2025
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR DOUGLAS MEDICAL CENTER

Wellstar

More than healthcare.
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Wellstar Douglas Medical Center

EIN: 56-2380090
8954 Hospital Drive
Douglasville, GA 30134

Wellstar Douglas Medical Center is a 108-bed facility serving Douglas County with world-class inpatient and outpatient services, earning recognition as one of the top-ranked Community Value Hospitals in the nation. Known for providing a continuum of services through its centers and programs, including neurosciences, pain management, cardiology, women's services, rehabilitation, surgical services, and oncology, the hospital caters its services to the unique healthcare needs of all patients in the Douglas area.

Wellstar, the largest health system in Georgia, is known nationally for its innovative care models and is focused on improved quality and access to healthcare. Wellstar is dedicated to reinvesting back into the community with innovative treatments and state-of-the-art technology and facilities. Our vision is to deliver world-class healthcare.

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This report utilizes a data-driven approach to better understand, identify, and prioritize the health needs of the community served by Wellstar Douglas Medical Center, a not-for-profit hospital under the Internal Revenue Code (IRC) Section 501(r).

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. 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).

A digital copy of this CHNA is publicly available: **www.wellstar.org/chna**

Date CHNA adopted by the Wellstar Board of Trustees: **June 5, 2025**

Community input is encouraged. Please address CHNA feedback to **communityhealth@wellstar.org**

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IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

As a not-for-profit hospital, Wellstar's Douglas 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's Douglas Medical Center 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:

Access

Behavioral Health

Food Access and Healthy Living

Healthy Aging

Maternal and Child Health

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 Douglas Medical Center Service Area and Potential Next Steps

Health Priority	Select Findings	Potential Next Steps
Access	In 2024, over a third (35.7%) of residents in Carroll County lived in a health professional shortage area.	Expand provider recruitment and telehealth offerings. Explore mobile units or incentive programs to bring care to underserved areas.
Behavioral Health	Carroll County had the highest rates of drug overdose in the service area, which consistently exceeded the state rate from 2013 to 2023. Between 2019 and 2023, behavioral health emergency room visit rates in most counties hovered around or exceeded the state rate.	Prioritize facilitating access to behavioral health care in Carroll County (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.
Food Access and Healthy Living	Diabetes, high blood pressure, and obesity were identified as chronic conditions impacting residents in the service area, particularly elderly and low-income populations. Approximately 29% of adults experience obesity, and 9% of adults have a diabetes diagnosis.	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.
Healthy Aging	Mortality and emergency visit rates among adults 65 and older are higher in Carroll County than the rest of the county by as much as 2,443.5/100,000 (emergency room visits due to falls).	Partner with organizations working with seniors in Carroll County to help address this disparity.
Maternal and Child Health	Between 2019–2023, the infant mortality rate for Black children in Paulding County (11.8 deaths per 1,000 live births) was higher than all other counties in the service area and the state (6.8 per 1,000).	Investigate the top causes of infant mortality among Black children in the service area to inform maternal and child health interventions. (Common causes of infant mortality include birth defects, preterm birth, low birthweight, sudden infant death syndrome, and maternal complications of pregnancy.[1])

1 U.S. Department of Health and Human Services Office of Minority Health. (2022). Infant Health and Mortality and Black/African Americans.

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DEFINING THE AREA OF CARE

COMMUNITY DEMOGRAPHICS

Service Area

The Wellstar Douglas Medical Center service area includes Carroll, Cobb, Douglas, and Paulding 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 42 zip codes across the four counties *(Table 2)*.

Figure 1 | Primary Service Area of Wellstar Douglas Medical Center

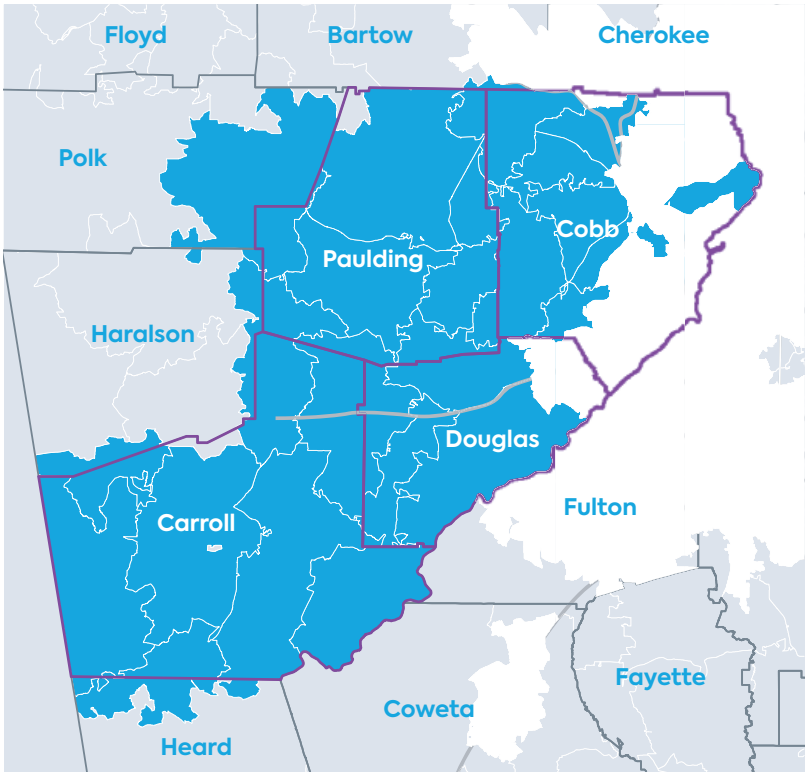


Table 2 | Wellstar Douglas Medical Center Service Area

County	Zip Codes
Carroll	30108, 30116, 30117, 30170, 30179, 30180, 30182, 30185
Cobb	30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080, 30082, 30101, 30106, 30126, 30127, 30144, 30152, 30168
Douglas	30122, 30133, 30134, 30135, 30154, 30187
Paulding	30132, 30141, 30153, 30157

Source: Georgia Department of Community Health

Demographic Data

Wellstar Douglas Medical Center | by County and State (2018–2022)

Population and Age

Cobb County had the largest population in the service area with 771,952 residents, while Carroll County had the smallest with 124,592 residents *(see Appendix A)*. Douglas and Paulding counties had a younger population compared to the rest of the service area and state and national averages, with lower median ages (36.7 and 36.6 years respectively). Across the service area and state, about a quarter of residents were under 18 years of age *(Figure 2)*. The age distributions in Carroll County also reflect state and national trends, where the next largest percentage of the population were adults aged 65 and over (13.9%). 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

Age Distribution

	CARROLL	COBB	DOUGLAS	PAULDING	GEORGIA	U.S.
< 18 Years Old	23.6%	22.9%	25.5%	25.7%	23.4%	22.1%
18–24 Years Old	12.7%	9.3%	9.6%	8.6%	9.8%	9.4%
25–34 Years Old	13.3%	14.4%	12.7%	13.5%	13.7%	13.7%
35–44 Years Old	12.4%	14.2%	13.5%	14.2%	13.2%	12.9%
45–54 Years Old	12.2%	13.9%	14.6%	14.9%	13.0%	12.4%
55–64 Years Old	11.7%	12.3%	12.3%	11.8%	12.3%	12.9%
65+ Years Old	13.9%	13.0%	11.9%	11.2%	14.4%	16.5%

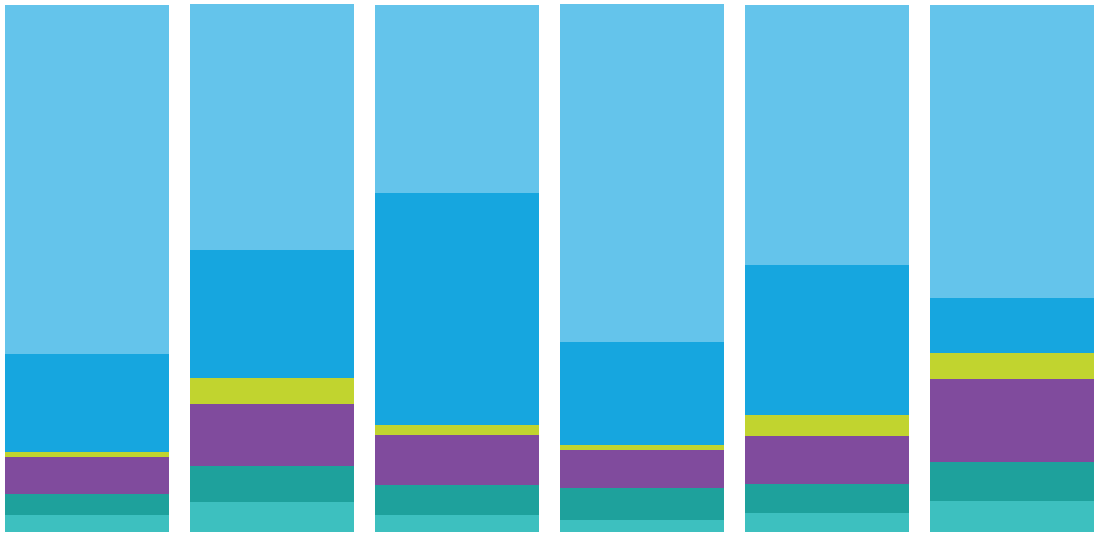
Percent of total population by age group.
Source: U.S. Census Bureau, American Community Survey. 2018–2022

Race and Ethnicity

Carroll and Paulding counties are less diverse than the state, with higher proportions of White residents (71.2% and 68.9%), and lower proportions of Black (20.2%, and 21.0%) or Asian (0.9% and 1.1%) residents compared to state rates *(Figure 3)*. In contrast, Cobb and Douglas counties are more diverse than the state, with Douglas County having the highest percentage of Black residents (48.9%), and Cobb County having the highest percentage of Hispanic residents (13.5%) and the highest percentage of residents with limited English proficiency (7.2%), exceeding the state average of 5.5%.

Figure 3

Racial/Ethnic Distribution



	CARROLL	COBB	DOUGLAS	PAULDING	GEORGIA	U.S.
Non-Hispanic White	71.2%	52.8%	39.4%	68.9%	54.3%	65.9%
Black	20.2%	27.5%	48.9%	21.0%	31.5%	12.5%
Asian	0.9%	5.6%	1.9%	1.1%	4.3%	5.8%
Hispanic/Latino	7.5%	13.5%	10.7%	7.6%	10.1%	18.7%
Multiple Races	4.3%	7.6%	6.2%	6.7%	6.0%	8.8%
Some Other Race	3.5%	6.5%	3.6%	2.4%	4.0%	7.0%

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: U.S. Census Bureau, American Community Survey. 2018-2022

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DISCOVERING HEALTH NEEDS

COMMUNITYHEALTHNEEDS

Social Determinants of Health (SDOHs)

This section includes the service area's social vulnerability index scores by county and data on select SDOH in the service area including education, poverty, unemployment and insurance coverage, housing, transportation, and food insecurity. See Appendix B for more data on SDOH 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."[2] 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 each county.

Table 3 | Vulnerability Index by County

County	Vulnerability Index	Level of Vulnerability
Carroll	0.5	Medium – High
Cobb	0.3993	Low – Medium
Douglas	0.4873	Low – Medium
Paulding	0.0253	Low

Source: CDC. (2022). Sustainability Vulnerability Index Interactive Map.

"Cobb is good at housing for wealthy people, but there are few apartments or housing for lower income people."

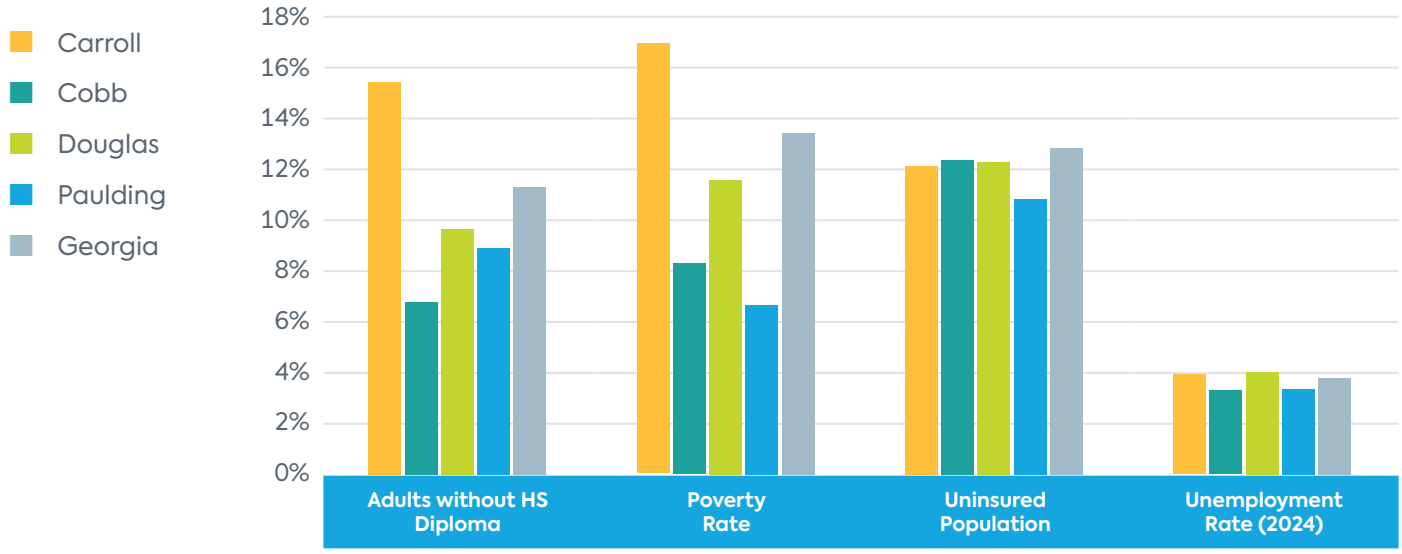
- Wellstar Cobb County Focus Group Participant

2 *CDC. (2024). SVI Interactive Map.*

Social and Community Context

Compared to Georgia, the service area for Wellstar Douglas Medical Center had a lower percentage of adults 25 or older without high school diplomas except for Carroll County (15.5%), which was higher than the state average of 11.3% *(Figure 4)*. Carroll County also had the highest poverty rate (16.9%) compared to the other counties and the state rate (13.5%). The service area had a lower percentage of uninsured population compared to the state, however, unemployment was higher in Carroll (4.0%) and Douglas (4.1%) counties than the state rate (3.9%).

