



2022

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WELLSTAR SPALDING REGIONAL AND
SYLVAN GROVE HOSPITALS



Wellstar

More than healthcare.

PEOPLECARE

Wellstar Spalding Regional Hospital

EIN: 81-0864789
601 S. 8th Street
Griffin, Georgia 30224

The Wellstar Spalding Regional Hospital supports more than 110,000 patients annually. Fully accredited by the Joint Commission on Accreditation, Wellstar Spalding Regional Hospital's medical specialties include Emergency Services, Cardiac Health, Primary Stroke Center, Orthopedic & Joint Health, Women's Services, and Oncology. Wellstar Spalding Regional Hospital also operates several specialized outpatient facilities: Center for Rehabilitation, Center for Sleep Medicine, and Center for Wound Healing and Hyperbaric Medicine.

Wellstar Spalding Regional Hospital has received several awards and recommendations, including multiple Joint Commission accreditations and distinctions from the American Heart Association, Georgia Association of Emergency Medical Services, and American College of Surgeons. The Center for Wound Healing and Hyperbaric Medicine has been named a National Center of Distinction. The Primary Stroke Center was presented with the Gold Plus Target: Stroke Honor Roll Elite award by the American Heart Association and the American Stroke Association. The hospital's Emergency Medical Services has been named "Best in the State" and given the Gold Award for Cardiac Services from the prestigious American Heart Association.



Wellstar Sylvan Grove Hospital

EIN: 81-0875069
1050 McDonough Road
Jackson, Georgia 30233

Wellstar Sylvan Grove Hospital supports the health needs of more than 15,800 patients annually. Specialties at Wellstar Sylvan Grove Hospital include Emergency Services, inpatient Center for Rehabilitation, swing beds, and diagnostics and pulmonary evaluation programs. Wellstar Sylvan Grove Hospital offers 24-hour Emergency Services and provides inpatient programs focused on occupational, physical, and speech therapy. Programs are designed for recovery from diverse conditions, including joint replacement, various surgeries, stroke, cardiac, and resistant wounds that cannot be treated through outpatient means. The hospital also offers post-acute, extended care and personalized nursing care and treatment. Wellstar Sylvan Grove Hospital is nationally recognized for patient safety and quality and locally known for its friendliness, personalized care, and community involvement. In 2017, Wellstar Sylvan Grove Hospital was named a Top Rural Hospital by The Leapfrog Group.

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This report utilizes a data-driven approach to better understand, identify, and prioritize the health needs of the community served by Wellstar Spalding Regional and Sylvan Grove 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

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

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



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IDENTIFYING HEALTH NEEDS

EXECUTIVESUMMARY

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



As in previous years, Wellstar Spalding Regional and Sylvan Grove 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 12 zip codes concentrated in the primary service area of Butts, Lamar, Pike, and Spalding counties. Some noticeable differences between the 2019 assessment and this one are:

- The footprint of the service area has changed from 6 to 12 zip codes.
- 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 5 in 2019 to 12 in 2022).
- The COVID-19 pandemic has had an impact on all health needs – disproportionately affecting historically disadvantaged groups.
- Comparisons are made between the 2019 and 2022 assessments when possible.
- The primary and secondary data have been updated, and more data have been included when available.

Data from Butts, Lamar, Pike, and Spalding 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.) Spalding County ranks the highest in this service area in most indicators, including length and quality of life, social and economic factors, health outcomes, and beneficial health behaviors (*Table 1*) (County Health Rankings, 2021). Pike County ranks lowest in all areas except for Physical Environment and clinical care (County Health Rankings, 2021).

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
Butts	106	82	112	99	97	78	74	119
Lamar	112	72	124	91	67	77	62	152
Pike	45	35	50	36	50	87	13	133
Spalding	126	99	123	127	107	60	100	141

Source: County Health Rankings & Roadmaps

2022 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar Spalding Regional and Sylvan Grove 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
Wellstar Spalding Regional and Sylvan Grove Hospitals <ol style="list-style-type: none"> 1. Access to appropriate care 2. Behavioral Health 3. Parental education and support 4. Overuse and abuse of opioids 	Needs common to all hospitals in Wellstar Health System <ol style="list-style-type: none"> 1. Access to appropriate healthcare 2. Behavioral health 3. Maternal and child health 4. Healthy living (including access to food, physical activity, and chronic disease prevention and management) 5. Housing 6. Poverty <hr/> Additional needs in the Wellstar Spalding and Sylvan Grove Hospitals service area <ol style="list-style-type: none"> 7. Sexually transmitted diseases (HIV/AIDS and STIs) 8. Violence and crime 9. Education 10. Transportation 11. Internet access

In general, the community residents served by Wellstar Spalding Regional and Sylvan Grove Hospitals are lower-income earning and less diverse than is average for the state. When the data were disaggregated by race, ethnicity, and income, it was clear that these social determinants impacted health status. For example, Black and Hispanic¹ residents living in the service area are more likely to be uninsured, living in poverty, and are less likely to have a high school diploma than White residents. These trends have been consistent over time.

¹ 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.

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, and
- Households without access to reliable broadband internet.

These 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 Spalding Regional and Sylvan Grove 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, the number of residents living in the “Medicaid gap” (residents at risk for losing benefits due to increasing income), and inability to access care because of COVID-19 restrictions.

Like the 2019 CHNA, the top five causes of death in the service area are related to restricted access to healthcare, chronic conditions, lifestyle, and behaviors (e.g., heart disease, chronic obstructive pulmonary disease [COPD], and stroke). When considering county-level data, morbidity and mortality rates are high throughout the service area. Butts, Lamar, and Spalding counties all show higher prevalence and death rates when compared to Pike County. Investments in addressing these issues would improve the health of the community served by Wellstar Spalding Regional and Sylvan Grove Hospitals.

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"> • NA 	<ul style="list-style-type: none"> • Cancer • Stroke • COPD • Heart disease and hypertension • Motor vehicle crashes 	<ul style="list-style-type: none"> • Behavioral health • Maternal and child health, including mortality and teen pregnancy • Diabetes • Asthma

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"> • Cancer (colon, lung, and prostate) • Behavioral health (Suicide and drug-related mortality) • Heart disease • Poor birth outcomes 	<ul style="list-style-type: none"> • COPD • Stroke • Accidental poisoning • Motor vehicle crashes • Injury • Septicemia • Asthma

Tables 3-5 include an overview of community leaders' perceptions about what has improved, what remains the same, and what has declined since the last assessment.

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

	Improved
Behavioral and Mental Health	<ul style="list-style-type: none"> • There is decreased stigma and increased awareness about mental health issues. • Increased access to resources, particularly through telehealth. • A decline in suicide rates.
Benefits and Social Safety Net	<ul style="list-style-type: none"> • 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).
Access to Appropriate Healthcare	<ul style="list-style-type: none"> • The COVID-19 pandemic precipitated innovation in access to care and services through telehealth and improvements in social services delivery, such as the mailing of WIC vouchers.
Health and Wellbeing in Schools	<ul style="list-style-type: none"> • 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 health centers.
Maternal and Child Health	<ul style="list-style-type: none"> • Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated. • Medicaid coverage was expanded from 6 weeks to 6 months for pregnant and postpartum women.
Work-life Balance	<ul style="list-style-type: none"> • Work-life balance improved for those that were able to work from home.

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

No Change	
Chronic Disease	<ul style="list-style-type: none"> The rate of chronic health conditions has stayed the same.
Housing	<ul style="list-style-type: none"> 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.
Systemic Inequity	<ul style="list-style-type: none"> Systemic issues influencing health, including racism, housing, and education, have not improved. 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.)

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

Declined	
Behavioral and Mental Health	<ul style="list-style-type: none"> The COVID-19 pandemic has negatively impacted mental health across all populations. It is harder to access mental health services and resources that are not online. State hospital closures decreased residential mental healthcare. For juveniles in the justice system, the use of contracted facilities further decreased the availability and comprehensiveness of behavioral health treatment. The prevalence of serious mental health diagnoses in adolescents, such as schizophrenia and personality disorders, increased.
Violence and Crime	<ul style="list-style-type: none"> There are increases in crime, violence, and social unrest.
Chronic Disease	<ul style="list-style-type: none"> The prevalence of diabetes diagnoses has increased amongst adolescents.
Access to Appropriate Healthcare	<ul style="list-style-type: none"> It has become harder to obtain legal immigration status, which remains critical for new Americans to access healthcare. New Americans are fearful and hesitant to access services because of previous federal administration policies.
Maternal and Child Health	<ul style="list-style-type: none"> 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.
Social Determinants of Health	<ul style="list-style-type: none"> Barriers related to the COVID-19 pandemic decreased cross-organizational problem-solving.
Housing	<ul style="list-style-type: none"> Housing insecurity has increased. More people need housing assistance, but the availability of assistance remains the same. While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
Vaccination	<ul style="list-style-type: none"> Community-level vaccine hesitancy has led to an inability to eradicate COVID-19.



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 Spalding Regional and Sylvan Grove 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 Spalding Regional and Sylvan Grove Hospitals' leadership, including the Regional Health Boards, 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 community served by Wellstar Spalding Regional and Sylvan Grove 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 by this process. To address this limitation, the CHNA team completed a comprehensive review of the 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 (HIV/AIDS), sexually transmitted infections (STIs), 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 were 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, 24 respondents represented Butts, Lamar, Pike, and Spalding counties. These findings have been added to this assessment to better understand the health in communities served by Wellstar Spalding Regional and Sylvan Grove 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 24 key community leaders and a focus group of residents from the hospital service area. An in-depth summary of each qualitative process can be found in the Appendix.

Community health needs were identified by the triangulation of community leader input, secondary data, and a literature review of the impact of COVID-19 on community health.

- Indicators showing above average rates when compared with state and national benchmarks and increasing or decreasing were noted.
- Community leaders were asked to identify the top three community health needs for the communities they serve.
- Areas where COVID-19 has impacted local community health were identified.

These data were presented to Wellstar Health System leaders in a review process that led to identifying the six community health needs listed on page 17.

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 Spalding Regional and Sylvan Grove Hospitals because the service area includes Pike County, which data shows has higher socioeconomic status, as well as much lower morbidity and mortality rates, than much of the rest of the service region. 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 the availability of resources. In the 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 Spalding Regional and Sylvan Grove Hospitals are located in Griffin and Jackson, Georgia, respectively, approximately 40–45 miles south of Atlanta. For the purposes of the Community Health Needs Assessment, the primary service area for the hospital is defined as the six zip codes from which 75 percent of discharged inpatients originated during the previous year (Table 6). The zip codes are from Butts, Lamar, Pike, and Spalding counties, with one zip code from Clayton County rounding out the hospital service area.

The area definition was verified by Wellstar Community Health Council members. The Community Health Needs Assessment considers the population of residents living in the six 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 Spalding and Sylvan Grove Hospitals

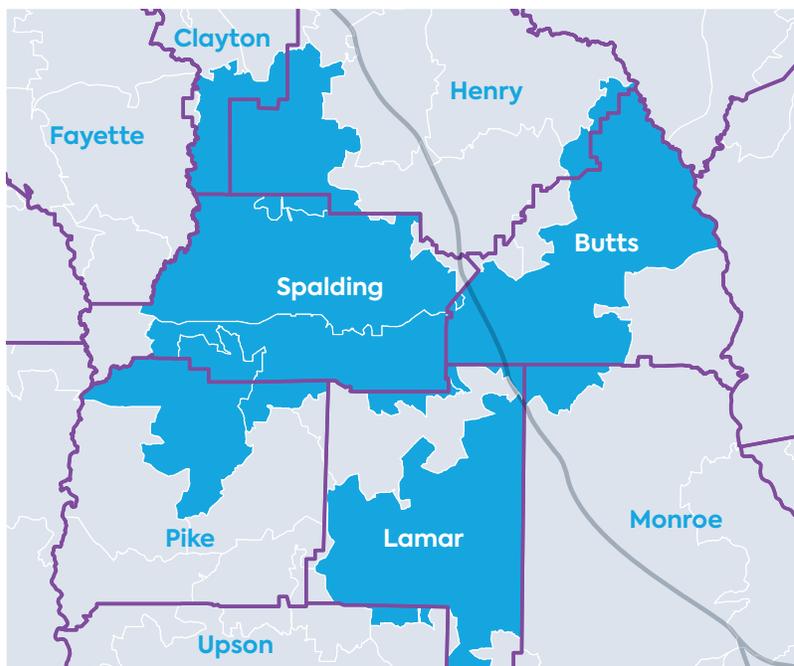


Table 6 | Wellstar Spalding and Sylvan Grove Hospitals Service Area

County*	Zip Codes
Spalding	
Pike	30204, 30223, 30224, 30228,
Butts	30233, and 30292
Lamar	

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

Demographic Data

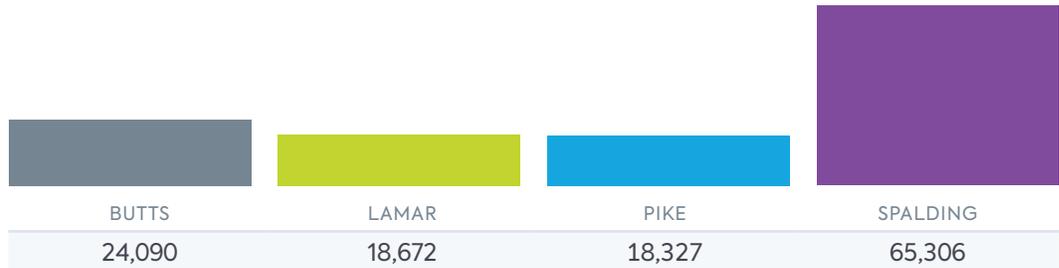
Wellstar Spalding and Sylvan Grove Hospitals | by County and State (2015-2019)

Compared to the state, the service area has an older population, with 16.7 percent of the service area’s population 65 years old or older. The median age is 38 to 40 years old, compared to 36.7 years old at the state level. The service area is also less diverse compared to the state, with 65 percent White (compared to 52 percent for the state). Within the service area, Pike County’s population is 86.9 percent White. Spalding County is home to the largest Hispanic population when compared to the service area, though smaller than state average (4.6 percent vs. 3.6 and 9.5 percent, respectively). The service area has a lower population with Limited English Proficiency (1.2 percent) than the state (3.0 percent). The counties in the service area have lower median incomes than the state (\$58,700) with the exception of Pike County (\$64,878), where the median income is higher.

