

Wellstar West Georgia 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 West Georgia Medical Center is required to conduct a Community Health Needs Assessment (CHNA) under the Internal Revenue Code (IRC) Section 501(r). The purpose of the CHNA is to gather new (primary) and interpret existing (secondary) data to identify health priorities that Wellstar can address over the next 3 years.

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

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

Following the completion of the CHNA, the Wellstar Health System will develop its Community Health Improvement Plan (CHIP). The CHIP includes appropriate, evidence-informed, and equity-centered strategies to address the identified health priorities. Table 1 highlights select service-area-specific findings from the CHNA and potential next steps to inform the CHIP.

Table 1. Highlighted Findings for the Wellstar West Georgia Medical Center Service Area and Potential Next Steps

Health Priority	Findings	Potential Next Steps
Access	All counties except Coweta County had a percentage of residents living in an area affected by a health professional shortage, and in Harris and Meriweather counties this included almost 100% of residents. Heard and Meriweather also had higher proportions of their populations living in a health professional shortage for dental care than the state.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	One of the only recorded rates of drug overdoses in Heard County was the highest rate observed and more than double the state average in 2022. Between 2019 and 2023, Heard, Meriwether, and Troup counties consistently had the highest	Prioritize facilitating access to behavioral health care in Heard, Meriwether, and Troup 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.

Health Priority	Findings	Potential Next Steps
	behavioral health ER visit rates in the service area, which were at or above the state average.	
Healthy Living	Access to preventative care, food deserts and cost, diabetes, obesity, poverty, health education, and preventative care and screenings were top community needs. Food insecurity rates in the service area range from 11.5% to 19.4% (Heard County highest). Obesity is impacting 17.9% to 42% with Troup County adults having the highest obesity rate at 42%.	Fluctuations in finances and food access are very stressful. Achieving secure employment along with financial management and food prep skills could build capacity to shop on a limited budget and prepare healthier meals. Implementation of evidence-based initiatives (e.g., Diabetes Prevention Program, physical activity and produce prescriptions) and post-cardiovascular event follow-up or programming may impact chronic disease hospital discharge and mortality rates.
Maternal and Child Health	Black infants living in the West GA service area have some of the highest percentage of low birthweight births in the Wellstar system. Percentages range from 15.9% in Harris County to 25.0% in Heard County.	Work with Wellstar staff in Harris and Heard Counties to explore the specific causes of low birthweight in the area (nutrition, gestational diabetes, substance use, etc.) and work with partners to develop targeted interventions.
Healthy Aging	Community residents identified the need for more geriatric specialists and better provider training on how to interact and support seniors.	Explore offering continuing education opportunities that focus on gerontology.

SERVICE AREA

Winner of Georgia Alliance of Community Hospitals' 2019 Large Hospital of the Year, Wellstar West Georgia Medical Center has increased the availability of healthcare services to members of the community living in poverty by providing free medical care and prescriptions for qualifying patients through its Community Service Clinic, and its deep involvement with promoting good health for all within its service area.

The Wellstar West Georgia Medical Center service area includes Coweta, Heard, Harris, Meriwether, and Troup 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 24 zip codes across the five counties (Table 2).

Figure 1. Map of Wellstar West Georgia service area by county

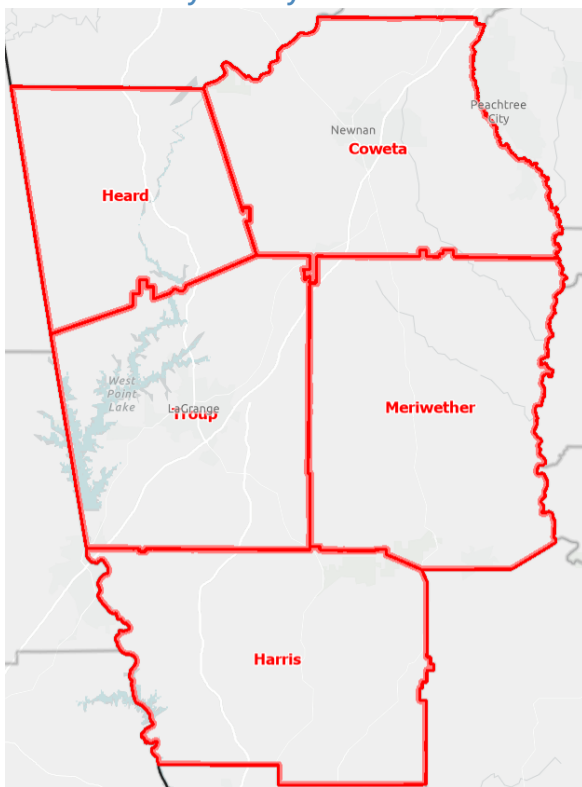


Table 2. Zip Codes by County

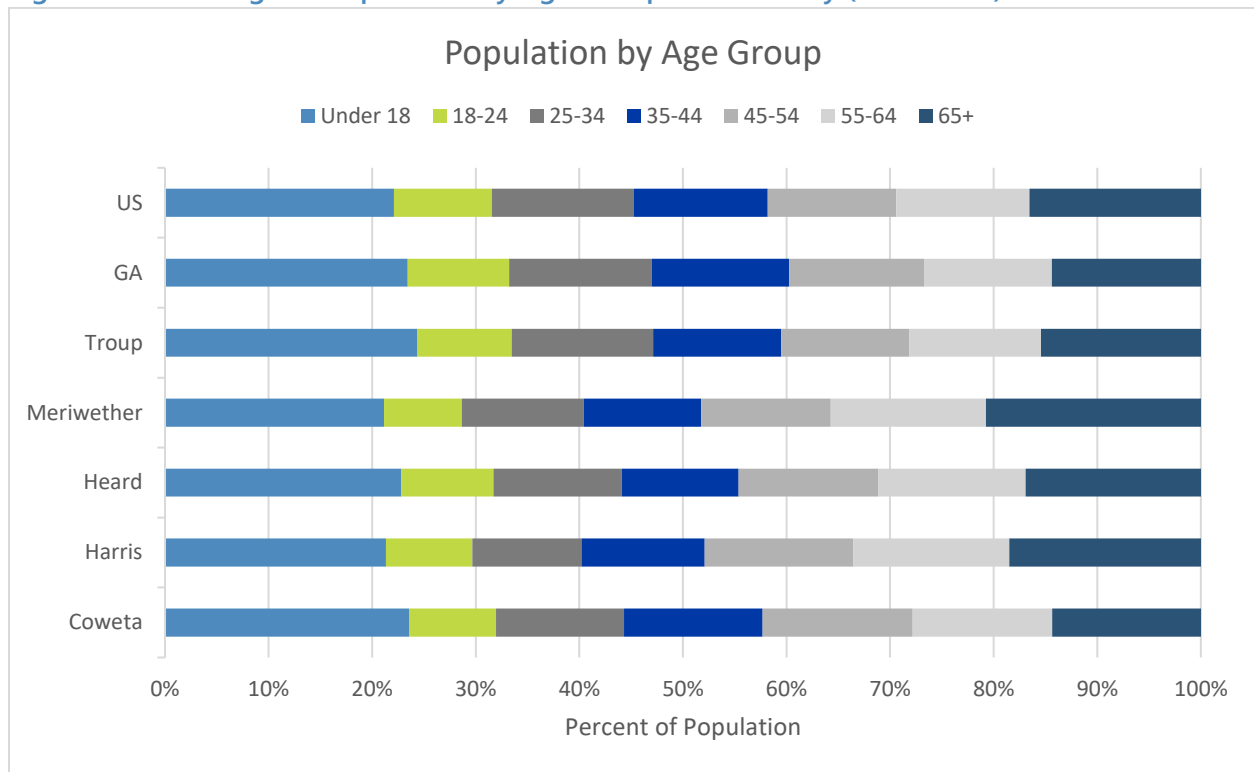
County	Zip Codes
Coweta	30220, 30259, 30263, 30265, 30276, 30277
Harris	31804, 31807, 31811, 31822, 31823, 31826, 31831
Heard	30217
Meriwether	30218, 30222, 30251, 30293, 31816, 31830
Troup	30230, 30240, 30241, 31833
Source: Georgia Department of Community Health, https://www.georgiahealthdata.info/Georgia_Zip_Code_County_Lookup.PDF	

Demographics

Population and Age

Coweta County had the largest population in the service area with 147,449 residents, while Heard County had the smallest with 11,489 residents (Appendix A). 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 Harris, Heard, Meriwether, and Troup 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)

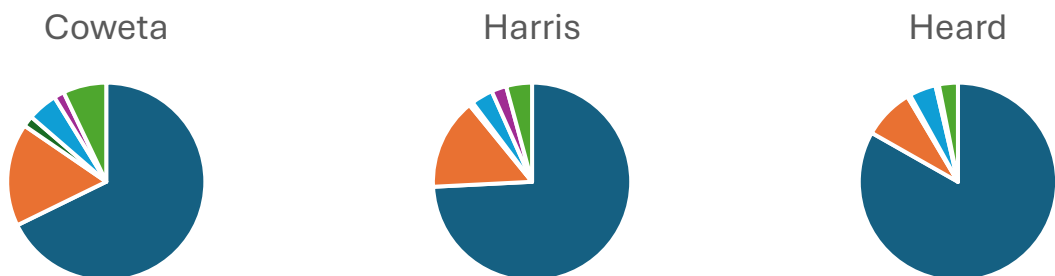


Source: US Census Bureau, American Community Survey. 2014 - August.

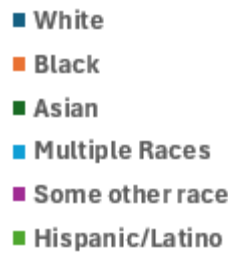
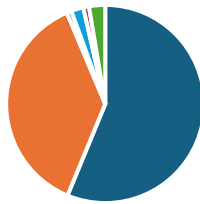
Race and Ethnicity

Coweta, Harris and Heard counties are less diverse than the state, with higher proportions of White residents (72.8%, 77.4%, and 85.8%, respectively), and lower proportions of Black (18.0%, 15.6%, and 8.5%) or Asian (1.9%, 0.7% and 0.5%) residents compared to state rates (**Error! Reference source not found.**). Meriwether and Troup counties are similar to the state in their rates of White and Black residents, however, all counties in the service area have smaller proportions of Hispanic and multiracial residents than the state.

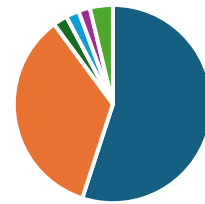
Figure 3. Percent of Population by Race and Ethnicity (2018-2022)*



Meriwether



Troup



*Pie charts only reflect races and ethnicities that make up at least 1% of the population (complete list of service area races and ethnicities is in Appendix A)

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

SOCIAL DETERMINANTS OF HEALTH (SDOHS)

This section includes the service area’s social vulnerability index scores by county and data on select social determinants of health in the service area including education, poverty, unemployment and insurance coverage, housing, transportation and food insecurity. See Appendix B for more data on social determinants of health by topic.

Vulnerability Index

The CDC’s Social Vulnerability Index is a “place-based index, database, and mapping application designed to identify and quantify communities experiencing social vulnerability.”¹ The Vulnerability Index uses 16 U.S. Census variables from the 5-year American Community Survey (ACS). The variables are grouped into four themes that cover four major areas of social vulnerability including socioeconomic status household characteristic, racial and ethnic minority status and housing type and transportation. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Table 3 includes the vulnerability index for all the counties in the West Georgia service area.

