Piedmont Columbus Midtown
Piedmont Columbus Northside

FY25 Community Health Needs Assessment

Interim CHNA

Data and Priorities

June 2025

Overview and process

In our commitment to meaningfully and sustainably supporting our communities, Piedmont Healthcare hospitals conduct a Community Health Needs Assessment (CHNA) every three years. Required by the IRS, this triennial process measures a community's relative health or well-being, representing the activity and end-product of identifying and prioritizing unmet community health needs. This assessment is conducted by gathering and analyzing data, soliciting feedback from the community and key stakeholders, and evaluating our previous work and future opportunities.

The CHNA was led by the Piedmont Healthcare community benefits team and contractor, Public Goods Group, with input and direction from Piedmont leadership, as well as direct input from board members at board meetings and individual meetings with hospital leadership, including the hospital's chief executive officer. Additionally, key leaders from the Piedmont Healthcare system regularly provided input on the process and outcomes.

The CHNA started by defining our community. Due to the impact of our tax-exempt status, we paid particular attention to the home counties of our hospitals. Once we established our primary community, we analyzed available public health data. We conducted two community-based surveys – one targeting community leaders and another for Piedmont Advisors. Local stakeholders, including representatives of public health, were asked to share their thoughts on unmet community health needs and the hospital's role in addressing them. Finally, we conducted direct interviews with 32 state and regional stakeholders and policymakers, each representing a specific group that tends to be adversely impacted by health equity issues.

Discover
Review related CHNAs and annual reports, ask questions, and finalize the CHNA plan.

Data analysis
Identify, gather, and analyze primary and secondary data to assess unmet health needs.

Prioritize & Present
Using data, determine priorities; present to the board for approval; release interim CHNA.

Plan & Present
Create strategies for each priority; present to the board for approval; release CHNA.

Please note that this CHNA is an interim report, as it does not include progress since the last CHNA and several other components, due to the timing of federal requirements to publish our findings and priorities. This report shares key data and the identified priorities.

The final CHNA and the subsequent board-approved implementation strategies will be published in October 2025.