Total Population

GEORGIA TOTAL POPULATION

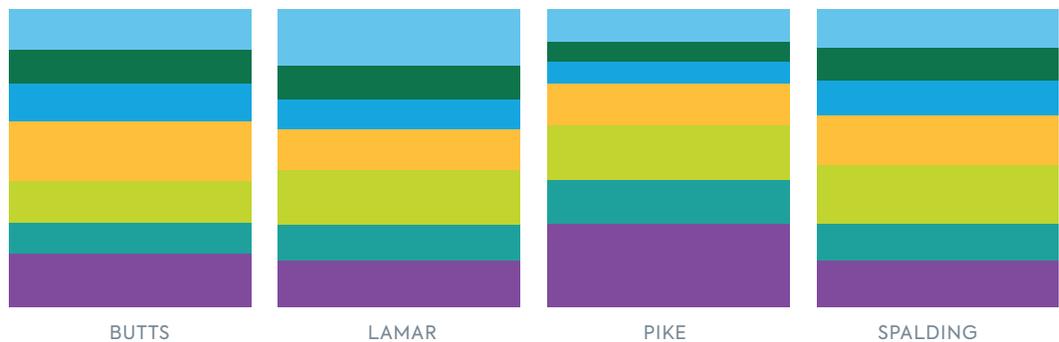
10,403,847



Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

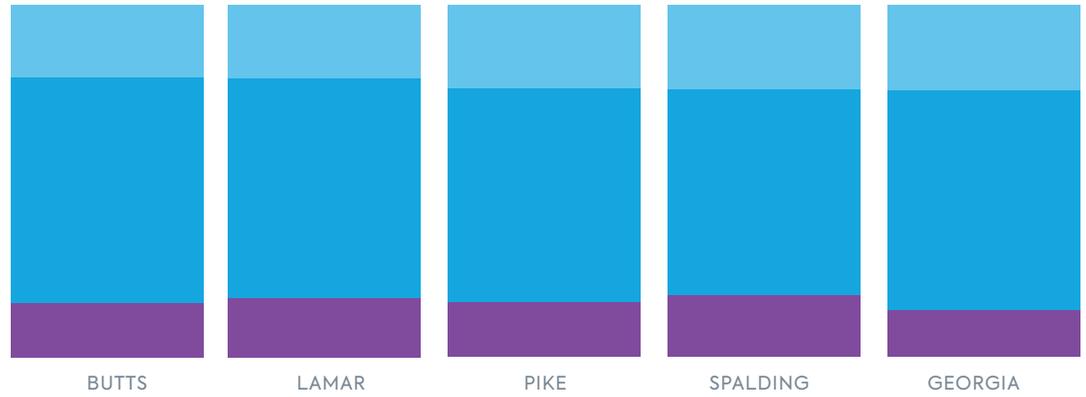
\$58,700.00



	BUTTS	LAMAR	PIKE	SPALDING
Median household income	\$43,471.00	\$44,846.00	\$64,878.00	\$47,111.00
Less than \$15,000	13.5%	18.9%	11.0%	12.9%
\$15,000- \$24,999	11.5%	11.6%	6.5%	11.0%
\$25,000- \$34,999	12.7%	9.8%	7.5%	11.7%
\$35,000- \$49,999	19.7%	13.5%	13.9%	16.5%
\$50,000- \$74,999	14.0%	18.6%	18.5%	19.9%
\$75,000- \$99,999	10.5%	11.9%	14.7%	12.0%
\$100,000 and above	18.1%	15.7%	28.0%	15.9%
Unemployment (2020)	14.1%	16.2%	14.8%	14.6%

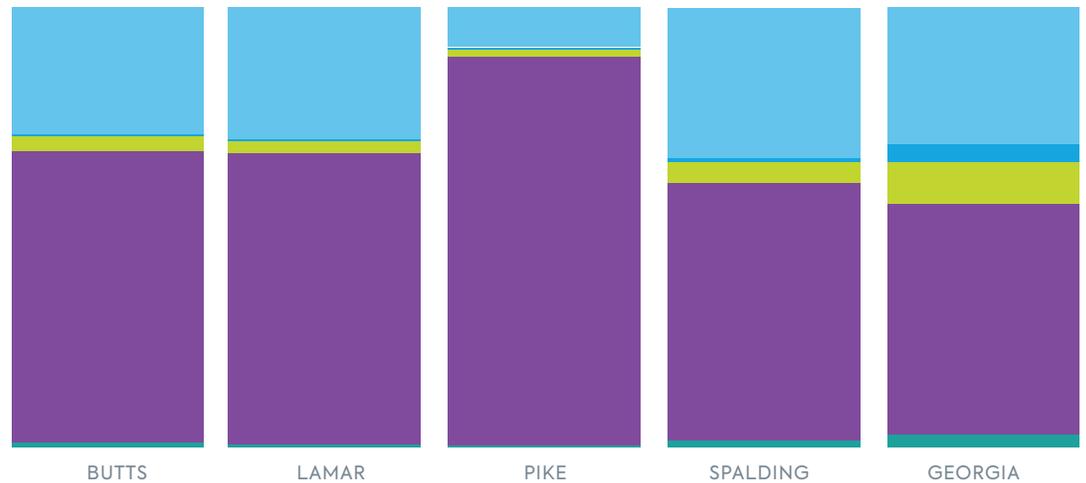
Source: U.S. Census Bureau, American Community Survey (2015-19)

Age Distribution



	BUTTS	LAMAR	PIKE	SPALDING	GEORGIA
Median age in years	38.4	38.1	40.5	38.9	36.7
0-17 Years Old	20.5%	20.9%	23.5%	23.8%	24.1%
18-64 Years Old	64.1%	62.4%	61.0%	58.5%	62.4%
65+ Years Old	15.4%	16.8%	15.5%	17.7%	13.5%

Racial/Ethnic Distribution



	BUTTS	LAMAR	PIKE	SPALDING	GEORGIA
Black	28.9%	29.4%	8.9%	34.1%	31.2%
Asian	0.4%	0.5%	0.5%	1.0%	4.0%
Hispanic	3.3%	2.5%	1.6%	4.6%	9.5%
Non-Hispanic White	66.0%	65.2%	86.9%	58.5%	52.7%
Limited English	1.2%	0.6%	0.6%	1.6%	3.0%



COMMUNITYCARE

DISCOVERING HEALTH NEEDS

COMMUNITY HEALTH NEEDS

Community leaders 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>1. Access to Appropriate Healthcare</p>	 <p>2. Behavioral Health</p>	 <p>3. Maternal and Child Health</p>	 <p>4. Healthy Living*</p>	 <p>5. Housing</p>	 <p>6. Poverty</p>
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* including access to food, physical activity, and chronic disease prevention and management

Additional Health Needs in the Wellstar Spalding Regional and Sylvan Grove Hospitals Service Area

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

** including HIV/AIDS

Health Outcomes

Compared to the state, the service area has higher rates of death due to 1) Ischemic heart and vascular disease, 2) All COPD except asthma, 3) cerebrovascular disease (stroke), 4) Malignant neoplasms of the trachea, bronchus, and lung, and 5) Alzheimer’s disease (*Table 7*) (DPH, 2015–2019) (CMS, 2015–2016; CMS, 2015–2018). The following disparities are evident in health outcomes among residents served by Wellstar Spalding Regional and Sylvan Grove Hospitals:

- With few exceptions, residents from Butts and Spalding counties have the highest rates of poor health outcomes when compared to Lamar and Pike counties and the state.
- The highest rates of mortality and hospital use for COPD occur among White residents.
- The highest rates of morbidity and mortality for stroke occur among Black residents.
- Mortality and hospital utilization rates are high throughout the service area, with Butts and Spalding counties showing the highest rates consistently, which may indicate a breakdown in community-based primary and preventive care, diagnostics, and treatment.

Top Causes of Death

According to 2019 data, four out of the top five causes of death in the service area are related to chronic conditions, lifestyle, and behavior (i.e., heart disease, lung cancer, stroke, and COPD). Alzheimer’s disease is also a top cause of death (*Table 7*) (DHP, 2015–2019).

Table 7 | Top Causes of Death

	Butts	Lamar	Pike	Spalding	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	81.1	102.7	74.0	75.5	80.3	79.5	92.1	ND	ND	78.6
All COPD except asthma	70.6	63.9	63.9	67.9	67.2	79.9	29.9	ND	0.0	44.3
Cerebrovascular disease	58.7	55.7	62.1	55.0	56.6	54.6	66.8	ND	ND	43.3
Malignant neoplasms of the trachea, bronchus, and lung	55.0	37.4	51.5	46.6	47.3	51.1	41.2	0.0	0.0	38.7
Alzheimer’s disease	54.6	48.7	48.9	42.3	46.4	47.9	46.5	0.0	ND	44.0

Age-adjusted rates per 100,000 population. 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

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*)

Ischemic heart and vascular disease is the primary cause of Years of Potential Life Lost² in the service area (Table 8). Heart disease is the leading cause of Years of Potential Life Lost among Black residents in the service area. Motor vehicle crashes are the leading cause among White residents.

Table 8 | Years of Potential Life Lost

	Butts	Lamar	Pike	Spalding	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	875.3	1,057.3	489.0	722.8	767.3	785.4	853.8	ND	ND	560.7
Motor vehicle crashes	725.8	480.8	770.4	751.7	709.5	812.8	581.3	ND	ND	482.2
Accidental poisoning and exposure to noxious substances	603.1	568.0	318.6	513.9	510.6	693.4	177.2	0.0	ND	415.7
Essential (primary – hypertension, hypertensive renal, and heart disease)	483.1	207.7	579.7	557.1	494.7	496.3	583.3	0.0	ND	272.8
All COPD except asthma	495.5	498.0	342.5	522.9	487.7	668.9	194.4	ND	0.0	198.6

Age-adjusted rates per 100,000 population. 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

Top Causes for Emergency Department Visits

There is evidence that people seek care in the emergency room for a variety of reasons, such as lack of insurance or limited availability of after-hours care. Three of the top causes of emergency room use in the service area are all related to accidents (musculoskeletal diseases, unintentional injury, and falls) (Table 9). Pike County shows lower rates of emergency room use when compared to the other counties in the service area. Black residents have higher rates of emergency room visits for all causes except falls, which are higher among White residents.

Table 9 | Emergency Room Visit Rates

	Butts	Lamar	Pike	Spalding	All Counties	White	Black	Asian	Hispanic	Georgia
Diseases of the musculoskeletal system and connective tissue	4,432.9	4,108.6	2,443.2	5,131.7	4,427.9	3,269.5	7,838.7	600.9	1,620.6	3,232.8
All other unintentional injury	5,158.1	3,870.7	3,224.0	4,307.8	4,228.8	3,825.2	4,795.4	668.5	1,840.9	3,007.2
All other diseases of the genitourinary system	3,314.0	2,824.8	2,240.9	4,121.2	3,473.1	2,991.6	4,596.5	373.1	1,527.7	2,274.1
Falls	2,896.7	2,703.5	2,208.0	2,679.9	2,652.4	2,682.7	2,474.4	246.1	1,136.5	1,891.6
All other diseases of the nervous system	2,160.2	1,539.9	1,071.4	1,858.9	1,753.3	1,477.8	2,684.9	325.4	611.2	1,011.7

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

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

Top Causes of Hospital Discharge Rates

Table 10 provides an overview of the rate of Georgia residents discharged from Georgia-based nonfederal acute-care inpatient facilities. Uninsured residents are not always admitted to the hospital without some form of payment and may not be accurately represented in these data. Hospital discharge rates are highest for septicemia, diseases of the musculoskeletal system, and heart disease. Overall, residents of Spalding County have higher hospital discharge rates across all disease areas when compared to the service area and state. White residents have higher rates of hospital discharges for musculoskeletal diseases, heart disease, and COPD (470.4, 449.1, and 310.4 per 100,000 pop., respectively), and Black residents have the highest rates of hospital discharges for septicemia and stroke (618.1 and 423.9 per 100,000 pop. respectively).

Table 10 | Hospital Discharge Rates

	Butts	Lamar	Pike	Spalding	All Counties	White	Black	Asian	Hispanic	Georgia
Septicemia	526.0	429.7	485.9	601.8	544.1	555.9	618.1	ND	424.8	501.3
Diseases of the musculoskeletal system and connective tissue	462.3	490.2	505.0	504.3	493.6	470.4	374.2	ND	353.0	467.6
Ischemic heart and vascular disease	423.0	451.6	360.9	475.6	445.3	449.1	404.1	ND	270.8	309.4
Cerebrovascular disease	292.3	249.1	265.6	325.2	298.9	261.1	423.9	172.8	221.7	244.4
All COPD except asthma	236.2	212.7	240.1	315.9	274.1	310.4	170.7	0.0	80.0	154.0

Age-adjusted rates per 100,000 population. 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

Obesity

High body mass index is a national and state-wide health issue. Compared to the state, the service area has a higher percentage of adults with a body mass index over 30 (32.1 percent vs. 40.0 percent) and adults diagnosed with diabetes (11.2 percent vs. 12.5 percent). In Lamar County, one in 6 adult residents has been diagnosed with diabetes (*Table 11*) (CDC, 2017). Except for Pike County, the service area has a higher diabetes emergency room visit rate when compared to the state (274.1 vs. 489.3 vs. 311.4 per 100,000 pop.) and Black residents have rates of diabetes-related emergency room visit, hospital discharge, and mortality rates that are orders of magnitude higher than residents of other races.