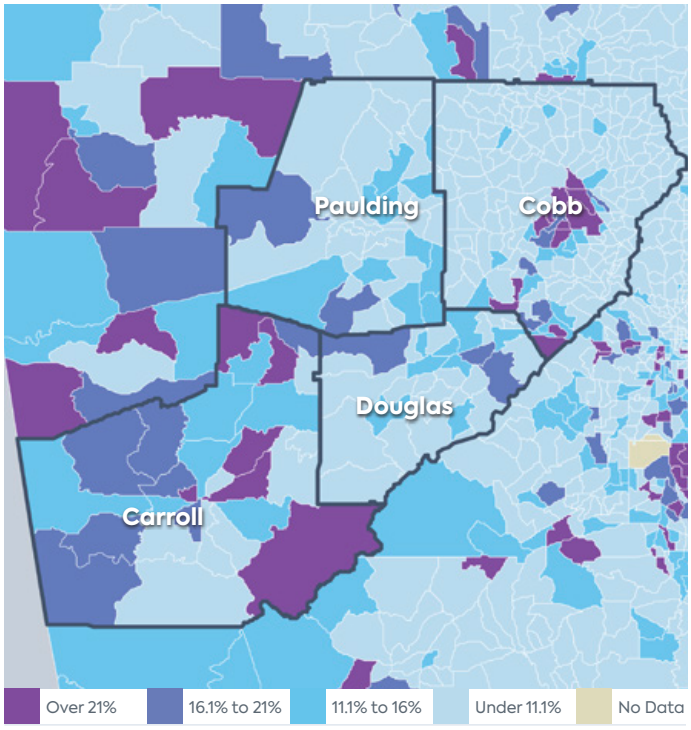
Figure 4 | Selected Indicators of SDOH (2018-2022)



Adults without a High School Diploma includes population aged 25+
Poverty Rate – Percent of all people below 100% of the Federal Poverty Level
Sources:
1 U.S. Census Bureau, American Community Survey, 2018-2022
2 U.S. Department of Labor, Bureau of Labor Statistics, August 2024.

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 *(Figures 5, 6, and 7)*.

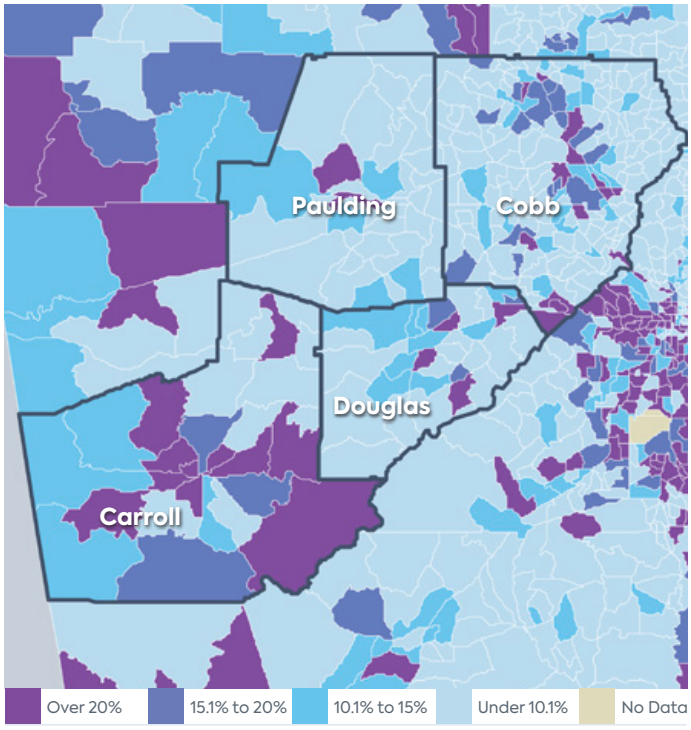
Figure 5 | Population with No High School Diploma (2018-2022)



Adults without a High School Diploma includes population aged 25+, percent by tract, ACS 2018-2022

Source: U.S. Census Bureau, American Community Survey. 2018-2022

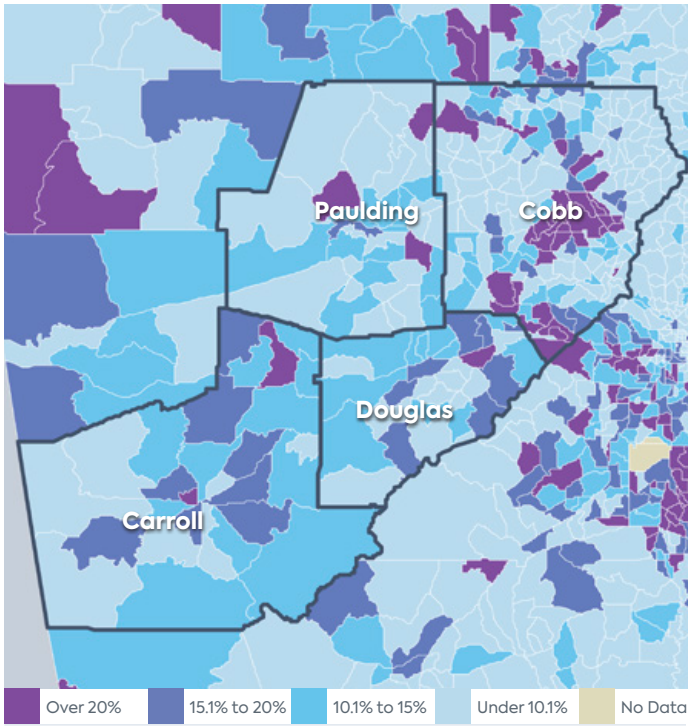
Figure 6 | Population Below 100% Federal Poverty Level (2018-2022)



Percent by tract, ACS 2018-2022

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Figure 7 | Uninsured Population (2019-2023)



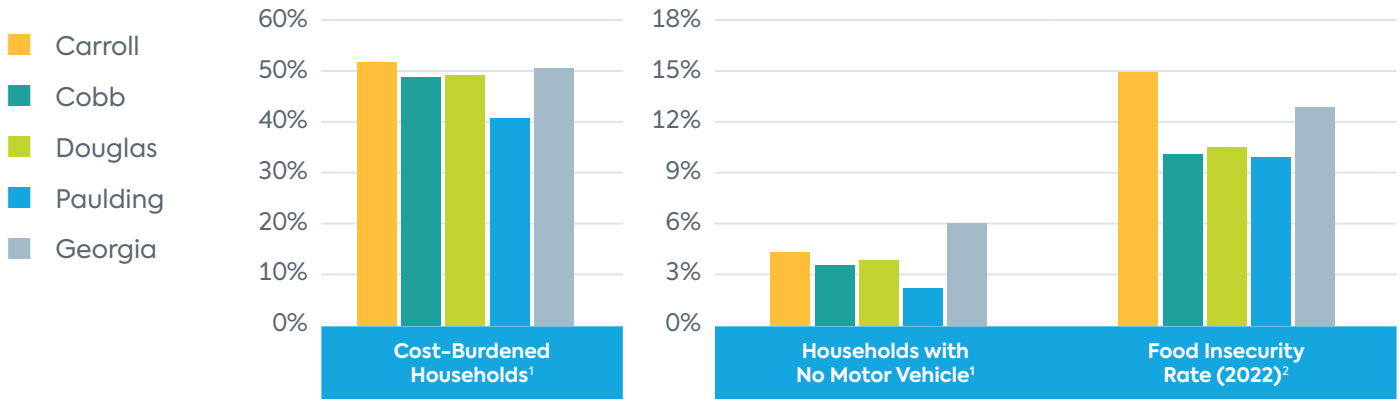
Percent by tract, ACS 2019-2023

Source: U.S. Census Bureau, American Community Survey. 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.[3] From 2018-2022, around 50% of renters and 20-24% of homeowners in the service area spent more than a third of their income on housing *(Figure 8)*.

Figure 8 | Housing, Transportation, and Food Insecurity



Cost Burdened Households – Households paying more than 30% of income for monthly rent.
Food Insecurity – Estimated percentage of the population that experienced food insecurity at some point during the report year.

Sources:

1 U.S. Census Bureau, American Community Survey. 2018-202

2 Feeding America, 2022, retrieved from map.feedingamerica.org

Overall, the service area for Wellstar Douglas Medical Center had fewer 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 the service area, as all four counties have census tracts where over 8% of the households do not have a motor vehicle, specifically in Carroll County *(Figure 10)*.

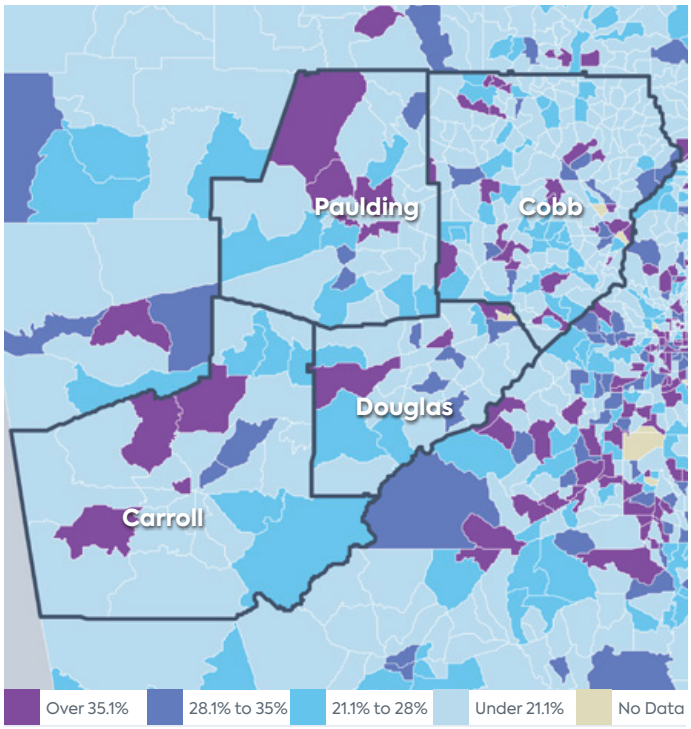
Food insecurity describes the estimated percentage of the population that experienced food insecurity at some point during the report year.[4] All counties in the service area except for Carroll County (14.8%), had lower rates of food insecurity compared to the state (12.8%) *(Figure 8)*. Another metric used to measure food insecurity is the presence of a food desert, which is defined by the USDA as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.[5] Figure 11 shows there are census tracts throughout the service area that were denoted as food deserts during the period from 2015-2019.

