2022

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

—

WELLSTAR WEST GEORGIA MEDICAL CENTER

Wellstar

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PEOPLECARE

Wellstar West Georgia Medical Center

EIN: 20-5497506
1514 Vernon Rd.
LaGrange, Georgia 30240

Located in LaGrange, Georgia, Wellstar West Georgia Medical Center has served Troup County for nearly 80 years. With about 60,000 patients served each year, this 276-bed facility has focused on delivering high-quality healthcare to its community through top-rated services. Recently, Wellstar West Georgia was named the top large hospital in Georgia by Georgia Trend Magazine. Wellstar West Georgia is proud to be part of Wellstar, the largest health system in Georgia, known nationally for its innovative care models and focus on improving quality and access to healthcare. Wellstar also includes Wellstar Medical Group, 240 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice, homecare, as well as additional inpatient hospitals.

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

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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 West Georgia Medical Center, a not-for-profit hospital under the Internal Revenue Code (IRC) Section 501(r).

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a community health needs assessment (CHNA) and implementation plan every three years to better meet the health needs of under-resourced populations living in the communities they serve. What follows is a comprehensive CHNA that meets industry standards, including Internal Revenue Service regulations set forth in the Additional Requirements for Charitable Hospitals section of IRC 501(r).

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

Date CHNA adopted by the Wellstar board of trustees: **June 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:

Secondary data specific to the populations and geographic area served	National literature review on the impact of COVID-19 on community health	A survey of stakeholders' perceptions of the impact of COVID-19 on the health of communities they serve	19 individual key informant interviews with community leaders	One focus group with residents

As in previous years, Wellstar West Georgia Medical Center 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 the West Georgia Medical Center service area. Some noticeable differences between the 2019 assessment and this one are:

- The counties included in this assessment decreased from four to two (Harris and Troup).
- Zip codes included in the service area increased from 4 to 5.
- 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 11 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 Harris and Troup 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). Troup County ranks higher than Harris on all indicators, with rankings 1.5 to 20 times higher than Harris County *(Table 1)* (County Health Rankings, 2021). Harris County's best performing indicator is social and economic factors, and its lowest performing indicator is the physical environment. Troup County's best rank is for clinical care, and its worst rank is for health behaviors.

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
Harris	10	7	19	9	9	16	3	77
Troup	76	77	72	81	135	52	61	114

Source: County Health Rankings & Roadmaps

2021 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar West Georgia Medical Center *(Table 2)*. When compared to 2019, the 2022 community health needs are broader and take into consideration the long–term impact of the global pandemic.

Table 2 | 2019 and 2022 Comparison of Community Health Needs

2019 Community Health Needs	2022 Community Health Needs
Wellstar West Georgia Medical Center 1. Access to appropriate care 2. Healthy lifestyles: diet, nutrition, and smoking 3. Poverty 4. Education and health literacy 5. Behavioral healthcare	**Needs Common to All Hospitals in Wellstar Health** 1. Access to appropriate healthcare 2. Healthy living *(including access to food, physical activity, and chronic disease prevention and management)* 3. Poverty 4. Behavioral health 5. Maternal and child health 6. Housing
	Additional Needs in the Wellstar West Georgia Medical Center Service Area 7. Cancer 8. Sexually transmitted diseases (HIV/AIDS and STIs) 9. Violence and crime 10. Education 11. Internet access

The health of residents in communities served by Wellstar West Georgia Medical Center is influenced by several social determinants of health. Troup County residents experience greater socioeconomic barriers related to income, employment, and education compared to Harris County residents. Racial and ethnic disparities in socioeconomic status are also prevalent across the service area. Populations identified in this CHNA that experience greater barriers to health, and have higher disease burden and death rates include Black and Hispanic[1] residents, single parents, and people without legal immigration status. These groups require further study and targeted investment to address persistent health disparities.

This assessment also found that some community members do not have access to the most appropriate care to meet their needs. Residents have access to appropriate care when there is a properly functioning continuum of care available to them. There is evidence in both the secondary and primary data of significant gaps in the care continuum throughout the service area. 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, number of providers, transportation, and cost. Often, examples of these disruptions include health professional shortages, high rates of emergency room visits, high hospitalization rates for preventable issues, high mortality, and inability to access care because of COVID–19 restrictions.

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1   *Wellstar Health System has chosen to use the term "Hispanic" to describe populations that 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 demonstrate 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,
- Members of the LGBTQ+ community,
- 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.

Like the 2019 CHNA, most of the top five causes of death in the service area are related to chronic conditions, lifestyle, and behaviors (i.e., heart disease, stroke, lung cancer, mental and behavioral disorders, and COPD). Across the service area, residents of Troup County have a higher disease burden and death rate. Black, Hispanic, and Multiracial residents have the highest rates of poor health outcomes when compared to White and Asian residents in the service area.

Most of the top five causes of death in the service area are related to chronic conditions, lifestyle, and behaviors (i.e., heart disease, stroke, lung cancer, mental and behavioral disorders, and COPD). When considering county-level data, morbidity (disease burden) and mortality (death) rates are highest in Troup County. While there are limited racial/ethnic data available for these counties, data show White residents show higher rates of mortality, while Black residents show the highest disease burden. Prevalent health concerns in the service area include high rates of:

Inequities Continuing from the 2019 Assessment:	Inequities Identified by the 2022 Assessment:
• Cancer (prostate and breast) • Hypertension and stroke • Diabetes • STIs	• Maternal and child health, including mortality and teen pregnancy • Assault • Behavioral health

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:
• Cancer • Behavioral health	• Heart disease • Accidental poisoning

Investments in addressing these issues would improve the health of the community served by Wellstar West Georgia Medical Center.

Tables 3–5 include an overview of stakeholders' 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
Mental Health	• Behavioral health became more visible during the COVID-19 pandemic, which raised awareness about the need to increase and improve behavioral health services to meet the growing demand. • Increased access to resources through telehealth for those with access to broadband internet. • Decline in suicide rates.
Benefits and Social Safety Net	• 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). • More jobs in the area are offering health insurance benefits.
Access to Appropriate Healthcare	• The COVID-19 pandemic precipitated innovation in access to care and services through telehealth for those with access to broadband internet and improvements in social services delivery, such as the mailing of WIC vouchers. • Prior to the COVID-19 pandemic, access to healthcare was slowly improving after Wellstar Health System took over the hospital and several clinics in the community.
Health and Wellbeing in Schools	• 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	• 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.
Housing	• Prior to the COVID-19 pandemic, residents were buying homes and becoming more stable. • Awareness has increased about challenges with available and affordable housing.
Food Access	• Food distribution programs are better at meeting the nutrition needs of those who lost income during COVID-19.
Poverty	• Investment and development, including the construction of The Thread, has improved the quality of life for some residents.

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

	No Change
Chronic Disease	• The rate of chronic health conditions has stayed the same.
Housing	• There remains a lack of affordable housing without the political will and capacity required to make significant changes.
Systemic Inequity	• 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.
Access to Appropriate Healthcare	• Access to healthcare remains the same.
Poverty	• The COVID-19 pandemic highlighted existing disparities around access, unemployment, and income that continue to influence all health outcomes, specifically maternal and child health, diabetes, and cardiovascular disease. • High rates of poverty with a large gap between the very low-, middle-, and high-income earners.

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

	No Change
Mental Health	• The COVID-19 pandemic has decreased overall mental health and wellbeing, especially among immigrant, Hispanic, and LGBTQ+ communities. • It is harder to access mental health services and resources that are not online. • State hospital closures decreased residential post-hospitalization mental healthcare. • Hospital closures and/or use of contracted facilities decreased availability of behavioral health treatment for juveniles in the justice system.
Access to Appropriate Healthcare	• It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans. • Fear amongst immigrant populations driven by previous federal administration policies has resulted in a hesitancy to access services.
Maternal and Child Health	• Collaboration with Motherhood Beyond Bars has been strained, and services have decreased within prison settings as a result. These changes may increase risks associated with shackling, solitary confinement, and near-miss fatalities. • Teen pregnancy had improved, but rates have started to increase over the last two years.
Sexually Transmitted Diseases (HIV/AIDS and STIs)	• Sexually transmitted infections had improved, but rates have started to increase over the last two years.
Social Determinants of Health	• In March 2020, many residents lost their jobs. Businesses were closing or laying employees off. • The pandemic has impacted people's savings for emergencies. • Many jobs in Troup County offer rotating shift schedules, which did not allow parents to be home with children consistently during school closure. • Employment has become more difficult due to a lack of childcare programs and will improve if childcare improves. • Maintaining an entry-level workforce has been a great challenge for companies.
Housing	• While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.

COLLABORATIVECARE

LISTENING TO RESIDENTS

METHODS

The 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 West Georgia Medical Center.

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 process and inputs throughout the assessment process. Wellstar West Georgia Medical Center leadership, including the Regional Health Board, were also engaged to inform the service area definition, list of community leaders for stakeholder interviews, and final community health needs.

Secondary Data

April–August 2021

The secondary data included in this assessment are from a variety of sources that are both reliable and representative of the community served by Wellstar West Georgia Medical Center. 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 and 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 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 CHNA 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, HIV/AIDS, 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, 13 respondents represented Troup and Harris counties. These findings have been added to this assessment to better understand the health in communities served by Wellstar West Georgia Medical Center in 2022.

Community Input

July–October 2021

To better understand the experience and needs of the residents living in the areas served by the hospital, several types of qualitative data were used, including interviews with 19 key community leaders and a focus group with residents from the hospital service area. An in-depth summary for 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 not decreasing were noted.

- Community leaders were asked to identify the top three 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 West Georgia Medical Center because the service area includes areas with higher socioeconomic status, as well as much lower morbidity and mortality rates, and areas with lower socioeconomic status coupled with higher morbidity and mortality rates. 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 West Georgia Medical Center is in LaGrange, Georgia, approximately 70 miles southwest of Atlanta. For the purposes of the CHNA, the primary service area for the hospital is defined as the five zip codes from which 75 percent of discharged inpatients originated during the previous year *(Table 6)*. **The area definition was verified by the Wellstar Community Health Council members.**

The CHNA considers the population of residents living in the five residential zip code areas regardless of the use of services provided by Wellstar or any other provider. This assessment focuses specifically 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 West Georgia Medical Center**

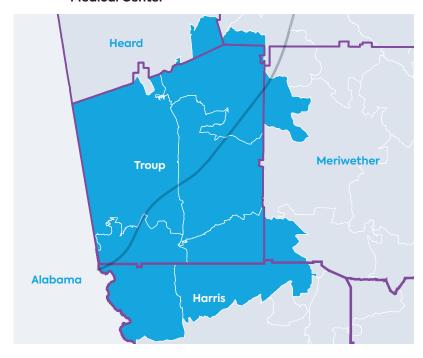**Table 6 |** **Wellstar West Georgia Medical Center Service Area**

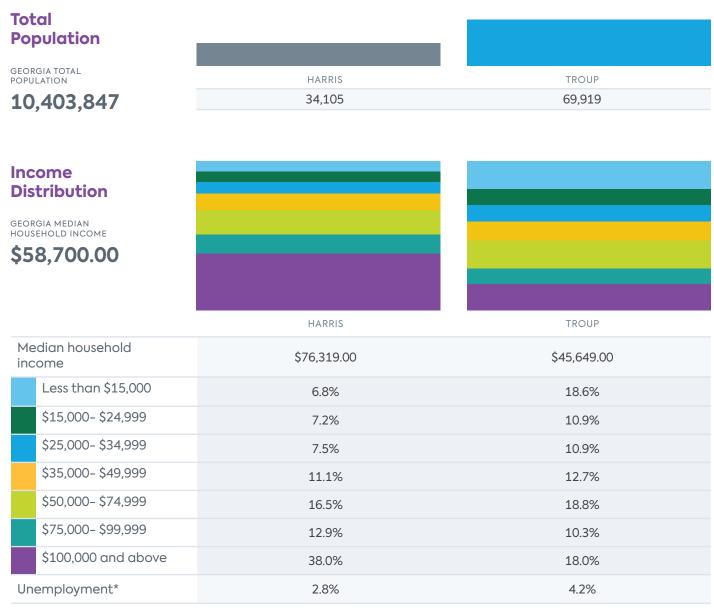| County*	Zip Codes
Harris	30230, 30240, 30241, 31822, 31833
Troup	

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

Demographic Data

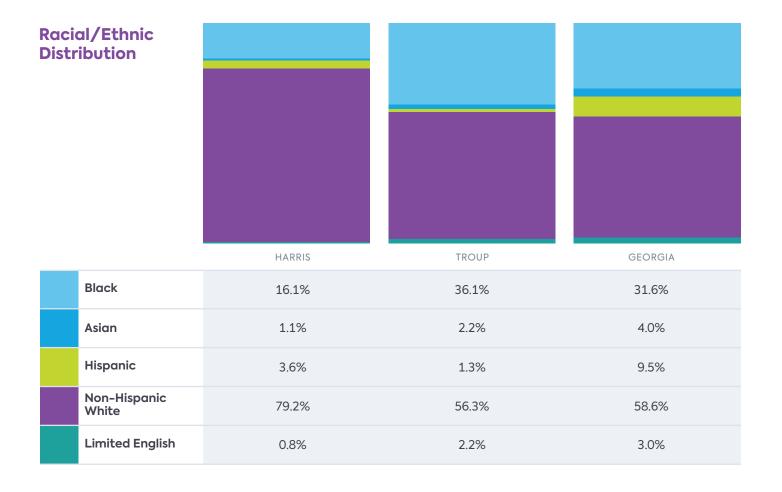**Wellstar West Georgia Medical Center** | by County and State (2015-2019)

Compared to the state, the West Georgia service area has an older population, with 15.7% of the service area's population 65 years old or older. The median age in Harris County is 42.9 years of age compared to 36.7 at the state level. The service area is also less diverse compared to the state and nation. Within the service area, Troup County has over twice as many Black residents (36.1%) than Harris County (16.1%), and a smaller White population (56.3% in Troup vs. 79.2% in Harris). The service area has a lower population with Limited English Proficiency (1.7%) than the state (3.0%). Troup County has a lower median household income ($45,649) than Harris ($76,319) and the state ($58,700).

Troup County is younger and lower-income earning than Harris County. Troup County has a higher Black population (36.1% vs. 16.1%). Harris County has a higher Hispanic population (3.5% vs. 1.3%). When compared to the state, median household income is higher in Harris County and lower in Troup County.

