Wellstar Health System
Community Health Needs Assessment

Presented to Wellstar Health System
By Georgia Health Policy Center
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ACRONYMS

ACA	Affordable Care Act
ACEs	Adverse Childhood Experiences
ASC	American Community Survey
ADHD	Attention-Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CDC	Centers for Disease Control
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CMS	Centers for Medicare and Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Corona Virus
ED	Emergency Department
FNS	Food and Nutrition Security
GHPC	Georgia Health Policy Center
HIV	Human Immunodeficiency Virus
IRC	Internal Revenue Code
MCH	Maternal and Child Health
SHA	State Health Assessment
STI	Sexually Transmitted Infection
USDA	United States Department of Agriculture
UTI	Urinary Tract Infection
YPLL	Years of Potential Life Lost

BACKGROUND

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a community health needs assessment (CHNA) and implementation plan every three years to better meet the health needs of under-resourced populations living in the communities they serve. Wellstar is comprised of not-for-profit hospitals as defined by the Internal Revenue Code (IRC) Section 501(r). Beyond fulfilling the requirements, Wellstar is dedicated to completing the CHNA to continue improving the health of communities by understanding and addressing their unique health needs and priorities. What follows is a comprehensive CHNA that meets industry standards, including Internal Revenue Service regulations set forth in the Additional Requirements for Charitable Hospitals section of IRC 501(r).

INTRODUCTION

Wellstar Health System partnered with the Georgia Health Policy Center (GHPC) to complete a Community Health Needs Assessment (CHNA). Wellstar is an expansive system that includes 329 medical office locations, 91 rehabilitation centers, 35 imaging centers, 20 urgent care locations, 11 cancer centers, 10 hospitals, five health parks, three hospice facilities, and two retirement villages across the state of Georgia.[1] The primary focus of data collection for this assessment was on under-resourced, high-need and medically underserved populations living in Wellstar's primary service areas:

- 3 Hospitals: Wellstar Cobb Medical Center, Wellstar Kennestone Regional Medical Center, and Wellstar Windy Hill,
- Wellstar Douglas Medical Center,
- Wellstar North Fulton Medical Center,
- Wellstar MCG Health Medical Center,
- Wellstar Paulding Medical Center,
- Wellstar Spalding Medical Center and Wellstar Sylvan Grove Medical Center, and,
- Wellstar West Georgia Medical Center.

The goal of the CHNA process is to identify system-wide health priorities that Wellstar can address over the next three years. GHPC's role is to help 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).

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

[1] https://www.wellstar.org/about-us

Audiences

Audiences for these reports include:

- Community leaders and residents,
- The Wellstar Health System decision-makers and staff,
- Wellstar's partners and collaborators,
- The Wellstar Foundation,
- Organizations, coalitions, and agencies operating in Wellstar's service areas, who are well-positioned to act on health and health-related outcomes.

The CHNA reports can be a valuable resource for anyone working to improve health in Georgia. The data included in the reports can also be used as a baseline for Wellstar's 2025 CHIP or for advocacy and fundraising.

Contents and Structure

Wellstar's 2025 CHNA portfolio includes:

- This introductory document containing information relevant to the entire Wellstar system and including:
    - CHNA Methodology,
    - Overview of the top 5 system-wide health priorities,
    - Appendices.
- Seven service area-specific reports that include:
    - Demographics and key morbidity and mortality outcomes,
    - Service area-specific findings on the top 5 health priorities,
    - Appendices.

Portions of the reports are designed to stand alone as one-pagers or briefs to facilitate the sharing of CHNA findings.

METHODS

Health System Oversight

Wellstar's Center for Health Equity oversaw the CHNA process by providing guidance to the CHNA team on the assessment process. Wellstar leadership, including the Regional Health Board, was also engaged to inform the service area definition, list of community leaders for stakeholder interviews, and final community health needs. GHPC partnered with Wellstar to implement a collaborative and comprehensive CHNA process. The methodology was reviewed and approved by the Georgia State University Institutional Review Board to ensure

confidentiality and human subjects protection best practices were observed throughout the data collection process.

Secondary Data

Georgia Health Policy Center gathered secondary county-level, and where available, zip code-level quantitative data including:

- Demographics (age, income, race),
- Health indicators,
    - Mortality
    - Morbidity
    - Health risk factors
    - Access to health care (rates of uninsured, availability of primary care, etc.),
- Vital conditions for health and well-being[2], and,
- Health disparities.

Secondary data sources are listed in Appendix A.

Primary Data – Community Input

Primary data included 1) key informant interviews, 2) focus group discussions, and 3) community summits.

1) Twenty-two (22) interviews were conducted with representatives from non-governmental organizations, state agencies, and academic institutions.
2) A total of 16 focus group discussions were conducted:
    a. Nine (9) with Wellstar staff including service line leaders, hospital presidents, and representatives from Community Health Programs, the Center for Health Equity, System and Quality Governance, Patient Experience
    b. Seven (7) with community members (1 per service area)
3) Seven (7) Community Summits—one in each service area—with community members and representatives from Wellstar's existing and potential partners.

The interviews, focus group discussions and summits explored community contexts and health needs. Interviewees were asked to 1) identify community health needs, 2) provide their perspective on which community health needs Wellstar should prioritize over the next 3 years and 3) recommend specific strategies to address those needs. Appendix B lists all the health needs identified during the community summits by location.

[2] Milstein B, Payne B, Kelleher C, et. al. Organizing Around Vital Conditions Moves: The Social Determinants Agenda Into Wider Action. Health Affairs Forefront, February 2, 2023.

Data Analysis & Interpretation

As a first step, data sources were analyzed and triangulated to identify commonalities across all the data sources. Analysts presented preliminary findings to the steering committee members throughout the data collection process, who supported the interpretation of the findings.

Data Limitations

Most of the secondary data were available only at the county level. County-level data are an aggregate of large populations and do not always capture nuanced health needs. Some counties include diverse socioeconomic populations with very different rates of mortality and morbidity. Census tract and zip code-level data were included when available. Different data sources have different indicators, sample sizes, and data collection and publication schedules. The data presented in this report were the most recent available for each indicator at the time of data collection.

Secondary data were not always available. For example, there are no secondary data sources that offer valid measures of health education or resource availability. In the absence of secondary data, this assessment has noted relevant anecdotal data gathered from residents and community leaders with lived experience. Primary data are reflective of participants' experience, perspective and interpretation.

