per 100,000 population

Sources:

<sup>1</sup> Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). September 2024.

<sup>2</sup> US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2023.

<sup>3</sup> US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. 2022.

<sup>4</sup> Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). September 2024

<sup>5</sup> Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File. 2020.

Spalding focus group participants living in the Wellstar Spalding Medical Center & Wellstar Sylvan Grove Medical Center service area identified the following challenges that negatively affected their access to care:

- Lack of mental health resources
- Long distances to travel to get to doctors' appointments
- Struggles with rules and guidelines about insurance coverage
- Shortage of doctors and specialists

Access-related recommendations from community members included:

- More patient support for making appointments, especially for older individuals who may not be able to navigate the online systems
- Increase the number of specialists and mental health providers

## Behavioral health

In the Spalding and Sylvan Grove service area community focus group, behavioral health was identified as a common health issue for which health resources are lacking. The following data further explains this health issue, partially. Among the counties with consistently recorded rates of drug overdose, Spalding County often exceeded the state average up to 2022 (Table 10). When recorded, Butts County showed relatively high rates, peaking at 40.5 and consistently exceeding the state average up to 2022.

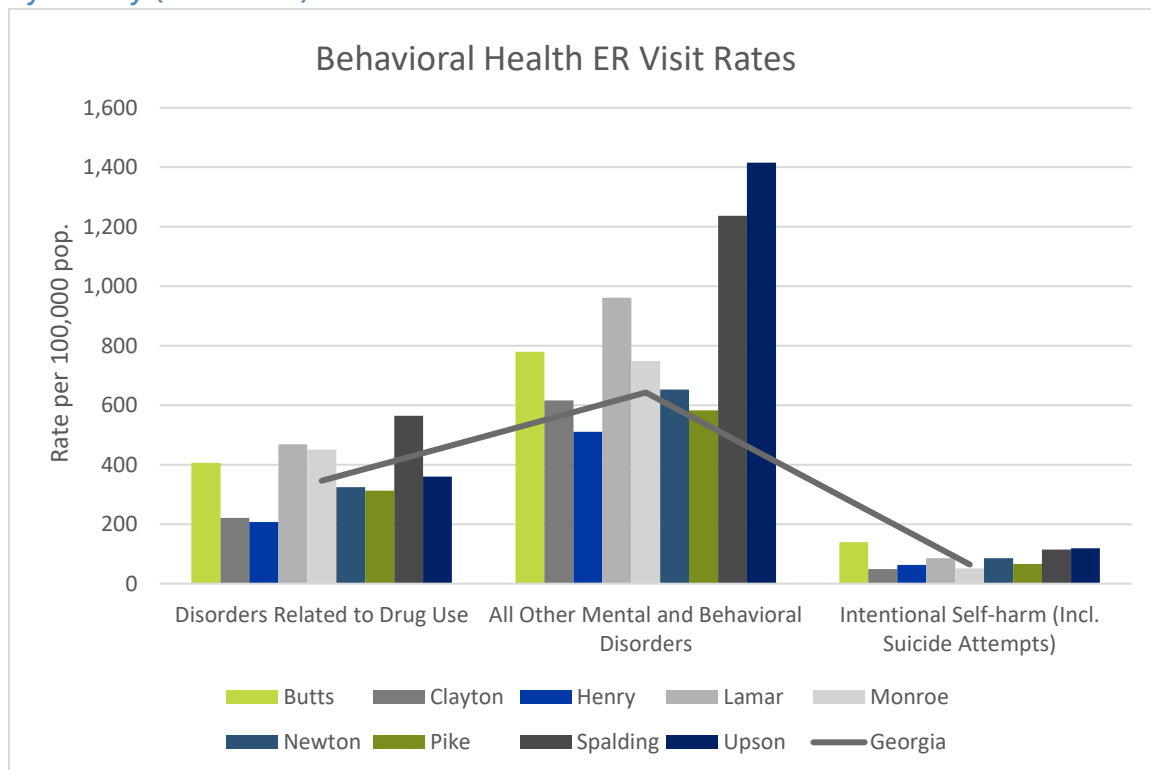
**“Mental health is a priority. It can contribute to other diseases, it can lead to behaviors that result in other conditions. Mental health can shift your whole paradigm.”** - Focus Group Participant

**Table 10. Rates of All Drug Overdoses by County and Year (2013-2023)**

Year	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spal- ding	Upson	Georgia
<b>2013</b>	ND	8.4	11.4	ND	ND	11.3	ND	12.1	28.8	10.5
<b>2014</b>	ND	8.7	12.8	ND	ND	9.3	ND	14.6	18.6	11.4
<b>2015</b>	24.3	9.9	12.5	27.0	ND	10.4	ND	18.6	ND	12.2
<b>2016</b>	ND	9.0	16.2	ND	ND	13.6	ND	16.4	ND	13.1
<b>2017</b>	21.9	12.0	12.7	ND	ND	13.8	ND	15.7	ND	14.6
<b>2018</b>	22.9	9.4	14.0	ND	ND	8.5	ND	17.4	ND	13.1
<b>2019</b>	ND	7.6	11.7	ND	ND	11.8	ND	9.5	ND	12.9
<b>2020</b>	21.9	17.0	14.7	ND	16.7	17.0	ND	23.7	ND	17.9
<b>2021</b>	40.5	18.9	16.3	ND	23.3	21.3	ND	31.5	ND	22.5
<b>2022</b>	31.3	22.2	21.4	40.2	28.6	21.6	35.6	27.6	28.2	24.8
<b>2023</b>	18.8	19.4	14.2	ND	ND	21.7	29.9	14.7	ND	23.1
<i>Rates are age-adjusted per 100,000 population</i>										
<b>Source:</b> Georgia Department of Public Health Online Analytical Statistical Information System: <a href="https://oasis.state.ga.us">oasis.state.ga.us</a>										

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. Butts, Lamar, Monroe, Spalding, Clayton, Newton, and Upson counties had the highest rates in these categories which were at or above the state average. Spalding and Upson had noticeably higher rates for ER visits related to all other mental and behavioral disorders compared to the other counties. Overall, ER visit rates for intentional self-harm (including suicide attempts) were lowest, remaining under 100 except for Butts, Spalding, and Upson.

**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](https://oasis.state.ga.us)

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

Spalding focus group members and community summit attendees identified access to healthy foods, physical activity, and chronic disease as concerns, but they were not among the top priorities in the service area. Health education/literacy was identified as a top need which may encompass these topics. Food insecurity rates in the service area range from 11.1% to 18.6% with Henry County having the lowest and Upson County having the highest. An estimated 53% of Upson residents' may be eligible for the Supplemental Nutrition Assistance Program (Feeding America, Map the Meal Gap, 2023).

Of the eight school districts in the service area, five districts have fewer than five schools. Clayton, Henry and Newton school districts are much bigger. Free and reduced school lunch (FRL) rates in the service area range from 42.8% (Pike County) to greater than 95% in Butts, Clayton, Lamar, and Upson-Thomaston school systems. Of note, only three of Clayton County's 67 schools are below 95% FRL. Nutrition education and promotion of federal nutrition programs among young parents, particularly in Clayton and Upson, may be beneficial.

