

EMORY HEALTHCARE



2025 Community Health Needs Assessment

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Message from Emory Healthcare

At Emory Healthcare, our mission extends far beyond hospital walls. As Georgia's most comprehensive academic health system, we believe that exceptional care must be paired with an unwavering commitment to improving the health of the communities we serve. Every three years, our Community Health Needs Assessment highlights both the progress we've made and the persistent, complex challenges facing our communities. This report reflects that dual reality and underscores the urgent need for continued collaboration—across Emory University's diverse disciplines and in partnership with government, community organizations, and others—to effectively address these pressing health needs.

Our primary service area is home to more than 4.4 million people—a vibrant and steadily growing population that is becoming increasingly diverse and dynamic. As our communities evolve, we see both the challenges and the tremendous potential to build a healthier, more equitable future for all who live here.

Each of our hospitals serves unique communities as reflected in their community needs assessments. These assessments, which took into account publicly available data, our own internal data and community input validated many of our existing health improvement focus areas and reinforced our commitment to continue this important work.

- **Chronic disease prevention and management** continue to be at the core of our community benefit strategy. With diabetes and obesity prevalence impacting up to 40% of some counties, Emory is working with other community partners to deliver evidence-based interventions and empowering residents to take charge of their health through nutrition education, screenings, care navigation, and even leisure-time physical activity.
- **Mental and behavioral health challenges** have also intensified. Our community survey identified this as the highest perceived health issue facing communities. Poor self-reported health data, including high rates of excessive alcohol use and substance misuse, highlight the need for comprehensive behavioral health services. Emory is expanding community partnerships and telehealth options to increase access to mental health care, including targeted support for those affected by the opioid crisis.
- **Cancer** remains the second leading cause of death in Georgia, and Emory is dedicated to reducing disparities in screening and treatment. Together with Emory Healthcare, Winship Cancer Institute of Emory University is expanding community initiatives including a mobile prostate cancer screening program to augment early detection programs, cancer prevention education, and support services for patients and families.
- **Maternal health** remains an area of urgent need. In several counties we serve, low birth weight rates exceed state averages, and many expectant mothers lack consistent prenatal care. Emory is working to close these gaps through programs like Brave Beginnings, a pilot developed by our Health Impact team, which connect mothers to a Community Health Worker who helps to facilitate culturally responsive care and resources that support safe deliveries and healthy starts for every baby.

- Emory Healthcare is the State's leading provider of transplants. **Transplant disparities** represent another frontier where equity is essential. We are advancing research, outreach and education to ensure lifesaving procedures are accessible to all, regardless of background or circumstance.
- Beyond clinical care, we recognize that **housing and neighborhood safety** are foundational to health. In neighborhoods burdened by high housing costs, food deserts, and rising violent crime, Emory collaborates with local organizations to support stable housing, address food insecurity, enhance educational opportunities and prevent violence. From our hospital-based violence prevention program at Emory Hillandale Hospital to place-based wellness programs, partnerships with schools and community-based resource navigation, we are committed to meeting people where they are.

This assessment and the accompanying community health improvement plans for each of our hospitals outline the high-level objectives we will work with our communities to achieve over the next three years. Together, with our partners and neighbors, we will continue to listen, learn, and lead.

Overview of Emory Healthcare

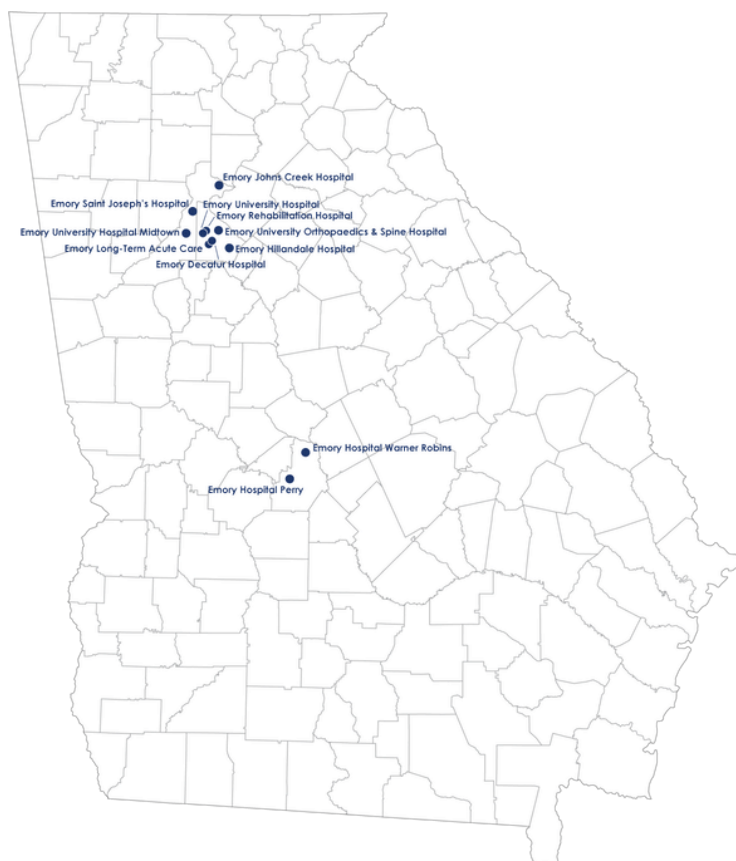
Emory Healthcare is the most comprehensive academic health system in Georgia. With more than 3,900 physicians and approximately 600 locations, including 11 hospitals. Emory Healthcare serves patients across Metro Atlanta, Central Georgia and beyond and provided \$578.7.4 million in community benefits in fiscal year 2024.

As part of Emory University's Woodruff Health Sciences Center, Emory Healthcare integrates clinical care, education, and research to advance health and improve outcomes. The system's mission is clear: to improve lives and provide hope. This commitment guides efforts to deliver innovative therapies, leverage emerging technologies, and train the next generation of health professionals.

Emory Healthcare's work is supported by a set of cultural beliefs developed collaboratively by team members across the organization. These beliefs—One Emory, People Centered, Lead Change, and Own It—reflect a shared dedication to working together, prioritizing patients and communities, driving progress, and taking ownership to achieve the highest standards of care.

In June 2025, Emory Healthcare expanded its presence with the addition of Houston Healthcare, adding hospitals and physicians in Warner Robins and Perry, to strengthen access to care in central and southern Georgia. In addition, it also serves west Georgia through a joint venture at St. Francis–Emory Healthcare Hospital in Columbus. Other components of the EHC system include the Emory Clinic, Emory Specialty Associates and the Emory Healthcare Network.

- Emory University Hospital
- Emory University Hospital Midtown
- Emory Rehabilitation Hospital
- Emory University Orthopaedics & Spine Hospital
- Emory Decatur Hospital
- Emory Hillandale Hospital
- Emory Hospital Perry
- Emory Hospital Warner Robins
- Emory Johns Creek Hospital
- Emory Long-Term Acute Care
- Emory Saint Joseph's Hospital
- Emory Clinic
- Emory Specialty Associates



Community Health Needs Assessment Process

Emory Healthcare's (EHC) community health needs assessment (CHNA) was conducted during the spring and summer of 2025 by the EHC Office of Health Impact. In the CHNA, quantitative and qualitative data is provided to assess the health status and health needs of EHC's community overall, and the individual communities served by each of our hospitals.

The CHNA process was designed to assess the health needs of the community using publicly available quantitative data, aggregate patient data from our health system, responses to an online community survey of patient, community members and community organizations, focus groups and telephone interviews of individuals with public health expertise, representing the broad interest of the community.

The assessment considered information from a variety of quantitative data sources, including:

- Atlanta Regional Commission
- Centers for Disease Control and Prevention (CDC)
- Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS)
- Department of Health and Human Services' Healthy People 2030
- Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)
- Emory Healthcare Health Impact Dashboard
- Harvard University Joint Center for Housing Studies
- Kaiser Family Foundation
- National Cancer Institute Surveillance, Epidemiology, and End Result Program (SEER)
- National Institute for Mental Health
- National Institute on Drug Abuse
- Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps
- Urban Institute's Health Insurance Policy Simulation Model
- University of Georgia: Georgia Data
- University of Wisconsin Center for Health Disparities Research
- United States Census Bureau
- United States Bureau of Labor Statistics
- United Health Foundation's America's Health Rankings

Appendix A contains additional information on the data sources and highlights information gaps that impacted EHC's ability to assess the health needs of our community. EHC gathered input from stakeholders representing the broad interest of the community through an online survey of community leaders and patients, phone interviews with public health officials, and input from focus groups. Information was collected from organizations with special knowledge of:

- The specific health needs of EHC patients, families, and employees
- Public health in the community served by EHC
- The specific health needs of the community served by EHC
- The health needs of underserved, low-income, and minority populations in the community served by EHC
- The health needs of populations with chronic diseases in the community served by EHC

Appendix B contains a list of organizations that provided input during this process through the online survey.

Emory Healthcare also conducted CHNAs in 2019 and 2022, and Houston Healthcare (now Emory Hospital Warner Robins and Emory Hospital Perry) conducted CHNAs in 2020 and 2023 to understand the needs of our communities. Each developed an implementation plan to address community health needs over the next three years.

As part of the 2025 CHNA process, an assessment of the 2022 EHC plans was conducted to gauge the progress of EHC and each hospital in impacting identified community needs over the past three years. A summary of the review is included in **Appendix C**.

The community health needs assessments for each hospital were approved and adopted by the associated Boards and governing bodies in Summer 2025. EHC used information from this report to identify priority health needs for the System and each hospital. Those priorities are addressed in each hospital's implementation plan, which will serve as a roadmap for Emory Healthcare's community health improvement initiatives for the next three years.

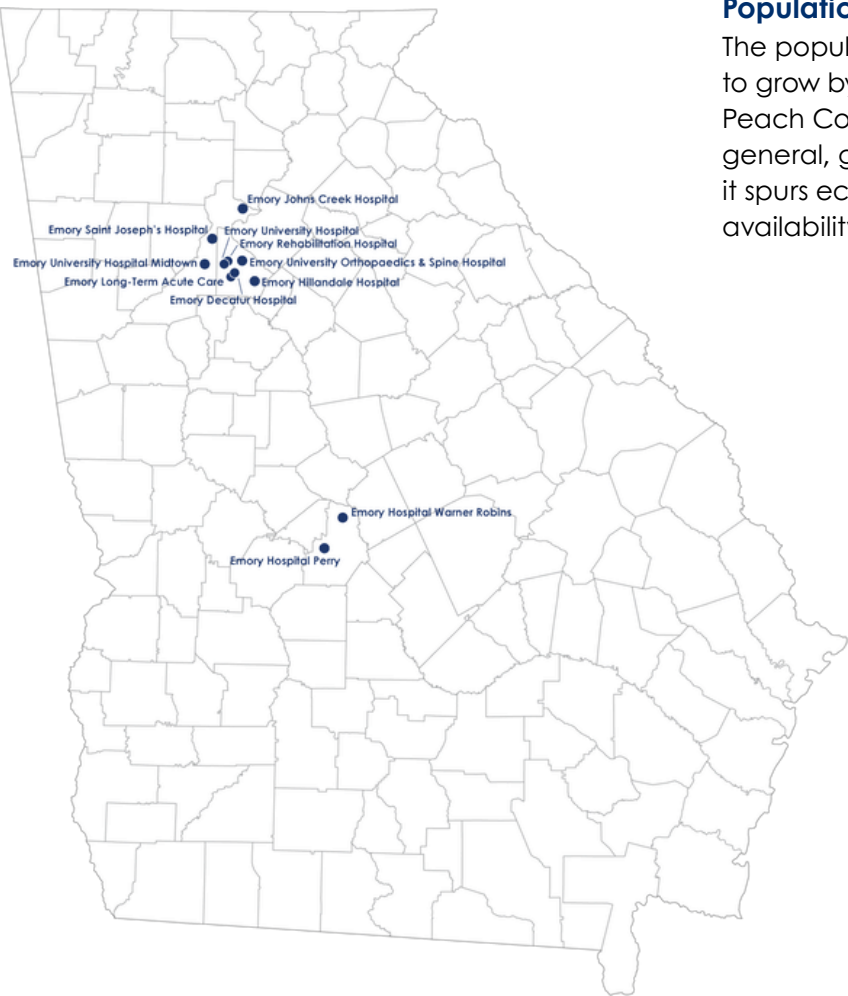
Emory Healthcare Communities: Demographics

Emory Healthcare (EHC) provides care for patients across Georgia, the United States and the world. For our community health needs assessment, EHC defines our communities as the primary service area (PSA) our hospitals serve.

The primary service area is defined as the areas from which approximately 75% of our inpatient admissions originate. Our Metro Atlanta hospital primary service area consists of six contiguous metro counties including Clayton, Cobb, DeKalb, Fulton, Gwinnett, and Henry. With the addition of Houston Healthcare to Emory Healthcare in June 2025, we gained primary service areas for Emory Hospital Warner Robins and Emory Hospital Perry in Central Georgia which consists of Houston and Peach Counties.

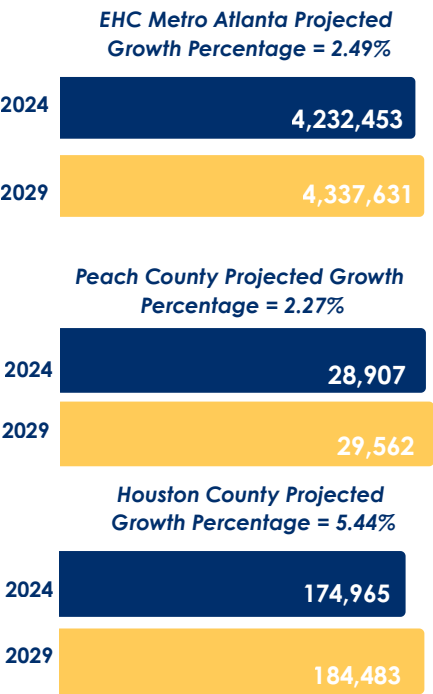
Population

The Emory Healthcare primary service area consists of a diverse population of 4.2 million people across six metro Atlanta counties and approximately 200,000 residents in Central Georgia. A community health needs assessment is conducted for each individual hospital in the Emory system, based on their specific communities. This section, however, is a systemwide assessment with data divided into two primary service areas – Metro Atlanta and Central Georgia. Emory Healthcare looks at data from a system level to identify areas where two or more hospital communities are experiencing similar health needs and for which systemwide initiatives might be warranted to adequately address an issue.



Population Growth

The population in the metro Atlanta service area is expected to grow by 2.49% and 5.49% and 2.27% in Houston and Peach Counties respectively, over the next five years. In general, growth is a positive factor for community health as it spurs economic growth which can contribute to the availability of community resources.

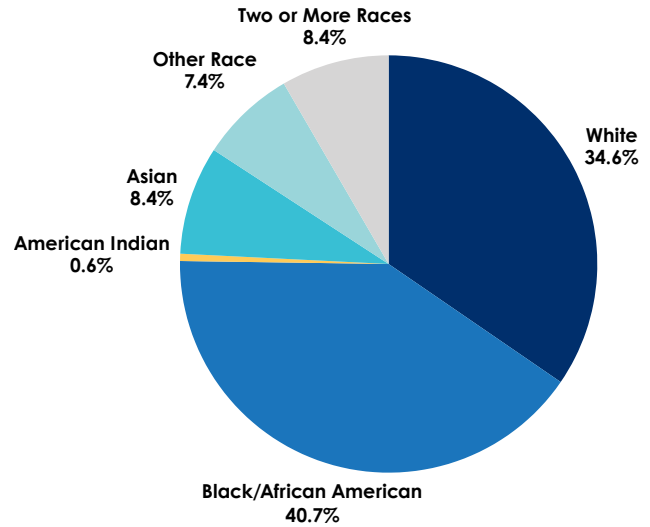


Source: Syntellis

Race and Ethnicity

The metro Atlanta primary service area is extremely diverse with no racial majority. According to the US Census Bureau, the population is 40.7% Black, 34.6% White, 8.4% Asian, 8.4% two or more races, .6% American Indian and 7.4% identifying as Other. The Census Bureau does not capture ethnicities, other than Hispanic, but different ethnicities and cultures within these racial identities contribute to an even more diverse population than is evident by physical characteristics.

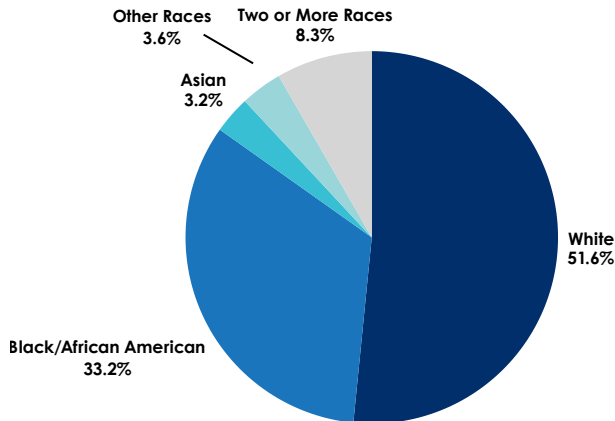
EHC Metro Atlanta Race Distribution



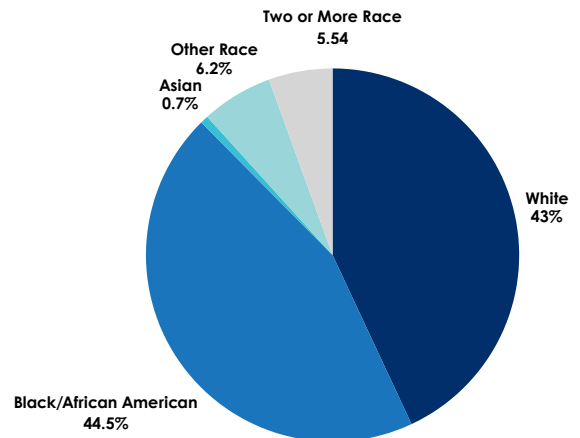
Source: Syntellis

In Central Georgia, Houston County's population is majority White at 51.9% and 33.5% Black. Peach county has no racial majority with the two most populous races being Black 44.5% and White 43%.

Houston County Race Distribution

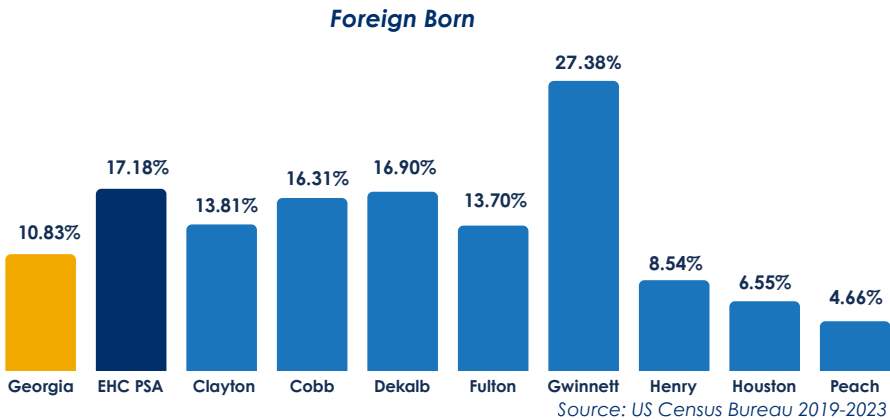


Peach County Race Distribution



Almost 18% of the residents in the metro area are foreign-born and 14.3% of the population identifies as Hispanic. In Houston County, 7.67% of the population identifies as Hispanic while 9.75% of the Peach County community identifies as Hispanic.

Approximately 9% of the population have limited English proficiency.



Age Distribution

Metro Atlanta's population is slightly younger than the national average at 37 vs 39.3. Houston and Peach counties average ages are also younger than the national average at 36.2 and 37.8

Age	Metro EHC	Perry	Warner Robins
> 18	21.69%	28.68%	24.11%
18-34	25.75%	23.82%	22.87%
35-54	27.74%	23.31%	26.04%
55-64	11.53%	13.35%	12.05%
65 +	13.29%	18.83%	14.92%

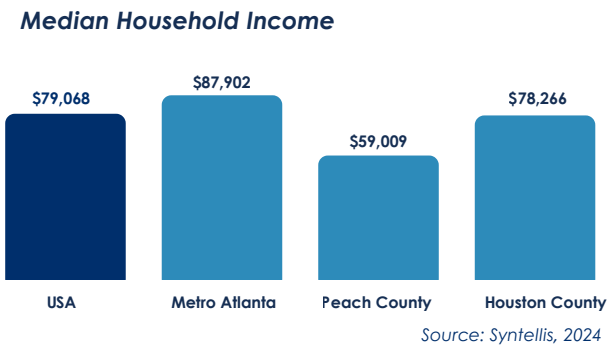
Source: Syntellis

Employment

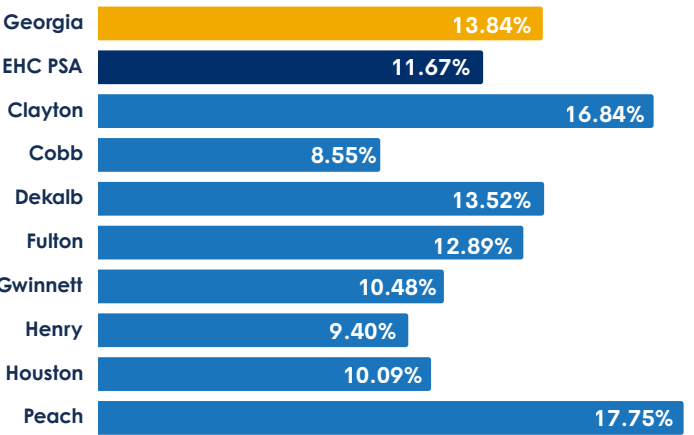
As of 2024, the unemployment rates are low compared with historical data. The metro Atlanta primary service area unemployment rate is 3.5% with higher rates in Clayton at 4.5% and slightly higher rates in Fulton 3.7%, Henry 3.7%, and DeKalb 3.6%. In Peach and Houston Counties, unemployment rates are at 3.9 and 3% respectively, similar to the Georgia rate of 3.4%.

Household Income and Poverty Rates

Household and per capita income varies widely across Metro Atlanta, like many metro areas. The median household income for the six-county area is nearly \$88K compared to a national median of \$79K. In Central Georgia, the median household income in Houston is just below the national average while it is significantly lower in Peach County.



Poverty Rate



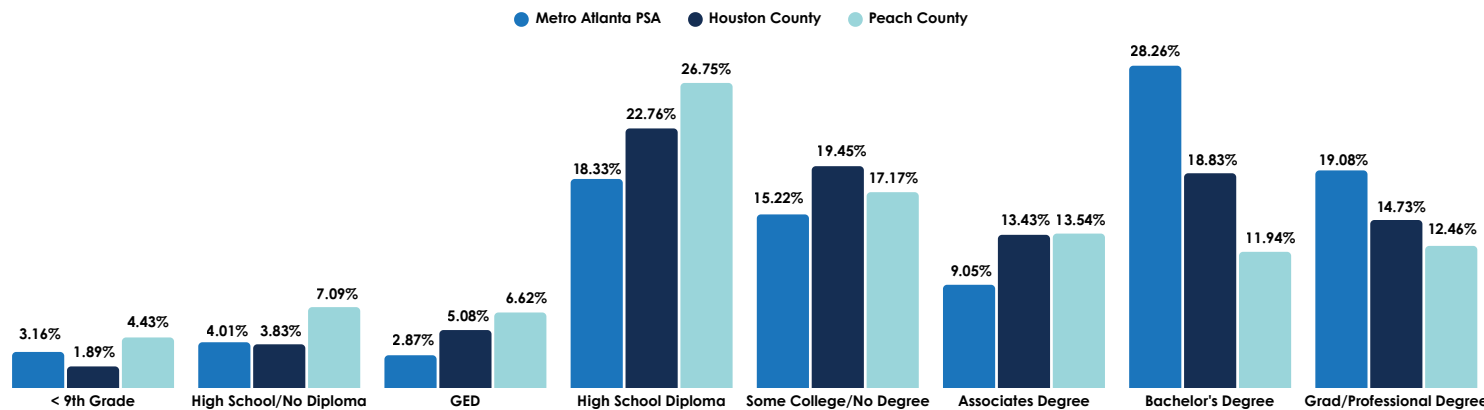
Source: US Census Bureau, 2019-2023

In Metro Atlanta, Clayton, DeKalb, and Fulton experience relatively high poverty rates of 16.8%, 13.5% and 12.9% respectively compared with a national rate of 11.1 percent. Within DeKalb and Fulton, there is significant variability in poverty rates and income from neighborhood to neighborhood due to rapidly gentrifying intown communities.

In Central Georgia, Peach County's poverty rate is higher than Georgia and neighboring Houston.

Education

In 2024, the six-county Atlanta region has attained a higher level of education than the country as a whole. Fifty six percent of the population has a college degree compared to 37.7% nationally and 36.8 in Georgia, with 47% having a bachelor's or higher. Approximately 207,000 or 7% of the adult population in the six-county Metro Atlanta region does not have a high school diploma. This is an improvement since 2021, when 10% of the adult population did not have a high school diploma. Nationally 8.9% of the population is without a high school diploma.



Source: Syntellis

Environmental Factors Affecting Health and Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Housing Availability and Affordability

Housing and health are closely intertwined, with safe, stable, and affordable housing significantly impacting overall well-being and health outcomes. Poor housing conditions can expose individuals to hazards that lead to chronic diseases, injuries, and mental health issues. Conversely, adequate housing can act as a platform for promoting health and reducing health disparities.

Affordable housing is a growing concern across the nation. In Emory Healthcare's Metro Atlanta communities, it is a significant issue. The cost of housing is rising in the six-county region and across the country with an increasing number of households paying more than a third of their income on housing.

This is most significant in Clayton County where 38% of households are paying more than a third of their income and in DeKalb where nearly 35% of households are paying more than a third of their income. Thirty percent is a widely accepted benchmark for housing affordability, according to the Joint Center for Housing Studies at Harvard University. The number of households paying more than a third of their income in Peach and Houston Counties is less than both the Georgia average at 28.18 percent and the national average at 31%.

Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income

Georgia	28.18%
EHC PSA	31.55%
Clayton County	38.23%
Cobb County	26.33%
DeKalb County	34.59%
Fulton County	31.94%
Gwinnett County	33.16%
Henry County	29.06%
Houston County	23.96%
Peach County	25.78%

Source: US Census Bureau, 2020

According to the Federal Reserve Bank of Atlanta's Affordability Tracker, in 2021 there were only 25 affordable and available rental housing units per 100 renter households who earn at or below 30% of the area median income (AMI), a metro-wide deficit of 123,220 rental units affordable to those households. For renter households earning at or below 50% of the AMI, there were only 45 affordable and available per 100 such households, a metro-wide deficit of 159,251 units affordable to those households.

Homelessness

Housing availability and affordability are two of the many factors impacting the area's homeless population. Each year the Georgia Department of Community Affairs coordinates a Point in Time Homeless Count. For the six counties in the service area, the 2024 count showed more than 5000 people experiencing homelessness with more than half of those – 2894 - in the City of Atlanta. Emory Healthcare's Atlanta area hospitals served more than 2113 individuals experiencing homelessness across its Atlanta area hospitals in the 2024 with the majority in downtown Atlanta. The 2024 Point in Time Homeless Count in Houston County recorded 133 people and 17 in Peach County.

Access to Healthy Food

Access and affordability to healthy food has been a challenge in parts of metro Atlanta. Some communities have made progress with intentional initiatives through a number of community organizations to address the availability of fresh food in targeted neighborhoods. Southern parts of the six-county metro primary service area, which are largely minority and low income communities, are most frequently impacted by both food insecurity and food deserts.

Self-reported data indicates that food insecurity remains an issue in each of the primary counties EHC serves.

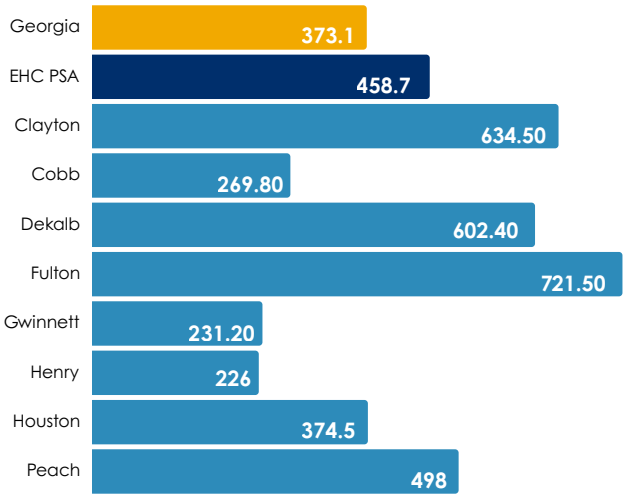
In the Central Georgia primary area, a 2020 PRC survey determined that 18.4% of residents reported food insecurity, defined as having run out of food in the past year and/or having been worried about running out of food. Given its more rural nature, distance to supermarkets or large grocery stores is greater in Central Georgia than in Metro Atlanta.

Percentage of People Who Lack Access to Food
Source: County Health Rankings, 2022

Georgia	13%
Clayton County	12%
Cobb County	10%
Dekalb County	11%
Fulton County	12%
Gwinnett County	11%
Henry County	9%
Houston County	12%
Peach County	15%

Crime and Safety

Violent Crime Incident Rate: Annual Rate Per 100k Population



Source: FBI Uniform Crime Reports, 2015-2017

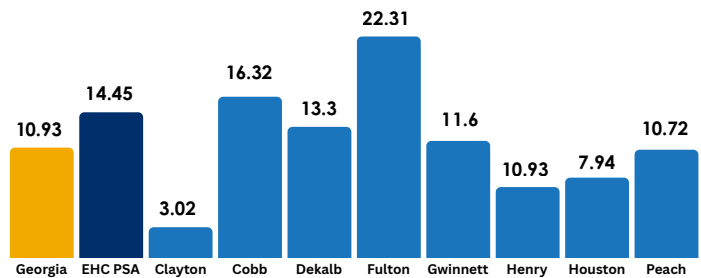
Domestic violence, gun violence and other violent crime impacts both the physical and mental health of our communities across all age groups. The Metro Atlanta primary service area overall experiences a violent crime rate higher than Georgia, but three of the six counties have a lower rate than Georgia overall. Within counties, however, rates of violent crime vary greatly from neighborhood to neighborhood. For instance, College Park had a rate of 1559 per 100,000 residents in 2024, almost twice that of Fulton County overall.

Houston County tracts consistent with the state rate, while Peach is somewhat higher than the state and EHC's metro average.

Recreation Resources

Access to Recreational Facilities and the programs these centers frequently provide, such as childcare, youth sports and senior programming, can contribute to healthier communities. Recreational facilities are widely available in the communities in our primary service area with the exception being Clayton County and with fewer facilities in Peach and Houston Counties than other Georgia communities.

Access to Recreational Facilities
Establishments per 100,000 Population



Source: US Census Bureau, 2019-2023

English Language Proficiency

The ability to understand English and communicate effectively can have an impact on health and health outcomes due to a number of factors including the ability to understand health information and how to access services.

Approximately 9% of the metro PSA population has limited English proficiency, while 3.4% of Houston County residents and 2.93% of Perry County residents in Central Georgia have limited English proficiency.

	Language Spoken at Home		
	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
EHC PSA	77.41%	11.10%	8.88%
Clayton	78.92%	12.73%	9.93%
Cobb	78.42%	11.97%	7.75%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%
Henry	89.95%	5.46%	4.12%
Houston	92.01%	4.41%	3.48%
Peach	93.32%	5.53%	2.93%

Source: US Census Bureau, 2019-2023

Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such as transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access those services may also be a factor in perceived access issues.

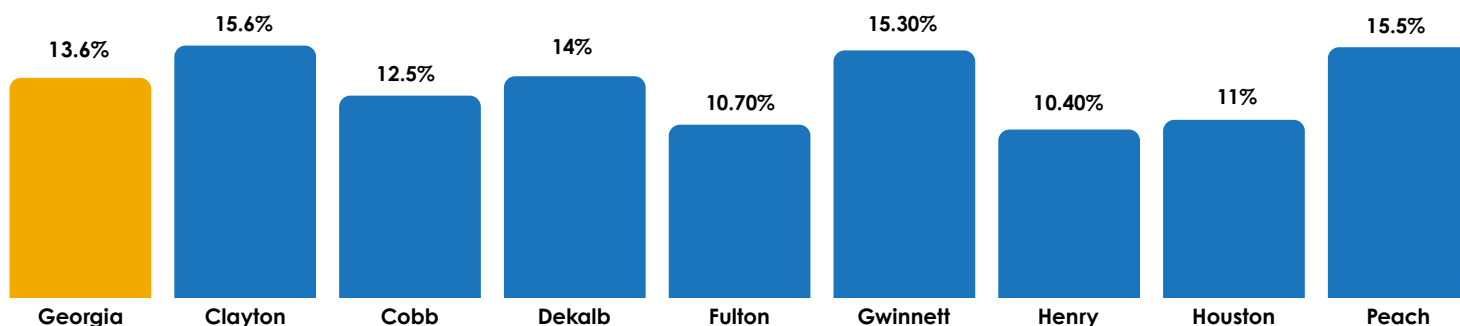
Healthcare Insurance

Insurance coverage in the EHC PSA and Georgia has improved since the 2022 CHNA, when the last data showed 13% of the EHC PSA population uninsured. Part of this increase may be due to increased enrollment in plans available through the Affordable Care Act (ACA). According to the Kaiser Family Foundation, enrollment in plans made available through the ACA in Georgia has grown by 206% since 2020 and 96% of the enrollees receive some level of tax credits to help afford the coverage. Recent changes approved by Congress will likely negatively impact insurance rates in Georgia.

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Clayton	13.40%	27.70%	2.50%	46.60%
Cobb	14.10%	11.80%	2.20%	61.20%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%
Henry	14.20%	17.10%	3.60%	59.60%
Houston	15.60%	20.90%	7.50%	50%

Source: US Census Bureau, 2023

Uninsured Population Under 65



Source: University of Georgia: Georgia Data 2019-2023

Access to Providers

According to Healthy People 2030, key components of access are services available to individuals, the ability of health care providers to provide access to medical care quickly, and the availability of medical providers to provide care to individuals and communities. A measure of access is the ratio of specific types of health care providers to the population.

In the State of Georgia, there is approximately one primary care physician for every 1520 residents, though distribution is inconsistent throughout the state. In the metro Atlanta area Fulton and DeKalb counties have more primary care providers than surrounding counties, but there are concentrations or gaps in certain geographies that can leave some communities without ready access. Clayton County has less than half the number of providers per population than other metro areas.

The World Health Organization suggests an ideal ratio to be one physician per 1000 population, though with varying models, including the use of physician extenders, community health workers and others, the ratio for a healthy community varies.

As with primary care, there is no universally agreed upon number or ratio of dental and mental health providers a community needs due to varying types of providers and other variables. In the six-county area accessibility for both dental and mental health varies with Clayton County being a significant outlier in lack of providers. In Central Georgia, Peach County shows a significant shortage of primary care physicians while Houston County experiences a significant shortage of mental health providers.

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Clayton	3960	4,300	1,270
Cobb	1280	1,390	420
Dekalb	940	1,610	260
Fulton	890	1,320	310
Gwinnett	1520	1,530	680
Henry	2060	2,790	570
Houston	1,900	1,950	3,793
Peach	4,740	2,040	740

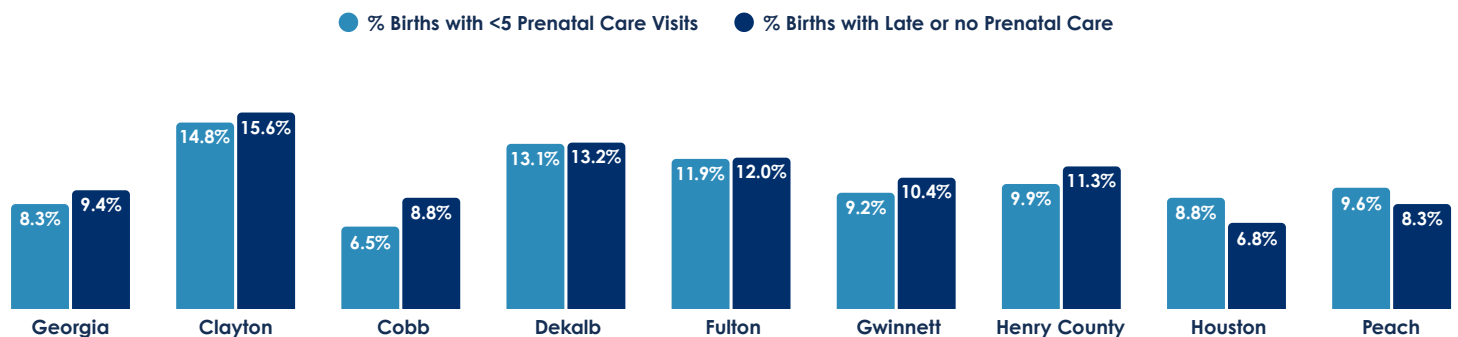
Source: County Health Rankings, 2021

Prenatal Care Access

With Georgia having among the highest maternal death rates in the nation, at 32.1 deaths per 100,000 deliveries vs a national average of 23.2 deaths per 100,000 deliveries, access to prenatal care is essential for healthy communities. *Source: Kaiser Family Foundation, 2018-2022*

In the six-county metro market area the percentage of women having no prenatal care when pregnant lags behind the state overall. A staggering 15.6% of births in Clayton, 13.2% of births in DeKalb, 12% in Fulton, 11.3% in Henry and 10.4% in Gwinnett had late or no prenatal care compared to 9.4% in the State. How much of this is due to lack of awareness of options vs lack of access is unclear.

EHC's Central Georgia area fares a bit better in this area with 6.8% of births with little to no prenatal care in Houston and 8.3% in Peach.



Source: OASIS, 2023

Medicaid and Access

Georgia is one of 10 states that opted out of expanding Medicaid to 138% of the federal poverty level under the Affordable Care Act. If Georgia were to expand, an estimated 300,000 additional Georgians would be eligible for coverage. Georgia rolled out its Pathways to Coverage Program in July 2023 as an alternative to expansion of traditional Medicaid. The Pathways program includes a work requirement for eligibility. As of January 2025, just 8500 Georgians were enrolled in the program.

The State of Georgia makes provisions for emergency Medicaid for childbirth for mothers who might not otherwise qualify, and it has recently enacted a postpartum extension demonstration project that extends Medicaid coverage to 12 months post-delivery. However, emergency Medicaid is not available for routine prenatal care needed throughout pregnancy.

For patients who qualify for Medicaid there are options for care throughout the EHC service areas, though finding care with physician providers may be more difficult than patients with commercial insurance. In a report by the Georgia Public Policy Foundation in 2020 - an estimated 30 percent of physicians do not accept Medicaid and an estimated 35% of physicians were not accepting new Medicaid patients.

Health Care Costs

Though the cost of living in Atlanta is lower than many comparable cities, health care costs in Atlanta are indexed higher than in other parts of the country. According to the Council for Economic and Social Research, Atlanta's health care costs are about 106% of those in comparable markets.

Health care costs may be a barrier to access for individuals with high-deductible health plans or no insurance. While figures for EHC service areas specifically are not available, the Bureau of Labor Statistics estimates that 51% of private industry workers have high-deductible plans, meaning that other than covered preventive care, they must pay healthcare expenses out of pocket until they've met their deductible which is at least \$1670, but frequently more.

Mortality, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation within metro Atlanta counties with wealthier, predominantly white communities faring better than those with higher percentages of black or Hispanic residents and lower household incomes.

Mortality and Morbidity Measures

Mortality measures provide a basis for understanding the causes of death in a population. The Georgia Department of Public Health's health data repository, the Online Analytical Statistical Information System (OASIS), provides data and insight into the various mortality statistics in the EHC primary service areas. The most recent year of available data is 2023.

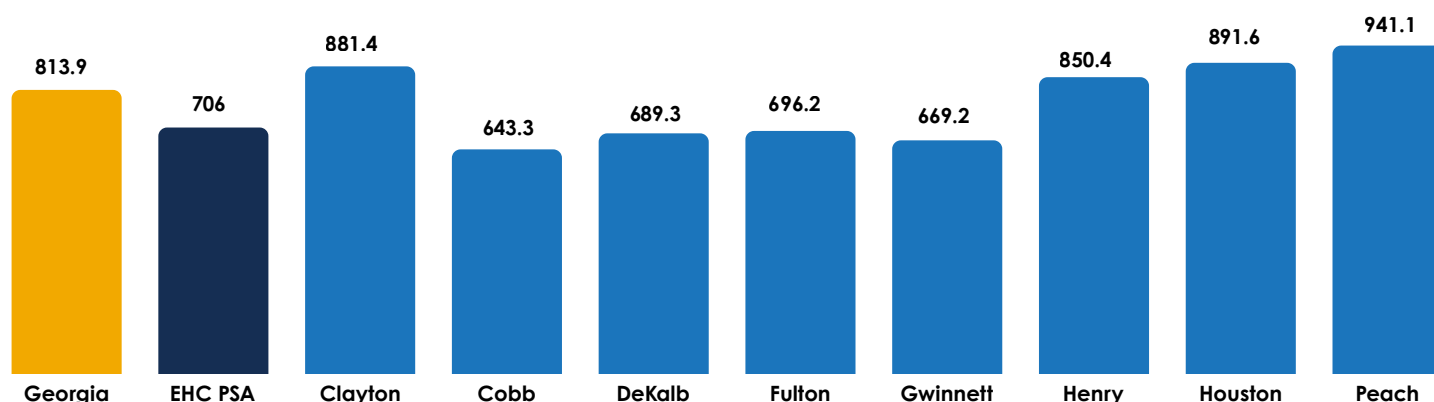
Morbidity measures provide a basis for understanding people's quality of life or how healthy people feel while they are alive. Quality of life includes a person's overall health, physical health, and mental health.

Age-Adjusted Death Rate

Mortality refers to the level of death in a population. Age adjusted reflects a weighted average of the age-specific mortality rates. By controlling for differences in age structure, observed differences in rates across areas are not due solely to differences in the proportion of people in different age groups in different areas.

The age-adjusted death rate expresses deaths as a rate per 100,000 population. Between 2019 and 2023, the average age-adjusted death rate for the EHC's PSA was 706 deaths per 100,000 population, significantly less than the rate of 813.9 per 100,000 population for Georgia during the same time period. However, Henry and Clayton, Houston and Peach counties reported death rates above the Georgia average. Notably DeKalb County showed improvement from 2022 needs assessment, when its age-adjusted rate was above the State average.

Age-Adjusted Death Rate



Source: OASIS, 2019-2023

Age-Adjusted Death Rate by Cause

The World Health Organization defines the underlying cause of death as the disease or injury that initiated the sequence of events leading directly to death or as the circumstances of the accident or violence that produced a fatal injury.

The World Health Organization has defined a list of sixteen cause of death categories.

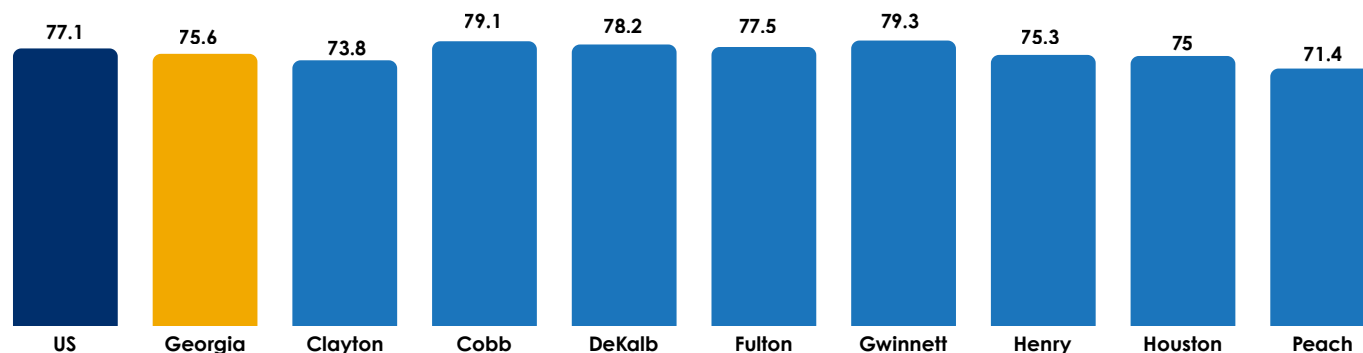
Appendix D contains a list of the cause of death categories and associated conditions.

In the EHC PSA, major cardiovascular diseases and cancer had the highest reported age-adjusted death rates per 100,000 population in 2023, which is consistent with previous years. Major Cardiovascular Diseases and Cancer also had the highest reported death rates per 100,000 population in Georgia. Infectious diseases were third in 2020, due to the COVID-19 pandemic but have fallen to 7th in 2023.

Cause of Death	Rate
Major Cardiovascular Disorders	198.8
Cancers	133
Nervous System Diseases	84.6
External Causes	72.5
Respiratory Diseases	51.2
Endocrine, Nutritional and Metabolic Diseases	37.6
Infectious and Parasitic Diseases	29.3
Digestive System Diseases	23.6
Reproductive and Urinary System Diseases	20.5
Mental and Behavioral Disorders	19.4
Fetal and Infant Conditions	4.7
Bone and Muscle Diseases	4.3
Birth Defects	2.8
Blood Diseases (Anemia)	1.8
SIDS	0.9

Per 100K Population | Source: OASIS, 2019-2023
Includes Metro Atlanta PSA, Houston and Peach Counties

Average Life Expectancy



Source: County Health Rankings, 2020-2022

Infant Death Rate

The infant death rate represents the number of infant deaths (at or less than one year old) per 1000 live births. The Healthy People 2030 goal for infant mortality is 5.0 per 1000 live births. Cobb and Gwinnett Counties are closest to the goal at 5.4 and 5.8 respectively.

	Per 1000 Births	Count
Georgia	7	6,243
Clayton	10	244
Cobb	6	352
DeKalb	7	502
Fulton	7	589
Gwinnett	6	481
Henry	7	127
Houston	8	108
Peach	8	21

Source: County Health Rankings 2016-2022

Maternal Mortality

County level data is not yet accessible, but Georgia's maternal mortality rate is 32.1 per 100,000 deliveries for all races but for black women it is 54.7 per 100,000 deliveries with numbers even higher for women over 35. Additional information about maternal health is included on page 25.

External Causes of Death

External causes of death refers to deaths resulting from events occurring outside the body, rather than from disease or internal medical conditions. These can be intentional or accidental.

Motor Vehicle Death Rate

Per 100,000 People

Georgia	15.9
EHC PSA	12
Clayton	19.7
Cobb	9.2
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2
Henry	15.7
Houston	15.2
Peach	21.6

Source: OASIS, 2023

Gun Violence

Total Number of Deaths

	2015
Georgia	809
EHC PSA	91
Clayton	95
Cobb	187
Dekalb	230
Fulton	116
Gwinnett	40
Henry	41
Houston	9
Peach	

Source: Georgia Department of Public Health
2022

Homicide Deaths

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
EHC PSA	16	2,602
Clayton	4	287
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280
Henry	11.8	144
Houston	7.6	63
Peach	14.2	20

Source: Centers for Disease Control
and Prevention, 2019-2023

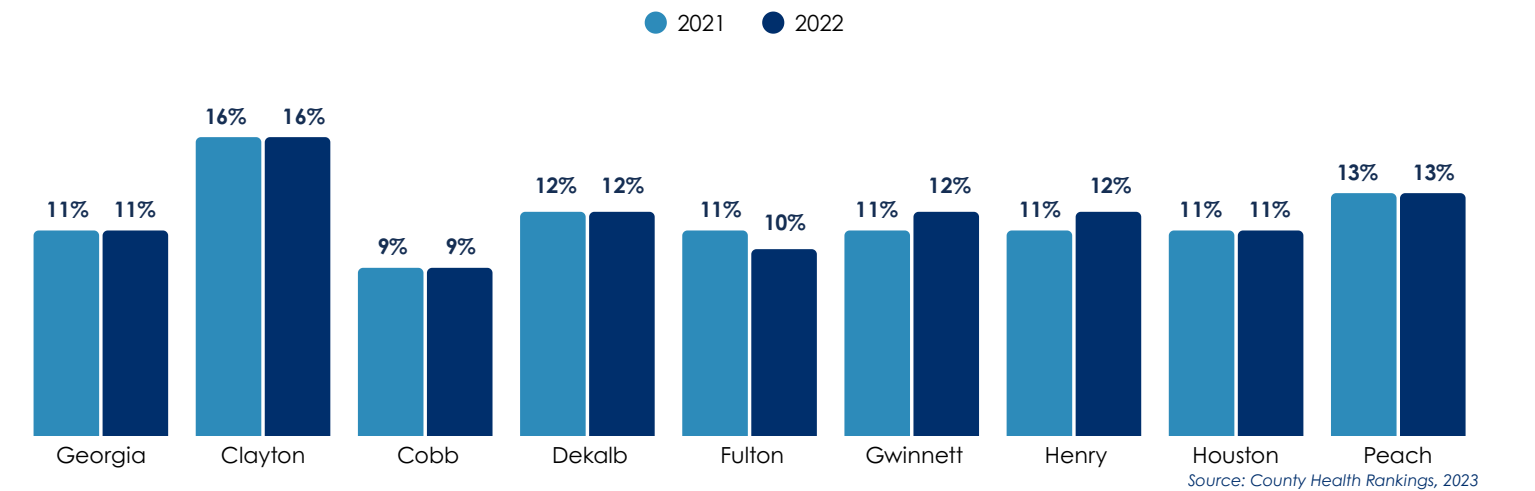
Cardiovascular/Heart Disease

Cardiovascular disease or heart disease describes the diseases affecting the heart. Cardiovascular disease is the main contributor to heart attacks, chest pain, and stroke. According to the CDC, heart disease was the leading cause of death in the United States in 2023 accounting for over 680,981 deaths.

Stroke was the 4th leading cause of death accounting for over 160,000 deaths in 2023. High blood pressure (hypertension), high cholesterol, and smoking are the main risk factors for heart disease and stroke. According to the CDC, nearly 50% of Americans have at least one of the three main risk factors for heart disease and stroke. Additional risk factors for heart disease and stroke include diabetes, obesity, lack of physical activity, poor diet, and excessive alcohol use.

Diabetes

Diabetes is an illness in which blood glucose levels exceed normal levels. Diabetes can contribute to serious health issues including heart disease, high blood pressure, stroke, and other conditions. According to the CDC, diabetes was the 7th leading cause of death in the United States in 2023. According to America's Health Rankings 2024, Georgia ranked 37th out of 50 states for diabetes prevalence.



Chronic Kidney Disease

Chronic kidney disease (CKD) is a condition in which the kidneys are damaged and cannot filter blood as well as they should. Because of this, excess fluid and waste from the blood remain in the body and may cause other health problems, such as heart disease and stroke. If CKD is left untreated, it can progress to kidney failure and early cardiovascular disease. When the kidneys stop working, dialysis or kidney transplant is needed for survival. Kidney failure treated with dialysis or kidney transplant is called endstage renal disease (ESRD). The CDC estimates approximately 37 million Americans have chronic kidney disease. Despite the prevalence of kidney disease in the United States, as many as 9 in 10 people who have CKD are not aware they have the disease.

According to the American Kidney Fund, 29,811 Georgians are living with kidney failure. Diabetes is the leading cause approximately (44%) followed by high blood pressure (29%). Kidney failure disproportionately affects people of color with rates 4.3 times greater for Black Americans, 2.3 times greater for American Indians, 2.2 times greater for people of Hispanic or Latino ethnicity and 1.6 times greater for Asian Americans.

In 2024 there were 2559 people on the wait list for kidney transplants and in 2023, one in three people on the wait list received a transplant. Kidney failure patients not receiving a transplant require dialysis. The rate of death from kidney disease is substantially higher in EHC's Central Georgia communities than in Metro Atlanta.

Kidney Disease Death Rates
Per 100,000 People

Georgia	19.30
Clayton	25.30
Cobb	14.40
Dekalb	18.50
Fulton	17.60
Gwinnett	16.70
Henry	21.10
Houston	31.40
Peach	35.40

Source: National Institute of Health, 2019-2023

Cancer

Cancer is the term used to describe diseases that involve abnormal cells dividing without control and invading other tissues in the body. Over 100 different types of cancer exist. The National Cancer Institute (NCI) estimates 40% of men and women in the United States will be diagnosed with cancer at some point during their lifetime. According to the CDC, cancer was the second leading cause of death in the United States in 2023, accounting for approximately 613,000 deaths.

Georgia ranked 10th out of 50 states for percentage of adults who reported being told by a health professional that they had any form of cancer other than skin cancer. NCI SEER data provides a basis of understanding how the incidence rates and mortality rates of specific cancers in Georgia compare to national averages.

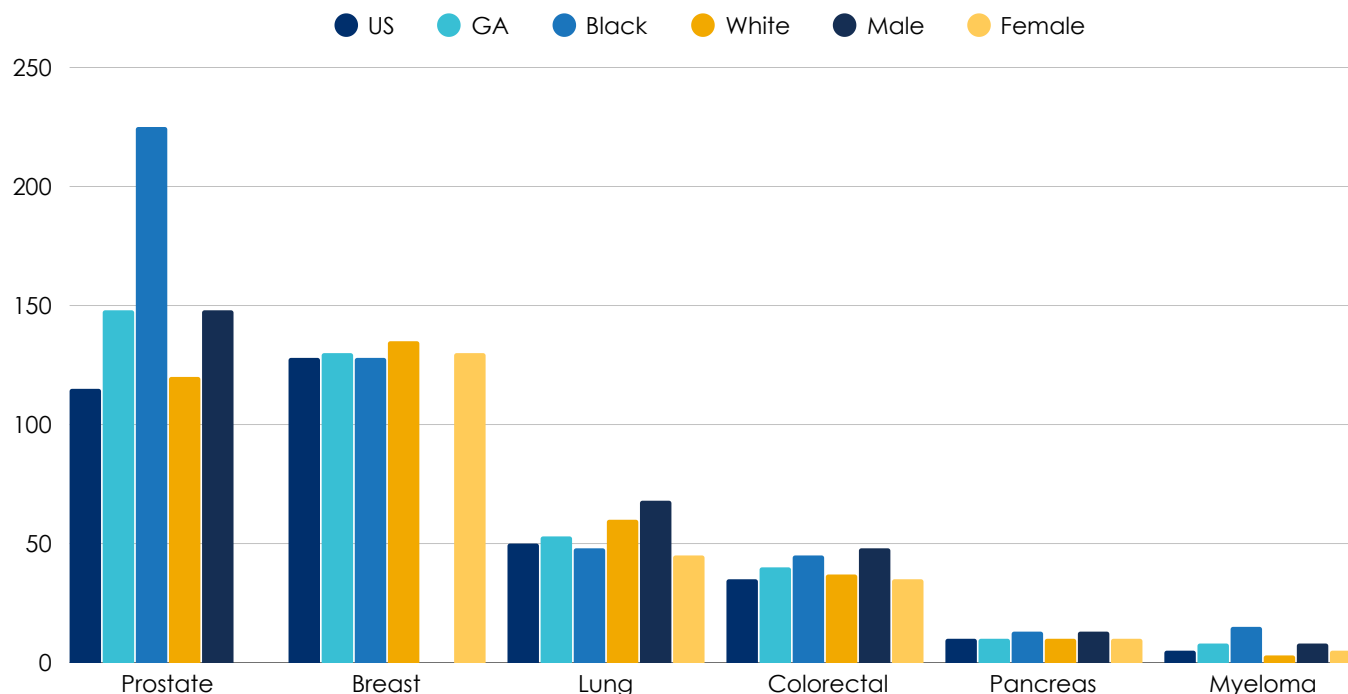
In Georgia, the top four cancers by incidence rate between 2017 and 2021 were prostate cancer, breast cancer, lung & bronchus cancer, and colon & rectum cancer. Both the incidence and mortality rates for Georgia in these cancers exceed the rates for the United States. The mortality rates for each of these types of cancer in Georgia is disproportionately high among Black individuals.

Cancer Incidence Rates Per 100,000 Population

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Clayton	129.7	54.6	45.8	164.9
Cobb	149.1	45.8	36.8	156.2
Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6
Henry	134.3	50.8	40.2	161.3
Houston	136.5	52.7	39.5	143.7
Peach	113.3	68.3	37.9	140.8

Source: National Cancer Institute, 2017-2021

Top Cancers - Incidence: By Race/Ethnicity & By Sex

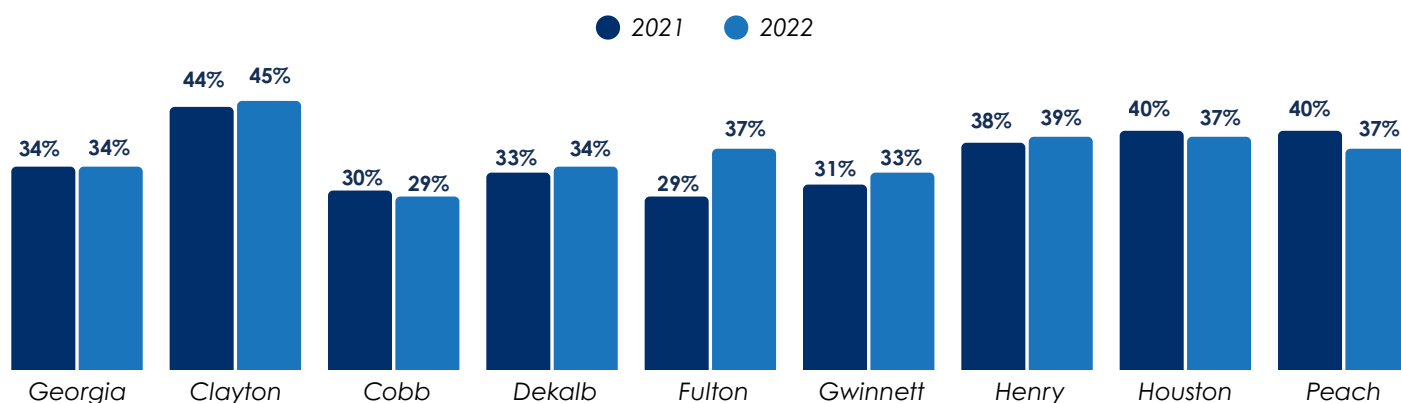


Source: U.S. Cancer Statistics Data Visualization Tool 2024
& Winship Cancer Institute of Emory University Catchment Area Assessment 2024

Obesity

Obesity negatively impacts one's health and contributes to a variety of conditions including heart disease, stroke, Type 2 diabetes, hypertension, and certain types of cancer, respiratory problems, liver disease, kidney disease, and other health conditions. Obesity is a leading factor in preventable diseases in the United States. Since 1990, obesity has increased steadily in the United States and in Georgia and continues to increase in our service areas.

Georgia's percentage of obese adults in the population was 34%. The percentage of obese adults in each EHC PSA county ranged from 29% to 45%.



Source: County Health Rankings, 2021 & 2022

Sexually Transmitted Infections (STIs)

In the United States, millions of sexually transmitted infections (STIs) infections occur annually. STIs include chlamydia, gonorrhea, hepatitis, herpes, human papillomavirus (HPV), syphilis, HIV/AIDS, and other infections. While some STIs can be cured, other STIs can cause serious health complications. On an annual basis, the CDC summarizes national surveillance statistics for three STDs that are considered notifiable and for which there are federally funded notification programs, including chlamydia, gonorrhea, and syphilis. Other common STIs, including HPV and herpes, are not nationally notifiable diseases. The EHC primary service areas have a higher rate of STDs, than the state of Georgia overall. Incidence rates are highest in Black, Hispanic/Latino and Multiracial populations.

	STI Incident Rate Per 100,000 Population		
	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
EHC PSA	760.62	355	1,026.64
Clayton	864.90	220.20	1,090
Cobb	576.77	426.70	577.9
Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2
Henry	809.07	333.80	562.3
Houston	639.05	304.7	331.8
Peach	954.7	472.1	577.8

Source: CDC: National Center for HIV/AIDS 2022

HIV Prevalence by Race/Ethnicity Per 100,000 Population

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
EHC PSA	377.7	1,740.10	84.2	200.9	863.9	3,429.10
Clayton	437.9	1,263.4	162.2	0	627.1	3,560.5
Cobb	217.1	1,222.9	42.4	217.7	633.9	2,074.3
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8
Henry	161.5	827.1	NA	77	500	1,8825
Houston	119.3	646.6	NA	NA	346.8	1,379.20
Peach	154	1,093.30	NA	NA	NA	NA

Source: CDC: National Center for HIV/AIDS 2022

Neurological Disorders & Diseases

Millions of people across the United States face substantial and sometimes devastating consequences from neurological disorders and diseases. Neurological disorders include diseases of the brain, spinal cord, peripheral nerves, and neuromuscular system. Neurological disorders include Alzheimer's and related dementias, Parkinson's, epilepsy, spinal cord injury, traumatic brain injury, and other diseases. Alzheimer's disease is the most common type of dementia. Alzheimer's disease was the 7th leading cause of death in the United States. In 2022, as many as 6.9 million Americans were living with Alzheimer's disease, with the number projected to nearly triple to 14 million people by 2060. According to the Alzheimer's Association, approximately 188,000 Georgians were living with Alzheimer's in 2022, up from 150,000 in 2020. Because of that, approximately 384,000 Georgians are providing unpaid care for individuals with Alzheimer's. The State of Georgia established the Georgia Alzheimer's Disease and Related Dementia's State Plan Task Force in 2013 to develop a state plan to deal with the growing threat. The most recent updated plan was published in 2020 with the goals of strengthening research and data; enhancing efforts to develop a dementia-capable workforce; and improving service delivery for people living with dementia and their caregivers.

Respiratory Diseases

Respiratory diseases encompass a variety of conditions including asthma, chronic obstructive pulmonary disease (COPD), lung cancer, pneumonia, and tuberculosis. Asthma and COPD in particular are significant health problems. According to the CDC, chronic lower respiratory disease was the fifth leading cause of death in the United States in 2023 accounting for approximately 145,000 deaths. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema (but excluding asthma) is the fourth leading cause of death in Georgia and in EHC's service areas.

Mental Health

Mental health is a state of successful performance of mental function and is essential to personal wellbeing. Mental health and physical health are closely related. Mental health is an important factor in one's ability to maintain good physical health. Conversely, physical health problems can impact one's mental health. Mental health encompasses a variety of disorders including anxiety disorders, attention deficit/hyperactivity disorders, autism, eating disorders, mood disorders, personality disorders, and schizophrenia. According to the National Institute for Mental Health (NIMH), nearly 1 out of every 5 adult Americans live with a mental illness. In America's Health Rankings 2023, Georgia was ranked 26th out of 50 states for adults reporting frequent mental distress. According to the CDC, Georgia had 1670 suicide deaths in 2023, a rate of 14.77 per 100,000 population.

Poor Mental Health Days

US	5.1
Georgia	5.2
Clayton	5.9
Cobb	5
Dekalb	5.3
Fulton	4.8
Gwinnett	4.9
Henry	5.2
Houston	5.4
Peach	5.5

Source: County Health Rankings, 2020-2022

Maternal & Child Health

According to the CDC, pregnancy and childbirth have a significant impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income. Maternal and child health status is measured with a number of indicators including low birth weight, infant mortality, and teen birth rate. The U.S. Department of Health and Human Services state mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times higher mortality rate compared to mothers who receive care. The percentage of live births with low birth weight in each EHC PSA county ranged from 8.9% to 14.2%.

% Low Birth Weight

Georgia	10.20%
EHC PSA	10.6%
Clayton	14.2%
Cobb	8.9%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%
Henry	12.5%
Houston	10.30%
Peach	11.30%

Source: OASIS, 2023

Teenage Birth

Georgia's teen birth rate in 2022 was 16.6 births per 100,000. Clayton and Houston County's teen birth rates exceed the state average.

	Teen Birth Rate per 1000 Population	% of Teen Mothers Having a Second Child
Georgia	16.5	14%
Clayton	21.1	17%
Cobb	9.3	11%
Dekalb	12.9	12%
Fulton	11.2	12%
Gwinnett	10.6	12%
Henry	9.6	N/A
Houston	19.3	17%
Peach	11.8	N/A

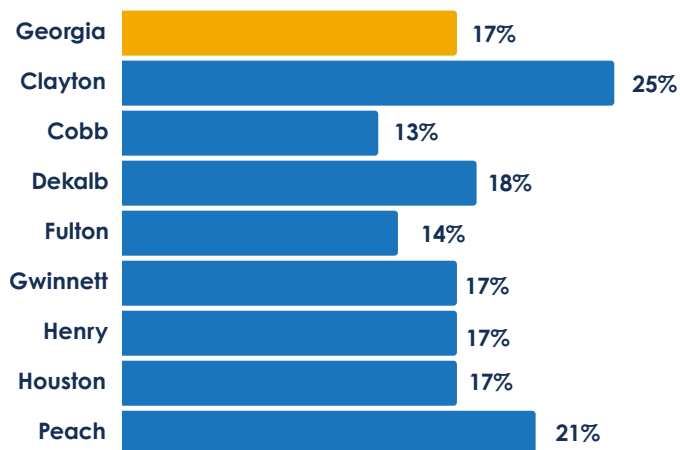
Source: GCAPP: Georgia Department of Human Resources, Division of Public Health, Office of Health Information and Policy

Age-Adjusted Self-Reported Poor or Fair Health Status

County Health Rankings & Roadmaps uses the BRFSS survey question, "In general, would you say that your health is excellent, very good, good, fair, or poor?" to gauge the overall self-reported health in a county. County Health Rankings & Roadmaps reports the age-adjusted percentage of adults self-reporting their health status as "fair" or "poor."

In County Health Rankings & Roadmaps 2025, the percentage of self-reported "fair" or "poor" health status in the EHC PSA counties were better than the average for Georgia with the exception of Clayton and Peach counties where almost a quarter of the population reported fair to poor health.

Adults Reporting Poor or Fair Health



Source: County Health Rankings, 2022

Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees

Georgia	3086
Clayton	2976
Cobb	2706
Dekalb	2745
Fulton	2345
Gwinnett	2811
Henry	2714
Houston	3576
Peach	4003

Source: County Health Rankings, 2022

Hospitalizations

The leading cause of hospital discharges, excluding deliveries in all six counties is Septicemia. Mental and Behavioral diagnoses and Hypertension and Hypertensive Renal and Heart Disease follow. This is consistent with Emory Healthcare's discharge data.

Among Medicare enrollees, there are fewer avoidable hospitalizations in the 6-county region than in Georgia overall, but there is significant opportunity for prevention in Peach and Houston Counties. Data is not available for the non-Medicare population.

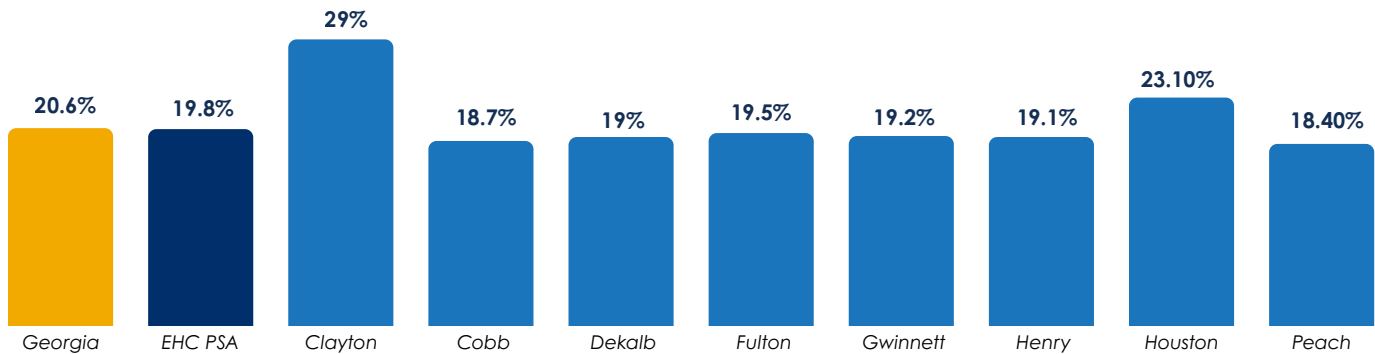
Preventable hospitalizations are defined as hospital admissions that could have been avoided or managed effectively in an outpatient setting with better primary care, preventive services or early intervention.