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

	Butts	Lamar	Pike	Spalding	White	Black	Asian	Hispanic	Georgia
Adults with BMI > 30.0 (Obese), Percent (2017)	37.9%	37.4%	39.4%	41.7%	ND	ND	ND	ND	32.1%
Adults with Diagnosed Diabetes, Percent (2017)	12.5%	15.3%	12.8%	11.7%	ND	ND	ND	ND	11.2%
Diabetes Discharge Rate *	226.1	295.2	169.6	310.9	245.5	399.9	0.0	96.8	202.8
Diabetes Mortality Rate*	26.9	45.2	19.1	31.4	26.6	44.7	ND	ND	21.1
Diabetes Emergency Room Visit Rate*	487.1	451.4	274.1	564.5	384.9	906.9	ND	378.6	311.4

* Age-adjusted rates per 100,000 population

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

Coronavirus

COVID-19 cases in Georgia have spiked three times during the pandemic, with the highest daily new reported cases occurring in December 2021. When compared to the state, the hospital service area shows higher rates (per 100,000 pop.) of mortality (81.6 vs. 117.1, respectively), emergency room visits (599.1 vs. 679.0, respectively), while hospitalizations are lower (331.8 vs. 311.8, respectively). Except for Spalding County, the service area has higher confirmed COVID-19 cases per 100,000 population than the state, and all counties have higher rates of death from COVID-19 (DPH, 2021).³

Table 12 | Select COVID-19 Measures

	Butts	Lamar	Pike	Spalding	White	Black	Asian	Hispanic	Georgia
Cases	4,709	3,278	2,733	10,415	842,347	558,726	51,951	196,624	1,914,642
Fully Vaccinated	35%	37%	35%	43%	ND	ND	ND	ND	55%

Racial and ethnic data is by all counties

ND: No Data – Data not available for this population

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

The COVID-19 pandemic significantly challenged two health needs across the state: mental health and healthy food access (Table 13). Additionally, in this service area, COVID-19 significantly impacted residents' access to employment, education, and behavioral health services. Community leaders and respondents to the COVID-19 Pandemic Influence Survey identified a number of adverse impacts caused by the COVID-19 pandemic.

³ Data are as of 03/07/2022

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

Impact of COVID-19	
Behavioral and Mental Health	<ul style="list-style-type: none"> • The COVID-19 pandemic worsened mental health outcomes and highlighted the need for mental health resources and services. • Stress is driving mental health needs as individuals experience unemployment, workforce shortages, and caregiver burnout. • Increased behavioral issues related to isolation include depression, anxiety, substance abuse, domestic violence, and suicidal behaviors. • Although virtual mental health support groups have increased, there is concern over the efficacy of online versus in-person services in providing the same level of intimacy. • Parents have limited ability to shield children from stressors, including limited coping support for children experiencing family members' sickness and death.
Food Access	<ul style="list-style-type: none"> • All survey participants felt that COVID-19 had an influence on healthy living and food access, including through disruptions to daily routines. • Food pantries were unable to accept new clients.
Access to Appropriate Healthcare	<ul style="list-style-type: none"> • Those who were hesitant to seek healthcare due to fear of COVID-19 avoided emergency care and delayed preventative care and procedures. • COVID-19 pandemic stimulus packages may have incentivized some people to stay out of the workforce and, therefore, lose health insurance.
Economy and Employment	<ul style="list-style-type: none"> • Worsening economic conditions resulted in layoffs, especially for part-time workers, the blue-collar sector, and positions that cannot be done remotely. • Many people lost health insurance when they lost their jobs.
Early and K-12 Education	<ul style="list-style-type: none"> • Most COVID-19 Pandemic Influence Survey respondents were more concerned about the impact of the pandemic on education compared to other areas such as violence, poverty, and transportation.
Housing	<ul style="list-style-type: none"> • The economic impacts of the pandemic have worsened housing insecurity and affordability across the service area. • Due to job loss or financial instability, many residents are unable to pay rent or save for a deposit and may be at risk of eviction. • The need for emergency housing and housing assistance has grown, but the amount of assistance available has remained the same. • A COVID-19 Influence Survey participant was concerned about the effect of housing insecurity on general and mental health, such as a loss of independence and sense of self-worth.

Vaccination

According to the primary data, there was mistrust and uncertainty about the COVID-19 vaccine due to confusing media information and, in some cases, religious influence. There was an example given about a clinic in south metro Atlanta, where many people 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. Community leaders felt that while telehealth could not replace in-person care, it did decrease some barriers to access. For example:

- Telehealth improved access to WIC nutritionists.
- Among those with the necessary skills, equipment, and internet access, telehealth made care more accessible for some vulnerable populations, including senior, Hispanic, immigrant, and low-income residents.
- Greater access to providers, especially mental health services.

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 – including many low-income and senior residents – struggled to use telehealth services. Online resources, social services, and telehealth are often only available in English and, less often, Spanish. This limited who could access telehealthcare. Additionally, many New Americans do not know how to use email, which made it difficult for them to make COVID-19 vaccination appointments.

Telehealth has the potential to remedy the lack of healthcare providers in rural areas if existing broadband issues are solved. For example, fiber cable is currently being expanded in Butts County with an expectation that internet access will improve for residents within a year.



Access to Appropriate Healthcare

The service area has lower provider rates than the state for:

- Mental health (99.5 vs. 146.0 per 100,000 pop.) (CMS, 2021)
- Dental (24.2 vs. 49.2 per 100,000 pop.) (HRSA, 2015)
- Nurse practitioners (21.3 vs. 37.1 per 100,000 pop.) (CMS, 2020)
- Primary care (37.2 vs. 65.6 per 100,000 pop.) (HRSA 2017).

Butts and Spalding counties have higher rates of addiction/substance use providers compared to the state (4.2 and 3.1 vs. 2.3 per 100,000 pop.), while rates in Lamar and Pike counties are close to zero (CMS, 2020). Forty percent of the population in the service area lives in a Health Professional Shortage Area (HRSA, 2021).

Table 14 | Health Professional Shortage and Service Provider Rates

	Butts	Lamar	Pike	Spalding	All Counties	Georgia	U.S.
Percentage of Population Living in an Area Affected by a Health Professional Shortage	32.5%	40.1%	30.7%	46.5%	40.6%	30.2%	22.6%
Percentage of Health Professional Shortage Population Underserved	87.0%	47.1%	44.9%	73.4%	68.5%	56.1%	53.7%
Percentage of Population Living in a Health Professional Shortage Area for Dental Care	100.0%	100.0%	100.0%	100.0%	100.0%	59.1%	44.6%
Addiction/Substance Abuse (2020)*	4.2	0.0	0.0	3.1	3.2	2.3	9.1
Buprenorphine Providers (2020)*	0.0	5.4	0.0	4.6	3.2	3.4	5.7
Dental (2015)*	17.0	11.0	16.7	32.8	24.2	49.2	65.6
Mental Health (2021)*	68.2	68.1	42.2	136.4	99.5	146.0	261.6
Nurse Practitioners (2020)*	4.2	10.8	29.1	3.3	21.3	37.1	39.7
Primary Care (2017)*	20.8	43.0	22.0	45.9	37.2	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/
- 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

- Need for affordable healthcare insurance, including Medicaid expansion
- Increasing income can put Medicaid recipients at risk of losing benefits.

- Community leaders report a lack of dentists who accept Medicaid and a lack of dental care options for uninsured residents.
- Uninsured rates are higher among Black, Hispanic, low-income, immigrant, undocumented, and male residents.

Poor continuum of care

- Better communication is needed between healthcare providers and schools.

COVID-19

- Increased unemployment during the pandemic left many without insurance.
- Face-to-face health visits were suspended during the pandemic.
- Individuals were concerned with COVID-19 transmission in healthcare settings.
- COVID-19 Pandemic Influence Survey respondents shared that people delayed seeking preventive care services, including among those with pre-existing conditions.
- Reduced staffing at hospitals contributed to delays in emergency and non-emergency care.

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

- Lack of affordable and accessible providers for those without insurance, especially primary and preventative care providers
- Lack of healthcare specialists
- Existing specialists in the area are not covered by some residents' insurance.
- Some residents must travel long distances, up to two hours, to access hospitals and services. While transportation services are available, needed healthcare services can be farther than the 40-mile maximum travel distance.
- There are not enough healthcare providers that speak languages other than English.
- Individuals are not seeking dental care because of a lack of providers that accept Medicaid.

Other barriers

- Lack of transportation, particularly among low-income residents
- Those without access to reliable technology and internet access cannot access telehealth services.
- The population in this service area is aging, and healthcare needs are shifting.
- Healthcare issues affecting incarcerated women are more likely to affect Black women as they are overrepresented in the prison population.
- New Americans living in poverty often do not have access to government resources available to other low-income families, including Medicaid, Supplemental Nutrition Assistance Program, and pandemic stimulus support. New Americans may be employed but are paid in cash and lack proof of income.

Based on an inventory of community assets (see *Appendix*), there are twelve 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. Southside Medical Center offers primary care, dental care, and behavioral health services on a sliding scale to residents who are low-income, underinsured, and uninsured.



Behavioral Health

Key Behavioral Health Findings

Emergency room visits

- When compared to the state, the service area has higher rates of emergency room visits related to mental health and behavioral disorders (1,102.4 vs. 1,715.4 per 100,000 pop.), as well as for drug use (318.2 vs. 484.0 per 100,000 pop.) (DPH, 2015–2019).
- Spalding County has higher rates than the other counties and the service area for emergency room visits related to mental health and behavioral disorders (2,089.3) and drug use (589.1) (*Figure 1*) (DPH, 2015–2019).

Drug overdose

- Data are not available for all counties in the service area, which makes it difficult to depict trends between 2009 and 2019. (*Table 15*)
- Between 2018 and 2019, the rate of overdose in Spalding County dropped from 17.4 to 9.5 per 100,000 population, achieving the lowest rate in 9 years (DPH, 2009–2019).
- Community leaders report increased substance abuse, especially among young adults.

Alcohol use

- Lamar County and Pike County have a greater proportion of the population who engage in excessive drinking behaviors than the service area and the state (17.2, 18.9, 16.4, and 16.8 percent, respectively) (KP, 2020).

Suicide

- Compared to the state, the service area has a higher suicide rate overall (13.7 vs. 15.7 per 100,000 pop.). In fact, rates are higher in all counties except for Lamar County (10.2 per 100,000 pop.) (DPH, 2015–2019).
- Overall, the service area's intentional self-harm emergency room visit rate is higher than the state's (100.8 vs. 68.2 per 100,000 pop.). Compared to the state, intentional self-harm emergency room visit rates are higher in all counties except for Pike County (68.2 vs. 67.3 per 100,000 pop.) (DPH, 2015–2019).
- Community leaders report increased suicide attempts across all groups, including school-age children.

Availability of care

- Compared to the state, the service area has fewer mental health providers per 100,000 population (146.0 vs. 99.5) (CMS, 2021). Lamar and Pike counties have fewer addiction/substance use providers compared to the service area and the state (0.0 and 0.0 vs. 3.2 and 2.7 per 100,000 pop., respectively) (CMS, 2020).

Disparities

- Compared to White residents, emergency room visits for mental health and behavioral disorders are higher among Black residents (1,637.1 vs. 1,877.4 per 100,000 pop.) (DPH, 2015–2019).
- Suicide rates per 100,000 population are higher among White (19.8) and Male (28.8) residents compared to Black (5.9) and Female (3.9) residents (DPH, 2015–2019).

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

	Butts	Lamar	Pike	Spalding	Georgia
2009	ND	ND	ND	16.1	9.9
2010	ND	33.4	ND	9.2	10.3
2011	ND	ND	ND	12.1	10.4
2012	25.9	ND	0.0	26.4	9.9
2013	ND	ND	ND	12.1	10.5
2014	ND	ND	ND	14.6	11.4
2015	24.3	27.0	ND	18.6	12.2
2016	ND	ND	ND	16.4	13.1
2017	21.9	ND	ND	15.7	14.6
2018	22.9	ND	ND	17.4	13.1
2019	ND	ND	ND	9.5	12.9

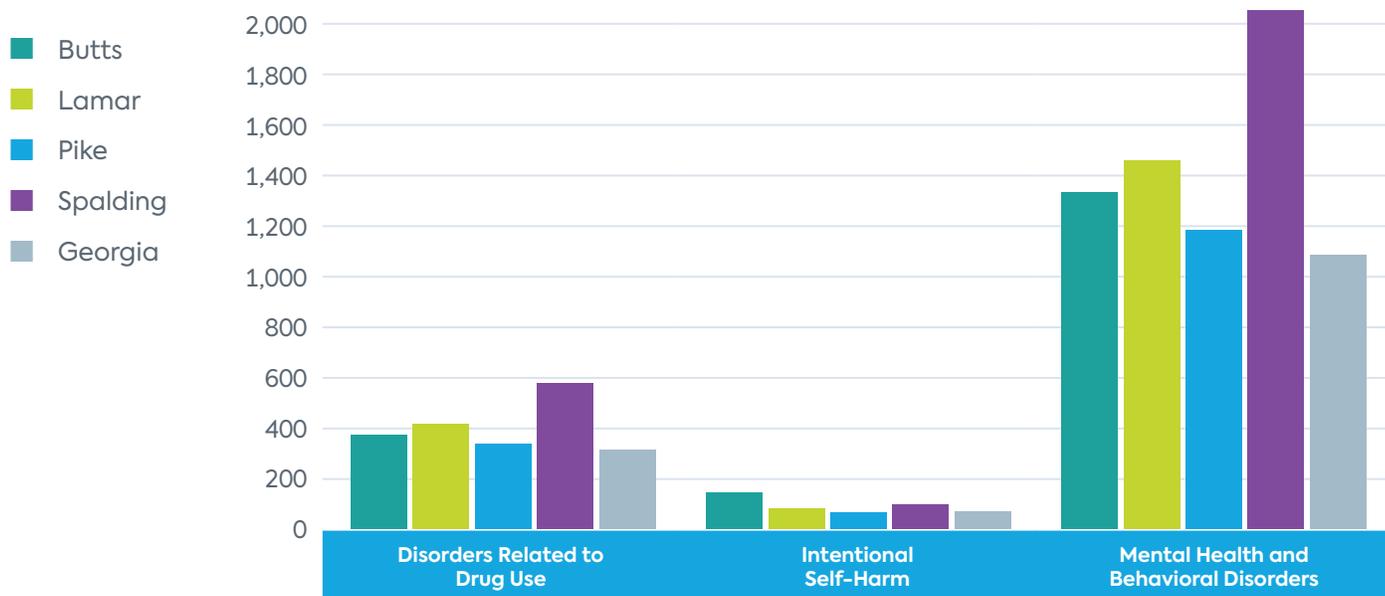
Age-adjusted rates per 100,000 population

ND: No Data – Data not available for this 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 pop. in the Wellstar Spalding Regional and Sylvan Grove 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 fourteen 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. COVID-19 Pandemic Influence Survey participants indicated that the following behavioral health outcomes were significantly influenced by the pandemic:

- Overall, mental health was worse than it had been before the pandemic.
- Substance abuse, including heavy drinking, was on the rise.
- Instances of suicidal behaviors had increased.
- There was less access to face-to-face behavioral healthcare and substance abuse services.
- Temporary behavioral health and substance abuse facility closures and lack of service providers have made accessing timely and quality care difficult.
- One positive outcome was that the availability of telehealth services was providing some residents with more access to care.

