



**2022**

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

**WELLSTAR COBB, KENNESTONE, AND  
WINDY HILL HOSPITALS**



**Wellstar**

More than healthcare.

**PEOPLECARE**

Wellstar Health System, the largest health system in Georgia, provides patients with world-class healthcare close to home, treating the entire family from birth. With 11 hospitals, 2,900 physicians and advanced practitioners on medical staff, 240 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice and homecare, Wellstar is there for your family when and where you need us. Spanning more than half a century and three generations, Wellstar has grown its not-for-profit healthcare system into one of the nation's best. In 1993, our independent community hospitals in northwest Atlanta merged, creating Wellstar Health System. Today, Wellstar leads the way toward bringing world-class healthcare to Georgia.



## Wellstar Cobb Hospital

EIN: 51-0185621  
3950 Austell Road, SW  
Austell, Georgia 30106

With 382 beds, Wellstar Cobb Hospital offers leading-edge cancer treatment, a state-of-the-art cardiac program, a warm maternity center with private rooms, and accredited joint and spine surgery programs.



## Wellstar Kennestone Hospital

EIN: 58-1245368  
677 Church Street  
Marietta, Georgia 30060

This 633-bed community hospital continually earns its distinction as a “Top 100” hospital with ongoing investment in new technologies such as Georgia’s first CyberKnife®, TomoTherapy® and da Vinci® robotic surgical systems. Wellstar Kennestone Hospital is known for its state-of-the-heart cardiac program, collaborative vascular program, multidisciplinary STAT cancer treatment, and renowned Women’s Center. And its emergency room (ER) – one of the busiest in the state – includes an accredited chest pain center. No wonder Wellstar Kennestone is known as an established healthcare provider for metro Atlanta and its surrounding communities, as well as a tertiary referral hospital within Wellstar Health System.



## Wellstar Windy Hill Hospital

EIN: 20-0164703  
2540 Windy Hill Road  
Marietta, Georgia 30067

Wellstar Windy Hill Hospital is known for its Long-Term Acute Care (LTAC) program, specialized surgical services, and interventional radiology expertise, which includes its minimally invasive Center for Fibroid Care. And if you’re in need of a good night’s sleep, look no further. The Sleep Disorders Center is nationally acclaimed, with board-certified sleep specialists, a sleep laboratory, and the latest advancements in research.

# TABLE OF CONTENTS

- Executive Summary ..... 3
- Methods ..... 11
- Community Demographics ..... 15
- Community Health Needs ..... 19
  - Health Outcomes ..... 20
  - Access to Appropriate Healthcare ..... 26
  - Behavioral Health ..... 29
  - Maternal and Child Health ..... 32
  - Healthy Living ..... 35
  - Social Determinants of Health ..... 38
  - Cancer (prostate, breast, colorectal, and lung) ..... 44
  - Sexually Transmitted Diseases (HIV/AIDS and STIs) ..... 45
  - Violence and Crime ..... 46
  - Setting Community Health Priorities ..... 48
- Appendix ..... 51
  - Primary Data and Community Input ..... 52
  - Consultant Qualifications ..... 68
  - Community Facilities, Assets, and Resources ..... 69
- References ..... 76

This report utilizes a data-driven approach to better understand, identify, and prioritize the health needs of the community served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals, not-for-profit hospitals 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](http://www.wellstar.org/chna)

Date CHNA adopted by the Wellstar Board of Trustees: **June 2, 2022**

Community input is encouraged. Please address CHNA feedback to [chna@wellstar.org](mailto:chna@wellstar.org)



# PEOPLECARE

IDENTIFYING HEALTH NEEDS

# EXECUTIVESUMMARY

Wellstar Health System partnered with Georgia Health Policy Center to complete a comprehensive CHNA process, which includes synthesis of:



As in previous years, Wellstar Cobb, Kennestone, and Windy Hill Hospitals worked with community and hospital leaders to identify the top community health needs. Like in the 2019 assessment, the primary focus of data collection for this assessment was on under-resourced, high-need, and medically underserved populations living in 27 zip codes concentrated in the primary service area of Bartow, Cherokee, Cobb, Douglas, and Paulding counties. Some noticeable differences between the 2019 assessment and this one are:

- In 2019, Wellstar Cobb, Kennestone, and Windy Hill Hospitals were included in an assessment of community need for two other Wellstar hospitals (Douglas and Paulding Hospitals) serving residents in 28 zip code areas. The footprint of the service area has changed with zip codes 30328 (Fulton County) and 30096 (Gwinnett County) being replaced by 30114 (Cherokee County) and 30068 (Cobb County), and the counties included in this assessment decreased from eight to three (Cherokee, Cobb, and Fulton).
- The prioritization process was different due to COVID-19, with community leaders identifying top needs during interviews instead of a large community convening. As a result, the number of health needs has grown (from 4 in 2019 to 6 in 2022).
- The COVID-19 pandemic has had an impact on all health needs – disproportionately affecting historically disadvantaged groups.
- Many comparisons are not possible between the 2019 and 2022 reports due to the significant changes made to the service area definition.
- The primary and secondary data have been updated and more data have been included when available.

Data from Bartow, Cherokee, Cobb, Douglas, and Paulding counties were reviewed. County Health Rankings & Roadmaps was used to gauge counties' overall health. (Rankings are in relation to 159 counties in Georgia, and a lower score indicates better health with the county with the best health scoring number 1). Bartow and Douglas counties ranked worst on all indicators, with Paulding County also ranked worst on clinical

care. Cherokee, Cobb, Douglas, and Paulding counties consistently ranked in the best quartile when compared to all counties in Georgia. Paulding County ranked best on Physical Environment, Social and Economic factors, and Health Outcomes (County Health Rankings, 2021) (Table 1).

**Table 1 | County Health Rankings (2021)**

	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Bartow	39	43	45	35	41	91	38	113
Cherokee	3	6	4	4	5	18	4	101
Cobb	6	4	5	7	4	8	7	36
Douglas	21	29	25	30	15	72	30	126
Paulding	8	13	9	11	17	92	8	5

Source: County Health Rankings & Roadmaps

## 2022 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar Cobb, Kennestone, and Windy Hill Hospitals (Table 2). When compared to 2019, the 2022 community health needs are broader in focus and take into consideration the long-term impact of the global pandemic. The 2019 community health needs did not change and are included in the newly stated 2022 community health needs.

**Table 2 | 2019 and 2022 Comparison of Community Health Needs**

2019 Community Health needs	2022 Community Health needs
<p><b>Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area</b></p> <ol style="list-style-type: none"> <li>1. Access to appropriate care</li> <li>2. Chronic disease</li> <li>3. Behavioral health</li> <li>4. Substance abuse</li> <li>5. Maternal and child health</li> </ol>	<p><b>Needs common to all hospitals in Wellstar Health System</b></p> <ol style="list-style-type: none"> <li>1. Access to appropriate healthcare</li> <li>2. Behavioral health</li> <li>3. Maternal and child health</li> <li>4. Healthy living (including access to food, physical activity, and chronic disease prevention and management)</li> <li>5. Housing</li> <li>6. Poverty</li> </ol> <hr/> <p><b>Additional Needs in the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area</b></p> <ol style="list-style-type: none"> <li>7. Cancer</li> <li>8. Sexually transmitted diseases (HIV/AIDS and STIs)</li> <li>9. Violence and crime</li> <li>10. Education</li> <li>11. Culturally competent services</li> </ol>

In general, the community residents served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals are younger, higher-income earning (except Bartow), and less diverse (except Cobb and Douglas counties) than is average for the state. Cobb and Douglas counties are the most diverse in the service area, with Douglas County having the highest Black population (45.9 percent) and Cobb County having the highest Hispanic<sup>1</sup> population (12.9 percent). Cherokee, Cobb, and Douglas counties all have more residents with limited English proficiency when compared to the state.

When the data were disaggregated by race, ethnicity, and income, it was clear that these social determinants impacted health status. For example, income is lower in single-parent homes. Married couple families have the lowest poverty rates. In contrast, the single female head of household families have the highest poverty rates, with rates between 3 and 6 times that of married couple families between 2015–2019. Hispanic residents are two times more likely, and Black residents are one and a half times as likely to be in poverty when compared to their White and Asian counterparts. These trends have been consistent over time. (Other social determinants explored in the report are housing and education.)

Secondary data from 2019 and 2020 show that the social determinants were improving in many areas served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals before the global pandemic. For example, insurance rates, employment rates, and wages were all increasing prior to the global pandemic. Unfortunately, data are not available to depict the impact of the global pandemic on community health, health outcomes, or the social determinants of health because most data available when this report was authored are from 2019 or 2020 (just as the pandemic was getting started). Community leaders and residents note that many of the most vulnerable populations were heavily impacted, including:

- People of color, particularly Black, Hispanic, and Indigenous communities;
- New American communities and those with limited English-speaking skills, including people without legal documentation and refugees;
- Members of the LGBTQ+ community, particularly students;
- Lower socioeconomic status individuals, particularly single-parent families;
- Individuals with pre-existing chronic conditions, especially older residents;
- Those experiencing homelessness or at risk of experiencing homelessness (e.g., housing cost-burdened renters);
- Residents in rural communities;
- Households without access to reliable broadband internet; and
- Residents from zip codes 30008, 30060, 30069, 30106, and 30168.

Many of these populations are the same populations that data has shown consistently experience more barriers to good health, higher disease burden, and higher incidence of premature death in the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area, including those noted in the 2019 CHNA. Targeted investment is needed to address persistent health disparities within these groups.

This assessment also found that many residents do not have access to the most appropriate care to meet their needs for varied reasons, including insurance status, immigration status, the inability to navigate available services, lack of available providers, and lack of transportation. There is evidence in both the secondary and primary data of disruptions in the care continuum throughout the service area. Often, examples of these disruptions include health professional shortages and the inability to access care because of COVID-19 restrictions.

Similar to the 2019 CHNA, there are several undesirable health outcomes in the service area. Most of the top five causes of death in the service area are related to chronic conditions, lifestyle, behaviors (i.e., heart disease, stroke, and lung and breast cancer), or behavioral health and substance abuse issues, including self-harm. Across

<sup>1</sup> Wellstar Health System has chosen to use the term “Hispanic” to describe populations of Hispanic, Latinx, or Spanish origins due to the term’s universal use in secondary data sources. Latinx is a gender-neutral alternative to Latino or Latina.

the service area, residents of Bartow and Paulding counties have a higher disease burden and death rate. Black residents show the highest rates of hospital utilization (emergency room visits and hospitalization). White and Black residents have the highest rates of poor health outcomes when compared to other racial or ethnic cohorts in the service area. These health disparities are most notable among the following conditions:

Inequities Continuing from the 2019 Assessment:	Inequities Identified by the 2022 Assessment:
<ul style="list-style-type: none"> <li>• Cancer (prostate and breast)</li> <li>• Heart disease</li> <li>• Diabetes</li> <li>• Asthma</li> <li>• HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral health</li> <li>• Maternal and child health, including mortality and teen pregnancy</li> <li>• Sexually transmitted infections</li> <li>• Stroke</li> </ul>

There are several health issues that are prevalent regardless of race or ethnicity throughout the service area. These include:

Common Health Issues Continuing from the 2019 Assessment:	Common Health Issues Identified by the 2022 Assessment:
<ul style="list-style-type: none"> <li>• Cancer (prostate and breast)</li> <li>• Behavioral health (suicide and drug-related mortality)</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer (lung)</li> <li>• Stroke</li> <li>• Accidental poisoning</li> <li>• All other diseases of the nervous system</li> <li>• Motor vehicle crashes</li> <li>• Sexually transmitted infections</li> </ul>

Investments in addressing these issues would improve the health of the communities served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals.



An overview of stakeholders' perceptions about what has improved, what remains the same, and what has declined since the last assessment follows.

**Table 3 | Improvements Since the 2019 Assessment According to Community Leaders**

Improved	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• There is decreased stigma and increased awareness about mental health issues.</li> <li>• Increased access to resources, particularly through telehealth.</li> </ul>
<b>Benefits and Social Safety Net</b>	<ul style="list-style-type: none"> <li>• Enrollment in health and human service benefits has increased as demand has increased; this includes SNAP (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).</li> <li>• Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need.</li> <li>• Increased services and resources for food insecurity, housing, transportation, and social services</li> </ul>
<b>Health and Wellbeing in Schools</b>	<ul style="list-style-type: none"> <li>• There is a greater awareness of the safety net that schools and their support staff provide. There has been an increased focus on community support and wraparound services in school systems, such as school-based grant applications.</li> </ul>
<b>Maternal and Child Health</b>	<ul style="list-style-type: none"> <li>• Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.</li> <li>• Medicaid coverage was expanded from 6 weeks to 6 months for pregnant and postpartum women.</li> </ul>
<b>Healthy Living</b>	<ul style="list-style-type: none"> <li>• There are more opportunities for healthy living due to better coordination of resources.</li> <li>• Collaborations between transportation and community development have resulted in more policy, systems, and environmental changes, such as sidewalks and walking trails.</li> </ul>

**Table 4 | Outcomes That Have Remained the Same Since the 2019 Assessment According to Community Leaders**

No Change	
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>• The rate of chronic health conditions has stayed the same.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• While awareness about housing challenges has increased, the rate of homelessness has not changed. There remains a lack of affordable housing, but there is little “political will” or capacity to make significant changes.</li> </ul>
<b>Systemic Inequity</b>	<ul style="list-style-type: none"> <li>• Systemic issues influencing health, including racism, housing, and education, have not improved.</li> <li>• The COVID-19 pandemic highlighted existing disparities in access, unemployment, and income that continue to influence health outcomes. (Community leaders specifically mentioned the impact of inequity on maternal and child health, diabetes, and cardiovascular disease.)</li> <li>• Racial and ethnic reckoning make it seem like inequities have gotten worse, but these issues were pervasive prior to the pandemic.</li> </ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"> <li>• Individual’s use of senior services was not impacted by the COVID-19 pandemic.</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• Environmental health is largely unchanged.</li> </ul>

**Table 5 | Areas of Decline Since the 2019 Assessment According to Community Leaders**

Declined	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• The COVID-19 pandemic has negatively impacted mental health across all populations, especially New Americans, Hispanic, and LGBTQ+.</li> <li>• It is harder to access mental health services and resources that are not online.</li> <li>• State hospital closures decreased residential mental healthcare. For juveniles in the justice system, use of contracted facilities further decreased the availability and comprehensiveness of behavioral health treatment.</li> <li>• There are more aggravated assaults and homicides.</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>• Substance abuse has increased.</li> <li>• Telehealth is not a good substitute for in-person substance use recovery services</li> </ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"> <li>• It has become harder to obtain legal immigration status, which remains critical for new Americans to access healthcare.</li> <li>• New Americans are fearful and hesitant to access services because of previous federal administration policies.</li> <li>• As Medicaid providers closed and services were shifted online, those with coverage but lacking technology skills have had difficulty accessing care.</li> </ul>
<b>Maternal and Child Health</b>	<ul style="list-style-type: none"> <li>• Collaboration between the Georgia Department of Corrections and Motherhood Beyond Bars has been strained and services have decreased within prison settings as a result. Motherhood Beyond Bars is no longer able to provide services in prisons.</li> </ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>• The COVID-19 pandemic impacted job security and access to housing, healthy food, and healthcare. Underserved communities are the most impacted by increases in stress and chronic disease that could ultimately decrease life expectancy.</li> <li>• Workforce shortages increased stress on businesses and workers, especially small businesses.</li> <li>• While safety-net services have increased, the need for food pantries and food assistance has also increased.</li> <li>• The digital divide has increased disparities for Hispanic youth.</li> <li>• Despite low wages for trained home health aides, families are unable to afford professional support services for older family members and are relying on informal caretakers.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.</li> <li>• Entry-level wages have not increased at the same rate that the cost of housing has increased.</li> <li>• During the COVID-19 pandemic, homeless services were closed or unable to take new clients.</li> </ul>
<b>Vaccination</b>	<ul style="list-style-type: none"> <li>• Community-level vaccine hesitancy has led to the inability to eradicate COVID-19.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Despite the need for public transportation, particularly among seniors, transit routes have been cut due to low ridership.</li> </ul>
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>• Individuals are less able to manage chronic conditions, and many are unable to afford medications.</li> <li>• Increase in asthma diagnosis among adults.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• There are more septic system failures which are related to climate changes, such as more rain.</li> </ul>





# COLLABORATIVE CARE

LISTENING TO RESIDENTS

# METHODS

Georgia Health Policy Center partnered with Wellstar to implement a collaborative and comprehensive CHNA process. The following methods were used to assess the health needs of communities served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals.

## Health System and Hospital Oversight

*April 2021–June 2022*

The Wellstar Community Health Council provided oversight and guidance to the CHNA team by reviewing and providing feedback on the assessment process and inputs throughout the assessment process. Wellstar Cobb, Kennestone, and Windy Hill Hospitals leadership, including the Regional Health Board, were also engaged to inform the service area definition, list of community leaders for stakeholder interviews, and final community health needs.

## Secondary Data

*April–August 2021*

The secondary data included in this assessment are from a variety of sources that are both reliable and representative of the communities served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals. Data sources include, but are not limited to:

- County Health Rankings & Roadmaps
- Emory University’s Rollins School of Public Health’s AIDSvU
- Georgia Bureau of Investigation
- Health Resources Services Administration’s Health Professional Shortage Areas Database
- Georgia Department of Public Health’s Online Analytical Statistical Information System (OASIS)
- Kaiser Permanente’s Community Health Needs Dashboard
- Georgia Rural Health Innovation Center’s Georgia Health Data Hub
- Truven Health Analytics’ Community Needs Index
- U.S. Census Bureau’s American Community Survey

Secondary data were analyzed at the zip code and county level. Most publicly available data are not available at a sub-county level.

## COVID-19 Literature Review and Local Impact Survey

May–November 2021

This Community Health Needs Assessment (CHNA) is being completed during the COVID-19 pandemic, which has had a significant impact on most of the population-level indicators reviewed in this process. To address this limitation, the CHNA team completed a comprehensive review of literature published during the last two years related to the impact that COVID-19 has had on community health throughout the U.S. Specifically, more than 80 sources were reviewed related to the impact of COVID-19 on cancer (general, breast, cervical, colorectal, lung, prostate), chronic disease (general, heart disease, asthma, diabetes), behavioral health and substance abuse, access to and use of care, housing, food insecurity, education, access to technology, human immunodeficiency virus/acquired immunodeficiency syndrome, sexually transmitted infections, maternal and child health, single parents, obesity, violence, education, health equity, and New Americans.

The assessment team used the findings from the literature review to inform the creation of a 20-question survey, which was administered online to nearly 1,000 stakeholders to better understand how the COVID-19 pandemic has influenced the health of communities served by Wellstar Health System. Questions asked about the impact of the pandemic on community health needs identified for Wellstar Health System – i.e., behavioral health, housing, access to care, healthy living and food access, and maternal and child health. Respondents were also given the opportunity to identify other notable areas impacted by the global pandemic not mentioned in the survey. Of the 204 responses received for the health system, 67 respondents represented Bartow, Cherokee, Cobb, Douglas, and Paulding counties. These findings have been added to this assessment to better understand the health in communities served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals in 2022.

## Community Input

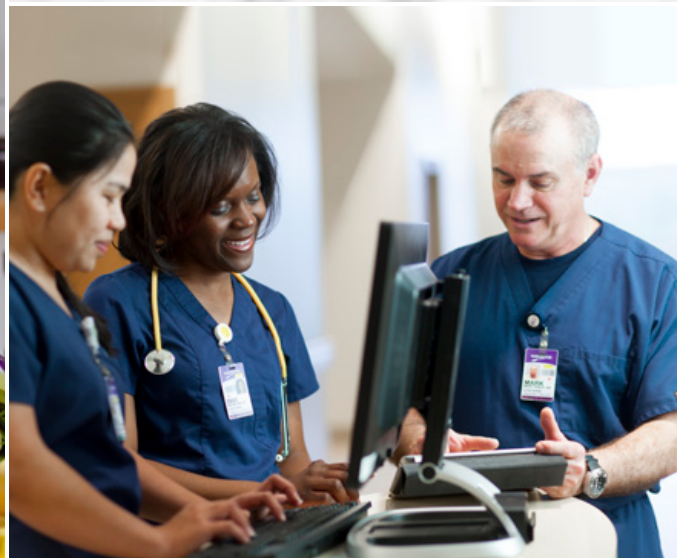
July–October 2021

To better understand the experience and needs of the residents living in the areas served by the hospitals, several types of qualitative data were used, including interviews with 37 key community leaders and a focus group with residents from the hospitals' service area. An in-depth summary for each qualitative process can be found in the Appendix.

## Data Limitations

Most of the data included in this assessment are available only at the county level. County-level data are an aggregate of large populations and do not always capture or accurately reflect the nuances of health needs. This is particularly important for Wellstar Cobb, Kennestone, and Windy Hill Hospitals, because the broad service area includes pockets where data shows some zip codes with higher affluence and lower socioeconomic barriers to accessing care and some zip codes with higher socioeconomic barriers. This is particularly true in Cobb County, which contains the five zip codes with the greatest socioeconomic barriers to accessing care and the five with the lowest barriers in the service area. Where smaller data points were available (i.e., for census tracts or zip codes), they were included.

Secondary data are not always available. For example, there is no secondary data source that offers a valid measure of educational awareness in the context of healthy options and availability of resources. In absence of secondary data, this assessment has noted relevant anecdotal data gathered from residents and community leaders with lived experience during primary data collection. It is important to note that primary data are limited by individual vocabulary, interpretation, and experience.





# LOCALCARE

DEFINING THE AREA OF CARE

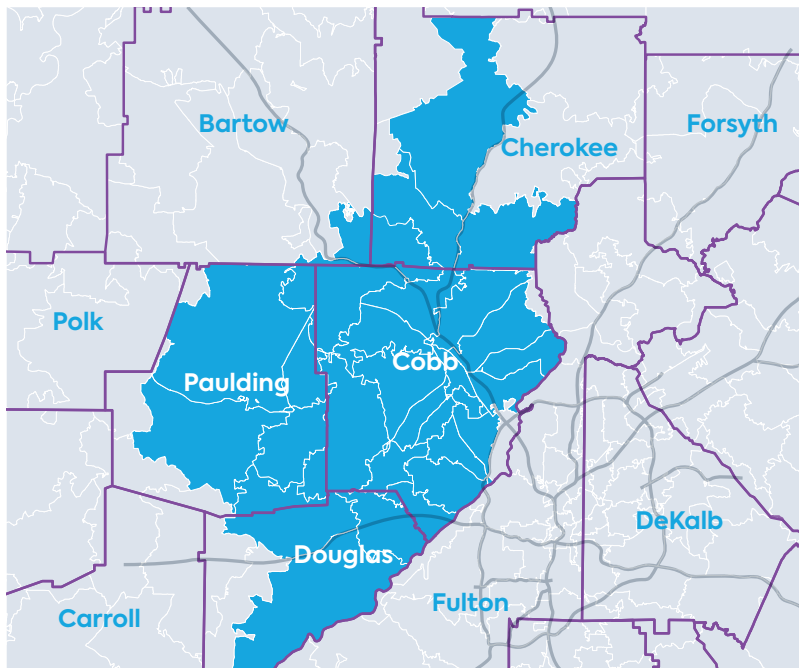


# COMMUNITY DEMOGRAPHICS

Wellstar Cobb, Kennestone, and Windy Hill Hospitals are in Marietta and Austell, Georgia, in Cobb County approximately 20 miles northwest of Atlanta. These three Wellstar facilities are located within a 15-mile radius. For the purposes of the CHNA, the primary service area for the hospital is defined as the 27 zip codes from which 75 percent of discharged inpatients originated during the previous year (Table 6). Specific counties were selected if the zip codes included more than 30 percent of the county population. Cherokee, Cobb, Douglas, and Paulding counties met the criteria for inclusion. Key hospital personnel recommended Bartow County be added as it is an important part of the market. For this reason, Bartow County is not reflected in the list of zip codes.

