FY2025-2027

NORTHSIDE HOSPITAL

Community Health Needs Assessment

Adopted by the Northside Hospital, Inc. Planning Committee, July 15, 2025

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About Us

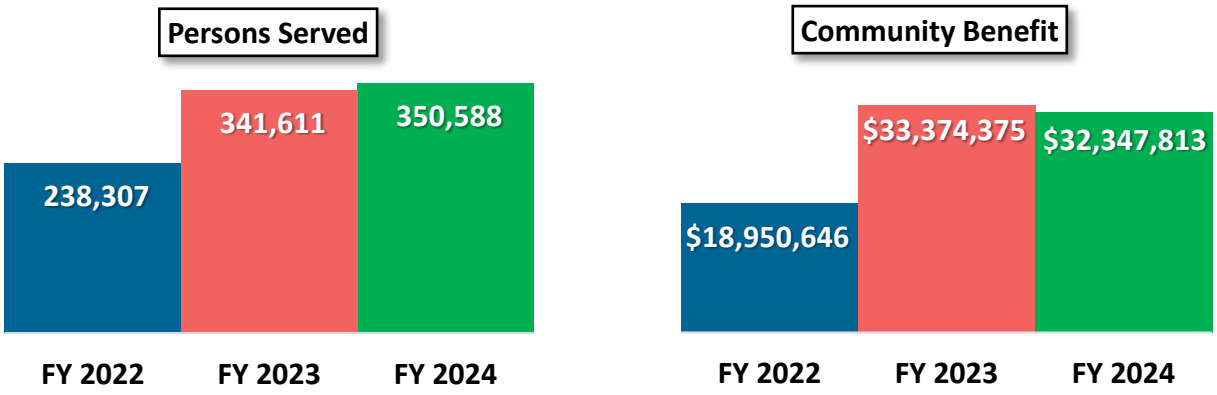
Northside Hospital Inc.'s ("Northside") commitment to health and wellness in the Atlanta community began in 1970 with the opening of Northside Hospital Atlanta. Since then, the Northside Hospital System has grown to include five general acute care hospitals, nearly 2,200 inpatient beds, a network of more than 4,000 physicians, and 32,000 employees. Additionally, Northside operates more than 300 outpatient locations in counties across the greater metropolitan Atlanta area. Northside's commitment to health and wellness extends well beyond those patients with the ability to pay, as demonstrated by the $1.4B in total combined uncompensated indigent and charity care provided by Northside's five acute care hospitals in FY 2023.

Northside complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including sexual orientation and gender identity). Northside does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, genetic information or medical conditions. We pay particular attention to designing outreach efforts within the Community that take into account our most vulnerable populations with identified health disparities, including those who lack access to care, those at higher risk for occurrence, delayed diagnosis and/or treatment of certain identified health concerns as well as those in other vulnerable health circumstances.

Our Community Benefit

This Community Health Needs Assessment ("CHNA") marks Northside's fifth cycle of assessing, prioritizing and addressing our Community's health needs. As a not-for-profit entity, Northside remains mission driven to improve the health and wellbeing of our community members and to serve all, regardless of ability to pay. Northside has a long history of community outreach through education, support groups, screenings and health fairs. Through the CHNA process, Northside's outreach efforts have become more strategic in nature and more collaborative. There is now a formal framework and structure surrounding Northside's outreach efforts that enables improved capture and reporting. The chart on the next page illustrates Northside's community benefit program activities summarized by persons reached and community benefit dollar amount in FY 2022 – FY 2024.

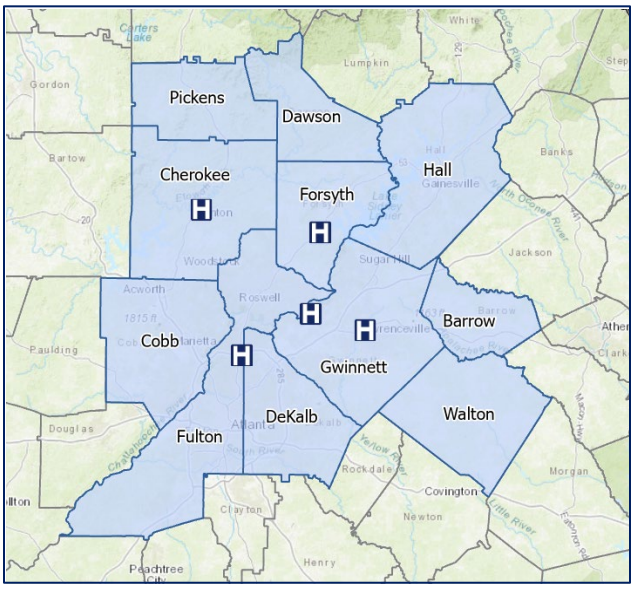
Northside Hospital Community Benefit Program Activities, FY 2022 to FY 2024



Our Community

Northside began this CHNA process by defining the Northside community ("Northside Community" or "Community"). The geography continues to expand eastward and now includes Hall County. A multi-step process revealed significant overlap between the communities served by each Northside Hospital facility. Thus, the combination of Northside Hospital Atlanta, Northside Hospital Cherokee, Northside Hospital Duluth, Northside Hospital Forsyth, and Northside Hospital Gwinnett developed a single community definition, in compliance with IRS Section 501(r) Final Rule. The Northside Community consists of Barrow, Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton, Gwinnett, Hall, Pickens and Walton counties.

FY 2025 – FY 2027 CHNA Community Definition



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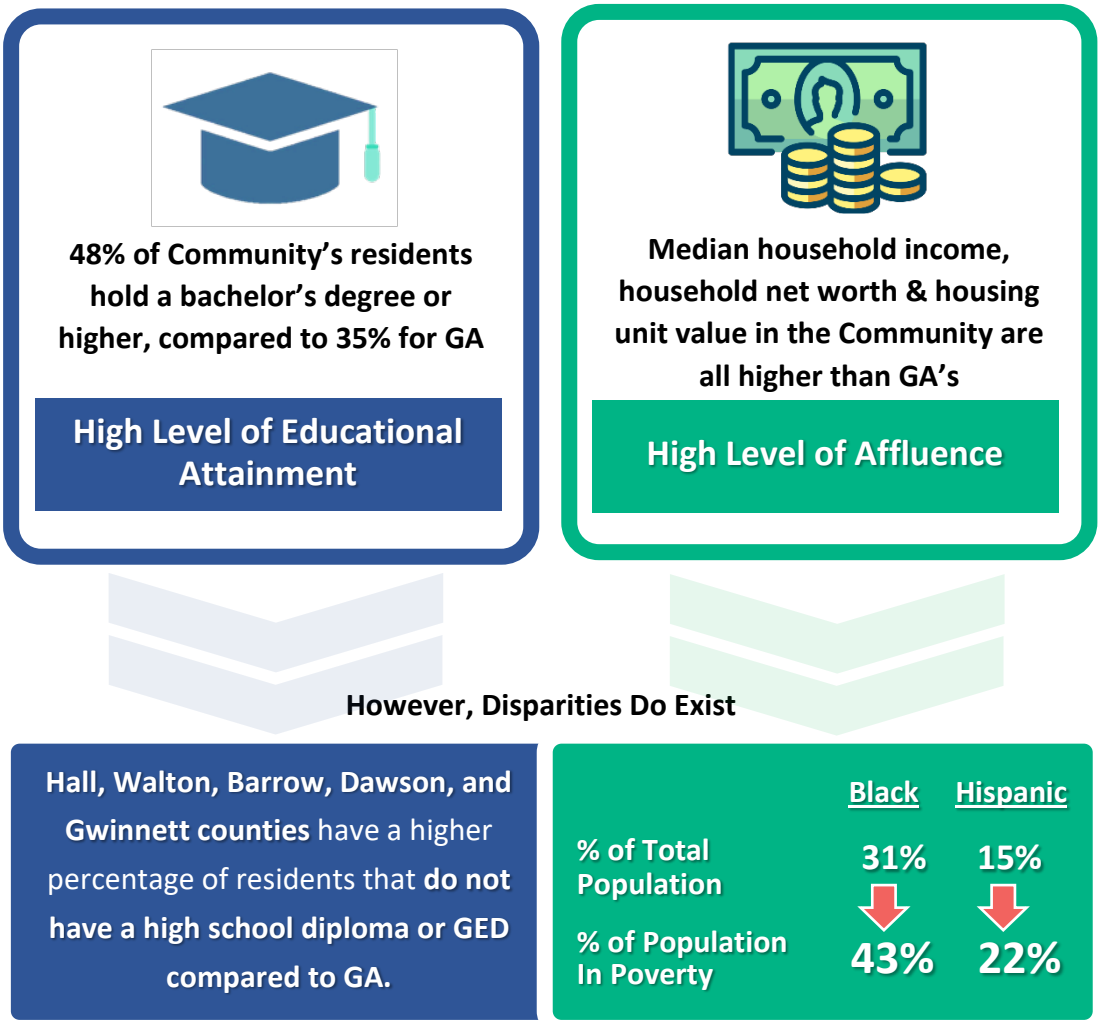
Our Community's Population Characteristics

- 4.7 million residents, roughly 42% of Georgia's total population
- Slightly younger than Georgia; median age 37.3 compared to Georgia's 38.1.
- Racially diverse with White (44%), Black (31%), Asian (9%), two or more races (9%), other races (7%), American Indian (1%), and Pacific Islander (<1%).
- 56% of Georgia's total Hispanic population resides in the Community; comprises 15% of the Community.

Our Community's Socioeconomic Characteristics



Our Community's Health Determinants, Health Behaviors and Health Outcomes

Access to a Primary Care Physician ("PCP") is an important step in maintaining good health. There are many reasons that a person may or may not have a regular PCP, including economics, transportation or geographic access. Geographic access can, in part, be measured by the rate of PCPs within the population. Six counties in the Northside Community had PCP per 100,000 population ratios that were worse than the state's ratio. The Community's utilization of PCPs was two percent (2%) below the national average.

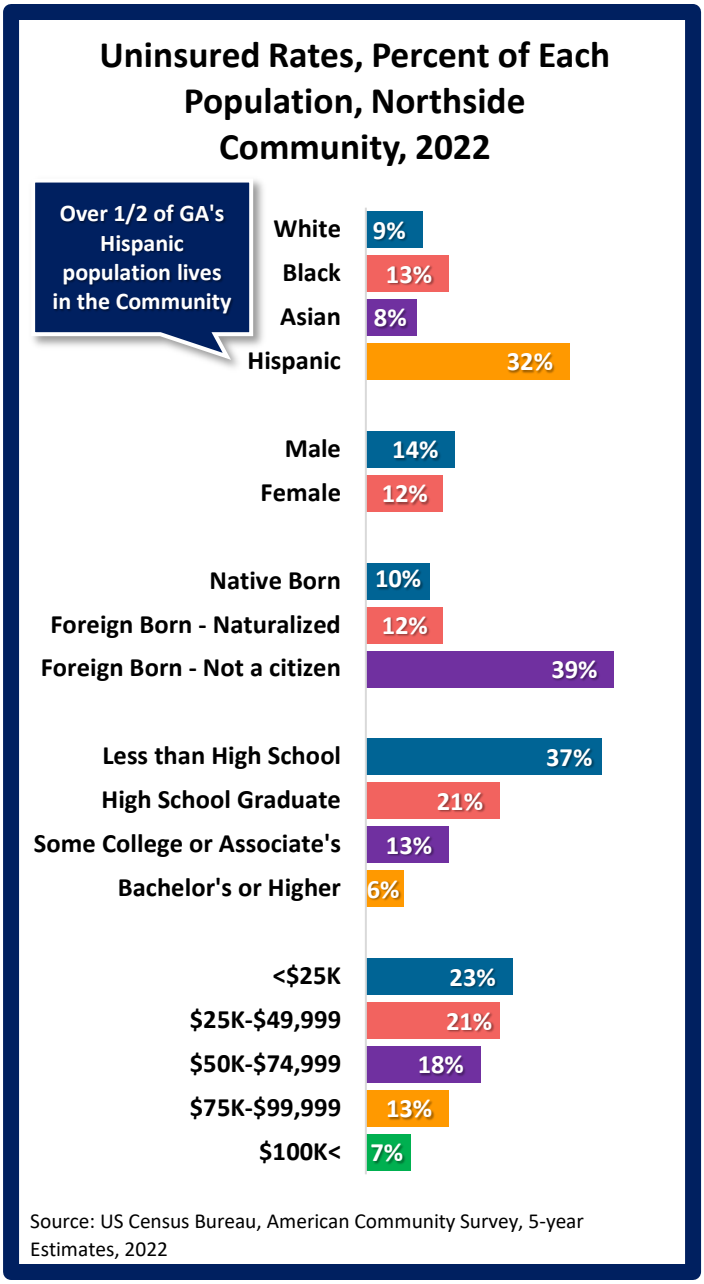
The U.S. Department of Health & Human Services has designated several areas within the Community as Medically Underserved Areas ("MUAs") or Medically Underserved Populations ("MUPs").

- The Community's MUAs are located throughout the Community, including Forsyth, Pickens and Walton counties and portions of Cherokee, DeKalb, Fulton and Hall counties.
- The Community's MUPs are concentrated in the Southern portion of the Community, including parts of Cobb, DeKalb and Fulton counties.

These vulnerable populations often rely on Federally Qualified Health Centers ("FQHC") for healthcare services. Unfortunately, many counties in the Community are underserved by FQHCs.

Lack of health insurance poses a significant access barrier to preventive and specialty care. Persons who are uninsured are less likely to seek out or receive preventive care and are more likely to be admitted to the hospital for preventable conditions. Twelve and a half percent (12.5%) of the Community's population was uninsured in 2022. Also, there are significant disparities in insurance coverage by racial and ethnic groups, citizenship status, education, and income level.

To help combat some of these access issues, the 22 general acute care hospitals located in the Community contributed more than $3.8 billion in net uncompensated indigent and charity care in FY 2023. Even with the closure of Wellstar Atlanta Medical Center in fall of 2022, this combined amount still accounts for an approximate 11% increase among the Community's 22 hospitals in net uncompensated indigent and charity care since FY 2020. In 2023, Northside Hospital Atlanta contributed over $575 million; the largest amount of all 22 hospitals.



Source: US Census Bureau, American Community Survey, 5-year Estimates, 2022

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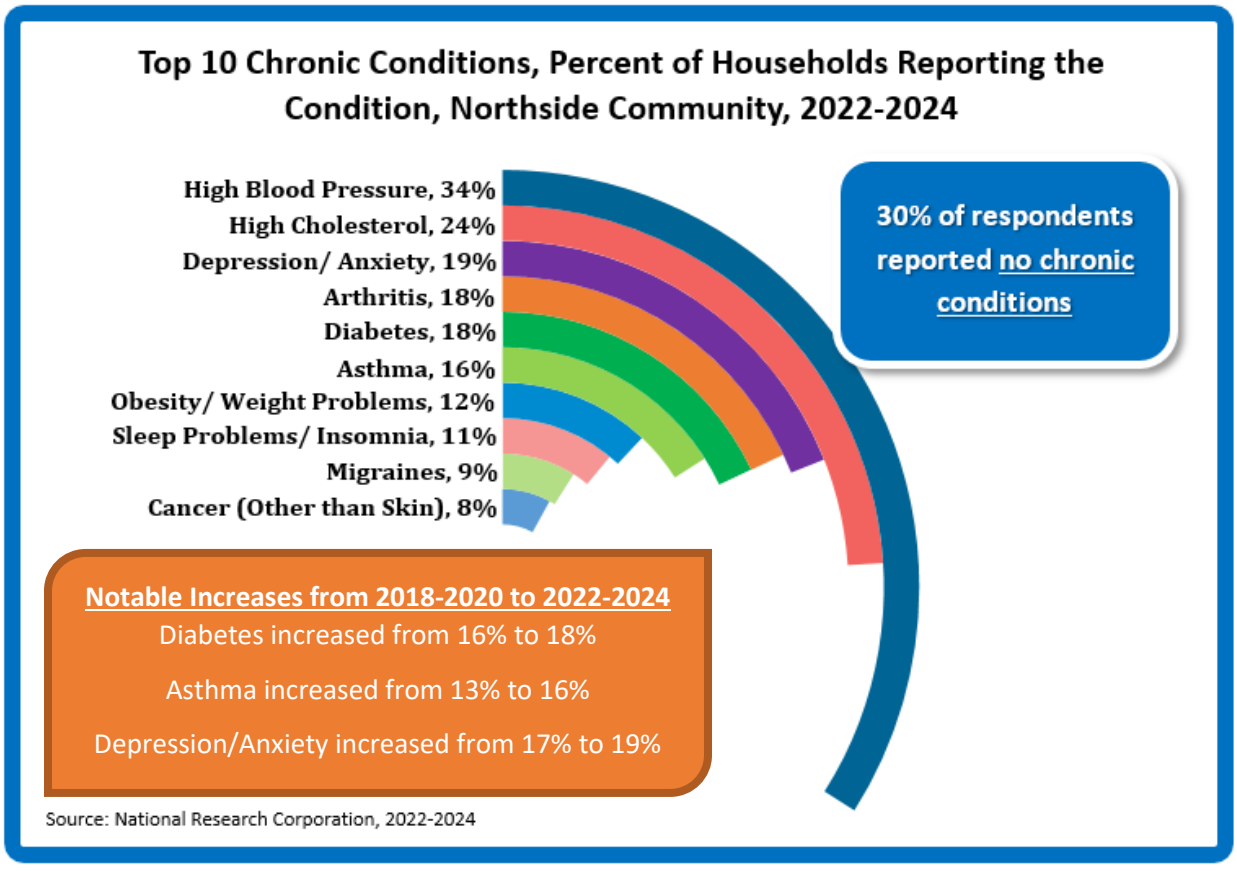
Preventive screenings play an important role in maintaining good individual and community health. According to the National Research Corporation ("NRC") Survey, the top 10 preventive health behaviors in the Northside Community are:

Northside Community's Top 10 Preventive Health Behaviors, 2022-2024

1	Blood Pressure Test	50%	6	Cholesterol Test	31%
2	Eye Exam	43%	7	Mammogram	23%
3	Dental Exam	41%	8	Pap Smear	18%
4	Routine Physical Exam	38%	9	Diabetes Screening	17%
5	Flu Shot	34%	10	BMI Screening	16%

Much like other health behaviors, there are disparities in the practice of preventive screening between low-income and high-income populations, between racial and ethnic groups, as well as between the uninsured and those with insurance.

Health behaviors and other health determinants, like social and economic factors, converge to produce specific health outcomes for a community. High blood pressure, high cholesterol and depression/anxiety were the most common chronic conditions in the Northside Community.



The incidence of these chronic conditions align with many of the top 10 leading causes of death in the Community, including: Malignant Neoplasms (cancer), Diseases of the Heart, Diabetes, Cerebrovascular Disease and Intentional Self-Harm.

An understanding of leading causes of death is important to effectively target interventions and improve the health of a community. The leading causes of death in the Community differ slightly compared to the state, with the Community having a higher rate of deaths due to malignant neoplasms (cancer) and a lower rate of deaths due to diseases of the heart. Disparities exist along racial and ethnic lines among the top chronic conditions and causes of death. For instance, when considering cancer incidence type by race and ethnicity, the non-Hispanic Black population's incidence rate for prostate cancer was the highest cancer incidence rate in the Community, while the White population's death rate for lung cancer was the highest cancer death rate in the Community. Among the Community's eleven counties, the Black population most often had the highest inpatient discharge rates and death rates due to diseases of the heart and stroke. The Black and Hispanic populations often had the highest inpatient discharge rates for high blood pressure. The Black population also had higher hospital discharge rates and death rates due to diabetes than other racial and ethnic groups.

Top 10 Leading Causes of Death in the Northside Community and Georgia, 2019-2023

Community			Georgia		
	Cause of Death	% of total deaths		Cause of Death	% of total deaths
1	Malignant Neoplasms	19%	1	Diseases of the Heart	21%
2	Diseases of the Heart	19%	2	Malignant Neoplasms	18%
3	Unintentional Injuries	6%	3	COVID-19	6%
4	COVID-19	6%	4	Unintentional Injuries	6%
5	Cerebrovascular Diseases	5%	5	Cerebrovascular Diseases	5%
6	Alzheimer's Disease	4%	6	Chronic Lower Respiratory Diseases (CLRD)	5%
7	Chronic Lower Respiratory Diseases (CLRD)	4%	7	Alzheimer's Disease	4%
8	Diabetes Mellitus	3%	8	Diabetes Mellitus	3%
9	Nephritis, Nephrotic Syndrome, and Nephrosis	2%	9	Nephritis, Nephrotic Syndrome, and Nephrosis	2%
10	Intentional Self-Harm (Suicide)	2%	10	Septicemia	2%

Source: GA DPH OASIS, 2019-2023

Self-reported depression/anxiety disorders were most common in Asian and White households and deaths due to suicide and accidental poisonings were highest among the White population. Although rates by race and ethnicity were not available for the Community, the White and Black populations had the highest smoking rate in Georgia. The Black population in Georgia had higher rates of being obese. Disparities also exist among levels of income and education as well. For example, physical inactivity, smoking, and lower rates of fruit and vegetable consumption and depression/anxiety disorders were common in populations with lower income and/or less than high school education.

Healthy lifestyle behaviors can help reduce risk factors for numerous diseases such as heart disease, cancer, diabetes, and other chronic conditions. Some counties in Northside's Community had higher rates of participating in healthy lifestyle behaviors when compared to Georgia and the United States. However, despite outperforming the state on some healthy lifestyle measures, the Community still has several areas for improvement.

Nutrition
Males, those with less than college education and those making below $75K income reported eating fruits & vegetables least often.

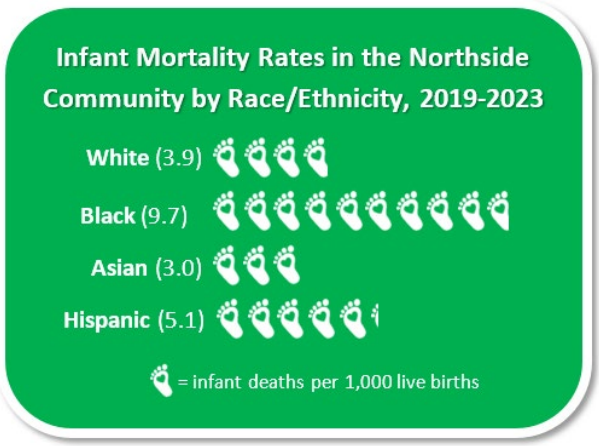
Physical Activity
Barrow, Hall and Walton counties had physical inactivity rates that were higher than GA.

Alcohol Consumption
Dawson and Fulton counties had excessive drinking rates that were higher than GA's rate of 17%.

Smoking
Barrow, Pickens and Walton counties had rates of smoking cigarettes and/or e-cigarettes/vaporizer in last 12 months that were higher than the US average.

Unintentional Injuries
Barrow, Hall, Pickens, and Walton counties had higher death rates due to unintentional injuries than GA.

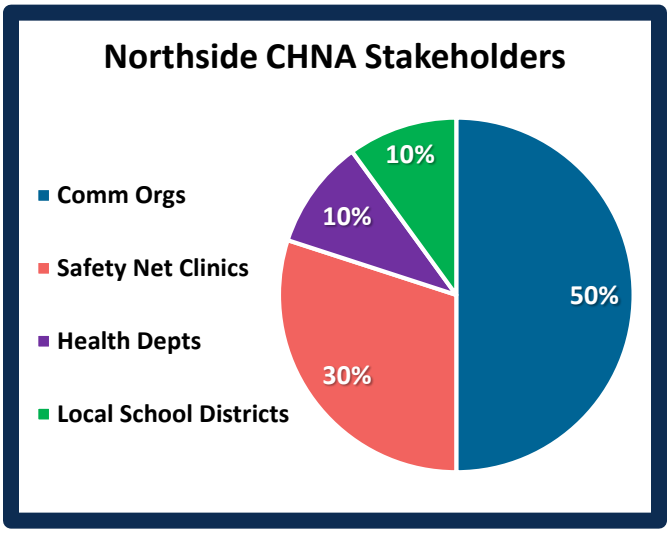
Another important measure of our Community's health status is the health status of our Community's mothers and babies; a population of particular concern to Northside. As a recognized leader in obstetrical and neonatal care, Northside consistently delivers more babies than any other Georgia hospital and often more than any hospital nationally.



According to Centers for Disease Control and Prevention, Georgia had the 9th highest infant mortality rate in the U.S, in 2022. The Northside Community's Infant Mortality Rate ("IMR") of 5.9 was lower than Georgia's 6.8. Within Georgia and the Community, there were significant disparities in infant mortality between racial groups. Northside also analyzed IMRs over a 10-year period, 2014 – 2023, and although rates did not show a clear growth/decline, the disparity between the Black population and other racial/ethnic groups was consistent across the 10-year time period. Similar racial disparities also are seen for premature births and low-birth weight.

Our Community's Stakeholders

Northside conducted interviews for this CHNA to provide additional insight into the health needs of the Community. Northside identified individuals in the Community who could provide a unique perspective and connection to the Community's health needs. Special efforts were made to identify individuals who fit this description and also possessed a special knowledge or expertise in public health. In this process, Northside reached out to 69 stakeholders, which included representatives from several county-level public health departments. These efforts resulted in the completion of 30 stakeholder interviews. Northside conducted each interview using a Stakeholder Assessment Discussion Guide, a copy of which is included in Appendix A. Stakeholders offered insight on a variety of topics related to the health needs of the Community, including positive health assets within the Community, negative health factors within the Community, physical health needs, barriers to accessing primary/specialty healthcare, and more. This information proved invaluable in helping to prioritize the health needs of the Community and develop an implementation plan to address those needs.



Needs Northside Will Address

Northside's Community Benefit Steering Committee ("CBSC") is composed of clinical leaders who work together to evaluate Northside's current community benefit programs, identify any gaps in Northside's community benefit activities and discuss community feedback on community health needs assessments, prioritized needs and community benefit programs. The CBSC utilized a structure approach to prioritize the top identified health needs.

Northside began the needs prioritization process by creating a crosswalk that condensed the 49 identified needs into 16 different need categories (nine health needs and seven social determinants of health). Northside then developed a five-step prioritization process that prioritized those needs that impact the greatest number of Community members, that disproportionately impact the most vulnerable populations, that are most severe and/or prevalent, and that Northside has the wherewithal to address. This process resulted in the following needs being prioritized for the current CHNA cycle.

Northside's FY 2025 - 2027 CHNA Top Identified Health Needs
1) Cardiovascular
2) Cancer
3) Access to Care
4) Behavioral Health & Substance Use Disorder
5) Maternal & Infant Health
6) Diabetes & Obesity
7) Healthy Lifestyle Behaviors
8) Respiratory Disease & Smoking
9) STIs & HIV/AIDS

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The CHNA priorities in FY 2025 – FY 2027 differed in order of priority compared to FY 2022 - FY 2024 CHNA. Below is a side by side comparison of Northside's top identified health needs for FY 2022 – FY 2024 and FY 2025 – FY 2027.

Northside's Top Identified Health Needs	
FY 2022 – 2024 CHNA	**FY 2025 - 2027 CHNA**
1) Cancer	1) Cardiovascular
2) Cardiovascular	2) Cancer
3) Maternal & Infant Health	3) Access to Care
4) Behavioral Health & Substance Use Disorder	4) Behavioral Health & Substance Use Disorder
5) Diabetes & Obesity	5) Maternal & Infant Health
6) Access to Care	6) Diabetes & Obesity
7) Health Lifestyle Behaviors	7) Healthy Lifestyle Behaviors
8) Respiratory Disease & Smoking	8) Respiratory Disease & Smoking
9) HIV/AIDS	9) STIs & HIV/AIDS

Access to Care had the biggest change, from #6 to #3.

Needs Northside Will Not Address

Unfortunately, Northside is not able to directly address all of the identified Community needs due to limited resources, the relative magnitude/severity of the issue or the presence of existing resources already in place to address the need. The Community needs Northside will not address are:

Needs Northside Will Not Address
Healthy Lifestyle Behaviors
Respiratory Disease & Smoking
STIs & HIV/AIDS

Social Determinants of Health

Northside's Community is diverse in many ways. With 76% of the state's Asian population and 56% of the state's Hispanic population residing within the Community, 18% of the Community's population being foreign-born, and 23% of the Community's population speaking a language other than English at home, providing healthcare that is culturally competent is essential to meeting the Community's diverse needs.

To improve health outcomes, we must understand what specific upstream SDOH concerns are impacting these health outcomes, so that we can tailor our strategies and interventions to best meet the needs of our community's most vulnerable and disparate populations. Rather than focusing on addressing a SDOH on an individual basis as an identified need, we will include SDOH as strategies to improve our interventions in addressing the "health outcome based" identified needs.

Social Determinants of Health	
Transportation	Affordable Housing/Homelessness
Poverty/Income	Physical Environment & Crime
Language & Culture	Social & Community Support
Health Literacy	

EXECUTIVE SUMMARY

Overview of Northside's Implementation Strategy

Northside intends to utilize myriad community benefit strategies to address the prioritized health needs including:

1) Financial assistance on behalf of uninsured, underinsured and low-income persons.

2) Community health improvement services, including:

   a. Community health education outreach

   b. Community-based clinical services for reduced cost or free

   c. Healthcare support services such as enrollment assistance for government-funded health programs.

3) Health professions education.

4) Subsidized health services.

5) Medical and healthcare research.

6) Cash and in-kind contributions to assist partner organizations in addressing community health needs.

Northside's Community Benefit Steering Committee will continue to oversee Northside's community benefit program activities to ensure that activities are reaching the most vulnerable populations, are using evidenced-based medicine interventions and to improve capture and reporting.

Introduction to the Northside Hospital System

NORTHSIDE
HOSPITAL

PART I: INTRODUCTION TO THE NORTHSIDE HOSPITAL SYSTEM

About Us

In 1970, Northside began its commitment to the health and wellness of the Atlanta community with the opening of Northside Hospital Atlanta; a 250-bed general acute care hospital located in North Atlanta with a network of 240 physicians. Since then, the Northside Hospital System has grown into a not-for-profit healthcare system composed of five general acute care hospitals, with nearly 2,200 inpatient beds, and more than 300 outpatient facilities. Northside facilities are supported by a network of over 4,000[1] physicians and more than 32,000 employees, who serve more than 5.5 million patient visits annually (Northside Hospital, 2025). Northside is committed to serving all patients regardless of their ability to pay, as evidenced by the $1.4 billion in total combined uncompensated indigent and charity care provided by all five of Northside's acute care hospitals in FY 2023.

Our Mission

Northside Hospital is committed to the health and wellness of our community. As such, we dedicate ourselves to being a center of excellence in providing high-quality health care. We pledge compassionate support, personal guidance and uncompromising standards to our patients in their journeys toward health of body and mind. To ensure innovative and unsurpassed care for our patients, we are dedicated to maintaining our position as regional leaders in select medical specialties. And to enhance the wellness of our community, we commit ourselves to providing a diverse array of educational and outreach programs.

Our Values

Northside's outstanding reputation in its industry is fueled by an instinctive devotion to a unique set of values. This statement of values defines and communicates those guiding, motivating philosophies that have led us to distinction:

- Excellence
- Compassion
- Community
- Service
- Teamwork
- Progress & Innovation

[1] Some of the health care professionals on staff at Northside Hospital are not employees but are private, independent practitioners qualified to hold privileges to practice at Northside Hospital Atlanta, Northside Hospital Cherokee, Northside Hospital Duluth, Northside Hospital Forsyth, and Northside Hospital Gwinnett.

PART I: INTRODUCTION TO THE NORTHSIDE HOSPITAL SYSTEM

Northside Hospital Atlanta

Northside Hospital Atlanta ("NHA") opened in 1970 with 250-inpatient beds in a then sparsely populated area north of downtown Atlanta. Today, NHA is a 621-bed general acute care hospital serving as the System's tertiary-level care provider. NHA is a leading provider of obstetrical and newborn care, cancer care, surgical services, emergency services, and radiology services. NHA frequently delivers more babies than any other hospital in the country; diagnoses and treats more new cancer cases than any other community cancer program in Georgia; and has one of the largest surgical programs in Georgia.

Northside Hospital Forsyth

In 2002, Northside acquired Georgia Baptist Medical Center, a 41-bed community hospital located in Forsyth County, Georgia. Today the facility, now known as Northside Hospital Forsyth ("NHF"), is a 407-bed general acute care hospital located in Cumming, GA. As the only hospital located in Forsyth County, NHF provides critical access services such as emergency services, neonatal intensive care services and therapeutic cardiac catheterization. Additionally, NHF provides other important hospital-based services like radiology, surgery and cancer care. NHF features state-of-the-art technology like the Gamma Knife, which is used to treat brain tumors with high precision, and a robust surgery program, performing more same-day joint replacements than any other Georgia hospital.

Northside Hospital Cherokee

In 1960, the Cherokee County Hospital Authority established R.T. Jones Memorial Hospital as a 64-bed general acute care hospital. In 1997, this hospital joined Northside as Northside Hospital Cherokee ("NHC"). In May 2017, Northside opened the new, state-of-the-art Cherokee hospital campus, which now includes 332 inpatient beds, a Cancer Institute (providing infusion and radiation therapy services) and a distinct Women's Center (offering comprehensive perinatal services including neonatal intensive care services). As the only hospital in Cherokee County, NHC provides critical access services such as emergency services and therapeutic cardiac catheterization. Additionally, NHC provides other important hospital-based services such as surgery, cancer care and radiology.

PART I: INTRODUCTION TO THE NORTHSIDE HOSPITAL SYSTEM

Northside Hospital Gwinnett

Gwinnett Medical Center opened in Lawrenceville in 1984. In August 2019, Northside merged with Gwinnett Health System and this hospital became known as Northside Hospital Gwinnett ("NHG"). Located in the heart of Gwinnett County, NHG is one of only 10 Level II Trauma Centers in the state and it offers nationally recognized and renowned health care services. This 696-bed hospital offer open heart surgery, cancer care, neonatal intensive care, comprehensive surgical services, and has more than 5,100 employees.

Northside Hospital Duluth

Joan Glancy Memorial Hospital opened in 1944. In 2006 its replacement, Gwinnett Medical Center-Duluth, opened and the facility that previously housed Joan Glancy Memorial Hospital was repurposed to operate as an inpatient rehabilitation facility, Glancy Rehabilitation Center. In August 2019, as part of the merger between Northside and Gwinnett Health System, Gwinnett Medical Center-Duluth became known as Northside Hospital Duluth ("NHD"), a 122-bed hospital with more than 1,000 employees, featuring private, spacious patient rooms and comfortable family suites. The facility promotes patient healing while offering the very latest medical care for efficient treatment and quick recovery times.

Evaluation of Impact

NORTHSIDE
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PART II: EVALUATION OF IMPACT

Introduction

In September 2022, Northside Hospital published its most recent Community Health Needs Assessment. Northside determined the health needs of the Community, and then used a five-step prioritization process to identify the Community's most pressing health needs. This process evaluated each identified need based on its magnitude, severity, fit with the hospital system's mission/expertise, and effect improvement would have on the broader Community, as well as the vulnerable populations therein. This process resulted in the identification of six high-priority health needs for Northside to address:

1) Cancer
2) Cardiovascular Disease
3) Maternal & Infant Health
4) Diabetes & Obesity
5) Access to Care
6) Behavioral Health & Substance Use Disorder

Evaluation of Impact: FY 2022 – FY 2024 Implementation Strategy

Overview

In its FY 2022 – FY 2024 Implementation Strategy, Northside outlined several initiatives that it would undertake to address the above high-priority health needs of its Community.

Those initiatives were as follows:

1) Charity Care & Financial Access Surgery Program ("FASP"):

Northside will continue its commitment to meeting the needs of all patients, regardless of their ability to pay through providing significant indigent and charity care to Community members; fulfilling or exceeding Northside's indigent and charity commitments; and the continued growth of Northside's Charity Outreach Programs including the Financial Access Surgery Program ("FASP") and the Imaging Outreach Program.

2) Community Benefit Steering Committee

Northside will continue to convene the Community Benefit Steering Committee ("CBSC"), the purpose of which is to:

a. Evaluate Northside's current community benefit programs to ensure the programs are effectively meeting the health needs of the Community, targeting the highest priority needs and populations and utilizing evidence-based interventions.

b. Identify any gaps (geographic, population or subject matter) in Northside's community benefit activities and make appropriate modifications to ensure equal care and access to care for all members of the Community.

c. Connect Northside employees who implement and plan Northside's community benefit programs, allowing them to share their talents, expertise and resources.

d. Provide a channel for discussing community feedback on Northside's community health needs assessment, prioritized needs and community benefit programs.

3) Refinement/Expansion of Existing Community Benefit Programs

The refinement and/or expansion of Northside's current community benefit programs to meet the needs of the vulnerable populations and geographies identified in the FY 2022 – FY 2024 CHNA. The focus will be on tailoring Northside's community benefit programs to vulnerable populations, creating new partnerships with organizations that currently work with these groups, refining existing programs to meet the current needs identified, and creating new programs where none currently exist.

Highlights derived from each of these initiatives will be described below.

1) Charity Care & Financial Access Surgery Program

Results: Northside has fulfilled its commitment to meet the needs of all patients, regardless of their ability to pay, by continuing to provide significant amounts of indigent and charity care to its Community members. Below are some of the highlights of this multidimensional objective:

- Northside increased its indigent and charity care provision (in dollars) by 58% from 2020 to 2023. In 2023, the Northside System provided $1.38 billion in net indigent and charity care compared to $874 million in 2020.
- In 2023, Northside served 8,927 indigent and charity inpatients and 110,496 indigent and charity outpatients.
- With maternal and infant health identified as a priority health need in the FY 2022 – FY 2024 CHNA, Northside ensured that all obstetrical patients, regardless of their ability to pay, had access to our high-quality maternity services. This focus was reflected in Northside's FY 2022 – FY 2024 inpatient indigent/charity utilization, where obstetrics was the second most utilized service line.

- Northside continued to provide access to (non-emergent yet medically-necessary) outpatient surgical and endoscopy services through its FASP, Charity Outreach and Imaging Outreach Programs who otherwise would have gone untreated until their need became so great that they would have no option but to seek care in a local hospital's emergency room. In FY 2022 – FY 2024:
    - Northside partnered with 22 different safety-net clinics and Federally Qualified Health Centers from across the metro-Atlanta region to improve access to much needed specialty care.
    - During FY 2022 – FY 2024, the FASP served 1,535 uninsured and/or underinsured patients.
    - During CY 2022 – CY 2024, an additional 291 uninsured and/or underinsured patients received surgical services through Charity Outreach.
    - During FY 2022 – FY 2024, the Imaging Outreach Program served 2,412 uninsured and/or underinsured patients.
- Northside established a relationship with three additional safety-net clinics that serve vulnerable populations:
    - Clarkston Community Health Center (Mosaic Health)
    - Forsyth Community Clinic
    - Faith In Serving Humanity (FISH)

2) Community Benefit Steering Committee

Results: Northside continued to convene the CBSC quarterly during the period FY 2022– FY 2024. The Committee met 12 times representing 84 hours of community benefit activity. In addition to meeting for the quarterly meetings, the CBSC also met for ongoing work groups for the Implementation Strategy totaling around 25 hours. The CBSC includes representatives from the hospital's Cardiology, Oncology, Gastrointestinal Services, Corporate & Community Health Solutions, Diabetes Education, Women's Services, Behavioral Health, and Strategic Planning departments. The CBSC has four objectives that include: (1) evaluation of current community benefit programming using evidence-based interventions; (2) identification of gaps in community benefit programming; (3) networking and helping to build relationships with other others who implement and plan community benefit; and (4) providing a channel for discussing community feedback. Below are a few highlights of how the CBSC met its objectives:

- **CIMA Maternal Diabetes Program:** Northside utilizes evidence-based maternal diabetes education for Hispanic pregnant women and evaluates this program. Northside partners with a local practice that specializes in providing maternity services to uninsured, low-income Hispanic women. Through this partnership, Northside's certified diabetes educators (with the help of interpreters) educated women with maternal diabetes with the goal that women would be able to verbalize correct

carbohydrate counting and meal planning methods to maintain recommended blood glucose levels. The goal for the participants is to increase their knowledge by at least 25% by the end of the class.

- Between FY 2022 and FY 2024, **201 low income, Hispanic women participated in the maternal diabetes program. Based on the evaluation of those who completed a pre- and post-knowledge assessment, participants surpassed the goal of 25% and increased their knowledge of maternal diabetes by 90%** by the end of class. The educators also rated each participant's confidence level after the diabetes education and there was **an increase of 28% in participant's confidence level in managing their maternal diabetes.**

- **Prostate Cancer Screening Targeting Black Males:** The CBSC identified prostate cancer and the **need specifically to target Black males for increased prostate cancer screening.** During FY 2022 to FY 2024, the CBSC continued to implement prostate cancer screening events dedicated to this at-risk population. The oncology representative on the CBSC noted that the oncology outreach team was focusing their efforts on numerous faith-based organizations and has increased the number of collaborative events within the African American community compared to previous years.

  To address this health disparity, **Northside continues to partner with Faith-based organizations which primarily serve African American populations** and has extended outreach activities to include **African American fraternities as well**. Beulah Baptist Church has become a significant partner and has hosted one of the largest screenings in the post-COVID back-to-screening era. The Omega Psi Phi Fraternity, Inc. joined the network of faith-based screening partners and hosted a screening each year during FY 2022 – FY 2024, either independently or alongside one of the faith-based partners.

  - Northside Hospital and the Omega Psi Phi Fraternity, Inc. **screened a total of 118 men** during FY 2022 – FY 2024, 18 (15%) of whom received an abnormal result with instructions for follow-up care.
  - At Beulah Baptist Church, **86 men received a free screening** in FY 2024 and 17 (19%) received an abnormal result.*

  *A nurse navigator called all men with abnormal results to ensure that they had access to follow-up care and Northside Financial Assistance was offered to any man facing financial hardship.

3) Refinement/Expansion of Existing Community Benefit Programs

Results: From FY 2022 – FY 2024, Northside focused on refining or expanding its existing programs to better meet the needs of the vulnerable populations in other areas of the community. Cancer and Behavioral Health/Substance Use Disorder were two of Northside's top identified health needs in its FY 2022 – FY 2024 CHNA.