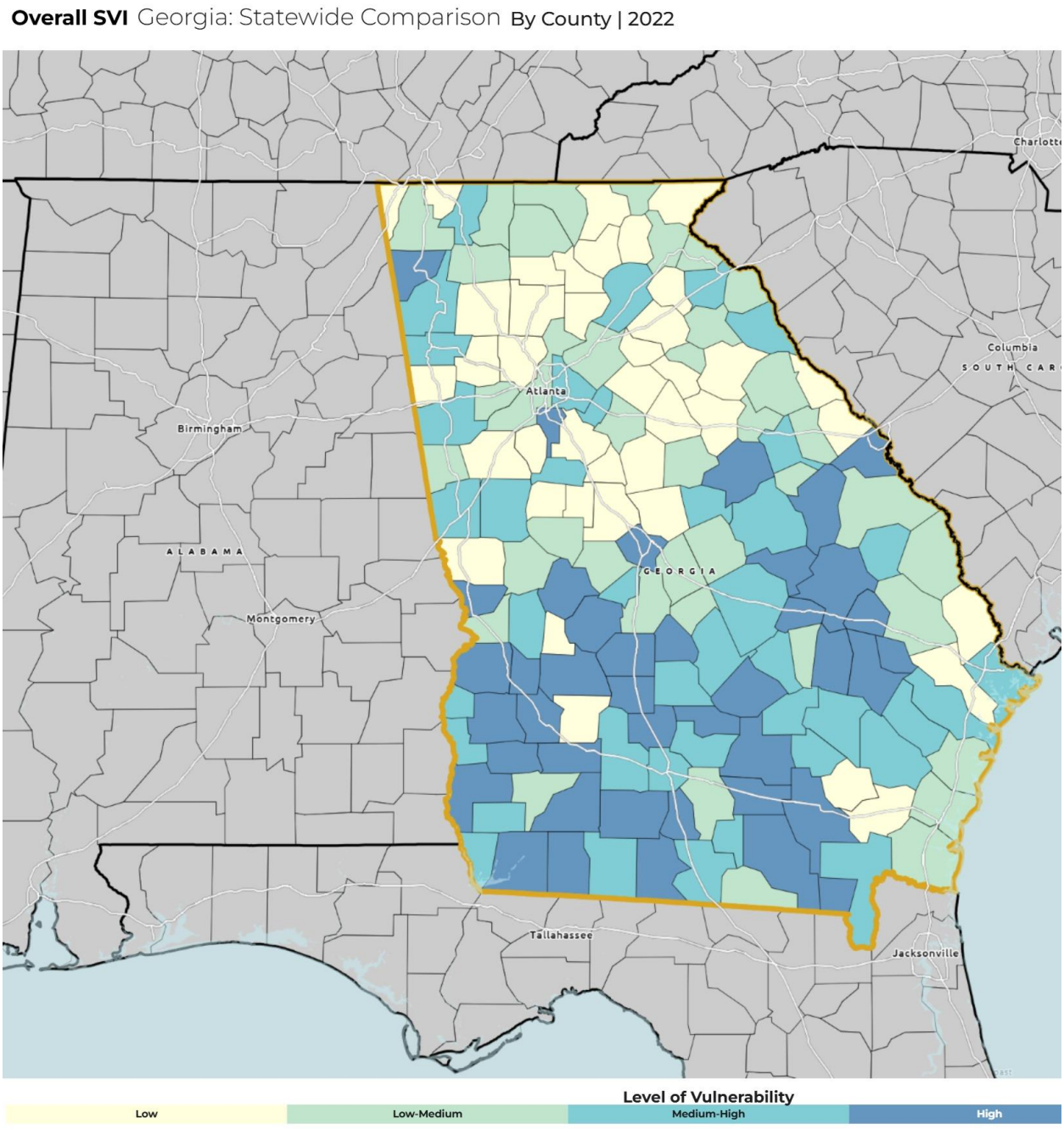
The primary data has several limitations. The knowledge of participants in key informant interviews, focus groups, and community summits on community health issues and their contexts was limited to their organizational role, areas of expertise, and experience with the service areas. Some participants were not residents of the service areas or their work covered broad geographical regions (i.e., multiple service areas), and they tended to have less specific information on the local community health issues. The number of community summit participants was low in some service areas, thus, while the input gathered was valuable, it was not as broad as intended.

2022 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."[3] 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, housing type and transportation. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability) and are classified as having a low, medium or high-level vulnerability (Figure 1).

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

Figure 1: Georgia Counties Color Coded by Level of Vulnerability



Generally we see Georgia's southern counties are more vulnerable than the northern counties. Service area specific indices are included in the service area specific reports. A ranked list of all the counties in the Wellstar's system is included in Appendix C.

2022 – 2025 HEALTH PRIORITIES

The 2022 – 2025 health priorities were:

- Access to Appropriate Healthcare
- Behavioral Health
- Maternal and Child Health
- Healthy Living
- Housing
- Poverty

2025 – 2028 HEALTH PRIORITIES

The 2025 – 2028 health priorities are:

- Access,
- Behavioral Health,
- Maternal and Child Health,
- Food Access/Healthy Living, and,
- Healthy Aging.

A Brief Overview of Health in Georgia

Our secondary data review focused on the top causes of death, Years of Potential Life Lost (YPLL) and emergency room visits (Table 1). In summary, between 2019-2023, the top 5 causes of mortality in Georgia were chronic diseases and COVID-19. The top causes of YPLL included behavioral health issues (overdose, suicide), heart disease, COVID-19 and motor vehicle crashes. The top causes of emergency room visits were injuries, pain and genitourinary disease (primarily urinary tract infections [UTI] and kidney disease). In 2023, 9.9% of Georgia adults reported having three or more chronic conditions (arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease, cancer, depression or diabetes).

Table 1: Top Causes of Death, YPLL and Emergency Room Visits in Georgia (2019-2023)

	Top Causes of Death	Top Causes of Years of Potential Life Lost	Top Causes of Emergency Room Visits
#1	Ischemic Heart and Vascular Disease- 75.0	Accidental Poisoning and Exposure to Noxious Substances- 664.4	Diseases Of the Musculoskeletal System and Connective Tissue- 2,774.6
#2	COVID-19- 54.9	Ischemic heart and vascular disease- 556.9	All Other Unintentional Injury- 2,458.9

	Top Causes of Death	Top Causes of Years of Potential Life Lost	Top Causes of Emergency Room Visits
#3	Cerebrovascular Disease- 43.9	Motor vehicle crashes- 542.9	All Other Diseases of the Genitourinary System- 1,899.3
#4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 42.0	Covid-19- 479.8	Falls- 1,565.3
#5	All COPD Except Asthma- 39.3	Intentional Self-Harm (Suicide)- 471.4	Motor Vehicle Crashes- 907.1

The top 5 causes of death, YPLL and emergency room visits (collectively referred to as "Top Causes") in Georgia overlap with at least 3 of the 2025 Health Priorities (Table 2). While the case can be made for connections between all 12 of the top causes and all five of the 2025 Health Priorities, Table 2 focuses on direct causal pathways. Access and Behavioral Health overlap with all 12 top causes. Maternal and Child Health overlap with 3. Healthy Living overlaps with 6 and Healthy Aging overlaps with 9.

Table 2: Crosswalk of Top Causes of Death, YPLL and Emergency Room Visits with the Wellstar 2025 CHNA Health Priorities

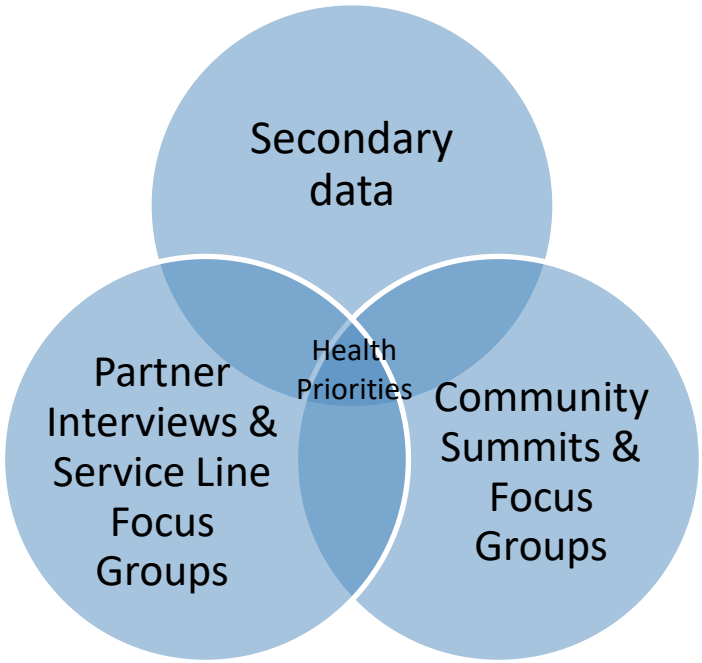
Causes of Death, Years of Potential Life Lost and Emergency Room Visits (Listed Alphabetically)	Access	Behavioral Health	Maternal and Child Health	Healthy Living	Healthy Aging
Accidental Poisoning and Exposure to Noxious Substances- 664.4 (overdoes)	✓	✓			
All COPD Except Asthma	✓	✓			✓
All Other Diseases of the Genitourinary System (primarily UTIs and kidney disease)	✓	✓	✓	✓	✓
All Other Unintentional Injury	✓	✓			✓
Cerebrovascular Disease (stroke)	✓	✓		✓	✓
COVID-19	✓	✓		✓	✓
Diseases Of the Musculoskeletal System and Connective Tissue	✓	✓		✓	✓
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	✓	✓	✓	✓	✓
Falls	✓	✓			✓

Causes of Death, Years of Potential Life Lost and Emergency Room Visits (Listed Alphabetically)	Access	Behavioral Health	Maternal and Child Health	Healthy Living	Healthy Aging
Intentional Self-Harm (suicide)	✓	✓	✓		
Ischemic Heart and Vascular Disease	✓	✓		✓	✓
Motor vehicle crashes	✓	✓			

HEALTH PRIORITIES

Priorities were selected by triangulating the secondary data and primary data (Figure 2). Primary data was weighted more heavily than secondary data.