Table 3: Vulnerability Index by County

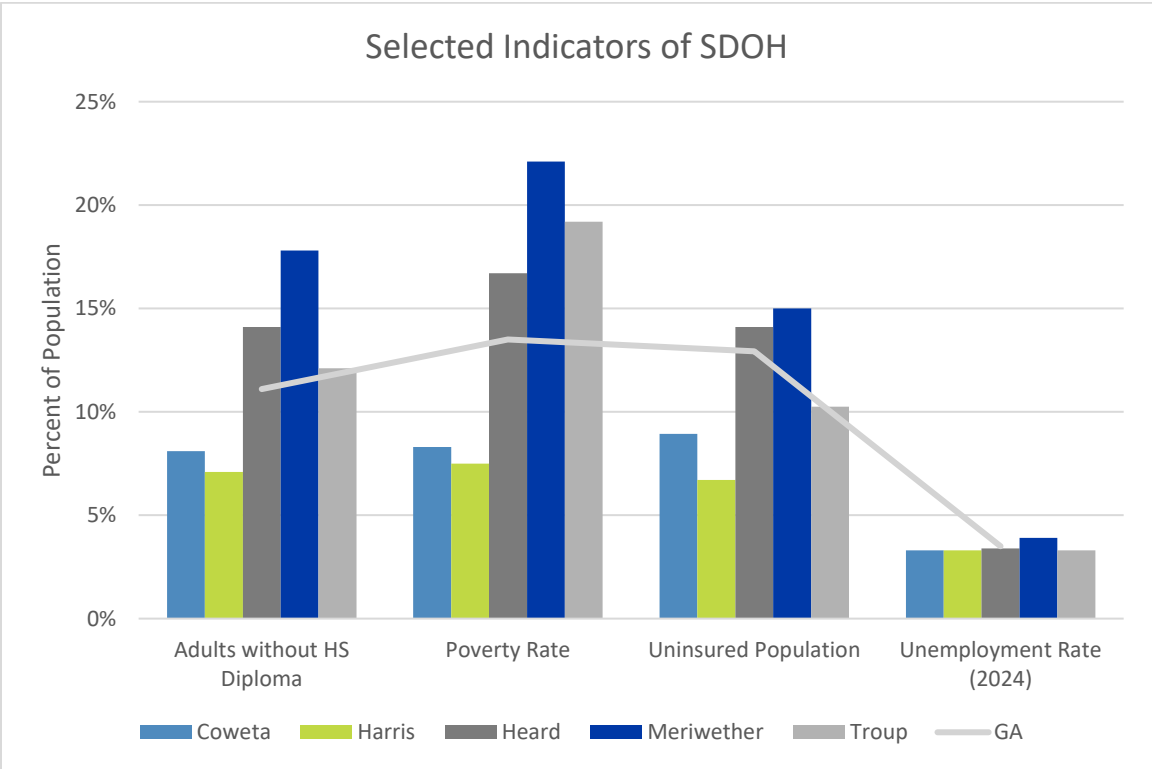
County	Vulnerability Index	Level of Vulnerability
Coweta	0.2402	Low
Harris	0.0675	Low
Heard	0.6459	Medium – High
Meriwether	0.9074	High
Troup	0.9023	High

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

Education, Poverty, and Unemployment & Insurance Coverage

Compared to Georgia, the service area for Wellstar West Georgia Medical Center generally had a higher percentage of adults 25 or older without high school diplomas except for Coweta and Harris counties (8.1% and 7.1%), which was lower than the state average of 11.3% (Error! Not a valid bookmark self-reference.). Heard, Meriwether, and Troup counties had both the highest poverty rates and the highest percentages of uninsured residents in the service area. However, while poverty rates were higher than the state average in three of the five counties, unemployment rates were slightly lower than the state rate (3.5%) in all counties except Meriwether County (3.9%). Figures 5, 6 and 7 show how education, poverty and insurance status vary within counties by census tract.

Figure 4. Select Indicators of Social Determinants of Health (SDOH) by County for Education, Poverty, and Uninsured for 2018-2022¹, and Unemployment for 2024²

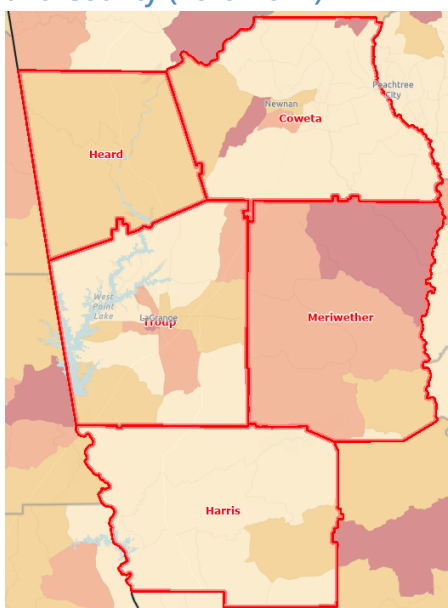


Adults without a High School Diploma- includes population aged 25+
Poverty Rate-Percent of all people below 100% of the Federal Poverty Level

Sources:

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

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



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

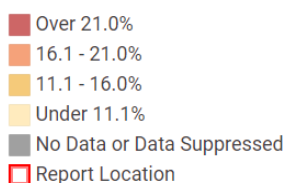
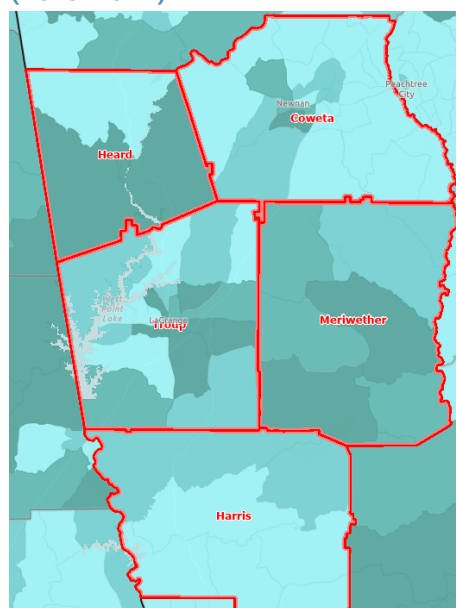


Figure 6. Population Below 100% Federal Poverty Level by Census Tract and County (2018-2022)



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

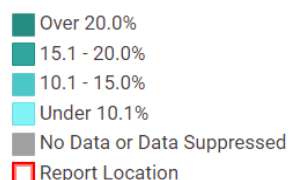
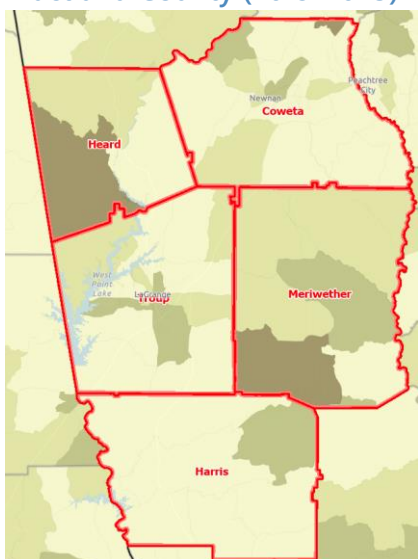
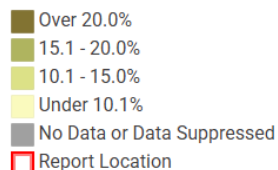


Figure 7. Uninsured Population by Census Tract and County (2019-2023)



Uninsured Population, Percent by Tract, ACS 2019-23



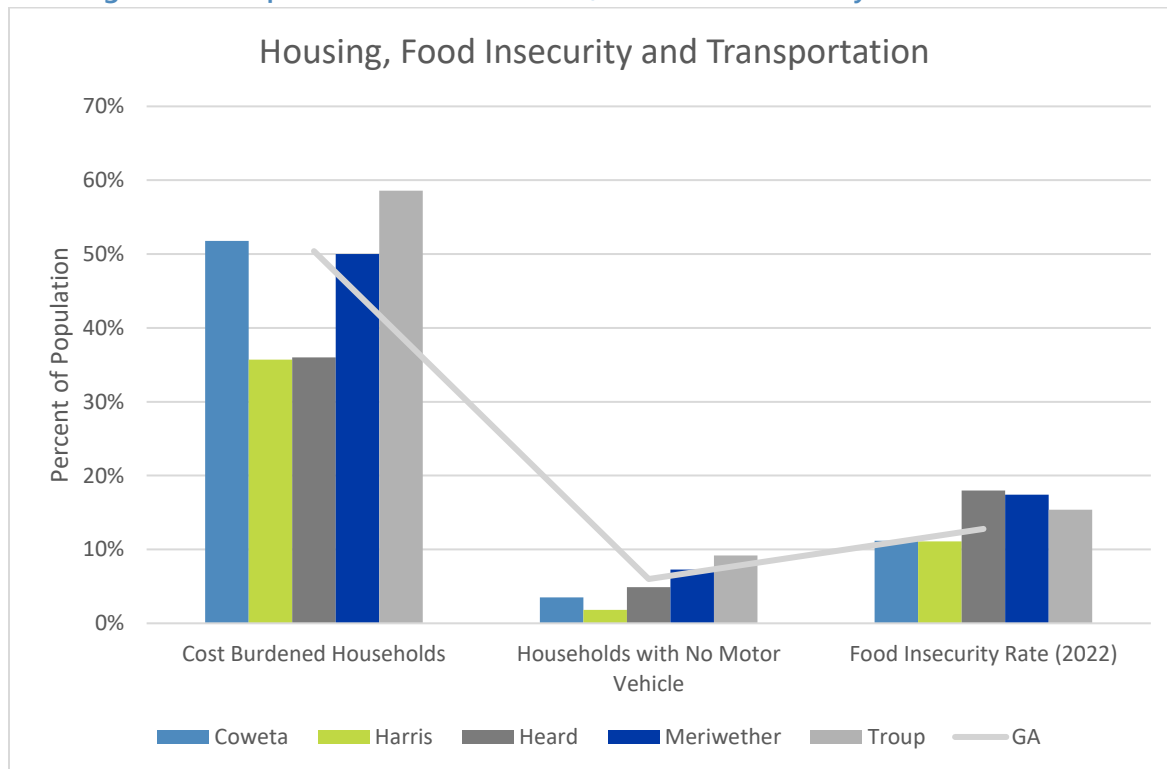
Rates of education, poverty, and uninsured, varied within counties and throughout the service area. While there are distinctions in areas of need, there is a lot of overlap in pockets of each county where census tracts have the highest rates of all three social determinants of health compared to the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

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

Housing, Transportation, and Food Insecurity

Cost burdened households are those paying more than 30% of their monthly income on housing costs, including rent, mortgage, and utilities.² From 2018-2022, from 35-58% of renters and 20-24% of homeowners in the service area spent more than a third of their income on housing (Figure 8 and 9).