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
- Those with pre-existing conditions

Specifically, the shortage of mental health services has disproportionately impacted Black residents due to the reduction in an already limited pool of behavioral health providers representing communities of color.

Lack of access to services

Residents felt that there were not enough mental health services available in the area and were unfamiliar with existing service providers. Community leaders identified a need for:

- 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.
- Providers that are familiar with the unique needs of LGBTQ+ residents.
- Mental health support for undocumented immigrants.

Stigma

Despite the COVID-19 pandemic highlighting the importance of mental health, stigma is persistent in some cultures and ethnic groups. LGBTQ+ individuals may avoid seeking behavioral healthcare because they are concerned mental health professionals will stigmatize them for their gender or sexual identity.

Lack of insurance parity

There is a reported lack of mental health parity in the insurance and healthcare systems. 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.

Behavioral health needs specific to youth

Community leaders and residents had the following concerns about mental and behavioral health among children.

- Unstable and overwhelming home situations contribute to mental health needs among children.
- During the pandemic, parents had little ability to shield children from stressors. Children experienced family members getting sick and dying with limited mental health support.
- Parents and caretakers are often struggling with their own mental health needs and lack the knowledge and skills to support child mental health needs.
- In families with grandparents acting as the primary caretakers, grandparents often do not view mental health as a priority and do not seek services for children in need.
- Physicians will often give a mental or behavioral health diagnosis and tell the family to seek help from school services, but what physicians think schools can offer and what schools can offer are not always the same. There was also concern that physicians and schools are not always speaking the same “language,” making communication difficult.



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

- Pregnancy and birth rates (per 1,000 live births) are higher in Butts County (51.3 and 40.5) and Spalding County (53.6 and 43.3) compared to the service area (49.3 and 40.2) and the state (48.8 and 38.2) (Figure 2) (DPH, 2015–2019). Pike County has the lowest rates of pregnancy (39.6 per 1,000 live births) and birth (33.5 per 1,000 live births) in the service area. Compared to Georgia, the service region has higher rates of teen pregnancy (ages 15–17) (12.0 vs. 15.1 per 1,000 live births), and lower rates of pregnancy among 30–39-year-olds (84.8 vs. 62.8 per 1,000 live births) and 40–44-year-olds (14.5 vs. 9.4 per 1,000 live births) (DPH, 2015–2019).
- Compared to the White population, rates of teen pregnancy (ages 15–17) are twice as high among the Hispanic population and three times as high among the Black population (8.6 vs. 17.6 and 26.4 per 1,000 live births) (DPH, 2015–2019).

Low birth weight

- Compared to the state, the service area has a higher percentage of infants born with low birth weight (9.9 percent vs. 12.0 percent) (DPH, 2015–2019). Within the service area, Pike County is the only county with a lower percentage of infants born with low birth weight compared to the state (8.5 percent vs. 9.9 percent) (Figure 2) (DPH, 2015–2019).

Infant mortality

- Infant mortality rates in Lamar County (10.3 per 1,000 live births) and Spalding County (9.8 per 1,000 live births) are higher than in the service area (8.6 per 1,000 live births) and the state (7.3 per 1,000 live births) (Figure 2) (DPH, 2015–2019).

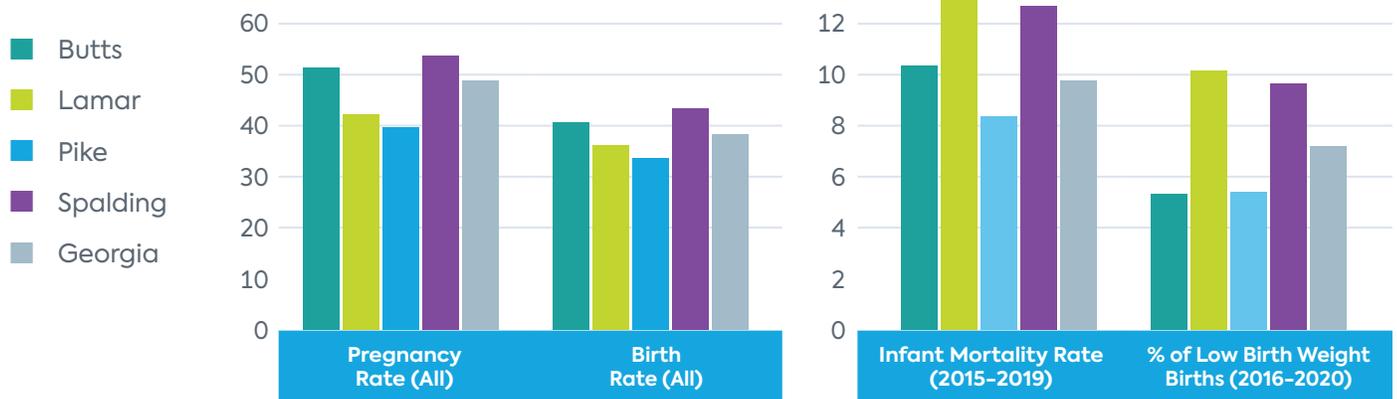
Maternal morbidity and mortality

- Reliable county-level data on maternal morbidity and mortality are not available. Maternal morbidity and mortality in Georgia are high, particularly among Black women. More data are needed to understand how the service area is impacted.

Disparities and culturally competent care

- Rates of infant mortality are nearly three times higher among Black residents (14.3 per 1,000 live births) when compared to White residents (5.5 per 1,000 live births) (Table 16) (DPH, 2015–2019).
- Community leaders are concerned that maternal and child health outcomes are worse for Black women regardless of income, access to care, and education.

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



Per 100,000 pop. in the Wellstar Spalding and Sylvan Grove 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
Butts	ND	ND	0.0	0.0	5.4
Lamar	6.9	20.9	0.0	0.0	10.3
Pike	6.0	ND	0.0	0.0	5.5
Spalding	6.4	13.5	0.0	ND	9.8
Georgia	5.2	11.8	3.1	5.4	7.3

Rates per 1,000 live births.

ND: No Data – Data not available for this population

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

Community leaders reported there are limited women’s health services available. They also identified a need for:

- Free or low-cost prenatal and postnatal services for women lacking legal immigration status,
- Financial support for families that cannot afford immunizations and vaccinations, and
- Better provider follow-up to ensure that children receive needed vaccinations.

Community leaders were concerned about teenage pregnancy. In Spalding County, there is generational teen pregnancy with racial disparities in teenage pregnancy rates and low birthweight. One community leader commented that, in some communities, teenage pregnancy can be a “financial choice” as there is a belief that pregnancy will lead to government assistance. There is limited information available for New American teenagers on health and reproduction. There is a need for more prenatal care access and breastfeeding education for teenage mothers.

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 mothers and infants
- Improved access to safe and sanitary healthcare facilities

All COVID-19 Pandemic Influence 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 due to concerns related to COVID-19 and economic conditions.
- Women not seeking appointments for birth control, including abortion.
- Reduced postpartum support for breastfeeding due to limited access to breastfeeding specialists.
- Decreased prenatal care, which especially impacted those with higher risk pregnancies.
- Increased caregiver burden and stress.
- Delayed child wellness appointments resulting in delay of routine vaccinations.

Based on an inventory of community assets (see *Appendix*), there are five 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.

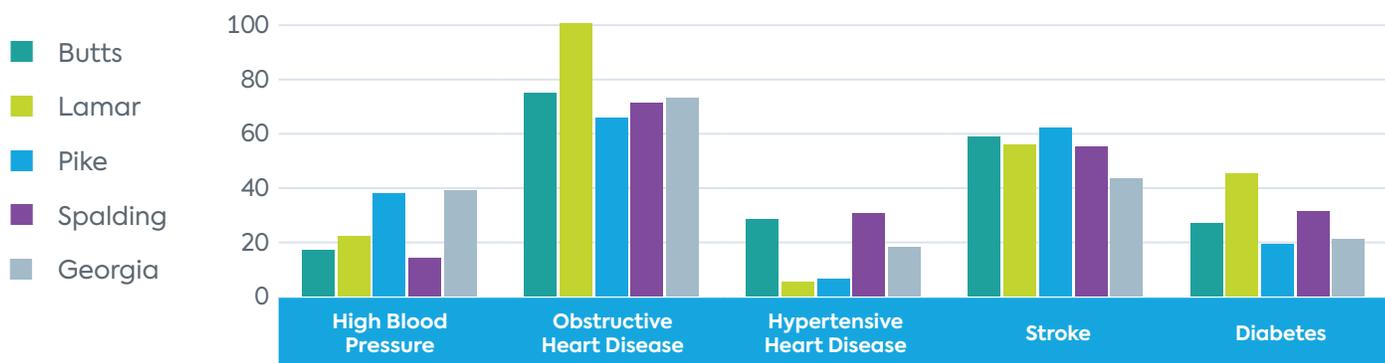
The themes that emerged from secondary and primary data include chronic disease, healthy eating, and access to amenities. Residents who live in communities with access to parks and churches with walking trails, affordable membership gyms, and senior centers with exercise activities enjoy overall health benefits.

According to COVID-19 Pandemic Influence Survey respondents, the COVID-19 pandemic reduced healthy living behaviors. Residents were concerned about COVID-19 transmission at membership gyms and the grocery store. The pandemic also contributed to poorer eating habits, reduced physical activity, and increased social isolation and stress.

Chronic Disease

Chronic diseases identified by community leaders included hypertension, heart disease, stroke, and diabetes.

Figure 3 | Chronic Disease Mortality Rates



Age-adjusted rates per 100,000 population

Source: Georgia Department of Public Health Online Analytical Statistical Information System (2015–2019)

Detailed Findings by Chronic Disease/Condition

Hypertension, hypertensive heart disease, and stroke

- Compared to the state, the service area has higher rates of hypertensive heart disease mortality (18.1 vs. 23.0 per 100,000 pop.) and stroke mortality (43.3 vs. 56.6 per 100,000 pop.) (DPH, 2015–2019). Hypertension mortality in Pike County is higher than in the state and twice as high compared to the rest of the service area (38.0 vs. 19.1 per 100,000 pop.) (DPH, 2015–2019). Emergency room use and hospital discharges are higher than the state for hypertension, heart disease, and stroke (DPH, 2015–2019).
- Health outcomes are worse among males (heart attack, stroke), Black (diabetes, hypertension, heart disease, stroke, asthma), and low-income residents (DPH, 2015–2019). Compared to the White population, hypertension emergency room use is three and a half times higher for the Black population (279.3 vs. 1,110.6 per 100,000) and eight times higher for the Hispanic population (27.93 vs. 2,339.5 per 100,000 pop.) (DPH, 2015–2019).

Diabetes

- Compared to the state, the service area has a higher percentage of adults diagnosed with diabetes (11.2 vs. 12.5 per 100,000 pop.), and higher rates of diabetes hospital discharge (202.8 vs. 271.6 per 100,000 pop.), mortality

(21.1 vs. 30.7 per 100,000 pop.), and emergency room use (311.4 vs. 489.3 per 100,000 pop.) (CDC, 2017, DPH, 2015–2019). Within the service region, Pike County has lower rates of diabetes hospital discharges, mortality, and emergency room use (169.6, 19.1, and 274.1 per 100,000 pop.) than the service area or the state.

- According to community leaders, individuals are seeking emergency room care due to undiagnosed and unmanaged diabetes and heart disease. There is concern that individuals with diabetes, heart disease, and/or hypertension may be unable to afford medications.

Disparities:

- Health outcomes associated with diabetes (discharges, mortality, and emergency room rates) are worse among Black residents (399.9, 44.7, and 906.9 per 100,000 pop., respectively) when compared to White residents (245.5, 26.6 and 384.9 per 100,000 pop., respectively) (DPH, 2015–2019). New American populations are unable to manage high blood pressure and diabetes due to their lack of access to primary care and the high cost of medication.

Asthma

- Compared to the state, the service area has a higher asthma hospital discharge rate (74.2 vs. 85.1 per 100,000 pop.) and a higher asthma emergency room use rate (539.9 vs. 623.7 per 100,000 pop.) (DPH, 2015–2019). Spalding County has the highest asthma emergency room visit and hospital discharge rate in the service area (761.0 vs. 107.6 per 100,000 pop., respectively) (DPH, 2015–2019).
- Emergency room use for asthma is almost four times as high for the Black population compared to their White counterparts (1,178.10 vs. 310.1 per 100,000 pop.) (DPH, 2015–2017).
- According to community leaders, increased respiratory issues among young people are being driven by smoking and drug use. School-based asthma programs have been paused due to school closures, decreases in funding, and staff turnover. Asthma is worse among Black and low-income residents (DPH, 2015–2019).

Healthy Living and Food Access

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

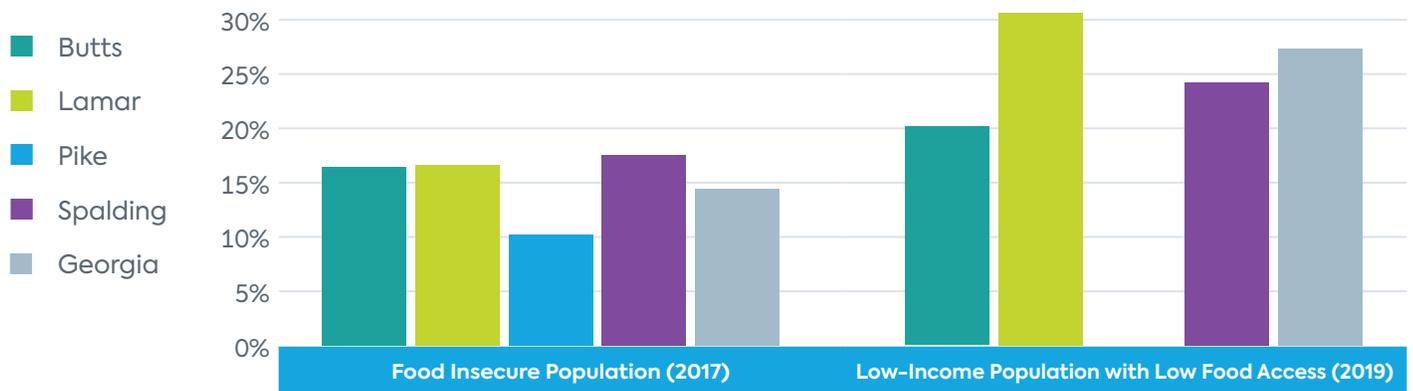
Food insecurity

Compared to the state, the service area for Wellstar Spalding Regional and Sylvan Grove Hospitals has a lower percentage of low-income families with limited access to healthy foods (27.3 percent vs. 24.1 percent); however, there is variability among the counties: the percentage is higher in Lamar County (30.6 percent) and substantially lower in Pike County (0.02 percent) (*Figure 4*) (USDA, 2019). Butts and Spalding counties have a higher percentage of households receiving Supplemental Nutrition Assistance Program benefits (19.2 percent and 17.4 percent, respectively) compared to the service area (15.8 percent) and the state (12.8 percent) (USDA, 2019).