- To address the need of behavioral health and substance use disorder, **Northside's Behavioral Health and Corporate & Community Health Departments collaborated to begin providing emotional wellness screenings at Corporate & Community Health events.** This collaboration helped bring awareness of emotional wellness and resources that are available to the community. Event attendees were not only invited to complete an emotional wellness questionnaire, but also were provided with general behavioral health information and community resources, regardless of questionnaire completion.
    - Northside's Behavioral Health department provided **38 emotional wellness screenings at community events and provided education to 500 attendees.**

- To address cancer in the community, **Northside's Cancer Outreach team focused on increasing the number of educational and screening events** in FY 2022 – FY 2024. These outreach events focused on bringing cancer education and awareness to the Community's vulnerable populations by partnering with community organizations that primarily served those populations. The Cancer outreach team also facilitated smoking/vaping education and smoking cessation courses since smoking is associated with many of the Community's top identified health needs.
    - During FY 2022 – FY 2024, Northside's Cancer outreach team provided **smoking/vaping risk education to 16,800 persons** (a 163% increase from the FY 2019 – FY 2021 CHNA Cycle) at **72 smoking/vaping risk education events**, totaling almost **$32,000 in community benefit.**
    - During FY 2022 – FY 2024, Northside's Cancer outreach team provided **free cancer screenings** to **2,398 participants** (a 67% increase from the FY 2019 – FY 2021 CHNA Cycle) at **85 screening events**, totaling over **$150,000 in community benefit.**

Addressing Identified Health Needs

Below are high-level summaries of the community benefit program activities Northside engaged in over the course of FY 2022 and FY 2024 to address the Community's highest priority health needs.

Cancer
FY 2022 – FY 2024 Activities

Community Health Education

Northside's Oncology department contributed outreach to **306 community health related events**, where they distributed educational materials and presentations regarding cancer risk, treatment and prevention. Educational materials and presentations were provided to approximately **44,836 attendees**, accounting for **$155,526 in community benefit.**

This program resulted in . . .

Northside's Oncology department made **100 educational presentations** throughout the community to **8,935 attendees**, accounting for **$72,363 in community benefit.**

Northside facilitated **26 Smoking Cessation Courses** from reaching **68 community members** and providing **$46,273 in community benefit.**

Over two-thirds (69%) of the participants **QUIT** smoking.

Northside provided **72 Smoking/Vaping Risk Education Courses** from that reached **16,800 community members.**

Cancer
FY 2022 – FY 2024 Activities

Community-Based Clinical Health Services

Prostate cancer rates were disproportionately high among the Black population. In an effort to provide culturally competent care, Northside **focused efforts on partnerships with faith-based organizations and community partners** to address this health disparity.

Northside's Oncology department provided a total of **29 prostate cancer screening events**, accounting for $63,230 in community benefit. These events provided 873 men with screenings. **Attendees with abnormal results** were linked to follow-up care.

85

Northside's Oncology department held **85 screening events** (29 prostate cancer, 34 breast cancer and 22 skin cancer). Approximately **2,398 people** were screened, accounting for **$150,459 in community benefit**

Health Professionals Education

Northside held three cancer-related conferences that provided continuing education credits to health professionals:

- **2022 NHCI Symposium: New Horizons in Multidisciplinary Management of Breast and Gynecologic Cancers**
- **2023 NHCI Symposium: Looking Forward: State-of-the-Art Prostate Cancer Management**
- **2024 NHCI Symposium: Clinical Strategies for Immunotherapy**

These conferences had a total of **168 attendees** and accounted for **$168,455 in community benefit.**

Cardiovascular Disease
FY 2022 – FY 2024 Activities

Community-Based Clinical Services

NH's Corporate & Community Health Solutions department hosted **188 screening events** where cardiovascular screenings were provided.

- **141 "Community" Screenings**
- **47 "Employer" Screenings**
- **11,403 attendees**
- **$476,796 in Community Benefit**

Health Professionals Education

Northside held several cardiovascular-related conferences that provided continuing education credits to health professionals:

- **2024 NHHI Symposium: Cardiovascular Update in the Primary Care Setting**
- **13th Annual Primary Care Summit**
- **14th Annual Primary Care Summit**
- **9th Annual Women & Stroke Conference**
- **16th Annual Advances in Neuroscience & Stroke Conference**
- **17th Annual Advances in Neuroscience & Stroke Conference**
- **18th Annual Advances in Neuroscience & Stroke Conference**
- **Heart of the Matter: Managing Cardiovascular Risk in Pregnancy**

These conferences had a total of **748 attendees** and provided **$64,616 in community benefit.**

Addressing Workforce Shortages:

Northside staff trained future cardiovascular health professions at all five campuses. This resulted in an impact of **138 future health professionals** that specialize in cardiovascular care and **$460,000 in community benefit.**

Maternal and Infant Health
FY 2022 – FY 2024 Activities

Community Health Education

Northside offers low-cost educational courses on several subject matters related to **maternal and infant health**. These courses accounted for **$512,181 in community benefit**.

Courses were available on the following topics:

- Infant/Child CPR
- Car Seat Check
- Breastfeeding
- Childbirth
- Baby Essentials
- Cesarean Section
- Understanding Fatherhood
- Understanding Multiples
- Postpartum
- Grandparents
- Baby Sign Language

36,283
people attended these courses

Northside supported
19,785
women with breastfeeding advice through Northside's free
Lactation Support Line

Another **2,323** mothers attended Northside's
Mom-Me Connection Lactation Support Group

Northside's Women's Services department funded an **online library of maternity resources** for which it paid **$24,996**.

Northside's Perinatal Department provides support to mothers and families grieving the loss of an infant through:

- **Perinatal Loss Support Groups**
- **Atlanta Walk to Remember**

These programs reached **3,070 attendees** and accounted for **$82,988 in community** benefit.

Maternal and Infant Health
FY 2022 – FY 2024 Activities

Community Health Education

Northside's Diabetes Education Department provided **100 classes** aimed at **reducing the incidence of gestational diabetes in Hispanic mothers.** This program provided **$18,951 in community benefit** and reached **201 mothers**.

In FY 23, Northside's Women's Services Department partnered with a local OB/GYN practice to provide free access to education on labor, birth, and breastfeeding to **28 women** aimed at **reducing the barriers to prenatal education.**

Health Professionals Education

In FY 23, Northside held a cardiovascular-related conference, **Heart of the Matter: Managing Cardiovascular Risk in Pregnancy**, which provided continuing education credits to health professionals. This conference had a total of **103 attendees.**

Advocacy for Community Health Improvement and Safety

Northside's Women's Services Department participated in a committees that advocated for improvements in maternal and infant health in Georgia:

- **The Georgia Maternal Mortality Review Committee (FY 22 & FY 23)**

Northside representatives dedicated **65 staff hours** to these efforts, accounting for **$4,569 in community benefit.**

Obesity and Diabetes
FY 2022 – FY 2024 Activities

Community Health Education

NHC's Learning & Educational Development Department hosted **numerous classes** related to obesity prevention and healthy lifestyle behaviors.
These events reached **32,174 students** and accounted for **$248,000 in community benefit.**

Northside's Diabetes Education Department in Atlanta and Gwinnett hosted **100 classes** to help address gestational diabetes in the Community. These classes reached **201 attendees**, accounting for **$18,900 in community benefit.**

Northside's Diabetes Education Department in Atlanta and Gwinnett hosted **30 classes** in to address prediabetes in the community. These classes reached **128 attendees**, accounting for **$6,006 in community benefit.**

Access to Care
FY 2022 – FY 2024 Activities

Community Based Clinical Services

Northside's Corporate and Community Health held numerous healthcare screenings to increase access to preventive care. CCHS held **188 screening events** across all five campuses and reached over **11,403 persons.**

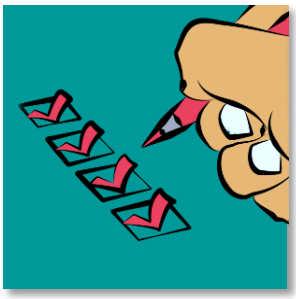
Northside's Financial Access Surgery Program (FASP) and other Charity Outreach Programs provided access to surgery for **1,535 patients** and accounted for over **$4 million in community benefit**.

Northside's Imaging Outreach provided access to imaging services for **2,412 patients** and accounted for **$201,488 in community benefit**.

Behavioral Health & Substance Use Disorder FY 2022 – FY 2024 Activities

Community Based Clinical Services

Northside's Behavioral Health Department provided a **24/7 crisis line** that was utilized by **894 callers** and provided **$31,726 in community benefit**.



During FY 24, Northside's Behavioral Health Department provided **38 mental health screenings** at community events, accounting for **$1,827 in community benefit.** Mental health education was provided to **500 attendants at these events**.

Community Health Education

During FY 23, Northside's Behavioral Health Department provided **tips related to stress management and COVID-19** through various outlets, accounting for **$3,534 in community benefit**.

CHNA Methodology

NORTHSIDE
HOSPITAL

PART III: CHNA METHODOLOGY

Our Community Health Needs Assessment Process

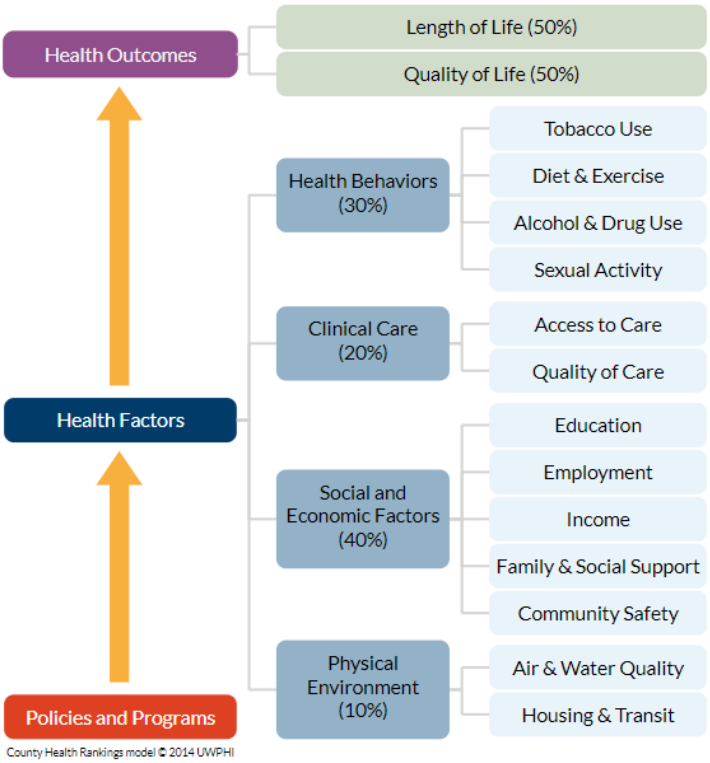
Northside developed a standardized process for conducting its Community Health Needs Assessment. We know and engage with the Northside Community on a regular basis and did not engage with or contract with any third parties to conduct any part of this CHNA. In short, Northside's CHNA process included:

1) Defining the Northside Community.
2) Reviewing Northside's internal data.
3) Reviewing publicly available health data.
4) Reviewing proprietary quantitative consumer research data.
5) Performing stakeholder interviews.
6) Summarizing and prioritizing the health needs identified within Northside's Community.
7) Developing an implementation plan to address the identified needs.
8) Presenting the finalized CHNA and Implementation Plan to the Board of Directors of Northside Hospital, Inc. for adoption.
9) Providing continued public access to Northside's CHNA via https://www.northside.com/community-wellness/in-the-community/community-health-needs-assessment and providing an opportunity for public feedback.

Framework for CHNA

To perform its FY 2025-2027 CHNA, Northside utilized an evidence-based model of population health adapted from the Wisconsin Population Health Institute and also utilized by County Health Rankings and Roadmaps (County Health Rankings & Roadmaps, 2024). This model illustrates the complexity of assessing a community's health status by outlining the factors that act in combination to determine the current status of a community's health. The evidence-based model, illustrated in **Figure 1**, outlines the health determinants (demographics and social environment, healthcare access & quality, health behaviors, and the physical environment) that lead to the health outcomes in a community (morbidity and mortality).

Figure 1: Population Health Framework for Northside's (NHA, NHC, NHD, NHF, and NHG) FY 2025 – FY 2027 CHNA



The Centers for Disease Control and Prevention ("CDC") conducted a systematic literature review to determine a common set of health metrics that should be used to measure both the health determinants and health outcomes presented in **Figure 1**. Northside used the CDC's list of "Most Frequently Recommended Health Metrics" to determine what variables to consider for Northside's FY 2025-2027 CHNA. Northside utilized the CDC's recommended variables and metrics when they were readily available at the county level. The variables analyzed for Northside's FY 2025-2027 CHNA for each health determinant and outcome category are outlined in **Table 1**.

PART III: CHNA METHODOLOGY

Table 1: Health Metrics for NHA, NHC, NHD, NHF, and NHG FY 2025 – FY 2027 CHNA

Health Determinant	Variables Considered	
Demographics & Social Environment	Total Population Population Growth Gender Age Race Ethnicity Foreign-Born Language At Home	Limited English Proficiency Employment Status (Unemployment rates) Educational Attainment Income Poverty Level Marital Status Violence and Crime
Physical Environment	Urban/Rural Housing Transportation	Food Access Access to Exercise Opportunities Access to Recreational Facilities
Healthcare (Access & Quality)	Health Professional Shortage Areas, MUAs and MUPs Federally Qualified Health Centers Preventable Hospital Events Physician Access	Dental Care Access Prenatal Care Access Health Insurance Coverage Healthcare Utilization Indigent and Charity Care
Health Behaviors	Preventive Health Behaviors Preventive Screenings Sexually Transmitted Infections Physical Activity	Substance Use (Tobacco/Alcohol/Drugs) Nutrition
Health Outcome	**Variables Considered**	
Morbidity	Cancer Incidence Rates Chronic Conditions Health Status HIV/AIDS	STIs Unintentional Injuries Hospital Utilization Maternal/Infant Health
Mortality	Leading Causes of Death Maternal & Infant Health Suicide	Homicide Unintentional Injuries

Our Community

NORTHSIDE
HOSPITAL

PART IV: OUR COMMUNITY
Defining Northside's Community Geographically

Northside defined the scope of its community, for the purposes of this CHNA, by using the following methodology for each hospital:

1) Defined the facility's (NHA, NHC, NHD, NHF, and NHG) primary patient catchment area based on a contiguous area that represented at least 80% of each facility's inpatient and outpatient volume.
2) Determined where the medically-underserved areas were in and around each facility's patient catchment area to ensure that no medically underserved, low-income or minority populations within or near the facility's catchment area were excluded.
3) Mapped each facility's distribution of outpatient locations across the region.

The results of defining each hospital's community separately revealed significant overlap in the communities served by each Northside Hospital facility. Given the geographic proximity of Northside's five hospitals, this result is not surprising. Thus, NHA, NHC, NHD, NHF, and NHG developed a single community definition for the FY 2025 – FY 2027 CHNA. With a single community definition and in compliance with IRS Section 501(r) Final Rule, NHA, NHC, NHD, NHF, and NHG conducted a joint CHNA on what will be referred to as the Community or the Northside Community for FY 2025 – FY 2027.

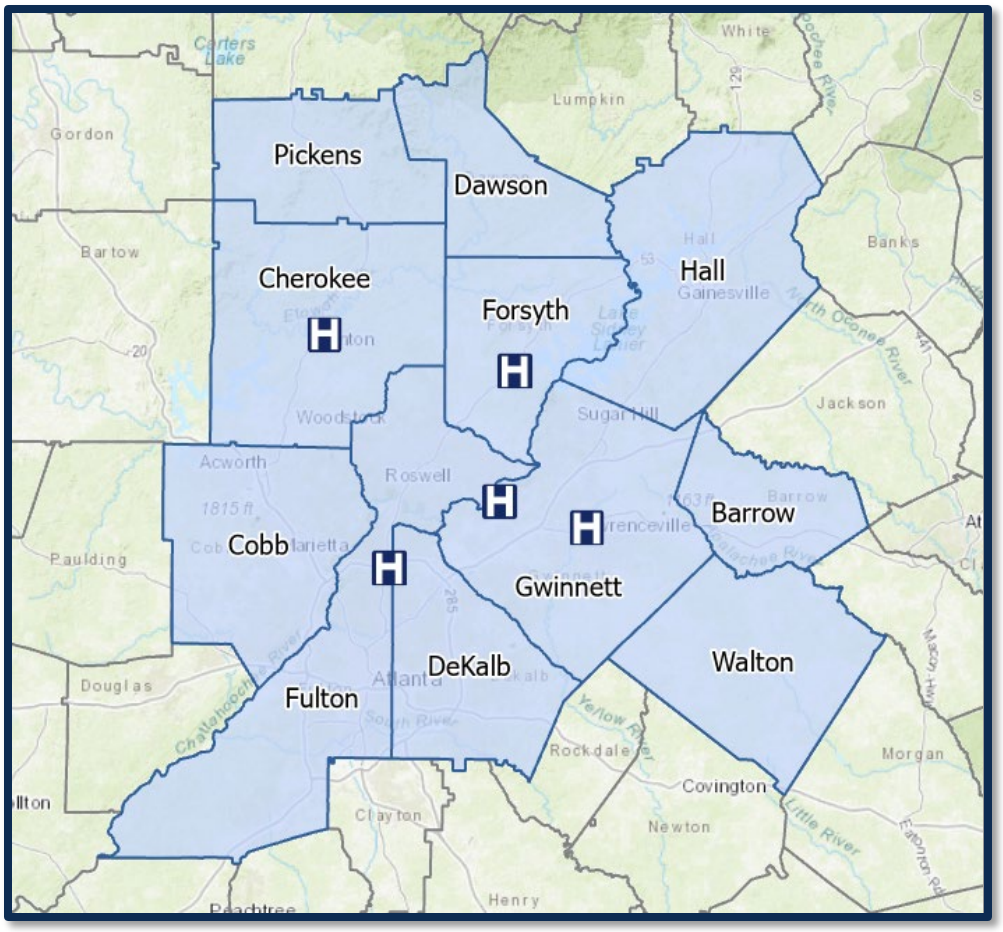
Northside Community Defined: Barrow, Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton, Gwinnett, Hall, Pickens and Walton counties

Table 2: Northside Patient Origin Within the Northside Community (CY 2021 – CY 2023)

Gwinnett	25%
Fulton	16%
Cherokee	11%
DeKalb	8%
Forsyth	8%
Cobb	6%
Hall	2%
Walton	2%
Dawson	2%
Barrow	1%
Pickens	1%

From CY 2021 to CY 2023, patients from the Northside Community represented 83% of the System's total patient volume, 75% of NHA's, 85% of NHC's, 93% of NHD's, 91% of NHF's, and 88% of NHG's respective patient volumes. Dawson and Pickens counties represented a much smaller portion of total Northside cases; however, both counties have limited access to other hospitals or healthcare facilities beyond NHF and NHC. Dawson County cases represent a total of 7% of NHF's total patient volume and Pickens County cases represent 7% of NHC's total patient volume. Similarly, Barrow, Hall and Walton counties represent a relatively low percentage of the system's total volume; however, these three counties represented a larger portion of the volume at NHG, 5%, 4% and 7% respectively. Furthermore, NHA serves as an important tertiary hub for residents of these counties.

Figure 2: Northside's FY 2025 – FY 2027 CHNA Community Definition



Social Determinants of Health

"Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes" (Centers for Disease Control & Prevention, 2025). These factors include conditions in which people are born, grow, work, live, worship and age and can be divided in to five categories as shown below. Information on many of these SDOH within the Northside Community can be found in the Our Community section of this report under Demographics, Socioeconomic Characteristics, and Physical Environment.

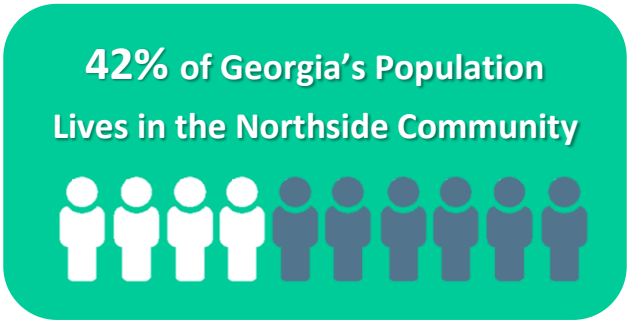
Source: CDC, 2025

Graduation Rates	Healthcare Access	Housing Quality	Community Cohesion	Poverty
Higher Education	Health Insurance Coverage	Access to Transportation	Civic Participation	Employment
Educational Attainment	English Language Proficiency	Availability of Healthy Foods	Discrimination	Food Security
Language & Literacy	Health Literacy	Water & Air Quality	Cultural Norms	Housing Stability
Early Childhood Education & Development	Health Implications for People Who Migrate	Community Violence & Crime	Interpersonal Violence	
			Workplace Conditions	
			Incarceration	

Overview

In 2024, the Northside Community represented 42% of Georgia's total population while being slightly younger and growing at a faster rate than Georgia's population overall. The Community also is more racially and ethnically diverse than Georgia overall. For example, within the Northside Community, there is a 78% chance that two people randomly chosen will belong to different racial or ethnic groups compared to a 72% chance in Georgia overall. Additionally, over half of Georgia's total Hispanic population lives within the Community and almost one fifth of the state's Hispanic population lives in Gwinnett County. Similarly, over three quarters of Georgia's Asian population resides within the Community (ESRI, 2024).

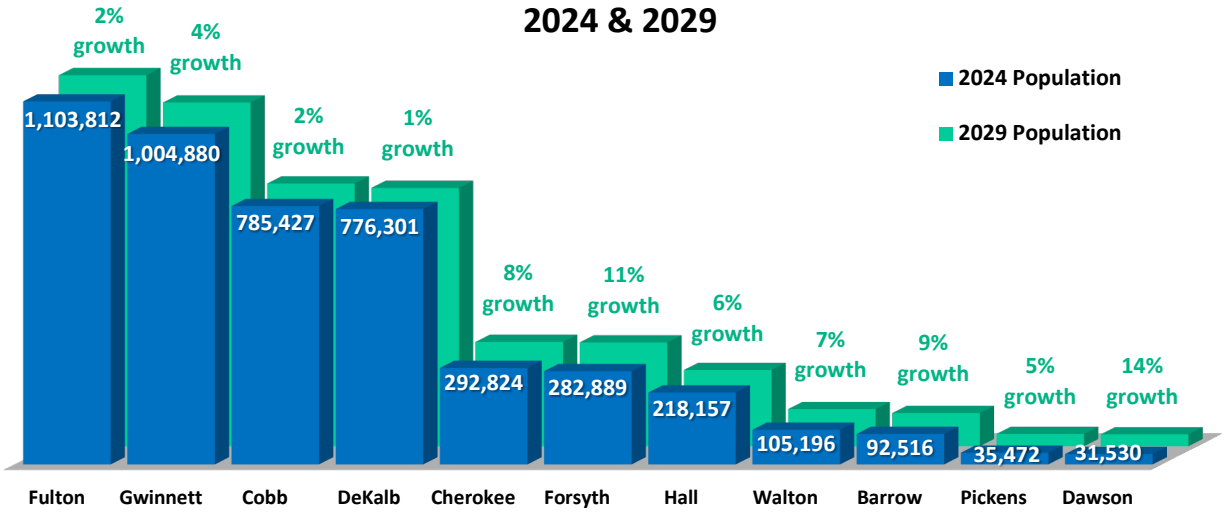
Population



In 2024, the estimated **4,728,971** residents of the Northside Community represented roughly 42% of Georgia's total population (ESRI, 2024). The county-level populations in Northside's Community, illustrated in **Figure 3**, vary greatly in size, with the four most populous counties, Fulton, Gwinnett, Cobb and DeKalb comprising 78% of the Community's total population.

Population growth projections between 2024 and 2029 estimate a 3.8% population increase in the Community compared to 3.1% in Georgia overall. Within the Community, Dawson has the highest projected growth rate of 14% and DeKalb has the lowest at a rate of 1% (ESRI, 2024).

Figure 3: Population by County in the Northside Community, 2024 & 2029

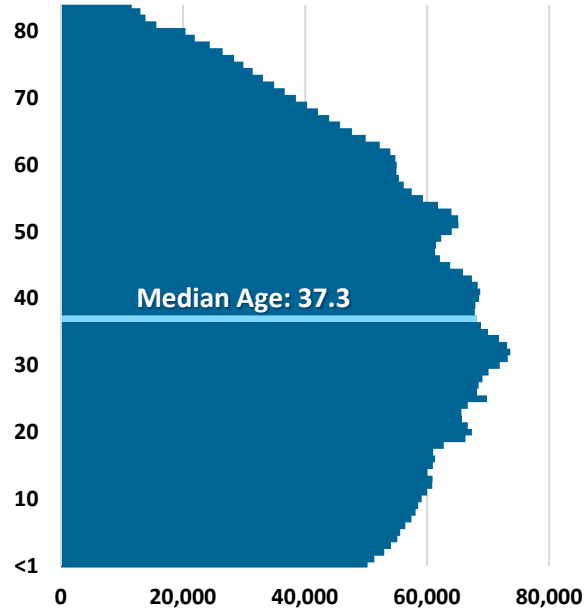


Source: ESRI, 2024

Age and Gender

Gender and age both play a part in understanding the type of preventive and medical services needed within a community. For example, the 65+ cohort typically utilizes healthcare services at a higher rate than the general population. Additionally, other age groups (e.g., 40+) have milestones like recommended preventive screenings, or they represent the target population of a key service (e.g., women ages 15-44 and obstetric services). Based on this knowledge, the age and gender patterns of the Community, along with certain key age/gender groups are highlighted in this section.

Figure 4: Age Breakdown of the Northside Community, 2024



Source: ESRI, 2024
Note: The 85+ age cohort is not represented in the figure; however, this age cohort was taken into account for median age.

In 2024, the median age in the Community was 37.3, slightly younger than Georgia's median age of 38.1. However, several counties within the Community were comprised of much older populations, most notably Pickens and Dawson counties with median ages of 47.5 and 44, respectively. The 65 or older cohort accounts for 14% of the Community's population. This cohort's size ranged from 12% in Gwinnett County to 26% in Pickens County. It is noteworthy that the 65+ cohort is projected to grow 19%, a rate that is greater than the Community's total population growth rate (4%).

Key Age/Gender Cohorts

65+	40+	Females 15-44
14% of the Community's Population	**46%** of the Community's Population	**21%** of the Community's Population
19% Growth	*7% Growth*	*3% Growth*

CY 2024 - 2029

As for the other key age cohorts, the 40+ cohort represented 46% of the population in 2024 while females ages 15-44 represented 21% of the community's population. These cohorts are projected to grow by 7% and 3%, respectively, between 2024 and 2029. In 2024, the Community was 51% female and 49% male with Georgia reflecting a similar 50/50 gender split (ESRI, 2024).

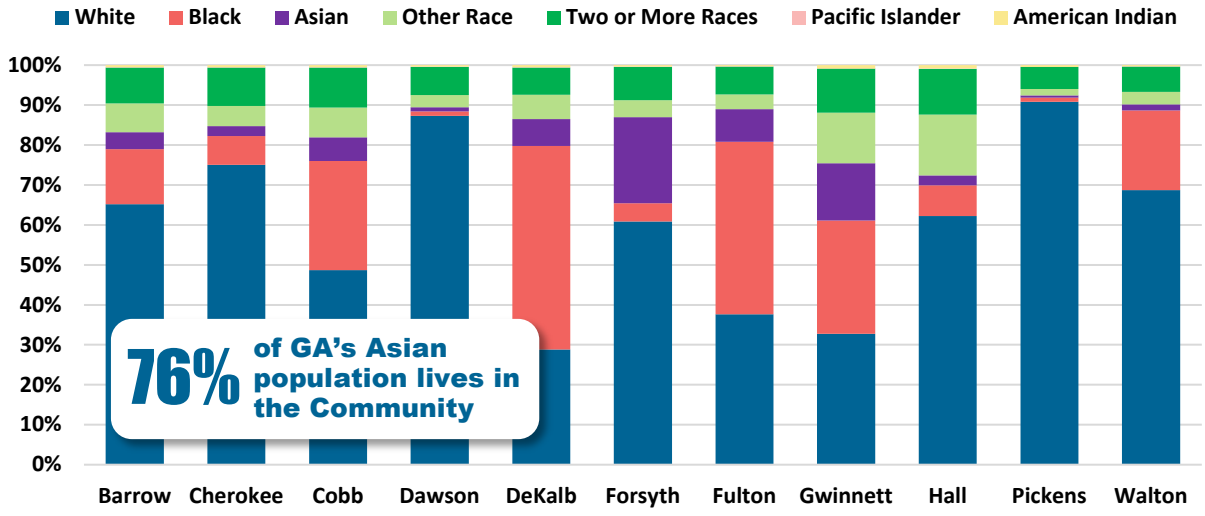
Race and Ethnicity

It is essential that all Community members, regardless of race and ethnicity, have access to and receive quality healthcare. Despite this goal, unfortunately, health disparities do exist along racial and ethnic lines within the Northside Community. It is important to understand the racial and ethnic make-up of the Community to fully understand any health disparities that exist along racial and ethnic lines and properly tailor community benefit programs to ensure inclusion of the most appropriate populations within the Community.

In 2024, the Community was predominately White (44%) with the Black population (31%) comprising the 2nd largest racial group. The remaining minority groups included, Asian (9%), Two or More races (9%), Other races (7%), American Indian (1%) and Pacific Islander (<1%). When considering ethnicity, the Hispanic population made up 15% of the Community's total population. The Diversity Index represents the probability that two population members, randomly chosen, belong to different race or ethnic groups. Within the Community, Gwinnett County had the highest diversity index score of 85, followed by Cobb (75.4), Hall (74.8), DeKalb (71.5) and Fulton (71.1) (ESRI, 2024). These five counties all had diversity index scores that were higher than Georgia's (71).

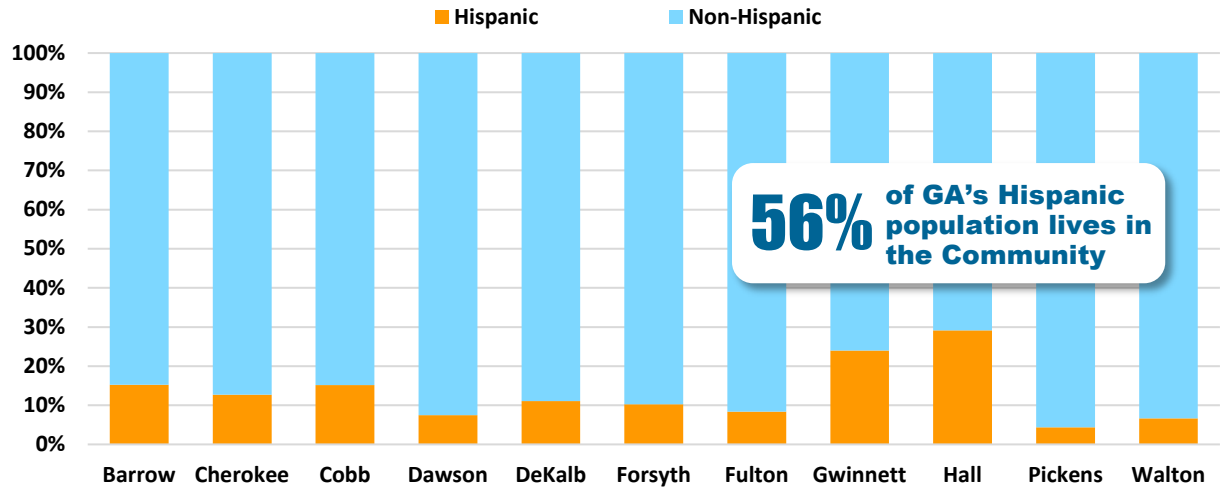
In 2024, 76% of Georgia's Asian population lived in the Community and approximately 56% of Georgia's Hispanic population lived within the Community (ESRI, 2024).

Figure 5: Population by Race as a Percent in the Northside Community, 2024



Source: ESRI, 2024

Figure 6: Population by Ethnicity as a Percent in the Northside Community, 2024



Source: ESRI, 2024

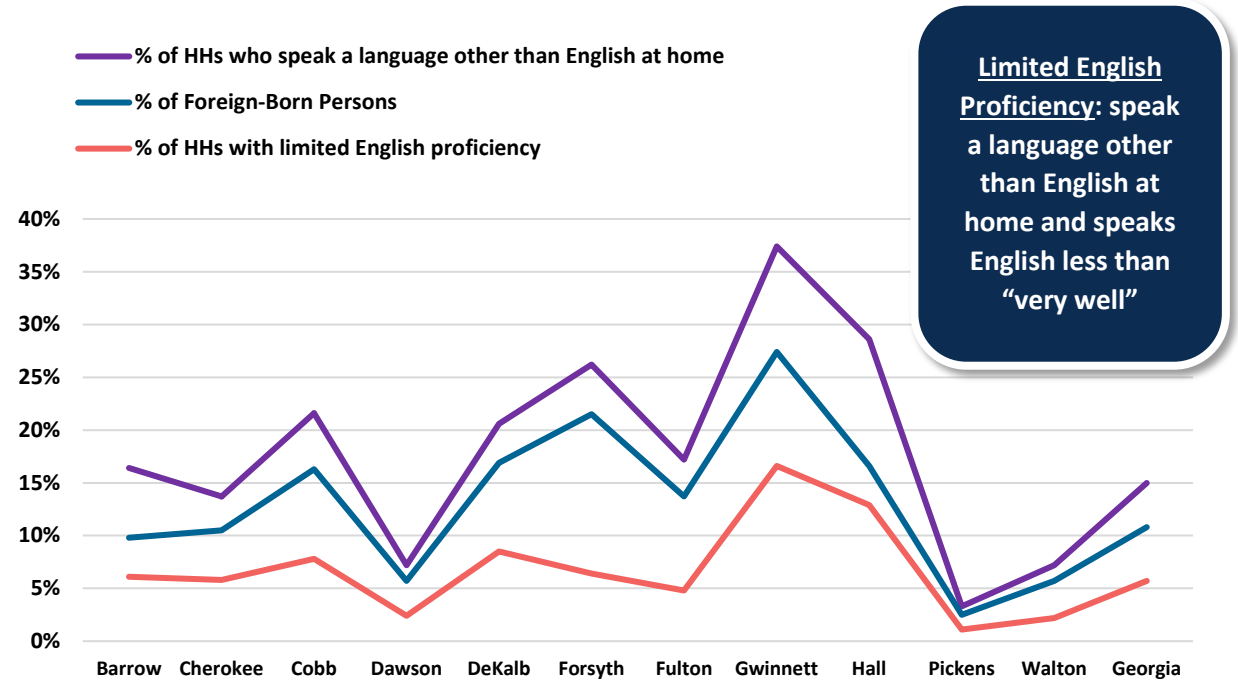
Foreign Born/Language at Home

Eighteen percent (18%) of the Northside Community's population was foreign born based on the 2023 American Community Survey, compared to 11% in Georgia and 14% in the United States. When considered by county, percentage of foreign-born population varied greatly with 27% of Gwinnett County's population being foreign-born, 22% of Forsyth County's, 17% of DeKalb and Hall counties, and 16% of Fulton County's. This demonstrates not only the diversity of the Community, but also the importance of culturally competent healthcare services for the Community's residents.

Further demonstrating this point, in 2023, 23% of households ("HH") within the Community spoke a language other than English within their home, compared to only 15% state-wide. This percentage varied greatly between each county as shown in **Figure 7,** with Gwinnett County having the highest percentage (37%) (U.S. Census Bureau, American Community Survey, 5-year estimates, 2019-2023). Langugage barriers also can constitute a significant barrier to accessing healthcare for segments of the population.

Within the Community, 50% of those with limited English proficiency spoke Spanish, 20% spoke an Asian or Pacific Island language, 20% spoke a different Indo-European language and 10% spoke other languages (U.S. Census Bureau, American Community Survey, 5-year estimates, 2019-2023).

Figure 7: Households (HHs) Who Speak a Language Other than English, HHs with Limited English Proficiency and Foreign-Born Population, Northside Community and Georgia, 2023



Source: U.S. Census Bureau, ACS 2019-2023 5-year Estimates

Background and Overview

Socioeconomic characteristics such as income, poverty level and educational attainment were examined for this CHNA because of their known correlation/impact on the health status of a population.

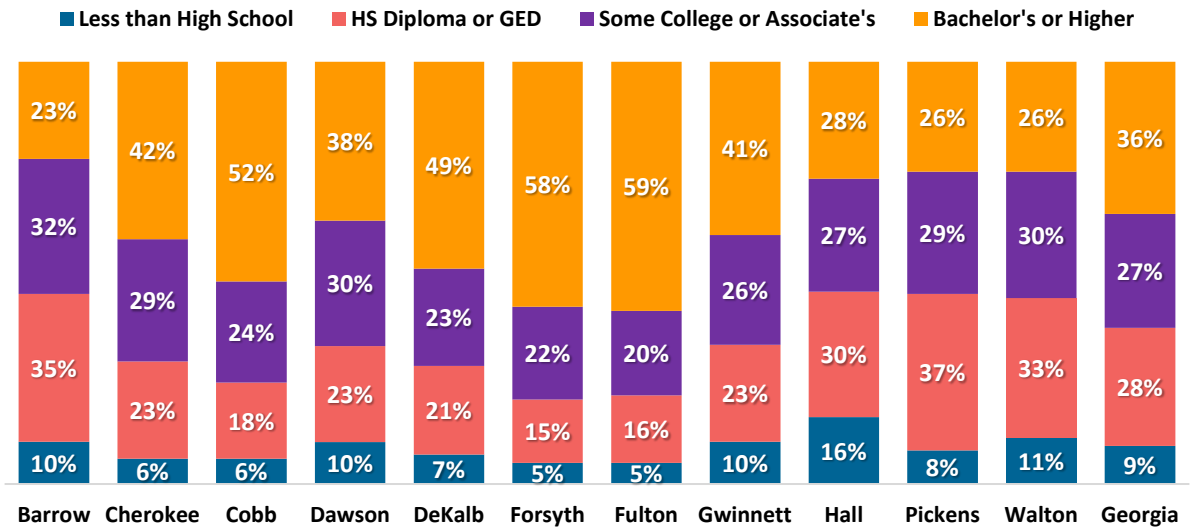
Overall, the Community's population had a high level of educational attainment and affluence compared to Georgia. This was illustrated through 48% of the Community's population (aged 25 or older) holding a bachelor's degree or higher, compared to 35% state-wide, as well as the Community's median disposable income, household income, household net-worth and housing unit value all being higher than Georgia's (ESRI, 2024). When examined by race and ethnicity, there are significant disparities in poverty. The Black, Two or More, Other and Hispanic populations all represent a higher proportion of the Community's population in poverty compared to the percentage of the total population (ESRI, 2024; U.S. Census Bureau, 2019-2023).

Educational Attainment

As more and more research has been conducted, evidence for the link between educational attainment (years/level of schooling) and living a longer, healthier life has become increasingly clear. Education can lead to better health as a result of a person having increased health knowledge and better health behaviors; improved employment and income prospects; and additional protective social/psychological factors (social standing, social networks, etc.) (Robert Wood Johnson Foundation, 2011).

In 2024, seven of the Northside Community's eleven counties had a larger percentage of their population (aged 25 or older) that held a bachelor's degree or higher than Georgia's rate of 36%. Fulton (59%), Forsyth (58%), Cobb (52%) and DeKalb counties (49%) had the highest percentages within the Community. Conversely, five counties had higher percentages of their population who did not have a high-school diploma or GED as compared to Georgia (9%). These counties consisted of Hall (16%), Walton (11%), Barrow (10%), Dawson (10%) and Gwinnett (10%) as compared to Georgia (9%) (ESRI, 2024).

Figure 8: Highest Level of Educational Attainment in the Northside Community and Georgia, 2024



Source: ESRI, 2024

Employment

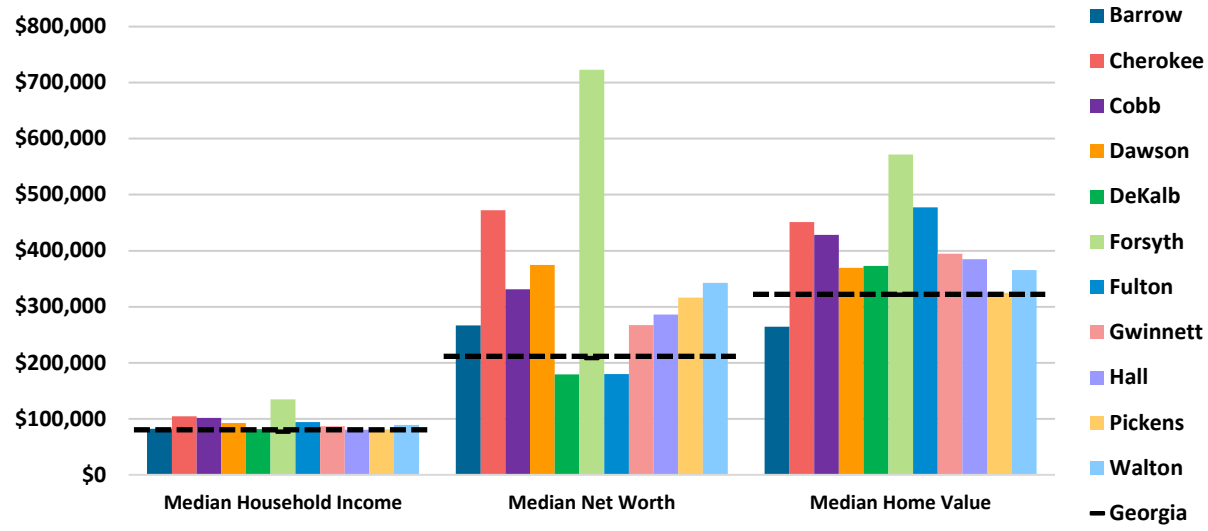
In the U.S., employment often implies a stable income and benefits (i.e., health insurance), both of which can lead to better health status. Furthermore, unemployment has been linked to poor health due to loss of health insurance, increased stress, unhealthy behaviors, and increased depression (Antonisse & Garfield, 2018). The Community's percentage of total population in the workforce was higher than Georgia's, with 54% compared to 49%. When considered by county, Cobb (56%), DeKalb (56%), Fulton (56%), Gwinnett (53%), Cherokee (52%) and Forsyth (52%) all had percentages that were higher than the State. Unemployment rates also differed by county with DeKalb (4.5%), Fulton (4%) and Walton (4%) counties having the highest rates among the Community's eleven counties and percentages that were higher than or equal to the state's rate of 4% (ESRI, 2024).