Total Population

GEORGIA TOTAL POPULATION

10,403,847

HARRIS	TROUP
34,105	69,919

Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

$58,700.00

	HARRIS	TROUP
Median household income	$76,319.00	$45,649.00
Less than $15,000	6.8%	18.6%
$15,000– $24,999	7.2%	10.9%
$25,000– $34,999	7.5%	10.9%
$35,000– $49,999	11.1%	12.7%
$50,000– $74,999	16.5%	18.8%
$75,000– $99,999	12.9%	10.3%
$100,000 and above	38.0%	18.0%
Unemployment*	2.8%	4.2%

* Data applicable to the impact of COVID-19 is not yet available
Source: U.S. Census Bureau, American Community Survey (2015–2019)

Age Distribution

	HARRIS	TROUP	GEORGIA
Median age in years	42.9	36.2	36.7
0-17 Years Old	21.9%	24.6%	24.1%
18-64 Years Old	60.0%	60.5%	62.4%
65+ Years Old	18.1%	14.5%	13.5%

Racial/Ethnic Distribution

	HARRIS	TROUP	GEORGIA
Black	16.1%	36.1%	31.6%
Asian	1.1%	2.2%	4.0%
Hispanic	3.6%	1.3%	9.5%
Non-Hispanic White	79.2%	56.3%	58.6%
Limited English	0.8%	2.2%	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

1. Access to Appropriate Healthcare	**2.** Behavioral Health	**3.** Maternal and Child Health	**4.** Healthy Living*	**5.** Housing	**6.** Poverty

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

Additional Health Needs in the Wellstar West Georgia Medical Center Service Area

7. Cancer	**8.** Sexually Transmitted Diseases**	**9.** Violence and Crime	**10.** Education	**11.** Internet Access

** including HIV/AIDS

Health Outcomes

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

- With few exceptions, Black residents have the highest rates of poor health outcomes (often higher than state rates) when compared to any other racial or ethnic cohort in the service area.
- With few exceptions, Troup County residents have rates of poor health outcomes that are higher than Harris County residents and residents of the State.
- Emergency room rates are high in Troup County, which may indicate a breakdown in primary and preventive care in the area.

Top Causes of Death

According to 2019 data, the top five causes of death in the service area are related to chronic conditions, lifestyle, and behavior (i.e., heart disease, stroke, lung cancer, and COPD). Deaths due to Cerebrovascular and Alzheimer's diseases have increased since 2018.

Table 7 | Top Causes of Death

	Harris	Troup	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	87.6	114.8	104.5	104.4	120.6	ND	ND	78.6
COPD (except asthma)	34.1	53.0	45.9	54.0	23.2	0.0	ND	44.3
Cerebrovascular disease	41.3	46.6	44.1	41.5	56.0	ND	0.0	43.3
Malignant neoplasms of the trachea, bronchus, and lung	35.1	44.0	40.5	41.9	41.1	ND	0.0	38.7
Alzheimer's disease	41.0	46.9	44.8	45.5	47.1	ND	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)

Compared to Georgia, the service area has a higher rate of assault-related emergency room visits (247.6 vs. 275.5 per 100,000 pop.), with higher rates in Troup County at 415.2 per 100,000 population. Motor vehicle crash discharge (100.6 vs. 71.0 per 100,000 pop.), emergency room visits (1,288.0 vs. 1,143.8 per 100,000 pop.), and mortality rates (16.5 vs. 14.3 per 100,000 pop.) in the service area are also high when compared to the state.

Ischemic heart and vascular disease are the primary cause of Years of Potential Life Lost in the service area *(Table 8)*. Motor vehicle crashes are the second leading cause of YPLL.

Table 8 | Years of Potential Life Lost

	Harris	Troup	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	702.5	1,002.1	904.2	1,010.30	891.5	ND	ND	560.7
Motor vehicle crashes	483.0	528.4	513.5	438.0	670.7	ND	ND	482.2
Intentional self-harm	406.6	399.3	401.7	496.9	265.5	0.0	ND	431.1
Certain conditions originating in the perinatal period	279.9	430.3	381.1	196.0	707.4	0.0	ND	366.2
Accidental poisoning and exposure to noxious substances	415.4	359.6	377.9	530.0	159.4	0.0	0.0	415.7

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 anecdotal evidence that residents seek care in the emergency room for non-emergencies for a variety of reasons, such as lack of insurance, limited availability of after-hours care, or acute symptoms. Five of the top causes of emergency room visits in the service area are outlined in Table 9.

Table 9 | Emergency Room Visit Rates

	Harris	Troup	All Counties	White	Black	Asian	Hispanic	Georgia
All other unintentional injury	2,625.5	5,473.5	4,581.1	3,846.7	5,582.6	1,163.5	1,790.9	3,007.2
Diseases of the musculoskeletal system and connective tissue	1,819.1	5,373.5	4,204.6	3,062.9	8,054.7	569.8	1,465.7	3,232.8
All other diseases of the genitourinary system	1,658.0	3,774.0	3,124.4	2,547.1	4,564.7	583.3	1,318.7	2,274.1
Falls	1,698.5	2,958.8	2,548.0	2,564.0	2,399.0	694.1	1,073.1	1,891.6
All other diseases of the nervous system	660.5	2,089.2	1,623.5	1,314.8	2,359.7	194.2	554.7	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

Top Causes of Hospital Discharge Rates

An overview of the number of inpatients discharged from nonfederal acute-care inpatient facilities who are residents of Georgia and seen in a Georgia facility is provided in Table 10. Uninsured residents are not always admitted to the hospital without some form of payment and may not be accurately represented in the data. Hospital discharge rates are highest for septicemia, diseases of the musculoskeletal system and connective tissue, and mental and behavioral disorders. Overall, residents of Troup County have higher hospital discharge rates than Harris County.

Table 10 | Hospital Discharge Rates

	Harris	Troup	All Counties	White	Black	Asian	Hispanic	Georgia
Septicemia	319.2	776.9	613.3	607.5	765.8	223.1	335.1	501.3
All other mental and behavioral disorders	323.2	695.2	571.9	385.0	340.9	75.7	172.2	435.5
Diseases of the musculoskeletal system and connective tissue	455.7	373.0	404.3	400.4	342.0	115.9	196.5	467.6
Ischemic heart and vascular disease	227.7	455.0	371.3	373.7	398.8	113.5	117.7	309.4
Essential (primary) hypertension and hypertensive renal and heart disease	157.7	394.6	308.4	250.6	653.2	ND	196.2	272.7

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 statewide health issue. Half of Troup County's adult residents have a body mass index over 30, but Harris County has a higher percentage of adults diagnosed with diabetes *(Table 11)*. Troup County has higher diabetes emergency room visits, hospital discharge, and mortality rates than either Harris County or Georgia.

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

	Harris	Troup	White	Black	Asian	Hispanic	Georgia
Adults with Body Mass Index > 30.0 (Obese), Percent (2017)	30.2%	50.1%	ND	ND	ND	ND	32.1%
Adults with Diagnosed Diabetes* (2017)	13.2%	11.5%	ND	ND	ND	ND	11.2%
Diabetes Discharge Rate *	115.9	347.1	200.6	487.8	ND	92.3	202.8
Diabetes Mortality Rate*	18.1	27.4	21.1	37.8	ND	ND	21.1
Diabetes emergency room Visit Rate*	158.3	599.0	303.6	882.8	52.0	197.3	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. While Harris County has fewer cases of COVID-19, Troup County has higher rates than both the state and the U.S. as of June 7, 2021 *(Table 12)*.

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

	Harris	Troup	White	Black	Asian	Hispanic	Georgia
Cases	5,092	11,991	49.0%	35.7%	1.2%	3.2%	1,899,884
Fully Vaccinated	45.0%	38.0%	ND	ND	ND	ND	55.0%

ND: No Data – Data not available for this population
Racial and ethnic data is by all counties
Sources: Georgia Department of Public Health Daily Status Report, Georgia Department of Public Health Vaccine Distribution Dashboard (2/17/2022)

The COVID-19 pandemic significantly challenged two health needs across the state: mental health and healthy food access. Additionally, in this service area, COVID-19 significantly impacted residents' access to employment, education, behavioral health services, and care through telehealth. As one stakeholder shared:

"The impact of COVID-19 is likely going to be longer term than has been planned for or anticipated. There has been a limited amount of planning and investment in the long-term impact of COVID-19, and the community is not prepared for this reality. The challenge of returning to in-person is going to present more challenges and opportunities for organizations, communities, and individuals. This will continue to impact poverty (employment options), health (prevention options), education (schools), and behavioral health (stress, depression, etc.). People are waiting for things to go back to normal instead of fixing the challenges now."

A Troup County Emergency Relief Fund was started that has provided more than $135,000 of support through food, personal protective equipment, air purifiers, and rent relief. The federal government also provided funding, but it has been difficult to get those funds to residents.

Community leaders and respondents to the COVID-19 Pandemic Influence Survey identified a number of adverse impacts caused by the COVID-19 pandemic. Their perspectives are explored in detail throughout the report and summarized in Table 13.

Table 13 | Impact of COVID-19 on the Service Area According to Community Leaders and the COVID-19 Pandemic Influence Survey Respondents

	Impact of COVID-19
Maternal and Child Health	• There was a loss of follow-up in prenatal care, which especially impacted those with higher risk pregnancies. • Children are typically screened at elementary school for hearing and sight issues. Screening partners were not allowed during the COVID-19 pandemic. • Black parents were disproportionately affected due to lack of access to high-quality healthcare.
Behavioral and Mental Health	• Increased behavioral issues related to isolation, including depression and anxiety.
Family Violence	• COVID-19 has contributed to increases in intimate partner violence and child abuse and neglect.
Long-Term Health Impacts	• Physicians may not know how to treat long-term health problems related to COVID-19 illness that impact health and productivity.
Access to Appropriate Healthcare	• Care was delayed due to health facility closure. • Staffing shortages in the service area during the pandemic have made access to preventive care and treatment difficult. • Patients are delaying seeking care, even in emergency situations, due to fear of hospital conditions given overcrowding and the risk of COVID-19 transmission.
Care-Seeking Behavior	• Many residents that were infected with COVID-19 did not seek care and waited until hospitalization was required. This ended up being much more expensive for patients than if they had sought care earlier.
Social Determinants of Health	• Exacerbated persistent health disparities. Underserved communities faced the brunt of the pandemic impacts.
Economy and Employment	• Worsening economic conditions resulted in a large increase of people losing health insurance and unemployment for part-time or blue-collar sectors. • During the pandemic, people lost jobs because they could not work remotely, and employers cut staff. Some with jobs were reluctant to return to work due to concern about the risk of COVID-19 exposure. • Some residents received unemployment at a rate that disincentivized returning to work. • Low-income residents were particularly impacted by the pandemic. Unemployment benefits kept them "above water," but many have unpaid bills, and some have been evicted.
Housing	• Increased housing insecurity impacted both general health and mental health. • Families and individuals are behind on housing payments for both rent and mortgages. • Government benefit offices were closed during the pandemic, so safety-net benefits were impacted. Individuals were only able to apply for benefits using online applications from their homes, which decreased access for those without at-home reliable internet.

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. • Access to transportation, specifically public transportation, was restricted during the global pandemic, impacting families' and individuals' ability to go to the grocery store. The lack of transportation disproportionately impacted people in poverty. • There was greater food insecurity in the region due in part to school-aged children staying home and requiring more purchased meals and groceries.
Early and K–12 Education	• Virtual schooling was considered a challenge for children, teachers, and families that may have long-term implications for students.

Impact of Technology

COVID-19 encouraged the use of technology for service provision. 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.

● For 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.

While telemedicine was a helpful tool, it was not a universal remedy. Those without smartphones, computers, internet access, sufficient bandwidth, and unlimited minutes would not be able to access telemedicine. Not all residents have the computer skills necessary to access telemedicine and web-based COVID-19 resources, including vaccine information and appointment scheduling. Residents also discussed the problem of COVID-19 misinformation on social media platforms and its potential impact on residents' prevention and care-seeking behavior.

Compared to state and national benchmarks, more people in the service area live in a Health Professional Shortage Area (HPSA) (30.2% and 22.6% respectively vs. 60.1%) and are considered underserved (56.1% and 53.7% respectively vs. 68.8%) *(Table 14)* (ACS, 2019). In Harris County, 94.0% of the population and almost half of the population in Troup County (43.6%) is living in an HPSA. In the service area, 100% of the population experiences a dental provider shortage, which results in limited access to dental providers. (ACS, 2019).

Harris County has lower provider rates than Troup and has no addiction/substance abuse or buprenorphine providers. The service area has low provider rates (per 100,000 pop.) compared to the state for the following:

- Substance abuse (3.9 vs. 2.3)
- Buprenorphine (2.9 vs. 3.4) (U.S. Department of Health and Human Services, 2020),
- Mental health (93.2 vs. 146.0) (Centers for Medicare and Medicaid Services, 2021), and,
- Primary care providers (47.1 vs. 65.6) *(Table 14)* (U.S. Department of Health & Human Services, 2017).

Table 14 | Service Provider Rates

	Harris	Troup	Service Area	Georgia	U.S.
Percentage of Population Living in an HPSA	94.0%	43.6%	60.1%	30.2%	22.6%
Percentage of HPSA Population Underserved	86.9%	49.7%	68.8%	56.1%	53.7%
Percentage of Population Living in an HPSA –Dental	100.0%	100.0%	100.0%	59.1%	44.6%
Addiction/Substance Abuse (2020)	0.0	5.7	3.9	2.3	9.4
Buprenorphine Providers (2020)	0.0	4.3	2.9	3.4	5.7
Dental (2015)	15.0	54.5	41.7	49.2	65.6
Mental Health (2021)	19.9	130.1	93.2	146.0	261.6
Nurse Practitioners (2020)	5.9	28.6	21.2	38.2	41.1
Primary Care (2017)	35.4	52.8	47.1	65.6	76.7

Provider Rates by County, Per 100,000 Population
Sources:
• U.S. Census Bureau, 2012–2016 American Community Survey 5-Year Estimates: http://www.census.gov/acs/www/
• Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.
• U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration. 2020.
• U.S.Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.
• Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2021.
• Centers for Medicare & Medicaid Services, CMS Geographic Variation Public Use File. 2020.
• U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017.