### Diabetes and Obesity

Obesity is impacting 19.6% to 41% of adults in the service area (Table 11). Clayton County is experiencing the highest obesity rate at 41% followed by Henry and Newton at just over 36%. An estimated 30% children ages 10-17 in Georgia have overweight or obesity for their age based on reported height and weight (2-year

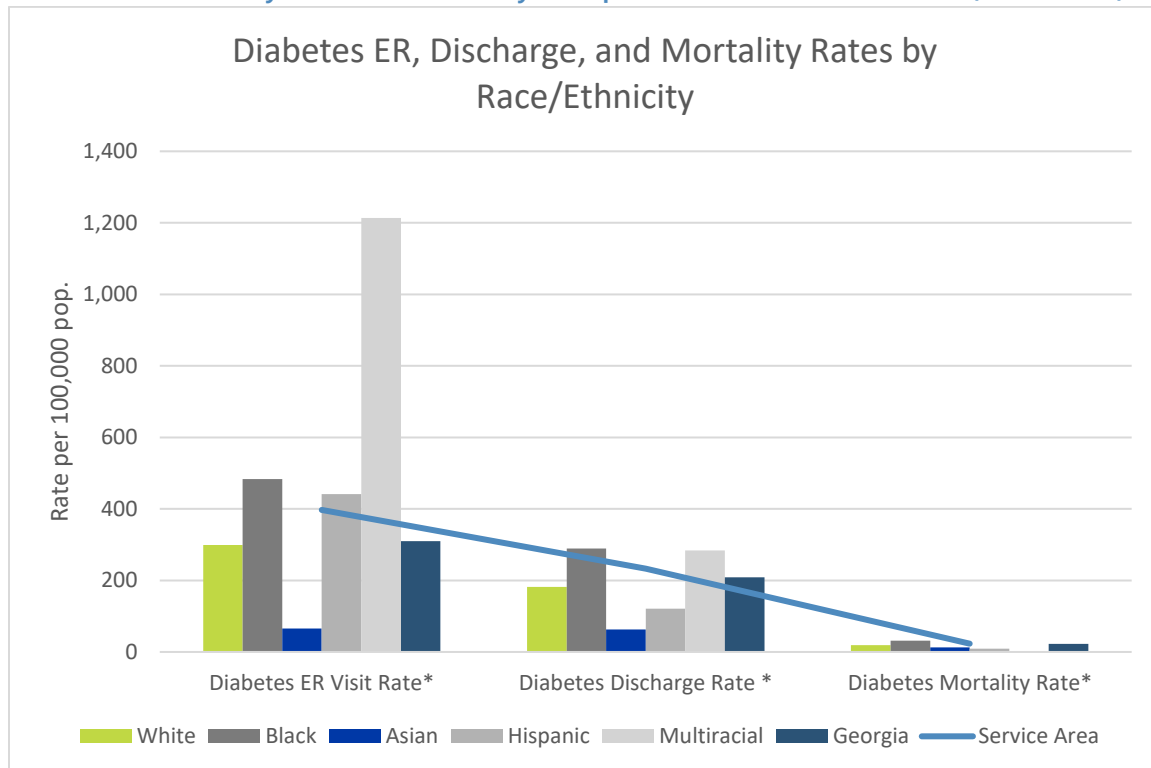
estimate; Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2022-2023).

While Clayton County has the highest diabetes diagnoses percent (13.8%), Upson County is experiencing, by far, the highest rate of diabetes-related ER visits, 835.8 per 100,000. This rate is more than three times higher than Henry County's rate of 259.6 per 100,000.

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

	Butts	Clayton	Henry	Lamar	Monroe	New-ton	Pike	Spalding	Upson	Georgia
<b>Adults with BMI &gt; 30.0 (Obese), Percent (2021)<sup>1</sup></b>	21.2%	41.0%	36.6%	19.6%	26.8%	36.2%	21.5%	27.2%	21.7%	29.7%
<b>Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)<sup>1</sup></b>	8.9%	13.8%	9.1%	8.2%	10.0%	10.9%	8.9%	8.7%	8.4%	9.6%
<b>Diabetes ER Visit Rate<sup>2*</sup></b>	564.9	392.4	259.6	458.3	339.4	432.8	327.2	633.7	835.8	309.9
<b>Diabetes Discharge Rate<sup>2*</sup></b>	216.1	261.5	176.1	244.1	194.2	228.4	180.1	315.6	353.3	209.1
<b>Diabetes Mortality Rate<sup>2*</sup></b>	28.7	26.2	19.1	33.2	14.4	24.3	21.8	23.9	30	22.4
<p>*Age-adjusted rates per 100,000 population</p> <p><b>Sources:</b></p> <p><sup>1</sup> 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: <a href="https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html">https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html</a>.</p> <p><sup>2</sup> Georgia Department of Public Health Online Analytical Statistical Information System</p> <p><b>ND:</b> No Data – Data are not available for this population, or suppressed data</p>										

**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](https://oasis.state.ga.us)

### Chronic Disease

As noted, the behaviors that lead to lifestyle-related chronic diseases were named by community residents in focus group and summit tabletop discussions. Limited healthy food access, sedentariness, an affinity for “comfort foods” (vs. healthy foods) were specific issues named by focus group members. Clayton, Newton, and Spalding Counties have the highest rates of ER visits due to high blood pressure and stroke in the service region (Figures 16 and 17). Given the top causes of early death (before 75 years) in the service area for persons 45+ years are hypertension, heart disease, and ischemic heart and vascular disease (Georgia Department of Public Health, OASIS, 2019-2023), the health system may consider evidence-based programming for senior citizens (Figure 18). Diabetes Prevention Program, Food as Medicine, Physical Activity or Produce Prescriptions, or education and dietary support such as the DASH (Dietary Approaches to Stop Hypertension) eating plan for preventing and addressing chronic disease are examples of these programs. Offering virtual and in-person options for programming may enhance participation, provide social support, and reduce attrition based on community member feedback.