Health Behaviors

Understanding the health of EHC PSA populations is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

Physical Inactivity

% Adults with no leisure-time physical activity



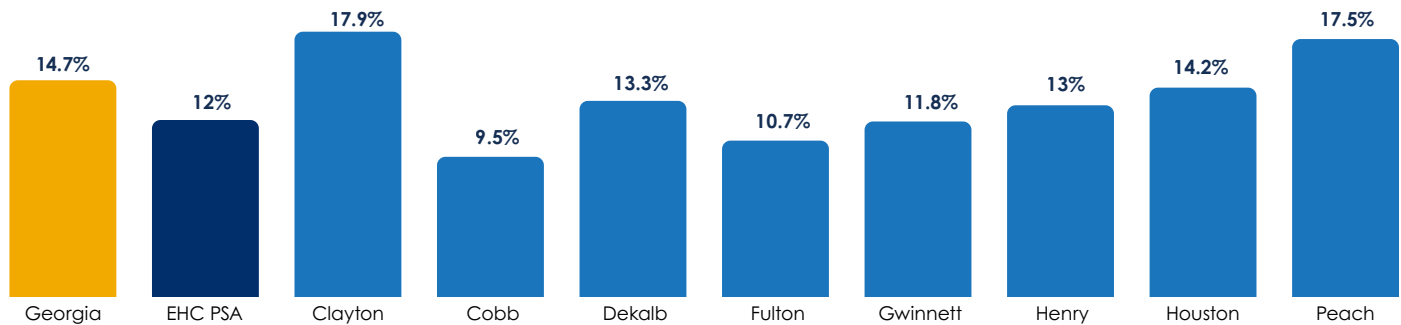
Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022

Smoking & Tobacco Use

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Tobacco use causes a number of diseases including respiratory disease, heart disease, stroke, and cancer.

According to the CDC, in the EHC PSA, adult smoking prevalence in each county ranges from 9.5 % - 17.9%, a notable decrease in each county from the EHC 2022 CHNA.

Self-Reported Tobacco Use



Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022

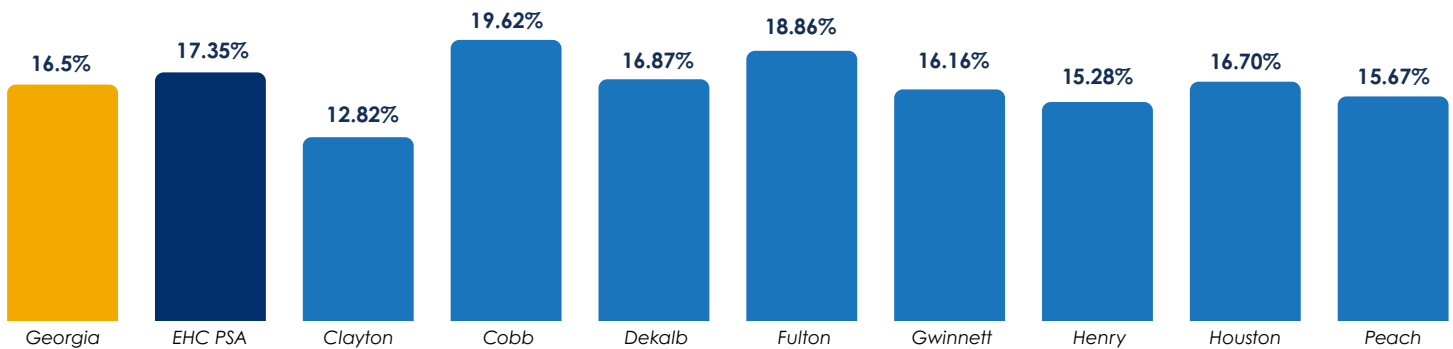
Substance Abuse

Alcohol

Approximately 47.9% of Georgians over 18 drink report drinking alcohol based on a survey asking people if they drank alcohol in the past 30 days.* CDC data shows that 16.5% of Georgians and 17.35 of people in Emory's primary service areas self-report excessive alcohol use. Excessive alcohol use is defined as binge drinking, heavy drinking, and any alcohol consumption by pregnant women or individuals under 21 years of age. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men on a single occasion, according to the CDC. Heavy drinking is defined as 8 or more drinks per week for women and 15 or more drinks per week for men.

In 2025, the US Surgeon General released an advisory stating that alcohol consumption is the third leading preventable cause of cancer in the United States, after tobacco and obesity. Previous "safe levels" of alcohol usage were dispelled and replaced with the conclusion that all alcohol use carries risk. According to the advisory, alcohol causes cancers of the mouth, throat (pharynx), voice box (larynx), esophagus, colon and rectum, liver, breast (in women), stomach and pancreas.

Excessive Alcohol Use



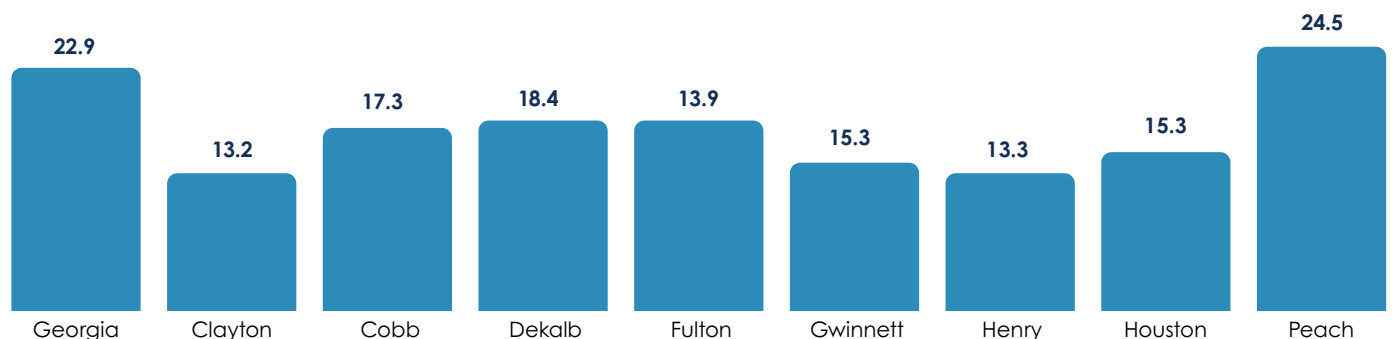
Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022

Other Drug Use

Illicit drug use includes marijuana, cocaine, heroin, hallucinogens, inhalants, and methamphetamines, and the misuse of prescription drugs. Nearly 108,000 drug overdose deaths were reported across the U.S. in 2022.

According to the NIH National Institute on Drug Abuse, Georgia reported a rate of 22.9 deaths per 100,000 persons in 2022. There is some good news, however. After years of significant increases, the age-adjusted rate of opioid deaths did not significantly increase from 2021 to 2022. Opioid death rates are included on page 17.

Opioid Overdose Per 100,000 People



Source: Department of Public Health, 2022

Cancer Screening Behaviors

Cancer screenings are an effective way to identify certain types early in the disease progression and in the case of colorectal screenings, to potentially prevent a cancer from forming. HPV vaccination prevents the Human Papillomavirus (HPV.)

	GA	US
Received at Least One Recommended Colorectal Cancer Screening, Ages 45-75, 2022	66.0	66.9
Had a Mammogram in Past 2 Years, Ages 50-74, 2022	76.3	76.3
Had a Mammogram in Past 2 Years, Ages 40+, 2022	71.2	70.2
Pap Test in Past 3 Years, No Hysterectomy, Ages 21-65, 2020	76.5	77.7
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-17, Both Sexes, 2023	40.5	61.4

Source: US Cancer Statistics Data Visualization Tool, June 2024
& American Lung Cancer Association, State of Lung Cancer Report, 2023

Community Concerns, Observations and Perceptions

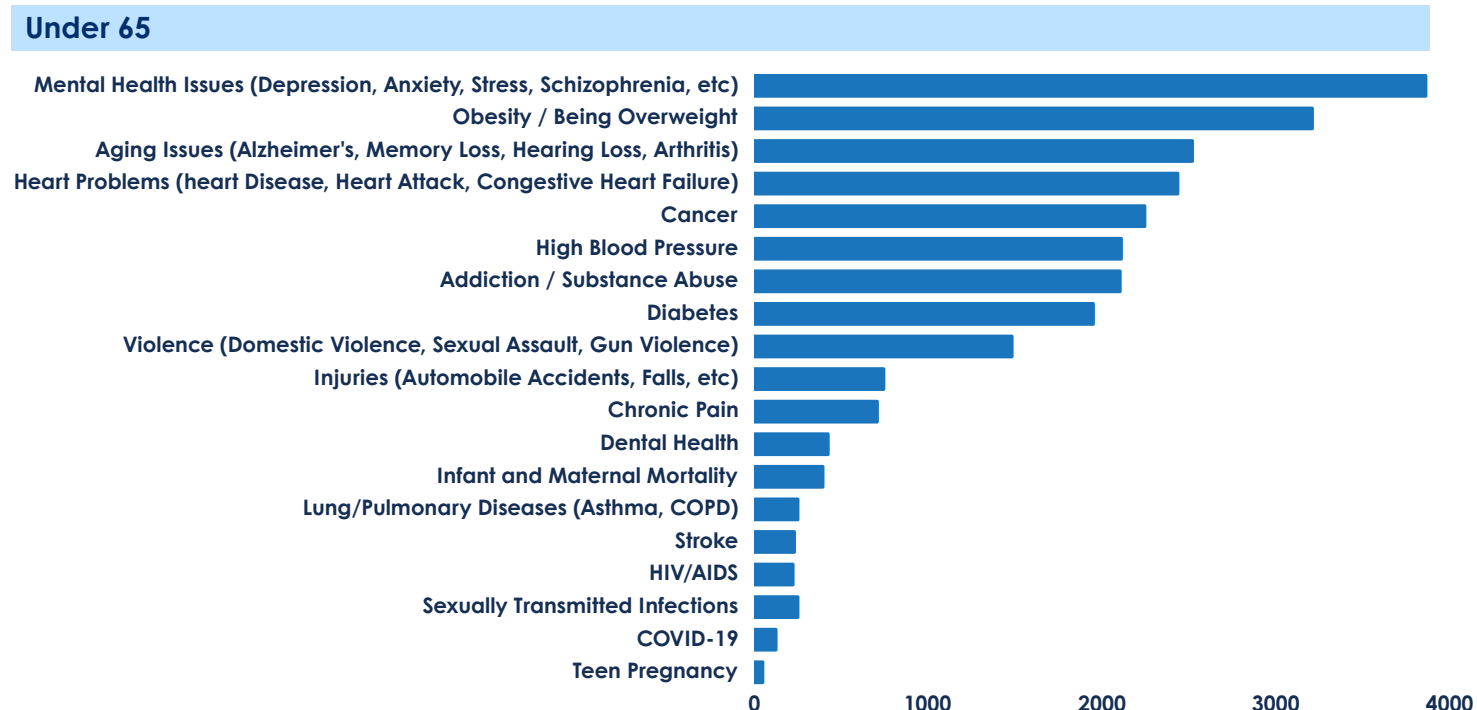
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

In addition, we conducted interviews with various public health officials for their input.

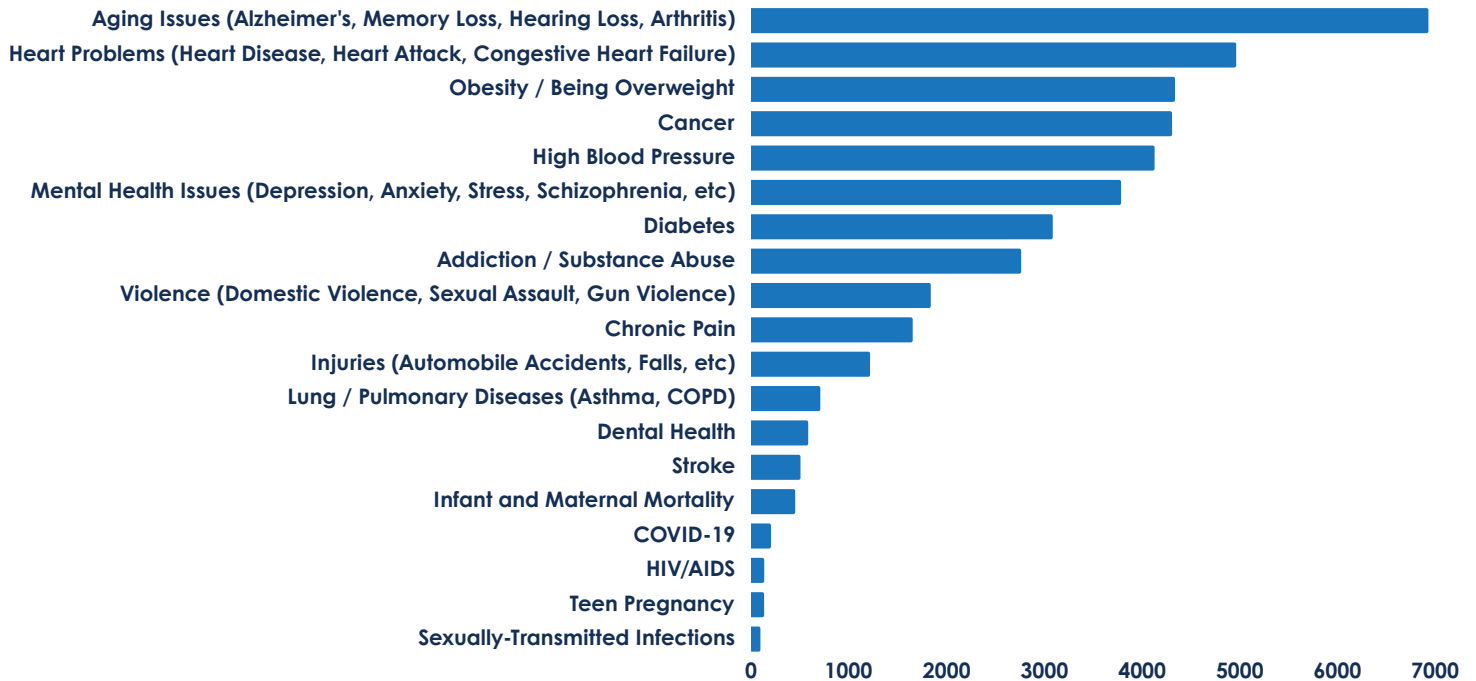
In our survey, we asked communities to tell us how they rated the health of their communities.

Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

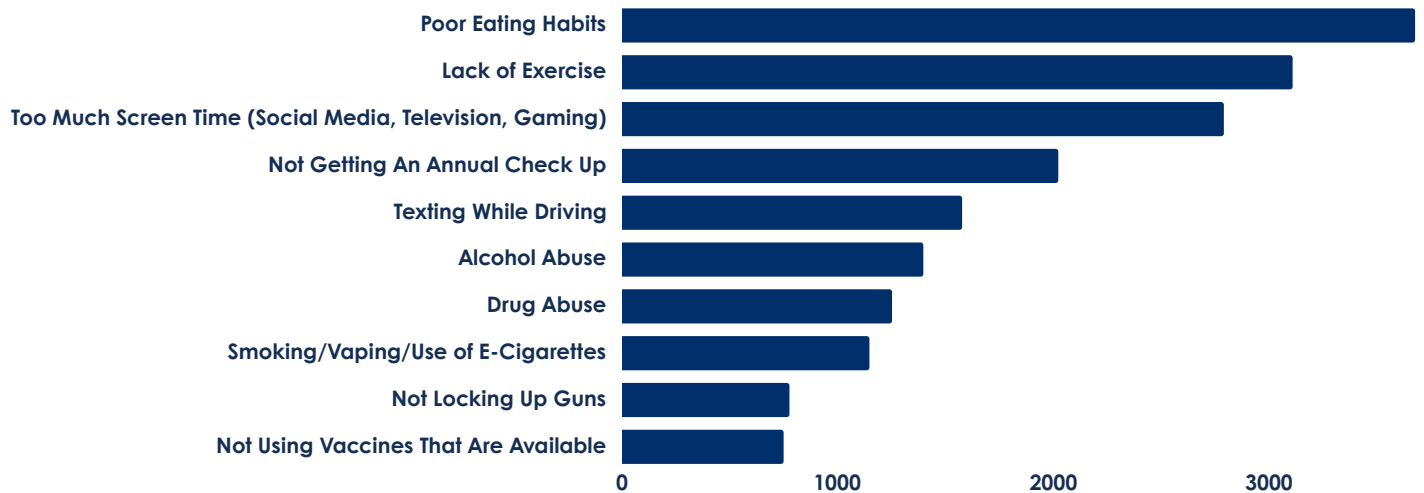


Over 65

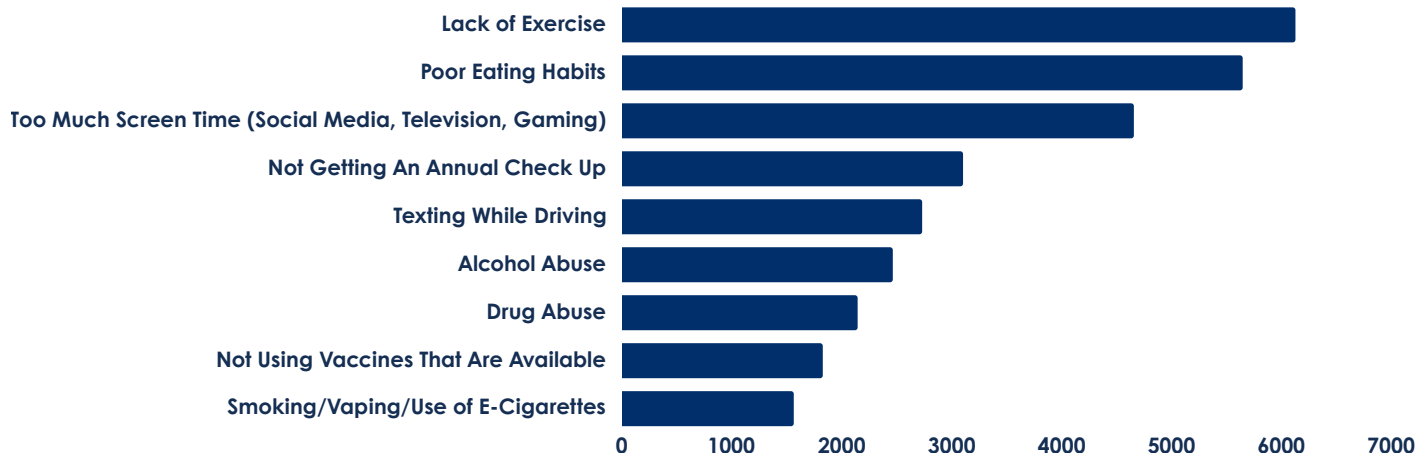


Question: What are the primary behavior factors affecting health in your community?

Under 65

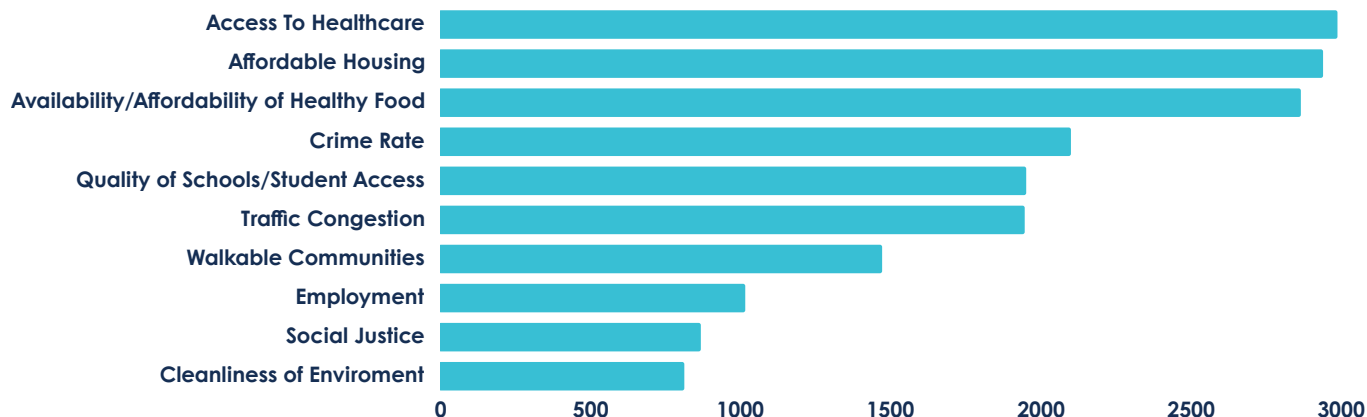


Over 65

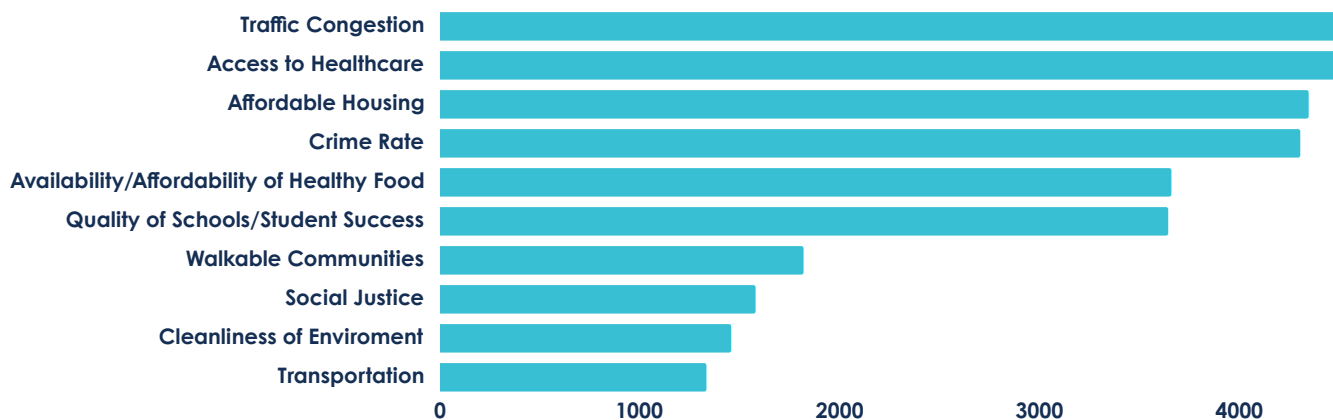


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



In terms of community partner responses, each of the categories: Civic organizations, faith-based organizations, other health providers, government and not-for-profits rated Mental Health as the top health concern in their communities. A list of organizations represented in the survey is attached in **Appendix B**.

In addition to the survey we received additional input through focus groups and interviews.

Additional findings from stakeholder interviews:

- Mental health is a significant community concern and efforts need to include suicide prevention
- Lack of Medicaid expansion in Georgia has been an ongoing concern, but fears there will be a larger crisis of uninsured residents are heightened given recent Congressional action to make cuts to Medicaid and reduce or eliminate tax credits for individuals purchasing insurance through the Affordable Care Act.
- Metro Atlanta has one of the fastest growing rates of sexually-transmitted diseases in the country. This is a significant area of focus for the Cobb, DeKalb, Fulton and Gwinnett county health departments and they are working together to address this issue.
- Access to prenatal care, especially in DeKalb County, is a challenge for immigrant and refugee populations, as well as patients with Medicaid coverage.

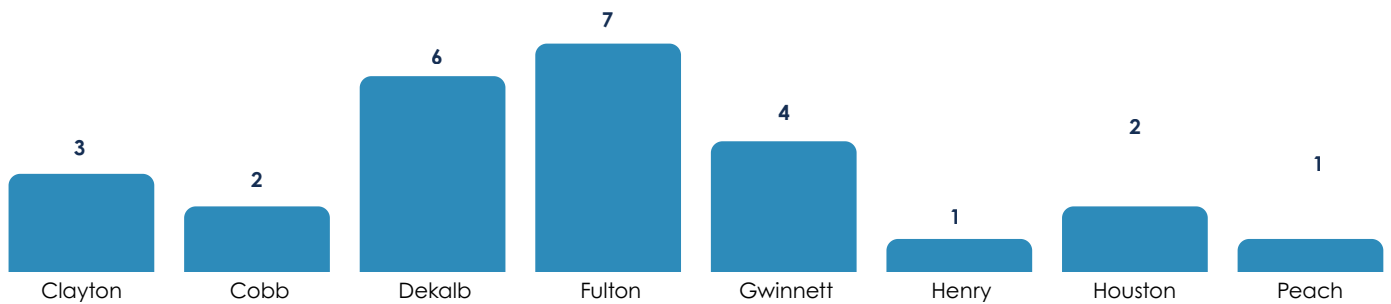
Community Resources

Community resources to address the various issues related to health are too numerous to list in this report. However, Emory Healthcare has a comprehensive list through its partnership with [FindHelp.org](https://findhelp.org), the tool it uses to assist the community in finding support within their communities for resources aimed at addressing social determinants of health. FindHelp.org provides connections to resources for food, transportation, utility assistance, housing and rent assistance and other health care services.

Federally Qualified Health Centers and other free or low-cost providers

The six-county market area has an array of Federally Qualified Health Centers who offer services for a flat fee per visit and a sliding scale based on a patient's ability to pay. These providers frequently operate in a medical home model to make it as easy as possible for patients to get the care they need in one place. Many have dental and mental health providers as part of their services. There are 23 Federally Qualified Health Centers in the 6-county PSA and three in the Central Georgia Primary Service areas.

Federally Qualified Health Centers by County



Source: State Office of Rural Health

In addition, there are a number of free or reduced fee clinics in the primary market areas, focusing primarily on underserved communities. Their capacity, however, is determined by their ability to secure donations and grants. Most rely on volunteers to complement their paid providers and staff.

Emory Healthcare 2025-2028 CHNA Implementation Strategy

Each of the hospitals within Emory Healthcare developed three-year implementation plans to address community needs that were approved and adopted by the associated boards and governing bodies in the Summer of 2025 and are included in this document.

While community priority areas vary somewhat based on the specific needs of the hospital's community, Emory Healthcare will employ four primary strategies to address community health needs across the health system:

- Improve Healthcare Access
- Address Health Disparities
- Disease Prevention and Chronic Disease Management
- Community Education and Wellbeing

The key initiatives outlined in the hospital implementation plans focus on our hospital-based activities. However, as an academic health system, Emory Healthcare also supports community health through physician group efforts, as well as partnerships with various Emory University programs.

Examples of physician group practice and Emory University initiatives impacting the community include the Addiction Alliance of Georgia, the Emory Veterans Program, the Emory Injury Prevention and Research Center among others. Collectively, Emory Healthcare will address the prioritized needs in its 2025 Community Health Needs Assessment, though the hospital implementation plans vary based on the specific priorities of their respective communities.

Appendix A: Data Sources & Information Gaps

In preparing the CHNA, there were several gaps related to timely data. The sources and dates of information are noted under charts and in some instances, data is more than three years old. In those cases, that data was the most recent public data available.

While maternal health and mortality is a known issue in Georgia overall, detailed data is not yet publicly available at the County level.

Likewise, crime reports are provided to the Georgia Bureau of Investigation and the Federal Bureau of Investigation from individual jurisdictions. The reporting is inconsistent. For this report, we were unable to obtain current data.

The following data sources were used to compile this assessment:

- **Alzheimer's Association**

The Alzheimer's Association is a voluntary health organization in Alzheimer's disease care, support and research. The Alzheimer's Association provided estimates of the number of Georgian's living with Alzheimer's in 2020 and the projected number living with Alzheimer's in 2025.

- **Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS)**

The Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) is a system of health-related telephone surveys that collect state data about residents of the United States regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS is designed to be representative of the non-institutionalized population ages 18+ in the United States residing in households with a land-line telephone. The year of the BRFSS data provided by Syntellis and County Health Rankings & Roadmaps is referred to as 2025 data, but the years of data available for each BRFSS data topic varies and the data for specific BRFSS topics might represent a summary of data over a number of years.

- **Department of Health and Human Services' Healthy People 2030**

Healthy People is a Department of Health and Human Services program designed to guide health promotion and disease prevention across the United States. Every decade since 1979, Healthy People has established 10-year goals and targets for the nation. In 2020, Healthy People 2030 was released. Healthy People 2030 include over 355 core objectives in several topic areas to guide efforts to improve the health of the nation by 2030.

- **Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)**

The Georgia Department of Public Health's health data repository, the Online Analytical Statistical Information System (OASIS), provided various mortality statistics and disease incidence at the county level for Georgia. While information is available based on race and ethnicity, information is not available based on income. The most recent year of available data is 2023.

- **Syntellis**

Syntellis is a software product Emory Healthcare uses to aggregate and analyze data. It was used to provide ZIP code, county, and state level demographics information including population statistics for 2024 and 2029; projected 5-year population growth; age distribution; race/ethnicity distribution; gender distribution; education level distribution; household income distribution; insurance coverage distribution; and prevalence rates for specific conditions.

The prevalence rates are based on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (see CDC BRFSS section above for additional information). The type of demographics and prevalence rate data available is limited to the reports available through Syntellis' product. In some instances, the level of detail desired whether by age, income level, race/ethnicity was not available.

- **Kaiser Family Foundation**

The Kaiser Family Foundation (KFF) is a non-profit organization focusing on national health issues and the U.S. role in global health policy. KFF is a non-partisan source of facts, analysis, and journalism for policymakers, the media, the health policy community, and the public. For purposes of the needs assessment, KFF provided statistics on maternal mortality.

- **National Cancer Institute Surveillance, Epidemiology, and End Result Program (SEER)**

The National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program provides information on cancer statistics in an effort to reduce the burden of cancer among the United States population. SEER collects data on cancer cases from various locations and sources throughout the country. SEER began its data collection in 1973 and continues to expand to include even more areas and demographics. SEER data provides insight into cancer statistics at the national level and in Georgia.

- **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is conducts and supports medical research and research training and disseminates science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life

- **National Institute for Mental Health**

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. NIMH is one of the Institutes and Centers that make up the National Institutes of Health (NIH), the largest biomedical research agency in the world. NIH is part of the U.S. Department of Health and Human Services (HHS). For the needs assessment, NIMH provided statistics on mental health.

- **National Institute on Drug Abuse**

The mission of the National Institute on Drug Abuse (NIDA) is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. NIDA is one of the Institutes and Centers that make up the National Institutes of Health (NIH), the largest biomedical research agency in the world. NIH is part of the U.S. Department of Health and Human Services (HHS). For purposes of the needs assessment, NIMH provided statistics on drug abuse.

- **Neighborhood Atlas®, Center for Health Disparities Research, University of Wisconsin School of Medicine and Public Health 2019 Area Deprivation Index**

Neighborhood Atlas is a website created to share measures of neighborhood disadvantage with the public. Living in a disadvantaged neighborhood has been linked to a number of healthcare outcomes, including higher rates of diabetes and cardiovascular disease, increased utilization of health services and earlier death.

- **Neighborhood Nexus**

Neighborhood Nexus is a regional information system, providing data, tools and expertise as a catalyst to create more equitable and livable communities for all of the region's citizens. Their mission is to build a culture of data-informed decision-making among Georgia's social sector.

- **Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps**

On an annual basis, the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation releases County Health Rankings & Roadmaps, a report that provides an overview of the health of each individual state and each county within a state. The report ranks the health of each county in a state in comparison to the health of the other counties in the state. The rankings are determined based on county-level data from a variety of national and state data sources including the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (see CDC BRFSS section above for additional information). County Health Rankings & Roadmaps data is not available based on race, ethnicity, or income.

- **United States Bureau of Labor Statistics**

The Bureau of Labor Statistics is the principal fact-finding agency for the federal government in the broad field of labor economics and statistics. The Bureau provided county and state level unemployment data. The data utilized in the report is based on statistics from December 2021.

- **U.S. Census Bureau American Community Survey**

The U.S. Census Bureau conducts the American Community Survey annually for detailed demographic and housing data.

- **United Health Foundation's America's Health Rankings**

On an annual basis, the United Health Foundation releases America's Health Rankings, a report that provides an overview of the nation's health and the health of each individual state. America's Health Rankings provides a basis for comparing the health of the states in the nation by ranking states from 1 to 50. The rankings are provided for a variety of measures of health using data from a variety of sources. America's Health Rankings data is not available based on race, ethnicity, or income. Data is only available at the state level. The most recent year of available rankings is 2021.

Appendix B : Community Input Summary

The community health needs assessment survey was sent to community organizations as well as individuals. Among the survey respondents, more than 200 people identified themselves as representatives of community-based organizations, including faith-based communities, civic associations, health care providers and insurers, fraternities and sororities, and other not-for-profit organizations. Below is a list of organizations represented:

AAO Leadership Academy
Atlanta Black Nurses Association
Aetna
Albany Area Primary Health Care
Alive Wesleyan
Alpha and Omega HIV/AIDS Foundation and Health Initiatives International, Inc.
Alzheimer's Association
Amberwood Neighborhood Watch
American Heart Association
American Legion
American Myalgia Encephalomyelitis and Chronic Fatigue Syndrome Society (AMMES)
Amsler Estate Homeowners Association
Anniston Medical Clinic
ARCHI
Asbury Towers
Atlanta Bible Baptist Church
Atlanta Diabetes Associates
Attainable Housing Task Force
Bethel Baptist Church
Big Bethel AMEC
Big Miller Grove Baptist Church
Bold Springs Church
Brookhaven at Johns Creek
Bruton Parish Episcopal Church
Calvin Court Independant Living Community
Camp Creek Church of Christ
Canterbury Court
Cardiology of Atlanta
CDC
Celebrate Recovery
Center for Black Women's Wellness
Center for Movement Challenges (Parkinson's/ MS... not for Profit 5013c) Georgia
Center for Peace
CEP Cognitive Empowerment Program at Emory
Children's Healthcare of Atlanta
Choice Therapy
Christ Our Hope Catholic Church
Christian Fellowship Baptist Church
Clairemont Gateway Association
Clairmont Heights Neighborhood
Clairmont Oaks Independent Living
Clairmont Place
Clarkston First Baptist
Clayton County Police Dept

Coffee Regional Medical Center
Communities of Hope
Common Sense
Community Care Clinic of Highlands-Cashiers
Community Center Church
Connected to the Vine Ministries-Written Expressions
Creative Minds Adult Autism Group
Disabled American Veterans
Decatur Divas Red Hat Society
Decatur Presbyterian Church
Decatur-Area Emergency Assistance Ministry (DEAM)
DeKalb County School District
DeKalb Democratic Committee
Disabled American Veterans
Disabled Veteran
Druid Hills Civic Association
Dunwoody United Methodist Church
East Cobb Pediatrics
Emory University
Emory Autism Resource Center
Emory Healthcare
Emory Johns Creek Volunteer Association
Emory Patient Family Advisors
Emory University School of Medicine
Epilepsy Foundation
Family Physicians Acworth
Family Promise of New Rock
Fayette County Board of Education
Federal Emergency Management Agency
Feeding GA Families
First Assembly Apostolic Church
First Baptist Church Albany
First Baptist Church I East Point
First Christian Church of Perry
Five Loaves Two Fish
Floyd Medical Center
Free Chapel
Friends of Palmetto Library, Inc.
Front Runners Atlanta
Fulton County Board of Health
Fulton County Schools
Georgia Arrythmia Consultants and Research Institute
Georgia Association for Prader-Willi Syndrome
Georgia Association of Deaf Blind
Georgia Cancer Specialists
Georgia Dental Hygienists Association

Georgia Ob/Gyn Society
Gideons
Glenn Memorial United Methodist Church
Global Federation of Chinese Business Women Atlanta Chapter
Global Methodist Church
Global Refuge
Good News At Noon
Good Shepherd Clinic
Good Shepherd Episcopal Church
Grady Health System
Greater Piney Grove Baptist Church
Greater Turner Tabernacle AME Church Social Action
Greenforest Community Baptist Church
Georgia State University
Gwinnett County Schools
Gwinnett Senior Golden Games
Habitat for Humanity International
Hall County DFACs
Healthy Hearties
Healthy Mothers Healthy Babies
Heart of the Matter Ministries
Highland Park Civic Association
Highland Park Homeowners Association
Hillside Presbyterian Church Food Pantry
Hineni: Toco Hills Mental Health Initiative
HIV Housing Advocacy
Holbrook Woodstock Independent Living
Holy Cross Lutheran Athens
Homeless Coalition of Cherokee County
Hopewell Missionary Baptist Church
Humana Health Care
Interfaith Children's Mission
Ivy Community Foundation
Jefferson Park Community
Kaiser Permanente
Kate's Club
Kidney Foundation
Kiwanis
Kennesaw State University
Lakes of Old Peachtree HOA
Landmark/Optum
Let Life Live, Inc.
Lifeline
Life Transition Ministry
Lilburn Cooperative Ministry
Los Vecinos de Buford Highway
Marietta Senior Towers
McConaghie Counseling
MedCura Health
Mercy Housing
Metro Atlanta Ambulance
Maternal Health Innovation Program (HRSA)

Michael Spiegel, O.D, P.C
Morningside Lenox Park Association
Mount Hermon Baptist Association
Mount Pleasant Baptist Church
NETWorks Cooperative Ministry
New American Pathways
New Birth Missionary Baptist Church
New Generation
New Life Church
North DeKalb Lions Club
Northside Baptist Church
Northside Hospital
Oak Grove Civic Association
Oak Street Health
Oakhurst Baptist Church
Omega Psi Phi Fraternity, Inc
Open Range Cowboy Church
Park Springs Continuing Care Retirement Community
Partnership for Community Action
Peace Baptist Church
Philips Tower
Physicians Care Clinic
Piedmont Healthcare
Piedmont Macon Healthcare
Presbyterian Homes of GA, Inc. (Athens, GA)
Prince of Peace
Providence Harbour HOA
People Without Walls
Reaching Our Sisters Everywhere, Inc.
Recover Revive Reclaim Life of Revival of Power Ministries Inc
Regulate Guns not Women
Retired Teachers Association of Georgia
River District Neighborhood
River Edge Behavioral Health
Rockdale Coalition of Children and Families
City of Roswell
Rotary Club of Johns Creek
Rusty Fray Counseling
Ryan White HIV/AIDS program
Salem Baptist Church
Salvation Army advisory committee
Sandy Springs Conservancy
South DeKalb Improvement Association Education
Serenity House
Sheltering Arms
Shepherd of the Hills UMC
Snellville Community Church
Southeast Medical Group
Southside Baptist Warner Robins
Special Needs Cobb
St Brendan the Navigator Catholic Church
St Gregory the Great Episcopal Church

St Vincent de Paul
St. Bartholomew's Episcopal Church
St. Paul AME Worship Center
St. Peter Youth
Starlight Heights Neighborhood
Sts. Peter and Paul Catholic Church, food pantry
SWGA LUPUS SUPPORT GROUP
Task Force for Global Health
Taylor Medical Services
A Reckless Faith Transitional Society, Inc.
The Caregiver's Journey Foundation
The Clairemont
The Davis Academy
The Door
Toco Hills Community Alliance
Tree Creek Condo Community
Tricare
Tried, But Not Defeated Ministries
Troup County Schools
Troup Together
Tuff Tower Foundation
Tucker UMC
Twelve Stone Church
University of Georgia
United Healthcare
Union Baptist Church
Union County Schools
United For Respect
United Health Care
United Women of Faith
Urban League of Greater Atlanta
Veterans Affairs
Vertical Veterans Inc
Victory Church
Villa international
Vining's Civic Club
WellStar West Georgia Medical Center
West Oaks Women
Westfield Square
Westminster Christian Fellowship
Westwood With a Vision Community Group
Where The Heart Is, LLC
Winship Cancer Institute of Emory University
Women Educating Women
Women of Destiny Inc
Women Veterans
Women's Entrepreneurial Opportunity Project, Inc.
Word of Faith Christian Cathedral
Wounded Warrior Program
YMCA
Yogis Choice Yoga Wellness Vibes
Zeta Phi Beta

Appendix C: 2022 Implementation Plan Assessment

In 2022 EHC conducted a community health needs assessment (CHNA) to assess the needs of the community using quantitative data and input from individuals representing the broad interest of the community. Using the report, EHC identified four broad categories under which it would address the health needs of our community:

- **Improve Health Care Access**
- **Address Health Disparities**
- **Disease Prevention and Chronic Disease Management**
- **Community Education and Wellbeing**

The health needs priorities in the CHNA were:

- **Issues related to aging**
- **Mental Health**
- **Cancer, Cardiovascular Diseases and related factors – obesity, high blood pressure and diabetes**

With contributing behavioral and environmental influences contributing to those issues including:

- **Crime/violence**
- **Substance abuse/addiction**
- **Access and affordability of health care**

In 2022, EHC and its hospitals developed actions to outline how we planned to address the identified health needs of the community we serve. Through these actions, EHC strived to improve the overall health of our community, while delivering the best possible care to our patients.

As part of the 2025 CHNA process, an assessment of the 2022 implementation plans were conducted to gauge progress in affecting the identified community needs over the past three years. The following is a summary of the health priorities identified in 2022 and examples of EHC programs and partnerships in each area over the past three years.

Improve Health Care Access

Increased Access to Providers	<p>Emory Healthcare launched a focused effort in 2022 to increase community access to providers. This included the addition of 289 providers from 2022 through 2025. In addition, the Emory Healthcare:</p> <ul style="list-style-type: none"> • added online self-scheduling • added a Fast Pass system where patients can be notified if an earlier appointment becomes available • added tools to proactively reach out to patients • improved call center response times, and • improved processes that caused a decline in patient appointment disruptions <p>Emory Healthcare also expanded virtual care and formed relationships with several new network organizations to expand access in low-capacity specialties</p>
Providing care in health care deserts and rural communities	<p>Emory Healthcare provides expanded access to intensive care services to rural Georgia through its eICU services at various hospitals across the state. In addition, it provides pre-hospital and ambulatory virtual emergency services to EMTs in 17 rural counties in Georgia, jumpstarting the treatment process before patients arrive at the hospital.</p>
Employer Partnerships	<p>Through partnerships with large employers in Atlanta, Emory Healthcare works to provide access for the community and promote health and wellness. EHC has established workplace clinics with a number of large employers.</p>
EHC Veterans Program	<p>The Emory Healthcare Veterans Program (EVHP) is dedicated to healing the invisible wounds of our veterans through innovative clinical care, research, and education. EVHP provides expert, collaborative care for post-9/11 veterans and service members, living in any area of the country. All services are provided at no cost to the veteran</p>
Expanded Behavioral Care Services	<p>Emory Healthcare embarked on a \$22 million expansion for psychiatric and behavioral health at Emory Decatur Hospital. The new two-floor unit has 32 inpatient beds. Outpatient services have also been expanded to include Transitions Group Therapy</p>
Emory Connected Care Program	<p>In the spring of 2025, Emory Healthcare launched a connected care program at its Midtown, Decatur and Hillandale campuses with a fulltime nurse, social worker and community health worker to help patients who need assistance in connecting with a medical care home and community services after discharge.</p>
Faith Community Nursing Program	<p>Emory Saint Joseph's Faith Community Nursing Program continued to grow, training nurses to provide wellness coaches to patients with chronic illnesses at high risk of readmission to the hospital. Coaches assist patients with:</p> <ul style="list-style-type: none"> • Symptom management • Medication compliance and education • Home Healthcare • Community resources and support • Health and wellness coaching and lifestyle changes • Spiritual and emotional support • Social determinants of health

MedShare Donations	Emory Healthcare donates surplus supplies to MedShare so they can provide critical access to supplies and equipment to hospitals in the developing world.
Emory Proton Center	The Emory Proton Center expands access to life-saving proton therapy for cancer patients. The Proton Center is the only facility of its kind in Georgia.
Expanded Hours	Emory Healthcare has expanded its hours for radiology services to make access possible for people unable to make weekday appointments.
Building the health care workforce of the future	<p>Emory Healthcare hospitals provide multiple opportunities for internships and residencies for students in college level or above health programs.</p> <p>In addition, several Emory hospitals mentor students through programs like the Cristo Rey High School work study program program and the McClure Health Science High School program where students are employed by the hospital as part of their high school curriculum.</p>
Post discharge support	Emory Healthcare works with several community partners to assist patients in their health care journey after discharge. For example, Johns Creek Hospital established a partnership with Navigate Recovery to provide 24-hour case worker support to any patient needing help with addiction. Emory Hillandale Hospital works with the Sickle Cell Foundation, who provides a community health workers to assist patients leaving the hospital. Diabetic patients can take advantage of a free online diabetes support group in partnership with Diabetes You Can Win.

Addressing Health Disparities

Collect and Analyze Social Determinants of Health Data	Emory Healthcare began collecting data on patients' social determinants of health and created a dashboard for use by the health impact and quality teams to formulate interventions to assist patients whose health is impacted by social determinants.
Creation of Office of Health Impact	In 2024, Emory Healthcare created a department of Health Impact to address health disparities with internal and external (community) interventions. A vice president of health impact was hired and resources allocated to ensure Emory Healthcare is providing the highest quality health care for all people.
Training staff to provide culturally competent care	Emory Healthcare implemented cultural competency and unconscious bias training modules within its online employee learning system.
Community Health Worker Programs	Emory Healthcare began three community health worker programs to connect patients at risk to community and health resources. One pilot works with mothers and babies identified through the Emory Decatur Hospital Neonatal Intensive Care Unit, and a second focuses on patients in the emergency departments and a third focuses on follow up for patients discharged with diabetes. This program is slated for expansion in 2026.

Initiatives for Patients Experiencing Homelessness	Emory Healthcare health impact and case management leaders serve in an advisory capacity for a City of Atlanta initiative to provide recuperative housing for patients experiencing homelessness. In addition, Emory is partnering with agencies who provide support for chronically homeless patients to assist with resource coordination and navigation to medical homes.
Violence Prevention Program	The Violence Prevention Program at Emory Hillandale Hospital is a comprehensive and holistic strategy geared toward reducing violence and minimizing its harmful impacts on individuals and communities. The Violence Prevention Program (VPP), launched in Spring 2024, seeks to make communities safer by interrupting the cycle of violence through prevention, intervention, and healing.

Disease Prevention and Chronic Diseases Management

Community Wellness Center	Emory Decatur Hospital operates a medical fitness center that offers exercise and wellness programs tailored to individual medical needs, focusing on preventive health and disease management, in addition to general fitness. The Wellness Center also offers cardiac and pulmonary rehabilitation.
Food is Medicine Programs	Emory Healthcare established a Food as Medicine program that includes: <ul style="list-style-type: none"> • A partnership with Open Hand Atlanta to host Cooking Matters 6-week food and nutrition course that includes complimentary produce prescriptions for participants. • Teaching Kitchens at hospital campuses for employees and the community • Bi-monthly farmers markets with Eat Right Atlanta available for staff and community • Community gardens • An online diabetes support group
Blood Pressure Screenings	Emory Healthcare participates in the Atlanta Hypertension Initiative and provides education and screenings for high blood pressure.

Community Education and Wellbeing

Community Health Education	<p>Emory Healthcare offers free education to the community through its speakers bureau and presence at community events. Some of these initiatives included:</p> <ul style="list-style-type: none"> • Emory Decatur Hospital and Emory Hillandale Hospital partnerships with five senior centers for monthly health talks for a total of 60 educational events a year reaching approximately 1800 people • Emory Healthcare partnership with DeKalb County School System employee wellness program for free monthly speaker series and website portal to house videos of talks for the 14,000 employees of the school system and their families. • Active participation in the Clarkston Health Coalition with outreach to immigrant and refugee populations • Community Stroke Prevention and Outreach Fairs • Wellness Wednesdays health education program at House of Hope Atlanta Church • Community Garden at Emory Hillandale Hospital and Yoga in the Garden events open to the community
Community building	<p>Emory Healthcare routinely hosts events to encourage networking and collaboration among community organizations with synergistic missions. Some of these efforts include: Quarterly Community Breakfasts bring together community organizations to collaborate on various health issues (quarterly at Emory Hillandale and Emory Decatur Hospital since 2023, quarterly at Emory University Hospital Midtown since 2025)</p> <p>The Emory Healthcare DeKalb Health Summit has brought together the County, the public health department, providers and community organizations to collaborate on solutions for DeKalb County's most pressing health issues. This event has taken place annually for three years.</p> <p>The Emory Violence Prevention Symposium brings government, school systems, researchers and community organizations together to discuss collaborative approaches to reducing violence.</p>
Health Education via Social Media	<p>On a monthly basis, Emory Healthcare's social media team plans and implements posts that educate the public about health and health care. These posts sometimes dispel rumors and myths and provide factual information and resources for topics in the mainstream media.</p>
CPR/AED Hands only training	<p>Emory Healthcare is training at least 4000 people in hands-only CPR/AED through its One Trained at Every Game initiative. Partnering with area high schools, its professional sports teams, and other community organizations, the goal is to improve the public's likelihood to perform bystander CPR when faced with a cardiac emergency.</p>
Maternal health education campaign	<p>As part of obstetrics care the #Notonmywatch campaign consists of staff training and engagement to educate and make patients aware of maternal health risks and concerns. Educational materials are distributed along with face-to-face education to families to provide information about on post-birth warning signs, safe sleep, and breastfeeding benefits.</p> <p>In addition, Emory Healthcare hosted community programming to recognize Black Maternal Health Week in April 2024 and 2025.</p>

Appendix D: World Health Organization Cause of Death Classifications

The World Health Organization defines the underlying cause of death as the disease or injury that initiated the sequence of events leading directly to death or as the circumstances of the accident or violence that produced a fatal injury. The World Health Organization has defined a list of sixteen cause of death categories. Each cause of death category includes a variety of conditions. The cause of death categories and associated conditions are outlined below.

Disease Classification & Associated Conditions	Description
Infectious and Parasitic Diseases	<i>Includes the most common of the infectious and parasitic diseases.</i>
Blood Poisoning (Septicemia)	A systematic disease caused by pathogenic organisms or their toxins in the bloodstream.
HIV/AIDS	HIV is a retro-virus, formerly known as HTLV-III that causes the disease of the immune system known as AIDS.
Tuberculosis	A communicable disease of humans and animals caused by the microorganism, <i>Mycobacterium tuberculosis</i> , and manifesting itself in lesions of the lung, bone, and other body parts.
COVID-19	COVID-19, virus identified. Includes only cases confirmed by laboratory testing. Does not include cases diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available.
Cancers	<i>The uncontrolled growth of abnormal cells which have mutated from normal tissues. Cancer can kill when these cells prevent normal function of affected vital organs or spread throughout the body to damage other key systems</i>
Oral Cancer	Involves abnormal, malignant tissue growth in the mouth.
Throat Cancer	Involves a malignant tumor of the esophagus (the muscular tube that propels food from the mouth to the stomach).
Stomach Cancer	Involves a malignant tumor of the stomach.
Colon Cancer	Colon and rectum cancers arise from the lining of the large intestine.
Liver Cancer	Involves a malignant tumor of the liver.
Pancreatic Cancer	Involves a malignant tumor of the pancreas.
Lung Cancer	Involves a malignant tumor of the lungs.
Skin Cancer	Involves malignant skin tumors involving cancerous changes in skin cells.
Breast Cancer	Involves a malignant growth that begins in the tissues of the breast.
Cervical Cancer	Involves a malignant growth of the uterine cervix, the portion of the uterus attached to the top of the vagina
Uterine Cancer	Involves cancerous growth of the endometrium (lining of the uterus).
Ovarian Cancer	Involves a malignant neoplasm (abnormal growth) located on the ovaries.
Prostate Cancer	Involves a malignant tumor growth within the prostate gland.
Testicular Cancer	Involves an abnormal, rapid, and invasive growth of cancerous (malignant) cells in the testicles (male sex glands adjacent to the penis).
Bladder Cancer	Involves a malignant tumor growth within the bladder. Bladder cancers usually arise from the transitional cells of the bladder (the cells lining the bladder).
Kidney Cancer	Involves the growth of cancerous cells in the kidney and its subdivisions or calyces that empties urine into the ureter, which leads to the bladder.
Brain Cancer	Involves a mass created by growth of abnormal cells in the brain.
Lymph Cancer (Hodgkin's Disease)	A sometimes fatal cancer marked by enlargement of the lymph nodes, spleen, and liver.
Leukemia	Any of various neoplastic diseases of the bone marrow involving uncontrolled proliferation of the white or colorless nucleated cells present in the blood, usually accompanied by anemia and enlargement of the lymph nodes, liver, and spleen.

Appendix D:

World Health Organization Cause of Death Classifications

Disease Classification & Associated Conditions	Description
Blood Diseases (Anemias)	A deficiency in the oxygen-carrying material of the blood, measured in unit volume concentrations of hemoglobin, red blood cell volume, and red blood cell number.
Sickle Cell Anemia	A hereditary anemia marked by the presence of oxygen-deficient sickle cells, episodic pain, and leg ulcers.
Endocrine, Nutritional, and Metabolic Diseases	A series of diseases or conditions related to various endocrine, nutritional and metabolic disorders.
Diabetes	A life-long disease marked by elevated levels of sugar in the blood. It can be caused by too little insulin (a chemical produced by the pancreas to regulate blood sugar), resistance to insulin, or both.
All other Endocrine, Nutritional and Metabolic Diseases	
Mental & Behavioral Disorders	Any of a series of mental and Behavioral disorders, which may be developmental or brought on by external factors.
Disorders Related to Drug Use	Disorders Related to Drug Use are the misuse or overuse of any medication or drug, including alcohol and tobacco.
All Other Mental and Behavioral Disorders	
Nervous System Diseases	Includes diseases of the central and peripheral nervous systems, including degenerative conditions of the nervous systems.
Alzheimer's Disease	A severe neurological disorder marked by progressive dementia and cerebral cortical atrophy.
Parkinson's Disease	A progressive neurological disease, characterized by muscular tremor, slowing of movement, partial facial paralysis, peculiarity of gait and posture, and weakness.
All Other Diseases of the Nervous System	
Major Cardiovascular Diseases	Diseases related to the major parts of the circulatory system.
High Blood Pressure (Hypertension)	A disorder characterized by high blood pressure; generally this includes systolic blood pressure consistently higher than 140, or diastolic blood pressure consistently over 90.
Rheumatic Fever & Heart Diseases	A severe infectious disease occurring chiefly in children, marked by fever and painful inflammation of the joints and often resulting in permanent damage to the heart valves.
Hypertensive Heart Disease	A late complication of hypertension (high blood pressure) that affects the heart
Obstructive Heart Diseases (Ischemic Heart Diseases, includes Heart Attack)	Patients with this condition have weakened heart pumps, either due to previous heart attacks or due to current blockages of the coronary arteries. There may be a build-up of cholesterol and other substances, called plaque, in the arteries that bring oxygen to heart muscle tissue.
Stroke	The sudden severe onset of the loss of muscular control with diminution or loss of sensation and consciousness, caused by rupture or blocking of a cerebral blood vessel.
Hardening of the Arteries	A disease characterized by thickening and hardening of artery walls, which may narrow the arteries and eventually restricts blood flow.
Aortic Aneurysm & Dissection	This is a condition in which there is bleeding into and along the wall of (dissection), or the abnormal widening or ballooning of (aneurysm), the aorta (the major artery from the heart).
All Other Diseases of Heart	
Respiratory Diseases	Diseases related to the process or organs involved in breathing.
Flu	An acute infectious viral disease marked by inflammation of the respiratory tract, fever, muscular pain, and irritation of the bowels
Pneumonia	An acute or chronic disease caused by viruses, bacteria, or physical and chemical agents and characterized by inflammation of the lungs.

Appendix D:

World Health Organization Cause of Death Classifications

Disease Classification & Associated Conditions	Description
Bronchitis	Acute or chronic inflammation of the mucous membrane of the bronchial tubes.
Emphysema	
Endocrine, Nutritional, and Metabolic Diseases	<i>A series of diseases or conditions related to various endocrine, nutritional and metabolic disorders.</i>
Diabetes	A life-long disease marked by elevated levels of sugar in the blood. It can be caused by too little insulin (a chemical produced by the pancreas to regulate blood sugar), resistance to insulin, or both.
All other Endocrine, Nutritional and Metabolic Diseases	A pulmonary condition characterized by dilation of the air vesicles in the lungs following atrophy of the septa, resulting in labored breathing and greater susceptibility to infection.
Asthma	A chronic respiratory disease, often arising from allergies and accompanied by labored breathing, chest constriction, and coughing.
All other Chronic lower respiratory diseases	
Digestive System Diseases	<i>Includes diseases associated with the organs necessary for the digestion of food.</i>
Alcoholic Liver Disease	Any disease or disorder that affects the function of the kidneys.
Kidney Infections	These are infections of the kidney and the ducts that carry urine away from the kidney (ureters).
All other Diseases of the genitourinary system	
Bone and Muscle Diseases	<i>Diseases of the musculoskeletal system and connective tissue.</i>
Pregnancy and Childbirthing Complications	<i>Complications to the mother associated with pregnancy, childbirth and the time period surrounding these events.</i>
Fetal & Infant Conditions	<i>Conditions to the fetus/child associated with the period of time near birth.</i>
Prematurity	Disorders related to short gestation and low birth weight, not elsewhere classified.
Lack of Oxygen to the Fetus	Any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
Respiratory Distress Syndrome	Respiratory distress syndrome of the newborn, also called hyaline membrane disease, is a lung disorder that primarily affects premature infants and causes increasing difficulty in breathing.
Birth-related Infections	Infections specific to the period of time near birth.
Birth Defects	<i>A physiological or structural abnormality that develops at or before birth and is present at birth, especially as a result of faulty development, infection, heredity, or injury.</i>
Neural Tube Defects	A defect occurring early in fetal development that damages the primitive tissue which will become the brain and spinal cord.
SIDS	<i>Sudden infant death syndrome (SIDS) is the unexpected, sudden death of any infant or child under one year old in which an autopsy does not show an explainable cause of death.</i>
External Causes	<i>All causes that affect the human body that originate from an external source.</i>
Motor Vehicle Crashes	Consists of all accidents in which any motorized vehicle (car, truck, motorcycle, etc.) was involved, including ones involving motor vehicles injuring pedestrians or bicyclists.
Falls	All accidental injuries caused by an individual losing their balance.
Accidental Shooting	Injury as a result of the accidental discharge of a firearm.
Drowning	Drowning from being submerged in water or other fluid.
Fire & Smoke Exposure	Accidental exposure to smoke, fire and flames
Poisoning	The act of ingesting or coming into contact with a harmful substance that may cause, injury, illness, or death.

Appendix D:
World Health Organization Cause of Death Classifications

Disease Classification & Associated Conditions	Description
Suffocation	Suffocation from items in bed, inhalation of gastric contents, food, airtight space, or plastic bag.
All Other Unintentional Injury	Add to motor vehicle crashes, falls, accidental shooting, drowning, fire & smoke exposure, poisoning, and suffocation to obtain all unintentional injury.
Suicide	The act or intention of intentionally killing oneself.
Homicide	The killing of one person by another.
Legal Intervention	The act of an individual being harmed as a result of official legally approved intervention, such as being harmed by law enforcement during the commission of a crime, or being put to death. Does not include harm caused through an act of war.

EMORY DECATUR HOSPITAL



2025 Community Health Needs Assessment

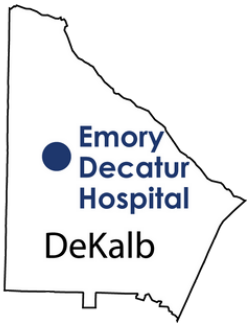
Overview of Emory Decatur Hospital

Caring for the community is a long-standing priority at Emory Decatur Hospital (EDH). Founded in 1961 as DeKalb General and later known as DeKalb Medical, Emory Decatur Hospital joined Emory Healthcare in 2018 to become part of Georgia's most comprehensive academic health system.

Emory Decatur Hospital has 451 beds and offers emergency services, heart and vascular care, oncology, gastroenterology, orthopaedics, maternity care, behavioral health, rehabilitation care, a weight loss center, and a medical fitness center, among others.

Emory Decatur Hospital's community health needs assessment demonstrates the needs of our community. Emory Decatur Hospital serves patients from several counties in metro Atlanta, including Gwinnett and Rockdale counties, but its primary service area is DeKalb County. For the purpose of this community health needs assessment, EDH's community is defined as the contiguous zip codes that make up DeKalb County.

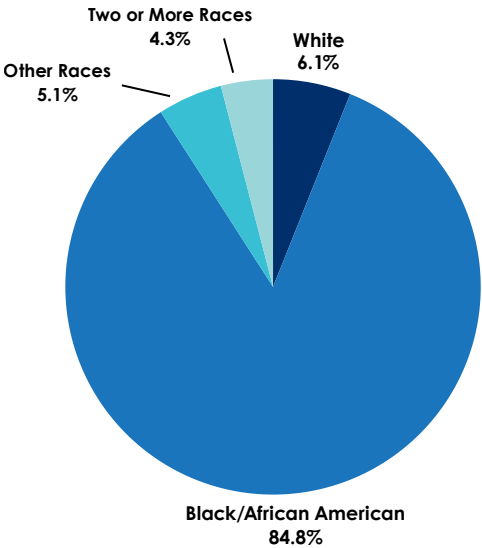
Emory Decatur Hospital
Primary Service Area



Emory Decatur Hospital Communities: Demographics

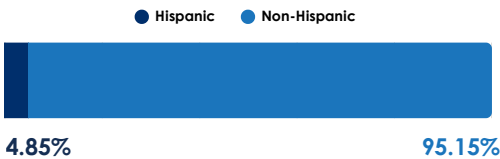
Race

Source: Syntellis | 2024



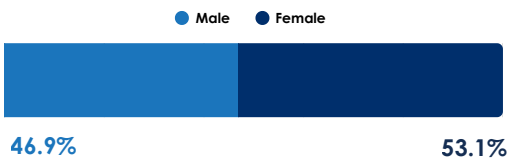
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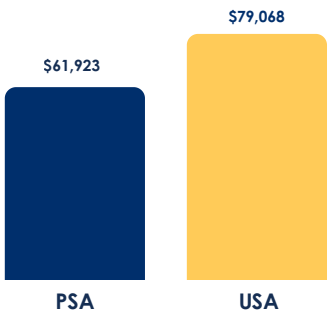
Gender

Source: Syntellis | 2024



Median Household Income

Source: Syntellis | 2024



Median Age

Source: Syntellis | 2024

Location	Median Age
DeKalb PSA	37.6
USA	39.3

Population Growth

Source: Syntellis

Projected Growth Percentage = 0.3%



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2021



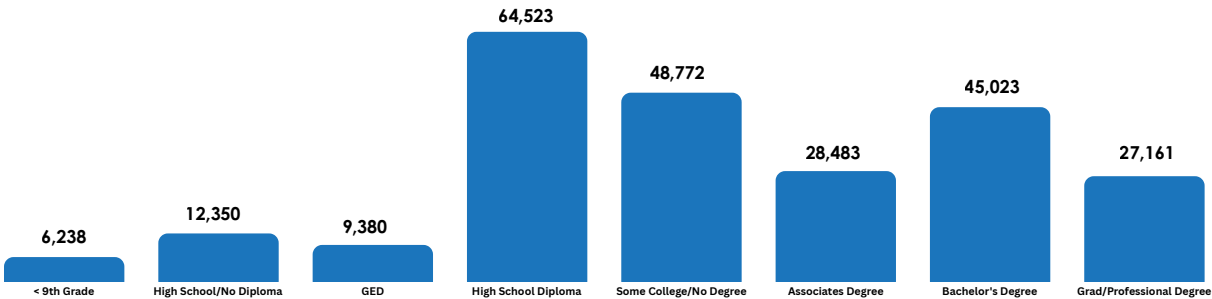
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
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Education Level

Source: Syntellis | 2024



Emory Decatur Hospital Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

	Percentage
Georgia	28.18%
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Total population working 16+ | Source: US Census Bureau, 2019-2023

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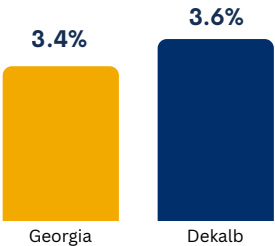
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Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
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Unemployment Rate

Source: US Department of Labor, 2024



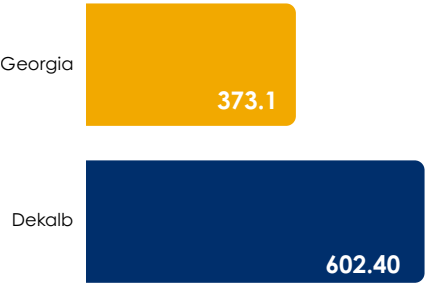
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

	Percentage
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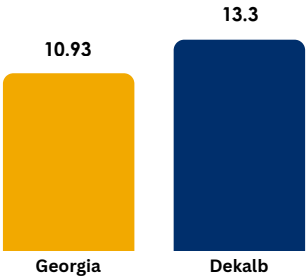
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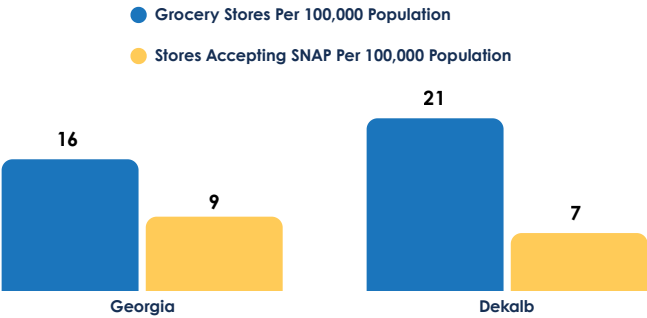
Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



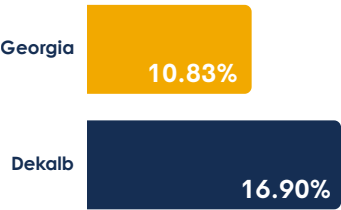
Access to Grocery Stores

Source: US Census Bureau, 2022



Foreign Born

Source: US Census Bureau 2019-2023



Emory Decatur Hospital Communities: Access to Health Care

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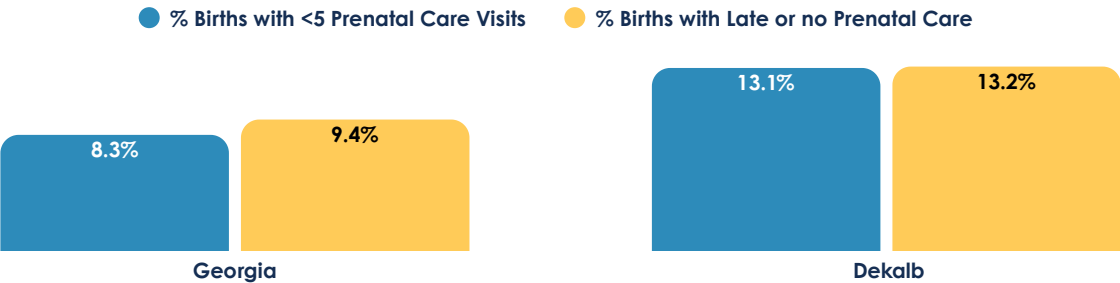
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Dekalb	2745

Prenatal Care Access

Source: OASIS, 2023



Emory Decatur Hospital Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare’s metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	2,008
Hypertension and Hypertensive Renal, & Heart Disease	1,700
Cerebrovascular Disease	1,428
COVID-19	1,357
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Alzheimer’s Disease	1,016
Malignant Neoplasms of the Trachea, Bronchus and Lung	887
Diabetes Mellitus	957
All Chronic Obstructive Pulmonary Disease Except Asthma	739
Accidental Poisoning and Exposure to Noxious Substances	719

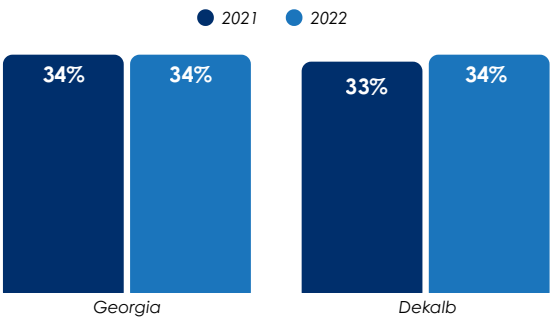
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	176.3
Cancers	131.8
Nervous System Diseases	74.5
External Causes	80.8
Respiratory Diseases	46.4
Endocrine, Nutritional and Metabolic Diseases	44.9
Infectious and Parasitic Diseases	29.7
Digestive System Diseases	24.5
Mental and Behavioral Disorders	22.8
Reproductive and Urinary System Diseases	21.3
Fetal and Infant Conditions	3.4
Bone and Muscle Diseases	4
Birth Defects	2.8
Blood Diseases (Anemia)	2.7
SIDS	0.7

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Dekalb	66.2	28.3	46.7

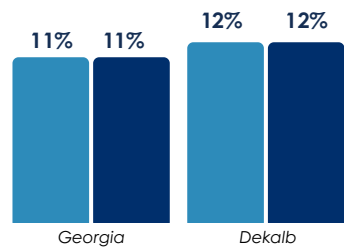
Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
Dekalb	45.8	51.0	20.1	46.6

Diabetes Prevalence

Source: County Health Rankings, 2021



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
Dekalb	884.94	577.10	1,434.60

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

	Rate
Georgia	15.9
Dekalb	14.9

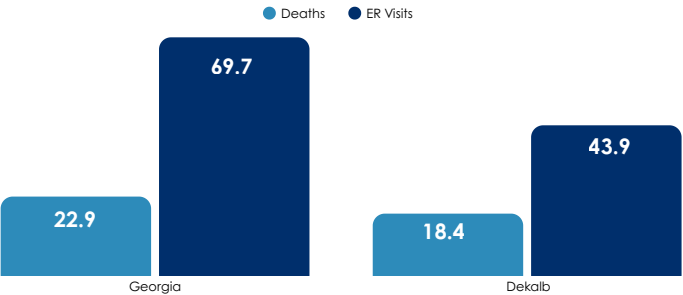
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

	Rate
Georgia	19.30
Dekalb	18.50

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population |
Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Dekalb	132.5	41	35.5	164.6

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

	Rate
Georgia	92.8
Dekalb County	74.6

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
Dekalb	187

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
Dekalb	14	693

Infant Deaths

Source: County Health Rankings 2015-2021

	Per 1000 Births	Count
Georgia	7	6,243
Dekalb	7	502

% Low Birth Weight

Source: OASIS, 2023

Georgia	10.20%
Dekalb	10.7%

Infant Health

Source: OASIS, 2023

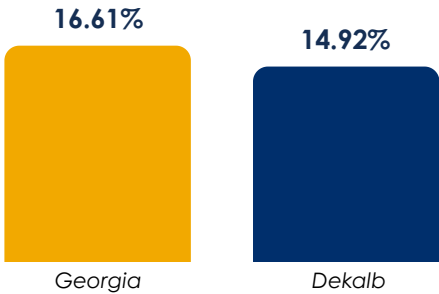
	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
Dekalb	902	1,269	1,251	34

Emory Decatur Hospital Communities: Health Behaviors

Understanding the health behaviors of Emory Decatur Hospital's community is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

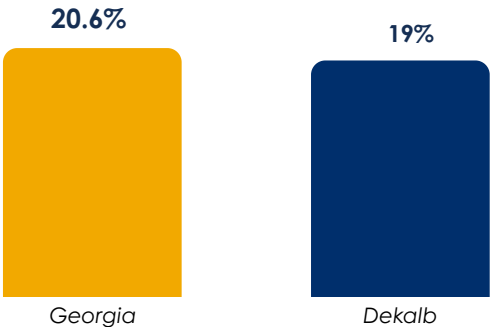
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



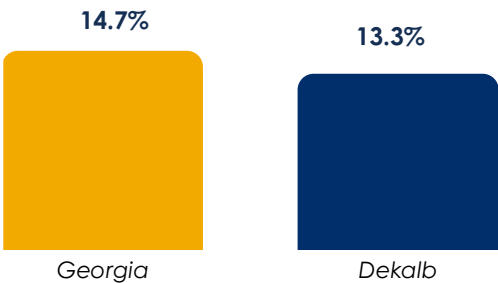
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



Emory Decatur Hospital

Community Concerns, Observations and Perceptions

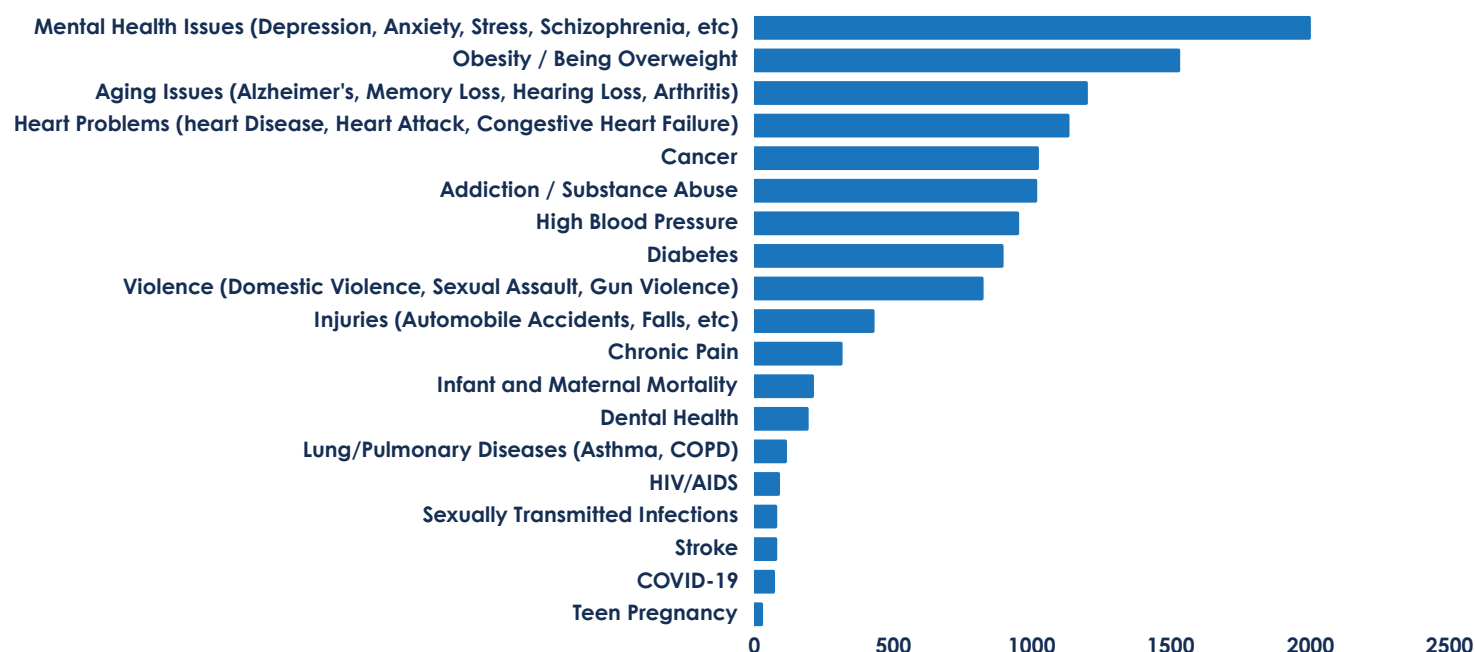
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

We asked communities to tell us how they rated the health of their communities.