3 U.S. Census Bureau. (2018-2022). American Community Survey.

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

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

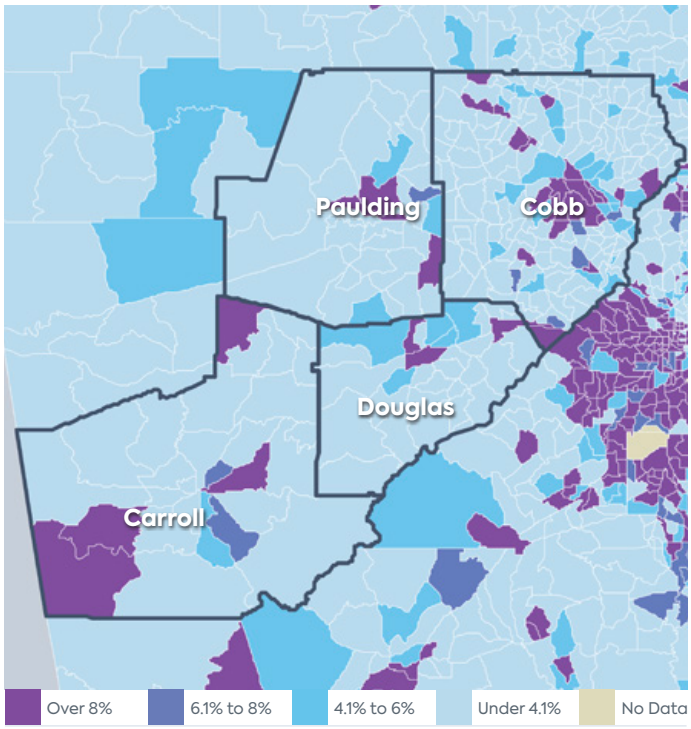
Figure 9 | Cost-Burdened Households (2018-2022)



Housing costs exceed 30% of household income, percent by tract, ACS 2018-2022

Source: U.S. Census Bureau, American Community Survey. 2018-2022

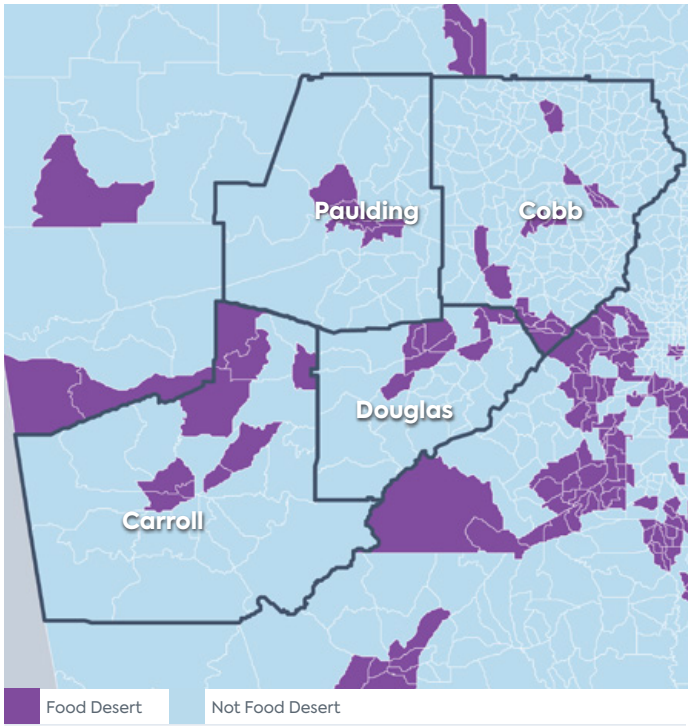
Figure 10 | Households with No Vehicle (2019-2023)



Percent by tract, ACS 2019-2023

Source: U.S. Census Bureau, American Community Survey. 2019-2023

Figure 11 | Food Deserts (2015-2019)



Food desert census tracts 1 Mi. / 10 Mi. by tract, USDA - FARA 2019

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

Mortality and Morbidity

Top Causes of Death

Between 2019-2023, the top causes of death in the Wellstar Douglas Medical Center service area were:

1. Ischemic Heart and Vascular Disease
2. Cerebrovascular Disease
3. COVID-19
4. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
5. All other diseases of the nervous system

While there was some variation in the top causes based on county, Ischemic Heart and Vascular Disease was the number one cause of death in all counties except for Douglas County *(Table 4)*. Across the service area, the mortality rate from Cerebrovascular Disease was higher than the state rate and was of particular concern in Douglas County where it was the number one cause of death. 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 (2019-2023)

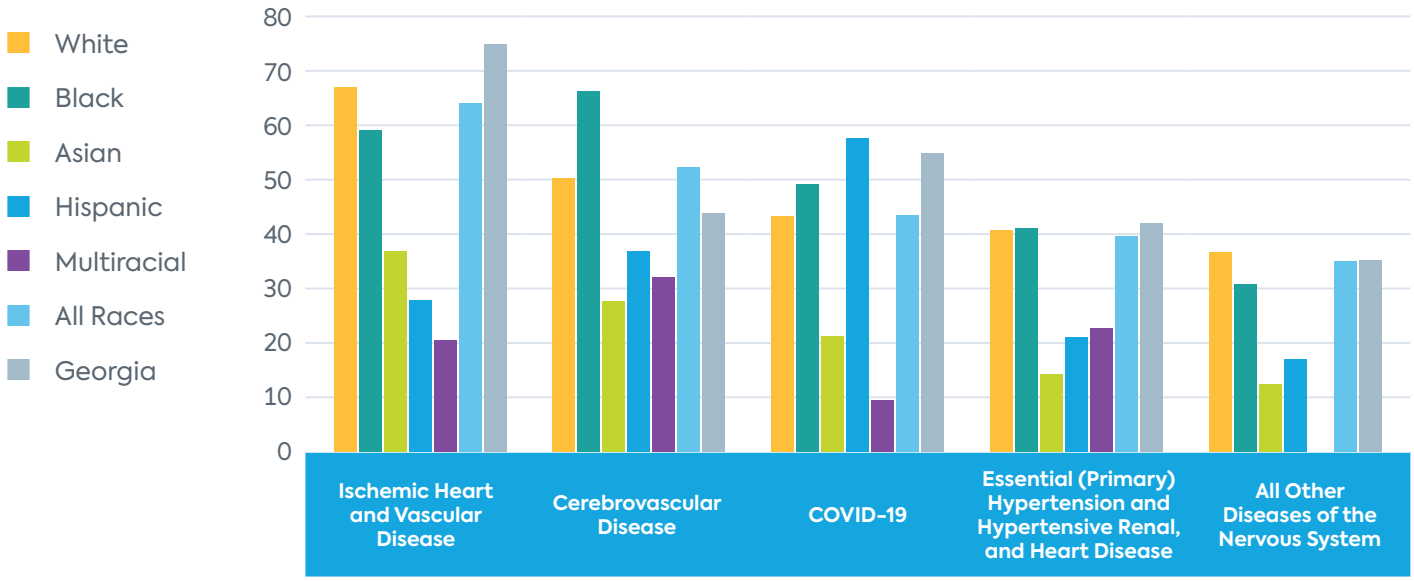
Rank	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 84.7	Ischemic Heart and Vascular Disease 59.4	Cerebrovascular Disease 65.3	Ischemic Heart and Vascular Disease 79.0	Ischemic Heart and Vascular Disease 64.2	Ischemic Heart and Vascular Disease 75.0
#2	COVID-19 62.5	Cerebrovascular Disease 48.9	COVID-19 53.0	Cerebrovascular Disease 62.8	Cerebrovascular Disease 52.3	COVID-19 54.9
#3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 61.8	COVID-19 37.0	Ischemic Heart and Vascular Disease 56.7	COVID-19 53.3	COVID-19 43.6	Cerebrovascular Disease 43.9
#4	All COPD Except Asthma 58.0	All Other Diseases of the Nervous System 35.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 40.8	Alzheimer's Disease 51.3	Alzheimer's Disease 39.7	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 42.0
#5	Cerebrovascular Disease 48.3	Alzheimer's Disease 34.9	Alzheimer's Disease 47.2	Malignant Neoplasms of the Trachea, Bronchus, and Lung 36.2	All Other Diseases of the Nervous System 35.1	All COPD Except Asthma 39.3

Rates are age-adjusted per 100,000 population

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

Compared to state rates, Black residents had higher mortality rates from Cerebrovascular Disease and Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease than other racial and ethnic groups in the service area *(Figure 12)*. White residents had higher mortality rates from all other diseases of the nervous system compared to the state.

Figure 12 | Top Causes of Mortality by Race/Ethnicity (2019-2023)



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

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

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

1. Accidental poisoning and exposure to noxious substances
2. Intentional self-harm
3. Motor vehicle crashes
4. Ischemic Heart and Vascular Disease
5. COVID-19

Accidental exposure poisoning and exposure to noxious substances (most often associated with overdose) was the top cause of premature death across the service area, YPLL rates associated with accidental exposure in the service area were higher than the state rate *(Table 5)*. Rates of accidental exposure were especially high in Carroll County (1,067.8 YPLL) compared to the other counties.

Overall, the service area had lower rates of YPLL from all top causes except accidental exposure poisoning and exposure to noxious substances compared to the state. However, specific counties were affected by some causes more severely, with Carroll having higher rates of YPLL from motor vehicle crashes, Ischemic Heart Disease, and COVID-19, and Paulding County having higher rates of YPLL from suicide than the rest of the service area and the state. The fifth leading causes of YPLL differed from the state's top causes in some counties, with Essential Hypertension and Hypertensive Renal and Heart Disease ranking fifth in Carroll, certain conditions originating in the perinatal period in Cobb, and homicide in Douglas.

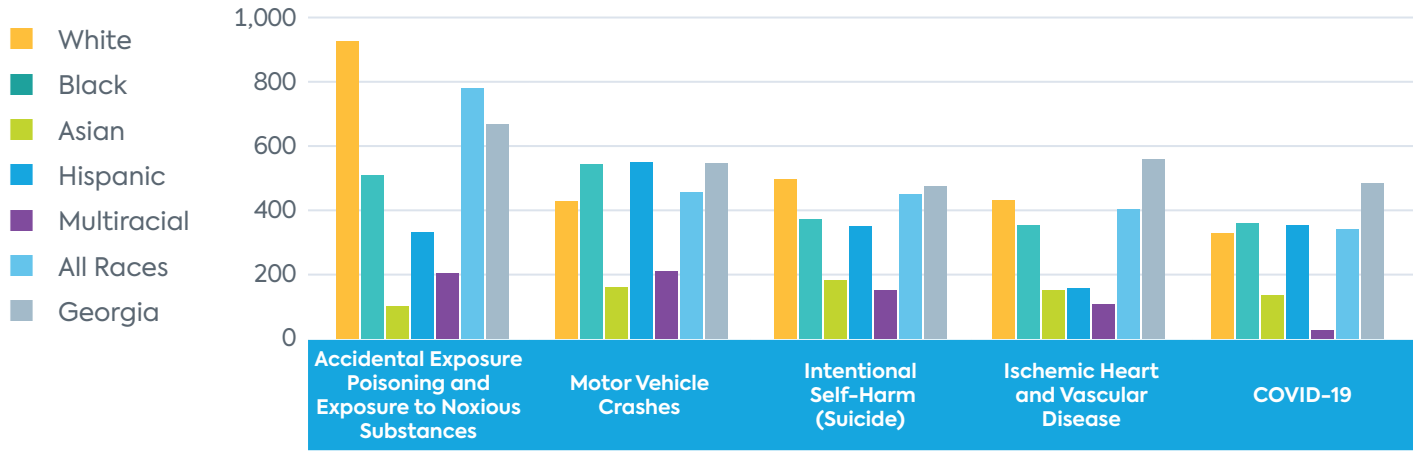
Table 5 | Top Causes of Years of Potential Life Lost (YPLL) (2019-2023)

Rank	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Accidental Exposure Poisoning and Exposure To Noxious Substances 1,067.8	Accidental Exposure Poisoning and Exposure To Noxious Substances 674.1	Accidental Exposure Poisoning and Exposure To Noxious Substances 618.6	Accidental Exposure Poisoning and Exposure To Noxious Substances 845.1	Accidental Exposure Poisoning and Exposure To Noxious Substances 775.7	Accidental Exposure Poisoning and Exposure To Noxious Substances 664.4
#2	Motor Vehicle Crashes 715.0	Intentional Self-Harm (Suicide) 397.3	Motor Vehicle Crashes 543.4	Motor Vehicle Crashes 597.4	Motor Vehicle Crashes 451.9	Ischemic Heart and Vascular Disease 556.9
#3	Ischemic Heart and Vascular Disease 578.7	Ischemic Heart and Vascular Disease 357.8	Intentional Self-Harm (Suicide) 428.1	Intentional Self-Harm (Suicide) 531.1	Intentional Self-Harm (Suicide) 445.8	Motor Vehicle Crashes 542.9
#4	COVID-19 528.8	Motor Vehicle Crashes 344.8	COVID-19 426.5	Ischemic Heart and Vascular Disease 419.7	Ischemic Heart and Vascular Disease 401.8	COVID-19 479.8
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 496.1	Certain Conditions Originating In the Perinatal Period 269.4	Assault (Homicide) 404.1	COVID-19 366.9	COVID-19 337.6	Intentional Self-Harm (Suicide) 471.4

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

When looking at racial and ethnic groups in the service area, White residents had higher rates of YPLL for accidental exposure poisoning and exposure to noxious substances, and for suicide compared to other groups. Hispanic residents had the highest rates of YPLL from motor vehicle crashes compared to other racial and ethnic groups and the state rate *(Figure 13)*.

Figure 13 | Top Causes of YPLL by Race/Ethnicity (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

Top Causes of Years of Emergency Department Visits

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

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

Three of the top causes of emergency room use in the service area were all related to accidents (all other unintentional injury, falls, and motor vehicle crashes) *(Table 6)*. All five top causes of ED visits were the same across the service area and in all counties except for Carroll County, where motor vehicle crashes was not the fifth leading cause. Douglas County had the highest rates of ED use for diseases of the musculoskeletal system and connective tissue, all other unintentional injury, and motor vehicle crashes compared to the rest of the service area and the state. Carroll County showed higher rates of ED use for all other diseases of the genitourinary system and falls compared to the other counties and the state. Carroll County was also the only county where COVID-19 was a top five leading cause of ED visits.