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

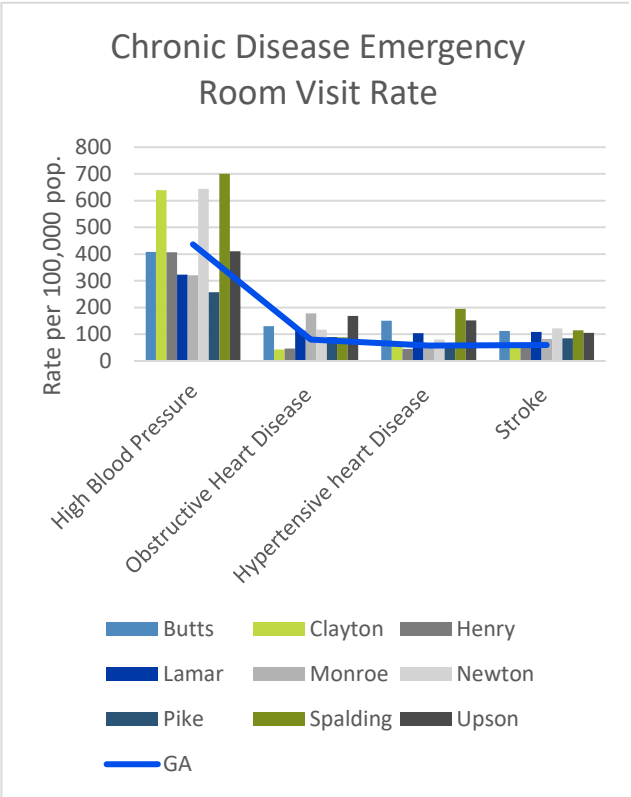
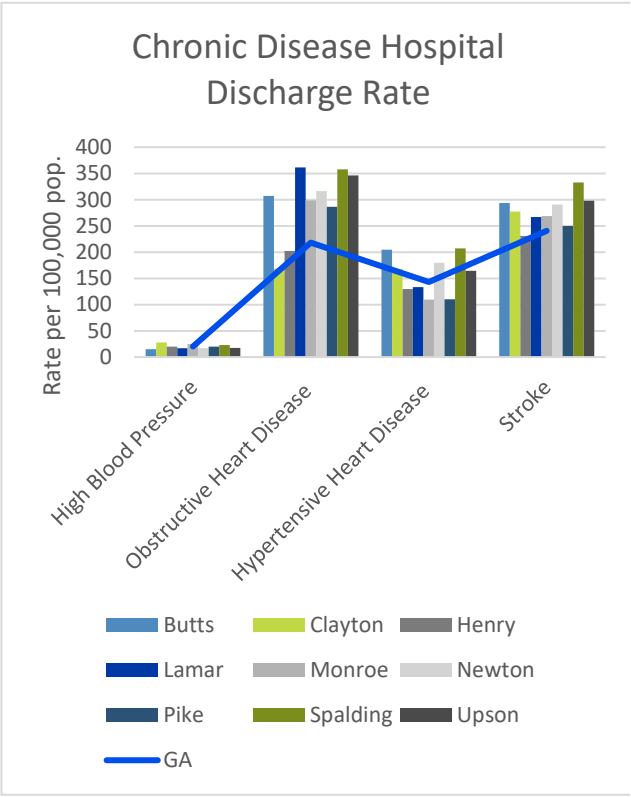
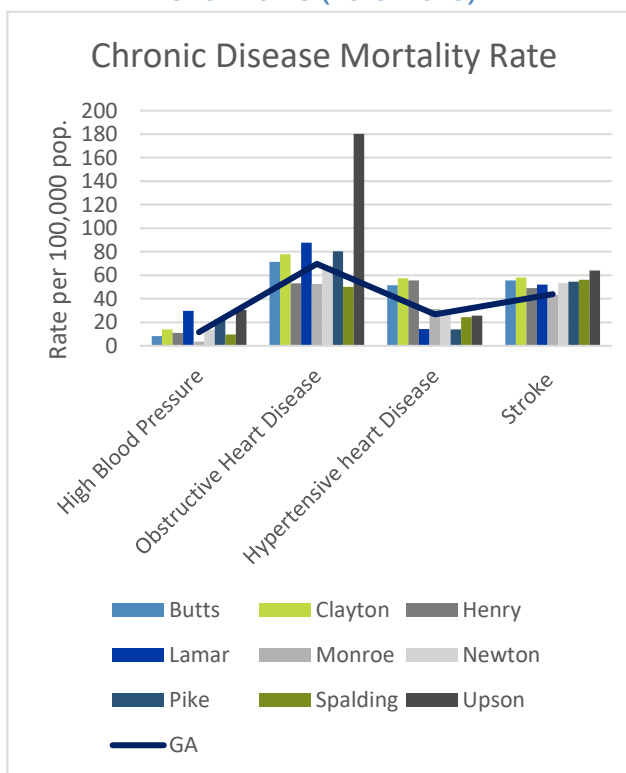


Figure 17. Age-Adjusted Chronic Disease Hospital Discharge Rate Compared to State Benchmarks (2019-2023)





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



\*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](https://oasis.state.ga.us)

## Maternal and Child Health

Between 2019-2023, 16.2% of births in Clayton County received late or no prenatal care, compared to 9.1% at the state level (Table 12). Births with late or no prenatal care were also higher than the state percentage in Henry County (10.3%). Whereas Pike County had the lowest percentage at 3.7%. The trend continued for fewer than five prenatal care visits, with Clayton County also had the highest percentage of births that received fewer than 5 prenatal care visits (14.9%) compared to 7.8% across the state.

The highest percentages of premature birth were in Butts, Newton, Spalding, and Upson Counties, all at 13.6%, and Clayton County (13.3%). Pike County had the lowest percentage at 11.1%, which was just below the state's at 11.7%.

Clayton County had the highest low birthweight births with 14.2%, followed by Spalding (13.2%). Pike County had the lowest percentage at 8.3%, which fell under the state percentage of 10.3%. Clayton (9.1), Lamar (9.1) and Newton (9.0) had the highest infant mortality rates compared to other counties and the state (6.8). Spalding County had the lowest infant mortality rate at 4.7.

Overall, Clayton County consistently exhibited the poorest maternal and infant health outcomes, while Pike County generally showed the most favorable indicators among the counties in the service area. In 2024, Wellstar Received a \$5.5M Healthy Start Grant to improve health outcomes in Butts, Spalding and Troup counties: the “funding enables Wellstar to provide individual and group perinatal and parenting education, expand prenatal and postpartum care for high-risk patients through nurse navigators, and increase access to community-based doulas.”<sup>5</sup> If the Healthy Start program continues to grow, there may be an opportunity to improve outcomes in the broader Spalding service area.

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

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Georgia
<b>Pregnancy Rate</b>	50.5	56.7	48.5	44.2	40.6	50.4	38.0	54.1	49.8	48.2
<b>Birth Rate</b>	38.7	39.1	31.4	36.9	34.7	34.7	32.2	42.1	40.9	36.9
<b>% Births with late or no prenatal care</b>	6.7%	16.2%	10.3%	4.9%	5.8%	6.7%	3.7%	8.9%	6.4%	9.1%
<b>% Births with &lt;5 prenatal Care visits</b>	5.3%	14.9%	8.5%	3.3%	4.9%	6.2%	3.1%	7.9%	4.4%	7.8%
<b>% Premature Births</b>	13.6%	13.3%	12.8%	11.5%	12.1%	13.6%	11.1%	13.6%	13.6%	11.7%
<b>% Low Birth Weight Births*</b>	11.1%	14.2%	12.1%	10.2%	11.3%	11.1%	8.3%	13.2%	11.1%	10.3%
<b>Infant Mortality Rate</b>	6.8	9.1	5.6	9.1	5.8	9.0	6.2	4.7	6.2	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 outlines the percentage of births with late or no prenatal care by race and ethnicity across the service area. Hispanic women were disproportionately more likely to have late or no prenatal care with outcomes that ranged from 10.9% in Butts County to 18.9% in Spalding County. Clayton County had the highest overall percentage at 16.2%, with 18.4% of Hispanic mothers, 16.9% of White mothers, 16.4% of Black mothers, 16.1% of Multiracial mothers and 11% of Asian mothers receiving late or no prenatal care. Black mothers also had higher percentages of late or no prenatal care compared to White and Asian mothers.