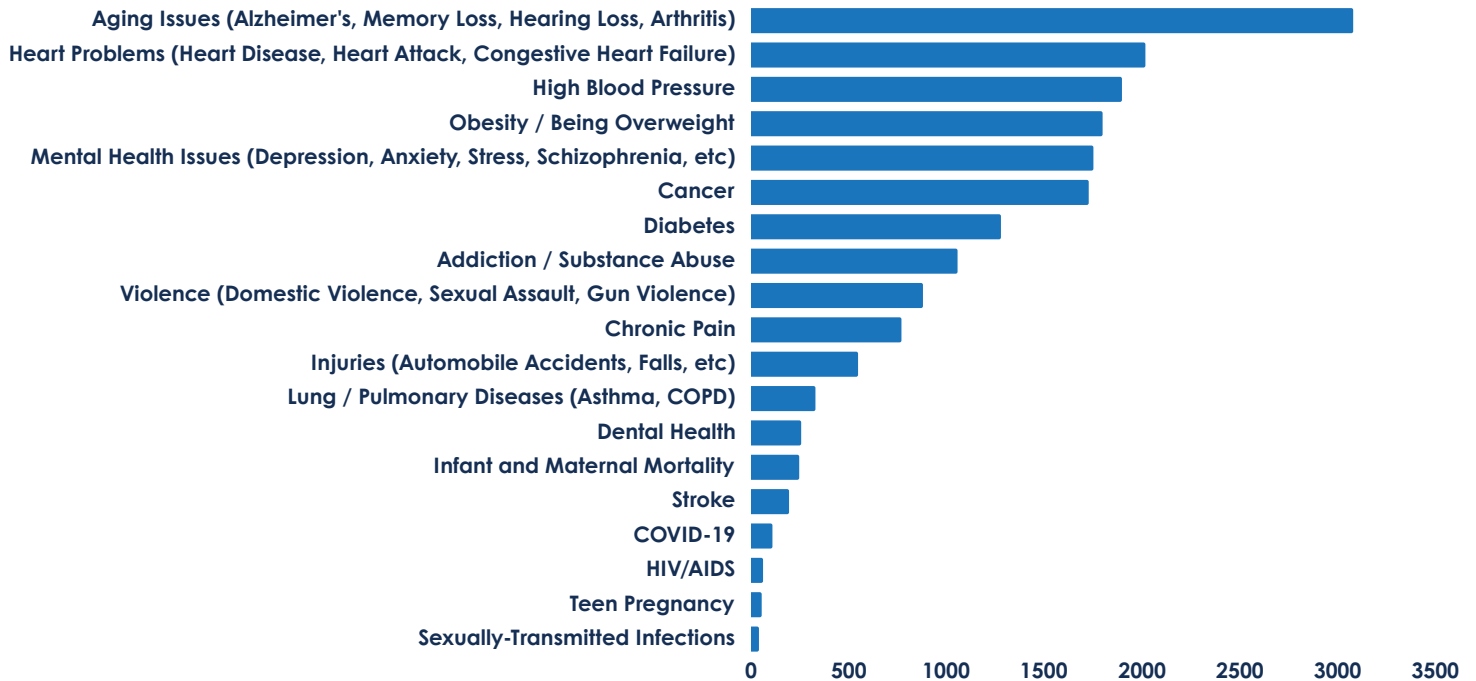
Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

Under 65

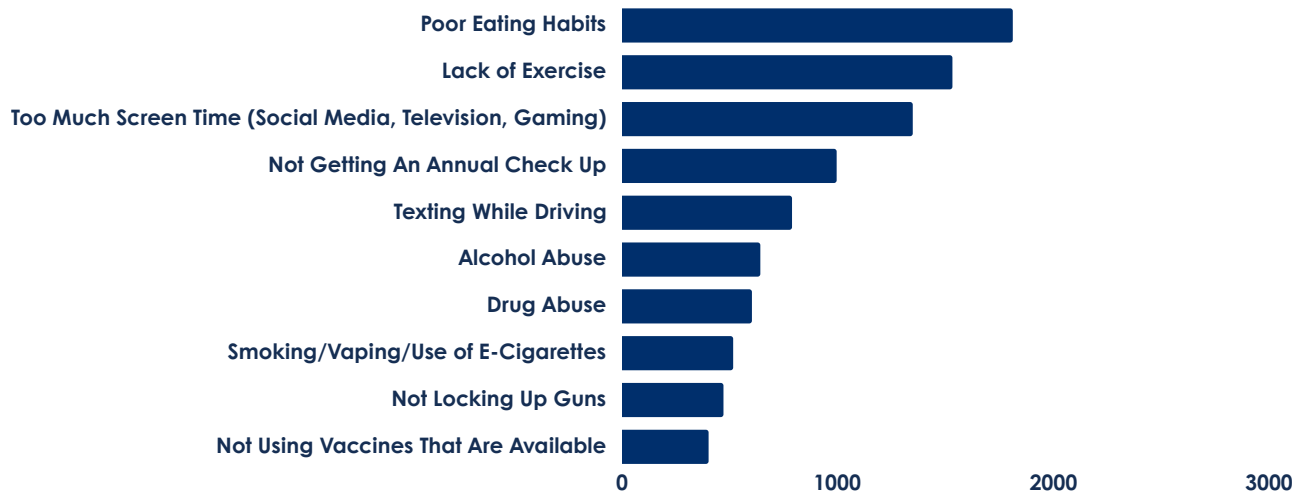


Over 65



Question: What are the primary behavior factors affecting health in your community?

Under 65

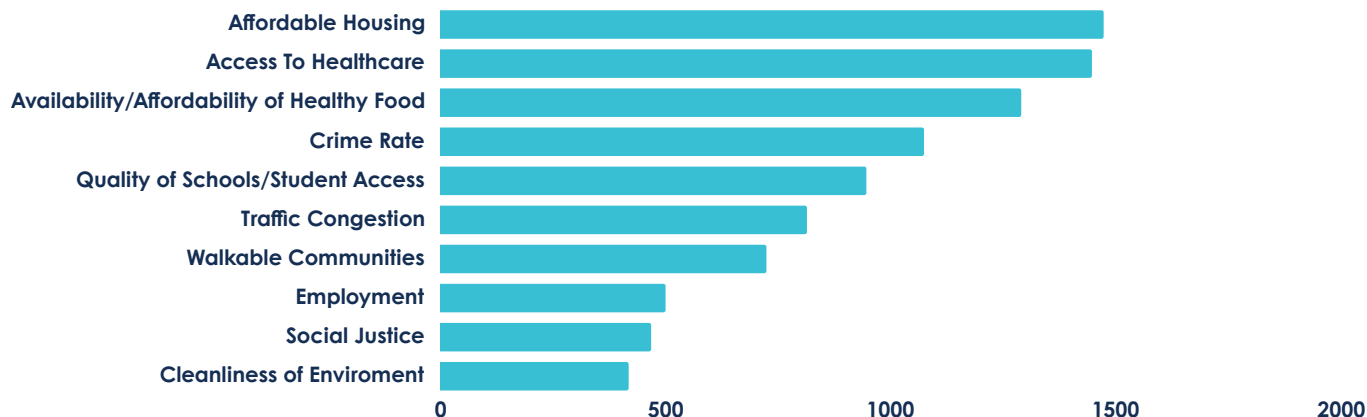


Over 65

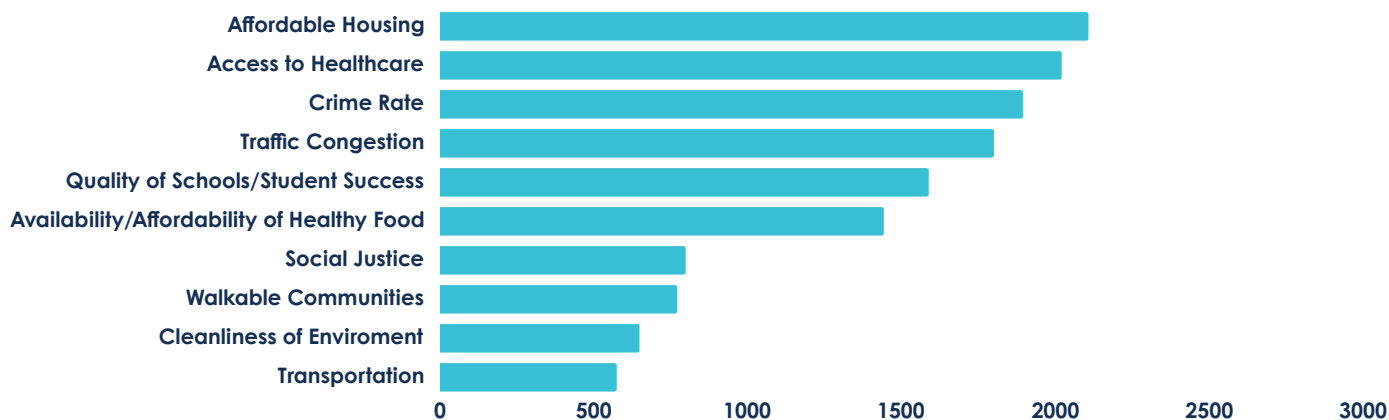


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Decatur Hospital: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Maternal Health, Mental Health, Chronic Disease

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (systemwide initiative).
- Implement Community Health Worker Program(s) in target areas to connect patients to healthcare and other resources.
- Support health care workforce development through engagement with local schools CTAE programs and healthcare educational pathways.
- Support the development and expansion of Easy Access Clinics for prenatal care in the community (e.g., Embrace/Ethne PEACE project)

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with the highest rates of chronic disease.
- Continue quarterly community breakfasts to engage partners and align efforts around mental health, maternal health, violence prevention and chronic diseases in underserved populations.
- Support the Winship/EHC Prostate Cancer Screening initiative by developing relationships and facilitating connections with organizations and venues in underserved neighborhoods resulting in education and screenings.
- Collaborate with community organization (BMMA) to explore gaps in postpartum care for Black women and birthing people with pre-eclampsia and develop recommendations for a standard of care that addresses inequities

Disease Prevention and Chronic Disease Management

- Evaluate and if appropriate, modify Food is Medicine program to ensure effectiveness in diabetes management and hypertension control. Expand reach.
- Expand Mall Walker Wellness Program to incorporate screenings and more robust exercise offerings.
- Host Stroke Survivors Support Group
- Implement education programs in the community on pregnancy and postpartum warning signs, including cardiovascular risk factors related to hypertensive disorders of pregnancy.

Community Education and Wellbeing

- Continue providing health education speakers to area senior centers, churches and other venues and expand with screening opportunities
- Continue engaging the community to maintain and improve their health and wellness through The Wellness Center and its offerings as a medical fitness center.
- Enhance and expand the reach and impact of the Breastfeeding Support Group and Brave Beginnings (NICU) Support Group

EMORY HILLANDALE HOSPITAL



2025 Community Health Needs Assessment

Overview of Emory Hillandale Hospital

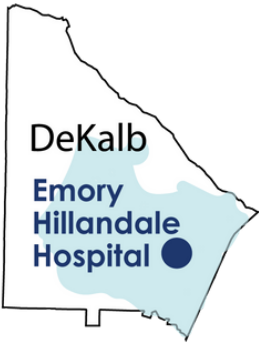
Opened in Lithonia (now Stonecrest) in 2005 as part of DeKalb Medical Center, Emory Hillandale Hospital (EHH) joined Emory Healthcare in 2018, continuing its focus on providing compassionate, quality care.

With 100-beds Emory Hillandale Hospital offers a wide range of treatments and services including surgery, orthopaedics, emergency care, heart and vascular services, outpatient rehabilitation, and radiology services, including a breast center.

Emory Hillandale Hospital holds the distinction as the first hospital in the United States fully powered by Apple products and integrated with Epic, the leading electronic health record system.

Emory Hillandale Hospital's community health needs assessment demonstrates the health care needs of its community. Emory Hillandale Hospital serves patients in several metro counties, but its primary service area consists of a subset of zip codes in South DeKalb County. For purposes of this community health needs assessment, EHH's community is defined as a set of eight contiguous zip codes in South DeKalb County.

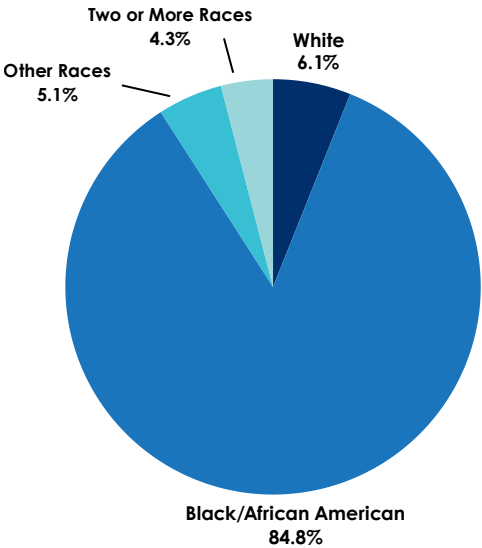
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Emory Hillandale Hospital Communities: Demographics

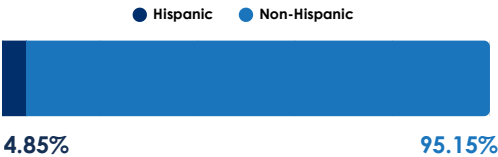
Race

Source: Syntellis | 2024



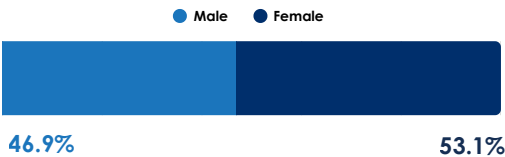
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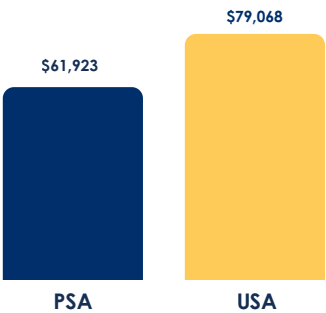
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Source: Syntellis | 2024



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Source: Syntellis | 2024



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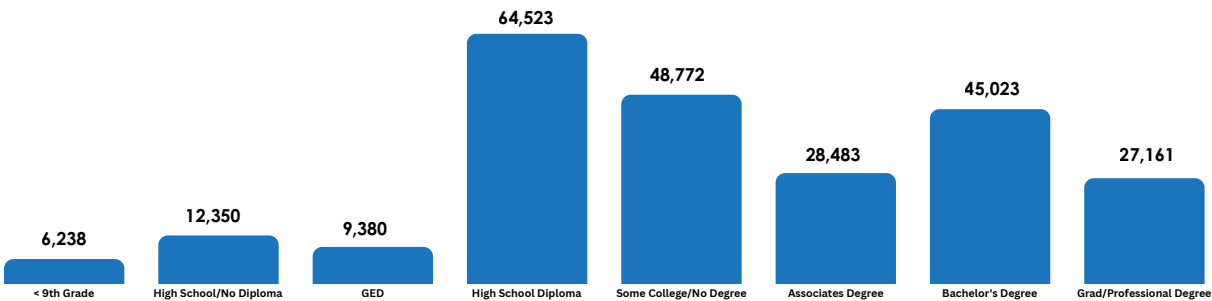
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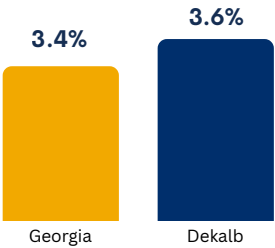
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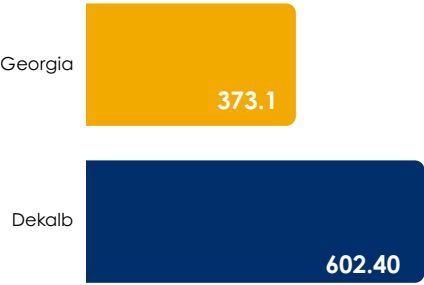
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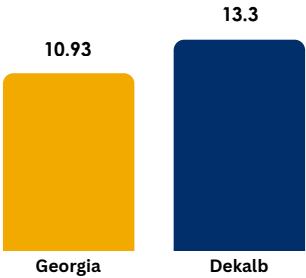
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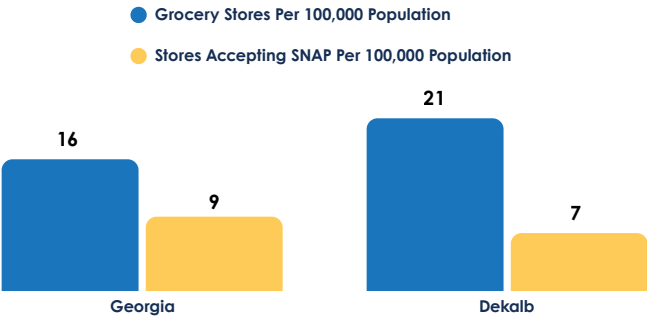
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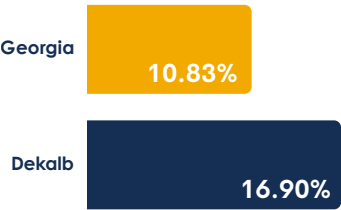
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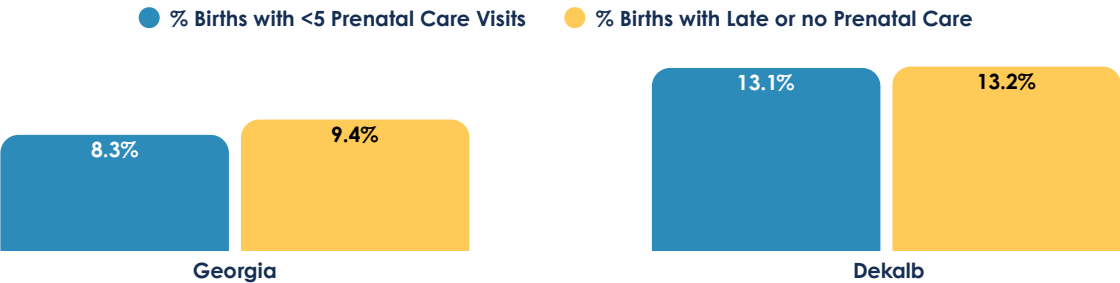
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All Chronic Obstructive Pulmonary Disease Except Asthma	739
Accidental Poisoning and Exposure to Noxious Substances	719

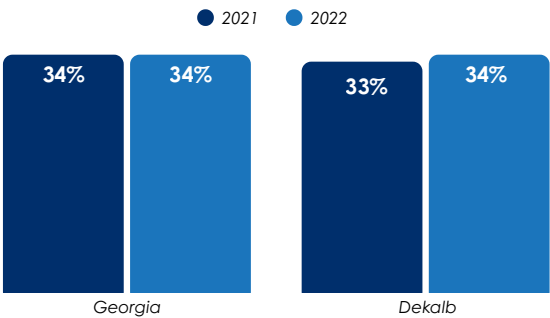
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	176.3
Cancers	131.8
Nervous System Diseases	74.5
External Causes	80.8
Respiratory Diseases	46.4
Endocrine, Nutritional and Metabolic Diseases	44.9
Infectious and Parasitic Diseases	29.7
Digestive System Diseases	24.5
Mental and Behavioral Disorders	22.8
Reproductive and Urinary System Diseases	21.3
Fetal and Infant Conditions	3.4
Bone and Muscle Diseases	4
Birth Defects	2.8
Blood Diseases (Anemia)	2.7
SIDS	0.7

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Dekalb	66.2	28.3	46.7

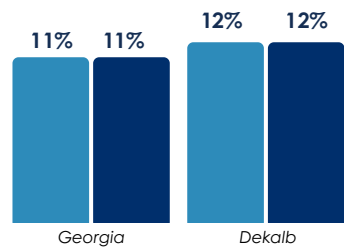
Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
Dekalb	45.8	51.0	20.1	46.6

Diabetes Prevalence

Source: County Health Rankings, 2021



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
Dekalb	884.94	577.10	1,434.60

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

	Rate
Georgia	15.9
Dekalb	14.9

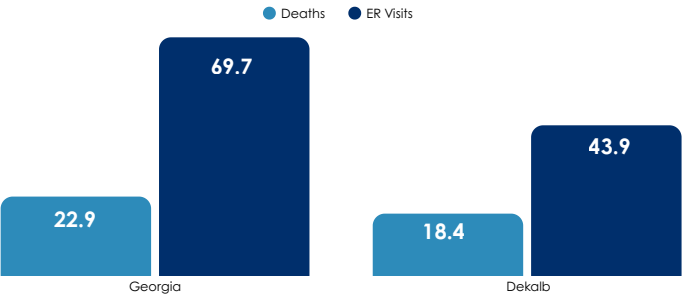
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

	Rate
Georgia	19.30
Dekalb	18.50

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population |
Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Dekalb	132.5	41	35.5	164.6

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

	Rate
Georgia	92.8
Dekalb County	74.6

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
Dekalb	187

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
Dekalb	14	693

Infant Deaths

Source: County Health Rankings 2015-2021

	Per 1000 Births	Count
Georgia	7	6,243
Dekalb	7	502

% Low Birth Weight

Source: OASIS, 2023

Georgia	10.20%
Dekalb	10.7%

Infant Health

Source: OASIS, 2023

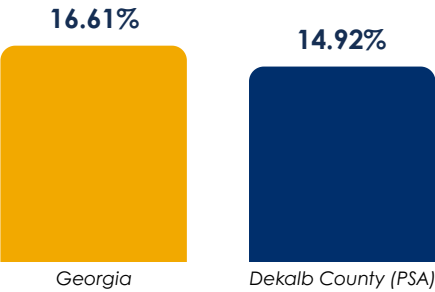
	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
Dekalb	902	1,269	1,251	34

Emory Hillandale Hospital: Health Behaviors

Understanding the health behaviors of Emory Hillandale Hospital’s community is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

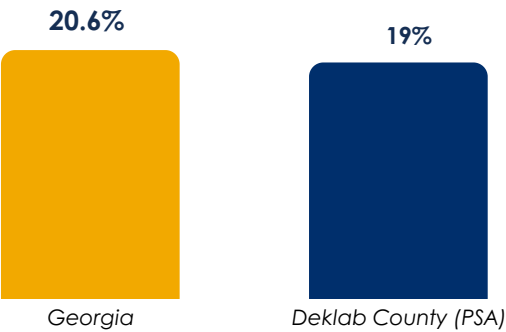
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



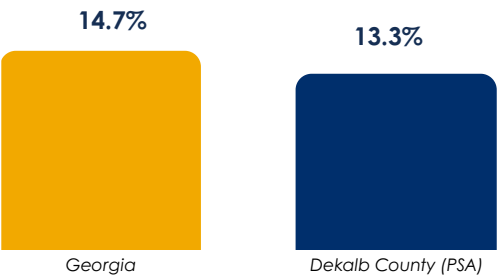
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



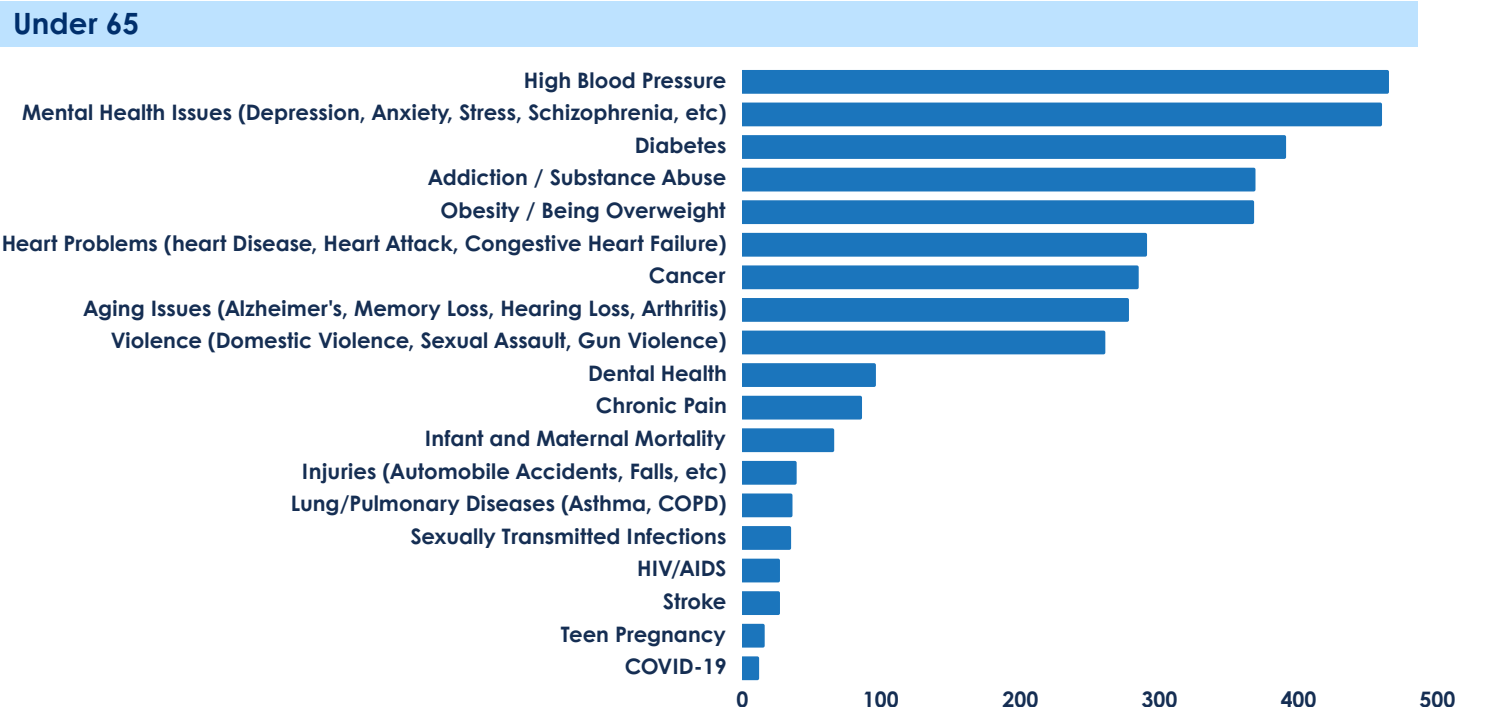
Emory Hillandale Hospital: Community Concerns, Observations and Perceptions

While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

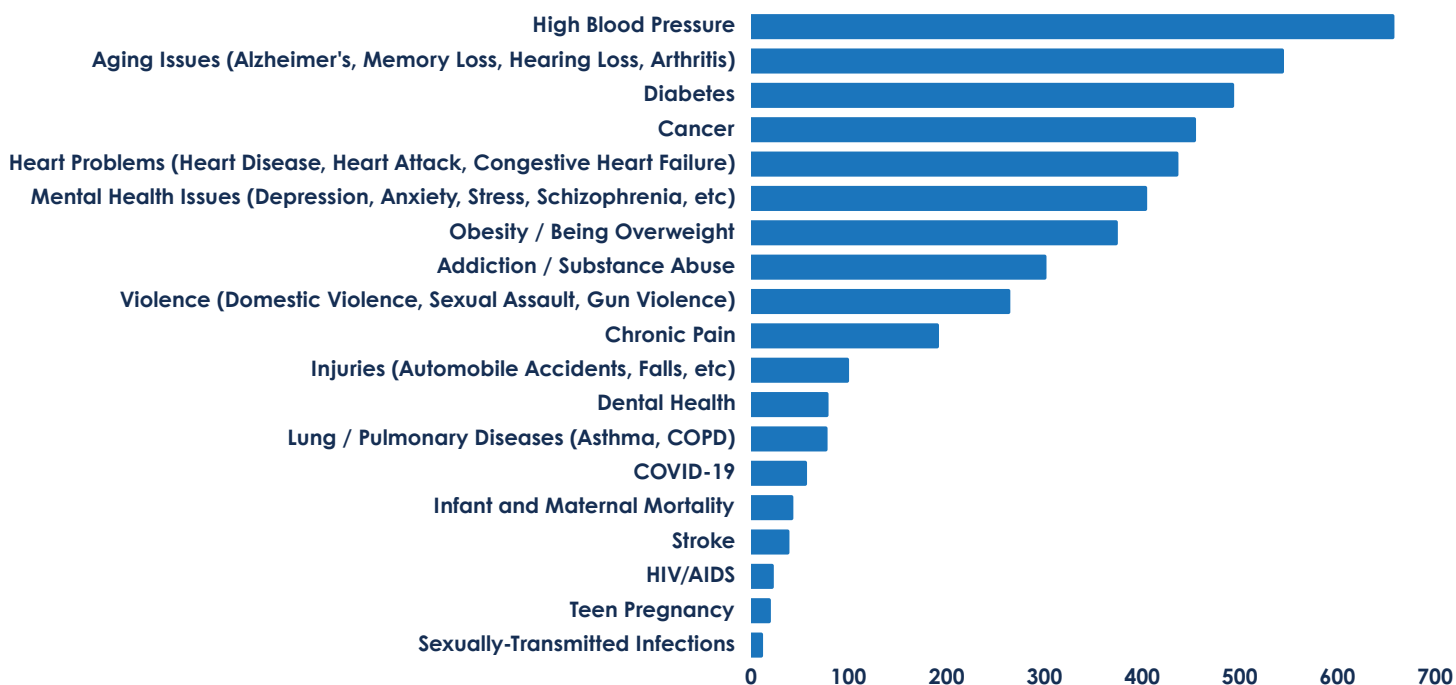
We asked communities to tell us how they rated the health of their communities.

Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?



Over 65



Question: What are the primary behavior factors affecting health in your community?

Under 65

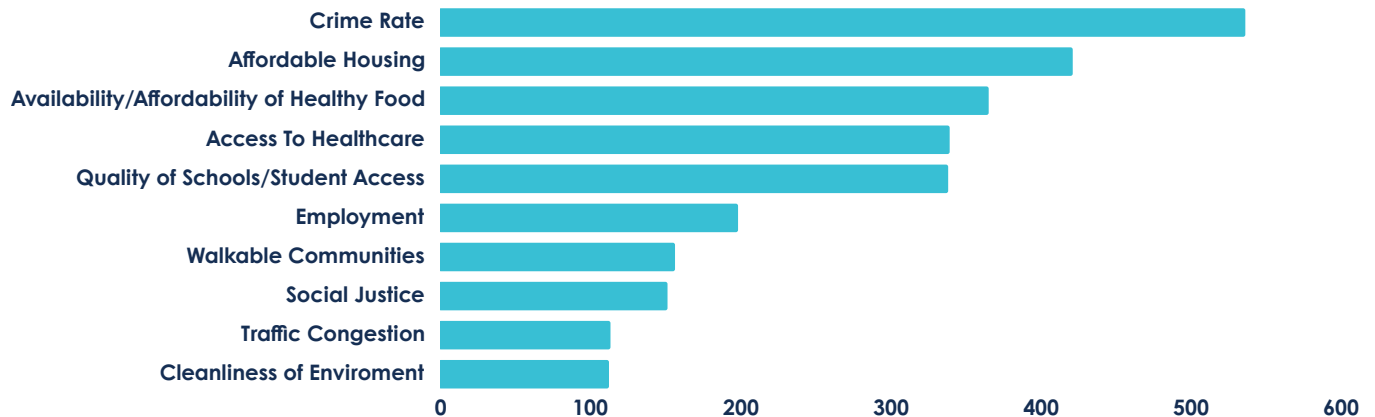


Over 65

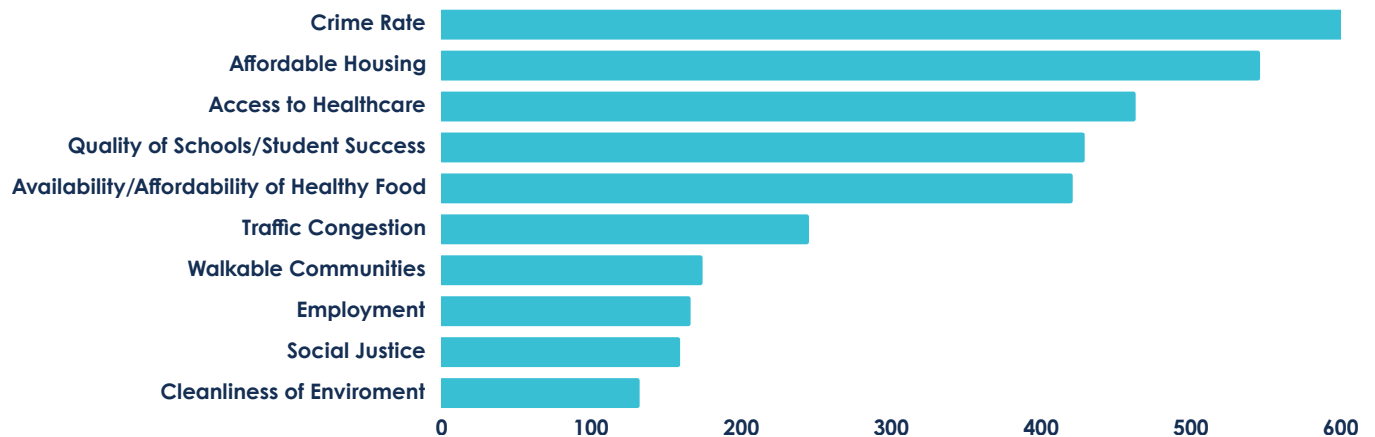


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Hillandale Hospital: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Chronic Diseases, Sickle Cell Disease, Violence Prevention

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (systemwide initiative)
- Seek partners to address transportation challenges for patients.
- Support health care workforce development through engagement with local schools CTAE programs and healthcare educational pathways.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease.
- Partner with the Sickle Cell Foundation to for both staff training and provision of a disease-specific community health worker to support patients with Sickle Cell disease.
- Continue quarterly community breakfasts to engage partners and align efforts around mental health, maternal health, violence and chronic diseases in underserved populations.
- Support the Winship/EHC Prostate Cancer Screening initiative by developing relationships and facilitating connections venues in underserved neighborhoods.

Disease Prevention and Chronic Disease Management

- Evaluate and if appropriate, modify Food is Medicine program to ensure effectiveness in diabetes management and hypertension control. Expand reach.
- Conduct outbound discharge calls to patients with diabetes to ensure follow up care.

Community Education and Wellbeing

- Continue the Emory Hillandale Hospital violence prevention program.
- Engage community with community garden and yoga in the garden program for healthier lifestyles.
- Continue providing health education speakers to area senior centers, churches and other venues and expand with screening opportunities.

EMORY HOSPITAL

Perry



2025 Community Health Needs Assessment

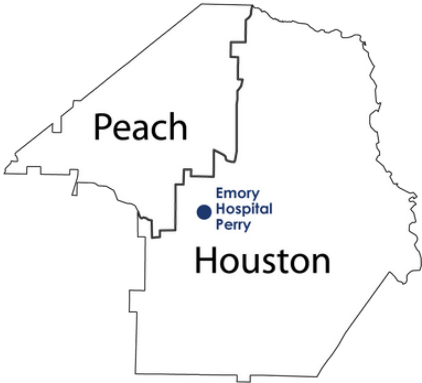
Overview of Emory Hospital Perry

Emory Hospital Warner Robins formerly Houston Medical Center, and Emory Hospital Perry, formerly Perry Hospital became part of Emory Healthcare in June 2025.

With a combined capacity of 282 beds, our care teams serve over 300,000 patients each year, providing compassionate care to the residents of Houston County and the surrounding communities. Emory Hospital Warner Robins and Perry offer a wide variety of healthcare services using advanced technology, including: inpatient and outpatient surgery, maternity and neonatal intensive care, advanced cardiovascular care, intensive care units, advanced imaging services, psychiatric care, physical and cardiac/pulmonary rehabilitation, orthopedics and joint replacement, oncology treatment.

Emory Hospital Perry and Emory Hospital Warner Robin's community health needs assessment demonstrates the health care needs of its community. For purposes of this community health needs assessment, the community is defined as Houston County and Peach County.

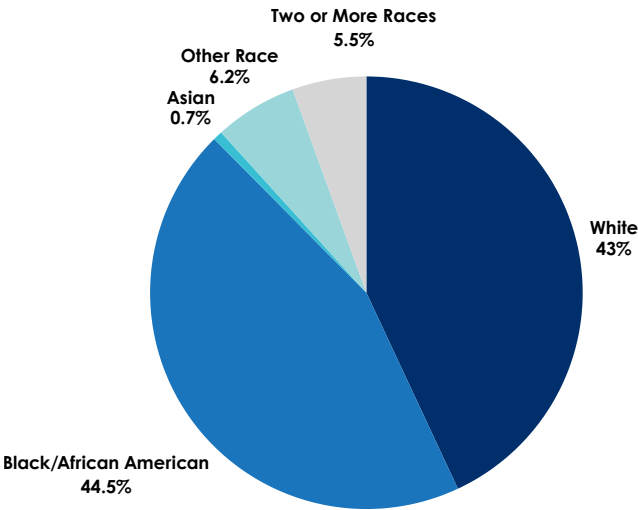
Emory Hospital Perry
Primary Service Area



Emory Hospital Perry Communities: Demographics

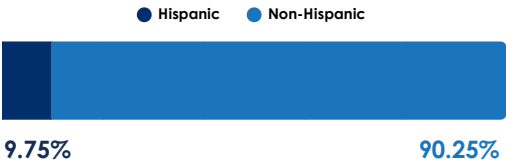
Race

Source: Syntellis | 2024



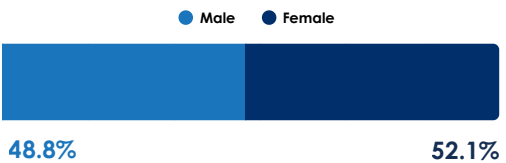
Ethnicity

Source: Syntellis | 2024



Gender

Source: Syntellis | 2024



Population Growth

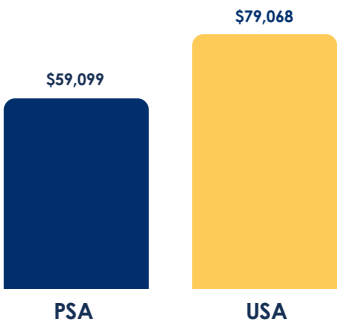
Source: Syntellis

Projected Growth Percentage = 2.27%



Median Household Income

Source: Syntellis | 2024



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



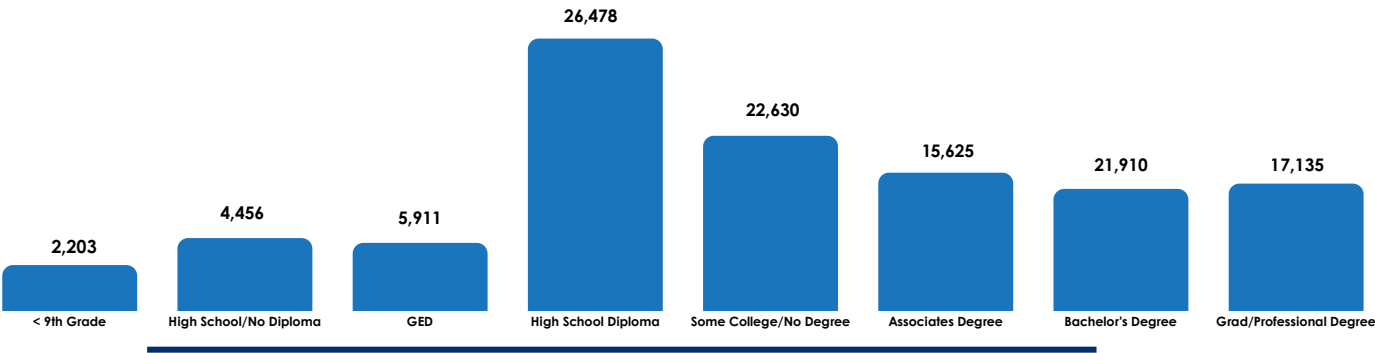
Median Age

Source: Syntellis | 2024

PSA	39.5
USA	39.3

Education Level

Source: Syntellis | 2024



Emory Hospital Perry Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau | 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

Georgia	28.18%
Peach	25.78%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

Georgia	63.70%
Peach	58.76%

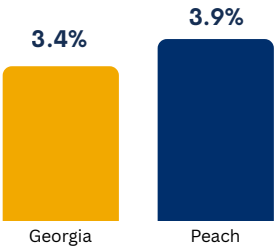
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
Peach	93.32%	5.53%	2.93%

Unemployment Rate

Source: US Department of Labor, 2024



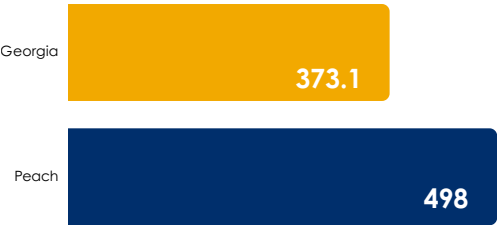
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Peach	15%

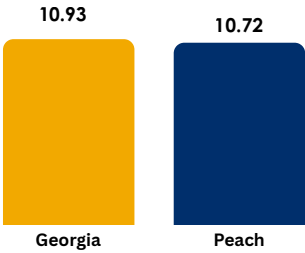
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



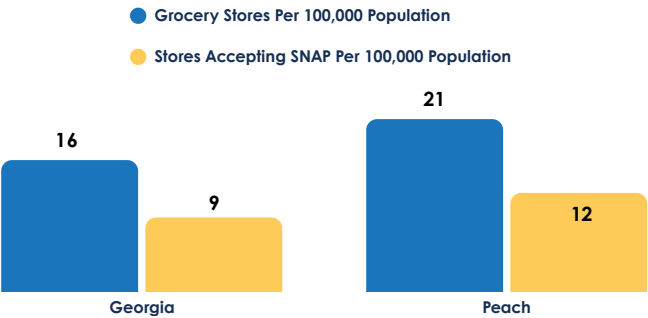
Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



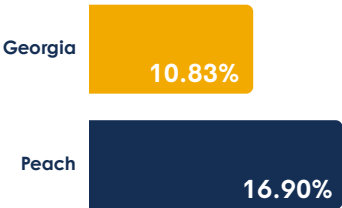
Access to Grocery Stores

Source: US Census Bureau, 2022



Foreign Born

Source: US Census Bureau 2019-2023



Emory Hospital Perry Communities: Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings, 2024

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Peach	4,740	2,040	740

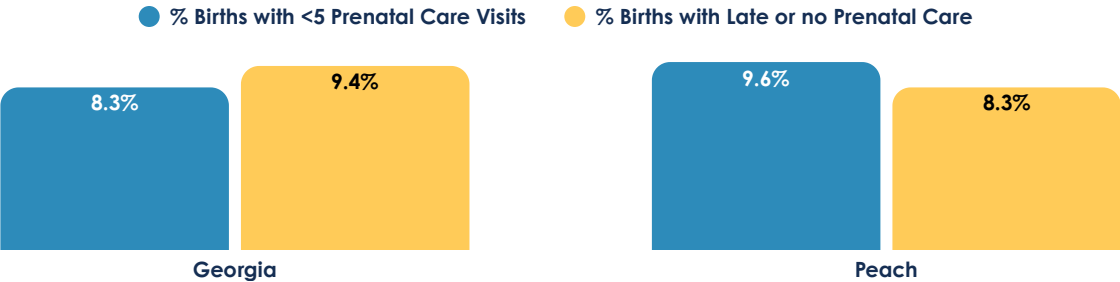
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Peach	4003

Prenatal Care Access

Source: OASIS, 2023



Emory Hospital Perry Communities: Death, Disease and Chronic Conditions

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
COVID-19	127
Ischemic Heart and Vascular Disease	115
All Chronic Obstructive Pulmonary Disease Except Asthma	87
Cerebrovascular Disease	80
Malignant Neoplasms of the Trachea, Bronchus and Lung	84
Diabetes Mellitus	77
Hypertension and Hypertensive Renal, & Heart Disease	61
Nephritis, Nephrotic Syndrome and Nephrosis	56
Alzheimer's Disease	54
All Other Diseases of Nervous System	43

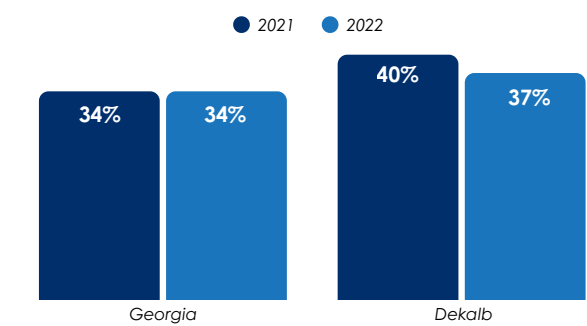
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	241.4
Cancers	171.2
External Causes	114.4
Endocrine, Nutritional and Metabolic Diseases	77.4
Respiratory Diseases	73
Nervous System Diseases	64.9
Infectious and Parasitic Diseases	63.1
Reproductive and Urinary System Diseases	42.5
Mental and Behavioral Disorders	29.4
Digestive System Diseases	24.8
Fetal and Infant Conditions	3.4
Bone and Muscle Diseases	6.2
Birth Defects	5.6

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Peach	62.8	92.7	50.7

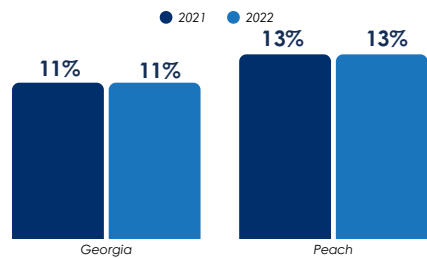
Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
Peach	99	37	No Data	No Data

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
Peach	954.7	472.1	577.8

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/ African American	Asian	American Native or Alaska Native	Hispanic/ Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
Peach	154	1,093.30	NA	NA	NA	NA

Motor Vehicle Death Rate

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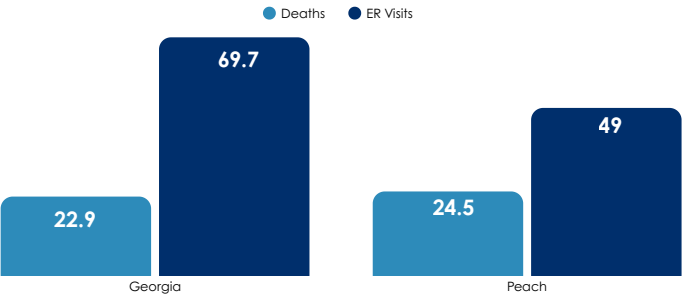
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Peach	35.40

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population |
Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Peach	113.3	68.3	37.9	140.8

Alzheimer's Disease & Related Dementia
Death Rate

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Georgia	92.8
Peach County	76.4

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths	
Georgia	2015	
Peach	9	

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
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Infant Deaths

Source: County Health Rankings 2015-2021

	Per 1000 Births	Count
Georgia	7	6,243
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% Low Birth Weight

Source: OASIS, 2023

Georgia	10.20%
Peach	11.30%

Infant Health

Source: OASIS, 2023

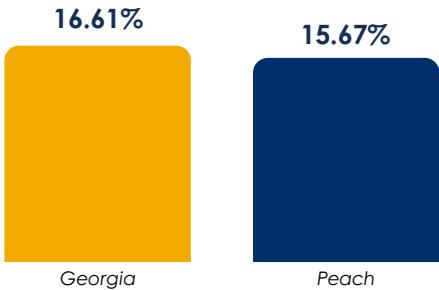
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Peach	35	28	20	12

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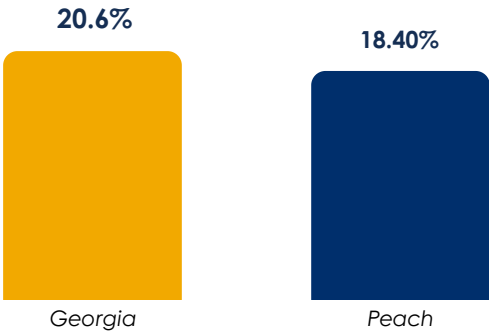
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Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



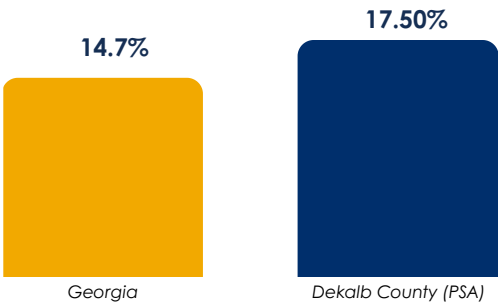
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% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



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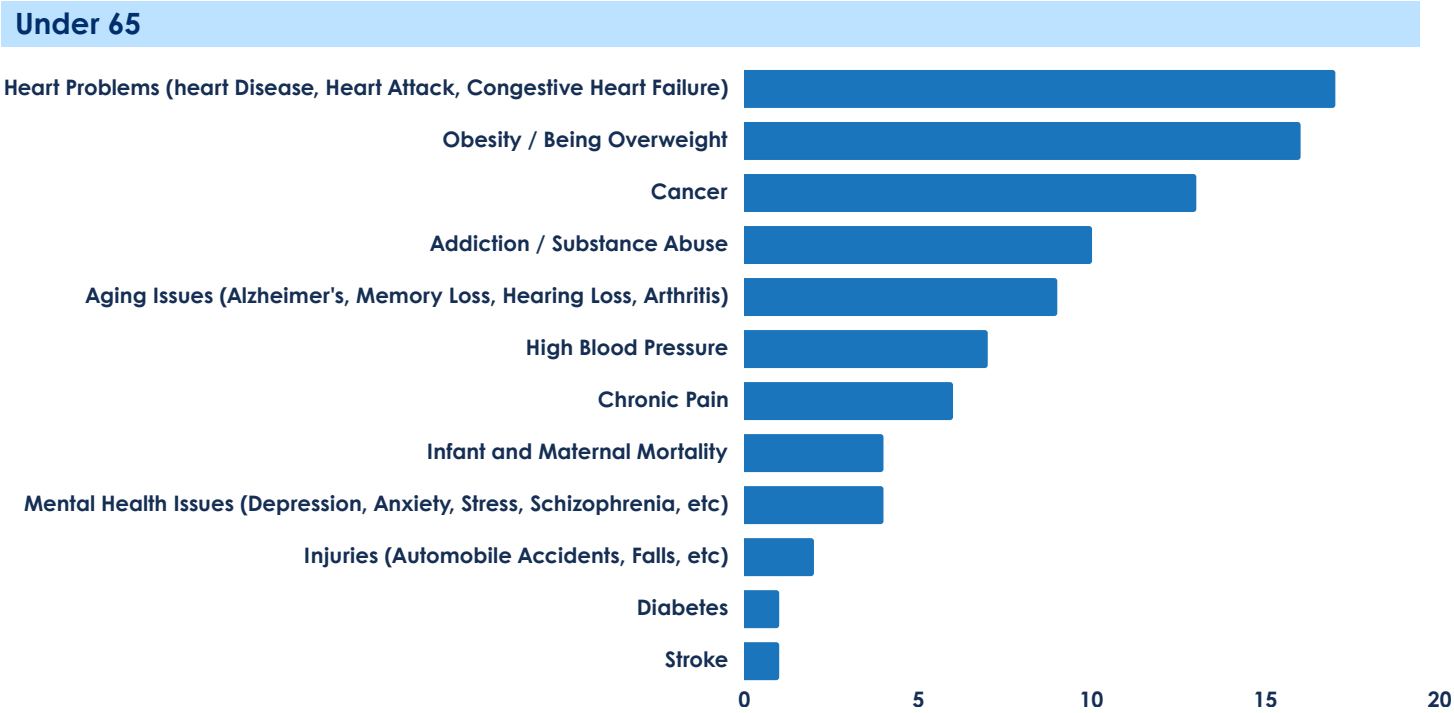
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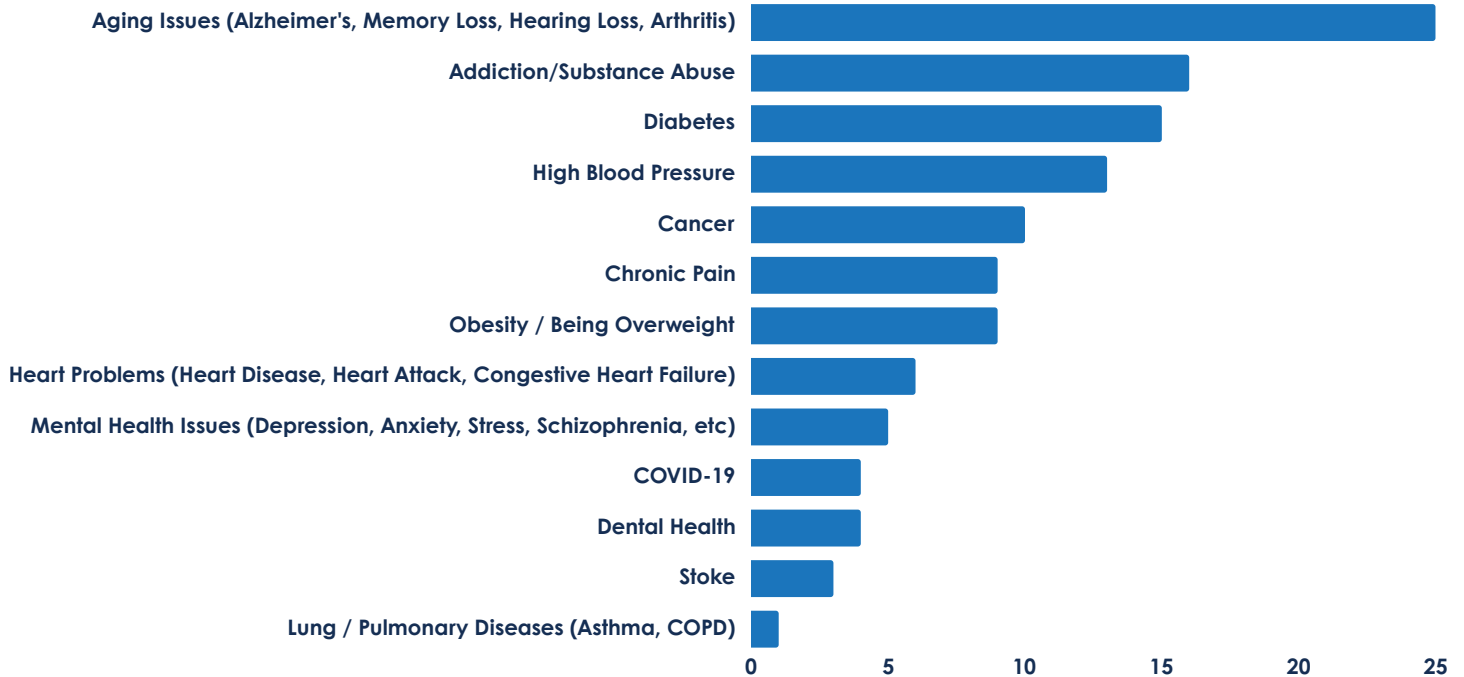
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Question: What are the most important health issues your community faces?

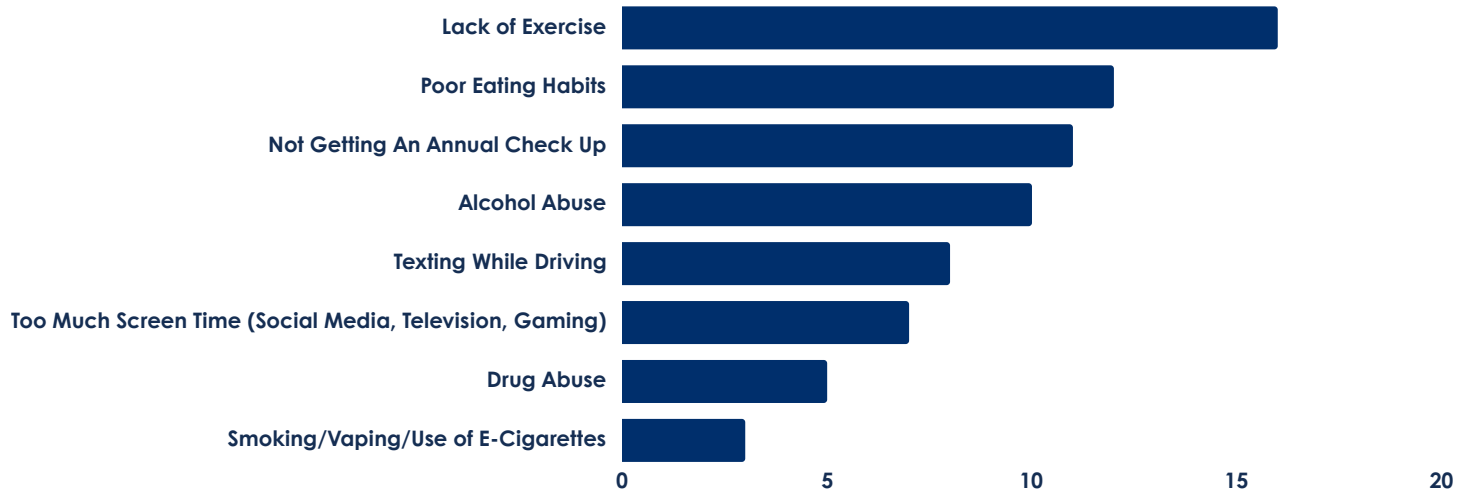


Over 65

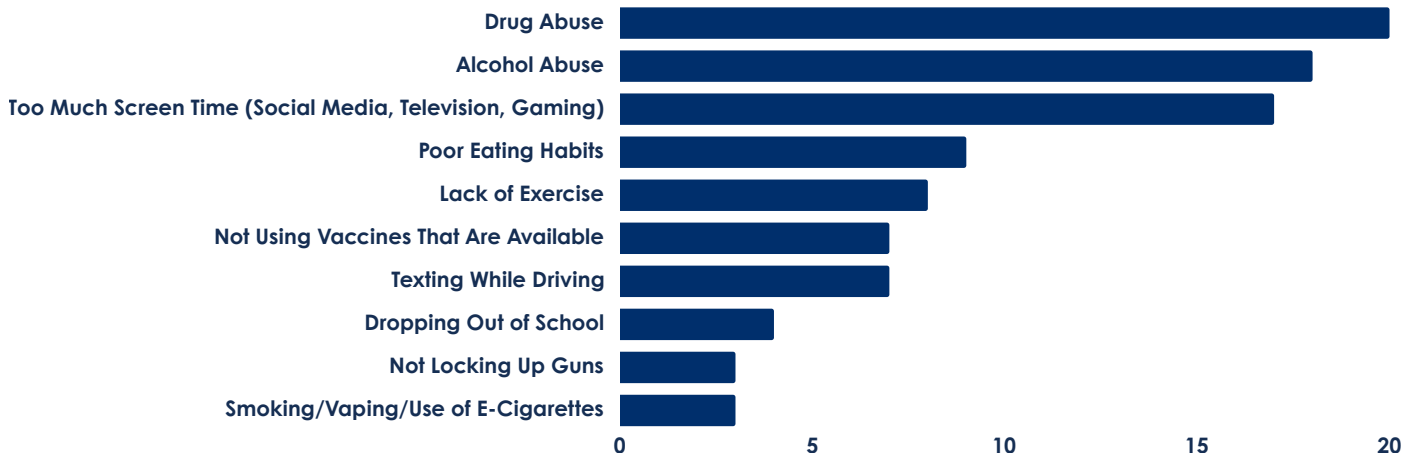


Question: What are the primary behavior factors affecting health in your community?

Under 65

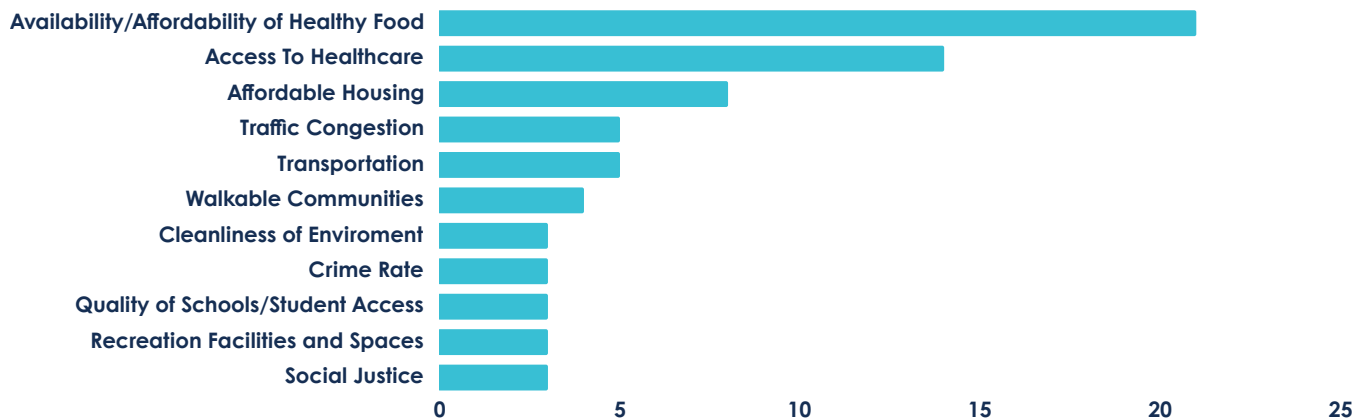


Over 65

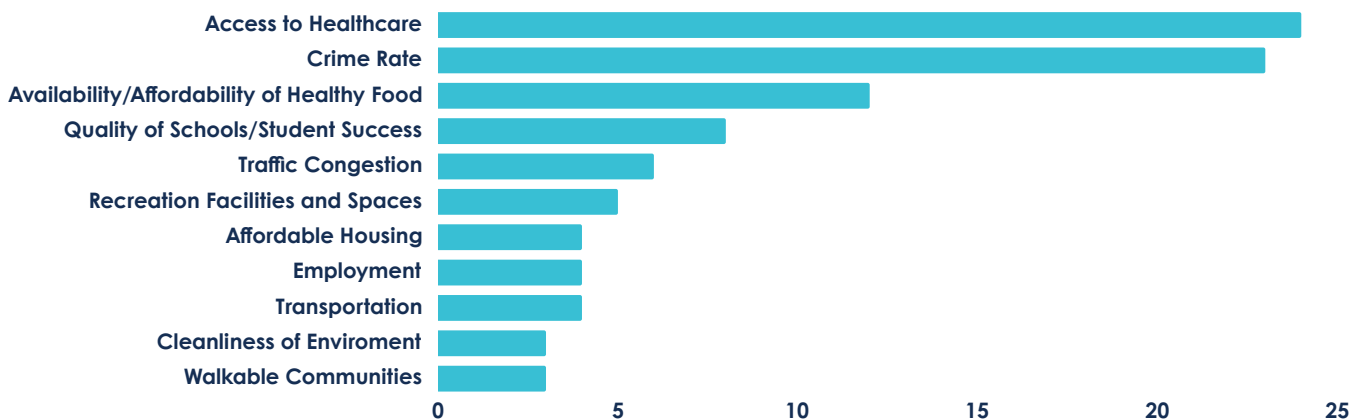


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Hospital Perry: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Mental Health, Obesity, Tobacco Use, Chronic Diseases

Improve Healthcare Access

- Support health care workforce development through support for local technical schools and physician residency program.
- Support free volunteer medical clinic and Pavilion Family Medicine to support uninsured, lower income residents.
- Provide phone referral service to link people to needed services or medication assistance and to encourage establishing a medical home.
- Including information on financial assistance, finding a medical home and assistance with medication costs at all community health fairs.
- Partner with the Perinatal Coalition to provide pregnancy-related services and work with the local health department and local physicians to ensure access to prenatal care and provide a nurse educator to meet with pregnant teens in schools as requested.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease.
- Partner with the Sickle Cell Foundation to for both staff training and provision of a disease-specific community health worker to support patients with Sickle Cell disease.
- Provide a Hispanic interpreter/care manager for uninsured and non-English speaking pregnant women to decrease the risk factor for low birth weight and pre-term births.