Figure 8. Select Indicators of Social Determinants of Health (SDOH) by County for Affordable Housing¹ and Transportation¹ for 2018-2022, and Food Insecurity² 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: ¹US Census Bureau, American Community Survey. 2018-2022

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

Within the service area for Wellstar West Georgia Medical Center, Meriwether and Troup counties had more households with no motor vehicle compared to 6% of households in the state (Figure 8). However, transportation may be an issue for some residents across all counties in the service area, as four of the five counties have census tracts where over 8% of the households do not have a motor vehicle (Figure 10). Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.³ Heard, Meriwether, and Troup counties, had higher rates of food insecurity (18.0%, 17.4%, and 15.4%) 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

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

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

census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.⁴

Figure 11 shows there are census tracts in Coweta, Meriwether, and Troup counties that were denoted as food deserts during the period from 2015-2019.

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

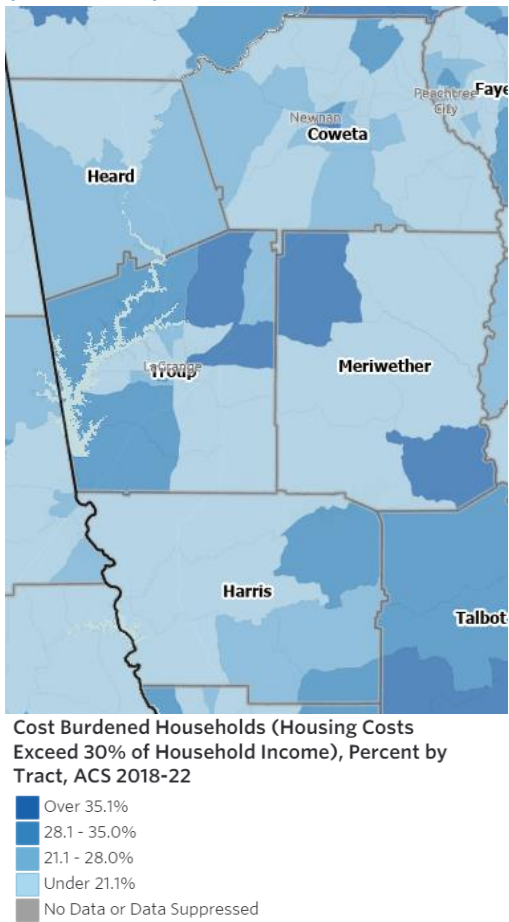
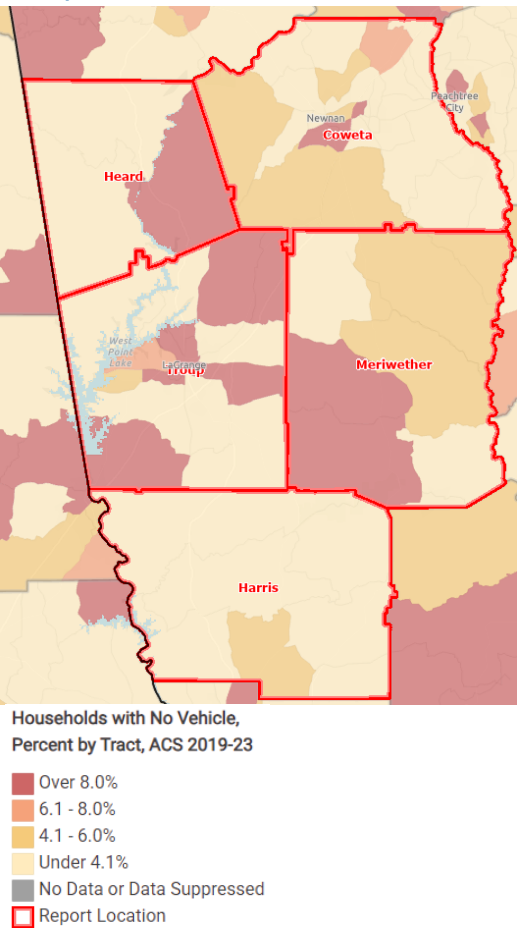
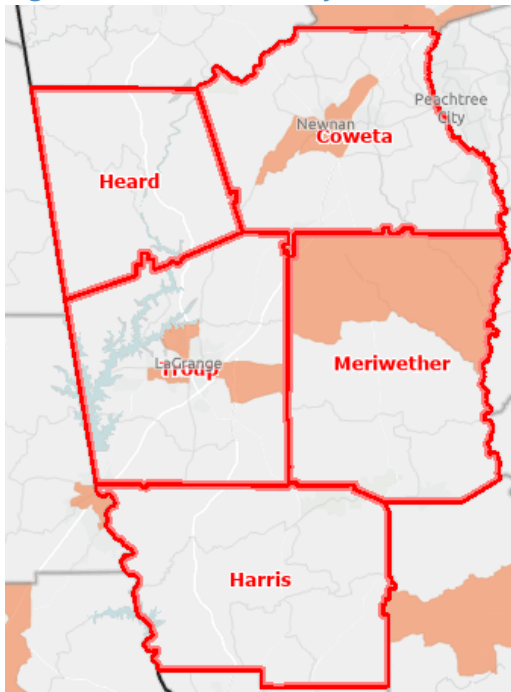


Figure 10. Households with No Vehicle, Percent by Census Tract and County (2019-2023)¹



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

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



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

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

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

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

MORTALITY AND MORBIDITY

Top Causes of Death

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

1. Ischemic heart and vascular disease
2. COVID-19
3. Cerebrovascular disease
4. Alzheimer's disease

5. Essential (Primary) hypertension and hypertensive renal, and heart disease

Death rates of all five top causes in the service area were higher than state rates for those causes. Ischemic Heart and Vascular Disease was the number one cause of death in all counties except Heard County, and rates in Meriwether and Troup counties were both over double the state rate (Table 4). While not a top cause across the service area as a whole, All COPD Except Asthma outcomes were higher in Harris, Heard, and Meriwether than the state. COVID-19 was either a second or third top cause of death for all counties in the service area. There were no documented deaths from COVID-19 in 2019, and death rates have dropped off since the height of the pandemic in 2021. This highlights COVID-19's sudden and severe impact on the community during this five-year span.

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

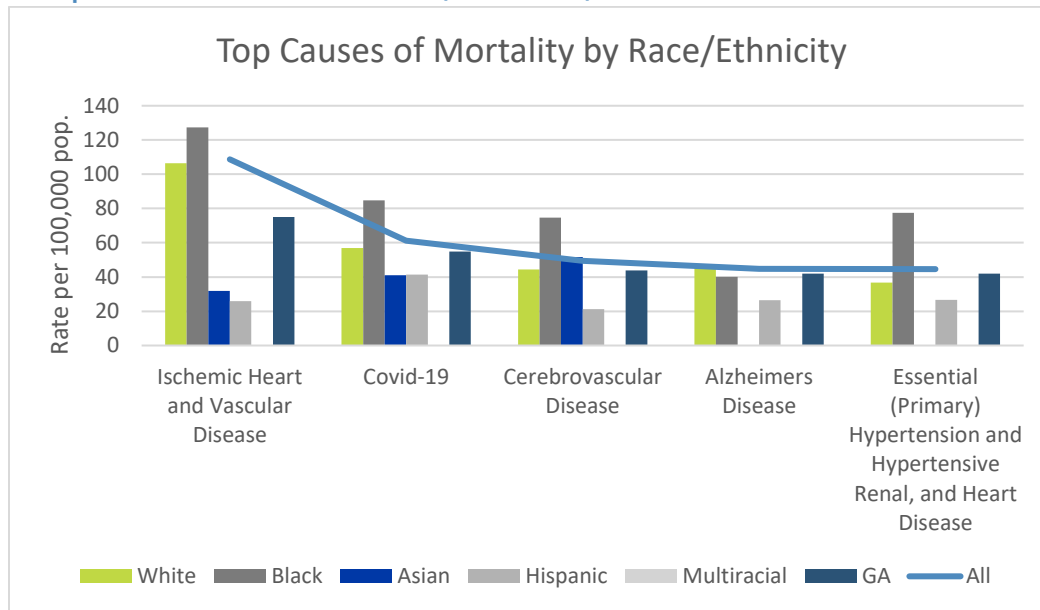
Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#1	Ischemic Heart and Vascular Disease- 91.2	Ischemic Heart and Vascular Disease- 67.6	All COPD Except Asthma- 75.6	Ischemic Heart and Vascular Disease- 174.8	Ischemic Heart and Vascular Disease- 158.0	Ischemic Heart and Vascular Disease- 108.7	Ischemic Heart and Vascular Disease- 75.0
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 53.0	COVID-19- 49.5	Ischemic Heart and Vascular Disease- 79.7	COVID-19- 74.9	COVID-19- 82.5	COVID-19- 61.3	COVID-19- 54.9
#3	COVID-19- 51.1	All COPD Except Asthma- 35.3	COVID-19- 66.0	Cerebrovascular Disease- 62.5	Cerebrovascular Disease- 73.6	Cerebrovascular Disease- 49.5	Cerebrovascular Disease- 43.9
#4	All Other Diseases of the Nervous System- 46.7	Cerebrovascular Disease- 36.7	Malignant Neoplasms of the Trachea, Bronchus and Lung- 51.3	All COPD Except Asthma- 52.2	Alzheimer's Disease- 57.5	Alzheimer's Disease- 44.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 42.0
#5	Cerebrovascular Disease- 37.0	Alzheimer's Disease- 35.6	Cerebrovascular Disease- 56.3	Malignant Neoplasms of the Trachea, Bronchus and Lung- 38.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 54.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 44.6	All COPD Except Asthma- 39.3

Rates are age-adjusted per 100,000 population

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

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

Figure 12. Service Area Top Causes of Death: Age-Adjusted Death Rate by Race and Ethnicity Compared to State Benchmarks (2019-2023)



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

*Only includes Georgia counties

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

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

1. Ischemic heart and vascular disease
2. Motor vehicle crashes
3. COVID-19
4. Accidental poisoning and exposure to noxious substances
5. Intentional self-harm

Rates of all top causes of premature death across the service area except for accidental exposure poisoning and exposure to noxious substances were higher than state rates (Table 5). Ischemic heart and vascular disease was the leading cause of premature death in Meriwether and Troup counties, where rates were almost four times the state average in Meriwether County, and over double the state average in Troup County. Essential hypertension and hypertensive renal and heart disease was the leading cause of death in Coweta County, but did not make the top five for most other counties in the region. YPLL rates associated with motor vehicle crashes were highest in Heard and Meriwether Counties compared to the rest of the service area and the state, where it was the first and second leading cause of premature death. Heard County also had especially high rates of premature death from suicide and accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) compared to the rest of the service area and the state. Meriwether County was the only county where assault was a top cause of premature death.