<sup>5</sup> Wellstar. (2024). [Wellstar Receives \\$5.5M Healthy Start Grant to Improve Maternal Outcomes in West Georgia.](#)

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

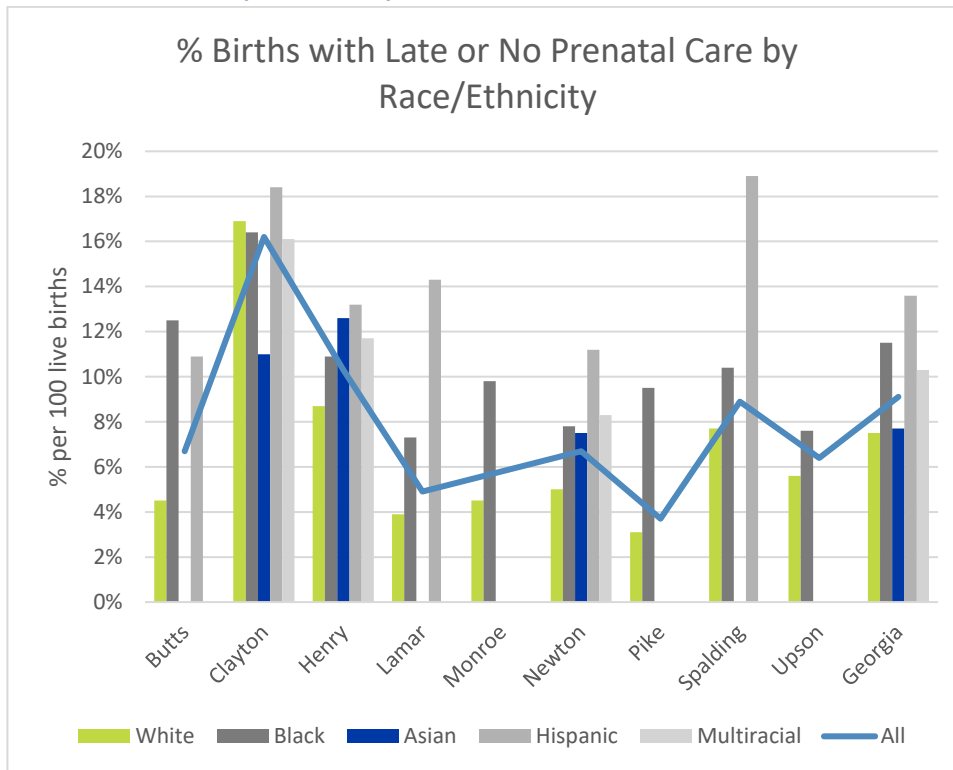
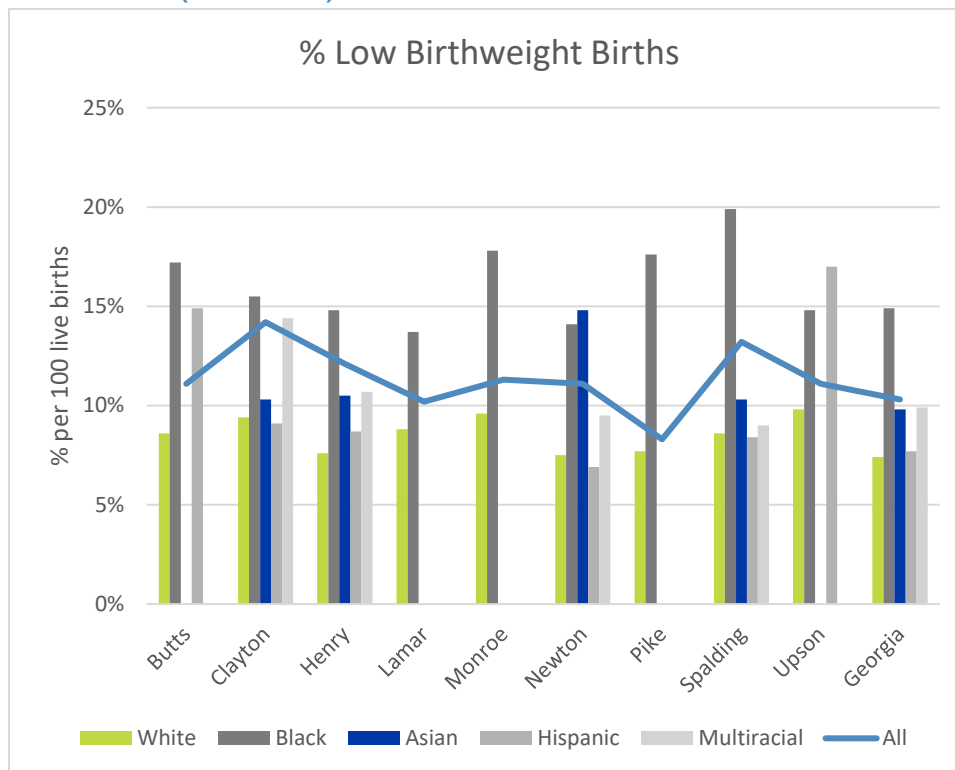


Chart only includes Georgia counties from service area

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

Figure 20 shows the percentage of low birthweight births (less than 2,500 grams) by race and ethnicity across the service area between 2019-2023. Black infants tend to have the highest percentages of low birthweight births across the service area with percentages ranging from 13.7% in Lamar County to 19.9% in Spalding County. The one exception being in Upson County where Hispanic children are more likely to be born with low birthweight (17.0%). In contrast, White infants generally had lower percentages, ranging between 7.5% in Newton to 9.9% in Upson County. Asian infants in Newton County had a notably high percentage (14.8%), compared to Asian infants in other counties. Hispanic infants in Upson County had the highest percentage among their demographic at 17.0%.

**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

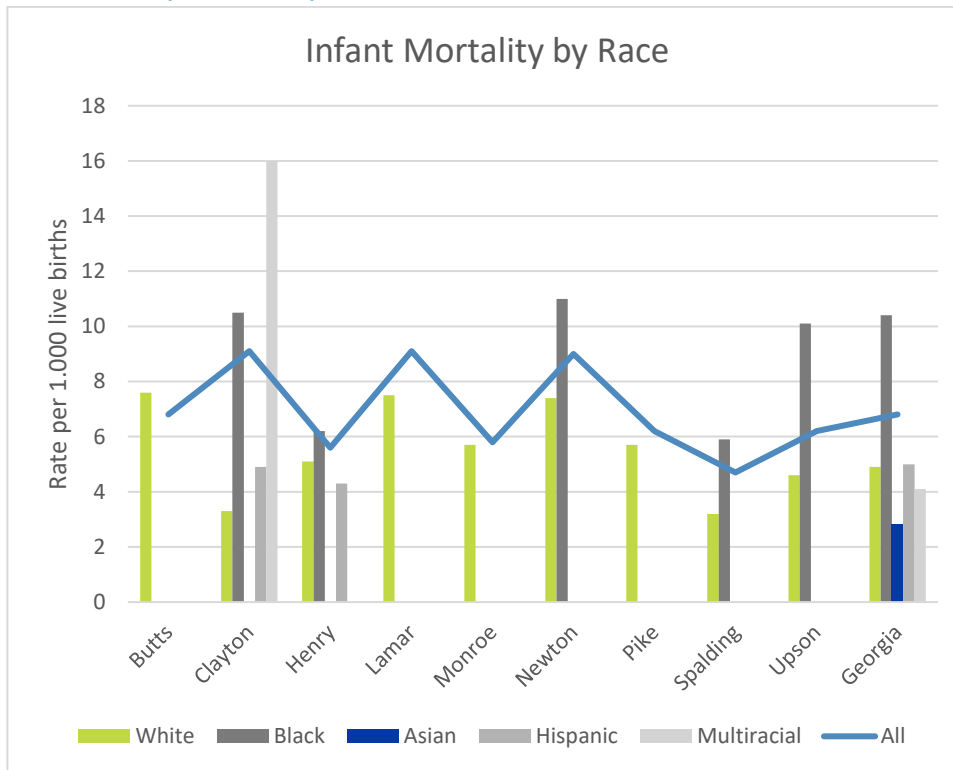
Figure 21 shows infant mortality rates per 1,000 live births by race across the service area. There is limited data disaggregated by race across the service area. While we have data on White infants across the service area, we only have data on:

- Black infants in Clayton, Henry, Newton, Spalding and Upson Counties.
- Hispanic infants in Clayton and Henry Counties,
- Multiracial infants in Clayton County, and,
- We have no county-level data on Asian infants.