Figure 2: Health Priority Selection



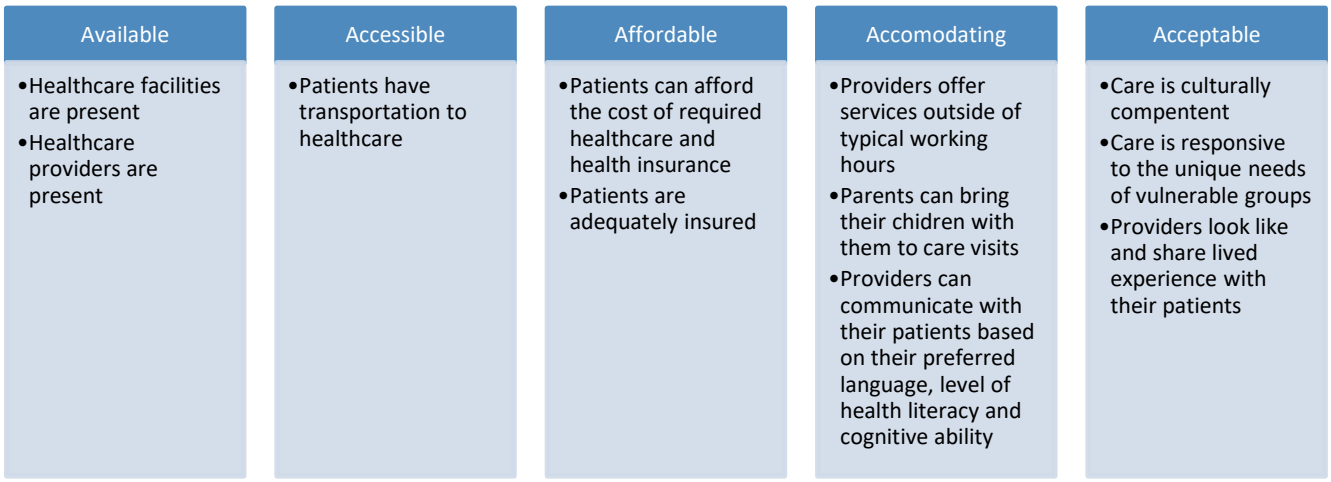
Access

Community leaders and residents consistently identified “Access” as one of the biggest barriers to healthcare and ranked it as the highest priority. The secondary data review corroborates this perspective. According to a study conducted by Forbes in 2023, Georgia was ranked the worst

state in the country for healthcare due in part to its low levels of access and high costs.[4] Forbes Advisor compared all 50 states across 24 metrics spanning four key categories: healthcare access, healthcare outcomes, healthcare cost and quality of hospital care.

Access is a very broad topic that encompasses many issues. In 1981, Penchansky and Thomas coined the 5 dimensions of access (Figure 3).[5] We used these 5 dimensions to help us organize our findings on access.

Figure 3: Examples of the 5 Dimensions of Access



The following section outlines our findings related to the 5 dimensions of access.

Dimension 1: Available

Georgia has fewer health care providers per capital than the US average (Table 3). The state is facing a growing demand for healthcare workers, especially in areas like nursing, physical therapy, and home health. The state is experiencing population growth, an aging population, and an increasing disease burden, all contributing to the need for more healthcare professionals. "According to the federal Health Resources Service Administration, Georgia has more than 20% fewer registered nurses than it needs."[6] And "Georgia's physician-to-patient ratio is 23% worse than the national average."[7] This gap is expected to grow as more physicians retire and younger physicians leave Georgia to practice. Healthcare providers are leaving

[4] Masterson, L. (2023). The Worst (And Best) States For Healthcare, Ranked. *Forbes Advisor.*
[5] Penchansky R, Thomas JW. The concept of access: definition and relationship to consumer satisfaction. Med Care. 1981 Feb;19(2):127-40. doi: 10.1097/00005650-198102000-00001. PMID: 7206846.
[6] King. C. (2024). Georgia grapples with nation's second worst nursing shortage. *FOX 5 Atlanta*.
[7] Cicero Institute. (2024). Georgia Physician Shortage Facts.

Georgia for a number of reasons including legislation like abortion bans and the decision not to expand Medicaid.[8][9]

Table 3: Health Professional Shortages and Service Provider Rates

	Georgia	U.S.
Percentage of Population Living in an Area Affected by a Health Professional Shortage (2024)[1]	26.3%	22.3%
Population Underserved (2024)[1]	60.7%	51.6%
Percentage of Population Living in a Health Professional Shortage for Dental Care (2024)[1]	18.6%	16.7%
Addiction/Substance Abuse Providers (2024)*[2]	7.9	28.3
Buprenorphine Providers (2024)*[3]	7.9	14.9
Dentists (2022)*[4]	53.9	74.3
Mental Health Providers (2024)*[5]	188.4	311.0
Nurse Practitioners (2024)*[5]	75.6	96.1
Primary Care (2021)*[6]	66.0	75.7

*Rate per 100,000 Population
Sources:
1. US Department of Health & Human Services. (2024) Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database.
2. Centers for Medicare and Medicaid Services, CMS. (2024) National Plan and Provider Enumeration System (NPPES).
3. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2024)
4. US Department of Health & Human Services, Health Resources and Services Administration, HRSA. (2022). Area Health Resource File.
5. CMS. (2020). Geographic Variation Public Use File.

Some Focus Group Discussion participants linked understaffing to provider burnout and diminished quality of care. Some participants also mentioned how the pressure to see as many patients as possible—either for financial or staffing reasons—reduced doctors' ability to engage with their patients and provide informed diagnoses. Participants shared that it can be hard to get care when it is needed. People will turn to the internet for medical diagnoses while they wait to receive care from a professional.

Dimension 2: Accessible

Community residents and leaders identified transportation as one of the biggest barriers to care, especially among people with lower socio-economic status and aging adults. Six percent (6%) of households in Georgia do not have a motor vehicle; however, even households with vehicles may not be able to accommodate the needs of the entire household and/or some

[8] Hong, R., Willimas, B., Pulsifer, B.. (2024). Georgia's failure to expand Medicaid means fewer doctors will stay in state. The Atlanta Journal Constitution.
[9] Rovner, Julie. (2024). Abortion bans in Georgia and other states are repelling the nation's future doctors. *KFF Health News/WABE*.

inhabitants may be too infirm to drive.[10] According to interviewees, providers can improve access to care through partnerships, innovative service delivery models, and community centered solutions such as mobile health units and telehealth.