Zip-code level data show socioeconomic barriers related to poverty, insurance status, language barriers, and education, with particularly high need in zip code 30241 in Troup County. Community leaders validated these findings, explaining that residents will delay care due to lack of services, insurance, and low health literacy.

Causal Factors

According to community leaders, the reasons for poor access to appropriate healthcare include:

Cost

- Residents "ignore" chronic health problems because of limited access to providers, inability to cover cost or co-pays, and/or they do not have health insurance.

Lack of affordable insurance

Troup County has a higher uninsured population than Harris (11.8% vs. 6.8%). Blacks and Hispanic members have higher rates of being uninsured in Troup County at 15.0% and 20.3%, respectively, while in Harris County, Asians represent the largest uninsured group when compared to the county population (25.3% vs. 6.8%).

- There is a need for Medicaid expansion and a need for providers that accept Medicaid and uninsured patients.
- There is a lack of health insurance and access to healthcare among the adult Hispanic immigrant population.
- They shared that emergency room treatment is not fast unless a person has a heart attack, because of the use of the emergency room for non-urgent cases, especially amongst the uninsured.
- Increased unemployment caused by the COVID-19 pandemic left many without insurance
- Uninsured rates are higher among Black, Hispanic, and Asian populations and among female residents.

COVID-19

- Many residents who were infected with COVID-19 did not seek care, even waiting until hospitalization was required.

Hospital closures

- Hospital closures have decreased access to care.
- Increased distance traveled to access care.
- Has been detrimental to rural economies.

Care-seeking behavior

- Families may prioritize the health needs of children and neglect adult healthcare needs. For example, there is a disproportionate amount of undetected ovarian and breast cancer among Hispanic women who forgo regular screening.

Other barriers

- Lack of transportation, particularly among low-income residents.
- Healthcare providers' hours of operation are incongruent with working families' schedules.
- Lack of childcare options can make it difficult for parents to access care.
- Those without access to reliable technology and internet access cannot access telehealth services.

Culturally competent services

- There is a need for culturally and linguistically sensitive care for Hispanic residents in Troup County.
- There is a lack of low-cost bilingual or multilingual providers.
- Residents shared that in Troup County, residents without legal immigration status use the emergency room as "last-resort" care.

Community leaders and resident group participants did share some positive attributes:

- Residents agreed that their community is "blessed" to have Wellstar Health System. They pointed out that some counties in Georgia do not have any hospitals.
- TroupCares was considered a positive resource for residents struggling to pay for care. One participant shared a story about a friend that was uninsured and able to get throat surgery through TroupCares.
- There is a "generous" medical community in Troup County. The health department offers free programs and classes.
- The opening of a school-based health center was delayed but is now scheduled to open. With parent consent, the health center can provide a medical home for students, provide preventative care, and manage chronic illness. There is potential for the health center to expand to cover families.

Community leaders recommended the creation of more "bridges" between healthcare offices and the community. Bridge-building includes building a relationship with the local health department, providing drop-in hours at TroupCares, and providing more accessible, affordable, and "respectful" services.

Based on an inventory of community assets (see Appendix), there are seven 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. Valley Healthcare System offers both primary care and dental health services on a sliding scale to residents who are low income, underinsured, and uninsured. They also offer services that address other barriers, such as transportation, public assistance, and financial screenings.

Behavioral Health

Key Behavioral Health Findings

Emergency room visits
The service area has higher rates of emergency room visits when compared to the state for the following:

- Mental health/behavioral health disorders (1,458.2 vs. 1,102.4 per 100,000 pop.),

- Self-harm (86.3 vs. 68.2 per 100,000 pop.), and

- Drug-related disorders (375.6 vs. 318.2 per 100,000 pop.) (DPH, 2015–2019).

Drug overdose
- When compared to state-level rates, the service area has a higher age-adjusted overdose rate (13.2 vs. 13.8 per 100,000 pop.) (DPH, 2015–2019) *(Table 15)*.

- In 2019, Harris County's overdose rate was almost twice the state's (24.3 vs. 12.9 per 100,000 pop.) *(Table 15)*. Harris County's opioid-specific overdose rate was similar to that of the state in 2019 (8.4 vs. 8.5 per 100,000 pop.) (DPH, 2015–2019).

Alcohol use
- The service area has a greater proportion of the population who engage in excessive drinking than the state (17.1% vs. 16.8%) (KP, 2020).

Suicide
- When compared to state-level rates, the service area has a higher suicide rate (13.7 vs. 14.4 per 100,000 pop.) with higher rates in Troup County specifically (14.8 per 100,000 pop.) (DPH, 2015–2019).

Mortality
- When compared to state-level rates, the service area has more residents who die from mental health and behavioral disorders (30.9 vs. 35.4 per 100,000 pop.) (DPH, 2015–2019).

Availability of care
- The service area approximately two-thirds the number of mental health providers than the state (93.2 vs. 146 per 100,000 pop.) (DPH, 2015–2019).

- Troup Country has more addiction/substance abuse service providers than the state (5.7 vs. 2.3 per 100,000 pop.), but Harris has no (0) recorded substance abuse service providers (DPH, 2015–2019).

Disparities

- Suicide rates are higher among White (18.5 per 100,000 pop.) and male (23.0 per 100,000 pop.) residents than the Black (6.9 per 100,000 pop.) and female (6.7 per 100,000 pop.) residents (DPH, 2015–2019).

- Mental health-related emergency room visit rates (per 100,000 pop.) are highest among Black (1,644.3) and male (1,503.0) residents when compared to White (1,434.6), Asian (243.0), Hispanic (442.6) and female (1,418.0) residents (DPH, 2015–2019).

- Intentional self-harm discharge rates are highest among Hispanic residents (52.3 per 100,000 pop.) and higher among White (46.5 per 100,000 pop.) and female residents (47.6 per 100,000 pop.) when compared to Black (19.1 per 100,000 pop.), Asian (0.0 per 100,000 pop.), and male (33.4 per 100,000 pop.) residents (DPH, 2015–2019).

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

	Harris	Troup	Georgia
2009	20.4	10.9	9.9
2010	ND	8.9	10.3
2011	ND	22.2	10.4
2012	ND	13.3	9.9
2013	18.1	9.6	10.5
2014	ND	15.3	11.4
2015	ND	17.3	12.2
2016	26.4	15.3	13.1
2017	ND	18.6	14.6
2018	ND	7.9	13.1
2019	24.3	10.3	12.9

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

Community leaders expressed concern that substance use, isolation-related stress, depression, and anxiety were increasing and reported a need for more mental health services. Residents validated these findings, sharing concerns about drug use's impact on the community and worry about lack of mental and behavioral health service providers. Residents also identified children and teens as a particularly vulnerable group. LaGrange has a Child Wellbeing Index Score of 0. Residents perceive children to be at increased risk for behavioral health issues, including suicide. According to community leaders, drug courts and juvenile courts are reporting an increase in youth needing behavioral health services. Community leaders did view the Mental Health and Drug and Alcohol Court System as a strength, supported by law enforcement.

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

Age-adjusted rates per 100,000 population, in the Wellstar West Georgia Medical Center service area compared to state benchmarks (2018)
Source: Georgia Department of Public Health Online Analytical Statistical Information System

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

Drug use

Residents discussed how drug use has been and is a major concern for this community. Focus Group participants discussed how drug use has escalated from recreational use to addictions that "hollow people out," "eat their soul," kill them, or put them in jail. Residents were seeing long-term methamphetamine use and expressed concern about the cutting agents used in drugs. Residents have overdosed from drugs "laced" with fentanyl. Residents also associated increases with cocaine-related overdose with potentially new cutting agents being used.

Residents report seeing increases in substance abuse among "youths" or teens. Methamphetamine, cocaine, and alcohol were mentioned specifically. Teen death from driving under the influence (DUI) was also mentioned. Residents attribute the rise in substance abuse among young people to a lack of youth activities available and "lost hope" among young people.

COVID-19 pandemic

Behavioral health was a need pre-pandemic, and literature indicates that behavioral health outcomes have gotten worse since COVID-19 began. Residents report concerns about mental health decline and increases in substance use during the pandemic. There was concern about COVID-19-related stress on children, particularly feelings of isolation.

Focus Group participants did identify a couple of positive outcomes caused by the pandemic. The availability of telehealth services is helping some residents to access care. They noted an increase in virtual mental health support groups but did express concern about the efficacy of virtual services, citing their "lack of intimacy." Residents also shared that during the COVID-19 pandemic, residents were reaching out to their neighbors more and "taking care of each other." Participants associated these community connections with good health.

Lack of access to services

Residents identified access to behavioral health services as a community health need. Rural counties (those with a population less than 50,000), like Harris County, typically have less access to mental health services and support. Participants were unfamiliar with existing mental health service providers. Overall, there is a lack of awareness among residents and providers. One community leader was unable to name one local psychiatrist. As one respondent stated, people with mental health issues "have been deserted." Another community leader shared that their local hospital had no mental health ward and that an increasing number of residents are using the emergency room and clinics for depression and anxiety care.

Residents did know of two free or low-cost resources in Troup County, including the Baptist Association, which provides counseling sessions, and Pathways mental health agency. However, even when services are available, the response to need may be slow. According to some community leaders, clients can wait up to two days for an assessment for acute behavioral health problems, which is too long for an individual in crisis. Residents felt that veterans typically have more resources, but there was concern about the quality of those services ("the treatment isn't always the best").

Community leaders expressed a need for:

- Emergency behavioral health services.
- Providers who are familiar with the unique needs of LGBTQ+ residents.
- Culturally competent providers for Hispanic communities, including the need for Spanish-speaking mental health services.
- Post-hospitalization housing/residential care.
- Affordable outpatient services and transitional housing for individuals experiencing mental illness, particularly those who earn a low income or are underinsured or uninsured. (While crisis centers are available for underinsured and uninsured residents, there is a lack of care continuity upon discharge, and patients are often discharged without prescriptions.)
- Mental health support for immigrants without citizenship or residency. These groups, residents noted, were more likely to experience lower access to mental health support.

Despite a growing need for behavioral health services among youths, there are even fewer resources for children than there are for adults. Community leaders and residents feel children and teens need:

- Substance abuse education to prevent teen death from DUI/car accidents.
- Mental health messaging to teens.
- Behavioral health services to treat anxiety and depression in youth.
- Pediatric mental health services and in-patient acute crisis care for youths.
- Social workers are needed at every school. Currently, social workers are only assigned to middle and high schools, and school personnel do not know the social workers.

A lack of behavioral health services has implications for the community. Community leaders were concerned that residents might have undiagnosed behavioral health issues, including depression, anxiety, and serious mental illness.

Stigma

Despite the COVID-19 pandemic highlighting the need for mental health, stigma is persistent in some populations. Residents specifically identified "low-income communities" as being particularly resistant to seeking care.

Some people avoid seeking behavioral healthcare because they are concerned about the stigma associated with mental health and/or substance use. Others avoid seeking behavioral healthcare because they are concerned mental health professionals will stigmatize them for their gender or sexual identity. Thus, the need for access to care that ensures LGBTQ+ individuals feel accepted without judgment.

Lack of insurance parity

Community leaders reported that while insurance plans are not supposed to charge more for or put more restrictions on behavioral health benefits than they do for medical benefits, they do not feel mental health insurance parity exists. While crisis centers are available for low-income, underinsured, and uninsured residents, there is a lack of continuity of care after discharge. Low-income, underinsured, and uninsured residents are often discharged without prescriptions and have very limited access to outpatient services and transitional housing.

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

Teen pregnancy

- Troup County has higher rates of pregnancy among teens than Harris County and the state. Conversely, Harris County's teen pregnancy rates are lower than the state rates (DPH, 2015-2019).
- Community leaders feel there is a need for more education to prevent teen pregnancy.

Age	Harris	Troup	Georgia
10-14	0.0	0.7	0.4
15-17	5.5	21.6	12.0
18-19	28.8	79.8	52.2

Induced pregnancy termination

- The service area has a lower incidence of induced termination of pregnancy than the state (5.3 vs. 8.9 per 1,000 live births), with Harris County having the lowest (2.9 per 1,000 live births) (DPH, 2015-2019).

Low birth weight

- Low birth weight is more common in Troup County (11.2 per 1,000 live births) than Harris (7.8 per 1,000 live births) and the state (9.9 per 1,000 live births) (DPH, 2015-2019) *(Figure 2)*.

Infant mortality

Troup County also has a higher infant mortality rate (8.6 per 1,000 live births) than both:

- Harris County (5.9 per 1,000 live births), and,
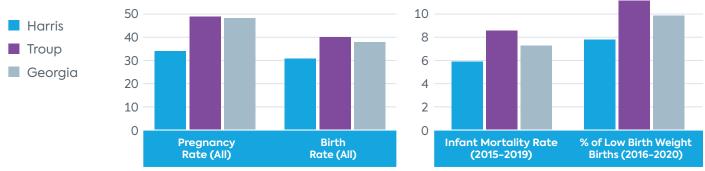- The state (7.3 per 1,000 live births) (DPH, 2015-2019).

Maternal morbidity and mortality

- Reliable county-level data on maternal morbidity and mortality is 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

- State-level data and data from other counties indicate that birth outcomes are poorer for Black women; but there are inadequate data to draw reliable conclusions about MCH disparities in the service area. More research is required.

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

Legend: Harris, Troup, Georgia

Left chart — Pregnancy Rate (All), Birth Rate (All)
Right chart — Infant Mortality Rate (2015–2019), % of Low Birth Weight Births (2016–2020)

Per 100,000 pop. in the West Georgia Medical Center service area, compared to state benchmarks (2016–20)
Source: Georgia Department of Public Health Online Analytical Statistical Information System

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

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

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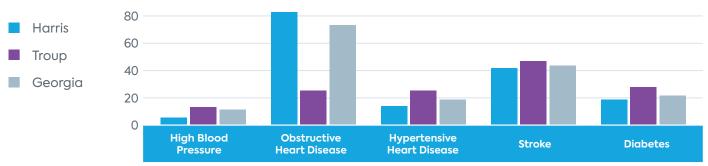
Healthy Living

Healthy living themes that emerged from the data included chronic disease, healthy eating, access to amenities, and leisure time. According to community leaders, levels of public education and health literacy impact healthy living. They also shared that work to improve health (programs, collaborations, interventions) was put on hold after the pandemic.