Based on the data we do have, we see that Black infants experienced higher rates of infant mortality than their White peers. Notably, the rates of infant mortality among Black infants exceeded 10 per 1,000 live births in Clayton (10.5), Newton (11.0), and Upson (10.1) counties and the state (10.4).

A dramatic outlier appeared in Clayton County, where Multiracial infants had a mortality rate of 16.0 per 1,000, the highest of any group in any county. However, this was the only county for which data on multiracial infants was available. The only data available on Hispanic infants was limited to Clayton (4.9) and Henry (4.3) Counties.

**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 participants as a health priority and focus group participants acknowledged the financial barriers to care for seniors on a fixed income and the challenge of navigating the Medicare system.

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 Spalding Medical Center & Wellstar Sylvan Grove Medical Center service area. These data offer insight into some of the most pressing health issues for aging adults.

### Top Causes of Death

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

1. Ischemic heart and vascular disease
2. COVID-19
3. Alzheimer's disease
4. Cerebrovascular disease
5. Essential (Primary) hypertension and hypertensive renal, and heart disease (Table 13)

Table 13 outlines the top five leading causes of death among individuals aged 65 and older across the service area. Ischemic Heart and Vascular Disease was the #1 cause of death across most counties (except for Henry, Monroe and Spalding) and the state, with particularly high rates in Upson (1,024.2) and Lamar (483.5) Counties.

COVID-19 was also a leading cause, ranked #1 in Monroe (364.6) and Spalding (421.4) and #2 in Butts (428.0) Lamar (435.8), Newton (340.7), Pike (471.5) and Upson (559.0) Counties such as Butts, Lamar, Spalding, and Upson. It was also ranked second across the service area (346.7) and the state (281.4).

Essential Hypertension and related diseases notably ranked #1 in Henry (342.7) and #2 in Clayton (351.5). Alzheimer's Disease and Cerebrovascular Disease were both found across the service area. The highest rates of Alzheimer's were found in Monroe (350.3) and Henry (303.6) Counties where it ranked second. The highest rates of Cerebrovascular Disease were in Pike (339.5) and Lamar (304.4) Counties where it ranked 3<sup>rd</sup> and 4<sup>th</sup> respectively. Chronic Obstructive Pulmonary Disease (COPD) excluding asthma was most prevalent in Spalding (385.5) and Upson (500.4). Monroe County (289.5) was the only county to have Malignant Neoplasms of the Trachea, Bronchus and Lung among its top 5 causes of death.

Overall, the data highlighted that heart disease, COVID-19, COPD, Alzheimer's, and stroke-related illnesses were the most common causes of death among older adults in the service area, underscoring the need for continued public health efforts targeting cardiovascular and respiratory health, as well as infectious disease prevention in the elderly population.

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

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#1	Ischemic Heart and Vascular Disease – 452.6	Ischemic Heart and Vascular Disease – 365.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 342.7	Ischemic Heart and Vascular Disease – 483.5	COVID-19 – 364.6	Ischemic Heart and Vascular Disease – 384.4	Ischemic Heart and Vascular Disease – 477.8	COVID-19 – 421.4	Ischemic Heart and Vascular Disease – 1,024.20	Ischemic Heart and Vascular Disease – 372.9	Ischemic Heart and Vascular Disease – 397.1
#2	COVID-19 – 428	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 351.5	Alzheimer's Disease – 303.6	COVID-19 – 435.8	Alzheimer's Disease – 350.3	COVID-19 – 340.7	COVID-19 – 471.5	All COPD Except Asthma – 385.5	COVID-19 – 559	COVID-19 – 346.7	COVID-19 – 281.4

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#3	All COPD Except Asthma – 398.5	COVID-19 – 311.3	Ischemic Heart and Vascular Disease – 284.4	All COPD Except Asthma – 417.9	Ischemic Heart and Vascular Disease – 328.8	Cerebrovascular Disease – 297	Cerebrovascular Disease – 339.5	Alzheimer's Disease – 304.3	All COPD Except Asthma – 500.4	Alzheimer's Disease – 287.3	Alzheimer's Disease – 267.9
#4	Alzheimer's Disease – 359.1	Cerebrovascular Disease – 275.7	COVID-19 – 281.1	Cerebrovascular Disease – 304.4	Malignant Neoplasms of the Trachea, Bronchus and Lung – 289.5	Alzheimer's Disease – 273.8	Alzheimer's Disease – 326.9	Cerebrovascular Disease – 302.8	Alzheimer's Disease – 406.5	Cerebrovascular Disease – 286.9	Cerebrovascular Disease – 248.9
#5	Cerebrovascular Disease – 319.8	Alzheimer's Disease – 227.2	Cerebrovascular Disease – 261.2	Alzheimer's Disease – 280.6	All COPD Except Asthma – 285.9	All COPD Except Asthma – 257.1	All COPD Except Asthma – 301.8	Ischemic Heart and Vascular Disease – 263.8	Cerebrovascular Disease – 383.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 284.2	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 adults aged 65 and older in the service area were:

1. Falls
2. Diseases of the musculoskeletal system and connective tissue
3. All other diseases of the genitourinary system
4. All other unintentional injury
5. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease (Table 14)

Table 14 summarizes the top five causes of emergency room visits among individuals aged 65 and over across the service area. Falls were the #1 cause of emergency room visits in all counties except Clayton where Diseases of the Musculoskeletal System and Connective Tissue ranks #1. Fall rates ranged from 2,760.10 per 100,000 in Henry County to 5,859.6 in Upson County.

Diseases of the Musculoskeletal System and Connective Tissue (such as arthritis and related conditions) ranked #2 across all counties except for Clayton County and were the second leading cause of emergency room visits across the service area as a whole (3,161.90) and the state (3,328.20).

Genitourinary system diseases (e.g., kidney and urinary issues) appeared at #3 in most counties and remain a significant health burden, with the highest rates in Butts (2,883.0) and Upson (2,595.6) counties.

Unintentional injuries other than falls (like accidents and trauma) ranked #4 in most counties, also reflecting safety risks among seniors beyond just falls.

Hypertension and related heart/kidney disease, COPD (excluding asthma), and nervous/endocrine system diseases were recurring in the #5 spot, varying slightly by county. These chronic conditions further underline the complex healthcare needs of the aging population. Monroe County (1,486.90) was the only county to have All Other Endocrine, Nutritional and Metabolic Diseases among its top 5 causes of emergency room visits.