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

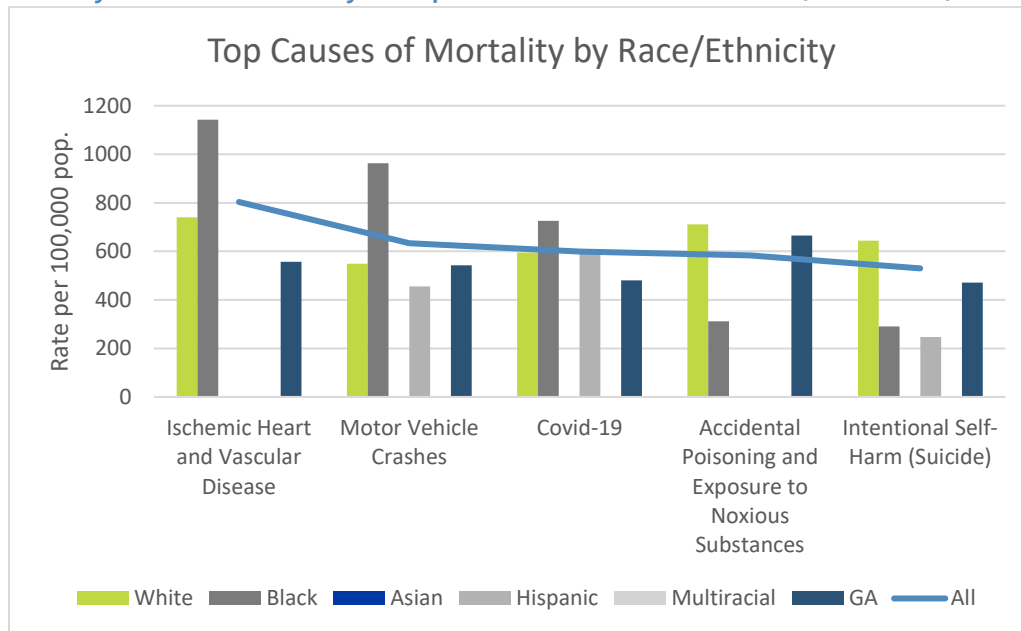
Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#1	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 522.0	Accidental Exposure Poisoning and Exposure to Noxious Substances- 691.7	Motor Vehicle Crashes- 1,185.7	Ischemic Heart and Vascular Disease- 2,148.7	Ischemic Heart and Vascular Disease- 1,342.7	Ischemic Heart and Vascular Disease- 803.4	Accidental Poisoning and Exposure to Noxious Substances- 664.4
#2	COVID-19- 519.4	Motor Vehicle Crashes- 622.8	Intentional Self-Harm (Suicide)- 1,170.2	Motor Vehicle Crashes- 1,021.4	Motor Vehicle Crashes- 817.0	Motor Vehicle Crashes- 633.6	Ischemic heart and vascular disease- 556.9
#3	Accidental Exposure Poisoning and Exposure to Noxious Substances- 503.8	Ischemic heart and vascular disease- 535.1	Accidental Exposure Poisoning and Exposure to Noxious Substances- 1,144.8	COVID-19- 881.6	COVID-19- 719.6	COVID-19- 599.4	Motor vehicle crashes- 542.9
#4	Intentional Self-Harm (Suicide)- 493.9	COVID-19- 458.4	COVID-19- 855.5	Intentional Self-Harm (Suicide)- 702.7	Essential (Primary) Hypertension and Hypertensive Renal, And Heart Disease- 676.5	Accidental Poisoning and Exposure to Noxious Substances- 583.1	COVID-19- 479.8
#5	Motor Vehicle Crashes- 457.0	Intentional Self-Harm (Suicide)- 440.1	Ischemic Heart and Vascular Disease- 602.4	Assault (Homicide)- 624.4	Accidental Exposure Poisoning And Exposure To Noxious Substances- 604.0	Intentional Self-Harm (Suicide)- 529.7	Intentional Self-Harm (Suicide)- 471.4

The YPLL 75 Rate is the years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age

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

When looking at racial and ethnic groups in the service area, Black residents had the highest rates of YPLL from ischemic heart and vascular disease, motor vehicle crashes and COVID-19 compared to other racial and ethnic groups in the service area and the state (Figure 13). White residents had higher rates of YPLL for accidental exposure poisoning and exposure to noxious substances, and for suicide compared to other groups and the state average.

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

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 other unintentional injury was the number one cause of ED visits across the service area and in Coweta, Harris and Meriwether counties. Troup County had the highest rates of ED use for diseases of the musculoskeletal system and connective tissue compared to the rest of the service area and the state. Meriwether and Troup counties showed higher rates of ED use for all other diseases of the genitourinary system and falls compared to the other counties and the state. Troup 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	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#1	All Other Unintentional Injury- 2,545.9	All Other Unintentional Injury- 2,537.5	Diseases of the Musculoskeletal System and Connective Tissue- 3,928.9	All Other Unintentional Injury- 4,942.8	Diseases of the Musculoskeletal System and Connective Tissue- 5,512.8	All Other Unintentional Injury- 3,143.9	Diseases of the Musculoskeletal System and Connective Tissue- 2,774.6
#2	Diseases Of the Musculoskeletal System and Connective Tissue- 2,088.5	Diseases Of the Musculoskeletal System and Connective Tissue- 1,877.1	All Other Unintentional Injury- 3,545.6	Diseases Of the Musculoskeletal System and Connective Tissue- 4,402.6	All Other Unintentional Injury- 4,165.4	Diseases of the Musculoskeletal System and Connective Tissue- 3,117.4	All Other Unintentional Injury- 2,458.9
#3	All Other Diseases of the Genitourinary System- 1,886.0	Falls- 1,553.3	All Other Diseases of the Genitourinary System- 2,869.8	All Other Diseases of the Genitourinary System- 3,383.7	All Other Diseases of the Genitourinary System- 3,637.5	All Other Diseases of the Genitourinary System- 2,424.0	All Other Diseases of the Genitourinary System- 1,899.3
#4	Falls- 1,547.4	All Other Diseases of the Genitourinary System- 1,586.7	Falls- 2,193.1	Falls- 2,569.2	Falls- 2,191.7	Falls- 1,795.9	Falls- 1,565.3
#5	All Other Diseases of the Nervous System- 744.9	All Other Diseases of the Nervous System- 714.5	All Other Diseases of the Nervous System- 1,240.9	All Other Diseases of the Nervous System- 1,647.4	COVID-19- 2,043.5	All Other Diseases of the Nervous System- 1,098.8	Motor Vehicle Crashes- 907.1

Rates are age-adjusted per 100,000 population

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

Top Causes of Hospital Discharge Rates

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

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

Across the service area, septicemia was the leading cause of hospital discharges across all counties in the service area and the state, and all counties except Harris had rates were much higher than those of the state (Table 7). Essential hypertension and hypertensive renal, and heart disease was the second leading cause of hospital discharge in the service area and most counties, and Troup County's rate was much higher than the other counties and the state. Heard and Troup counties also had much higher rates of all other mental and behavioral disorders than state rates. The service area had higher rates of ischemic heart and vascular disease, and cerebrovascular disease than the state. Meriwether County was the only county with diabetes mellitus in the top 5 causes of hospital discharges in the service area.

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

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#1	Septicemia- 1,010.6	Septicemia- 509.7	Septicemia- 1,063.6	Septicemia- 1,154.9	Septicemia- 1,207.8	Septicemia- 997.9	Septicemia- 604.4
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 321.4	Diseases Of the Musculoskeletal System And Connective Tissue- 255.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 614.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 546.9	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 730.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 432.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 360.9
#3	Diseases Of the Musculoskeletal System and Connective Tissue- 255.3	Ischemic Heart and Vascular Disease- 235.3	Ischemic Heart and Vascular Disease- 463.5	Ischemic Heart and Vascular Disease- 405.6	All Other Mental and Behavioral Disorders- 540.0	All Other Mental and Behavioral Disorders- 313.0	All Other Mental and Behavioral Disorders- 381.3
#4	Ischemic Heart and Vascular Disease- 242.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 246.4	All Other Mental and Behavioral Disorders- 620.0	Cerebrovascular Disease- 361.1	Ischemic Heart and Vascular Disease- 401.9	Ischemic Heart and Vascular Disease- 299.2	Diseases Of the Musculoskeletal System and Connective Tissue- 270.3
#5	Cerebrovascular Disease- 241.6	Cerebrovascular Disease- 227.4	Cerebrovascular Disease- 352.0	Diabetes Mellitus- 411.7	Cerebrovascular Disease- 335.5	Cerebrovascular Disease- 274.8	Ischemic Heart and Vascular Disease- 261.5

Rates are age-adjusted per 100,000 population

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

“Some type of unified front to address these [health issues] would be a tremendous asset.... everyone has their piece of turf they want to protect. We have the food bank and churches and other folks that are doing food drives... it seems like together they would have much more powerful impact. We have a couple of overarching groups in the county that could pull some of these other groups together but I don’t know if it is any interest to them.”

- Focus Group Participant

2025 HEALTH PRIORITIES

Access

Overall, the service area has a larger percentage of the population living in an area affected by a health professional shortage area compared to the state for medical care (Table 8). However, access rates vary drastically from county to county, and by the specific type of provider. All counties except Coweta County had a percentage of residents living in an area affected by a health professional shortage, and in Harris and Meriweather counties this included almost 100% of residents. Of residents in these areas, over 50% were underserved in Harris, Meriweather and Troup counties, and 100% of Heard's health professional shortage population were underserved. Heard and Meriweather also had higher proportions of their populations living in a health professional shortage for dental care than the state.

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

	Coweta	Harris	Heard	Meriweather	Troup	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage (2024)	0.0%	98.3%	34.7%	99.4%	41.2%	26.3%
Percentage of Health Professional Shortage Population Underserved (2024)	0.0%	54.1%	100.0%	59.6%	51.7%	60.7%
Percentage of Population Living in a Health Professional Shortage for Dental Care (2024)	0.0%	0.0%	34.7%	52.9%	0.0%	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 averages, and some counties reported no providers types in their county for certain provider types (Table 9). Harris County reported no addiction/substance abuse providers, Harris, Heard and Meriweather counties reported no buprenorphine providers, and Heard County reported no dentists. Meriweather and Troup counties had higher rates of addiction/substance abuse providers, and Troup County had a higher rate of dentists, and Coweta had higher rates of nurse practitioners 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

	Coweta	Harris	Heard	Meriweather	Troup	Georgia
Addiction/Substance Abuse Providers (2020)*¹	1.4	0.0	8.8	9.7	20.2	7.9

	Coweta	Harris	Heard	Meriwether	Troup	Georgia
Buprenorphine Providers (2023)*²	2.7	0.0	0.0	0.0	5.8	7.9
Dentists (2022)*³	38.6	19.3	0.0	23.9	59.8	53.9
Mental Health Providers (2024)*⁴	109.5	49.0	52.6	43.7	188.7	188.4
Nurse Practitioners (2024)*⁴	106.7	11.5	26.3	29.1	76.3	75.6
Primary Care (2021)*⁵	45.3	28.1	17.3	29.0	50.4	66.0

*Per 100,000 population

Sources:

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

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

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

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

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

West Georgia focus group participants living in the Wellstar West Georgia service area identified the following challenges that negatively affected their access to care:

- Price of medication and medical bills is high and has gone up in recent years.
- A lot of people in rural areas don't have insurance and cannot go to the doctor
- Distance to travel to care can be difficult
- It is difficult to find a healthcare professional that can see you with short notice

One recommendation the community members discussed was the need to attract more health care specialists to the area.

Behavioral Health

Behavioral health was the highest priority health need identified in the community summit for the West Georgia service area. The following data supports this priority. Among the counties with consistently recorded rates of drug overdose (Coweta and Troup), rates generally increased and exceeded the state average during some years (Table 10). One of the only rates recorded in Heard County was the highest rate observed (50.1) and more than double the state average.