Financial Status

Many choices families make surrounding their housing, education, nutrition, medical care, and many other factors are based on household income. Public health research has illustrated that families in higher-income brackets, on average, are healthier and will live longer than families in lower-income brackets because of the many barriers and stresses related to poverty (University of Wisconsin Population Health Institute, 2024). Based on the financial indicators analyzed for this CHNA, many of the counties in the Northside Community appeared relatively affluent

compared to Georgia. An overview of the counties' financial status compared to Georgia is displayed in **Figure 9**.

Figure 9: Comparison of the Northside Community to Georgia on Key Financial Indicators, 2024



Source: ESRI, 2024

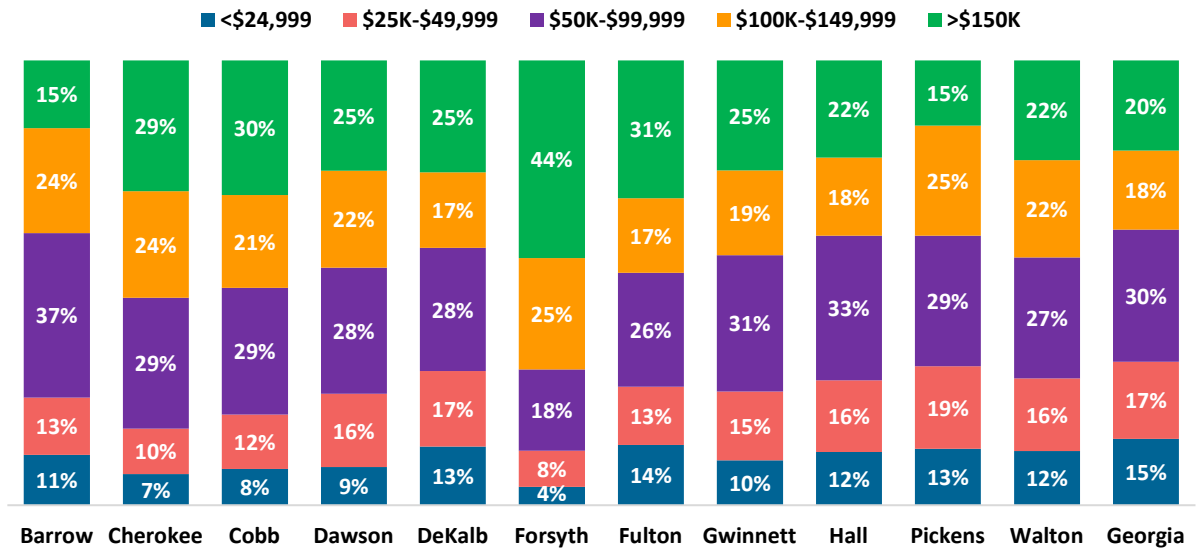
The median household income, in each Community county, was higher than the state's. Among the Community's eleven counties, median household income was the highest in Forsyth ($134,729), Cherokee ($104,564) and Cobb County ($101,747) (ESRI, 2024).

Median home value was higher than the state's in ten of the Community's 11 counties and median net worth was higher in nine counties (ESRI, 2024).

High housing-unit values illustrate affluence in the Community; however, they were also linked to a high cost of living within the area. Community members in seven counties spent more than the national average on housing costs; compared to Georgians overall that spend about 5% less per year than the national average (not shown) (ESRI, 2024).

Figure 10 (next page), shows the percent of households in each income bracket in the Northside Community and Georgia. When examining income brackets, seven counties had at least one quarter of the population that was making less than $50K annually, while Forsyth, Cherokee and Cobb counties had more than half of the population making $100,000 or more annually (ESRI, 2024).

Figure 10: Percent of Households in Each Income Bracket in the Northside Community and Georgia, 2024

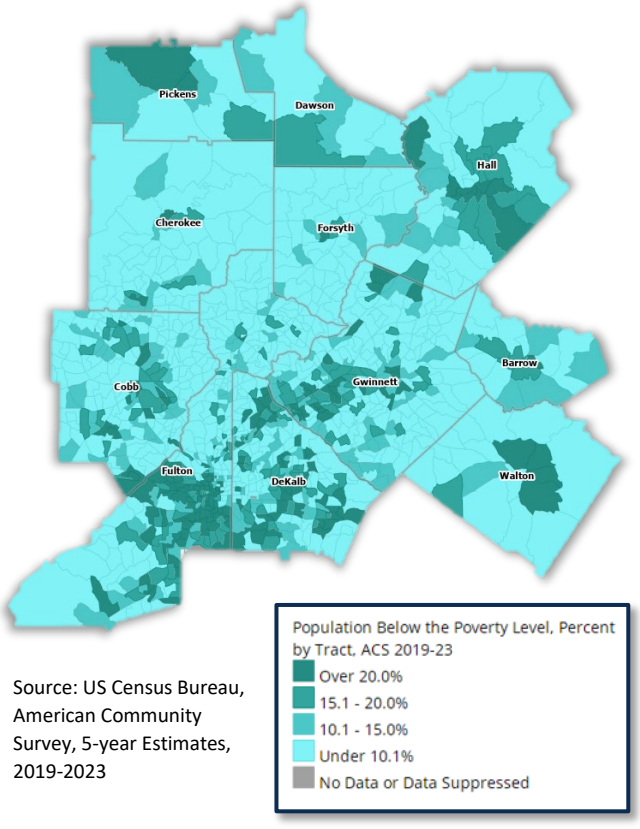


Source: ESRI, 2024

Poverty

The United States Census Bureau defines poverty based on a set of income thresholds that vary based on family size and composition (age of family members). Georgia's poverty rate was 13.5%. One county in the Community (DeKalb) also had 13.5% of its population below the federal poverty level (FPL), while all other counties in the Community had a smaller portion. However, even though ten of the 11 counties had percentages that were lower than the state's, the total of the eleven counties' population below the federal poverty level (FPL) represented over 484,000 population (U.S. Census Bureau, 2019-2023).

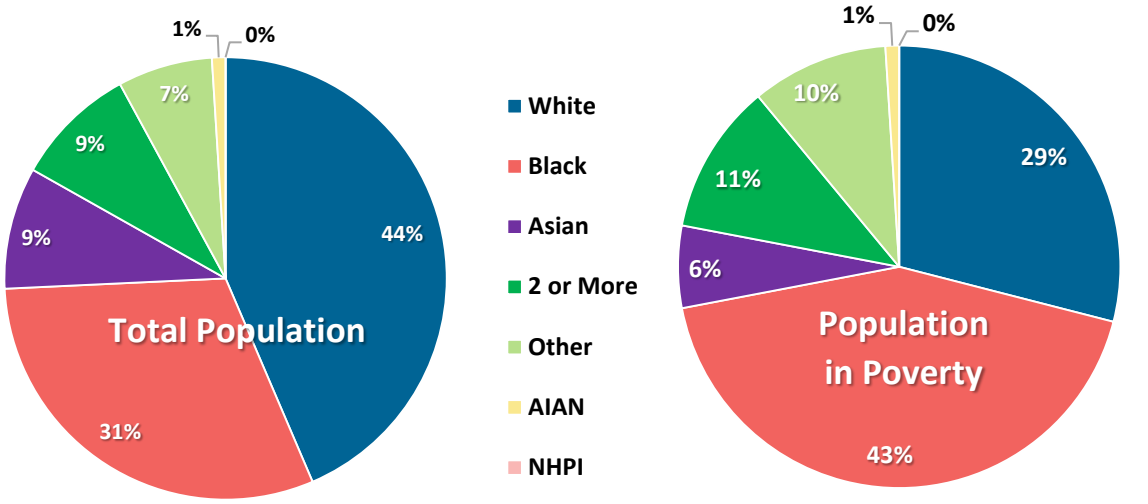
Figure 11: Percent Below Poverty Level Northside Community, 2018-2022



Source: US Census Bureau, American Community Survey, 5-year Estimates, 2019-2023

Throughout the Community and Georgia, clear disparities in poverty rates by race and ethnicity exist. **Figures 12** and **13** illustrate the Community's total population by race and ethnicity compared to the Community's population in poverty by race and ethnicity (ESRI, 2024; U.S. Census Bureau, 2019-2023). As shown, the Black population comprises 31% of the total population while making up 43% of the Community's population that is living in poverty. Similarly, the Hispanic population makes up 15% of the Community's total population while comprising 22% of the population in poverty.

Figure 12: Total Community Population by Race Compared to Total Community Population in Poverty by Race, 2024

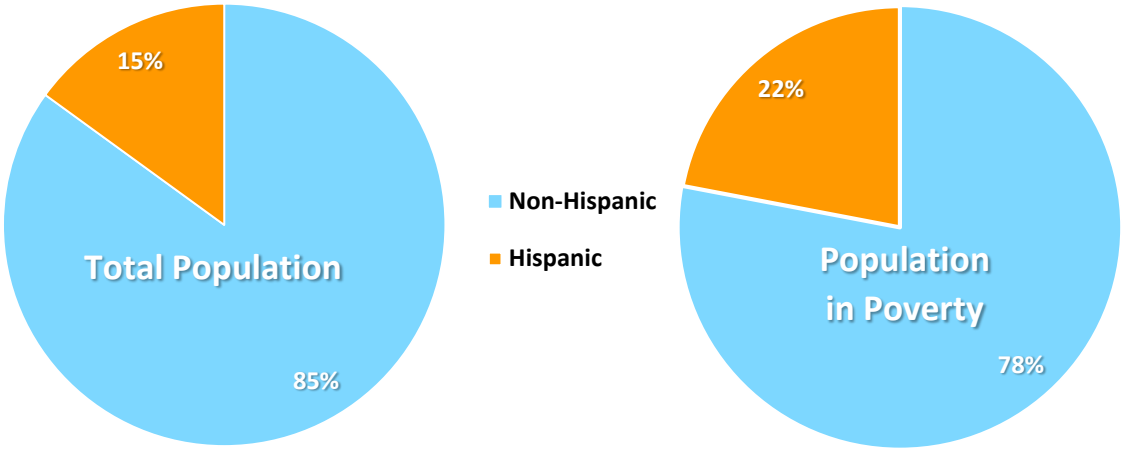


Source: ESRI, 2024

Source: US Census Bureau, American Community Survey, 5-year Estimates, 2019-2023

Note: AIAN: American Indian/Alaska Native; NHPI: Native Hawaiian/Pacific Islander

Figure 13: Total Community Population by Ethnicity Compared to Total Community Population in Poverty by Ethnicity, 2024



Source: ESRI, 2024

Source: US Census Bureau, American Community Survey, 5-year Estimates, 2019-2023

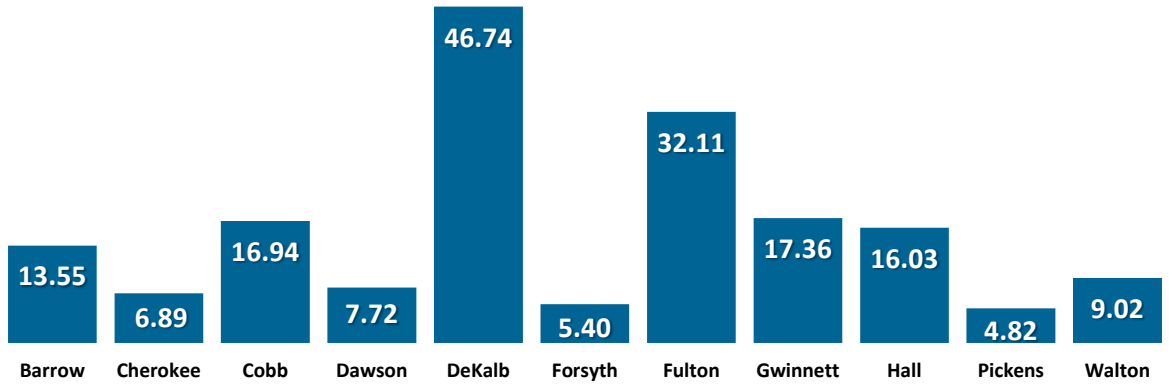
Marital Status

A growing body of research has illustrated that social and emotional support systems have a positive effect on health. Public health studies have found that social support is linked to decreased risks of mortality, improved health behavior and hospital re-admittance and recovery (Reblin & Uchino, 2008). In 2024, within the Community, 50% of the population (15 and older) was married, 36% had never been married, 10% was divorced and 4% was widowed (ESRI, 2024). When considered by county, DeKalb and Fulton counties had the lowest percent of married population with 42% and 41% respectively, and Forsyth County had the highest percent at 65%.

Crime

The fear of crime adversely impacts both the physical and mental health of community members through increased stress levels, restricted movement and restricted amount of time spent outside the home. These factors can lead to limited social ties, limited time spent outdoors pursuing physical activity and can produce unwanted stress on the nervous and immune system (Stafford, Chandola, & Marmot, 2007). As shown in **Figure 14**, crime rates varied by county with DeKalb (46.74) having a significantly higher rate than all other counties, followed by Fulton County (32.11). The GBI's crime rate data includes rates of crimes per 100,000 population (murder/non-negligent manslaughter, rape, robbery, aggravated assault, burglary, larceny-theft, motor-vehicle theft, arson and human trafficking) (Georgia Bureau of Investigation, 2023).

Figure 14: Crime Rates in the Northside Community per 100,000 population, 2023



Source: GBI, UCR Program, 2023.

Background and Overview

Conditions of the physical environment can shape the health of a community by influencing the choices community members make surrounding physical activity, nutrition and safety. This section will focus on some key features of the physical environment that influence health, including housing, transportation, food access and access to resources for recreational activity.

Within the Community, severe housing cost, housing insecurity, food insecurity, and lack of reliable transportation were among of the most severe physical environment problems facing the Community. Much of the Community's population most severely impacted by these physical environment problems were residents of Cobb, DeKalb, Fulton, Gwinnett, Hall and Walton counties. DeKalb, Fulton and Gwinnett counties stood out in the Community for their severe housing cost, all having rates that are higher than the state's.

Urban/Rural

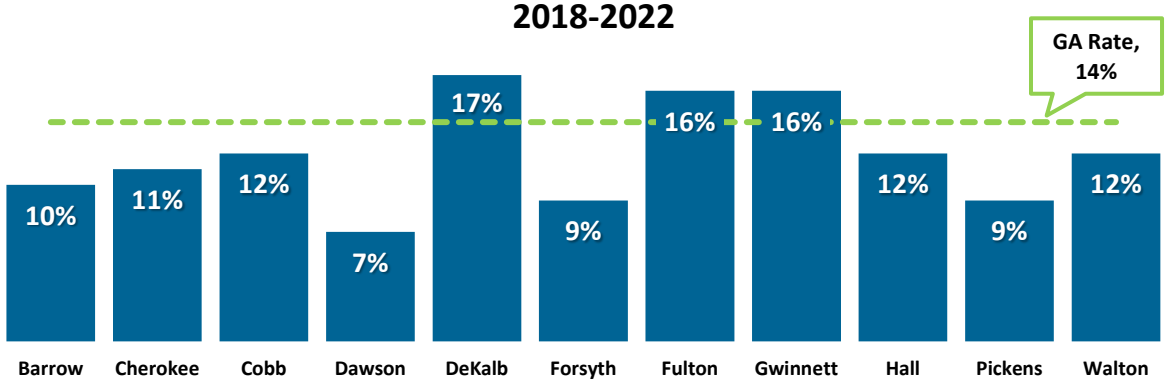
Urban and rural populations are classified based on differences in population density, count and size. Urban areas typically are much more developed than rural areas as well. Based on population, only 6% of the Community's population was considered to live in a rural setting, compared to Georgia's overall percentage of 26%. However, 81% of Dawson County and 69% of Pickens County lived in a rural area (U.S. Census Bureau, 2020).

Housing

> **"When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school."**
>
> - **County Health Rankings**

Housing represents the number one expense for most Americans and a place where Americans spend approximately 60% of their time (Braveman, Dekker, Egerter, Sadegh-Nobari, & Pollack, 2011). Public health research has shown a connection between chronic disease management and access to affordable housing. Affordable housing allows families enough money to cover other needs that also are associated with health, including medical expenses, food and transportation. Furthermore, when individuals cannot afford housing for themselves or their families, they often are forced into living situations that are not appropriate for their family's needs. These conditions can lead to stress, high blood pressure and other illnesses (Johns Hopkins Center to Eliminate Cardiovascular Health Disparities, n.d.).

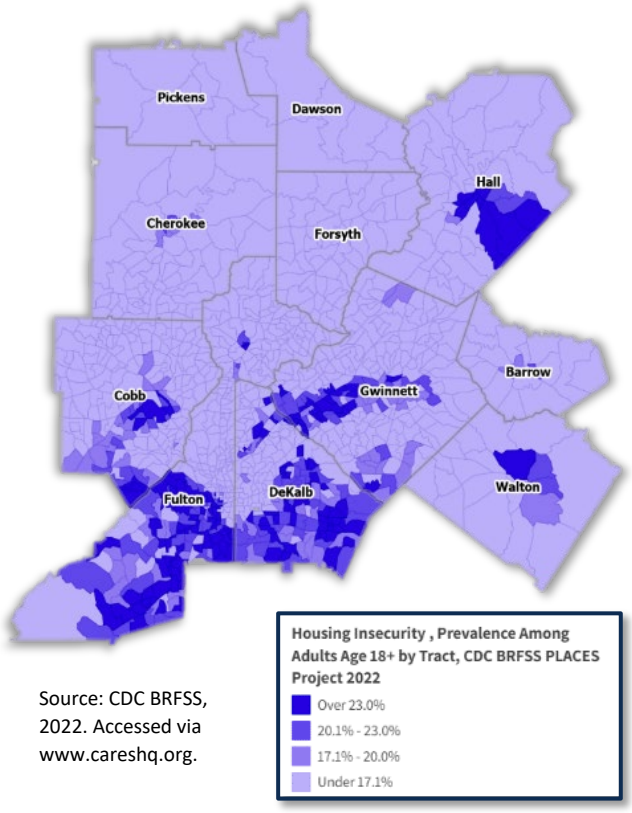
Figure 15: Severe Housing Cost in the Northside Community, 2018-2022



Source: US Census Bureau, American Community Survey, 2018-2022. Accessved via countyhealthrankings.org.

Northside utilized the measure of severe housing cost burden by County Health Rankings and Roadmaps **(Figure 15)**. Severe housing cost burden indicated the percent of households whose monthly housing costs (including utilities) exceeded 50% of household income. Within the Community, severe housing cost burden affected between 7% and 17% of households with DeKalb, Fulton and Gwinnett having the highest rates, all of which were higher than the state's (University of Wisconsin Population Health Institute, 2024). Based on this knowledge, this may leave some community members at risk of living in substandard housing situations that can contribute to poor health outcomes.

Figure 16: Housing Insecurity, Prevalence Among Adults 18+ by Tract, 2022



Source: CDC BRFSS, 2022. Accessed via www.careshq.org.

Figure 16 shows prevalence of housing insecurity among our Community's 11 counties. This measure accounts for the probability among adults surveyed who were not able to pay a mortgage, rent or utility bill in the last 12 months. Cobb, DeKalb, Fulton, Gwinnett, Hall and Walton counties all had significant portions of the county with prevalence of housing insecurity higher than 23% (CARES HQ, 2025).

Homelessness is another facet of the housing issues facing the Community and Georgia. In 2022, there were an estimated 10,689 homeless persons in Georgia, up 2.4% from 2019 (10,443 homeless persons). Of this total homeless population, 48% were "sheltered" (residing in an emergency shelter or transitional/supportive housing) and 52% were "unsheltered" (primary nighttime residence is a public or private place not designed or ordinarily used as a sleeping accommodation) (Georgia Department of Community Affairs, 2022).

Transportation

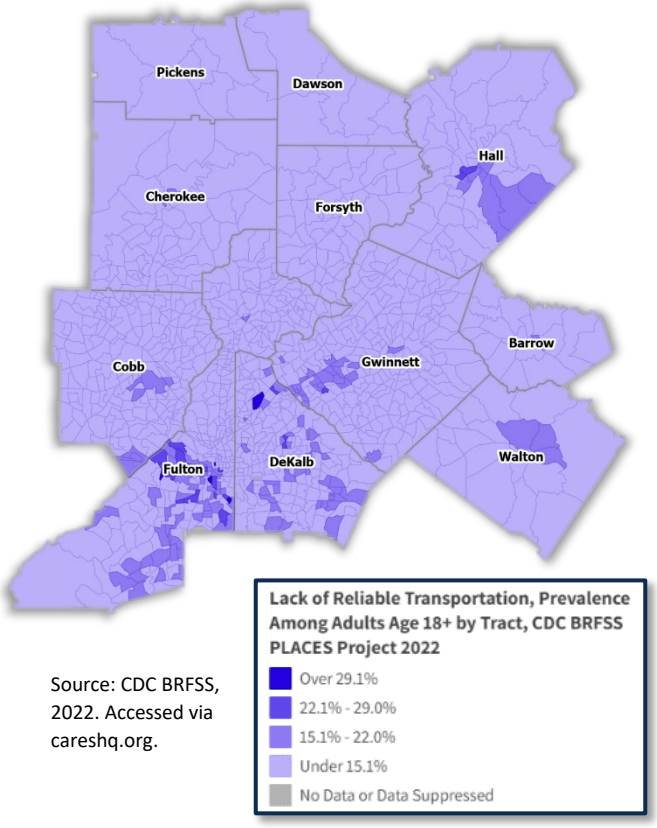
Access to healthcare and preventive care resources can be dictated by a person's ability to actually get to the physical location of service; therefore, a person's access to a motor vehicle or public transportation can play an important role in maintaining a healthy lifestyle.

The CDC's Behavioral Risk Factor Surveillance System (BRFSS) asks adults if they lacked reliable transportation in the last 12 months that kept them from getting to work, medical appointments, meetings, or other necessities. Within the Northside Community, DeKalb County had the highest rate of adults 18+ reporting lack of reliable transportation (10.2%) and Forsyth County had the lowest rate of respondents reporting lack of reliable transportation (5.2%) (CARES HQ, 2025).

"Previous research suggests that a lack of transportation, especially among adults who are older, uninsured, or have lower incomes, leads to reduced access to health care, which may then lead to adverse health outcomes."

- **NCHS Data Brief[2]**

Figure 17: Lack of Reliable Transportation, Prevalence Among Adults Age 18+, 2022



Source: CDC BRFSS, 2022. Accessed via careshq.org.

Fulton and DeKalb counties are largely within the area served by Georgia's largest public transportation system: MARTA.

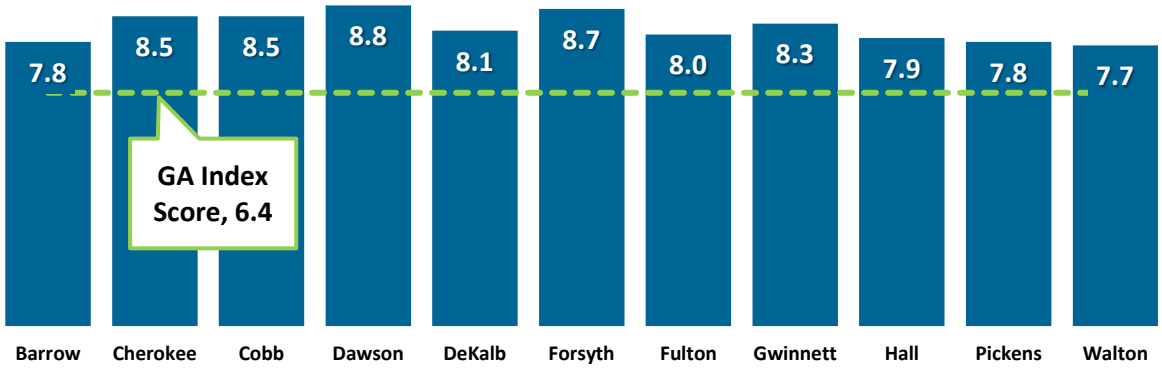
Food Access

Increasingly, nutrition advice and dietary guidelines are being provided to patients by doctors, becoming part of prevention strategies and are being viewed as a first line of defense against many chronic diseases. Public health research has illustrated that communities without supermarkets have higher rates of obesity, diabetes and other diet-related health problems when compared to communities with access.

> **"Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality."**
>
> **- County Health Rankings**

One measure of nutrition-related data is the Food Environment Index, which considers factors that contribute to a healthy food environment such as distance from grocery stores, locations for food purchase and inability to access healthy foods due to cost, with 0 being the worst and 10 being the best. **Figure 18** provides the food environment index scores for the Northside Community's eleven counties. Walton, Pickens and Barrow counties had the lowest index ratings while Dawson and Forsyth counties had the highest.

Figure 18: Food Environment Index, 2019 & 2021

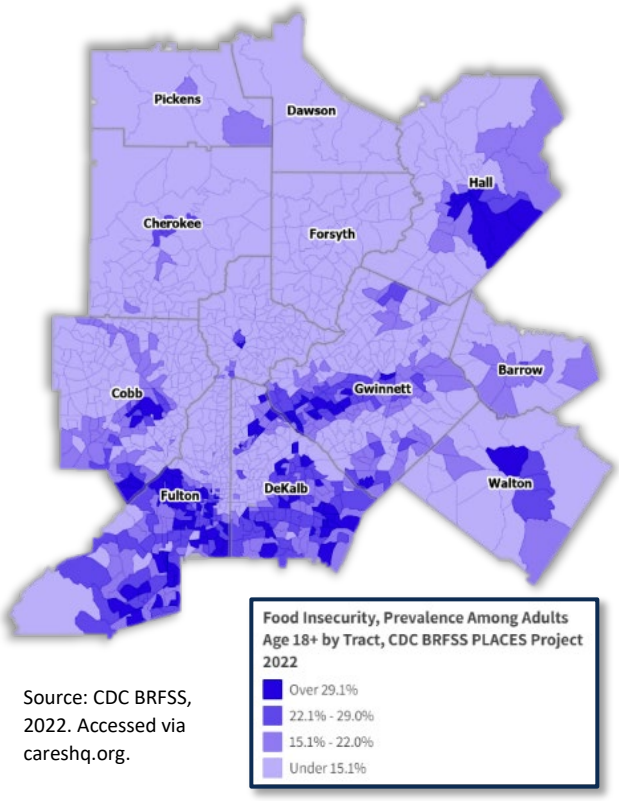


Source: USDA Food Environment Atlas, 2019; Map the Meal Gap from Feeding America, 2021. Accessed via countyhealthrankings.org.

Food security occurs when all residents of a community are able to obtain food that can provide a nutritional diet that is both safe and culturally relevant to the individual. Food insecurity can be a result of several factors including poverty and food access based on the physical environment.

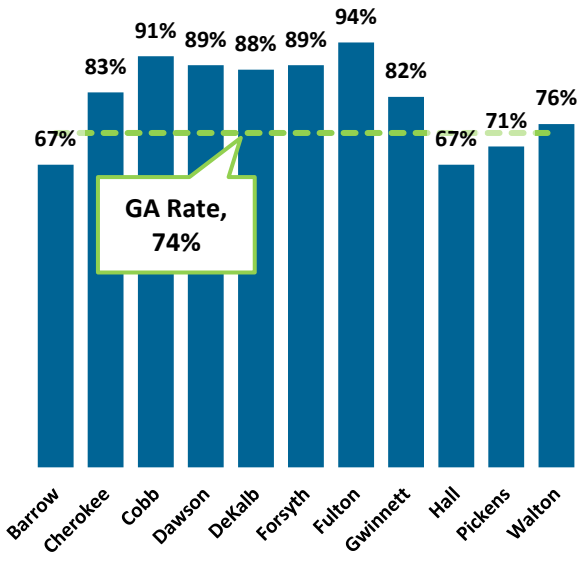
The CDC's Behavioral Risk Factor Surveillance System asks respondents "How often in the past 12 months did you not have money to buy more food after what you bought didn't last?" Within the Northside Community, DeKalb County had the highest percentage of respondents who reported food insecurity (17.8%) followed by Barrow and Walton counties, each with 15.9% (CARES HQ, 2025).

Figure 19: Food Insecurity in the Northside Community, Prevalence Among Adults 18+, 2022



Source: CDC BRFSS, 2022. Accessed via careshq.org.

Figure 20: Access to Exercise Opportunities, 2024



Source: ArcGIS, YMCA, US Census Bureau, 2018-2022. Accessed via countyhealthrankings.org.

Access to Exercise Opportunities

Physical activity is associated with lower risk of developing conditions such as diabetes, cardiovascular disease, cancer, and premature mortality. County Health Rankings' key measure of access to exercise opportunities accounts for the percent of individuals in a county who live reasonably close to a park or recreational facility. Among the Community's eleven counties, Barrow and Hall had the lowest percentage of population (each with 67%) that had adequate access to a park or fitness facility while Fulton (94%) and Cobb (91%) had the highest rates.

Overview

Leading causes of death, inpatient discharges, emergency room ("ER") visits, top chronic conditions and health behaviors are all helpful measures in gaining a perspective of a community's health status. Detailed in this section are these metrics for the Community and, when available, for Georgia.

Leading Causes of Death

Mortality measures were evaluated for this CHNA to understand the cause-specific death rates within the Community. In 2023, according to the Georgia Department of Public Health, there were 31,064 deaths in the Community (Georgia Department of Public Health, 2019-2023). The Community accounted for approximately 32% of Georgia's total deaths (96,693). When comparing age-adjusted death rates in 2023, Barrow County had the highest overall age-adjusted death rate at 902 per 100,000 population, followed by Pickens County with a rate of 867 and Walton County with a rate of 825. Forsyth County had the lowest age-adjusted death rate in the Community (598).

Between 2019 and 2023, Georgia and the Community differed slightly in their leading causes of death, as indicated in **Table 3 (next page)**. The Community had a higher percentage of deaths due to cancer (malignant neoplasm) and a lower percentage of deaths due to diseases of the heart and chronic lower respiratory disease (CLRD) when compared to the state. The Community and the state had similar percentages of deaths due to all other leading causes.

Table 3: Top 10 Leading Causes of Death in the Northside Community and Georgia, 2019-2023

Community			Georgia		
	Cause of Death	% of total deaths		Cause of Death	% of total deaths
1	Malignant Neoplasms	19%	1	Diseases of the Heart	21%
2	Diseases of the Heart	19%	2	Malignant Neoplasms	18%
3	Unintentional Injuries	6%	3	COVID-19	6%
4	COVID-19	6%	4	Unintentional Injuries	6%
5	Cerebrovascular Diseases	5%	5	Cerebrovascular Diseases	5%
6	Alzheimer's Disease	4%	6	Chronic Lower Respiratory Diseases (CLRD)	5%
7	Chronic Lower Respiratory Diseases (CLRD)	4%	7	Alzheimer's Disease	4%
8	Diabetes Mellitus	3%	8	Diabetes Mellitus	3%
9	Nephritis, Nephrotic Syndrome, and Nephrosis	2%	9	Nephritis, Nephrotic Syndrome, and Nephrosis	2%
10	Intentional Self-Harm (Suicide)	2%	10	Septicemia	2%

Source: GA DPH OASIS, 2019-2023

The top ten leading causes of death represented over 110,000 (70%) of the 158,396 total deaths in the Community between 2019 and 2023.

- Six of the ten leading causes of death, which contributed to over 86,000 deaths (55% of total), are included in the An In-Depth Analysis of Health Determinants, Health Behaviors, and Health Outcomes section of this report.
- Four of the ten leading causes of death, which contributed to approximately 24,000 deaths (15% of total), are included in Appendix B.

Leading Causes of Inpatient Discharges and ER Visits

Many of the leading causes of inpatient discharges and ER visits in both the Community and the state align closely with the leading causes of death. As shown in **Table 4**, when compared to the state, the Community had slightly lower percentages of inpatient discharges due to diseases of the heart and septicemia, while having slightly higher rates of discharges due to malignant neoplasms (cancer).

Table 4: Top 10 Leading Causes of Inpatient Discharges in the Northside Community and Georgia, 2019-2023

Community			Georgia		
	Cause	% of total IP Discharges		Cause	% of total IP Discharges
1	Diseases of the Heart	9%	1	Diseases of the Heart	10%
2	Septicemia	6%	2	Septicemia	7%
3	Unintentional Injuries	4%	3	Unintentional Injuries	4%
4	Cerebrovascular Diseases	3%	4	Cerebrovascular Diseases	3%
5	Malignant Neoplasms	3%	5	COVID-19	3%
6	COVID-19	3%	6	Malignant Neoplasms	2%
7	Diabetes Mellitus	2%	7	Diabetes Mellitus	2%
8	Influenza and Pneumonia	2%	8	Influenza and Pneumonia	2%
9	Nephritis, Nephrotic Syndrome, and Nephrosis	2%	9	Nephritis, Nephrotic Syndrome, and Nephrosis	2%
10	Anemias	1%	10	Chronic Lower Respiratory Diseases (CLRD)	2%

Source: GA DPH OASIS, 2019-2023

Table 5 displays the leading causes of ER visits in the Community and in Georgia. Compared to the state, the Community had slightly lower ER visits due to unintentional injuries and influenza and pneumonia, and had slightly higher ER visits due to hypertension and hypertensive renal disease.

Table 5: Top 10 Leading Causes of ER Visits in the Northside Community and Georgia, 2019-2023

Community			Georgia		
	Cause	% of total ER visits		Cause	% of total ER visits
1	Unintentional Injuries	14%	1	Unintentional Injuries	15%
2	COVID-19	2%	2	COVID-19	2%
3	Chronic Lower Respiratory Diseases (CLRD)	2%	3	Chronic Lower Respiratory Diseases (CLRD)	2%
4	Essential (Primary) Hypertension and Hypertensive Renal Disease	2%	4	Influenza and Pneumonia	2%
5	Diseases of the Heart	1%	5	Diseases of the Heart	1%
6	Influenza and Pneumonia	1%	6	Essential (Primary) Hypertension and Hypertensive Renal Disease	1%
7	Diabetes Mellitus	1%	7	Diabetes Mellitus	1%
8	Assault (Homicide)	1%	8	Acute Bronchitis and Bronchiolitis	1%
9	Anemias	1%	9	Assault (Homicide)	1%
10	Acute Bronchitis and Bronchiolitis	1%	10	Anemias	1%

Source: GA DPH OASIS, 2019-2023

Top Chronic Conditions

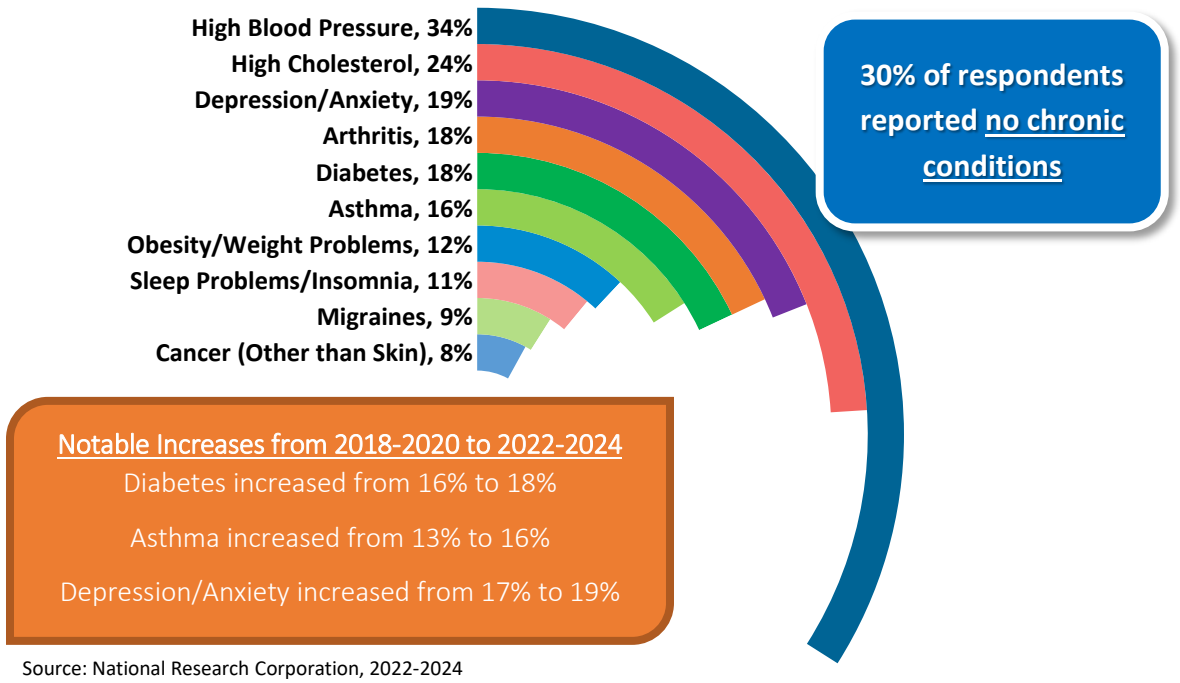
The National Research Corporation ("NRC") provides a comprehensive list of chronic conditions to respondents of its NRC Survey. Respondents were asked "Has any household member been diagnosed as having any of the following health problems?" Below is a list of the conditions presented to respondents.

Arthritis	**Chronic Heartburn**	**High Blood Pressure**	**Skin Cancer**	**High Cholesterol**
Asthma	**Depression/ Anxiety**	**Obesity/Weight Problems**	**Sleep Problems/ Insomnia**	**Migraines**
Cancer (other than skin)	**Diabetes**	**Osteoporosis**	**Stroke**	
Chronic Headaches	**Heart Disease**	**Sciatica/Chronic Back Pain**	**No Chronic Conditions**	

Given that this survey question pertained to any member in the household and not just the NRC Survey respondent, the results provide a broad representation of the Community's health status.

Within the Community, the top ten conditions (i.e., most frequently mentioned) are represented in **Figure 21**. Members of the Northside Community reported high blood pressure as the most common chronic condition, followed by high cholesterol.

Figure 21: Top 10 Chronic Conditions, Percent of Households Reporting the Condition, Northside Community, 2022-2024



Source: National Research Corporation, 2022-2024

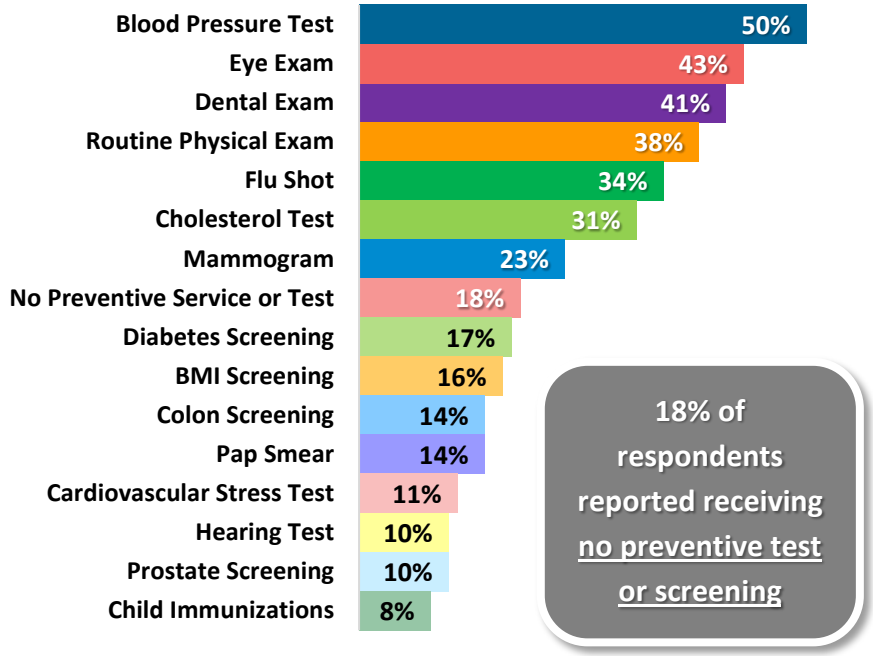
Preventive Health Behaviors

The NRC also provides a comprehensive list of preventive health behaviors (PHBs) to respondents of its survey. Respondents are asked "Has any household member used or had any of the following healthcare services or tests in the last 12 months?" Below is a list of the PHBs included in the NRC Survey.

Blood Pressure Test	**Colon Screening**	**Hearing Test**	**Pap Smear**	**Weight Loss Program**
BMI (Body Mass Index) Screening	**Dental Exam**	**Mammogram**	**Pre-Natal Care**	
Cardiovascular Stress Test	**Diabetes Screening**	**Mental Health Screening**	**Prostate Screening**	
Child Immunizations	**Eye Exam**	**No Preventive Test or Screening in Household**	**Routine Physical Exam**	
Cholesterol Tests	**Flu Shot**	**Osteoporosis Testing**	**Stop Smoking Program**	

Given that this survey question pertained to any member in the household and not just the NRC Survey respondent, the results provided a broad representation of the Community's PHBs. The top 10 PHBs (i.e., most frequently utilized) for all respondents in the Community are summarized in **Figure 22**. Half of the households surveyed had a member that had received a blood pressure test, the top preventive health behavior. Furthermore, over 40% of households had an eye exam and/or dental exam.

FIgure 22: Top 15 Preventive Health Behaviors in the Northside Community, 2022-2024

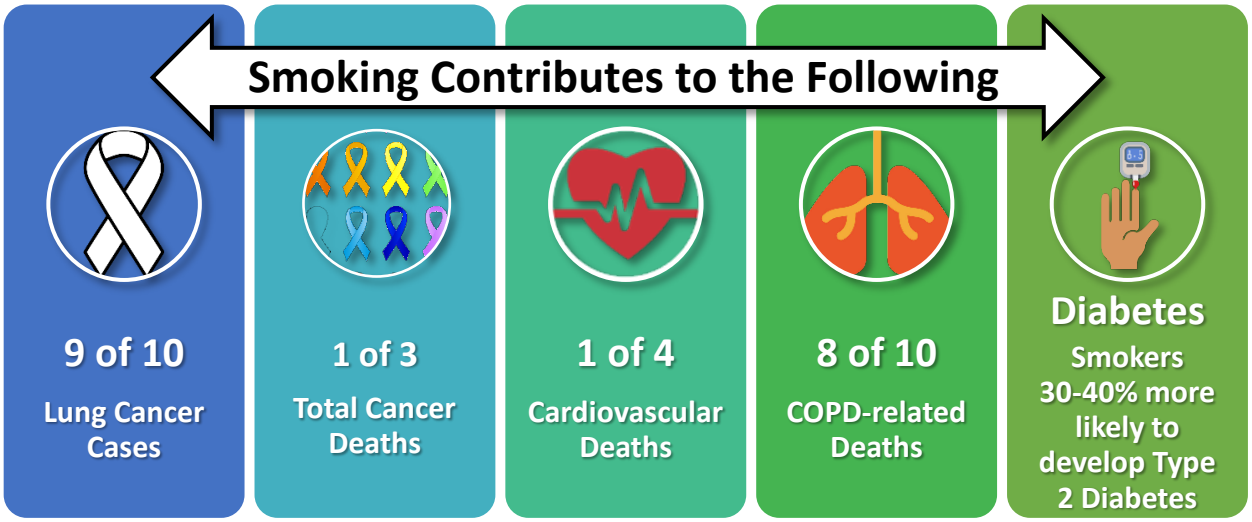


Source: National Research Corporation, 2022-2024

Health Behaviors

Smoking

Smoking is a contributing factor for many diseases that are among the most common causes of death in the United States.