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

Rank	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	Service Area	GA
#1	Falls – 5,421.60	Diseases of the Musculoskeletal System and Connective Tissue – 2,798.10	Falls – 2,760.10	Falls – 4,172.60	Falls – 4,564.50	Falls – 4,367.10	Falls – 3,835.00	Falls – 4,100.10	Falls – 5,859.60	Falls – 3,333.40	Falls – 3,746.00
#2	Diseases of the Musculoskeletal System and Connective Tissue – 3,945.70	Falls – 1,996.20	Diseases of the Musculoskeletal System and Connective Tissue – 2,353.10	Diseases of the Musculoskeletal System and Connective Tissue – 3,689.10	Diseases of the Musculoskeletal System and Connective Tissue – 3,913.90	Diseases of the Musculoskeletal System and Connective Tissue – 4,134.40	Diseases of the Musculoskeletal System and Connective Tissue – 2,458.20	Diseases of the Musculoskeletal System and Connective Tissue – 3,494.60	Diseases of the Musculoskeletal System and Connective Tissue – 4,984.00	Diseases of the Musculoskeletal System and Connective Tissue – 3,161.90	Diseases of the Musculoskeletal System and Connective Tissue – 3,328.20
#3	All Other Diseases of the Genitourinary System – 2,883.00	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,741.80	All Other Diseases of the Genitourinary System – 1,393.30	All Other Diseases of the Genitourinary System – 2,232.60	All Other Diseases of the Genitourinary System – 2,609.30	All Other Diseases of the Genitourinary System – 2,186.80	All Other Diseases of the Genitourinary System – 1,829.50	All Other Diseases of the Genitourinary System – 2,191.30	All Other Diseases of the Genitourinary System – 2,595.60	All Other Diseases of the Genitourinary System – 1,780.40	All Other Diseases of the Genitourinary System – 1,960.30
#4	All Other Unintentional Injury – 2,597.70	All Other Diseases of the Genitourinary System – 1,299.10	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,150.10	All Other Unintentional Injury – 1,790.80	All Other Unintentional Injury – 2,255.40	All Other Unintentional Injury – 2,008.10	All Other Unintentional Injury – 1,609.50	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,601.30	All Other Unintentional Injury – 2,282.90	All Other Unintentional Injury – 1,507.20	All Other Unintentional Injury – 1,529.40
#5	All COPD Except Asthma – 1,721.90	All Other Unintentional Injury – 1,169.00	All Other Unintentional Injury – 1,119.60	All Other Diseases of the Nervous System – 1,217.80	All Other Endocrine, Nutritional and Metabolic Diseases – 1,486.90	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,541.40	All Other Diseases of the Nervous System – 955.6	All Other Unintentional Injury – 1,545.20	All COPD Except Asthma – 1,993.60	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,433.30	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

# APPENDIX

## Appendix A: Demographic data

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

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spald- ing	Upson	GA	US
<b>Total Population (2022)</b>	25,522	296,312	240,853	18,676	28,287	113,298	19,145	67,415	27,638	10,722,325	331,097,593
<b>Age Distribution</b>											
<b>Median Age in Years</b>	38.7	33	36.9	37.6	42.6	36.4	40.2	38.9	41.5	37.2	38.5
<b>Under 18 Years</b>	20.5%	27.5%	25.2%	20.7%	20.7%	25.5%	23.5%	23.4%	22.7%	23.4%	22.1%
<b>18-24 Years Old</b>	9.4%	9.9%	9.8%	13.6%	9.3%	10.0%	8.3%	8.1%	8.4%	9.8%	9.5%
<b>25-34 Years Old</b>	15.1%	15.5%	12.4%	12.9%	11.2%	12.7%	11.8%	13.6%	12.7%	13.8%	13.7%
<b>35-44 Years Old</b>	12.8%	13.0%	13.4%	10.2%	11.6%	12.8%	13.0%	11.8%	11.6%	13.3%	12.9%
<b>45-54 Years Old</b>	13.7%	12.7%	14.8%	12.2%	13.8%	13.8%	14.3%	12.1%	11.8%	13.1%	12.4%
<b>55-64 Years Old</b>	12.6%	11.4%	12.5%	13.0%	14.7%	12.0%	13.4%	12.7%	14.6%	12.3%	12.9%
<b>65+ Years Old</b>	16.0%	10.0%	12.0%	17.5%	18.7%	13.2%	15.7%	18.4%	18.2%	14.4%	16.5%
<b>Racial/Ethnic Distribution</b>											
<b>White</b>	66.5%	12.7%	39.8%	67.1%	73.7%	44.9%	87.4%	59.1%	67.5%	54.3%	65.9%
<b>Black</b>	27.8%	70.2%	48.7%	26.9%	21.6%	46.8%	8.6%	34.5%	27.4%	31.5%	12.5%
<b>Asian</b>	0.1%	5.1%	3.3%	0.5%	1.0%	1.4%	0.6%	0.9%	0.4%	4.3%	5.8%
<b>Native American and Alaska Native</b>	0.1%	0.2%	0.2%	0.0%	0.2%	0.1%	0.0%	0.5%	0.3%	0.4%	0.8%
<b>Native Hawaiian and Other Pacific Islander</b>	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.1%	0.2%
<b>Multiple Races</b>	4.7%	6.4%	6.6%	3.9%	2.9%	4.9%	2.2%	4.0%	2.8%	6.0%	8.8%
<b>Some other race</b>	0.9%	5.4%	1.4%	1.7%	0.6%	1.9%	1.2%	1.1%	0.9%	3.5%	6.1%
<b>Hispanic/Latino</b>	3.7%	13.4%	7.6%	2.9%	2.5%	6.3%	1.9%	5.1%	2.4%	10.1%	18.7%
<b>Population with Limited English Proficiency</b>	1.3%	9.0%	3.9%	0.4%	1.0%	2.4%	0.5%	1.7%	0.6%	5.5%	8.2%
<b>Income Distribution</b>											
<b>Median Household Income</b>	\$60,076	\$56,207	\$79,663	\$64,966	\$74,867	\$70,732	\$83,866	\$57,367	\$48,740	\$71,355	\$75,149
<b>Less than \$25,000</b>	14.8%	18.7%	8.3%	18.2%	15.5%	15.3%	12.8%	23.9%	28.2%	16.6%	15.7%

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spald- ing	Upson	GA	US
<b>\$25,000- \$49,999</b>	27.3%	25.0%	17.8%	18.8%	15.5%	20.4%	16.3%	21.0%	22.4%	19.0%	18.1%
<b>\$50,000- \$99,999</b>	30.7%	34.7%	36.4%	34.2%	32.3%	33.9%	30.5%	32.5%	27.1%	29.7%	28.9%
<b>\$100,000- \$199,999</b>	23.7%	18.8%	29.3%	23.0%	27.2%	25.1%	31.3%	17.1%	18.2%	24.7%	25.9%
<b>\$200,000 or more</b>	3.5%	2.8%	8.3%	5.8%	9.5%	5.2%	9.1%	5.6%	4.2%	10.0%	11.4%
Data Source: US Census Bureau, American Community Survey. 2018-22 US Department of Labor, Bureau of Labor Statistics. 2024 - November											

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

### Education

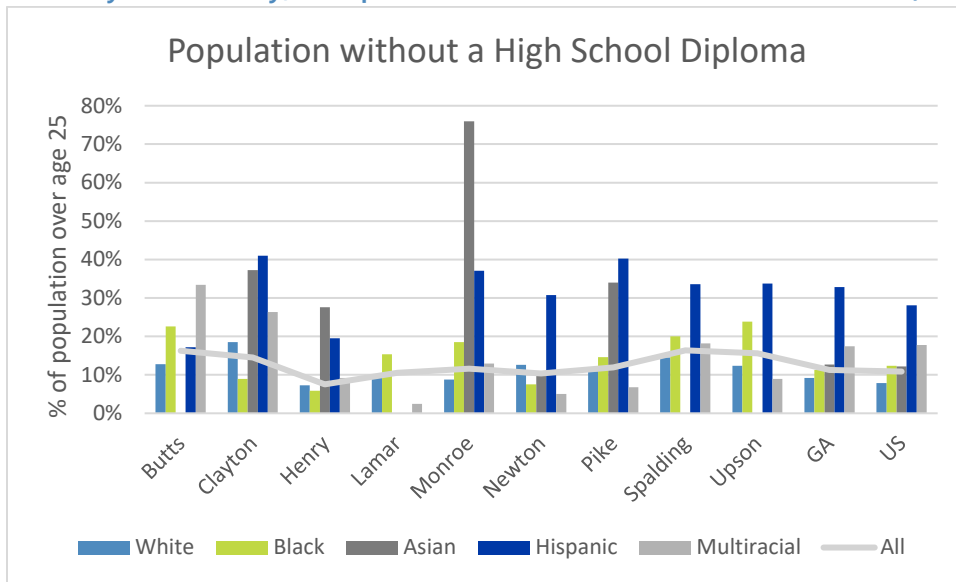
Table 16. Select Education Indicators by County (2018-2022)