Disease Prevention and Chronic Disease Management

- Provide health screenings at worksites, churches and other community sites.
- Provide ADA Diabetes Management Program, Walk with Ease Arthritis Association Program as well as Heart Failure, Cholesterol and Hypertension manage Programs.
- Provide transitional care for patients discharged with chronic illnesses.

Community Education and Wellbeing

- Offer Health Living for Life Class, Nutrition Education and Cooking classes along with exercise classes through multiple venues including the Lindsay Transitional Center, City of Perry and Houston Health Pavilion.
- Provide each hospitalized patient and community event attendee who states they are a tobacco user with tobacco cessation information and a referral to the Georgia Quit line. Promote the Great American Smokeout.
- Provide information via community outreach activities to teach the dangers of vaping, focusing heavily on school age children
- Provide opportunities for caregiver training to establish support for older adults
- Provide a mental health self-assessment guide with community resources at all outreach events, offer mental health talks and promote the Suicide Prevention and Crisis Line

EMORY
HOSPITAL

Warner Robins



2025 Community Health Needs Assessment

Overview of Emory Hospital Warner Robins

Emory Hospital Warner Robins formerly Houston Medical Center, and Emory Hospital Perry, formerly Perry Hospital became part of Emory Healthcare in June 2025.

With a combined capacity of 282 beds, our care teams serve over 300,000 patients each year, providing compassionate care to the residents of Houston County and the surrounding communities. Emory Hospital Warner Robins and Perry offer a wide variety of healthcare services using advanced technology, including: inpatient and outpatient surgery, maternity and neonatal intensive care, advanced cardiovascular care, intensive care units, advanced imaging services, psychiatric care, physical and cardiac/pulmonary rehabilitation, orthopedics and joint replacement, oncology treatment.

Emory Hospital Perry and Emory Hospital Warner Robins' community health needs assessment demonstrates the health care needs of its community. For purposes of this community health needs assessment, the community is defined as Houston County and Peach County.

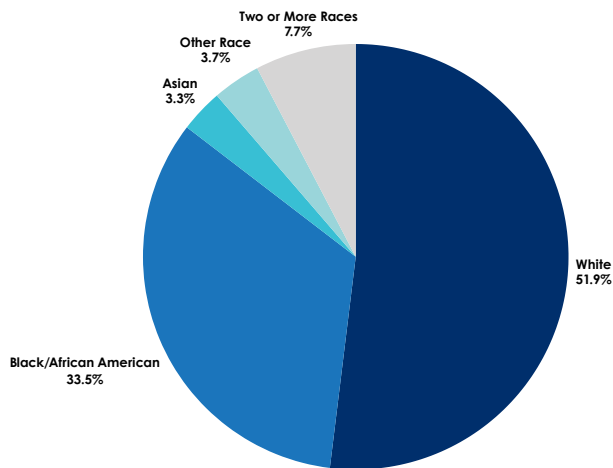
Emory Hospital Warner Robins
Primary Service Area



Emory Hospital Warner Robins Communities: Demographics

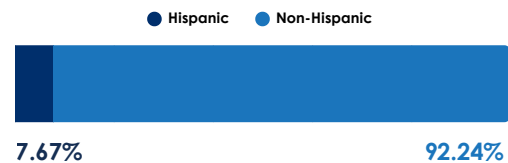
Race

Source: Syntellis | 2024



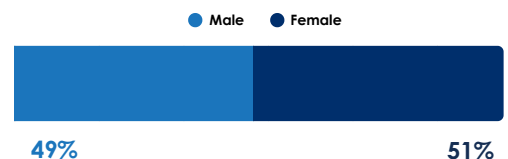
Ethnicity

Source: Syntellis | 2024



Gender

Source: Syntellis | 2024



Population Growth

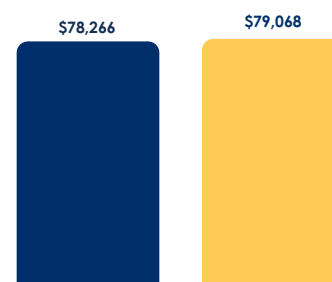
Source: Syntellis

Projected Growth Percentage = 5.44%



Median Household Income

Source: Syntellis | 2024



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2021



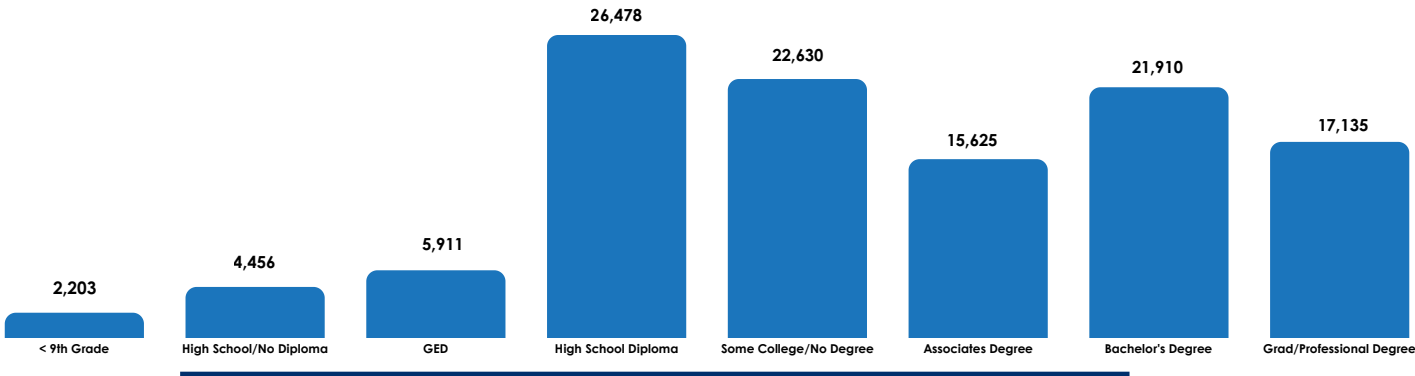
Median Age

Source: Syntellis | 2024

PSA	37.2
USA	39.3

Education Level

Source: Syntellis | 2024



Emory Hospital Warner Robins Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau | 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

Georgia	28.18%
Houston	23.96%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

Georgia	63.70%
Houston	65.17%

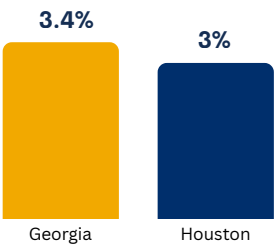
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
Houston	92.01%	4.41%	3.48%

Unemployment Rate

Source: US Department of Labor, 2024



Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Houston	12%

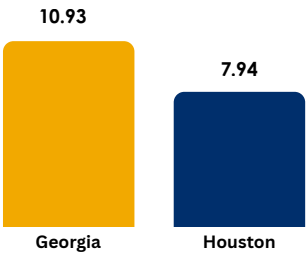
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



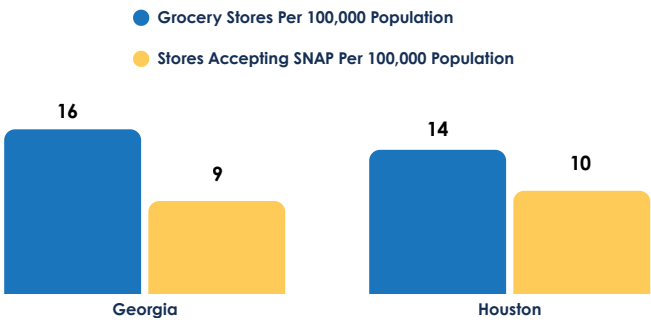
Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



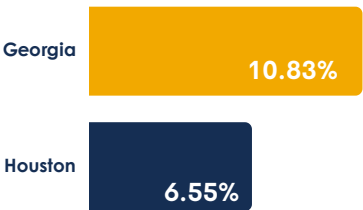
Access to Grocery Stores

Source: US Census Bureau, 2022



Foreign Born

Source: US Census Bureau 2019-2023



Emory Hospital Warner Robins Communities: Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings. 2024

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Houston	1,900	1,950	3,793

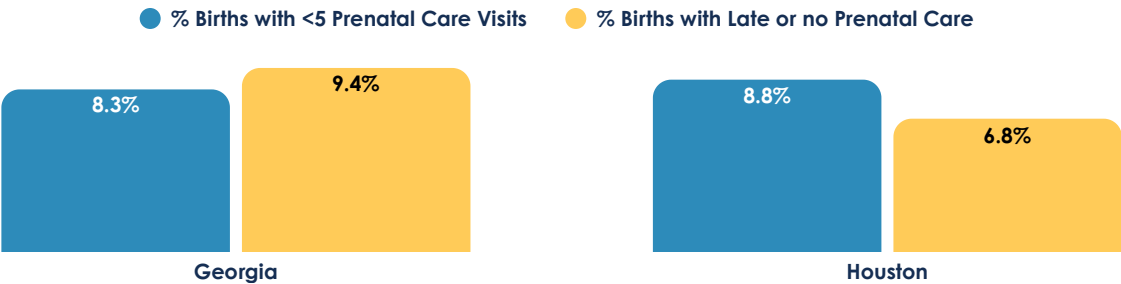
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Houston	3576

Prenatal Care Access

Source: OASIS, 2023



Emory Hospital Warner Robins Communities: Death, Disease and Chronic Conditions

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	504
COVID-19	444
All Chronic Obstructive Pulmonary Disease Except Asthma	394
Alzheimer's Disease	369
Cerebrovascular Disease	312
Malignant Neoplasms of the Trachea, Bronchus and Lung	297
Nephritis, Nephrotic Syndrome and Nephrosis	251
Hypertension and Hypertensive Renal, & Heart Disease	245
All Other Diseases of Nervous System	233
Diabetes Mellitus	185

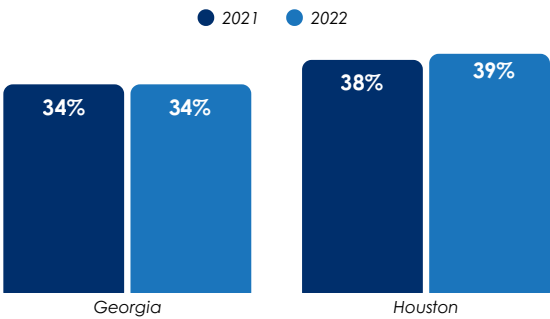
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	277.1
Cancers	149.7
Nervous System Diseases	97.9
External Causes	91.8
Respiratory Diseases	84.9
Endocrine, Nutritional and Metabolic Diseases	35.2
Infectious and Parasitic Diseases	33.4
Reproductive and Urinary System Diseases	34.1
Digestive System Diseases	28.2
Mental and Behavioral Disorders	14.8
Bone and Muscle Diseases	6.5
Fetal and Infant Conditions	6.9
Birth Defects	5.8

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Houston	47.7	21.5	34.3

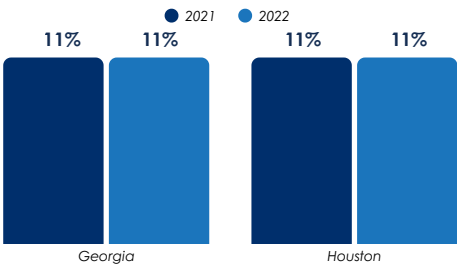
Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
Houston	61.2	34.9	No Data	No Data

Diabetes Prevalence

Source: County Health Rankings, 2021



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
Houston	639.05	304.7	331.8

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
Houston	119.3	646.6	NA	NA	346.8	1,379.20

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
Houston	15.2

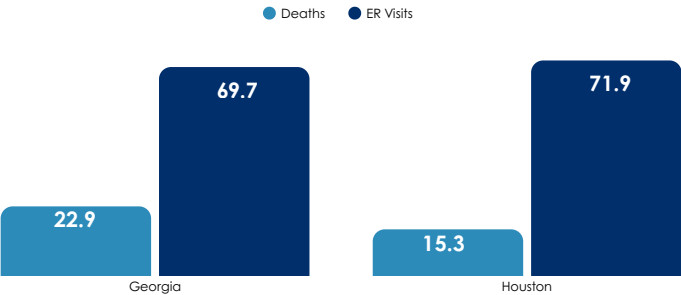
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Houston	31.40

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population |
Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Houston	136.5	52.7	39.5	143.7

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
Houston	84.3

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
Houston	41

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
Houston	7.6	63

Infant Deaths

Source: County Health Rankings 2016-2022

	Per 1000 Births	Count
Georgia	7	6,113
Houston	8	108

% Low Birth Weight

Source: OASIS, 2023

Georgia	10.20%
Houston	10.30%

Infant Health

Source: OASIS, 2023

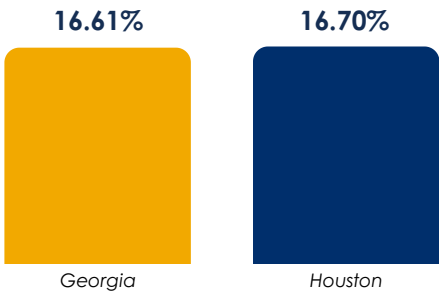
	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
Houston	196	181	139	70

Emory Hospital Warner Robins Communities: Health Behaviors

Understanding the health behaviors of Emory Hospital Warner Robins' communities is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

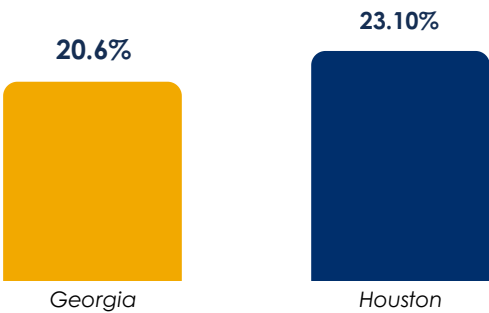
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



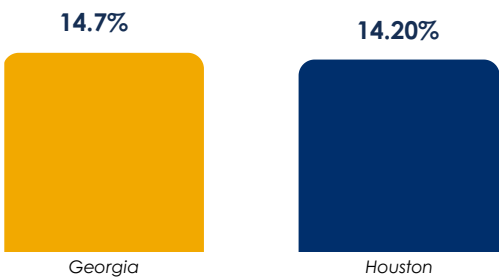
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



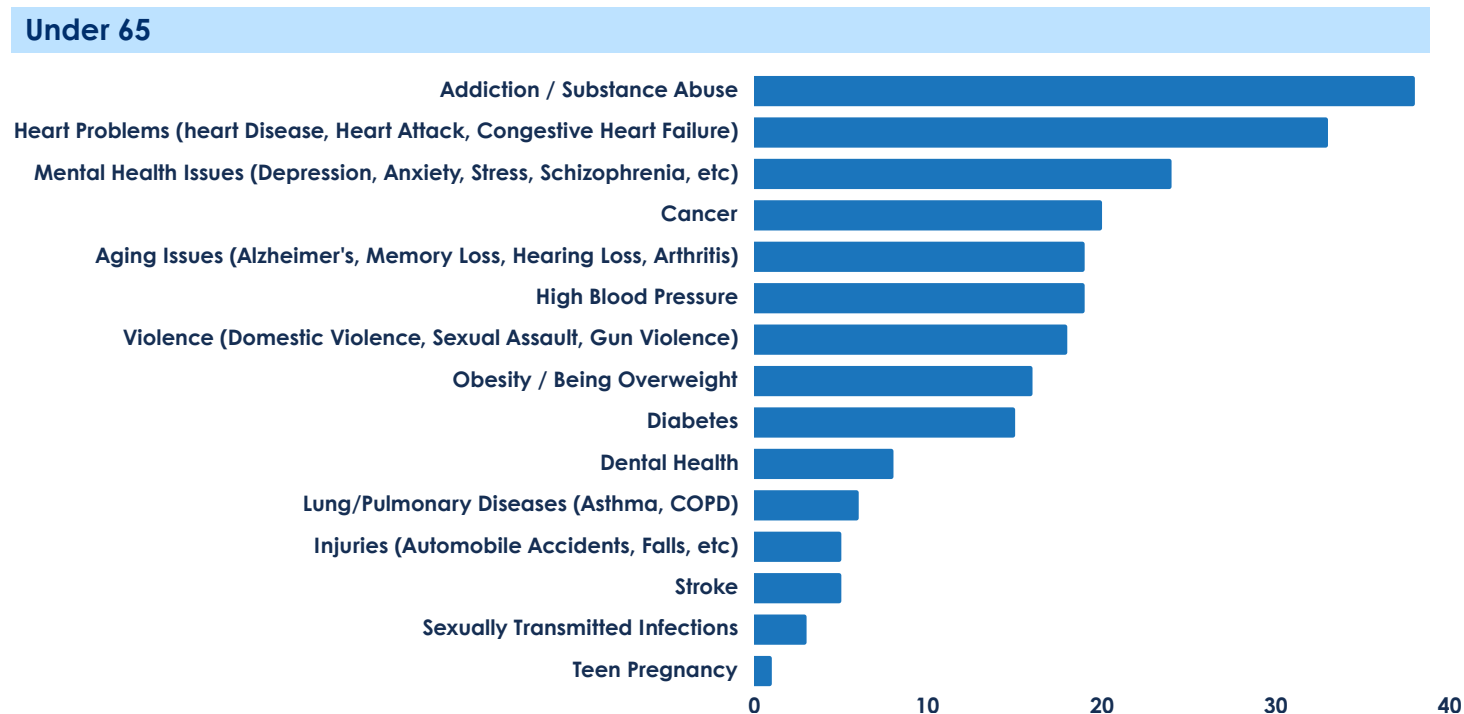
Emory Hospital Warner Robins: Community Concerns, Observations and Perceptions

While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

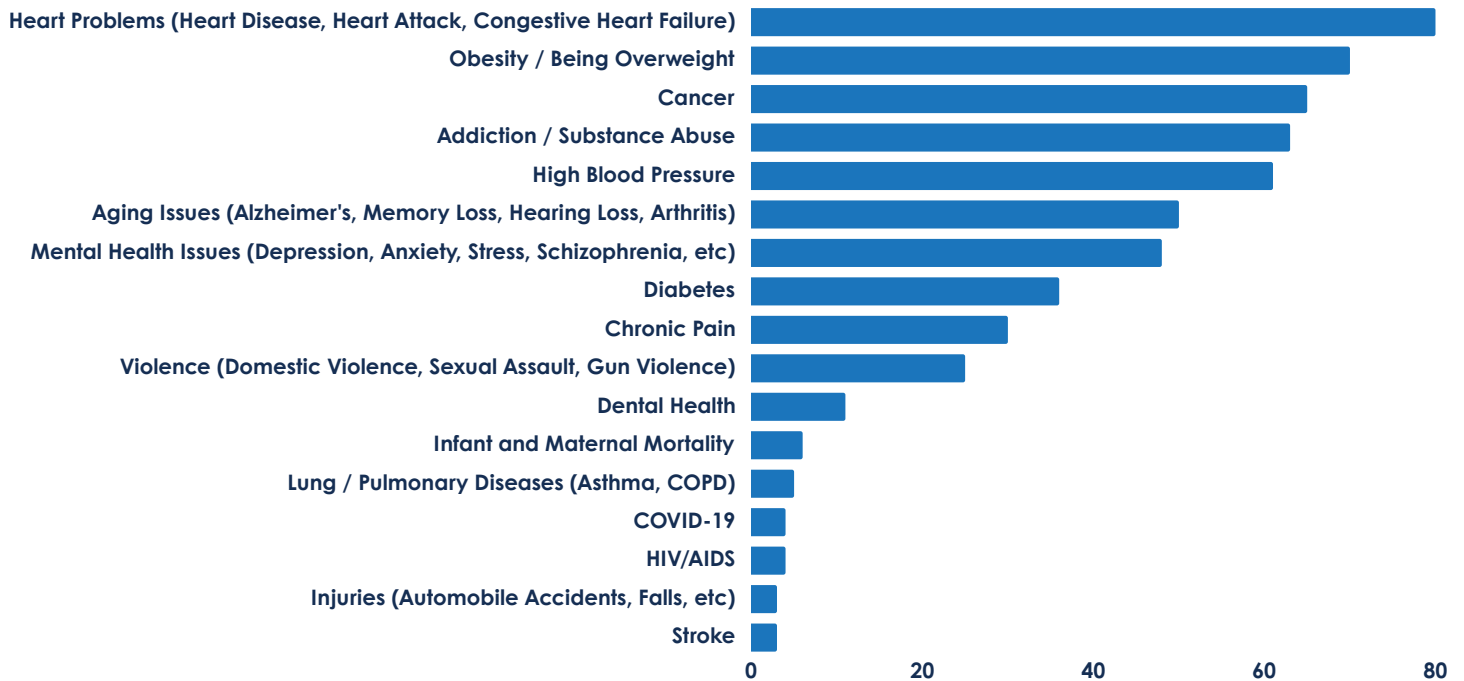
We asked communities to tell us how they rated the health of their communities.

Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

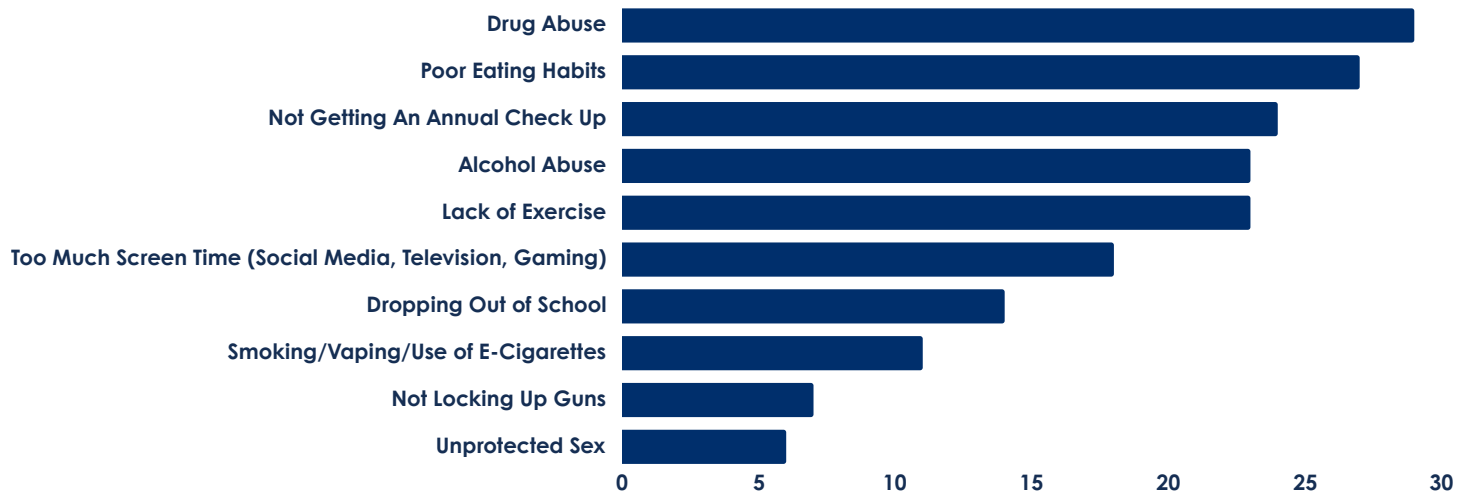


Over 65

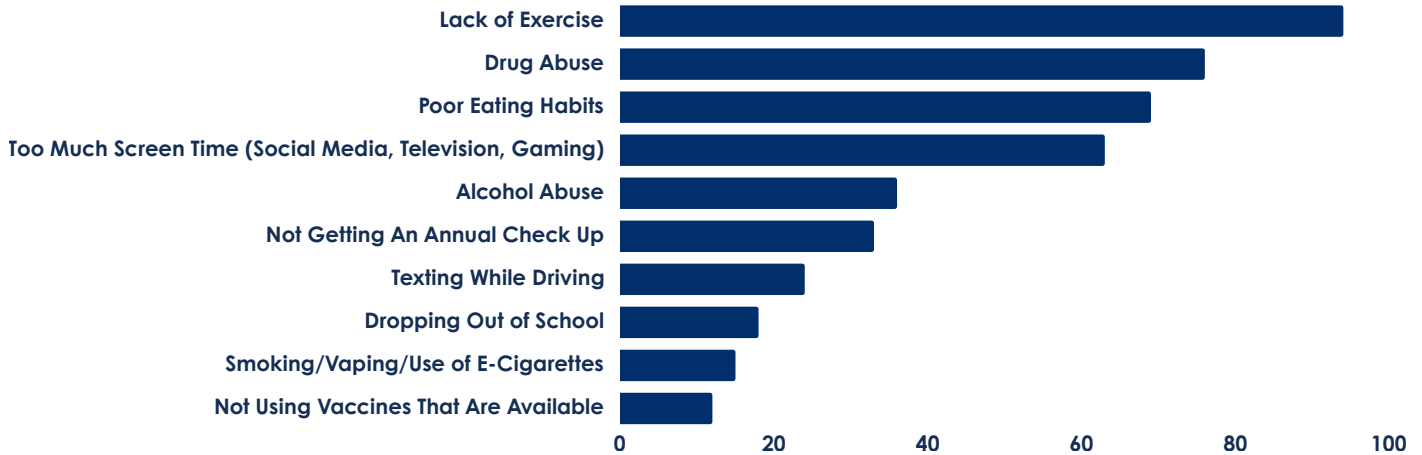


Question: What are the primary behavior factors affecting health in your community?

Under 65

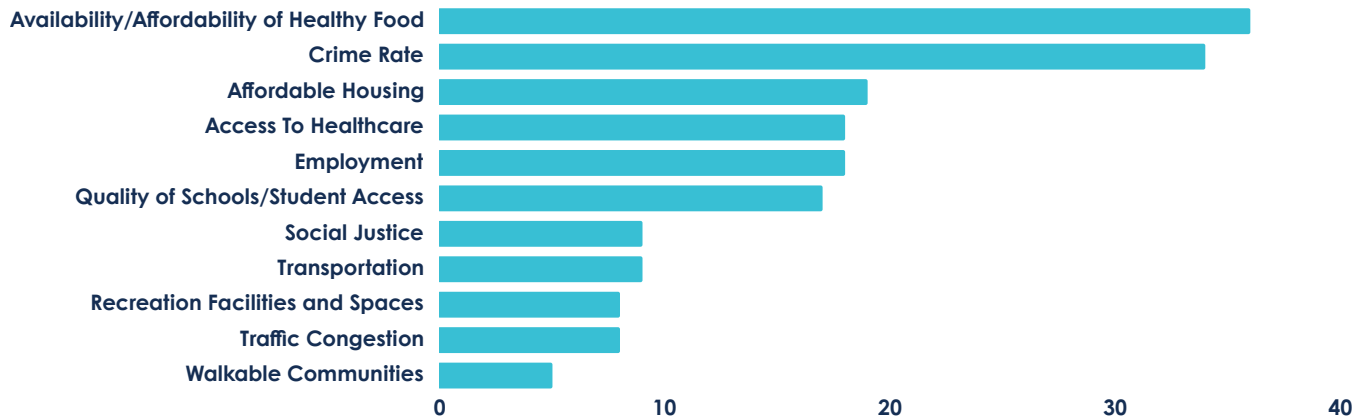


Over 65

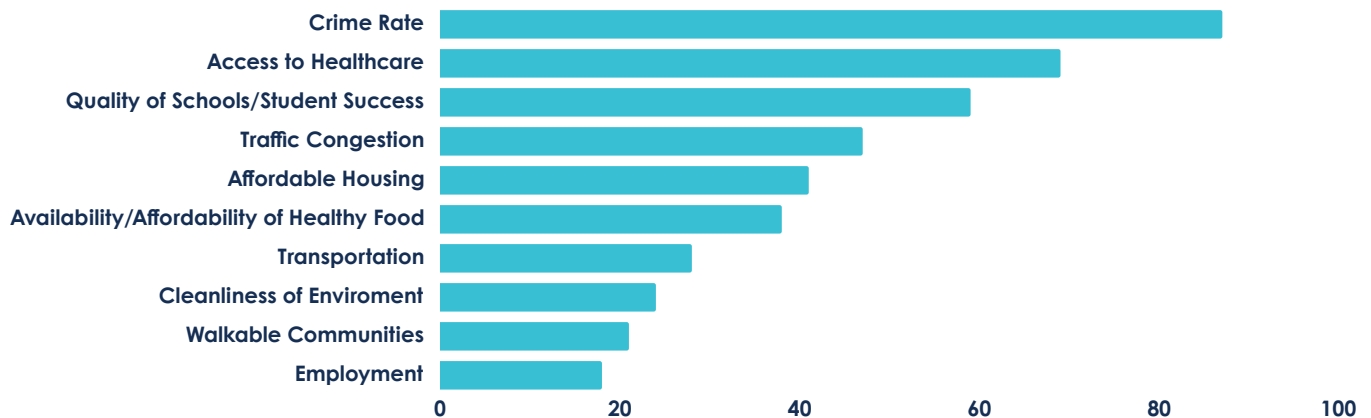


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Hospital Warner Robins: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Mental Health, Maternal & Child Health, Obesity, Tobacco Use, Chronic Diseases

Improve Healthcare Access

- Support health care workforce development through support for local technical schools and physician residency program.
- Support free volunteer medical clinic and Pavilion Family Medicine to support uninsured, lower income residents.
- Provide phone referral service to link people to needed services or medication assistance and to encourage establishing a medical home.
- Including information on financial assistance, finding a medical home and assistance with medication costs at all community health fairs.
- Partner with the Perinatal Coalition to provide pregnancy-related services and work with the local health department and local physicians to ensure access to prenatal care and provide a nurse educator to meet with pregnant teens in schools as requested.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease.
- Partner with the Sickle Cell Foundation to for both staff training and provision of a disease-specific community health worker to support patients with Sickle Cell disease.
- Provide a Hispanic interpreter/care manager for uninsured and non-English speaking pregnant women to decrease the risk factor for low birth weight and pre-term births.

Disease Prevention and Chronic Disease Management

- Provide health screenings at worksites, churches and other community sites.
- Provide ADA Diabetes Management Program, Walk with Ease Arthritis Association Program as well as Heart Failure, Cholesterol and Hypertension manage Programs.
- Provide transitional care for patients discharged with chronic illnesses.

Community Education and Wellbeing

- Offer Health Living for Life Class, Nutrition Education and Cooking classes along with exercise classes through multiple venues including the Lindsay Transitional Center, City of Perry and Houston Health Pavilion.
- Provide each hospitalized patient and community event attendee who states they are a tobacco user with tobacco cessation information and a referral to the Georgia Quit line. Promote the Great American Smokeout.
- Provide information via community outreach activities to teach the dangers of vaping, focusing heavily on school age children
- Provide opportunities for caregiver training to establish support for older adults
- Provide a mental health self-assessment guide with community resources at all outreach events, offer mental health talks and promote the Suicide Prevention and Crisis Line

EMORY JOHNS CREEK HOSPITAL

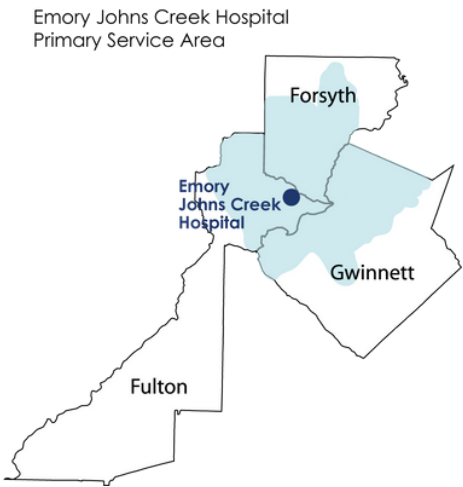


2025 Community Health Needs Assessment

Overview of Emory Johns Creek Hospital

Emory Johns Creek Hospital (EJCH) has proudly served the health care needs of its communities since 2007. EJCH is a 144-bed acute care facility serving northern metro Atlanta including Johns Creek and surrounding communities. EJCH is highly ranked among Georgia hospitals for excellence in Gastroenterology & GI Surgery, Geriatrics, Neurology & Neurosurgery and Orthopaedics.

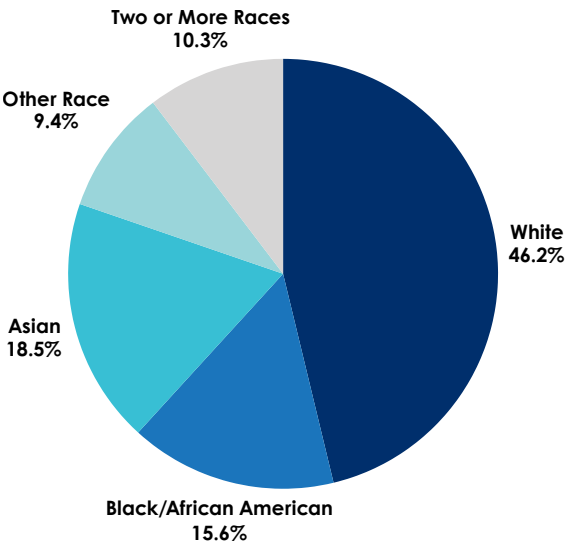
For the purpose of EJCH's community health needs assessment, EJCH's community is defined as the contiguous area from which over 80% of EJCH's inpatient admissions originate. EJCH's community or primary service area (PSA) includes seventeen ZIP codes in north Fulton, Forsyth, and Gwinnett counties.



Emory Johns Creek Hospital Communities: Demographics

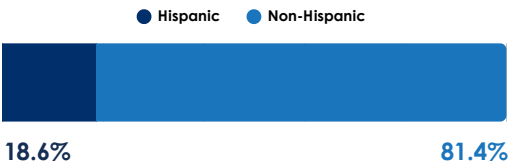
Race

Source: Syntellis | 2024



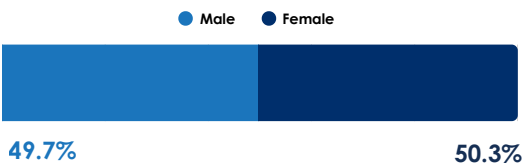
Ethnicity

Source: Syntellis | 2024



Gender

Source: Syntellis | 2024



Population Growth

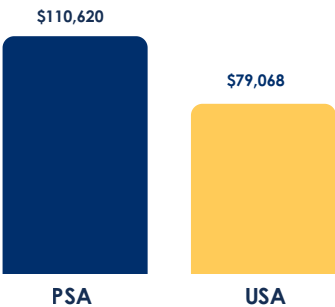
Source: Syntellis

Projected Growth Percentage = 4.64%



Median Household Income

Source: Syntellis | 2024



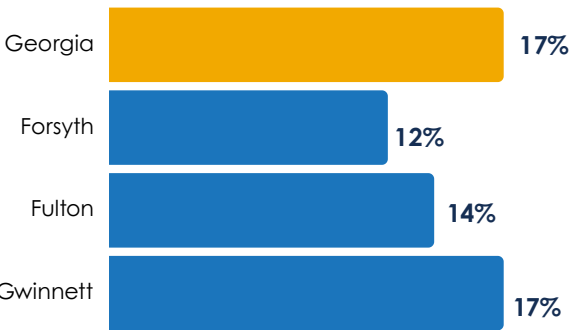
Median Age

Source: Syntellis | 2024

	Median Age
PSA	38.3
USA	39.3

Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



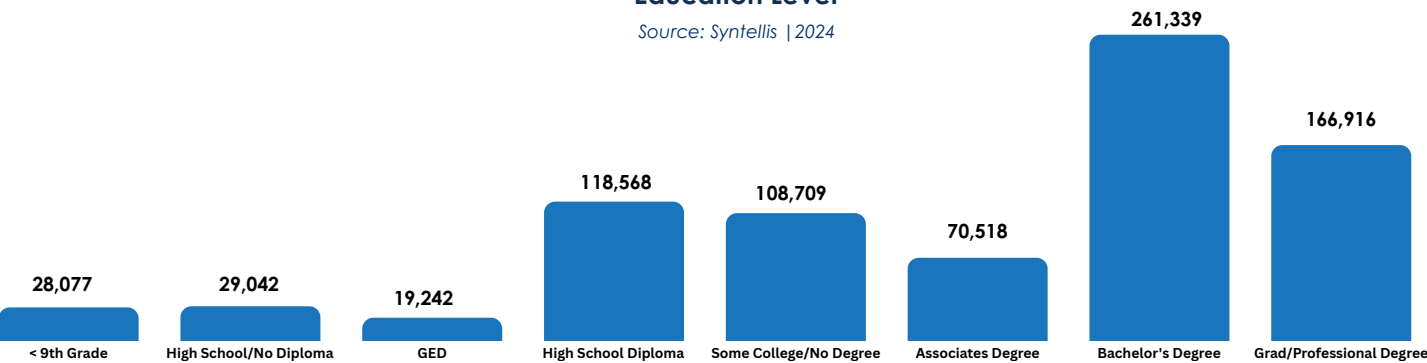
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Forsyth	12.50%	5.40%	0.90%	70.80%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%

Education Level

Source: Syntellis | 2024

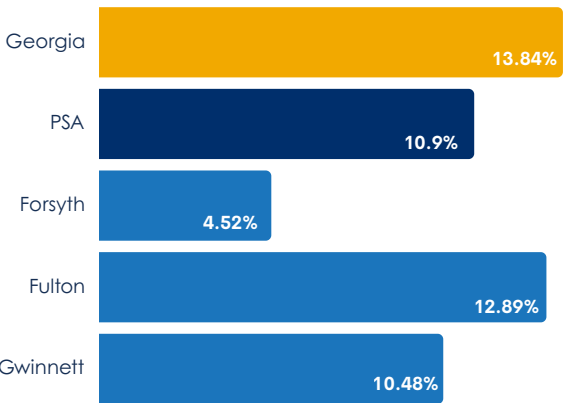


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Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

	Percentage
Georgia	28.18%
PSA	31.03%
Forsyth	18.29%
Fulton	31.94%
Gwinnett	33.16%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

	Percentage
Georgia	63.70%
PSA	69.11%
Forsyth	69.64%
Fulton	69.36%
Gwinnett	68.67%

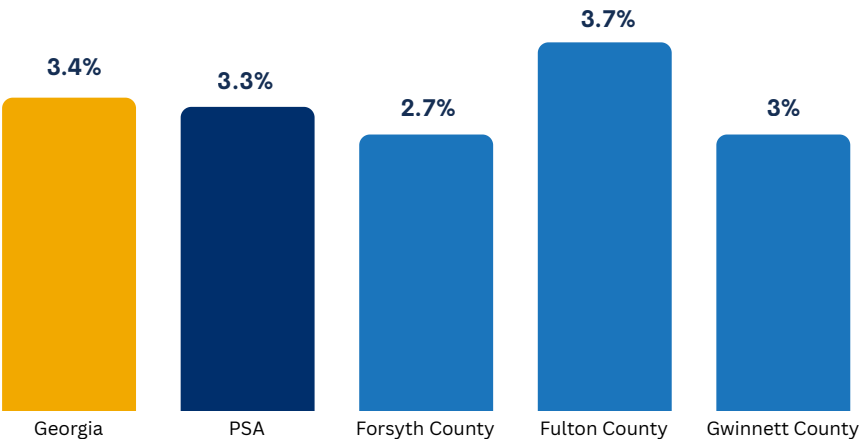
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Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
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PSA	73.31%	12.18%	9.96%
Forsyth	73.77%	7.60%	21.53%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%

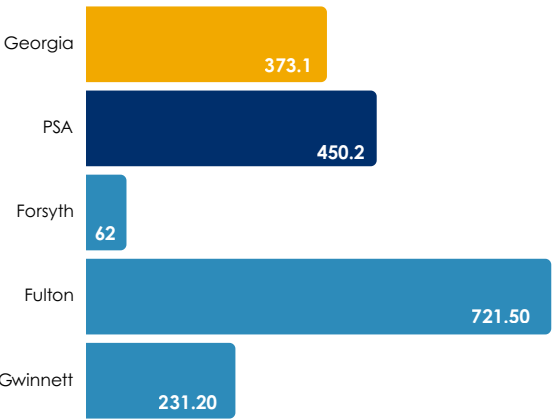
Unemployment Rate

Source: US Department of Labor, 2024



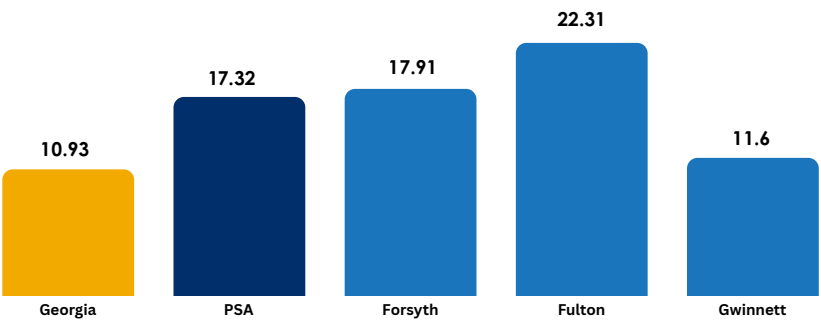
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



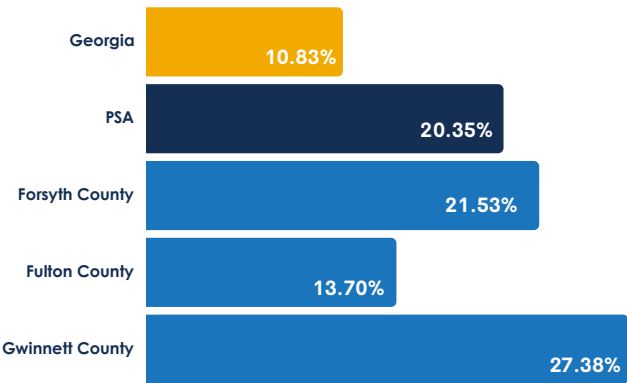
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

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Gwinnett County	11%

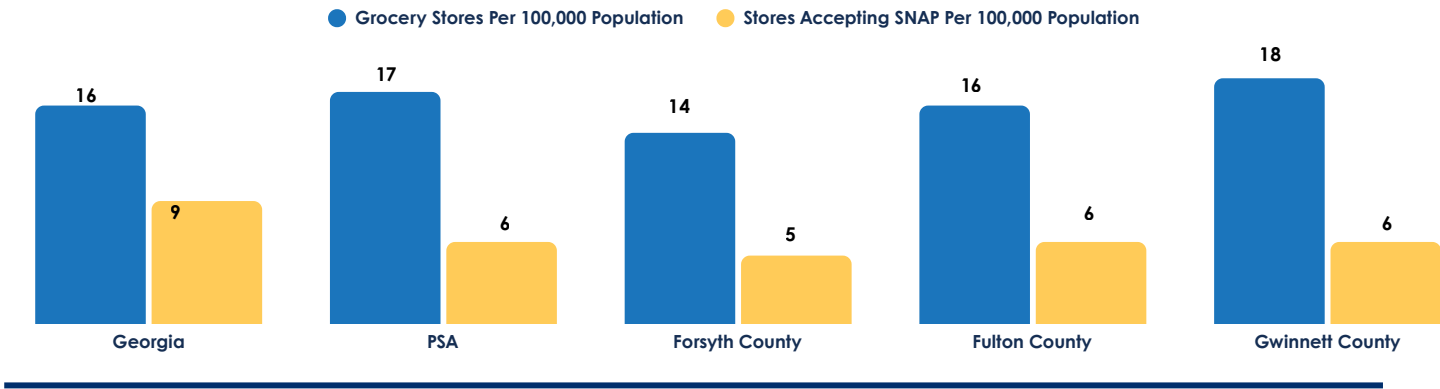
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



Emory Johns Creek Hospital Communities: Access to Health Care

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Provider Access

Source: County Health Rankings, 2024

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Forsyth	2,530	2,570	1,080
Fulton	890	1,320	310
Gwinnett	1520	1,530	680

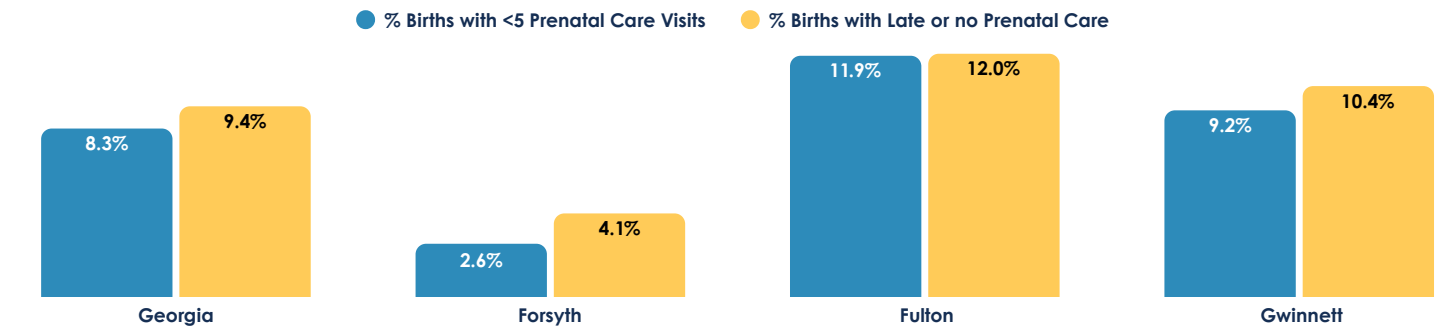
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Forsyth	2229
Fulton	2345
Gwinnett	2811

Prenatal Care Access

Source: OASIS, 2023



Emory Johns Creek Hospital Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	5,345
Hypertension and Hypertensive Renal, & Heart Disease	3,883
Cerebrovascular Disease	3,838
COVID-19	4,001
All Other Diseases of Nervous System	3,720
Alzheimer's Disease	2,981
Malignant Neoplasms of the Trachea, Bronchus and Lung	2,564
Diabetes Mellitus	2,200
All Chronic Obstructive Pulmonary Disease Except Asthma	2,324
Accidental Poisoning and Exposure to Noxious Substances	1,974

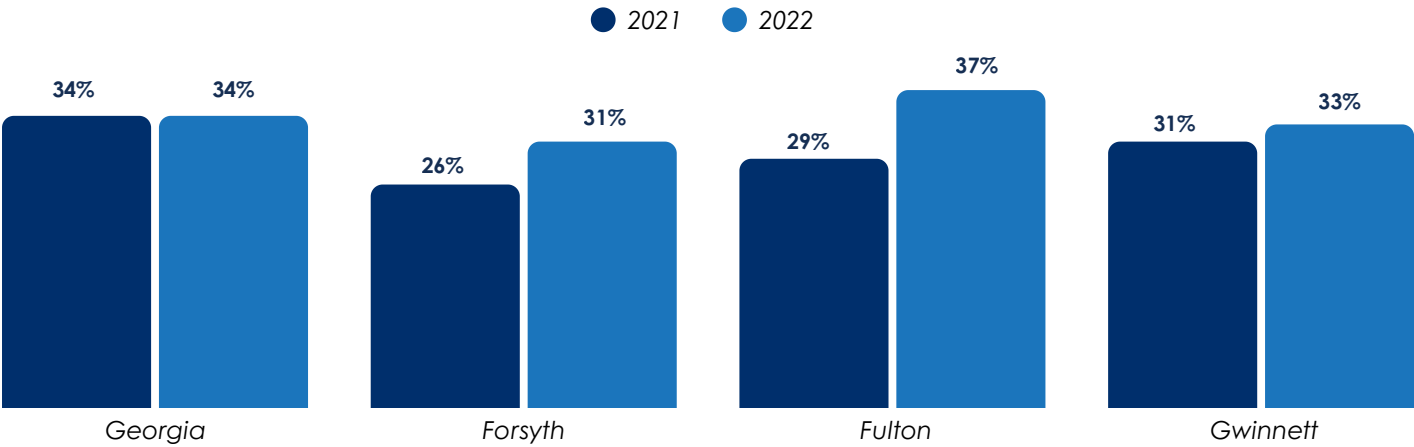
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	185
Cancers	127.7
Nervous System Diseases	88.2
External Causes	66.8
Respiratory Diseases	49.8
Endocrine, Nutritional and Metabolic Diseases	34.6
Infectious and Parasitic Diseases	27.2
Digestive System Diseases	21.4
Mental and Behavioral Disorders	18.6
Reproductive and Urinary System Diseases	18.5
Fetal and Infant Conditions	4.9
Bone and Muscle Diseases	4.7
Birth Defects	2.4
Blood Diseases (Anemia)	1.4
SIDS	0.4

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	45.8	53.7	16.1	25.7
Forsyth	40.9	No Data	No Data	No Data
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3

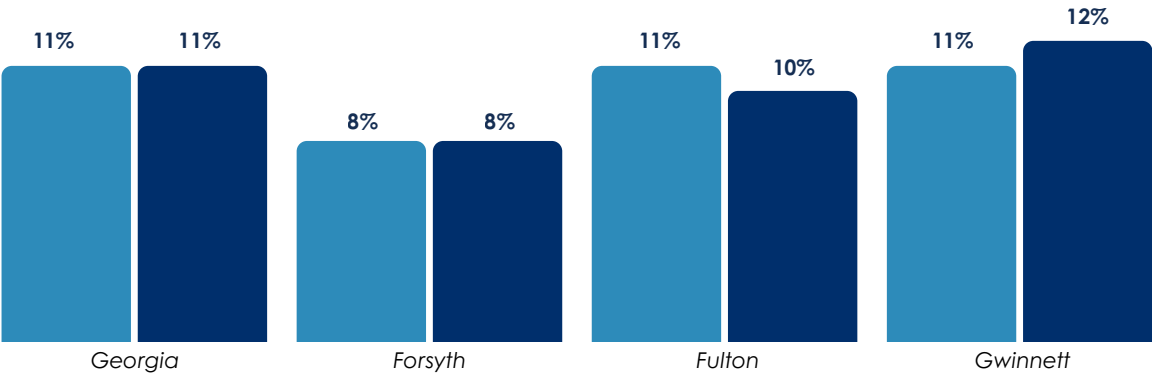
Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
PSA	56.8	25.9	41.0
Forsyth	40.7	20.2	30.4
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
PSA	695.22	N/A	1,033.70
Forsyth	128.26	34.8	90.2
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	10
Forsyth	8.5
Fulton	9.4
Gwinnett	11.2

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
PSA	385.3	2132.6	60.8	353.1	782.9	3567.5
Forsyth	51.8	503.8	26.8	N/A	235.2	462.8
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8

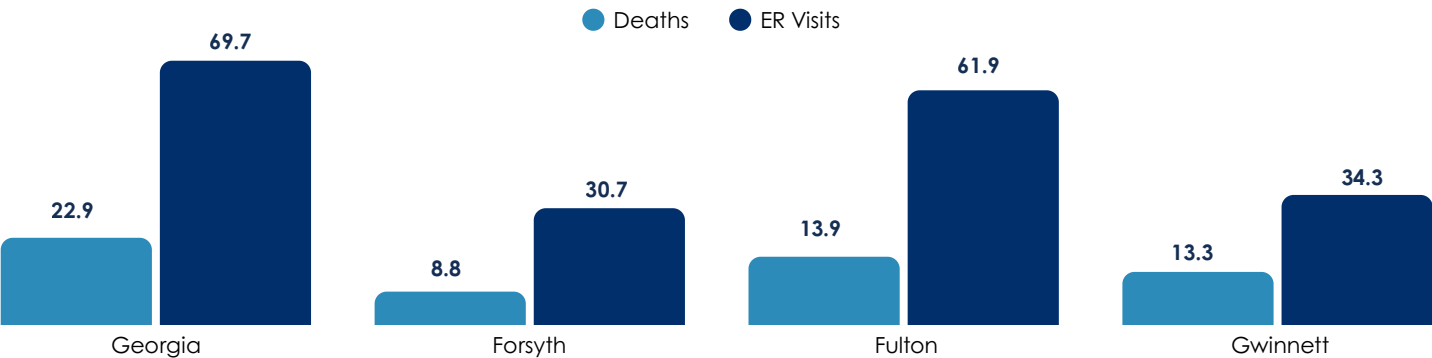
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Forsyth	11.80
Fulton	17.60
Gwinnett	16.70

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population | Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Forsyth	132.1	46.1	35.5	40.2
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	73.3
Forsyth County	95.6
Fulton County	76.9
Gwinnett County	66.9

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	368
Forsyth	22
Fulton	230
Gwinnett	116

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	N/A	16
Forsyth	2.3	693
Fulton	5	921
Gwinnett	9	280

Infant Deaths

Source: County Health Rankings 2016-2022

	Per 1000 Births	Count
Georgia	7	6,243
Forsyth	4	63
Fulton	7	589
Gwinnett	6	481

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
PSA	1750	2456	2589	117
Forsyth	103	64	1,251	34
Fulton	730	1,330	1,306	58
Gwinnett	917	1,062	1,183	38

% Low Birth Weight

Source: OASIS, 2023

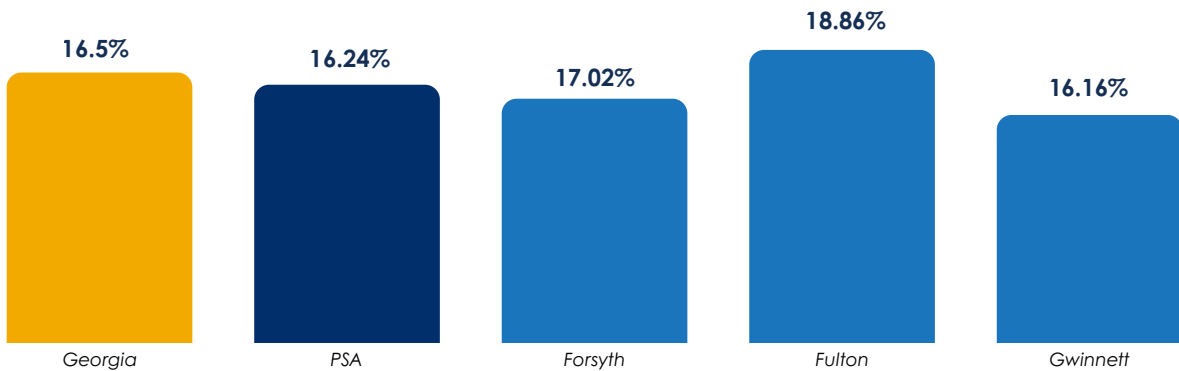
Georgia	10.1%
PSA	8.9%
Forsyth	7%
Fulton	11.3%
Gwinnett	9.5%

Emory Johns Creek Hospital Communities: Health Behaviors

Understanding the health behaviors of Emory Johns Creek Hospital's community populations is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

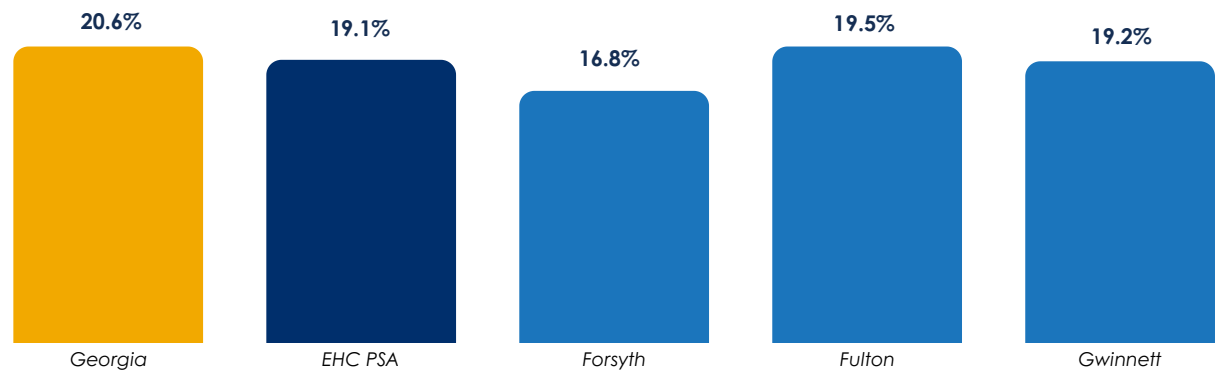
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



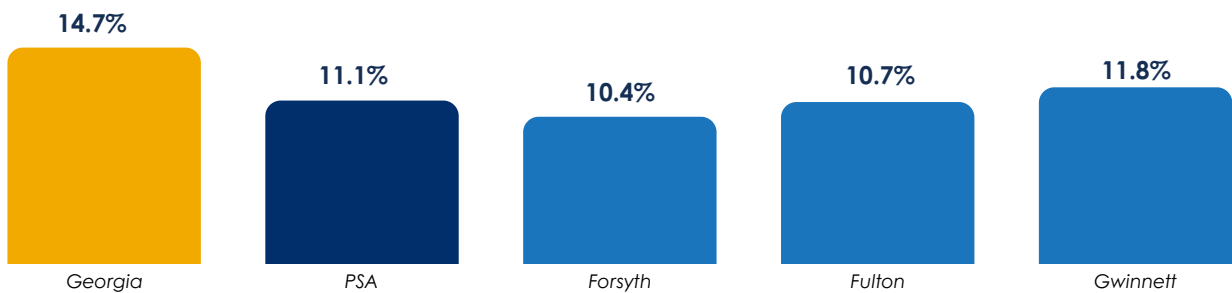
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



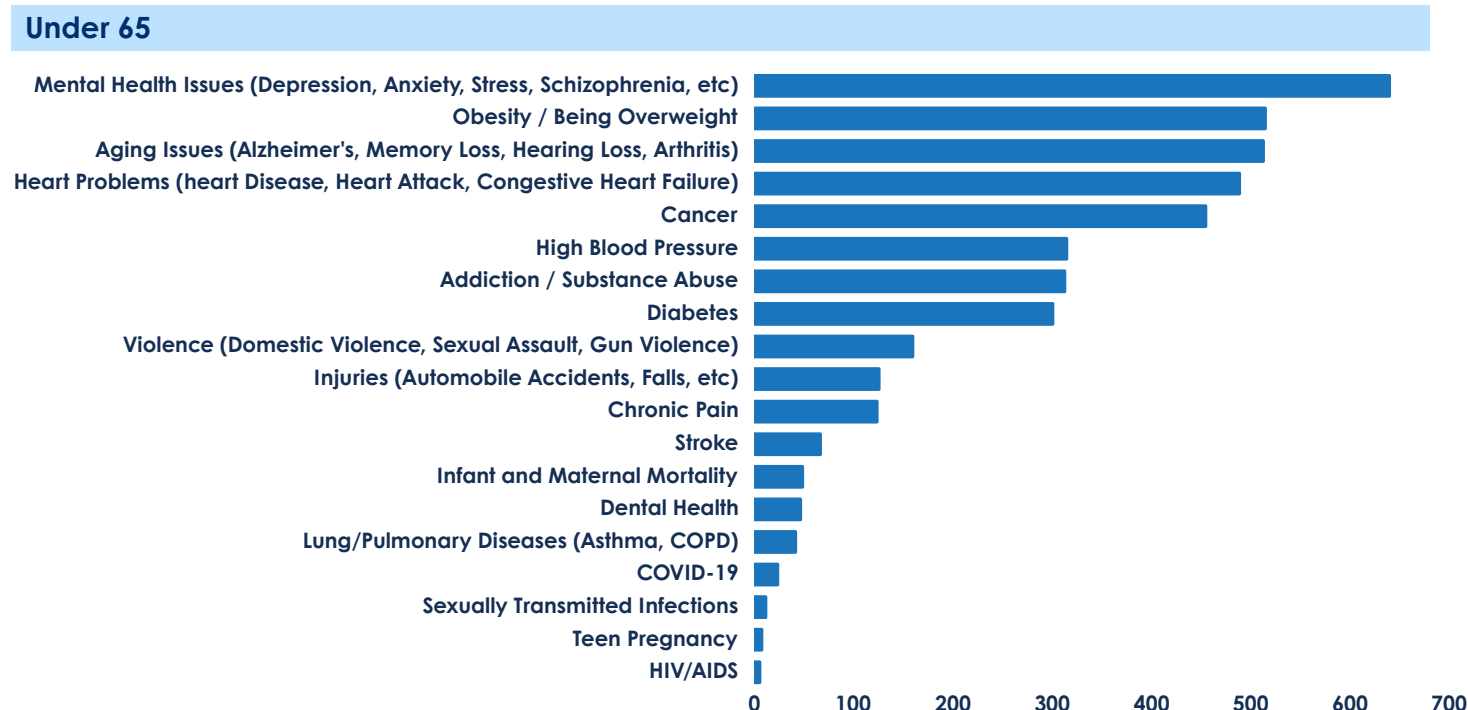
Emory Johns Creek Hospital: Community Concerns, Observations and Perceptions

While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

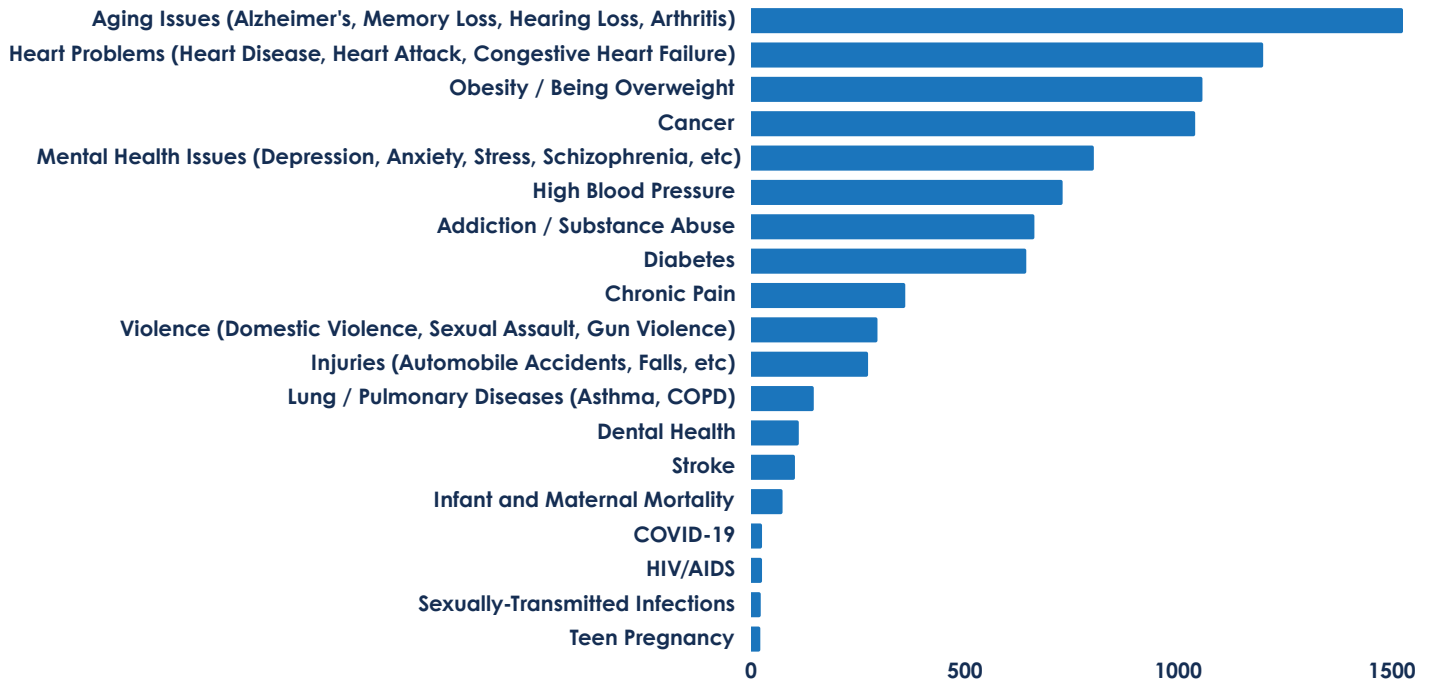
We asked communities to tell us how they rated the health of their communities.

Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

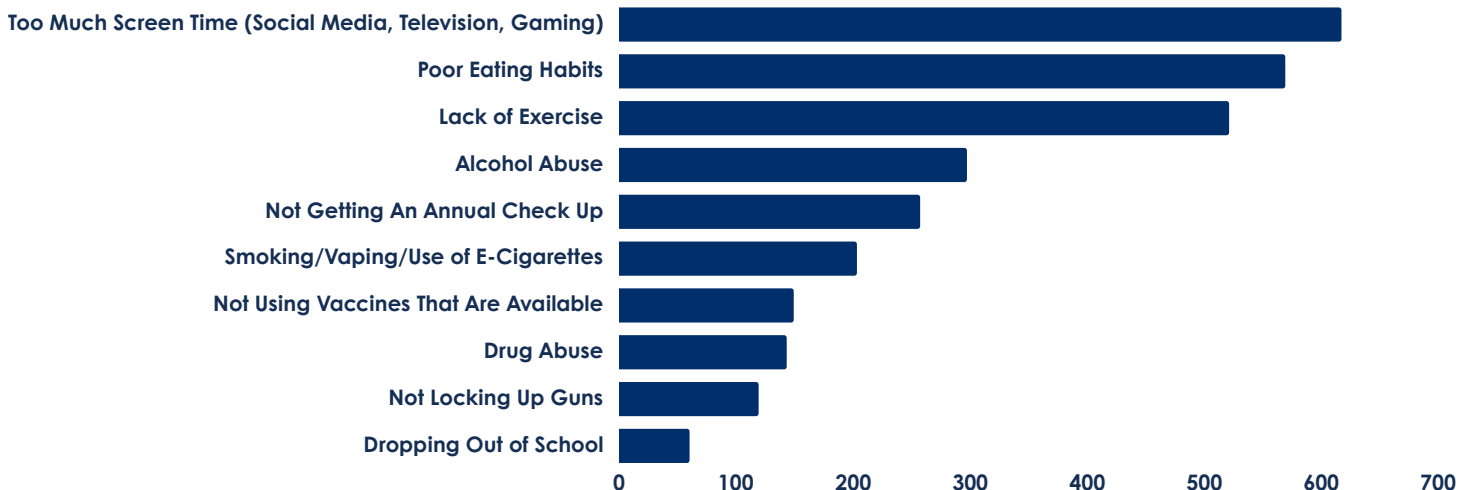


Over 65

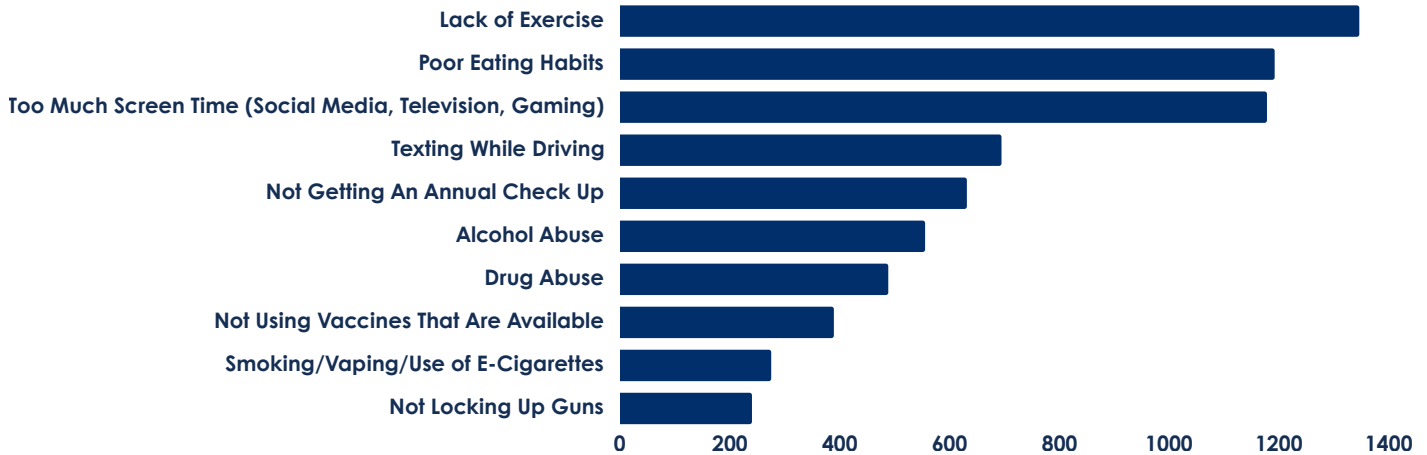


Question: What are the primary behavior factors affecting health in your community?