Dimension 3: Affordable

Healthcare costs (including premiums and deductibles, doctor visits, medical procedures and prescription drug costs) in Georgia are expensive. According to a 2024 analysis, Georgia is the eighth most expensive state in terms of healthcare spending in the US.[11] From 2013 to 2021, the amount of healthcare spending per person in Georgia grew by 37%.[12] According to the CDC, almost 15% of people in Georgia reported making the decision to not see a doctor because they could not afford it.[13] And, in 2021, 38% of Georgians did not fill prescriptions, cut pills in half, or skipped a dose of medicine because of cost.[14]

> **"Have a menu with prices at your doctor's office – like at McDonald's -- you can walk into a hospital or clinic for the same [health condition] and come out with two different prices. Just tell us up front how much it costs."**
> **– Community Resident**

Insurance coverage

Georgia has a higher percentage of uninsured residents (16.5%) than the US (11.2%) (Table 4). Not having insurance is one of the biggest barriers to healthcare. People may be un- or under-insured due to:

- Cost.
- Eligibility due to pre-existing conditions or unemployment.
- Lack of available plans that meet the individual's health needs. Community residents shared that even with insurance they cannot always afford the care their doctors recommend. Residents were also frustrated with being restricted to "in network" health providers.
- Inability to navigate the system including language barriers, confusing billing procedures, a lack of understanding of the financial impact of going without insurance, and limited health insurance literacy.[15]

[10] U.S. Census Bureau. (2019-2023). American Community Survey.
[11] Horton, C., Smith, K.A., & Louis, P. (2024) The Most (And Least) Expensive States For Health care 2024.
[12] Georgia Board of Health Care Workforce. (2022). 2020 Counties Without Primary Care Practitioners Report.
[13] Centers for Disease Control and Prevention. (n.d.). BRFSS Prevalence & Trends Data; Location: Georgia, Topic: Health Care Access/Coverage.
[14] Healthcare Value Hub. (2021). Georgia Residents Worried about High Drug Costs–Support a Range of Government Solutions.
[15] Chan, L. (2024, October 29). Georgia's Pathways to Coverage Program: The First Year in Review. *Georgia Budget & Policy Institute.*

"I wish insurance did not determine where you could go for what care - we shouldn't have to think about making choices because of your healthcare insurance."
– Community Resident

Table 4: Uninsured by County (2022)

	GA	US
Uninsured (Percent)	16.5%	11.2%
Uninsured (Number*)	1,076,981	22,229,770
Rank in US	48 of 51	-

***All Races (includes Hispanic/Latino), Both Sexes, Ages 18-64**
Source: National Institute on Minority Health and Health Disparities. (2025). HD*Pulse*: An Ecosystem of Minority Health and Health Disparities Resources**.**

Even though the Affordable Care Act (ACA) helped many people get insurance, some continue to fall into a coverage gap. These individuals make too much money to qualify for Medicaid, but not enough to receive federal subsidies in the ACA Marketplace.[16]

"Georgia's decision not to expand Medicaid is a problem. Medicaid expansion would help hundreds of thousands of people in Georgia. This would expand financial diversity in their care model. [People] are funded for outpatient ambulatory services (primary care, etc.) but don't get some other type of disease or have a catastrophic injury as you won't have access to health insurance that covers these conditions."
– Nonprofit Leader

Dimension 4: Accommodating

Community residents shared that some people do not have the time required to attend healthcare visits. Many residents do not have flexible work schedules that will allow them to miss work, take the time required to travel to and from appointments and potentially have to wait for the doctor once they arrive at their appointment. Those with limited access to childcare have additional barriers. Residents expressed their appreciation for telehealth options that accommodate people's transportation, time and childcare restrictions. Providing telehealth visits outside of normal working hours could provide even more access.

Residents also mentioned the needs of patients with limited health literacy, aging adults who may be experiencing diminished cognitive ability, and those who have received health misinformation. Residents shared that these groups may require a different level or style of communication. Residents recommended that healthcare providers be prepared to speak with patients with diverse levels of health literacy and awareness.

[16] Kaiser Family Foundation. (2023). Status of State Medicaid Expansion Decisions: Interactive Map.

Dimension 5: Acceptable

Community leaders and residents reported concerns about patient's ability to receive racially and culturally competent care and care that is aligned with their unique individual needs. Specific examples included pregnant Black women, those with limited English proficiency, and sexual minorities.

Diminishing compassion for patients and trust in healthcare providers were mentioned as consequences of culturally incompetent care. Many Focus Group Discussion participants shared that they often don't feel listened to or taken seriously by their health providers. They felt that their providers either do not have the time or are not willing to take the time to get to know their patients. This contrasts with what community and service line leaders shared. They reported that healthcare systems are prioritizing culturally competent care by hiring bilingual staff and implementing patient-centered approaches to build trust and improve health outcomes in diverse communities.

Behavioral Health

Mental and behavioral health concerns in Georgia present a complex landscape marked by challenges and ongoing efforts toward improvement. When community residents spoke about behavioral health, they often brought up issues related to mental health (emotional and psychological wellbeing),[17] behavioral health ("a state of mental, emotional, and social well-being or behaviors and actions that affect wellness")[18] and cognitive health (the brain's ability to learn, remember and reason).[19]

Accidental poisoning and exposure to noxious substances (overdose) ranks as the number one cause of Years of Potential Life Lost (YPLL) in the state and ranks #1 more often than any other cause across all counties in the Wellstar system. Increasing amounts of fentanyl are being found in illegal drugs, which has contributed to a sharp rise in drug overdoses starting in 2020.[20] *Intentional self-harm* (suicide) ranks 5th in the state and higher in many counties. For example, it ranks #2 in Bartow, Cherokee, Cobb, Heard, Columbia, Dawson, Forsyth, Gwinnett, and Monroe counties.

Mental health issues affect individuals of all backgrounds. While the overall rate of frequent mental distress in the state aligns with the national average, disparities exist among different groups. The 2024 State Health Assessment (SHA) revealed Black, multi-racial and female residents of Georgia have higher emergency room visit rates for mental health and behavioral

[17] CDC. (2024). About Mental Health.
[18] CDC. (2024). About Behavioral Health.
[19] CDC. (2024). The Health Brain Initiative.
[20] Georgia Department of Public Health. (2025). Drug Surveillance | Georgia Department of Public Health

health conditions than other groups in Georgia.[21] However, males showed more likelihood of dying by suicide than females; and White males aged 30-34, in particular, are the most likely to die by intentional self-harm across the state.[22]

The SHA also revealed that women are hospitalized for emotional health needs after childbirth such as depression or anxiety, severe emotional stress and substance use disorder. One key informant highlighted the rise in perinatal mood disorders, including postpartum depression and anxiety.[23] This has been particularly concerning given that maternal mental health is a leading cause of maternal death in the state.[24]

Behavioral health issues among children, like autism spectrum disorder (ASD), developmental delays, and attention-deficit hyperactivity disorder (ADHD), are receiving a lot of attention in the news and were brought up as "emerging concerns" among some community residents. Forty-eight percent (48%) of children 3-17 in Georgia lack access to needed behavioral health services and many individuals with ASD may have additional mental diagnoses (e.g., ADHD, depression, anxiety).[25] A community leader working in the maternal and child health space mentioned the need for assessing developmental milestones and Adverse Childhood Experiences (ACEs) to ensure cognitive and mental health needs are identified and addressed as early as possible.

In Georgia, Alzheimer's disease, which primarily affects people aged 65 and older, is considered a growing public health crisis that is expected to worsen. Subjective cognitive decline, a condition that begins as early as 45, is also impacting Georgians. Cognitive health issues don't only impact the individual, hey significantly impact the well-being of family caregivers as well and contribute to adverse mental and physical health outcomes among caregivers.[26] (The Healthy Aging section provides more information on the health of caregivers.)