	Butts	Clay- ton	Henry	Lamar	Mon- roe	New- ton	Pike	Spald- ing	Upson	GA	US
<b>Adults without HS Diploma (Age 25+)<sup>1</sup></b>	16.3%	14.5%	7.5%	10.6%	11.6%	10.3%	11.9%	16.4%	15.6%	11.3%	10.9%
<b>High School Graduate Rate (2020- 2021)<sup>2</sup></b>	88.8%	76.0%	88.0%	86.8%	91.0%	89.0%	95.1%	84.0%	88.1%	86.9%	81.1%
<b>Associates degree or higher<sup>1</sup></b>	18.9%	30.0%	38.4%	26.3%	36.5%	31.8%	29.8%	27.3%	25.3%	41.9%	43.1%
<b>Bachelors degree or higher<sup>1</sup></b>	13.1%	20.6%	27.5%	17.5%	28.6%	22.6%	20.2%	18.3%	15.4%	33.6%	34.3%
<b>Preschool Enrollment (ages 3-4)<sup>1</sup></b>	67.6%	35.4%	39.0%	53.6%	65.8%	56.1%	45.0%	45.3%	56.5%	47.7%	45.6%

Data Source: <sup>1</sup>US Census Bureau, American Community Survey. 2018-2022

<sup>2</sup>US Department of Education, EDData. Additional data analysis by CARES. 2020-21.

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



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

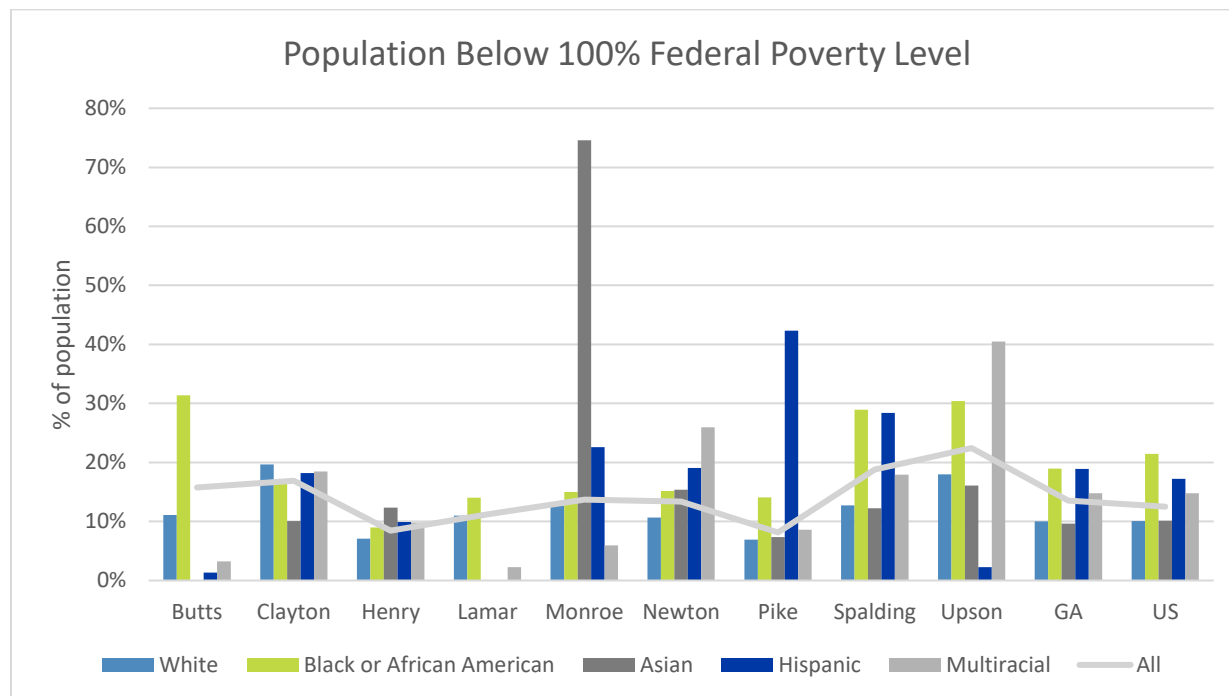
## Socioeconomic status / Income

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

	Butts		Clayton		Henry		Lamar		Monroe		Newton		Pike		Spalding		Upson		Georgia		US	
	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22	2014-2018	2018-22
<b>Total household-</b>			92,84	104,8	73,82	82,23				10,24	36,62	39,90			24,13	26,30	10,20	10,41	3,709,	3,946,	119,7	125,7
<b>holds</b>	8,157	8,483	5	20	6	2	6,368	6,918	9,803	8	6	6	6,106	6,445	7	3	4	2	488	490	8	3
<b>All people</b>	23.8%	15.8%	20.0%	16.9%	10.4%	8.4%	20.2%	11.2%	13.9%	13.7%	17.9%	13.4%	13.1%	8.1%	21.6%	18.8%	22.3%	22.4%	16.0%	13.5%	14.1%	12.5%
<b>All families</b>	19.1%	11.7%	16.6%	13.9%	8.4%	6.8%	16.5%	8.3%	10.3%	8.0%	14.5%	11.1%	9.2%	5.4%	16.8%	14.5%	17.4%	17.6%	12.1%	10.0%	10.1%	8.8%
<b>Married couple families</b>	8.2%	4.1%	8.5%	6.7%	3.7%	3.5%	11.0%	4.2%	6.5%	7.7%	7.0%	7.7%	6.0%	1.6%	6.4%	5.8%	9.5%	8.9%	5.8%	4.8%	5.0%	4.5%
<b>Single female head of household families</b>	43.9%	24.7%	27.2%	23.6%	20.4%	13.0%	42.6%	28.8%	24.8%	12.8%	33.8%	18.4%	25.4%	28.6%	38.3%	35.0%	37.8%	41.6%	30.6%	25.2%	27.8%	24.1%
<b>Households with No Motor Vehicle</b>	6.6%	3.5%	7.1%	7.4%	2.2%	2.1%	6.2%	3.0%	4.9%	2.0%	5.4%	4.2%	3.4%	2.5%	9.7%	7.3%	10.4%	11.9%	6.6%	6.0%	8.7%	8.3%
<b>Public Transportation</b>	0.0%	0.0%	3.1%	3.2%	0.9%	0.9%	0.0%	0.0%	0.5%	0.3%	0.5%	0.7%	0.0%	0.2%	0.3%	0.2%	0.5%	0.1%	2.1%	1.5%	5.0%	3.8%