Community leaders were concerned about the lack of access to affordable, healthy food and food insecurity. Residents discussed how it is currently difficult to make ends meet; the cost of food and other necessities have increased while wages and/or fixed income benefits have not. When healthy food is unaffordable, individuals consume foods with more sugar, fat, and cholesterol. This is cost-effective at the moment but leads to high costs long term. COVID-19 Pandemic Influence Survey participants identified food shortages, increased food costs, and restrictions on public transportation as further reducing access to healthy foods. One survey participant noted that, during school closures, children who typically participate in school meals might consume meals of lower nutritional value at home, especially low-income households that are more affected by increasing food costs.

Based on an inventory of community assets (see *Appendix*), there are five 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 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 Spalding and Sylvan Grove 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

According to primary data, underserved communities are often targeted for fast food marketing. 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. 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.”

Health Culture

The service area has slightly more reported poor physical health days per person than the state’s per person average (4.8 vs. 4.0 days per month) (KP, 2020). COVID-19 Pandemic Influence Survey participants felt that COVID-19 exacerbated the unhealthy culture. Community members were hesitant – or less motivated – to go outside, exercise, or eat well. Limited in-person doctor’s appointments negatively impacted all residents’ health status, particularly those with a chronic disease.

Access to Amenities

Residents discussed the overall health benefits of the multiple parks, trail systems, fitness centers, and fitness/nutrition forums in the service area, especially during the COVID-19 pandemic. The parks and trails are well lit and perceived as safe.

Residents find a trade-off between proximity to healthy living amenities and the cost of housing. As one participant shared, “I need to be somewhere where I can sleep at night, but I can’t afford the nice area, so I pick somewhere in the middle. I’m stuck between a rock and a hard place”.



Social Determinants of Health

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

The Community Needs Index ranks each zip code in the United States against all other zip codes on five socioeconomic 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). A score of 3 is the median for the scale.

In the service area, Butts County has the highest Community Needs Index score at 4.8, which indicates above-average socioeconomic barriers to accessing care (*Table 17*) (CNI, 2020). An estimated 44.4 percent of children and 56.4 percent of single families with children in Butts County live in poverty (CNI, 2020).

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:

- Address systemic racism and discrimination in healthcare and social services. For example, there is institutional racism against those with dark skin that grew up in low socioeconomic neighborhoods and did not achieve higher education.
- Decrease race-based inequities in sentencing and behavioral diagnoses in the criminal justice system
- 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

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

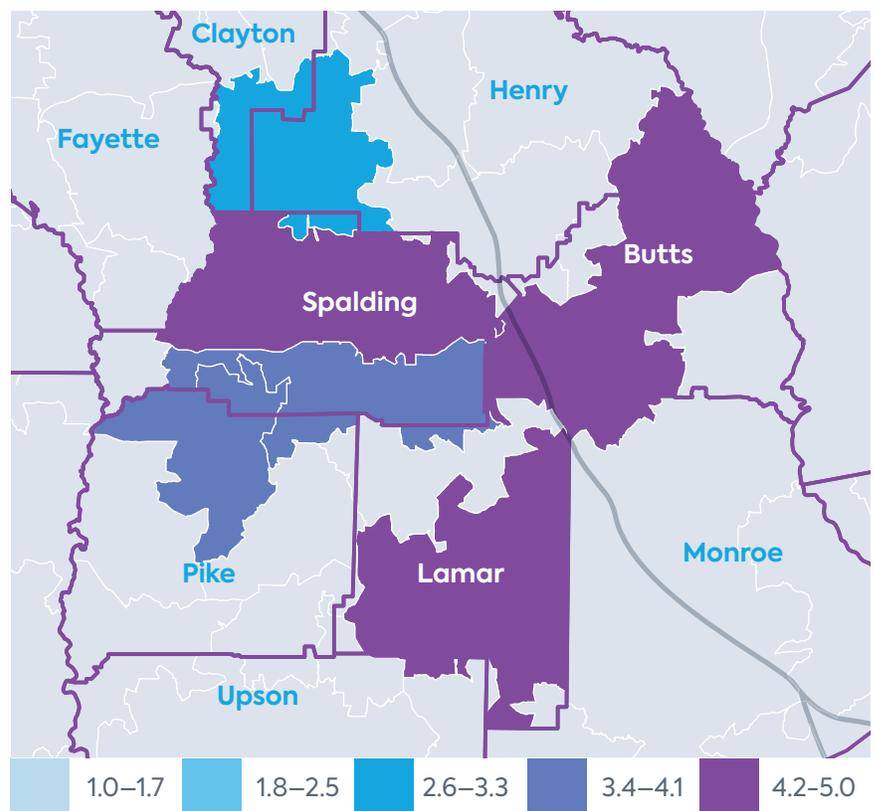


Table 17 | Community Needs Index Scores (2020)

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
3 Areas with the Highest CNI Scores												
30223	Spalding	0.0	5.0	11.4%	34.7%	56.8%	48.2%	48.2%	20.5%	9.4%	20.4%	42.1%
30204	Lamar	0.2	4.6	19.3%	30.8%	63.5%	0.2%	42.1%	15.8%	11.9%	27.2%	36.5%
30233	Butts	0.0	4.2	13.8%	26.1%	43.7%	0.6%	31.1%	21.4%	7.2%	18.7%	24.7%
3 Areas with the Lowest CNI Scores												
30224	Spalding	0.2	4.0	11.4%	19.1%	38.0%	0.3%	35.0%	14.7%	6.0%	17.8%	34.0%
30292	Pike	0.0	3.4	10.0%	17.1%	54.5%	0.4%	15.4%	10.6%	5.9%	10.9%	20.0%
30228	Clayton	0.2	3.2	7.4%	14.4%	25.5%	2.4%	73.7%	8.7%	5.3%	11.6%	20.6%
County Totals												
Butts County		0.0	4.2	14.1%	26.3%	43.1%	0.6%	31.6%	20.9%	7.2%	19.1%	24.3%
Lamar County		0.2	4.3	20.5%	26.2%	58.4%	0.2%	35.2%	14.7%	11.0%	25.2%	31.8%
Pike County		0.1	3.4	14.2%	15.5%	47.6%	0.2%	14.7%	12.1%	8.5%	14.7%	18.9%
Spalding County		0.1	4.6	11.4%	28.2%	49.0%	0.4%	42.7%	18.1%	8.0%	19.3%	38.7%

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) ranges between 11.4 percent and 61.2 percent, with the highest percentages in Lamar County (ACS, 2015–2019) (Table 18). There is concern that housing outcomes will get worse as post-pandemic data become available.

Table 18 | Select Housing Indicators

	Butts	Lamar	Pike	Spalding	Georgia	U.S.
Units Affordable at 15% AMI*	3.0%	1.6%	4.6%	2.4%	2.9%	3.1%
Units Affordable at 30% AMI	10.0%	5.6%	9.3%	7.3%	7.6%	7.9%
Units Affordable at 40% AMI	15.4%	10.0%	19.2%	14.9%	10.4%	13.2%
Units Affordable at 50% AMI	19.4%	17.9%	29.6%	24.0%	21.6%	20.9%
Units Affordable at 60% AMI	28.5%	30.0%	40.5%	34.9%	32.1%	29.9%
Units Affordable at 80% AMI	46.2%	48.2%	58.2%	53.7%	52.6%	47.3%
Units Affordable at 100% AMI	62.7%	60.9%	70.4%	69.8%	67.1%	61.1%
Units Affordable at 125% AMI	75.7%	75.6%	77.2%	83.8%	78.0%	73.2%
Median Gross Rent	\$850.00	\$706.00	\$828.00	\$872.00	\$1,006.00	\$1,062.00
Households paying more than 30% of income for monthly mortgage	11.4%	36.3%	23.3%	29.6%	ND	ND
Households paying more than 30% of income for monthly rent	52.6%	61.2%	31.7%	48.6%	ND	ND
Households living in homes with one or more severe problems	16.4%	16.7%	18.0%	21.5%	17.7%	18.5%

* Area Median Income

ND: No Data – Data not available for this population

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

Community leaders and residents agree that affordable housing is hard to find. Residents shared that the cost of living decreases as one moves farther from Atlanta, but so do the number of health providers. Available, inexpensive housing can be substandard or dilapidated. Not all renters are aware of their renters' rights when landlords do not maintain properties.

There is a need for assistance to support rent, mortgage, utilities, and home maintenance. Some families are moving in together to reduce costs. 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 outcome (ACS, 2019).

The economic ramifications of the COVID-19 pandemic have increased housing insecurity. Housing situations are fragile due to job loss, underemployment, and increased cost of living. There are long waitlists of people seeking long-term housing and not enough emergency housing, hotel vouchers, and shelter options. Community leaders anticipate another housing crisis once the eviction moratorium ends. At the same time, landlords may be at risk of losing properties due to mounting debt.

COVID-19 Pandemic Influence Survey respondents felt that while COVID-19 impacted housing status, housing also impacted COVID-19 status. Survey respondents identified the following groups as being disproportionately affected by COVID-19's impact on housing:

- Individuals with low income,
- Racial and ethnic minorities,
- People experiencing homelessness,
- Non-English speaking or proficient communities, and
- Non-status residents.

Based on an inventory of community assets (see Appendix), there are three 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 poverty⁴ between 2015–2019 was lower than it had been between 2006–2010, except for in Butts County (*Table 19*) (ACS, 2019). However, these numbers are pre-pandemic, and there is an expectation that post-pandemic numbers will be higher. According to community leaders, the COVID-19 pandemic worsened economic conditions. Individuals who could not work remotely were laid off, and employers cut staff. Many people lost health insurance.

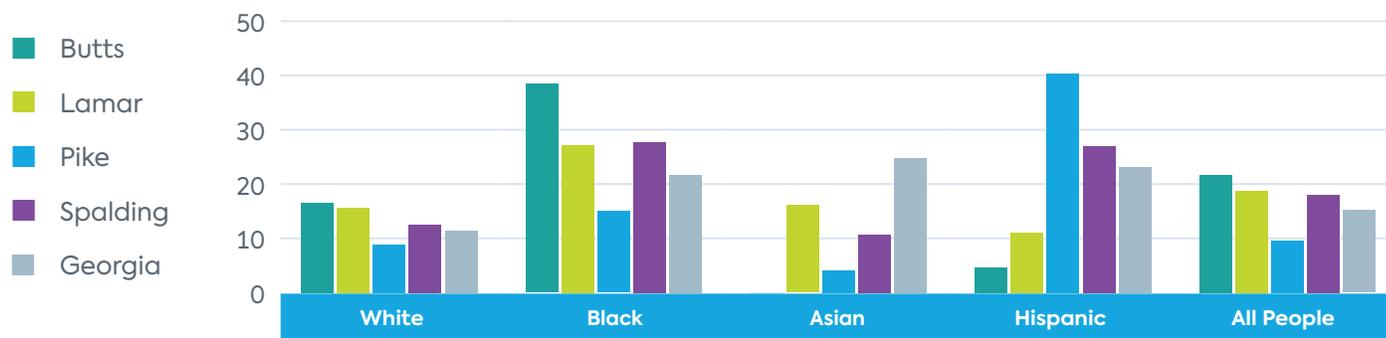
Table 19 | Population Below the Federal Poverty Level (2006–2019)

	Butts		Lamar		Pike		Spalding	
	2006–2010	2015–2019	2006–2010	2015–2019	2006–2010	2015–2019	2006–2010	2015–2019
Total households	7,789	8,279	6,377	6,494	5,957	6,143	23,105	24,336
All people	12.4%	21.6%	20.4%	18.6%	10.5%	9.5%	21.2%	17.9%
All families	9.0%	16.5%	23.9%	21.1%	9.4%	6.6%	17.2%	13.8%
Married couple families	5.3%	7.2%	23.9%	20.3%	4.7%	4.2%	4.8%	5.1%
Single female head of household families	25.9%	39.5%	33.2%	12.2%	33.1%	23.4%	45.8%	32.2%
Households with no motor vehicle	6.1%	5.9%	6.5%	6.3%	2.7%	2.6%	8.6%	8.1%
Commuting mode – public transportation	0.4%	0.0%	0.0%	0.0%	0.0%	0.2%	0.9%	0.2%

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

The percentage of the service area population living under 100 percent of the Federal Poverty Level is twice as high for the Black population (28.6 percent) and Hispanic population (23.1 percent) compared to the White population (12.5 percent) (ACS, 2019). In Pike County, the Hispanic population living below 100 percent of the Federal Poverty Level (40.1 percent) is almost five times higher than the White population (8.8 percent) and twice as high as the Hispanic population in the rest of the service area (17.3) (*Figure 5*).

Figure 5 | Population Below 100% Federal Poverty Level



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

⁴ According to the U.S. Department of Health & Human Services, in 2021, the U.S. poverty threshold for a single person under age 65 was an annual income of \$12,880, or about \$35 per day. The threshold for a family of four, including two children, was \$26,500, or about \$73 per day.

Compared to the state, the service area had a higher unemployment rate from 2015–2019 (3.9 percent vs. 4.6 percent). Within the service area, the unemployment rate in Pike County (2.8 percent) was half that of the other counties (ACS, 2019). Overall, the unemployment rate rose by orders of magnitude in all counties between 2019 (2.8 – 4.5 percent) and 2020 (14–16 percent), which is likely due to the COVID-19 pandemic (United States Department of Labor, 2020).