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

Year	Coweta	Harris	Heard	Meriwether	Troup	Georgia
2013	8.5	18.1	ND	ND	9.6	10.5
2014	10.0	ND	ND	ND	15.3	11.4
2015	9.3	ND	0.0	22.6	17.3	12.2
2016	12.1	26.4	ND	0.0	15.3	13.1
2017	16.2	ND	ND	ND	18.6	14.6
2018	12.2	ND	ND	ND	7.9	13.1

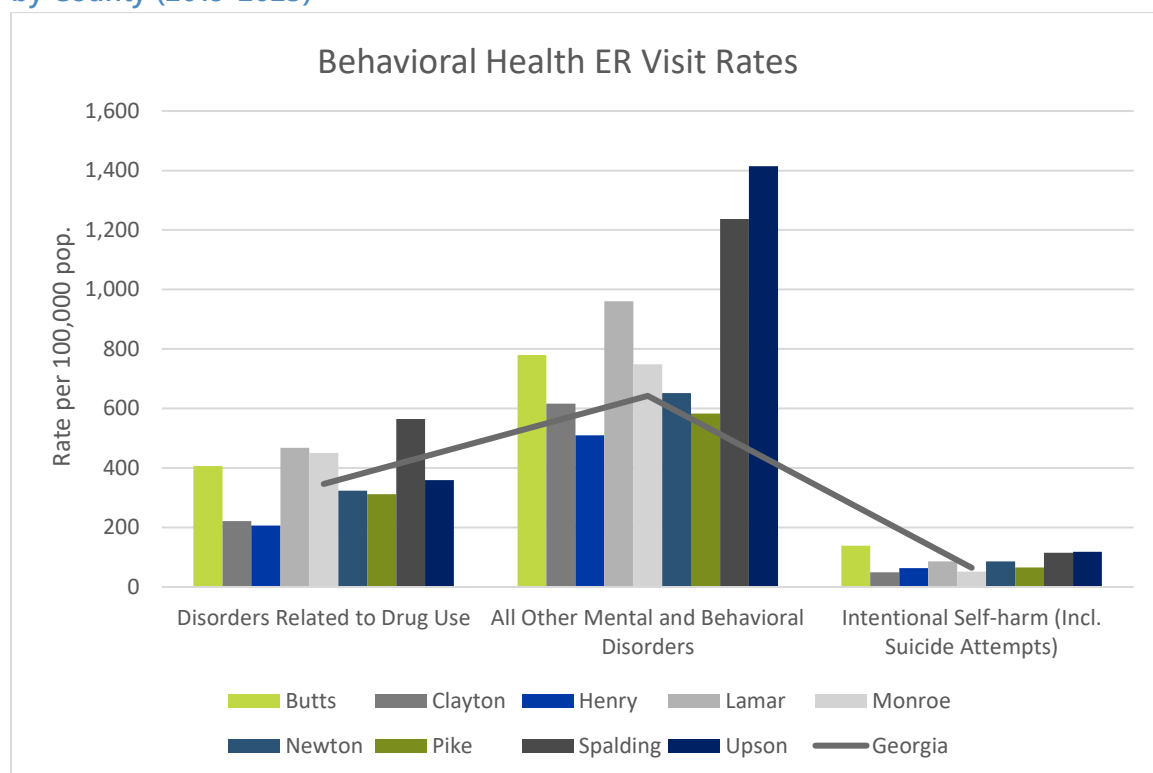
Year	Coweta	Harris	Heard	Meriwether	Troup	Georgia
2019	11.0	24.3	ND	ND	10.3	12.9
2020	13.7	18.4	ND	18.8	24.7	17.9
2021	20.9	13.9	ND	32.9	28.3	22.5
2022	19.2	27.2	50.1	ND	16.5	24.8
2023	13.9	18.5	ND	ND	21.4	23.1

Rates are age-adjusted per 100,000 population

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

As 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. Heard, Meriwether, and Troup counties consistently had the highest rates in these categories, which were at or above the state average. Meriwether and Troup 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.

Figure 14. Age-Adjusted Emergency Room Visit Rate for Disorders related to Behavioral Health by County (2019-2023)



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

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

Troup County focus group members and community summit attendees identified access to preventative care, food deserts, diabetes, obesity, poverty and food costs among their concerns. Health

education/literacy and preventative care and screenings were identified as top needs by summit attendees. Food insecurity rates in the service area range from 11.5% to 19.4% with Harris County having the lowest and Heard County having the highest. It is estimated that greater than 50% of residents in Heard (56%), Meriwether (55%) and Troup (52%) Counties may be eligible for the Supplemental Nutrition Assistance Program (Feeding America, Map the Meal Gap, 2023).

Of the five school districts in the service area, Heard, Meriwether, and Troup County school districts have free and reduced school lunch (FRL) rates that exceed 90%. Harris County FRL is 39% and Coweta County is 46%. Nutrition education and promotion of federal nutrition programs among young parents, particularly in Heard, Meriwether and Troup Counties, may be beneficial.

Diabetes and Obesity

Obesity is impacting 17.9% to 42% of adults in the service area (Table 11). Troup County is experiencing the highest obesity rate at 42% followed by Coweta at just over 33%. 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.) Fitness assessment results from the Georgia Department of Education (2020-2021) provides an overview of body composition (body mass index) data for students in physical education in four of five counties in the service area (no data available for Heard County). Coweta and Harris have greater than 60% of students in the healthy zone for body composition. Troup County has 52% and Meriwether has 44% of students in the BMI healthy zone; 54% of Meriwether students are in the needs improvement or needs improvement-high risk categories for body composition.

While Troup and Harris Counties have the highest diabetes diagnoses percent (about 11-12%), Meriwether County is experiencing, by far, the highest rate of diabetes-related ER visits, 634.8 per 100,000 (Figure 15).

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

	Coweta	Harris	Heard	Meriwether	Troup	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021)¹	33.2%	29.1%	17.9%	26.7%	41.8%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)¹	8.5%	11.0%	7.5%	9.4%	11.7%	9.6%
Diabetes ER Visit Rate^{2*}	246.2	233.5	389.0	634.8	553.5	309.9
Diabetes Discharge Rate^{2*}	176	167.3	323.2	411.7	347.2	209.1
Diabetes Mortality Rate^{2*}	16.4	18.1	17.6	25.6	22.4	22.4

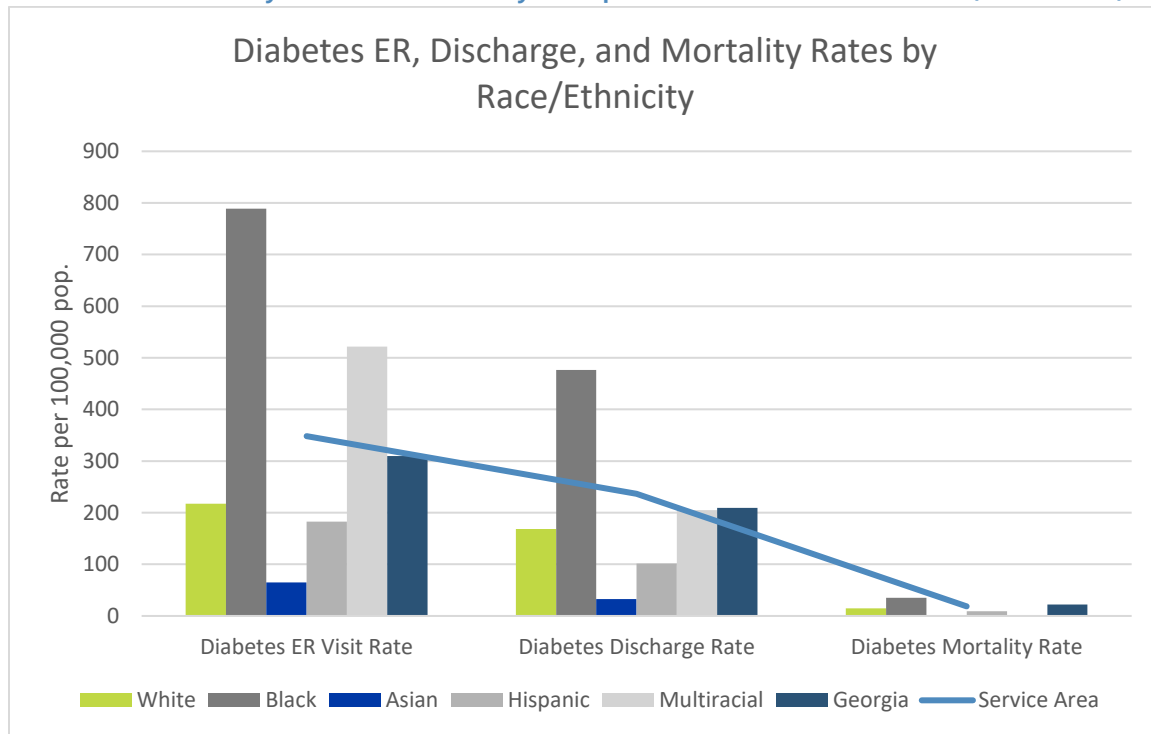
*Age-adjusted rates per 100,000 population

Sources:

¹ Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. [accessed Sep 24, 2024]. URL: <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>.

² Georgia Department of Public Health Online Analytical Statistical Information System
ND: No Data – Data are not available for this population, or suppressed data

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



*Chart only includes Georgia counties

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

Chronic Disease

Focus group members identified the increasing cost of food and medicine as concerns and one person noted, “I see challenges for elderly folks [at my church food bank] – do they buy groceries or do they buy medicine.”. Chronic pain, diabetes, and obesity were noted as impacting many age groups. Troup and Meriwether Counties have the highest rates of ER visits due to high blood pressure and hypertensive heart disease in the service region. Given the top cause of early death (before 75 years) in the service area in 2023 is ischemic heart and vascular disease (Georgia Department of Public Health, OASIS, 2023), the health system may consider evidence-based programming for senior citizens. 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 due the rurality of part of the region 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)

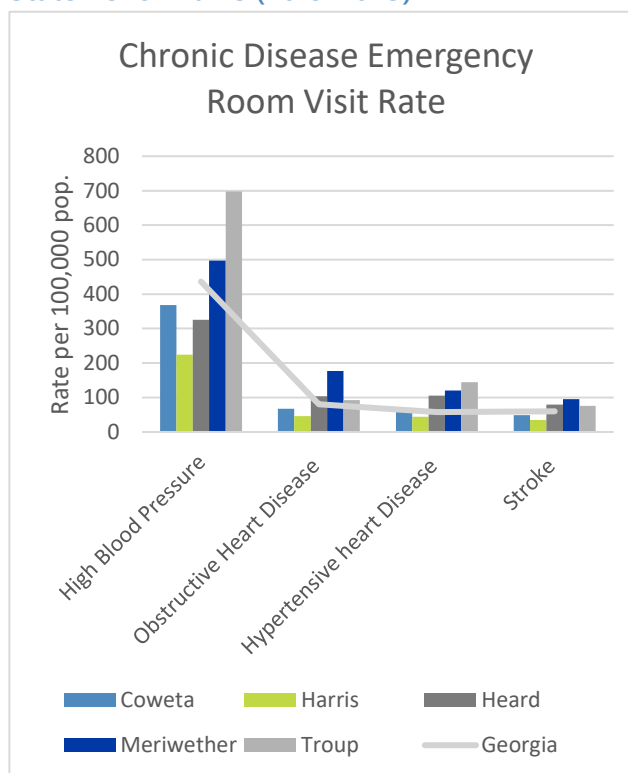


Figure 17. Age-Adjusted Chronic Disease Hospital Discharge Rate Compared to State Benchmarks (2019-2023)