Chronic Disease

Heart/vascular disease, hypertension, stroke, and COPD are among the top causes of hospitalization, deaths, and years of life lost. *(Figure 3)*. Key findings from primary data collection by disease/condition are outline below. Chronic disease outcomes are worse among males (heart attack, stroke), Black residents (diabetes, hypertension, stroke, asthma), and low-income residents.

Figure 3 | Chronic Disease Mortality Rates

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

Detailed Findings by Chronic Disease/Condition

Hypertension, hypertensive heart disease, and stroke

- Compared to the state, the service area has higher rates of hypertensive heart disease-related emergency room visits (34.8 vs. 41.8 per 100,000 pop.), hospitalization (94.2 vs. 123.1 per 100,000 pop.), and mortality (18.1 vs. 20.4 per 100,000 pop.).

- The service area also has greater hospitalizations for obstructive heart disease than the state (307.7 vs. 256.5 per 100,00 population).

- The service area emergency room visit (71.2), hospital discharge (270.7), and mortality (44.1) rates per 100,000 population for stroke are higher than those for the state (53.5, 244.4, and 43.3 per 100,000 pop., respectively).

- Within the service area, outcomes for hypertension, hypertensive heart disease, and stroke are higher among Black residents than White residents, with the greatest disparity occurring for hypertension-related emergency room visits (1,092 vs. 268.7, per 100,000 pop.).

Diabetes
- The service area has higher rates (per 100,000 pop.) than the state for diabetes:
  - Prevalence (12.3 vs. 11.2),
  - Emergency room visits (445.8 vs. 321.5)
  - Hospitalization (268.2 vs. 202.8), and
  - Mortality (24.1 vs. 21.1).
- Black residents are more likely to utilize the emergency room (882.2 vs. 303.6), become hospitalized (487.8 vs. 200.6), and die (37.8 vs. 21.1) from diabetes than Whites in the service area, per 100,000 pop.

Asthma
- Per 100,000 population, residents in Troup County are more likely to utilize the emergency room for asthma-related illnesses (703.1) than in Harris County (222.2) and the state (539.9).
- Black residents are four times more likely than White residents to be admitted to the emergency room for asthma (1,124.8 vs. 254.0) (per 100,000 pop.) in this service area.

Healthy Living and Food Access
Barriers to healthy eating included food insecurity and high consumption of unhealthy foods due to availability, accessibility, affordability, lack of time to prepare healthy foods, and lack of nutrition education.

Food insecurity
While food insecurity in the service area (14.5%) is higher than both the state (14.4%) and national rates (12.6%), there are fewer low-income persons with low food access (8.5% vs. 28.4% and 19.4%, respectively) *(Figure 4)*. Within the service area, Troup County's food insecurity is almost twice (17.3%) that of Harris County's (8.8%) (U.S. Department of Health & Human Services, 2017).

Lack of transportation also contributes to poor access. Participants pointed out that lack of transportation is a particular concern among families receiving Supplemental Nutrition Assistance Program (SNAP) benefits. In the service area, 13.9% of residents receive SNAP benefits, more than at the state (12.8%) or national level (11.7%).

Some children rely on their schools to provide most of their meals during the school year. According to community leaders, parents who originally relied on the school system for meals were not financially prepared to provide meals when education became virtual. One participant commented that the continuance of the Harris County school lunch program during the COVID-19 pandemic through bus delivery was important for a lot of kids. However, while schools provided access to food, they did not necessarily provide access to healthy food. Participants shared that Troup County school meals are "unhealthy" and that school personnel provide unhealthy foods (soda, chocolate, and sugar) as rewards.

Food supply chain stress due to COVID-19 was unprecedented and disproportionately affected those who did not have transportation or were unable to purchase online delivery options. Food pantries were unable to accept new clients due to the COVID-19 pandemic.

Based on an inventory of community assets *(see Appendix)*, there is one resource in the area to address food insecurity. Additional exploration will be required to determine the capacity of this resource 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 West Georgia Medical Center 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.

High consumption of unhealthy foods

According to participants, many places in the service area are classified as "food deserts." Families living in food swamps and/or experiencing the effects of food apartheid do not have access to affordable, high-quality food, which can lead to consumption of high sugar, fat, and/or cholesterol foods which contributes to both hidden hunger and obesity. These unhealthy foods may be cost effective in the short term but can cost residents a great deal in the long run. Grocery store and restaurant prices continue to rise, making affordable, healthy foods less and less accessible.

Lack of time

Participants discussed how the "busyness" of life prevented residents from eating healthy. "Busyness" was attributed to long ("sixty-hour") work weeks, long commutes, after school and work commitments (extracurricular activities like sports), and that some residents are raising grandchildren.

Education

There was a perception that people didn't fully understand the relationship between diet and health. Residents felt that there was a need for more nutrition education for families living in poverty specifically. There was a focus on families because — as residents pointed out — unhealthy eating is a learned behavior that can become a generational issue. Interviewees also identified a need among SNAP-eligible individuals and families for increased exposure to "new" fruits and vegetables and education on how to affordably cook and store healthy foods.

Residents with obesity, diabetes, and hypertension were also identified as needing nutrition and diet education. It was explained that there is "a large noncompliant population, particularly amongst young African-American males." There was concern that this "noncompliance" increases disease burden and medical costs. Some residents with diabetes were thought to not fully understand the disease and its associated complications.
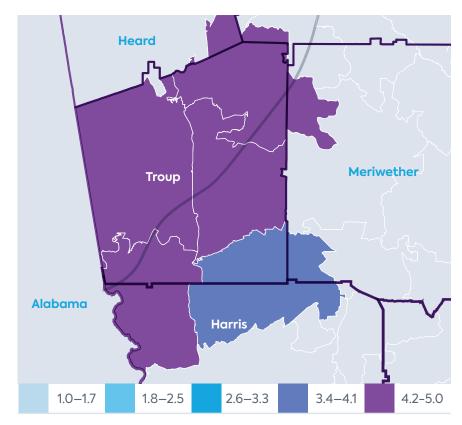
Access to Amenities

Participants found the parks and recreation facilities to be exceptional. F.D. Roosevelt State Park is the largest state park in Georgia and is located in the service area. There was also excitement about the construction of The Thread (a trail system similar to the Atlanta Beltline). Despite these amenities, over a quarter (26.2%) of the population reports not having enough leisure time to exercise. Troup County has a higher rate of adults with no leisure time for physical activity (30.5%) than Harris County (18.3%). There was also a feeling that any new amenities would only attract those who already engage in physical activity.

Social Determinants of Health

The Community Needs Index (CNI) ranks each zip code in the United States against all other zip codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing. Each factor is rated on a scale of 1 to 5 (1 indicates the lowest barrier to accessing healthcare and 5 indicates the most significant). A score of 3 is the median for the scale. Zip codes that fall within the service area have CNI scores between 4 and 5 *(Table 16)*.

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

| 1.0–1.7 | 1.8–2.5 | 2.6–3.3 | 3.4–4.1 | 4.2–5.0 |

Table 16 | **Community Needs Index Scores**

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
30230	Troup	0.2	4.4	13.6%	21.8%	53.8%	0.7%	32.5%	19.9%	5.9%	26.2%	28.4%
30240	Troup	0.0	4.4	11.8%	24.0%	45.4%	0.7%	40.0%	15.5%	6.2%	26.6%	38.57%
30241	Troup	0.0	5.0	14.6%	29.5%	57.7%	2.1%	56.0%	21.6%	8.3%	30.7%	43.9%
31822	Harris	0.0	4.0	7.3%	22.1%	44.0%	0.4%	23.7%	13.2%	7.6%	17.6%	23.8%
31833	Troup	0.2	4.2	14.8%	13.4%	20.7%	0.03%	44.4%	19.5%	7.59%	26.4%	30.2%
County Totals												
Harris County		0.3	3.0	8.2%	9.8%	28.1%	0.4%	23.9%	11.3%	7.4%	12.3%	15.0%
Troup County		0.1	4.4	14.2%	23.8%	39.5%	1.0%	45.2%	18.3%	5.9%	24.4%	30.7%

Per 100,000 population
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

In addition to economic factors, demographics (race, ethnicity, sex, gender expression, sexual orientation, immigration status, citizenship status, etc.) also impact health outcomes. Below is an overview of the socioeconomic and demographic factors mentioned by interview and group discussion participants. The social determinants of health prioritized by this needs assessment — poverty, housing, education, and internet access — are discussed in detail in the following sections.

Socioeconomic Factors

Income
Participants felt there were limited opportunities for low-income families and drew connections between low income to poor health outcomes and many of the other SDHs:

- Poor housing
- Limited access to healthy food
- Lack of transportation
- Lower quality education
- Low or no access to broadband internet

Employment status
- There is a need for more well-paying employment opportunities that don't require rotating shifts (which have disproportionate negative impacts on parents — particularly single parents — and their children).

- Companies are unable to attract and maintain an entry-level workforce. Many entry-level to mid-management employees live 30–45 minutes away from their job. Residents are choosing not to seek employment, especially in LaGrange.

Housing status
- There is a lack of affordable, safe housing.

Food access
- Participants feel that poor access to healthy foods is a primary barrier to healthy living (see Healthy Living section).

Transportation
- Disadvantaged residents have limited transportation options. There is no public transportation or taxi system in the service area, which isolates many people without cars.

Education
- A poor public education system perpetuates generational poverty and disincentivizes companies to locate in Troup County.

Broadband access
- Limited access to the internet and other technology, which limits residents' ability to access health information, educational resources, and telehealth services.

Demographics

Race
- Equity issues and systemic racism persist. Participants felt the Black community experiences racial inequities in part due to the area's history. Those who do not experience or observe racism firsthand do not understand how it impacts BIPOC residents. There is a need for "racial trust-building."

- Participants shared that healthcare issues affecting incarcerated women are more likely to affect black women as they are overrepresented in the prison population. They also reported racial inequities in sentencing and behavioral diagnosis in the criminal justice system.

Sex
- Single mothers have poorer health outcomes than other groups.

Gender expression and sexual orientation
- Limited resources and services for LGBTQ+ individuals. Barriers to employment for transgender individuals were mentioned specifically.

Poverty

Impoverished residents have reduced access to healthy food, high-performing schools, transportation, and adequate and safe housing. Poverty limits access to care and increases poor physical and mental health outcomes. The percentage of families in the service area living in poverty between 2015–2019 was lower than it had been between 2006-2010 *(Table 17)* (ACS, 2019). However, these numbers are pre-pandemic, and there is an expectation that post-pandemic numbers will be higher.

Table 17 | Population Below the Federal Poverty Level

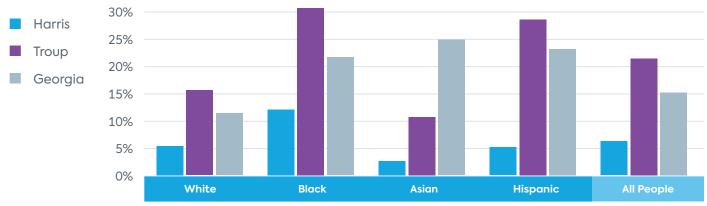|	Harris		Troup	
	2006–2010	**2015–2019**	**2006–2010**	**2015–2019**
Total households	11,056	12,156	23,690	24,928
All people	9.0%	6.2%	19.8%	21.3%
All families	6.0%	4.2%	15.5%	16.9%
Married couple families	2.5%	1.7%	6.6%	6.3%
Single female head of household families	31.7%	23.9%	37.7%	41.8%
Households with no motor vehicle	3.4%	3.4%	9.2%	10.1%
Commuting mode – public transportation	0.2%	0.5%	0.2%	0.1%

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

While Harris County's poverty rate among all people decreased between 2006 to 2019 (from 9.0% to 6.2%), Troup County's poverty rates increased among all residents (from 19.8% to 21.3%), families (15.5% to 16.9%), and single female head of households (37.7% to 41.8%) *(Table 17)* (ACS, 2019). Married couple families have the lowest poverty rates, whereas single female head of household families have the highest poverty rates with rates between 7 and 14 times that of married families between 2015-2019 (ACS, 2019).

Troup County has a lower median annual household income ($45,649) than Harris County ($76,319) and the state ($58,700). Conversely, Harris County's median annual household income ($76,319.00) is higher than the state's median annual household income ($58,700.00). The percentage of households in Troup County with no motor vehicle access also increased from 9.2% between 2006-2010 to 10.1% between 2015-2019 (ACS, 2019).

Poverty rates by race and ethnicity in Harris County fall below state rates *(Figure 5)*. That said, Black residents are twice as likely to live in poverty than other racial/ethnic groups in the county, with a poverty rate of 12.0% compared to 6.2%. In Troup County, White (15.5% vs. 11.3%), Black (30.5% vs. 21.5%), and Hispanic (28.4% vs. 23.0%) residents have higher poverty rates compared to the statewide poverty rates of their racial/ethnic counterparts. Across the service area, women bear a higher burden of poverty, with higher poverty rates (18.6%) than men (13.8%). Poverty rates among women in the service area are also higher than the state- and the national-level rates among women (ACS, 2019).

Figure 5 | Population Below 100% Federal Poverty Level

By Race, Ethnicity, and County, Compared to State Benchmarks (2015-2019)
Source: U.S. Census Bureau, American Community Survey. 2015-2019

Residents expressed concern about high poverty rates and changes in employment, and a general decline in the economy within the service area. Prices have increased across consumer goods, including gasoline. Many businesses are understaffed. One participant shared that every street in town has "Hiring Now" signs displayed. Participants discussed several reasons why people were not seeking work, including that the jobs do not pay enough to support childcare, lack of transportation, and residents choosing not to return to work after drawing unemployment. One participant shared that as a single parent, the numbers "don't add up" to return to work as available salaries do not cover daycare, rent, and food. People may choose to stay home and receive a government check, although this tends to make people feel "hopeless."

Based on an inventory of community assets *(see Appendix),* there are two resources in the area to address poverty (e.g., 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. Also, job-readiness opportunities are quite limited in this service area.

Housing

A quarter (25.6%) of homeowners and more than one-third (37.5%) of renters in Harris County have cost-burdened housing (spending more than 30% of income on rent or mortgage) *(Table 18)*. The rates are even higher in Troup County, with 29.6% of homeowners and 53.9% of renters living in cost-burdened housing (ACS, 2019) (Capacity, Health Communication, 2015). The percentage of cost-burdened renters increased in Troup County from 2006 to 2017 (from 52.3% to 53.9%). Compared to the state, more households in Troup County also experience substandard housing (17.7% vs. 20.5%) (ACS, 2019). There is concern that housing outcomes will get worse as post-pandemic data become available.