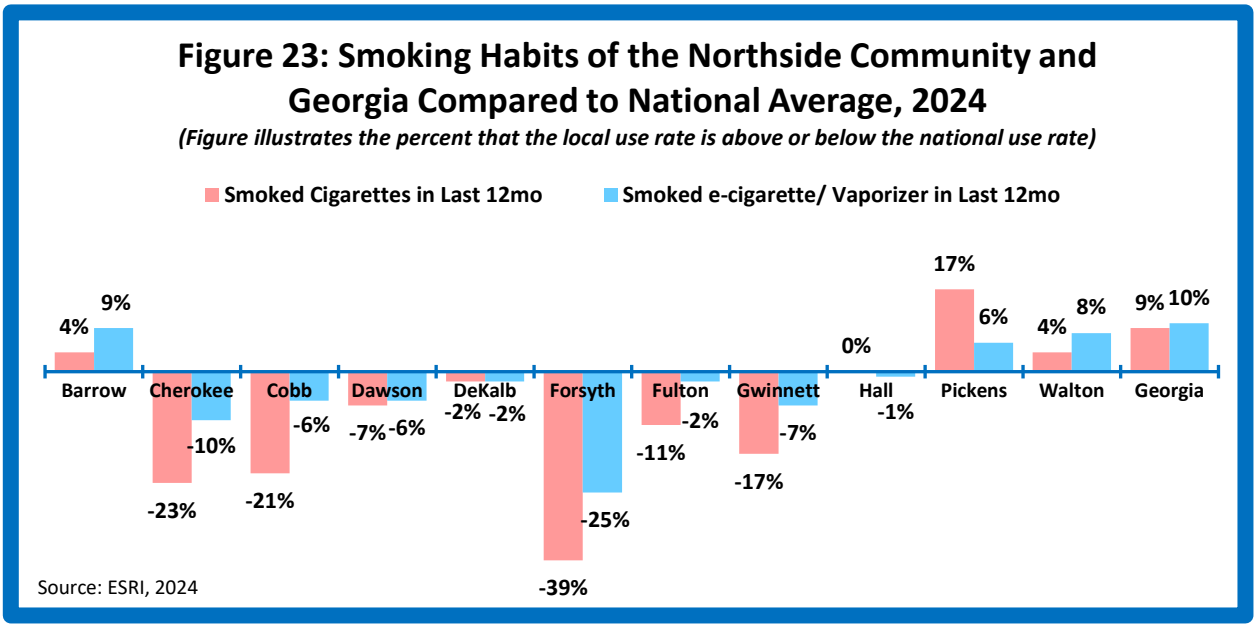


Source: Adapted from CDC, 2025

According to the CDC (2025), quitting smoking offers benefits such as:

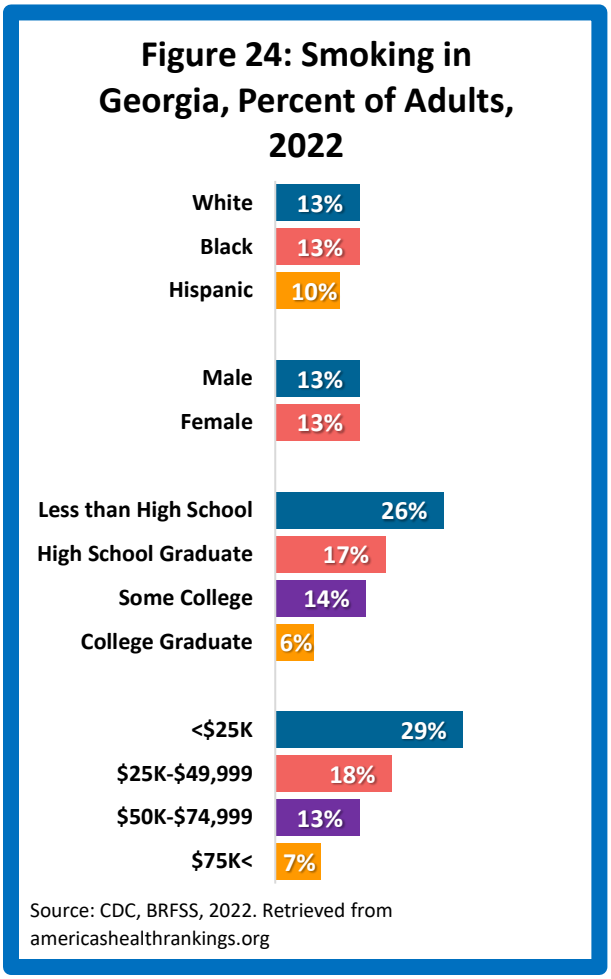
> **"Tobacco use is the leading cause of preventable disease and death in the United States."**
>
> - **Healthy People 2030**

- Reduction in coughing and shortness of breath after one to 12 months of quitting.
- Risk of heart attack drops sharply after one to two years.
- Added risk of coronary heart diseases drops by half after three to six years.
- Risk of stroke decreases and risk of mouth, throat and voice box cancer drops by half after five to ten years.
- Added risk of lung cancer drops by half, as well as the risk of bladder, esophageal and kidney cancer decreases after ten to 15 years.



Illustrated in **Figure 23,** is a comparison of each county in the Community and Georgia compared to the national average based on a Market Potential Survey (ESRI, 2024). Within the Community, Barrow, Pickens and Walton counties had the highest percent of population that reported smoking cigarettes in the last 12 months and/or the highest percent that reported smoking e-cigarettes/vaporizers in the last 12 months. These three counties were the only ones in the Community that had a percentage of the population who smoked cigarettes or e-cigarettes/ vaporizer in the last 12 months that was higher than the national average.

Demographic information was not available for smokers in the Community but was available for the state, as shown in **Figure 24**. When considering race and ethnicity, the White and Black populations had the highest rate of smoking. The same percentage of males and females reported smoking. As education level increases, the likelihood of being a smoker decreases and, similarly, as income increases the likelihood of being a smoker decreases.



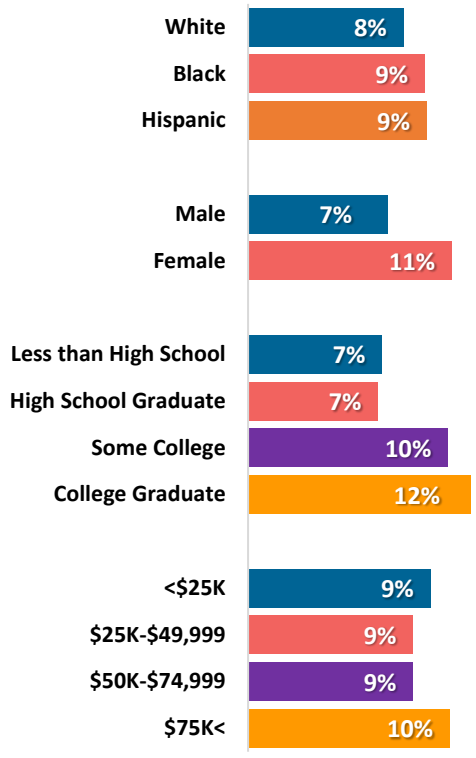
Nutrition

Consumption of diets that are rich in fruits and vegetables can reduce an individual's likelihood of experiencing chronic diseases such as type 2 diabetes, obesity, heart disease, and stroke, and consumption of three or more fruits and vegetables per day can lower the chances of premature death (United Health Foundation, 2021).

> **"People who eat too many unhealthy foods – like foods high in saturated fat and added sugars – are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems."**
>
> **- Healthy People 2030**

Although fruit and vegetable consumption data was not available for the Community, it was available for the state **(Figure 25).** When considered by race and ethnicity, the Black and Hispanic populations had higher percentages that reported consuming two or more fruits and three or more vegetables per day. When considered by sex, females reported more often than males, and as education increased so did percent of the population reporting fruit and vegetable consumption.

Figure 25: Fruit & Vegetable Consumption in Georgia, Percent of Adults, 2021



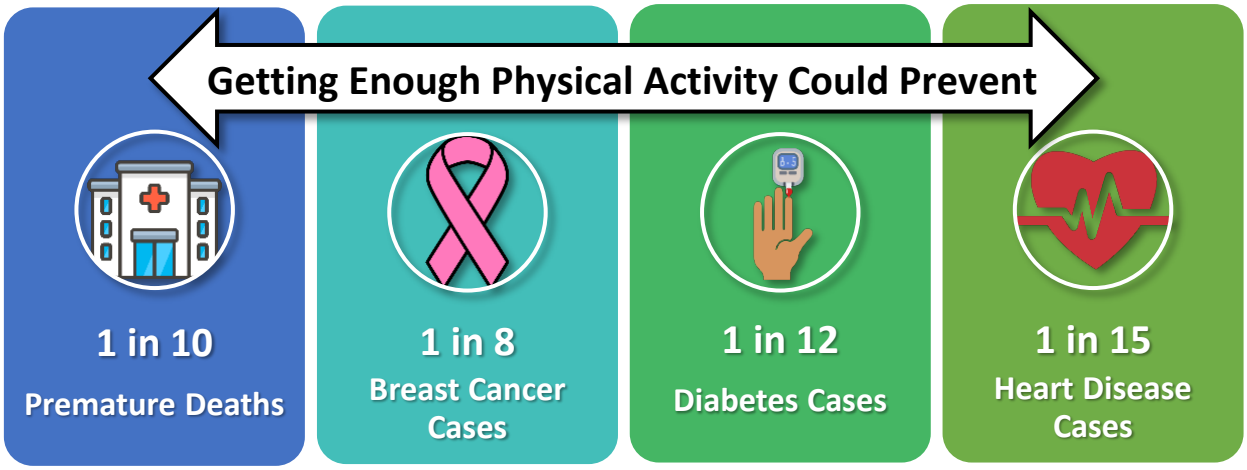
Source: CDC, BRFSS, 2021. Retrieved from americashealthrankings.org

SDOH, such as economic status, may impact an individual's ability to afford foods that are healthy or buy adequate amounts of food due to cost constraints. Others may not have the information needed to make healthy food choices, may not have access to fresh produce, lack time needed for preparation or lack cooking knowledge (United Health Foundation, 2021).

Information on food insecurity and the Food Environment Index in the Northside Community can be found in the Our Community section of this report under Physical Environment.

Physical Inactivity

According to the CDC (2024), getting enough physical activity could help in preventing one in ten premature deaths and many cases of diseases which are included in the leading causes of death (Centers for Disease Control & Prevention, 2025).

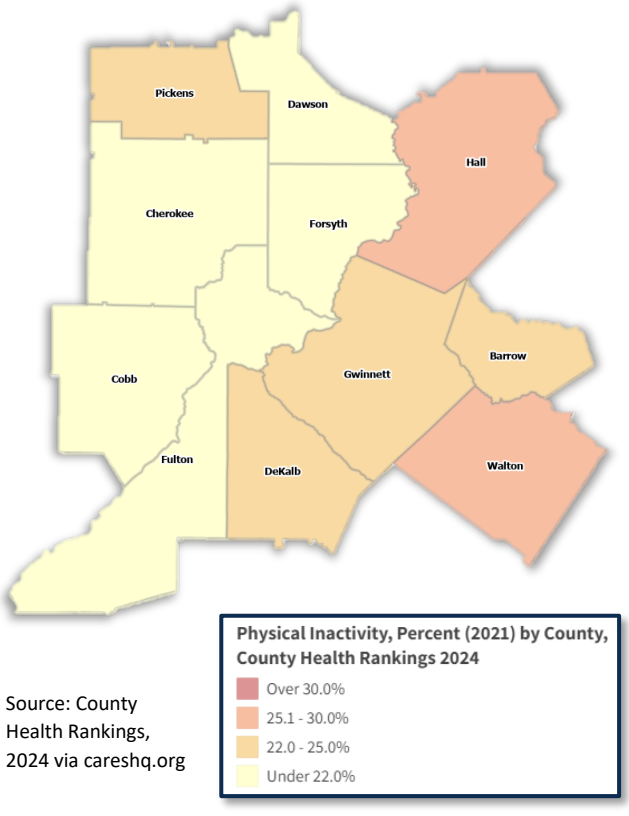


Source: Adapted from CDC, 2025

Aside from decreased likelihood of experiencing the diseases and death associated with physical inactivity, there are also numerous benefits of physical activity regardless of age such as improved mental health and better fitness and mobility. Physical inactivity accounts for the percent of adults who indicate that they do not engage in any physical activity during leisure time outside of work or daily routine.

Figure 26, shows rates by county in the Community. When considered by county in the Community, Walton (27%), Hall (26%) and Barrow (25%) counties had the highest percentages of physical inactivity among the Community's eleven counties and all three had rates that were higher than the state's (23%) (The Center for Applied Research and Engagement Systems, 2025).

Figure 26: Physical Inactivity in the Northside Community, Prevalence Among Adults, 2024

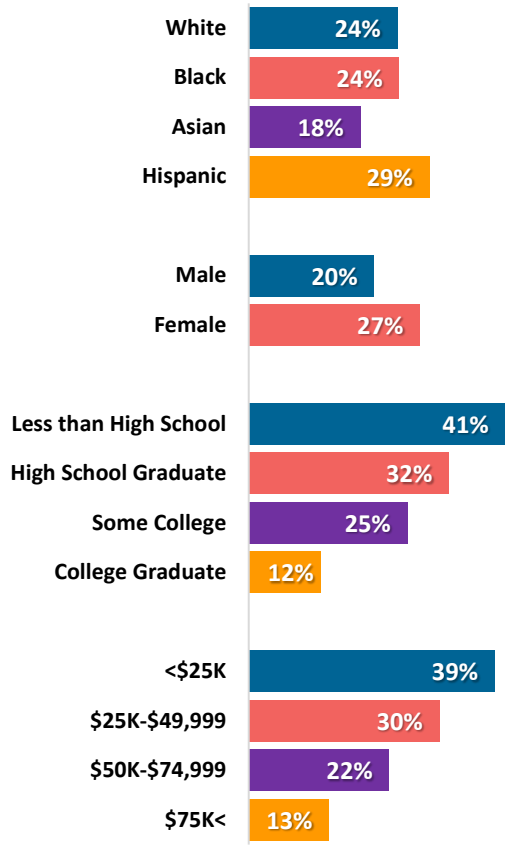


Source: County Health Rankings, 2024 via careshq.org

> "Physical activity is one of the most important ways that people of all ages can improve their health."
>
> - Healthy People 2030

Although physical inactivity rates were not available for the Community when considering demographics, they were available for the state, as shown in **Figure 27.** When considering race and ethnicity, the Hispanic population reported physical inactivity most often compared to White, Black and Asian populations in Georgia. Females reported physical inactivity more often compared to males. As education increased, the likelihood of physical inactivity decreased. This same pattern was consistent when examining income level; as income increased, the likelihood of physical inactivity decreased (America's Health Rankings, 2025).

Figure 27: Physical Inactivity in Georgia, Percent of Adults, 2022

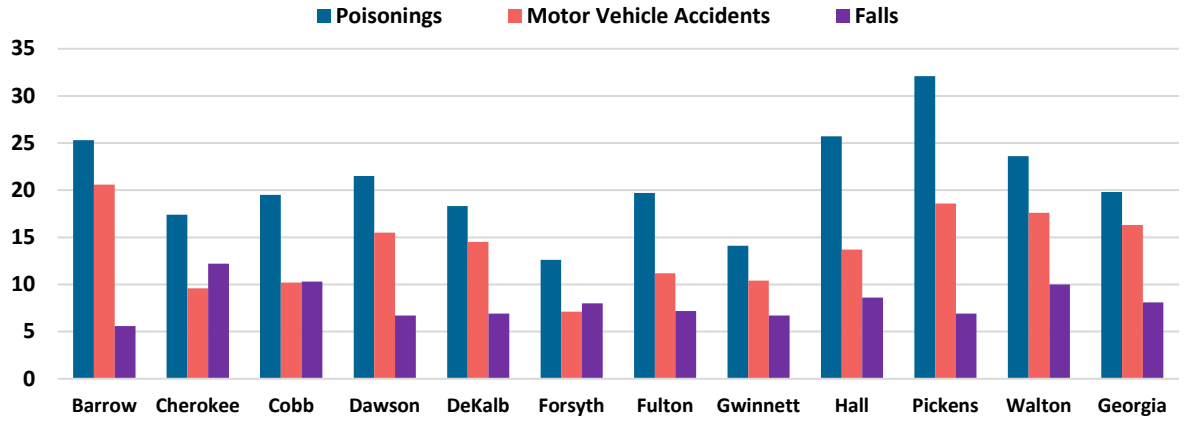


Source: CDC, BRFSS, 2022. Retrieved from americashealthrankings.org

Unintentional Injuries

Unintentional injuries were the third leading cause of death in the Community and fourth leading cause in Georgia between 2019 and 2023. They were also the third leading cause of inpatient discharges in the Community during this same time period and the leading cause of ER visits (Georgia Department of Public Health, 2019-2023). Although unintentional injuries are health outcomes, they often times may be prevented by healthy lifestyle behaviors. Within the Northside Community, Pickens (64.9), Barrow (62.2), Walton (58.1) and Hall (56.7) counties had the highest death rates due to unintentional injuries, all of which were also higher than Georgia's rate of 53.0 (Georgia Department of Public Health, 2019-2023). The three leading types of unintentional injuries are poisonings (most commonly drug and alcohol overdose), motor vehicle accidents and falls.

Figure 28: Unintentional Injuries, Age-Adjusted Death Rates for Top 3 Types, 2019-2023



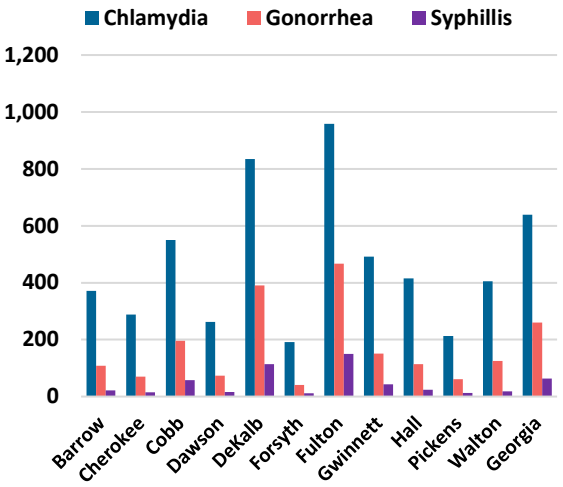
Source: GA DPH OASIS, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

Information on accidental poisonings, the most common type of unintentional injury in the Community's eleven counties, is included in the Behavioral Health and Substance Use Disorder section of this report.

Sexually Transmitted Infections (STIs)

Three of the most common types of sexually transmitted diseases are syphilis, gonorrhea and chlamydia. Many times, these diseases end up going undiagnosed and untreated, leading to future health issues such as cancer, infertility, ectopic pregnancy, stillbirth in infants and increased risk for HIV (Centers for Disease Control and Prevention, 2025). The CDC (2025) states that health behaviors such as practicing abstinence, having fewer partners, talking with your partner, using condoms, getting vaccinated and getting tested can help prevent STDs (Centers for Disease Control and Prevention, 2025).

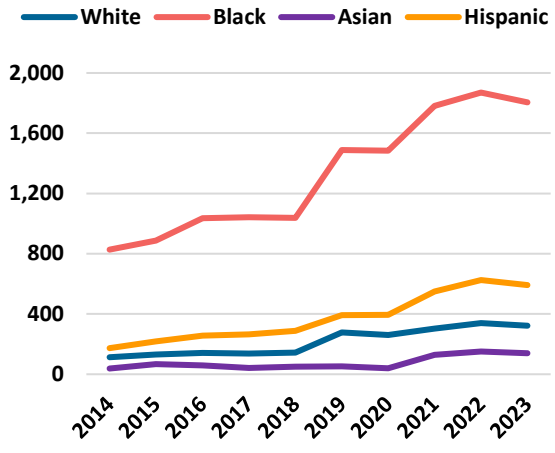
Figure 29: STDs, 3 Most Common Types, Age-Adjusted Rates, 2019-2023



Source: GA DPH OASIS, 2015-2019
Note: Age-adjusted rates are per 100,000 population.

Sexually transmitted disease rates within the Northside Community were highest in DeKalb and Fulton counties, with chlamydia having the highest age-adjusted rate compared to other types **(Figure 29)**.

Figure 30: All STDs, Age-Adjusted Rate by Race and Ethnicity, Northside Community, 2014-2023



Source: GA DPH OASIS, 2015-2019
Note: Age-adjusted rates are per 100,000 population.
Excludes congenital syphilis.

"Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year – and rates are increasing."

- Healthy People 2030

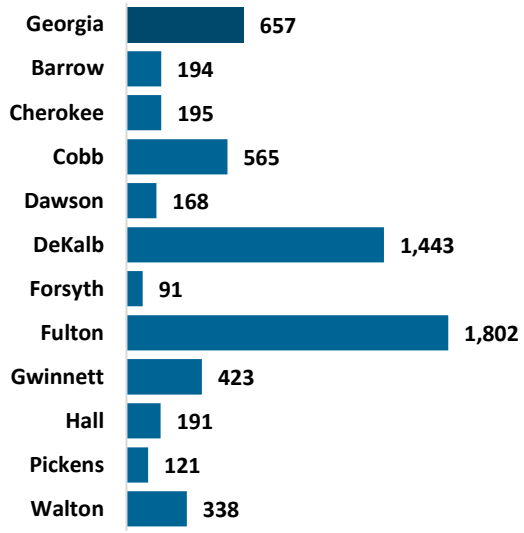
Between 2010 and 2019, rates rose moderately among the White, Asian and Hispanic populations, while rates among the Black population saw a much more drastic increase **(Figure 30)**.

HIV/AIDS

Georgia was ranked number two for new HIV diagnoses (AIDSVu, 2025). In Atlanta in 2020, 84% of new HIV infections were among men. When considered by race and ethnicity, 69% of new infections during 2020 in Atlanta were among the African American population and when considered by transmission category, 74% were attributed to male-to-male sexual contact (AIDSVu, 2025).

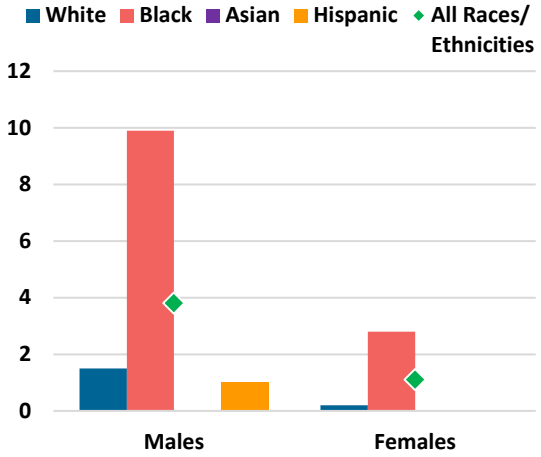
Between 2019 and 2023, the Community had 2,017 inpatient discharges due to HIV/AIDS and 584 deaths due to HIV during this time period. Within the Northside Community, Fulton and DeKalb counties had the highest HIV prevalence rates among people aged 13 and older, 1,802 and 1,443 respectively **(Figure 31)** (University of Wisconsin Population Health Institute, 2024).

Figure 31: HIV Prevalence, 2021



Source: CDC NCHHSTP, 2021. Accessed via www.countyhealthrankings.org.
Note: Age-adjusted rates are per 100,000 population.

Figure 32: HIV/AIDS, Age-Adjusted Death Rates, Northside Community, 2019-2023



Source: GA DPH OASIS, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

"People with HIV who are linked to HIV medical care soon after they're diagnosed can start getting treatment earlier. If they take their medication as prescribed, they're more likely to be able to control the virus, live long and healthy lives, and have effectively no risk of passing HIV to sexual partners."

- Healthy People 2030

Many of the counties in the Community did not have enough data to calculate rates by race and ethnicity but the Community's rates were available. As seen in **Figure 32**, the Black male population had significantly higher death rates than any other group, followed by the Black female population.

An In-Depth Analysis of Health Determinants, Health Behaviors, & Health Outcomes

The six health needs included in this section are based on priorities identified in Northside Hospital's FY 2022 – 2024 Community Health Needs Assessment. While the priorities identified in the previous CHNA help to drive the current CHNA analysis, we will continue to reevaluate the inclusion of these six priorities and the addition of any new priorities.

Access to Care

Although many counties in the Northside Community had better rates than Georgia for metrics such as uninsured rates, preventable hospital stays and provider to population ratios, when considered on the county level there were several within the Community that fared worse than the state.

Social Determinants of Health

An individual's likelihood to have adequate access to healthcare is impacted by SDOH. When considering race and ethnicity, members of the Hispanic population in the Community are most likely to be uninsured. Citizenship status also impacts an individual's likelihood of having health insurance, with members of the population who are foreign-born (not a citizen) having a significantly higher likelihood of being uninsured than any other group (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022). Age also impacts an individual's ability to qualify for certain types of health insurance such as Peach Care for Kids and Medicare. Compared to males, females are more likely to have a regular healthcare provider and more likely to have visited a dentist in the last 12 months (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022). In terms of educational attainment and income status, as education and/or income increases, the likelihood of having health insurance increases, as does the likelihood of having a regular primary care provider and receiving dental care within the previous 12 months (US Census Bureau, American Community Survey, 5-Year Estimates, 2022; Centers for Disease Control and Prevention, 2022).

WHY IS ACCESS TO CARE IMPORTANT?

"Delaying medical care can negatively impact health and increase the cost of care. People who can't get the care they need may have more preventable complications, hospitalizations, emotional stress, and higher costs."

- Healthy People 2030

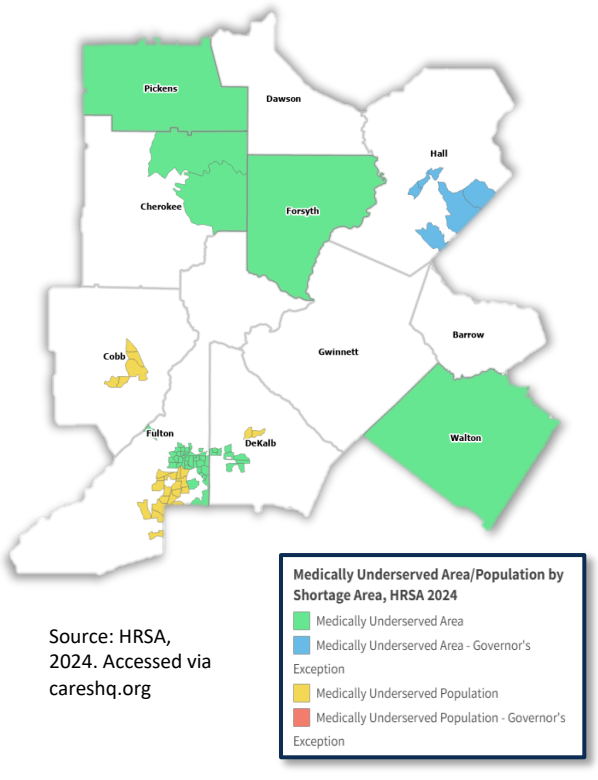
Economic status can influence an individual's likelihood of delaying medical care due to cost and geographic location may impact an individual's ability to access certain healthcare resources, such as Federally Qualified Health Centers ("FQHCs"), or access quality healthcare providers due to availability of providers in their area. Lastly, even if an individual has health insurance, the type of insurance plan may influence an individual's ability to utilize healthcare services due to plan details such as required out-of-pocket costs or availability of in-network providers.

Information on many of these SDOH within the Northside Community can be found in the Our Community section of this report under Demographics, Socioeconomic Characteristics and Physical Environment.

MUAs/MUPs and FQHCs

To highlight areas with low access to healthcare resources, Northside examined the location of MUAs and MUPs, along with locations of FQHCs. According to the U.S. Department of Health Resources and Services Administration (2024), MUAs may be a whole county or a group of neighboring counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of primary care services (Health Resources and Services Administration, 2024). MUPs are similar to MUAs; however, instead of pertaining to the entire geographic area, MUPs are specific to a population group within the area. MUPs are usually limited to population groups with economic, cultural or linguistic barriers to health care. The location of MUAs and MUPs within the Community are illustrated in **Figure 33**.

Figure 33: Medically Underserved Areas and Populations in the Northside Community, 2024



Source: HRSA, 2024. Accessed via careshq.org

FQHCs include organizations that serve an underserved population or area by offering services on a sliding fee scale, providing comprehensive services and ensuring the delivery of high-quality services. FQHCs are assets to the community because of the care they provide disparate/vulnerable populations (Health Resources and Services Administration, 2024). Within the Community, there were 59 FQHCs. The number of FQHCs, population estimates and ratio for each county in the Community are shown in **Table 6**.

TABLE 6: FEDERALLY QUALIFIED HEALTH CENTERS, NORTHSIDE COMMUNITY, 2024

Geography	# of FQHC Locations	Population Estimate	Ratio
Cherokee	1	293K	292,824:1
Cobb	3	785K	261,809:1
Gwinnett	8	1M	125,610:1
Hall	2	218K	109,079:1
Walton	1	105K	105,196:1
Forsyth	3	283K	94,296:1
Barrow	1	93K	92,516:1
DeKalb	11	776K	70,573:1
Fulton	27	1.1M	40,882:1
Pickens	1	35K	35,472:1
Dawson	1	32K	31,530:1

Source: US Department of Health and Human Services, 2024 and ESRI, 2024.

Physician Access and Utilization – Primary Care

Access to a primary care physician ("PCP") is an important step in maintaining good health. There are many reasons that a person may or may not have a regular PCP, including economics, transportation or geographic access. Geographic access can, in part, be measured by the rate of PCPs within the population. Counties within the Community had varying ratios of PCPs to population based on 2021 estimates. Six counties had ratios that were worse than Georgia's ratio of 1,520:1, while five had equal or better ratios. When considering these numbers, it is important to remember these ratios were calculated at the county-level, and that even within a county where there appears to be a significant number of PCPs, there could be pockets where there is low access, especially where there are MUAs/MUPs.

TABLE 7: RATIO OF POPULATION TO PRIMARY CARE PROVIDERS, NORTHSIDE COMMUNITY, 2021

Geography	Ratio
Georgia	1,520:1
Barrow	4,560:1
Walton	4,160:1
Forsyth	2,530:1
Cherokee	2,430:1
Pickens	2,270:1
Hall	1,670:1
Gwinnett	1,520:1
Dawson	1,500:1
Cobb	1,280:1
DeKalb	940:1
Fulton	890:1

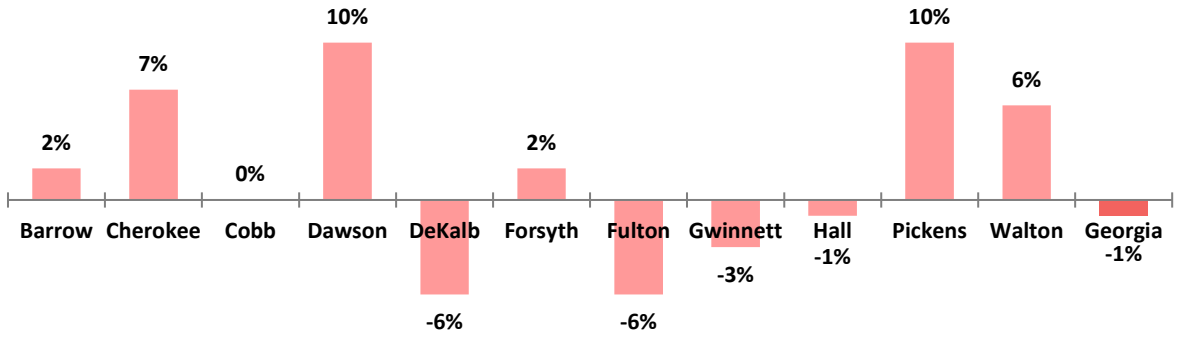
Source: Area Health Resource File, 2021. Accessed via countyhealthrankings.org.

"Having a primary care provider (PCP) is important for maintaining health and preventing and managing serious diseases. PCPs can develop long-term relationships with patients and coordinate care across health care providers."

- Healthy People 2030

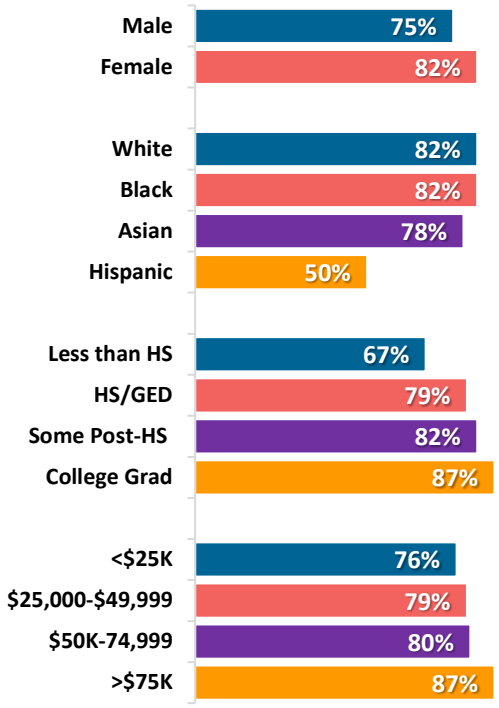
To understand if access translates to utilization, the ESRI 2024 Market Potential Index was used to compare counties in the Community to the national average for the percent of the population to visit a general or family practitioner within the year (ESRI, 2024). As shown in **Figure 34,** these rates varied by county, with six counties having rates that were higher than the national average and seven having rates that were higher than Georgia's average. DeKalb and Fulton counties had the lowest visit rates with each county having a rate 6% less than the national average, while Dawson and Pickens counties had the highest, each with 10% higher than the national average.

Figure 34: Visited General/Family Doctor in Last 12 months, Percent Above or Below National Average, Northside Community and Georgia, 2024



Source: ESRI, 2024

Figure 35: Do You Have a Person You Think of as Your Personal Doctor?, Percent Reporting "Yes," Georgia, 2022



Source: CDC BRFSS, 2022. Accessed via americashealthrankings.org.

County level data was not available that stratified access to a consistent source of primary care by race or ethnicity; however, the data was available at the state-level and may broadly represent the Community. Within Georgia, only 50% of Hispanic respondents indicated they had a personal doctor compared to White, Black and Asian respondents who answered “yes” at a rate of 78% or higher. Considering over half of Georgia’s Hispanic population resides within the Community, this disparity is most likely present within the Community as well as Georgia. The female population also responded more often that they had someone they thought of as a personal doctor compared to the male population, 82% and 71% respectively. Lastly, as education and/or income level increased, so did the percentage of the population who reported having a dedicated healthcare provider (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022).

Access and Utilization – Dental Care

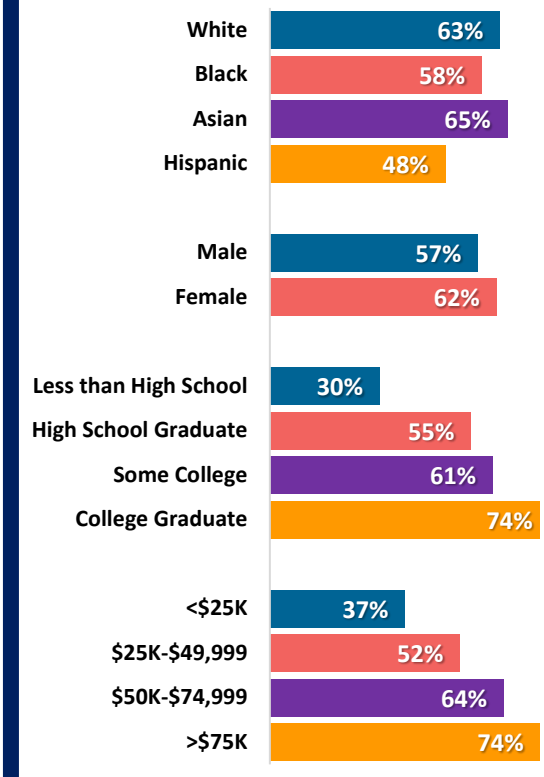
Dental health is closely associated with overall health. Certain oral conditions can exacerbate other chronic conditions, while certain chronic conditions also worsen many oral health conditions. Based on 2022 data, within the Community, there were varying availability of dentists based on county. Seven counties in the Community had ratios that were worse than the state's, as shown in **Table 8**. While county level data was not available for utilization of dentists, hygienists, or dental clinics, it was available for Georgia. When considering the percentage of adults who had not visited a dentist, hygienist or dental clinic in the past year, Georgia's rate of 40% was higher than the U.S. rate of 34% (Centers for Disease Control and Prevention, 2022).

TABLE 8: RATIO OF POPULATION TO DENTISTS, NORTHSIDE COMMUNITY, 2022

Geography	Ratio
Georgia	1,860:1
Barrow	5,250:1
Pickens	3,170:1
Walton	2,710:1
Forsyth	2,570:1
Dawson	2,150:1
Cherokee	1,970:1
Hall	1,930:1
DeKalb	1,610:1
Gwinnett	1,530:1
Cobb	1,390:1
Fulton	1,320:1

Source: NPI Registry, 2022. Accessed via countyhealthrankings.org.

Figure 36: Visited Dentist or Dental Clinic in Last 12 Months for Any Reason, Georgia, 2022



Source: CDC, BRFSS, 2022

As shown in **Figure 36,** Georgia's Hispanic population had the lowest rate of visiting a dentist in the last 12 months compared to other racial and ethnic groups. Compared to females, the male population had a slightly lower rate. As education level decreased and/or as income level decreased, the likelihood of visiting a dentist in the previous 12 months also decreased.

Access and Utilization – Prenatal Care

"Strategies to help women adopt healthy habits and get health care before and during pregnancy can help prevent pregnancy complications" (Healthy People 2030, 2024). Information on access and utilization of prenatal care in the Northside Community can be found in the Our Community section of this report under Maternal and Infant Health.

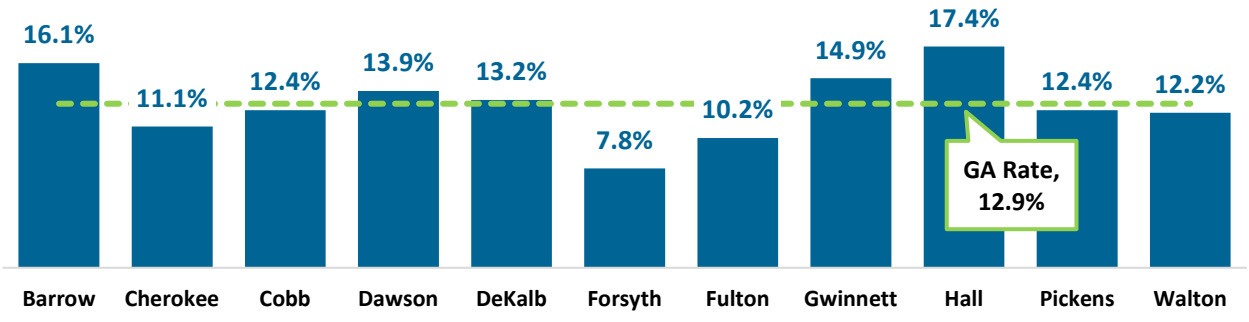
Health Insurance Coverage

> **"People without insurance are less likely to get the health care services and medications they need and more likely to have poor health outcomes."**
>
> - **Healthy People 2030**

In terms of access to healthcare, having no health insurance is a large barrier to medical care. Persons who are uninsured are less likely to seek out or receive preventive care, less likely to obtain recommended treatments, are more likely to be admitted to the hospital for preventable conditions and are also more likely to die in the hospital compared to the insured (Majerol, 2015). Pathways to health insurance in the United States generally vary by age; the elderly in the United States are nearly all covered through Medicare and populations under 65 usually receive health insurance as a benefit through their job, a family member's job, or an exchange-based plan offered on the federally run healthinsurance.org. Additional programs, designed to help low-income populations, include Medicaid (limited) and Peachcare for Kids.

Figure 37, displays uninsured rates in the Northside Community and in Georgia. When compared by county, five counties, Hall (17.4%), Barrow (16.1%), Gwinnett (14.9%), Dawson (13.9%) and DeKalb (13.2%), had overall uninsured rates that were higher than Georgia's rate of 12.9% (US Census Bureau, American Community Survey, 5-Year Estimates, 2022).

Figure 37: Uninsured Rates in the Northside Community and GA, 2022



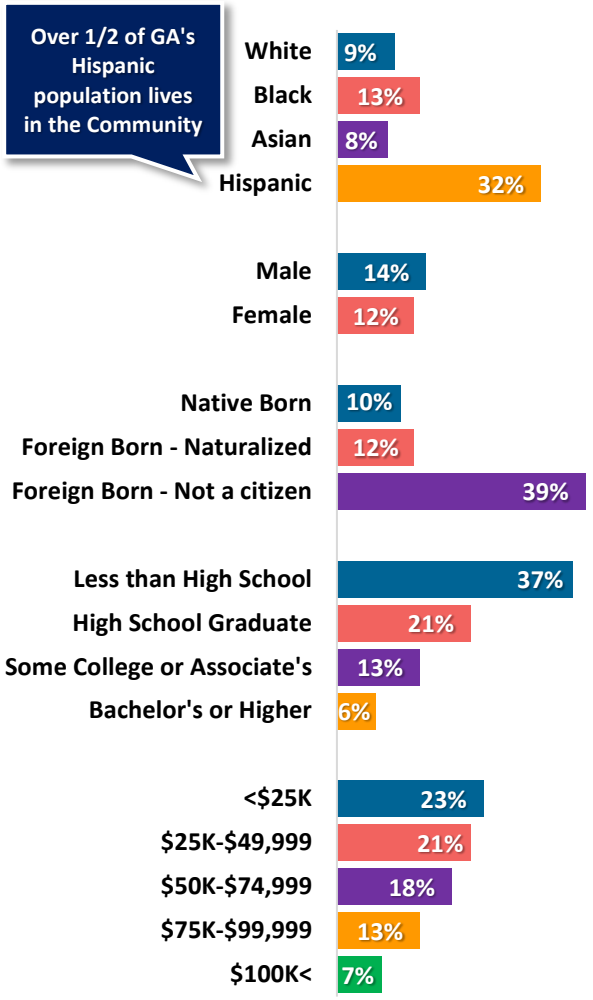
Source: US Census Bureau, ACS, 2022 5-year estimates

The uninsured rate within the Community (12.5%) was slightly lower than Georgia's of 12.9%. The Community had a slightly higher rate of uninsured among its child population (under 19 years) than Georgia, 8% compared to 7%. The Community also had a slightly lower rate of uninsured among the 19-64-year age group than the state, with 17% compared 18% (US Census Bureau, American Community Survey, 5-Year Estimates, 2022).