The area definition was verified by Wellstar Community Health Council members. The CHNA considers the population of residents living in the 27 residential zip code areas regardless of the use of services provided by Wellstar or any other provider. More specifically, this assessment focuses on residents in the service area who are medically under-resourced or at risk of poor health outcomes.

**Map 1 |** Primary Service Area of Wellstar Cobb, Kennestone, and Windy Hill Hospitals



**Table 6 |** Wellstar Cobb, Kennestone, and Windy Hill Hospitals Service Area

County*	Zip Codes
Bartow	
Cherokee	30008, 30060, 30062, 30064, 30066, 30067, 30068, 30069, 30080, 30082, 30101, 30102,
Cobb	30106, 30114, 30122, 30126, 30127, 30132, 30134, 30135, 30141, 30144, 30152, 30157,
Douglas	30168, 30188, and 30189
Paulding	

\* Counties included if zip codes constituted at least 30% of the total county population.

# Demographic Data

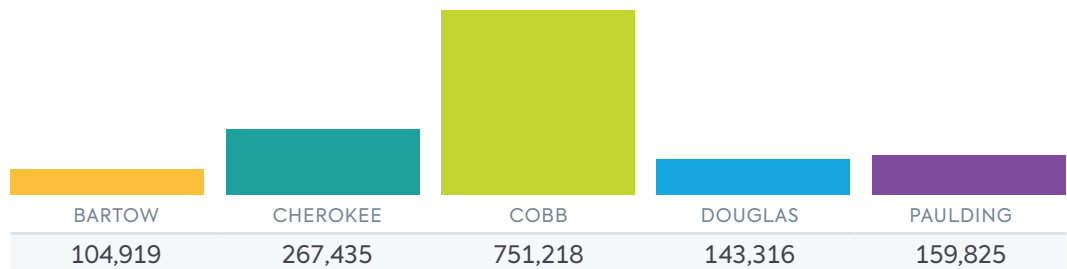
Wellstar Cobb, Kennestone, and Windy Hill Hospitals | by County and State (2015–2019)

Compared to the rest of the service area, Cobb, Douglas, and Paulding counties have a younger population when compared to Bartow and Cherokee counties and the state. The service area is less diverse compared to the state. Bartow and Cherokee are the least diverse with 77.5 percent and 78.7 percent White population, respectively. Cobb and Douglas counties are more diverse, with Douglas County having the highest Black population (45.9 percent) and Cobb County having the highest Hispanic population (12.9 percent). The service area has a higher population with limited English proficiency (5.6 percent) compared to the state (3.0 percent), but the rates vary from 7.3 percent in Cobb County to 1.8 percent in Paulding County. The counties in the service area have a higher median income compared to the state, except for Bartow County's average median income (ACS, 2019).

## Total Population

GEORGIA TOTAL POPULATION

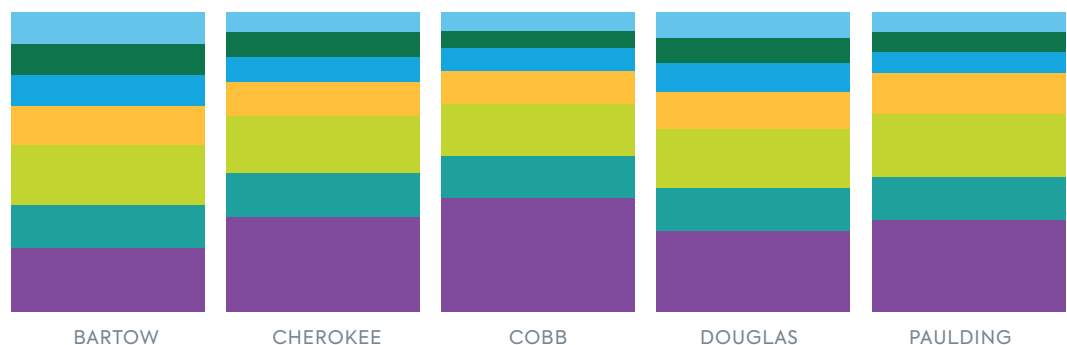
**10,403,847**



## Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

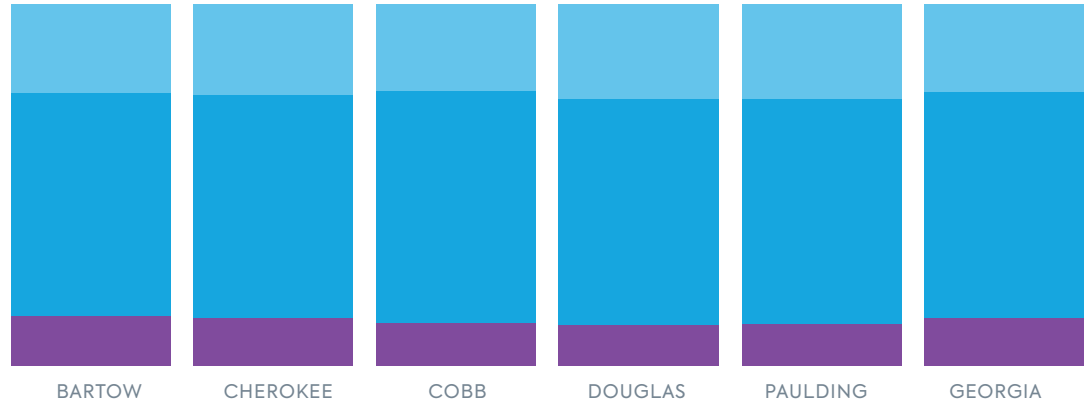
**\$58,700.00**



	BARTOW	CHEROKEE	COBB	DOUGLAS	PAULDING
Median household income	\$57,423.00	\$82,740.00	\$77,932.00	\$63,835.00	\$68,370.00
Less than \$15,000	10.6%	6.5%	6.1%	8.5%	6.4%
\$15,000 – \$24,999	10.4%	8.6%	5.9%	8.5%	6.7%
\$25,000 – \$34,999	10.1%	8.3%	7.6%	9.4%	7.2%
\$35,000 – \$49,999	13.3%	11.3%	11.2%	12.4%	13.7%
\$50,000 – \$74,999	20.0%	18.9%	17.3%	19.8%	20.9%
\$75,000 – \$99,999	14.1%	14.9%	13.8%	14.6%	14.5%
\$100,000 and above	21.6%	31.5%	38.1%	26.7%	30.5%
Unemployment (2020)	13.3%	11.9%	12.8%	14.8%	12.3%

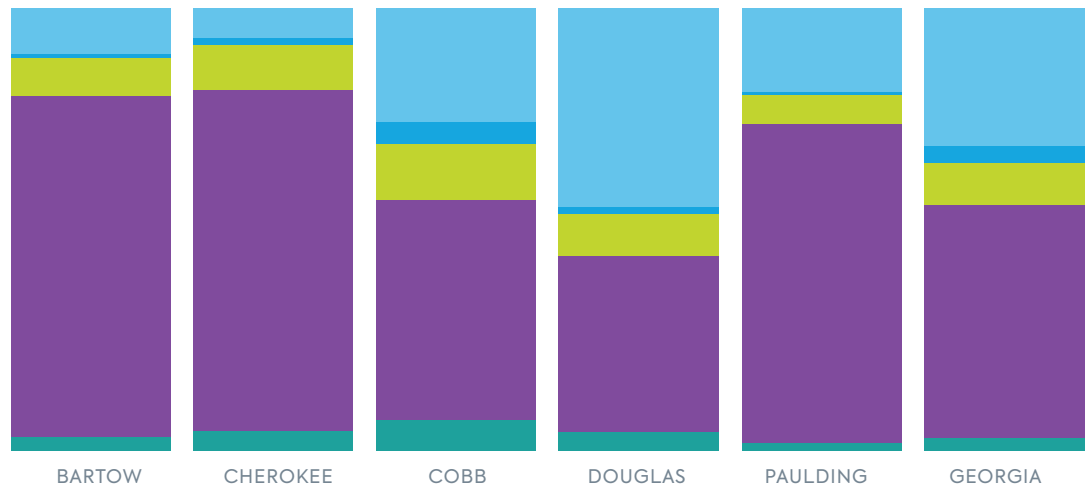
Source: U.S. Census Bureau, American Community Survey (2015–2019)

## Age Distribution



	BARTOW	CHEROKEE	COBB	DOUGLAS	PAULDING	GEORGIA
Median age in years	37.5	38.0	36.4	36.3	35.6	36.7
<b>0-17 Years Old</b>	24.4%	25.1%	23.9%	26.1%	26.5%	24.3%
<b>18-64 Years Old</b>	61.9%	61.9%	64.2%	62.5%	63.0%	62.6%
<b>65+ Years Old</b>	13.7%	13.4%	11.9%	11.4%	11.7%	13.5%

## Racial/Ethnic Distribution



	BARTOW	CHEROKEE	COBB	DOUGLAS	PAULDING	GEORGIA
<b>Black</b>	10.3%	6.7%	26.7%	45.9%	18.5%	31.2%
<b>Asian</b>	0.9%	1.8%	5.3%	1.6%	0.8%	4.0%
<b>Hispanic</b>	8.6%	10.5%	13.0%	9.7%	6.3%	9.5%
<b>Non-Hispanic White</b>	77.5%	78.7%	51.9%	40.5%	71.0%	52.7%
<b>Limited English</b>	3.1%	4.7%	7.3%	4.5%	1.8%	3.0%



# COMMUNITYCARE

DISCOVERING HEALTH NEEDS

# COMMUNITY HEALTH NEEDS

Community leaders and members of the Wellstar Community Health Council were asked to identify community health needs. The following section includes briefs outlining key findings by health need.

## Needs Common to All Hospitals in Wellstar Health System

 <p><b>1.</b> Access to Appropriate Healthcare</p>	 <p><b>2.</b> Behavioral Health</p>	 <p><b>3.</b> Maternal and Child Health</p>	 <p><b>4.</b> Healthy Living*</p>	 <p><b>5.</b> Housing</p>	 <p><b>6.</b> Poverty</p>
---	--	--	--	--	--

\* including access to food, physical activity, and chronic disease prevention and management

## Additional Health Needs in the Wellstar Cobb, Kennestone, and Windy Hill Hospitals Service Area

 <p><b>7.</b> Cancer</p>	 <p><b>8.</b> Sexually Transmitted Diseases**</p>	 <p><b>9.</b> Violence and Crime***</p>	 <p><b>10.</b> Education</p>	 <p><b>11.</b> Culturally competent services</p>
---	--	--	---	---

\*\* including HIV/AIDS

\*\*\* including child abuse and intimate partner violence

# Health Outcomes

Compared to the state, the service area has above average rates of hospital utilization and death due to cardiovascular disease (ischemic heart and vascular and cerebrovascular diseases), cancer (lung and breast cancers), and behavioral health, including self-harm (*Tables 7-10*) (DPH, 2015-2019) (CMS, 2015-2016; CMS, 2015-2018). The following disparities are evident in health outcomes among residents served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals:

- With few exceptions, residents from Bartow and Paulding counties have the highest rates of poor health outcomes when compared to the service area and the state.
- Highest rates of mortality for accidental poisoning and self-harm occur among White residents.
- Highest rates of morbidity and mortality for stroke, motor vehicle crashes, and perinatal conditions occur among Black residents.
- Hospital use is high in Bartow, Douglas and Paulding counties, and among Black residents, which can point to disruptions in the continuum of community-based primary and preventive care.

## Top Causes of Death

According to 2019 data, four of the top five causes of death in the service area are related to chronic conditions, lifestyle, and behavior (i.e., heart disease, stroke, lung cancer, and COPD). Alzheimer's disease is also a top cause of death.

**Table 7 | Top Causes of Death**

	Bartow	Cherokee	Cobb	Douglas	Paulding	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	89.8	68.8	58.7	68.0	81.1	64.0	68.1	60.5	29.0	29.3	78.6
Cerebrovascular disease	45.8	40.8	49.8	49.9	51.5	48.3	47.3	62.5	34.9	30.6	43.3
Alzheimer's disease	45.0	39.4	42.7	46.9	53.8	43.7	45.6	45.1	10.5	22.6	44.0
Malignant neoplasm of the trachea, bronchus, and lung	41.6	34.1	29.0	36.4	43.9	32.5	35.8	27.4	9.7	10.5	38.7
All COPD except asthma	73.2	44.6	28.2	40.3	49.1	35.1	40.3	18.3	8.2	6.2	44.3

Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Years of Potential Life Lost – Premature Death

Years of Potential Life Lost (YPLL) is used to measure the rate and distribution of premature death. According to County Rankings & Roadmaps:

“Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings’ intent to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.” (*County Health Rankings, 2021*)

Accidental poisoning and exposure to noxious substances is the primary cause of Years of Potential Life Lost<sup>2</sup> in the service area (*Table 8*). Intentional self-harm is the second leading cause of Years of Potential Life Lost. Motor vehicle crashes, assault, and infant mortality are the leading causes of Years of Potential Life Lost among Black and Hispanic residents in the service area. Accidental poisoning and exposure to noxious substances, ischemic heart disease, and intentional self-harm are the leading cause among White residents.

**Table 8 | Years of Potential Life Lost**

	Bartow	Cherokee	Cobb	Douglas	Paulding	All Counties	White	Black	Asian	Hispanic	Georgia
Accidental poisoning and exposure to noxious substances	665.4	639.2	506.4	571.8	524.8	541.0	812.8	200.6	0.0	185.5	415.7
Intentional self-harm	607.7	504.8	382.9	384.2	480.4	418.2	544.4	262.3	167.8	278.5	431.1
Ischemic heart and vascular disease	677.4	407.9	358.3	431.9	411.6	382.4	488.0	328.0	158.0	106.9	560.7
Motor vehicle crashes	578.5	239.8	317.9	511.9	601.2	356.6	319.9	514.3	94.4	351.6	482.2
Certain conditions originating in the perinatal period	238.8	246.1	339.3	345.5	336.8	322.1	173.4	645.4	218.2	407.3	366.2

Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Top Causes for Emergency Department Visits

There is evidence that residents are seeking care in the emergency room for a variety of reasons, such as lack of insurance, limited availability of after-hours care, or acute symptoms. Four of the top causes of emergency room use in the service area are all related to accidents (*Table 9*). Bartow County shows higher rates of emergency room use for unintentional injury, diseases of the musculoskeletal system and connective tissue, and falls compared to the other counties and the state. Douglas County has the highest rates of emergency department use for motor vehicle crashes. Black residents have higher rates than other races and the state for each cause of emergency room use in the service area, except for falls where White residents show the highest rates.

<sup>2</sup> YPLL 75 represents the number of years of potential life lost due to death before age 75, as a measure of premature death.

**Table 9 | Emergency Room Visit Rates**

	Bartow	Cherokee	Cobb	Douglas	Paulding	All Counties	White	Black	Asian	Hispanic	Georgia
All other unintentional injury	4,856.1	2,366.8	1,958.0	3,877.4	3,776.0	2,474.7	2,542.0	2,962.3	483.1	1,777.0	3,007.2
Diseases of the musculoskeletal system and connective tissue	4,997.3	1,714.8	2,010.2	4,069.6	3,282.5	2,332.6	2,043.2	4,045.9	348.5	1,436.2	3,232.8
All other diseases of the genitourinary system	3,504.3	1,676.5	1,540.8	2,865.3	2,482.2	1,827.1	1,719.3	2,428.7	316.2	1,318.8	2,274.1
Falls	2,759.1	1,777.9	1,401.7	2,327.9	2,358.8	1,695.0	1,840.0	1,517.5	456.8	1,138.8	1,891.6
Motor vehicle crashes	1,219.7	851.5	988.6	1,777.5	1,434.0	1,105.0	802.8	1,939.7	311.9	796.5	1,143.8

Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties  
Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Top Causes of Hospital Discharge Rates

An overview of the number of inpatients discharged from nonfederal acute-care inpatient facilities who are residents of Georgia and seen in a Georgia facility is provided in Table 10. Uninsured residents are not always admitted to the hospital without some form of payment and may not be accurately represented in this data. Hospital discharge rates are highest for diseases of the musculoskeletal system and connective tissue, septicemia, and mental and behavioral disorders. Within the service area, Bartow, Douglas, and Paulding counties consistently have the highest rates of hospital discharges. White residents have higher rates of hospital discharges for diseases of the musculoskeletal system and heart disease, while Black residents have the highest discharge rates for septicemia and stroke.

**Table 10 | Hospital Discharge Rates**

	Bartow	Cherokee	Cobb	Douglas	Paulding	All Counties	White	Black	Asian	Hispanic	Georgia
Diseases of the musculoskeletal system and connective tissue	548.9	453.0	428.1	430.9	472.0	439.5	454.4	364.3	122.5	186.8	455.6
Septicemia	820.8	338.2	368.6	722.6	578.3	424.0	409.4	486.0	151.9	264.1	521.6
All other mental and behavioral disorders	1,011.3	583.0	605.7	984.1	809.1	692.5	588.6	807.9	112.8	338.8	784.2
Ischemic heart and vascular disease	460.6	267.0	212.5	316.8	343.4	249.8	259.2	222.1	91.1	149.2	306.4
Cerebrovascular disease	282.0	224.9	230.9	296.1	279.2	242.0	220.2	336.7	101.2	161.3	248.1

Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties  
Source: Georgia Department of Public Health Online Analytical Statistical Information System



## Obesity

High body mass index is a national and state-wide health issue. One-third of the service area's adult residents have a body mass index over 30 (*Table 11*) (CDC, 2017). The diabetes hospital discharge rate in Bartow (248.3 per 100,000 pop.) and Douglas (225.4 per 100,000 pop.) counties is higher than the service area (167.8 per 100,000 pop.) and the state (202.8 per 100,000 pop.) (DPH, 2015–2019). Black residents have rates of diabetes-related emergency room visit, hospital discharge, and mortality rates that are much higher than residents of other races (DPH, 2015–2019).

**Table 11 | Select Adult Body Mass Index and Diabetes Indicators (2015–2019, unless otherwise noted)**

	Bartow	Cherokee	Cobb	Douglas	Paulding	White	Black	Asian	Hispanic	Georgia
Adults with BMI > 30.0 (Obese), Percent (2017)	29.2%	28.0%	27.6%	33.2%	36.7%	ND	ND	ND	ND	32.1%
Adults with Diagnosed Diabetes* (2017)	8.3%	9.8%	8.5%	10.5%	9.2%	ND	ND	ND	ND	11.2%
Diabetes Discharge Rate *	248.3	114.0	159.3	225.4	188.4	141.0	266.3	30.9	109.5	202.8
Diabetes Mortality Rate*	17.3	11.8	15.3	22.0	14.4	13.6	29.8	10.4	9.1	21.1
Diabetes ER Visit Rate*	364.7	157.8	211.7	368.1	268.4	166.5	463.9	35.2	338.4	311.4

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

\* Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties

ND: No Data – Data not available for this population

## Coronavirus

COVID-19 cases in Georgia have spiked 3 times during the pandemic, with the highest daily new reported cases occurring in December 2021. In June 2021, all the counties in the service area had higher confirmed COVID-19 cases and deaths per 100,000 persons than the state (DPH, 2021). Except for Cobb County, the service area has lower vaccination rates than the state overall (*Table 12*) (DPH, 2022).

**Table 12 | Select COVID-19 Measures**

	Bartow	Cherokee	Cobb	Douglas	Paulding	White	Black	Asian	Hispanic	Georgia
Cases	21,494	45,064	133,901	28,069	25,878	842,347	558,726	51,951	196,624	1,914,642
Fully Vaccinated	39%	53%	60%	48%	41%	ND	ND	ND	ND	55%

Data as of 03/07/2022. Racial and ethnic data is by all counties

Source: Georgia Department of Public Health Daily Status Report, Georgia Department of Public Health Vaccine Distribution Dashboard

ND: No Data – Data not available for this population

Community leaders identified a number of adverse impacts caused by the COVID-19 pandemic. Their perspectives are explored in detail throughout the report and summarized below.

**Table 13 | Impact of COVID-19 on the Service Area According to Community Leaders**

Impact of COVID-19	
<b>Behavioral and Mental Health</b>	<ul style="list-style-type: none"> <li>• Worse mental health outcomes highlighted the need for mental health resources and services.</li> <li>• Temporary office closures, fear of COVID-19 exposure, and lack of behavioral health and substance abuse services made accessing timely and quality care difficult.</li> <li>• Isolation, disruptions in social connectivity, caregiver burden, unemployment, and workforce shortages increased behavioral health issues, including stress, depression, anxiety, substance abuse, and domestic violence.</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Increased substance abuse in Cobb County.</li> <li>• The opioid crisis remains a top concern in Cherokee, Cobb, and Douglas counties.</li> <li>• Increased need for substance abuse services.</li> </ul>
<b>Food Access</b>	<ul style="list-style-type: none"> <li>• Food insecurity and hunger increased for those experiencing financial instability; more individuals had to choose between high-quality food, paying for rent, or other necessities.</li> <li>• Food supply chain stress was unprecedented. The cost of food increased, especially for nutritious and fresh foods. Supply chain disruptions disproportionately affected those without transportation or unable to use online delivery options.</li> <li>• There are more individuals seeking food assistance and/or Supplemental Nutrition Assistance Program benefits during a time when food pantries were unable to accept new clients.</li> </ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"> <li>• Healthcare capacity was reduced due to facility closure and staffing shortages. Urgent and elective surgeries were delayed and access to primary care services and chronic disease management was reduced.</li> <li>• Some individuals lost health insurance coverage.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Due to job loss and financial instability, many residents were unable to pay rent or their mortgage and may be at risk of eviction or foreclosure.</li> <li>• The need for emergency housing and housing assistance has grown, but the amount of assistance available has remained the same. There is a need for housing policies to effectively stabilize those at risk of homelessness and decrease displacement, eviction, and cyclical homelessness.</li> </ul>
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>• Stress, isolation, decreased physical activity, eating “comfort food,” and avoidance of wellness visits may contribute to increased chronic disease.</li> <li>• There is decreased adherence to diagnostics and medication.</li> </ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>• Exacerbated persistent health disparities with higher rates of hospitalizations and mortality among already marginalized groups.</li> <li>• More than half of COVID-19 Pandemic Influence Survey participants ranked poverty and education as significantly impacted by COVID-19.</li> </ul>
<b>Economy and Employment</b>	<ul style="list-style-type: none"> <li>• People lost jobs because they could not work remotely, and employers cut staff.</li> <li>• Minority owned and small businesses were more impacted.</li> <li>• Working parents are seeking remote jobs because there is a childcare shortage.</li> </ul>
<b>Early and K-12 Education</b>	<ul style="list-style-type: none"> <li>• More than three-quarters of COVID-19 Pandemic Influence Survey participants were concerned about the impact on education.</li> <li>• There is a significant lack of childcare facilities.</li> <li>• School-age children are struggling to function at their grade level.</li> <li>• Teachers are experiencing high levels of stress.</li> </ul>

## Vaccination

Data show that the first COVID-19 vaccine was administered in Georgia on December 12th, 2020. There was mistrust and uncertainty about the COVID-19 vaccine due to confusing media information and, in some cases, religious influence. A support organization in north Georgia found that the majority of Hispanic clients did not want to be vaccinated.