Under 65

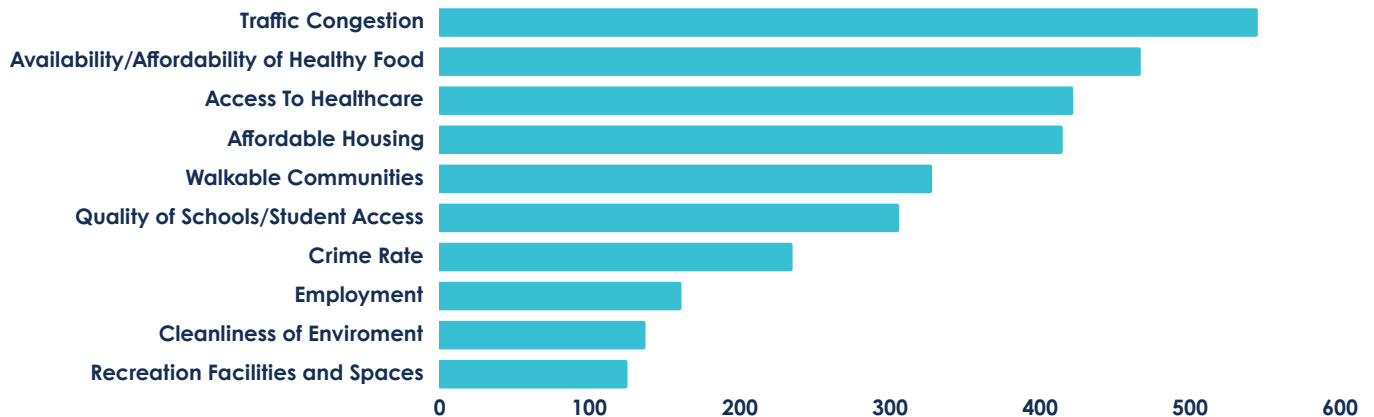


Over 65

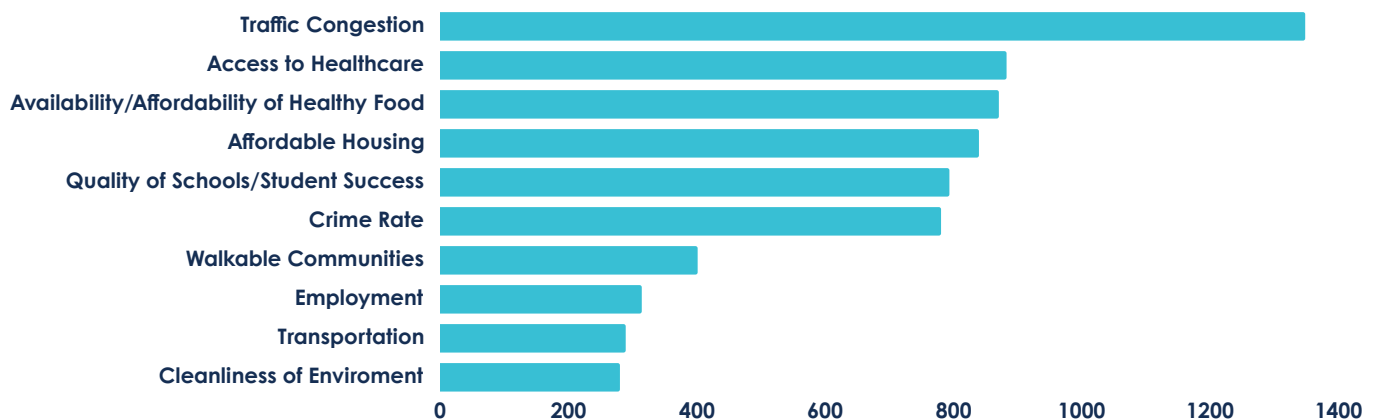


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Johns Creek Hospital: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Maternal Health, Mental Health, Chronic Diseases, Aging Population, Food Insecurity

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).
- Improve website presence, functionality and clarity of financial assistance policy (Systemwide).
- Support health care workforce development through partnerships with local schools (CTAE, healthcare pathways, etc.) and continuation of college and VolunTEEN programs.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease
- Support the Winship/EHC Prostate Cancer Screening initiative by developing relationships and facilitating connections with organizations and venues in underserved neighborhoods resulting in education and screenings.
- Investigate and implement programs, initiatives and/or education to support patients facing food insecurity.

Disease Prevention and Chronic Disease Management

- Provide free health and wellness screenings such as blood pressure, cholesterol/lipids, glucose, strength & balance, etc., at community health fairs and events.
- Seek out and/or create opportunities to educate the community on strategies to proactively help prevent chronic disease, improve mental health, and support healthy aging.
- Promote early detection and screenings for prevention and management of chronic disease.

Community Education and Wellbeing

- Provide community health education talks through community organizations such as churches, schools, civic clubs, fraternal organizations, etc.
- Continue/expand free classes and support group offerings for the community, including childbirth, breastfeeding, diabetes self-care, stroke, total joint replacement, etc.
- Partner with local organizations, city and county governments, providers and schools to advocate for and promote resources related to mental and emotional wellness.

EMORY LONG-TERM ACUTE CARE



2025 Community Health Needs Assessment

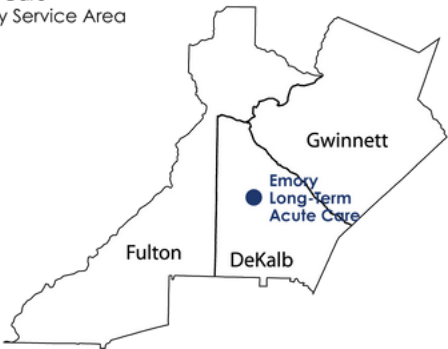
Overview of Emory Long-Term Acute Care

Emory's Long-Term Acute Care (ELTAC) facility is a 76-bed specialty-care hospital designed for patients with serious medical problems that require intense, specialized care, and rehabilitation for an extended period of time. The hospital specializes in pulmonary rehabilitation, including ventilator weaning, as well as general rehabilitation, physical therapy, and wound care.

ELTAC is committed to delivering superior care using the latest science and technology combined with caring and dedication. Its staff strives to be a true partner to patients and their families during their health care journey by providing high quality care and on-going support.

ELTAC's community health needs assessment demonstrates the needs of our community. As a specialty care facility, ELTAC serves patients from throughout the state of Georgia and the Southeast. For the purpose of ELTAC's community health needs assessment, ELTAC's community is defined as the contiguous area from which over 66% of ELTAC's inpatient admissions originate. ELTAC's community or primary service area (PSA) includes DeKalb, Gwinnett, and Fulton counties.

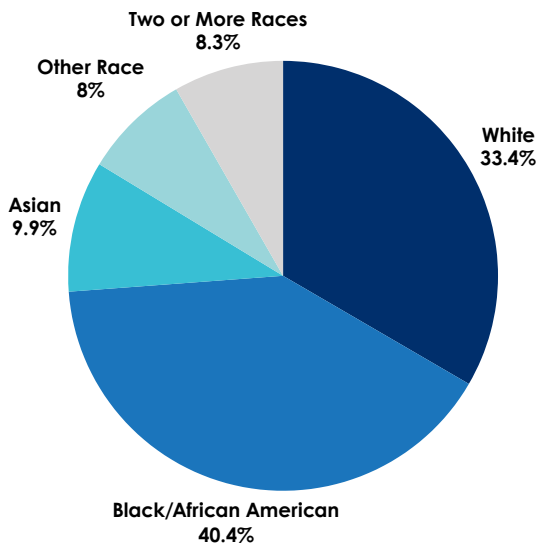
Emory Long-Term
Acute Care
Primary Service Area



Emory Long-Term Acute Care Communities: Demographics

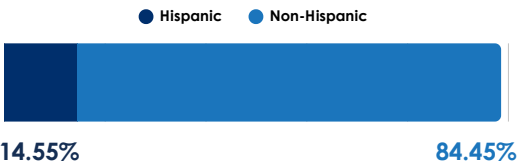
Race

Source: Syntellis | 2024



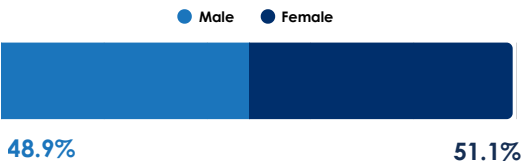
Ethnicity

Source: Syntellis | 2024



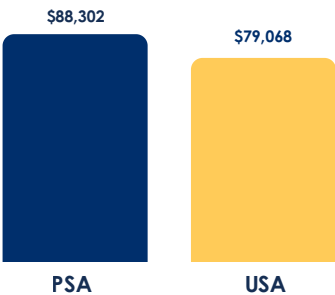
Gender

Source: Syntellis | 2024



Median Household Income

Source: Syntellis | 2024



Median Age

Source: Syntellis | 2024

	Median Age
PSA	36.5
USA	39.3

Population Growth

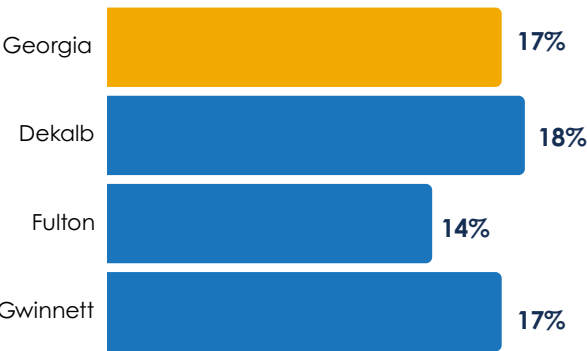
Source: Syntellis

Projected Growth Percentage = 2.60%



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2021



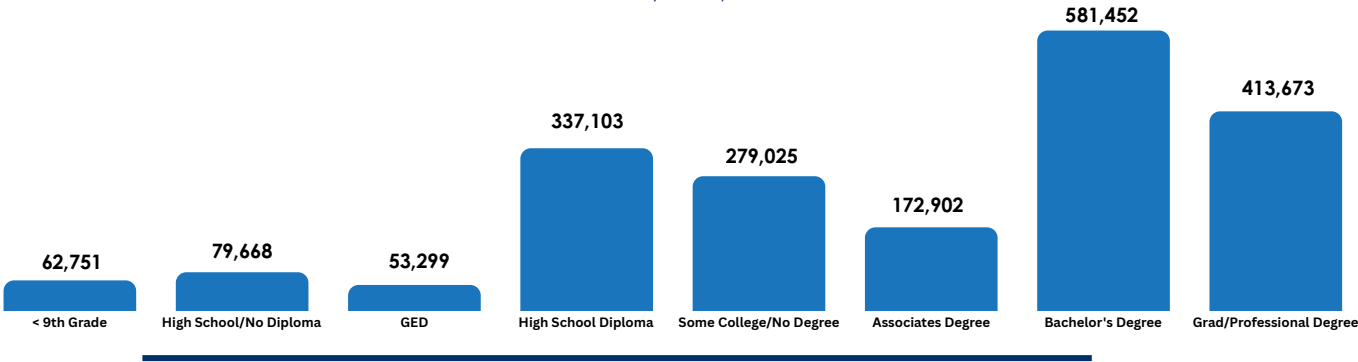
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%

Education Level

Source: Syntellis | 2024

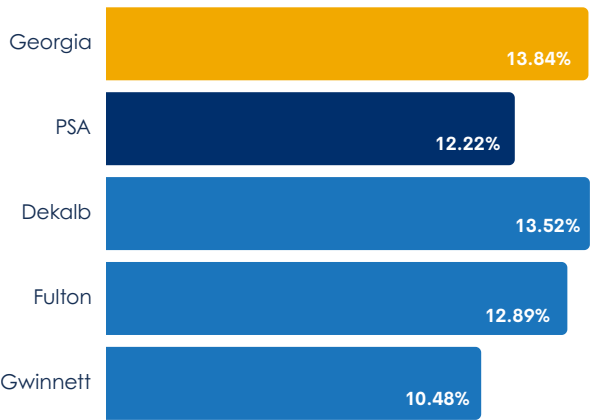


Emory Long-Term Acute Care Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community’s health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

	Percentage
Georgia	28.18%
PSA	33.02%
Dekalb	34.59%
Fulton	31.94%
Gwinnett	33.16%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

	Percentage
Georgia	63.70%
PSA	68.83%
Dekalb	68.27%
Fulton	69.36%
Gwinnett	68.67%

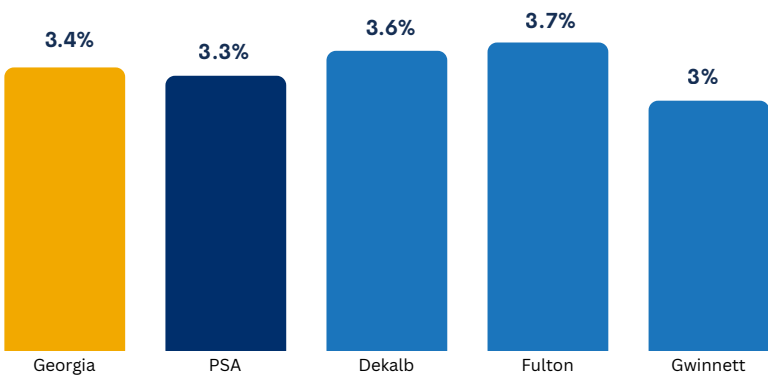
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
PSA	74.92%	11.64%	9.89%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%

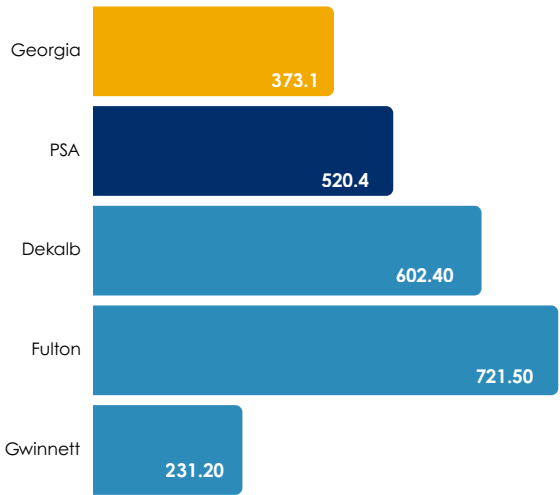
Unemployment Rate

Source: US Department of Labor, 2024



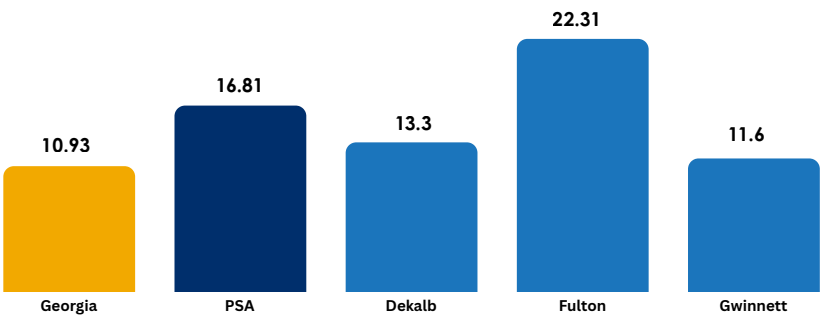
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



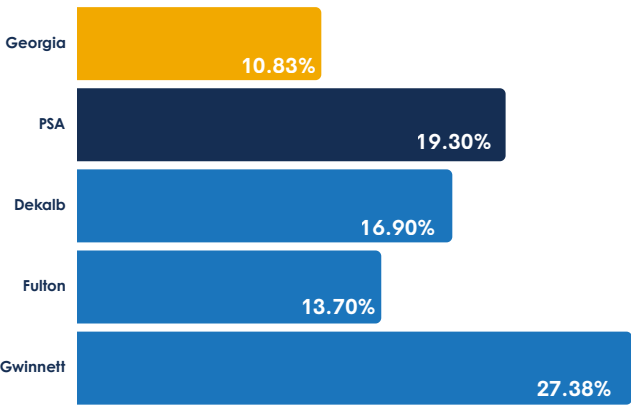
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Dekalb County	11%
Fulton County	12%
Gwinnett County	11%

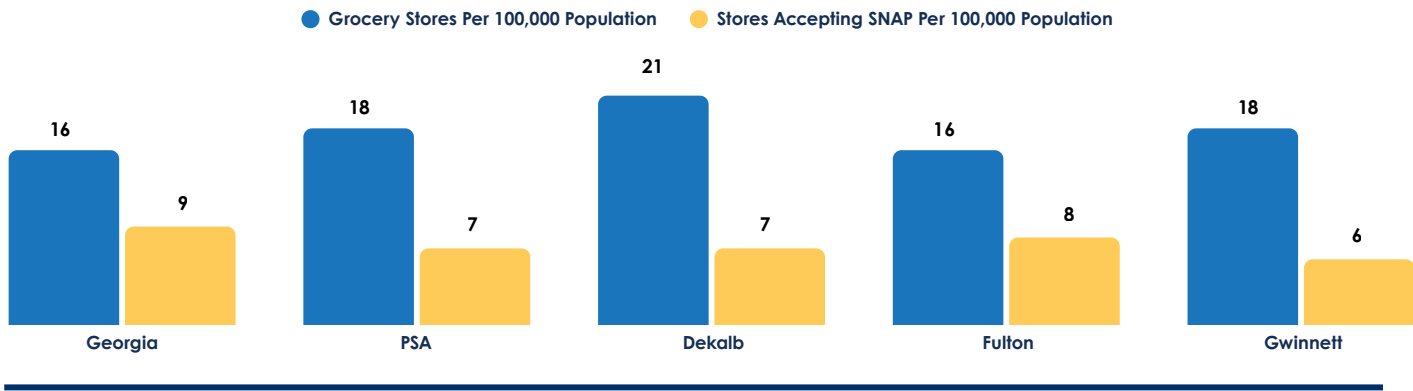
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



Emory Long-Term Acute Care Communities: Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings, 2024

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Dekalb	940	1,610	260
Fulton	890	1,320	310
Gwinnett	1520	1,530	680

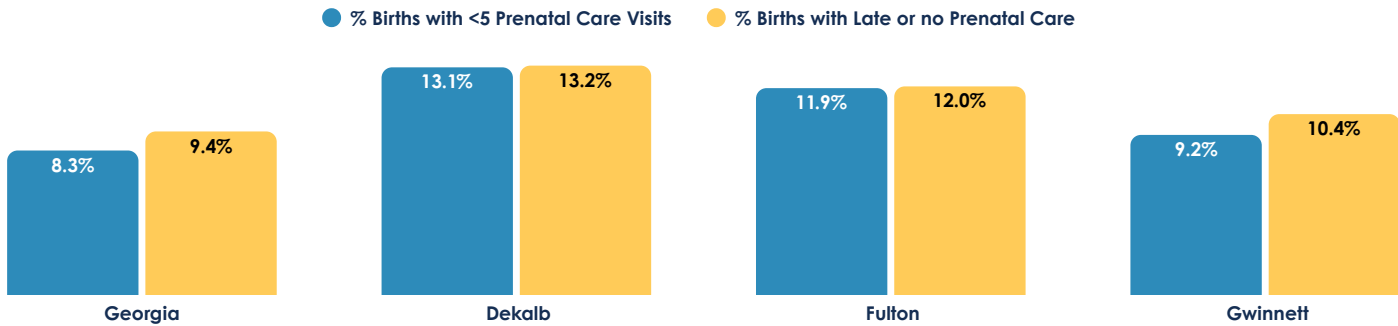
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Dekalb	2745
Fulton	2345
Gwinnett	2811

Prenatal Care Access

Source: OASIS, 2023



Emory Long-Term Acute Care Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	6,810
Hypertension and Hypertensive Renal, & Heart Disease	5,193
Cerebrovascular Disease	4,862
COVID-19	4,964
All Other Diseases of Nervous System	4,401
Alzheimer's Disease	3,638
Malignant Neoplasms of the Trachea, Bronchus and Lung	3,151
Diabetes Mellitus	3,007
All Chronic Obstructive Pulmonary Disease Except Asthma	2,722
Accidental Poisoning and Exposure to Noxious Substances	2,529

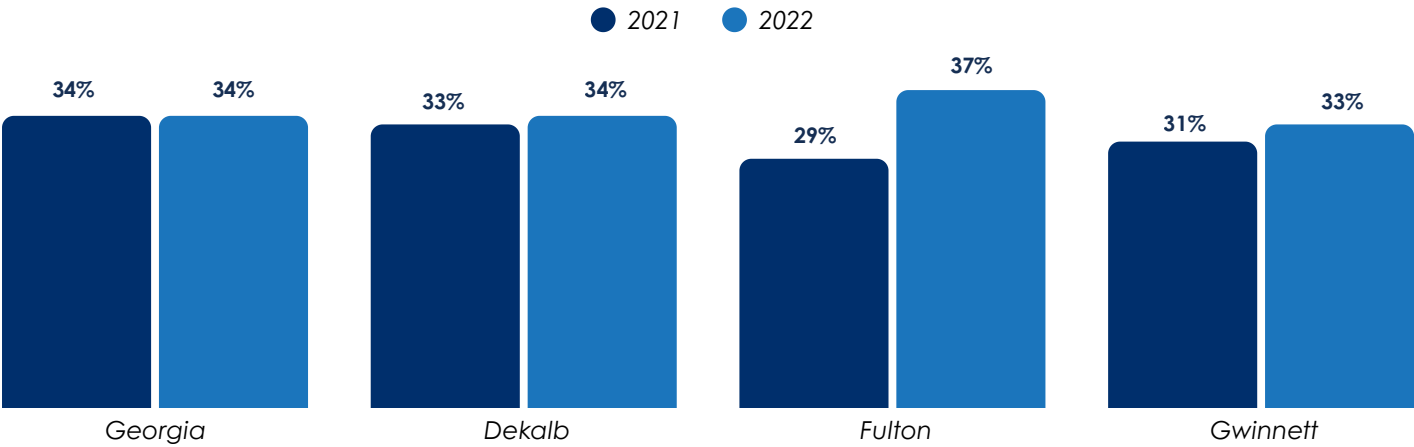
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	183.1
Cancers	130.6
Nervous System Diseases	83.4
External Causes	72.6
Respiratory Diseases	48
Endocrine, Nutritional and Metabolic Diseases	39
Infectious and Parasitic Diseases	28.3
Digestive System Diseases	22.6
Mental and Behavioral Disorders	20.3
Reproductive and Urinary System Diseases	19.6
Fetal and Infant Conditions	4.6
Bone and Muscle Diseases	4.1
Birth Defects	2.5
Blood Diseases (Anemia)	1.8
SIDS	0.5

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	52.5	49.7	16.3	30.2
Dekalb	45.8	51.0	20.1	46.6
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3

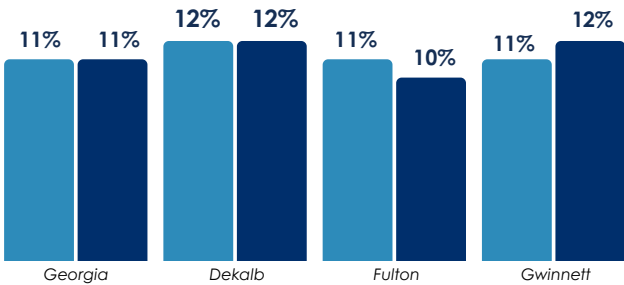
Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
PSA	61	26.4	43.4
Dekalb	66.2	28.3	46.7
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6

Diabetes Prevalence

Source: County Health Rankings, 2021



Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	72.8
Dekalb County	74.6
Fulton County	76.9
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STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
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Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
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Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	11.4
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
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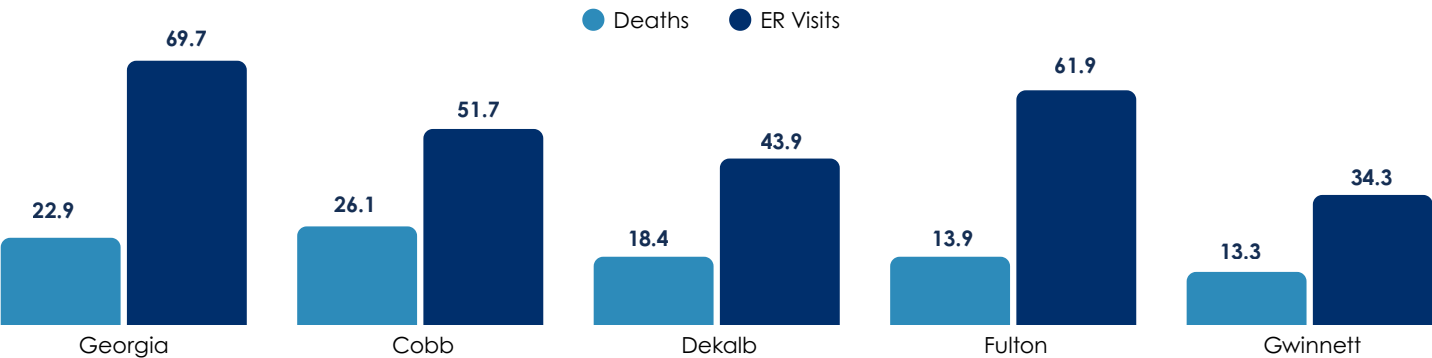
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

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Fulton	17.60
Gwinnett	16.70

Opioid Overdose

Per 100,000 Population | Source: Department of Public Health, 2022



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	Breast	Lung	Colon	Prostate
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Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	533
Dekalb	187
Fulton	230
Gwinnett	116

Homicide Deaths

Source: Centers for Disease Control
and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	11.7	2,088
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280

Infant Deaths

Source: County Health Rankings
2015-2021

	Per 1000 Births	Count
Georgia	7	6,243
Dekalb	7	502
Fulton	7	589
Gwinnett	6	481

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
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% Low Birth Weight

Source: OASIS, 2023

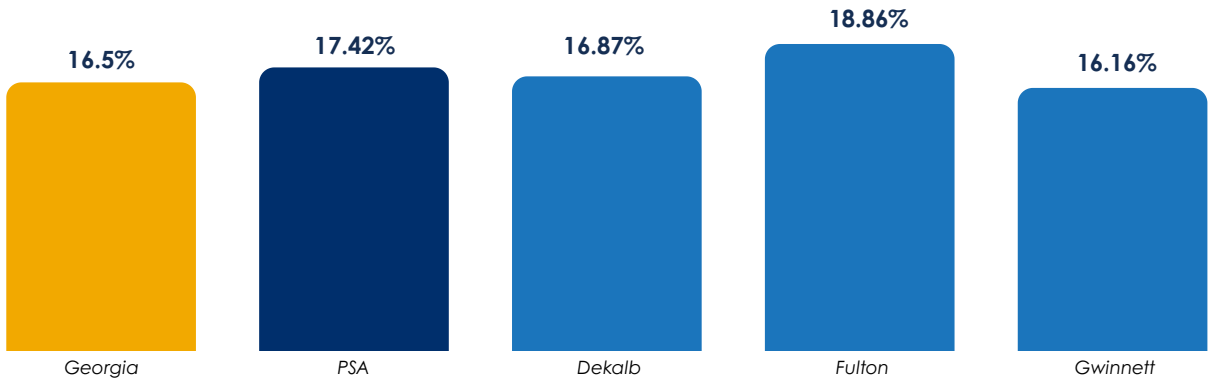
Georgia	10.20%
PSA	13.53%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%

Emory Long-Term Acute Care Communities: Health Behaviors

Understanding the health behaviors of Emory Long-Term Acute Care's communities is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

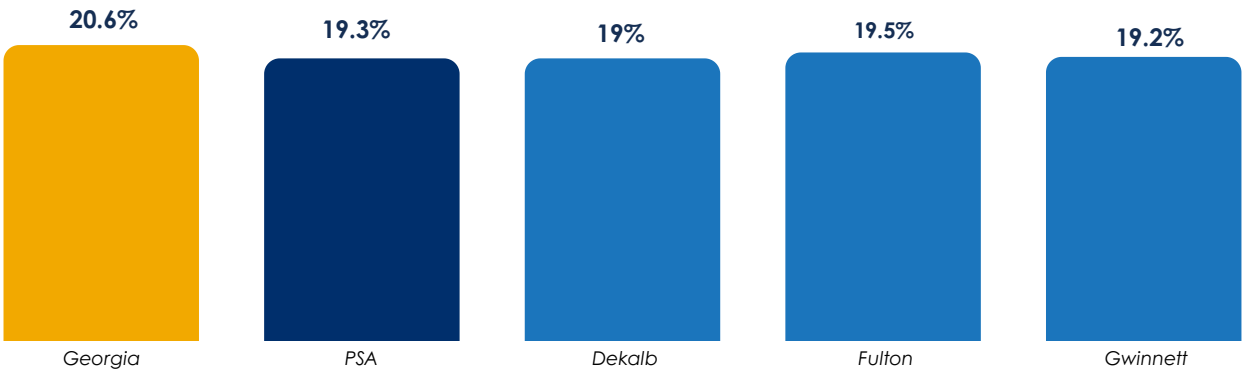
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



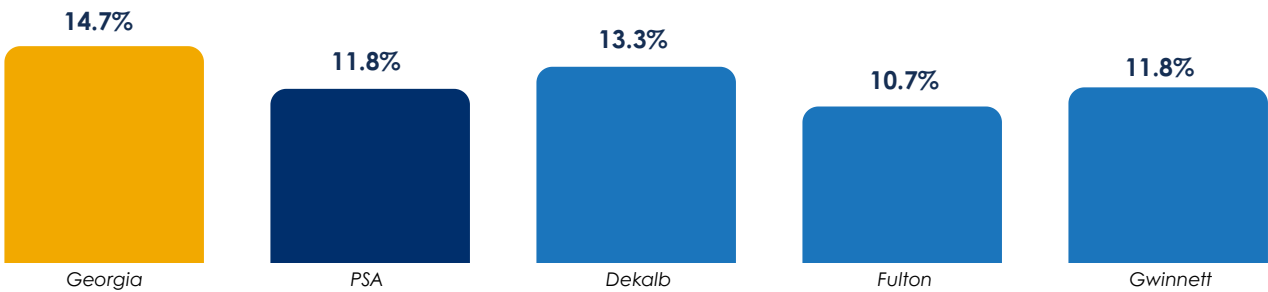
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



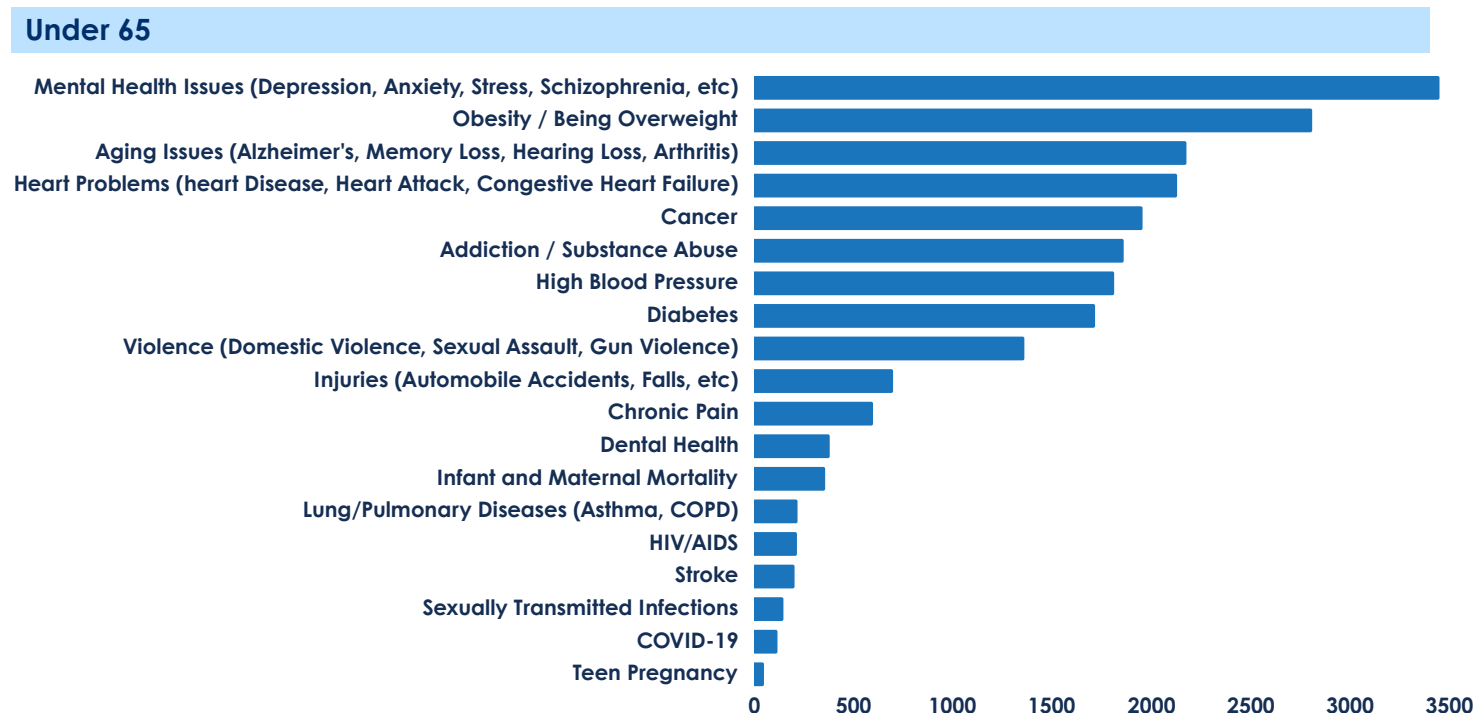
Emory Long-Term Acute Care: Community Concerns, Observations and Perceptions

While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

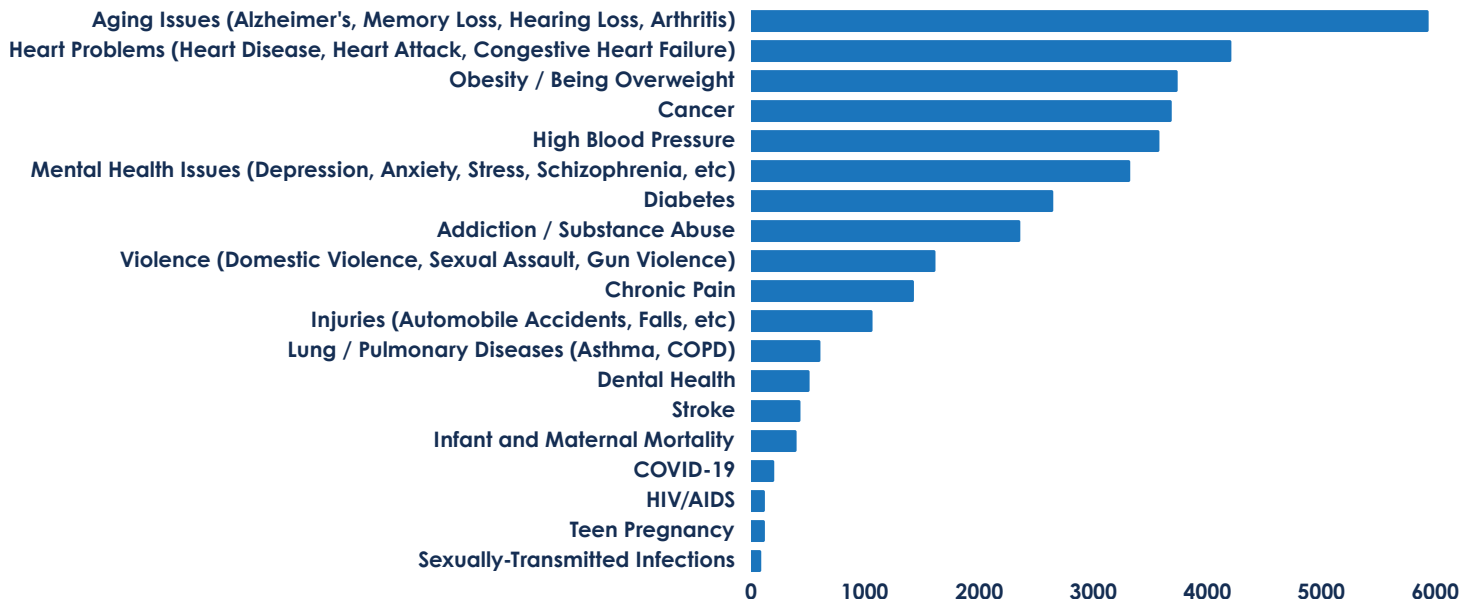
We asked communities to tell us how they rated the health of their communities.

Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

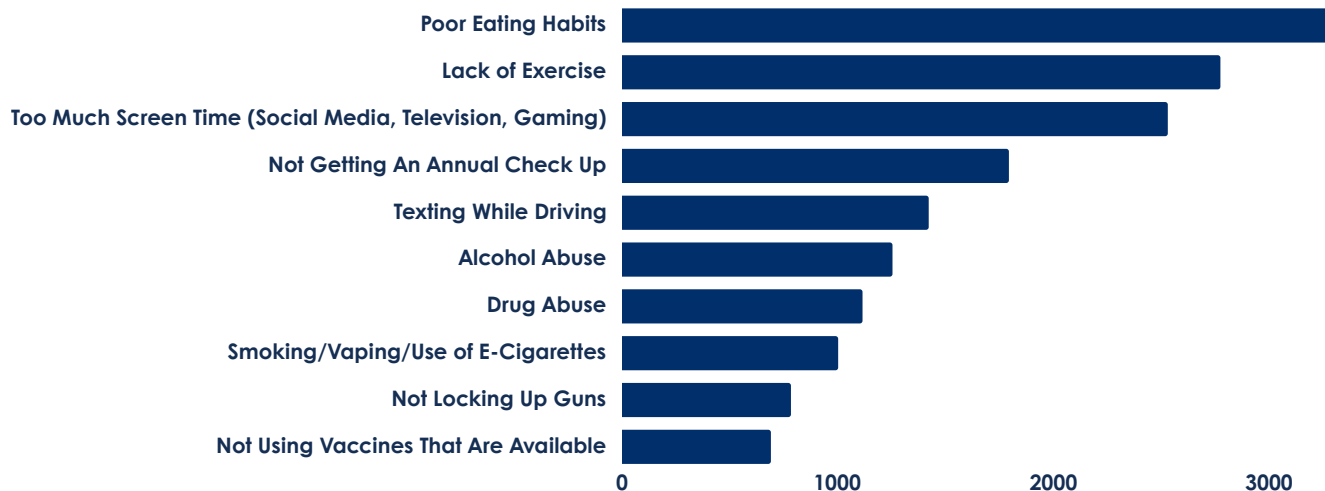


Over 65

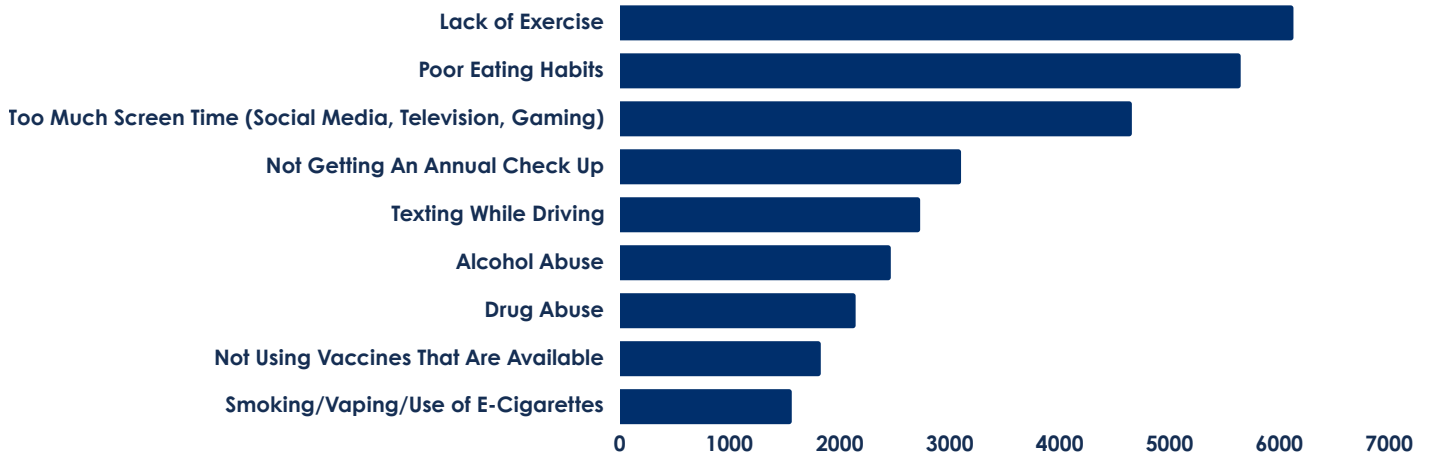


Question: What are the primary behavior factors affecting health in your community?

Under 65

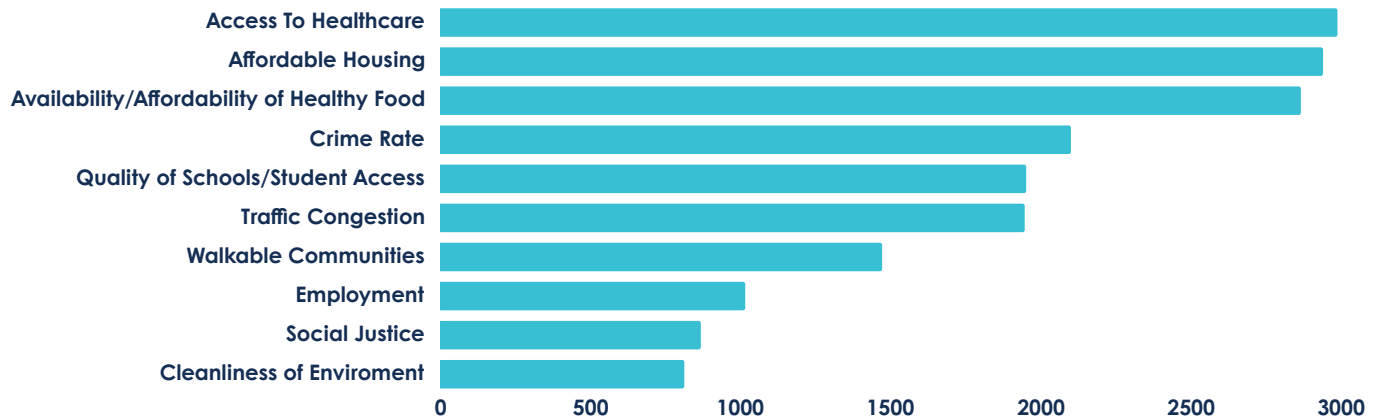


Over 65

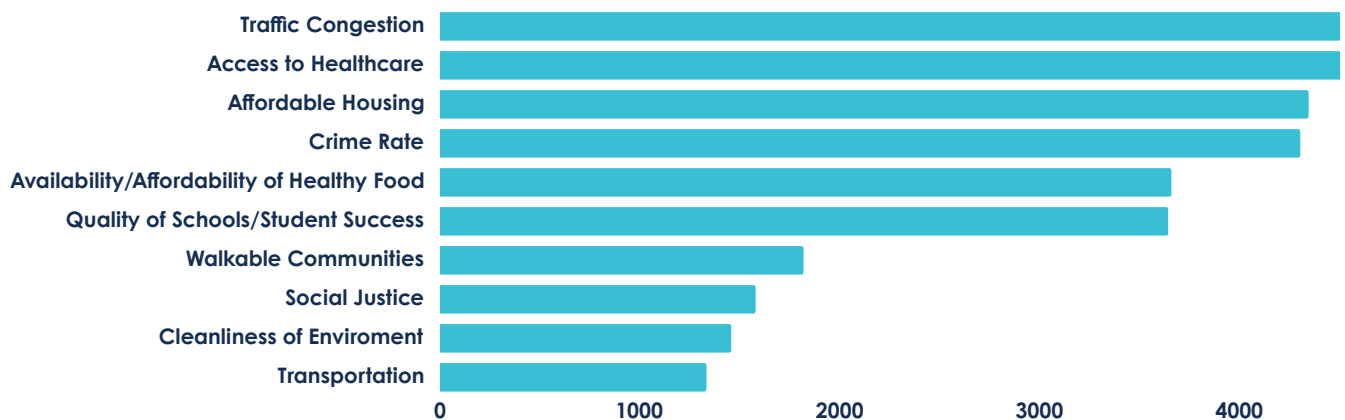


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Long Term Acute Care Hospital: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Mental Health, Chronic Diseases

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).
- Improve website presence, functionality and clarity of financial assistance policy (Systemwide).
- Support health care workforce development through engagement with local schools CTAE programs and healthcare educational pathways.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease.

Disease Prevention and Chronic Disease Management

- Provide community education about stroke prevention and recovery

Community Education and Wellbeing

- Continue providing health education speakers to area senior centers, churches and other venues and expand with screening opportunities.

EMORY REHABILITATION HOSPITAL

In Partnership with Select Medical



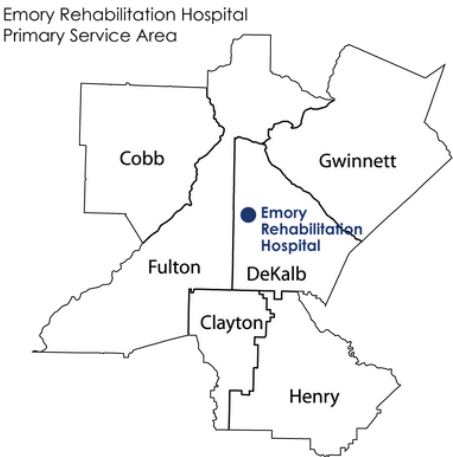
2025 Community Health Needs Assessment

Overview of Emory Rehabilitation Hospital

Emory Rehabilitation Hospital (ERH) has proudly served the health care needs of our neighbors since 1976. As a 66-bed inpatient rehabilitation facility, ERH combines the convenience and comfort of community-based care with national clinical expertise and experience in providing comprehensive medical rehabilitation. Formerly called Emory Center for Rehabilitation Medicine, ERH was designated as a freestanding hospital in 2014 as part of a joint venture with Select Medical, which also includes 27 outpatient rehabilitation centers providing care in North Georgia.

It is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and offers services in two CARF specialties: stroke and brain injury and is one of the nation's highest acuity rehabilitation hospitals. ERH is committed to providing the best care for our patients, educating health professionals and leaders for the future, pursuing discovery research, and serving our community.

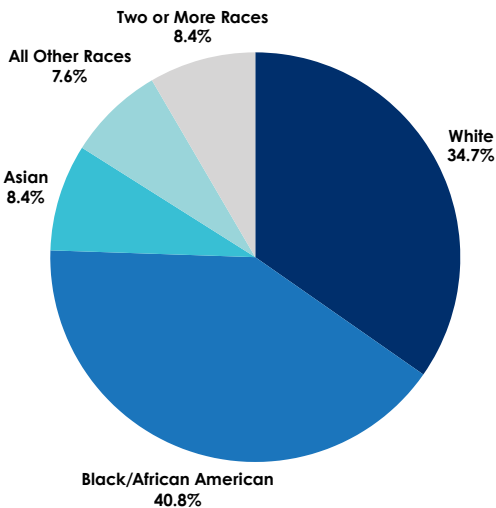
ERH's community health needs assessment demonstrates the needs of our community. As a specialized rehabilitation facility, ERH serves patients from throughout the state of Georgia and the Southeast. For the purpose of ERH's community health needs assessment, ERH's community is defined as the contiguous area from which over 70% of ERH's inpatient admissions originate. ERH's community or primary service area (PSA) includes DeKalb, Fulton, Gwinnett, Cobb, Henry, and Clayton counties.



Emory Rehabilitation Hospital Communities: Demographics

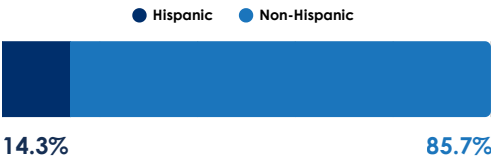
Race

Source: Syntellis | 2024



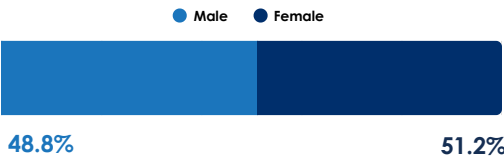
Ethnicity

Source: Syntellis | 2024



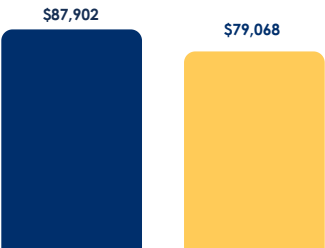
Gender

Source: Syntellis | 2024



Median Household Income

Source: Syntellis | 2024



Median Age

Source: Syntellis | 2024

Entity	Median Age
EHC PSA	36.7
USA	39.3

Population Growth

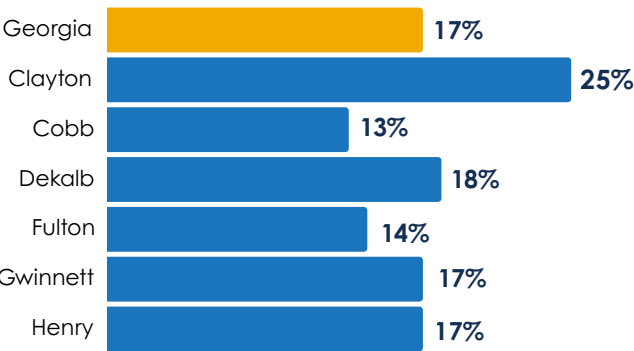
Source: Syntellis

Projected Growth Percentage = 2.49%



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



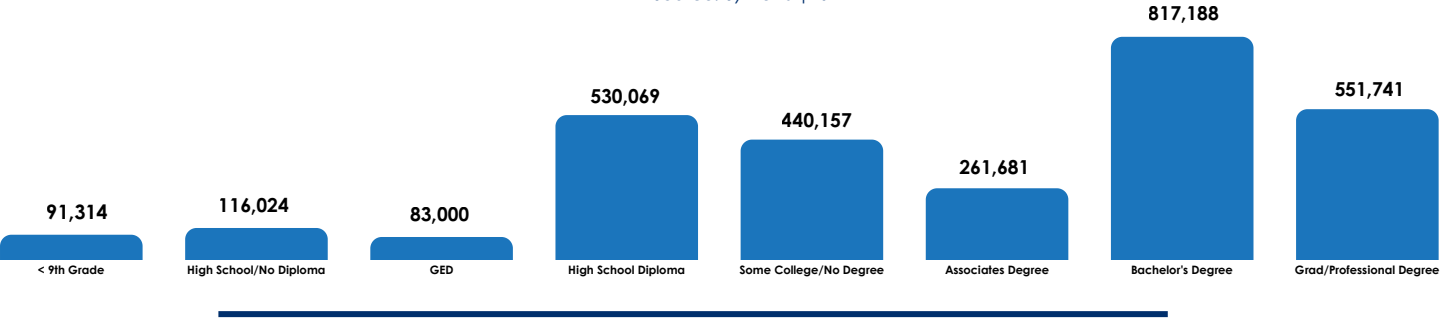
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Clayton	13.40%	27.70%	2.50%	46.60%
Cobb	14.10%	11.80%	2.20%	61.20%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%
Henry	14.20%	17.10%	3.60%	59.60%

Education Level

Source: Syntellis | 2024

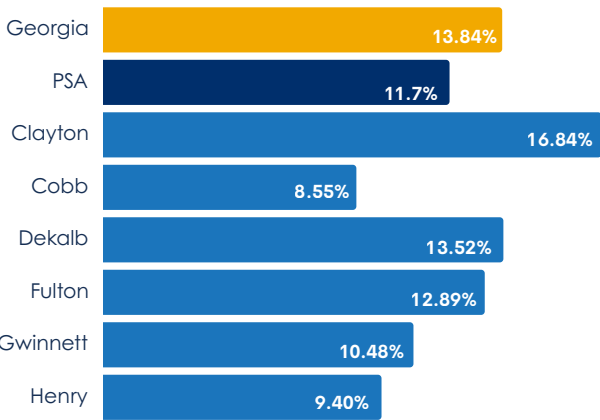


Emory Rehabilitation Hospital Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

Georgia	28.18%
PSA	31.89%
Clayton	38.23%
Cobb	26.33%
Dekalb	34.59%
Fulton	31.94%
Gwinnett	33.16%
Henry	29.06%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

Georgia	63.70%
PSA	68.85%
Clayton	66.33%
Cobb	70.54%
Dekalb	68.27%
Fulton	69.36%
Gwinnett	68.67%
Henry	66.68%

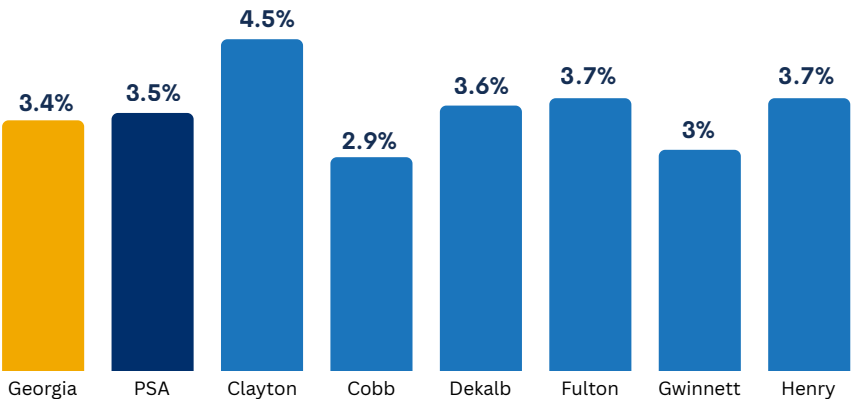
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
PSA	76.71%	11.40%	9.14%
Clayton	78.92%	12.73%	9.93%
Cobb	78.42%	11.97%	7.75%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%
Henry	89.95%	5.46%	4.12%

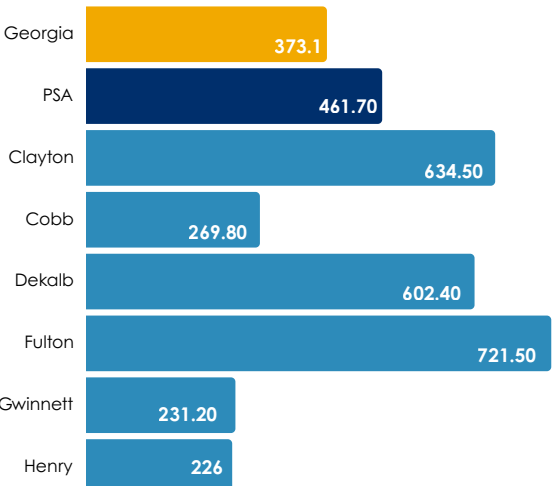
Unemployment Rate

Source: US Department of Labor, 2024



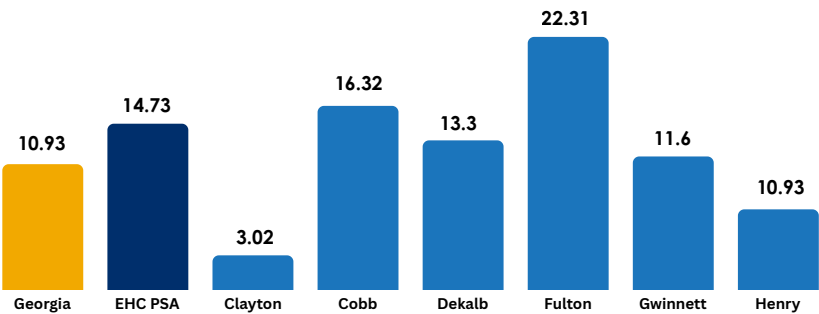
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



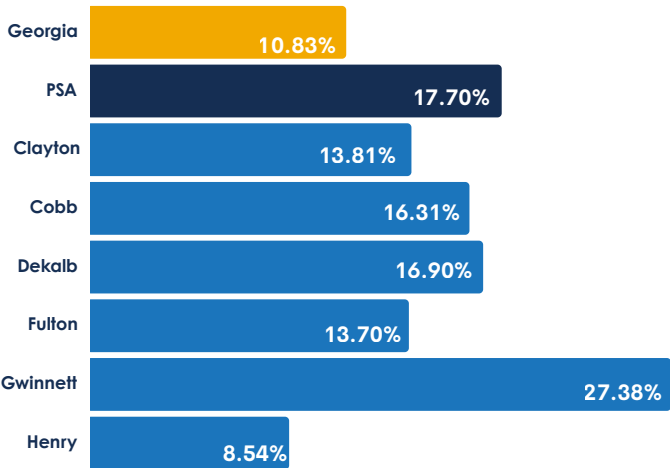
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Clayton County	12%
Cobb County	10%
Dekalb County	11%
Fulton County	12%
Gwinnett County	11%
Henry County	9%

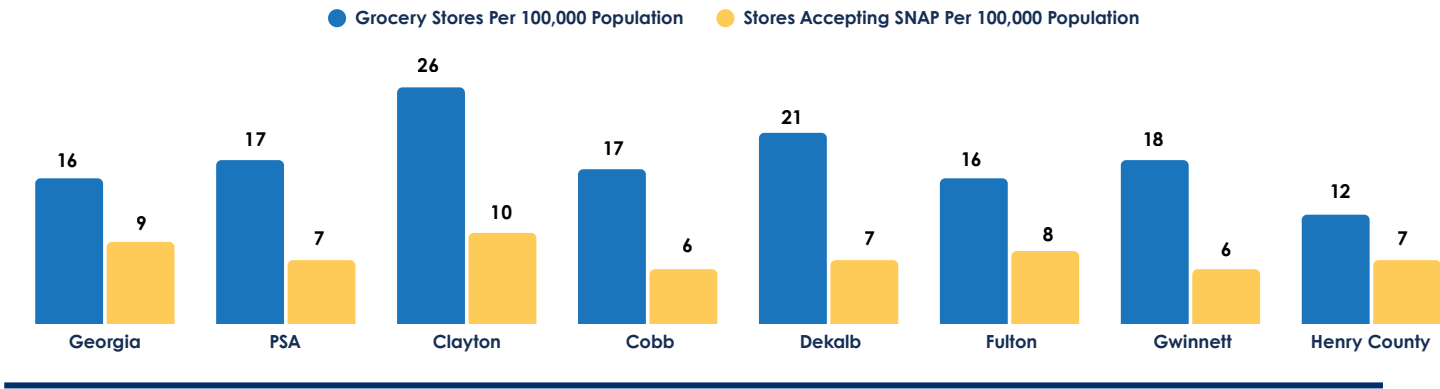
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



Emory Rehabilitation Hospital Communities: Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings, 2021

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Clayton	3960	4,300	1,270
Cobb	1280	1,390	420
Dekalb	940	1,610	260
Fulton	890	1,320	310
Gwinnett	1520	1,530	680
Henry	2060	2,790	570

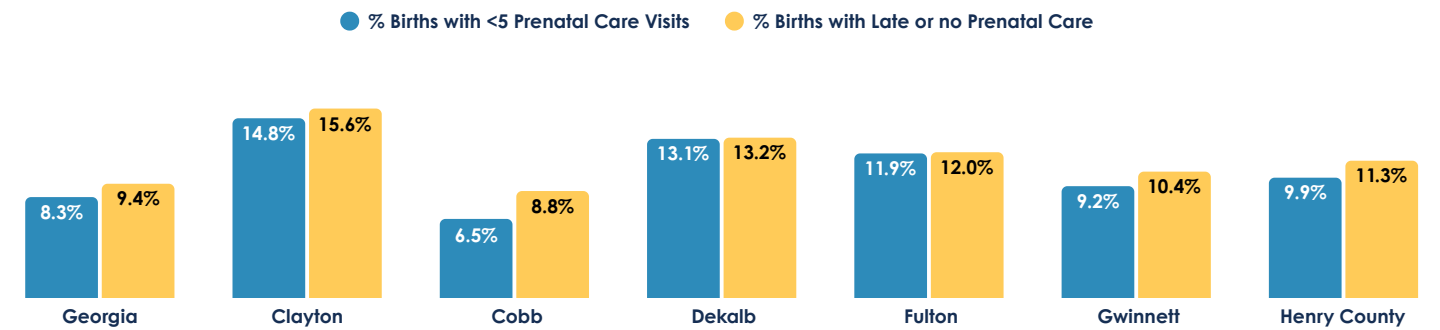
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Clayton	2922
Cobb	2706
Dekalb	2745
Fulton	2345
Gwinnett	2811
Henry	2714

Prenatal Care Access

Source: OASIS, 2023



Emory Rehabilitation Hospital Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	10,617
Hypertension and Hypertensive Renal, & Heart Disease	7,798
Cerebrovascular Disease	7,617
COVID-19	7,804
All Other Diseases of Nervous System	6,317
Alzheimer's Disease	5,594
Malignant Neoplasms of the Trachea, Bronchus and Lung	5,288
Diabetes Mellitus	4,246
All Chronic Obstructive Pulmonary Disease Except Asthma	4,232
Accidental Poisoning and Exposure to Noxious Substances	3,740

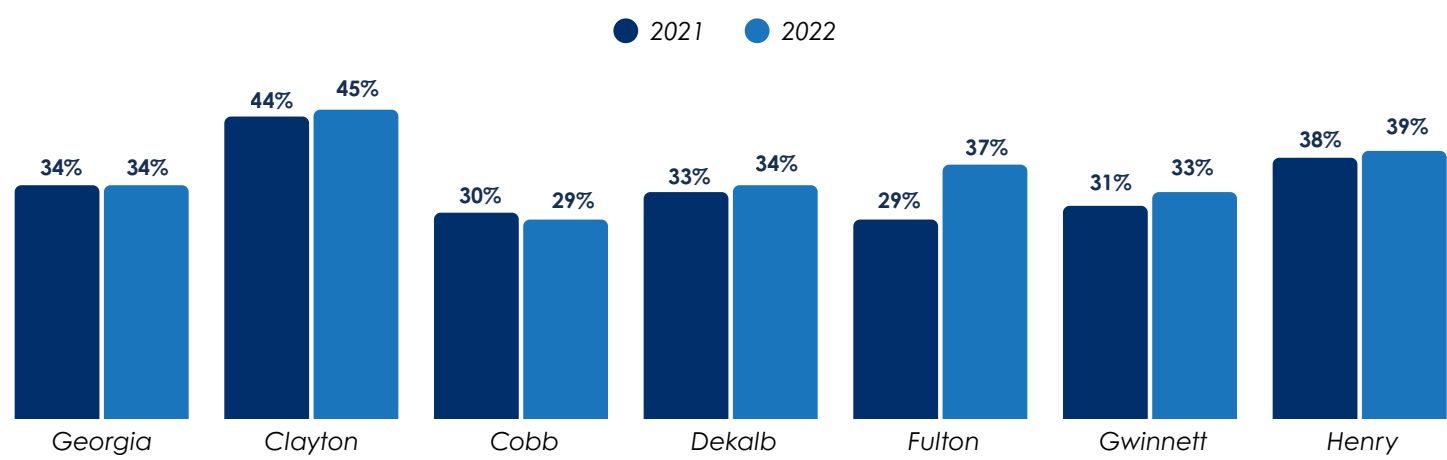
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	195
Cancers	132.1
Nervous System Diseases	84.2
External Causes	71.4
Respiratory Diseases	49.5
Endocrine, Nutritional and Metabolic Diseases	37.4
Infectious and Parasitic Diseases	28.8
Digestive System Diseases	23.4
Reproductive and Urinary System Diseases	19.7
Mental and Behavioral Disorders	19.6
Fetal and Infant Conditions	4.6
Bone and Muscle Diseases	4.2
Birth Defects	2.7
Blood Diseases (Anemia)	1.8
SIDS	0.9

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	52.5	49.7	16.3	30.2
Clayton	133.3	43.4	No Data	34.7
Cobb	59.4	41.3	12.9	31.6
Dekalb	45.8	51.0	20.1	46.6
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3
Henry	62.6	40.5	No Data	24.9

Unintentional Injury Death (By Sex)

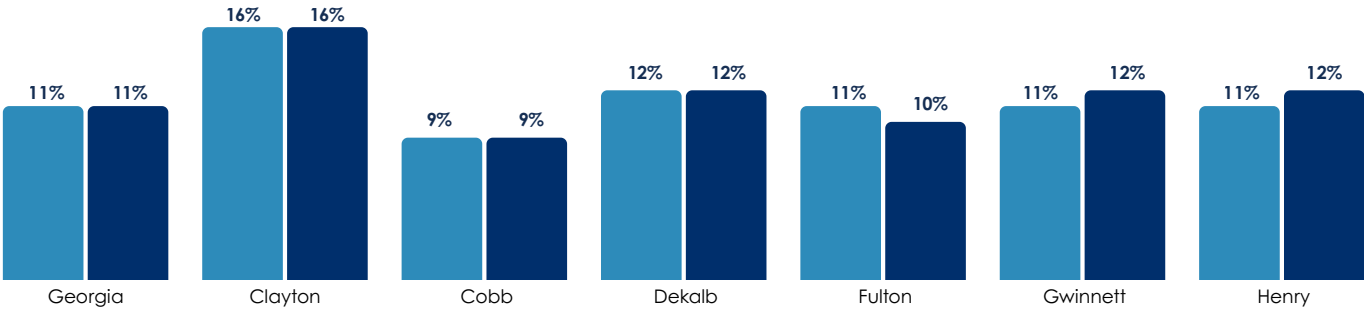
Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Clayton	63	27.1	44.5
Cobb	66.9	30.7	47.6
Dekalb	66.2	28.3	46.7
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6
Henry	47.7	21.5	34.3

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022

2021 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
PSA	764.30	387.50	1,057
Clayton	864.90	220.20	1,090
Cobb	576.77	426.70	577.9
Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2
Henry	809.07	333.80	562.3

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	11.8
Clayton	19.7
Cobb	9.2
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2
Henry	15.7

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
PSA	395.3	1,780.2	85.7	216.5	863.9	3,525.8
Clayton	437.9	1,263.4	162.2	0	627.1	3,560.5
Cobb	217.1	1,222.9	42.4	217.7	633.9	2,074.3
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8
Henry	161.5	827.1	NA	77	500	1,8825

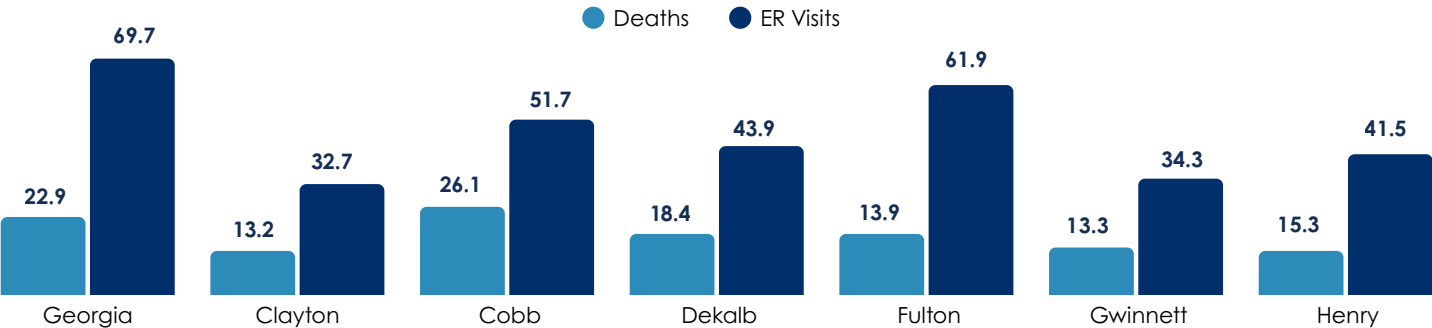
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Clayton	25.30
Cobb	14.40
Dekalb	18.50
Fulton	17.60
Gwinnett	16.70
Henry	21.10

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population | Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Clayton	129.7	54.6	45.8	164.9
Cobb	149.1	45.8	36.8	156.2
Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6
Henry	134.3	50.8	40.2	161.3

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	71.6
Clayton County	42.9
Cobb County	78.9
Dekalb County	74.6
Fulton County	76.9
Gwinnett County	66.9
Henry County	69.5

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	759
Clayton	91
Cobb	95
Dekalb	187
Fulton	230
Gwinnett	116
Henry	40

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	12.3	2,519
Clayton	4	287
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280
Henry	11.8	144

Infant Deaths

Source: County Health Rankings 2016-2022

	Per 1000 Births	Count
Georgia	7	6,113
Clayton	10	244
Cobb	6	352
Dekalb	7	502
Fulton	7	589
Gwinnett	6	481
Henry	7	127

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
PSA	4,189	5,021	5,337	241
Clayton	555	544	565	49
Cobb	911	561	745	29
Dekalb	902	1,269	1,251	34
Fulton	730	1,330	1,306	58
Gwinnett	917	1,062	1,183	38
Henry	174	255	287	33

% Low Birth Weight

Source: OASIS, 2023

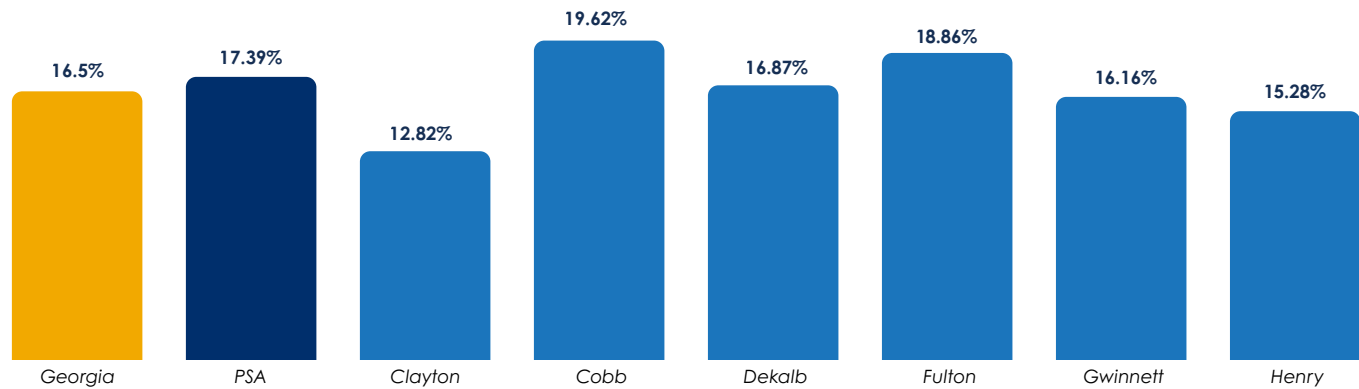
Georgia	10.20%
PSA	10.6%
Clayton	14.2%
Cobb	8.9%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%
Henry	12.5%

Emory Rehabilitation Hospital: Health Behaviors

Understanding the health Behaviors of Emory Rehabilitation Hospital's communities populations is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

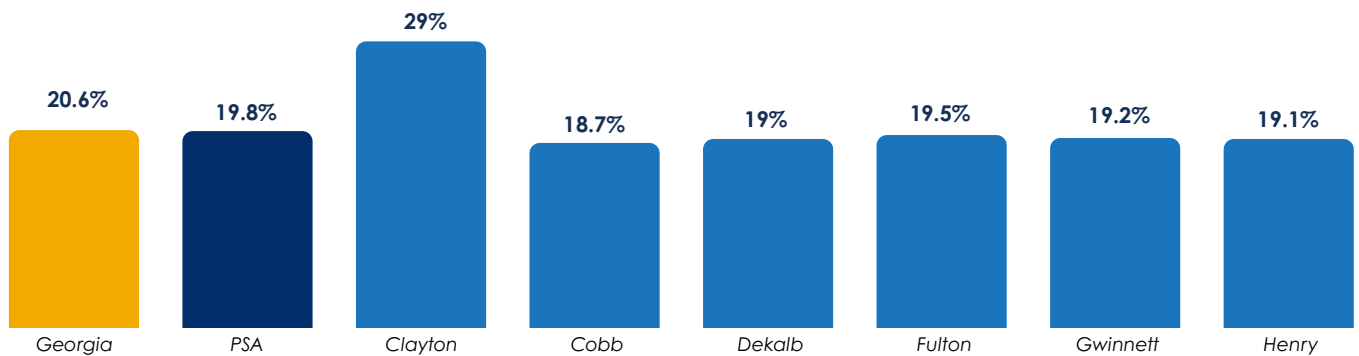
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



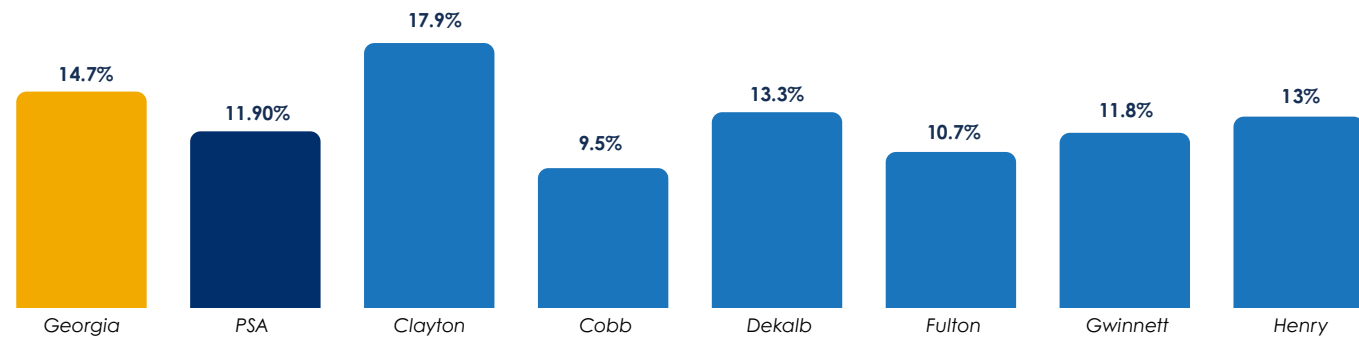
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



Emory Rehabilitation Hospital: Community Concerns, Observations and Perceptions

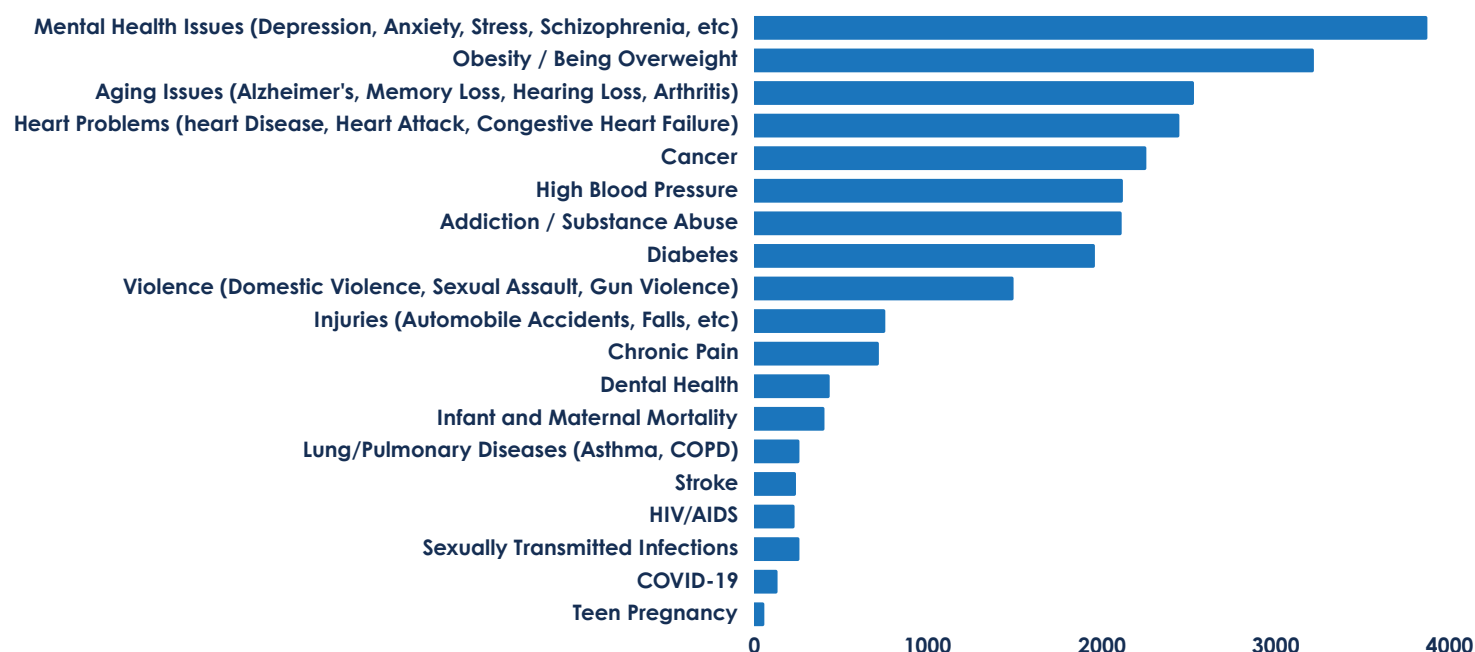
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

We asked communities to tell us how they rated the health of their communities.