As shown in **Figure 38,** within the Community, the Hispanic population had the highest uninsured rate among the racial and ethnic groups with 32% of the Community's Hispanic population not having health insurance. Citizenship status also impacted the likelihood of having health insurance with 39% of those who were foreign born (not a citizen) being uninsured. Lastly, as education level increased and income increased, the likelihood of being uninsured decreased (US Census Bureau, American Community Survey, 5-Year Estimates, 2022).

In 2024, members of the Community, on average, spent 12% more than the national average on health insurance, or approximately $5,617 for the year, compared to Georgia's average of $4,928. Forsyth County residents paid the most for health insurance in the Community at a rate of 43% above the national average, followed by Cobb, Fulton and Cherokee County residents who paid 19%, 18% and 17% above the national average respectively (ESRI, 2024).

Figure 38: Uninsured Rates, Percent of Each Population, Northside Community, 2022

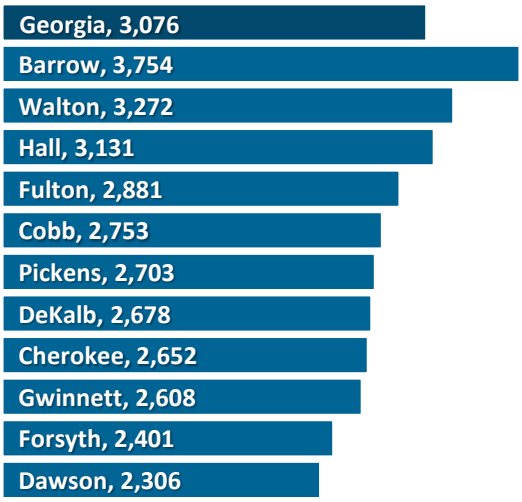


Source: US Census Bureau, American Community Survey, 5-year Estimates, 2022

Preventable Hospital Events

One indicator that illustrates if sufficient outpatient care resources are available and accessible to community members is the number of preventable hospital events that occurred among residents (Medicare). The conditions considered to be preventable include hospital admissions due to diabetes, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, pneumonia and urinary tract infections, because with access to quality outpatient care they would not have resulted in a hospital stay. Barrow County had the highest rate of preventable hospital stays with a rate of 3,754 per 100,000 Medicare enrollees while Dawson had the lowest (2,306). Barrow, Walton and Hall, had rates that were higher than Georgia's rate.

Figure 39: Preventable Hospital Stays (Medicare), Age-Adjusted Rate, 2021

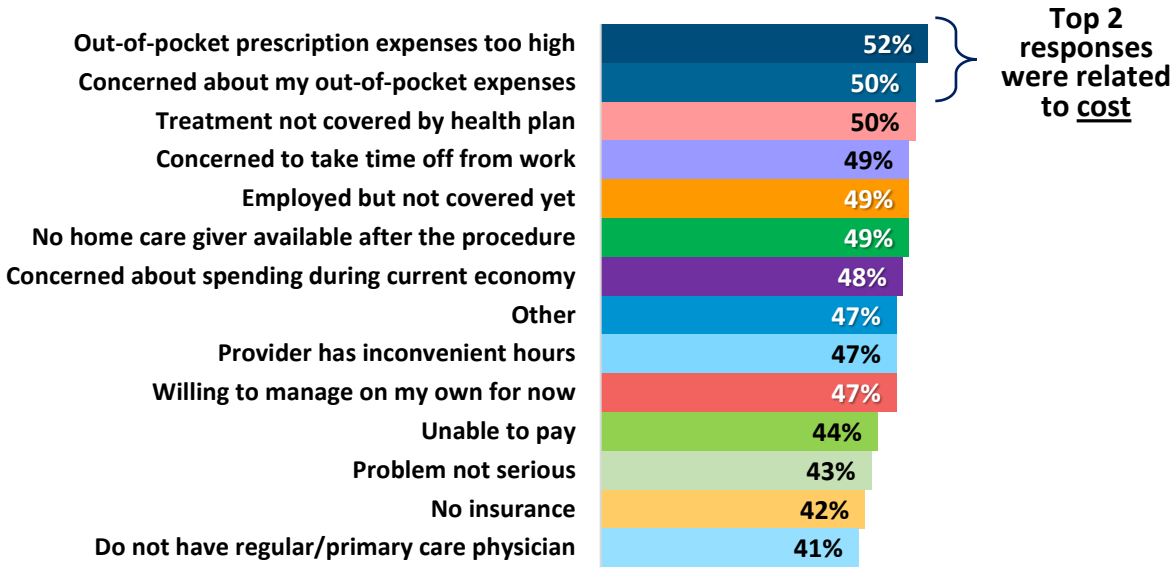


Source: Centers for Medicare & Medicaid Services, Mapping Medicare Disparities, 2021. Accessed via countyhealthrankings.org.
Note: Rate is per 100,000 Medicare enrollees.

Reasons for Delaying Medical Care

The number one reason Community members indicated they delayed medical care between 2022 and 2024 was that out-of-pocket prescription expenses were too high, followed by a concern about out-of-pocket expenses (National Research Corporation, 2022-2024). Additional reasons for delayed care are displayed in **Figure 40 (next page).** In this survey, more than one reason could be chosen by each survey respondent.

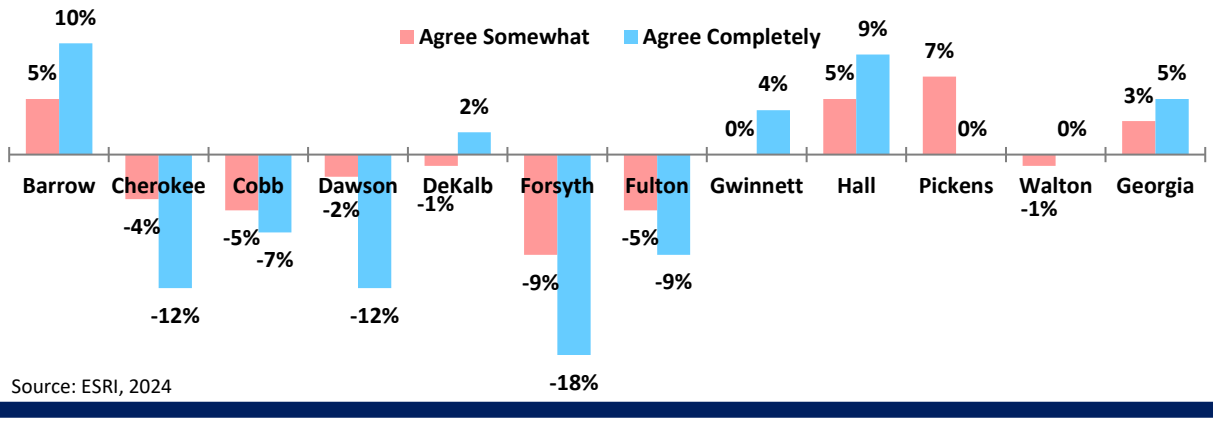
Figure 40: Reasons for Delayed Treatment in Last Six Months, Percentage of Households Surveyed in Northside Community, 2022-2024



Source: National Research Corporation, 2022-2024

Another measure available to evaluate how health care costs impact the Community is provided by ESRI. Respondents were asked to answer if they struggled with health care costs based on a scale of one to four (1-Disagree Completely, 2-Disagree Somewhat, 3-Agree Somewhat, and 4-Agree Completely). **Figure 41,** includes the percent above or below the national average for respondents who answered that they either agreed somewhat or agreed completely. Barrow, Hall and Pickens counties had rates that were higher than the state's.

Figure 41: Struggle with Health Care Costs, Percent Above or Below National Average, Northside Community and Georgia, 2024

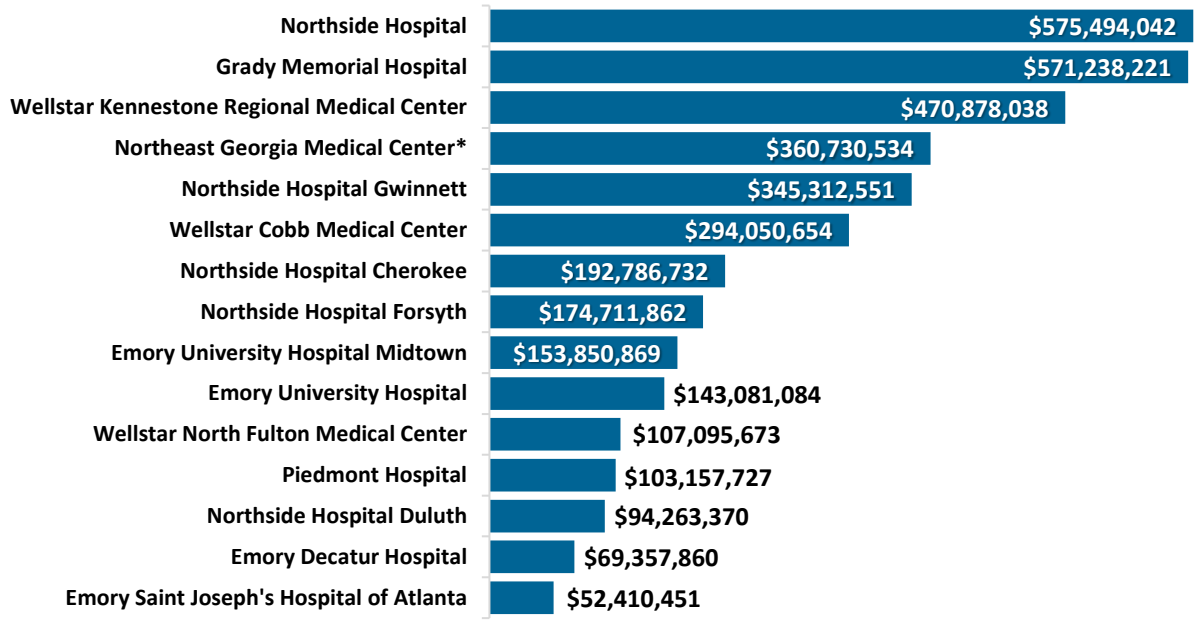


Source: ESRI, 2024

Indigent and Charity Care

Indigent and charity care is often used as a metric for assessing a community's access to healthcare services, particularly for individuals with limited financial means. The total amounts of indigent and charity care provided by the Community's general acute care hospitals varied. In FY 2023, the Community's 22 hospitals provided more than $3.8 billion in net uncompensated indigent and charity care combined. Even with the closure of Wellstar Atlanta Medical Center in fall of 2022, this combined amount still accounts for an approximate 11% increase in net uncompensated indigent and charity care in the Community since FY 2020. Northside Hospital Atlanta provided the largest dollar amount (approximately $575 million) in FY 2023, followed by Grady Memorial Hospital (approximately $521 million) and Wellstar Kennestone Hospital (approximately $471 million) in indigent and charity care of all general acute care providers in the Community. Northside Hospital's five facilities combined provided over $1.3 billion in net uncompensated indigent and charity care in FY 2023. Northside Hospital's indigent and charity care performance demonstrates that Northside is providing community benefit and serving all patients regardless of their ability to pay (Georgia Department of Community Health, 2023).

Figure 42: FY 2023 Indigent and Charity Care by Hospitals for All Hospitals in Northside's Community with over $50M in Net Uncompensated Indigent and Charity Care



Source: Georgia Department of Community Health, Hospital Financial Surveys, FY 2023
*Includes both the Gainesville and Braselton campuses, which operate under a single license.

Behavioral Health & Substance Use Disorder

Within the Northside Community, intentional self-harm (suicide) was the second leading cause of death for 10-14-year olds, third leading cause of death for 15-24-year olds and 45-64 year olds, and fourth leading cause for 35-54 year olds (Georgia Department of Public Health, 2019-2023). Many counties in the Community also had accidental poisoning rates (primarily comprised of drug overdoses) that were higher than the State's (Georgia Department of Public Health, 2019-2023).

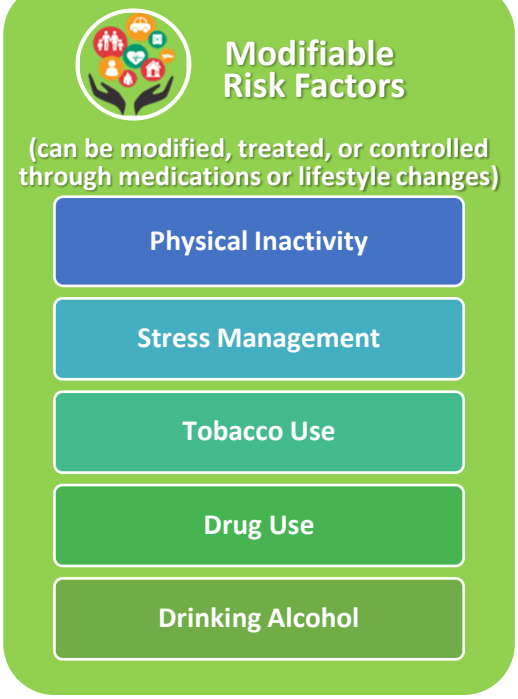
WHY IS BEHAVIORAL HEALTH IMPORTANT?

"Mental and physical health are closely connected. Mental health disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders."

- Healthy People 2030

Modifiable Risk Factors

Stigma surrounding behavioral health and substance use disorder may leave an individual less likely to acknowledge concerns, seek outside help or receive support from family and loved ones. Traumatic life experiences may also leave an individual more likely to experience behavioral health concerns or substance use disorder. Modifiable risk factors, such as physical inactivity or lack of stress management abilities may contribute to a higher likelihood of experiencing depression or anxiety. Usage of addictive substances may also make an individual more likely to develop dependency.



More information on modifiable risk factors in the Northside Community can be found in the Our Community section of this report under Health Behaviors.

Access to Mental Health Providers

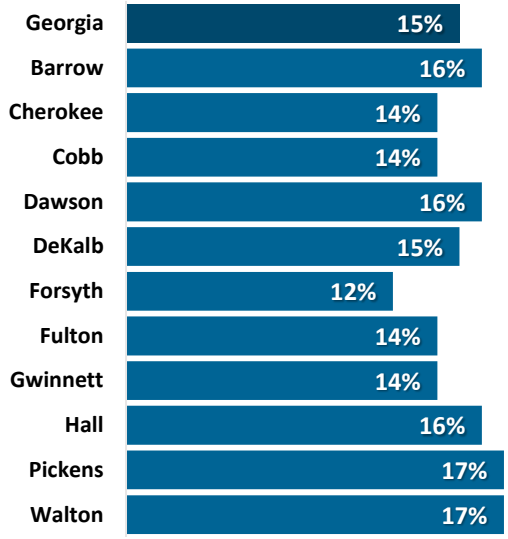
An individual's access to mental health providers in their area plays an important role in the ability to address behavioral health concerns. County Health Rankings' ratio of population to mental health providers utilizes data in the NPI registry, which provides the number of mental health providers by county. This metric defines mental health providers as "psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care" (University of Wisconsin Population Health Institute, 2024). Eight counties in the Community had ratios that were worse than Georgia's ratio of 560:1. Ratios for the Community's eleven counties and Georgia are included in **Table 9.**

Table 9: Population to Mental Health Provider Ratio, Northside Community, 2023

Geography	Ratio
Georgia	560:1
Barrow	2,790:1
Pickens	1,240:1
Forsyth	1,160:1
Hall	960:1
Dawson	940:1
Walton	890:1
Cherokee	860:1
Gwinnett	680:1
Cobb	420:1
Fulton	310:1
DeKalb	260:1

Source: NPI Registry, 2023. Accessed via countyhealthrankings.org.

Figure 43: Frequent Mental Distress, Percent of Adults, Northside Community, 2021



Source: CDC BRFSS, 2021. Accessed via countyhealthrankings.org

Health Outcomes

Frequent Mental Distress

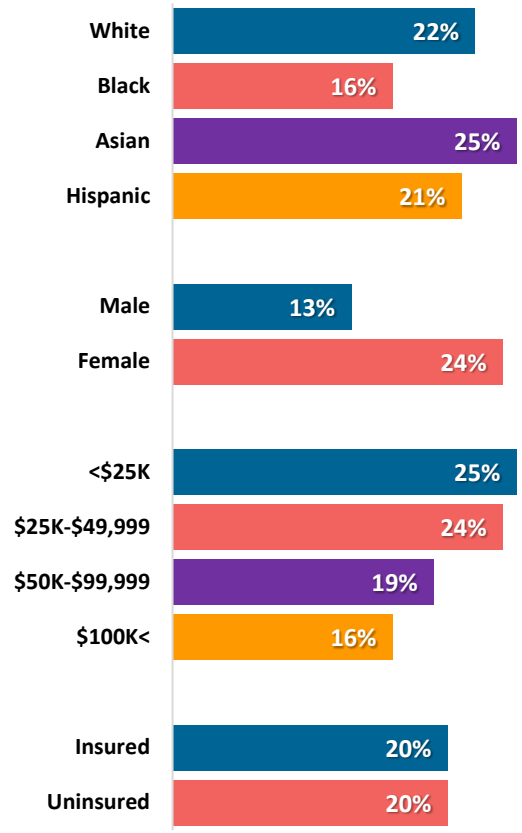
Another way to measure behavioral health within a community is to survey members on perception of their personal level of mental distress or to self-report conditions such as anxiety or depression. Factors such as cultural stigma surrounding behavioral health may influence an individual's likelihood to report mental distress or to seek care for behavioral health concerns. County Health Rankings' measurement of frequent mental distress provides the percentage of adults in each county who reported having poor mental health days for 14 or more days out

of the last month. These percentages are displayed in **Figure 43 (previous page).** Pickens and Walton counties had the highest rate among the Community's eleven counties followed by Barrow, Dawson and Hall counties, all five of which had rates that were higher than Georgia's.

Anxiety and Depression

In a survey conducted by the NRC (2022-2024), respondents in the Northside Community were asked if they had depression or anxiety. The results of this are included in **Figure 44.** When considering race and ethnicity, 25% of Asian respondents reported having anxiety and/or depression, followed by 22% of White respondents and 21% of Hispanic respondents. The Black population had the lowest percentage of self-reported anxiety and/or depression at 16%. Twenty-four percent (24%) of females reported having anxiety and/or depression compared to 13% of males. When considering income, respondents with an annual income greater than $50k answered that they had anxiety and/or depression at a lower rate than those with income less than $50K. Lastly, equal portions of insured and uninsured (20%) respondents reported having anxiety and/or depression.

Figure 44: Anxiety/ Depression, Percent of Respondents Self-Reported, Northside Community, 2022-2024



Source: National Research Corporation, 2022-2024

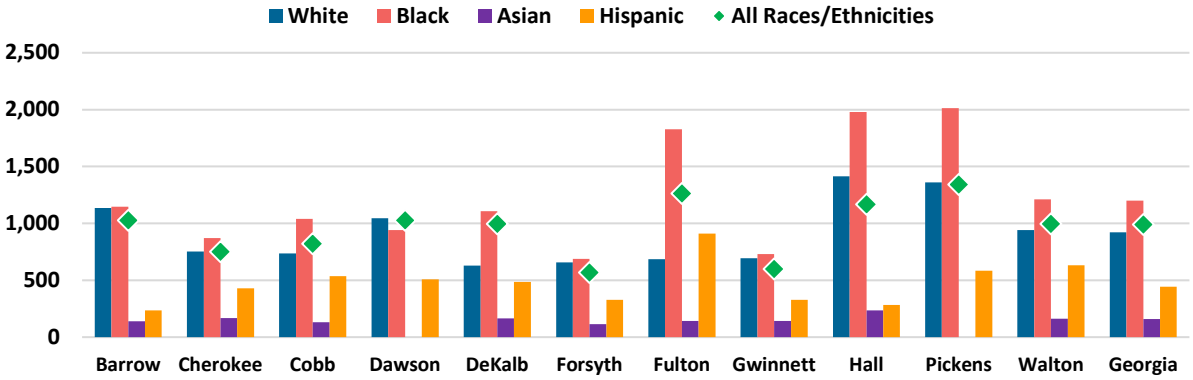
Emergency Room (ER) Visit Rates for Mental and Behavioral Disorders

A method useful for measuring the impact of behavioral health and substance abuse disorder on local hospitals is to examine age-adjusted emergency room (ER) visit rates for mental and behavioral disorders (including visits for disorders related to drug use). High ER visit rates may indicate a lack of access to or utilization of behavioral health management care. Insured status, provider ratios and financial restrictions may be a few of the barriers that individuals face when obtaining behavioral health care or maintaining a care plan.

Between 2019 and 2023, the Northside Community had a total of 210,664 ER visits for mental and behavioral disorders, comprising 40% of Georgia's total during this time period (Georgia Department of Public Health, 2019-2023). When considering age-adjusted ER visit rates by sex, the male population had slightly higher rates in nine of the Community's eleven counties, as well as in Georgia.

When considering overall rates (all races/ethnicities), seven out of the Community's eleven counties had rates that were higher than Georgia. When considered by race and ethnicity, White and Black populations had the highest age-adjusted ER visit rates due to mental and behavioral disorders in most of the Community's counties, as well as in Georgia.

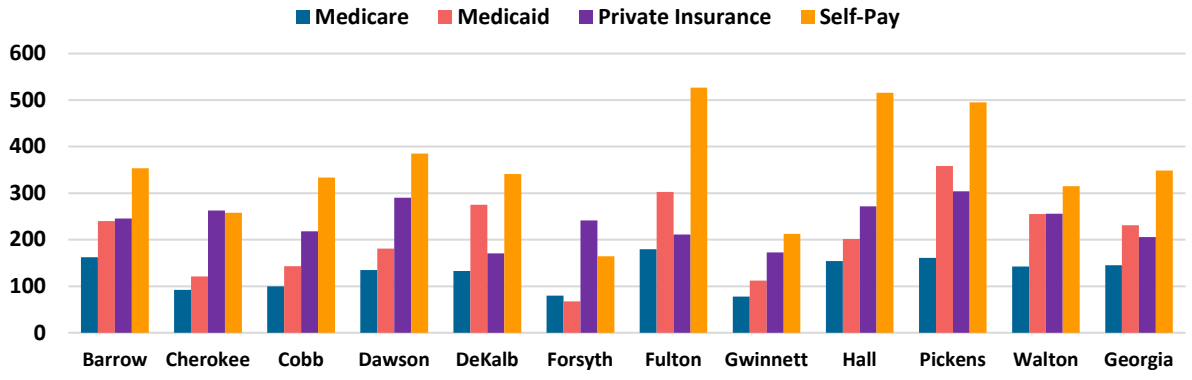
Figure 45: Mental & Behavioral Disorders, Age-Adjusted ER Visit Rate by Race and Ethnicity, Northside Community and Georgia, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

Age-adjusted ER visit rates due to mental and behavioral disorders also were available by insurance type. As shown in **Figure 46**, the self-pay population had the highest rates for each county aside from Cherokee and Forsyth counties, whose private insurance population had the highest rate.

Figure 46: Mental & Behavioral Disorders, Age-Adjusted ER Visit Rate by Insurance Type, Northside Community and Georgia, 2019-2023

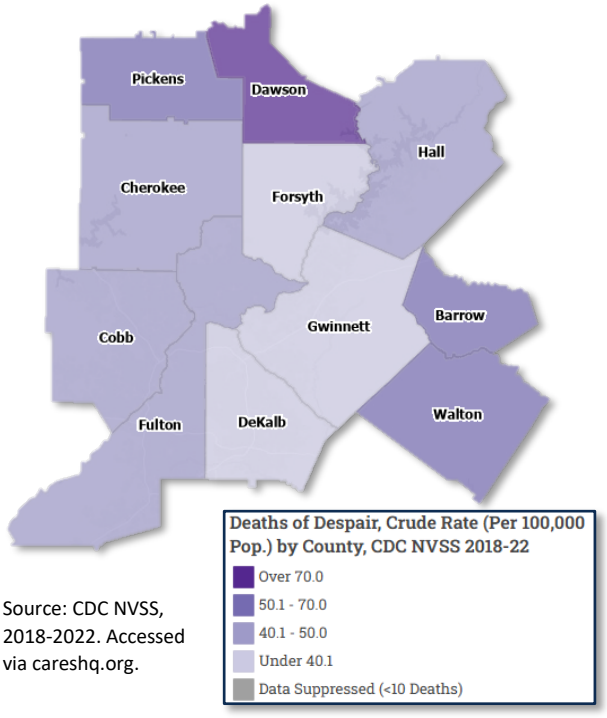


Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

Deaths of Despair

The CDC's metric for "deaths of despair" includes deaths that result from suicide, drug overdoses (including alcohol), and alcoholic liver disease. In the Community, Dawson County had the highest rate of deaths of despair followed by Barrow, Pickens and Walton counties **(Figure 47)**.

Figure 47: Deaths of Despair in the Northside Community, 2018-2022

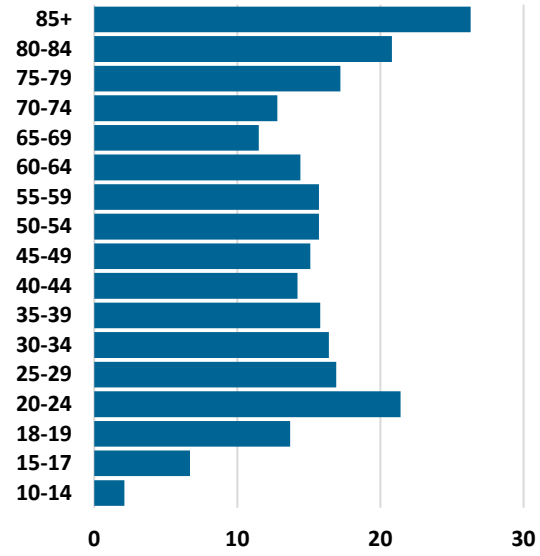


Source: CDC NVSS, 2018-2022. Accessed via careshq.org.

Suicide

In 2023, there were a total of 1,658 suicide deaths in Georgia, 605 (36%) of which were in the Northside Community (Georgia Department of Public Health, 2019-2023). With intentional self-harm being included in the leading causes of death, an understanding of mental health status of the Community can assist with efforts to intervene.

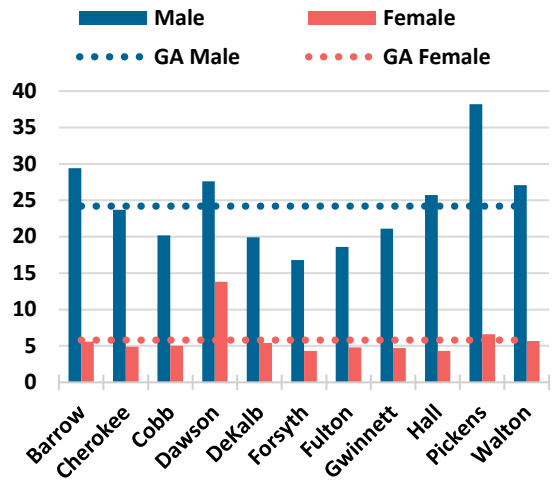
Figure 48: Suicide, Death Rates by Age Cohort, Community, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Rates are per 100,000 population.

Displayed in **Figure 48**, are the Community's death rates due to suicide by age cohort. Between 2019 and 2023, the ten to 24 years of age population's death rates due to suicide rose drastically and then leveled off between the ages of 25 and 64 years of age. After a decrease between 65-69 years of age, rates again rose to the highest rate of any age group (26 suicide deaths per 100,000) for the 85+ years of age cohort.

Figure 49: Suicide, Age-Adjusted Death Rate by Sex, Northside Community and Georgia, 2019-2023

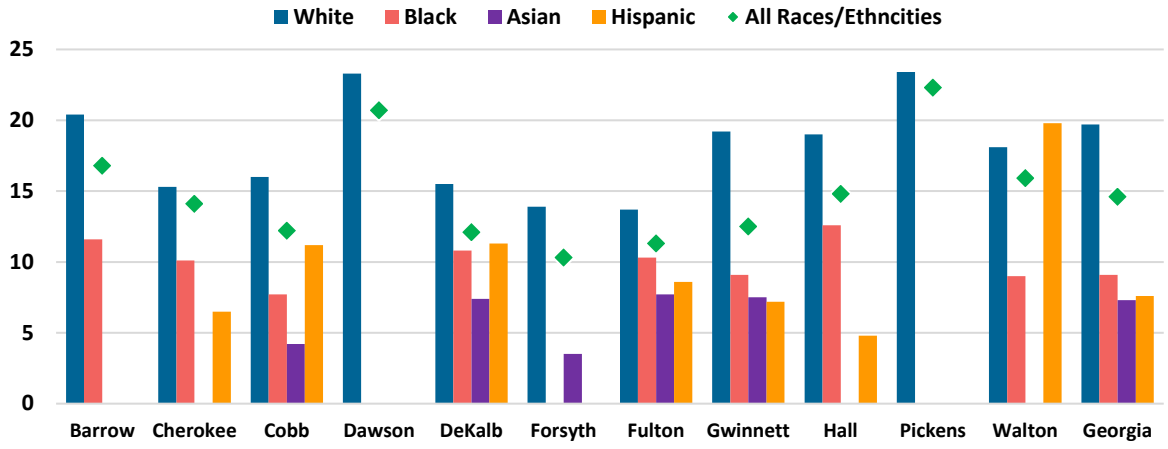


Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

As shown in **Figure 49,** males had significantly higher age-adjusted death rates due to suicide than females in all eleven counties in the Community and in Georgia. Five counties in the Community had rates among the male population that were higher than Georgia's male population rate and two counties had rates that were higher among the female population than Georgia's female population rate.

Within the Northside Community, four counties had overall (all races/ethnicities) rates that were higher than the state's, and Dawson and Pickens counties had higher overall rates than any other county in the Community **(Figure 50).** When considering race and ethnicity, the White population had the highest rate in ten of the Community's counties and in Georgia.

Figure 50: Suicide, Age-Adjusted Death Rates, Northside Community and Georgia, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

Substance Use Disorder

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2024), 4.5% of Americans (18 years or older) interviewed during 2023 reported having received substance use treatment in the past 12 months (Substance Abuse and Mental Health Services Administration, 2024). Twelve percent of survey respondents reported ever having a substance use problem and of those who reported ever having a substance use problem, 73.1% considered themselves to be in recovery or to have recovered.

Risk factors for substance use disorder include:

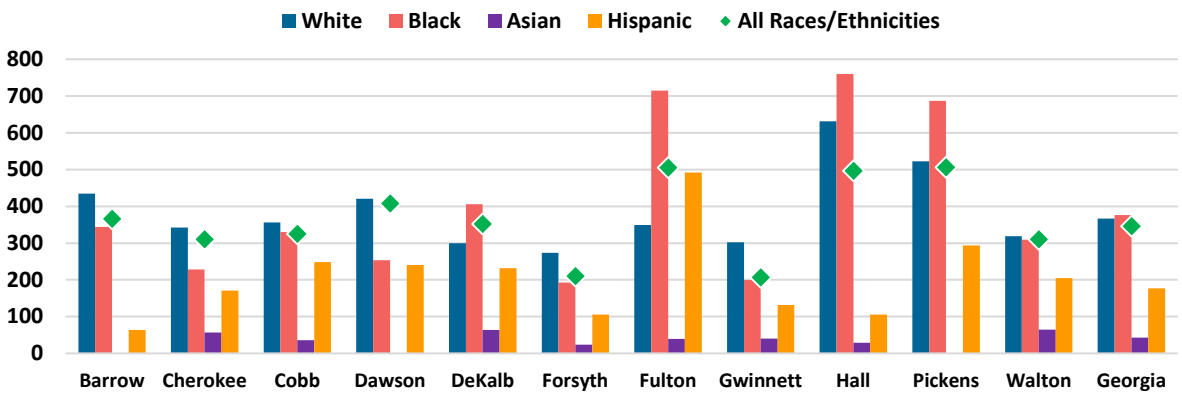
- Mental health disorder[2]
- Lack of family involvement[2]
- Peer pressure[2]
- Traumatic life experiences[3]
- Using drugs at an early age[2]
- Taking a highly addictive drug[2]
- Family history of addiction[2]

[2] Source: Mayo Clinic, Drug Addiction (Substance Use Disorder), 2022
[3] Source: International Society for Traumatic Stress Studies, 2021

ER Visits Related to Drug Use

Between 2019 and 2023, in the Northside Community there were 81,912 ER visits for mental and behavioral disorders related to drug use, making up 44% of Georgia's total during this time period (Georgia Department of Public Health, 2019-2023). Emergency room visit rates for mental and behavioral health disorders related to drug use are included in **Figure 51.** Fulton, Hall and Pickens counties had significantly higher overall (all races/ethnicities) rates in the Community. When considering race and ethnicity, the White population had the highest rate in seven of the Community's counties; however, Fulton, Hall and Pickens counties' Black population and Hall and Pickens counties' White populations had significantly higher rates compared to any other counties in the Community or Georgia.

Figure 51: Mental & Behavioral Disorders Related to Drug Use, Age-Adjusted ER Visit Rates by Race and Ethnicity, Northside Community and Georgia, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

Accidental Poisonings

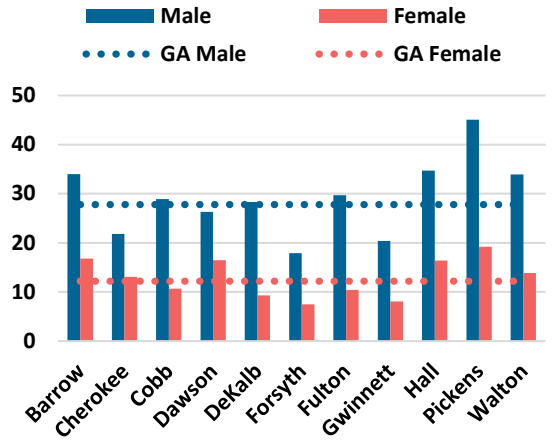
Accidental poisonings include any deaths due to poisonings or exposure to noxious substances aside from those involving a homicide or suicide. Poisoning due to drugs comprises 94% of the total and poisoning due to alcohol comprises 4% of the total (Georgia Department of Public Health, 2019-2023).

"Drug overdose deaths are a national public health emergency."

- Healthy People 2030

Compared to females, males had higher death rates due to accidental poisoning in all eleven counties within the Community and in the state **(Figure 52)**. Seven counties within the Community had higher rates among the male population than the state's male rate of 27.8 and six counties within the Community had higher rates among the female population than the state's female rate of 12.2.

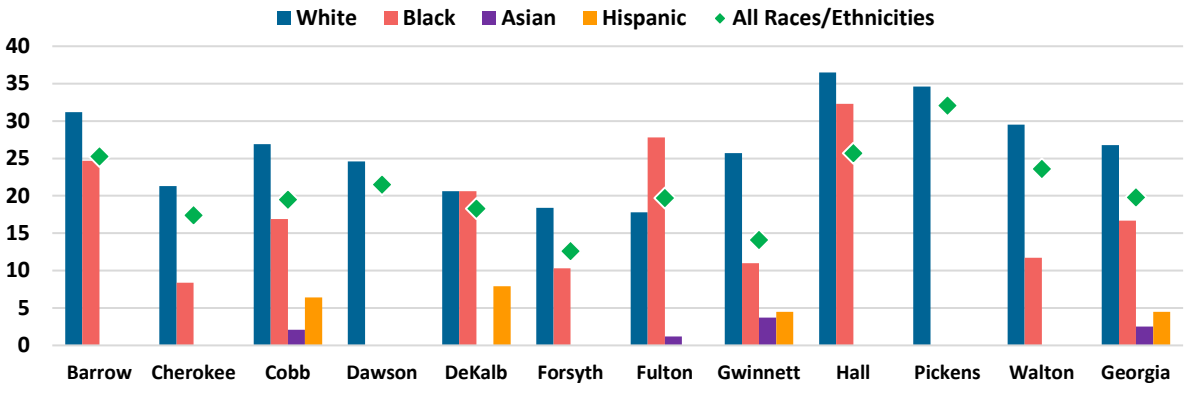
Figure 52: Accidental Poisonings, Age-Adjusted Death Rate by Sex, Northside Community and Georgia, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

Within the Northside Community, Pickens County had the highest death rate (32.1) due to accidental poisonings followed by Hall (25.7) and Barrow (25.3) counties. Five out of the eleven counties in the Community had rates that were higher than Georgia's rate of 19.8 deaths per 100,000 population. When considered by race and ethnicity, the White population had significantly higher death rates due to accidental poisoning when compared to the Black, Asian and Hispanic populations in all counties aside from Fulton **(Figure 53)**.

Figure 53: Accidental Poisonings, Age-Adjusted Death Rates by Race and Ethnicity, Northside Community and Georgia, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

Excessive Drinking

The physical effects of alcohol misuse on the body include increased risk of liver disease, heart disease, depression, stroke, stomach bleeding, and certain types of cancers. Alcohol misuse can also make managing certain health conditions like diabetes, high blood pressure, pain and sleep disorders more difficult. Lastly, alcohol consumption also is associated with increased risk of drowning, injuries from violence, falls, and motor vehicle accidents (National Institute on Alcohol Abuse and Alcoholism, 2025).

Excessive drinking includes the percentage of a county's surveyed adult population that reported either binge or heavy drinking in the past 30 days (University of Wisconsin Population Health Institute, 2024). As displayed in **Table 10,** Dawson and Fulton counties had the highest rates at 18%. These two counties had rates that were higher than Georgia's rate of 17%.

Binge Drinking: Woman consuming more than 4 or man consuming more than 5 alcoholic drinks during single occasion

Heavy Drinking: Woman drinking more than 1 or man drinking more than 2 alcoholic drinks on average per day

Table 10: Excessive Drinking, Percentage Reporting Binge or Heavy Drinking in Past 30 Days, Northside Community and Georgia, 2021

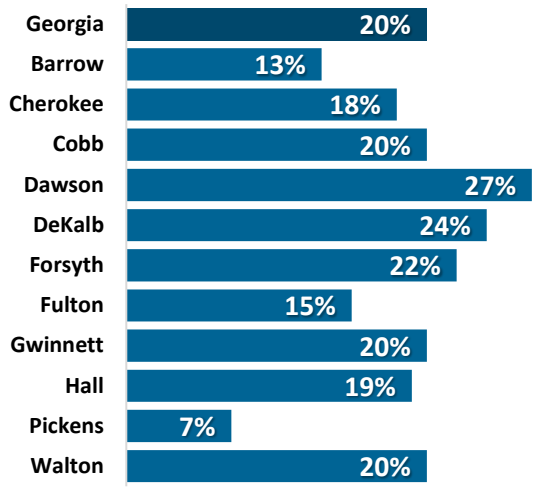
Geography	Percentage
Georgia	17%
Dawson	18%
Fulton	18%
Barrow	17%
Cherokee	17%
Forsyth	17%
Hall	17%
Cobb	16%
Pickens	16%
Walton	16%
DeKalb	15%
Gwinnett	14%

Source: CDC BRFSS, 2021. Additional analysis by countyhealthrankings.org.

Alcohol-Impaired Driving Deaths

According to County Health Rankings (2024), alcohol-impaired driving deaths (percent of total motor vehicle crash deaths that were alcohol related) accounted for between 7% and 27% of motor vehicle crash deaths between 2017 and 2021 in the Northside Community's eleven counties (University of Wisconsin Population Health Institute, 2024). Percentages for the Community and Georgia are displayed in **Figure 54.** Dawson County had the highest rate of driving deaths that were alcohol-related at 27%, followed by DeKalb County at 24%. These two counties, in addition to Forsyth, had rates that were higher than Georgia's rate of 20%. Pickens County had a significantly lower rate compared to the Community's other counties at 7%.

Figure 54: Alcohol Impaired Driving Deaths, Percent, Northside Community and Georgia, 2017-2021



Source: Fatality Analysis Reporting System, 2017-2021.
Additional analysis by countyhealthrankings.org.

Cancer

According to the American Cancer Society (2025), "cancer affects one in three people in the United States." Between 2019 and 2023, cancer was the leading cause of death for the Community (19% of deaths) and the second leading cause of death in Georgia (18% of deaths) (Georgia Department of Public Health, 2019-2023).

Modifiable Risk Factors

Certain modifiable risk factors may also be impacted by SDOH, for example the effect that an individual's income may have on the ability to maintain a healthy diet. An estimated forty percent of cancer cases and about one half of cancer deaths in the United States among adults 30 years or older can be attributed to modifiable risk factors (American Cancer Society, 2024). Based on estimates from the American Cancer Society (2025), the top three risk factors contributing to cancer diagnoses in the United States are:

WHY IS CANCER IMPORTANT?

"Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care."

- Healthy People 2030

1. Smoking – approximately 20% of cancer cases and 30% of cancer deaths.
2. Excess body weight – approximately 5% of cancers in men and 11% of cancers in women. It is also linked to about 7% of all cancer deaths.
3. Drinking alcohol – approximately 5% of all cancers and 4% of cancer deaths.