COVID-19 Pandemic Influence Survey respondents report poverty as significantly impacted by the pandemic. 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 seven 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

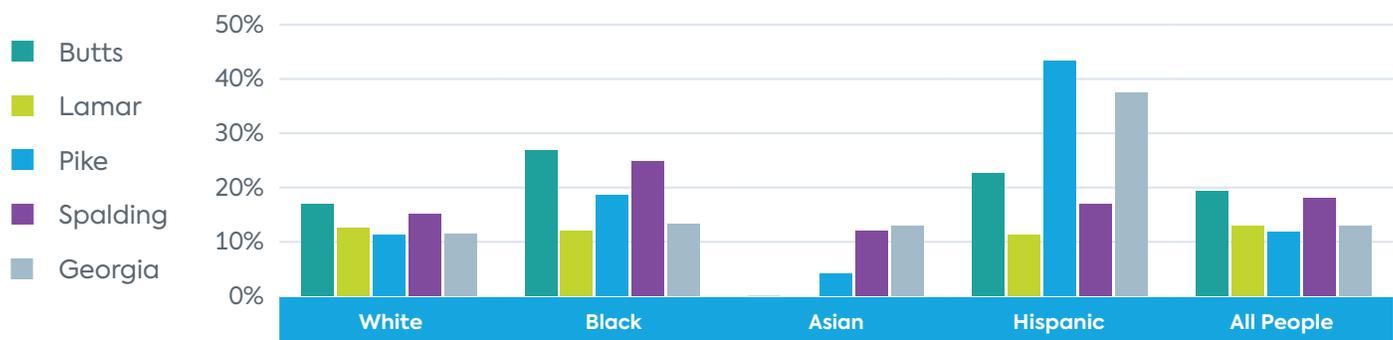
Compared to Georgia, the service area has a higher percentage of adults 25 or older without a high school diploma (12.9 percent vs. 16.7 percent). Pike County, however, has a lower percentage of adults without high school diplomas compared to the state (11.8 vs. 12.9 percent) (Table 20) (ACS, 2019). Black and Hispanic residents living in the service area are less likely to have a high school diploma than White residents (23.1 percent and 18.9 percent vs. 14.4 percent) (ACS, 2019). One-quarter of the Black population in Butts and Spalding counties and nearly half the Hispanic population in Pike County do not have a high school diploma (Figure 6) (ACS, 2019).

Table 20 | Select Education Indicators (2015–2019)

	Butts	Lamar	Pike	Spalding	Georgia	U.S.
Adults without a high school diploma (age 25+)	19.4%	13.0%	11.8%	18.1%	12.9%	12.0%
High school graduate rate	83.9%	82.2%	93.9%	89.0%	85.4%	87.7%
Associate degree or higher	18.6%	24.5%	24.1%	24.7%	39.1%	40.6%
Bachelor’s degree or higher	12.2%	15.8%	17.1%	17.8%	31.3%	32.2%
Preschool enrollment (ages 3–4)	45.0%	40.3%	36.9%	49.3%	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

One community leader was concerned that some public school students experiencing homelessness are unable to attend virtual school. Residents reported a lack of early care and education options. There was also concern about the quality of public education and a disconnect between curricula and the skills needed by local employers. There was also an increasing concern about dyslexia. While diagnoses may be increasing, the focus on dyslexia may be distracting from other root causes of issues.

Transportation

Residents found a tradeoff between access to healthcare and affordable housing. Those living farther from Atlanta must travel up to two hours to access hospitals and healthcare services. Community leaders noted that health outcomes are worse for those without transportation. For example, Supplemental Nutrition Assistance Program-eligible individuals often lack the transportation necessary to access healthy foods. More than half of COVID-19 Pandemic Influence Survey participants felt that COVID-19 had a significant impact on transportation. COVID-19 closures did precipitate some positive changes, such as the mailing of WIC vouchers, which was needed for those without transportation.

Internet Access

Compared to the state (18.4 percent), all the counties in the service area have a higher percentage of the population without an internet subscription:

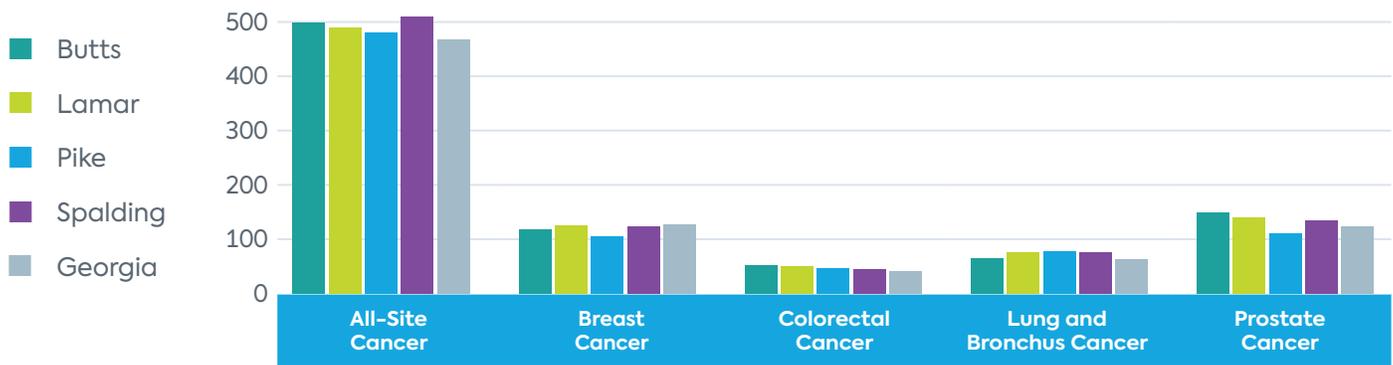
- Butts: 30.2 percent,
- Lamar: 29.0 percent,
- Pike: 22.6 percent, and
- Spalding: 30.4 percent (ACS, 2019).

Community leaders identified internet access as a top need. Individuals cannot access social services without either transportation or the internet. Telehealth has the potential to remedy the lack of healthcare providers in rural areas if existing broadband issues are solved. For example, fiber cable is currently being expanded in Butts County with an expectation that internet access will improve for residents within a year.

When compared to the state, the Wellstar Spalding Regional and Sylvan Grove Hospitals service area has higher age-adjusted incidence rates for colorectal cancer (41.3 vs. 46.6 per 100,000 pop.), lung cancer (62.8 vs. 73.9 per 100,000 pop.), and prostate cancer (124.2 vs. 134.2 per 100,000 pop.) (Figure 7) (2013–2017). The service area has higher age-adjusted mortality rates for breast (14.3 vs. 11.7 per 100,000 pop.), colorectal (18.1 vs. 14.6 per 100,000 pop.), lung (47.3 vs. 38.7 per 100,000 pop.), and prostate cancers (10.4 vs. 8.6 per 100,000 pop.) when compared to the state (DPH, 2015–2019). Within the service area, the breast cancer mortality rate in Butts County is twice as high as in Lamar or Pike counties (20.9 vs. 9.0 and 8.6 per 100,000 pop.). Lamar County has the highest prostate cancer mortality rate (14.2 per 100,000 pop.) (DPH, 2015–2019). Compared to the White population, the Black population has a higher age-adjusted mortality rate for breast cancer (13.3 vs. 18.8 per 100,000 pop.), cervical cancer (2.6 vs. 6.4 per 100,000 pop.), and prostate cancer (8.2 vs. 20.4 per 100,000 pop.) (DPH, 2015–2019).

A community leader shared that ovarian and breast cancer rates are higher among Hispanic women. They hypothesize that Hispanic families prioritize child medical care over adult care. Adults do not seek annual preventative procedures, which limits early detection.

Figure 7 | Incidence Rates of Selected Cancer Sites



Age-adjusted rates per 100,000 population, in the Wellstar Spalding and Sylvan Grove Hospitals service area, compared to state benchmarks (2013–2017)
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer screenings declined during the COVID-19 pandemic, causing a decline in diagnoses. Some patients also put treatment on hold during COVID-19. Mortality rates are higher among Black residents except for lung cancer, which is higher among White residents (Table 21).

Table 21 | Cancer Mortality Rates

	White	Black	Asian	Hispanic	Georgia
All-Site Cancer	185.3	211.1	ND	85.2	155.1
Breast Cancer	13.3	18.8	0.0	ND	11.7
Colorectal Cancer	18.1	21.8	0.0	0.0	14.6
Lung Cancer	51.1	41.2	0.0	0.0	38.7
Prostate Cancer	8.2	20.4	0.0	ND	8.6

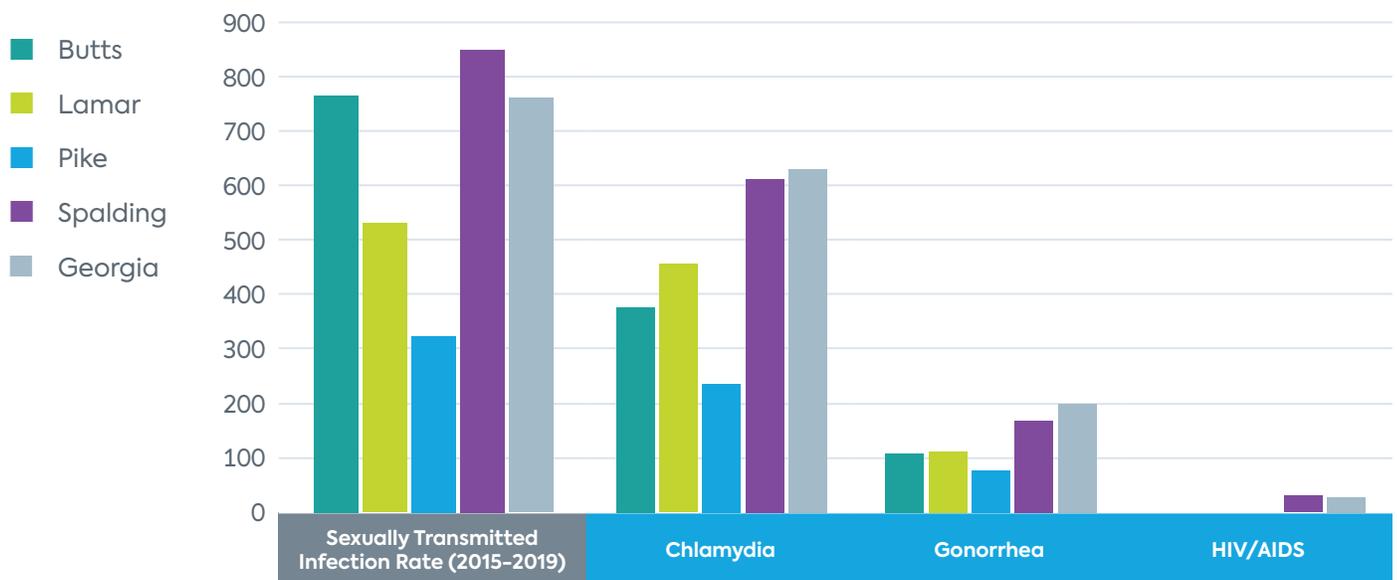
Age-adjusted rates per 100,000 population, compared to state benchmarks (2015–2019). Racial and ethnic data is by all counties
ND: No Data – Data not available for this population
Source: Georgia Department of Public Health Online Analytical Statistical Information System



Sexually Transmitted Diseases

Compared to Georgia, the service area has lower rates of sexually transmitted infection (762.2 vs. 701.2 per 100,000 pop.), including Chlamydia, Gonorrhea, and HIV. Compared to Georgia and the service area, Spalding County has higher rates of sexually transmitted infection incidence overall (762.2 and 701.2 vs. 851.3 per 100,000 pop.) (Figure 8) (DPH, 2015–2019). Age-adjusted rates of sexually transmitted infections per 100,000 population are magnitudes higher among Black (850.7) and Female (934.5) residents compared to White (169.6) and Male (476.7) residents (DPH, 2015–2019).

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



In the Wellstar Spalding and Sylvan Grove Hospitals service area, compared to state benchmarks (2018, except as noted)

HIV/AIDS data not available for Butts, Lamar and Pike counties

* Age-adjusted

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

Based on an inventory of community assets (see Appendix), there are five resources in the area to address sexually transmitted diseases; however, each of these designated facilities are local health departments. Further exploration will be required to determine other organizations that offer STI/HIV services to this service area (e.g., PreP, primary care, and contraceptives).



Violence and Crime

Compared to Georgia, the service area has higher assault-related emergency room visit rates (247.6 vs. 341.9 per 100,000 pop.). The assault-related emergency room visit rate in Butts County is three times higher than the rate in Pike County (440.8 vs. 133.2 per 100,000 pop.) (DPH, 2015–2019). Between 2006 and 2017, serious offenses increased in Lamar and Pike counties, and violent crime events increased across the service region except for Lamar County (Table 22) (UCR, 2017).

Community leaders shared that Black, Asian, LGBTQ+ residents were more likely to be victims of violence.

Table 22 | Crime Rates per 100,000 population

	Butts		Lamar		Pike		Spalding	
	2006–2010	2013–2017	2006–2010	2013–2017	2006–2010	2013–2017	2006–2010	2013–2017
All Part I Crimes	2,437.7	2,310.3	2,730.2	3,850.9	1,200.2	1,340.5	5,405.3	4,930.8
Violent Crime	167.4	302.3	500.5	330.4	63.2	84.8	455.6	564.2
Murder	3.4	1.7	6.7	3.3	6.9	2.2	6.3	5.0
Rape	26.5	17.8	14.6	17.5	3.4	13.4	35.1	38.0
Robbery	26.5	34.0	42.6	56.9	9.2	4.5	119.7	108.1
Aggravated Assault	111.0	248.8	436.5	252.7	43.6	64.7	294.5	413.1
Property Crime	2,270.3	2,008.0	2,229.8	3,520.5	1,137.0	1,255.7	4,949.7	4,366.6
Burglary	440.7	423.7	582.4	612.6	318.1	292.4	1,122.3	942.5
Larceny	1,625.4	1,444.2	1,507.1	2,708.7	735.1	905.2	3,488.4	3,152.1
Vehicle Theft	204.1	140.1	140.3	199.1	83.8	58.0	339.0	272.0

Sources: 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.



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 Spalding Regional and Sylvan Grove Hospitals have chosen not to develop a strategy targeting poverty in the communities they serve because there are many capable community-based organizations and social service agencies meeting the needs of residents experiencing poverty. Wellstar Spalding Regional and Sylvan Grove Hospitals will address poverty through many of the strategies they implement to address each of the selected priorities, and they 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 24 community leaders in communities served by Wellstar Spalding Regional and Sylvan Grove 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 Spalding Regional and Sylvan Grove Hospitals, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 24 community leaders interviewed. The organizations represented included:

Local organizations:

- Black Mamas Matter Alliance
- Butts Collaborative
- Butts County School System
- Catholic Charities of Atlanta
- Georgia Department of Public Health, District 4
- Griffin Spalding County United Way
- Pike Collaborative
- Southside Medical Center
- Spalding Collaborative
- Spalding County Board of Commissioners

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 Supplemental Nutrition Assistance Program (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 attributed 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.
- Working from home has improved work-life balance. However, the majority of Butts County's labor force cannot work from home.
- Medicaid coverage was expanded to six months, from six weeks, for pregnant and postpartum women.
- The COVID-19 pandemic precipitated innovation in access to care and services through telehealth and improvements in social services delivery, such as the mailing of WIC vouchers.