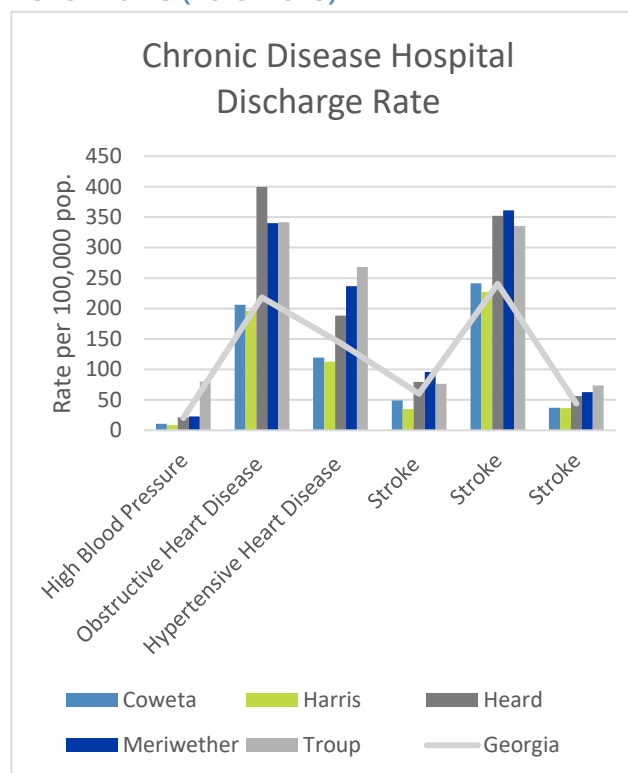
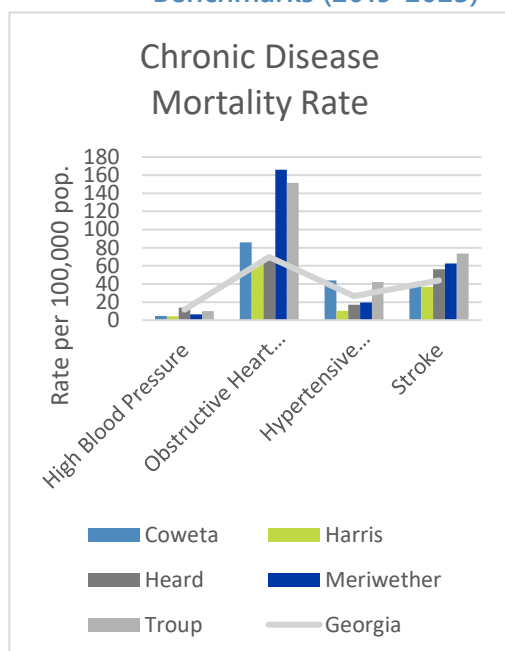


Figure 18. Age-Adjusted Chronic Disease Mortality Rate Compared to State Benchmarks (2019-2023)



*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

Maternal and Child Health

Table 12 presents key MCH indicators for the service area that provide insight into the state of MCH throughout the service area. Harris (9.2%) and Meriwether (9.1%) Counties have the highest percentages of births with late or no prenatal care. All counties in the service area have lower percentages of births with fewer than 5 prenatal visits than the state (7.8%). Overall, Troup County stands out for better prenatal care access, while Meriwether and Harris show weaker prenatal care indicators. One a related note, one community resident shared that the health care she received during her pregnancy was the only care she had received in over 6 years: "I don't have insurance. I don't have a primary care doctor. Other than pregnancy care, my daughter born 6 years ago, I have not had a primary care physician in 12-13 years." This underscores the importance of pre- and postnatal care to women's health beyond pregnancy and the opportunity to use pre- and postnatal care as a way to bring women into primary preventive care.

Percentages of premature births are higher than the state (11.7) in all counties except Harris (11.5%). Heard (15.3%) and Meriwether (14.8%) Counties have the highest percentages of premature birth. Low birthweight births are most frequent in Meriwether (13.6%) and Troup (11.6%) Counties, exceeding the Georgia average of 10.3%. Meriwether (12.2 per 1,000 live births) has the highest infant mortality rate among the counties and is well above the state rate of 6.8. All other counties, including Coweta (7.0) and Troup (8.6), also exceed the state rate, highlighting a regional concern.

The data suggests Meriwether County is most at-risk area for poor maternal and infant health outcomes, with high rates of inadequate prenatal care, premature births, low birthweight, and infant mortality. Troup also shows elevated risks despite better prenatal care indicators. In contrast, Coweta performs relatively well across most indicators. Interestingly, although Troup County has fewer births with late/no prenatal care (3.4%) and births with fewer than 5 prenatal care visits (2.9%), it has more premature births (13.4%), low birthweight births (10.3%) and higher infant mortality (8.6 per 100,000) than the state. These insights suggest targeted maternal health interventions are needed to improve prenatal care access and birth outcomes.

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

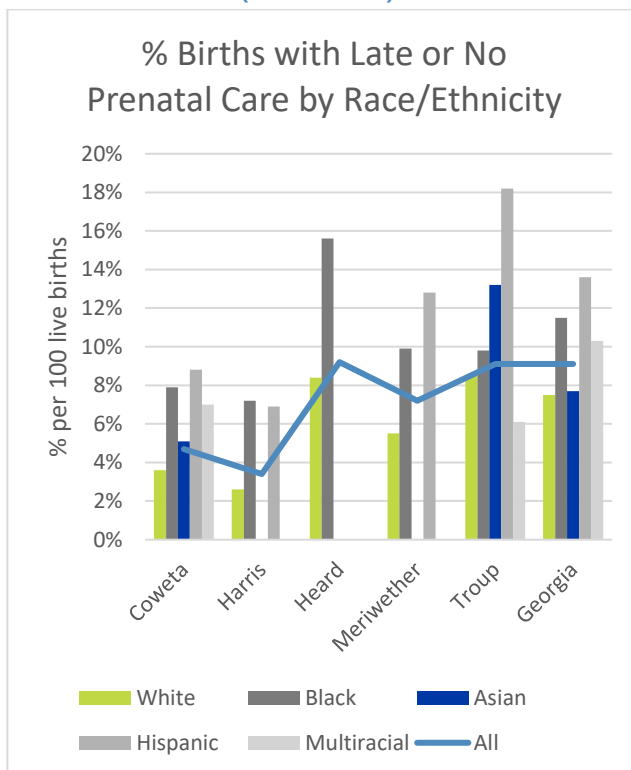
	Coweta	Harris	Heard	Meriwether	Troup	Georgia
Pregnancy Rate	43.3	34.0	43.5	53.6	49.6	48.2
Birth Rate	34.5	30	37.6	42.6	40.8	36.9
% Births with late or no prenatal care	4.7%	3.4%	9.2%	7.2%	9.1%	9.1%
% Births with <5 prenatal Care visits	4.0%	2.9%	7.3%	5.3%	6.3%	7.8%
% Premature Births	12.5%	13.4%	11.5%	15.3%	14.8%	11.7%
% Low Birth Weight Births*	9.5%	8.3%	9.3%	13.6%	11.6%	10.3%
Infant Mortality Rate	7.0	7.4	7.9	12.2	8.6	6.8

	Coweta	Harris	Heard	Meriwether	Troup	Georgia
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 displays the percentage of births with late or no prenatal care across the service area disaggregated by race/ethnicity. The highest percentages of births with late or no prenatal care are in Heard County among Black women (15.6%) and in Troup County among Hispanic women (18.2%). Harris County reports relatively lower rates across groups for whom data are available, with White births at 2.6%, Black births at 7.2% and Hispanic births at 6.9%. Data on Asian births is not available in all counties. Where it is available, there is a big difference in outcomes across counties with 5.1% of births in Coweta County and 13.2% of births in Troup County receiving late or no prenatal care.

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



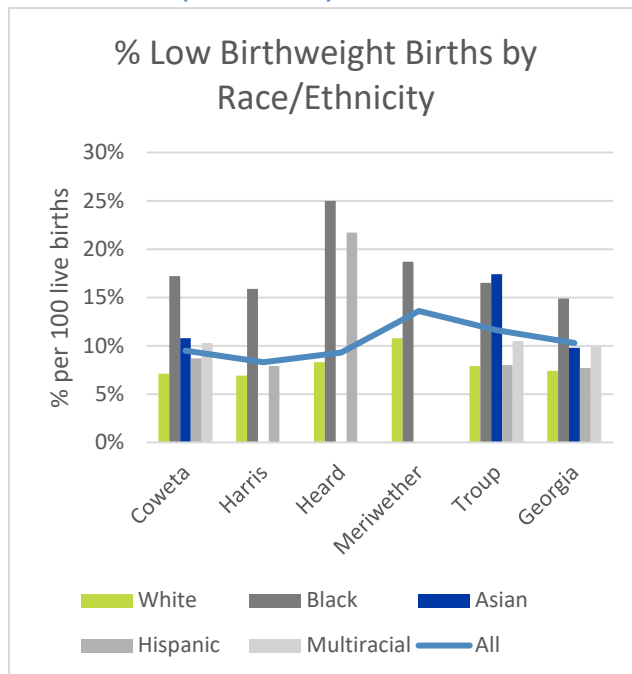
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 20 illustrates the percentage of low birthweight births (less than 2,500 grams) across the service area disaggregated by race and ethnicity. Overall Black infants have the highest percentage of low birthweight births with percentages ranging from 15.9% in Harris County to 25.0% in Heard County. Heard County also has a relatively high percentage of low birthweight births among Hispanic births (21.7%). Meriwether County has the highest percentage of low birthweight births among White infants (10.8%). Data on Asian births is not available in all counties. Where it is available, there is a big difference in

outcomes across counties with 10.8% of births in Coweta County and 17.4% of births in Troup County being low birthweight births.

Overall, Black infants experience the highest rates of low birthweight across all counties, indicating a persistent disparity. Hispanic and Asian infants show elevated rates in some counties, suggesting localized healthcare gaps. These trends underscore the need for targeted maternal and infant health interventions to address racial disparities and improve birth outcomes.