Access to Mental Health Care

Representatives from community-based organizations and residents shared that residents experience challenges accessing mental health care:

- There is a shortage of mental health providers. Limited mental health provider availability impacts individual well-being as well as the overall health of families and communities. When individuals struggle to access mental health care, their ability to engage in work, relationships, and community life is diminished. Addressing these

[21] Georgia Department of Public Health and Georgia Health Policy Center. (2024). Georgia State Health Assessment (SHA). The SHA is not currently publicly available. Findings included herein are being provided by GHPC on a preliminary basis until the full report is publicly available.
[22] Georgia OASIS. (2019-2023).
[23] Mental Health America of Georgia's Project Healthy Moms. (n.d.) Perinatal mood and anxiety disorders: A fact sheet.
[24] Georgia Department of Public Health. (2022). Maternal Mortality Georgia 2020-2022.
[25] Voices for Georgia's Children. (January 2024). All About Kids: Factsheets About Georgia's Children.
[26] Alzheimer's Association. (2025). Georgia.

shortages is critical to improving mental health outcomes and ensuring equitable access to care.

- There is a lack of understanding about insurance coverage for mental healthcare and it is difficult to find providers that accept insurance. Many noted that those who can find providers that accept insurance still experience challenges with staff turnover, booking appointments, and poor quality of care.
- There is a general lack of knowledge about mental healthcare. Not everyone knows where and how to get care or what type of care they need (e.g., hotline, group support, or individual provider). People may be unaware of community-based mental health resources designed to support specific groups, such as youth, older adults, culturally or racially diverse communities, and other vulnerable individuals.
- Shame and stigma prevent people from getting both mental healthcare and support with substance use disorders.

"The outcome I'm seeing in the community [is] an increased number of 911 calls related to mental health crisis, especially post-COVID, people are entering the system by being in crisis. They're not entering the system through normal access to care and they're getting care in wrong places such as ERs and jails."
– Community Leader

Continued focus and investment are needed to increase the number of licensed mental health workers, reduce barriers to care, and ensure equitable access for all. As the state navigates how the healthcare landscape has changed since the pandemic, there is a growing need to balance virtual and in-person mental health services. Telehealth has provided a convenient option for many, while there is increasing demand for in-person engagement and support.

"We are trying to figure out the balance between [virtual and in person], virtual because it's easy, and in person because of the engagement."
– Community Leader

While Georgia lacks the providers and infrastructure to adequately meet the current community need for mental and behavioral health services, health systems and community partners are coming together to provide solutions to reduce service gaps and remove barriers to care. Interview participants celebrated the positive progress the state has made in passing mental health parity legislation and improvements in Medicaid reimbursement rates. Telehealth services, licensure compacts, and community collaboration are being used to address provider shortages and better meet community mental health needs. There is an increased focus on strengthening community-level interventions focused on reducing preventable emergency room visits and hospital stays and increasing awareness around available resources.

"If we can address mental health, it can often positively impact the other challenges - work, housing, etc."
– Nonprofit Leader

Community & Social Support

In addition to the services provided by mental health professionals, community and social support are also a critical component of good behavioral health. Social support refers to the help someone receives emotionally or physically from their social network, including friends, family, coworkers, neighbors, healthcare providers, and other community workers. People who have strong relationships and trust others tend to live longer and healthier lives than those who are alone.[27] Support from family, friends, and coworkers helps people feel connected and ensures better long-term health and coping.

Low social support is associated with a number of poor health outcomes across diverse populations:

- People who are often alone have a higher risk of heart disease, dementia, diabetes, and depression.[28]
- Pregnant people who lack social support are at risk for depression, anxiety, and self-harm during pregnancy. (Mental health [MH] conditions, including suicide and overdose, are a leading cause of pregnancy-related death.[29]) Low social support may also impact parenting behavior.[30]
- According to one survey, only 8% of youths who identify as a sexual minority in Georgia report feeling "very accepted" by their community. When asked if they had experienced discrimination based on their gender identity, 73% of respondents said yes. When asked if they had been threatened or physically harmed because of their gender identity or sexual orientation, 34% said yes.[31]
- Childcare can be considered a form of social support; however, the cost of childcare is burdensome for many Georgia families.[32]
- Recently, the biggest drop in social connection has been among young people aged 15 to 24. Research indicates that young adults feel twice as lonely as older adults.[33]

[27] CDC. (n.d.). Social Connection.
[28] The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. (2023). Our Epidemic of Loneliness and Isolation.
[29] Centers for Disease Control and Prevention. (2022). Four in five pregnancy-related deaths in the US are preventable.
[30] Bedaso, A., Adams, J., Peng, W. *et al.* (2021). The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis.
[31] The Trevor Project. (2022). National Survey on LGBTQ Youth Mental Health by State: Georgia.
[32] County Health Rankings and Roadmaps (2024). Data by County: Georgia Childcare Cost Burden.
[33] Kannan, V. D., & Veazie, P. J. (2022, December 25). US trends in social isolation, social engagement, and companionship—nationally and by age, sex, race/ethnicity, family income, and work hours, 2003–2020

Community members highlighted the need for supportive community services. They also noted that in Georgia, Medicaid does not include waivers for housing or other supportive services, which further disenfranchises residents.

Food Access and Healthy Living

Many of the top causes of death across the state are associated with overweight and obesity (heart and vascular disease, hypertension and cerebrovascular disease). While the obesity rate in Georgia is on par with the national rate, Georgia has a higher percentage of adults aged 20+ with diagnosed diabetes (Table 5).

Nutrition and food access have a significant impact on health. Interviewees expressed concern about how lack of access to healthy, affordable, and culturally preferred food on a consistent basis can exacerbate chronic conditions and mental health and stress among adults. It was also noted that food insecurity negatively impacts children's social, emotional, academic, and physical health especially when it is experienced consistently.

Table 5: Select Adult Body Mass Index and Diabetes Indicators (2019-2023, unless otherwise noted)

	Georgia	US
Adults with BMI > 30.0 (Obese), Percent (2021)[1]	29.7%	30.1%
Percentage of Adults Aged 20+ with Diagnosed Diabetes[1] (2021)	9.6%	8.9%
Diabetes ER Visit Rate[2]*	309.9	-
Diabetes Discharge Rate[2] *	209.1	-
Diabetes Mortality Rate[2]*	22.4	-

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

Sources:

1. Centers for Disease Control and Prevention. (n.d.) National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps.
2. Georgia Department of Public Health Online Analytical Statistical Information System

To ensure good nutrition, residents must be able to access healthy foods, but an estimated 13.1% of Georgians are food insecure and 18.4% of Georgian children live in food insecure homes.[34] This equates to about 1.4 million Georgians who lack access to sufficient food to maintain health and prevent disease.[35] Georgians living in under-resourced, low-income urban communities, experience higher rates of food and nutrition insecurity.

[34] Food security is defined as "having access to enough food for an active, healthy life." Nutrition security is defined as "consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, treat disease." Mozaffarian D, Fleischhacker S, Andrés JR. (2021). Prioritizing Nutrition Security in the US. *JAMA*.

[35] Map the Meal Gap. (2022). What Hunger Looks Like in Georgia.

"Think about what can help communities combat food insecurity…Lack of access to quality food contributes to other issues, chronic disease, disability, racism. Fresh fruit and vegetable access would be helpful for many reasons."
– Community Leader

Another metric used to measure food insecurity is the presence of food deserts. Food deserts are 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. In 2021, "Georgia [had] one of the highest densities of food deserts in the nation… [and it had] the sixth highest share of low-income areas whose residents also lack adequate access to supermarkets."[36] Underserved communities may be in food deserts with limited public transportation and grocery stores. These communities are also targeted by fast-food marketing and a higher presence of fast-food restaurants.