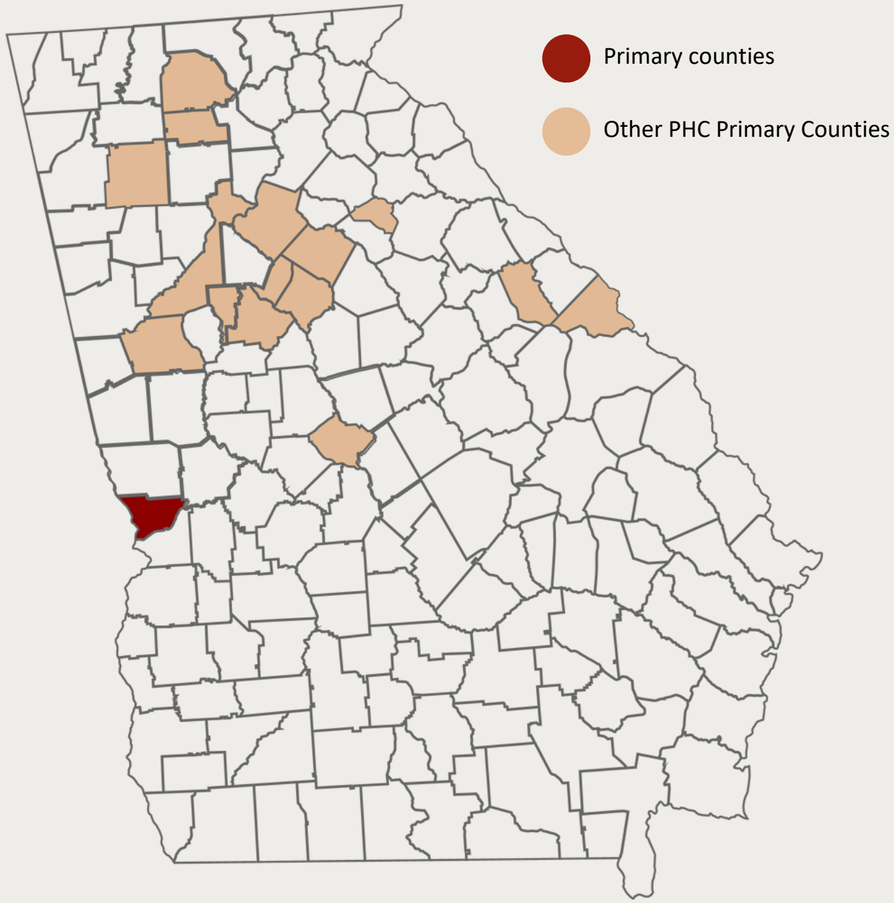
Defining our communities

While Piedmont Columbus serves patients from all over southeast Georgia, for purposes of this CHNA, we consider our primary communities to be our home county of Muscogee. We do this in recognition of the direct impact of our tax-exempt status on county residents, as county taxes generally comprise the highest percentage of a not-for-profit hospital's exemption.

Within this CHNA, we refer to PHC Primary Counties. These are the home counties of the other hospitals within Piedmont Healthcare:

- Piedmont Athens: Clarke County
- Piedmont Atlanta: Fulton County
- Piedmont Augusta: Richmond County
- Piedmont Cartersville: Bartow County
- Piedmont Eastside: Gwinnett County
- Piedmont Fayette: Fayette County
- Piedmont Henry: Henry County
- Piedmont McDuffie: McDuffie County
- Piedmont Macon: Bibb County
- Piedmont Mountainside: Pickens and Gilmer counties
- Piedmont Newnan: Coweta County
- Piedmont Newton: Newton County
- Piedmont Rockdale: Rockdale County
- Piedmont Walton: Walton County

Piedmont Columbus primary and secondary communities



FY25 health priorities

Hospital leadership established the following priorities to address over fiscal years 2026, 2027, and 2028.

Increase access to appropriate and affordable care

Reduce preventable instances of and deaths from chronic conditions, with a focus on diabetes, heart disease, and stroke

Reduce preventable instances of and deaths from cancer

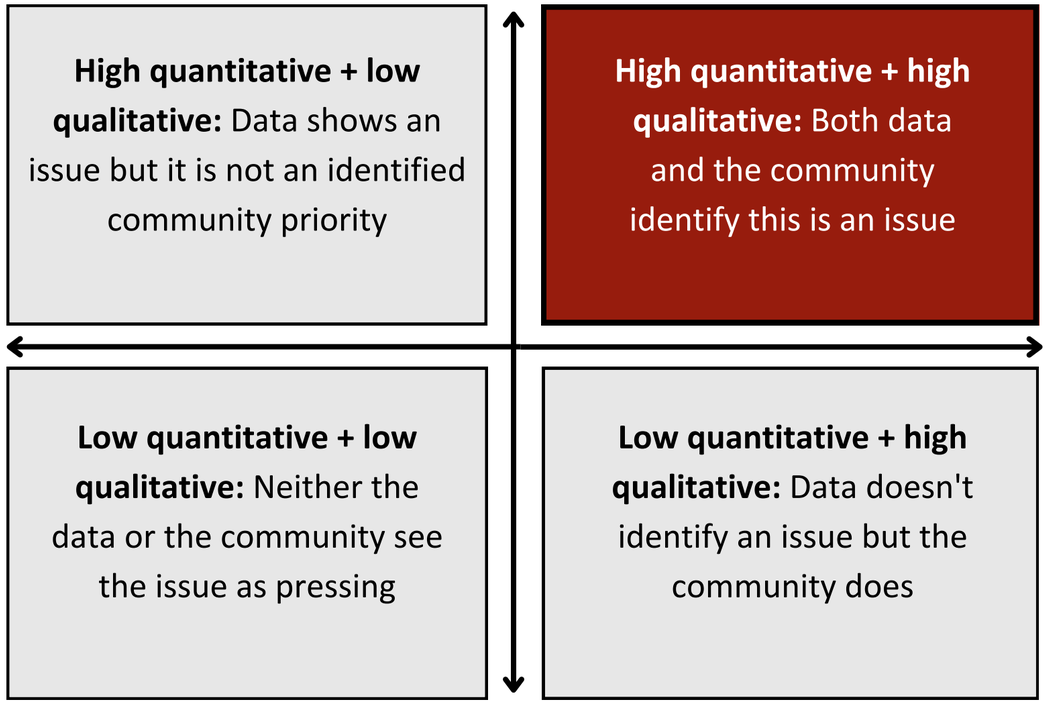
Reduce the impact of poor mental health

For each identified CHNA priority, we will tie its subsequent implementation strategies to defined health equity indicators with clear, measurable, and sustainable actions to be undertaken over the next three fiscal years.