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

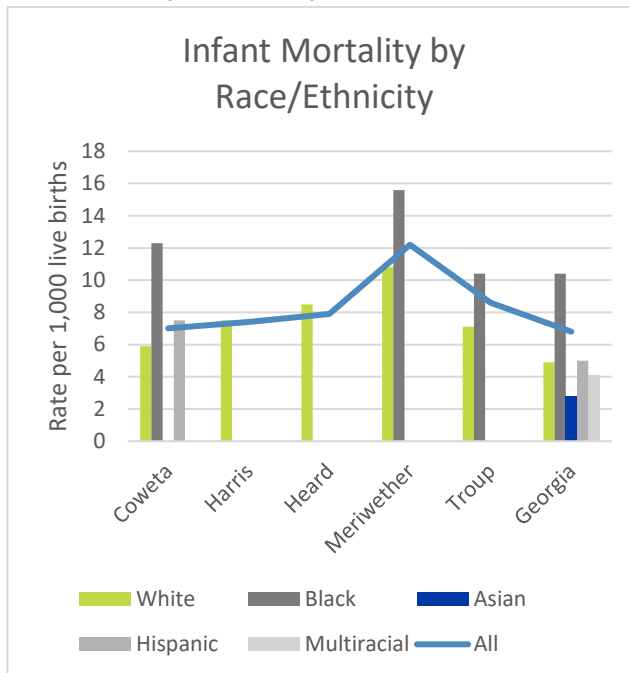
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Figure 21 provides an overview of infant mortality rates (deaths per 1,000 live births) across the service area. While we have data on White infants across the service area, we only have data on:

- Black infants in Coweta, Meriwether and Troup Counties,
- Hispanic infants in Coweta County, and,
- We have no county-level data on Asian or Multiracial infants.

Based on the data we do have, we see that Black infants experienced higher rates of infant mortality than their White peers. Infant mortality rates among Black infants ranges from 10.4 in Troup County to 15.6 in Meriwether County. The only data available on Hispanic infants was limited to Coweta County, where the rate was 7.5.

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. In West Georgia, community residents identified the following needs specifically:

- There is a need for more doctors that specialize in geriatrics.
- Seniors have unique needs (transportation, meal programs, social support) and many communities can't adequately address them.
- There is a need for more community- and home-based services.
- Not all healthcare providers are adequately trained to work with older adults. As one participant shared, "I have had to care for elderly parents. Doctors talked down to them. Just because they are older, doesn't mean they don't understand. Need to respect the patient [and] treat patients better."

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 West Georgia 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 adults 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. All COPD Except Asthma (Table 13)

Ischemic Heart and Vascular Disease is the #1 cause of death across the state and the service area except in Heard County where the lead cause of death was All COPD Except Asthma (494.0). Troup (823.1) and Meriwether (817.0) Counties had the highest rates of Ischemic Heart and Vascular Disease, both more than double the state average (397.1). COVID-19 was ranked #2 in Harris County (254.8), the service area (306.6) and the state (281.4), and #3 in Coweta (247.2), Meriwether (347.6), and Troup (444.2) Counties.

Cerebrovascular Disease and Alzheimer's Disease were both found across the service area. The highest rates of Cerebrovascular Disease were in Meriwether (388.2) and Troup (449.6) Counties where it ranked second. The highest rates of Alzheimer's were found in Troup (401.6) and Meriwether (275.3) Counties where it ranked 4th and 5th respectively. Chronic Obstructive Pulmonary Disease (COPD) excluding asthma was most prevalent in Troup (335.4) and Meriwether (329.5) counties. Heard County (332.5) 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	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#1	Ischemic Heart and Vascular Disease – 506.8	Ischemic Heart and Vascular Disease – 346.4	All COPD Except Asthma – 494.0	Ischemic Heart and Vascular Disease – 817.0	Ischemic Heart and Vascular Disease – 823.1	Ischemic Heart and Vascular Disease – 581.6	Ischemic Heart and Vascular Disease – 397.1
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 250.8	COVID-19 – 254.8	Ischemic Heart and Vascular Disease – 408.5	Cerebrovascular Disease – 388.2	Cerebrovascular Disease – 449.6	COVID-19 – 306.6	COVID-19 – 281.4
#3	COVID-19 – 247.2	All COPD Except Asthma – 211.8	Malignant Neoplasms of the Trachea, Bronchus and Lung – 332.5	COVID-19 – 347.6	COVID-19 – 444.2	Alzheimer's Disease – 280.4	Alzheimer's Disease – 267.9
#4	Alzheimer's Disease – 244.6	Alzheimer's Disease – 209	Cerebrovascular Disease – 323	All COPD Except Asthma – 329.5	Alzheimer's Disease – 406.1	Cerebrovascular Disease – 279.6	Cerebrovascular Disease – 248.9
#5	All Other Diseases of the Nervous System – 244.6	Cerebrovascular Disease – 186.1	COVID-19 – 313.5	Alzheimer's Disease – 275.3	All COPD Except Asthma – 335.4	All COPD Except Asthma – 267.3	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)

Falls were the #1 cause of emergency room visits in all counties except Troup where Diseases of the Musculoskeletal System and Connective Tissue ranks #1. Fall rates ranged from 3,208.8 per 100,000 in Harris County to 4,703.2 in Meriwether County.

Diseases of the Musculoskeletal System and Connective Tissue (such as arthritis and related conditions) ranked #2 across all counties except for Troup County and were the second leading cause of emergency room visits across the service area as a whole (3,414.5) and the state (3,328.2).

Genitourinary system diseases (e.g., kidney and urinary issues) appeared at #3 in all counties, with the highest rates in Troup (2,886.1) and Meriwether (2,766.9) Counties. Unintentional injuries other than falls (like accidents and trauma) rank #4 in all counties, also reflecting safety risks among seniors beyond just falls.

Hypertension and related heart/kidney disease, COPD (excluding asthma), and All Other Diseases of the Nervous System top the #5 spot, varying slightly by county. These chronic conditions further underline the complex healthcare needs of the aging population.

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

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#1	Falls – 3,911.0	Falls – 3,208.8	Falls – 4,389.1	Falls – 4,703.2	Diseases of the Musculoskeletal System and Connective Tissue – 4,729.9	Falls – 3,988.	Falls – 3,746.0
#2	Diseases of the Musculoskeletal System and Connective Tissue – 2,740.8	Diseases of the Musculoskeletal System and Connective Tissue – 2,730.8	Diseases of the Musculoskeletal System and Connective Tissue – 3,410.6	Diseases of the Musculoskeletal System and Connective Tissue – 4,676.1	Falls – 4,278.5	Diseases of the Musculoskeletal System and Connective Tissue – 3,414.5	Diseases of the Musculoskeletal System and Connective Tissue – 3,328.2
#3	All Other Diseases of the Genitourinary System – 2,035.1	All Other Diseases of the Genitourinary System – 1,829.1	All Other Diseases of the Genitourinary System – 2,394.1	All Other Diseases of the Genitourinary System – 2,766.9	All Other Diseases of the Genitourinary System – 2,886.1	All Other Diseases of the Genitourinary System – 2,287.8	All Other Diseases of the Genitourinary System – 1,960.3

Rank	Coweta	Harris	Heard	Meriwether	Troup	Service Area	GA
#4	All Other Unintentional Injury – 1,608.4	All Other Unintentional Injury – 1,425.5	All Other Unintentional Injury – 1,729.1	All Other Unintentional Injury – 2,274.9	All Other Unintentional Injury – 1,885.4	All Other Unintentional Injury – 1,713.8	All Other Unintentional Injury – 1,529.4
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,132.4	All Other Diseases of the Nervous System – 801.5	All COPD Except Asthma – 1,254.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,570.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,834.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,273.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease – 1,197.6

Rates are per 100,000 population aged 65 and over

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

APPENDIX

Appendix A: Demographic data

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

	Coweta	Harris	Heard	Meriwether	Troup	GA	US
Total Population (2022)	147,449	34,914	11,489	20,679	69,527	10,722,325	331,097,593
Age Distribution							
Median Age in Years	39.1	13.2	40.7	43.6	37.2	37.2	38.5
Under 18 Years	23.6%	21.3%	22.8%	21.1%	24.3%	23.4%	22.1%
18-24 Years Old	8.4%	8.3%	8.9%	7.5%	9.1%	9.8%	9.5%
25-34 Years Old	12.4%	10.5%	12.4%	11.8%	13.7%	13.8%	13.7%
35-44 Years Old	13.4%	11.9%	11.3%	11.3%	12.3%	13.3%	12.9%
45-54 Years Old	14.5%	14.3%	13.5%	12.5%	12.4%	13.1%	12.4%
55-64 Years Old	13.5%	15.1%	14.2%	15.0%	12.7%	12.3%	12.9%
65+ Years Old	14.4%	18.5%	16.9%	20.8%	15.4%	14.4%	16.5%
Racial/Ethnic Distribution							
White	72.8%	77.4%	85.8%	57.7%	57.1%	54.3%	65.9%
Black	18.0%	15.6%	8.5%	38.4%	36.2%	31.5%	12.5%
Asian	1.9%	0.7%	0.5%	0.8%	2.4%	4.3%	5.8%
Native American and Alaska Native	0.2%	0.1%	0.0%	0.1%	0.1%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%
Multiple Races	5.3%	3.7%	4.5%	2.1%	2.2%	6.0%	8.8%
Some other race	1.8%	2.6%	0.6%	1.0%	2.0%	3.5%	6.1%
Hispanic/Latino	7.6%	4.4%	3.2%	2.7%	3.9%	10.1%	18.7%
Population with Limited English Proficiency	2.7%	1.0%	2.8%	0.6%	1.9%	5.5%	8.2%
Income Distribution							
Median Household Income	\$ 90,031	\$85,936	\$ 62,965	\$52,392	\$ 53,599	\$71,355	\$75,149
Less than \$25,000	10.5%	10.7%	24.0%	27.0%	25.0%	16.6%	15.7%
\$25,000- \$49,999	15.7%	12.6%	18.6%	19.7%	20.4%	19.0%	18.1%
\$50,000- \$99,999	29.5%	36.2%	33.0%	38.2%	29.0%	29.7%	28.9%
\$100,000- \$199,999	31.8%	28.5%	19.3%	13.1%	20.1%	24.7%	25.9%
\$200,000 or more	12.5%	12.1%	5.0%	2.1%	5.5%	10.0%	11.4%
Unemployment Rate (2024)	3.3%	3.3%	3.4%	3.9%	3.3%	3.5%	3.9%
Data Source: US Census Bureau, American Community Survey. 2018-22 US Department of Labor, Bureau of Labor Statistics. 2024 - August.							