Community leaders and members were concerned about the lack of access to affordable, healthy food and food insecurity. They shared that the cost of food and other necessities has increased while wages and/or fixed-income benefits have not. When healthy food is unaffordable, individuals consume cheaper processed foods with more sugar, fat, and sodium. While consuming ultra-processed foods may be cost-effective in short term, it leads to high medical costs in the long term.

Community leaders and residents indicated that the following barriers to healthy living are present across Wellstar's service areas:

- High cost of healthier food,
- Lack of knowledge about how to identify or prepare healthy food,
- Time constraints that limit grocery shopping and meal preparation,
- Lack of transportation, and
- Prevalence of unhealthy food options and fast food.

Interview participants considered the following groups vulnerable to poor nutrition:

- People with lower socioeconomic status,
- Older adults,
- Racial and ethnic minorities,
- People experiencing homelessness, and
- Those with pre-existing conditions.

Community leaders identified the following nutrition-related needs:

- Hispanic/Latino residents at risk for developing diabetes lack access to culturally relevant programs in Spanish.

[36] Staff Writer. (2021). Georgia ranks high in food deserts and insecurity, senators told. *Capitol Beat News Service*.

- Interview participants discussed how people want to be healthier but need access to more information about chronic disease, affordable food, and recreation opportunities. There is a lack of knowledge about the risk factors for cardiovascular disease and death, especially poor eating and lack of exercise.
- There is a lack of knowledge about the impact of excessive technology use (including screen time and social media) on physical and mental health.
- Supplemental Nutrition Assistance Program-eligible individuals and families would benefit from increased exposure to "new" fruits and vegetables and education on how to affordably cook and store healthy foods.
- Interview participants discussed how resources "infused into the community" could reduce healthy lifestyle barriers. They shared that residents value exercise programs offered through city and county public services, paved trail systems, walkable areas, parks, and gyms with affordable membership options, like the YMCA. Residents found farmers' markets in the area particularly beneficial as they offer live food prep demonstrations, a greater variety of healthy options than grocery stores, and coupons for fresh foods.

"Our historical narrative that fresh, healthy, and local food is better for you, that does not work. It comes across as judgmental. It comes across as condescending and then it does not really widen the tent."
– Community Leader

Healthy living is not just about nutrition. Physical activity plays a big role as well. According to CDC's Behavioral Health Risk Factor Surveillance System 2023 survey, nearly 25% of adults in Georgia report doing no physical activity or exercise (other than their regular job) in the past 30 days. Only 30% reported meeting the federal physical activity guidelines in the past 30 days.[37] Self-reported inactivity rates are higher among females (27%), adults 65+ years (36%), Hispanic adults (30%), and adults 25+ years with less than a high school degree (45%). As education and income levels increase so does the percentage of the individuals who report meeting the physical activity guidelines. [38]

Maternal and Child Health

While maternal and child health were not among the top 5 causes of morbidity and mortality in the health system area, interview and focus group participants identified MCH as a key health priority.

[37] Federal guidelines include 150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening sessions per week.
[38] CDC. (2023). Behavioral Risk Factor Surveillance System.

Maternal and Child Health Throughout the Wellstar Health System

Georgia has more adverse birth outcomes when compared to national outcomes (Table 6). These disproportionately high numbers may be due in part to insufficient prenatal care. Between 2019-2023, 9.1% of pregnant women received late or no prenatal care compared to 7.0% across the country (Table 6).

Table 6: Select Maternal and Child Outcomes (2019-2023)

	Georgia[1]	US
Prenatal Care		
% Births with late or no prenatal care	9.1%	7.0%[2]
% Births with <5 prenatal Care visits	7.8%	-
Premature Births		
% Premature births	11.7%	10.4%[2]
Low Birthweight		
% Low Birthweight Births	10.3%	8.6%[2]
% Very Low Birthweight	1.8%	1.36%[2]
Infant Mortality		
Infant Mortality Rate*	6.8	5.61[3]
Neonatal Mortality Rate*	4.1	3.65[3]
Postnatal Mortality Rate*	2.7	1.96[3]

***Rates are per 1,000 women aged 10-55 years of age**

Sources:

1. Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023

2. March of Dimes**, 2023**

3. CDC Vital Statistics**, 2023**

There are striking racial disparities in prenatal care and birth outcomes. Black, Hispanic and multiracial women are more likely to have no, late, or fewer than 5 prenatal visits compared to White and Asian women (Table 7). Black women in Georgia experience more than two times the rate of infant mortality and low infant birth weight than White women, and more than three times the rate of infant mortality and low infant birth weight than Asian women. Black, non-Hispanic infants had the highest percentage of low-birth-weight rates in the state of Georgia, which was twice as high as the rates of their White non-Hispanic counterparts. Asian and multiracial, non-Hispanic infants also have higher rates of low birth weight.

Table 7: Birth Outcomes by Race in Georgia (2019-2023)

	All Races	White	Black	Asian	Hispanic /Latino	Multiracial
Prenatal Care						

	All Races	White	Black	Asian	Hispanic /Latino	Multiracial
% Births with late or no prenatal care	9.1%	7.5%	11.5%	7.7%	13.6%	10.3%
% Births with <5 prenatal Care visits	7.8%	6.1%	10.6%	6.6%	11.1%	8.5%
Premature Births						
% Premature births	11.7%	10.1%	14.7%	9.3%	9.9%	11.5%
Low Birthweight						
% Low Birthweight Births*	10.3%	7.4%	14.8%	9.8%	7.7%	9.9%
% Very Low Birthweight	1.8%	1.1%	3.0%	1.1%	1.3%	1.7%
Infant Mortality						
Infant Mortality Rate*	6.8	4.9	10.4	2.8	5.0	4.1
Neonatal Mortality Rate*	4.1	3.2	6.0	2.0	3.4	2.1
Postnatal Mortality Rate*	0.9	0.7	1.4	0.4	0.6	0.5

***Rates are per 1,000 women aged 10-55 years of age**
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Maternal mortality data is only available at the state level. The data is not up-to-date or publicly available. From 2019-2021, the maternal death rate in Georgia was 35.7 per 100,000 births compared to the US average of 25.6.[39] The causes of these deaths included heart problems, complications associated with COVID-19, severe bleeding, mental health (MH) issues, and blood clots. According to the Georgia Department of Public Health, between 2020-2022, 87% of pregnancy-related deaths in Georgia were preventable.[40] Wellstar's Women's health and cardiovascular health service line leaders as well as community leaders identified general obstetric cardiovascular disease as one of the leading causes of maternal mortality in Georgia. As one community leader explained, "comorbidities [like hypertension and diabetes] are leading to severe obstetric complications." Women's health leaders also shared that many community members do not know that women are most at risk for maternal mortality after delivery—underscoring the need for education and promotion of postnatal care.

US data from 2021 estimates that the maternal mortality rate is three times higher for Black women than White women. Data from 2012-2014 found that Black women in Georgia are more than twice as likely to die from pregnancy-related causes than White women and six times more likely than Hispanic women (Table 8).

[39] Georgia Department of Public Health. (2021). Maternal Mortality Report.
[40] Georgia Department of Public Health. (2022). Maternal Mortality Fact Sheet 2020-2022.

Table 8: Percentage of Pregnancy-Related Deaths by Race & Ethnicity in Georgia (2012-2014)

Race	Pregnancy-related deaths
Black	60%
White	24%
Hispanic / Latino	10%
Other	6%
Source: Georgia Department of Public Health. (2014). Maternal Mortality Report 2014**.**	

In Georgia, 45% of women are insured by Medicaid at the time of birth.[41] In 2024, the Centers for Medicare and Medicaid Services (CMS) released a Maternity Care Action Plan that identified social supports as an important need and gap for individuals receiving maternity care.[42] It specifically noted that CMS was identifying approaches for state agencies to link Medicaid members to services such as tenancy-related services, housing vouchers, and nutrition services.