Modifiable Risk Factors

(can be modified, treated, or controlled through medications or lifestyle changes)

- Cigarette Smoking & Secondhand Smoke
- Excess Body Weight
- Drinking Alcohol
- UV Radiation
- Physical Inactivity
- Poor Nutrition
- Cancer-Associated Infections

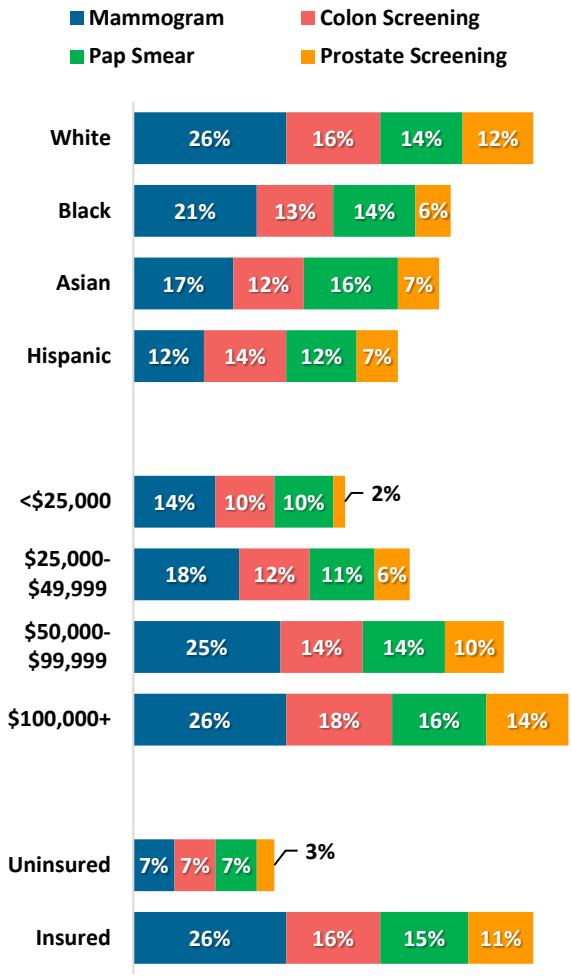
Other modifiable risk factors include UV exposure, physical inactivity, diets high in red and processed meat and diets low in fruits and vegetables, fiber, and calcium. There are also certain infections associated with cancer including helicobacter pylori, hepatitis B virus (HBV), hepatitis C virus (HPC), human herpes virus type 8 (HHV8), human immunodeficiency virus (HIV) and human papillomavirus (HPV) (American Cancer Society, 2024).

Information on many of the risk factors is included in the Health Behaviors and Diabetes & Obesity sections of this CHNA report.

Screenings

Screenings serve an important role in the early detection of cancer. Included in the NRC survey are four types of common cancer screenings: colon screening, mammogram, pap smear and prostate screening. According to NRC, respondents from the Northside Community's eleven counties reported that between 2022 and 2024, 14% received a colon screening, 23% received a mammogram, 14% received a pap smear and 10% received a prostate screening (not shown) (National Research Corporation, 2022-2024).

Figure 55: Cancer Screenings within the Northside Community by Demographic, 2022-2024



Source: National Research Corporation, 2022-2024

Figure 55 (previous page) shows screening rates by insured status, income and race and ethnicity. When examined by race and ethnicity, screenings were highest among the White population, indicating potential barriers for Black, Asian and Hispanic populations.

When displayed by income level, screening rates increased as income increased, indicating a possible lack of access to screenings among the lowest income populations. When considered by insured status, uninsured respondents had significantly lower screening rates.

Health Outcomes

Cancer Incidence Rates

Age-adjusted incidence rates (number of newly diagnosed cancers per year per 100,000 persons) within the Northside Community varied by race and ethnicity and by county. According to the National Program of Cancer Registries (2017-2021), Georgia's top five cancer incidence types were:

1. Prostate Cancer
2. Breast Cancer
3. Lung Cancer
4. Colon Cancer
5. Uterine Cancer

Based on this order, **Table 11** shows the Northside Community's rates by race and ethnicity compared to Georgia.

Table 11: Top 5 Cancer Incidence Types, Age-Adjusted Incidence Rates by Race and Ethnicity

		Northside Community											
		Barrow	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Hall	Pickens	Walton	GA
Prostate	Overall	115.1	**152.8**	**156.2**	106.7	**164.6**	**141.8**	**156.7**	**148.6**	137.6	132.9	123.6	138.3
	White	107.0	**150.7**	**142.1**	109.1	**131.2**	**140.8**	**132.5**	**127.2**	**141.0**	**134.0**	112.7	115.7
	Black	**232.7**	**243.1**	**230.2**	*	203.6	**283.2**	201.7	**268.1**	205.8	*	199.4	210.6
	Asian/PI	*	*	67.5	*	59.6	**104.9**	64.1	**78.3**	*	*	*	68.4
	Hispanic	*	**126**	**147.9**	*	96.7	**119.2**	**134.8**	**134.4**	89.2	*	*	108.7
Breast	Overall	**142.8**	**147.8**	**149.1**	114.9	132.5	132.1	**137.4**	128.8	132.5	**144.4**	**137.2**	132.6
	White	**149.8**	**149.7**	**152.0**	117.0	**145.4**	134.1	**141.8**	133.5	**135.0**	**142.7**	**142.7**	134.7
	Black	126.4	116.2	**151.3**	*	131.5	**171.1**	**137.1**	**140.3**	**135.0**	*	122.5	134.0
	Asian/PI	*	**123.4**	**95.2**	*	90.9	**108.3**	**102.2**	**98.8**	*	*	*	94.1
	Hispanic	**134.6**	**156.4**	**135.2**	*	108.4	**127.6**	**131.1**	112.2	101.1	*	*	115.8
Lung & Bronchus	Overall	**80.7**	53.8	45.8	**58.5**	41.0	47.9	47.0	42.1	56.0	**75.5**	**62.0**	56.8
	White	**84.1**	56.0	48.3	59.4	37.7	51.3	39.4	49.3	60.5	**78.0**	**64.8**	61.8
	Black	*	35.4	44.9	*	45.9	**53.3**	**58.4**	35.6	**52.9**	*	**51.8**	51.0
	Asian/PI	*	*	21.4	*	21.6	23.3	20.4	**31.3**	*	*	*	27.1
	Hispanic	*	32.2	31.9	*	17.1	*	**48.9**	25.1	26.1	*	*	32.7
Colon & Rectum	Overall	**45.8**	39.1	36.8	30.4	35.5	35.5	36.8	35.0	34.5	**40.5**	**46.5**	39.4
	White	**49.5**	**39.9**	37.2	30.4	32.6	36.7	29.8	34.6	36.0	**40.3**	**46.3**	38.9
	Black	40.4	30.2	36.2	*	37.9	43.3	**46.4**	40.3	**52.0**	*	**50.1**	43.4
	Asian/PI	*	*	**30.9**	*	24.1	24.2	22.4	**32.2**	*	*	*	27.5
	Hispanic	*	**34.7**	**42.7**	*	32	**40.2**	**45.9**	32.0	28.9	*	*	34.0
Uterus	Overall	**32.2**	23.6	**25.8**	21.0	**28.1**	21.1	**26.1**	24.9	22.1	**31.7**	**31.6**	25.4
	White	**30.9**	23.1	**27.3**	22.0	**25.5**	22.2	22.4	**25.9**	19.8	**32.6**	**28.7**	24.6
	Black	*	**40.2**	23.0	*	**30.8**	*	**29.0**	27.1	*	*	**41.9**	28.2
	Asian/PI	*	*	**18.4**	*	*	*	**19.1**	**16.1**	*	*	*	15.6
	Hispanic	*	*	24.5	*	**31.7**	*	**36.5**	25.1	27.0	*	*	27.1

Source: National Program of Cancer Registries, 2017-2021
Note: Rates in red are higher than the respective race/ethnicity's rate for Georgia. Age-adjusted incidence rates are per 100,000 population.
Data that has been suppressed to ensure confidentiality and stability of rate estimates is indicated by an *.

Cancer Death Rates

Within the Northside Community, cancer was the leading cause of death between 2019 and 2023 (Georgia Department of Public Health, 2019-2023). Lung cancer had the highest age-adjusted death rate (number of deaths per year by cancer type per 100,000 population) in Georgia and in each county in the Community and contributed to significantly more cancer deaths than any other type. The top five cancer death types in the Community and in Georgia were:

1. Lung Cancer
2. Colon Cancer
3. Breast Cancer
4. Pancreatic Cancer
5. Prostate Cancer

Based on this order, **Table 12** shows age-adjusted death rates by race and ethnicity within the Northside Community's eleven counties compared to Georgia.

Table 12: Top 5 Cancer Death Types, Age-Adjusted Death Rates by Race and Ethnicity

		Northside Community											
		Barrow	Cherokee	Cobb	Dawson	DeKalb	Forsyth	Fulton	Gwinnett	Hall	Pickens	Walton	GA
Lung	Overall	**42.5**	27.1	23.5	**36.2**	22.0	23.2	24.0	23.6	28.1	**47.0**	**34.5**	32.3
	White	**45.8**	28.3	25.0	**37.2**	19.4	26.2	20.5	29.7	31.7	**47.3**	**36.7**	36.3
	Black	**50.7**	10.9	25.2	0	25.8	*	**30.7**	20.4	21.4	*	**30.7**	29.3
	Asian	*	*	13.2	*	11.6	8.8	8.1	15.8	**22.3**	*	*	14.1
	Hispanic	*	**18.5**	6.4	0	6.4	*	**12.5**	10.1	9.9	0	*	10.7
Colon	Overall	**16.0**	12.3	12.4	**15.8**	12.9	10.7	12.5	11.8	9.9	**14.1**	**17.2**	13.9
	White	**18.0**	12.9	12.7	**16.9**	10.3	11.6	9.8	12.3	11.1	**14.8**	**16.2**	13.9
	Black	15.4	10.4	14.1	0	15.9	**17.1**	16.3	16.3	12.7	0	**26.2**	16.6
	Asian	0	0	5.6	0	4.1	*	7.1	10.6	*	0	0	7.4
	Hispanic	*	7.9	**12.6**	0	6.9	**10.8**	**12.5**	7.7	5.2	0	*	8.3
Breast	Overall	11.4	9.9	**11.7**	8.3	**13.5**	9.3	**12.1**	11.5	10.4	**14.9**	11.0	11.6
	White	**12.8**	10.4	**11.3**	8.7	10.2	9.9	8.9	**11.8**	**11.0**	**15.4**	10.4	10.6
	Black	*	11.4	14.4	0	**17.3**	**18.8**	**17.2**	14.0	10.6	0	15.3	16.3
	Asian	0	*	3.9	0	**7.9**	5.4	4.5	**8.0**	*	0	0	5.9
	Hispanic	*	*	**8.0**	0	4.4	*	**7.2**	**8.8**	5.4	0	*	6.4
Pancreatic	Overall	**11.2**	10.1	9.9	**11.4**	10.6	9.6	10.5	9.8	10.7	6.9	**13.2**	10.9
	White	**11.0**	10.5	9.5	**11.7**	10.6	10.6	10.5	9.7	**11.7**	7.2	**11.6**	10.9
	Black	**17.0**	*	12.3	0	11.5	**13.5**	11.4	**13.4**	*	0	**27.4**	12.8
	Asian	0	*	5.1	0	5.8	*	**10.3**	**8.3**	*	0	*	7.3
	Hispanic	*	3.8	**7.8**	*	5.3	*	*	5.6	4.9	0	*	6.4
Prostate	Overall	**8.7**	6.5	7.8	5.4	**9.6**	7.0	**9.3**	8.2	5.9	**9.4**	**7.9**	8.6
	White	**8.1**	6.9	7.2	5.6	6.3	6.8	6.1	**8.0**	6.1	**9.8**	6.7	7.2
	Black	**18.9**	4.7	12.0	0	13.6	**19.6**	**14.4**	13.2	9.0	0	**19.4**	14.1
	Asian	0	0	*	0	*	**5.5**	**2.8**	**3.2**	0	0	0	2.3
	Hispanic	*	*	**5.8**	0	3.2	**8.2**	*	**8.1**	*	0	0	4.6

Source: GA DPH, Online Analytical Statistical Information System, 2019-2023
Note: Rates in red are higher than the respective race/ethnicity's rate for Georgia. Age-adjusted death rates are per 100,000 population.
Data that has been suppressed to ensure confidentiality and stability of rate estimates is indicated by an *.

Cardiovascular Disease

Major cardiovascular diseases include diseases of the heart (heart attack and hypertensive heart disease), stroke, high blood pressure, aortic aneurysm and dissection, and hardening of the arteries. In Georgia, between 2019 and 2023, diseases of the heart was the leading cause of death (21% of deaths) and stroke was the fifth leading cause of death (5% of deaths). In the Community, diseases of the heart was the second most common cause of death (19% of deaths) and stroke was the fifth most common cause (5% of deaths) (Georgia Department of Public Health, 2019-2023).

WHY IS CARDIOVASCULAR DISEASE IMPORTANT?

"Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. People with better cardiovascular health are less likely to die of heart disease, stroke, and other diseases."

- Healthy People 2030

Modifiable Risk Factors

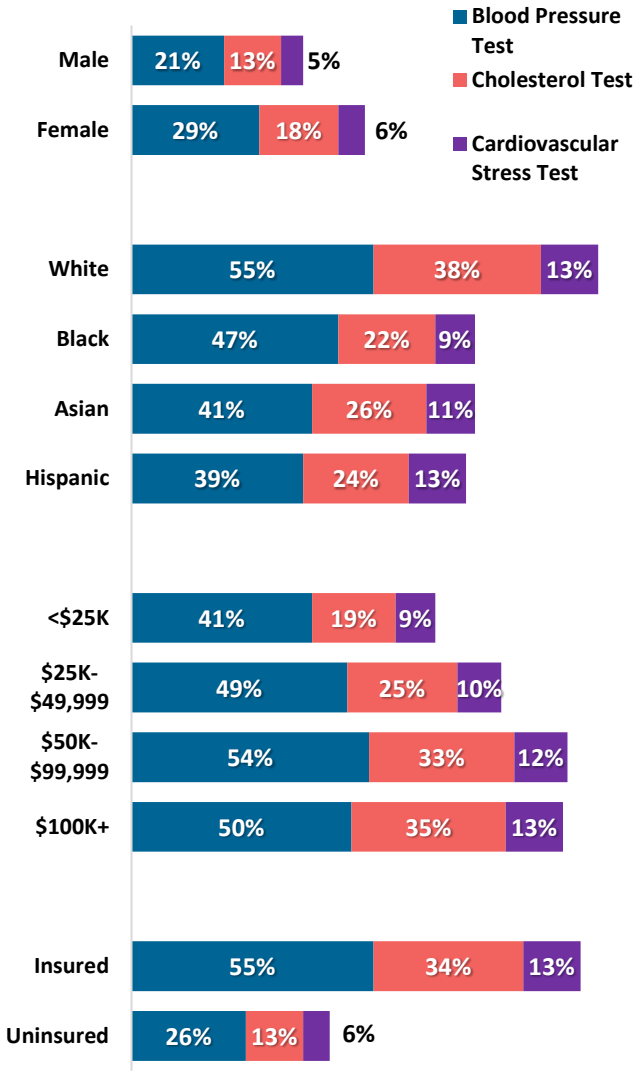
Modifiable risk factors for cardiovascular disease include high cholesterol, high blood pressure, poor nutrition, physical inactivity, drinking too much alcohol, tobacco use, diabetes, excess body weight and stress (American Heart Association, 2025). Many of these modifiable risk factors can be impacted by SDOH, such as the effect of one's economic status on ability to purchase healthy foods or impact of local crime rate on likelihood to get adequate physical activity.

Information on many of the modifiable risk factors can be found in the Health Behaviors and Diabetes & Obesity sections of this report.

Screenings

Screenings are integral in identification of cardiovascular disease. The NRC Survey collects information on three types of common cardiovascular screenings: Blood Pressure Test, Cardiovascular Stress Test and Cholesterol Test. According to NRC, between 2022 and 2024, 50% of residents in the Northside Community had a blood pressure test, 31% had a cholesterol test and 11% had a cardiovascular stress test (not shown) (National Research Corporation, 2022-2024).

Figure 56: Cardiovascular Screenings within the Northside Community by Demographic, 2022-2024



Source: National Research Corporation, 2022-2024

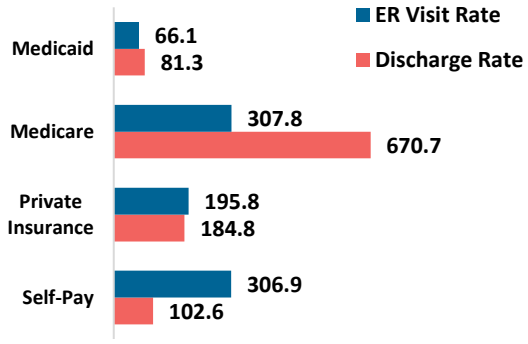
Figure 56 shows screening rates within the Community based on gender, race and ethnicity, income and insured status. When examined by gender, females had higher rates for each type of screening. When considered by race and ethnicity, the White population had the highest cardiovascular screening rates, indicating potential barriers for Black, Asian and Hispanic populations. When examined by income level, screening rates were lowest for the <$25,000 population and rates increased as income level increased, indicating a potential lack of access to screening services for lower income populations. When considered by insured status, uninsured respondents had significantly lower screening rates than insured respondents.

Health Outcomes

Men are more likely than women to experience heart attacks and at an earlier age. Also, as age increases so does the risk of developing cardiovascular disease. In terms of race and ethnicity, Black individuals are more likely to experience heart disease and more extreme high blood pressure (American Heart Association, 2025).

Included in major cardiovascular diseases are diseases of the heart, stroke, high blood pressure, aortic aneurysm and dissection, and hardening of the arteries. Between 2019 and 2023, Georgia's major cardiovascular disease ER visit rate for major cardiovascular diseases was 1,047.1. In the Community, Pickens (1,164.6), Barrow, (1,121.5), Walton (1,117.4) and DeKalb (1,069.7) counties had ER visit rates that were higher than the state (not shown). Similarly, between 2019 and 2023, Georgia's major cardiovascular disease inpatient discharge rate was 1,224.3 discharges per 100,000 population. Within the Northside Community, Walton (1,437.4), Barrow (1,350.5) and Pickens (1,352.1) counties had discharge rates that were higher than the state (not shown) (Georgia Department of Public Health, 2019-2023).

Figure 57: Major Cardiovascular Disease, Age-Adjusted ER Visit and Inpatient Discharge Rate in the Northside Community by Payor Type, 2019-2023

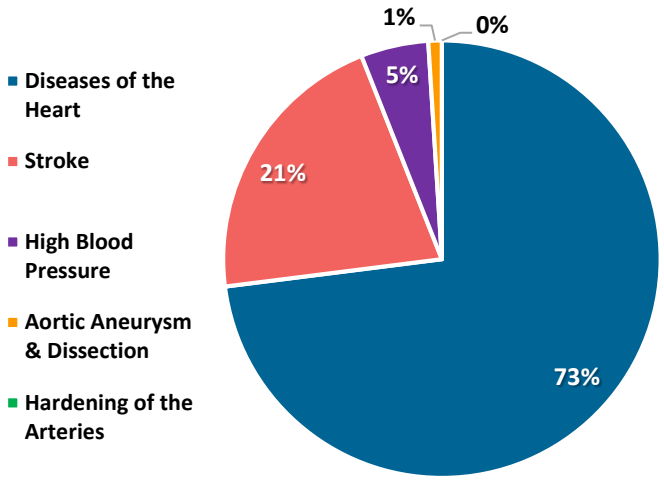


Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted rates are per 100,000 population.

When considered by payor type, ER visit rates were highest among the Medicare (307.8) and self-pay (306.9) populations while the Medicare population alone had a significantly higher discharge rate (670.7) than other payor types **(Figure 57).**

When considered by type, diseases of the heart, which includes heart attack and hypertensive heart disease, caused the most cardiovascular disease deaths as shown in **Figure 58**. Within the Community, Pickens, Walton and Barrow counties had diseases of the heart death rates that were higher than Georgia. Stroke was the second most common type. Cobb, Barrow and Walton counties had stroke death rates that were higher than the state. Barrow, Fulton and DeKalb counties had high blood pressure death rates that were higher than the state (Georgia Department of Public Health, 2019-2023).

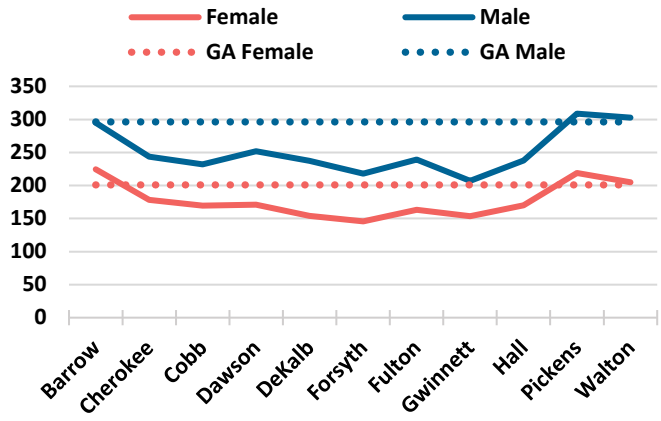
Figure 58: Major Cardiovascular Disease Deaths by Type, Northside Community, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023

Georgia's death rate for all five types combined between 2019 and 2023 was 243.8 deaths per 100,000 population. Within the Northside Community, Pickens (259.5), Barrow (257.1) and Walton (249.3) counties had death rates that were higher than Georgia's (not shown) (Georgia Department of Public Health, 2019-2023).

Figure 59: Major Cardiovascular Disease, Age-Adjusted Death Rates by Sex, 2019-2023



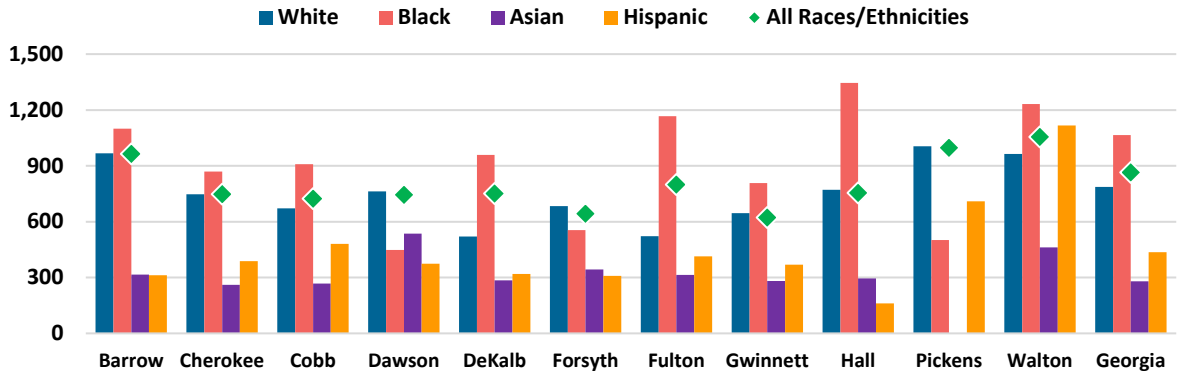
Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

Figure 59 shows major cardiovascular disease death rates by sex for the Community compared to Georgia. Death rates were highest among the male population in each county and in Georgia. Within the Northside Community, Pickens and Walton counties had a death rate higher than the state among the male population and Barrow, Pickens and Walton counties had higher rates than the state among the female population.

Diseases of the Heart

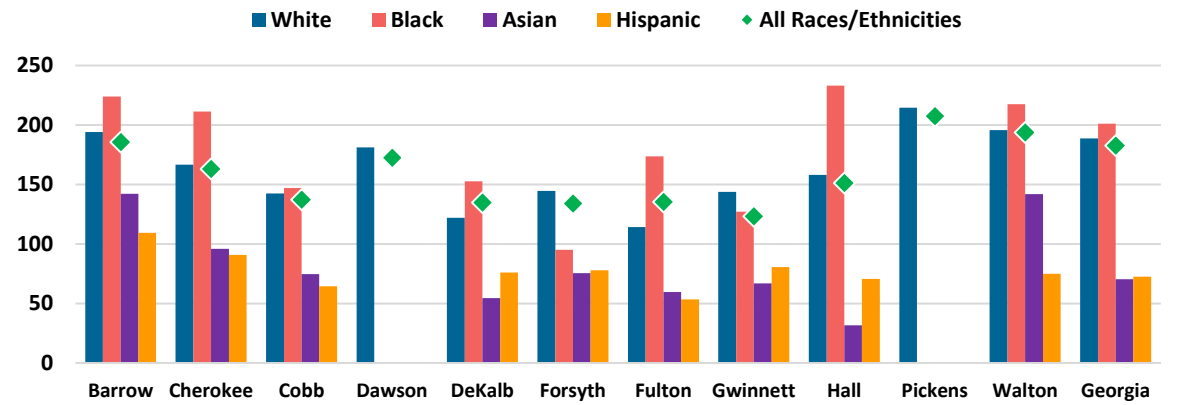
Diseases of the heart contributed to 73% of total major cardiovascular disease deaths. The Black and White populations experienced the highest inpatient discharges rates and the highest death rates due to diseases of the heart in Georgia and in almost all counties within the Community. Within the Community, three counties had overall (all races/ethnicities) heart disease inpatient discharge rates that were higher than Georgia and three counties had overall heart disease death rates that were higher than Georgia's.

Figure 60: Diseases of the Heart, Age-Adjusted Inpatient Discharge Rates by Race and Ethnicity, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted inpatient discharge rates are per 100,000 population.

Figure 61: Diseases of the Heart, Age-Adjusted Death Rates by Race and Ethnicity, 2019-2023

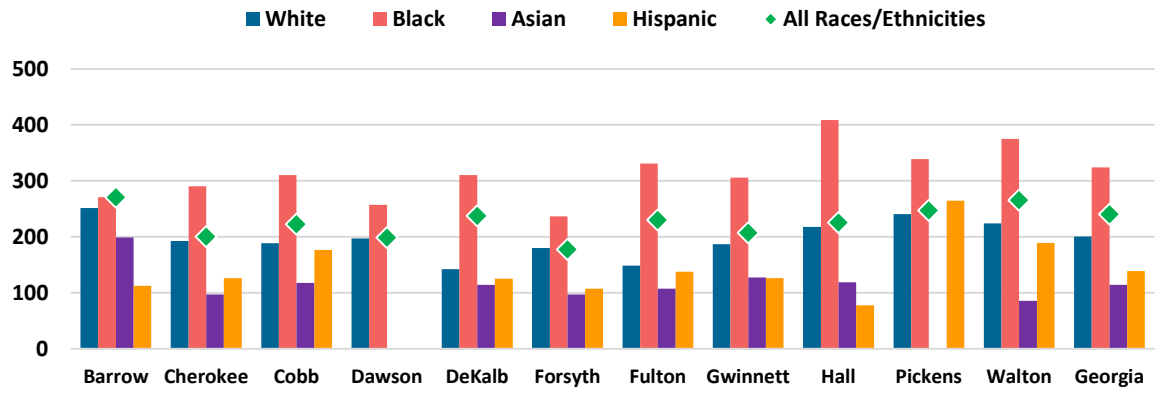


Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

Stroke

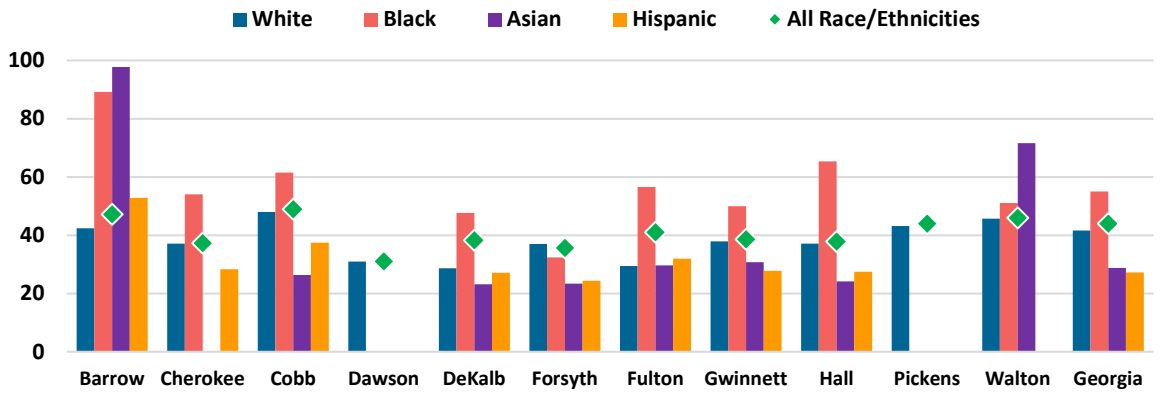
Stroke contributed to the second most amount of major cardiovascular disease deaths (21%). The Black population experienced higher inpatient discharges rates and death rates due to stroke in Georgia and almost each county within the Community compared to all other races and ethnicities. Within the Community, three counties had overall (all races/ethnicities) stroke inpatient discharge rates that were higher than Georgia's and three counties had overall stroke death rates that were higher than Georgia's.

Figure 62: Stroke, Age-Adjusted Inpatient Discharge Rates by Race and Ethnicity, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted inpatient discharge rates are per 100,000 population.

Figure 63: Stroke, Age-Adjusted Death Rates by Race and Ethnicity, 2019-2023

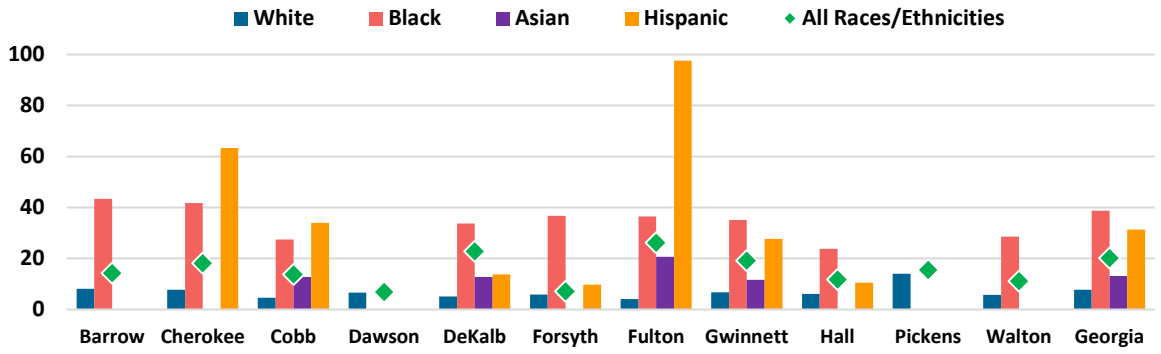


Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population

High Blood Pressure

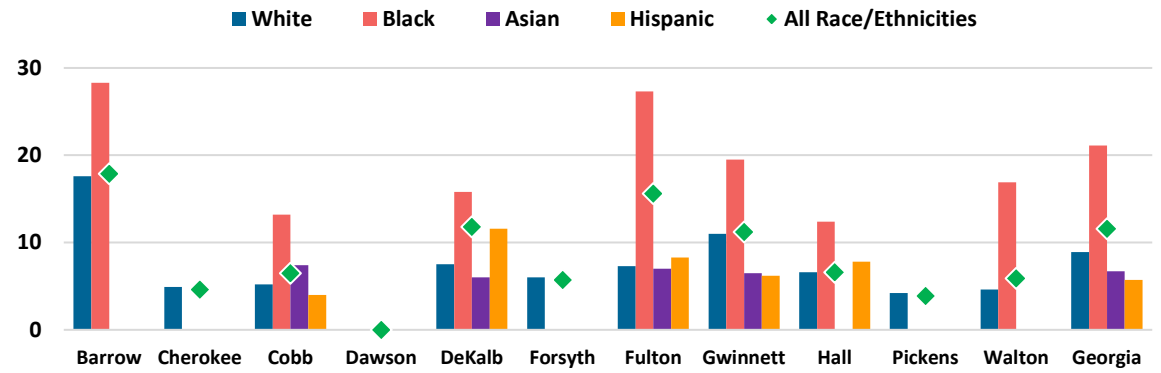
High blood pressure was the third most common type of major cardiovascular disease deaths. The Black and Hispanic populations experienced higher inpatient discharge rates in Georgia and almost each county within the Community due to high blood pressure. The Black population alone experienced the highest death rates in almost all counties and in Georgia, indicating a potential barrier in accessibility of resources related to blood pressure management. Within the Community, two counties had overall (all races/ethnicities) high blood pressure inpatient discharge rates that were higher than Georgia's and three counties had overall high blood pressure death rates that were higher than Georgia's.

Figure 64: High Blood Pressure, Age-Adjusted Inpatient Discharge Rates by Race and Ethnicity, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted inpatient discharge rates are per 100,000 population.

Figure 65: High Blood Pressure, Age-Adjusted Death Rates by Race and Ethnicity, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population

Diabetes & Obesity

Within the Northside Community and in Georgia, between 2019 and 2023, diabetes mellitus was the eighth leading cause of death (Georgia Department of Public Health, 2019-2023).

WHY IS DIABETES IMPORTANT?

"More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death."

- Healthy People 2030

WHY IS OBESITY IMPORTANT?

"About 2 in 5 adults and 1 in 5 children and adolescents in the United States have obesity, and many others are overweight."

- Healthy People 2030

Modifiable Risk Factors

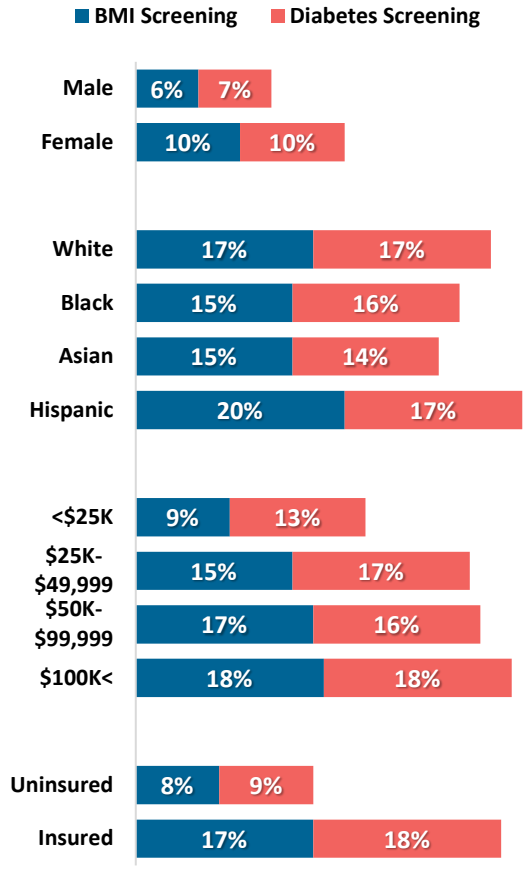
Modifiable risk factors may be managed to decrease the likelihood of an obesity or diabetes diagnosis. Physical activity is a modifiable risk factor that is related to obesity and the effective management of diabetes. Excess bodyweight may make an individual more likely to become obese or develop diabetes and poor nutrition may contribute to the likelihood of becoming obese. Use of tobacco and consumption of alcohol may also make an individual more likely to get diabetes.

More information on modifiable risk factors in the Northside Community may be found in the Our Community section of this report under Health Behaviors.

Screenings

Screenings such as body mass index ("BMI") screenings and diabetes screenings play an important role in early detection of diabetes and obesity. When examined by gender, female respondents had higher screening rates. Hispanic and White respondents had higher screening rates when examined by race and ethnicity. Income also appeared to impact the likelihood of having a BMI screening with the percentage increasing as income increased. Community members who were insured were twice as likely to have had BMI and diabetes screenings compared to those who were uninsured.

Figure 66: BMI and Diabetes Screening Rates in the Community by Demographic, 2022-2024

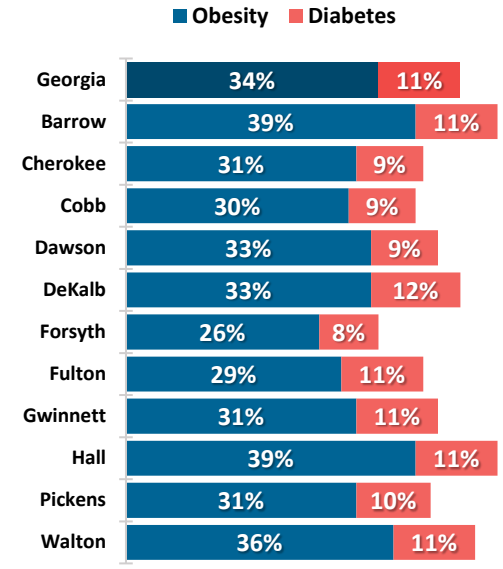


Source: National Research Corporation, 2022-2024

Health Outcomes

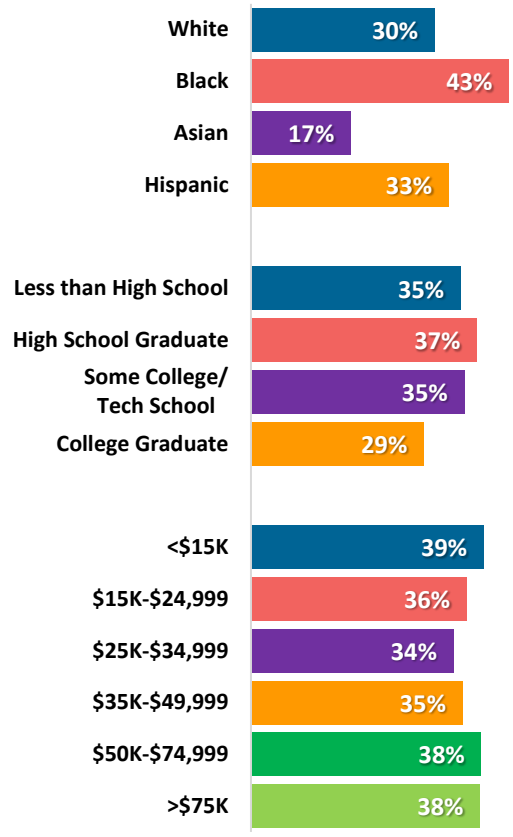
Compared to Georgia, many counties in the Community have lower percentages of adults with obesity or diabetes. As shown in **Figure 67**, Barrow, Hall and Walton counties are the only counties in the Community with obesity rates that were higher than the state's rate of 34%. DeKalb County was the only county in the Community with a diabetes rate that was higher than the state's rate of 11% (University of Wisconsin Population Health Institute, 2024).

Figure 67: Obesity and Diabetes, Percent of Adults, Northside Community, 2021



Source: CDC BRFSS, 2021. Accessed via countyhealthrankings.org.

Figure 68: Obesity, Percent of Adults, Georgia 2023



Source: CDC BRFSS, 2023. Accessed via americashealthrankings.org.

Obesity

Obesity is defined as having a BMI equal or greater to 30 kg/m^2 (University of Wisconsin Population Health Institute, 2024). Within the Community's eleven counties, rates of obesity varied between 26% and 39% of adults (aged 18 or older) reporting that they were obese (BMI over 30) (University of Wisconsin Population Health Institute, 2024). Although detailed data was not available for obesity in the Community, it was available for the state. In Georgia, the Black population had the highest percentage of obesity. When considering education level, those who were a college graduate had the lowest obesity rate at 29% compared to those with less than high school, high school graduate and some college/technical school who had

rates of 35%, 37% and 35% respectively. Also, for those with income levels below $15K and above $50K, obesity rates were similar (between 38%-39%), while the obesity rate for those with incomes between $15K and $49,999 had lower rates (America's Health Rankings, 2025).

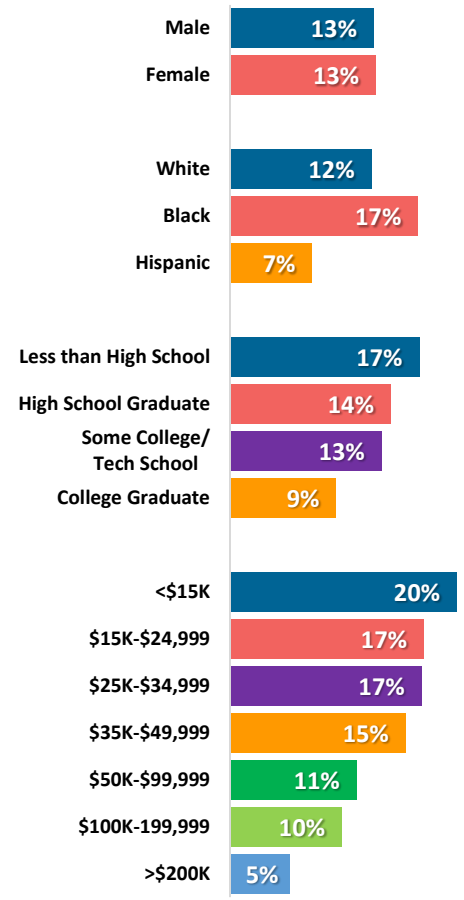
Between 2022 and 2024, 3% of surveyed Community members had participated in a weight loss program (National Research Corporation, 2022-2024).

Diabetes

Within the Community's eleven counties, rates of diabetes varied between 8% and 12% of adults (aged 20 or older) reporting that they had been diagnosed with diabetes (University of Wisconsin Population Health Institute, 2024). Although the rate of diabetes was not available stratified by sex, race or ethnicity, or insurance type at the county-level, data was available for the state **(Figure 69)** (America's Health Rankings, 2025).

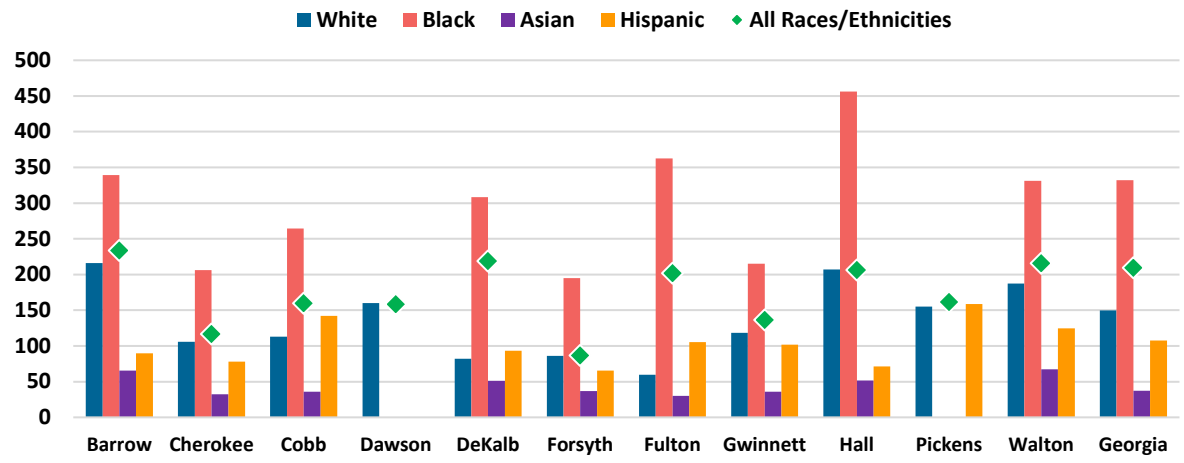
As shown in **Figure 70 (next page),** Barrow and DeKalb counties had the highest overall rates for diabetes inpatient discharges. Barrow, DeKalb and Walton counties had overall rates that were higher than Georgia's overall rate. When considering race and ethnicity, the Black population's discharge rates were higher than the White, Hispanic and Asian populations in most of the counties in the Community and in Georgia overall (Georgia Department of Public Health, 2019-2023).