## Impact of Technology

The COVID-19 pandemic encouraged the use of technology for service provision. Some employers increased their insurance coverage of telehealth services. More people are willing to use telehealth than before. Community leaders felt that while telehealth could not replace in-person care, it did decrease some barriers to access. For example:

- Greater access to providers and mental health services
- Telemedicine could replace the lack of healthcare providers in rural areas, but existing broadband issues need to be resolved.

While telehealth was a helpful tool, it was not a universal remedy. Those without smart phones, computers or computer skills, internet access, sufficient bandwidth, and unlimited minutes were not able to use telehealth. Telehealth can also limit or reduce access for vulnerable populations:

- The willingness to embrace telehealth is slow among uninsured and underinsured individuals who need behavioral health services.
- Technology-based resources are predominantly available in English and, less often, Spanish.
- Many seniors and New Americans need more support for navigating telehealth.
- Many New Americans do not know how to use email, which made it challenging to access COVID-19 information and schedule vaccination appointments.



# Access to Appropriate Healthcare

Across the service area, 16.5 percent of the population live in a health professional shortage area and the percentage of residents considered underserved is higher than state benchmarks (74.5 percent vs. 56.1 percent). Within the service area, 90.5 percent of the population in Paulding County and one-third of the population in Bartow (36.4 percent) and Douglas (34.4 percent) counties live in a Health Provider Shortage Area (HRSA, 2021).

Cobb County has higher provider rates for all providers except for nurse practitioners. However, when compared to the state, the service area has lower provider rates for:

- Mental health (146.0 vs. 138.9 per 100,000 pop.),
- Nurse practitioners (37.1 vs. 28.1 per 100,000 pop.), and
- Primary care (65.6 vs. 53.3 per 100,000 pop.) (CMS, 2021; CMS, 2020; HRSA, 2017).

**Table 14 | Health Professional Shortage and Service Provider Rates**

	Bartow	Cherokee	Cobb	Douglas	Paulding	All Counties	Georgia	U.S.
Percentage of Population Living in an Area Affected by a Health Provider Shortage	36.4%	0.0%	0.0%	34.4%	90.5%	16.5%	30.2%	22.6%
Percentage of Health Provider Shortage Population Underserved	80.4%	0.0%	0.0%	78.7%	71.5%	74.5%	56.1%	53.7%
Percentage of Population Living in a Health Provider Shortage for Dental Care	100.0%	0.0%	0.0%	100.0%	100.0%	29.4%	59.1%	44.6%
Addiction/Substance Abuse (2020)*	7.6	2.4	3.5	8.4	0.6	3.9	2.3	9.1
Buprenorphine Providers (2020)*	2.9	3.6	8.8	4.2	3.8	6.4	3.4	5.7
Dental (2015)*	31.1	48.8	65.4	41.9	15.8	52.1	49.2	65.6
Mental Health (2021)*	117.0	92.4	184.4	110.0	52.2	138.9	146.0	261.6
Nurse Practitioners (2020)*	43.8	20.2	33.8	19.5	19.0	28.1	37.1	39.7
Primary Care (2017)*	41.9	38.8	70.8	36.3	15.7	53.3	65.6	76.7

\*Per 100,000 Population

Sources:

- U.S. Census Bureau, 2012–2016 American Community Survey 5-Year Estimates: [www.census.gov/acs/www/](http://www.census.gov/acs/www/)
- Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.
- U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. 2020.
- U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.
- Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2021.
- Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.
- U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017.

## Causal factors

According to community leaders, there are many reasons for poor access to appropriate healthcare.

### Lack of affordable insurance

- Lack of affordable healthcare plans available through the ACA Marketplace.
- There is a need for Medicaid expansion.
- Increasing number of those who fall off the “benefits cliff” into the “Medicaid gap.” These are residents whose increasing income puts them at risk for losing benefits.
- Seniors with low income are having to choose between paying for housing and food or paying for medical care.
- Medicaid reimbursement rates are too low, especially for dental services.
- Lack of dentists who accept Medicaid and a lack of dental care options for uninsured residents.

### COVID-19

- Increased unemployment due to COVID-19 left many without insurance.
- Face-to-face health visits were suspended during the pandemic and residents were concerned about the efficacy of telehealth.
- Residents were concerned about COVID-19 transmission in healthcare settings.
- The pandemic exacerbated existing disparities, with higher rates of hospitalizations and mortality in marginalized groups.
- The pandemic reduced utilization of preventive and emergency care services, especially among those with pre-existing conditions.
- Hospitals experienced low staffing capacity, which contributed to delays in emergency and non-emergency care.
- Public transportation became less reliable during the pandemic.

### Care-seeking behavior

- New Americans may not access care out of fear of deportation.
- Adults may prioritize the health needs of children and neglect their own healthcare needs. For example, there is undetected ovarian and breast cancer among Hispanic women who forgo regular screening.

- Lack of trust in the medical community may discourage New Americans and Black women from seeking care.

### Lack of service providers

- Limited primary and preventative care providers in Cobb, Douglas, and Paulding counties.
- Lack of low-cost providers for the uninsured and underinsured in Cherokee County.
- Limited prenatal care providers in Cherokee County.
- Lack of infant and pediatric care options for the uninsured.

### Lack of investment in prevention

- More funding is invested in treatment compared to preventative care and early interventions.

### Culturally competent care

A third of COVID-19 Pandemic Influence Survey participants identified the pandemic as significantly impacting access to culturally competent services. Community leaders identified a lack of:

- Providers that understand the unique needs of the LGBTQ+ community.
- Free or low-cost providers that can speak a multitude of languages.
- Trust between providers and undocumented New Americans who fear deportation.
- Culturally relevant and Spanish-speaking prediabetes and diabetes programming for Hispanic populations.

### Other barriers

- Lack of transportation, particularly among low-income residents.
- Those lacking access to technology and the internet or the skills to use technology are not able to access telehealth services. Seniors, Hispanic individuals, and victims of domestic violence were mentioned specifically.

COVID-19 Pandemic Influence Survey participants found the following groups' access to care to be disproportionately influenced by the pandemic (in decreasing order):

- Low-income and socioeconomic status individuals,
- Those of older age,
- Racial and ethnic minorities,
- People experiencing homelessness, and
- Uninsured individuals.

Residents commented that Wellstar's presence in Cobb County is a "plus" for the community. They appreciated the multiple healthcare options and the contribution that doctors make to community health.

Based on an inventory of community assets (see *Appendix*), there are 23 resources in the area to address access to care; however, additional exploration will be required to determine the capacity of resources to meet identified needs. For example, it is not possible to determine the extent to which practitioners (medical, behavioral, and dental) are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services. Georgia Highlands Medical Services (Canton Family Health Center and Bartow Family Health Center) offers both primary and behavioral healthcare and chiropractic services on a sliding scale to residents who are low income, underinsured, and uninsured. Also, Federally Qualified Health Centers, e.g., Good Samaritan, may offer services that address other barriers, such as transportation.



# Behavioral Health

## Key Behavioral Health Findings

### Emergency room visits

Compared to the state, the service area has higher rates of emergency room visits for:

- Drug-related disorders (318.2 vs. 336.2 per 100,000 pop.) and
- Intentional self-harm (68.2 vs. 71.2 per 100,000 pop.) (DPH, 2015–2019).

Within the service area, Bartow and Douglas counties have higher rates of mental health emergency room visits per 100,000 population (1,460.4 and 1,322.3, respectively) compared to the service area (1,028.6) and the state (1,102.4) (*Figure 1*) (DPH, 2015–2019).

### Drug overdose

In 2019, drug overdose rates per 100,000 population in the service area (14.3) were higher than the state (12.9) and ranged from 12.3 in Cherokee County to 19.9 in Bartow County (*Table 15*). Drug overdose rates were slowing in 2018 and 2019 (pre-pandemic) across the state, but current literature points to an increase in these rates (DPH, 2015–2019).

### Alcohol use

The service area has a greater proportion of the population who engage in excessive drinking behaviors than the state (18.6 percent vs. 16.8 percent) (KP, 2020).

### Suicide

The suicide death rates per 100,000 population in Bartow (18.6), Cherokee (15.4), and Paulding (14.4) counties are higher than the state (13.8) and the service area (13.4) (KP, 2020).

### Availability of care

- Compared to the state, the service area has fewer mental health providers (146.0 vs. 138.9 per 100,000 pop.) and providers are especially low in Paulding (52.2 per 100,000 pop.) and Cherokee counties (92.4 per 100,000 pop.) (CMS, 2021).
- The service area has more addiction/substance use providers than the state (3.91 vs. 2.27 per 100,000 pop.) with the exception of Paulding County (0.6 per 100,000 pop.) (CMS, 2020).

### Disparities

- Suicide rates and drug-related ER visits are higher among White (17.5 and 471.7 per 100,000 pop.) and male residents (21.7 and 447.4 per 100,000 pop.) compared to Black (6.2 and 284.3 per 100,000 pop.) and female residents (5.9 and 232.2 per 100,000 pop.) (DPH, 2015–2019).
- Compared to males, self-harm ER visits are higher among females (51.7 vs. 90.9 per 100,000 pop.) (DPH, 2015–2019).

**Table 15 | Rate of Drug Overdose (2009–2019)**

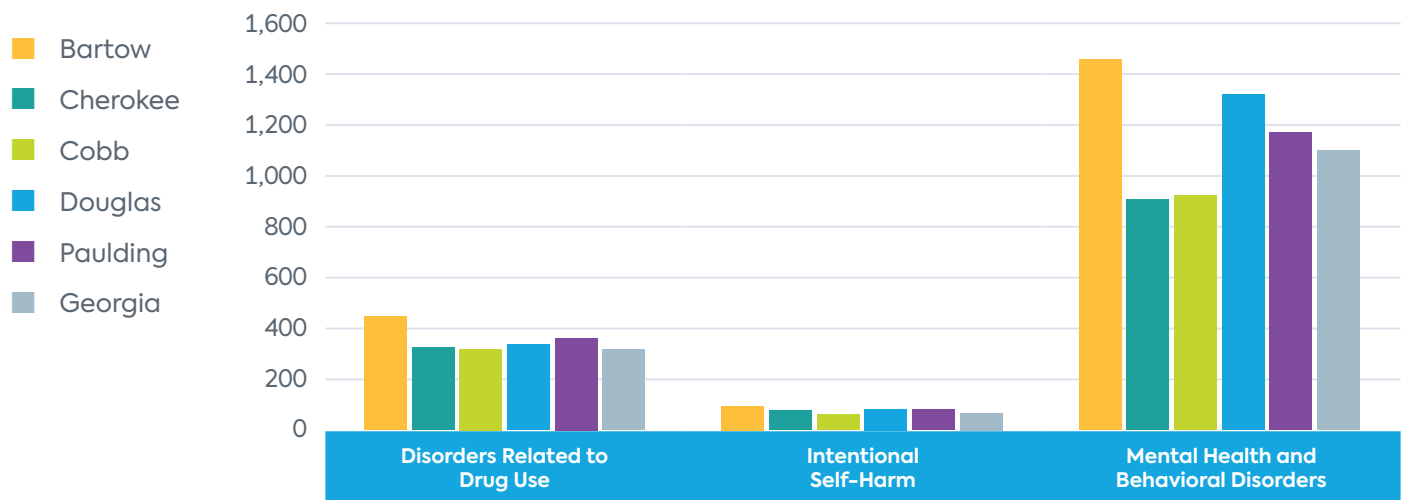
	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia
2009	9.8	10.5	10.4	5.9	17.0	9.9
2010	21.8	11.1	8.4	10.1	22.5	10.3
2011	16.8	10.4	10.0	9.4	15.3	10.4
2012	15.5	10.2	11.3	6.7	17.5	9.9
2013	13.7	14.6	13.3	5.5	10.5	10.5
2014	17.4	17.6	15.1	18.9	21.0	11.4
2015	18.0	24.1	13.4	12.7	17.5	12.2
2016	19.5	21.0	16.1	21.9	19.2	13.1
2017	25.8	16.7	18.1	16.0	15.5	14.6
2018	18.8	20.6	13.6	19.5	11.4	13.1
2019	19.9	12.3	13.3	18.4	15.0	12.9

Age-adjusted rates per 100,000 population

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

Community leaders and residents reported a need for more mental health services. They were concerned about the general decline of mental health and increased substance abuse and suicide attempts.

**Figure 1 | Emergency Room Visit Rate for Disorders related to Behavioral Health**



Age-adjusted rates per 100,000 population in the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area, compared to state benchmarks (2015–2019)

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

Based on an inventory of community assets (see *Appendix*), there are 11 resources in the area to address access to behavioral healthcare. Further examination is necessary to determine the capacity of resources to meet specific needs. For instance, it is not possible to determine the extent to which practitioners are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services.



## Factors Contributing to Poor Behavioral Health Outcomes

### COVID-19 pandemic

Behavioral health was a need pre-pandemic, and literature indicates that behavioral health outcomes have gotten worse since COVID-19 began. Pandemic-related stress is driving mental health needs due to isolation, unemployment, and workforce shortages. COVID-19 Pandemic Influence Survey participants, community leaders, and residents are concerned about the increasing prevalence of depression, anxiety, domestic violence, suicidal behaviors, and substance abuse (alcohol and drugs).

COVID-19 Pandemic Influence Survey participants indicated that the following groups' behavioral health was disproportionately affected by the global pandemic:

- Low-income and socioeconomic status individuals,
- Racial and ethnic minorities,
- Those of older age,
- People experiencing homelessness, and
- Those with pre-existing conditions.

Most COVID-19 Pandemic Influence Survey participants indicated that the pandemic had moderately or significantly influenced access to behavioral healthcare. Temporary behavioral health and substance abuse facility closures and lack of service providers have made accessing timely and quality care difficult. The shortage of mental health services disproportionately impacted Black residents and communities of color by diminishing an already limited pool of behavioral health providers representing communities of color.

COVID-19 restrictions in healthcare settings impacted residents emotionally. Individuals were unable to visit sick or dying loved ones in the hospital, which negatively impacted patient outcomes and the mental health of family members. One pregnant resident found it mentally difficult to attend pregnancy visits without the support of their spouse. Residents also discussed how mixed information about the COVID-19 virus and use of masks resulted in strong opinions and anger.

The need for substance abuse services increased during COVID-19. One recovery clinic that averaged 3,000 visits a month pre-pandemic reached 5,000 visits a month during the pandemic. COVID-19 social distancing precautions were in direct contrast with the needs of those in recovery programs. While the number of virtual mental health support groups has increased, there is concern over its efficacy in providing the same level of intimacy as in-person services.

There were also concerns about COVID-19's impact on families and school-age children:

- Parents are becoming overburdened with working full-time and supporting at-home virtual learning during school closures.
- Children are experiencing academic challenges associated with virtual learning.
- Children have less resilience and ability to cope with transitions due to lack of social interaction.
- Educators are not trained or equipped to support students with mental health issues.
- There has been an increase in child hospital admissions for mental health and eating disorders.
- There is need for more mental health messaging targeted at teenagers.

### Lack of access to services

Residents felt that a lack of focus on preventative care is resulting in physical and mental health crises. Community leaders and residents felt that there are not enough mental health services available, and some were unfamiliar with existing service providers. Community leaders expressed the need for:

- More in-person and virtual therapists.
- Affordable outpatient and transitional housing for those with mental illness, especially for low-income, underinsured, and uninsured individuals.
- Better continuity of care for those discharged from mental health crisis centers.
- Affordable mental health specialists and services.
- Pediatric mental health services and in-patient acute crisis care.
- Providers familiar with the unique needs of LGBTQ+ individuals. (LGBTQ+ individuals may avoid seeking behavioral healthcare because they are concerned mental health professionals will stigmatize them for their gender or sexual identity.)
- Culturally competent and Spanish-speaking providers for Hispanic communities.
- Sustainable funding for police department and social worker collaboration so behavioral health calls are not routed to prisons.

### Lack of insurance parity

While insurance plans should not make behavioral care more restrictive or expensive than medical care, community leaders do not feel that mental health benefits and medical and surgical benefits are equal.



# Maternal and Child Health

Georgia has the second highest rate of maternal mortality in the country – 48.4 per 100,000 pop. (World Population Review, 2022). Areas of concern include lack of follow-up on cardiovascular symptoms, failure to recognize and treat hypertension or hemorrhages soon enough, and lack of sufficient prenatal care. Black mothers are most at risk. “Black mothers are more likely to die from pregnancy in Georgia than they are in the rest of the United States” (World Population Review, 2022).

## Key Maternal Health Findings

### Pregnancy and birth rates

Compared to Georgia, the service area has a higher pregnancy rate among 30- to 39-year-olds (84.9 vs. 94.4, per 1,000 live births) and a higher birth rate among 40- to 44-year-olds (10.2 vs. 11.4, per 1,000 live births) (DPH, 2015–2019). Bartow County has higher rates of pregnancy among 18- to 19-year-olds compared to the service area and the state (71.6 vs. 44.7 and 54.7 per 1,000 live births, respectively) (*Figure 2*) (DPH, 2015–2019).

### Low birth weight

Douglas County has a higher percentage of infants born with low birth weight than the service area and the state (10.1 percent vs. 8.2 percent and 9.9 percent) (*Figure 2*) (DPH, 2015–2019).

### Infant mortality

There are fewer infant deaths in the service area compared to the state (6.4 vs. 7.3, per 1,000 live births) (KP, 2020).

### Vaccination

Community leaders identified the need for free or reduced-cost immunization and vaccination services, and better provider follow-up to ensure children receive vaccinations.

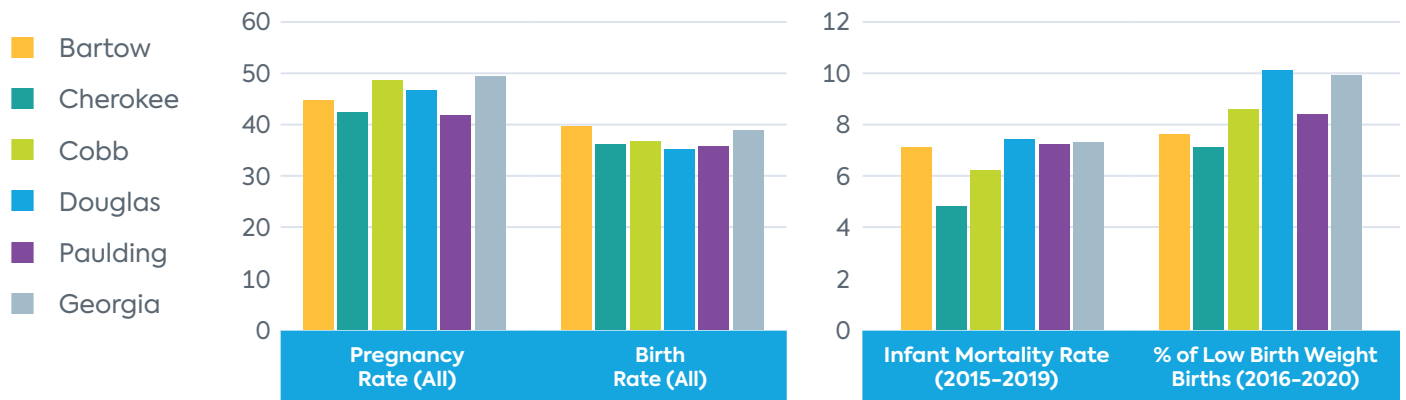
### Maternal morbidity and mortality

Reliable county-level data on maternal morbidity and mortality is not available. Maternal morbidity and mortality in Georgia are high. Community leaders are concerned that maternal and child health outcomes are worse for Black women regardless of income, access to care, and education. More data are needed to understand how the service area is impacted.

### Disparities

Rates of infant mortality in the service area are twice as high among Black residents when compared to White residents (10.9 vs. 4.8 per 1,000 live births) (DPH, 2015–2019). This disparity is even more pronounced in Bartow County, where the infant mortality rate is three times higher among Black residents compared to White residents (16.3 vs. 5.7 per 1,000 live births) (DPH, 2015–2019).

**Figure 2 | Pregnancy and Birth Rates per 1,000 live births, Infant Mortality, and Low Birth Weight**



Per 100,000 pop. in the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area, compared to state benchmarks (2016-20)  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

**Table 16 | Infant Mortality (2015-2019)**

	White	Black	Asian	Hispanic	All People
Bartow	5.7	16.3	ND	7.1	7.1
Cherokee	4.0	12.3	ND	5.9	4.8
Cobb	4.5	10.4	3.3	5.2	6.2
Douglas	5.7	9.8	ND	ND	7.4
Paulding	5.7	14.0	ND	ND	7.2
Georgia	5.2	11.8	3.1	5.4	7.3

Rates per 1,000 live births; racial and ethnic data is by all counties  
 ND: No Data – Data not available for this population  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

Community leaders identified incarcerated and recently incarcerated women among those in need of improved access to maternal and child health services. Identified needs included:

- Increased number of staff to support pregnant women and mothers,
- Maternal and child health education for pregnant women and mothers,
- Mental health services for postpartum depression,
- Improved communication channels for incarcerated mothers and the caregivers of their children,
- Improved care coordination for postnatal mothers and infants, and
- Improved access to safe and sanitary healthcare facilities.

All survey participants indicated that COVID-19 influenced maternal and child health on some level. The pandemic may have contributed to or exacerbated poor maternal and child health outcomes through:

- Increased fear, anxiety, depression, social isolation, and a reduced sense of control among pregnant women due to uncertainty around COVID-19 and changes in prenatal care.
- Disproportionate hardship among single parents, especially single mothers.
- Postponement of family planning and birth control services – including abortion – due to concerns related to COVID-19 and economic conditions.
- Reduced postpartum support for breastfeeding caused by limited access to breastfeeding specialists.
- Potential developmental delays caused by limited social interaction and access to early education.
- Potential negative impact on the health of special needs children caused by a decrease in developmental screenings and disruption in therapeutic services.

The effects of systemic and structural racism continue to negatively affect maternal and child outcomes. COVID-19 Pandemic Influence Survey participants identified groups with maternal and child health outcomes most disproportionately impacted by the global pandemic (in descending order of impact):

- Low-income individuals,
- Racial and ethnic minorities,
- Non-English speaking,
- Children, and
- Women experiencing homelessness.

Based on an inventory of community assets (see *Appendix*), there are 12 resources in the area to address maternal and child health; however, additional exploration will be required to determine the capacity of resources to meet identified needs. For example, it is not possible to determine the extent to which practitioners are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services.