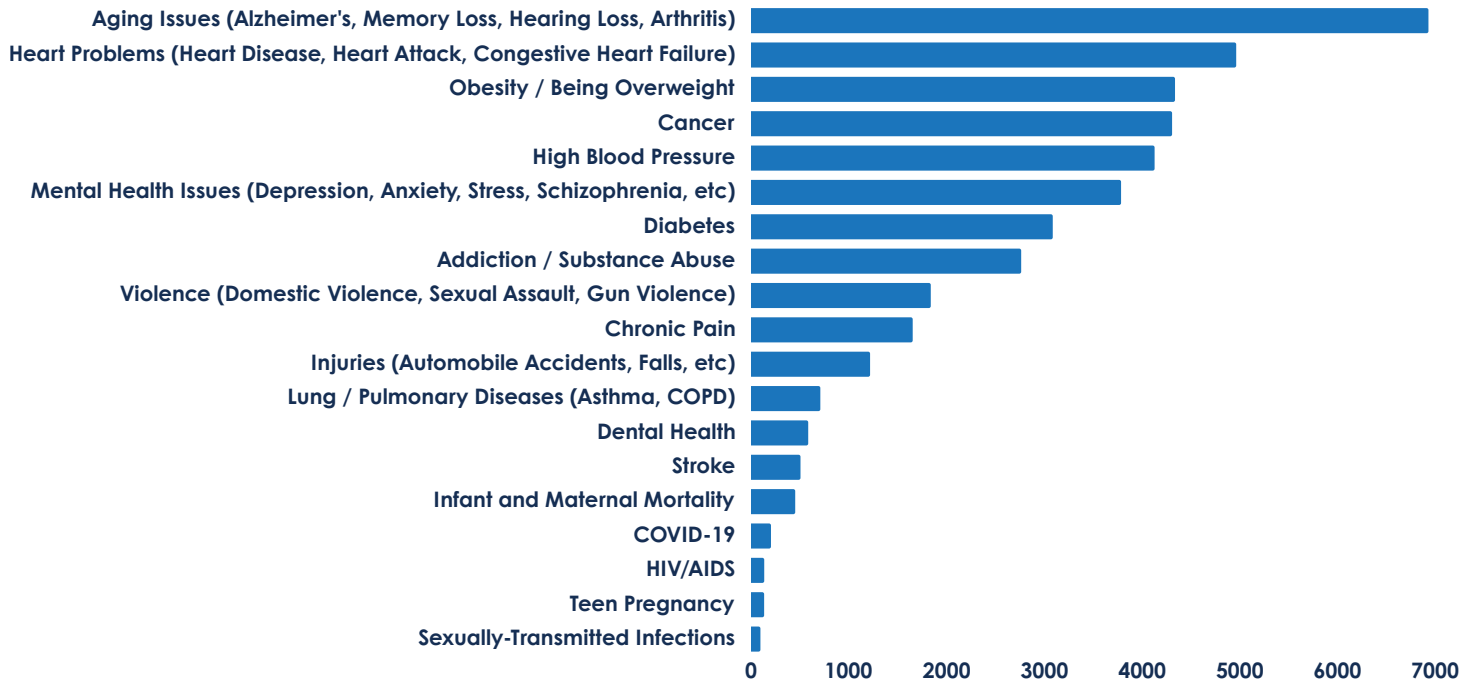
Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

Under 65

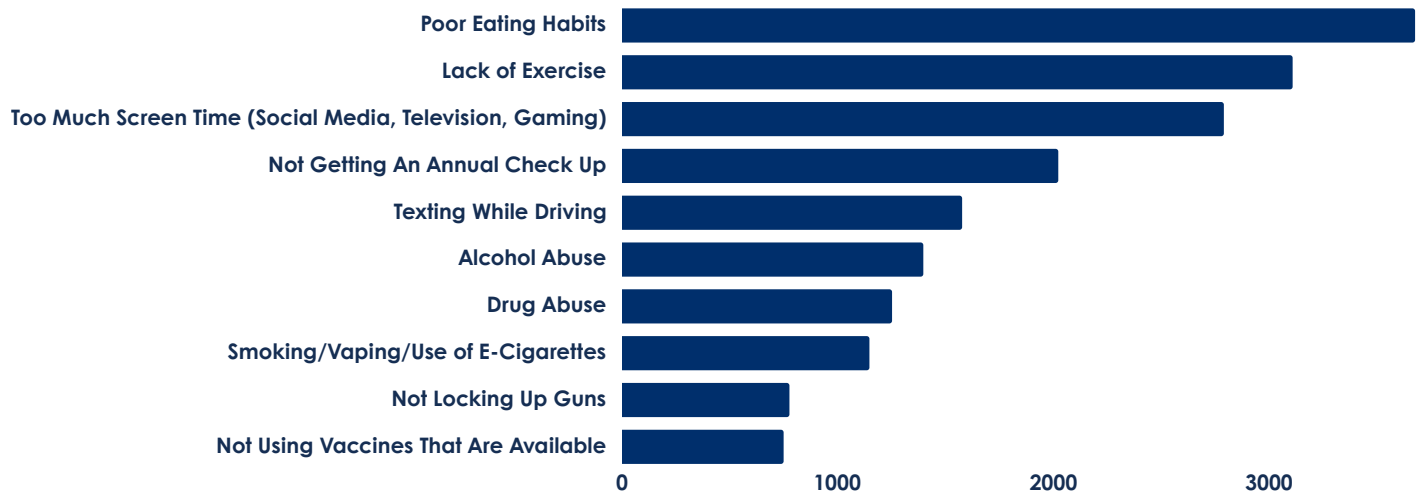


Over 65

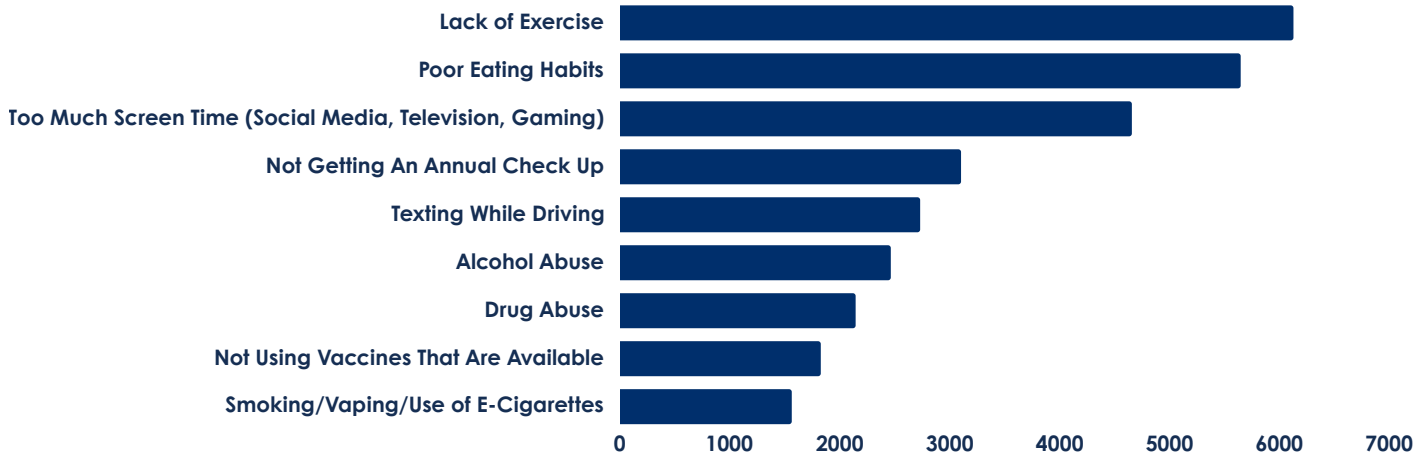


Question: What are the primary behavior factors affecting health in your community?

Under 65

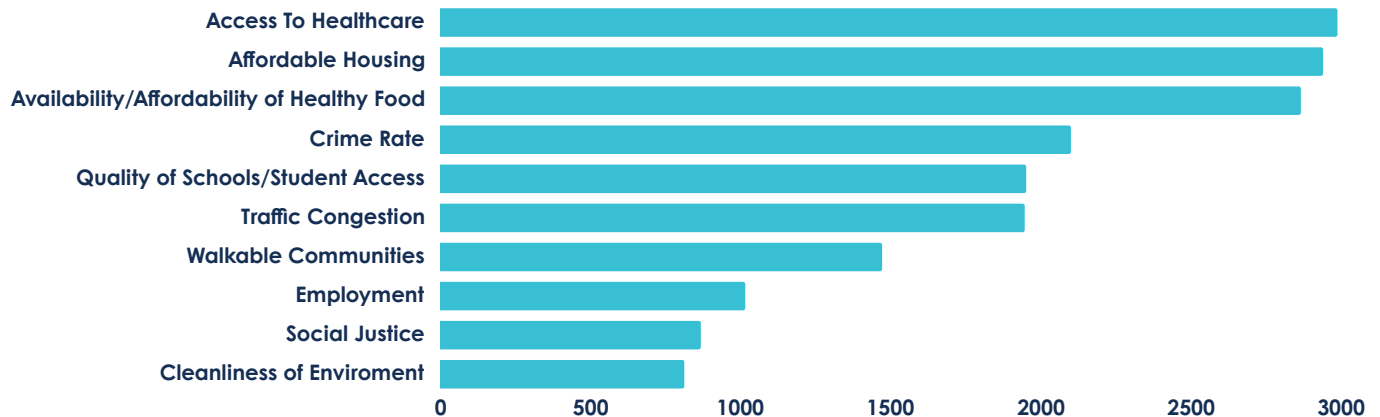


Over 65

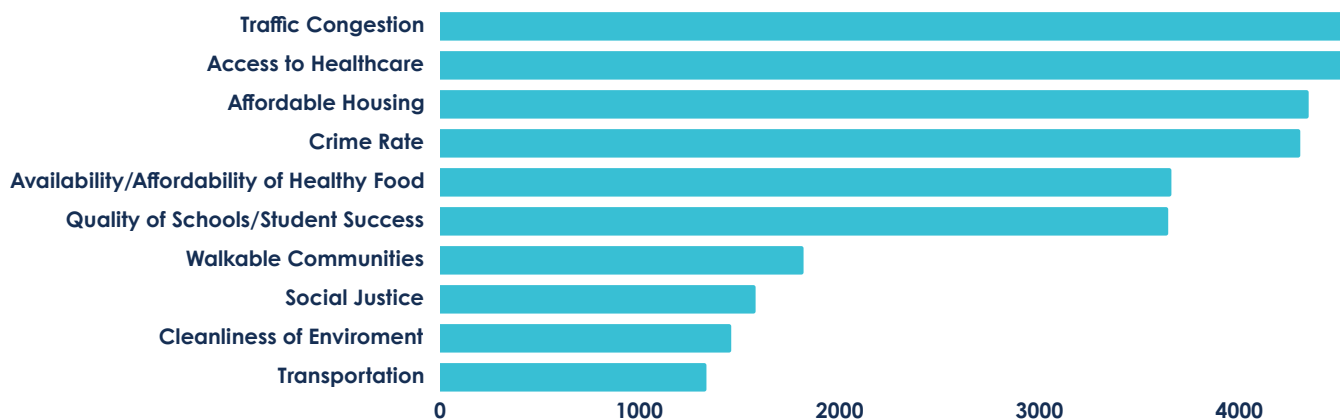


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Rehabilitation Hospital: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Chronic Diseases

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).

Address Health Disparities

- Focus community education and engagement efforts on underserved areas with highest rates of chronic disease.

Community Education and Wellbeing

- Provide community health education talks through community organizations such as churches, schools, civic clubs, fraternal organizations, etc.
- Continue to facilitate Stroke Survivors Support Group.



2025 Community Health Needs Assessment

Overview of Emory Saint Joseph's Hospital

Emory Saint Joseph's Hospital (ESJH) was established in 1880 as Atlanta's first hospital. Today, it is a 410-bed adult acute-care facility that is recognized as one of the top specialty-referral hospitals in the Southeast.

ESJH trains physicians from around the world in robotic surgery for valve repair and is noted for cardiac, cancer, neurologic, vascular, gastrointestinal, respiratory, and orthopaedic care. ESJH was the third hospital in the world to achieve the prestigious American Nurses Credentialing Center Magnet designation and in 2023 earned its seventh-straight Magnet designation for nursing excellence and became the first hospital in the world to be designated Magnet with Distinction.

In 2024, U.S. News & World Report At a Glance 2024 13 ranked ESJH the #2 hospital in Georgia and metro Atlanta.

ESJH's community health needs assessment demonstrates the needs of our community. For the purpose of ESJH's community health needs assessment, ESJH's community is defined as the contiguous area from which over 75% of ESJH's inpatient admissions originate. ESJH's community or primary service area (PSA) includes Cobb, DeKalb, Fulton, and Gwinnett counties.

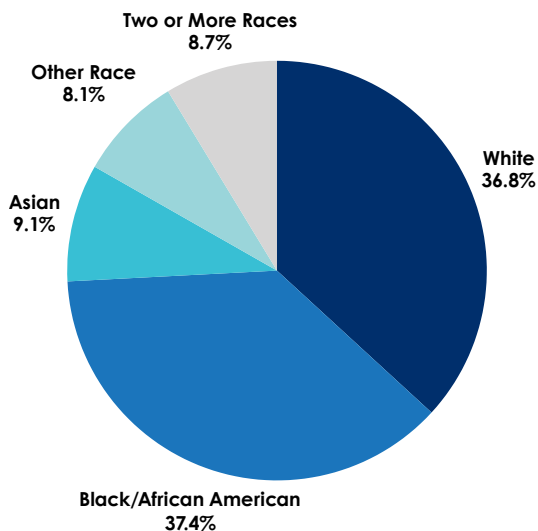
Emory Saint Joseph's Hospital
Primary Service Area



Emory Saint Joseph Hospital's Communities: Demographics

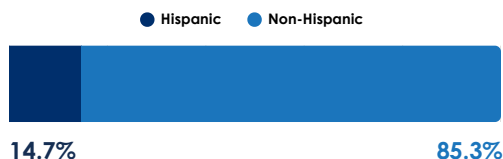
Race

Source: Syntellis | 2024



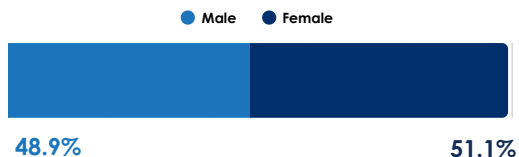
Ethnicity

Source: Syntellis | 2024



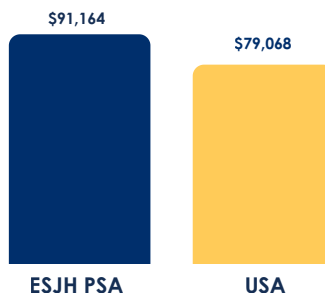
Gender

Source: Syntellis | 2024



Median Household Income

Source: Syntellis | 2024



Median Age

Source: Syntellis | 2024

Entity	Median Age
ESJH PSA	36.8
USA	39.3

Population Growth

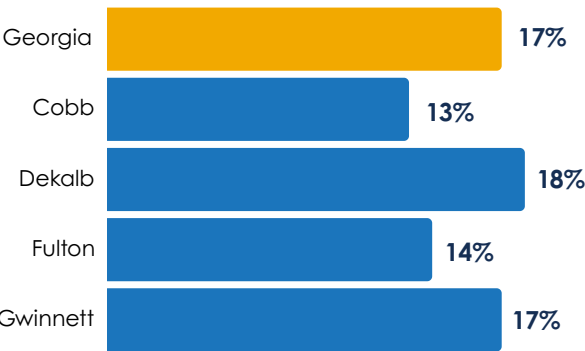
Source: Syntellis

Projected Growth Percentage = 2.41%



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



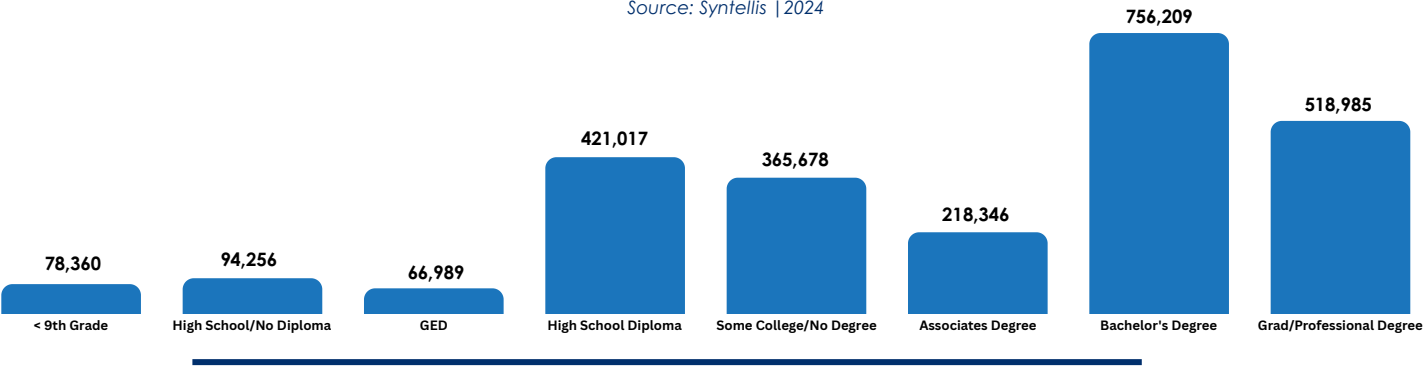
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Cobb	14.10%	11.80%	2.20%	61.20%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%

Education Level

Source: Syntellis | 2024

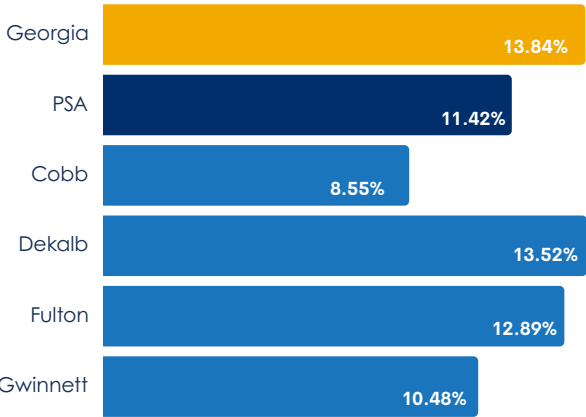


Emory Saint Joseph’s Hospital Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community’s health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

	Percentage
Georgia	28.18%
PSA	31.57%
Cobb	26.33%
Dekalb	34.59%
Fulton	31.94%
Gwinnett	33.16%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

	Percentage
Georgia	63.70%
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Cobb	70.54%
Dekalb	68.27%
Fulton	69.36%
Gwinnett	68.67%

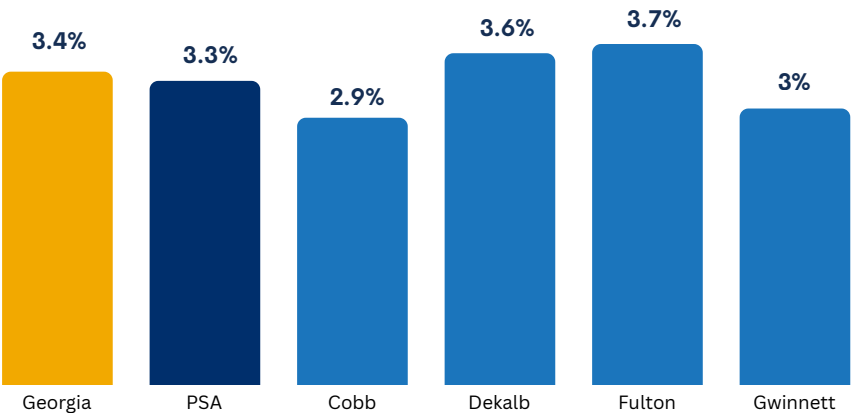
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
PSA	75.67%	11.71%	9.34%
Cobb	78.42%	11.97%	7.75%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%

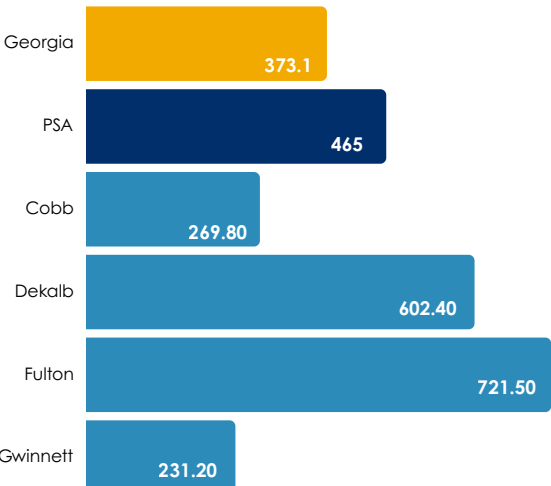
Unemployment Rate

Source: US Department of Labor, 2024



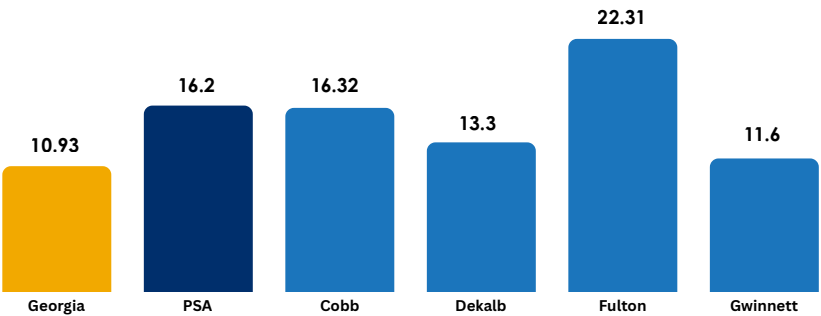
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



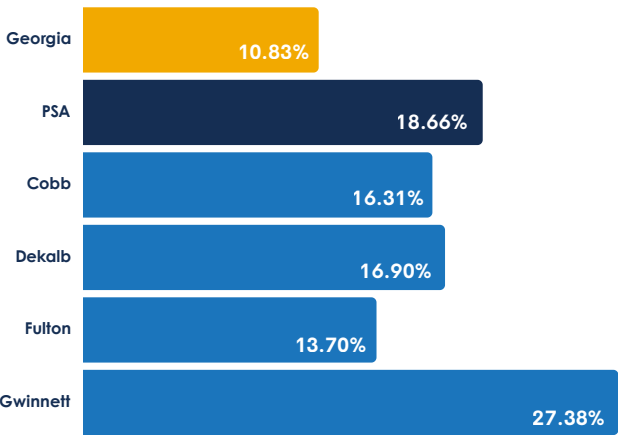
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Cobb County	10%
Dekalb County	11%
Fulton County	12%
Gwinnett County	11%

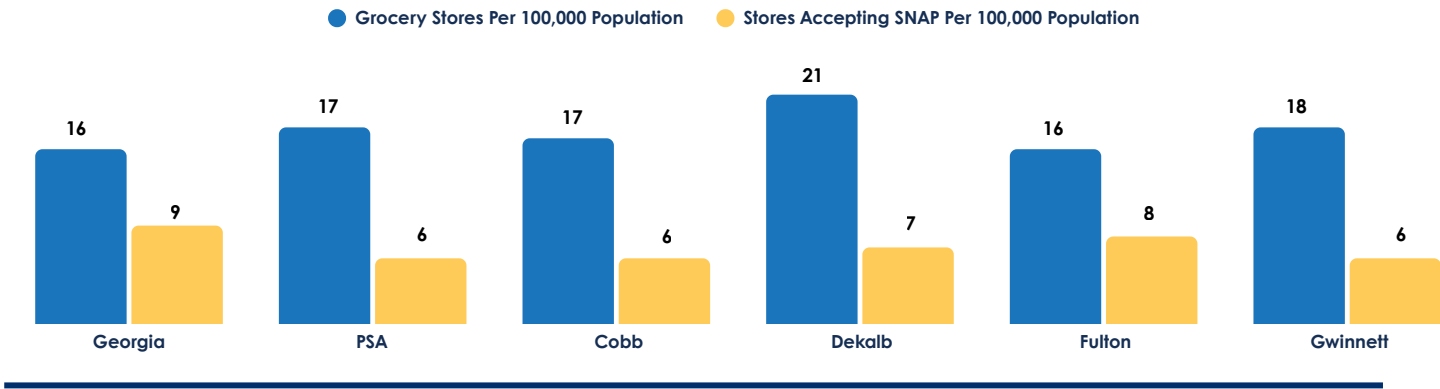
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



Emory Saint Joseph’s Hospital Communities: Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings, 2024

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Cobb	1280	1,390	420
Dekalb	940	1,610	260
Fulton	890	1,320	310
Gwinnett	1520	1,530	680

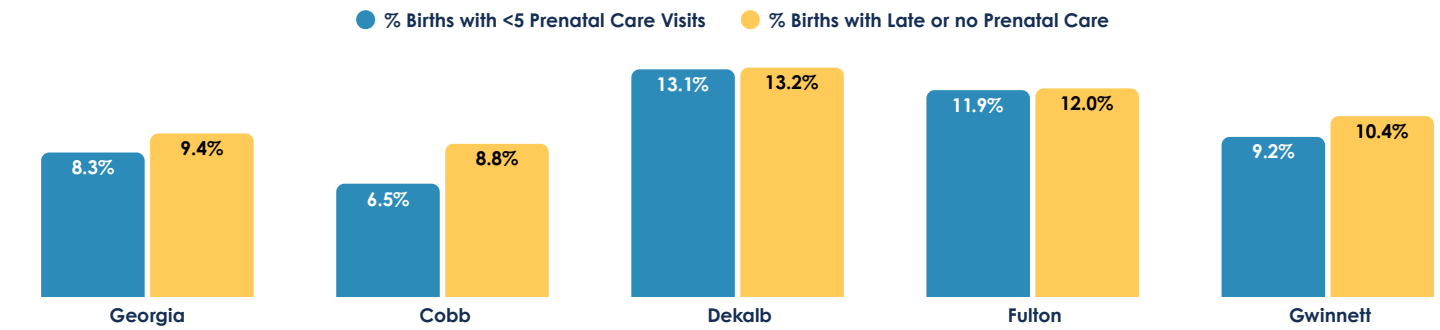
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Cobb	2922
Dekalb	2745
Fulton	2345
Gwinnett	2811

Prenatal Care Access

Source: OASIS, 2023



Emory Saint Joseph’s Hospital Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	9,027
Hypertension and Hypertensive Renal, & Heart Disease	6,115
Cerebrovascular Disease	6,537
COVID-19	6,361
All Other Diseases of Nervous System	5,615
Alzheimer's Disease	4,769
Malignant Neoplasms of the Trachea, Bronchus and Lung	4,073
Diabetes Mellitus	3,714
All Chronic Obstructive Pulmonary Disease Except Asthma	3,518
Accidental Poisoning and Exposure to Noxious Substances	3,305

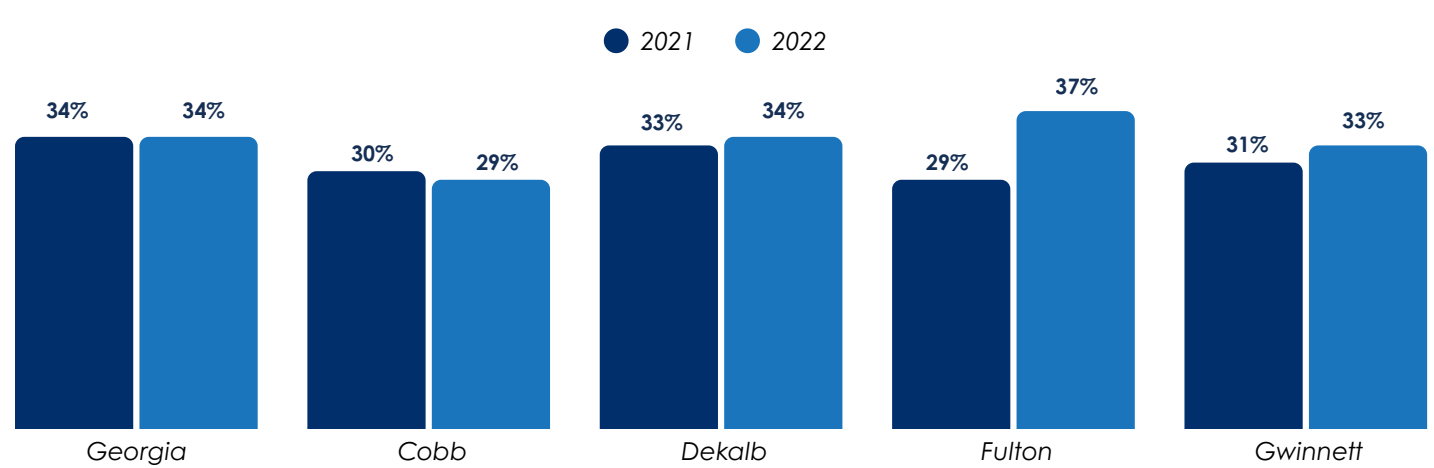
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	183.7
Cancers	129.2
Nervous System Diseases	83.5
External Causes	71
Respiratory Diseases	47.6
Endocrine, Nutritional and Metabolic Diseases	36.8
Infectious and Parasitic Diseases	26.6
Digestive System Diseases	23.1
Mental and Behavioral Disorders	19.8
Reproductive and Urinary System Diseases	18.8
Fetal and Infant Conditions	4.6
Bone and Muscle Diseases	4
Birth Defects	2.5
Blood Diseases (Anemia)	1.7
SIDS	0.5

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	50.3	50.9	16.3	30.1
Cobb	59.4	41.3	12.9	31.6
Dekalb	45.8	51.0	20.1	46.6
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3

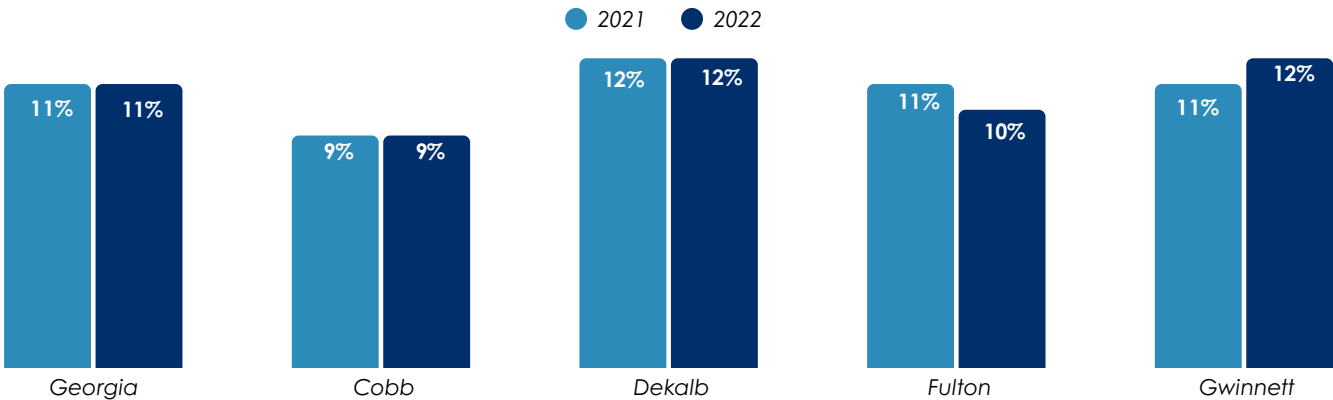
Unintentional Injury Death (By Sex)

Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
PSA	62.5	26.8	44.5
Cobb	66.9	30.7	47.6
Dekalb	66.2	28.3	46.7
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
PSA	752.81	220.20	1,089
Cobb	576.77	426.70	577.9
Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	10.9
Cobb	9.2
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
PSA	408.9	1946.7	81.9	238.5	898.8	3637.0
Cobb	217.1	1,222.9	42.4	217.7	633.9	2,074.3
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8

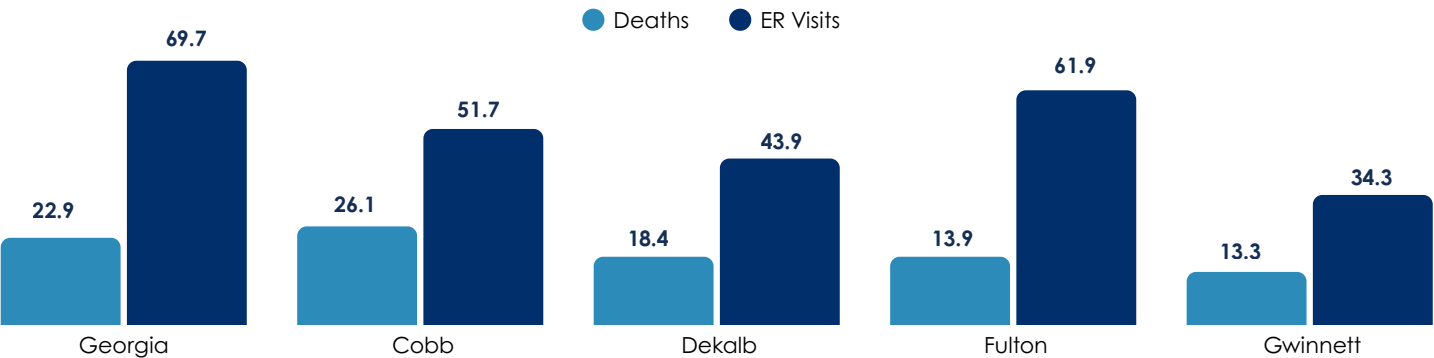
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Cobb	14.40
Dekalb	18.50
Fulton	17.60
Gwinnett	16.70

Opioid Overdose

Per 100,000 Population | Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population | Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Cobb	149.1	45.8	36.8	156.2
Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	74.1
Cobb County	78.9
Dekalb County	74.6
Fulton County	76.9
Gwinnett County	66.9

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	628
Cobb	95
Dekalb	187
Fulton	230
Gwinnett	116

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	11.7	2,088
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280

Infant Deaths

Source: County Health Rankings 2015-2021

	Per 1000 Births	Count
Georgia	7	6,113
Cobb	6	352
Dekalb	7	502
Fulton	7	589
Gwinnett	6	481

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
PSA	3460	4222	4485	159
Cobb	911	561	745	29
Dekalb	902	1,269	1,251	34
Fulton	730	1,330	1,306	58
Gwinnett	917	1,062	1,183	38

% Low Birth Weight

Source: OASIS, 2023

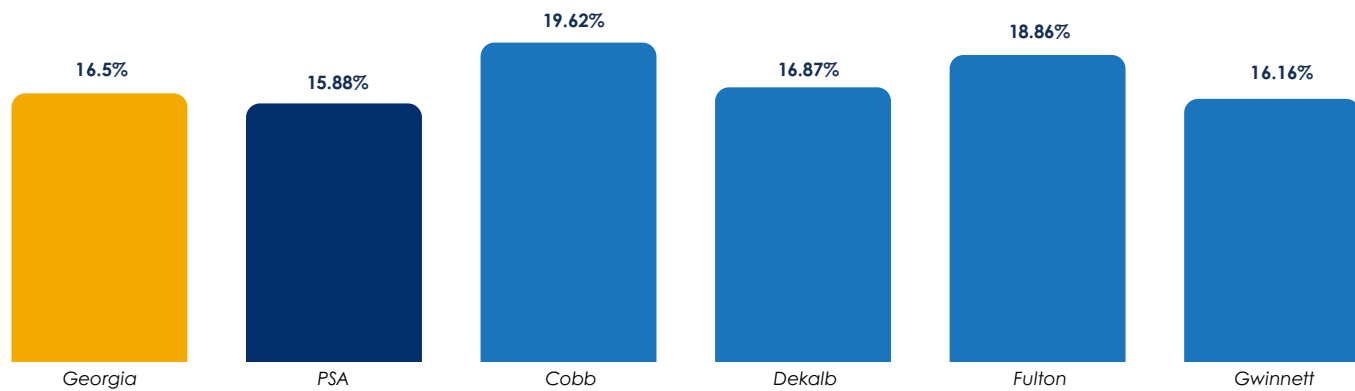
Georgia	10.20%
PSA	8.9%
Cobb	8.9%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%

Emory Saint Joseph's Hospital Communities: Health Behaviors

Understanding the health behaviors of Emory Saint Joseph's Hospital's communities is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

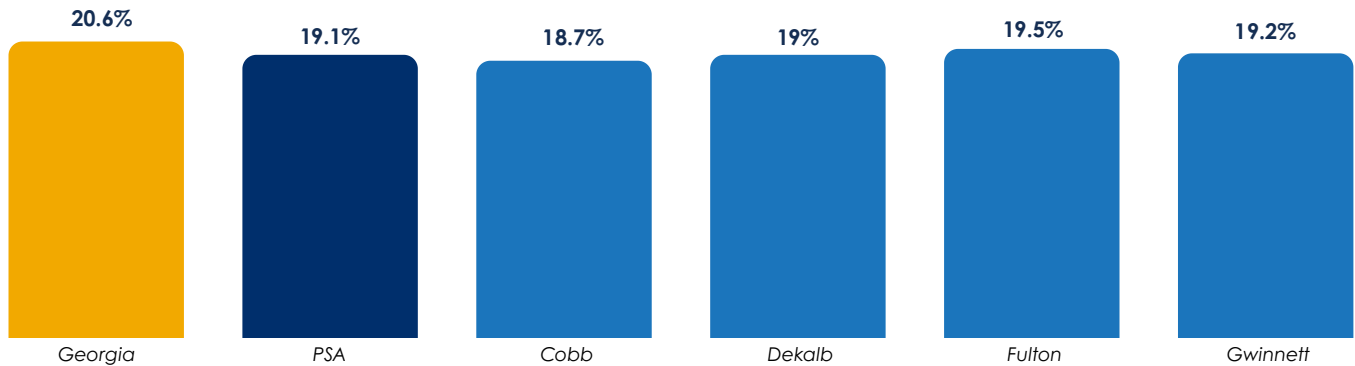
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



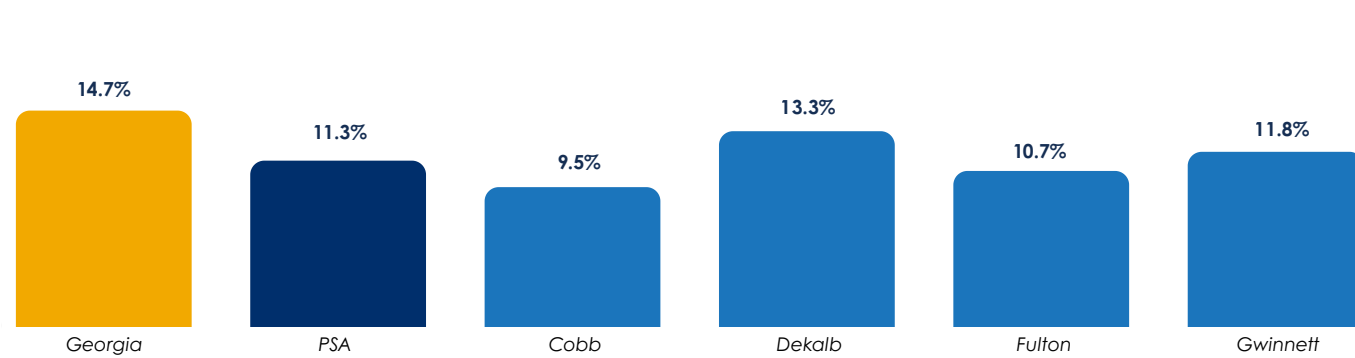
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



Emory Saint Joseph's Hospital Community Concerns, Observations and Perceptions

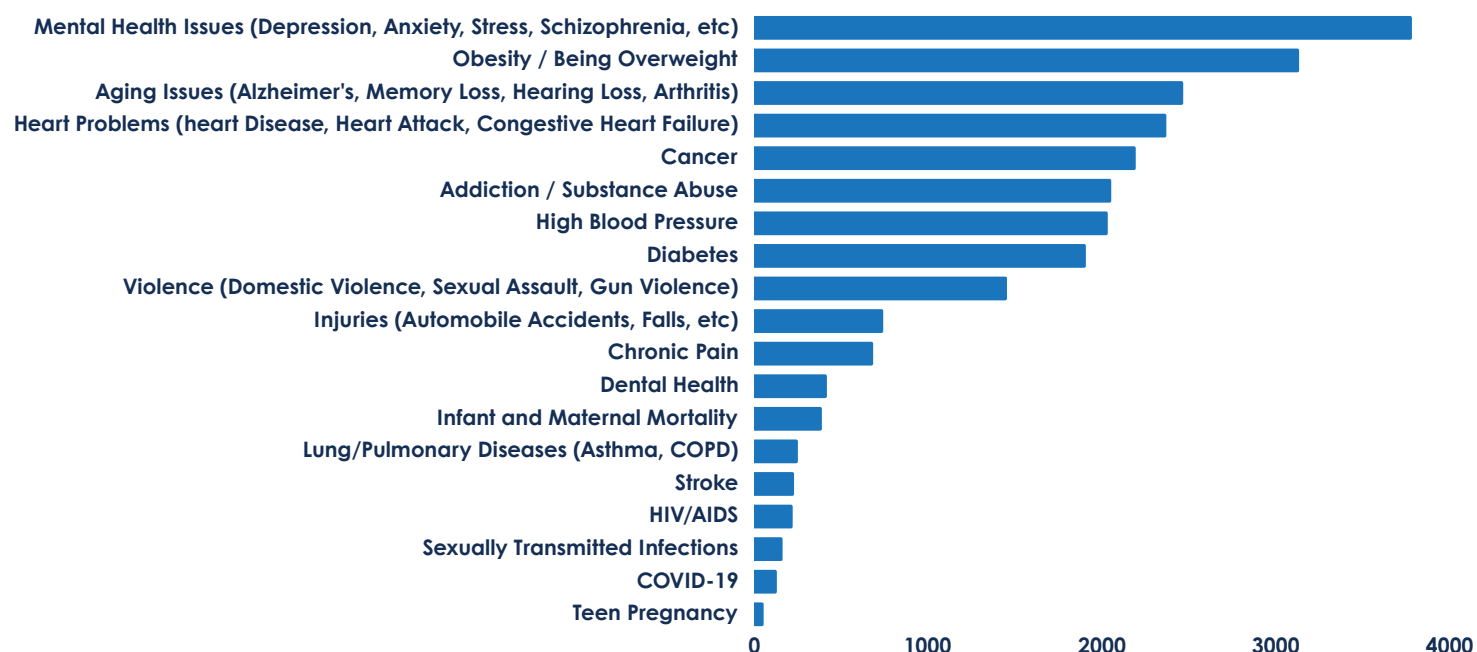
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

We asked communities to tell us how they rated the health of their communities.

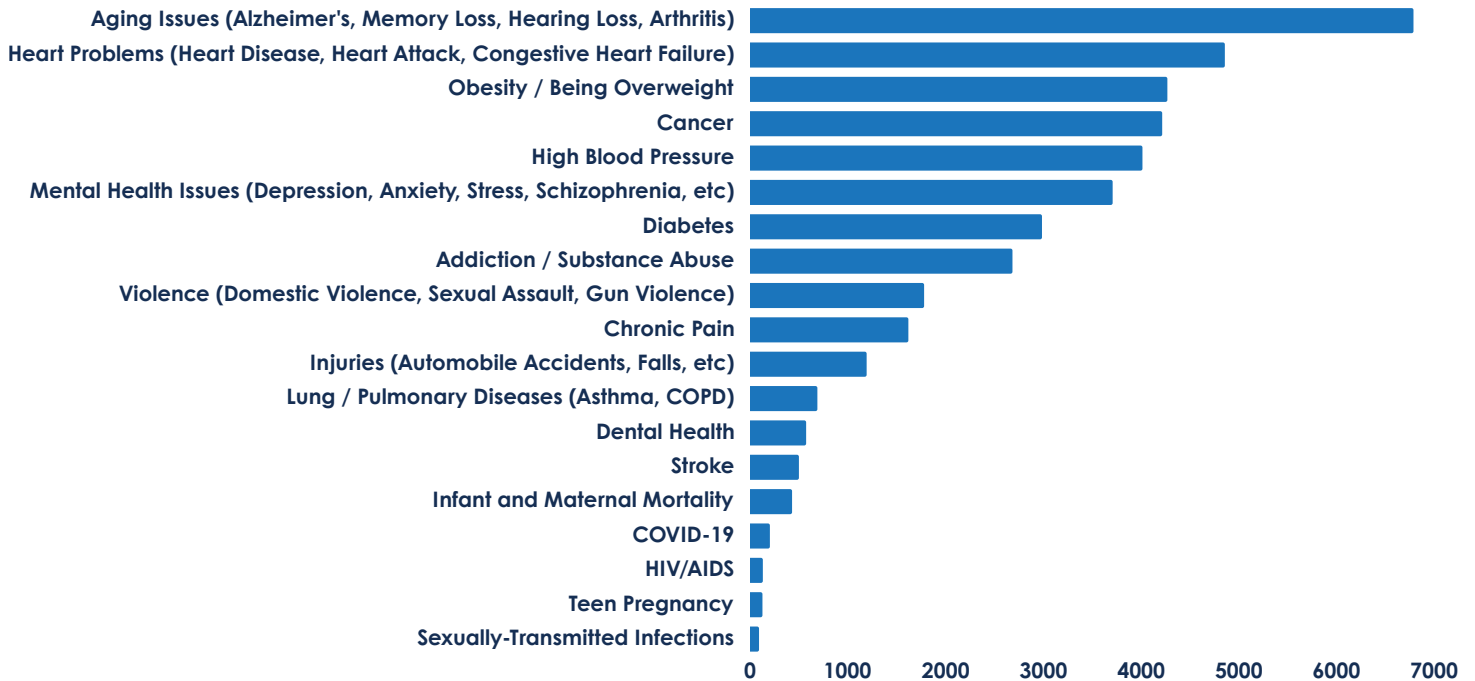
Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

Under 65

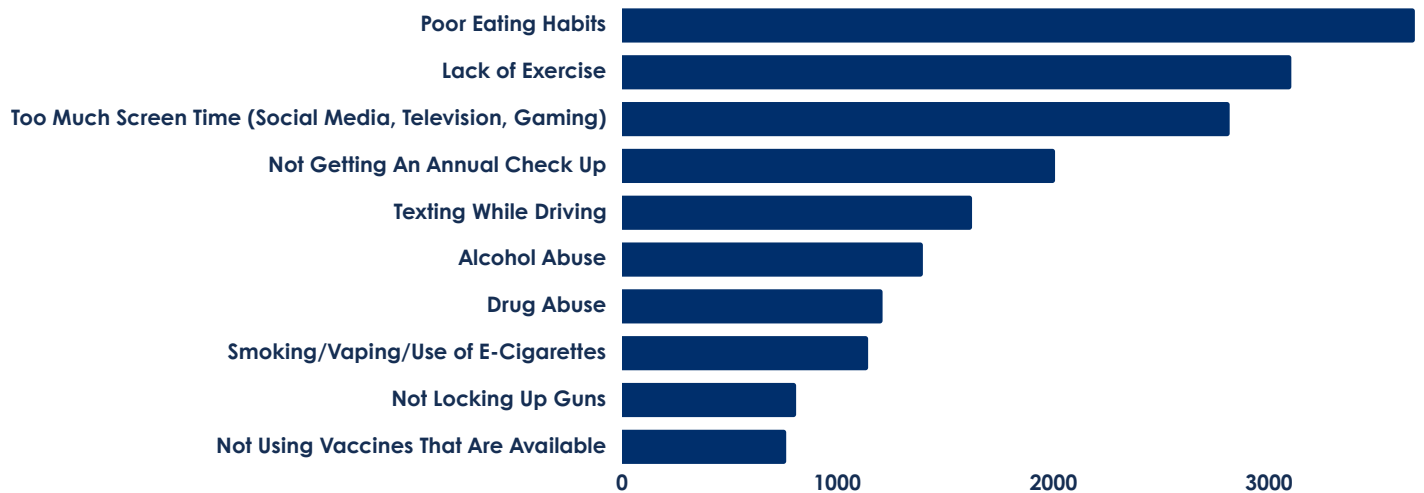


Over 65

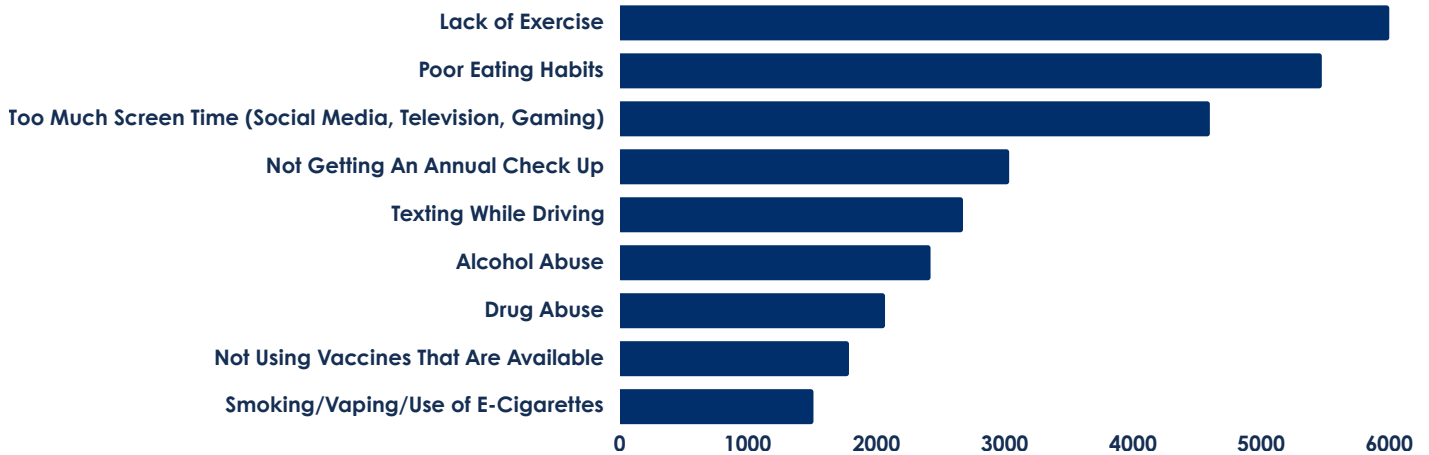


Question: What are the primary behavior factors affecting health in your community?

Under 65

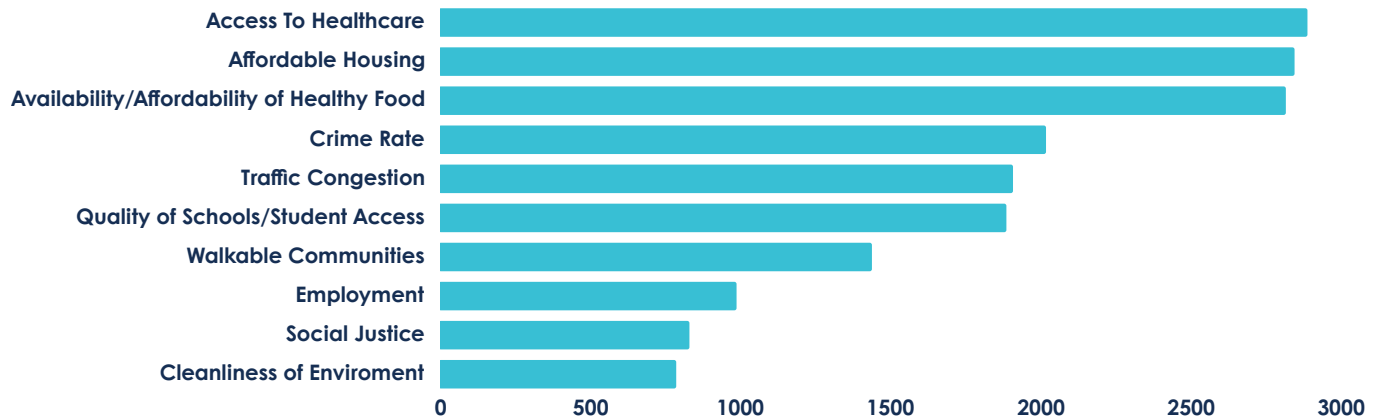


Over 65

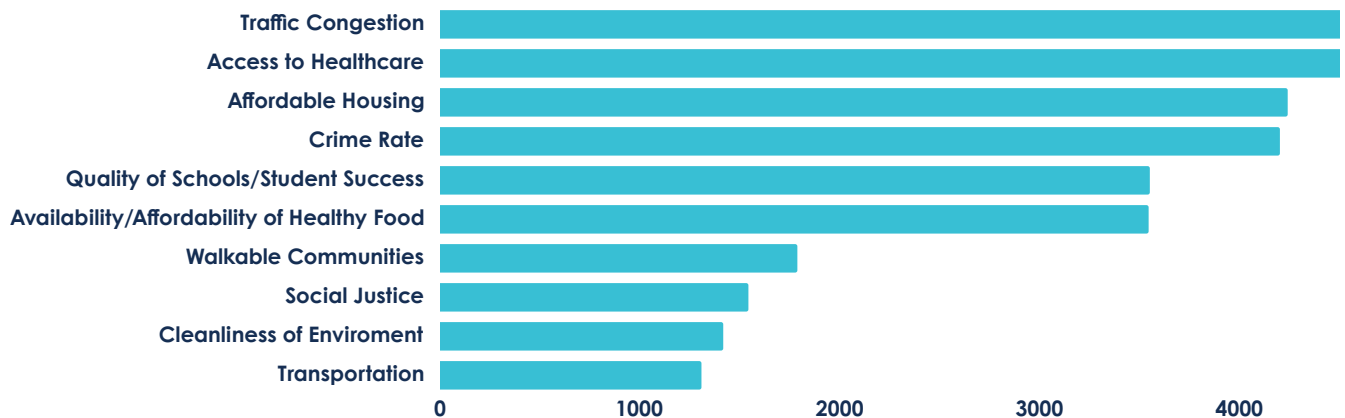


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory Saint Joseph's Hospital:

2025-2028 Community Health Improvement Implementation Plan

Priorities: Aging, Chronic Diseases, Cancer, and Mental Health

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).
- Improve website presence, functionality and clarity of financial assistance policy (Systemwide).
- Address transportation issues for patients –partner with MARTA and ridesharing services
- Implement appointment scheduling at community events

Address Health Disparities

- Focus education and engagement efforts on underserved areas with highest rates of chronic disease
- Implement community health worker program to assist with housing navigation, transportation, appointments and other barriers
- Restructure language services to expand medical translation experiences, including at least one in person meetings with patients in palliative care.
- Support the Winship/EHC Prostate Cancer Screening initiative by developing relationships and facilitating connections with organizations and venues in underserved neighborhoods resulting in education and screenings.

Disease Prevention and Chronic Disease Management

- Implement a food is medicine program including diabetes education, cooking classes and nutrition education throughout the community.
- Implement a community-based blood pressure education and screening initiative and incentivize patients to monitor blood pressure at home.
- Continue Faith-Based Nursing Program to provide additional support and navigation to patients with chronic illnesses.

Community Education and Wellbeing

- Provide Fall risk prevention education via community organizations and establish community resource connections for discharged patients recovering from falls.
- Launch public education campaign about advanced care planning, including face-to-face community events.
- Provide loneliness resources throughout the community as well as to inpatients.
- Provide community health education talks through community organizations such as churches, schools, civic clubs, fraternal organizations, etc.

EMORY
UNIVERSITY
HOSPITAL



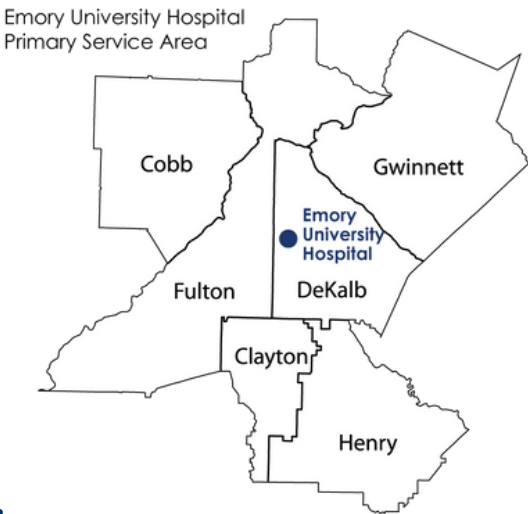
2025 Community Health Needs Assessment

Overview of Emory University Hospital

An adult, tertiary/quaternary care facility, Emory University Hospital (EUH) has 751 licensed beds. Staffed by 1,922 Emory faculty physicians, EUH includes 159 ICU beds and a Serious Communicable Diseases Unit where ongoing research, training, and preparedness for challenging infectious diseases continue since the first patients with Ebola virus disease in the U.S. were treated there in 2014.

EUH is known for transplantation, cardiology, cardiac surgery, oncology, neurology/neurosurgery, and orthopaedics and has one of the highest case-mix indexes (a measure of complexity of illness treated) of any U.S. hospital. In 2024, for the 13th year in a row, U.S. News & World Report ranked the EUH the #1 hospital in metro Atlanta and Georgia. The 2024–2025 Best Hospitals Specialty Rankings ranked EUH nationally in the following adult specialties: geriatrics, neurology & neurosurgery, and urology.

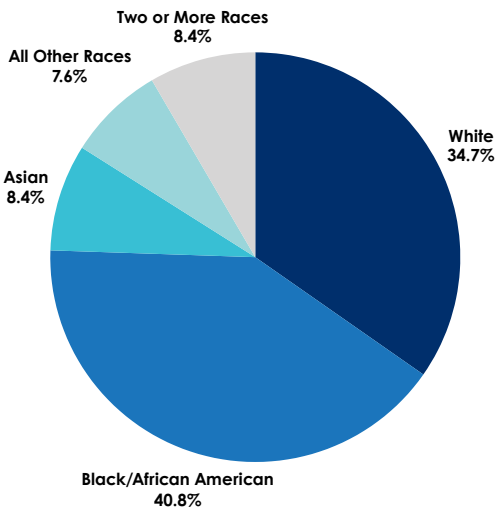
Emory University Hospital's community health needs assessment demonstrates the needs of our community. EUH serves patients from throughout the state of Georgia, the Southeast and the nation. For the purpose of EUH's community health needs assessment, EUH's community is defined as the contiguous area from which over 60% of EUH's inpatient admissions originate. EUH's community or primary service area (PSA) includes DeKalb, Fulton, Gwinnett, Cobb, Henry, and Clayton counties.