Remained the Same

- Physical 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.
- 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.

Declined

- The COVID-19 pandemic has decreased overall mental health, wellbeing, job security, and healthcare access.
- Community harmony and social climate have declined. There are increases in crime, violence, and social unrest.
- The need for housing is growing, but the amount of assistance remains the same.
- Increased prevalence of diabetes diagnoses amongst adolescents*
- While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
- Mental health has declined across all populations.
- It is harder to access mental health services and resources that are not online.
- Increased prevalence of serious mental health diagnoses amongst adolescents, such as schizophrenia and personality disorders*
- 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 a hesitancy to access services.*
- Community-level COVID-19 vaccine hesitancy
- Decreased ability for cross-organizational problem solving due to COVID-19 barriers

* 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 healthcare insurance and providers
 - Need for Medicaid expansion and more providers that accept Medicaid
 - Affordable and accessible healthcare insurance and providers, especially primary and preventative care
 - Low-cost health facilities in rural areas for residents without insurance
 - Many rural counties do not have practicing physicians or dentists.
- Maternal and Child Health:
 - Limited women's health services
 - Higher rates of maternal mortality and morbidity amongst Black women
 - Teen pregnancy is a concern amongst the New Americans population. There is limited information available to teenagers on health and reproduction.
 - Need for free or low-cost prenatal and postnatal services for women lacking legal immigration status
 - In Spalding County, generational teen pregnancy, racial and ethnic disparities in teen pregnancy rates, and low birthweight are a concern. There is a need for prenatal care access and breastfeeding education.
 - 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 the necessary resources to retain students. Early prevention has to start while in utero. (chronic disease)
 - Financial support for families that can not afford immunizations and vaccinations and provider follow-up to ensure that children receive needed vaccinations.
- Lack of needed services or programming for institutionalized populations, including primary interventions to reduce the risk of entering the DJJ system.
- Need for more culturally responsive and relevant services. There are not enough health and social services with staff that speak languages other than English.

- Better communication between schools and healthcare providers
- Lack of access to dental care
- Lack of dentists and providers that accept Medicaid and residents not seeking dental care

Behavioral Health and Substance Abuse

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

- Mental health needs have increased
- Mental health parity with insurance and healthcare systems
- Need for more culturally competent providers for LGBTQ+ community and Latino communities, including the need for Spanish-speaking mental health services
- The behavioral health needs of LGBTQ+ populations are not being treated
- Post-hospitalization housing or residential care (National Alliance on Mental Health)
- Increased substance abuse, including amongst young adults
- Higher prevalence of suicidal thoughts and/or suicide attempts in all groups, especially 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
 - Increased concern about dyslexia. While diagnoses may be increasing, the focus on dyslexia may also be distracting from other needs that create issues.

Chronic Disease and Disability (including cancer)

- Obesity
- Asthma
- Hypertension
- Diabetes
 - Emergency visits resulting from undiagnosed and unmanaged diabetes and heart disease; inability to afford medications.
 - Amongst New American populations, high blood pressure and diabetes are not managed due to lack of access to primary care and the high cost of medication.

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 a systems-based approach
 - Trauma-sensitive systems to prevent systemic bias against traumatized children
 - Equity issues, systemic racism, including systemic bias against traumatized children

- Access to affordable housing and/or housing assistance needed
 - Housing that is affordable may be substandard or dilapidated
 - Need for financial assistance for utilities
- Access to affordable healthy food, food insecurity, and food access is a concern.
- Transportation to services
- Lack of internet access

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 in 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 the distance traveled to access care and have been detrimental to rural economies.
- Inequity, disparities, and racism:
 - Lack of health insurance and access to healthcare amongst the adult Hispanic immigrant population, including those that 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 a lack of annual check-ups and early detection.
 - Not enough free or low-cost providers that can speak a multitude of languages
 - Distrust of the medical system amongst Black women
- The population in this service area is aging, and there will be a shift in healthcare needs.
- 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.
 - Issues impacting Medicaid beneficiaries and low-income residents.
 - There is a lack of providers that accept Medicaid and uninsured patients.
- Maternal and Child Health:
 - 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. This can be attributed to racism because there is a lot less care given on a large scale compared to White women.
- Teenage pregnancy is partially a financial choice; in some communities, there is a belief that government assistance will come with children.

Behavioral Health and Substance Abuse

- Despite the COVID-19 pandemic highlighting the need for mental health, some persistent stigma remains.
 - Stigma among some cultures or ethnic groups in accepting counseling or receiving mental health services
- 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 the underinsured and uninsured, there is a lack of care continuity upon discharge, and patients are often discharged without prescriptions.

- Youth needs
 - Lack of education amongst caretakers for child health issues, and some parents are struggling with their own mental health issues. In families in which the grandparents are the primary caretakers, they do not see mental health as a priority and do not know how to seek services.
 - Kids have unstable and overwhelming home situations that contribute to mental health issues.
 - Physicians will often give mental or behavioral health diagnoses and tell the family to get help from the schools. Often the language between medical diagnosis and “school language” creates a vocabulary barrier, and physicians do not know what schools can actually offer.

Chronic Disease and Disability (including cancer)

- Medication costs are too high, especially for diabetes and high blood pressure.

Healthy Eating, Active Living

- Need for increased exposure to “new” fruits and vegetables for Supplemental Nutrition Assistance Program–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.

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 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 south and rural Georgia.
- Inequity, disparities, and racism:
 - Racial inequities and discrimination:
 - 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 the criminal justice system

- Institutional racism against those who have dark skin, grew up in a lower economic neighborhood, and were unable to achieve higher education. The odds of getting a traffic ticket or getting shot are higher if you are Black than if you are White.
- 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, Supplemental Nutrition Assistance Program, 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.
- Housing issues:
 - Zoning laws that inhibit the development of housing for those with disabilities and are contrary to fair housing laws
 - Renters lack knowledge of rental rights, and landlords are not maintaining properties.
- Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
 - Lack of transportation for those who are Supplemental Nutrition Assistance Program eligible to access healthy foods
 - Healthy food can be unaffordable for many families, which leads to the consumption of high sugar, fat, and/or cholesterol foods. This is cost–effective at the moment but high–cost long term.
 - Underserved communities are vulnerable to the marketing of fast food.
- Lack of safety–net services or coordination of services for vulnerable populations:
 - Residents cannot access services without transportation or the internet.
 - Without transportation or the internet, residents can’t take advantage of services. This exacerbates health issues.

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

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.

COVID-19 pandemic impact

The COVID-19 pandemic significantly challenged two health needs: mental health and healthy food access. Additionally, in this service area, COVID-19 significantly impacted residents' seeking of and access to care and employment.

Access to Appropriate Healthcare

- There is some hesitancy to come in for services; individuals are not seeking care due to fear of the COVID-19 pandemic and safety.
- Reduced access to primary care services
- COVID-19 pandemic stimulus packages may have incentivized some people to stay out of the workforce and therefore lose health insurance.

Behavioral and Mental Health

- The COVID-19 pandemic highlighted the need for mental health. Stress related to the pandemic is driving mental health needs due to isolation, unemployment and workforce shortages, family stress, and isolation.
- Key informants report 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.
- Little ability to shield children from parent stress during the pandemic; children experienced family members who got sick and died without coping support.

Social Determinants of Health

- Economy and employment
 - Worsening economic conditions resulted in a large increase of people losing health insurance.
 - During the pandemic, people lost jobs because they could not work remotely, and employers cut staff.

Impact of technology

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

- Butts County is currently working on laying fiber cable. Access to the internet should improve next year and more residents will be able to access telehealth and other online services.
- 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.
 - 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 residents, 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
 - 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.

- Housing:
 - COVID-19 pandemic related job loss affected people's ability to pay rent or save for a deposit and increased the need for emergency housing supports.
 - There likely will be another COVID-19 related health crisis in housing insecurity once the eviction moratorium ends. The need for housing is growing, but the amount of assistance has remained the same. There are long waitlists for people looking for long-term housing and not enough emergency housing, hotel vouchers, and shelter options to meet the need.
- 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 to those without transportation.

- 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 the youth, technology is both necessary (for school) and detrimental to mental health and proper socialization (social media).
- Spreading misinformation on social media is especially detrimental to immigrants.

Recommended interventions:

Access to Appropriate Healthcare:

Dental health – lots of folks are not seeing dentists. The hospital authority gives money to the school and clinic to provide the buses to take kids from school to the dentist. Mainly a cost issue. Trying to grow the system for adults.

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 an 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 as they have for stroke and heart facilities; get insurance companies on board
- Need the advanced research to have a definitive lab test for mental illness

Health Equity

The focus should be policy – advocating for legislation that supports public health and its goals.

- Provide education in health equity and SDoH[CS3]
- 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 [CS4]
- 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 provide 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 an 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
- The 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 the 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 the housing resource list
- Abolish the zoning laws
- More investment by the businesses in the 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 Supplemental Nutrition Assistance Program, 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 with people 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 for higher education/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 Spalding and Sylvan Grove Hospitals.

Group recommendations

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

- **Offer more specialists that are in-network for service area insurance coverage:** Participants discussed the lack of specialists in their community and how often their insurance does not cover specialists that are available. The lack of specialists in the coverage area is especially troublesome for those without reliable vehicle access, as required care can be farther than the maximum travel distance for transportation services.
- **Increase affordable access to care for those who are uninsured or underinsured:** Participants discussed how many residents are having difficulty making ends meet, including finding affordable housing, and that prices of general goods keep increasing without concurrent increases in wages.

Problem identification

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

Access to Appropriate Healthcare

Participants identified access to appropriate healthcare services as a community health need. Participants focused discussions around the barriers in accessing care and the effects of the COVID-19 pandemic.

Outcomes:

- Delayed treatment
- Unaffordable specialty care services

Contributing Factors:

- Participants discussed the barriers to accessing care. Many found a lack of specialists in their community, or their insurance does not cover specialists. Residents travel long distances to access care, with services and hospitals being 45 to 115 minutes away from their homes. Accessing care is especially difficult for those without a car. While transportation services are available, some residents require services that are over the 40-mile maximum travel distance.
- Participants were frustrated that other countries, like Canada, had better healthcare through socialized medicine and felt that America should be able to insure people.

- The COVID-19 pandemic has caused residents to delay preventative care and procedures, and also for procedures to be postponed or rescheduled due to staffing issues.

Social Determinants of Health

Participants identified social determinants of health as a community health need. Participants focused discussions on the increasing cost of housing, food, and utilities.

Outcomes:

- Housing insecurity

Contributing Factors:

- Participants discussed several health supports in the area, including food pantries, parks, walking trails, and senior centers.
- Affordable housing is difficult to find in this area. Participants discussed how affordability was not just limited to rent or mortgage but included costs of upkeep, such as well maintenance and floor repair. One participant shared that “I need to be somewhere where I can sleep at night, but I can’t afford the nice area, so I pick somewhere in the middle. I’m stuck between a rock and a hard place.” Several participants had recently moved to be closer to family. They discussed how the closer proximity to Atlanta you moved, the more expensive living becomes. However, they agreed that the farther from Atlanta you moved, the less accessible healthcare providers and hospitals become.
- Participants discussed how difficult it is currently to make ends meet. Despite working full time, many have low wages and are unable to afford health insurance. Residents on a fixed income (Social Security and/or disability). Participants discussed how the cost of food, electricity, and gas has increased while their benefits have not increased at the same rate.

Healthy Living

Participants identified healthy living opportunities as a community health need. Participants focused discussions around exercise amenities.

Outcomes:

- Overall health benefits from walking and exercise

Contributing Factors:

- Participants noted that there are parks and churches with walking trails, affordable membership gyms, and senior centers with exercise activities in Griffin.

COVID-19 Literature Review and Local Impact Survey

Demographics:

Industry

Participants at the start of the survey were asked what industry or industries they represented 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 22 responses, the most participants were in the Healthcare Services industry (24%, n=7). 17% (n=5) of respondents represented the Government industry and 21% (n=6) were a Wellstar Regional Hospital Board representative. Around 13% (n=4) of the Wellstar Spalding Regional and Sylvan Grove Hospitals service area respondents represented either of the two Education industries.

Four of the participants (13%) selected the Other option, either in combination with another industry to provide additional details or by itself. Those written-in responses were Nonprofit, NAACP, Philanthropy, and Ministerial Alliance.

Wellstar Health System Regional Hospital Board Participation

Six (21%) of the 22 participants were associated with one of Wellstar's nine Regional Hospital Boards in the state. Of those representatives, 50% (n=3) were associated with the Wellstar Health System Sylvan Grove Regional Hospital Board, 33.3% (n=2) the Wellstar Health System Spalding Regional Hospital Board, and 17% (n=1) the Wellstar Health System Kennestone Regional Hospital Board.

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 Spalding, Pike, Lamar, and Butts counties were identified to represent the Wellstar Spalding and Sylvan Grove service areas. Of the 22 respondents, 19% (n=11) chose Butts County, 19% (n=11) Spalding County, 7% (n=4) Lamar County, and 5% (n=3) Pike County. Half of the respondents who represented one of the four service-area counties also indicated they represented Carroll, Clayton, Cobb, DeKalb, Douglas, Fulton, Henry, Newton, Paulding, Rockdale, Harris, 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 49 for this question, 26% (n=13) of Wellstar Spalding and Sylvan Grove participants selected Access to Care, 22% (n=11) for Behavioral Health, 16% (n=8) for Healthy Living and Food Access, 18% (n=9) for Housing, and 12% (n=6) for Maternal and Child Health. Only 4% (n=2) of the participants selected none of the topics.