Figure 69: Diabetes, Percent of Adults, Georgia 2023



Source: CDC, BRFSS, 2023. Accessed via americashealthrankings.org.

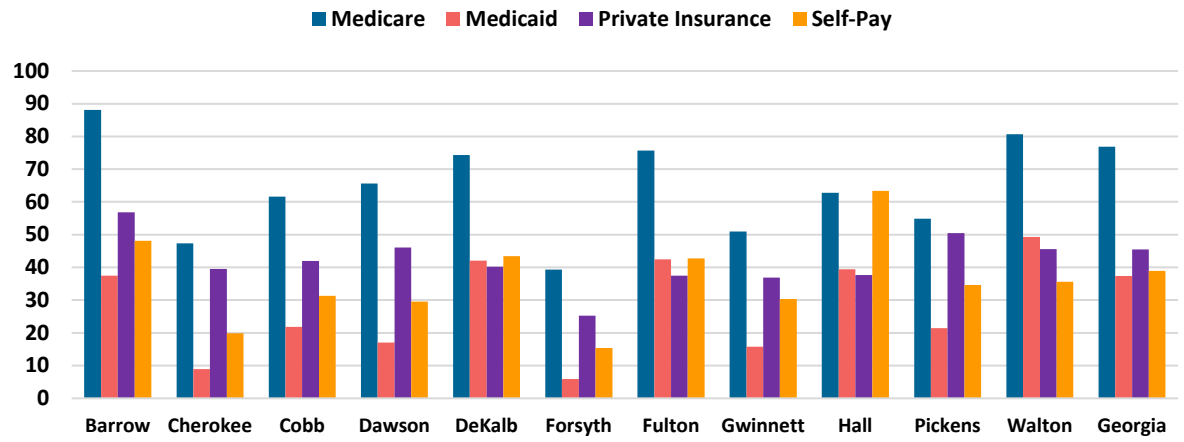
Figure 70: Diabetes, Age-Adjusted Inpatient Discharge Rates by Race and Ethnicity, Northside Community, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Rates are per 100,000 population.

When considering insurance type, those with Medicare had discharge rates that were significantly higher than rates for those with Medicaid, private insurance and self-pay. These rates are shown in **Figure 71.** The higher rates for Medicare patients may be due to the fact that the likelihood of having a diabetes diagnosis increases as age increases.

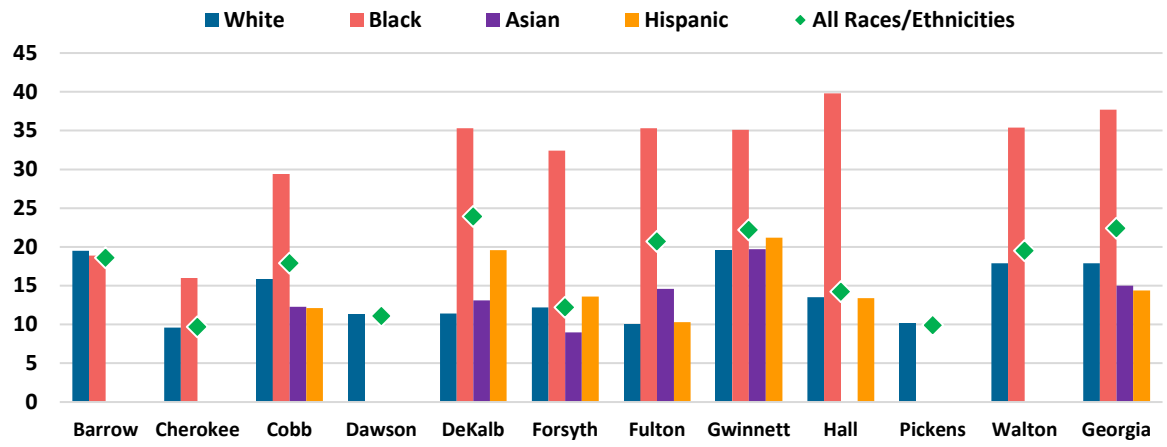
Figure 71: Diabetes, Age-Adjusted Inpatient Discharge Rates by Insurance Type, Northside Community, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Rates are per 100,000 population.

Age-adjusted death rates due to diabetes were the highest in DeKalb (23.9) and Gwinnett (22.2) counties, with DeKalb County being the only one in the Community to have an overall rate that was higher than the state's rate of 22.4. Cherokee (9.7) and Pickens (9.9) counties had the lowest death rates due to diabetes within the Community. Compared to females, males had higher deaths rates due to diabetes. When considering race and ethnicity, the Black population had the highest death rates.

Figure 72: Diabetes, Age-Adjusted Death Rates by Race and Ethnicity, Northside Community, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Rates are per 100,000 population.

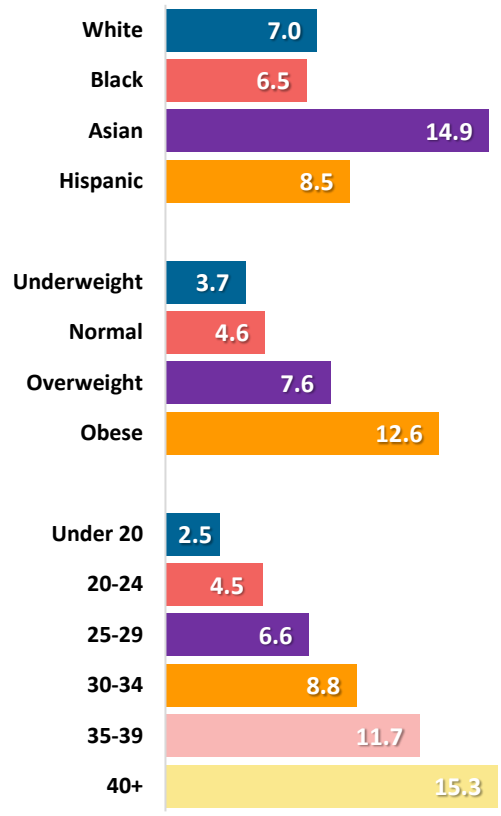
Gestational Diabetes

Gestational diabetes mellitus ("GDM") is a condition that affects women during pregnancy, impacting health outcomes for both the mother and infant. The CDC reports that "every year, 5% to 8% of U.S. pregnancies are affected by gestational diabetes" (Centers for Disease Control and Prevention, 2024). Additionally, the CDC says that about half of women with gestational diabetes will go on to develop Type 2 diabetes.

Risk factors for GDM include:

- GDM during a previous pregnancy
- Previous delivery of a baby weighing over 9lbs
- Family history of diabetes
- BMI status of underweight, overweight or obese
- Having polycystic ovary syndrome (PCOS)
- African American, Hispanic, American Indian/Alaska Native and Native Hawaiian/Pacific Islander populations

Figure 73: Gestational Diabetes, Rate per 100 Births, United States, 2020



Source: National Center for Health Statistics, National Vital Statistics System, Natality, 2020.

Although data was not available for the Community, it was available for the United States. When considering race and ethnicity, the Asian population had the highest incidence of GDM compared to all other racial and ethnic groups. Weight status was another significant predictor for development of GDM, with those who fell in to the underweight and normal BMI status having a rate of less than 5 per 100 births compared to those who were considered obese with a rate of 12.6. Also, as age increases so does the risk of developing GDM, with the 40 years or older cohort having a significantly higher incidence rate compared to other age cohorts. More information on how GDM impacts the health of pregnant women and infants can be found in the Our Community section of this report under Maternal & Infant Health.

Maternal & Infant Health

Northside is recognized as a leader in obstetrical and newborn care and consistently delivers more babies than any other Georgia hospital, and often even across all hospitals nationally. An important measure of the Community's health status is the health status of the Community's mothers and babies, a population of particular concern to Northside.

In Georgia, between 2019 and 2021, there were 35.69 pregnancy-related deaths per 100,000, 85% of which were preventable (Maternal Mortality Review Committee, Georgia Department of Public Health, 2024). Compared to other states in the U.S., in 2022, Georgia had the 5th highest premature birth rate, the 3rd highest low birthweight rate and 9th highest infant mortality rate (National Center for Health Statistics, Centers for Disease Control and Prevention, 2023).

WHY IS MATERNAL HEALTH IMPORTANT?

"Women in the United States are more likely to die from childbirth or problems related to pregnancy than women in other high-income countries. In addition, there are persistent disparities by race/ethnicity."

- Healthy People 2030

Modifiable Risk Factors

(can be modified, treated, or controlled through medications or lifestyle changes)

- Excess Body Weight
- Alcohol/Tobacco/Drug Use
- Physical Inactivity
- Poor Nutrition
- Pre-existing Health Conditions
- Inadequate Prenatal Care

Modifiable Risk Factors

An individual's likelihood to experience adverse maternal and infant health outcomes is impacted by SDOH and modifiable risk factors. Certain modifiable risk factors may be impacted by SDOH, for example, the effect that an individual's income may have on the ability to maintain a healthy diet or the presence of pre-existing medical conditions that may lead to complications during pregnancy or childbirth.

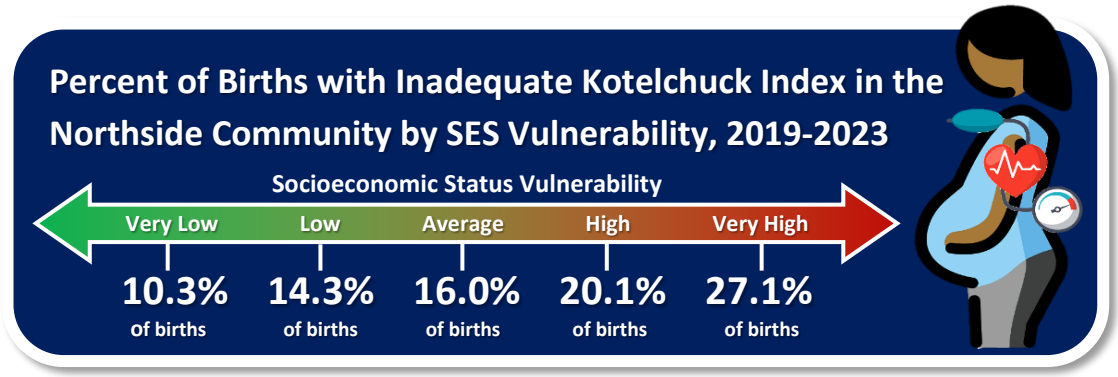
Information on many of the modifiable risk factors are included in the Health Behaviors section of this CHNA report.

Prenatal Care

Prenatal care is a key component to maternal and infant health. Regular prenatal care is associated with reduced risk of pregnancy complications and complications during infancy by ensuring the mother is following a healthy and safe diet, controlling existing medical conditions, reducing or eliminating harmful substance use during pregnancy, and monitoring for more serious complications (National Institutes of Health, 2013). The Kotelchuck Index measures the adequacy of prenatal care based upon month of entry, number of prenatal visits and gestational age at birth. Between 2019 and 2023, within the Northside Community, 17% of births had an inadequate Kotelchuck index value, the equivalent of 43,354 births. The Community's rate was slightly lower than the state's rate of 18%. Rates varied by county, from a high of 20% of births in DeKalb County to a low of 7% in Dawson County (Georgia Department of Public Health, 2019-2023).

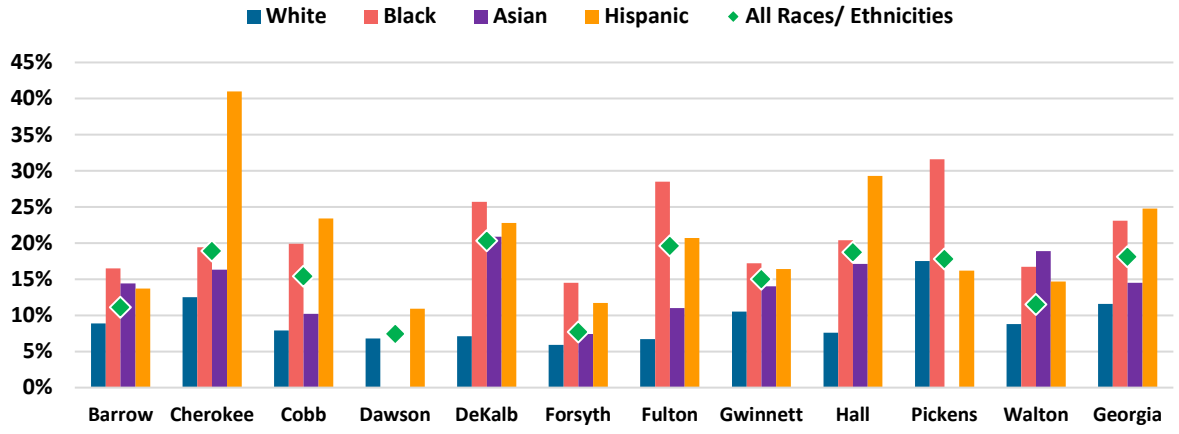
Inadequate Kotelchuck Index: index of adequacy of prenatal care based on month of entry, # of prenatal visits & gestational age at birth

When considering socioeconomic status ("SES") vulnerability and prenatal care, the likelihood of obtaining timely and adequate prenatal care increased as maternal SES vulnerability decreased. Those who fall in to very low SES vulnerability group (high socioeconomic status) had 10% of births with an inadequate Kotelchuck index compared to those in the very high SES vulnerability group (low socioeconomic status) which had 27% of births with inadequate Kotelchuck index (Georgia Department of Public Health, 2019-2023).



As displayed in **Figure 74 (next page),** rates of inadequate Kotelchuck index differed along racial and ethnic lines. Black mothers experienced the highest rates of births with inadequate Kotelchuck index in six of the 11 counties in the Community, while Hispanic mothers also had high rates in many of the counties. Four counties in the Community had overall (all races/ethnicities) rates that were higher than Georgia's (Georgia Department of Public Health, 2019-2023).

Figure 74: Inadequate Kotelchuck Index, Percent of Births by Race and Ethnicity, Northside Community, 2019-2023



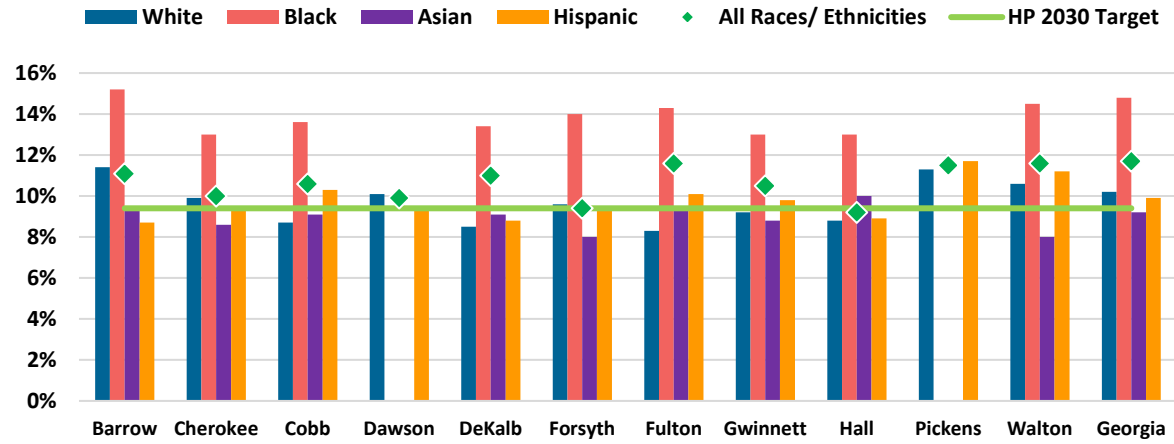
Source: Georgia DPH OASIS, 2019-2023

Infant and Birth Health Outcomes

Premature Birth and Low Birthweight

Measures closely related to infant mortality include premature birth and low birth weight. Georgia had the 9th highest preterm birth rate among states in the U.S. and received an F on the 2024 March of Dimes Report Card for Premature Births (National Center for Health Statistics, Centers for Disease Control and Prevention, 2023; March of Dimes, 2024).

Figure 75: Premature Births, Percent of Births by Race and Ethnicity, Northside Community, 2019-2023



Source: Georgia DPH OASIS, 2019-2023

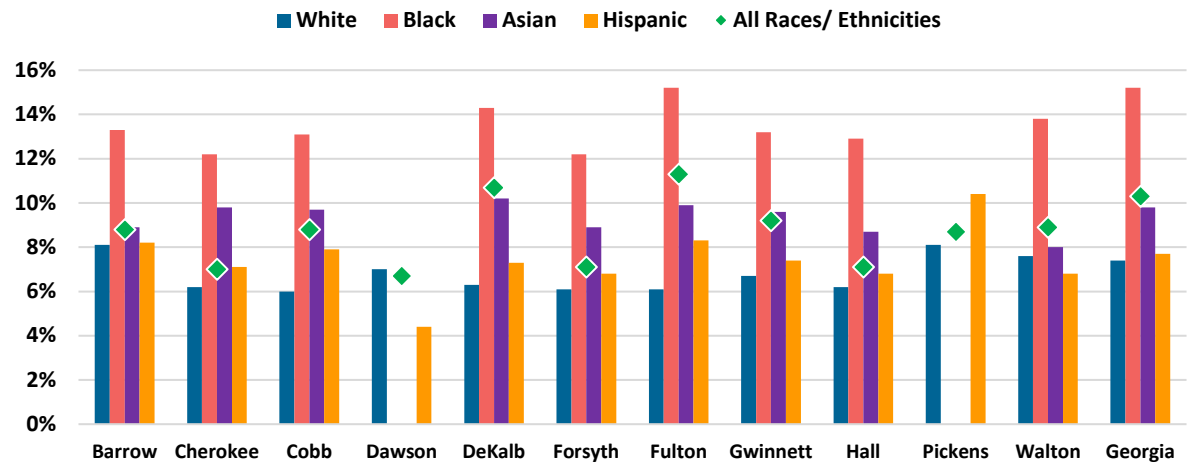
Premature Birth: gestational age is less than 37 weeks

Between 2019 and 2023, Northside's Community performed slightly better than Georgia for percent of total births that were premature, with 11% of live births in the Community being premature compared to 12% in Georgia. When considered by race and ethnicity, the Black population experienced the highest rate of premature births in Georgia and almost all counties in the Community. Rates by race and ethnicity for each county in the Community and Georgia are displayed in **Figure 75 (previous page)**.

Low Birthweight: birthweight is less than 5lb 8oz

Compared to other states in the U.S., Georgia had the 3rd highest low birthweight rate (National Center for Health Statistics, Centers for Disease Control and Prevention, 2023). The Community's percent (9.5%) of live births that were low birthweight was slightly better than the state's (10.3%) (Georgia Department of Public Health, 2019-2023). Similarly to premature birth rates, there were racial disparities for low birthweight infants within the Community. The Black population experienced the highest rate of low birthweight births in nine of the Community's 11 counties and in Georgia overall, as shown in **Figure 76**.

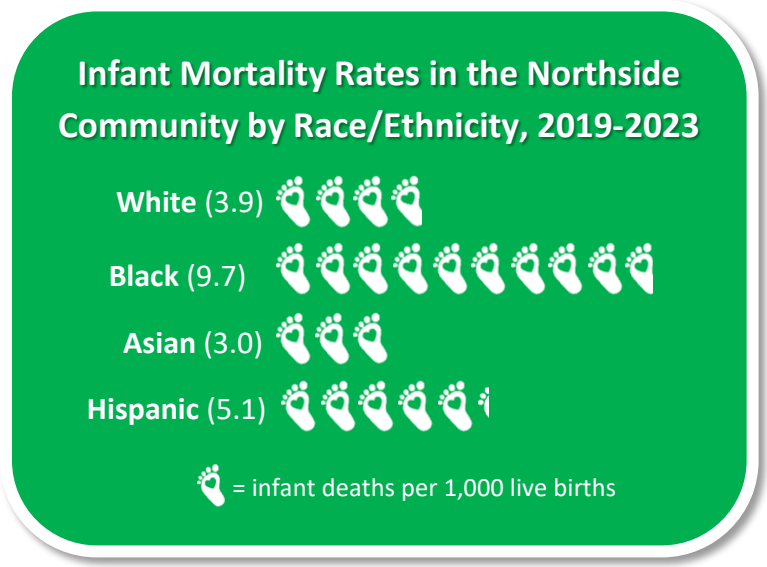
Figure 76: Low Birthweight Births, Percent of Births by Race and Ethnicity, Northside Community, 2019-2023

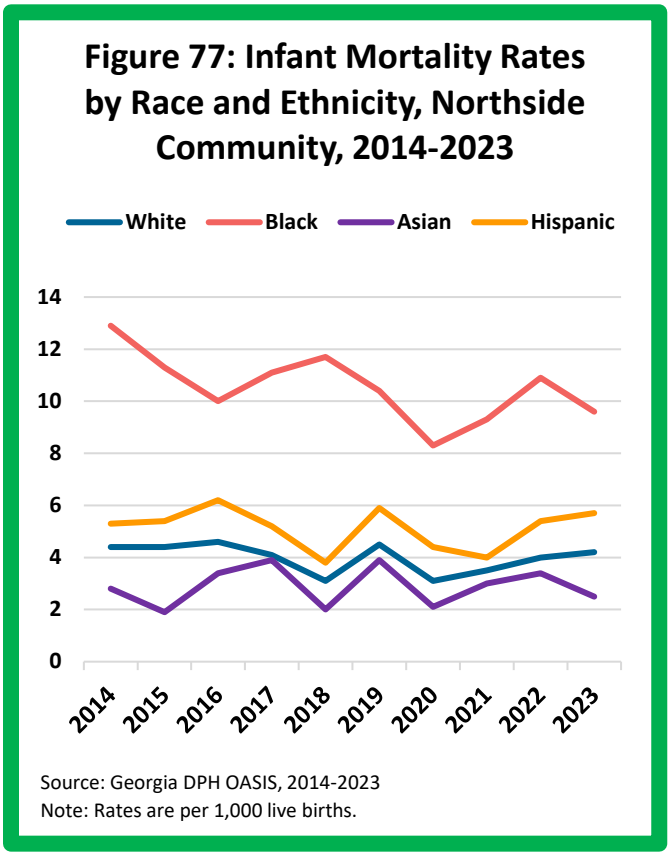


Source: Georgia DPH OASIS, 2019-2023

Infant Mortality

Infant Mortality Rates ("IMR") count the number of infant deaths per 1,000 live births before the age of one. According to the Centers for Disease Control, Georgia had the 9th highest rate of infant mortality in the U.S. (National Center for Health Statistics, Centers for Disease Control and Prevention, 2023). Two of the main causes of infant mortality are that babies are born prematurely or that they do not weigh enough at birth, or both.

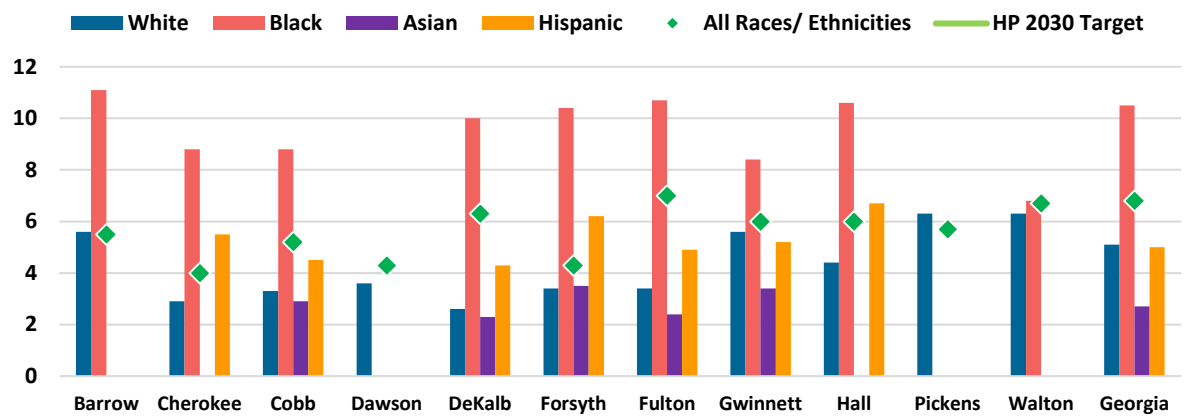




Northside analyzed IMRs for the Community over a 10-year period, 2014 - 2023, and although rates did not show a clear growth or decline, the disparity between the Black population and other racial/ethnic groups was consistent across the 10-year time period. Georgia has made progress, with a decline in its infant mortality rate from 7.7 in 2014 to 7.1 in 2023. The Community's rate also declined in this time frame from a high of 7.1 in 2014 to 6.1 in 2023 (Georgia Department of Public Health, 2014-2023). Between 2019 and 2023, the Northside Community's IMR was 5.9, compared to Georgia's of 6.8 (Georgia Department of Public Health, 2019-2023).

Within Georgia and the Community, between 2019 and 2023, there were significant racial differences in IMRs. In the Community, Black infants had more than double the IMR of White and Asian infants with an IMR of 9.7 compared to 3.9 and 3.0 respectively, and nearly double the IMR of Hispanic infants with a rate of 5.1 (not shown) (Georgia Department of Public Health, 2019-2023).

Figure 78: Infant Mortality Rates by Race and Ethnicity, Northside Community and Georgia, 2019-2023



Source: Georgia DPH OASIS, 2019-2023
Note: Rates are per 1,000 live births.

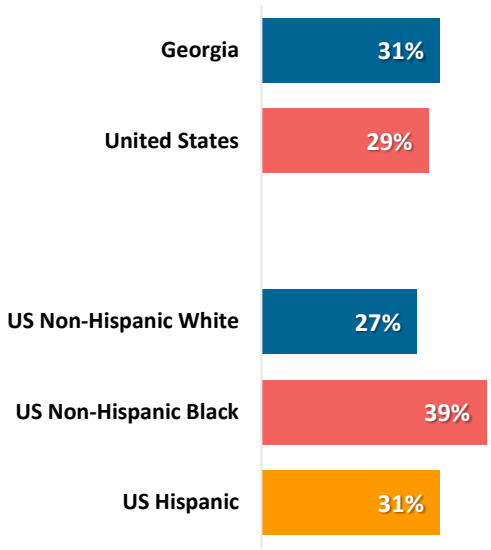
Maternal Health Outcomes

Conditions Related to Maternal and Infant Health

Pre-pregnancy obesity is a common condition that affects maternal and infant health outcomes. Data was not available for the Community, but the pre-pregnancy obesity rate was available for Georgia in 2021. In comparison, the rate for the United States was slightly lower than Georgia's with a rate of 29% in 2021 (National Center for Health Statistics, 2023). As shown in **Figure 79**, nationally, the Black population had the highest rate of pre-pregnancy obesity of 39%, compared to 31% for the Hispanic population and 27% for the White population.

Gestational diabetes mellitus ("GDM") is another condition that impacts pregnant women. GDM is a type of diabetes that is developed during pregnancy and affects between 2% and 10% of pregnancies in the U.S. each year. According to the CDC (2021), about half of those who develop GDM will go on to develop type 2 diabetes. Infants born to mothers with GDM are more likely to be born very large, be born early, have low blood sugar, and develop type 2 diabetes later in life. Before getting pregnant, women may reduce the risk of developing GDM by losing weight, if overweight, and getting regular physical activity (Centers for Disease Control and Prevention, 2024). More information on GDM can be found in the Our Community section of this report under Diabetes & Obesity.

Figure 79: Pre-pregnancy Obesity Rates in the United States, 2021

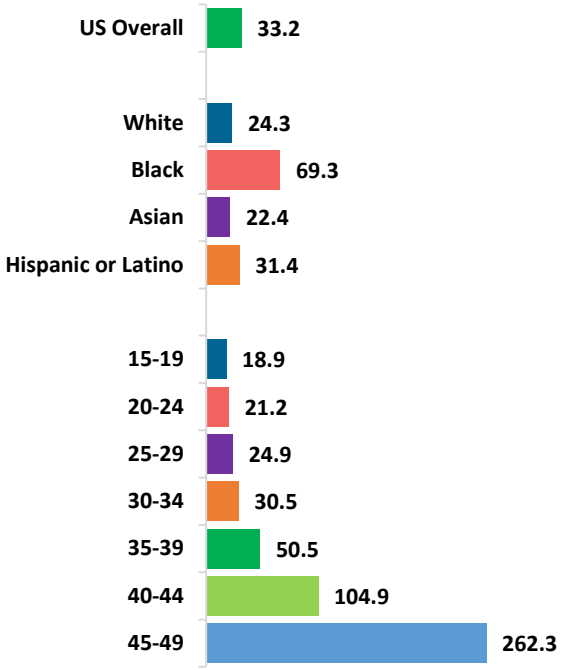


Source: National Center for Health Statistics, National Vital Statistics System, 2024

Pregnancy-Related Deaths

Pregnancy-related deaths are deaths that occur "during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy" (Maternal Mortality Review Committee, Georgia Department of Public Health, 2024). In 2021, the United States' pregnancy-related death rate was 33.2 (Pregnancy Mortality Surveillance System, Centers for Disease Control and Prevention, 2021). Nationally, Non-Hispanic Black mothers were 2.8x more likely to die from pregnancy-related causes than non-Hispanic White mothers and rates rose significantly for women who were over 40 years of age (Pregnancy Mortality Surveillance System, Centers for Disease Control and Prevention, 2021).

Figure 80: Pregnancy-Related Mortality Rates, Race, Ethnicity, & Age, United States, 2021



Source: CDC, Pregnancy Mortality Surveillance System, 2021
Note: Rates are per 100,000 live births.

The CDC shares that an "increasing number of pregnant women in the United States have chronic health conditions such as hypertension, diabetes and chronic heart disease" which may put them at a higher risk of complications during pregnancy or postpartum (Pregnancy Mortality Surveillance System, Centers for Disease Control and Prevention, 2021).

Pregnancy-Related Mortality
Rate per 100,000 births
GA 35.69
US 33.2

In Georgia, between 2019 and 2021, there were 35.69 pregnancy-related deaths per 100,000 live births, 85% of which were preventable. The top five leading causes of pregnancy-related deaths in Georgia between 2019 and 2021 included cardiovascular conditions, COVID-19, hemorrhage, mental health conditions and embolism (Maternal Mortality Review Committee, Georgia Department of Public Health, 2024).

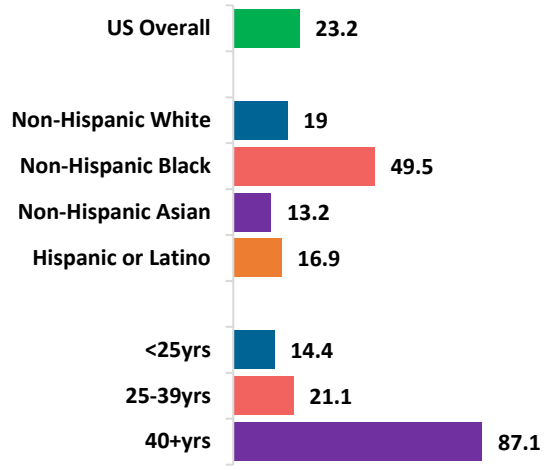
Maternal Mortality

Maternal mortality rates include "the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends" (March of Dimes, 2024). Compared to the United States' maternal mortality rate of 23.2, Georgia's was significantly higher at 32.1 (National Center for Health Statistics, 2023).

Figure 81 displays maternal mortality rates by race, ethnicity and age in the United States in 2022. When compared by race and ethnicity, non-Hispanic Black mothers had the highest maternal mortality rate. When considered by age, the 40+ years of age group had significantly higher maternal mortality rates (Hoyert, 2024).

Maternal Mortality
Rate per 100,000 births
GA 32.1
US 23.2

Figure 81: Maternal Mortality Rates, Race, Ethnicity, and Age, United States, 2022



Source: CDC, NCHS Health E-Stats, 2022
Note: Rates are per 100,000 live births.

Community Stakeholders

NORTHSIDE
HOSPITAL

PART V: COMMUNITY STAKEHOLDERS

Process for Identifying Stakeholders

Stakeholder interviews provided additional insight into the health needs of the Community for this CHNA. Northside identified individuals in the Community who could provide a unique perspective and connection to the Community and its members' health needs. Northside made specific efforts to identify stakeholders with special knowledge of or expertise in public health. After identifying stakeholders to interview, Northside developed the Stakeholder Assessment Discussion Guide, a copy of which is included in Appendix A. This guide was used to lead a discussion with each stakeholder to learn about the needs and resources within the Northside Community. For this process, Northside reached out to 69 stakeholders, including representatives from several county-level public health departments in the Community. This outreach effort resulted in the completion of 30 stakeholder interviews. **Table 14** summarizes the completed stakeholder interviews by organization and type.

Table 14: Northside Hospital FY 2025 – FY 2027 Community Stakeholders

Community Organizations	Local School Districts
Atlanta Cancer Care Foundation	Barrow County Schools
Cancer Support Community Atlanta	Dawson County Schools
CHRIS 180	Pickens County Schools
Cobb Collaborative	**Public Health Departments**
Crossroads Atlanta	Cobb & Douglas Public Health
Georgia Charitable Care Network	Gwinnett, Newton, & Rockdale Public Health
GA Council for Recovery	Northeast District Public Health
Gwinnett Coalition	**Safety Net Clinics**
HealthMPowers	CPACS
Healthy Mothers, Healthy Babies Coalition of GA	Georgia Highlands
Navigate Recovery	Good Samaritan Atlanta
Peachtree Christian Health	Good Samaritan Cobb
Pickens Family Connection	Good Samaritan Health & Wellness
Promise 686	Good Samaritan Gwinnett
United Way Forsyth	Good Shepherd Clinic of Dawson County
	Hope Clinic
	View Point Health

Description of Our Participating Stakeholders

The map below is a general representation of the various Community stakeholders from whom Northside sought input during the CHNA process. The map includes the stakeholders' primary office location; however, many of the stakeholders served communities and populations beyond their direct location or home-county. Thus, the map is not intended to be a literal representation of the population served by the stakeholders interviewed. During each community stakeholder interview, stakeholders were asked "What counties do you primarily serve?" A summary of their responses is in **Table 15**.

Figure 82: Northside Community Stakeholder Locations

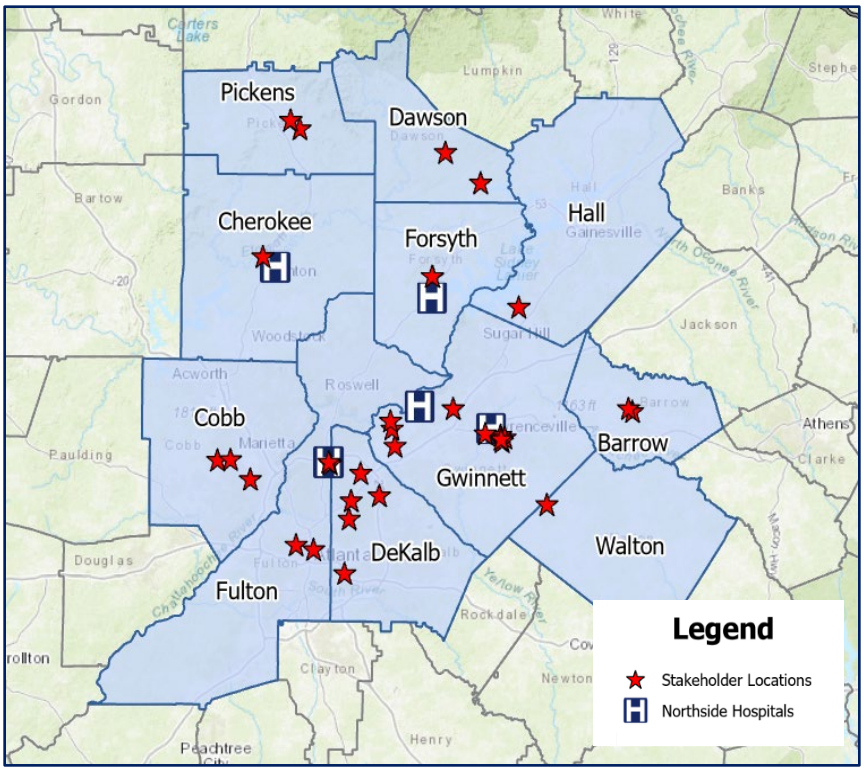


Table 15: "What counties do you primarily serve?"

County	# of stakeholder responses
Barrow	7
Cherokee	7
Cobb	12
Dawson	9
DeKalb	13
Forsyth	9
Fulton	15
Gwinnett	18
Hall	4
Pickens	8
Walton	7

PART V: COMMUNITY STAKEHOLDERS

Northside sought stakeholders who represent the medically underserved, uninsured and disparate populations within the Community. Northside conducted stakeholder interviews between August and October 2024. **Table 16** provides a summary of each stakeholder's mission and population served.

Table 16: Northside Community Stakeholder Summaries

Organization	Stakeholder's Title	Geographic Area Focus for Interview	Mission
Community Organizations			
Atlanta Cancer Care Foundation	Executive Director	CHNA Community	To assist adult cancer patients in the Metro Atlanta area through: • financial assistance to those financially challenged by cancer • funding for professional and public education regarding cancer related issues • funding cancer research
Cancer Support Community Atlanta	Executive Director Program Director	Cobb, DeKalb, Fulton, & Gwinnett counties	Our mission is simple: help people affected by cancer enhance their health and well-being by providing free programs of support, education, and hope.
CHRIS 180	Chief Clinical Officer	Cobb, DeKalb, Fulton, & Gwinnett counties	Our Mission is to heal children, strengthen families, and build community.
Cobb Collaborative	Executive Director	Cobb County	Engaging, Educating, and Empowering the community to improve the well-being of children and families.
Crossroads Atlanta	Operations Director D2D Housing Manager Case Manager	Fulton County	Crossroads Community Ministries seeks to provide access to resources that empower people experiencing homelessness to progress on the road toward economic and personal stability.

Georgia Charitable Care Network	Executive Director	CHNA Community	We envision a future in which all Georgians can access affordable, high-quality healthcare. To that end, GCCN fosters collaborative partnerships and provides funding, education, and advocacy to the state's free and charity care providers.
GA Council for Recovery	Education & Training Manager	CHNA Community	The mission of the Georgia Council for Recovery is to increase the impact of recovery in our communities through education, advocacy, training, and peer recovery support services.
Gwinnett Coalition	Executive Director	Gwinnett County	Drive positive community impact.
Healthy Mothers, Healthy Babies Coalition of Georgia	Director of Research	CHNA Community	To improve maternal and infant health through advocacy, education, and access to vital resources.
HealthMPowers	Director of Partnerships & Community Engagement	Cobb, Fulton, and Gwinnett counties	Empowering healthy habits and transforming environments where children live, learn, and play.
Navigate Recovery	Co-Founder	Gwinnett & Hall counties	To serve individuals and families impacted by addiction, connecting them to the resources they need and removing barriers that prevent them from getting and staying well.
Peachtree Christian Health	Program Director	Barrow, DeKalb, Forsyth, Fulton, Gwinnett, & Hall counties	To support caregivers and their loved ones by providing a compassionate care center offering safe, engaging, and reliable adult day services.
Pickens Family Connection	Director	Pickens County	Our Over-Arching Goal: All Children Will Succeed in School and in Life
Promise 686	Director of Support Services	Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton, Gwinnett, Pickens, & Walton counties	Our mission is to mobilize church communities to care for vulnerable children.
United Way of Forsyth	Executive Director	Forsyth County	To improve lives in our community by mobilizing the caring power and spirit of our citizens.

PART V: COMMUNITY STAKEHOLDERS

Local School Districts			
Barrow County Schools	Health Services Manager	Barrow County	Ensuring an exceptional education that leads each student to become a high-achieving and responsible citizen.
Dawson County Schools	Director of Youth Health Services	Dawson County	To provide quality instruction and student support that results in preparedness for college, career, and life.
Pickens County Schools	Director of Health Services	Pickens County	With high expectations, we will educate and develop well-rounded, confident, and responsible individuals who aspire to achieve success.
Public Health Departments			
Cobb and Douglas Public Health	Deputy Director Health Equity & Community Engagement Director Community Support Analyst	Cobb County	We are dedicated to improving our residents' quality of life by tracking and preventing the spread of disease, promoting health and safety, providing exceptional medical services, and ensuring that our community is prepared for public health emergencies.
Northeast Health District Public Health	Program Manager	Barrow & Walton counties	The goal of the Northeast Health District is to offer free or low-cost services to all people within our area and to promote healthy lifestyles among all member of our community.
Gwinnett, Newton, & Rockdale Public Health	Director of Community Engagement	Gwinnett County	To protect and improve the health of our community by monitoring and preventing disease; promoting health and well-being; and preparing for disasters.