Table 18 | Select Housing Indicators

	Harris	Troup	Georgia	U.S.
Units Affordable at 15% AMI*	4.7%	2.6%	2.9%	3.1%
Units Affordable at 30% AMI	10.0%	7.9%	7.6%	7.9%
Units Affordable at 40% AMI	20.8%	13.6%	10.4%	13.2%
Units Affordable at 50% AMI	30.0%	20.7%	21.6%	20.9%
Units Affordable at 60% AMI	38.2%	29.8%	32.1%	29.9%
Units Affordable at 80% AMI	54.3%	49.2%	52.6%	47.3%
Units Affordable at 100% AMI	67.6%	64.6%	67.1%	61.1%
Units Affordable at 125% AMI	75.7%	78.7%	78.0%	73.2%
Median Gross Rent	$863.00	$823.00	$1,006.00	$1,062.00
Households paying more than 30% of income for monthly mortgage	25.6%	29.6%	ND	ND
Households paying more than 30% of income for monthly rent	37.5%	53.9%	ND	ND
Households living in homes with one or more severe problems	10.5%	20.5%	17.7%	18.5%

Area Median Income
ND: No Data – Data not available for this population
Sources: U.S. Census Bureau, American Community Survey, 2015-19; Community Health Needs Dashboard by KP CHNA Data Platform, Esri Business Analyst, 2020.

According to community leaders, housing situations are fragile due to job loss, underemployment, low wages, and lack of access to housing services. Housing outcomes are worse for residents who are Black, single mothers, undocumented, and have a low income (ACS, 2019). There are needs for affordable housing, housing assistance, and services for people experiencing homelessness. Interviewees also expressed concern that zoning laws inhibit the development of housing for residents with disabilities, which is contrary to fair housing laws.

Participants discussed the challenges of affordable housing in the service area. There is a disconnect between the housing needs of citizens and the interests of community leaders. For example, two new apartment complexes opened, but they are too expensive for many in need of affordable housing. Rent has increased, in part due to high liability insurance, and some residents do not feel obligated to pay their rent. A landlord shared that the availability of rentals will likely decrease as landlords are selling property. They said it had been "horrible" over the past two years with tenants abandoning pets and destroying property. After the eviction moratorium, some renters do not think they have to pay rent. There is limited housing generally and limited affordable housing specifically.

Based on an inventory of community assets *(see Appendix)*, there is one resource 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.

Education

The percentage of residents in the service area who have not graduated from high school was high pre-pandemic, and current literature suggests that the pandemic has caused more strain on education. Troup County has a higher proportion of adults without a high school diploma when compared to Harris County (16.6% vs. 7.8%) and a lower high school graduation rate at 87.0% in the service area *(Table 19)* (ACS, 2019). Troup County also has fewer adults pursuing and obtaining higher education. In Troup County, only 19.0% of adults have a bachelor's degree or higher, while Harris County and state have 31.4% and 31.3%, respectively. Black and Hispanic residents are less likely to graduate high school than White residents in the service area (21.0% vs. 26.8% vs. 10.4%) *(Figure 6)* (ACS, 2019).
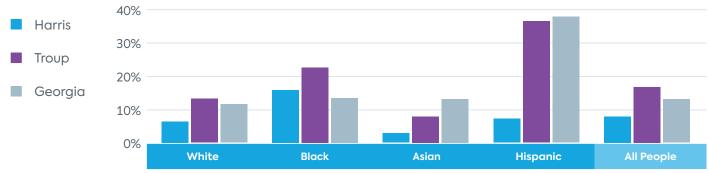
Table 19 | **Select Education Indicators**

	Harris	Troup	Georgia	U.S.
Adults without a high school diploma (age 25+)	7.8%	16.6%	12.9%	12.0%
High school graduate rate	93.0%	87.0%	85.4%	87.7%
Associate degree or higher	41.4%	25.7%	39.1%	40.6%
Bachelor's degree or higher	31.4%	19.0%	31.3%	32.2%
Preschool enrollment (ages 3–4)	50.7%	58.3%	50.3%	48.3%

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

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

By Race, Ethnicity, and County, Compared to State Benchmarks (2015–2019)
Source: U.S. Census Bureau, American Community Survey. 2015–2019

Below are education-related findings from interviews and focus group discussions:

Health education

- They also feel there is a need for more health education in schools. There was concern that some residents did not know how to access resources or how to take care of simple ailments, such as bug bites or colds.
- Residents would like to see schools introduce initiatives that provide health literacy education on nutrition, teen pregnancy, substance abuse, alcohol use, and sexually transmitted infections.

COVID-19

- Residents also discussed the impacts COVID-19 had on education in the service area:
  - There was concern that public school students that did not return to in-person learning may be developmentally behind their peers that did return.
  - Parents that kept students at home were not equipped to provide an on-par education.
  - Black students were less likely to have broadband access – despite schools providing hot spots – which put them at a disadvantage during virtual learning.
- Respondents recommended that schools offer targeted programs to support public school students that were homeschooled for much of the COVID-19 pandemic.
- One participant felt that their kids' teachers "went above and beyond" during the COVID-19 pandemic, but the loss over the past two years will impact children's futures.

Literacy

- Participants discussed the need for increased focus on literacy for young children both at school and at home. There is a concern that children do not meet literacy milestones but are allowed to pass to the next grade.

Equity

- Some community leaders felt that the education system was affected by "the divisive socio-demographics" of the service area, affecting opportunities and resources available to students whose families cannot afford private school.
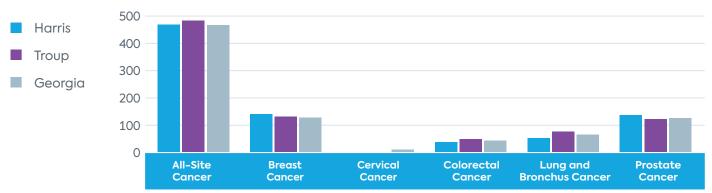
Cancer

The service area has higher cancer mortality rates of all cancers (163.5 vs. 155.1 per 100,000 pop.) compared to the state. These site-specific cancer mortality rates are also higher in the service area when compared to the state, per 100,000 population:

- Breast cancer (13.0 vs. 11.7)
- Cervical cancer (1.5 vs. 1.2)
- Lung cancer (40.5 vs.38.7)
- Colorectal cancer (16.4 vs 14.6) (DPH, 2015-2019).

The service area has higher incidence rates of breast cancer (132.4 vs 126.8 per 100,000 pop.) and prostate cancer (126.3 vs 124.2 per 100,000 pop.) when compared to the state *(Figure 7)*. Additionally, more residents in the service area are being hospitalized for colorectal (32.8 vs. 31.8 per 100,000 pop.) and breast (13.0 vs. 10.8 per 100,000 pop. per 100,000 pop.) cancers than in the state. Troup County has a higher mortality rate for all cancer types except prostate cancer. Harris County's mortality rate for prostate cancer (12.2 per 100,000 pop.) is twice that of Troup's (5.9 per 100,000 pop.) (DPH, 2015-2019).

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

Age-adjusted rates per 100,000 population, in the Wellstar West Georgia Medical Center service area, compared to state benchmarks (2015-19)
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer outcomes are worse among Black and low-income earning residents. Prevalence rates increase with age *(Table 20)*.

Table 20 | **Cancer Mortality Rates**

	White	Black	Asian	Hispanic	Georgia
All-Site Cancer	164.9	172.1	121.2	89.8	155.1
Breast Cancer	13.3	14.8	0.0	0.0	11.7
Colorectal Cancer	15.8	18	0	ND	14.6
Lung Cancer	41.9	41.1	ND	0.0	38.7

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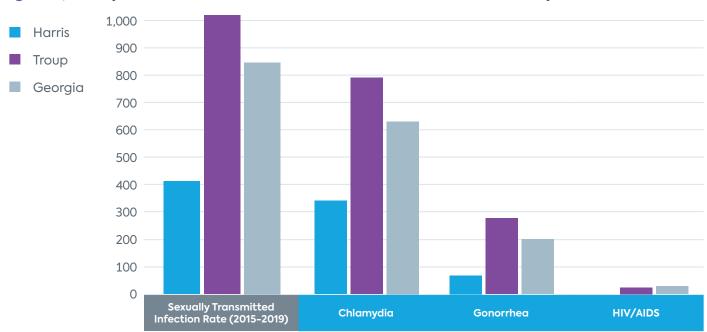*ND: No Data – Data not available for this population*
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Sexually Transmitted Diseases

Overall, the service area's age-adjusted rate of sexually transmitted infections (843.2 per 100,000 pop.) is lower than that of the state (848.2 per 100,000 pop.) *(Table 21)*. However, Troup County's rate of sexually transmitted infections (1,021.9 per 100,000 pop.) is almost 2.5 times greater than Harris County's (412.5 per 100,000 pop.) and almost 1.5 times greater than the state's (848.2 per 100,000 pop.) (DPH, 2015–2019).

Age-adjusted rates for chlamydia and gonorrhea are higher in Troup County when compared to Harris and state-level data *(Figure 8)* (DPH, 2015–2019). Overall, rate of sexually transmitted infections are higher among Black and female residents *(Table 21)* (DPH, 2015–2019; CDC, 2018)

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

In the Wellstar West Georgia Medical Center service area, compared to state benchmarks (2018, except as noted)
HIV/AIDS data not available for Harris County
* Age-adjusted
Source: Georgia Department of Public Health Online Analytical Statistical Information System

Table 21 | **Rate of All Sexually Transmitted Infections**

Harris	Troup	All Counties	Georgia	White	Black	Asian	Hispanic	Male	Female
412.5	1,021.9	843.2	848.2	207.5	1,133.2	ND	230.8	590.2	1,105.9

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

Violence and Crime

Overall, part I (violent and property) crime rates are lower in Harris County than in Troup County *(Table 22)*. However, between 2006–2010 and 2015–2019, Harris County has experienced increases in violent crime (45.4 vs. 83.7), rape (4.5 vs. 7.8), aggravated assault (29.9 vs. 66.3), and burglary (192.8 vs. 271.1) (UCR, 2017). For the most part, crime rates in Troup County decreased between 2006–2010 and 2015–2019 (4,870.1 vs. 3,892.0). However, murder rates have risen in Troup County almost 2.5 times, increasing from 3.4 to 8.4 per 100,000 population (UCR, 2017).

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

Table 22 | **Crime Rates per 100,000 population**

	Harris		Troup	
	2006–2010	**2015–2019**	**2006–2010**	**2015–2019**
All Part I Crimes	1,290.7	1,021.2	4,870.1	3,982.0
Violent Crime	45.4	83.7	409.0	299.6
Murder	1.3	ND	3.4	8.4
Rape	4.5	7.8	27.4	18.1
Robbery	9.7	9.6	121.9	104.8
Aggravated Assault	29.9	66.3	256.3	168.2
Property Crime	1,245.3	937.4	4,461.1	3,682.4
Burglary	192.8	271.1	888.7	768.8
Larceny	988.8	607.9	3,321.0	2,734.1
Vehicle Theft	63.6	58.4	251.4	179.5

ND: No Data — Data not available for this population
Source: U.S. Census, Georgia Bureau of Investigation

The COVID–19 Pandemic Influence Survey identified an increase in violent crimes, including child abuse and domestic and intimate partner violence, because of the pandemic. The increase in violence could be attributed to 1) increased social isolation, 2) exposure to violent family members during the shutdown, and 3) increased levels of anxiety, depression, and substance use.

Community leaders expressed concern about under- and unreported cases of domestic abuse, child abuse, and child neglect. While data indicate that child abuse and neglect have decreased, Medicaid and Division of Family & Children Services (DFCS) offices have been closed. During the shutdown, children were not in the presence of mandated reporters, and parents were left with limited support.

Internet Access

Broadband Internet Access

There is a need for more broadband access in the service area. Many families just have phones and rely on public libraries to access computers, and libraries have been closed for much of the pandemic. Fewer households in Troup County (73%) have access to broadband than in Harris County (83%) or the state (81%) (County Health Rankings, 2021). It's not just access to the internet that is a concern. For residents to have full access to what is available online, they need access to computers, and more sites need to be adapted for mobile platforms.

Residents felt that lack of broadband access was a "big problem" and was not being made a big enough priority by decision-makers. Residents felt leaders would only address the issue if a major industrial client moved into the service area. Schools expect students to be able to learn virtually, but they do not always have internet access. One participant noted that while hotspots are available in rural areas, their child was unable to access Google Classroom and missed instruction. While residents felt technology is necessary for school, it can also be detrimental to young people's mental health and proper socialization.
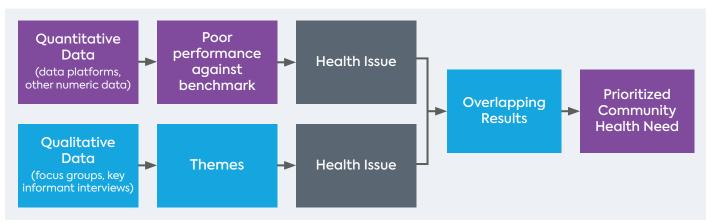
Community leaders not only discussed the internet needs of school-aged children. They were also concerned about the internet as a resource for health information and services. Telehealth has improved access for some, but when many service providers were not offering face-to-face visits, residents without sufficient access to broadband internet were left without care. There was also a concern that the ability to assess body language and non-verbal cues are limited during virtual medical care visits. This could limit providers' ability to make accurate assessments and reduce patient accountability. There were also concerns about the accessibility of telemedicine for seniors, those with limited digital literacy, and those for whom English is a second language.

Setting Community Health Priorities

Community health priorities were identified by the triangulation of community input, secondary data, and a literature review of the impact of COVID-19 on community health. *(Figure 11)*

- 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 priorities for the communities they serve.
- Areas where COVID-19 has impacted local community health were identified.