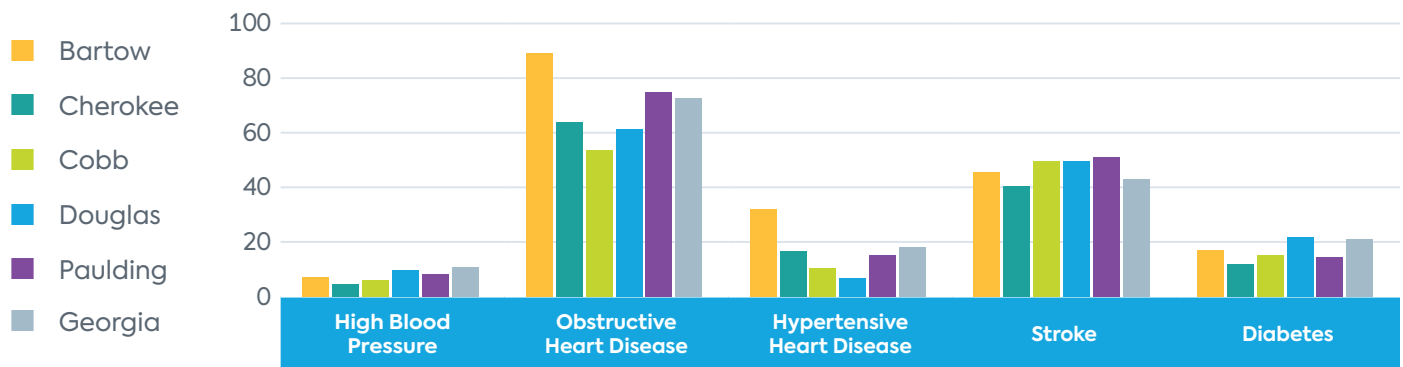
Themes that emerged from secondary and primary data include chronic disease, healthy eating, access to amenities, and healthy “culture.”

The COVID-19 pandemic disrupted daily routines, such as going to the gym and availability of public transportation for activities like grocery shopping. Individuals confined at home exercised less.

## Chronic Disease

Residents noted that hypertension, heart disease, cancer, prediabetes, and diabetes were some of the most common diagnoses in their communities. Community leaders also shared that there had been a sharp rise in the need for dialysis in Cherokee County. Residents identified unemployment, economic distress, lack of physical activity, and food insecurity as driving the increase in chronic disease. Key findings from primary data collection are outlined by disease/condition below.

**Figure 3 | Chronic Disease Mortality Rates**



Age-adjusted rates per 100,000 population

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

## Detailed Findings by Chronic Disease/Condition

### Hypertension, hypertensive heart disease, and stroke

Compared to the state, the service area has lower rates of:

- Hypertension hospital discharge (39.0 vs. 31.3 per 100,000 pop.), mortality (10.9 vs. 6.5 per 100,000 pop.) and emergency room use (452.2 vs. 419.3 per 100,000 pop.) (DPH, 2015–2019).
- Emergency room visits for obstructive heart disease (86.9 vs. 57.6 per 100,000 pop.) (DPH, 2015–2019).

Compared to the state, the service area has a higher stroke mortality rate (43.3 vs. 48.1 per 100,000 pop.) (DPH, 2015–2019)

Within the service area,

- Douglas County has higher hospital discharges for hypertension (42.2 per 100,000 pop.) and higher emergency room use (677.1 per 100,000 pop.) compared to the service area and the state (DPH, 2015–2019).
- Paulding County has higher emergency room visits for obstructive heart disease (98.3 per 100,000 pop.) compared to the service area and the state (DPH, 2015–2019).
- Health outcomes are worse among male (heart attack, stroke) and Black (hypertension, stroke) residents,

with the greatest disparities in emergency room visits for hypertension when Black and White residents are compared (Black vs. White, 733.8 vs. 225.3 per 100,000 pop., respectively). The hypertensive emergency room visit rate is also magnitudes higher for the Hispanic population compared to the White population (942.2 vs. 225.3 per 100,000 pop.) (DPH, 2015–2019).

## Diabetes

- The service area has lower rates (per 100,000 pop.) than the state for diabetes prevalence, emergency room visits, hospitalization, and mortality. Within the service area, the diabetes hospital discharge rate in Bartow (248.3 per 100,000 pop.) and Douglas (225.4 per 100,000 pop.) counties is higher than the service area (167.8 per 100,000 pop.) and the state (202.8 per 100,000 pop.) (DPH, 2015–2019).
- Black residents are more likely to utilize the emergency room (463.9 vs. 166.5), become hospitalized (266.3 vs. 141.0), and die (29.8 vs. 13.6) from diabetes than Whites in the service area, per 100,000 population (DPH, 2015–2019).

## Asthma

- Per 100,000 population, there is higher emergency room use and hospitalization for asthma in Douglas County (855.4 and 138.3, respectively) and Paulding County (589.1 and 81.7, respectively) compared to the state (539.9 and 74.2, respectively) and the service area (498.2 and 74.2, respectively) (DPH, 2015–2019). Black residents are more than four times more likely than White residents to visit the emergency room for asthma (957.3 vs. 221.5 per 100,000 pop.) (DPH, 2015–2019).
- Community leaders noted asthma and respiratory issues have increased among young people.

## Healthy Living and Food Access

Barriers to healthy eating included food insecurity – due to availability, accessibility, affordability, lack of education, and food culture.

Community leaders perceived that generational and cultural beliefs about food and healthy eating were barriers to healthy eating, especially among “people raised in the South.” Cardiovascular diseases are a leading cause of death and morbidity, yet many people do not know that poor eating and lack of exercise increase their risk.

## Food Insecurity

The service area for Wellstar Cobb, Kennestone, and Windy Hill Hospitals has a higher percentage of low-income families with limited access to healthy foods compared to the state (37.3 percent vs. 27.3 percent) (ACS, 2019). In Douglas and Paulding counties, half of low-income families have limited access to healthy foods (ACS, 2019). Compared to Georgia, the service area has a lower percentage of households receiving Supplemental Nutrition Assistance Program benefits (12.8 percent vs. 7.6 percent) and fewer Supplemental Nutrition Assistance Program retailers per 100,000 population (9.6 vs. 6.9) (ACS, 2019; USDA, 2019).

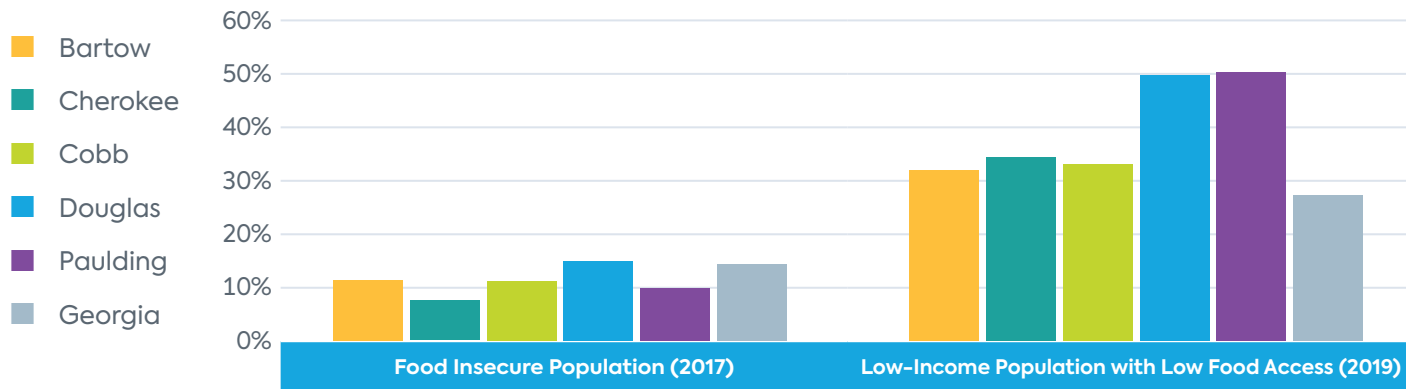
Food shortages and inflation have increased costs across sectors; families must make difficult decisions about how to meet basic needs with dwindling buying power. Residents felt that some residents purchased more “processed” foods because healthy foods were cost prohibitive.

One COVID-19 Pandemic Influence Survey participant noted an increase in individuals seeking food assistance through the Supplemental Nutrition Assistance Program and local food distribution events. Access to public transportation was restricted during the pandemic, which hindered people’s ability to access grocery stores. Children participating in school meal programs may have had to consume less nutritious foods at home during school closures. Children living in low-income households were likely more affected by increasing food costs.

According to residents, counties with barriers to healthy nutrition include Cherokee, Cobb, and Douglas counties. Residents identified Cherokee County as having an abundance of inexpensive, unhealthy food options. Douglasville, Lithia Springs, and Riverside were also described as food deserts.

Based on an inventory of community assets (see *Appendix*), there are seven resources in the area to address food insecurity. Additional exploration will be required to determine the capacity of these resources to address specific barriers to food access (e.g., transportation, income, and education) and to identify other organizations that may offer food assistance on an infrequent basis.

**Figure 4 | Percentage of Population with Food Insecurity and Low Food Access**



*In the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area, compared to state benchmarks (2017-2019)*

*Sources: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2019.*

*Source geography: Tract; Feeding America. 2017.*

## Education

Community leaders identified the following nutrition-related needs:

- The Hispanic population in Canton and the surrounding area is predisposed to diabetes and lack access to culturally relevant programs in Spanish.
- Those living in poverty cannot afford regular physician care, causing them to miss out on valuable nutrition and nutrition-related education. Community leaders felt that adults need education on preventing and managing diabetes specifically. There was also a perception that people didn’t fully understand the relationship between diet, physical activity, and chronic disease, especially cardiovascular disease.
- Supplemental Nutrition Assistance Program–eligible individuals and families would benefit from increased exposure to “new” fruits and vegetables and education on how to affordably cook and store healthy foods.

## Access to Amenities

Residents discussed how the availability of walking and exercise areas in Cobb County city centers is beneficial to overall health. However, some residents are confined at home and not exercising.

## Health Culture

According to community leaders, residents in the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area want to be healthier but need more access to chronic disease information, affordable healthy food, and outdoor space. There was also a perception that generational food culture could be a barrier to healthy eating, especially among “people raised in the South.”



# Social Determinants of Health

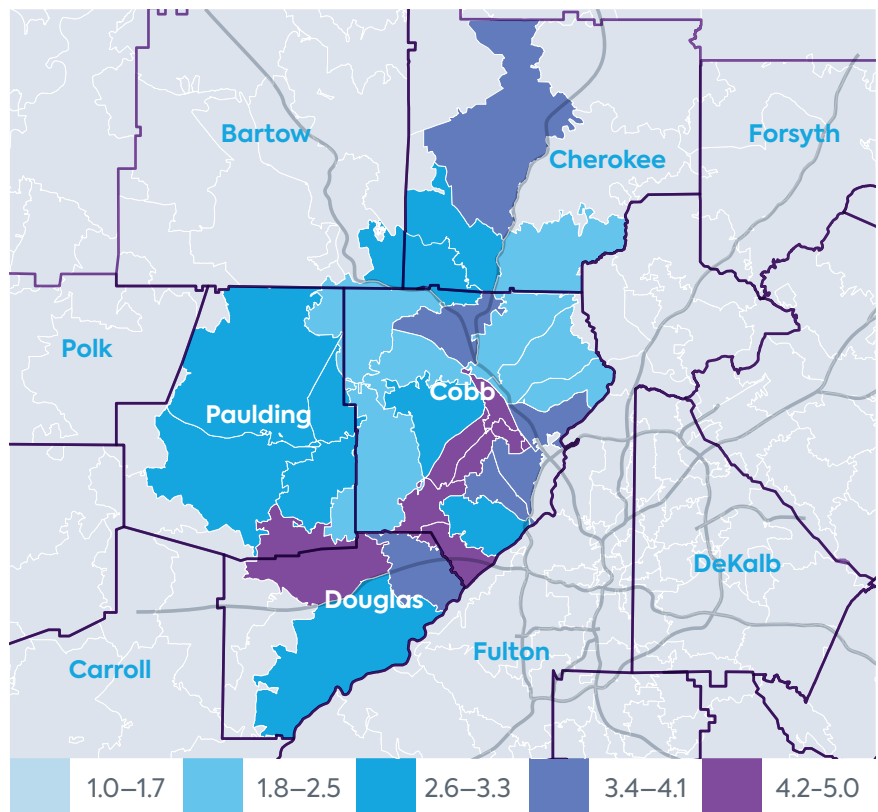
The social determinants of health prioritized by this needs assessment include poverty, housing, and education.

The Community Need Index ranks each zip code in the United States against all other zip codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing. Each factor is rated on a scale of 1 to 5 (1 indicates the lowest barrier to accessing healthcare and 5 indicates the most significant). The median score is 3.

Community leaders discussed inequitable systems that influence equity challenges in social and health outcome indicators. Leaders recommended a systems-based approach and community collaboration to begin to:

- Increase awareness about race, generational trauma, and infant and maternal mortality.
- Address the emerging challenge of prioritizing mental and behavioral health for those experiencing systemic barriers, like racism.
- Decrease race-based inequities in sentencing and behavioral diagnoses in the criminal justice system. Address the overrepresentation of Black women in incarcerated populations.
- Eliminate discrimination against Black women in the healthcare system.
- Address the difficulty that transgender individuals face in accessing gainful employment.
- Reduce “ageism” and the assumption that older people cannot learn new things.
- Increase opportunities after release for individuals who have been incarcerated for long periods of time.
- Reduce the systemic bias against children interacting with the justice system who have experienced trauma.
- Provide more primary interventions that reduce the risk of young people entering the Department of Juvenile Justice system.
- Ensure that the Hispanic population is accurately counted in the census.
- Increase access to social services and government resources, such as Medicaid, the Supplemental Nutrition Assistance Program, and pandemic stimulus benefits, for New Americans living in poverty and/or lacking proof of income due to cash-based work.

**Map 2 | Community Needs Index Score by ZIP Code (2020)**





**Table 17 | Community Needs Index Scores (2020)**

Zip	County	Change (2018-2020)	2020 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/ Kids	LES	Minority	No High School Diploma	Unemployed	Uninsured	Renting
<b>5 Areas with the Highest CNI Scores</b>												
30008	Cobb	0.0	4.6	8.7%	20.3%	32.5%	10.0%	78.7%	19.0%	7.0%	15.7%	44.2%
30060	Cobb	0.0	4.6	13.7%	24.3%	32.4%	13.6%	70.9%	24.7%	7.8%	16.6%	52.9%
30069	Cobb	0.0	4.8	17.7%	25.0%	50.0%	12.5%	76.7%	25.0%	8.3%	21.1%	66.7%
30106	Cobb	0.2	4.2	13.0%	17.1%	27.9%	3.4%	73.5%	10.6%	6.5%	15.0%	36.8%
30168	Cobb	0.0	4.6	12.0%	19.0%	27.6%	7.4%	89.0%	19.5%	7.2%	16.5%	50.4%
<b>5 Areas with the Lowest CNI Scores</b>												
30101	Cobb	0.0	2.4	7.0%	5.5%	14.9%	1.7%	34.9%	6.0%	5.0%	7.7%	18.0%
30127	Cobb	0.0	2.4	9.2%	5.5%	13.1%	2.0%	55.9%	8.2%	5.5%	7.1%	12.5%
30062	Cobb	0.0	2.2	4.0%	3.7%	12.6%	3.1%	34.0%	5.1%	3.6%	4.8%	20.8%
30066	Cobb	0.0	2.2	4.5%	3.1%	6.7%	2.0%	33.7%	4.0%	3.8%	5.6%	20.8%
30068	Cobb	0.0	2.0	5.3%	4.7%	14.4%	1.9%	24.3%	2.8%	3.3%	5.7%	16.6%
<b>County Totals</b>												
Bartow County		0.3	3.8	14.8%	13.8%	32.8%	1.8%	23.1%	16.2%	3.8%	15.9%	30.2%
Cherokee County		0.2	2.8	8.7%	10.1%	28.1%	2.6%	23.0%	8.2%	3.9%	8.5%	20.7%
Cobb County		0.0	3.1	8.3%	9.3%	18.3%	4.0%	50.5%	8.5%	4.7%	9.3%	32.3%
Douglas County		0.0	3.5	13.3%	12.8%	27.0%	1.5%	60.1%	13.0%	5.4%	11.3%	27.9%
Paulding County		0.1	3.1	12.2%	9.3%	24.7%	0.7%	30.0%	10.1%	3.2%	9.3%	19.9%

Source: Truven Health Analytics, Community Needs Index (2020)

Note: These data are from 2019 and 2020 and do not represent the influence of the global pandemic

## Housing

Across the service area, the percentage of families with cost-burdened housing (spending more than 30 percent of income on rent or mortgage) decreased between 2010 to 2019, with the exception of Cobb County, where the percent of rental-burdened households increased from 49.6 percent to 70.8 percent (ACS, 2019). Despite overall decreases, almost 50 percent of renters and 20-25 percent of homeowners in the service area are still spending more than a third of their income on housing (ACS, 2019) (Capacity, Health Communication, 2015). Except for Bartow County (\$937.00), median gross rent is higher across the counties when compared to both state (\$1,006.00) and national numbers (\$1,062.00) (Table 18) (ACS, 2019). There is concern that housing outcomes will get worse as post-pandemic data become available.

**Table 18 | Select Housing Indicators**

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Units Affordable at 15% AMI*	2.9%	1.4%	1.6%	2.0%	1.7%	2.9%	3.1%
Units Affordable at 30% AMI	7.9%	3.4%	3.9%	5.7%	4.9%	7.6%	7.9%
Units Affordable at 40% AMI	13.4%	9.8%	9.0%	12.4%	11.3%	10.4%	13.2%
Units Affordable at 50% AMI	21.7%	20.0%	18.9%	22.1%	21.8%	21.6%	20.9%
Units Affordable at 60% AMI	32.4%	30.5%	32.1%	35.2%	34.2%	32.1%	29.9%
Units Affordable at 80% AMI	56.2%	50.4%	53.8%	62.0%	60.8%	52.6%	47.3%
Units Affordable at 100% AMI	73.1%	64.7%	66.3%	77.9%	76.9%	67.1%	61.1%
Units Affordable at 125% AMI	82.7%	74.2%	75.7%	85.6%	85.2%	78.0%	73.2%
Median Gross Rent	\$937.00	\$1,241.00	\$1,202.00	\$1,087.00	\$1,163.00	\$1,006.00	\$1,062.00
Households paying more than 30% of income for monthly mortgage	25.7%	20.6%	22.5%	24.7%	23.7%	ND	ND
Households paying more than 30% of income for monthly rent	13.9%	45.8%	70.8%	46.3%	47.6%	ND	ND
Households living in homes with one or more severe problems	15.9%	14.4%	15.8%	17.4%	14.1%	17.7%	18.5%

\* Area Median Income

ND: No Data – Data not available for this population

Sources: U.S. Census Bureau, American Community Survey, 2015–19; Community Health Needs Dashboard by KP CHNA Data Platform, Esri Business Analyst, 2020.

Housing situations are fragile due to job loss, underemployment, and price increases across sectors. Residents believe that the stress from housing insecurity will contribute to rises in chronic disease and COVID-19 Pandemic Influence Survey participants believe it will impact both physical and mental health.

Affordable housing is difficult to find, and in some places, the housing market is “skyrocketing.” COVID-19 Pandemic Influence Survey participants report that many individuals are behind on their mortgage or rent, and at risk of eviction or foreclosure. Rental prices increased as much as \$1,000 per month. One resident considered selling their home after losing their job, but rent prices are higher than their current mortgage.

Community leaders found no solutions in place to address the lack of affordable housing. Financial assistance is needed for rent, mortgage, utilities, and home maintenance to reduce safety hazards, such as failing septic tanks. Small, independent apartment owners did not receive state or federal assistance.

The complexity of the public housing system makes qualifying for assistance difficult. There are long waitlists of people seeking long-term housing and not enough emergency housing, hotel vouchers, and shelter options. Community leaders noted a need for more public housing in Cobb and Douglas counties for people with incomes under \$30,000. In Cherokee County, homelessness among seniors is growing, but there is a lack of county-level support for homeless services. During the COVID-19 pandemic, those who were temporarily or chronically homeless had a higher risk of COVID-19 infection.

More safe housing is needed in the area. In Cobb County, homes in Mableton and Powder Springs may have structural safety issues. In Cherokee County, there is a need for more safe housing for people at risk of homelessness and seniors. Additionally, there are zoning laws that are contrary to fair housing laws and inhibit the development of housing for people with disabilities.

Housing outcomes are worse for residents who are Black, single mothers, undocumented, and/or have a low income (ACS, 2019). A community leader noted that private landlords in Cobb County are denying people of color and those with housing vouchers. COVID-19 Pandemic Influence Survey participants also identified the following groups as being disproportionately affected by the pandemic's impact on housing:

- Individuals with low income,
- Racial and ethnic minorities,
- People experiencing homelessness,
- Those of older age, and
- Non-English speaking or proficient communities.

Based on an inventory of community assets (see *Appendix*), there are 3 resources in the area to address housing; however, additional exploration will be required to determine other organizations that offer housing assistance (e.g., placement, housing affordability). For example, some job-readiness organizations also offer housing assistance to their clients.

## Poverty

Impoverished residents have reduced access to healthy food, high-performing schools, transportation, and adequate and safe housing. Poverty limits access to care and increases poor physical and mental health outcomes. The percentage of families in the service area living in poverty<sup>5</sup> between 2015–2019 was lower than it was between 2006–2010 (*Table 19*) (ACS, 2019). However, these numbers are pre-pandemic and there is an expectation that post-pandemic numbers will be higher. Community leaders noted economic factors that contribute to financial insecurity:

- Employers decreased staff during the COVID-19 pandemic, especially for jobs that could not be done remotely.
- Prices have increased across sectors due to pandemic recession.
- Lack of employment opportunities that pay a living wage.

Community leaders commented that some communities in Cobb County have lower life expectancy, including Acworth, Austell, Mableton, Marietta, Powder Springs, and Riverside. In Paulding County, Dallas and Hiram are lower income communities. In Douglas County, Lithia Springs is a lower income community.

In the service area, Bartow County has the highest Community Needs Index score at 3.8, which indicates above average socioeconomic barriers to accessing care (*Table 17*) (CNI, 2020). Within Bartow County, one third of single-parent families with children and an estimated 13.8 percent of children are living in poverty (CNI, 2020). The percentage of total people living in poverty increased in Douglas County from 11.3 percent between 2006–2019 to 12.8 percent between 2015–2019 (*Table 19*) (ACS, 2019). Married couple families have the lowest poverty rates, whereas single female head of household families have the highest poverty rates, with rates between 3 and 6 times that of married families between 2015–2019 (ACS, 2019).

<sup>5</sup> According to the U.S. Department of Health & Human Services, in 2021, the U.S. poverty threshold for a single person under 65 was an annual income of \$12,880, or about \$35 per day. The threshold for a family group of four, including two children, was \$26,500, or about \$73 per day.