Table 6 | Top Causes of Emergency Room Visits (2019-2023)

Rank	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Diseases of the Musculoskeletal System and Connective Tissue 1,320.8	Diseases of the Musculoskeletal System and Connective Tissue 1,703.7	Diseases of the Musculoskeletal System and Connective Tissue 3,625.1	Diseases of the Musculoskeletal System and Connective Tissue 2,810.6	Diseases of the Musculoskeletal System and Connective Tissue 2,305.8	Diseases of the Musculoskeletal System and Connective Tissue 2,774.6
#2	All Other Unintentional Injury 2,871.0	All Other Unintentional Injury 1,537.8	All Other Unintentional Injury 2,991.6	All Other Unintentional Injury 2,845.7	All Other Unintentional Injury 2,039.4	All Other Unintentional Injury 2,458.9
#3	All Other Diseases of the Genitourinary System 2,804.1	All Other Diseases of the Genitourinary System 1,241.5	All Other Diseases of the Genitourinary System 2,275.8	All Other Diseases of the Genitourinary System 1,929.0	All Other Diseases of the Genitourinary System 1,621.1	All Other Diseases of the Genitourinary System 1,899.3
#4	Falls 2,307.0	Falls 1,141.4	Falls 1,874.9	Falls 1,871.4	Falls 1,454.4	Falls 1,565.3
#5	COVID-19 1,547.4	Motor Vehicle Crashes 724.6	Motor Vehicle Crashes 1,405.2	Motor Vehicle Crashes 1,130.7	Motor Vehicle Crashes 916.2	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. Diseases of the musculoskeletal system and connective tissue
5. Ischemic Heart and Vascular Disease

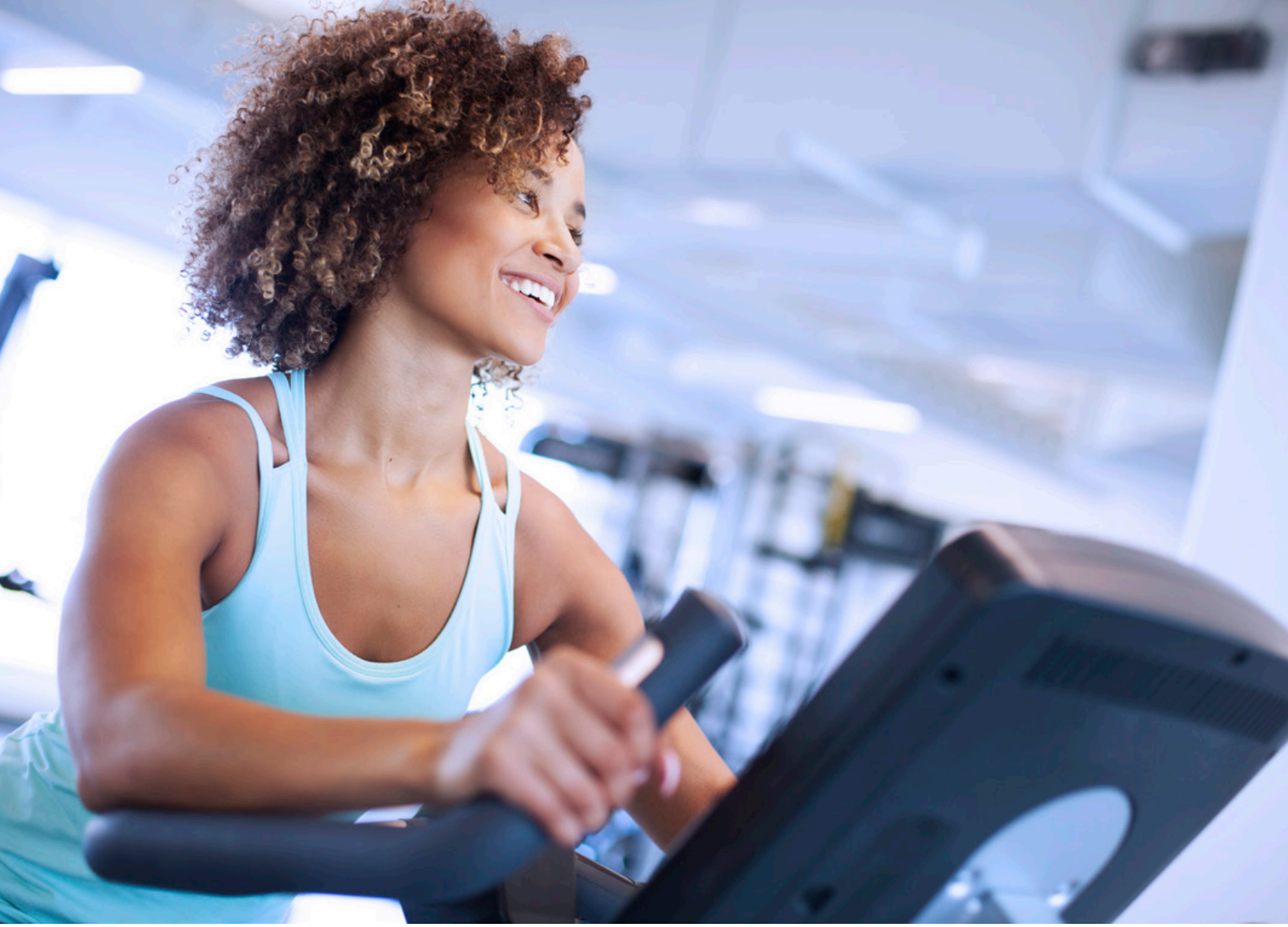
Across the service area, rates for four of the top five causes of hospital discharge were lower than state rates but varied when looking at specific counties *(Table 7)*. Septicemia was the leading cause of hospital discharges across all counties in the service area and the state, except Carroll County. Carroll County's discharge rate for all other mental and behavioral disorders was especially high, ranking as the number one cause of hospital discharge rate, and more than twice the state's rate. The service area in general had higher rates of all other mental and behavioral disorders compared to state rates, ranking in the top three causes across all counties. Douglas and Paulding counties had higher hospital discharge rates of Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease compared to the state. Carroll, Cobb, and Douglas counties all had Cerebrovascular Disease in their top five causes of hospital discharge, although this was not a top cause across the state.

Table 7 | Top Causes of Hospital Discharges (2019-2023)

Rank	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
#1	All Other Mental and Behavioral Disorders 832.3	Septicemia 436.5	Septicemia 807.8	Septicemia 694.6	Septicemia 537.8	Septicemia 604.4
#2	Septicemia 670.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 300.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 495.9	All Other Mental and Behavioral Disorders 434.8	All Other Mental and Behavioral Disorders 391.2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 360.9
#3	Ischemic Heart and Vascular Disease 447.6	All Other Mental and Behavioral Disorders 297.1	All Other Mental and Behavioral Disorders 475.5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 479.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 355.3	All Other Mental and Behavioral Disorders 381.3
#4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 397.1	Diseases Of the Musculoskeletal System and Connective Tissue 246.2	Cerebrovascular Disease 324.8	Ischemic Heart and Vascular Disease 302.5	Diseases Of the Musculoskeletal System and Connective Tissue 257.0	Diseases Of the Musculoskeletal System and Connective Tissue 270.3
#5	Cerebrovascular Disease 291.6	Cerebrovascular Disease 222.7	Ischemic Heart And Vascular Disease 283.7	Diseases Of the Musculoskeletal System and Connective Tissue 284.5	Ischemic Heart and Vascular Disease 237.8	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



COMMUNITYCARE

COMMUNITY HEALTH NEEDS

HEALTHPRIORITIES

The goal of the CHNA process is to identify system-wide health priorities that Wellstar can address over the next three years. The process for determining the 2025–2028 health priorities included 1) reviewing and interpreting existing data on health outcomes and 2) collecting and analyzing new data related to community health needs. During data collection, Wellstar service providers, community residents, and public health leaders shared their perspectives, insights and lived experience. While many health needs were identified, service providers, residents, and leaders were asked to prioritize those needs based on their unique perspective, existing health outcomes, anticipated needs. Data from 7 Wellstar service areas were triangulated and the following 5 health priorities were identified:

- Access
- Behavioral Health
- Food Access and Healthy Living
- Healthy Aging
- Maternal and Child Health

The following section provides an overview of service area-specific findings related to these top 5 health priorities.

Access

The access-related concerns shared by Douglas Focus Group and Community Summit participants focused primarily on affordability, availability, and appropriateness:

- Affordability:
  - Participants shared that care is too expensive even with insurance.
- Availability:
  - Participants had the impression that there are not enough care providers—specifically specialists. Lack of dentists was also mentioned.
  - The lack of providers limited patients' ability to develop a relationship with their provider: "I have to see a different doctor each time."
  - There was also concern that providers could not spend sufficient time with their patients. "[I've] had two new doctors since 2020. [The] first one quit because Wellstar only wanted them to spend 10 minutes with patients."
- Appropriateness:
  - There was a general perception that care is impersonal. This was linked directly to the lack of providers and inadequate time for doctor/patient interaction.

Access-related recommendations included:

- Free health screenings.
- Free telehealth visits.
- Partnerships with nonprofits to support community-level nutrition and physical activity interventions. Community gardens were mentioned specifically.
- Complementary virtual session where specialists can talk about their area of expertise and answer general questions.

Providers

Overall, the service area has a much smaller percentage of the population living in an area affected by a health professional shortage area compared to the state for both medical and dental care *(Table 8)*. However, access rates vary drastically from county to county, and by the specific type of provider. Carroll County is the only county where any percent of the population lived in a health professional shortage area (35.7%), and over 80% of residents in that population were underserved. Douglas had a higher proportion of its population living in a health professional shortage area for dental care than the state.

Table 8 | Provider Shortage Areas (2024)

	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
Percentage of Population Living in an Area Affected by a Health Professional Shortage	35.7%	0.0%	0.0%	0.0%	3.6%	26.0%
Percentage of Health Professional Shortage Population Underserved	82.0%	0.0%	0.0%	0.0%	82.0%	61.0%
Percentage of Population Living in a Health Professional Shortage for Dental Care	0.0%	0.0%	19.4%	0.0%	2.4%	18.5%

Source: U.S. 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 lower rates of addiction/substance abuse providers, mental health providers, nurse practitioners, and primary care providers compared to state averages *(Table 9)*. Douglas County had the highest rate of addiction providers compared to the other counties and the state, while the rest of the service area fell below the state average, and rates were particularly low in Carroll County. All counties except Cobb County had lower rates of buprenorphine providers, dentists, mental health providers, and primary care providers compared to state averages. All counties except Carroll County fell below state rates for nurse practitioners. Paulding County in particular had consistently much lower rates of providers across almost all provider types compared to the rest of the service area and the state.

Table 9 | Rates of Providers by Specialty

	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
Addiction/Substance Abuse Providers (2020)[1]	2.5	5.0	15.3	5.3	6.0	7.7
Buprenorphine Providers (2023)[2]	7.5	11.1	5.5	4.2	9.0	8.1
Dentists (2022)[3]	34.5	72.2	44.1	16.3	56.8	53.9
Mental Health Providers (2024)[4]	67.1	109.1	66.6	46.8	91.1	98.1
Nurse Practitioners (2024)[4]	61.3	50.4	36.1	17.8	45.2	60.4
Primary Care (2021)[5]	51.0	78.0	43.3	13.8	61.8	66.0

Rate per 100,000 population

Sources:

1 Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). September 2024.
2 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2023.
3 U.S. 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.

Focus Group and Community Summit participants living in the Douglas service area identified access to care as a top health priority. They specifically mentioned the following barriers to access:

- Even with insurance, care is too expensive
- Care is impersonal
- Lack of specialists

Access-related recommendations from community members included:

- No co-pay for telehealth visits.
- Provide free testing, free screening, and free eye care.
- Medical resource and benefit navigation (i.e., healthy sexual behaviors, medication access, access to health insurance, health and wellness education, health literacy, cancer care and access to screenings, referrals).
- Increase the number of maternal health providers.

Behavioral Health

Behavioral Health was the highest priority health need identified in the Community Summit for the Douglas Medical Center service area. The following data supports this priority. Across all counties in the service area, Carroll County had the highest rates of drug overdose, peaking at 45.2 in 2021, and remained the highest through 2023, consistently exceeding the state average *(Table 10)*. Paulding County also had one of the highest rates, reaching 30.6 in 2022.