Figure 11 | **Process Used to Identify the Most Pressing Health Needs**

The most pressing health needs included in this report include:

- Access to appropriate healthcare
- Behavioral health *(suicide and drug-related mortality)*
- Maternal and child health
- Healthy living *(including access to food, physical activity, and chronic disease prevention and management)*
- Cardiovascular disease
- Diabetes
- Asthma
- Accidental poisoning
- Motor vehicle crashes
- Injury
- Housing
- Poverty
- Violence and crime
- Cancer *(breast and prostate)*
- Sexually transmitted diseases *(HIV/AIDS and STIs)*
- Education

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

1. Access to Appropriate Healthcare	2. Behavioral Health	3. Maternal and Child Health	4. Healthy Living*	5. Housing	6. Poverty

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:

1. Access to Healthcare	2. Behavioral Health	3. Food access and chronic disease management	4. Housing	5. Pediatric (Infant and child health)	6. Women's health (Maternal health)

Wellstar West Georgia Medical Center has chosen not to develop a strategy targeting improving poverty in the communities served because there are many capable community-based organizations and social service agencies meeting the needs of residents experiencing poverty. Wellstar West Georgia Medical Center will address poverty through many of the strategies implemented to address each of the selected priorities and will continue to partner with organizations and agencies serving residents experiencing poverty.

PARTNERSINCARE
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 experts; 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 19 community leaders in communities served by Wellstar West Georgia Medical Center. 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 the 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 West Georgia Medical Center, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 193 community leaders interviewed. The organizations represented included:

Local organizations included:

- Circles of Troup County
- Family Connection
- Troup Cares
- Troup County Center for Strategic Planning
- United Way of West Georgia

Organizations representing the state of Georgia included:

- 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

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

Improved

- Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.
- Enrollment in health and human service benefits has increased as demand has increased. This includes SNAP (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).
- Increased awareness about mental health issues and access to resources 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.
- More local businesses and available jobs have decreased the unemployment rate.
- More jobs in the area are offering health insurance benefits.
- The real estate market has improved.
- Prior to the COVID-19 pandemic, residents were buying homes and becoming more stable. *
- Prior to the COVID-19 pandemic, access to healthcare was slowly improving after Wellstar Health System took over the hospital and several clinics in the community.* A school-based health center was being created but put on hold.
- Access to telehealth improved access to care.
- Behavioral health became more visible during the COVID-19 pandemic, and the shortage of services in West Georgia became clearer.
- Investment and development has resulted in an improvement in quality of life for residents, including the construction of The Thread. This has mostly impacted high-income residents.*
- Food distribution programs are better meeting nutrition needs of those that lost income.

Remained the same

- The rate of chronic health conditions has stayed the same.
- 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.
- High poverty with a large gap between middle to high income earners and the very poor.

Declined

- The COVID-19 pandemic has decreased overall mental health, wellbeing, job security, and healthcare access.
- While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
- It is harder to access mental health services and resources that are not online.
- Collaboration with Motherhood Beyond Bars has been strained and services have decreased within prison settings as a result. There can be an increase in the risks associated with shackling, solitary confinement, and near-miss fatalities.*
- It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans.
- Hospital closures and/or use of contracted facilities decreased availability and comprehensiveness of behavioral health treatment for juveniles in the justice system.*
- State hospital closures decreased residential post-hospitalization mental healthcare.*

- Fear amongst immigrant population driven by previous federal administration policies has resulted in hesitancy to access services.*
- The COVID-19 pandemic has had a broad impact on this community. In March 2020, many residents lost their jobs, and the pandemic has impacted people's emergency savings. Many jobs in Troup County are rotating shift work or food service, which have shut down or experienced layoffs.

- Employment has become more difficult due to a lack of childcare programs and will improve if childcare improves.
- Decline in mental health services as services transitioned to virtual.
- Teen pregnancy and Sexually Transmitted Infections rates had improved, but rates have started to increase over the last two years.
- Maintaining an entry-level workforce has been a great challenge for companies.

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

Top Health Needs

Community leaders were asked to identify the top health needs in the Wellstar West Georgia Medical Center area.

Top needs identified:

Access to Appropriate Healthcare
(primary, specialty, mental, dental, and maternal and child health)

- There is a need for culturally and linguistically sensitive care for Hispanic residents in Troup County.
- Lack of access to healthcare insurance and providers
  - Lack of affordable health insurance. For those that are insured, co-pays can be unaffordable.
  - Medicaid expansion is needed
  - Affordable and accessible healthcare insurance and providers
  - Many rural counties do not have practicing physicians or dentists.
- Maternal and Child Health:
  - Teen pregnancy
  - 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:
    - Supporting pregnant women with health services to early education.
    - Schools have necessary resources to retain students.
    - Early prevention must start while in utero (chronic disease)
  - Lack of needed services or programming for institutionalized populations, including primary interventions to reduce risk for entering the DJJ system.

Behavioral Health and Substance Abuse

- Mental health needs have increased.
  - Residents may have undiagnosed behavioral health issues, including depression, anxiety, and serious mental illness
  - Increased substance abuse (meth, cocaine, and alcohol), especially amongst youth, and increased cocaine-related overdose and teen death from DUI
  - Increased domestic abuse
  - Increased suicide in Troup County
- Need for greater awareness of services and more services
  - There are limited behavioral health providers and resources, especially crisis services. One Key Informant was unsure whether there was a psychiatrist located in Troup County.
  - Lack of awareness of existing behavioral health services amongst both providers and residents.
  - Post-hospitalization housing or residential care [National Alliance on Mental Health]
- Mental health parity with insurance and healthcare systems
- Need for more culturally competent services:
  - Need for more culturally competent providers for Latino communities, including need for Spanish-speaking mental health services
  - Behavioral health needs of LGBTQ+ populations are not being addressed. 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:
  - Increase in need for youth behavioral health services related to agitation, anxiety, and depression

- Social workers are needed at every school. Currently, social workers are only assigned to middle and high schools and school personnel do not know the social workers.
- Need for mental health messaging targeted directly to teens
- Lack of inpatient beds for acute, crisis care for youth

Chronic Disease and Disability (including cancer)

- Obesity
- Diabetes and prediabetes
- Hypertension

Sexually Transmitted Diseases (HIV/AIDS and STIs)

- Increase in STIs

Healthy Eating, Active Living

- Lack of knowledge on healthy eating habits and how diet affects health

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

- Inequitable systems, need for systems-based approach:
  - Equity issues and systemic racism, including using trauma-informed systems to prevent systemic bias against traumatized children.

- There is a need to heal racial injustices through "racial trust building" due to historic events.
- There is a need for more comprehensive programs for people living in poverty, particularly in Troup County. Currently, there are some programs that meet individual needs.
- Access to affordable housing that is safe
- Access to affordable healthy food
- Access to public transportation
- Access to broadband internet
- More employment opportunities that pay well and are not rotating shifts (more conducive for single parents)
- Education:
  - There is a need for financial literacy education.
  - Education needs will be different for public school students that returned to in-person classes versus those that remained virtual.
  - There is a need for more health education in schools. Some residents do not know how to access resources or how to take care of simple ailments, such as bug bites or colds.

Context and drivers

Community leaders 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)

- There is a "generous" medical community in Troup County. The health department offers free programs and classes.
- Residents "ignore" chronic health problems because of limited access to providers, inability to cover cost or co-pays, and/or they do not have health insurance.
- The opening of a school-based health center was delayed but is now scheduled to open. With parent consent, the health center can provide a medical home for students, provide preventative care, and manage chronic illness. There is potential for the health center to expand to covering families.
- Geographic inequities:
  - Immigrant Issues: Immigrants outside of metro Atlanta need greater access to services and support.
  - Closure of rural hospitals: Georgians in rural areas are facing a lack of providers. Hospital closures have increased distance traveled to access care and have been detrimental to rural economies.

- Residents in LaGrange in the Hamilton Road and Whitesville Road area, which includes public housing, have a lower quality of life than those in other areas.
- In Troup County, rural areas have higher poverty.
- 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 lack of annual checkups and early detection.
  - Not enough free or low-cost providers who speak languages in addition to English.
- Access to health insurance, coordinated and/or continued medical care for certain populations or conditions
- In Troup County, Hispanic residents without legal immigration status must use the emergency room as "last resort" care.

- In urban areas, healthcare providers are accessible, and may be unaffordable due to the cost of insurance, copays, and deductibles.
- 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.
- There is a need for more education to prevent teen pregnancy.

Behavioral Health and Substance Abuse

- Increased cocaine-related overdose may be related to changes in cocaine ingredients.
- Increased domestic abuse due to stress of couples always being in each other's presence
- There is a concern that child abuse and neglect may be underreported. While data shows that child abuse and neglect have decreased, Medicaid and DFACS offices are closed, parents have limited support, and mandated reporters are not seeing kids to be able to provide full assessments. Additionally, teachers also report abuse, but this has happened less than in normal school years.
- Resources for mental health and drug abuse include National Association for Mental Illness (NAMI) groups and the Mental Health and Drug and Alcohol Court System, which is viewed as a community strength and supported by law enforcement.
- There is a stigma of mental health in low-income communities.
- Geographic inequities:
  - Mental health services: Rural areas have less access to mental health services and support.
- Inequity and disparities:
  - Immigrants without citizenship or residency are more likely to experience lower access to mental health support.
- There is a need for behavioral health services and insurance coverage:
  - Lack of affordable outpatient services and transitional housing for safe discharge options for individuals experiencing mental illness, particularly those earning a low income, underinsured, and uninsured. While crisis centers are available for underinsured and uninsured, there is a lack of care continuity upon discharge and patients are often discharged without prescriptions.

- People with mental health issues "have been deserted." The local hospital does not have a mental health ward. There is an increase in residents using the emergency room and clinics for depression and anxiety care.
- Available services for acute behavioral health problems can take up to two days for a response or to get an assessment done, which is too long for an individual in crisis.
- Youth behavioral health needs:
  - Drug courts and juvenile courts are reporting an increase in youth needing behavioral health services.
  - Two teenagers from one high school class died from DUI-related car accidents. There is concern that current substance abuse education is not enough.

Chronic Disease and Disability (including cancer)

- African-Americans have more health problems than Caucasians, which may be related to lifestyle and food choices.
- There is a large noncompliant population with obesity, diabetes, and/or hypertension, particularly amongst young African-American males. These are particularly sinister in the service area because they are interrelated (based on lifestyle choices) and create medical costs. Residents with diabetes do not understand the complications related to the disease.
- Troup County school meals are unhealthy. School personnel may be providing unhealthy food options (soda, chocolate, and sugar) as rewards for activities.
- The Kia plant employs a small Asian population that tend to be heavy chain smokers.

Healthy Eating, Active Living

- Poor eating habits and the consequences of poor diets become generational issues. Families living in poverty may lack awareness of healthy food choices and preparations on a budget.
- Need for increased exposure to "new" fruits and vegetables for SNAP-eligible individuals and education on how to purchase cost-effective, healthy foods and cook and store them.
- Strengths in Troup County include grocery stores and a Farmers Market. The Thread walking trail is a benefit, although it may not be attracting "new" walkers.

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

- Increased crime
- Some residents in high poverty communities do not trust the authority of the government and information coming from the government. It may be impacting their employment options.

- Residents that have a low income do not have enough support. One key informant shared, "When they fall into a hole, it is more difficult to get out of it and they are closer to the hole than others."
- Geographic inequities:
  - Rural and urban areas experience different challenges in accessing affordable housing or housing support. Housing is less accessible in rural areas while affordable housing is difficult to find in the metro Atlanta area.
  - Rural areas of the state, particularly south Georgia, have lower access to healthy food outlets, social services, healthcare, transportation, and communication (broadband and Wi-Fi)
  - Certain communities within the service area are particularly affected by health disparities:
    - District 2 (Southwest LaGrange) is a food and healthcare desert.
    - In LaGrange, there are 1,056 children, and the area has a Child Wellbeing Index Score of 0. West Lake has a score of 100 and 400 families. The Child Wellbeing Map measures indicators of health, education, and community across 14 indicators to create a cumulative score with higher scores indicating greater child wellbeing.
- Inequity, disparities, and racism:
  - Many issues have continued a divide among the "haves" and "have nots" in Troup County. Limited opportunities for low-income families and low availability of affordable housing results in pervasive poverty.
  - Racial inequities and discrimination:
    - Healthcare issues affecting incarcerated women are more likely to affect Black women as they are overrepresented in the prison population.
    - There is a strong racial history in this community. There is a lack of trust and awareness of racism for those that are not experiencing it.
    - Inequities in sentencing and behavioral diagnosis based on race in criminal justice system
    - Disadvantaged residents in communities of color have limited transportation options and limited access to the internet and other technology to access telehealth and education.
    - Racism within the education system: there have been studies noting that local schools are racially identifiable.
  - Transgender individuals have a hard time being gainfully employed.

- Housing issues:
  - Zoning laws that inhibit the development of housing for those with disabilities and are contrary to fair housing laws
  - All housing is limited, especially affordable housing. There are "slums" that are unhealthy housing.
- Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
  - Lack of transportation for those that are SNAP eligible to access healthy foods
  - Healthy food can be unaffordable for many families, which leads to consumption of high sugar, fat, and/or cholesterol foods. This is cost effective in the moment but high cost long term.
  - Underserved communities are vulnerable to marketing by fast food.
  - Increased food insecurity for children: parents that originally relied on the school system for regular child meals were not financially prepared to provide meals when school became virtual.
- Economy and employment:
  - The poor education disincentivizes companies to locate in Troup County because they must "import" management-level employees.
  - Companies are unable to attract and maintain an entry-level workforce. Many entry-level to mid-management employees live 30-45 minutes away from their job. Residents are choosing not to seek employment, especially in LaGrange. People were working overtime and are now calling out.

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 hinders effective communication.
- Increased polarization in the state of Georgia about resident needs and wants.

COVID-19 pandemic impact

One key informant shared, "The impact of COVID-19 is likely going to be longer term than has been planned for or anticipated. There has been a limited amount of planning and investment in the long-term impact of COVID-19 and the community is not prepared for this reality. The challenge of returning to in-person is going to present more challenges and opportunities for organizations, communities, and individuals. This will continue to impact poverty (employment options), health (prevention options), education (schools), and behavioral health (stress, depression, etc.). People are waiting for things to go back to normal instead of fixing the challenges now."

The COVID-19 pandemic significantly challenged two health needs across the state: mental health and healthy food access. Additionally, in this service area COVID-19 significantly impacted residents' access to employment, education, behavioral health services, and care through telehealth.

A Troup County Emergency Relief Fund was started that has provided more than $135,000 of support through food, personal protective equipment, air purifiers, and rent relief. The federal government also provided funding, but it has been difficult to get those funds to individuals.

Access to Appropriate Healthcare

- Children are typically screened at elementary school for hearing and sight issues. Screening partners were not allowed during the COVID-19 pandemic. Nurses were hired but only did screenings on referral.