Access to MCH Care

The gap in maternal and child health outcomes between Georgia and the US can be explained in part by access. Wellstar Service Line Leaders identified maternal health deserts as a challenge, and community leaders shared, "you have the issues with… access. Access to insurance, access to care. You have all of these hospital closures… [that is one thing] that is preventing women from surviving."[43] This perspective is confirmed by population-level data. According to March of Dimes' 2023 report, Where you Live Matters: Maternal Care in Georgia:

- 34.6% of counties in Georgia are defined as maternal care deserts (compared to 32.6% in the U.S.),
- 15.8% of women had "no birthing hospital within 30 minutes compared to 9.7% in the US," and,
- "5.3% of babies were born to women who live in rural counties, while 3.2% of maternity care providers practice in rural counties in Georgia."[44]

Addressing MCH Need

Wellstar has a number of strong existing maternal health interventions that can be built upon including:

- An obstetric cardiovascular health program that provides women with blood pressure cuffs and electronic health monitors to help women and their doctors detect early signs of cardiovascular disease,
- In 2024, Wellstar received a $5.5M Healthy Start grant to improve maternal outcomes in Butts, Spalding and Troup counties. Healthy Start is a community-based program aimed

[41] March of Dimes. (2024). Health insurance/income Data for Georgia.
[42] CMS. (2024). Maternity Care Action Plan.
[43] According to March of Dimes, maternity care deserts are "counties across the U.S. in which access to maternity care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care within counties." March of Dimes. (2025). Maternity Care Desert.
[44] March of Dimes. (2023). Where you Live Matters: Maternal Care in Georgia.

at eliminating disparities in infant mortality and perinatal outcomes while promoting behavioral, mental, and women's health.

- Implementing a maternal mobile unit that can bring care directly to areas of need where access to maternal care is limited.

Service Line and Community leaders recommend:

- Investment in multipronged interventions that "wrap around" the mother and address a number of needs. Investing in and encouraging peer counseling and doula programs.
- Expanding Medicaid support to cover women for an extended period after delivery.
- Convening other providers to minimize competition and develop strategic partnerships.
- Increasing access by bringing care to pregnant women, mothers and infants through mobile clinics, regular health fairs and telehealth.

Healthy Aging

Community leaders and residents identified healthy aging as a health priority. According to interview and group discussion participants, health challenges facing adults aged 65 and older include limited access to transportation, being on a limited or fixed income, poor nutrition, limited physical activity, provider shortages, poor continuity of care, limited or diminishing health literacy, and limited access to health advocates.

Morbidity Among Aging Adults

Table 9 lists the top causes of death among adults aged 65 and over. Aging adults also contribute to many of the emergency room visits associated with falls, and diseases of the musculoskeletal and genitourinary systems (primarily associated with kidney disease and urinary tract infections).[45]

Table 9: Top Causes of Death Among Adults Aged 65+ in Georgia (2019-2023)

	65-74 Years of Age	75+
#1	Ischemic Heart and Vascular Disease- 10,515	Ischemic Heart and Vascular Disease- 21,320
#2	COVID-19- 8,162	Alzheimer's Disease- 19,550
#3	Malignant Neoplasms of the Trachea, Bronchus and Lung- 7,192	Cerebrovascular Disease- 15,038
#4	All COPD Except Asthma- 6,477	COVID-19- 14,400
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 5,474	All COPD Except Asthma- 12,800

[45] Healthy People 2030. (n.d.). Reduce the rate of hospital admissions for urinary tract infections among older adults.

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

Georgia is often ranked among the least healthy states for aging adults in the United States. The United Health Foundation's "America's Health Rankings Senior Report" has consistently placed Georgia among the bottom 24% of states for senior health.[46] Specifically, in 2024, the report ranked Georgia 39th overall (out of 50). Factors Contributing to Georgia's low ranking include:

- Poor Health Outcomes:
    - Georgia has shown relatively high rates of conditions like obesity, multiple chronic conditions, and frequent physical distress among older adults.[47]
    - Interview and focus group participants shared multiple nutrition related challenges facing adults 65 and older including 1) life-long poor nutrition that contributes to chronic cardiovascular, neurological and cognitive diseases, as well as 2) limited access to quality foods in sufficient quantity in their older years.
- Limited Access to Care and Staffing Shortages:
    - The state has a lower ratio of healthcare workers per bed in nursing homes and a lower supply of home health aides. Georgia is the No. 3 worst state for senior care staffing due to nursing home turnover and shortages, and a low ratio of healthcare workers to occupied beds.[48]
- Economic Disparities:
    - A significant percentage of Georgia seniors experience food insecurity and poverty, with high costs of living and limited public transportation options exacerbating these issues.[49]
- Health Care Cost and Accessibility:
    - Georgia has been ranked near the bottom for health care cost, accessibility, and outcomes.[50]
- Disparities in Health:
    - Studies reveal disparities in health outcomes for older adults based on factors like race, income, geography and education level.[51]
- Social Isolation:

[46] United Health Foundation. (2024). America's Health Rankings Senior Report.
[47] Masterson, L. (2023). The Worst (And Best) States For Healthcare, Ranked. *Forbes Advisor.*
[48] Bretschneider, A. (2024, April 12). Best and Worst States for Senior Care Staffing in 2024. *Seniorly Resource Cener.*
[49] United Health Foundation. (2024). America's Health Rankings Senior Report.
[50] McCann, A. (2024). Best & Worst States for Health Care 2025. *WalletHub*.
[51] Aaron SP, Gazaway SB, Harrell ER, Elk R. Disparities and Racism Experienced Among Older African Americans Nearing End of Life. Curr Geriatr Rep. 2021;10(4):157-166. doi: 10.1007/s13670-021-00366-6. Epub 2021 Dec 14. PMID: 34956825; PMCID: PMC8685164.

- About 20% of older adults are socially isolated, and 4% are severely isolated.[52] According to America's Health Rankings, Georgia has a social isolation index of 59 among adults 65 and older, putting it 35th in the country. The index examines a state's risk factors for social isolation (living in poverty; living alone; being divorced, separated or widowed; having never married; having a disability; and having difficulty living independently) and develops a normalized value between 1 to 100, with a higher value indicating greater risk.[53]

Given the growing population of aging adults, community leaders and residents identified the following needs specifically:

- Lack of transportation. While aging adults may live in a household with a vehicle, they may no longer be able to drive.
- Telehealth, patient portals and apps can be a challenge for aging adults with limited access to or competence with technology.
- Some aging adults have limited health and health insurance literacy.
- Many aging adults who do not have family to help them need health advocates and in-home healthcare including medication management.
- Strain on caregivers: many residents provide care for aging family members including grandparents, parents, spouses and extended family.

Health Risks Associated With Caregiving

Research reveals a number of health risks associated with caregiving. The Family Caregiver Alliance reports that caregivers have:

- Increased rates of physical ailments, a tendency to develop serious illness, and high levels of obesity and bodily pain.
- Diminished immune response, which leads to frequent infection and increased risk of cancers. "For example, caregivers have a 23% higher level of stress hormones and a 15% lower level of antibody responses. Caregivers also suffer from slower wound healing."
- Increased risk of high blood pressure and cholesterol, diabetes and heart disease. "Women who spend nine or more hours a week caring for an ill or disabled spouse increase their risk of heart disease two-fold."[54]

The Family Caregiver Alliance also reports that caregivers are less likely to engage in preventive health behaviors. For example:

- Spousal caregivers are slightly more likely to smoke and consume more saturated fat than non-caregivers.
- Women caregivers are "twice as likely not to fill a prescription because of the cost (26% vs. 13%)" compared to non-caregivers.