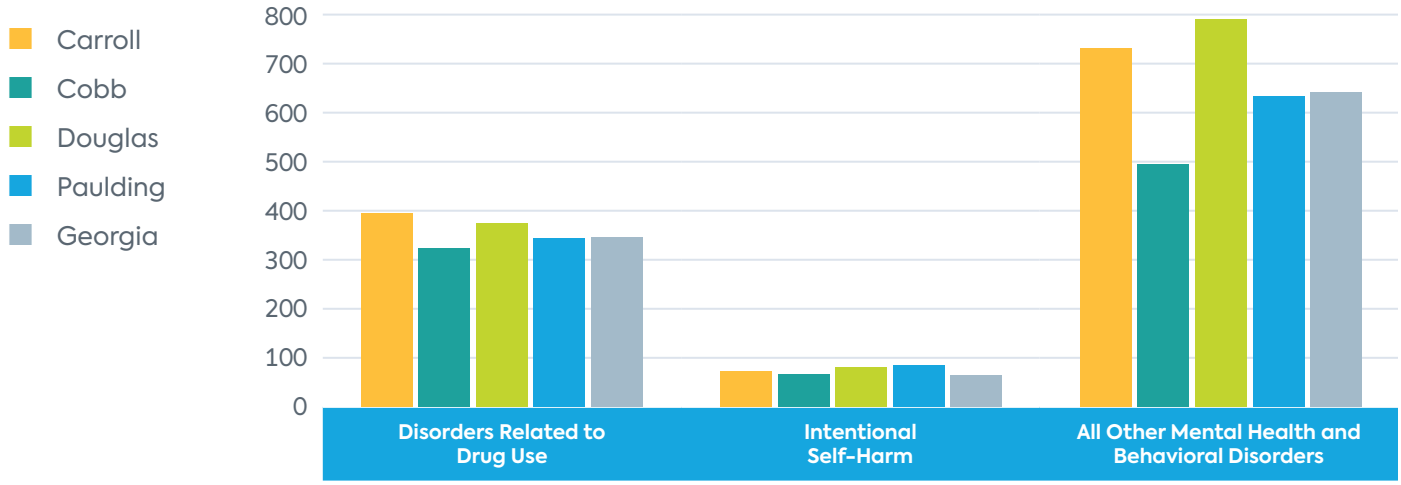
Table 10 | Rate of Drug Overdose (2013–2023)

	Carroll	Cobb	Douglas	Paulding	Georgia
2013	13.9	13.3	5.5	10.5	10.5
2014	17.1	15.1	18.9	21.0	11.4
2015	15.4	13.4	12.7	17.5	12.2
2016	25.4	16.1	21.9	19.2	13.1
2017	27.5	18.1	16.0	15.5	14.6
2018	14.8	13.6	19.5	11.4	13.1
2019	28.0	13.3	18.4	15.0	12.9
2020	29.9	20.0	20.1	25.3	17.9
2021	45.2	21.2	16.6	28.5	22.5
2022	39.5	21.9	19.8	30.6	24.8
2023	36.4	21.1	15.7	25.4	23.1

Age-adjusted rates per 100,000 population
Source: Georgia Department of Public Health Online Analytical Statistical Information System

As Figure 14 shows, in all counties, the highest behavioral health emergency room visit rates (>300) were due to (1) disorders related to drug use and (2) all other mental and behavioral disorders. In both categories, rates in most counties hovered around or exceeded the state average for behavioral health emergency room visits, especially in Carroll and Douglas counties. Across all counties, emergency room visit rates were lowest for intentional self-harm (including suicide attempts) at under 100.

Figure 14 | Emergency Room Visit Rate for Disorders Related to Behavioral Health (2019-2023)



Age-adjusted rates per 100,000 population in the service area

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

Food Access and Healthy Living

Live Healthy Douglas (LHD) Coalition was established in 2004 coordinated by Cobb-Douglas Public Health to support healthy living and tobacco-free community initiatives. Over the years, the LHD partners have noted it is important to "take the services to the community" when it comes to nutrition education, health promotion, supporting physical activity, and chronic disease prevention and management. Focus group and community summit attendees comments affirmed this outreach noting that some areas of Douglas are more rural with limited access to safe physical activity and healthy food. The attendees also recognized the opportunities to experience nature, parks and trails in the area such as Silver Comet Trail, Sweetwater State Park, and Clinton Nature Preserve.

While 12.3% of Douglas County residents are food insecure, more than 70% of public-school students in the county are eligible for free and reduced-price lunch. (Georgia Department of Education, October 2024) Increases in food costs, limited availability of food from the Atlanta Community Food Bank, and the need to diversify food sources has resulted in the creation of a LHD subgroup to address nutrition security, the Feed Douglas Cooperative. Of the 26 food pantries in the county, 10 are actively participating in creating awareness and action planning to address nutrition needs among Douglas County residents.

Diabetes and Obesity

Obesity and inactivity is impacting residents in this service region according to Focus Group and Summit Participants. Data support residents' concerns with approximately 29% of adults experiencing obesity and almost 9% of adults diagnosed with diabetes. An estimated 30.1% of Georgia's youth are experiencing overweight and obesity (U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2022-2023). In 2018-2019, Georgia body composition data collected on Douglas County students in physical education (PE) suggested 62% of those assessed were in a healthy zone. In 2019-2020, that percentage was 60% and in 2020-2021, the proportion of assessed PE students in the healthy weight zone declined to 53%. (Georgia Department of Education, Health and Physical Education, 2023)

Table 11 highlights the high diabetes emergency room visit rate of 447.2 per 100,000 in Douglas County compared to surrounding counties, the service area (266.4) and the state of Georgia (309.9). Multi-racial residents have the highest diabetes emergency room rate of any racial/ethnic group *(Figure 15)*. Action on blood pressure monitoring and treatment and stroke prevention may reduce emergency room visits and mortality in the service region.

Table 11 | Select Indicators for Obesity and Diabetes (2019-2023)

	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
Adults with BMI > 30.0 (Obese), Percent (2021)[1]	30.1%	28.1%	29.3%	33.8%	29.2%	29.7%
Percentage of Adults Aged 20+ with Diagnosed Diabetes (2021)[1]	9.9%	7.9%	12.1%	10.1%	8.9%	9.6%
Diabetes ER Visit Rate[2]*	199.9	159.7	230.4	211.3	179.0	209.1
Diabetes Discharge Rate[2]*	20.9	17.9	15.9	12.4	17.3	22.4
Diabetes Mortality Rate[2]*	361.0	220.2	447.2	263.1	266.4	309.9

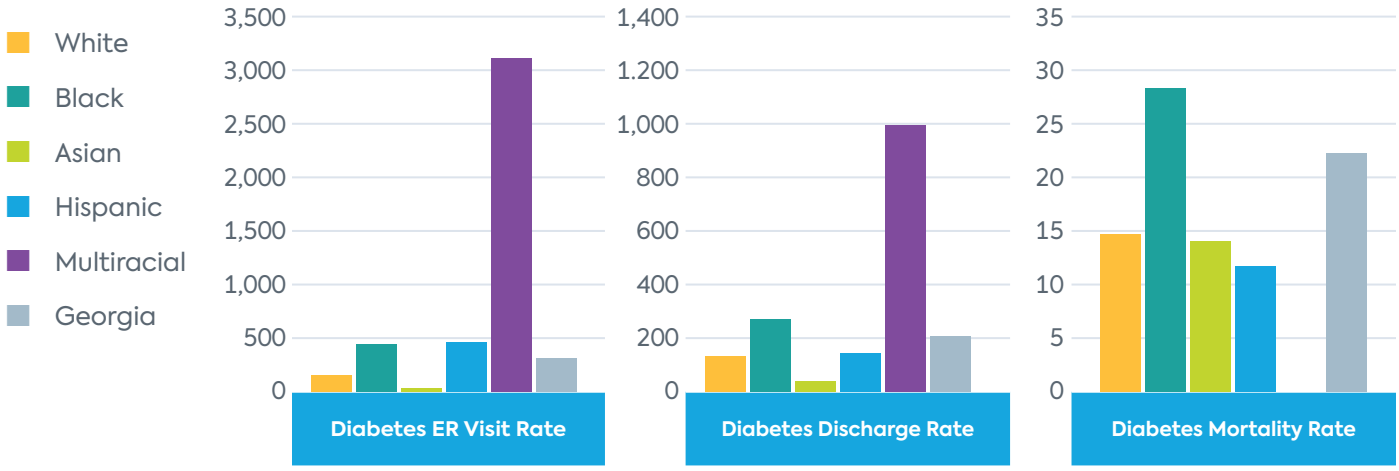
** Age-adjusted rates per 100,000 population*

Sources:

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

2 Georgia Department of Public Health Online Analytical Statistical Information System

Figure 15 | Diabetes Emergency Room (ER), Discharge, and Mortality Rates (2019-2023)

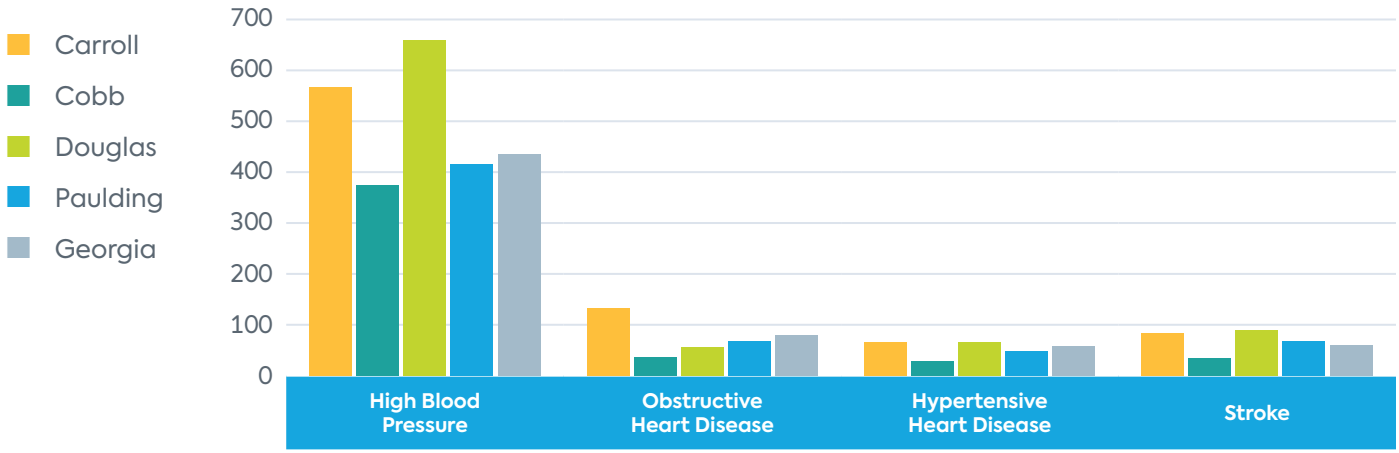


Age-adjusted rates per 100,000 population. Rates based on 1-4 events are not shown (no bar).
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Chronic Disease

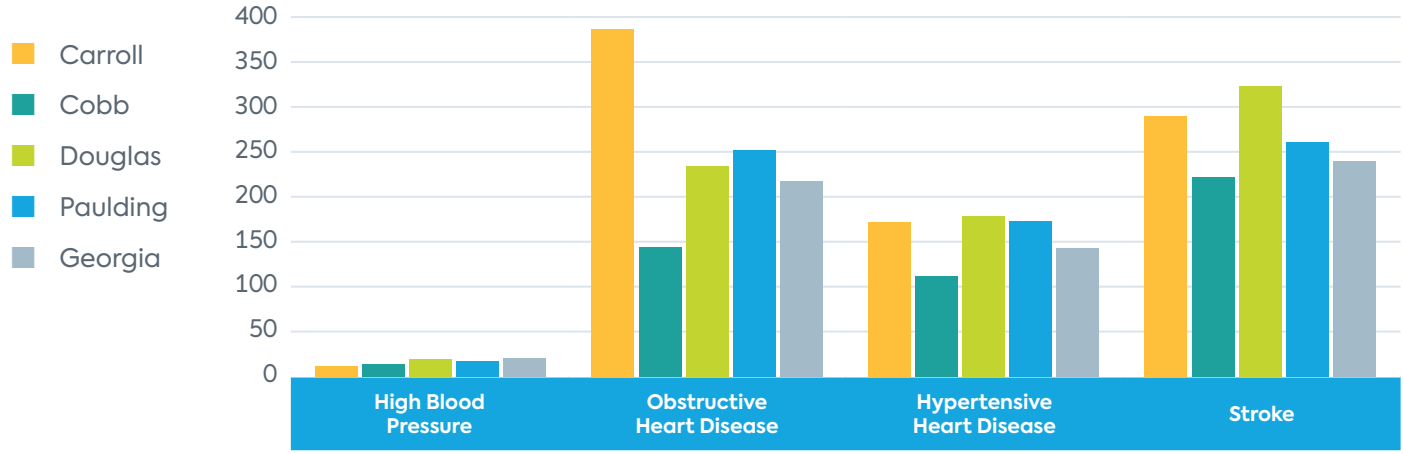
Chronic disease was not frequently named as a concern in the region by community residents in focus group and summit tabletop discussions. As with diabetes, Douglas County has the highest rate of emergency room visits due to high blood pressure and stroke in the service region *(Figure 16)*. Given the top causes of death in the service area for persons 55+ years are Ischemic Heart and Vascular Disease and Cerebrovascular Disease, the health system may consider evidence-based programming for senior citizens *(Figure 18)*. Diabetes Prevention Program, Food as Medicine, Physical Activity or Produce Prescriptions, or education and dietary support such as the DASH (Dietary Approaches to Stop Hypertension) eating plan for preventing and addressing chronic disease are examples of these programs. Offering virtual and in-person options for programming may enhance participation, provide social support, and reduce attrition based on community member feedback.