Emory University Hospital Communities: Demographics

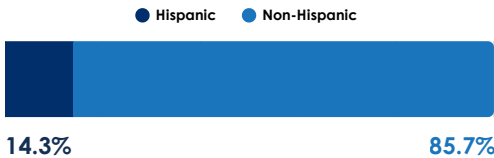
Race

Source: Syntellis | 2024



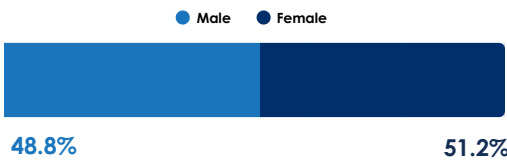
Ethnicity

Source: Syntellis | 2024



Gender

Source: Syntellis | 2024



Population Growth

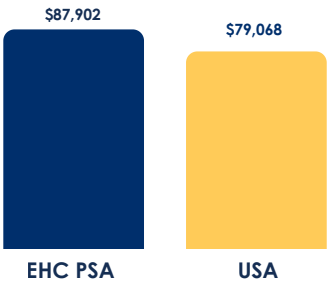
Source: Syntellis

Projected Growth Percentage = 2.49%



Median Household Income

Source: Syntellis | 2024



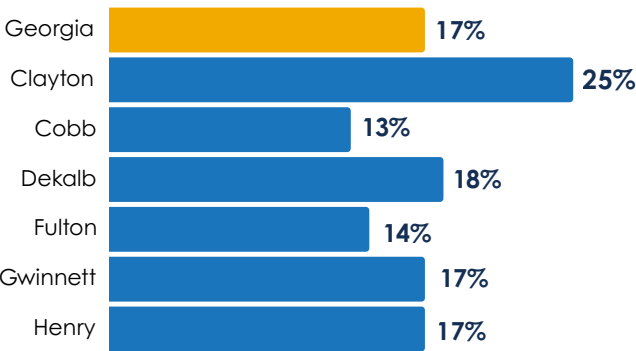
Median Age

Source: Syntellis | 2024

	Median Age
EHC PSA	36.7
USA	39.3

Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



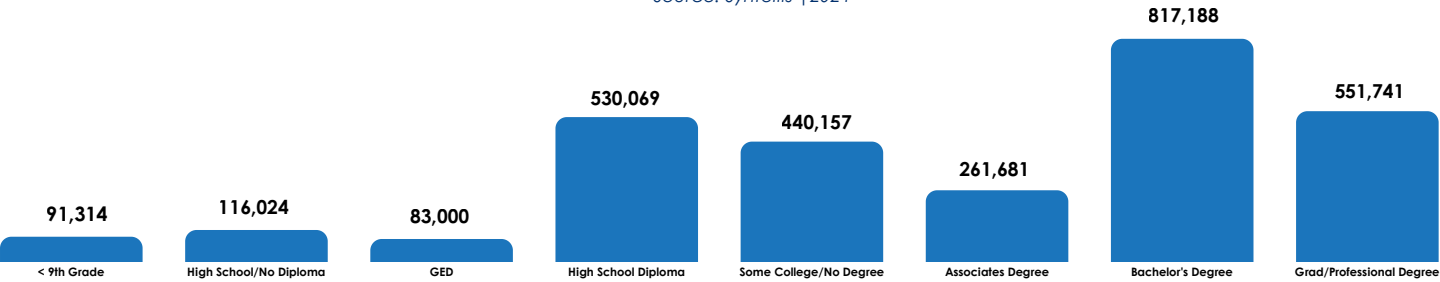
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Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
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Cobb	14.10%	11.80%	2.20%	61.20%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%
Henry	14.20%	17.10%	3.60%	59.60%

Education Level

Source: Syntellis | 2024

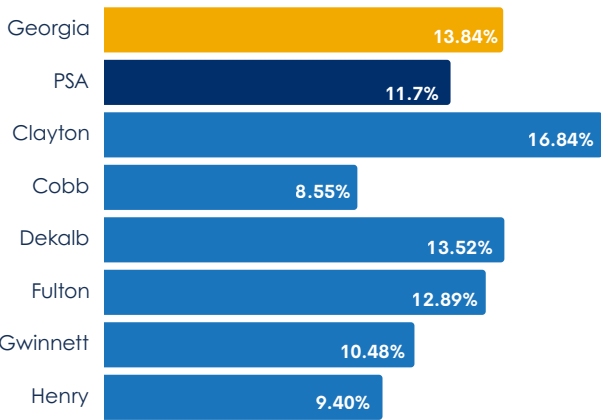


Emory University Hospital Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

	Percentage
Georgia	28.18%
PSA	31.89%
Clayton	38.23%
Cobb	26.33%
Dekalb	34.59%
Fulton	31.94%
Gwinnett	33.16%
Henry	29.06%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

	Percentage
Georgia	63.70%
PSA	68.85%
Clayton	66.33%
Cobb	70.54%
Dekalb	68.27%
Fulton	69.36%
Gwinnett	68.67%
Henry	66.68%

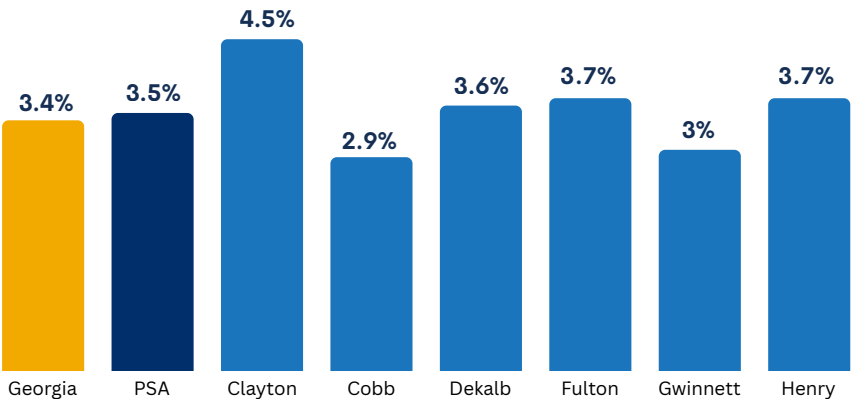
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
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PSA	76.71%	11.40%	9.14%
Clayton	78.92%	12.73%	9.93%
Cobb	78.42%	11.97%	7.75%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%
Henry	89.95%	5.46%	4.12%

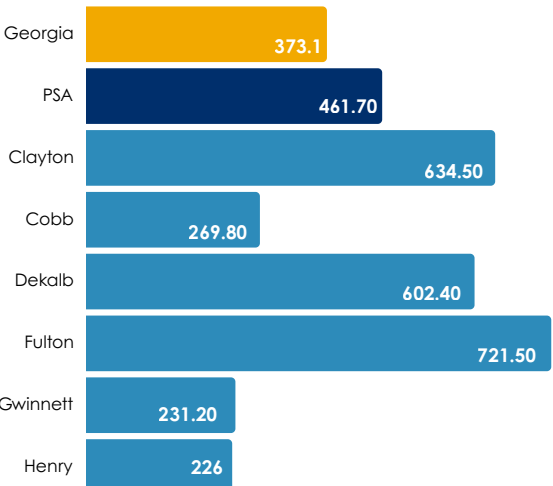
Unemployment Rate

Source: US Department of Labor, 2024



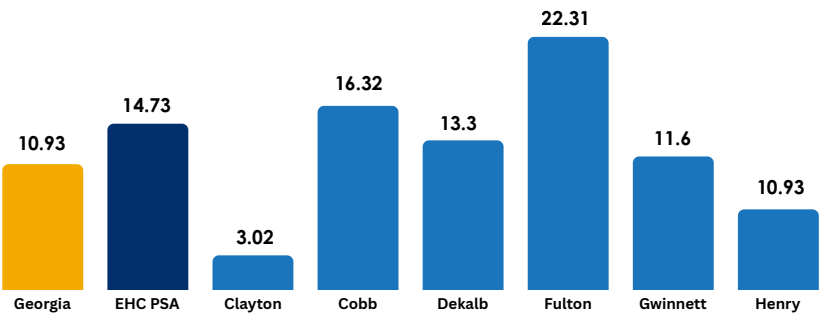
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



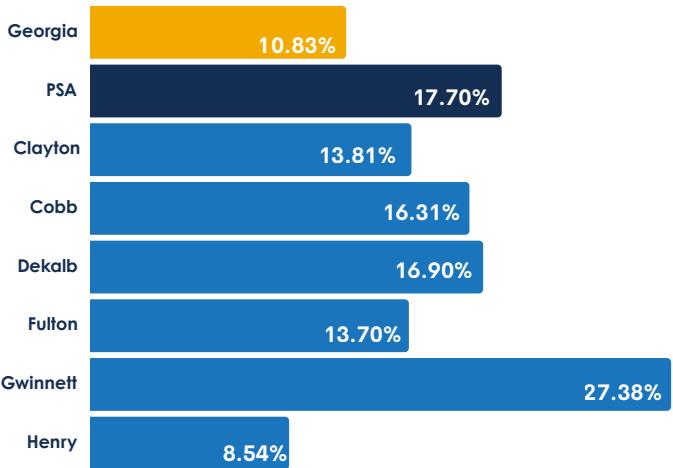
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Clayton County	12%
Cobb County	10%
Dekalb County	11%
Fulton County	12%
Gwinnett County	11%
Henry County	9%

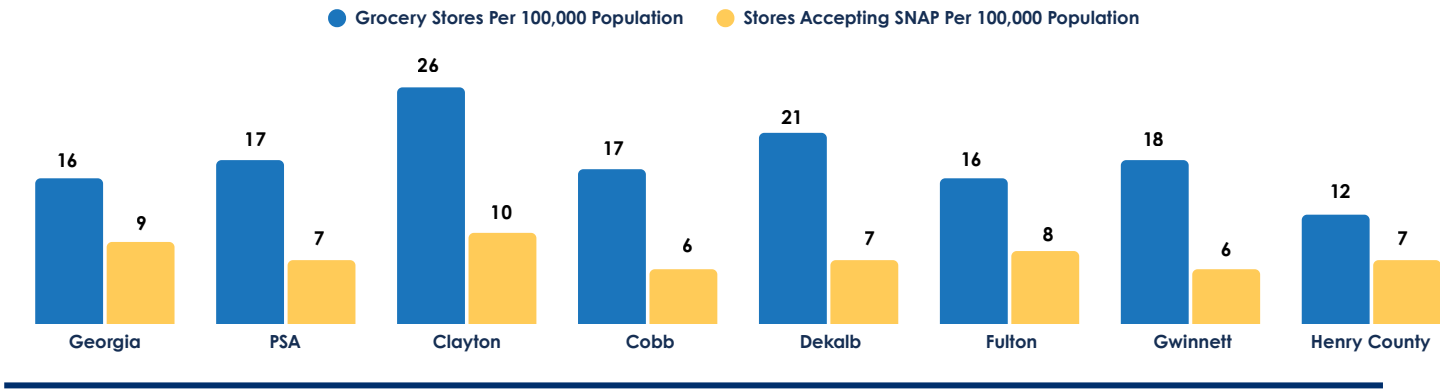
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



Emory University Hospital Communities: Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings, 2021

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Clayton	3960	4,300	1,270
Cobb	1280	1,390	420
Dekalb	940	1,610	260
Fulton	890	1,320	310
Gwinnett	1520	1,530	680
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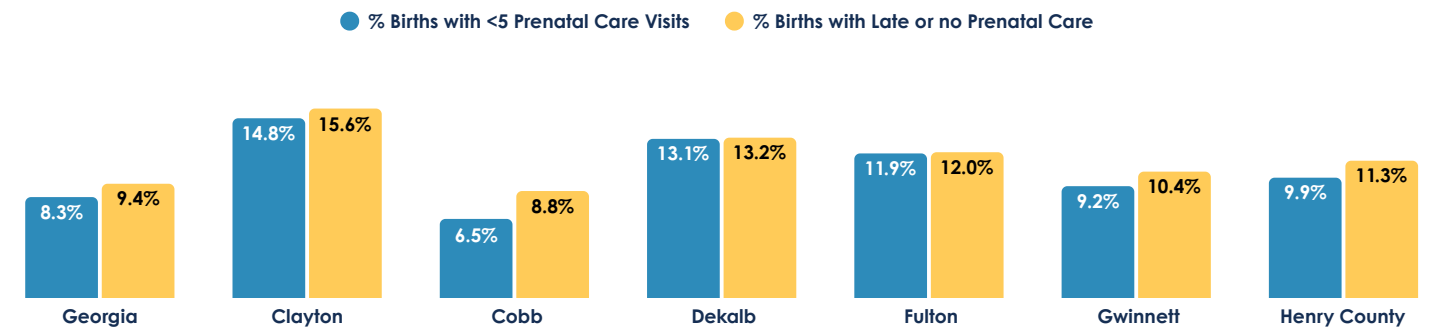
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Clayton	2922
Cobb	2706
Dekalb	2745
Fulton	2345
Gwinnett	2811
Henry	2714

Prenatal Care Access

Source: OASIS, 2023



Emory University Hospital Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	10,617
Hypertension and Hypertensive Renal, & Heart Disease	7,798
Cerebrovascular Disease	7,617
COVID-19	7,804
All Other Diseases of Nervous System	6,317
Alzheimer's Disease	5,594
Malignant Neoplasms of the Trachea, Bronchus and Lung	5,288
Diabetes Mellitus	4,246
All Chronic Obstructive Pulmonary Disease Except Asthma	4,232
Accidental Poisoning and Exposure to Noxious Substances	3,740

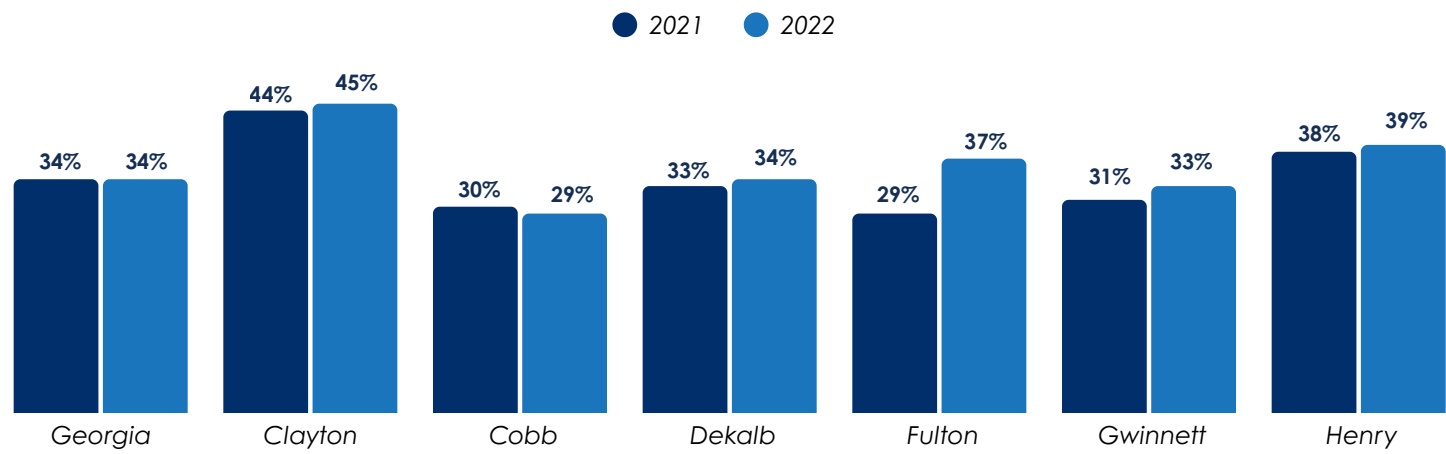
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	195
Cancers	132.1
Nervous System Diseases	84.2
External Causes	71.4
Respiratory Diseases	49.5
Endocrine, Nutritional and Metabolic Diseases	37.4
Infectious and Parasitic Diseases	28.8
Digestive System Diseases	23.4
Reproductive and Urinary System Diseases	19.7
Mental and Behavioral Disorders	19.6
Fetal and Infant Conditions	4.6
Bone and Muscle Diseases	4.2
Birth Defects	2.7
Blood Diseases (Anemia)	1.8
SIDS	0.9

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	52.5	49.7	16.3	30.2
Clayton	133.3	43.4	No Data	34.7
Cobb	59.4	41.3	12.9	31.6
Dekalb	45.8	51.0	20.1	46.6
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3
Henry	62.6	40.5	No Data	24.9

Unintentional Injury Death (By Sex)

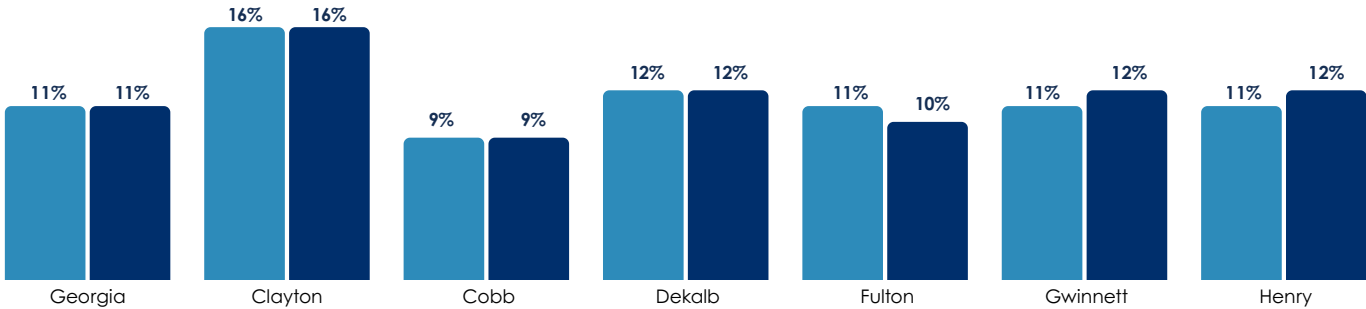
Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Clayton	63	27.1	44.5
Cobb	66.9	30.7	47.6
Dekalb	66.2	28.3	46.7
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6
Henry	47.7	21.5	34.3

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022

2021 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
PSA	764.30	387.50	1,057
Clayton	864.90	220.20	1,090
Cobb	576.77	426.70	577.9
Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2
Henry	809.07	333.80	562.3

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	11.8
Clayton	19.7
Cobb	9.2
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2
Henry	15.7

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
PSA	395.3	1,780.2	85.7	216.5	863.9	3,525.8
Clayton	437.9	1,263.4	162.2	0	627.1	3,560.5
Cobb	217.1	1,222.9	42.4	217.7	633.9	2,074.3
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8
Henry	161.5	827.1	NA	77	500	1,8825

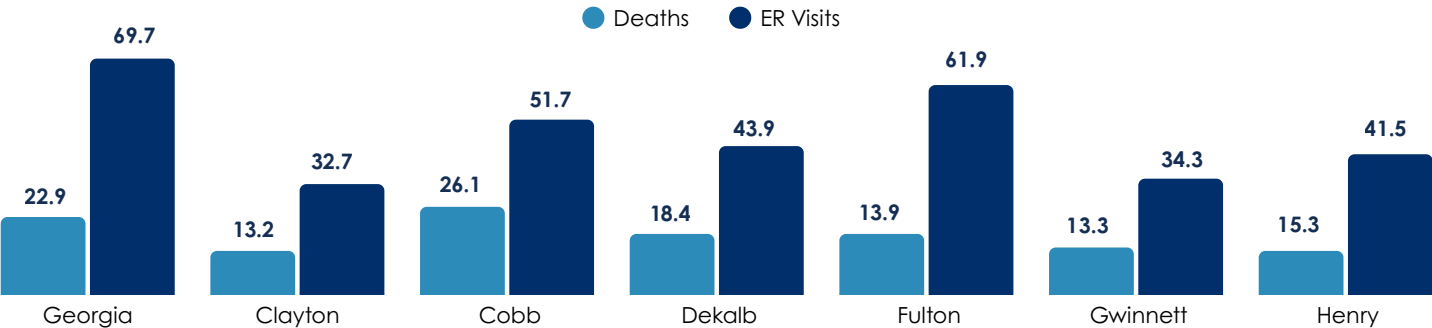
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Clayton	25.30
Cobb	14.40
Dekalb	18.50
Fulton	17.60
Gwinnett	16.70
Henry	21.10

Opioid Overdose

Per 100,000 Population | Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population | Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Clayton	129.7	54.6	45.8	164.9
Cobb	149.1	45.8	36.8	156.2
Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6
Henry	134.3	50.8	40.2	161.3

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	71.6
Clayton County	42.9
Cobb County	78.9
Dekalb County	74.6
Fulton County	76.9
Gwinnett County	66.9
Henry County	69.5

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	759
Clayton	91
Cobb	95
Dekalb	187
Fulton	230
Gwinnett	116
Henry	40

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	12.3	2,519
Clayton	4	287
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280
Henry	11.8	144

Infant Deaths

Source: County Health Rankings 2016-2022

	Per 1000 Births	Count
Georgia	7	6,113
Clayton	10	244
Cobb	6	352
Dekalb	7	502
Fulton	7	589
Gwinnett	6	481
Henry	7	127

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
PSA	4,189	5,021	5,337	241
Clayton	555	544	565	49
Cobb	911	561	745	29
Dekalb	902	1,269	1,251	34
Fulton	730	1,330	1,306	58
Gwinnett	917	1,062	1,183	38
Henry	174	255	287	33

% Low Birth Weight

Source: OASIS, 2023

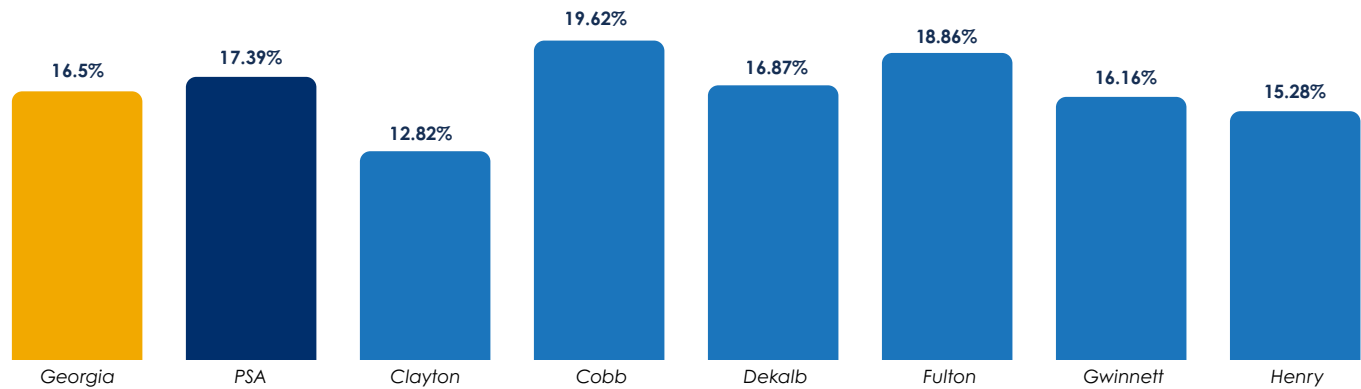
Georgia	10.20%
PSA	10.6%
Clayton	14.2%
Cobb	8.9%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%
Henry	12.5%

Emory University Hospital: Health Behaviors

Understanding the health behaviors of Emory University Hospital's communities is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

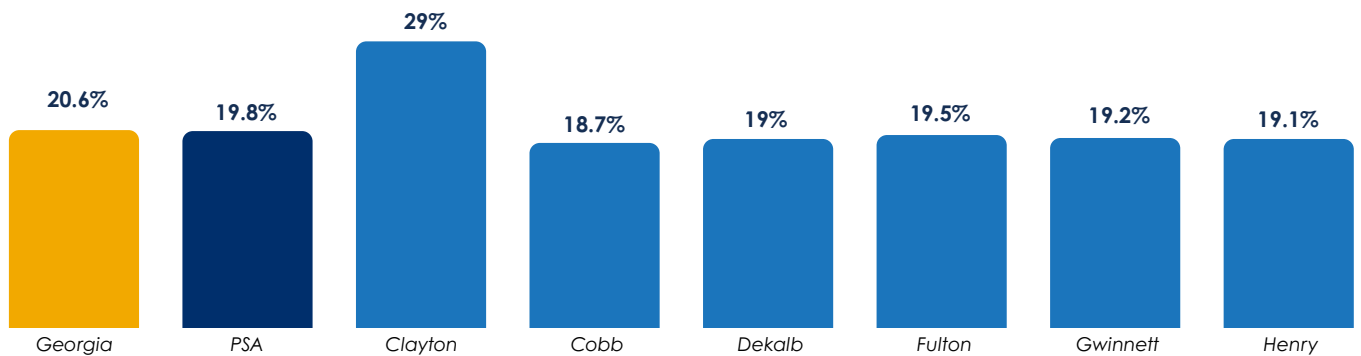
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



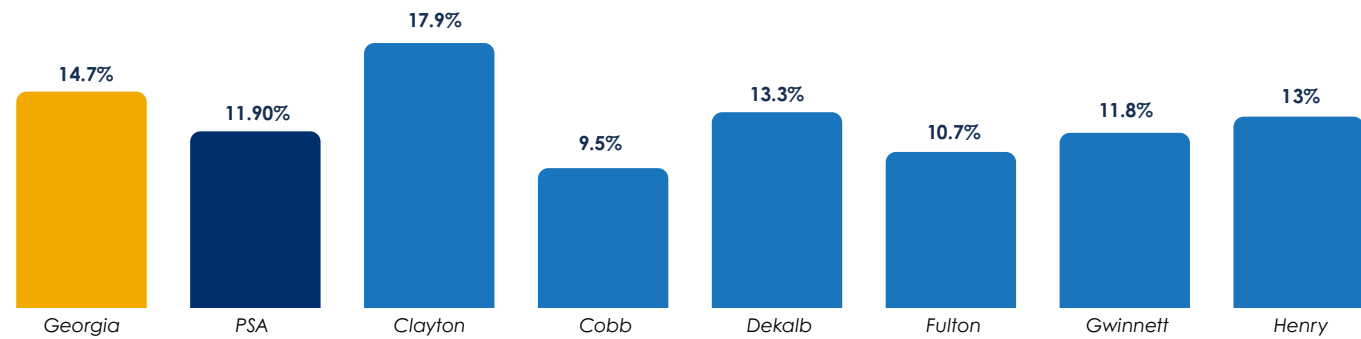
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



Emory University Hospital: Community Concerns, Observations and Perceptions

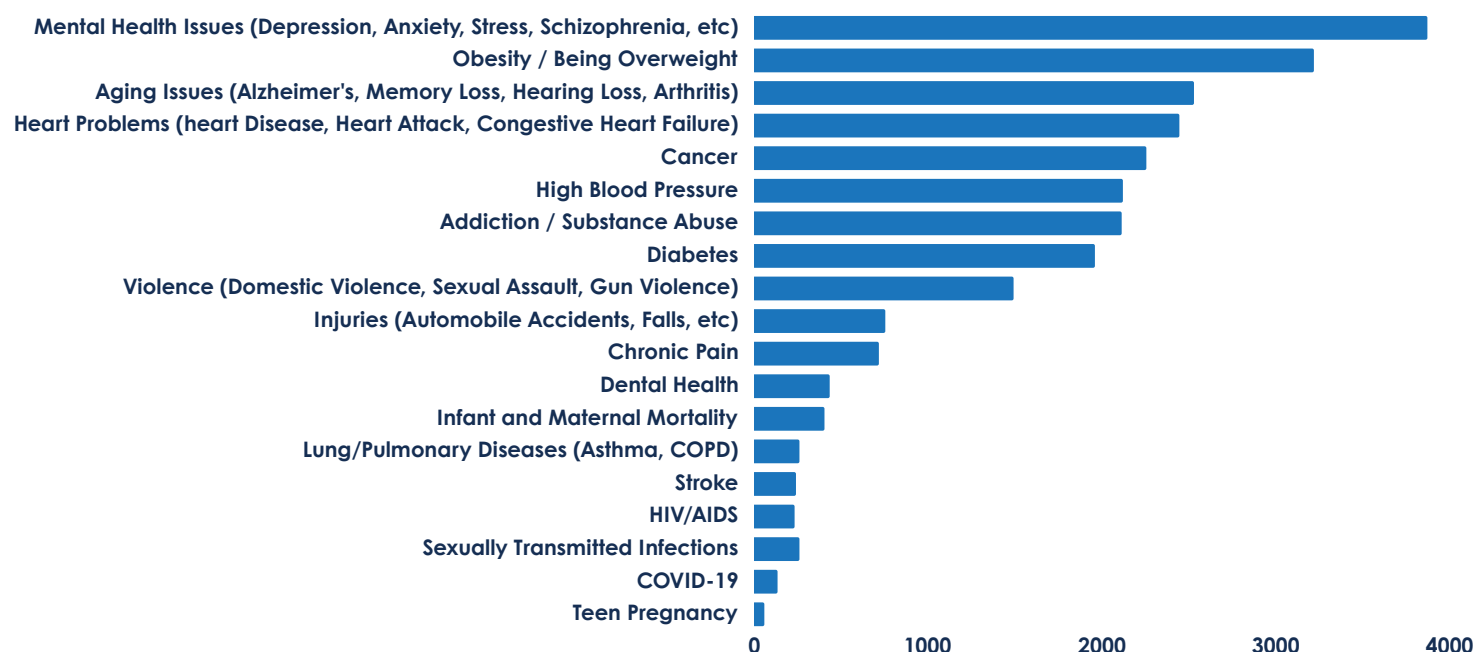
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

We asked communities to tell us how they rated the health of their communities.

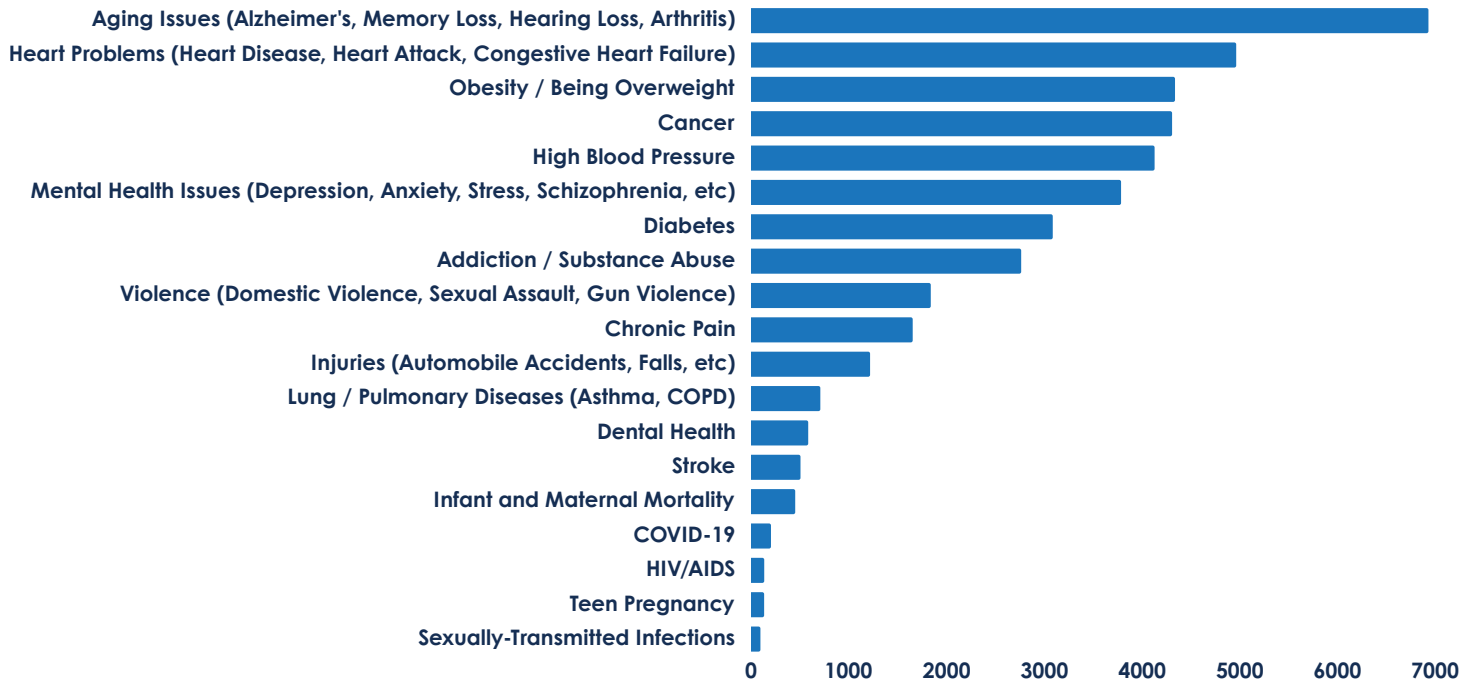
Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

Under 65

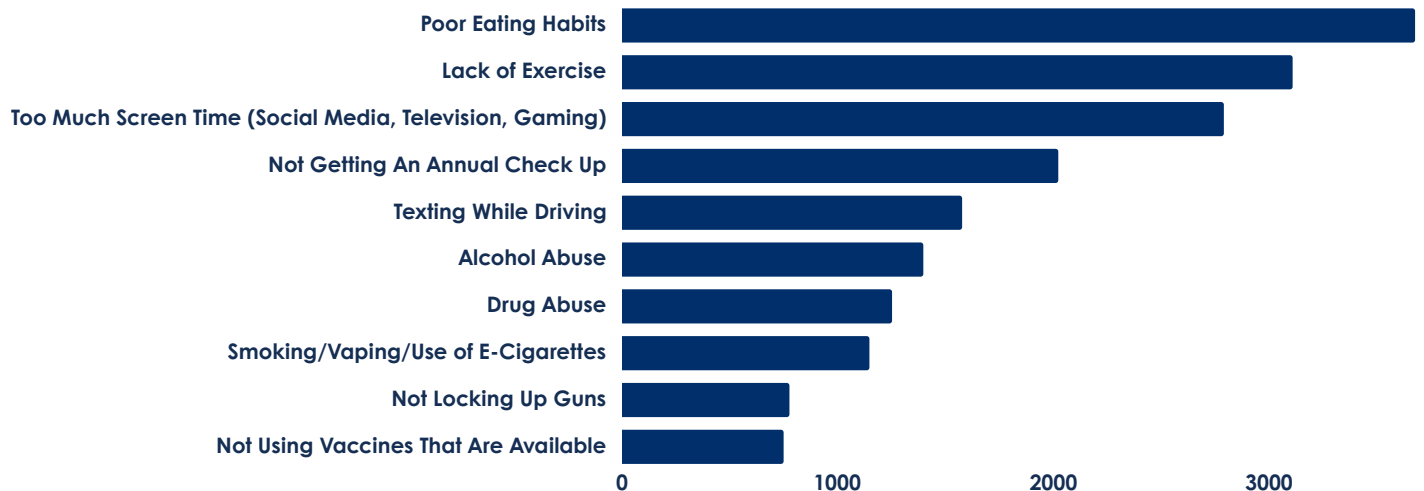


Over 65

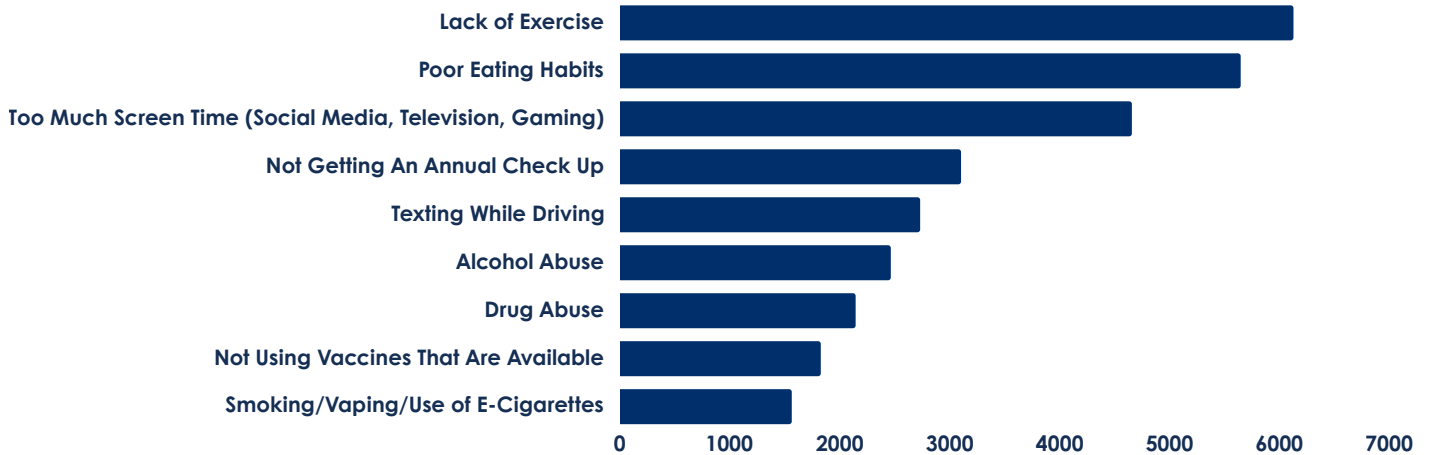


Question: What are the primary behavior factors affecting health in your community?

Under 65

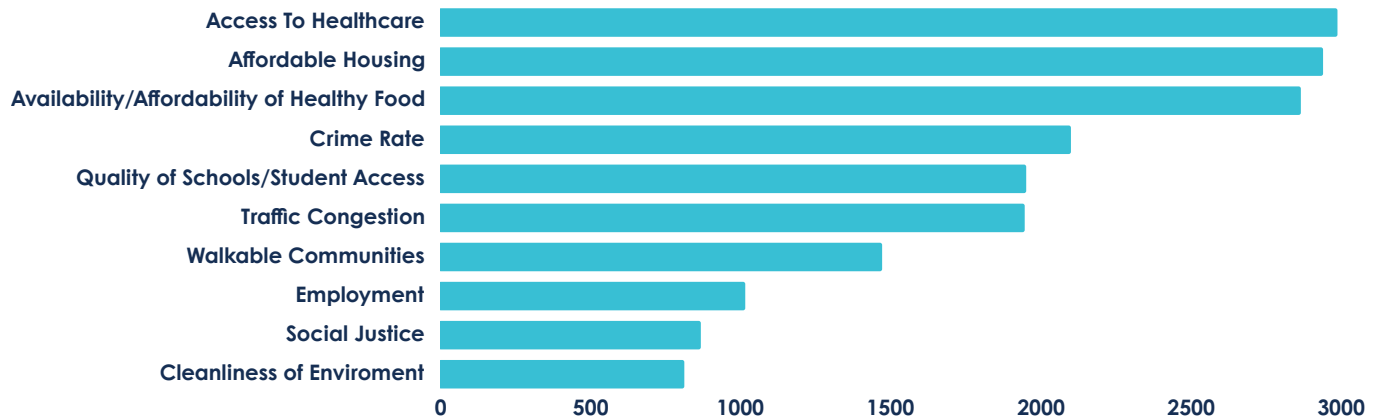


Over 65

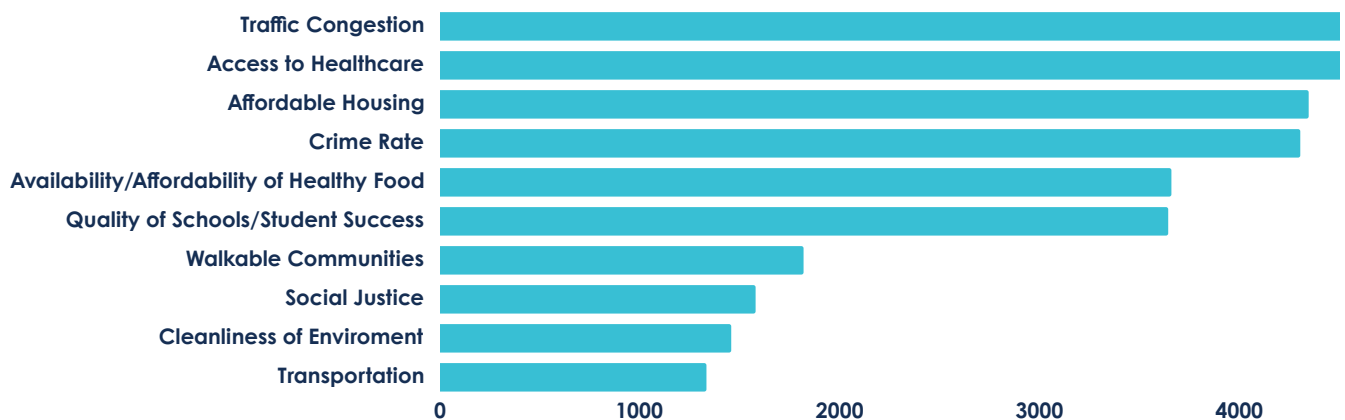


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory University Hospital: 2025-2028 Community Health Improvement Implementation Plan

Priorities: Heart Disease, Transplant Disparities, Stroke, Mental Health

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).
- Improve website presence, functionality and clarity of financial assistance policy (Systemwide).
- Support health care workforce development through engagement with local schools CTAE programs and healthcare educational pathways.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease.
- Restructure language services to improve medical translation options and engagement.
- Develop and launch a comprehensive campaign and educational initiative to address racial disparities in kidney transplantation
- Support the Winship/EHC Prostate Cancer Screening initiative by developing relationships and facilitating connections with organizations and venues in underserved neighborhoods resulting in education and screenings.

Disease Prevention and Chronic Disease Management

- Focus community education efforts on stroke and heart disease prevention.
- Evaluate and if feasible, implement a food is medicine program to address chronic disease prevention and management.
- Through the Innovation Center of the College of Lifestyle Medicine, provide provider scholarships for lifestyle medicine training so they can obtain board certification and integrate lifestyle medicine into their practices (System)

Community Education and Wellbeing

- Provide community health education talks through community organizations such as churches, schools, civic clubs, fraternal organizations, etc.

EMORY
UNIVERSITY
HOSPITAL
MIDTOWN



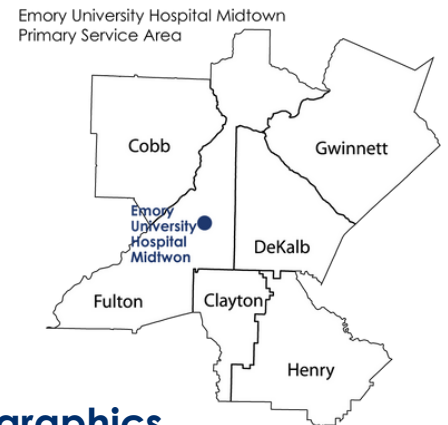
2025
Community
Health Needs
Assessment

Overview of Emory University Hospital Midtown

From a 26-bed sanatorium to a tertiary care facility with more than 600 beds, Emory University Hospital Midtown (EUHM) has a rich heritage. For more than 100 years, the hospital has established a solid foundation for outstanding quality health care and medical integrity for Atlantans and the Southeast. Consistently ranking among Georgia's top hospitals, EUHM specializes in the treatment of cancer; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; gastroenterology and GI surgery; geriatrics; gynecology; nephrology; neurology and neurosurgery; orthopaedics; and urology. The U.S. News & World Report ranked EUHM as the #9 hospital in Georgia and the #8 hospital in metro Atlanta in its 2024-2025 Best Regional Hospitals rankings.

In May 2023, Winship Emory Midtown opened a full-service inpatient and outpatient cancer care center with 80 inpatient beds that delivers a unique model of patient-centered, multidisciplinary personalized cancer care integrated with innovative research.

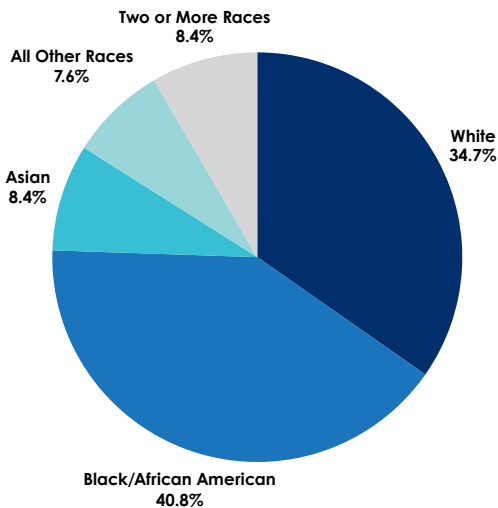
Emory University Hospital Midtown's community health needs assessment demonstrates the needs of our community. EUHM serves patients from throughout the state of Georgia and the Southeast. For the purpose of EUHM's community health needs assessment, EUHM's community is defined as the contiguous area from which over 60% of EUHM's inpatient admissions originate. EUHM's community or primary service area (PSA) includes DeKalb, Fulton, Gwinnett, Cobb, Henry, and Clayton counties.



Emory University Hospital Midtown Communities: Demographics

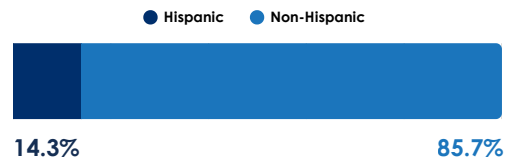
Race

Source: Syntellis | 2024



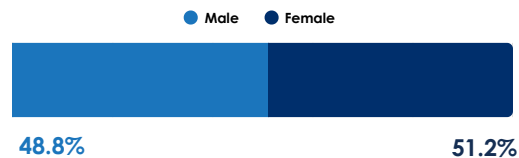
Ethnicity

Source: Syntellis | 2024



Gender

Source: Syntellis | 2024



Population Growth

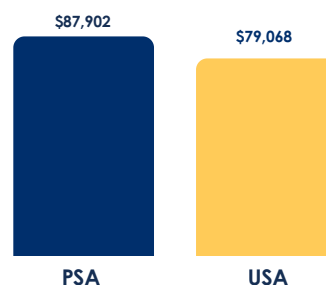
Source: Syntellis

Projected Growth Percentage = 2.49%



Median Household Income

Source: Syntellis | 2024



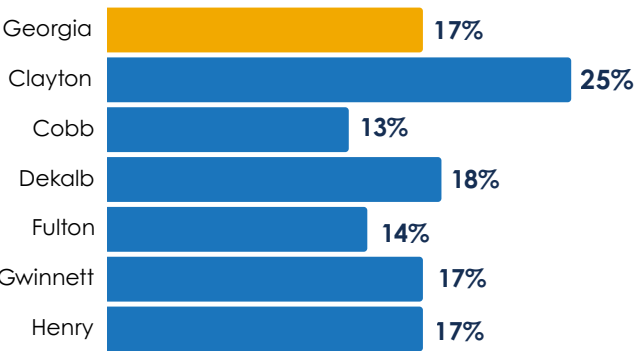
Median Age

Source: Syntellis | 2024

Area	Median Age
PSA	36.7
USA	39.3

Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



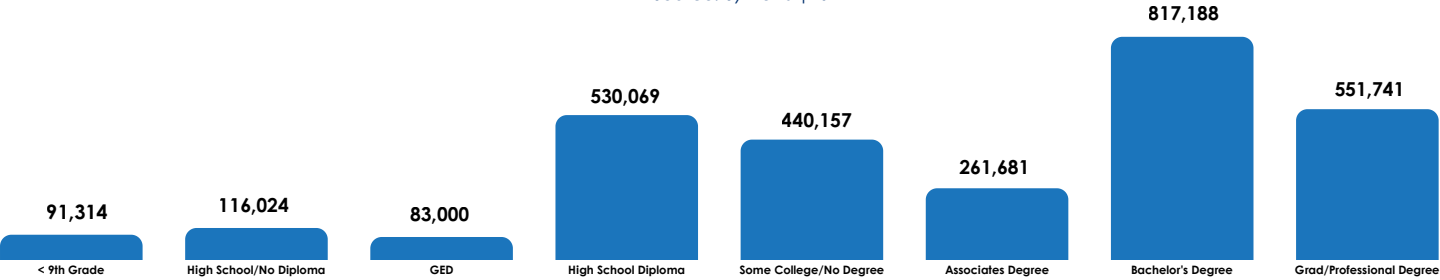
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Clayton	13.40%	27.70%	2.50%	46.60%
Cobb	14.10%	11.80%	2.20%	61.20%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%
Henry	14.20%	17.10%	3.60%	59.60%

Education Level

Source: Syntellis | 2024

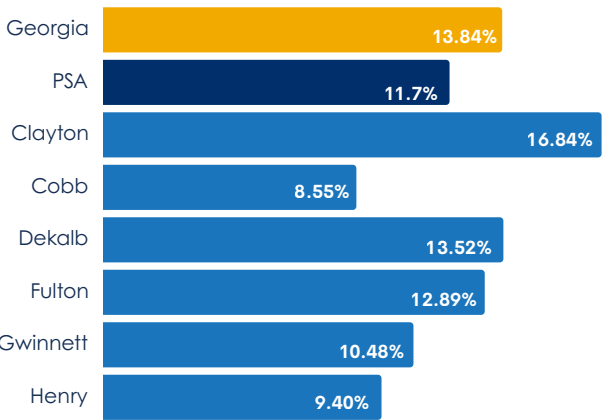


Emory University Hospital Midtown Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

Georgia	28.18%
PSA	31.89%
Clayton	38.23%
Cobb	26.33%
Dekalb	34.59%
Fulton	31.94%
Gwinnett	33.16%
Henry	29.06%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

Georgia	63.70%
PSA	68.85%
Clayton	66.33%
Cobb	70.54%
Dekalb	68.27%
Fulton	69.36%
Gwinnett	68.67%
Henry	66.68%

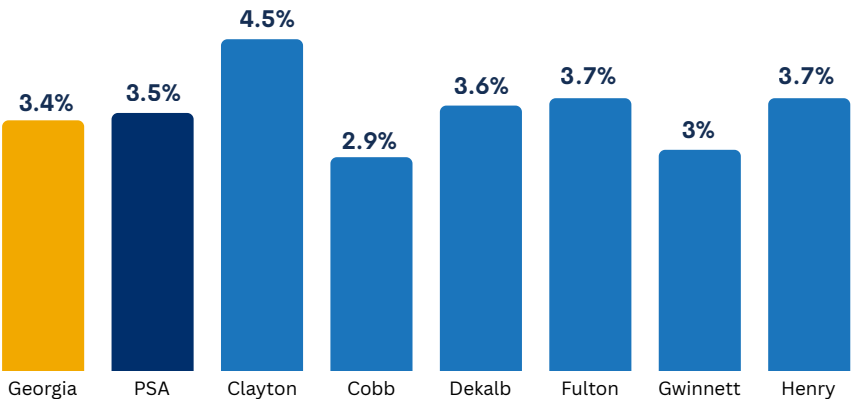
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
PSA	76.71%	11.40%	9.14%
Clayton	78.92%	12.73%	9.93%
Cobb	78.42%	11.97%	7.75%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%
Henry	89.95%	5.46%	4.12%

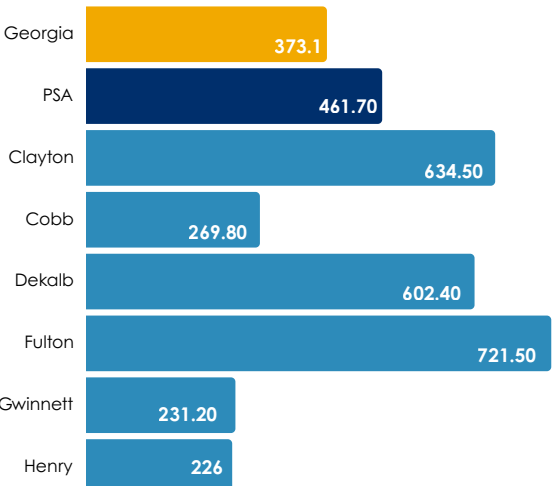
Unemployment Rate

Source: US Department of Labor, 2024



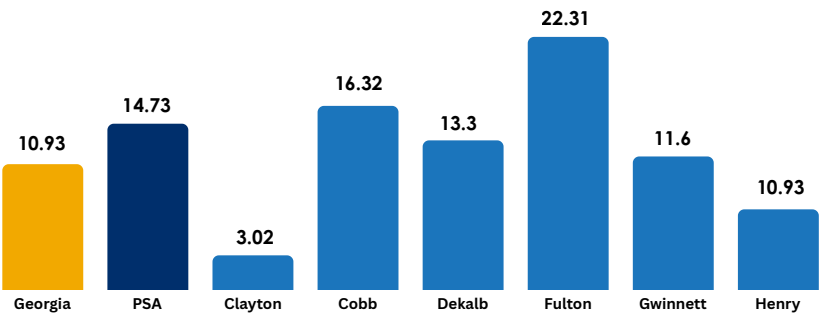
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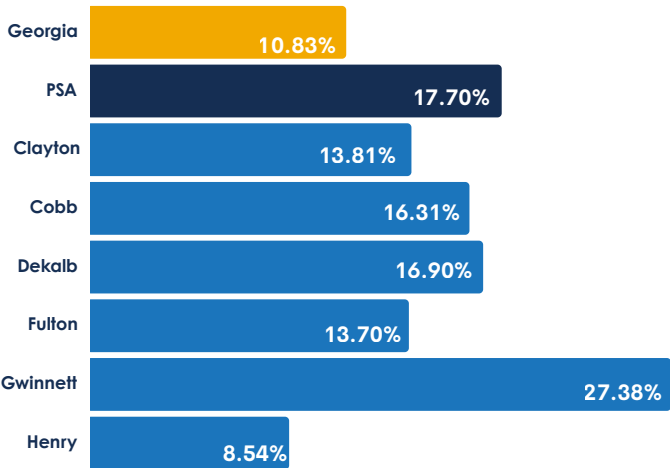
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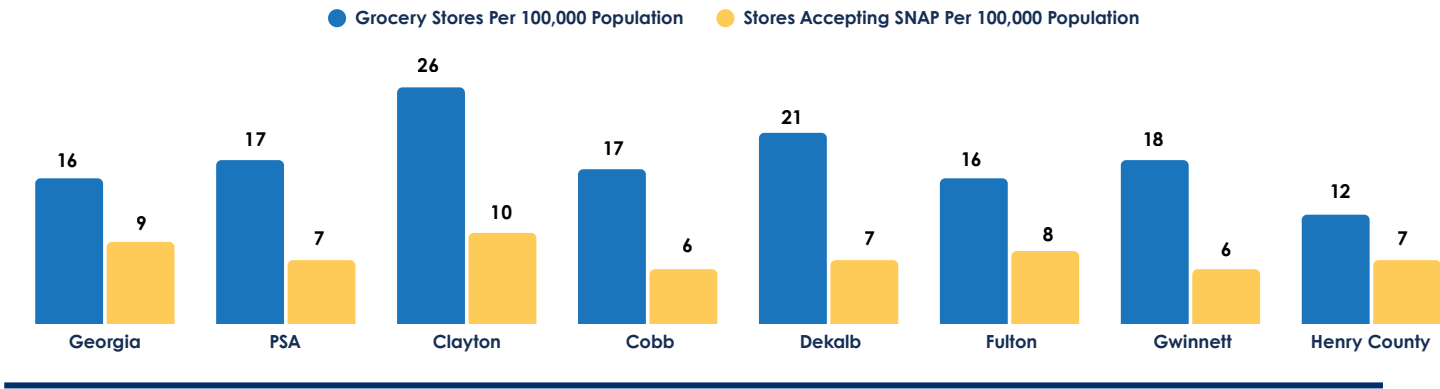
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



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	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
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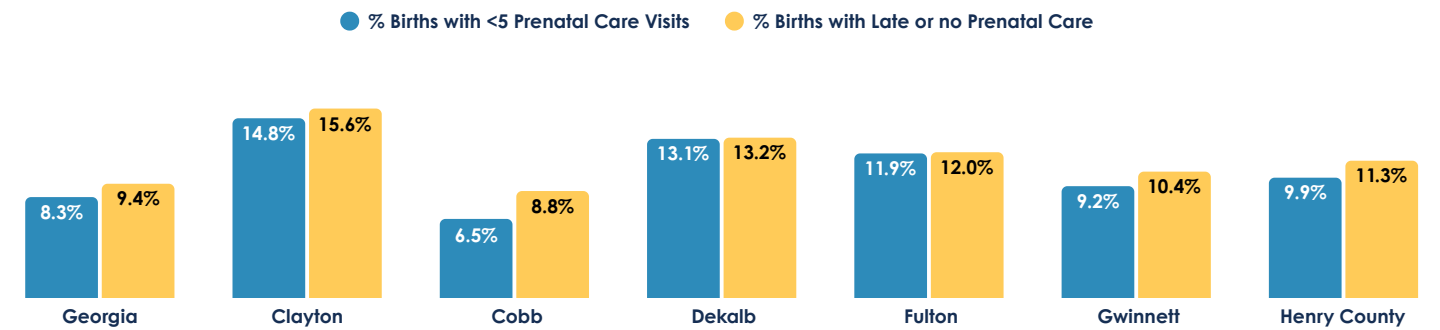
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Prenatal Care Access

Source: OASIS, 2023



Emory University Hospital Midtown Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
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Malignant Neoplasms of the Trachea, Bronchus and Lung	5,288
Diabetes Mellitus	4,246
All Chronic Obstructive Pulmonary Disease Except Asthma	4,232
Accidental Poisoning and Exposure to Noxious Substances	3,740

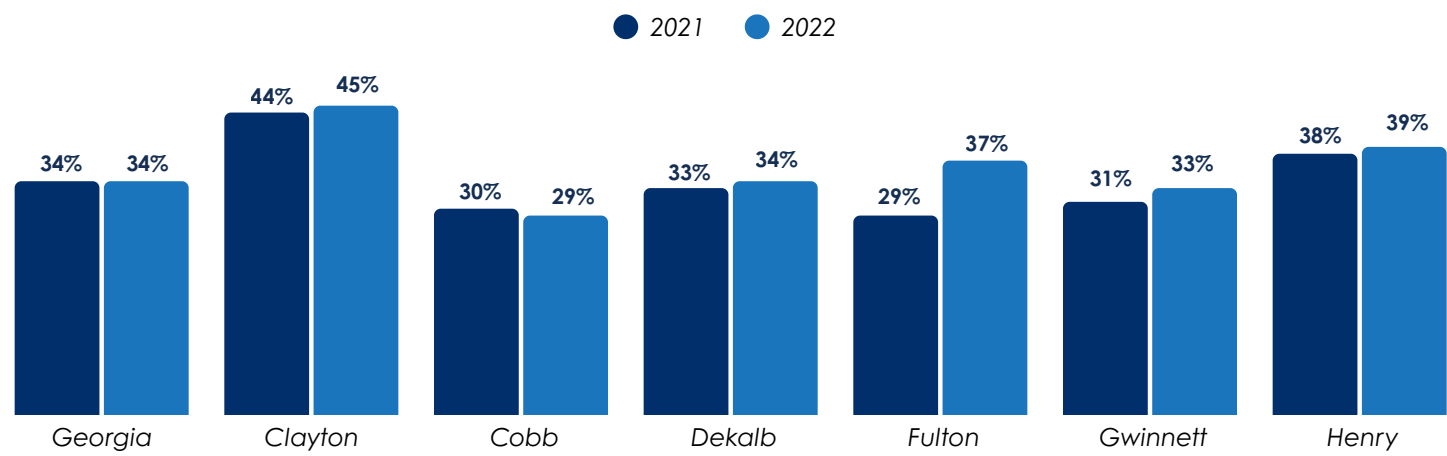
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	195
Cancers	132.1
Nervous System Diseases	84.2
External Causes	71.4
Respiratory Diseases	49.5
Endocrine, Nutritional and Metabolic Diseases	37.4
Infectious and Parasitic Diseases	28.8
Digestive System Diseases	23.4
Reproductive and Urinary System Diseases	19.7
Mental and Behavioral Disorders	19.6
Fetal and Infant Conditions	4.6
Bone and Muscle Diseases	4.2
Birth Defects	2.7
Blood Diseases (Anemia)	1.8
SIDS	0.9

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	52.5	49.7	16.3	30.2
Clayton	133.3	43.4	No Data	34.7
Cobb	59.4	41.3	12.9	31.6
Dekalb	45.8	51.0	20.1	46.6
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3
Henry	62.6	40.5	No Data	24.9

Unintentional Injury Death (By Sex)

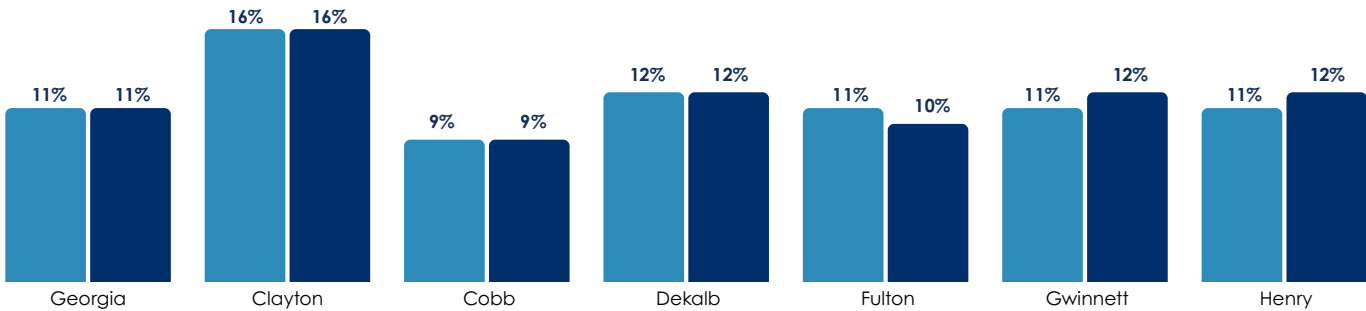
Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Clayton	63	27.1	44.5
Cobb	66.9	30.7	47.6
Dekalb	66.2	28.3	46.7
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6
Henry	47.7	21.5	34.3

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022

2021 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
PSA	764.30	387.50	1,057
Clayton	864.90	220.20	1,090
Cobb	576.77	426.70	577.9
Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2
Henry	809.07	333.80	562.3

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	11.8
Clayton	19.7
Cobb	9.2
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2
Henry	15.7

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
PSA	395.3	1,780.2	85.7	216.5	863.9	3,525.8
Clayton	437.9	1,263.4	162.2	0	627.1	3,560.5
Cobb	217.1	1,222.9	42.4	217.7	633.9	2,074.3
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8
Henry	161.5	827.1	NA	77	500	1,8825

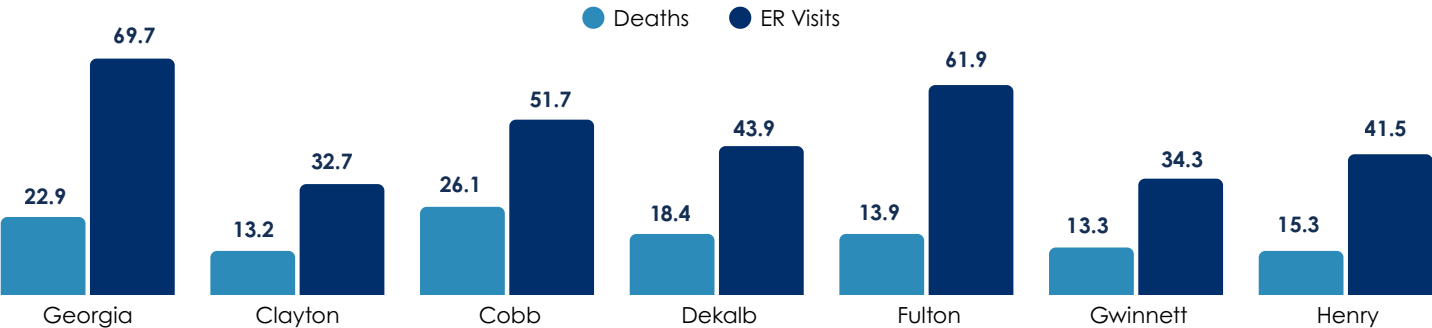
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Clayton	25.30
Cobb	14.40
Dekalb	18.50
Fulton	17.60
Gwinnett	16.70
Henry	21.10

Opioid Overdose

Per 100,000 Population Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population | Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Clayton	129.7	54.6	45.8	164.9
Cobb	149.1	45.8	36.8	156.2
Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6
Henry	134.3	50.8	40.2	161.3

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	71.6
Clayton County	42.9
Cobb County	78.9
Dekalb County	74.6
Fulton County	76.9
Gwinnett County	66.9
Henry County	69.5

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	759
Clayton	91
Cobb	95
Dekalb	187
Fulton	230
Gwinnett	116
Henry	40

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	12.3	2,519
Clayton	4	287
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280
Henry	11.8	144

Infant Deaths

Source: County Health Rankings 2015-2021

	Per 1000 Births	Count
Georgia	7	6,243
Clayton	10	244
Cobb	6	352
Dekalb	7	502
Fulton	7	589
Gwinnett	6	481
Henry	7	127

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
PSA	4,189	5,021	5,337	241
Clayton	555	544	565	49
Cobb	911	561	745	29
Dekalb	902	1,269	1,251	34
Fulton	730	1,330	1,306	58
Gwinnett	917	1,062	1,183	38
Henry	174	255	287	33

% Low Birth Weight

Source: OASIS, 2023

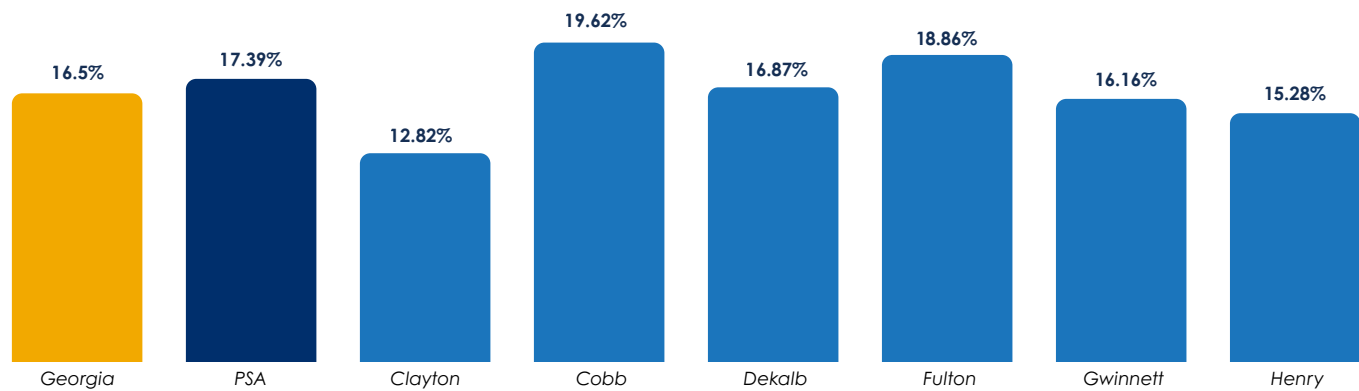
Georgia	10.20%
PSA	10.6%
Clayton	14.2%
Cobb	8.9%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%
Henry	12.5%

Emory University Hospital Midtown: Health Behaviors

Understanding the health behaviors of Emory University Midtown Hospital's communities' is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

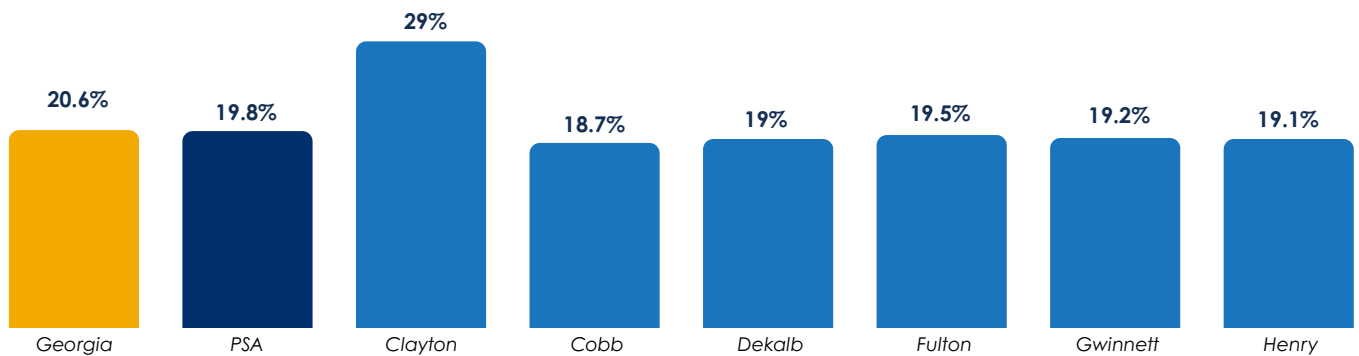
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



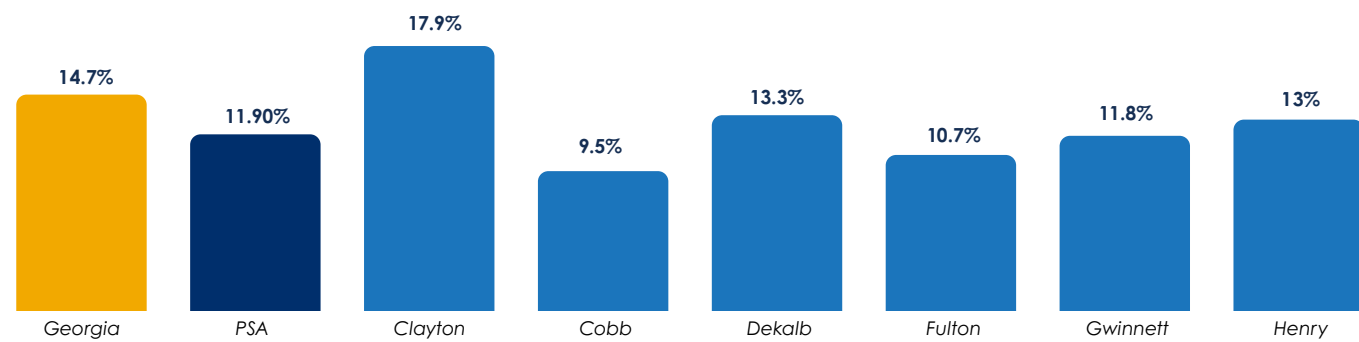
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



Emory University Hospital Midtown: Community Concerns, Observations and Perceptions

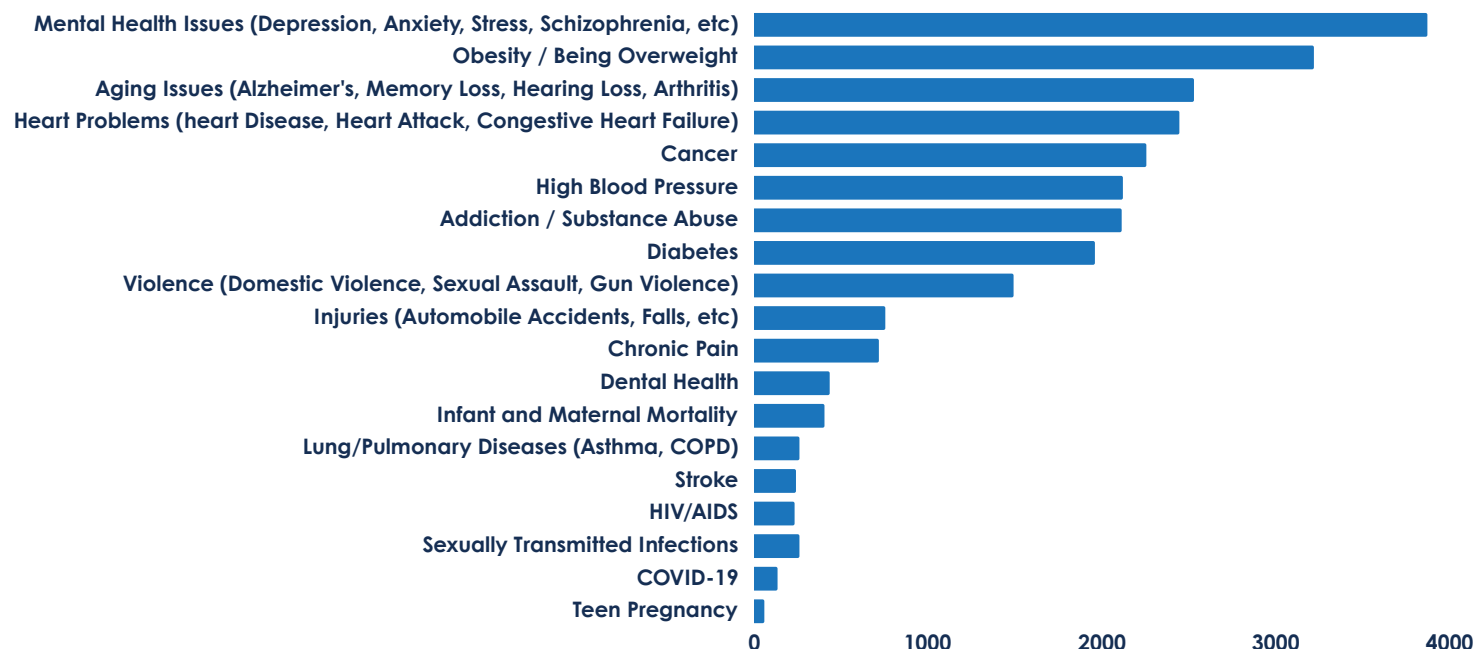
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

We asked communities to tell us how they rated the health of their communities.