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

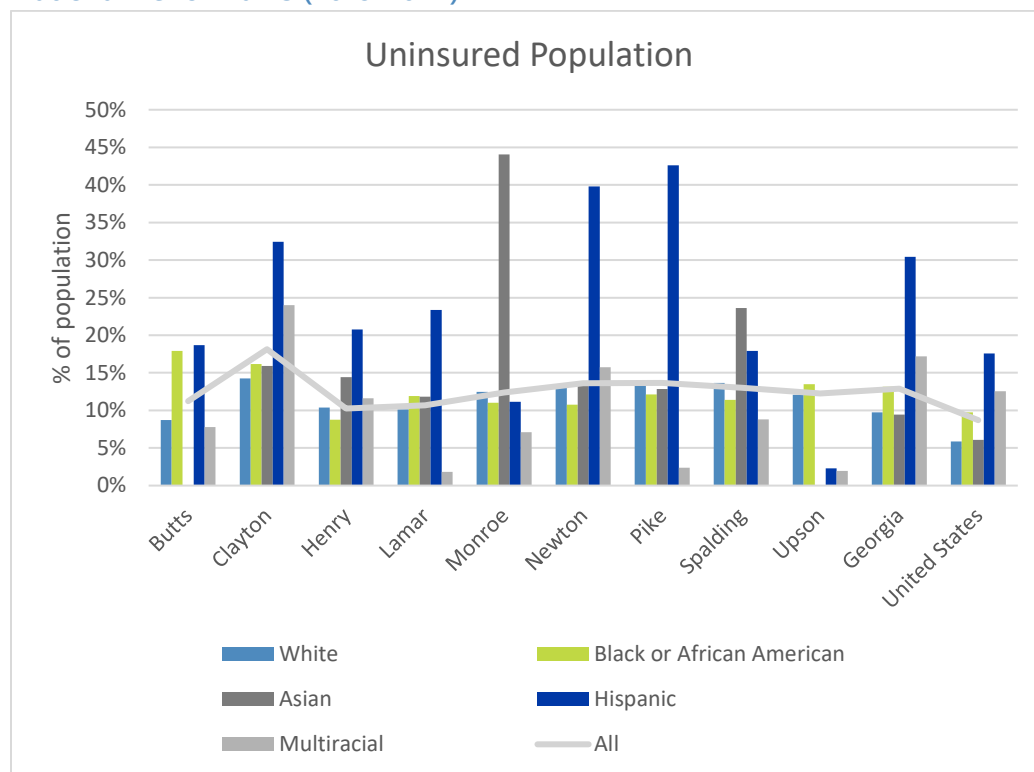
Table 18. Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022) by County

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	GA	U.S.
<b>Unemployment Rate (2024)<sup>1</sup></b>	3.4%	4.8%	3.9%	4.0%	3.2%	4.6%	3.1%	4.4%	3.7%	3.5%	4.0%
<b>Uninsured Population (2018-2022)<sup>2</sup></b>	11.2%	18.1%	10.2%	10.6%	12.3%	13.6%	13.6%	13.0%	12.3%	12.9%	8.7%

Data Sources: <sup>1</sup>US Department of Labor, Bureau of Labor Statistics. 2024 - August.

<sup>2</sup>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)

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	GA	U.S.
Units Affordable at 15% AMI	1.9%	2.8%	2.1%	4.3%	4.8%	3.6%	4.5%	3.0%	4.8%	3.7%	3.6%
Units Affordable at 30% AMI	7.3%	4.9%	3.6%	11.7%	13.3%	6.0%	12.5%	8.3%	10.6%	9.1%	8.4%
Units Affordable at 40% AMI	12.6%	7.3%	7.5%	21.6%	22.4%	9.3%	22.5%	13.1%	16.4%	14.7%	13.6%
Units Affordable at 50% AMI	19.5%	13.0%	15.0%	33.4%	33.8%	18.5%	31.1%	20.1%	24.2%	22.2%	20.7%
Units Affordable at 60% AMI	28.3%	19.9%	25.1%	44.0%	41.5%	29.7%	39.5%	28.8%	38.0%	30.3%	28.6%
Units Affordable at 80% AMI	47.6%	42.3%	47.9%	57.4%	55.3%	51.6%	56.5%	49.7%	55.6%	46.5%	44.2%
Units Affordable at AMI	61.7%	66.1%	64.7%	69.4%	64.4%	67.4%	67.6%	66.6%	69.4%	60.2%	59.5%
Units Affordable at 125% AMI	72.4%	82.9%	76.1%	77.3%	71.9%	78.4%	76.5%	78.1%	79.5%	72.3%	69.6%
Median Gross Rent	\$961	\$1,216	\$1,411	\$888	\$872	\$1,264	\$989	\$1,024	\$778	\$ 1,221	\$ 1,268
Households paying more than 30% of income for	24.4%	33.0%	28.0%	27.2%	18.9%	25.9%	14.1%	28.0%	26.1%	25.0%	27.3%

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	GA	U.S.
<b>monthly mortgage</b>											
<b>Households paying more than 30% of income for monthly rent</b>	40.4%	55.2%	48.2%	42.8%	41.3%	53.7%	41.1%	51.7%	56.1%	50.4%	49.9%
<b>Households with One or More Severe Problems (2017-2021)*</b>	9.2%	17.2%	11.0%	8.4%	9.9%	13.6%	8.9%	12.2%	10.2%	12.8%	13.1%

Sources: Data Source: US Census Bureau, American Community Survey. 2018-22.  
 \*US Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.

## Transportation

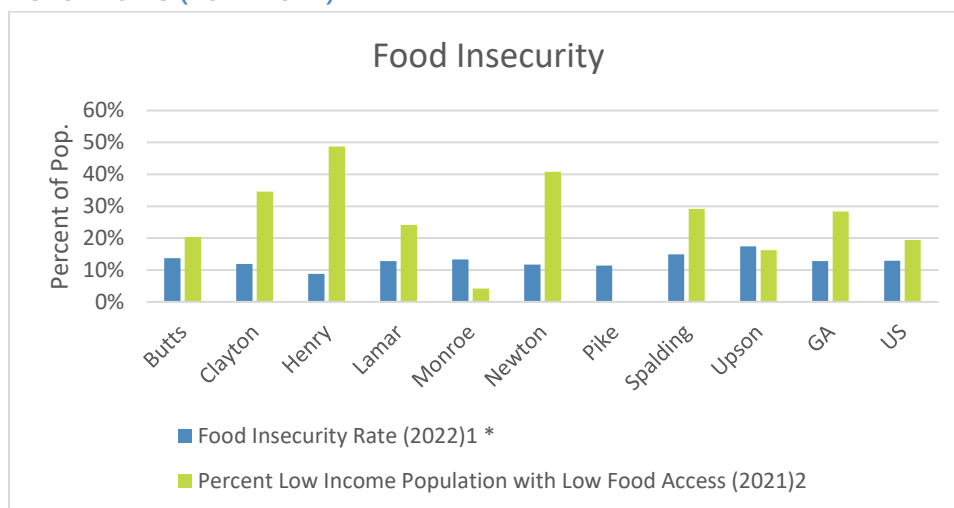
**Table 20. Selected Transportation Indicators by County (2018-2022)**

	Butts	Clayton	Henry	Lamar	Monroe	Newton	Pike	Spalding	Upson	GA	US
<b>Households with No Motor Vehicle</b>	3.5%	7.4%	2.1%	3.0%	2.0%	4.2%	2.5%	7.3%	11.9%	6.0%	8.3%
<b>Commuting mode - Public Transportation</b>	0.0%	3.2%	0.9%	0.0%	0.3%	0.7%	0.2%	0.2%	0.1%	1.5%	3.8%

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

## Food security

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



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

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

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





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