- Physicians may not know how to treat long-term health problems related to COVID-19 illness that impact health and productivity.

- Many residents that were infected with COVID-19 did not seek care and waited until hospitalization was required. This ended up being much more expensive for patients compared to earlier treatment at home.

Behavioral and Mental Health

- Key informants report a concern over mental health decline and increased substance abuse. While the number of virtual mental health support groups has increased, there is concern over its efficacy in providing the same level of intimacy.

Social Determinants of Health

- Low-income residents were particularly impacted by the pandemic. Unemployment benefits kept them "above water" but many have unpaid bills, and some have been evicted.

- Many residents do not have data plans on their phones or a home computer. The library has computers for public use, but it was shut down during the pandemic.

- Many people are reluctant to return to work due to concern about risk of COVID-19 exposure. Some people are still receiving unemployment at a rate that disincentivizes returning to work.

- 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.

- Public school students who did not return to in-person learning may be developmentally behind their peers who did return. Parents who kept students at home were not equipped to provide an on-par education. Many Black students remained virtual when schools re-opened and did not have adequate broadband access, despite schools providing hotspots.

Impact of technology

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

- Telehealth has increased both access and barriers to access:
  - Access to telehealth during the COVID-19 pandemic has been beneficial with increased employer insurance coverage and greater access to providers, especially mental health services.
  - The ability to assess body language and non-verbal cues are limited over telehealth and may contribute to limited assessment and less patient accountability for behavioral health sessions.
  - 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, Hispanic and other New Americans:
    - Technology-based resources are often only available in English and Spanish
    - Need for greater support for populations that struggle with technology-based resources, such as immigrants- and those with limited Wi-Fi access.
    - Low-income residents that cannot afford adequate technology or internet and seniors that do not understand how to use technology don't have access to medical care and preventative practices.
- Chronic disease
  - Middle- and upper-class Atlantans have more access to technology, including the ability to use it to prevent chronic disease (track steps, heart rate, etc.), but also are more likely to overuse technology. Underserved populations lack needed technology.
- Amongst youth, technology is both necessary (for school) but also detrimental to mental health and proper socialization (social media).
- Spreading of misinformation on social media is especially detrimental to immigrants.
- Many residents have a smartphone but do not own a computer. Many websites are not mobile friendly, such as registration pages on school websites.

Recommended interventions:

- Hire social workers to provide services at every school, including elementary schools, and build connections between school personnel and social workers. Currently, social workers are only assigned to middle and high schools and school personnel do not know the social workers.
- Introduce school-based initiatives that provide health literacy education before youth develop behaviors and habits, including nutrition, teen pregnancy, substance abuse, alcohol use, and sexually transmitted infections.
- There is a need for healthy eating and health literacy education for families living in poverty. Many residents do not understand how to take care of basic health needs or where to access appropriate resources.
- Provide financial literacy education on interest, credit cards, bank accounts, etc. Some residents do not understand the effects of money decisions on their quality of life.
- Offer targeted programs to support public school students who were homeschooled for the majority of the COVID-19 pandemic. There is concern that students who did not return to in-person learning will be developmentally behind their peers who did return. Parents who kept students at home were not equipped to provide an on-par education.
- Make sure that website pages are mobile friendly, especially websites for registering for services or booking healthcare appointments. Many residents have a smartphone but do not own a computer.
- Provide services that lower the cost of medication.
- Build relationships between residents in the community and healthcare settings. Many health departments and safety-net clinics do not have after-hours or drop-in care options. Additionally, more services that are accessible, affordable, and respectful are needed. Many residents seek services in other counties.

Resident Focus Group Discussion

This assessment engaged community residents to develop a deeper understanding of the health needs of residents they serve as well as the existing opinions and perspectives related to the health status and health needs of the populations in communities served by Wellstar West Georgia Medical Center.

Methodology

Georgia Health Policy Center recruited and conducted one focus group with residents living in the communities served by Wellstar West Georgia Medical Center. Georgia Health Policy Center designed facilitation guides for focus group discussions. Residents were recruited using a third-party recruiting firm. Recruitment strategies focused on residents that had characteristics representative of the broader communities in the service area; specifically, communities that experience disparities and low socioeconomic status. Focus groups lasted approximately 1.5 hours during which time trained facilitators led 10 participants through a virtual discussion about the health of their communities, health needs, resources available to meet health needs, and recommendations to address health needs in their communities. All participants were offered appropriate compensation ($75.00) for their time. The following focus group was conducted by Georgia Health Policy Center during October 2021.

Focus groups were recorded and transcribed with the informed consent of all participants. The Georgia Health Policy Center analyzed and summarized data from the focus groups to determine similarities and differences across populations related to the collective experience of healthcare, health needs, and recommendations, which are summarized in this section.

Group recommendations

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

- **Increase awareness of existing mental health and substance abuse resources and more providers:** Drug use and mental health are a top concern in this community. There needs to be more messaging on how to access existing services, especially those that are low cost, and there may be a need for more providers.

- **Provide financial education for renters:** Some participants were concerned that residents need more knowledge on how to manage their finances and prioritize expenses like rent.

- **Expand broadband access in rural areas:** Lack of broadband access was labeled a "big problem." The need for broadband access came to the forefront as students were expected to access virtual learning during the COVID-19 pandemic. Kids need mentorship. Social and computer skills are needed.

- **Increase the availability of healthy and affordable pre-prepared food.** While fast food is abundant in the service area, there is a need for healthy options for busy residents and families. Participants reported that long work weeks, commuting, and after-school activities prevent residents from preparing healthy food.

- **Offer more non-urgent healthcare services for the uninsured:** Emergency-room services are frequently used for non-urgent medical needs.

- **Increased literacy, mentoring, and computer skills for youth:** Residents are concerned about literacy rates in the community and its impact on generational poverty. There is a need for services that support academic learning.

- **Offer more youth-focused activities to decrease substance abuse and overdose:** Substance abuse, drug addiction, and overdose is a major concern in this community. There is a lack of activities to give young people hope and structure.

- **Increase public transportation options in rural areas:** Many residents are isolated due to lack of transportation and may have difficulty accessing healthcare appointments or fulfilling basic needs, such as purchasing food.

Problem identification

Behavioral Health

Residents identified access to behavioral health services as a community health need. Residents focused discussions around the impact of drug use on residents and concern for child mental health.

Outcomes:

- Substance abuse and overdose
- Suicide
- Lack of mental health services

Contributing Factors:

- During the COVID-19 pandemic, residents are reaching out to their neighbors and friends and taking care of each other. Participants felt these community connections are part of health. At the same time, residents, especially children in virtual school, may feel isolated and disconnected without daily contact.
- One participants' daughter is a teacher and shared that children can be "violent" as early as second grade. The participant attributes this to "broken homes" and the lack of two parent households.
- There is a high suicide rate, especially amongst youth.
- Participants discussed how drug use is and has been a major concern for this community. There is a lack of youth activities available and young people have "lost hope." The participants discussed how drug use has changed from recreational to using drugs that "hollow people out", "eat their soul", and will kill them or put them in jail. Residents have purchased drugs laced with fentanyl and overdosed. There is also long-term meth use.
- Participants shared that they are not aware of very many mental health services. Two free or low-cost resources are the Troup Baptist Association, which provides counseling sessions, and Pathways mental health agency. Veterans have more resources, but "the treatment isn't always the best." There may be a stigma attached to getting treatment and people may be ashamed by their difficulties.

Access to Appropriate Healthcare

Residents identified access to appropriate healthcare services as a community health need. Residents focused discussions on the availability of care and use of the emergency room.

Outcomes:

- Limited access to care when it is needed
- Long waits for emergency healthcare

Contributing Factors:

- Participants agreed that their community is "blessed" to have Wellstar Health System. There were comments that some counties in Georgia do not have hospitals.
- TroupCares was shared as a positive resource for residents struggling to pay for care in this community. One participant shared a story about a friend that was uninsured and able to get throat surgery through TroupCares.
- Participants discussed the use of the emergency room. Participants had mixed opinions on whether use of the emergency room works well. They shared that it is not fast, unless you are having a heart attack, because of the use of the emergency room for non-urgent cases, especially amongst the uninsured.

Social Determinants of Health

Participants identified social determinants of health as community health need. Participants focused discussions around the current housing market and concern about the education system.

Outcomes:

- Low literacy rates
- Cycle of poverty
- Lack of affordable housing
- Inability to access services, education, or health related needs (transportation and broadband)

Contributing Factors:

- Participants discussed the lack of broadband access as a "big problem." They felt that broadband expansion was not being made a big enough priority by state leaders and would only receive attention if a major industrial client moved into the service area. Schools expect students to be able to learn virtually but they do not always have internet access. One participant noted that while hotspots are available in rural areas, their child was unable to access google classroom and missed instruction.
- A participant shared that it is difficult to find resources for single parents.
- Participants shared that while community social services are available, it is difficult for organizations to get the word out because the service area is a "media dead zone." It is too expensive for community support organizations to purchase advertisements in the Columbus and Atlanta markets.

- There is no public transportation or taxi system in the service area which isolates many people without cars.

- Fear of exposure to COVID-19 has especially affected those with pre-existing conditions and the elderly.

- Participants discussed the challenges of affordable housing in the service area. There is a disconnect between housing needs of citizens and the interests of community leaders. For example, two new apartment complexes opened but they are too expensive for many in need of affordable housing. Rent has increased, in part due to high liability insurance, and some residents do not feel obligated to pay their rent. A landlord shared that the availability of rentals will likely decrease as landlords are selling property. They said it has been "horrible" over the past two years with tenants abandoning pets and destroying property. After the eviction moratorium, some renters do not think they have to pay rent. Another participant attributed this to a lack of education on money management and that some residents are not spending their stimulus checks wisely.

- Participants discussed the high poverty rate (20-25%) and changes in employment and the economy in the service area. Prices have increased across consumer goods, including gasoline. Many businesses are understaffed and there are plenty of jobs, one participant shared that every street in town has "Hiring Now" signs. Participants discussed several reasons why people were not seeking work, including that the jobs do not pay enough to support childcare, lack of transportation, and residents choosing to not return to work after drawing unemployment. One participant shared that as a single parent the numbers "don't add up" to return to work as available salaries do not cover daycare, rent, and food. People may choose to stay home and receive a government check, although this tends to make people feel hopeless.

- Education is a concern in the community and how it influences the cycle of poverty. Participants discussed the need for increased focus on literacy for young children both at school and at home. There is a concern that children do not meet literacy milestones but are allowed to pass into the next grade. One participant felt that their kids' teachers "went above and beyond" during the COVID-19 pandemic but the loss over the past two years will impact their future. Children are also in need of mentorship, social skills, and computer skills.

Healthy Living

Participants identified healthy living opportunities as a community health need. Participants focused discussions on the difficulty of eating healthy.

Outcomes:

- Food insecurity
- High consumption of unhealthy foods

Contributing Factors:

- Participants found the parks and recreation facilities to be exceptional. Roosevelt State Park is the largest state park in Georgia and located in the service area. There is excitement in the construction of the Thread (similar to the Atlanta Beltline).

- Despite the proximity to farms and farmers markets and prevalence of home gardens, participants found healthy living challenging. Many places in the service area are classified as food deserts and many residents do not have transportation. There are many burger and fast food restaurants. Participants discussed how the "busyness" of life prevented residents from eating healthy. "Busyness" was attributed to sixty-hour work weeks, long commutes, after school and work commitments (like sports teams), and that some residents are raising grandchildren. Grocery store and restaurant prices are also getting more expensive making healthy food less affordable.

- A participant commented that the continuance of the Harris County school lunch program during the COVID-19 pandemic through bus delivery was important for a lot of kids.

COVID-19 Literature Review and Local Impact Survey

Demographics

Industry

Participants at the start of the survey were asked what industry or industries they represent and were allowed to select any of the following options that applied: Healthcare Services, Social Services, High Education/Academia, Public School Education, Government, Public Health, a Wellstar Regional Hospital Board, or Other with the opportunity provide an explanation. Out of the 13 responses, the majority of participants were in the Healthcare Services Industry (26%, n=5). 15% (n=3) of respondents each represented Government or were a Wellstar Regional Hospital Board representative. Around 10% (n=2) of the West Georgia Hospital Service Area respondents represented either of the two Education industries.

of the participants (15%) selected the Other option, either in combination with another industry to provide additional details or by itself. Those written-in responses were Community Collaboration, Business Owner, and Housing.

Wellstar Health System Regional Hospital Board Participation

Three (15%) of the 13 participants were associated with one of Wellstar's nine Regional Hospital Boards in the state. All of the Wellstar Regional Hospital Board representatives were affiliated with the West Georgia 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 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 Harris and/or Troup counties were identified to represent the Wellstar West Georgia Hospital region. Of the 13 respondents, all selected Troup County (40%, n=13) as a service area while 9% (n=3) selected Harris County. Half of the respondents who represented Troup and/or Harris counties also indicated they represented Butts, Carroll, Cobb, Douglas, Fulton, Henry, Lamar, Newton, Paulding, Pike, Rockdale, and Spalding 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 36 for this question, 28% (n=10) of West Georgia participants selected Access to Care, 22% (n=8) for Behavioral Health, 17% (n=6) for Healthy Living and Food Access, 19% (n=7) for Housing, and 11% (n=4) for Maternal and Child Health. Only 2% (n=1) of the participants selected none of the topics.

Behavioral Health

Eight 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 West Georgia region have been significantly influenced by the global pandemic from highest to lowest significance:

- Worsened states of mental health and mental health outcomes (88%, n=7)
- Higher frequency of alcohol consumption and heavy drinking (86%, n=6)
- Greater rates of substance abuse (86%, n=6)
- Lowered access to behavioral healthcare and substance abuse services (75%, n=6)
- Increased instances of suicidal behaviors (71%, n=2)

None of the eight participants in this section indicated that the global pandemic had no or low impact on mental health outcomes, suicidal behaviors, alcohol consumption, access to mental healthcare, or substance abuse in the West Georgia region.

Three 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?':

- There is a lack of mental health services in rural communities and community services available are not easily accessible to people in poverty.
- More inpatient and outpatient mental healthcare as well as increased access to behavioral health medications are needed in this region.