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

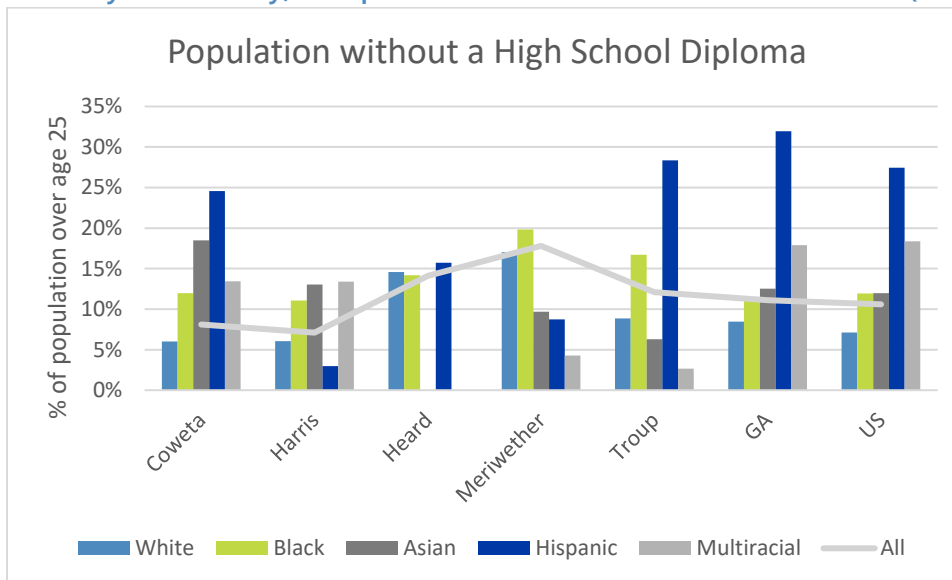
Education

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

	Coweta	Harris	Heard	Meriwether	Troup	GA	US
Adults without HS Diploma (Age 25+)¹	8.1%	7.1%	14.1%	17.8%	12.1%	11.1%	10.6%
High School Graduate Rate (2020-2021)²	89.0%	91.9%	92.1%	82.2%	86.0%	86.9%	81.1%
Associates degree or higher¹	44.5%	44.1%	17.2%	18.3%	32.3%	42.5%	43.8%
Bachelors degree or higher¹	34.7%	34.7%	11.4%	13.0%	22.5%	34.2%	35.0%
Preschool Enrollment (ages 3-4)¹	38.6%	66.0%	32.1%	34.5%	38.0%	47.6%	45.6%

Source: ¹US Census Bureau, American Community Survey. 2019-2023
²US 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

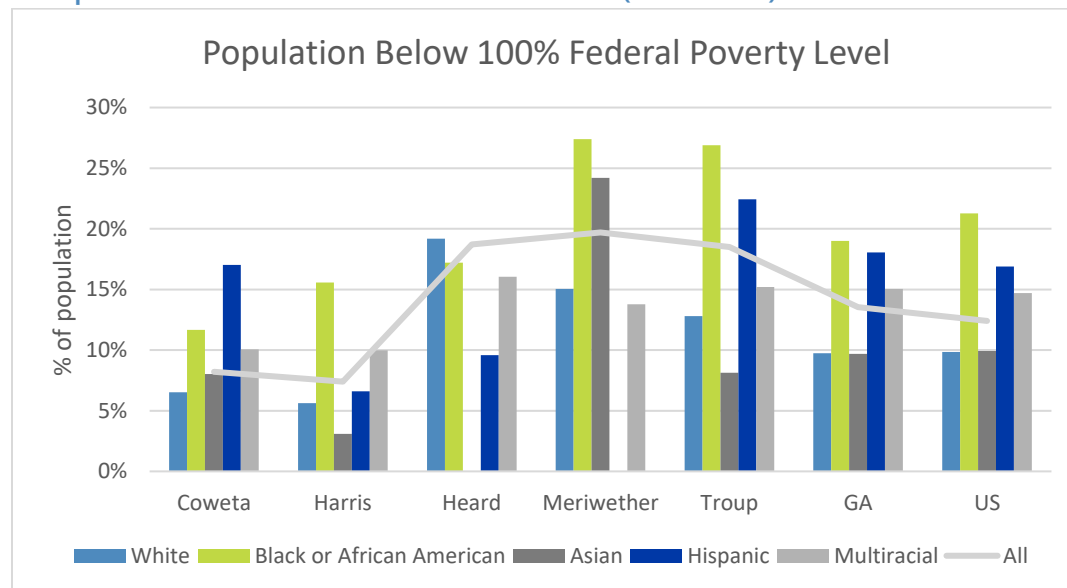
Table 17. Population Below 100% of the Federal Poverty Level by Family Status and County (2014-2022)

	Coweta		Harris		Heard		Meriwether		Troup		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
Total households	51,308	54,177	12,158	12,204	4,489	4,405	8,151	8,106	24,843	25,587	3,709,488	3,946,490	119,7	125,7

	Coweta		Harris		Heard		Meriwether		Troup		Georgia		US	
													30,128	36,353
All people	11.1%	8.3%	6.8%	7.5%	15.6%	16.7%	21.5%	22.1%	20.5%	19.2%	16.0%	13.5%	14.1%	12.5%
All families	9.0%	5.5%	5.4%	5.8%	12.3%	14.5%	16.1%	17.3%	16.6%	15.6%	12.1%	10.0%	10.1%	8.8%
Married couple families	3.9%	3.0%	2.3%	2.7%	6.4%	9.2%	8.4%	5.0%	6.4%	6.0%	5.8%	4.8%	5.0%	4.5%
Single female head of household families	30.4%	16.0%	27.9%	23.5%	32.2%	27.4%	32.3%	42.6%	38.9%	33.8%	30.6%	25.2%	27.8%	24.1%

Data Source: Census Bureau, American Community Survey. 2014-22

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

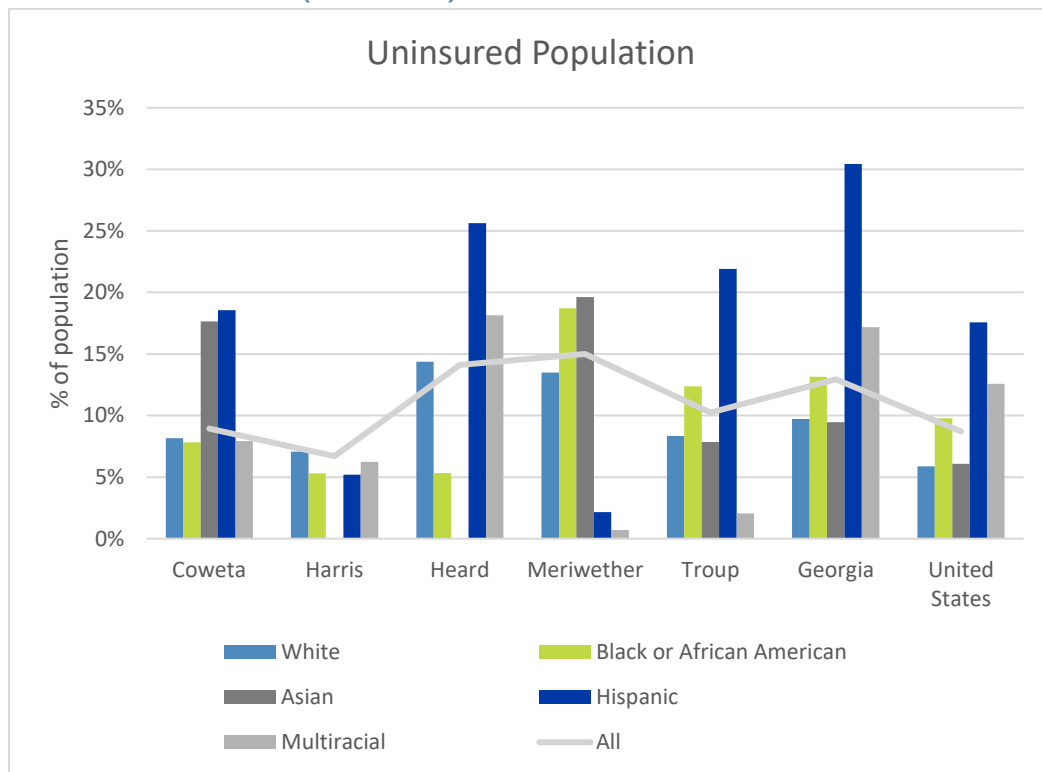
Table 18. Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022) by County

	Coweta	Harris	Heard	Meriwether	Troup	Georgia	US
Unemployment Rate (2024) ¹	3.3%	3.3%	3.4%	3.9%	3.3%	3.5%	3.9%
Uninsured Population (2018-2022) ²	8.9%	6.7%	14.1%	15.0%	10.3%	12.9%	8.7%

Data Sources: ¹US Department of Labor, Bureau of Labor Statistics. 2024 - August.

²US 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)

	Coweta	Harris	Heard	Meriwether	Troup	Georgia	US
Units Affordable at 15% AMI	2.67%	4.21%	8.05%	4.68%	2.31%	3.7%	3.6%
Units Affordable at 30% AMI	6.67%	9.97%	15.68%	16.68%	7.19%	9.1%	8.4%
Units Affordable at 40% AMI	12.46%	16.24%	25.27%	24.35%	12.04%	14.7%	13.6%
Units Affordable at 50% AMI	18.49%	22.64%	33.82%	31.85%	17.85%	22.2%	20.7%
Units Affordable at 60% AMI	25.50%	28.37%	43.39%	40.14%	26.13%	30.3%	28.6%
Units Affordable at 80% AMI	44.61%	44.93%	61.84%	54.94%	44.85%	46.5%	44.2%
Units Affordable at AMI	59.19%	55.68%	72.04%	68.45%	62.10%	60.2%	59.5%
Units Affordable at 125% AMI	72.07%	68.21%	78.39%	77.02%	72.84%	72.3%	69.6%
Median Gross Rent	\$1,397	\$941	\$855	\$899	\$1,044	\$1,306	\$1,348
Households paying more than 30% of income for monthly mortgage	21.60%	28.60%	29.30%	26.50%	25.40%	25.0%	27.3%
Households paying more than 30% of income for monthly rent	51.80%	35.70%	36.00%	50.00%	58.60%	50.4%	49.9%

Households with One or More Severe Problems (2017-2021)*	11.3%	10.5%	8.1%	13.0%	14.4%	12.8%	13.1%
Data Sources: US Census Bureau, American Community Survey. 2019-23.							
*US Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.							

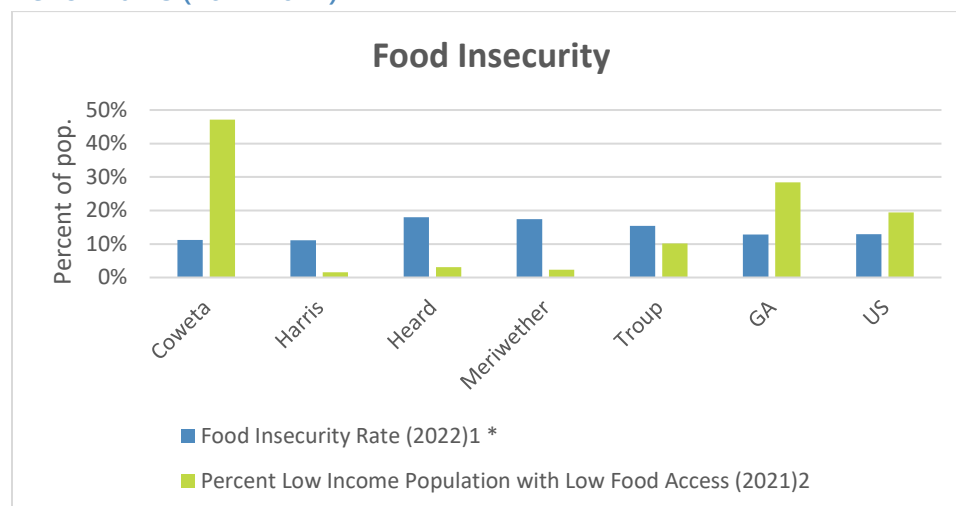
Transportation

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

	Coweta	Harris	Heard	Meriwether	Troup	Georgia	US
Households with No Motor Vehicle	3.5%	1.8%	4.9%	7.3%	9.2%	6.0%	8.3%
Commuting mode - Public Transportation	0.5%	0.1%	0.6%	0.3%	0.1%	1.5%	3.8%
Data Source: Census Bureau, American Community Survey. 2018-22							

Food security

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



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

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

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



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