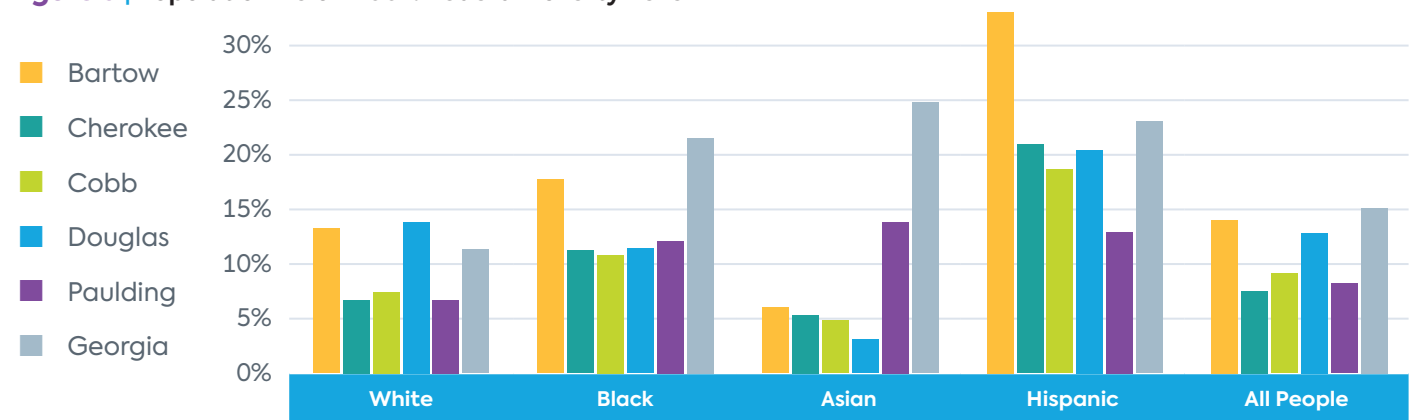
**Table 19 | Population Below the Federal Poverty Level (2006–2019)**

	Bartow		Cherokee		Cobb		Douglas		Paulding	
	2006–2010	2015–2019	2006–2010	2015–2019	2006–2010	2015–2019	2006–2010	2015–2019	2006–2010	2015–2019
Total households	34,301	37,627	74,339	88,137	256,741	280,374	44,747	49,187	46,440	53,299
All people	14.0%	14.0%	7.4%	7.5%	10.6%	9.1%	11.3%	12.8%	8.2%	8.2%
All families	10.0%	10.9%	5.5%	5.4%	7.6%	6.0%	8.8%	9.7%	7.0%	6.4%
Married couple families	5.6%	7.6%	3.8%	3.4%	3.5%	3.0%	4.2%	4.9%	4.0%	3.4%
Single female head of household families	32.4%	23.8%	15.8%	19.6%	22.1%	16.1%	21.0%	23.9%	17.8%	19.8%
Households with no motor vehicle	4.0%	4.2%	2.4%	2.6%	3.7%	3.5%	3.2%	4.0%	1.8%	2.5%
Commuting mode – public transportation	0.4%	0.7%	0.5%	0.5%	1.6%	1.0%	1.5%	0.8%	0.8%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2015–2019

Compared to the White population (8.14 percent), the Black population is almost one and half times more likely (11.3 percent) and the Hispanic population is twice as likely (19.6 percent) to fall under 100 percent of Federal Poverty Level (Figure 5) (ACS, 2019). Across the service area, women have higher poverty rates than men (16.5 percent vs. 13.6 percent) (ACS, 2019).

**Figure 5 | Population Below 100% Federal Poverty Level**



Source: U.S. Census Bureau, American Community Survey, 2015–2019

In 2015–2019, the unemployment rate in the service area was lower than the state (3.7 percent vs. 4.4 percent); however, the Douglas County unemployment rate was higher (5.0 percent) (ACS, 2019). Overall, the unemployment rate tripled in all counties between 2019 (3–5 percent) and 2020 (12–14 percent), which is likely due to COVID-19 (United States Department of Labor, 2020). Community leaders shared that underemployment and lack of living wage jobs are contributing to poverty. They reported an immediate need for increased COVID-19 vaccination so people can get back to work. Long term, economic investment is needed to promote job growth.

Based on an inventory of community assets (see *Appendix*), there are 13 resources in the area to address poverty (e.g., job readiness and local resources). Further examination will be needed to determine the capacity of these organizations to address said needs – for example, specific criteria may be required for residents to access services or goods.

## Education

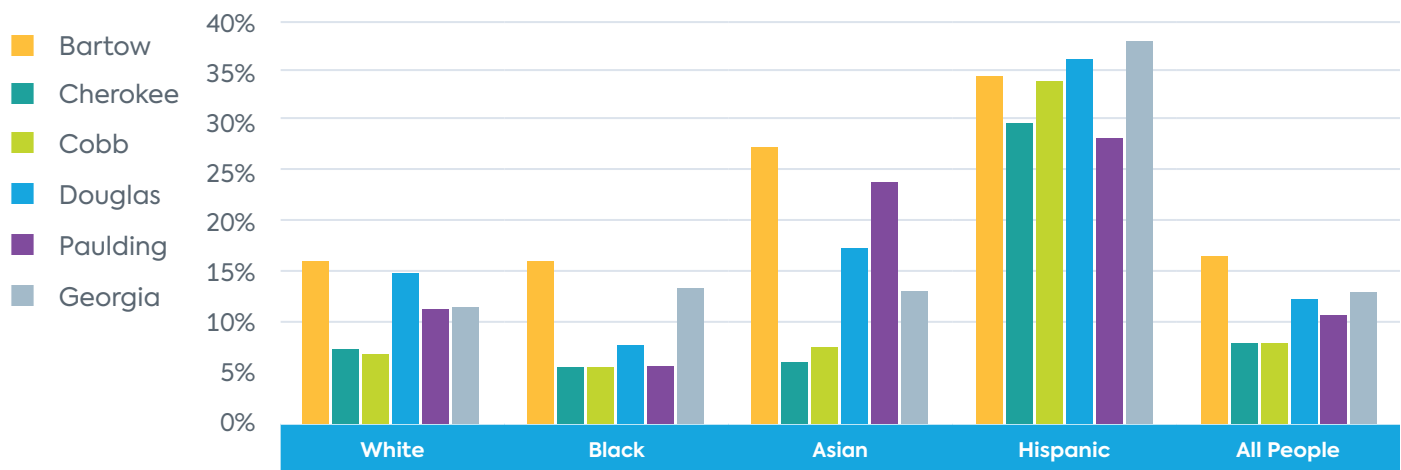
Compared to Georgia, the service area has a lower percentage of adults 25 or older without high school diplomas (12.9 vs. 9.3 percent) except for Bartow County (16.4 percent), and current literature suggests that the pandemic has caused more strain on education (ACS, 2019). Compared to White residents, Hispanic residents are three and a half times more likely not to have a high school diploma (8.9 vs. 32.7 percent). In Douglas County, 77 percent of the Black population over 25 does not have a high school diploma (ACS, 2019).

**Table 20 | Select Education Indicators (2015–2019)**

	Bartow	Cherokee	Cobb	Douglas	Paulding	Georgia	U.S.
Adults without a high school diploma (age 25+)	16.4%	7.9%	7.9%	12.2%	10.6%	12.9%	12.0%
High school graduate rate	89.2%	87.0%	86.3%	87.0%	89.0%	85.4%	87.7%
Associate degree or higher	26.1%	46.4%	54.5%	35.6%	31.5%	39.1%	40.6%
Bachelor’s degree or higher	18.6%	38.2%	47.4%	28.2%	22.6%	31.3%	32.2%
Preschool enrollment (ages 3–4)	28.9%	58.3%	60.8%	49.1%	35.1%	50.3%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015–2019

**Figure 6 | Percentage of Population Without a High School Diploma**



Source: U.S. Census Bureau, American Community Survey, 2015–2019

Community leaders shared several concerns regarding education:

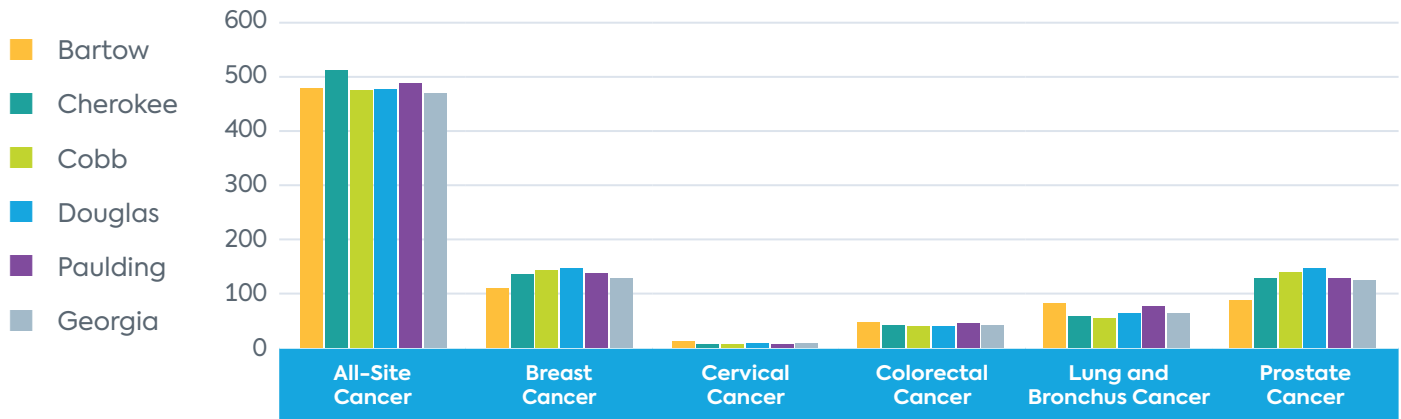
- There is a new lack of early care and education (childcare) options. Parents are seeking remote jobs because of the shortage.
- There is concern about the quality of public education and a disconnect between curricula and the skills needed by local employers. Public school systems are focused on preparing students for college and are not encouraging opportunities like technical school.
- School-age children are struggling to reach or stay on grade level.
- Teachers are experiencing high degrees of stress.
- One community leader attributed some school absences in Cobb and Douglas counties to increasing homelessness.

Historically, the burden of cancer has been much higher in Georgia compared to national numbers. The communities served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals have higher age-adjusted incidence rates for all-site cancers when compared to the state (Figure 7) (DPH, 2013–2017).

Compared to the state, the service area has higher age-adjusted hospital discharge rates for breast (10.8 vs. 11.9 per 100,000 pop.), colorectal (31.8 vs. 32.4 per 100,000 pop.), lung (27.9 vs. 28.9 per 100,000 pop.), and prostate cancers (11.2 vs. 15.2 per 100,000 pop.). In Paulding County, the rates of lung cancer hospitalization (42.4 per 100,000 pop.) and mortality (43.9 per 100,000 pop.) are almost one and a half times higher than the service area (28.9 and 33.2 per 100,000 pop. respectively) and the state (27.9 and 38.7 per 100,000 pop. respectively). The breast cancer mortality rate per 100,000 population is higher in the Black population than in the White population (16.1 vs. 11.4 per 100,000 pop.); however, the lung cancer mortality rate is lower than in the White population (28.4 vs. 36.5 per 100,000 pop.) (Table 21) (DPH, 2015–2019).

More than half of COVID-19 Pandemic Influence Survey participants felt the pandemic significantly impacted cancer care. Comments suggest that cancer screenings and appointments were delayed/cancelled, impacting diagnosis and treatment, potentially increasing cancer mortality.

**Figure 7 | Incidence Rates of Selected Cancer Sites**



Age-adjusted rates per 100,000 population, (2013–17)

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

Cancer outcomes are worse among Black and low-income residents and prevalence increases as residents age.

**Table 21 | Cancer Mortality Rates**

	Bartow	Cherokee	Cobb	Douglas	Paulding	White	Black	Asian	Hispanic	Georgia
All-Site Cancer	160.5	148.9	136.7	157.4	157.3	150.0	152	70.6	94.3	155.1
Breast Cancer	9.5	10.6	11.8	15.7	12.2	11.4	16.1	3.9	7.2	11.7
Cervical Cancer	2.4	0.5	1.1	1.4	1.1	0.9	1.9	ND	2.8	1.2
Colorectal Cancer	13.5	15.0	13.5	15.4	13.2	13.7	18.0	7.6	10.9	14.6
Lung Cancer	41.6	34.1	29.0	36.4	43.9	36.5	28.4	9.8	11.0	38.7
Prostate Cancer	8.3	8.4	7.7	11.3	7.5	7.9	12.8	ND	4.1	8.6

Age-adjusted rates per 100,000 population, (2015–2019). Racial and ethnic data is by all counties

ND: No Data – Data not available for this population

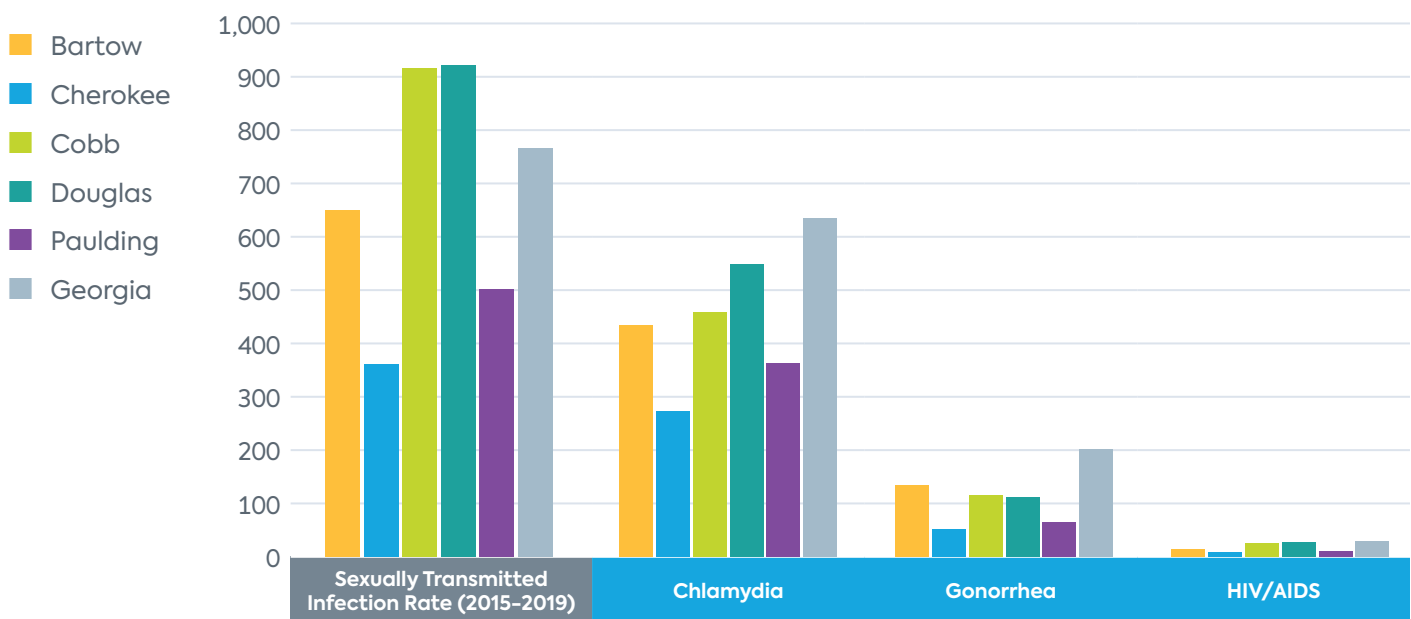
Source: Georgia Department of Public Health Online Analytical Statistical Information System



# Sexually Transmitted Diseases

Compared to Georgia, the service area has lower rates of sexually transmitted infection incidence overall (762.6 vs. 683.2 per 100,000 pop.) and Human Immunodeficiency Virus prevalence (624.9 vs. 376.6 per 100,000 pop.) (DHP, 2015–2019, CDC, 2018). Rates of sexually transmitted infection per 100,000 population are higher in Cobb (911.0) and Douglas (916.7) counties compared to the rest of the service area (683.2) and the state (762.6) (DPH, 2015–2019). Overall, sexually transmitted infection rates are higher among Black and Hispanic populations compared to the White population (Table 22) (DPH, 2015–2019).

**Figure 8 | Sexually Transmitted Infection Rate\* and Incidence Rates for HIV/AIDS, Chlamydia\*, and Gonorrhea\***



In the Wellstar Cobb, Kennestone, and Windy Hill Hospitals service area compared to state benchmarks (2018, except as noted)

\* Age-adjusted

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

**Table 22 | All Sexually Transmitted Infections, Chlamydia, and Gonorrhea**

	Bartow	Cherokee	Cobb	Douglas	Paulding	White	Black	Asian	Hispanic	Georgia
All STDs	646.0	358.9	911.0	916.7	499.3	192.2	851.8	64.5	302.6	762.6
Chlamydia	470.2	295.6	516.8	693.9	384.2	139.6	564.4	48.7	247	607.2
Gonorrhea	163.6	53.0	140.3	187.3	98.7	40.6	217.3	10.8	33.9	195.0

Age-adjusted rates per 100,000 population, (2015–2019). Racial and ethnic data is by all counties

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

All COVID-19 Pandemic Influence Survey participants identified sexually transmitted infections and Human Immunodeficiency Virus as being impacted by the pandemic. Increased awareness of Human Immunodeficiency



# Violence and Crime

Overall, Part I (violent and property) crime rates decreased across the service area between 2006–2017 with a few notable exceptions (*Table 23*):

- Violent crime increased in Bartow and Douglas counties,
- Rape increased in Douglas County, and
- Murder and rape doubled in Cherokee County (UCR, 2017).

Compared to Georgia, the service area has lower assault-related hospital discharge (16.0 vs. 7.5 per 100,000 pop.) and emergency room visit rates (247.6 vs. 172.0 per 100,000 pop.). Assault-related emergency room visit rates in Bartow (245.4 per 100,000 pop.) and Douglas (250.5 per 100,000 pop.) counties are one and a half times higher than the service area as a whole (172.0 per 100,000 pop.) (DPH, 2015–2019).

Community leaders report increases in crime in Cobb County and domestic violence across the service area. Sixty-seven (67) percent of COVID-19 Pandemic Influence Survey respondents felt that the pandemic had significantly influenced violence. During the pandemic, jails limited capacity to reduce the transmission of COVID-19. Individuals committing crimes were immediately released back into the public.

**Table 23 | Crime Rates per 100,000 population**

	Bartow		Cherokee		Cobb		Douglas		Paulding	
	2006–2010	2013–2017	2006–2010	2013–2017	2006–2010	2013–2017	2006–2010	2013–2017	2006–2010	2013–2017
All Part I Crimes	4,471.5	3,603.7	1,473.2	1,385.0	2,949.9	2,682.4	3,727.4	3,165.8	2,482.0	2,160.8
Violent Crime	349.7	356.6	93.9	86.1	305.7	265.1	271.6	298.1	225.8	139.5
Murder	2.3	1.4	0.7	1.6	3.4	3.3	3.6	4.4	1.0	1.4
Rape	28.1	24.0	9.1	14.8	18.4	18.1	15.2	18.4	15.1	12.7
Robbery	62.0	33.7	14.3	14.9	119.3	89.7	70.4	68.4	24.8	19.3
Aggravated Assault	257.3	297.6	69.8	54.8	164.6	154.0	182.3	206.9	184.9	106.0
Property Crime	4,121.9	3,247.0	1,379.3	1,299.0	2,644.2	2,417.3	3,455.8	2,867.7	2,256.2	2,021.3
Burglary	1,026.7	686.4	300.5	205.4	667.3	438.4	709.5	434.7	516.1	369.2
Larceny	2,715.7	2,297.5	1,007.9	1,033.8	1,706.5	1,796.3	2,441.9	2,270.0	1,537.2	1,450.7
Vehicle Theft	379.5	263.1	70.9	59.8	270.4	182.6	304.4	163.1	202.8	201.4

Source: U.S. Census, Georgia Bureau of Investigation

COVID-19 Pandemic Influence Survey respondents reported an increase in violent crimes, including child abuse and domestic and intimate partner violence. The increase in violence could be attributed to 1) increased social isolation, 2) greater exposure to violent family members during the shutdown, and 3) increased anxiety, depression, and substance use. Community leaders reported increases in child physical and sexual abuse. There was a perception that during the pandemic shutdown, families were spending more time together, and some families had to cohabitate due to loss of housing. During this period, children were not interacting with professionals that are mandated to report child abuse, and reports of child abuse were less frequent as a result.







These data were presented to Wellstar Health System leaders in a review process that led to identifying the six community health priorities.



\* including access to food, physical activity, and chronic disease prevention and management

Strategies were developed to address the following priorities during the implementation planning process:



Wellstar Cobb, Kennestone, and Windy Hill Hospitals have chosen not to develop a strategy targeting poverty in the communities served because there are many capable community-based organizations and social service agencies meeting the needs of residents experiencing poverty. Wellstar Cobb, Kennestone, and Windy Hill Hospitals will all address poverty through many of the strategies implemented to address each of the selected priorities and will continue to partner with organizations and agencies serving residents experiencing poverty.



# PARTNERSIN CARE

LISTENING TO COMMUNITY INPUT

# APPENDIX

## Stakeholder Interviews

Georgia Health Policy Center conducted interviews with community leaders. Leaders who were asked to participate in the interview process encompassed a wide variety of professional backgrounds including 1) public health expertise; 2) professionals with access to community health related data; and 3) representatives of underserved populations. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

### Methodology

The following qualitative data were gathered during individual interviews with 37 community leaders in communities served by the Wellstar Cobb, Kennestone, and Windy Hill Hospitals. Each interview was conducted by Georgia Health Policy Center staff and lasted approximately 45 minutes. All respondents were asked the same set of questions developed by Georgia Health Policy Center. The purpose of these interviews was for community leaders to identify health issues and concerns affecting residents in the communities served by Wellstar Cobb, Kennestone, and Windy Hill Hospitals, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 37 community leaders interviewed. The organizations represented included:

#### Local organizations:

- Atlanta Regional Commission
- Bethesda Community Clinic
- Black Mamas Matter Alliance
- Catholic Charities of Atlanta
- Cobb Douglas Public Health
- Center for Black Women's Wellness
- Cherokee County Board of Education
- Cherokee County Chamber of Commerce
- Cherokee County Senior Services
- Cobb Chamber of Commerce
- Cobb County Police Department
- Cobb County Senior Services
- Cobb and Douglas Community Services Board
- Davis Direction Foundation
- Douglas County School District
- Good Samaritan Health Center
- Kennesaw State University
- Live Healthy Douglas
- Marietta Housing Authority
- Metro Atlanta YMCA
- Morehouse School of Medicine
- The Care Place
- Wellstar Kennestone Cancer Care

#### Organizations representing the state of Georgia:

- American Heart Association
- American Foundation for Suicide Prevention
- CDC
- Georgia Asylum and Immigration Network
- Georgia Department of Education
- Georgia Department of Juvenile Justice
- Georgia Supportive Housing Association
- Healthcare Georgia Foundation
- HealthMPowers
- Latin American Association
- Motherhood Beyond Bars
- National Alliance on Mental Illness
- Partnership for Southern Equity
- Wholesome Wave Georgia

# Primary Data and Community Input

When asked what has improved, declined, or remained unchanged in the past three years, key informants said the following:

## Improved

- Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.
- Enrollment in health and human service benefits has increased as demand has increased; this includes SNAP (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).
- Increased awareness about mental health issues and access to resources contributed to a decline in suicide rates.
- Greater awareness of the safety net schools and their support staff provide for children. Increased focus on community support and wraparound services in school systems, such as support for school-based grant applications.
- Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need.
- Increased services and resources for food insecurity, housing, transportation, and social services
- There are more opportunities for healthy living due to better coordination of resources.
- Medicaid coverage was expanded to six months, from six weeks, for pregnant and postpartum women.
- Collaborations between transportation and community development resulted in more policy, systems, and environmental changes, such as sidewalks and walking trails.