Behavioral Health

Eleven 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 Wellstar Spalding and Sylvan Grove service area have been significantly influenced by the global pandemic from highest to lowest significance:

- Higher frequency of alcohol consumption and heavy drinking (89%, n=8 out of 9 responses)
- Worsened states of mental health and mental health outcomes (81%, n=11)
- Greater rates of substance abuse (77%, n=7 out of 9 responses)
- Increased instances of suicidal behaviors (63%, n=7)
- Lowered access to behavioral healthcare and substance abuse services (54%, n=6)

None of the 11 participants in this section indicated that the global pandemic had no or low impact on mental health outcomes, suicidal behaviors, alcohol consumption, or substance abuse in the Wellstar Spalding and Sylvan Grove service area.

Five 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 caregiver burden 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 residents and communities of color due to the lack of diversity among behavioral health providers.

- 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:

- Those of older age (14%, n=9)
- Low-income and socioeconomic status individuals (11%, n=7)
- Rural communities (11%, n=7)
- Racial and ethnic minorities (9%, n=6)
- Those with pre-existing conditions (9%, n=6)

Housing

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 (75%, n=6 out of 8 responses).
- Families and individuals behind on housing payments, both rent and mortgages (52%, n=5 out of 8 responses).
- Eviction filings affecting renters behind on rent payments (50%, n=4 out of 8 responses)
- Foreclosure initiation or completion (37%, n=3 out of 8 responses).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (33%, n=2 out of 6 responses).

None of the 9 participants in this section indicated that the global pandemic had no impact on increased housing instability, delayed or missed housing payments, and foreclosure initiation or completion.

Three 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 of 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.
- The global pandemic resulted in more stressors related to housing in those experiencing housing instability or eviction having to stay with friends and family losing

a sense of independence and self-worth. Additionally, within households, having to accomplish more within the home, such as remote work and childcare, has added more stress onto families.

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

- Low-income and socioeconomic status individuals (22%, n=7)
- Racial and ethnic minorities (16%, n=5)
- People experiencing homelessness (13%, n=4)
- Rural communities (9%, n=3)
- Non-English speaking or proficient communities (6%, n=2)

Access to Appropriate Healthcare

Thirteen 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 (75%, n=9 out of 12 responses).
- Disruptions in routine care and management for chronic disease conditions (58%, n=7 out of 12 responses).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (41%, n=5 out of 12 responses).
- Transition of healthcare services to telehealth and telehealth not being accessible to all (36%, n=4 out of 11 responses).
- Loss of family and individual healthcare coverage (22%, n=2 out of 9 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, 78% (n=7) of participants, out of 9 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, 81% (n=9) of participants, out of 11 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 13 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, with the exception of the loss of healthcare coverage.

Three 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?':

- Patients are delaying seeking care, even in emergency situations, due to fear of hospital conditions given overcrowding and the risk of COVID-19 transmission.
- There was a lack of professional healthcare capacity and coverage for services, including those for prevention. Both urgent and elective surgeries were delayed due to lack of healthcare capacity and utilization.

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

- Rural communities (14%, n=9)
- Low-income and socioeconomic status individuals (12%, n=8)
- Those of older age (11%, n=7)
- Racial and ethnic minorities (11%, n=7)
- People experiencing homelessness (9%, n=6)

In the comments, a participant mentioned average-to-high income status and middle-class adults also as an impacted group.

Healthy Living and Food Access

Eight 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:

- Concern about COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (83%, n=5 out of 6 responses).
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (66%, n=4 out of 6 responses).
- Greater food insecurity and hunger in response to job loss and economic hardship (50%, n=3 out of 6 responses).

- Increased social isolation and stress affecting mental health and ability to engage in healthy behaviors (50%, n=3 out of 6 responses).

None of the 14 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; and the concern for COVID-19 transmission.

Two 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?':

- With children at home during the global pandemic, they may have eaten less healthily than they would have if they were in school and this impacted low-income families more disproportionately due to higher food costs.
- The global pandemic has resulted in food shortages and inflation, which have driven up the cost of food, especially nutritious and fresh foods. Access to food in the area has become more difficult for residents who experienced financial or job instability during the pandemic, where other costs may have been prioritized over nutrition.

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

- Those of older age (17%, n=6)
- Low-income and socioeconomic status individuals (15%, n=5)
- Rural communities (14%, n=5)
- Racial and ethnic minorities (11%, n=4)
- Those with pre-existing conditions (8%, n=3)

Maternal and Child Health

Six 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:

- 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 (60%, n=3 out of 5 responses).

- Disproportionate hardship among single parents, especially single mothers, in higher caregiver stress and greater financial constraints (60%, n=3 out of 5 responses).
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (50%, n=2 out of 5 responses).
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (40%, n=2 out of 5 responses).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (20%, n=1 out of 5 responses).

None of the 6 participants in this section indicated that the global pandemic had no influence on influencing maternal and child health by increasing levels of anxiety, fear, and social isolation.

Two 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?':

- There was a loss of follow-up in prenatal care, which especially impacted those with higher-risk pregnancies. The COVID-19 pandemic in turn contributed to significant maternal and child health morbidity and mortality.
- The conditions of the global pandemic have increased caregiver burden and stress, in juggling work, childcare, and household responsibilities at once.
- Routine child check-up appointments have been delayed to avoid potential COVID-19 exposures, resulting in children potentially being behind on vaccination schedules.

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

- Rural communities (13%, n=5)
- Low-income and socioeconomic status individuals (10%, n=4)
- Racial and ethnic minorities (10%, n=4)
- People experiencing homelessness (10%, n=4)
- Non-English speaking or proficient (10%, n=4)

Other Impacts

Eighteen participants in total completed the Other Impacts section of the survey, which comprised 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 (88%, n=15 out of 17 responses)
- Violence (76%, n=11 out of 18 responses)
- Poverty (70%, n=12 out of 17 responses)
- Transportation (68%, n=11 out of 16 responses)
- Child abuse and neglect (61%, n=8 out of 13 responses)
- Internet access (61%, n=11 out of 18 responses)
- Cancer (45%, n=5 out of 11 responses)
- Culturally competent services (40%, n=6 out of 15 responses)
- STIs and HIV (22%, n=5 out of 11 responses)

None of the 18 participants in this section indicated that the global pandemic had no influence on education, child abuse and neglect, violence, and cancer.

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

Butts County Health Department

463 Ernest Biles Dr., Ste. A
Jackson, Georgia 30233
770-504-2230

The Georgia Department of Public Health (DPH) funds and collaborates with eighteen separate public health districts throughout the state. District 4 Public Health is comprised of 12 counties in west Georgia: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup and Upson.

Spalding County Health Department

Pike County Health Department and Environmental Health Office

Lamar County Health Department

www.district4health.org

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

Southside Medical Center

Butts County Medical Center
176 Lyons Street
Jackson, Georgia 30233
404-688-1350
www.southsidemedical.net

Southside Medical Center is a leader in organizing, providing, and supporting affordable healthcare and related services to the public through diversified business activities.

Rock Springs Clinic

211 Rock Springs Road
Milner, Georgia 30257
678-688-1950
www.rsclinic.org

Rock Springs Clinic is a non-profit community faith-based health clinic which provides a comprehensive range of services for individuals without insurance or the means to afford such care. Located in Milner, Georgia, the clinic serves those in 34 counties and 31 cities throughout the middle Georgia area. The clinic is staffed with a team of professional medical and clerical volunteers and provides services free of charge.

YourTown Health

101 Commerce Pl., Ste 1
Barnesville Georgia, 30204
770-358-4408
www.yourtownhealth.com

YourTown Health's network of seven non-profit Community Health Centers serves the communities of Meriwether, Pike, Lamar, Carroll, Coweta, and south Fulton counties. Our Community Health Centers are unique in that they are located in areas facing limited access to affordable, quality healthcare and have a large number of citizens who are uninsured or underinsured. As such, our mission is to provide comprehensive preventative, curative, and life-enhancing services in a non-judgmental and compassionate environment. Our doctors, physician assistants, nurse practitioners, and support staff are able to provide quality, comprehensive medical care every step of the way.

Alvin Milby Medical Center

16201 Barnesville Street
Zebulon, Georgia 30295
770-567-3323

Alvin Milby Medical Center is a medical clinic in Zebulon, Georgia, providing services to the community. Contact this clinic directly to make an appointment or for further information.

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.

Three Rivers Regional Commission

Rural Public Transportation Program
855-407-RIDE (855-407-7433)
844-RSVP-VAN (844-778-7826)

The regional public transportation program provides public transportation for residents of Butts, Lamar, Meriwether, Pike, Spalding, and Upson counties, and has operated in the region since 1999. The regional public transportation program is administered by the Three Rivers Regional Commission on behalf of its participating governments. The regional public transportation program operates under a “demand response” model, which means that there are no fixed routes, bus stops, or pick-up times. With a demand response model, residents call in and order a trip 24 hours in advance, and daily routes are generated based on the destinations requested.

Behavioral Health

McIntosh Trail CSB

MTC SB Administrative Office
1435 North Expressway
Suite 301
Griffin, Georgia 30223
770-358-5252

The McIntosh Trail Community Service Board is a public entity created by the Georgia legislature in 1993 to provide mental health, developmental disability, and addictive disease services. Services are available to residents of Butts, Fayette, Henry, Lamar, Pike, Spalding, and Upson counties. McIntosh Trail programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Pathways Centers – Spalding County

1710 Highway 16 West
Griffin, Georgia 30223
770-229-3407
www.pathwayscsb.org

Pathways Center provides mental health, developmental disabilities, and addictive disease services in the west central Georgia region to include the following counties – Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, and Upson.

Georgia Project AWARE

205 Jesse Hill Jr. Drive SE
Atlanta, Georgia 30334
404-463-0712
www.gadoe.org

The GaDOE is partnering with Muscogee County, Newton County, and Griffin-Spalding Schools to provide training in Youth Mental Health First Aid and to develop processes and procedures for connecting youth and families to community-based mental health services. Georgia State University (the Center for Leadership in Disability and the Center for Research on School Safety, School Climate and Classroom Management) is providing training and evaluation for Georgia Project AWARE.

HIV/AIDS

Butts County Health Department

463 Ernest Biles Dr., Ste. A
Jackson, Georgia 30233
770-504-2230

The Georgia Department of Public Health (DPH) funds and collaborates with eighteen separate public health districts throughout the state. District 4 Public Health is comprised of 12 counties in west Georgia: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, and Upson.

Spalding County Health Department

Pike County Health Department and Environmental Health Office

Lamar County Health Department

www.district4health.org

Southside Medical Center at Hope Health Clinic

409 W. Solomon Street
Griffin, Georgia 30223
678-688-8700

Southside Medical Center at Hope Health Clinic serves residents throughout Spalding County. We provide an array of medical services.

Under-Resourced

Joshua's Place Food Bank

114 Duffey Road
Jackson, Georgia 30233
770-504-8551
www.joshuasplace.com

Through our Foodbank Ministry, we are committed to fight the hunger epidemic in Georgia. We do this through our Foodbank Ministry the 2nd & 4th Monday of every month. Volunteers arrive at 10am and service begins at 6 pm. Together we are fighting the Georgia hunger epidemic one box at a time.

Christian Emergency Relief Foundation (CERF)

307 E. Third St.
Jackson, Georgia 30233
770-504-9013

Christian Emergency Relief Foundation is a food pantry that serves Butts County. Documentation required: Picture ID/driver's license, Social Security card, proof of residence or lease, birth certificate.

Lamar County Neighborhood Service Center

188 Mill Street
Barnesville, Georgia 30204
770-358-6419
mgcaa.org

Utility assistance, emergency food and shelter, housing assistance.

Pike County DFCS

7818 US-19
Zebulon, Georgia 30295
770-567-8427
dfcs.georgia.gov/location/pike-county

Pike County DFCS Zebulon is the local county Social Services Department (Division of Family and Children Services) that handles family support social services. These services include a variety of financial resources, including:

Temporary Assistance for Needy Families (TANF), commonly known as welfare, the monthly cash assistance program for poor families with children under age 18.

Rising Star Missionary Baptist Church

132 W. Cherry Street
Griffin, Georgia 30223
770-227-0919
www.thestarmbc.com

Abundant Life Soup Kitchen

Volunteer with us as we feed the community Monday through Friday from 12 noon to 1 pm.

Employment

Department of Labor: Griffin Career Center

1514 Highway 16 West
P.O. Box 736
Griffin, Georgia 30224
770-228-7226

Areas Served:
Butts, Lamar, Pike, Spalding, and Upson counties.

WorkSource Three Rivers

1210 Greenbelt Drive
Griffin, Georgia 30224
770-229-9799

- Intensive job search assistance
- Individualized career counseling
- Budgeting and financial planning
- Comprehensive computerized assessments that show your aptitudes and ability to utilize and maximize your skills and interests.

Youth Programs

Bridgeway Youth Program Specialists, Inc.

1185 Coan Drive
Locust Grove, GA 30248
www.bridgingtheway.org
770-364-2995

Bridgeway Youth Program Specialists, Inc., is a non-profit organization that specializes in youth and family programs for schools, churches, and community organizations. Our programs are developed for students in the 4th – 12th grades and their parents/ caretakers.

Spalding County Collaborative Authority For Families and Children

881 Memorial Drive
Griffin, Georgia 30223
678-283-6360
spalding.gafcp.org

The Spalding Collaborative Youth Advisory Council (YAC) is a group of youth (middle & high school) leaders that offer the youth voice to influence the youth agenda of the Spalding Collaborative. We are peer leaders and are responsible for providing direction and guidance on several youth-related issues in Griffin-Spalding County. We strive to make a positive impact on our generation.

The Griffin-Spalding County Mentor Program began in October 2012 through the combined efforts and contributions of the Griffin-Spalding Chamber of Commerce, the Griffin Housing Authority, and the Griffin-Spalding County School System. The Mentor Program is managed through the Spalding Collaborative. The program is school based and is designed to bring together caring adults with children who would benefit academically or socially from a positive, stable role model in their lives.

Additional Resources

American Cancer Society

Global Headquarters
250 Williams Street NW
Atlanta, Georgia 30303
www.cancer.org
24-7 Cancer Helpline:
800-227-2345

- Knowledge resource
- Cancer resources and 24-hour phone support

American Heart Association

Atlanta Office
10 Glenlake Parkway,
South Tower, Suite 400
Atlanta, Georgia 30328
678-224-2000
800-257-6941
www.heart.org

- Knowledge resource
- Heart health knowledge and resources

Georgia Department of Community Health

800-436-7442
dch.georgia.gov/programs

Providing online services and state programs, such as Medicaid and PeachCare for Kids

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Wellstar
HEALTH SYSTEM

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