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

- Low-income and socioeconomic status individuals (14%, n=7)
- Those of older age (12%, n=6)
- Those with pre-existing conditions (12%, n=6)
- Racial and ethnic minorities (10%, n=5)
- Rural communities (10%, n=5)

Housing

Seven 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 in the West Georgia region 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 (71%, n=5).
- Families and individuals behind on housing payments, both rent and mortgages (71%, n=5).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (43%, n=3).
- Eviction filings affecting renters behind on rent payments (43%, n=3).
- Foreclosure initiation or completion (43%, n=3).

None of the seven participants in this section indicated that the global pandemic had no impact on families' and individuals' ability to keep up with housing payments, housing security, and risk of COVID-19 transmission among those experiencing homelessness, either chronically or temporarily.

Two 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?':

- There is a lack of affordable housing available in the community, and there is a need for elected officials to address the need for affordable housing.
- With the governmental benefit offices closed during the pandemic, access to safety-net benefits was impacted. Individuals were only able to apply for benefits via online applications from their homes, which may have increased access for some while decreasing access for others without at-home reliable Internet.

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

- Low-income and socioeconomic status individuals (17%, n=6)
- People experiencing homelessness (17%, n=6)
- Racial and ethnic minorities (11%, n=4)
- Rural communities (11%, n=4)
- Non-English speaking or proficient communities (11%, n=4)

Access to Appropriate Healthcare

Ten 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 (80%, n=8).
- Disruptions in routine care and management for chronic disease conditions (70%, n=7).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (70%, n=7).
- Transition of healthcare services to telehealth and telehealth not being accessible to all (50%, n=5).
- Loss of family and individual healthcare coverage (20%, n=2).

Although participants did not score the global pandemic as significantly influencing access to care through the loss of healthcare coverage as high as the other outcomes, a high proportion of participants indicated insurance coverage was moderately influenced. When combined, 80% (n=8) of participants scored the global pandemic as either significantly or moderately influencing access to care through loss of healthcare coverage among families and individuals.

None of the 10 participants in this section indicated that the global pandemic had no influence on access to care by contributing to delays and postponement of care and treatment; disruption in chronic disease routine care and management; concern of COVID-19 transmission in healthcare settings; and the transition to telehealth services.

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?':

- There are access to care challenges among residents in poverty and those without personal transportation to get to the doctor.
- Staffing shortages in the service area during the pandemic have made access to preventive care and treatment difficult.
- Patients are delaying seeking care, even in emergency situations, due to fear of hospital conditions given overcrowding and the risk of COVID-19 transmission.

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

- Low-income and socioeconomic status individuals (13%, n=9)
- People experiencing homelessness (11%, n=8)
- Those of older age (11%, n=8)
- Racial and ethnic minorities (10%, n=7)
- Rural communities (10%, n=7)

Healthy Living and Food Access

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

- Increased social isolation and stress affecting mental health and ability to engage in healthy behaviors (100%, n=6)
- Concern for COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (83.3%, n=5)
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (83.3%, n=5)
- Greater food insecurity and hunger in response to job loss and economic hardship (50%, n=3)

Although participants did not score the global pandemic as significantly influencing healthy living and food access through higher rates of food insecurity as high as the other outcomes, a high proportion of participants indicated this outcome was moderately influenced. When combined, 83.3% (n=5) of participants, out of 6 total responses, scored the global pandemic as either significantly or moderately influencing levels of food insecurity.

None of the 6 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 affecting the ability to engage in healthy behaviors; and the concern for COVID-19 transmission.

Three 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?':

- Access to transportation, specifically public transportation, was restricted during the global pandemic, impacting families' and individuals' ability to go to the grocery store. The lack of transportation disproportionately impacted people in poverty.
- There was greater food insecurity in the region due in part to school-aged children staying home and requiring more purchased meals and groceries.

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

- Low-income and socioeconomic status individuals (14.3%, n=6)
- Those of older age (12%, n=5)
- Racial and ethnic minorities (12%, n=5)
- People experiencing homelessness (12%, n=5)
- Rural communities (12%, n=5)

Maternal and Child Health

Four participants in total completed the Maternal and Child Health section of the survey. When asked to score the influence of the global pandemic on maternal and child health, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced maternal and child health by contributing to the following outcomes, from highest to lowest significance:

- Disproportionate hardship among single parents, especially single mothers, in higher caregiver stress and greater financial constraints (75%, n=3).
- 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 (50%, n=2).
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (50%, n=2).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (50%, n=2).
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (50%, n=2).

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

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?':

- Maternal and child health was affected by the pandemic due to Black parents not having adequate access to high-quality healthcare.
- 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 top five marginalized groups participants indicated as having their maternal and child health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (12%, n=4)
- Non-English speaking or proficient (12%, n=4)
- People experiencing homelessness (12%, n=4)
- Racial and ethnic minorities (9%, n=3)
- Rural communities (9%, n=3)

Other Impacts

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

- Education (91%, n=10 out of 11 responses)
- Poverty (83.3%, n=10 out of 12 responses)
- Child abuse and neglect (80%, n=8 out of 10 responses)
- Violence (73%, n=8 out of 11 responses)
- Internet access (66%, n=8 out of 12 responses)
- Cancer (62.5%, n=5 out of 8 responses)
- Transportation (58.3%, n=7 out of 12 responses)
- Culturally competent services (45%, n=5 out of 11 responses)
- STIs and HIV (30%, n=3 out of 10 responses)

None of the 12 participants in this section indicated that the global pandemic had no influence on poverty, culturally competent services, transportation, 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

Department of Public Health – District 4

Troup County Health Department

900 Dallis Street, Suite A
LaGrange Georgia 30240
706-845-4085
www.district4health.org/
locations/troup–county/

Our Services:

- Vital Records (Birth and Death Certificates)
- Immunizations
- Women's Health (perinatal case management, family planning, breast and cervical exams)
- Children's Health (wellness checkups, immunizations, hearing, vision, and dental screenings, developmental screenings and services)
- Infectious Diseases (confidential STD, TB, and HIV screenings)
- Blood Pressure Screenings
- Emergency Preparedness

Department of Public Health – West Central Health District

Harris County Health Department

210 Forest Hill Drive
P.O. Box 265
Hamilton, Georgia 31811
706-628-5037

Services Available:

- COVID-19 Testing Information
- COVID-19 Vaccine Information
- Birth and Death Certificates
- Birth Certificate Application-Harris
- Death Certificate Application-Harris
- Breast and Cervical Cancer Program
- Children 1st
- Emergency Preparedness – Works with local, state and federal authorities to stay ahead of chemical, biological and radiological threats to public health by planning, training and raising awareness.
- Environmental Health/Vector Control
- Immunizations
- Laboratory Services/Wellness Panel
- Perinatal Health Clinic
- Services to Students & Schools
- Sexually Transmitted Diseases Clinic
- Teen Health
- Tuberculosis Control Clinic
- WIC – Women, Infants and Children
- Women's Health

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

Valley Healthcare System
Harris County
94 McCrary Road
Fortson, Georgia 31808
706-987-8216
www.valleyhealthcolumbus.
com/fortson/

The Fortson Medical/Dental Clinic is a full-service primary medical care and general dentistry practice that was established to serve the 32,663 residents of rural Harris County, Georgia.

Family Medicine

- Family Practice Medicine
- Primary Medical Healthcare & Behavioral Healthcare Integration Project
- Annual Physical, Work Physicals, & DOT Physicals
- Diabetes, hypertension maintenance & counseling with Diabetes Educator
- Dental screening and treatment
- STD Testing and Treatment
- Prostate Exams
- Family Planning

Dental

- Initial Examinations
- X-rays
- Cleaning
- Fillings
- Root Canals
- Extractions
- Partials
- Dentures
- Sealants
- Outreach

Translation Services

- Transportation Assistance
- Online Renewal Medicaid/Food Stamp
- Children's Medicaid Application
- Financial Eligibility Screening

Transportation

Harris County Government
Harris County Senior Center:
706-628-5587
DFCS: 706-628-4829
GVRA: 706-649-7411
American Works:
706-641-9663

Medicaid (Logisticare):
Reservations:
1-888-224-7985
Ride Assistance:
1-877-972-5461
Main Line:
1-800-486-7642

DHS: Free trips to and from certain locations for individuals who meet the eligibility requirements including:

- Senior Center Trips: Trips to and from the Senior Center
- DFCS TANF: Trips for job seeking (must have children under 18)
- DFCS Teen Work: Usually for older children to go to jobs for the summer
- GA Vocational Rehab Agency: GVRA assists clients with disabilities and/or people who are in rehab centers to obtain independence and employment. Eligible trips include medical appointments, psychological evaluations, training sites, & work sites
- American Works: Serves individuals with mental health, addiction, and possibly other issues by assisting with housing, jobs, substance abuse, mental health, and training
- Medicaid: Free non-emergency medical trips for individuals who meet the criteria

Troup Transit

Call Troup County Parks & Recreation:
706 883 1673

Troup County
100 Ridley Avenue
LaGrange, Georgia
706 883 1610

Troup Transit is a supportive program offered by Troup County Parks and Recreation which provides an accessible method of transportation for essential needs of the citizens of Troup County. The program gives priority to elderly adults and those with disabilities. Troup Transit provides curb-to-curb service as a shared ride system so availability is first come, first serve.

Behavioral Health

Regional Department of Behavioral Health & Developmental Disabilities (DBHDD)
Region 6: 706-565-7835

Region 6 Field Office: Serving Butts, Carroll, Chattahoochee, Clay, Coweta, Crawford, Crisp, Dooly, Fayette, Harris, Heard, Henry, Houston, Lamar, Macon, Marion, Meriwether, Muscogee, Peach, Pike, Quitman, Randolph, Schley, Spalding, Stewart, Sumter, Talbot, Taylor, Troup, Upson and Webster counties

Pathways Center
Troup County Behavioral Health Clinic
122 Gordon Commercial Dr.
LaGrange, Georgia 30240
706-845-4054

Pathways Center is a premier behavioral healthcare organization serving children, adolescents, and adults addressing an array of mental health and substance abuse issues since 1972.

Services Offered:
- Outpatient Services
- Community Support
- Developmental Disabilities
- Pathways Center Care Campus Adult Unit
- Supportive Living

New Horizons Behavioral Health
Harris County Mental Health Center
9989 GA HWY 116
Hamilton, Georgia 31811
706-628-4740

New Horizons Behavioral Health strives to provide easy access to high-quality care that leads to a life of recovery and independence to persons with mental health needs, developmental disabilities and addictive diseases.

Available Services:
- Case management
- Counseling
- Day program
- Medication-assisted treatment
- Family education
- Residential programs

National Alliance On Mental Illness (NAMI): Georgia
4120 Presidential Pkwy, #200
Atlanta, Georgia 30340
770-225-0855
namiga.org

This organization provides a free mental illness helpline as well as peer support groups in English and Spanish. See the website for a listing of local support group meetings, locations, and hours.

HIV

Department of Public Health – District 4

Troup County Health Department

900 Dallis Street, Suite A
LaGrange Georgia 30240
706.845.4085

Call for appointments:
1.800.847.4262
www.district4health.org

District 4 Public Health is dedicated to protecting and improving the health of our communities through the prevention of disease, the promotion of healthy behaviors, access to quality services, strong community partnerships, and disaster preparedness.

Our Services:

- Vital Records (Birth and Death Certificates)
- Immunizations
- Women's Health (perinatal case management, family planning, breast and cervical exams)
- Children's Health (wellness checkups, immunizations, hearing, vision, and dental screenings, developmental screenings and services)
- Infectious Diseases (confidential STD, TB, and HIV screenings)
- Blood Pressure Screenings
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- Services to Students & Schools
- Sexually Transmitted Diseases Clinic
- Teen Health
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- WIC – Women, Infants and Children
- Women's Health

Under-Resourced

Valley Healthcare System
Harris County
94 McCrary Road
Fortson, Georgia 31808
706-987-8216
www.valleyhealthcolumbus.
com/fortson/

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Dental

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- X-rays
- Cleaning
- Fillings
- Root Canals
- Extractions
- Partials
- Dentures
- Sealants
- Outreach

Translation Services

- Transportation Assistance
- On-line Renewal Medicaid/Food Stamp
- Children's Medicaid Application
- Financial Eligibility Screening

Youth Programs

Harris County Parks and Recreation
The Harris County
Community Center
7509 GA HWY 116
Hamilton, Georgia 31811
706-488-0000
recreation.harriscountyga.
gov/athletics/youth-sports/

Youth Sports Offered:

- Basketball
- Baseball/Softball
- Cheerleading
- Football
- Summer Flag Football
- Soccer
- Track and Field/Cross Country
- Swimming
- Wrestling
- Volleyball

Harris UGA Extension Office
4-H Youth Development
706-628-4824
extension.uga.edu/county-offices/harris/4-h-youth-development.html

Troup UGA Extension Office
706-883-1675

4-H is a world in which youth and adults learn, grow, and work together as catalysts for positive change. 4-H's mission is to assist youth in becoming self-directing, productive, and contributing members of society through "hands-on" learning experiences.

Programs in the focus areas of Agriculture and STEM (Science, Technology, Engineering, and Mathematics), Healthy Living, and Civic Engagement teach youth about creativity, curiosity, and encourage them to take on proactive leadership roles. Through hands-on learning and work with dedicated mentors, Georgia 4-H'ers develop valuable life and career readiness skills that will help them thrive today and for a lifetime.

Troup County Parks & Recreation
Mike Daniel Recreation Center
1220 Lafayette Pkwy,
LaGrange, Georgia 30241
706-883-1670
troupparks@troupco.org
www.trouprec.org

Our mission is to provide quality and affordable recreational opportunities to all of our participants. We strive for diversity and excellence in our programs through providing premium services and amenities to the public. Our goal is to promote creativity, competition, exercise, and a multitude of life experiences in a safe and secure environment that will enhance the lives of the citizens in our community.

Troup County Parks and Recreation has leagues for people of all ages. Whether you are trying to get your child off the couch and active in a sport, or you think you still have what it takes to get out of the stands and onto the field or arena yourself, explore our leagues today and find the one that's right for you!

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

Georgia Department of Community Health
1-800-436-7442
dch.georgia.gov/programs

Providing online services and state programs such as Medicaid and Peachcare for Kids

American Heart Association
Atlanta Office
10 Glenlake Parkway,
South Tower, Suite 400
Atlanta, Georgia 30328
678-224-2000
1-800-257-6941
National Customer Service
www.heart.org

- Knowledge Resource
- Heart health knowledge and resources

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Wellstar
HEALTH SYSTEM