## Remained the same

- Environmental health is largely unchanged. The rate of chronic health conditions has stayed the same.
- While awareness about housing challenges has increased, there remains a lack of affordable housing without the political will and capacity required to make significant changes.
- Systemic issues influencing health, including racism, housing, and education, have not improved. While there has been an increase in awareness among the general population, these systemic issues have not improved.

Racial and ethnic reckoning makes it feel like it has gotten worse, but these issues were pervasive prior to the pandemic.

- Housing has always been an issue for low income renters.\*
- The COVID-19 pandemic highlighted existing disparities around access, unemployment, opportunities, and income that continue to influence maternal and child health, diabetes, and cardiovascular disease.
- COVID-19 did not seem to impact seniors' use or need for services.

## Declined

- The COVID-19 pandemic has decreased overall mental health, wellbeing, job security, and healthcare access. Financial, housing, and food burdens particularly experienced in underserved communities increases stress and chronic diseases, which is believed to decrease life expectancy.
- While safety-net services have increased, the need for food pantries and food assistance has also increased.
- Workforce shortage is causing stress on businesses and workers, particularly small businesses.
- Public transit routes are cut due to lack of ridership, despite transportation needs, particularly among seniors.
- The cost of housing has increased, outpacing the growth of entry-level wages, making housing less affordable.
- While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
- During COVID-19, homeless services were closed or unable to take new clients.
- Telehealth is not a good substitute for in-person substance use recovery services.
- Mental health has declined.
- Related behavioral issues have increased, including more aggravated assault and homicides, and worsening substance abuse.
- It is harder to access mental health services and resources that are not online.

- Collaboration with Motherhood Beyond Bars has been strained and services have decreased within prison settings as a result. There can be an increase in the risks associated with shackling, solitary confinement, and near-miss fatalities.\*
- It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans.
- Hospital closures and/or use of contracted facilities decreased availability and comprehensiveness of behavioral health treatment for juveniles in the justice system.\*
- State hospital closures decreased residential post-hospitalization mental healthcare.\*
- Fear amongst the immigrant population driven by previous federal administration policies has resulted in hesitancy to access services.\*
- As Medicaid-accepting offices closed and services were shifted online, those with coverage but lack of technology skills have had difficulty accessing care.
- Decrease in the number of residents with chronic illnesses under control with people who have less ability to afford medications
- Failures of septic systems have gone up over the past few years and can be related to climate issues, such as more rain.
- Inability to afford support services for older adults has resulted in a high reliance on informal caregivers (family members) instead of trained home health aides, despite low wages for trained workers
- Asthma being diagnosed in adults\*
- Hesitancy to seek healthcare due to fear of COVID-19

\* Indicates a change that is not attributed to the COVID-19 pandemic.

## Top Health Needs

Key informants were asked to identify the top health needs in their service area.

### Top needs identified:

#### Access to Appropriate Healthcare

(primary, specialty, mental, dental, and maternal and child health)

- Lack of access to health insurance and providers, especially for the poor in Cherokee County
  - Need for Medicaid expansion and more providers that accept Medicaid
  - Affordable and accessible health insurance and providers, especially primary and preventative care in Douglas, Cobb, and Paulding counties
  - Many rural counties do not have practicing physicians or dentists.
- Maternal and Child Health:
  - Limited prenatal care in Cherokee County
  - Lack of Medicaid providers available for newborn infants and need for prenatal, postnatal, and pediatric care options for the uninsured, such as funding or discounts
  - Higher rates of preterm and low birth rate babies and infant deaths in the African-American community.
  - Teen pregnancy is a concern amongst the New American population. There is limited information available to teenagers on health and reproduction.
  - Services for incarcerated pregnant women:
    - Providing education and programming
    - Increasing the number of staff and improving the quality of care
    - Mental health services for prevention or treatment of postpartum depression
  - Communication between pregnant women and caregiver(s) of their children
  - Early prevention – starting with supporting pregnant women with health services to early education. Schools have necessary resources to retain students. Early prevention has to start while in utero. (chronic disease).
  - Need for more culturally responsive and relevant services
    - Need for increased awareness about race, generational trauma, and infant and maternal mortality
  - Financial support for families that can not afford immunizations and vaccinations and provider follow-up to ensure that children receive needed vaccinations.
- Need financial assistance for senior care services. Seniors may sign up for an unaffordable Medicare plan; have to choose between food and rent over medical care
- Lack of needed services or programming for institutionalized populations, including primary interventions to reduce risk for entering the DJJ system.
- Need for more culturally responsive and relevant services
  - Despite increasing population, Hispanic populations are not utilizing healthcare or social services
  - Not enough health and social services with staff that speak languages other than English
- Lack of access to dental care:
  - Lack of dentists and providers that accept Medicaid
  - Lack of uninsured dental care options

## Behavioral Health and Substance Abuse

Mental health was consistently noted as a top need across key informant interviews.

- Mental health needs have increased, including loneliness, depression, anxiety, and suicide.
- Mental health parity with insurance and healthcare systems
- Increased demand for behavioral health services without concurrent increases in funding to support behavioral services for the uninsured or underinsured
- Lack of affordable or accessible mental health facilities, specialists, and services.
- There is a need for integration and partnership between primary care and behavioral health services.
- Need for more culturally competent providers for the LGBTQ+ community and Hispanic communities, including need for Spanish-speaking mental health services
- Behavioral health needs of LGBTQ+ populations are not being treated
- Post-hospitalization housing or residential care [National Alliance on Mental Health]
- Increased substance abuse in Cobb County.
- The opioid crisis remains a top concern in Cherokee, Cobb, and Douglas counties.
- Higher prevalence of suicidal thoughts and/or suicide attempts in all groups, including school-aged children
- LGBTQ+ populations need access to culturally competent care that enables individuals to work through issues without judgment or facing stigmas.
- Mental health concerns specific to youth:
  - Need for mental health messaging targeted directly to teens
  - Lack of inpatient beds for acute, crisis care for youth
  - Increase in children hospital admissions for mental health and eating disorders

## Chronic Disease and Disability (including cancer)

- Obesity
- Cardiovascular disease
- Diabetes
  - Increased diagnosis of diabetes, prediabetes, and hypertension in young adults
  - Amongst immigrant populations, high blood pressure and diabetes are not managed due to lack of access to primary care and high cost of medication
- Sharp rise in need for dialysis in Cherokee County
- Asthma and increased respiratory issues amongst young people (Paulding)

## Sexually Transmitted Diseases (HIV/AIDS and STIs)

- High-risk sexual behaviors (Cobb and Cherokee)
- HIV/AIDS in Cobb County

## Healthy Eating, Active Living

- Need for a focus on healthy eating and living
- Residents want to be healthier but need more access to chronic disease information, parks, and affordable food

## Social Determinants of Health

(including transportation, income and employment, food security, education, housing, family and social support, technology, and structural racism)

- Inequitable systems, need for systems-based approach
  - Trauma-sensitive systems to prevent systemic bias against traumatized children
  - Equity issues, systemic racism, including systemic bias against traumatized children
  - Community collaboration to address equity challenges
- Access to affordable housing and/or housing assistance
  - Need for more safe housing
  - Need for more public housing, especially for those with incomes of \$30,000 and under in Cobb and Douglas counties
  - Need for financial assistance for utilities and to reduce safety hazards in the home, such as failing septic tanks
  - Many people are choosing between rent, paying utilities, affording medicine, and other basic needs. There is an increased need for financial help for utilities, mortgages, and rent.
  - Lack of county-level support for homeless services. Homelessness amongst seniors is growing in Cherokee County and there are no homeless shelters.
- Access to affordable healthy food and food insecurity are a concern, especially in Douglas and Cobb counties.
- Education
  - Lack of childcare and early education options
  - Aligning education systems to address skill gaps in real time.
- Transportation is needed to access services in Cherokee County, including for undocumented residents



## Context and drivers

Key informants were asked to identify structural, policy, or cultural factors that are driving the identified healthcare needs.

### Access to Appropriate Healthcare

(primary, specialty, mental, dental, and maternal and child health)

- Geographic inequities:
  - Immigrant Issues: Immigrants outside of metro Atlanta, particularly south Georgia, need greater access to services and support.
  - Closure of rural hospitals: Georgians in rural areas are facing a lack of providers. Hospital closures have increased distance traveled to access care and has been detrimental to rural economies.
  - Increased population without insurance
- Inequity, disparities, and racism:
  - Lack of health insurance and access to healthcare amongst the adult Hispanic immigrant population, including those who are documented. Amongst immigrant Hispanic populations, care is sought for children but not for adults. For example, there is a disproportionate amount of ovarian and breast cancer due to lack of annual checkups and early detection.
  - Hispanic populations need trust to be built between providers and patients. Undocumented residents may not seek care due to fear of deportation.
  - Not enough free or low-cost providers that can speak a multitude of languages
  - Distrust of the medical system amongst Black women.
- Access to health insurance, coordinated and/or continued medical care for certain populations or conditions:
  - In urban areas, healthcare providers are accessible, and may be unaffordable due to the cost of insurance, copays, and deductibles.
  - The rising cost of healthcare causes more people to choose to be uninsured, even if offered coverage from a job or the Marketplace. Even for those who are insured, they may not be making enough money to afford to live and treat their illnesses.
  - Issues impacting Medicaid beneficiaries and low income residents:
    - There is a lack of providers that accept Medicaid and uninsured patients. Medicaid reimbursements rates are too low, especially for dental services.
    - Increased number of those who fall in the Medicaid “gap” without access to healthcare options
    - Assisted living senior services do not accept Medicaid; other states, including Florida, do.

- Maternal and Child Health:
  - Cobb and Douglas counties have a shortage of postpartum support providers and pediatricians.
  - Lack of coordination, communication, and support for postnatal incarcerated mothers and infants. Lack of access to an appropriate standard of care and safe and sanitary environments and any mental health support.
  - Maternal and child health outcomes are worse for Black women regardless of income, access to care, and education.
  - Latino community doesn’t seek care in advanced pregnancy due to fear of deportation, cost, and not knowing where to go for prenatal care.
- Access to dental services:
  - Residents are not aware of dental services that are available with Medicaid. Parents are not well educated on pediatric dental needs.

### Behavioral Health and Substance Abuse

- Despite the COVID-19 pandemic highlighting the need for mental health, some persistent stigma remains.
- Using insurance to cover behavioral health services can be difficult due to denials and months-long delays in receiving payment after submitting a claim.
- Geographic inequities:
  - Mental health services: Rural areas outside of Augusta and Atlanta have less access to mental health services and support.
- Inequity and disparities:
  - Immigrants without citizenship or residency are more likely to experience lower access to mental health support.
- There is a need for behavioral health services and insurance coverage:
  - Lack of affordable outpatient services and transitional housing for safe discharge options for individuals experiencing mental illness, particularly those earning a low income, underinsured, and uninsured. While crisis centers are available for underinsured and uninsured; there is a lack of care continuity upon discharge and patients are often discharged without prescriptions.
  - Lack of behavioral health facilities in Cobb and Douglas counties
  - Lack of affordable services and state and federal funding to support mental health and substance abuse services.

- Those without transportation do not receive mental healthcare in Paulding County.
- Youth needs
  - Limited services for pediatric mental healthcare; healthcare providers and educators are not trained or equipped to support students. Children generally end up in the emergency room for mental health concerns and illnesses.
- Increases in crime in Cobb County and housing safety issues like hoarding contribute to behavioral health concerns.
- Lack of grants or sustainable funding for police department and social worker collaborations to respond to behavioral health calls. These are often routed to prisons.
- Despite patients reporting high interest in mental health services and counseling, care is not always sought when offered

### Chronic Disease and Disability (including cancer)

- Hispanic population is predisposed to diabetes and lacks access to programs that are culturally relevant, including programs available in Spanish.
- Hispanic residents in Canton and the surrounding rural area are a high need population, particularly for prediabetes and diabetes.
- Those living in poverty have not received education on diet and how to manage diabetes; they are unable to afford regular physician care.

### Sexually Transmitted Diseases (HIV/AIDS and STIs)

- Inability to offer HIV prevention and sex education in Cobb County due to resistance and reliance on parents to educate their children.
- Need to increase awareness of testing and PrEP for HIV prevention in Cobb and Douglas counties

### Healthy Eating, Active Living

- Need for increased exposure to “new” fruits and vegetables for SNAP-eligible individuals and education on how to purchase cost-effective, healthy foods and cook and store them.
- Generational beliefs about food and healthy eating are a barrier to healthy living, especially for people raised in the South.
- Cardiovascular diseases are a leading cause of death and morbidity. Many people do not know that poor eating and lack of exercise increase their risk.
- Eating unhealthy foods is cheap.

### Social Determinants of Health

(including transportation, income and employment, food security, education, housing, family and social support, technology, and structural racism)

- Geographic inequities:
  - Rural and urban areas experience different challenges in accessing affordable housing or housing support. Housing is less accessible in rural areas while affordable housing is difficult to find in the metro Atlanta area.
  - Rural areas of the state, particularly south Georgia, have lower access to healthy food outlets, social services, healthcare, transportation, and communication (broadband and Wi-Fi).
  - Metro Atlanta areas have more resources for immigrants than rural areas. There is very limited access to Spanish-speaking services, or other languages, in rural Georgia.
  - Lower income communities:
    - North Douglas County (Douglasville and Lithia Springs) and Riverside in Cobb County are food deserts. High prevalence of chronic disease in Douglas County without access to public transit.
    - Downtown Marietta and south Cobb County have lower life expectancy (Austell, Mableton, Powder Springs, Marietta, Acworth, Lithia Springs, Riverside, and River Edge). Structural safety issues with housing in Powder Springs and Mableton.
    - Hiram and Dallas (zip codes 30157 and 30132) in Paulding County
- Inequity, disparities, and racism:
  - Racial inequities and discrimination:
    - Discrimination of Black women in healthcare is a concern.
    - Healthcare issues affecting incarcerated women are more likely to affect Black women as they are over-represented in the prison population.
    - Inequities in sentencing and behavioral diagnosis based on race in criminal justice system
    - Individuals incarcerated for excessively long amounts of time lose access to benefits and employment. When they are released, “It’s like starting all over again.”
    - Emerging challenge of prioritizing and accessing mental and behavioral health is affected by systemic factors that create barriers, like racism.
  - Transgender individuals have a hard time being gainfully employed.
  - Immigration status:

- Immigrants may be in poverty but do not have access to government resources, such as Medicaid, SNAP, or stimulus package benefits, due to immigration status. Many lack proof of income because they are paid in cash. Barriers make it exhausting to find help.
  - Undocumented immigrants have worse healthcare outcomes.
  - Hispanic population is not accurately counted in the census.
  - Ageism: there is an assumption that older people cannot learn how to do things, when sometimes the issue is that they cannot afford it
  - Housing issues:
    - Housing prices are “skyrocketing” in Cherokee County.
    - Zoning laws that inhibit the development of housing for those with disabilities and are contrary to fair housing laws
    - No solutions in place to address issues of affordable housing
    - Complexity of the system makes qualifying for public housing difficult. For those qualified, there are waitlists for supportive and permanent housing.
    - Private landlords are denying those with vouchers and people of color in Cobb County.
    - Children missing school or not logged into virtual school attributed to increasing homelessness in Cobb and Douglas counties
    - There are some areas in Cobb and Douglas counties where there are more septic failures than other areas and it is related to income.
  - Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
    - Lack of transportation for those who are SNAP eligible to access healthy foods
    - Healthy food can be unaffordable for many families, which leads to consumption of high sugar, fat, and/or cholesterol foods. This is cost-effective in the moment but high cost long term.
    - Underserved communities are vulnerable to marketing by fast food.
    - Gentrification in areas of metro Atlanta may increase food access, but those with low food access are also in danger of displacement.
  - Education, employment, and the economy:
    - The economic ramifications of pandemic recession; price increases across sectors
    - Workforce shortages result in increased stress for those who are employed.
    - Lack of employment opportunities that pay a living wage
    - Educational systems aren’t nimble enough to address skill gaps in real time. Focus is on four-year college instead of exploring options like technical school.
  - Using public transportation to access facilities that offer behavioral health services is difficult.
  - Lack of safety-net services or coordination of services for vulnerable populations:
    - Territorial challenges and silos in data sharing amongst social service providers result in clients having to complete separate applications for services and lack of knowledge about services available.
    - A lack of safety net for seniors, including support with caregiving, transportation, and technology. Seniors who are unprepared for retirement, solely living on social security, and do not own a home are at risk.
- Knowledge, communication, and funding gaps amongst community and healthcare organizations:**
- Need for better alignment of priorities for organizational partnerships and better understanding the true needs of a community
  - Lack of funding for community resources, assets, and partnerships that improve chronic disease outcomes
  - There are opportunities for county and federal funded assistance but residents are having issues accessing assistance due to “red tape.”
  - Resources not allocated towards where it is needed in Cobb and Douglas counties.
  - Structure of the hospital care system is focused on treatment rather than community and public health.
- Political issues affecting access or utilization of care:**
- Department of Corrections’ standard operating procedures and budget cuts make it difficult for outside partnerships to solve problems and hinder effective communication.
  - Increased polarization in the state of Georgia about resident needs and wants. Resource and service allocation is determined by socioeconomic and political decisions.

## COVID-19 pandemic impact

The COVID-19 pandemic significantly challenged two health needs: mental health and healthy food access.

### Access to Appropriate Healthcare

- There is some hesitancy to come in for services; individuals are not seeking care due to fear of COVID-19 pandemic and safety.

### Behavioral and Mental Health

- The COVID-19 pandemic highlighted the need for mental healthcare. Stress related to the pandemic is driving mental health needs due to isolation, unemployment and workforce shortages, family stress, and isolation.
- Key informants report a concern over mental health decline and increased substance abuse. While the number of virtual mental health support groups has increased, there is concern over its efficacy in providing the same level of intimacy.
- Overstressed and overburdened parents who are working full-time, being a parent, and also supporting children's learning.
- Academic challenges with online learning and life challenges of uncertainty and balancing multiple priorities is a hardship for school-aged children. Students are exhibiting decreased resilience and inability to cope with transitions due to online school and lack of social interaction.
- Safety precautions necessary because of COVID-19 were in direct contrast with the needs of those seeking substance abuse recovery programs.
- Increased behavioral issues related to isolation, including depression, anxiety, substance abuse, and domestic violence.
- Increased need for substance abuse services. Before the pandemic, one recovery clinic averaged 3,000 visits a month and increased to 5,000 visits a month during COVID-19.

### Chronic Diseases

- Stress, isolation, staying home, less physical activity, eating comfort food, and avoidance of wellness visits contribute to increased chronic disease.
- Decreased adherence to diagnostics and medication.

### Social Determinants of Health

- In an effort to reduce transmission of COVID-19, jails have limited capacity so those committing crimes were immediately released back into the public. Court systems have a backlog.
- Exacerbated persistent health disparities with higher rates of hospitalizations and mortality. Patients were worried significantly about COVID-19 and had the

education on prevention, but they did not have the resources and ability to follow all the precautions.

- In metro Atlanta, the COVID-19 pandemic has resulted in people becoming unhealthier: less eager to go outside or exercise, weight gain, and not scheduling doctor visits.
- Economy and employment
  - During the pandemic, people lost jobs because they could not work remotely and employers cut staff. Now, many businesses are hiring but still having trouble finding new employees.
  - Minority-owned businesses have been affected more by the pandemic.
  - Small business owners are not able to afford needed safety changes.
- Early and K-12 education
  - There is a new lack of childcare services and facilities; working parents are looking for remote jobs because of the shortage.
  - School-age children are struggling and teachers are trying to get kids back to grade level.
  - Teachers have high pandemic-related stress.
- Transportation:
  - Transportation is a challenge in accessing COVID-19 testing centers and care.
- Food access:
  - Food supply chain stress was unprecedented. It disproportionately affected those who did not have transportation or were unable to purchase delivery options online. Food pantries were unable to accept new clients due to the COVID-19 pandemic.

### COVID-19 Vaccination

- Mistrust and uncertainty of COVID-19 vaccination due to confusing media information and, in some cases, religious influence.

### Positive Changes

- COVID-19 closures precipitated some positive changes, such as the mailing of WIC vouchers which were needed for those without transportation.

## Impact of technology

Key informants commented on the impact of technology on people's ability to be healthy.

- Telehealth has increased both access and barriers to access:
  - Telehealth has its limitations and can worsen access.
  - Access to telehealth during the COVID-19 pandemic has been beneficial with increased employer insurance coverage and greater access to providers, especially mental health services.
  - The willingness to embrace telehealth has been slow amongst the uninsured and underinsured population that need behavioral health services. Access to Wi-Fi, a computer, or a smartphone can be an issue.
  - More people are willing to use technology and telehealth than before, despite challenges for some populations.
  - Telemedicine for rural populations:
    - Telemedicine could replace the lack of healthcare providers in rural areas but existing broadband issues need to be solved.
  - Telemedicine for vulnerable populations, including low income, seniors, and Hispanic and other immigrants:
    - Language barriers in accessing social services and healthcare. Programs, outreach, and technology-based resources are often only available in English and, less often, Spanish.
- Some seniors do not know how to use technology.
- Need for greater support for populations that struggle with technology-based resources, such as immigrants and those with limited Wi-Fi access.
- Reliance on technology for COVID-19 information and vaccination appointments has been challenging for immigrants. Many do not know how to use email.
- Chronic disease:
  - Middle- and upper-class Atlantans have more access to technology, including the ability to use it to prevent chronic disease (track steps, heart rate, etc.), but also are more likely to overuse technology. Underserved populations lack needed technology.
- Amongst youth, technology is both necessary (for school) but also detrimental to mental health and proper socialization (social media).
- Reliance on social media for social needs, but these aren't reliable sources of social connection.
- Spreading of misinformation on social media is especially detrimental to immigrants.