How we determined priorities

Over the past year, we've evaluated:

- Prevalence of issues within public health and internal data
- How it compares to regional, state, and national averages
- The prevalence of the topic in stakeholder interviews
- What patients and employees have reported in surveys



The information was then categorized according to prevalence, as shown in the graphic. Typically, the issues landing in the top right—indicating high quantitative and qualitative significance—are the issues we considered as potential priorities for FY26, FY27, and FY28.

As we thought about these top issues, we evaluated each potential priority through the lens of three areas:

- **Root cause:** Is the issue caused by a social driver of health or a root cause problem? Does this challenge disproportionately impact low-income, uninsured, or otherwise vulnerable populations? Would addressing this issue potentially address or impact other community issues?
- **Magnitude:** Is this a significant issue within the community? Is the problem severe and could lead to long-term disability or death?
- **Ability to impact:** Can the hospital and community impact this problem? Does the community support our addressing this issue?

Top issues that emerged

We evaluated stakeholder input + available data, running an algorithm to detect themes in the data. Below are the top 16 issues that emerged throughout both. These are not listed in order of prevalence or importance.

Accessible and affordable housing

Health costs and medical debt

Mental health and well-being

Education rates, including proficiency for math and reading, and attainment

High rates of uninsurance and Medicaid enrollment

Being underinsured and the costs that come with that

High rates of populations with disabilities within the community

Chronic conditions, and especially hypertension and diabetes

Access to adequate and supportive community-based care

Knowledge of/availability of relevant resources

Concern that federal actions will lead to reduced social services

Obesity and limited physical activity

Accessible and affordable transportation

Alzheimer's disease

Food insecurity

Preventative education and especially information that is culturally relevant

Summary of key themes

- The community has a high percentage of disabled populations – about 17.4% – and these populations need additional support as they are more likely to develop chronic conditions and carry more debt, including medical debt, due to higher health costs.

- Poverty rates are higher, especially for children, than the state average, and median incomes are lower. Student loan debt and any debt in collections rates are also higher than state averages.

- Stakeholders repeatedly expressed concern over potential federal cuts to social services and fear for Hispanic and/or Latino populations accessing needed healthcare services.

- Community members struggle with access to food and safe, affordable housing. Education rates lag, with most children scoring not proficient in reading and math tests, and lower than the state average rates of educational attainment.

- While uninsured rates are slightly better than the state average, they are still high, and low-income, uninsured populations demonstrate some struggles in accessing timely care.

- Areas where both primary and secondary data support further examination:
  - Maternal and child health
  - Access to care for minority populations
  - Mental healthcare
  - Access to basic needs, such as safe housing and food
  - Access to green spaces and exercise opportunities

- Conditions that continue to persist in our communities:
  - Heart disease
  - Cerebrovascular disease
  - Hypertension
  - Diabetes
  - Cancer