Figure 16 | Chronic Disease Emergency Room Visit Rate (2019-2023)



Age-adjusted rates per 100,000 population
Source: Georgia Department of Public Health Online Analytical Statistical Information System

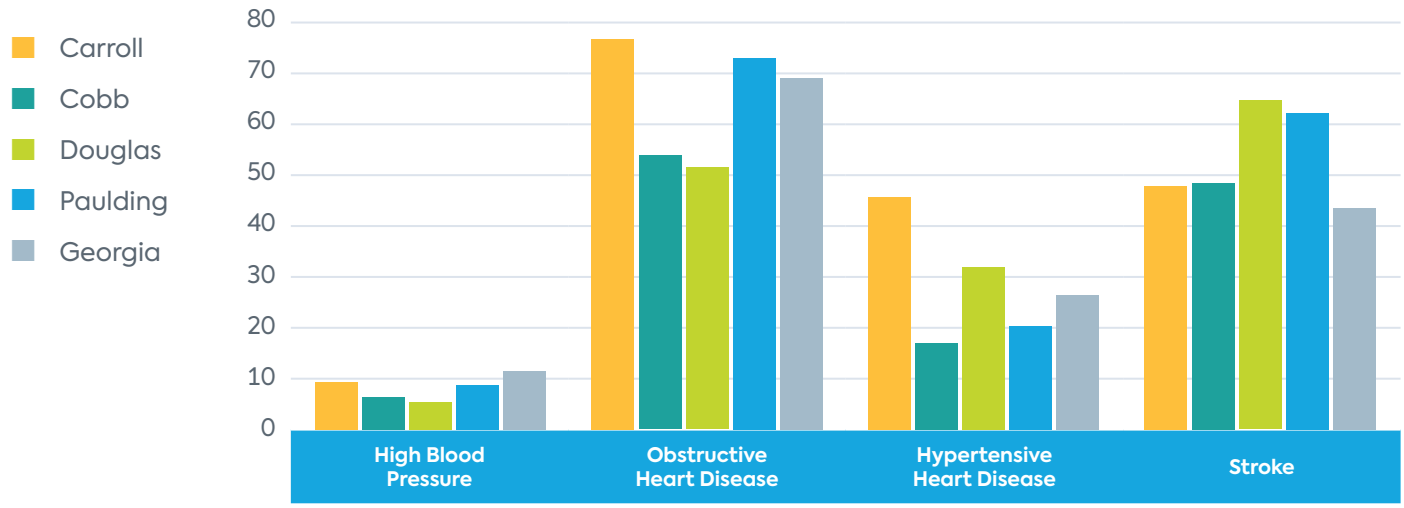
Figure 17 | **Chronic Disease Hospital Discharge Rate (2019-2023)**



Age-adjusted rates per 100,000 population

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

Figure 18 | **Chronic Disease Mortality Rate (2019-2023)**



Age-adjusted rates per 100,000 population

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

Healthy Aging

Healthy Aging was identified by Community Summit participants as a health priority. The following section provides an overview of the top 5 causes of death and emergency room visits among adults aged 65 and older in the Wellstar Douglas 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 people aged 65 and older in the service area *(Table 12)* were:

1. Ischemic Heart and Vascular Disease
4. Cerebrovascular Disease
3. Alzheimer's Disease
2. COVID-19
5. All other diseases of the nervous system

While there was some variation in the top causes based on county, Ischemic Heart and Vascular Disease was the top two causes of death in Carroll, Cobb, and Paulding counties *(Table 12)*. Across the service area, the mortality rate from Cerebrovascular Disease was higher than the state rate and was of particular concern in Douglas County where it was the number one cause of death (353.9/100,000). COVID-19 ranked as high as 3 in Carroll, and either a fourth or fifth top cause of death for all other 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. Alzheimer's Disease was the number 3 cause of death in Cobb, Douglas, and Paulding counties, and the number 4 leading cause in Carroll County.

Table 12 | Top Causes of Death for Population Aged 65 and Over (2019-2023)

Rank	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease 462.9	Ischemic Heart and Vascular Disease 326.8	Cerebrovascular Disease 353.9	Ischemic Heart and Vascular Disease 425.9	Ischemic Heart and Vascular Disease 350.3	COVID-19 281.4
#2	All COPD Except Asthma 350.1	Cerebrovascular Disease 288.4	Ischemic Heart and Vascular Disease 291.7	Cerebrovascular Disease 352.4	Cerebrovascular Disease 303.7	Alzheimer's Disease 267.9
#3	Covid-19 313.2	Alzheimer's Disease 216.3	Alzheimer's Disease 261.8	Alzheimer's Disease 286.9	Alzheimer's Disease 240.4	Cerebrovascular Disease 248.9
#4	Alzheimer's Disease 307.5	All Other Diseases of the Nervous System 202.4	COVID-19 255.1	COVID-19 278.0	COVID-19 229.7	All COPD Except Asthma 240.5
#5	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 302.9	COVID-19 201.8	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 204.1	All COPD Except Asthma 233.3	All Other Diseases of the Nervous System 193.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 211.7

Rates are per 100,000 population aged 65 and over

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

Top Causes of Emergency Department Visits

Between 2019-2023, the top causes of emergency department (ED) visits among people aged 65 and older in the service area *(Table 13)* 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

All five top causes of ED visits were the same across all the counties except for Carroll County, where COVID-19 was the 5th top cause as opposed to Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease *(Table 13)*. Carroll County had the highest rates of ED use overall when compared to the rest of the service area and the state. Carroll county had higher rates ED visits related to falls, diseases of the musculoskeletal system and connective tissue, and all other diseases of the genitourinary system.

Table 13 | Top Causes of Emergency Room Visits for Population Aged 65 and Over (2019-2023)

Rank	Carroll	Cobb	Douglas	Paulding	Service Area	Georgia
#1	Falls 5,608.0	Falls 3,164.5	Falls 4,370.4	Falls 4,216.2	Falls 3,702.4	Falls 3,746.0
#2	Diseases of the Musculoskeletal System and Connective Tissue 4,371.3	Diseases of the Musculoskeletal System and Connective Tissue 2,050.7	Diseases of the Musculoskeletal System and Connective Tissue 3,977.8	Diseases of the Musculoskeletal System and Connective Tissue 3,569.9	Diseases of the Musculoskeletal System and Connective Tissue 2,716.4	Diseases of the Musculoskeletal System and Connective Tissue 3,328.2
#3	All Other Diseases of the Genitourinary System 3,135.7	All Other Diseases of the Genitourinary System 1,311.9	All Other Diseases of the Genitourinary System 2,012.2	All Other Diseases of the Genitourinary System 2,017.3	All Other Diseases of the Genitourinary System 1,680.5	All Other Diseases of the Genitourinary System 1,960.3
#4	All Other Unintentional Injury 1,659.4	All Other Unintentional Injury 1,013.4	All Other Unintentional Injury 1,801.4	All Other Unintentional Injury 1,833.6	All Other Unintentional Injury 1,277.7	All Other Unintentional Injury 1,529.4
#5	COVID-19 1,522.3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 891.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,456.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,498.0	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,079.6	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

Maternal and Child Health

As explained in the overarching introduction, Georgia has more adverse birth outcomes when compared to national outcomes. Between 2019-2023, 9.1% of pregnant women in Georgia received late or no prenatal care and 7.8% received fewer than 5 prenatal care visits *(Table 14)*. Percentages were even higher in Carroll (10.7%) and Douglas (11.1%) counties. Carroll County had the highest percentages of women who received fewer than 5 prenatal care visits (8.8%). And Douglas County had the highest percentages of premature births (12.1%) and low birth weight births (11.3%). Surprisingly Paulding County had the lowest percentages of women who received inadequate prenatal care but had the highest infant mortality rate (7.0) when compared to other counties in the service area and the state (6.8).

Table 14 | Select Indicators for Pregnancy and Birth

	Carroll	Cobb	Douglas	Paulding	Georgia
Pregnancy Rate	47.9	46.6	46.7	42.1	48.2
Birth Rate	38.9	34.9	34.0	35.6	36.9
% Births with Late or No Prenatal Care	10.7%	8.2%	11.1%	6.7%	9.1%
% Births with <5 Prenatal Care Visits	8.8%	5.9%	8.3%	4.5%	7.8%
% Premature Births	10.3%	10.6%	12.1%	11.8%	11.7%
% Low Birthweight Births*	8.7%	8.8%	11.3%	9.4%	10.3%
Infant Mortality Rate	6.0	5.2	6.4	7.0	6.8

Rates per 1,000 females 10-55 years of age in the population, 2019-2023
** 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

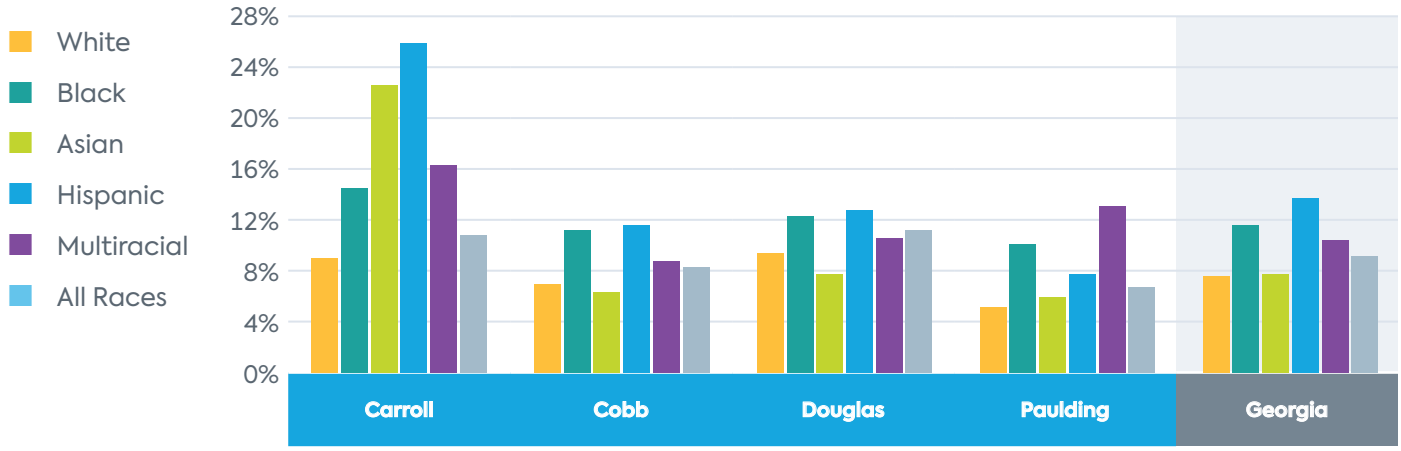
Variations in Population Rates

When we disaggregate prenatal visit data by race and ethnicity, we see a lot of variety across the service area *(Figure 19)*. Those most likely to have had late or no prenatal care were:

- Asian and Hispanic women in Carroll County,
- Black and Hispanic women in Cobb and Douglas counties, and,
- Black and multiracial women in Paulding.

The most striking outcome was in Carrol County with over 25% of Hispanic women and over 20% of Asian women receiving late or no prenatal care.