[52] National Academies of Sciences. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.
[53] United Health Foundation. (2024). America's Health Rankings: Risk of social isolation in Georgia.
[54] Family Caregiver Alliance. (2006). Caregiver Health.

- "Nearly three quarters (72%) of caregivers reported that they had not gone to the doctor as often as they should, and more than half (55%) had missed doctors' appointments." Caregivers in rural areas are at additional risk for missing appointments.
- About 60% of caregivers report that their eating and exercising habits were worse after assuming caregiving responsibilities.
- Overall, spousal caregivers (aged 66-96) who experience caregiving-related stress have a 63% higher mortality rate than non-caregivers of the same age.
- Hospitalization of an elderly spouse was found to be associated with an increased risk of caregiver death.[55]

Some community residents shared their own experiences of being a caregiver for a spouse, parent or grandparent. They recognized the health risks associated with caregiving and recommended that Wellstar consider caregivers as a vulnerable group in and of themselves.

APPENDICES

Appendix A: Secondary Data Sources

Data Source	Website
US Bureau of Labor Statistics	U.S. Bureau of Labor Statistics (bls.gov)
Georgia Department of Public Health (DPH) - Online Analytical Statistical Information System (OASIS)	https://oasis.state.ga.us/
GA DPH Healthy Homes and Lead Prevention Program	Healthy Homes and Lead Poisoning Prevention | Georgia Department of Public Health
GA DPH Zoonotic and Vector Borne Diseases	https://dph.georgia.gov/epidemiology/zvbd
Georgia UnitedForAsset Limited, Income- Constrained, Employed (ALICE)	https://www.unitedforalice.org/state-overview/Georgia
Georgia Rural Health Innovation Center	https://www.georgiaruralhealth.org/rural-health-information/health-indicators-report/
Feeding America Food Insecurity	https://map.feedingamerica.org/county/2022/overall/georgia
National Vital Statistics	https://www.cdc.gov/nchs/nvss/index.htm
US Census Bureau	https://www.census.gov/
US Dept of Health and Human Services- Health Provider Shortage Areas	https://data.hrsa.gov/topics/health-workforce/shortage-areas
Behavior Risk Factor Surveillance System (BRFSS)	https://www.cdc.gov/brfss/index.html
Georgia Pregnancy Risk Assessment Monitoring System (PRAMS)	https://dph.georgia.gov/PRAMS

[55] Family Caregiver Alliance. (2006). Caregiver Health.

Data Source	Website
US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas	https://www.ers.usda.gov/data-products/food-access-research-atlas
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	https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html
Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES).	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination
US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration	https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
US Department of Health & Human Services, Health Resources and Services Administration,	https://data.hrsa.gov/topics/health-workforce/ahrf
US Department of Education, EDFacts. Additional data analysis by CARES	https://www.ed.gov/data/edfacts-initiative
US Department of Housing and Urban Development, Consolidated Planning/CHAS Data	https://www.huduser.gov/portal/datasets/cp.html
Georgia Bureau of Investigation, 2023 Crime Statistics Summary	https://gbi.georgia.gov/services/crime-statistics
South Carolina State Law Enforcement Division, 2023-Crime in South Carolina Book	https://www.sled.sc.gov/crimestatistics
Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.	https://www.cdc.gov/hepatitis-surveillance-2022/about/index.html
South Carolina Community Assessment Network (SCAN)	https://apps.dhec.sc.gov/Health/scan/scan/index.aspx
National Center for Health Statistics - Mortality Files; Census Population Estimates Program. Accessed through County Health Rankings and Roadmaps	https://www.countyhealthrankings.org/

Appendix B: Full List of Health Needs Gathered at Community Summits (CS) and Community Focus Group Discussions (FGD)

Health Needs (highlighted cells indicate the 2025 health priorities)	Service Area														**Total**	
	3 Hospitals		Douglas		Fulton		MCG		Paulding		Spalding		West GA			
	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD
Access*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	7	7
Aging population	✓	✓	✓		✓	✓			✓	✓		✓	✓	✓	5	5
Behavioral Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		7	6

Health Needs (highlighted cells indicate the 2025 health priorities)	Service Area														**Total**	
	3 Hospitals		Douglas		Fulton		MCG		Paulding		Spalding		West GA			
	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD
Built environment	✓	✓			✓			✓				✓			2	3
Cancer (Typically linked to aging or environment)		✓		✓		✓		✓	✓			✓		✓	1	6
Childcare (affordable)															1	0
Community champions and peers							✓								1	0
Community collaboration (better connections between services; lack of awareness of resources)		✓		✓			✓	✓						✓	1	3
Crime & Violence							✓	✓			✓	✓	✓		3	2
Dental care	✓	✓		✓				✓							1	3
Environment	✓					✓	✓	✓							2	2
Financial literacy													✓		2	0
Health Education (related to chronic disease and healthy living)	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	6	6
Healthy Living	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	6	7
HIV		✓													0	1
Housing	✓						✓	✓				✓		✓	2	3
Instability, basic needs for children													✓		1	0
MCH	✓	✓					✓		✓		✓		✓		5	1
Patient-centered care (linked to access)		✓		✓		✓		✓		✓		✓		✓	0	7
Pediatric special needs		✓		✓							✓				1	2
Poverty/job security		✓		✓		✓					✓		✓	✓	2	5
Preventative care, screenings				✓		✓				✓		✓	✓	✓	1	5

Health Needs (highlighted cells indicate the 2025 health priorities)	Service Area														**Total**	
	3 Hospitals		Douglas		Fulton		MCG		Paulding		Spalding		West GA			
	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD	CS	FGD
(typically linked to healthy living)																
Screen time				✓		✓									0	2
Smoking/ Vaping						✓			✓						1	1
Utilization of services/care seeking											✓				1	0
*_Access_ includes all topics related to availability, accessibility (transportation), affordability (including premiums and deductibles, doctor visits, medical procedures and prescription drugs), accommodation (service hours) and appropriateness (primarily cultural appropriateness and appropriate to level of health literacy).																

Appendix C: Counties in Rank Order of Their Vulnerability Index from Lowest to Highest

County	Vulnerability Index	Level of Vulnerability	Service Area(s)
Paulding	0.0253	Low	3 Hospitals Douglas Paulding
Pike	0.0665	Low	Spalding
Harris	0.0675	Low	West GA
Forsyth	0.07	Low	North Fulton
Dawson	0.1861	Low	North Fulton
Cherokee	0.1969	Low	3 hospitals North Fulton
Columbia	0.23	Low	MCG
Coweta	0.2402	Low	West GA
Monroe	0.329	Low – Medium	Spalding
Cobb	0.3993	Low – Medium	3 Hospitals Douglas North Fulton Paulding
Henry	0.4018	Low – Medium	Spalding
Lamar	0.4092	Low – Medium	Spalding
Bartow	0.454	Low – Medium	3 hospitals
Douglas	0.4873	Low – Medium	3 Hospitals Douglas Paulding
Carroll	0.5	Medium – High	Douglas
Butts	0.5565	Medium – High	Spalding
Aiken, SC	0.6322	Medium – High	MCG

County	Vulnerability Index	Level of Vulnerability	Service Area(s)
Gwinnett	0.6433	Medium – High	North Fulton
Heard	0.6459	Medium – High	West GA
Upson	0.6468	Medium – High	Spalding
McDuffie	0.6567	Medium – High	MCG
Newton	0.6577	Medium – High	Spalding
Fulton	0.6599	Medium – High	North Fulton
Burke	0.7483	Medium – High	MCG
DeKalb	0.7903	High	North Fulton
Spalding	0.8206	High	Spalding
Edgefield, SC	0.8476	High	MCG
Troup	0.9023	High	West GA
Meriwether	0.9074	High	West GA
Clayton	0.9488	High	Spalding
Richmond	0.9513	High	MCG