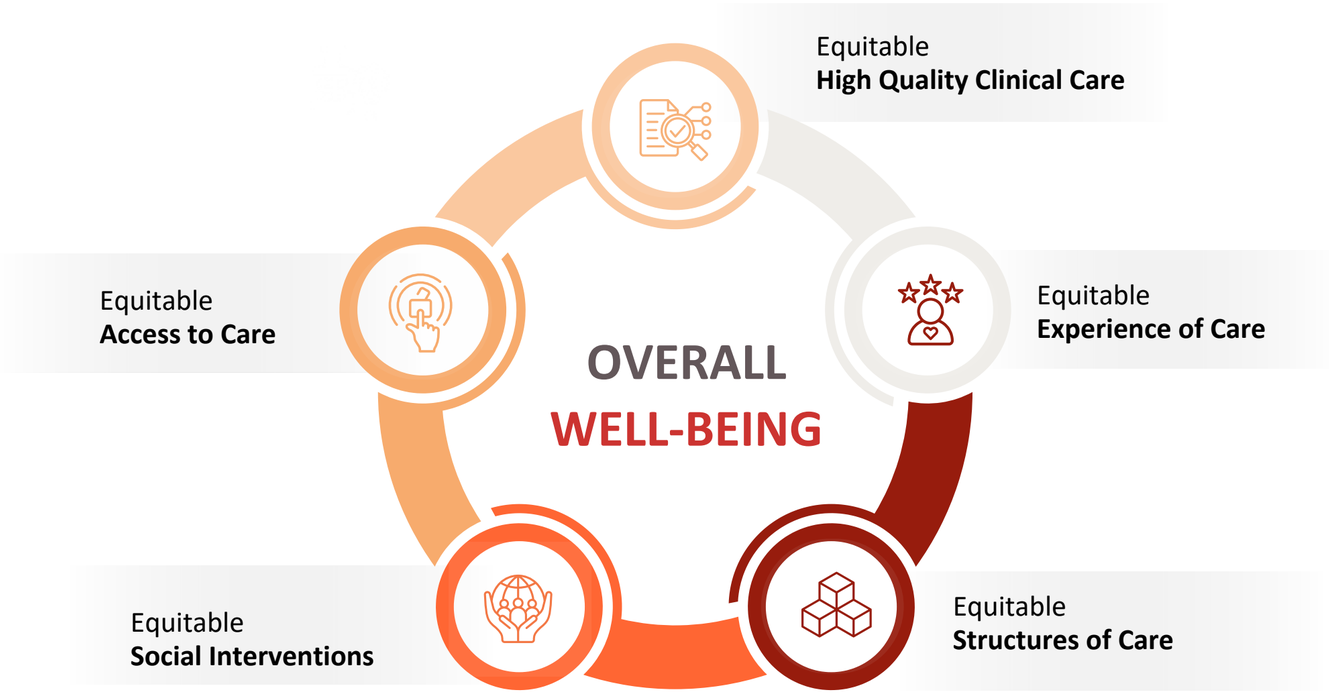
- Situations that lead to bad health:
  - Increasing poverty rates + high unemployment rates
  - High uninsured rates
  - Limited access to Medicaid providers
  - Limited access to healthy foods
  - Poor dental health

Equity as our guiding theme

For each identified CHNA priority and implementation strategy, we will tie that work to a defined health equity indicator with clear, measurable, and sustainable actions. We will continue to connect each tactic to the identified priority and we will report on the tactic's impact on the identified population health goal.

We pay particular attention to the following groups:

- Uninsured and underinsured populations
- Low-income populations
- The elderly
- Those with complex medical conditions or injury
- Those with unmanaged chronic conditions
- Veterans
- Racial and ethnic minorities
- LGBTQ+ communities
- Those living in rural communities
- Those living in substandard housing
- Those living with disabilities
- The homeless
- Those living with mental health challenges



About the hospitals

Piedmont Columbus Regional

Piedmont Columbus Regional dates back to 1836 when the hospital was a small building on the Chattahoochee River. It is now the region’s healthcare leader, offering compassionate care and an unwavering commitment to patients. Piedmont Columbus Regional consists of two primary hospitals, a children’s hospital, cancer center and over 35 physician practice locations. Piedmont Columbus Regional joined the Piedmont family in March 2018.

- **Midtown Campus** is a licensed 583-bed hospital (the largest in West Georgia and east Alabama) providing an array of services to meet the medical needs of our diverse community.
- **Northside Campus** is a licensed 100-bed general acute care hospital that includes a Comprehensive Bariatrics Center, Blue Cross Blue Shield Bariatrics Center of Excellence, and Surgical Quality Partner.

Piedmont Healthcare

Piedmont Healthcare is a private, not-for-profit organization that cares for more than 4.5 million patients and serves communities that comprise 85 percent of Georgia’s population. This includes 26 hospitals, 108 immediate care locations, 1,875 Piedmont Clinic physician practices, and nearly 3,600 Piedmont Clinic members. Our patients conveniently engage with Piedmont online, having scheduled more than 560,000 appointments and over 120,000 virtual visits.