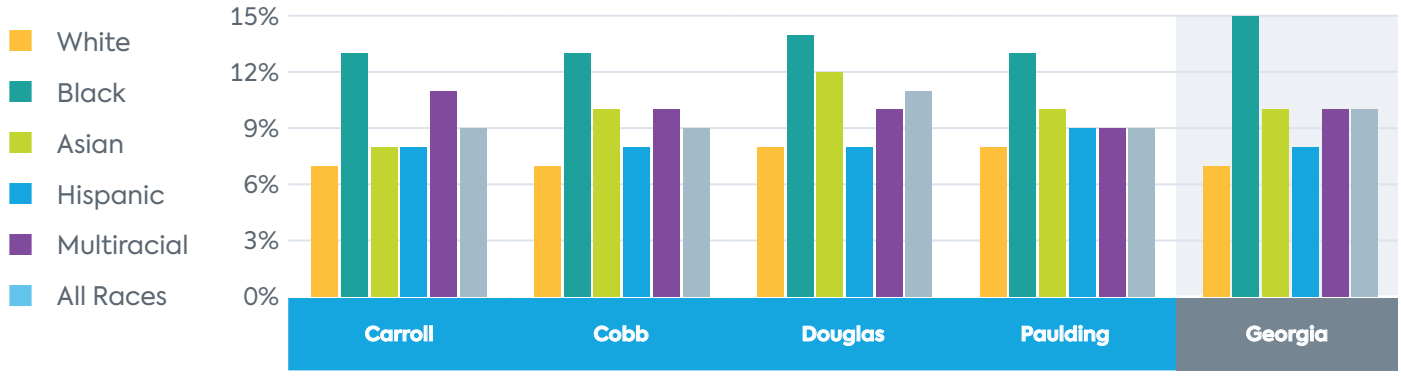
Figure 19 | Percentage of Births with Late or No Prenatal Care by Race/Ethnicity



Percentage per 100 live births.
Source: Georgia Department of Public Health Online Analytical Statistical Information System

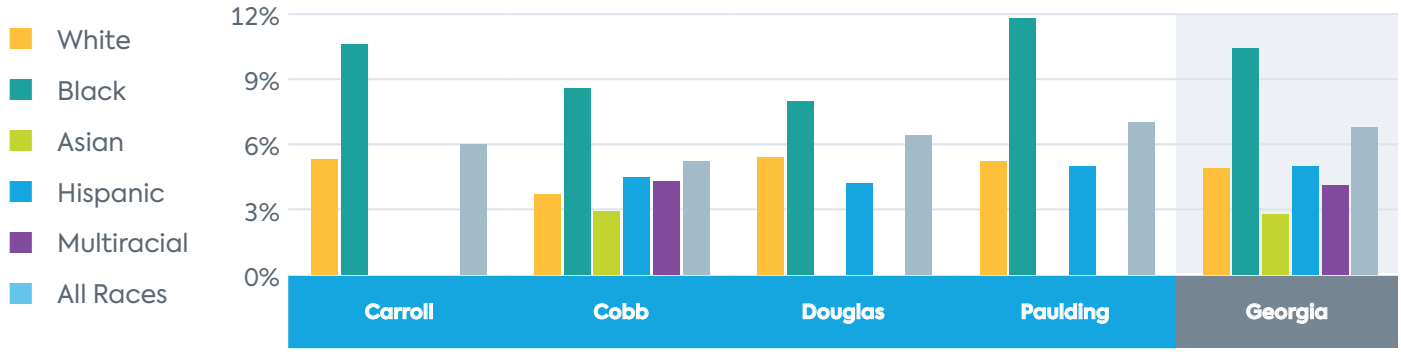
Children born to Black women in the service area experience more than two times the rate of infant mortality than White women in Carroll, Cobb, and Paulding counties *(Figure 20)*. Black, non-Hispanic infants had the highest percentage of low-birthweight rates in the service area. Asian, non-Hispanic children in Cobb, Douglas, and Paulding counties and multiracial, non-Hispanic infants in Carroll County also had higher rates of low birthweight than White and Hispanic children.

Figure 20 | Percentage of Low Birthweight Births by Race/Ethnicity



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

Figure 21 | Infant Mortality by Race/Ethnicity



Percentage per 100 live births. Rates based on 1-4 events are not shown (no bar)
Source: Georgia Department of Public Health Online Analytical Statistical Information System

APPENDICES

Appendix A: Demographic Data

Table 15 | Demographics for Population, Age, Race, and Ethnicity (2018-2022)

	Carroll	Cobb	Douglas	Paulding	Georgia	U.S.
Total Population (2022)	124,592	771,952	147,316	178,421	10,912,876	333,287,562
Age Distribution						
Median Age in Years	35.2	37.2	36.7	36.6	37.2	ND
Under 18 Years	23.6%	22.9%	25.5%	25.7%	23.4%	22.1%
18-24 Years Old	12.7%	9.3%	9.6%	8.6%	9.8%	9.4%
25-34 Years Old	13.3%	14.4%	12.7%	13.5%	13.7%	13.7%
35-44 Years Old	12.4%	14.2%	13.5%	14.2%	13.2%	12.9%
45-54 Years Old	12.2%	13.9%	14.6%	14.9%	13.0%	12.4%
55-64 Years Old	11.7%	12.3%	12.3%	11.8%	12.3%	12.9%
65+ Years Old	13.9%	13.0%	11.9%	11.2%	14.4%	16.5%
Racial/Ethnic Distribution						
White	71.2%	52.8%	39.4%	68.9%	54.3%	65.9%
Black	20.2%	27.5%	48.9%	21.0%	31.5%	12.5%
Asian	0.9%	5.6%	1.9%	1.1%	4.3%	5.8%
Native American and Alaska Native	0.7%	0.4%	0.1%	0.2%	0.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.2%	0.1%	0.2%
Multiple Races	4.3%	7.6%	6.2%	6.7%	6.0%	8.8%
Some Other Race	2.8%	6.1%	3.5%	2.0%	3.5%	6.0%
Hispanic/Latino	7.5%	13.5%	10.7%	7.6%	10.1%	18.7%
Population with Limited English Proficiency	3.5%	7.2%	4.7%	2.3%	5.5%	8.2%
Income Distribution						
Median Household Income	$66,895	$94,244	$76,930	$89,237	$71,355	$75,149
Less than $25,000	18.5%	9.3%	13.7%	8.2%	16.6%	15.7%
$25,000 - $49,999	20.8%	14.5%	17.4%	13.9%	19.0%	18.1%
$50,000 - $99,999	30.8%	28.7%	33.6%	34.7%	29.7%	28.9%
$100,000 - $199,999	24.3%	30.9%	27.9%	35.8%	24.7%	25.9%
$200,000 or more	5.6%	16.6%	7.5%	7.4%	10.0%	11.4%

Source: U.S. Census Bureau, American Community Survey. 2018-2022.

Appendix B: Social Determinants of Health (SDOHs)

Education

Table 16 | Select Education Indicators

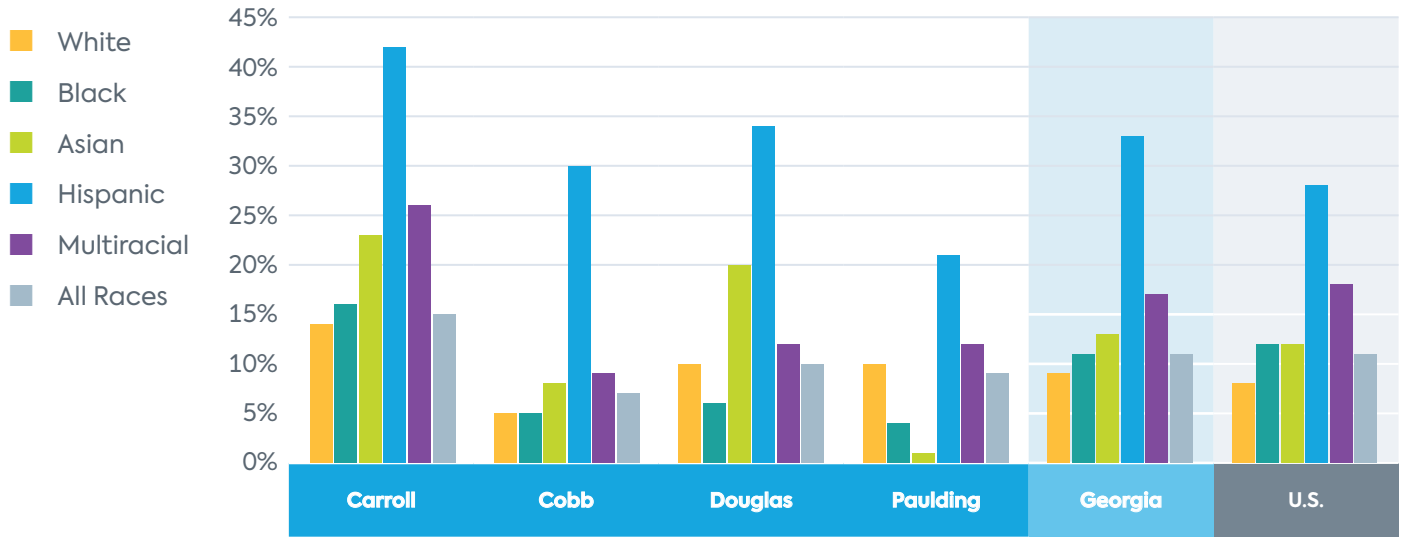
	Carroll	Cobb	Douglas	Paulding	Georgia	U.S.
Adults without HS Diploma (Age 25+)[1]	15.5%	7.0%	9.7%	9.0%	11.3%	10.9%
High School Graduate Rate (2020-2021)[2]	92.8%	87.0%	88.0%	89.0%	86.9%	81.1%
Associates degree or higher[1]	28.9%	57.1%	38.5%	35.3%	41.9%	43.1%
Bachelor's degree or higher[1]	21.2%	49.7%	29.9%	26.5%	33.6%	34.3%
Preschool Enrollment (ages 3-4)[1]	54.5%	53.7%	33.0%	44.6%	47.7%	45.6%

Sources:

1 U.S. Census Bureau, American Community Survey. 2018-2022

2 U.S. Department of Education, EDFacts. Additional data analysis by CARES. 2020-2021.

Figure 22 | Population Over Age 25 Without a High School Diploma by Race/Ethnicity



Source: U.S. Census Bureau, American Community Survey. 2019-2023

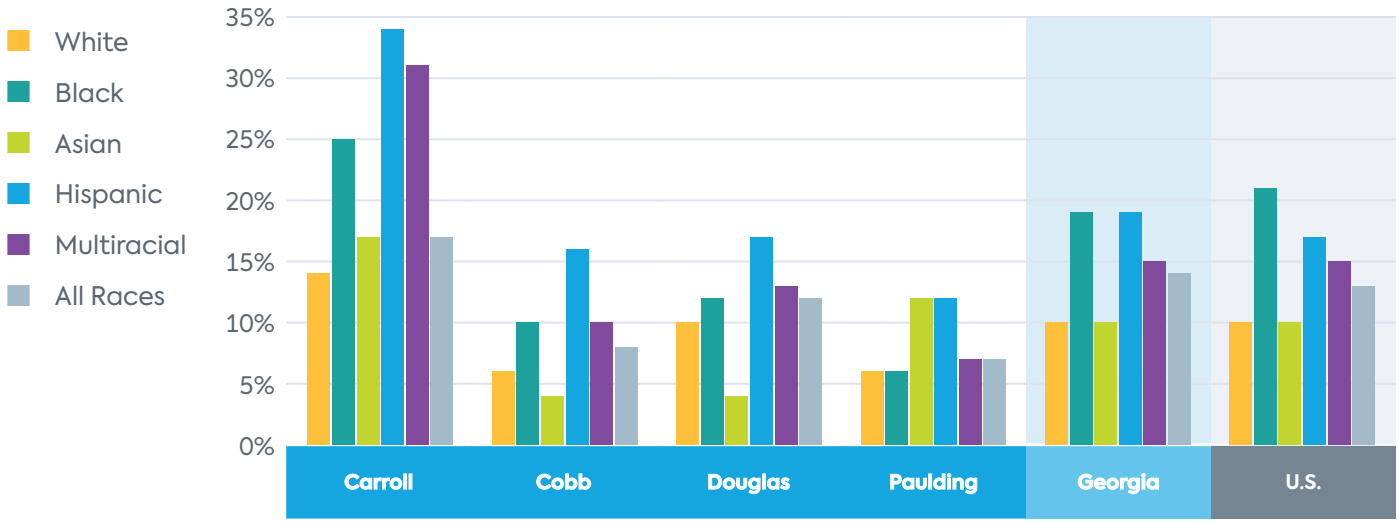
Socioeconomic Status/Income

Table 17 | Population Below 100% of the Federal Poverty Level by Family Status

		Carroll	Cobb	Douglas	Paulding	Georgia	U.S.
Total households	2014-2018	41,150	277,222	48,968	52,389	3,709,488	119,730,128
	2018-2022	42,996	291,171	50,552	56,715	3,946,490	125,736,353
All people	2014-2018	18.8%	10.0%	13.1%	9.4%	16.0%	14.1%
	2018-2022	16.9%	8.3%	11.6%	6.7%	13.5%	12.5%
All families	2014-2018	13.5%	6.9%	10.5%	7.4%	12.1%	10.1%
	2018-2022	13.3%	5.4%	8.8%	5.1%	10.0%	8.8%
Married couple families	2014-2018	8.2%	3.6%	5.4%	4.0%	5.8%	5.0%
	2018-2022	6.9%	2.9%	4.3%	3.5%	4.8%	4.5%
Single female head of household families	2014-2018	30.9%	18.1%	25.6%	21.7%	30.6%	27.8%
	2018-2022	30.2%	13.4%	18.0%	13.9%	25.2%	24.1%

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Figure 23 | Population Below 100% Federal Poverty Level by Race/Ethnicity



Source: U.S. Census Bureau, American Community Survey. 2019-2023

Unemployment and Insurance

Table 18 | Unemployment Rate (2024) and Percent of Population Uninsured (2018-2022)