## Recommended interventions:

### Behavioral and Mental Health

- Reach out to healthcare/insurance companies and let them know the statistics about mental health issues and what they should provide
- Connect with different state organizations for mental health services
- Make conversations at state and local levels on mental health – supportive of children's mental health
- Include elderly (Medicare) and low-income populations (Medicaid)
- Make connections with other mental health non-profits – NAMI
- Connect with mental healthcare providers so that we can better understand the patient's needs
- Establish emotional wellbeing curriculum
- Introduce low-cost or no-cost mental health counseling that is flexible (remote, available in different languages, culturally specific)
- Develop interventions that prevent suicides among teens and young adults – direct communication to this population, not through the parents

- Provide housing and residential care facilities (long-term, few months)
- Develop rehab facilities like they have for stroke, heart facilities; get insurance companies on board
- Need the advanced research to have a definitive lab test for mental illness

### Health Equity

- Focus should be policy – advocating for legislation that supports public health and its goals.
- Provide education in health equity and SDoH
- Provide more training for public health professionals
- Implement approaches with inequities in mind
- Analyze policies and processes to mitigate biases
- Involve police departments to look at biases
- Build and cultivate trust with individuals – connect them with the resources that exist
- Establish medical-legal partnership
- Forensic evaluation needs to work closely with medical professionals to improve overall outcomes
- Private-public partnership – government, business,

non-profit need to come together

- Philanthropy needs to catch up on addressing systemic issues
- Fund for major changes in existing programs rather than new programs – support programs that were effective in the past

### Health Literacy

- Reach out to different organizations that have a lot of potential to be connectors to host events and providing services and community health education
- Get trusted experts – healthcare system has a big potential for outreach
- Promote health literacy
- Incorporate different languages into educational materials
- Community health worker and community leader approaches are effective as trusted messengers
- Faith-based places in the community – involve key stakeholders
- Introduce campaigns around immunizations (standard)
- Get community support in schools
- Need for more patient education that is culturally derived to discuss cultural diets/norms targeted initiatives that are invaluable in remaining true to culture while adopting healthier habits
- Need to reach people through the avenues where they want to receive information

### Healthcare

- Increase access to care using asset-based approach
- Figure out ways to make healthcare more affordable
- Expand the Marketplace in Georgia
- Expand Medicaid
- Need to increase the number of providers and family health centers, and providers need to accept Medicaid and to serve undocumented and uninsured patients
- Geographic availability of clinics
- Advocate for better broadband access for telehealth
- State needs to prioritize resources – housing and healthcare
- State leadership needs to provide healthcare funding and policy
- Establish mobile clinics
- Intervention services for the infants (zero to three) whose parents are incarcerated
- Get pregnant women out of prison – no more prison births. For example: Minnesota passed a law that

provides community care for pregnant prisoners

- Build and cultivate trust in the communities and leverage partnerships – broad campaign to make people feel seen and understood
- Conduct community health needs assessment by non-profits so that they can involve the community when they think they are identifying the needs – talking to the people, engaging those who utilize services or are in service areas
- Increase and improve strategic partnerships with different healthcare organizations. For example, partnership with Wellstar or Northside health systems allows affordable cost of diagnostic tests

### Housing

- Increase public-private collaboration to expand resources and make policy interventions
- Work with different community and public organizations to strengthen housing resource list
- Abolish the zoning laws
- More investment by the businesses in community
- Critical to have partnerships between the private market and state resources
- State leadership needs to provide funding and policy for housing
- Have policies that promote equity and fair housing
- Adhere to federal fair housing law
- Advocacy groups need to provide positive information so providers can focus on the deliverables
- Use news media and social media platforms to broadcast good examples of resources that people need
- Get feedback from the community about different interventions
- Build more halfway houses, transitional housing, residential reentry centers, etc.

### Healthy Living and Food Access

- Expand the resources and programs to increase healthy food access
- Expand food distribution programs that help with food insecurity
- Establish more affordable grocery stores in low-income communities
- Increase the number of fresh food drives
- Partner with community-based organizations to provide culturally sensitive/relevant food boxes to the areas in need
- Educate community members – introducing new fruits and vegetables to program participants, how to

purchase them more cost-effectively using SNAP, how to cook and store

- Provide families resources to the nearest farmers markets
- Establish community gardens to allow families to grow their own produce
- Increase collaboration with different faith-based and non-profit organizations to reach out and to educate the community whom the community trusts
- Use social media platforms to disseminate different resources

- More engagement with the philanthropic and corporate communities

### Education

- Increase policy interventions to lower the cost of education
- Have more options to higher educational/vocational training
- Lower the cost of education for undocumented residents
- Allow federal loans for education to non-citizens/residents

---

## Resident Focus Group Discussion

**This assessment engaged community residents to develop a deeper understanding of the health needs of residents as well as the existing opinions and perspectives related to the health status and health needs of the populations in communities served by Wellstar Cobb and Kennestone Hospitals.**

### Group recommendations

The group provided many recommendations to address community health needs and concerns for residents in the Cobb and Kennestone Hospitals service area. Below is a brief summary of the recommendations:

- **Increased awareness of mental health and increased providers:** There is a need for increased public health messaging around taking care of your mental health and stress reduction rather than a “hyperfocus” on physical health. There may be a need for more in-person and virtual therapists as participants noted that existing therapists were not accepting new clients.
- **Increase the availability of in-person appointments.** The participants discussed the limitations of telehealth and that some residents prefer in-person appointments over telehealth.
- **There is a need for more affordable insurance and/or services for the uninsured.** Residents have lost insurance due to losing employment and some have found plans available through the ACA Marketplace to be too expensive.
- **Increased messaging and/or programming for healthy eating and exercise.** Participants discussed how healthier food products are more expensive so they often buy more processed food. Residents are also confined at home and not exercising. Residents may benefit from messaging and/or programming with tips for healthy eating on a budget and exercising at home.

### Problem identification

During the community planning forum process, participants discussed regional health needs that centered around four themes.

#### Behavioral Health

Participants identified access to behavioral health services as a community health need. Participants focused the discussion around mental health, substance abuse, and access to effective therapy.

#### Outcomes:

- Declining mental health

#### Contributing Factors

- The COVID-19 pandemic precipitated increased stress, isolation, and uncertainty.
- There is a need for more in-person and virtual therapists. While therapists are offering telehealth, many are not accepting new patients.
- During the COVID-19 pandemic, residents were unable to visit loved ones sick or dying in the hospital which negatively impacted the patient’s outcomes and the loved ones’ mental health.
- For in-person medical appointments, such as pregnancy visits, a participant noted it is mentally difficult to not have the support of a spouse.
- Participants felt that a lack of focus on preventative care is resulting in physical and mental health crises.

- Participants discussed that the COVID-19 pandemic increased fear and confusion due to mixed information about the virus and use of masks, resulting in strong opinions and anger.

### Access to Appropriate Healthcare

Participants identified access to appropriate healthcare services as a community health need. Participants focused the discussion around the limitations of telehealth, delay in seeking healthcare, and increases in the uninsured population.

#### Outcomes:

- Unaffordable insurance

#### Contributing Factors:

- Participants discussed the limitations of telehealth appointments in not being as effective as in-person appointments.
- Residents are putting doctor appointments on the “back burner” due to the COVID-19 pandemic.
- Insurance coverage is a barrier to accessing healthcare in this community. Participants have lost health insurance due to losing employment. One participant voiced frustration in the price of healthcare plans available through the ACA Marketplace and the lack of options.
- Participants commented that Wellstar in Cobb County is a “plus” for the community and is a good healthcare system.
- The ability for residents to choose from multiple healthcare options and doctors contributes to health in the community.

### Social Determinants of Health

- Participants identified social determinants of health as community health need. Participants focused the discussion around lack of affordable housing, unemployment and economic distress, and physical activity incentives.

#### Outcomes:

- Increased stress related to economic distress
- Declining mental health
- Overall health benefits from walking and exercise

#### Contributing Factors:

- Participants discussed the economic and financial toll of unemployment on their community. Many residents are living paycheck to paycheck. They noted that small businesses are struggling and the disproportionate

effects on communities of color.

- Residents are unable to afford rent with prices increasing as much as \$1,000 per month. One participant reported considering selling their house after losing their job but rent prices are higher than their current mortgage.
- Some employer-sponsored health plans offer incentives for employees to be healthy, such as lower premium costs if they walk 10,000 or more steps a day.

### Healthy Living

Participants identified healthy living opportunities as a community health need. Participants focused the discussion around lack of affordable housing, unemployment and economic distress, and physical activity incentives.

#### Outcomes:

- Common or increasing prevalence of chronic diseases (high blood pressure, depression, prediabetes, diabetes, heart disease, and cancer)
- Overall health benefits from walking and exercise

#### Contributing Factors:

- Participants attributed the rise in chronic disease prevalence to stress from the unaffordable housing market and food insecurity.
- Participants shared that healthier food products are more expensive so families buy more processed food.
- Participants discussed how mental health is a driving factor for increased rates of chronic diseases.
- Participants discussed how the availability of walking and exercise areas in Cobb County city centers is beneficial to overall health. However, some residents are confined at home and not exercising.



# COVID-19 Literature Review and Local Impact Survey

## Demographics:

### Industry

Participants at the start of the survey were asked what industry or industries they represent and were allowed to select any of the following options that applied: Healthcare Services, Social Services, Higher Education/Academia, Public School Education, Government, Public Health, a Wellstar Regional Hospital Board, or Other with the opportunity to provide an explanation. Out of the 67 responses, almost one-third (31%) of the participants were in the Healthcare Services industry (n=29). The second most common industry of those listed was Government (17%, n=16) and the third was Social Services (13%, n=12). Less than 3% (n=2) of the sample represented the two industries in Education combined, which were Higher Education and Public School Education.

Fourteen of the 57 participants (15%) selected the Other option, either in combination with another industry to provide additional details or by itself. Among those responses, Non-profit or Community Organization were the most common written-in industry responses. Other written-in responses for industries not listed were Philanthropy, Financial Services, Safety-Net Clinic, Private School Education, Community Member, and Retired.

### Wellstar Health System Regional Hospital Board Participation

Eight (9%) of the 67 participants were associated with one of Wellstar's nine Regional Hospital Boards in the state. 50% (n=4) of those Wellstar Regional Hospital Board representatives were associated with the Wellstar Health System Douglas Hospital Board. 37.5% (n=3) and 12% (n=1) of the Wellstar Regional Hospital Board representatives were affiliated with the Wellstar Health System Kennestone Hospital Board and Wellstar Health System Paulding Hospital Board, respectively.

### Geographic Representation

In the question, 'Please identify the counties where you have the best understanding of the health needs of residents,' participants were able to choose and select any of the 25 options, including the 'State of Georgia,' that applied. Respondents who indicated that they have an understanding of the needs of residents in Bartow, Cherokee, Cobb, Douglas, and Paulding counties were identified to represent the Wellstar 3-Hospital Service Area. Of the 67 participants, 26% (n=41), 14% (n=23), 12% (n=19), 7% (n=12), and 1% (n=2) represented Cobb, Douglas, Paulding, Cherokee, and Bartow counties, respectively. 38% of the respondents who represented the Wellstar 3-Hospital service area also indicated they represented Butts, Carroll, Clayton, Dawson, DeKalb, Forsyth, Fulton, Henry, Lamar, Newton, Rockdale, Spalding, and Troup counties.

### Selected Health Need Focus Areas

Participants were asked to select health need topics they felt comfortable responding to based on their experience in relation to the influence of the global pandemic in these areas: 1) Behavioral Health; (2) Housing; (3) Access to Care; (4) Healthy Living and Food Access; and (5) Maternal and Child Health. If none applied, participants had the option to select 'None of these' and were sent to a section focused on a broad range of areas the global pandemic may have influenced.

Out of a total choice count of 174 for this question, 29% (n=51) of participants selected Access to Care, 19% (n=34) for Behavioral Health, 21% (n=37) for Healthy Living and Food Access, 16% (n=29) for Housing, and 12% (n=21) for Maternal and Child Health. Only 1% (n=2) of the participants selected none of the topics.

### Behavioral Health

Thirty-six (34%) participants in total completed the Behavioral Health section of the survey. When asked to score the influence of the global pandemic on behavioral health outcomes, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the following behavioral health outcomes in the 3-Hospital service area have been significantly influenced by the global pandemic from highest to lowest significance:

- Worsened states of mental health and mental health outcomes (91%, n=30 out of 33 responses)
- Higher frequency of alcohol consumption and heavy drinking (86%, n=25 out of 29 responses)
- Greater rates of substance abuse (85%, n=22 out of 26 responses)
- Increased instances of suicidal behaviors (68%, n=19 out of 28 responses)
- Lowered access to behavioral healthcare and substance abuse services (59%, n=19 out of 32 responses)

Although participants did not score the global pandemic as significantly influencing lowered access to care as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 87% (n=28) of participants, out of 32 total responses, scored the global pandemic as either significantly or moderately influencing access to behavioral healthcare.

Fourteen (14%) participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced behavioral health and behavioral health treatment that you think are important to include?':

- Isolation, disruptions in social connectivity, and economic hardship (i.e., job loss, housing burden, etc.) have contributed to poor mental health outcomes during the global pandemic.
- The temporary closures and lack of behavioral health and substance abuse services during the global pandemic have made accessing timely and quality behavioral or substance abuse care difficult. This shortage of mental health services disproportionately impacted Black and communities of color due to the lack of diversity among behavioral health providers.
- Residents avoided seeking mental health services and treatment out of fear and uncertainty of COVID-19 exposure.
- There has been a substantial increase in police calls to report suicidal behavior and/or attempts than pre-pandemic.

The top five marginalized groups participants indicated as having their behavioral health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (14%, n=28)
- People experiencing homelessness (11%, n=23)
- Racial and ethnic minorities (10%, n=20)
- Those of older age (10%, n=20)
- Those with pre-existing conditions (9%, n=19)

In the comments, other population groups mentioned were people living with mental illnesses (undiagnosed or diagnosed).

## Housing

Twenty-nine participants in total completed the Housing section of the survey. When asked to score the influence of the global pandemic on housing-related outcomes, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the following housing-related outcomes have been significantly influenced by the global pandemic from highest to lowest significance:

- Increased housing insecurity, impacting both general health as well as mental health (77%, n=21 out of 27 responses).
- Families and individuals behind on housing payments, both rent and mortgages (70%, n=19 out of 27 responses).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (68%, n=17 out of 25 responses).
- Eviction filings affecting renters behind on rent payments (58%, n=15 out of 26 responses).
- Foreclosure initiation or completion (56%, n=13 out of 23 responses).

Although participants did not score the global pandemic as significantly influencing eviction filings or foreclosures, initiated or completed, as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 81% (n=21) of participants, out of 26 total responses, scored the global pandemic as either significantly or moderately influencing renters through eviction filings. Additionally, 82% (n=19) of participants, out of 23 responses, ranked the pandemic as either a significant or moderate influence on foreclosure initiation or completion among homeownership residents in Georgia.

None of the 29 participants in this section indicated that the global pandemic had no impact on families and individuals' ability to keep up with housing payments, increased housing security, higher COVID-19 risk among those unhoused, and foreclosure initiation or completion.

Eleven participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced housing that you think are important to include?':

- Economic impacts of the pandemic have worsened housing stability and affordability in communities across the service area and beyond. The primary economic impact commented on is the lack of housing availability, especially affordable housing, resulting from rising costs, job/income instability or loss, and higher supply costs of building materials, among others
- Due to a lack of supportive housing infrastructure and affordable housing policies to effectively stabilize families and residents, residents continue to experience undue housing adversity, such as displacement, eviction, and cyclical homelessness.
- Small, independent apartment owners did not receive any federal or state assistance during the global pandemic.

The top five marginalized groups participants indicated as having their housing disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (19%, n=25)
- Racial and ethnic minorities (12%, n=15)
- People experiencing homelessness (12%, n=15)
- Those of older age (12%, n=15)
- Non-English speaking or proficient communities (9%, n=12)

In the comments, other population groups mentioned were people living with mental illnesses and single-parent households with only one income.

## Access to Appropriate Healthcare

Fifty-one participants in total completed the Access to Care section of the survey. When asked to score the influence of the global pandemic on access to care, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced access to care by contributing to the following outcomes, from highest to lowest significance:

- Delays, postponements, and cancellations of healthcare services and appointments for healthcare services, including for preventive care (85%, n=41 out of 48 responses).
- Disruptions in routine care and management for chronic disease conditions (72%, n=34 out of 47 responses).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (62%, n=30 out of 48 responses).
- Loss of family and individual healthcare coverage (51%, n=23 out of 45 responses).
- Transition of healthcare services to telehealth and telehealth not being accessible to all (37%, n=18 out of 48 responses).

Although participants did not score the global pandemic as significantly influencing access to care through the loss of healthcare coverage and the transition to telehealth services as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 86% (n=39) of participants, out of 45 total responses, scored the global pandemic as either significantly or moderately influencing access to care through loss of healthcare coverage among families and individuals. Additionally, 85% (n=41) of participants, out of 48 responses, ranked the pandemic as either a significant or moderate influence on access to care due to the transition from in-person to telehealth services.

None of the 51 participants in this section indicated that the global pandemic had no influence on access to care through contributing to any of these access-related outcomes.

Thirteen participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced access to care that you think are important to include?':

1. The global pandemic has reduced the utilization of preventive care and has caused a delay in seeking emergency care when it was necessary, especially among those with pre-existing conditions. Hospitals experiencing low staff capacity due to COVID-19 patients

also contributed to delays for both emergency and non-emergency care, contributing to possible death and disabilities.

2. In response to the pandemic, there was a disruption in the access to reliable and safe public transportation, which made it more difficult to access care.
3. Populations not accustomed to telehealth and use of and/or lack of access to technology were at a disadvantage during the global pandemic in managing their health and accessing healthcare services, especially older aged communities, Hispanic residents, and victims of domestic violence.

The top five marginalized groups participants indicated as having their access to care disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (15%, n=44)
- Those of older age (12%, n=34)
- Racial and ethnic minorities (10%, n=29)
- People experiencing homelessness (10%, n=30)
- Uninsured (10%, n=30)

In the comments, other population groups mentioned were people living with mental illnesses.

## Healthy Living and Food Access

Thirty-seven participants in total completed the Healthy Living and Food Access section of the survey. When asked to score the influence of the global pandemic on healthy living and food access, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced healthy living and food access by contributing to the following outcomes, from highest to lowest significance:

- Increased social isolation and stress affecting mental health and ability to engage in healthy behaviors (88%, n=30 out of 34 responses)
- Greater food insecurity and hunger in response to job loss and economic hardship (79%, n=26 out of 33 responses)
- Concern about COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (73%, n=25 out of 34 responses)
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (70%, n=23 out of 33 responses).

None of the 37 participants in this section indicated that the global pandemic had no influence on healthy living

and food access in its contribution to disruptions in daily routines, negative mental health outcomes and social isolation, the concern for COVID-19 transmission, and on the increasing levels of food insecurity.

Ten participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced healthy living and food access that you think are important to include?':

- The global pandemic has resulted in food shortages and inflation, which have driven up the cost of food, especially nutritious and fresh foods. More families and individuals have been in the position of choosing between high-quality food and paying for other necessities, such as gas. As the costs of these other necessities have increased, families and individuals are having to make difficult decisions to meet basic needs with dwindling buying power.
- There was an increase in the number of families and individuals seeking food assistance, either from a governmental program, such as SNAP, or organized food distribution events, implying that food access was a heightened community need.
- Access to public transportation was restricted during the global pandemic, impacting families' and individuals' ability to go to the grocery store. Even if available, individuals may have opted to avoid using public transportation as a COVID-19 precaution.
- With children at home during the global pandemic, they may have eaten less healthily than they would have if they were in school.

The top five marginalized groups participants indicated as having their access to food and healthy living disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (15%, n=31)
- Those of older age (12%, n=26)
- People experiencing homelessness (11%, n=23)
- Racial and ethnic minorities (10%, n=21)
- Rural communities (9%, n=20)

In the comments, other population groups mentioned were people living with mental illnesses and urban communities.

## Maternal and Child Health

Twenty-one participants in total completed the Maternal and Child Health section of the survey. When asked to score the influence of the global pandemic on maternal and child health, participants used the following response options, which included none, low, moderate, and significant.

Participants indicated the global pandemic significantly influenced maternal and child health by contributing to the following outcomes, from highest to lowest significance:

- Disproportionate hardship among single parents, especially single mothers, in higher caregiver stress and greater financial constraints (78%, n=14 out of 18 responses).
- Increased fear, anxiety, depression, social isolation, and a reduced sense of control among pregnant women due to uncertainty around COVID-19 and changes in prenatal care (74%, n=14 out of 19 responses)
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (54%, n=7 out of 13 responses).
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (53%, n=9 out of 17 responses).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (40%, n=6 out of 15 responses).

None of the 20 participants in this section indicated that the global pandemic had no influence on maternal and child health, indicating that the global pandemic influenced all these maternal health-related outcomes on some level.

Three participants offered the following primary insights when asked, 'Are there other ways the global pandemic has influenced maternal and child health that you think are important to include?':

- Limited information and knowledge of the effects of COVID-19 vaccination caused vaccine hesitancy among pregnant women and those planning for pregnancy. As a result, both pregnant women and their newborns were more susceptible to COVID-19 infection than they would have been if the mother received the vaccine.
- Concern there will be an increase in developmental delays due to reduced enriching activities, social interaction, and access to early child education during the global pandemic. Additionally, the lack of developmental screenings and monitoring of children and disruption in therapeutic services and/or in-home skilled nursing care likely has impacted children's health, especially those with special needs.

- The effects of systemic and structural racism continue to negatively affect maternal and child outcomes for Black pregnant women.

The top five marginalized groups participants indicated as having their maternal and child health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (17%, n=17)
- Racial and ethnic minorities (14%, n=14)
- Non-English speaking or proficient (10%, n=11)
- Children (10%, n=11)
- People experiencing homelessness (8%, n=8)

### Other Impacts

Fifty-five participants in total completed the Other Impacts section of the survey, which was comprised of categories on poverty, cultural competency, STIs and HIV, transportation, education, Internet access, violence, child abuse and neglect, and cancer. When asked to score the influence of the global pandemic on each of these categories, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced each category, from highest to lowest:

- Education (77%, n=41 out of 53 responses)
- Violence (67%, n=33 out of 49 responses)
- Poverty (62%, n=34 out of 55 responses)
- Child abuse and neglect (58%, n=24 out of 41 responses)
- Cancer (58%, n=22 out of 38 responses)
- Transportation (53%, n=28 out of 52 responses)
- STIs and HIV (45%, n=10 out of 22 responses)
- Internet access (42%, n=20 out of 48 responses)
- Culturally competent services (35%, n=14 out of 40 responses)

None of the 55 participants in this section indicated that the global pandemic had no influence on poverty, culturally competent services, cancer, STIs and HIV/AIDS, transportation, education, violence, and child abuse and neglect.

# Consultant Qualifications

**Georgia Health Policy Center, housed within Georgia State University's Andrew Young School of Policy Studies, provides evidence-based research, program development, and policy guidance locally, statewide, and nationally to improve communities' health status. With more than 25 years of service, Georgia Health Policy Center focuses on solutions to the toughest issues facing healthcare today, including insurance coverage, long-term care, children's health, and the development of rural and urban health systems.**

Georgia Health Policy Center draws on more than a decade of combined learnings from its experience with 100-plus projects supported by 75 diverse funders. The studies span the layers of the socioecological model and include individual, multisite, and meta-level assessments of communities, programmatic activities, and provision of technical assistance. Georgia Health Policy Center has been supporting hospital partners in meeting the CHNA components of IRS regulations since their inception in 2010. Additionally, Georgia Health Policy Center partnered with Wellstar Health System hospitals to complete the 2019 CHNA and Implementation Planning Process, meeting IRS regulations at that time.

# Community Facilities, Assets, and Resources

## Health Departments

### Cobb & Douglas Public Health

Douglas Public Health Center  
6770 Selman Drive  
Douglasville, Georgia 30134  
770-949-1970  
www.cobbanddouglaspublichealth.com

Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties. We work to achieve healthy people in healthy communities by:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of healthcare

By excelling at our core responsibilities, we will achieve healthier lives and a healthier community.