PART V: COMMUNITY STAKEHOLDERS

Safety Net Clinics			
Center for Pan Asian Community Services (CPACS)	Interim Chief Executive Officer Medical Director Family Medicine Physician Advocacy Director	DeKalb, Fulton, & Gwinnett counties	To promote self-sufficiency and equity for immigrants, refugees, and the underprivileged through comprehensive health and social services, capacity building, and advocacy.
Georgia Highlands Medical Services	Chief Executive Officer Community Outreach Coordinator	Cherokee, Dawson, Forsyth, & Gwinnett counties	We are committed to serving all people with compassion, dignity, and integrity while providing excellent, affordable and integrated health care.
Good Samaritan Atlanta	Chief Operating Officer	Cobb, DeKalb, Fulton, & Gwinnett counties	Spreading Christ's love through quality healthcare to those in need.
Good Samaritan Cobb	Chief Executive Officer	Cobb County	To spread the love of Christ by providing quality healthcare to those in need.
Good Samaritan Health & Wellness Center	Development and Communications Director	Cherokee, Dawson, & Pickens counties	The mission of Good Samaritan Health and Wellness Center is to provide quality, compassionate, and complete healthcare for all in an atmosphere of dignity and respect.
Good Samaritan Gwinnett	Chief Executive Officer Chief Financial Officer	DeKalb, Fulton, & Gwinnett counties	Demonstrate the love of Christ through providing quality, affordable, and accessible health and dental services to the poor and uninsured.
Good Shepherd Clinic of Dawson County	Volunteer Physician	Dawson County	Our mission is to provide FREE non-emergent Medical, Dental, & Vision services for adults who: • Live, work or attend school in Dawson County • Are without access to health insurance • Are at or below the 200% FPL

Hope Clinic	Executive Director Chief Nursing Officer	Barrow, DeKalb, Forsyth, Fulton, Gwinnett, & Walton counties	To provide the very highest quality of medical care to those with unlimited or no access to healthcare, and to treat each patient with the utmost respect and kindness without regard to language, national origin, religion, or ability to pay.
View Point Health	Chief Executive Officer Chief Clinical Officer VP Business Operations Director of Stabilization Services Director of Core Services	DeKalb, Fulton, & Gwinnett counties	To protect and improve the health of our community by monitoring and preventing disease; promoting health and well-being; and preparing for disasters.

Summary of Stakeholder Input

The following sections summarize the stakeholders' responses to the Stakeholder Assessment Discussion Guide. A thematic analysis was performed to analyze the interview sessions in aggregate. While the stakeholders provided a wide range of responses to all questions, there were several recurring themes or sentiments that were mentioned more frequently than others. The thematic analysis allowed frequencies to be applied to the recurring themes. Frequencies represent the total number of times a particular theme arose. The stakeholders' responses are summarized throughout the next sections based on the question that was asked.

Positive Health Assets within the Community

Stakeholders were asked "What are the top three factors or assets that positively impact the health of the community you serve?" This question was designed to identify areas of strength within the stakeholder's community. Additionally, by identifying areas of strength within the Community, possible areas for collaboration between organizations in the Community could be formed. The following chart illustrates the frequency of the stakeholder's responses.

Table 17: Positive Factors/Assets Impacting Health

Themes	Frequency
Community Org Partnerships & Collaboration	19
Local Hospitals	14
Abundance of Healthcare Resources	7
Green Space/Parks & Rec	7
Access for Uninsured/Indigent	6
Access to Primary/Preventive Care	6
Food Availability	6
Health Education Resources/Efforts	5
Social Support	4
Healthy Lifestyle Behaviors	4
Transportation	3
Progressive School District/Having an RN in each School	2
Affordable Housing/Cost of Living	1
Financial Resources	1
Financial Solvency/Funding Opportunities	1
Access to Telehealth/Teletherapy	1

Community organization partnerships and collaboration was the most commonly discussed asset within the Northside Community followed by local hospitals. Most participants noted their partnerships with Northside, as well as with other organizations in the Community, as essential components to their ability to serve.

Respondents also considered the green space/parks and recreation resources and abundance of healthcare resources in the Community as top assets positively impacting the health of the Community.

One stakeholder mentioned that their organization relies heavily on their partners, making sure that they have collaboration so that people can get services that they need.

Negative Health Factors

Stakeholders were asked, "What are the top three factors or barriers that you feel prevent community members from accessing the care that they need?" This question was intended to assess what the stakeholder thought was most often preventing community members from accessing health care, and to help prioritize these factors. The responses are represented in the following table:

Table 18: Negative Factors/Barriers Preventing Community Members from Accessing Care

Themes	Frequency
Lack of Transportation	17
Challenges of Navigating the Healthcare System or Lack of Knowledge of Available Resources	16
Lack of Access to Mental Health Services	10
Lack of Health Insurance	9
Inability to Take Time Off Work or Work-Related Scheduling Challenges	8
Language Barriers	7
Fear of Cost/High Cost Deductible or Copay	5
Provider Trust & Implicit Bias/Culturally Competent Care	5
Lack of Access to Specialty Care/Surgery	5
Lack of Access to Primary/Preventive Care	3
Personal Scheduling Related Barriers or Lack of Childcare	3
Lack of Prenatal & Postpartum Support	2
Lack of Documentation (ID, Proof of Address, Etc.)	2
Lack of Continuity of Care/Care Continuum	1
Lack of Access to Dental Care	1

Although transportation challenges varied based on the stakeholders' area, over half of those interviewed mentioned transportation as being a significant factor limiting access to healthcare. Challenges navigating the healthcare system and lack of knowledge of available resources were also mentioned by half of those interviewed. While access to primary/preventive care was mentioned as an asset by some stakeholders, lack of access to mental health services and lack of health insurance were mentioned as a negative factor by others.

Many of the negative health factors are strongly interconnected, illustrating the complexity of issues leading to barriers to care in the Community.

One stakeholder shared that they spend a lot of time navigating the healthcare continuum for patients, even for those who are insured. The needs include: helping clients know who to talk to,

what to bring to appointments and understanding results. They also shared that they would be able to have more time for other things (patient care) if they weren't spending so much time on assisting with navigation.

Factors Contributing to Health Problems

Stakeholders were asked, "What are the top 5 factors that may be contributing to health problems in the community you serve?" This question was intended to identify the outside factors that community members are experiencing that are negatively impacting their health.

Table 19: Factors Contributing to Health Problems

Themes	Frequency
Poverty/Lack of Financial Resources	21
Increased Cost of Living/Lack of Affordable Housing	17
Poor Nutrition/Unhealthy Diet	14
Generational Patterns (Health Issues & Poverty)	13
Stress & Anxiety	13
Poor Health Literacy	10
Distrust of Healthcare Systems	8
Smoking/Vaping	8
Alcohol Use	7
Sedentary Lifestyle/Lack of Exercise	7
Fear of a Diagnosis	6
Lack of Access to Healthy Foods	6
Distance to Healthcare Facilities	4
Lack of Social Support	3
Lack of Preventive/Awareness Events	3
Physical Environment/Crime Rate	3
Lack of Sidewalks/Parks & Rec	1
Reactive (Not Proactive) Approach to Healthcare	1
Stigma Associated with Mental Health & Substance Use Disorder	1

Many of the most common answers included finance-related challenges. Poverty/lack of financial resources and increased cost of living/lack of affordable housing were both included in over half of the stakeholder interviews as a top factor. Other common answers included poor nutrition/unhealthy diet, generational patterns and stress & anxiety.

Many stakeholders shared how lack of financial resources impact community members' health. Due to constrained financial resources, community members are using a large portion of their earned income for housing/cost of living and have to prioritize what they pay for.

One stakeholder discussed the households in their community that can't meet survival budget but do not qualify for benefits. In these households they are employed but don't make enough, often working more than one job, and one thing can put them behind.

One stakeholder discussed that people are not educated about substance use disorder and that the attitude is often to just "get well" and that they do not understand that it is a chronic condition that needs maintenance and care. They shared an example of a different approach by the healthcare team when a family member was diagnosed with cancer. They said that the doctor came in, provided educational materials, and reassured the family that the condition was treatable and that there was help. The stakeholder did not feel that this approach was as common in cases when a person was being affected by substance use disorder.

Vulnerable Populations

Many of the stakeholders that were interviewed for Northside's CHNA work directly with vulnerable/disparate populations within the Community. Each stakeholder was asked to "Please select the top 5 populations you consider vulnerable or disparate in your community." This question was designed to identify the vulnerable populations within the Northside Community and subsequent questions were then asked to gain an understanding of this population's unique health needs. The way stakeholders defined "disparate/vulnerable population" is summarized in **Table 20 (next page)**.

Many stakeholders stated that they considered the uninsured/underinsured population as the most vulnerable in the communities that they served, followed by people of color and those who are homeless/housing insecure.

Table 20: Vulnerable/Disparate Populations Themes	Frequency
Uninsured/Underinsured	20
Homeless/Housing Insecure	15
People of Color	15
Persons with Mental Illness/Substance Use Disorder	14
Low-Income/Fixed Income	12
Non-English Speaking/ESOL	8
Persons with Transportation Challenges	7
Seniors	7
Disabled	6
Immigrants	6
Domestic Violence/Child Assault Victims	5
Hispanic/Latinx	5
LGBTQ+	5
Rural Communities	5
Black	4
Single Parent Families	4
Food Insecure	2
High School/Young Adult	2
Recently Incarcerated	2
Veterans	1
Caregivers	1

Several stakeholders highlighted the fact that if someone is struggling to make ends meet financially, then they have to prioritize what they can pay for (i.e. housing, healthcare, medication, food).

One stakeholder stated that uninsured/underinsured patients most often have the most severe issues happening but have a fear of going to the hospital. They also shared that this population can leave issues unaddressed, leading them to escalate.

One stakeholder stated that often times those who were recently incarcerated and those dealing with a mental illness or substance use disorder also fall in to homeless or housing insecure group, highlighting the crossover between many different vulnerable populations.

Access to Care Related Barriers

Similarly, stakeholders were asked what they considered to be access to care related barriers among the vulnerable populations. Their responses are displayed in **Table 21**.

Table 21: Access to Care Related Barriers in Vulnerable/Disparate Populations

Themes	Frequency
Lack of Access to Mental Health Services	18
Lack of Care Coordination	18
Lack of Health Insurance	13
Lack of Access to Primary/Preventive Services	8
Lack of Access to Specialty Services/Providers	8
Poor Health Literacy	8
Lack of Translation Services/Cultural Competency	5
Lack of Provider Trust & Implicit Bias	5
Lack of Transportation	2
Lack of Access to Prenatal Care	1
Isolation in Homes/Caregiver Burden	1

Stakeholders stated that they considered the most common access to care related barriers for the vulnerable population to be lack of access to mental health services and lack of care coordination, followed by lack of health insurance.

One stakeholder discussed how it is difficult to know what is going to happen after a client leaves their doors. They shared that clients may have transportation challenges or financial barriers that prevent them from getting to appointments or accessing needed medications.

Health Needs in the Vulnerable Population

Stakeholders were asked, "Based on your experience, what are the top 3 physical health needs/concerns in vulnerable/disparate populations compared to the community as a whole?" This question was intended to identify the major physical health needs (health outcomes) within the Community's vulnerable/disparate populations.

Table 22: Physical Health Needs/Concerns in Vulnerable/Disparate Populations

Themes	Frequency
Chronic Conditions	16
Behavioral Health & Substance Use Disorder	15
Oral Health	12
Obesity	9
Maternal & Infant Health	8
Diabetes	7
Heart Disease/Hypertension	7
Cancer	4
Respiratory Disease & Smoking	4
STIs (including HIV/AIDS)	2
Alzheimer's	1
Stroke	1
Nutrition	1

Stakeholders identified chronic conditions, behavioral health/substance use disorder and oral health as the top three health needs within the Community among the vulnerable/disparate populations. Many stakeholders also acknowledged the interconnectedness of these needs, and how one of the conditions can easily cause or exacerbate one of the others.

Health Needs and Social Determinants of Health (SDOH) in the Community

To summarize all of the feedback that had been discussed during the interview, stakeholders were asked to "Think about answers to all of the previous questions, and then please select the top 3 health needs and top 3 social determinants of health (SDOH) in your community." The results of that question are shown below.

Table 23: Health Needs and Social Determinants of Health (SDOH) in the Community

Health Need	Frequency	SDOH	Frequency
Behavioral Health & Substance Use Disorder	22	Poverty & Income	25
Diabetes & Obesity	17	Affordable Housing/ Homelessness	15
Healthy Lifestyle Behaviors	11	Access to Care	14
Cardiovascular	10	Transportation	13
Maternal & Infant Health	10	Health Literacy	12
Cancer	5	Language & Culture	5
Respiratory Disease & Smoking	5	Physical Environment & Crime	2
STIs (including HIV/AIDS)	4	Social & Community Support	1

Behavioral health and substance use disorder was the highest ranked physical health need in the community. It was also a theme among the top responses in almost all of the other questions throughout the interviews. Diabetes and obesity was the second highest ranked health need.

Poverty and income was listed by almost all stakeholders as one of the top three social determinants of health (SDOH).

Additional Stakeholder Comments

In addition to the formalized questions, each discussion ended with an opportunity for the stakeholder to share any additional thoughts or comments regarding the health status of their community that had not been discussed during the interview. Many stakeholders took this opportunity to mention health needs they saw in the Community, but they had not ranked in the "top three."

Many stakeholders took this opportunity to discuss affordable housing options, highlighting that when residents are housing insecure or are struggling to afford housing that is clean and safe, they may end up sacrificing access to other resources.

One stakeholder highlighted that although many counties have transportation systems, they often do not cross county lines, creating barriers getting to appointments for those who rely on that method of transportation.

Several stakeholders mentioned the desire to have mental health services available to students through schools.

Opportunity for Public Comment

In addition to conducting stakeholder interviews, Northside provided an opportunity for members of the general public to provide continued feedback on the Northside Hospital FY 2012-2024 CHNA. Northside published its FY 2022-2024 CHNA on its website and also created a dedicated email, Northside.chna@northside.com, so that members of the public could provide feedback on the prioritized health needs. The email address is prominently listed in its FY 2022-FY 2024 CHNA. To-date, no emails have been received.

Needs Prioritization

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PART VI: NEEDS PRIORITIZATION

Our Prioritization Process

Northside developed a 5-step process for prioritizing the health needs identified through this CHNA as illustrated in **Figure 83** and described throughout this section.

Figure 83: Northside's Hospital System's Community Health Needs Prioritization Process

Step 1: Create a Crosswalk of all the Identified Needs

An array of health needs was identified through Northside's CHNA process. Oftentimes, the needs overlapped in meaning, support, and populations affected. With 49 needs identified, Northside grouped these needs into 16 categories with two broader health need classifications to assist with strategy development. These two overarching need classifications are called Health Outcomes and SDOH. SDOH are upstream issues that have an impact on the downstream health outcomes. We identified nine health outcomes and seven SDOH.

The list is provided in **Table 24**.

Table 24: Northside's FY 2025 – FY 2027 CHNA Needs Categories

Health Outcomes (9)	Social Determinants of Health (7)
1. Access to Care* 2. Behavioral Health and Substance Use Disorders 3. Diabetes and Obesity 4. Cardiovascular 5. Healthy Lifestyle Behaviors 6. Respiratory Disease and Smoking 7. Cancer 8. Maternal and Infant Health 9. STIs and HIV/AIDS	1. Transportation 2. Poverty/Income 3. Language and Culture 4. Health Literacy 5. Affordable Housing/Homelessness 6. Physical Environment and Crime 7. Social and Community Support

*Access to Care was included in Health Outcomes need category due to the direct impact Northside has on access to care issues as it related to clinical interventions. Access to Care is multidimensional and includes other issues like poverty, transportation, health literacy, etc. that are classified as SDOH.

Numerous stakeholder feedback centered on SDOH and how addressing these would improve overall health outcomes. To improve health outcomes, we must understand what specific upstream SDOH concerns are impacting these health outcomes, so that we can tailor our strategies and interventions to best meet the needs of our community's most vulnerable and disparate populations. Rather than focusing on addressing a SDOH on an individual basis as an identified need, we will include SDOH as strategies to improve our interventions in addressing the "health outcome based" identified needs. See **Table 25** flowchart of this concept.

Table 25: Northside's FY 2025 – FY 2027 CHNA Needs Categories: Flow Chart to Programs and Interventions

Health Outcomes	Social Determinants of Health as Strategies to Improve Health Outcomes	Programs and Interventions
1. Access to Care* 2. Behavioral Health and Substance Use Disorders 3. Diabetes and Obesity 4. Cardiovascular 5. Healthy Lifestyle Behaviors 6. Respiratory Disease and Smoking 7. Cancer 8. Maternal and Infant Health 9. STIs and HIV/AIDS	➢ Transportation ➢ Poverty/Income ➢ Language and Culture ➢ Health Literacy ➢ Affordable Housing/ Homelessness ➢ Physical Environment and Crime ➢ Social and Community Support	

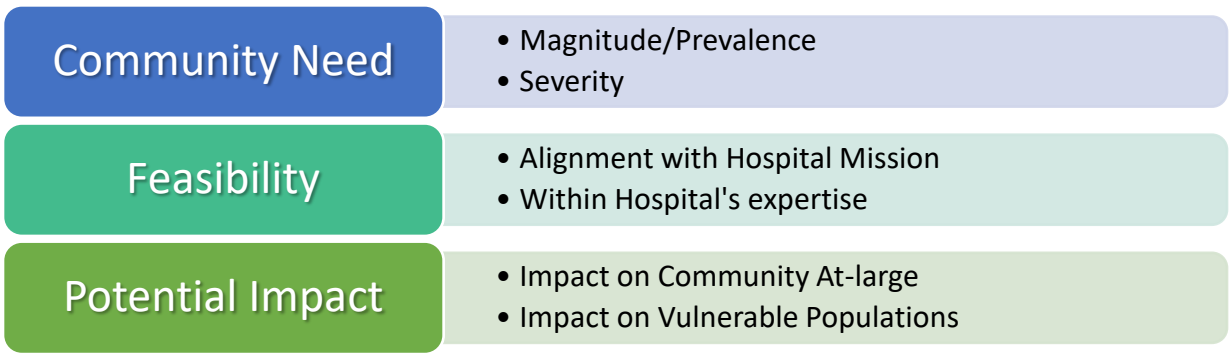
Step 2: Define the criteria used to guide the ranking process

After researching the various methodologies for establishing the criteria against which the identified needs would be scored, Northside adopted the Catholic Health Association's ("CHA") guidance (Catholic Health Association of the United States, 2015 Edition II). According to CHA, examples of criteria include:

1) Magnitude. The magnitude of the problem includes the number of population impacted by the problem.
2) Severity. The severity of the problem includes the risk of morbidity and mortality associated with the problem.
3) Historical trends.
4) Alignment of the problem with the organization's strengths and priorities (mission).
5) Impact of the problem on vulnerable populations.
6) Importance of the problem to the community.
7) Existing resources addressing the problem.
8) Relationship of the problem to the other community issues.
9) Feasibility of change, availability of tested approaches.
10) Value of immediate intervention versus any delay, especially for long-term or complex threats (Catholic Health Association of the United States, 2015 Edition II).

For Northside's prioritization process, Northside elected to focus on the criteria presented in **Figure 84.**

Figure 84: Northside Hospital's CHNA Ranking Criteria FY 2025 – FY 2027



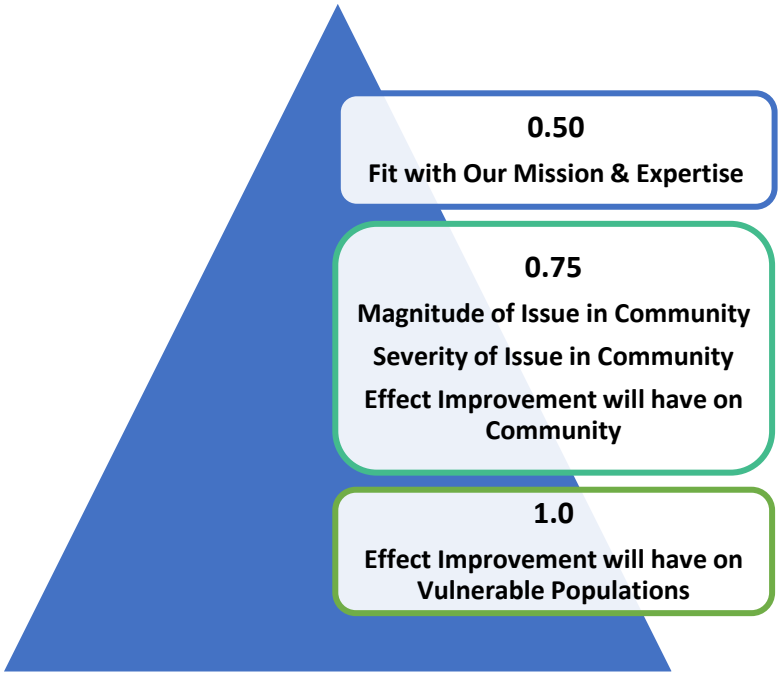
Step 3: Determine the weight of each criterion

Based on the CHA guidance, Northside researched ranking methodologies and decided to utilize the National Association of County and City Health Officials ("NACCHO") for guidance regarding the common practices used by county and city health departments for prioritizing the needs in their communities. NACCHO outlined five commonly used prioritization techniques:

1) Multi-Voting Technique
2) Strategy Grids
3) Nominal Group Technique
4) The Hanlon Method
5) Prioritization Matrix

Northside adopted the prioritization matrix methodology given the number of prioritization criteria selected and the number of community needs identified. This methodology assisted Northside in prioritizing the health needs which will have the greatest impact on the Community. Northside's weight assignment to the prioritization criteria is provided in **Figure 85.**

Figure 85: Northside's CHNA Prioritization Criteria Weight Assignment



Step 4: Create a Community Health Profile presentation to assist with prioritization

A Community Health Profile was created to highlight the demographics, morbidity, mortality, and health status within the Northside Community. This was somewhat of a precursor to the CHNA report's data indicators and graphs. The Community Health Profile was presented to the Community Benefit Steering Committee to get them ready to assist with prioritization.

Step 5: Rate each identified need against the prioritization criteria using the Community Health Profile

Throughout the CHNA process, Northside compiled and analyzed a variety of quantitative and qualitative data from a myriad of sources. After thoughtful consideration of the prevalence, frequency, and severity of the identified needs combined with any disparities and disproportionate impact an identified need may have on vulnerable populations, Northside utilized health need scorecards to evaluate each need category against each prioritization criterion and assigned that need category a priority score of one through four. Each member of the Community Benefit Steering Committee (CBSC) filled out a scorecard, "CBSC Scorecard" that ranked each of the nine health needs (see **Table 25**).

1 = Not a Priority

2 = Low Priority

3 = Medium Priority

4 = High Priority

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Table 26: CBSC Scorecard

Select a Ranking in the Green boxes (drop down):
1 - Not a Priority
2 - Low Priority
3 - Medium Priority
4 - High Priority

		Behavioral Health and Substance Use Disorders	Cancer	Cardiovascular	Diabetes and Obesity	Respiratory Disease and Smoking	STIs & HIV/AIDs	Access to Care	Healthy Lifestyle Behaviors	Maternal and Infant Health
Data Location (slide numbers)										
Step 1	Assess the Magnitude of Issue in the Community (weight of 75%)									
		0	0	0	0	0	0	0	0	0
Step 2	Assess the Severity of Issue in the Community (weight of 75%)									
		0	0	0	0	0	0	0	0	0
Step 3	Does it Fit Within NH Mission/Expertise? (weight of 50%)									
		0	0	0	0	0	0	0	0	0
Step 4	Assess the Effect Improvement will have on Community (weight of 75%)									
		0	0	0	0	0	0	0	0	0
Step 5	Assess the Effect Improvement will have on Vulnerable Population (weight of 100%)									
		0	0	0	0	0	0	0	0	0
Grand Total		0	0	0	0	0	0	0	0	0

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Step 5: Summarize the identified needs according to the prioritization methodology employed

The table below summarizes the final prioritization score of each identified need. The priority score of each need (e.g., 1, 2, 3, or 4) is multiplied by the prioritization criterion's assigned weight (e.g., 0.50, 0.75, or 1.00); the results are then summed for the total priority score for each identified need. The results were further prioritized using a methodology that was inclusive of both the CBSC's and the Strategic Planning Department's CHNA health needs scorecards.

Table 27: Northside's FY 2025 – FY 2027 CHNA's Prioritization Total Score

1	Cardiovascular	14.03
2	Cancer	13.83
3	Access to Care	13.53
4	Behavioral Health & Substance Use Disorder	13.50
5	Maternal & Infant Health	12.60
6	Diabetes & Obesity	12.23
7	Healthy Lifestyle Behaviors	11.15
8	Respiratory Disease & Smoking	10.65
9	STIs & HIV/AIDS	7.53

PART VI: NEEDS PRIORITIZATION

The Needs Northside Will Address

Ideally, Northside would have unlimited resources to address all of the Community's identified needs. However, it is not realistic for any single organization to address all of a community's needs, hence the importance of prioritizing the identified needs. Northside selected those needs that impact the greatest number of population in the Community; those needs that disproportionately impact the most vulnerable populations; those needs that are most severe and/or prevalent; and those needs that Northside has the wherewithal to address.

Table 28: Northside's FY 2025 - FY 2027 CHNA's Prioritization Total Score

1	Cardiovascular	14.03
2	Cancer	13.83
3	Access to Care	13.53
4	Behavioral Health & Substance Use Disorder	13.50
5	Maternal & Infant Health	12.60
6	Diabetes & Obesity	12.23
7	Healthy Lifestyle Behaviors	11.15
8	Respiratory Disease & Smoking	10.65
9	STIs & HIV/AIDS	7.53

The CHNA priorities in FY 2025 - FY 2027 differed in order of priority compared to FY 2022 - FY 2024 CHNA. While Cancer and Cardiovascular remained the top two prioritized needs, they swapped places from the prior CHNA cycle with Cardiovascular moving to the number one priority health need. Access to Care moved from sixth in the last CHNA cycle to third for this current cycle. Behavioral Health & Substance Use Disorder remained the fourth highest priority. Maternal and Infant Health moved from third to fifth and Diabetes & Obesity moved from fifth to sixth.

The Needs Northside Will Not Address

For the reasons explained above, Northside is unable to address all of the identified community needs at this time due to limited resources, magnitude/severity of the issue, or the presence of existing resources already in place to address the need. Additionally, some of the health needs below are related to the top six health needs. There will be shared strategies that will both directly and indirectly improve these health needs.

1) Healthy Lifestyle Behaviors
2) Respiratory Disease & Smoking
3) STIs & HIV/AIDS

PART VI: NEEDS PRIORITIZATION

Available Resources in Our Community

There are a rather sizeable number of existing and available resources in the Community to help meet the identified needs of Community members. This abundance of existing resources is not surprising given that the majority of Northside's Community is located in a densely populated metropolitan area. A summary of the number of resources in the Community is provided in **Table 29.** The community resources identified by Northside were divided into groups based on the health needs found in the Community, several categories were combined.[4]

Table 29: Count of Existing Resources

Resource Category	Need Category	Count
National & Local Cancer Resources Cancer Resources Offering Free Screenings	Cancer	15
Cardiovascular Resources	Cardiovascular Disease	4
Healthy Lifestyle Resources	Healthy Lifestyle Behaviors Respiratory Diseases/Smoking	30
Maternal & Infant Health Resources	Maternal & Infant Health	31
Health Care Access & Quality, Primary Care Resources	Access to Care	63
Diabetes & Obesity Resources	Obesity & Diabetes	16
Behavioral & Mental Health Resources	Behavioral Health and Substance Use	96
STIs & HIV/AIDS Resources	STIS & HIV/AIDS	20
Additional Resources	Affordable & Adequate Housing/ Homelessness Social & Community Support Transportation	284
Total Community Resources		**559**

[4] Given the large number of community resources available in the Northside Community, a detailed listing is not provided in the Appendix, but will instead be made available on Northside's website at https://www.northside.com/community-wellness/in-the-community/community-health-needs-assessment for the Community to easily access it.

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Appendix A

Northside Hospital FY 2025 – FY 2027 Community Health Needs Assessment Stakeholder Interview Guide

Northside Hospital
2025-2027 Community Health Needs Assessment
Stakeholder Interview Guide

Privacy and Consent Statement

Thank you [interviewee's name] for agreeing to participate in our interview today for Northside Hospital's FY 2025-2027 Community Health Needs Assessment. My name is _____ and this is _____ (2nd interviewer) who will be taking notes during the interview. The interview is expected to only take about 30 minutes and is meant to gather your opinions, input, and observations regarding the health needs of your community. Your input will be integrated into Northside Hospital's FY 2025-2027 Community Health Needs Assessment. Northside hopes to use this assessment to evaluate its current community programs and services as well as plan new ones, all in order to best meet the health needs of the community it serves.

Please keep in mind that this interview is completely voluntary and you may choose not to answer any question or stop the interview at any time. As stated before, we will be taking notes throughout the interview. We will produce a report, based on our findings, where your answers will be included. The report will be made available publicly once complete through the Northside Hospital website.

Northside Hospital FY 2025-FY 2027 Stakeholder Interview

We want to hear from you!

Your organization has been identified as one that can provide a unique perspective on the health needs of our community. Thank you for taking the time to share your opinions and experiences with us!

1. What counties do you primarily serve?

☐ Barrow ☐ Cherokee ☐ Cobb ☐ Dawson ☐ DeKalb ☐ Forsyth

☐ Fulton ☐ Gwinnett ☐ Pickens ☐ Walton ☐ Other: _____

2. What is your role within your organization and in what capacity do you work with members of your community in this role?

3. Based on your experience, what are the **top 3 factors/assets** that **positively impact the health** of the community you serve?

☐ Abundance of Healthcare Resources	☐ Affordable Housing/Cost of Living
☐ Access for Uninsured/Indigent	☐ Financial Resources
☐ Access to Primary/Preventive Care	☐ Food Availability
☐ Health Education Resources/Efforts	☐ Green Space/Parks & Rec
☐ Local Hospitals	☐ Healthy Lifestyle Behaviors
☐ Community Organization Partnerships & Collaboration	☐ Financial Solvency/Funding Opportunities
☐ Social Support	☐ Transportation
☐ Resources for Homeless	☐ Other: (Please Specify)

If you serve more than one county, do these assets differ from county to county? If so, please explain.

4. In contrast to question #3, what are the **top 3 factors or barriers** that you feel **prevent community members from accessing the care** that they need?

☐ Challenges Navigating the Healthcare System and Lack of Knowledge of Available Resources	☐ Inability to Take Time Off Work or Work-Related Scheduling Challenges
☐ Lack of Health Insurance	☐ Personal Scheduling Related Barriers or Lack of Childcare
☐ Fear of Cost/ High Cost Deductible or Copay	☐ Lack of Prenatal & Postpartum Support
☐ Lack of Access to Primary/Preventive Care	☐ Lack of Access to Specialty Care/Surgery
☐ Lack of transportation	☐ Lack of Access to Chronic Disease Management
☐ Language barriers	☐ Lack of Access to Mental Health Services
☐ Provider Trust & Implicit Bias/ Culturally Competent Care	☐ Lack of Documentation (ID, proof of address, etc.)
☐ Other: (Please Specify)	

5. What are the **top 5 factors** that may be **contributing to health problems** in the community you serve?

☐ Distance to Healthcare Facilities	☐ Poor Health Literacy
☐ Distrust of Healthcare Systems	☐ Lack of Preventive/Awareness Events
☐ Fear of a Diagnosis	☐ Alcohol Use
☐ Generational Patterns (Health Issues & Poverty)	☐ Poor Nutrition/Unhealthy Diet
☐ Increased Cost of Living/Lack of Affordable Housing	☐ Sedentary Lifestyle/Lack of Exercise
☐ Lack of Access to Healthy Foods	☐ Smoking/Vaping
☐ Poverty/Lack of Financial Resources	☐ Lack of Sidewalks/Parks & Rec
☐ Lack of Social Support	☐ Physical Environment/Crime Rate
☐ Stress & Anxiety	☐ Other: (Please Specify)

6. Keeping these factors and barriers in mind, tell us about a **negative experience** that someone your organization serves has had **while trying to obtain health care services.**

7. Please select the **top 5 populations** you consider **vulnerable or disparate** within your community.

☐ Black	☐ People of Color
☐ Disabled	☐ Persons with Mental Illness/Substance Use Disorder
☐ Domestic Violence/Child Assault Victims	☐ Persons with Transportation Challenges
☐ Food Insecure	☐ Recently Incarcerated
☐ High School/Young Adult	☐ Rural Communities
☐ Hispanic/Latinx	☐ Seniors
☐ Homeless/Housing Insecure	☐ Single Parent Families
☐ Immigrants	☐ Those who travel outside the county for work
☐ LGBTQ+	☐ Uninsured/Under-Insured
☐ Low-Income/Fixed Income	☐ Veterans
☐ Non-English Speaking/ESOL	☐ Other: (Please Specify)

8. Based on your experience, what are the **top 3 access to care related barriers in vulnerable/disparate populations** compared to the community as a whole?

☐ Lack of Access to Mental Health Services	☐ Lack of Translation Services/Cultural Competency
☐ Lack of Access to Primary/Preventive Services	☐ Poor Health Literacy
☐ Lack of Access to Specialty Services/Providers	☐ Lack of Provider Trust & Implicit Bias
☐ Lack of Care Coordination	☐ Lack of Health Insurance
☐ Other: (Please Specify)	

9. Based on your experience, what are the **top 3 physical health needs/concerns in vulnerable/disparate populations** compared to the community as a whole?

☐ Alzheimer's	☐ Obesity
☐ Behavioral Health & Substance Use Disorder	☐ Oral Health
☐ Cancer	☐ Respiratory Disease & Smoking
☐ Chronic Conditions	☐ STIs (including HIV/AIDS)
☐ Diabetes	☐ Stroke
☐ Heart Disease/Hypertension	☐ Maternal & Infant Health
☐ Other: (Please Specify)	

10. Thinking about answers to all of the previous questions, please select the **top 3 health needs** and **top 3 social determinants of health (SDOH)** in your community.

Health Need (select 3)	**SDOH** (select 3)
☐ Behavioral Health & Substance Use Disorder	☐ Access to Care
☐ Cancer	☐ Affordable Housing/Homelessness
☐ Cardiovascular	☐ Language & Culture
☐ Diabetes & Obesity	☐ Physical Environment & Crime
☐ Healthy Lifestyle Behaviors	☐ Poor Health Literacy
☐ Maternal & Infant Health	☐ Poverty/Income
☐ Respiratory Disease & Smoking	☐ Transportation
☐ STIs (including HIV/AIDS)	☐ Other: (Please Specify)

11. Are you aware of any resources or organizations, outside of Northside Hospital and your organization, which the community relies on to meet their needs? If so, please explain.

12. Hypothetically speaking, if you had unlimited resources, what program(s) or service(s) would you develop in order to meet the health needs of the community you serve?

13. Do you have any other thoughts or comments regarding the health status/needs of the community that we did not discuss?

Appendix B

Additional Data on Northside Community's Top 10 Leading Causes of Death

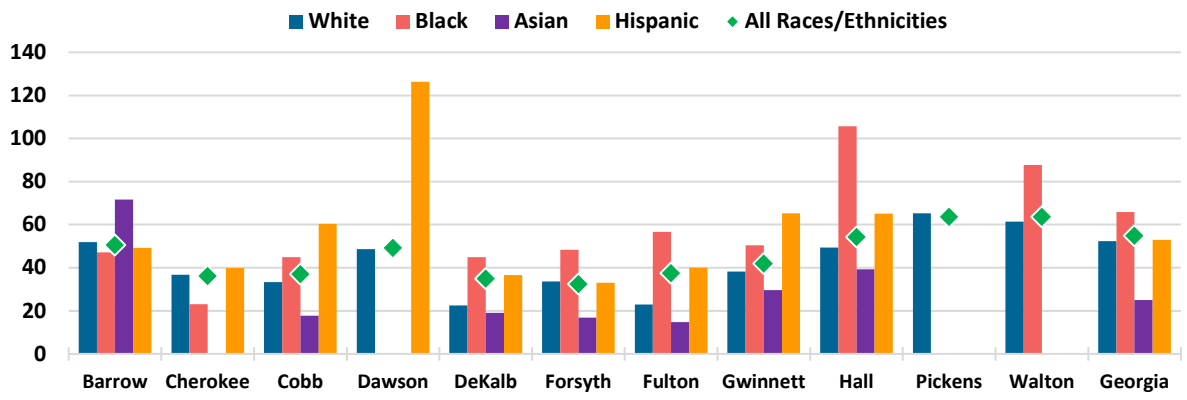
Figures 86-89

APPENDIX B

Additional Data on Northside Community's Top 10 Leading Causes of Deaths

#4 COVID-19 Age-adjusted death rates due to COVID-19 varied by county and by race and ethnicity as shown in **Figure 86**. Pickens and Walton counties had the highest rates in the Community and each were also higher than Georgia's rate. The Black, Hispanic and White populations had the highest rates in many of the counties and in Georgia overall.

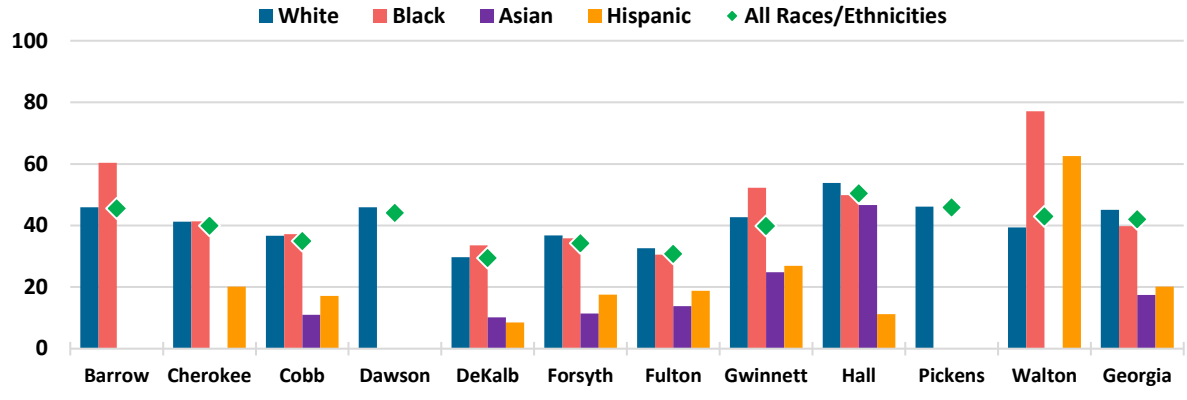
Figure 86: COVID-19, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

#6 Alzheimer's Disease Age-adjusted death rates due to Alzheimer's Disease varied by county and by race and ethnicity. Hall, Walton, Barrow and Dawson counties had the highest death rates compared to other counties and each were higher than Georgia's rate. Walton County's Black and Hispanic populations had the highest rates compared to any other counties. Among the other ten counties, the White and Black populations often had the highest rates as well as in Georgia overall.

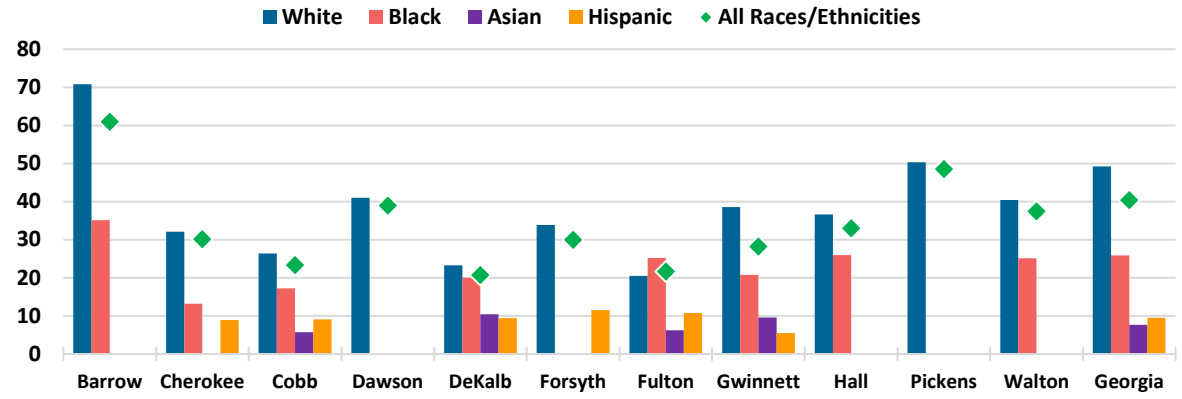
Figure 87: Alzheimer's Disease, Age-Adjusted Death Rates by Race and Ethnicity, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

#7 Chronic Lower Respiratory Diseases (CLRD) Age-adjusted death rates due to chronic lower respiratory diseases (CLRD) varied by county and race and ethnicity. Within the Community, Barrow and Pickens counties had the highest rates and each were higher than Georgia's rate. When comparing race and ethnicity, the White population had the highest rate in almost all of the counties in the Community and in Georgia overall.

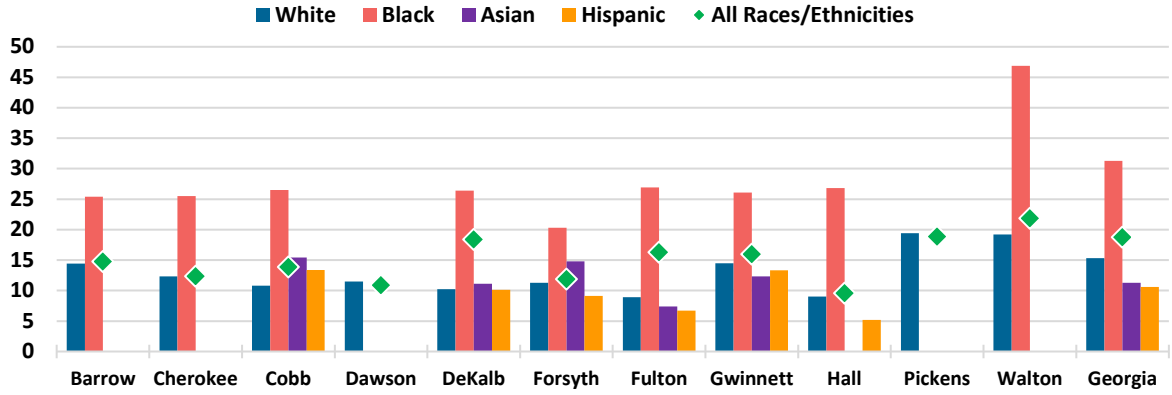
Figure 88: Chronic Lower Respiratory Diseases (CLRD), Age-Adjusted Death Rate, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2019-2023
Note: Age-adjusted death rates are per 100,000 population.

#9 Nephritis, Nephrosis and Nephrotic Syndrome Age-adjusted death rates due to Nephritis, Nephrosis, and Nephrotic Syndrome varied by county and race and ethnicity. Walton County was the only county in the Community with death rates that were higher than Georgia's. When examined by race and ethnicity, the Black population had significantly higher death rates when compared to other races and ethnicities.

Figure 89: Nephritis, Nephrosis, and Nephrotic Syndrome, Age-Adjusted Death Rate, 2019-2023



Source: Georgia Department of Public Health Online Analytical Statistical Information System, 2016-2020
Note: Age-adjusted death rates are per 100,000 population.