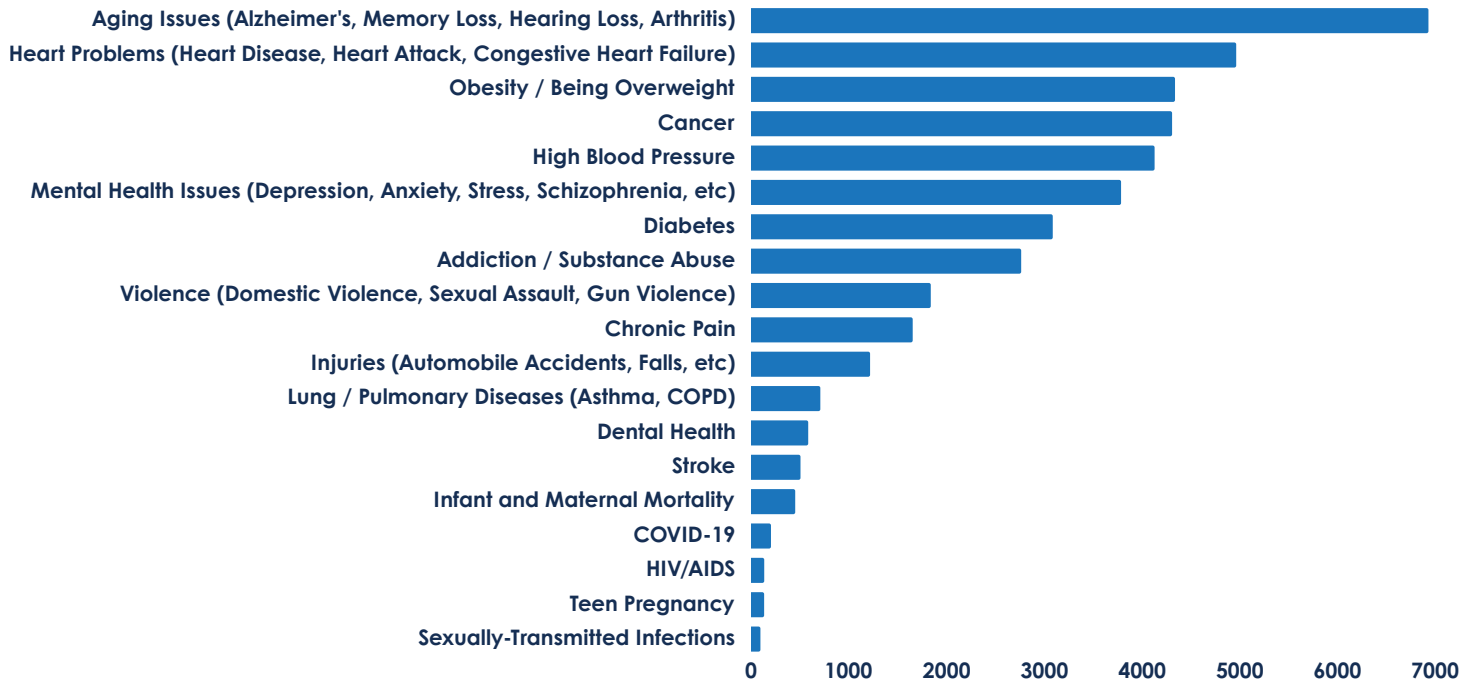
Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

Under 65

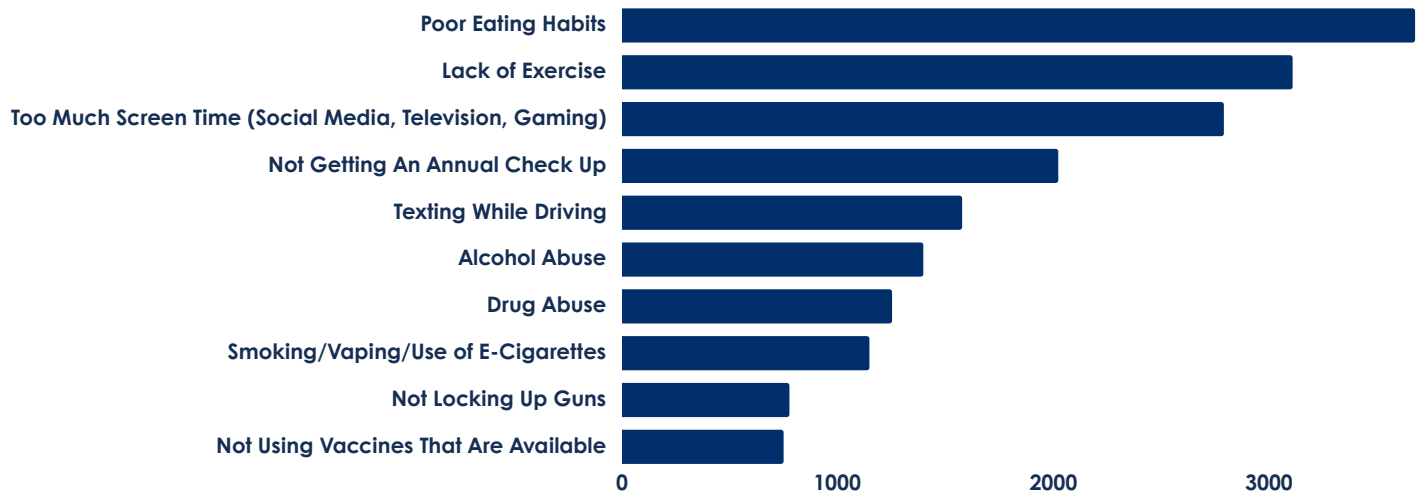


Over 65

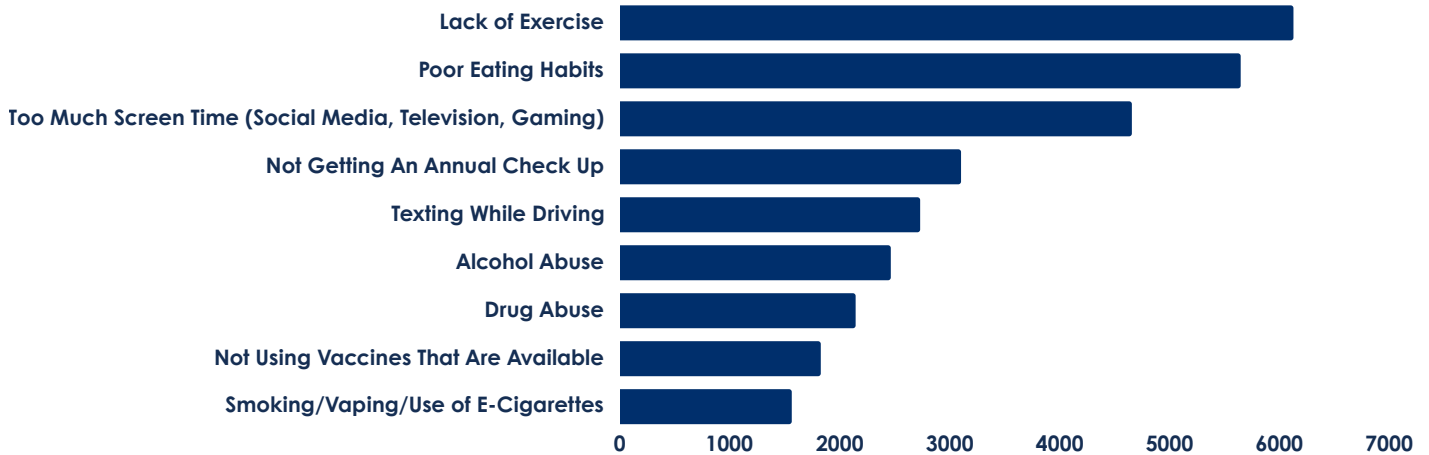


Question: What are the primary behavior factors affecting health in your community?

Under 65

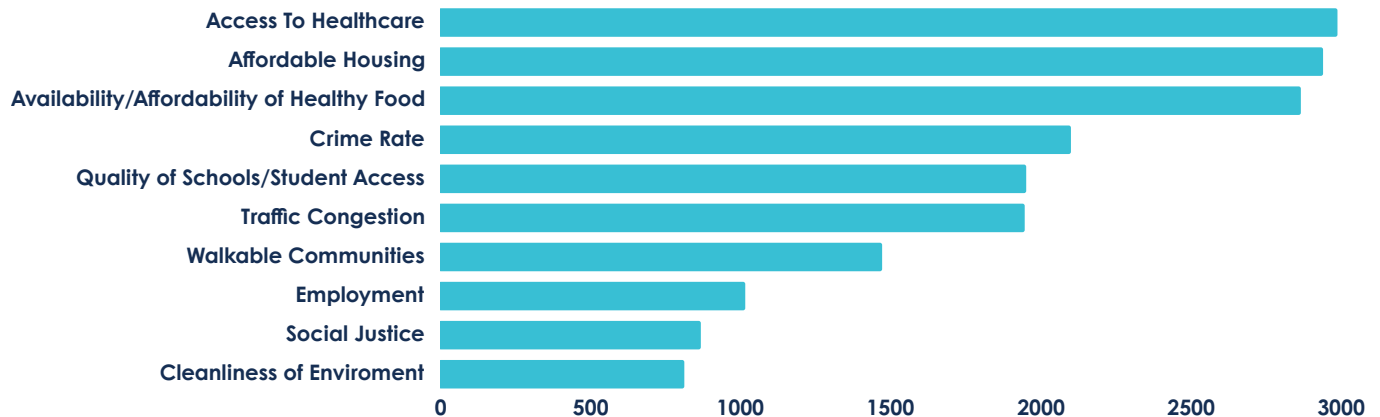


Over 65

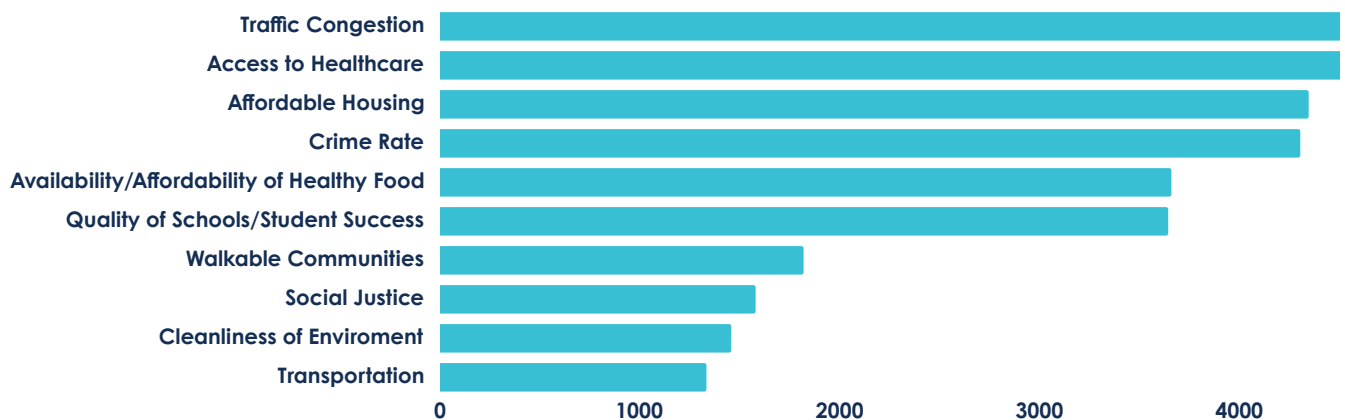


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory University Hospital:

2025-2028 Community Health Improvement Implementation Plan

Priorities: Maternal Health, Chronic Diseases, Homelessness, Cancer, Mental Health

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).
- Establish a Street Medicine program to provide place-based care.
- Support advocacy efforts related to health coverage/access to care.
- Improve website presence, functionality and clarity of financial assistance policy (Systemwide).

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease
- Implement a food RX program for patients who screen positive for food insecurity.
- Partner with Project HEAL and other community organizations addressing homelessness to provide resources of unhoused patients.
- Expand training for staff on steps to take to address positive SDoH screenings and develop training on how to transition unhoused patients back to the community with care/dignity.
- Pilot Community Health Worker Programs in the emergency department and NICU to connect patients to needed resources.
- Provide surplus food redistribution to community organizations who address food insecurity and establish programs such as a Kids Eat Free summer program.

Disease Prevention and Chronic Disease Management

- Provide food as medicine program including cooking classes and a community garden with produce accessible to patients.
- Provide blood pressure screenings at local community health fairs in priority zip codes.

Community Education and Wellbeing

- Develop partnerships with local community-based organizations, faith-based organizations and schools to offer health education, screenings and navigation.

EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL

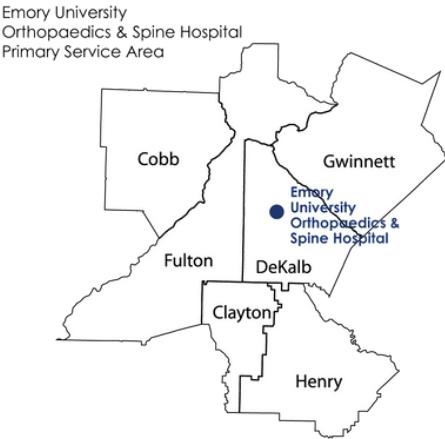


2025 Community Health Needs Assessment

Overview of Emory University Orthopaedic and Spine Hospital

Emory University Hospital (EUH) has proudly served the health care needs of our neighbors since 1904. Emory University Orthopaedics & Spine Hospital (EUOSH), an extension of EUH's acute care services, is a 120-bed facility that provides medical and surgical care for orthopaedic and spine patients as well as general acute care for patients with nonsurgical needs. It has ranked in the top 10% of hospitals in the country for 15 years in patient satisfaction. As a not-for-profit academic medical center, EUOSH is committed to providing the best care for our patients, educating health professionals and leaders for the future, pursuing discovery research, and serving our community.

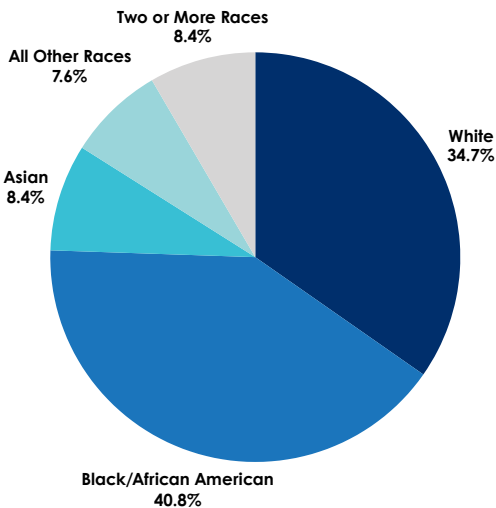
EUOSH's community health needs assessment demonstrates the needs of our community. As a specialty care facility, EUOSH serves patients from throughout the state of Georgia and the Southeast. For the purpose of EUOSH's community health needs assessment, EUOSH's community is defined as the contiguous area from which approximately 60% of EUOSH's inpatient admissions originate. EUOSH's community or primary service area (PSA) includes DeKalb, Fulton, Gwinnett, Cobb, Henry, and Clayton counties.



Emory University Orthopaedic and Spine Hospital Communities: Demographics

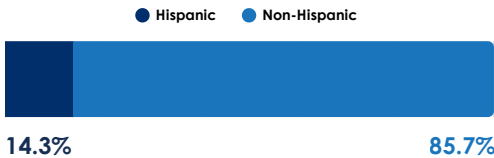
Race

Source: Syntellis | 2024



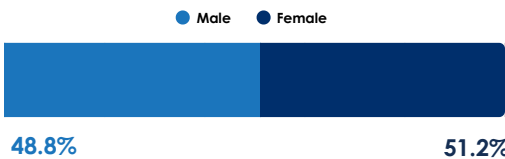
Ethnicity

Source: Syntellis | 2024



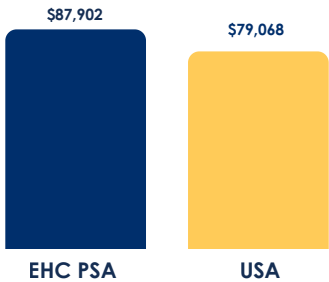
Gender

Source: Syntellis | 2024



Median Household Income

Source: Syntellis | 2024



Median Age

Source: Syntellis | 2024

Entity	Median Age
EHC PSA	36.7
USA	39.3

Population Growth

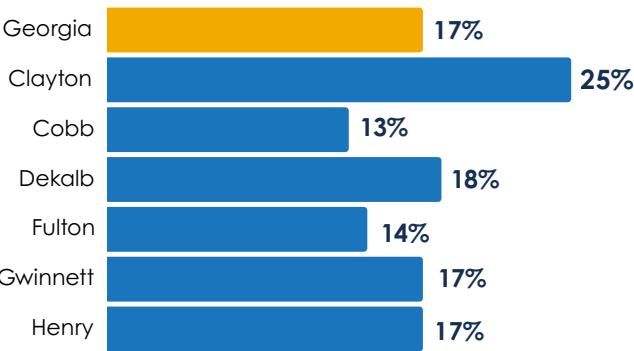
Source: Syntellis

Projected Growth Percentage = 2.49%



Adults Reporting “Poor or Fair” Health

Source: County Health Rankings, 2022



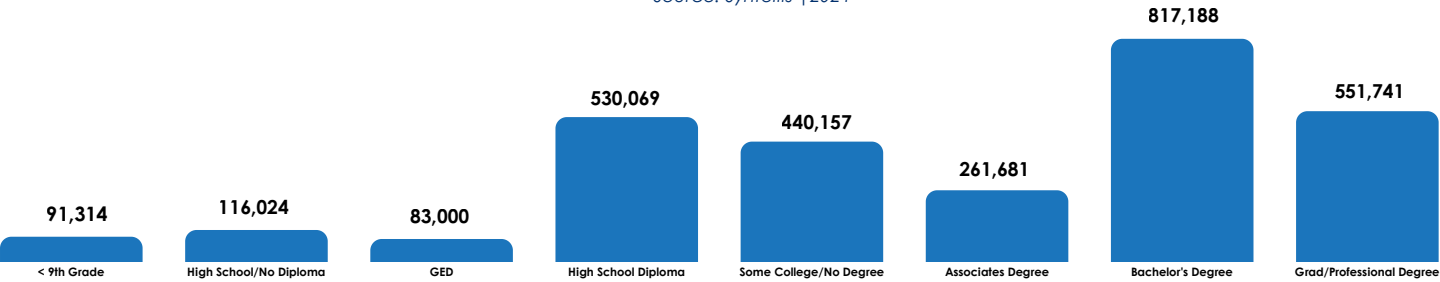
Insurance Coverage

Combined and Singular Coverage | Source: US Census Bureau, 2023

	Medicare	Medicaid	VA Health Care	Employer-based
Georgia	16.80%	18.80%	2.70%	53%
Clayton	13.40%	27.70%	2.50%	46.60%
Cobb	14.10%	11.80%	2.20%	61.20%
Dekalb	14.70%	18.20%	2.40%	54.50%
Fulton	13.60%	14.50%	1.70%	61%
Gwinnett	11.90%	17.80%	1.30%	48.20%
Henry	14.20%	17.10%	3.60%	59.60%

Education Level

Source: Syntellis | 2024

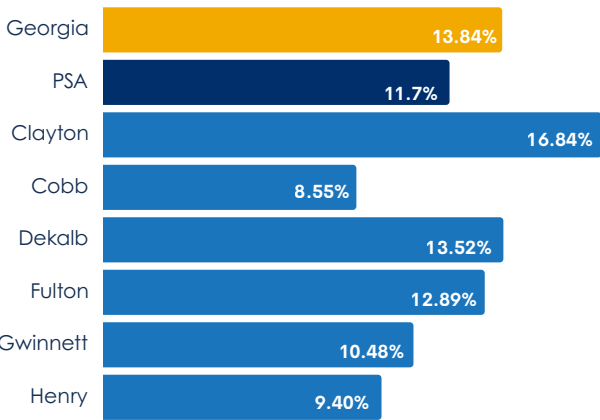


Emory University Orthopaedic and Spine Hospital Communities:
Environmental Factors Affecting Health & Disadvantaged Communities

A community's health is defined in part by its environment, including access to resources that impact social and economic opportunities, safe living and working conditions, educational resources, transportation options, cleanliness of water and air and availability and quality of food.

Poverty Rate

Source: US Census Bureau, 2019-2023



Housing Cost Burden

Percentage of Households Whose Housing Cost Is Over 30% of Income | Source: US Census Bureau, 2020

Georgia	28.18%
PSA	31.89%
Clayton	38.23%
Cobb	26.33%
Dekalb	34.59%
Fulton	31.94%
Gwinnett	33.16%
Henry	29.06%

Labor Force Participation

Total population working 16+ | Source: US Census Bureau, 2019-2023

Georgia	63.70%
PSA	68.85%
Clayton	66.33%
Cobb	70.54%
Dekalb	68.27%
Fulton	69.36%
Gwinnett	68.67%
Henry	66.68%

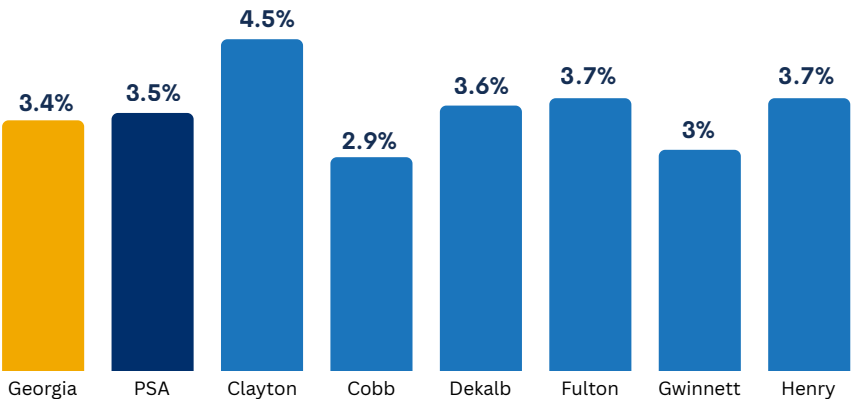
Language Spoken at Home

Source: US Census Bureau, 2019-2023

	English Spoken At Home	Spanish Spoken at Home	Limited English Proficiency
Georgia	84.95%	8.43%	5.72%
PSA	76.71%	11.40%	9.14%
Clayton	78.92%	12.73%	9.93%
Cobb	78.42%	11.97%	7.75%
Dekalb	78.42%	8.61%	8.47%
Fulton	79.41%	6.24%	4.84%
Gwinnett	62.58%	20.03%	16.63%
Henry	89.95%	5.46%	4.12%

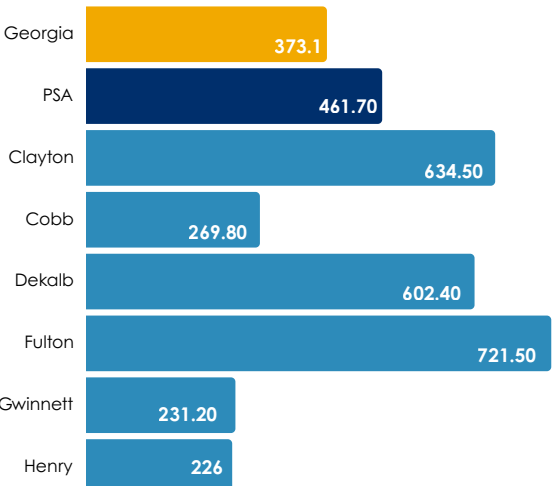
Unemployment Rate

Source: US Department of Labor, 2024



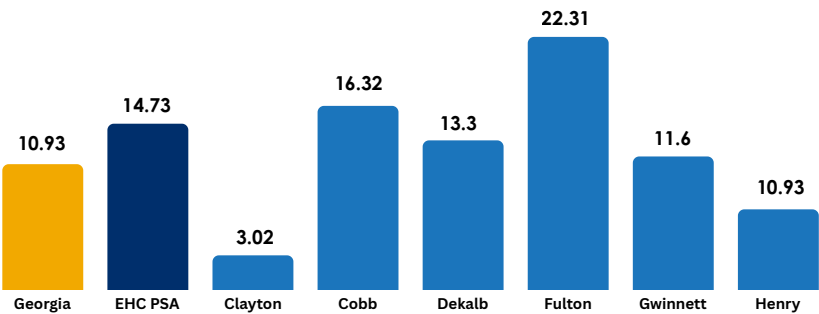
Violent Crime Incident Rate

Annual Rate Per 100,000 Population
Source: FBI Uniform Crime Reports, 2015-2017



Access to Recreational Facilities

Establishments per 100,000 Population
Source: US Census Bureau, 2019-2023



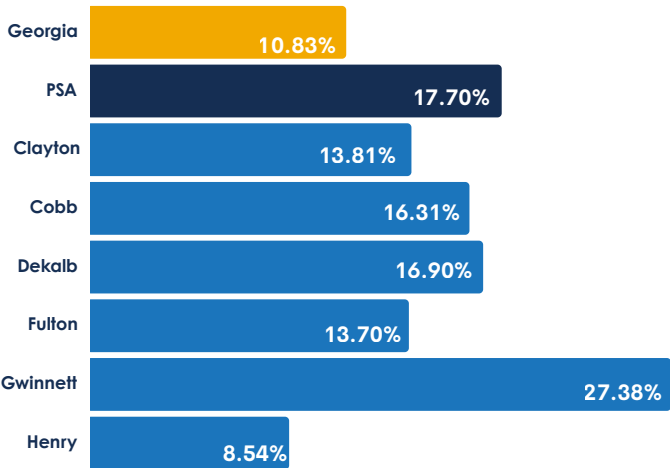
Percentage of People Who Lack Access to Food

Source: County Health Rankings, 2022

Georgia	13%
Clayton County	12%
Cobb County	10%
Dekalb County	11%
Fulton County	12%
Gwinnett County	11%
Henry County	9%

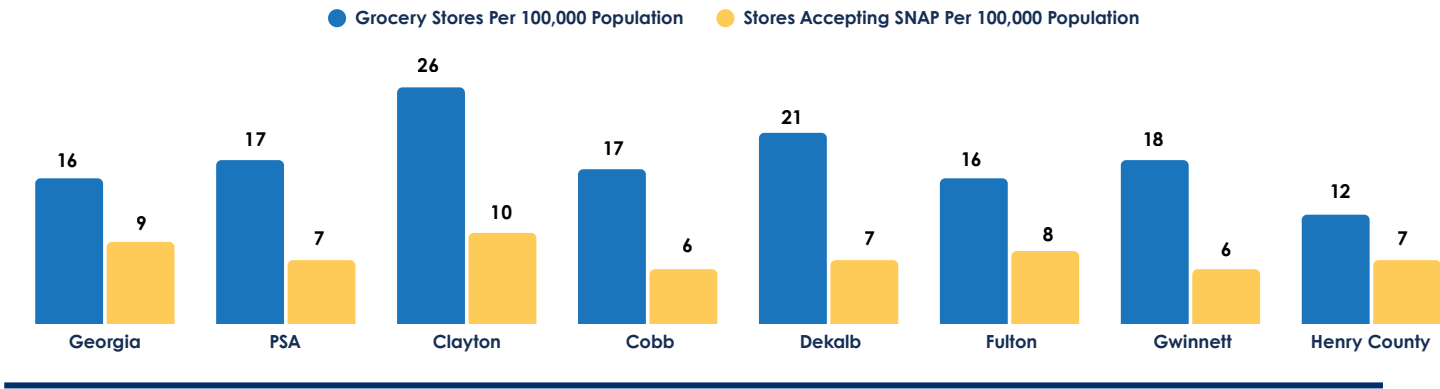
Foreign Born

Source: US Census Bureau 2019-2023



Access to Grocery Stores

Source: US Census Bureau, 2022



Emory University Orthopaedic and Spine Hospital Communities:
Access to Health Care

Access to health care can be assessed by the number and availability of providers, insurance coverage, and affordability of care. Factors such transportation, hours of operation and appointment availability are harder to assess but must also be considered in the access equation. Public awareness about available health care services and knowledge about how to access them may also be a factor in perceived access issues.

Provider Access

Source: County Health Rankings, 2021

	Population Per Primary Care Physician	Population Per Dental Provider	Population Per Mental Health Provider
Georgia	1,520	1,860	560
Clayton	3960	4,300	1,270
Cobb	1280	1,390	420
Dekalb	940	1,610	260
Fulton	890	1,320	310
Gwinnett	1520	1,530	680
Henry	2060	2,790	570

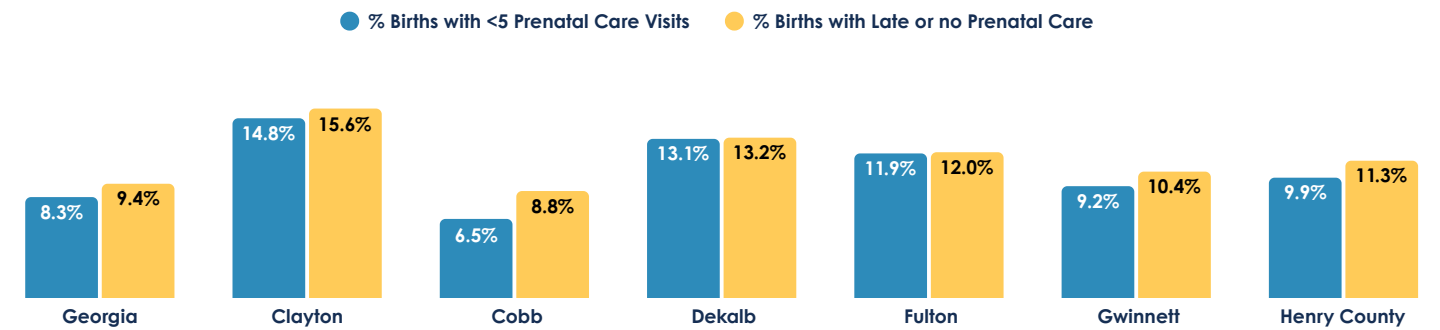
Preventable Hospital Stays

Per 100,000 Population Medicare Enrollees
Source: County Health Rankings, 2022

County	Preventable Hospital Stays
Georgia	3086
Clayton	2922
Cobb	2706
Dekalb	2745
Fulton	2345
Gwinnett	2811
Henry	2714

Prenatal Care Access

Source: OASIS, 2023



Emory University Orthopaedic and Spine Hospital Communities: Death, Disease and Chronic Conditions

As with many large metropolitan areas, Emory Healthcare's metro market area experiences better health overall than rural areas. However, as mentioned earlier, there is significant variation even within metro Atlanta counties.

Leading Causes of Death Ranking

Source: OASIS, 2019-2023

Cause of Death	Count
Ischemic Heart and Vascular Disease	10,617
Hypertension and Hypertensive Renal, & Heart Disease	7,798
Cerebrovascular Disease	7,617
COVID-19	7,804
All Other Diseases of Nervous System	6,317
Alzheimer's Disease	5,594
Malignant Neoplasms of the Trachea, Bronchus and Lung	5,288
Diabetes Mellitus	4,246
All Chronic Obstructive Pulmonary Disease Except Asthma	4,232
Accidental Poisoning and Exposure to Noxious Substances	3,740

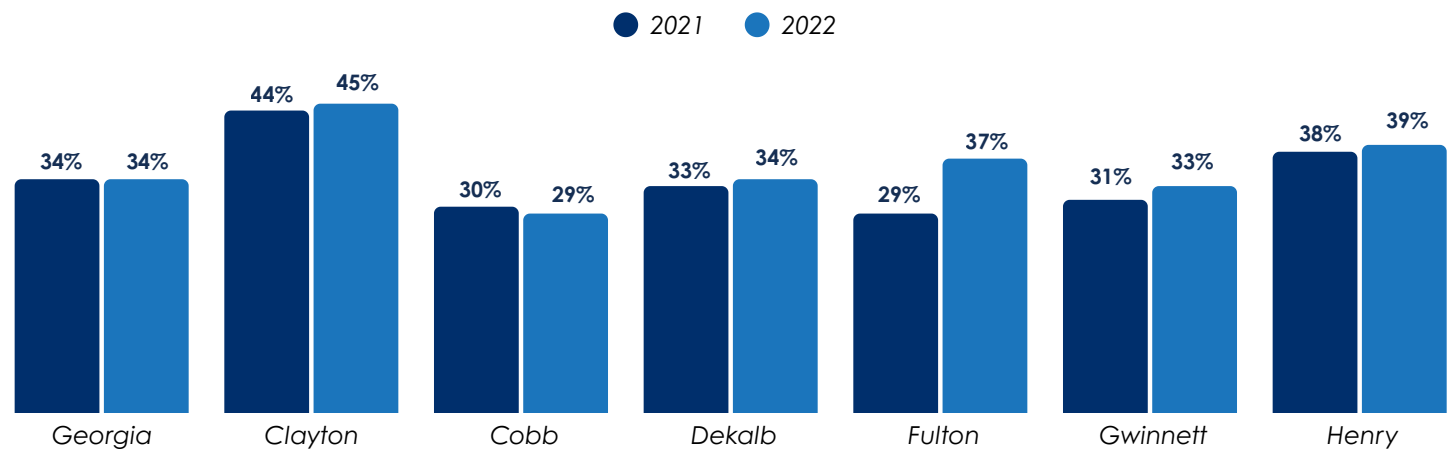
Age-Adjusted Death Rate

per 100,000 Population | Source: OASIS 2019-2023

Cause of Death	Rate
Major Cardiovascular Disorders	195
Cancers	132.1
Nervous System Diseases	84.2
External Causes	71.4
Respiratory Diseases	49.5
Endocrine, Nutritional and Metabolic Diseases	37.4
Infectious and Parasitic Diseases	28.8
Digestive System Diseases	23.4
Reproductive and Urinary System Diseases	19.7
Mental and Behavioral Disorders	19.6
Fetal and Infant Conditions	4.6
Bone and Muscle Diseases	4.2
Birth Defects	2.7
Blood Diseases (Anemia)	1.8
SIDS	0.9

Obesity Prevalence

Source: County Health Rankings, 2021 & 2022



Unintentional Injury Death (By Race)

Per 100,000 Population | Source: CDC Wonder 2019-2023

	White	Black/ African American	Asian	Hispanic or Latino
Georgia	67.4	49.7	17.1	28.1
PSA	52.5	49.7	16.3	30.2
Clayton	133.3	43.4	No Data	34.7
Cobb	59.4	41.3	12.9	31.6
Dekalb	45.8	51.0	20.1	46.6
Fulton	43.7	67.8	12.6	24.3
Gwinnett	51.1	29.8	18.5	26.3
Henry	62.6	40.5	No Data	24.9

Unintentional Injury Death (By Sex)

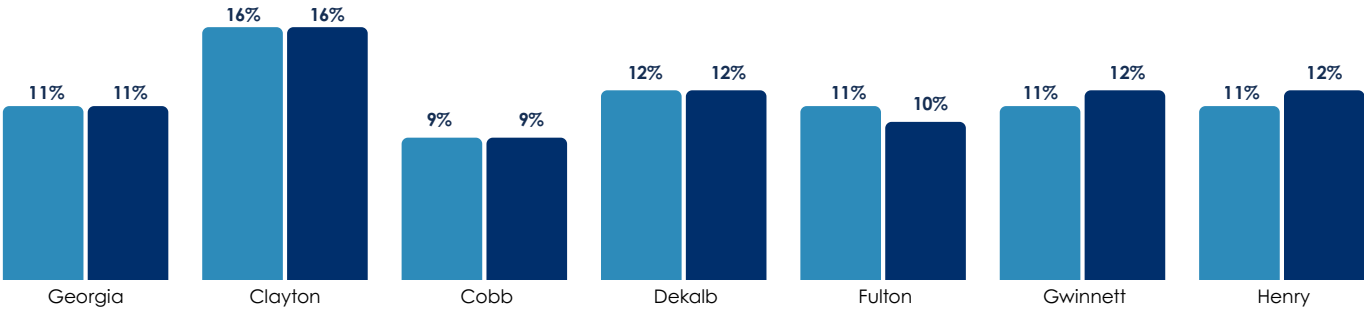
Per 100,000 Population
Source: CDC Wonder 2019-2023

	Male	Female	Total
Georgia	73.7	35.6	54.2
Clayton	63	27.1	44.5
Cobb	66.9	30.7	47.6
Dekalb	66.2	28.3	46.7
Fulton	68.7	25.9	46.1
Gwinnett	69.1	31.3	49.6
Henry	47.7	21.5	34.3

Diabetes Prevalence

Source: County Health Rankings, 2021 & 2022

2021 2022



STI Incidence Rates

Per 100,000 Population
Source: CDC: National Center for HIV/AIDS 2023

	Chlamydia	Gonorrhea	HIV
Georgia	646.41	274.8	664.1
PSA	764.30	387.50	1,057
Clayton	864.90	220.20	1,090
Cobb	576.77	426.70	577.9
Dekalb	884.94	577.10	1,434.60
Fulton	998.42	163.40	1,781.60
Gwinnett	519.86	163.40	438.2
Henry	809.07	333.80	562.3

Motor Vehicle Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	15.9
PSA	11.8
Clayton	19.7
Cobb	9.2
Dekalb	14.9
Fulton	9.4
Gwinnett	11.2
Henry	15.7

HIV Prevalence by Race/Ethnicity

Per 100,000 Population | Source: CDC: National Center for HIV/AIDS 2022

	White	Black/African American	Asian	American Native or Alaska Native	Hispanic/Latino	Multiracial
Georgia	207.9	1,421.5	72.9	216.5	627	2,524.10
PSA	395.3	1,780.2	85.7	216.5	863.9	3,525.8
Clayton	437.9	1,263.4	162.2	0	627.1	3,560.5
Cobb	217.1	1,222.9	42.4	217.7	633.9	2,074.3
Dekalb	564.8	1,944.4	181.3	646.7	1,685.1	4,805.3
Fulton	664.8	2,944.1	74.1	76.2	1,788.6	6,386.4
Gwinnett	187	829.3	64.4	0	468	1,302.8
Henry	161.5	827.1	NA	77	500	1,8825

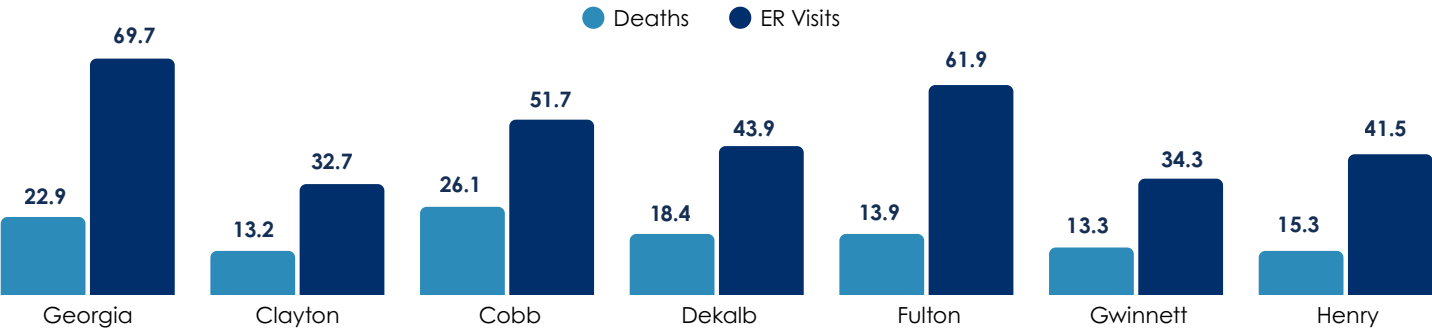
Kidney Disease Death Rates

Per 100,000 People
Source: National Institute of Health

Georgia	19.30
Clayton	25.30
Cobb	14.40
Dekalb	18.50
Fulton	17.60
Gwinnett	16.70
Henry	21.10

Opioid Overdose

Per 100,000 Population | Source: Department of Public Health, 2022



Cancer Incidence Rates

Per 100,000 Population | Source: National Cancer Institute, 2017-2021

	Breast	Lung	Colon	Prostate
Georgia	132.6	56.8	39.4	138.3
Clayton	129.7	54.6	45.8	164.9
Cobb	149.1	45.8	36.8	156.2
Dekalb	132.5	41	35.5	164.6
Fulton	137.4	47	36.8	156.7
Gwinnett	128.8	42.1	35	148.6
Henry	134.3	50.8	40.2	161.3

Alzheimer's Disease & Related Dementia Death Rate

Per 100,000 People | Source: OASIS, 2023

Georgia	92.8
PSA	71.6
Clayton County	42.9
Cobb County	78.9
Dekalb County	74.6
Fulton County	76.9
Gwinnett County	66.9
Henry County	69.5

Gun Violence Deaths

Source: Department of Public Health, 2022

	Total Number of Deaths
Georgia	2015
PSA	759
Clayton	91
Cobb	95
Dekalb	187
Fulton	230
Gwinnett	116
Henry	40

Homicide Deaths

Source: Centers for Disease Control and Prevention | 2019-2023

	Per 100k Population	5-year Total Count
Georgia	12.1	5,438
PSA	12.3	2,519
Clayton	4	287
Cobb	15	194
Dekalb	14	693
Fulton	5	921
Gwinnett	9	280
Henry	11.8	144

Infant Deaths

Source: County Health Rankings 2016-2022

	Per 1000 Births	Count
Georgia	7	6,113
Clayton	10	244
Cobb	6	352
Dekalb	7	502
Fulton	7	589
Gwinnett	6	481
Henry	7	127

Infant Health

Source: OASIS, 2023

	Births to Females < 12th Grade Education	Births with <5 Prenatal Care Visit	Births with Late or no Prenatal care	Births Reported Tobacco Use
Georgia	13,567	10,221	11,556	2,664
PSA	4,189	5,021	5,337	241
Clayton	555	544	565	49
Cobb	911	561	745	29
Dekalb	902	1,269	1,251	34
Fulton	730	1,330	1,306	58
Gwinnett	917	1,062	1,183	38
Henry	174	255	287	33

% Low Birth Weight

Source: OASIS, 2023

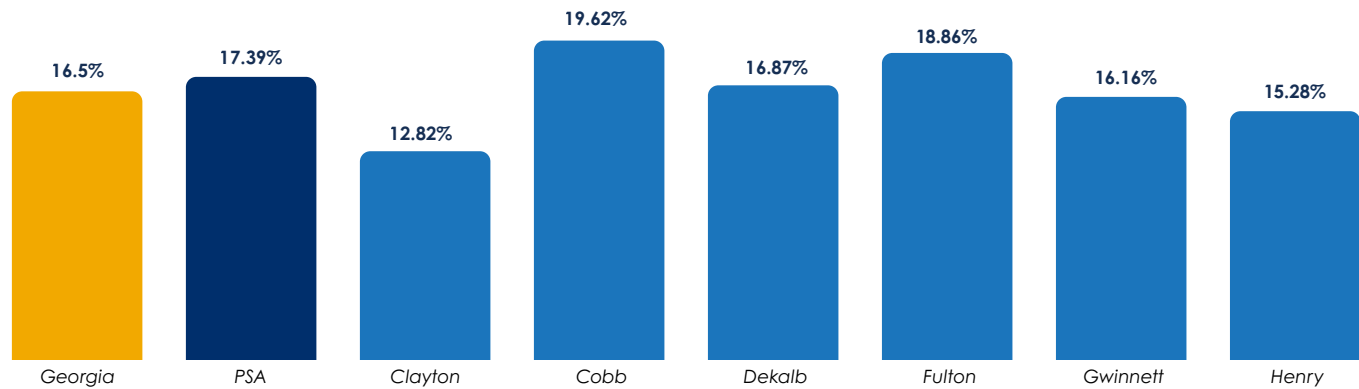
Georgia	10.20%
PSA	10.6%
Clayton	14.2%
Cobb	8.9%
Dekalb	10.7%
Fulton	11.3%
Gwinnett	9.5%
Henry	12.5%

Emory University Orthopaedic and Spine Hospital: Health Behaviors

Understanding the health behaviors of Emory University Hospital's communities is a key component of our community health and engagement efforts. The following section provides detailed information for lifestyle behaviors associated with negative health implications.

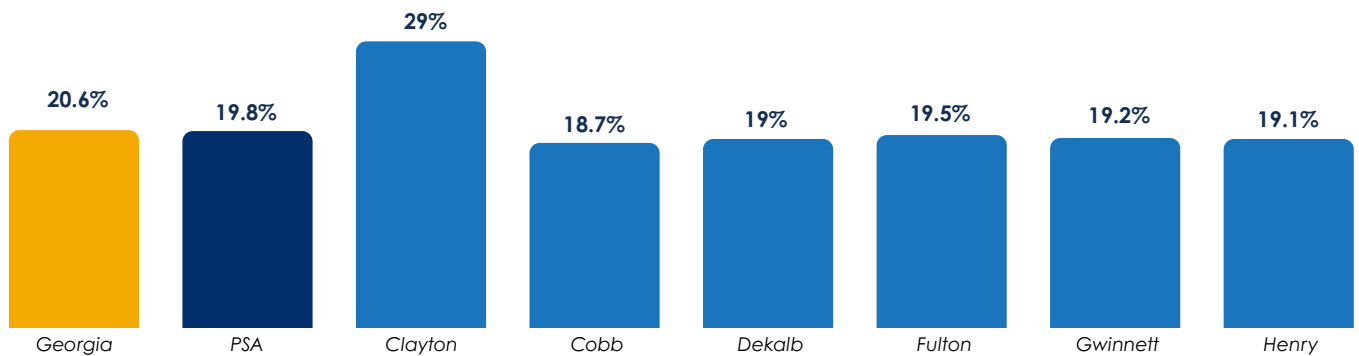
Excessive Alcohol Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



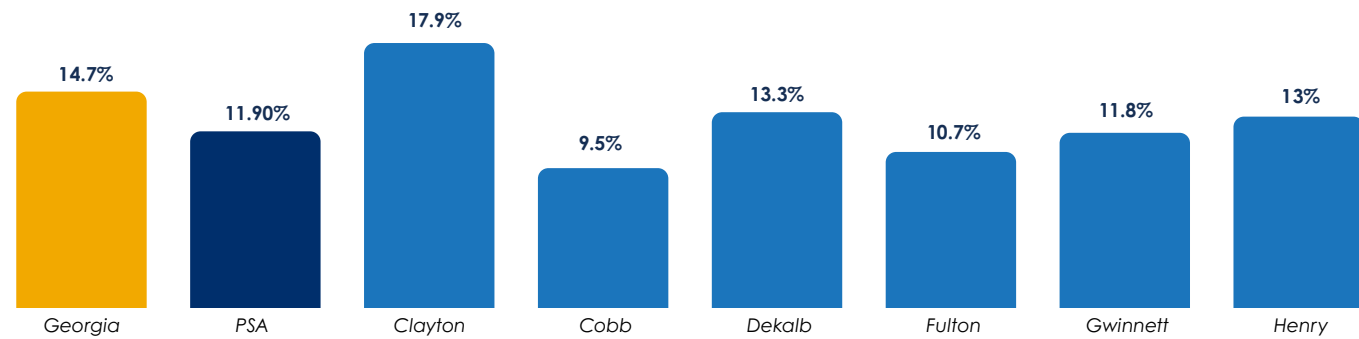
Physical Inactivity

% Adults with no leisure-time physical activity | Source: CDC: National Center for Chronic Disease Prevention and Health Promotion, 2018-2022



Tobacco Use

Self Reported | Source: CDC: Behavioral Risk Factor Surveillance System, 2018-2022



Emory University Orthopaedic and Spine Hospital: Community Concerns, Observations and Perceptions

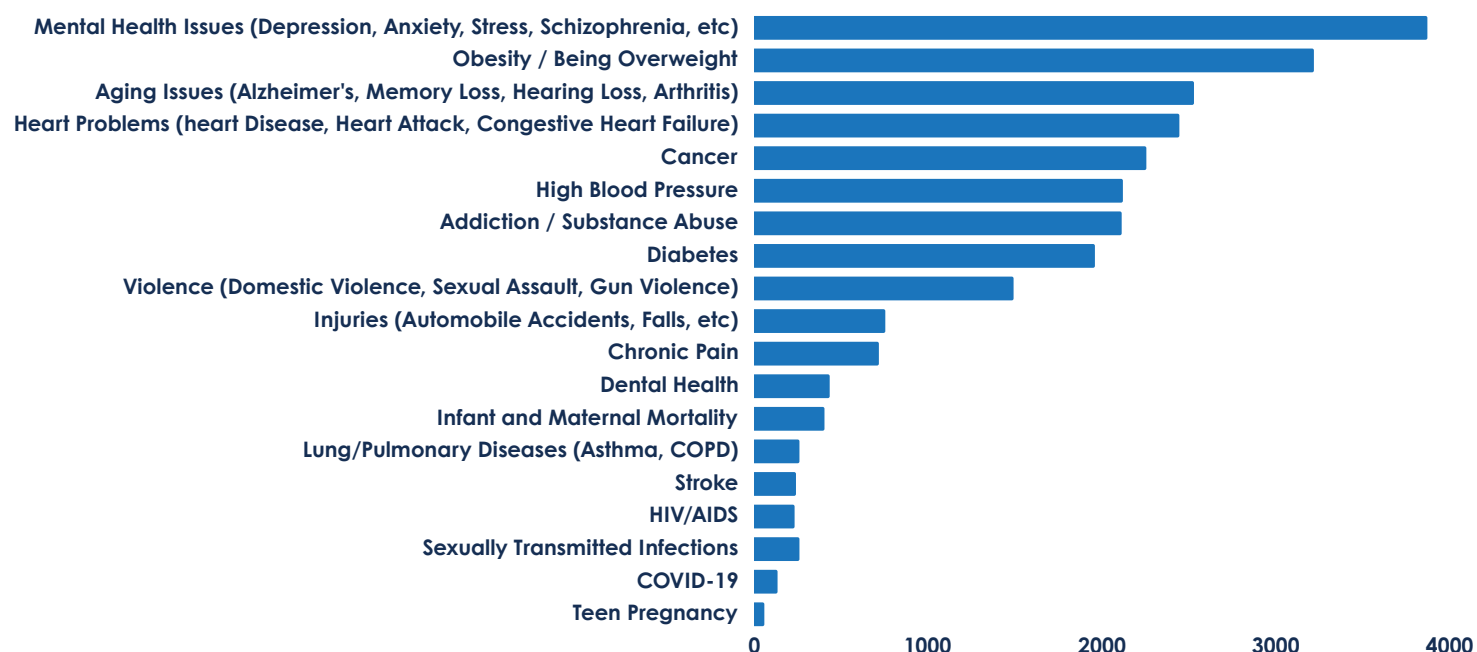
While publicly available data from reliable sources such as the CDC, Georgia Department of Public Health, the National Institutes of Health and others provide us invaluable information about our community's health, it's imperative that we hear from citizens about their day-to-day experiences and their perceptions about the health of communities where they live. In addition, Emory Healthcare has relationships with a vast number of community organizations who work every day to improve community health. We wanted to hear from them as well. In March 2025, we launched a survey to gather input. We asked about the most pressing health issues and the factors influencing those issues, both behavioral and environmental. The following graphs summarize community input across the primary communities we serve.

We asked communities to tell us how they rated the health of their communities.

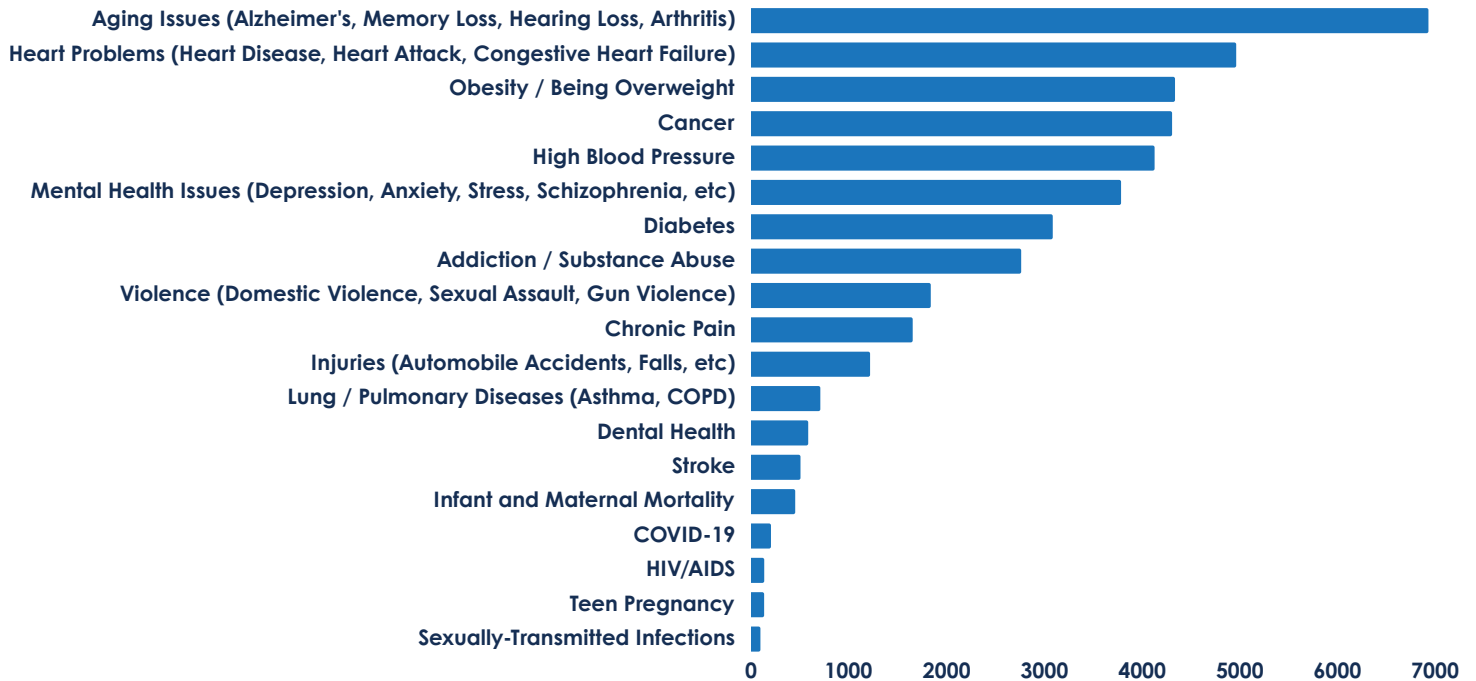
Due to a disproportionate response in residents over the age of 65, we broke the responses into two categories. Under 65 and 65+. The issues in the top ten were fairly consistent across all ages, races and genders, though they ranked differently.

Question: What are the most important health issues your community faces?

Under 65

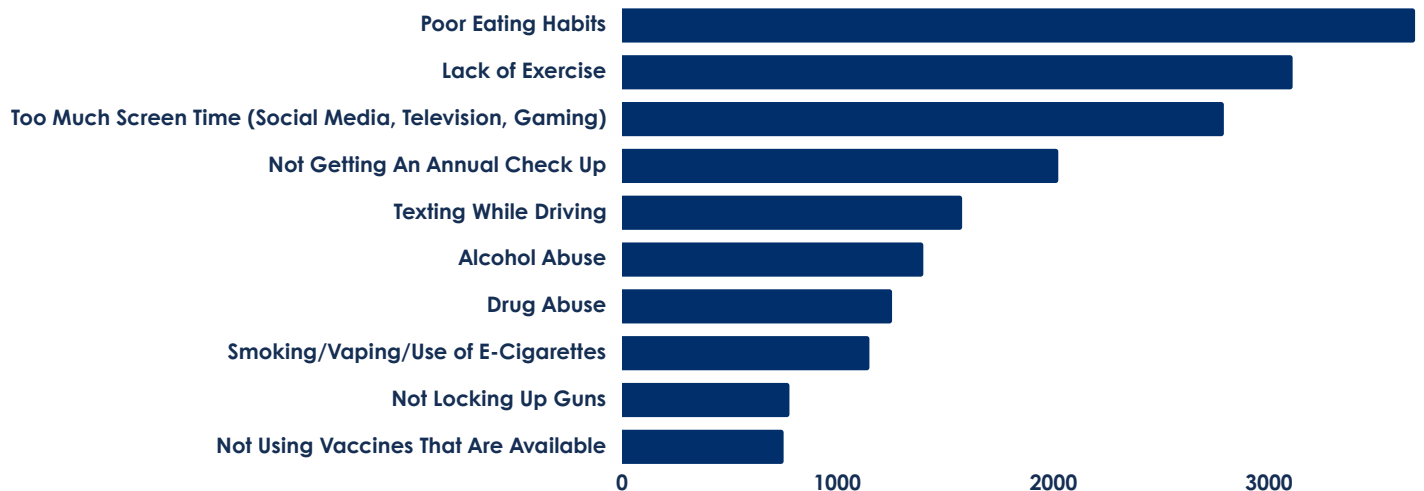


Over 65

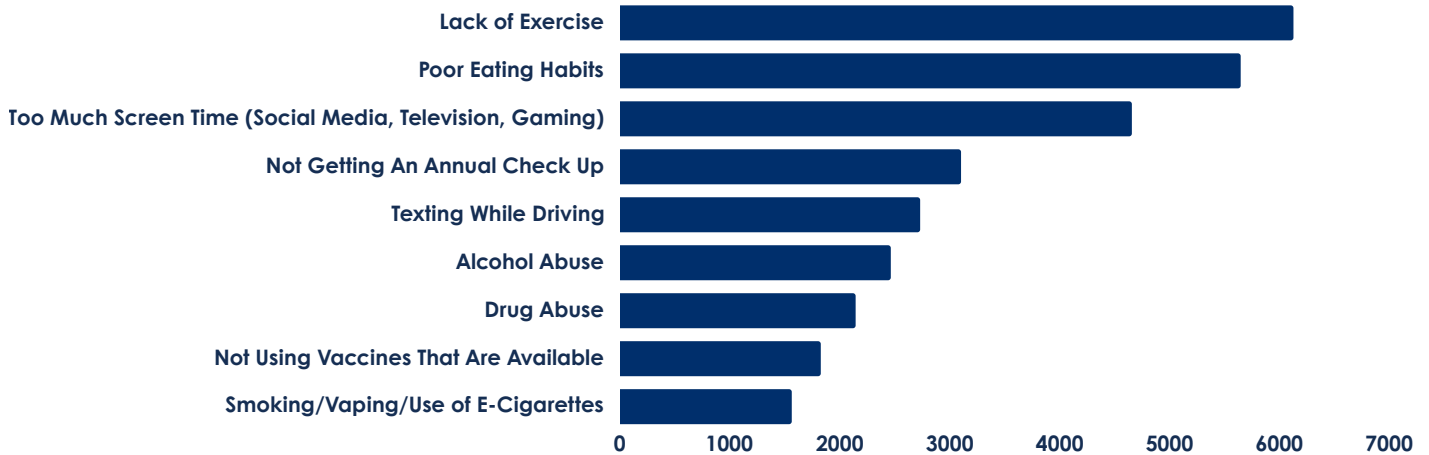


Question: What are the primary behavior factors affecting health in your community?

Under 65

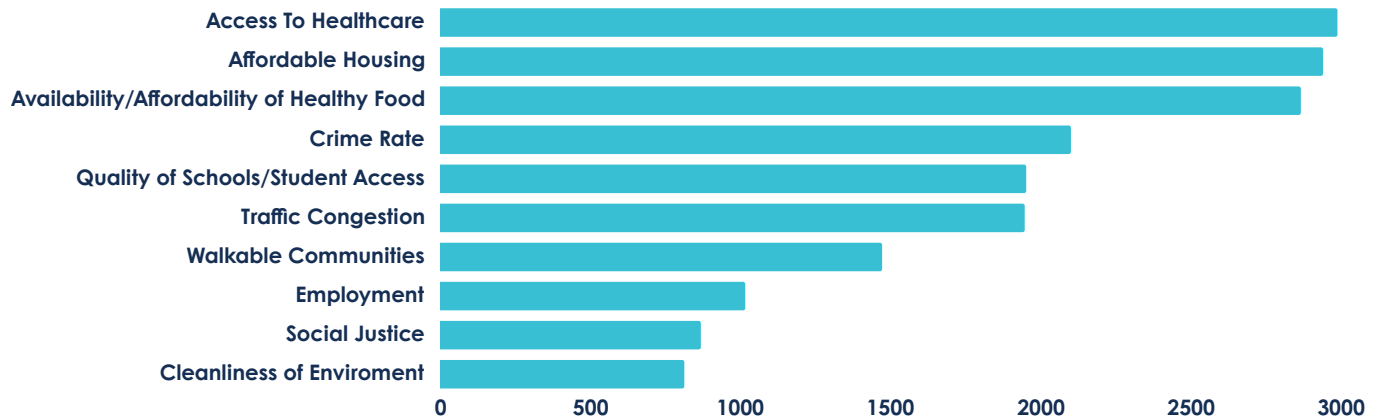


Over 65

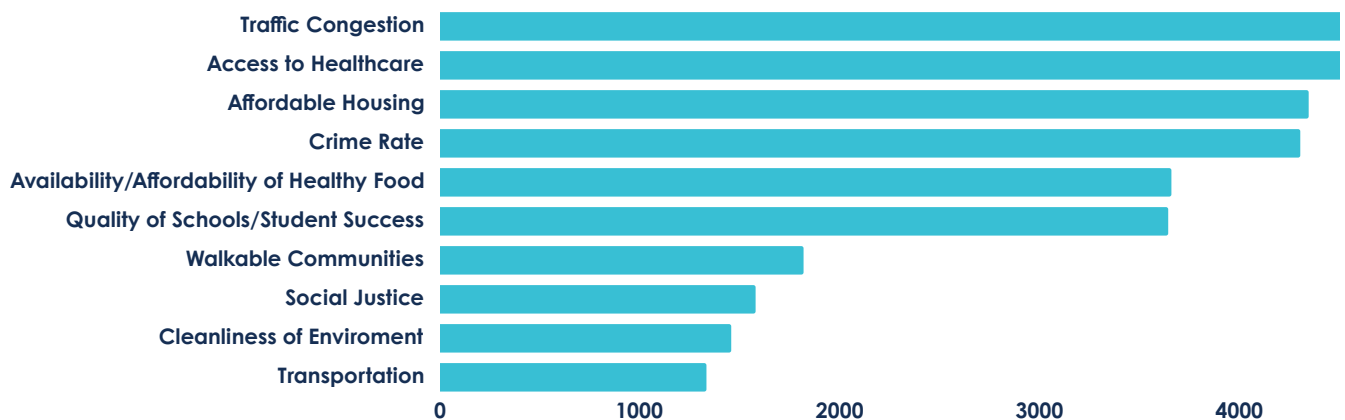


Question: What environmental factors are most influencing the health or your community?

Under 65



Over 65



Emory University Orthopaedic and Spine Hospital:

2025-2028 Community Health Improvement Implementation Plan

Improve Healthcare Access

- Formalize partnerships with Federally Qualified Health Centers to develop pathways to medical care homes for uninsured and underinsured patients (Systemwide).
- Improve website presence, functionality and clarity of financial assistance policy (Systemwide).
- Support health care workforce development through engagement with local schools CTAE programs and healthcare educational pathways.

Address Health Disparities

- Continue to focus education and engagement efforts on underserved areas with highest rates of chronic disease.
- Restructure language services to improve medical translation options and engagement.
- Support the Winship/EHC Prostate Cancer Screening initiative by developing relationships and facilitating connections with organizations and venues in underserved neighborhoods resulting in education and screenings.

Community Education and Wellbeing

- Expand Mall Walker Wellness Program to incorporate screenings and more robust exercise offerings.
- Provide community health education talks through community organizations such as churches, schools, civic clubs, fraternal organizations, etc.