### Cherokee County Health Department

Canton Office:  
1219 Univeter Road  
Canton, Georgia 30115  
770-345-7371

Woodstock Office:  
7545 North Main Street  
Suite 100  
Woodstock, Georgia 30188  
770-928-0133

Our mission is to promote and protect the health of the people in the North Georgia Health District wherever they live, work and play, through population-based preventive programs including:

- Prevention of epidemics and the spread of disease
- Protection against environmental hazards
- Injury prevention
- Promotion and encouragement of healthy behaviors
- Responding to disasters and assisting communities to recover
- Assisting communities in assessing the quality and accessibility of health services.

### Georgia Department of Public Health

Northwest Health District  
Bartow County Health Department  
100 Zena Drive SE  
Cartersville, Georgia 30121  
770-382-1920

Paulding County Health Department  
451 Jimmy Campbell Parkway  
Dallas, Georgia 30132  
Clinic: 770-443-7881  
WIC: 770-443-7900  
nwgapublichealth.org

#### Programs:

- Babies Can't Wait
- Breast and Cervical Cancer
- Children 1st
- Children's Medical Services
- Early Hearing Detection and Intervention (formerly UNHSI)
- Family Planning
- Health Check
- Health Promotion
- HIV/AIDS
- Immunizations and Vaccinations
- Infectious Diseases
- Pregnancy/Women's Health Medicaid
- Sexually Transmitted Infections
- Tuberculosis (TB) Prevention and Control
- Vital Records
- WIC
- Other Programs and Services

## Primary Care: Safety-Net Clinics & Federally Qualified Health Centers

### The Family Health Centers

Douglas County (Burnett Elementary School)  
8277 Connally Drive  
Douglasville, Georgia 30134  
770-651-2273  
fhcga.org

The Family Health Centers of Georgia, Inc. (FHCGA), formerly West End Medical Centers, Inc., is a not-for-profit, 501(c)3, federally qualified health center. FHCGA is accredited by The Joint Commission as a Primary Care Medical Home. FHCGA has been providing comprehensive primary healthcare services since 1975.

### Georgia Highlands Medical Services

Canton Family Health Center  
220 Oakside Lane  
Canton, Georgia 30114  
678-807-1050

Georgia Highlands Medical Services is proud to have been serving the community since 1979 as a provider of the highest quality medical care to everyone in our service area – regardless of income level, insurance status, or language spoken.

Georgia Highlands Medical Center offers one of the most complete family practices available in a community healthcare setting. Our service and our care are directed to all ages and all kinds of illnesses and conditions from acute to chronic. Our services cover the entire spectrum of modern medicine. Laboratory work is also available with the office system.

### Good Samaritan Health Center of Cobb

1605 Roberta Drive SW  
Marietta, Georgia 30008  
770-419-3120  
770-419-3121

Good Sam Cobb is committed to its founding purpose, to spread the love of Christ and provide a primary medical and dental healthcare home to the uninsured and underinsured, working poor, and indigent in our community. Patients pay on a sliding-fee scale based on income and household size, with the remaining costs being provided by donations. Good Sam's family-centered approach ensures that we deliver high-quality primary and preventative medical and dental services in addition to counseling, pharmaceutical, referral, and health education programs in an atmosphere of dignity and respect, regardless of race, ethnicity, religion, or ability to pay.

## Transportation

### Non-Emergency Medical Transportation (NEMT)

Schedule Transportation:  
Logisticare:  
888-224-7981 (Central)  
888-224-7985 (Southwest)  
888-224-7988 (East)  
Southeastrans:  
866-388-9844 (North) and  
404-209-4000 (Atlanta)

The Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.

### Douglas County Fixed Route Bus Service

8800 Dorris Road  
Douglasville, Georgia 30134  
770-949-7665

Connect Douglas is a commuter-focused program of the Douglas County Board of Commissioners through its Department of Multi-Modal Transportation Services. Fixed route service is simple. Buses travel along the same path to the same locations throughout the day every day. Connect Douglas operates four routes.

### CobbLinc

463 Commerce Park Dr SE #114,  
Marietta, Georgia 30060  
770-427-4444  
www.cobbcounty.org/  
transportation/cobblinc

CobbLinc (formerly Cobb Community Transit) is the bus public transit system in Cobb County, Georgia, one of metro Atlanta's three most populous suburban counties.



**CATS (Cherokee Area Transportation System) Cherokee County**

884 Univeter Road  
Canton, Georgia 30115  
770-345-6238  
Georgia Relay Service: 711  
TTY/TDD: 800-255-0056

Cherokee Area Transportation System (CATS) provides public transportation services for residents of Cherokee County.

Mission: Our mission at CATS is to provide excellence in all areas of service that we provide to the citizens of Cherokee County.

Georgia Relay can be used for contacting CATS for any purpose. For example, it can be used for booking, eligibility, or customer comments.

**Paulding Transit**

Paulding Senior Center  
54 Industrial Way N  
Dallas, Georgia 30132  
770-443-8873  
www.paulding.gov/809/  
Paulding-Transit

Paulding Transit is a public service of the Paulding County Board of Commissioners. Passengers are picked up and transported to their destinations.

**Bartow County Transit**

140 Douglas Street  
Cartersville, Georgia 30120  
770-387-5165  
www.bartowcountyga.gov/  
departments/transit/

Bartow County Transit is the lead agency of general public transportation services in Bartow County. If you need transportation, we may be able to transport you to medical appointments, shopping locations, and local senior centers throughout Bartow County.

The Bartow County Transit Service operates throughout the county starting at 7:00 a.m. until 5:50 p.m. Monday through Friday. The first drop-off must be scheduled no earlier than 9:30 a.m.

**Behavioral Health**

**Healing Community Center at Douglasville**

3666 GA-Hwy 5  
Douglasville, Georgia 30135  
404-564-7749

Health Education, Assessment & Leadership (HEAL), Inc.

We are a Federally Qualified Health Center.

We offer sliding scale fees.

**Douglas County CSB**

5893 Stewart Pkwy  
Douglasville, GA 30135  
770-949-8082  
www.douglascountycsb.com

DCCSB uses sliding scale fees for all services; this is based on a non-insured individual's ability to pay. Fees are thereby reduced for those who have lower incomes or, alternatively, less money to spare after their personal expenses, regardless of income. Douglas County CSB conducts a preliminary screening and risk assessment at the point of first contact with all citizens interested in our services.

**Highland Rivers Health**

Cherokee Recovery and Wellness Center  
Canton, Georgia 30114  
770-704-1600  
  
Paulding Recovery and Wellness Center  
Hiram, Georgia 30141  
678-567-0920  
  
Bartow Recovery and Wellness Center  
Cartersville, Georgia 30120  
770-387-3538  
  
The ROC Clubhouse  
Cartersville, Georgia 30120  
770-334-8544

Outpatient services:

- Mental health treatment and recovery services (adult, child, and adolescent)
- Addictive disease/substance abuse treatment and recovery services (adult, child, and adolescent)
- Community Support Services (adult, child, and adolescent)
- Addictive Disease Support Services
- Residential Recovery Services
- Supported Employment
- Intensive Case Management Services
- Assertive Community Treatment

The ROC (Reaching Our Community) Resiliency Support Clubhouse helps youth with mental health issues build self-esteem, resiliency, and life skills in a fun and safe environment.

### **Cobb County Community Services Board**

Behavioral Health Crisis Center (BHCC)  
1758 County Services Pkwy,  
Marietta, Georgia 30008  
770-429-5000  
www.cobbcsb.com

The Cobb County Community Services Board (CCCSB) is here to help. We are the public safety net for those who face behavioral health challenges and/or who have intellectual/developmental disabilities and are uninsured and underinsured. We provide effective, innovative care and appropriate resources – offering children, adolescents, and adults hope, empowerment, and purpose.

### **Good Samaritan Health Center of Cobb**

1605 Roberta Drive SW  
Marietta, Georgia 30008  
770-419-3120  
770-419-3121

Good Sam Cobb is committed to its founding purpose, to spread the love of Christ and provide a primary medical and dental healthcare home to the uninsured and underinsured, working poor, and indigent in our community. Patients pay on a sliding fee scale based on income and household size, with the remaining costs being provided by donations. Good Sam's family-centered approach ensures that we deliver high-quality primary and preventative medical and dental services in addition to counseling, pharmaceutical, referral, and health education programs in an atmosphere of dignity and respect, regardless of race, ethnicity, religion, or ability to pay.

### **National Alliance on Mental Illness (NAMI):**

4120 Presidential Pkwy #200,  
Atlanta, Georgia 30340  
770-225-0855  
namiga.org

This organization provides a free mental illness helpline as well as peer support groups in English and Spanish.

## **HIV/AIDS**

### **Cobb & Douglas Public Health**

Douglas Public Health Center  
6770 Selman Drive  
Douglasville, Georgia 30134  
770-949-1970  
www.cobbanddouglas  
publichealth.com

Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties. We work to achieve healthy people in healthy communities by:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of healthcare

By excelling at our core responsibilities, we will achieve healthier lives and a healthier community.

### **Georgia Department of Public Health:**

Northwest Health District  
Bartow County Health Department  
100 Zena Drive SE  
Cartersville, Georgia 30121  
770-382-1920  
Paulding County Health Department  
451 Jimmy Campbell Parkway  
Dallas, Georgia 30132  
Clinic: 770-443-7881  
WIC: 770-443-7900  
nwgapublichealth.org

#### **Programs:**

- Babies Can't Wait
- Breast and Cervical Cancer
- Children 1st
- Children's Medical Services
- Early Hearing Detection and Intervention (formerly UNHSI)
- Family Planning
- Health Check
- Health Promotion
- HIV/AIDS
- Immunizations and Vaccinations
- Infectious Diseases
- Pregnancy/Women's Health Medicaid
- Sexually Transmitted Infections
- Tuberculosis (TB) Prevention and Control
- Vital Records
- WIC
- Other Programs and Services

## Employment

### WorkSource Atlanta Regional – Douglas

4655 Timber Ridge Dr.  
Douglasville, GA 30135  
770-920-4104

WorkSource professionals at these centers assist job-seekers with career assessment testing, job readiness training in areas such as effective communication and problem solving, job search training assistance and help locating approved training and education providers, and registering for programs.

[atlantaregional.org/workforce-economy/services-for-job-seekers/career-resource-centers/](http://atlantaregional.org/workforce-economy/services-for-job-seekers/career-resource-centers/)

### WorkSource Cobb / CobbWorks

463 Commerce Park Drive  
Suite 100  
Marietta, GA 30060  
770-528-4300  
[www.worksourcecobb.org](http://www.worksourcecobb.org)

### Cherokee Workforce Collaborative: Cherokee Summer Internship Program

One Innovation Way  
Woodstock, Georgia 30188  
770-345-0600  
[www.cherokeega.org/internship/](http://www.cherokeega.org/internship/)

The Cherokee Workforce Collaborative is a united, community-based partnership created by the Cherokee Office of Economic Development (COED) to strengthen Cherokee's pipeline of skilled workers. This collaborative was developed in direct response to the needs identified in the Opportunity Cherokee Economic Development Strategy, which served as the blueprint for the Cherokee Workforce Collaborative Implementation Plan.

### Workforce Innovation and Opportunity Act

1 Jackson Hill Drive  
Rome, Georgia 30161  
706-295-6485  
503 West Waugh Street  
Dalton, Georgia 30720  
706-272-2300  
[www.nwgrc.org/services/workforce-innovation-and-opportunity-act/](http://www.nwgrc.org/services/workforce-innovation-and-opportunity-act/)

The Workforce Innovation and Opportunity Act (a service of the Northwest Georgia Regional Commission) provides education, training, and employment opportunities for individuals in the WorkSource area. The area includes Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, and Whitfield counties. The Northwest Georgia Regional Commission administers the federally funded program for the chief elected officials in our fifteen counties.

## Under-Resourced

### Papa's Pantry

6551 Commerce Parkway  
Woodstock, GA 30189  
770-591-4730  
[encompassministriesinc.org](http://encompassministriesinc.org)

At the base of many people's struggles in crisis is not having enough to eat or a way to provide for their families. Clients are seen by appointment and will have the ability to select the groceries they take home.

Areas served: Bartow, Cherokee, Cobb

### MUST Ministries

1407 Cobb Parkway NW  
Marietta, Georgia 30060  
770-427-9862  
[www.needhelppayingbills.com/html/must\\_ministries\\_programs.html](http://www.needhelppayingbills.com/html/must_ministries_programs.html)

MUST Ministries assistance program:

Combining both limited financial support and case management, the non-profit MUST Ministries administers services for the working poor. Basic needs, such as groceries, can be provided by a free food pantry on site, and the agency may also help people apply for government grants for paying certain living expenses.

### Salvation Army – Douglas County Service Unit

770-942-7188  
[www.needhelppayingbills.com/html/douglasville\\_salvation\\_army\\_assistance.html](http://www.needhelppayingbills.com/html/douglasville_salvation_army_assistance.html)

One of the agencies that may offer the most extensive amount of help. They can also refer people to multiple agencies and local charities, both at the local, state, and federal government levels. The primary goal of the Salvation Army is to provide emergency financial assistance to persons and families who are in a crisis situation.

<p><b>Bethany Christian Church</b> 3264 Villa Rica Hwy Dallas, Georgia 30157 770-445-3181 www.bccdallas.com</p>	<p>Provides food on a walk-in basis and every 4th Thursday from 11 am until 2 pm; a food truck will distribute food. Limited financial assistance depending on church finances – walk-ins up to \$50 once per year, members will probably receive a higher amount. Help for families at Christmas depending on resources. Call to find out eligibility requirements.</p>
<p><b>Families First</b> Cobb Office: NW 995 Roswell St., NE Marietta, Georgia 30060 404-853-2800 www.familiesfirst.org</p>	<p>Family and individual counseling, parenting classes, low-interest car loans, and housing for families in need of shelter.</p> <p>Free educational resources, promote awareness, assist policymakers and employers, and partner with local agencies throughout the state of Georgia to make sure that families in need know where to come first.</p>
<p><b>The Been</b> 551 Hardee Street Dallas, Georgia 30132 770-443-7490</p>	<p>Provides clothing and some household items for low-income families for a nominal fee; assists with medical/dental expenses up to \$100 per year; helps at Christmas by providing up to \$100 per family for food.</p>
<p><b>Good Samaritan Center</b> 8366 Grady Street Douglasville, Georgia 30134 770-949-7335 goodsamaritancenter- douglasville.com/</p>	<p>Good Samaritan Center is an emergency assistance ministry offering services to low income/food insecure residents of Douglas County in the name of Jesus Christ.</p> <p>Food Assistance – Financial Aid Assistance – Spiritual Counseling</p>
<p><b>A Gift of Love</b> 3870 Longview Dr. Douglasville, Georgia 30135 770-672-4707 770-947-8200 giftofloveservice.com</p>	<p>A Gift of Love is a nonprofit 501-C organization that was created by Juanita Clay twenty-one years ago. Mrs. Clay worked in the cafeteria at an elementary school and witnessed children stuffing food in their pockets to take home and eat later. With some of the children wearing the wrong size shoes and clothing to school daily, Mrs. Clay saw a need to help!</p>
<p><b>Youth Programs</b></p>	
<p><b>Boys &amp; Girls Club</b> Douglas County: 770-577-9824  Paulding County: 678-363-8570  Bartow County: 770-382-2552  www.bgcma.org</p>	<p>Boys &amp; Girls Club works with kids and teens each year to help them reach their full potential. We provide an environment where all youth feel safe and secure to dream, discover, and develop. Our programs focus on helping kids succeed in school, live healthy, and become leaders. We are so glad to be part of these communities and look forward to working with you.</p>
<p><b>Cherokee Outdoor Family YMCA</b> 201 Bells Ferry Road Woodstock, Georgia 30189 770-591-6092 ymcaatlanta.org/</p>	<p>YMCA Youth Programs:</p> <ul style="list-style-type: none"> <li>● Afterschool</li> <li>● Early Learners</li> <li>● Teen</li> <li>● Overnight, Summer, and Holiday/School Break Camps</li> <li>● Youth and Adult Fitness programs and activities</li> </ul>
<p><b>Cherokee FOCUS</b> 126 Barrett Road Holly Springs, Georgia 30115 770-345-5483 www.cherokeefocus.org</p>	<p>We hope that you will be able to find what you need whether it be resources, information on our program and initiatives, or volunteer opportunities and ways to plug in. What is the one thing we want you to remember about what we do? Okay, well, maybe there are three things to remember: People, Partnerships, and Possibilities.</p>

<p><b>Young Life Cherokee County</b>          #104, 7853 Hickory Flat Hwy          Woodstock, Georgia 30188          470-274-7712  <a href="http://cherokeecounty.younglife.org">cherokeecounty.younglife.org</a></p>	<p>Inviting young people to experience life as God designed it to be lived.          Offers camp and various event opportunities.</p>
<p><b>Cobb County Government – Explorer Program</b>          Officer Andy Higgins, Post Advisor          545 S. Fairground Street          Marietta, Georgia 30060          770-528-8388</p>	<p>The goals of the Cobb County Police Explorers program are to educate youth in police operations, to interest them in a possible career in law enforcement, and to build confidence and valuable leadership skills for the future.</p>
<p><b>Cobb Youth Leadership</b>          Cobb Chamber          1100 Circle 75 Pkwy.          Suite 1000          Atlanta, Georgia 30339          770-859-2334  <a href="http://cobbchamber.org">cobbchamber.org</a></p>	<p>The Leadership Cobb Alumni Association (LCAA) sponsors Cobb Youth Leadership (CYL), a leadership program for rising high school juniors that focuses on developing leadership skills through interactive participation. This program was created in 1989 to provide students a unique opportunity to learn about their community as well as meet and interact with students from other high schools.</p>
<p><b>Youth Leadership Bartow</b>          Cartersville-Bartow County Chamber of Commerce          PO Box 307,          Cartersville, Georgia 30120          770-382-1466, ext. 106  <a href="http://www.cartersvillechamber.com/youth-leadership-bartow">www.cartersvillechamber.com/youth-leadership-bartow</a></p>	<p>Youth Leadership Bartow fosters mutual understanding, respect, and civic engagement among local high school students and the community at large. The program is designed to encourage students to participate as leaders in their schools and to continue to promote and enhance the quality of life for themselves and their communities as they further their education and begin their careers. The Chamber believes that this investment in our youth will instill in them the passion and commitment needed to further their community as the next generation of leaders.</p>
<p><b>Additional Resources</b></p>	
<p><b>American Cancer Society</b>          Global Headquarters          250 Williams Street NW          Atlanta, Georgia 30303  <a href="http://www.cancer.org">www.cancer.org</a>          24-7 Cancer Helpline:          800-227-2345</p>	<ul style="list-style-type: none"> <li>● Knowledge resource</li> <li>● Cancer resources, and 24-hour phone support</li> </ul>
<p><b>American Heart Association</b>          Atlanta Office          10 Glenlake Parkway,          South Tower, Suite 400          Atlanta, Georgia 30328          678-224-2000          800-257-6941  <a href="http://www.heart.org">www.heart.org</a></p>	<ul style="list-style-type: none"> <li>● Knowledge resource</li> <li>● Heart health knowledge and resources</li> </ul>
<p><b>Georgia Department of Community Health</b>          800-436-7442  <a href="http://dch.georgia.gov/programs">dch.georgia.gov/programs</a></p>	<p>Providing online services and state programs such as Medicaid and PeachCare for Kids</p>

# References

- ACS. (2019). U.S. American Community Survey 2015–2019. Retrieved from <https://www.census.gov/newsroom/press-kits/2020/acs-5-year.html>
- Capacity, Health Communication. (2015). <https://healthcommcapacity.org/hc3resources/ideation-hc3-research-primer/>. Retrieved from <https://healthcommcapacity.org/>: <https://www.healthcommcapacity.org/wp-content/uploads/2015/02/Ideation.pdf>
- CDC. (2017). Centers for Disease Control and Prevention. *National Diabetes Statistics Report*. Retrieved from [dev.diabetes.org/sites/default/files/2019-06/cdc-statistics-report-2017.pdf](http://dev.diabetes.org/sites/default/files/2019-06/cdc-statistics-report-2017.pdf)
- CDC. (2018). Diagnoses of HIV Infection in the United States and Dependent Areas. *HIV Surveillance Report*. Retrieved from [www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf](http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf)
- CMS. (2015–2016). Centers for Medicare & Medicaid Services.
- CMS. (2015–2018). Centers for Medicare & Medicaid Services.
- CMS. (2020). Centers for Medicare & Medicaid Services. *National Provider Identification*. Retrieved from [www.countyhealthrankings.org/app/georgia/2021/measure/factors/62/data](http://www.countyhealthrankings.org/app/georgia/2021/measure/factors/62/data)
- CNI. (2020). Truven Health Analytics, Community Needs Index
- County Health Rankings. (2021). *County Health Rankings & Roadmaps: Access to Care*. Retrieved from [www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care](http://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care)
- DPH. (2015–2019). Georgia Department of Public Health Online Analytical Statistical Information System. [oasis.state.ga.us](http://oasis.state.ga.us).
- Georgia Department of Public Health. (2016). [dph.georgia.gov](http://dph.georgia.gov). Retrieved from Maternal Mortality: [dph.georgia.gov/maternal-mortality](http://dph.georgia.gov/maternal-mortality)
- Kenya Ministry of Health. (2018). *A guide to complementary feeding 6 to 23 months*. Nairobi: Kenya Ministry of Health.
- KP. (2020). Community Health Needs Dashboard by Kaiser Permanente CHNA Data Platform. Retrieved from [www.chna.org/kp](http://www.chna.org/kp)
- UCR. (2017). Georgia's Uniform Crime Reporting Program. *Georgia Bureau of Investigation*. Retrieved from [gbi.georgia.gov/services/crime-statistics](http://gbi.georgia.gov/services/crime-statistics)
- UN Women. (2018). *Jamaica First National Survey on Gender-Based Violence Launched*. Retrieved from UN Women Americas and the Caribbean: [lac.unwomen.org/en/noticias-y-eventos/articulos/2018/6/presentan-primera-encuesta-nacional-de-jamaica-sobre-violencia-de-genero](http://lac.unwomen.org/en/noticias-y-eventos/articulos/2018/6/presentan-primera-encuesta-nacional-de-jamaica-sobre-violencia-de-genero)
- UNICEF. (2017). *Communication for Development (C4D): Global Progress and Country-Level Highlights Across Programme Areas*. New York. Retrieved from [www.unicef.org/media/47781/file/UNICEF\\_2017\\_Report\\_on\\_Communication\\_for\\_Development\\_C4D.pdf](http://www.unicef.org/media/47781/file/UNICEF_2017_Report_on_Communication_for_Development_C4D.pdf)
- United States Department of Labor. (2020). *U.S. Bureau of Labor Statistics*. Retrieved from [www.bls.gov/regions/southeast/georgia.htm#eag](http://www.bls.gov/regions/southeast/georgia.htm#eag)
- World Population Review. (2022). *Maternal Mortality Rate by State 2022*. Retrieved from World Population Review: [worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state](http://worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state)





**Wellstar**  
HEALTH SYSTEM

793 Sawyer Road, Marietta, Georgia 30062 | (770) 956-GIVE (4483) | [wellstar.org](http://wellstar.org)