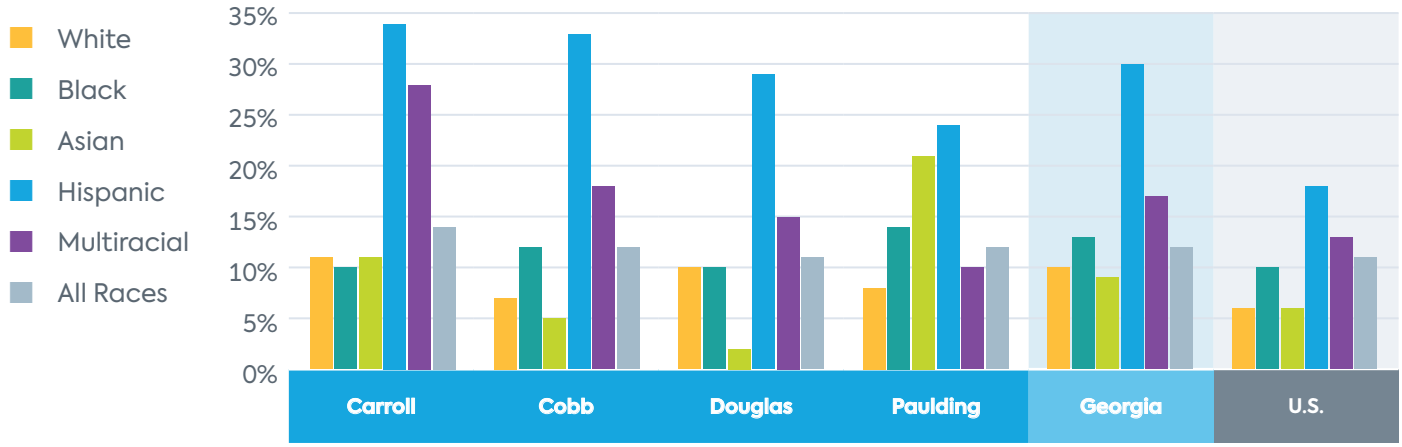
	Carroll	Cobb	Douglas	Paulding	Georgia	U.S.
Unemployment Rate (2024)[1]	4.0%	3.4%	4.1%	3.5%	3.9%	4.5%
Uninsured Population (2018-2022)[2]	12.2%	12.4%	12.3%	10.9%	12.9%	8.7%

Sources:

1 U.S. Department of Labor, Bureau of Labor Statistics. August 2024.

2 U.S. Census Bureau, American Community Survey. 2018-2022

Figure 24 | Uninsured Population by Race/Ethnicity



Source: *U.S. Census Bureau, American Community Survey. 2018-2022*

Housing

Table 19 | Selected Indicators of Affordable Housing (2019-2023)

	Carroll	Cobb	Douglas	Paulding	Georgia	U.S.
Units Affordable at 15% AMI	3.1%	1.6%	2.7%	2.6%	3.7%	3.6%
Units Affordable at 30% AMI	8.0%	3.0%	5.3%	5.6%	9.1%	8.4%
Units Affordable at 40% AMI	14.0%	7.0%	10.3%	12.5%	14.7%	13.6%
Units Affordable at 50% AMI	23.7%	14.3%	18.4%	21.8%	22.2%	20.7%
Units Affordable at 60% AMI	34.0%	23.4%	30.0%	31.2%	30.3%	28.6%
Units Affordable at 80% AMI	54.4%	45.6%	54.5%	53.4%	46.5%	44.2%
Units Affordable at AMI	68.3%	62.4%	69.4%	68.0%	60.2%	59.5%
Units Affordable at 125% AMI	77.9%	73.4%	79.6%	79.3%	72.3%	69.6%
Median Gross Rent	$1,055	$1,535	$1,326	$1,464	$1,221	$1,268
Households paying more than 30% of income for monthly mortgage	24.0%	21.3%	24.1%	21.3%	25.0%	27.3%
Households paying more than 30% of income for monthly rent	51.8%	48.6%	49.0%	40.5%	50.4%	49.9%
Households with One or More Severe Problems (2017-2021)*	12.4%	11.8%	15.1%	11.1%	12.8%	13.1%

Sources: *U.S. Census Bureau, American Community Survey. 2019-2023*

** U.S. Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.*

AMI: Area median household income

Transportation

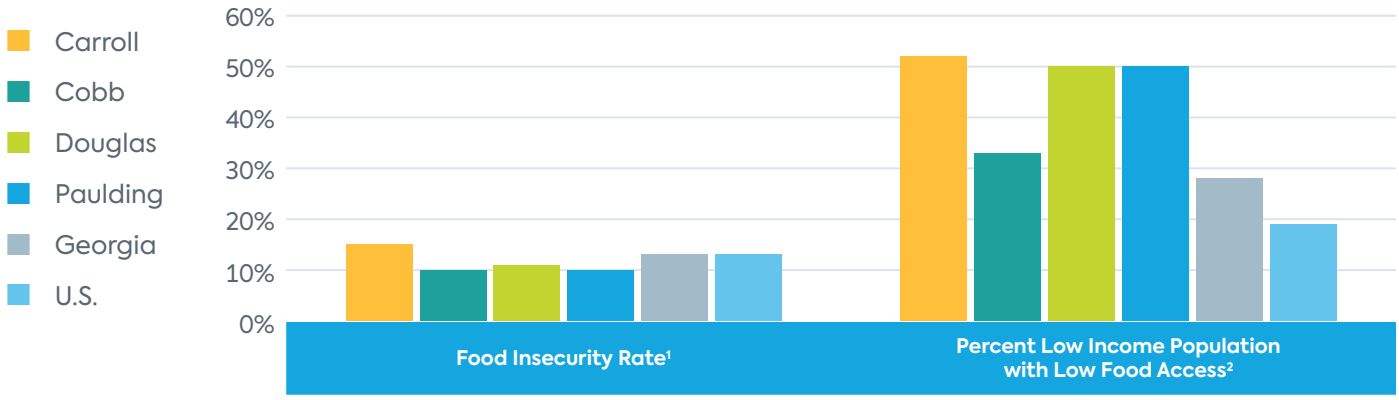
Table 20 | Selected Transportation Indicators

	Carroll	Cobb	Douglas	Paulding	Georgia	US
Households with No Motor Vehicle	4.3%	3.5%	3.8%	2.2%	6.0%	8.3%
Commuting Mode - Public Transportation	0.5%	0.6%	0.7%	0.4%	1.5%	3.8%

Source: U.S. Census Bureau, American Community Survey. 2018-2022

Food Security

Figure 25 | Indicators of Food Insecurity (2021-2022)



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

Sources:

1 Feeding America, 2022. Retrieved from map.feedingamerica.org

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

Appendix C: Wellstar CHNA Strategic Partners

Through internal and external strategic partnerships, Wellstar is better positioned to implement multi-disciplinary approaches to address factors that drive deeply entrenched health inequities. The list below includes potential partners working within and across the 5 health priorities (Access, Behavioral Health, Food Access and Healthy Living, Healthy Aging, and Maternal and Child Health). The purpose of the list is to provide Wellstar with a suggested starting place for collaborating with service-area specific groups, organizations and agencies to improve health outcomes across the 2025 CHNA health priorities over the next 3 years.

For a more comprehensive list of community resources, please refer to Wellstar's Find Help at wellstar.findhelp.com

The potential partners are:

- Organized by Wellstar's strategic partner categories (healthcare systems, public health agencies, public health leaders and advocates, community and faith-based organizations, philanthropic community, academia, and payor/for-profit organizations), and,
- Labeled with icons indicating which health priority/ies they address.

Table 21 | Wellstar CHNA Strategic Partners

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Healthcare Systems						
Atlanta Psychiatry & Neurology, PC	atlantabehavioralcare.com		■			
Cobb Pregnancy Resource Center	cobbpregnancyresourcecenter.org					■
Highland Rivers Behavioral Health	highlandrivers.org		■			
Peachtree Immediate Care – Mableton (Kaiser Permanente)	healthy.kaiserpermanente.org/georgia/facilities/Peachtree-Immediate-Care-Mableton-338545				■	
PRC Medical	prcmedicalwomensclinic.com					■
Pregnancy Services Cobb & Douglas Public Health	cobbanddouglaspublichealth.com/services/pregnancy-services					■
Ridgeview Institute Psychiatric Hospital	ridgeviewinstitute.com		■			
Wellstar Dementia & Memory Care	wellstar.org/medical-services/treatments-procedures/memory-disorder-care				■	
Wellstar Hospice Care at Kennesaw Mountain & Cobb	wellstar.org/locations/community-hospice/hospice-care-475-dickson-avenue-nw				■	

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Healthcare Systems (continued)						
Wellstar Locations: • Wellstar Acworth Health Park • Wellstar Cobb Medical Center • Wellstar Douglas Medical Center • Wellstar East Cobb Health Park • Wellstar Kennestone Regional Medical Center • Wellstar Paulding Medical Center • Wellstar Windy Hill	wellstar.org/locations	■	■	■	■	■
Public Health Agencies						
Atlanta Regional Commission Area Agency on Aging	aging.georgia.gov/locations/atlanta-regional-commission-area-agency-aging				■	
Cobb & Douglas Public Health	cobbanddouglaspublichealth.com	■	■	■	■	■
District 4 Public Health	district4health.org	■	■	■	■	■
Georgia Supplemental Nutrition Assistance Program	dfcs.georgia.gov/services/snap			■		
Northwest Georgia Area Agency on Aging	aging.georgia.gov/locations/northwest-georgia-area-agency-aging				■	
Northwest Public Health District	dph.georgia.gov/contacts/district-1-1-rome-northwest-georgia-health-district	■	■	■	■	■
Three Rivers Area Agency on Aging	aging.georgia.gov/locations/three-rivers-area-agency-aging				■	
Public Health Leaders and Advocates						
AARP Georgia	states.aarp.org/georgia				■	
Cobb 2020: A Partnership for a Healthier Cobb County	cobbanddouglaspublichealth.com/programs/community-health/cobb2020			■		
Georgia Advocacy Office	thegao.org		■			
Georgia Public Health Association	gapha.org	■				
Georgia Watch Healthcare Access and Consumer Advocacy	georgiawatch.org/protect-yourself/healthcare	■				
Georgia Watch Senior Health Resources	georgiawatch.org/senior-health				■	
Healthy Mothers, Healthy Babies Coalition of Georgia	hmhbga.org					■

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Public Health Leaders and Advocates (continued)						
Live Healthy Douglas	cobbanddouglaspublichealth.com/programs/community-health/live-healthy-douglas			■		
ONE Community Health Solution	onechs.org		■			
Voices for Georgia's Children	georgiavoices.org					■
Community and Faith-Based Organizations						
Black Mamas Matter Alliance	blackmamasmatter.org					■
Cobb Collaborative	cobbcollaborative.org		■			
Cobb County Senior Services	cobbcounty.gov/senior-services				■	
Court Appointed Special Advocates of Paulding County	casapaulding.org					■
Douglas County Family Connection Partnership	douglas.gafcp.org					■
Douglas County Parks and Recreation	douglascountyga.gov/286			■		
Douglas County Senior Services	douglascountyga.gov/304/Senior-Services				■	
Georgians for a Healthy Future	healthyfuturega.org	■				
Good Samaritan Center	goodsamaritan-center.org			■		
HOPE for Georgia Moms	hopeforgeorgiamoms.org					■
Midway Community Resource Center	midwayresourcecenter.org			■		
The Nichols Center	nicholscenter.org		■			
The Pantry	thepantrydc.com			■		
Ser Familia	serfamilia.org	■	■	■	■	■
West Georgia Wellness Center	westgawellnesscenter.com		■			

		Access	Behavioral Health	Food Access and Healthy Living	Healthy Aging	Maternal and Child Health
Philanthropic Community						
American Heart Association	heart.org/en/affiliates/georgia	■	■	■	■	■
Cobb Community Foundation	cobbfoundation.org		■			■
Douglas County Education Foundation	dcef.dcssga.org					■
Dreams Come True International Foundation	dreamscometrueinternational.org		■			
Georgia Health Foundation	gahealthfdn.org	■				
Georgia Health Initiative	georgiahealthinitiative.org	■				
Life Foundation	lfstudenthelp.org		■			
The Pearl Foundation	thepearlfoundationga.org	■	■	■	■	■
Academia						
Chattahoochee Tech Health Sciences *(Austell, Marietta, Mountain View, N. Metro, Paulding, Woodstock)*	chattahoocheetech.edu	■	■	■	■	■
Georgia State University Gerontology Master's Program	gsu.edu/program/gerontology-ma				■	
Kennesaw State University Wellstar School of Nursing	kennesaw.edu	■	■	■	■	■
Lincoln Tech Health Sciences	lincolntech.edu	■	■	■	■	■
University of Georgia Institute of Gerontology	publichealth.uga.edu/research/research-institutes/institute-of-gerontology				■	
West Georgia Tech College Nursing & Health Sciences	westgatech.edu	■	■	■	■	■
Payor/For-Profit Organizations						
Church Street Farmers Market	douglasvillega.gov/Departments/Public-Services/Keep-Douglasville-Beautiful/2025-Church-St-Farmers-Market			■		
Devereux Advanced Behavioral Health	devereux.org		■			
The Family Health Centers of Georgia	fhcga.org	■				■
Inner Harbor/Youth Villages Residential Treatment	youthvillages.org/services/residential-services/inner-harbour-campus		■			

Wellstar
HEALTH SYSTEM

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