With more than 47,000 caregivers, we are the largest Georgia-based private employer of Georgians, who all came for the job, but stayed for the people. In 2024 and 2023, Piedmont has earned recognition from Newsweek as one of America’s Greatest Workplaces for Diversity and also as one of America's Greatest Workplaces for Women. In 2022, Forbes ranked Piedmont on its list of the Best Large Employers in the United States. Piedmont provided more than $607 million in community impact in Fiscal Year 2024.

Primary data: Community voices

The most important part of a CHNA is the community itself. We conducted one-on-one interviews and surveys to hear from key individuals and groups, including patients and the community.

32

Stakeholders interviewed

Interviewees included representatives of public health, charitable clinics, food banks, homeless populations, health advocates, and other community leaders.

167

Community leader surveys submitted

Survey respondents represented key community groups and shared insights on challenges and opportunities within Piedmont communities.

1266

Community surveys submitted

Patients and employees were surveyed through an questionnaire that asked what was working well, what wasn’t, and what barriers prevented patients from being healthy.

One-on-one interviews

From January to March 2025, we interviewed 32 key stakeholders to understand what makes a healthy community, what barriers prevent health access, and what opportunities exist to best support our communities. These interviews, which included representatives of public health, provided a critical context to the external and internal data indicators.

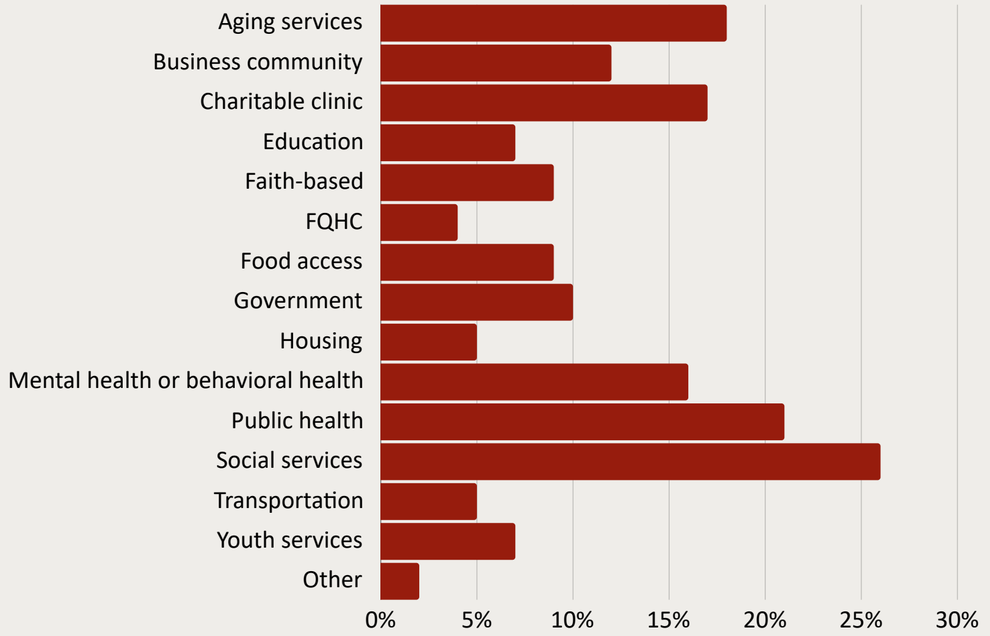
These interviews carried specific themes throughout:

- Concern for potential federal changes to social safety nets, such as Head Start programming, Meals on Wheels, free or reduced-cost school lunches, and Medicaid funding
- Concern for nearby rural communities, especially when it comes to prenatal care, food access, and health access overall
- As awareness of health equity grows, many felt there was a stronger understanding of the role government and non-profits can play in the lives of those who need help; this causes concern on the aforementioned federal cuts
- Mental health is a significant concern, with many citing concern over basic needs, social isolation, depression, alcohol and substance abuse, and the negative impacts of social media as driving factors of poor mental health
- Social media is also a concern when it comes to accessing health information, with many citing Facebook as a primary source for many populations, especially older clients
- Concern for pregnant women and especially those who are minorities, who may face particular challenges in accessing prenatal care

Community leaders survey

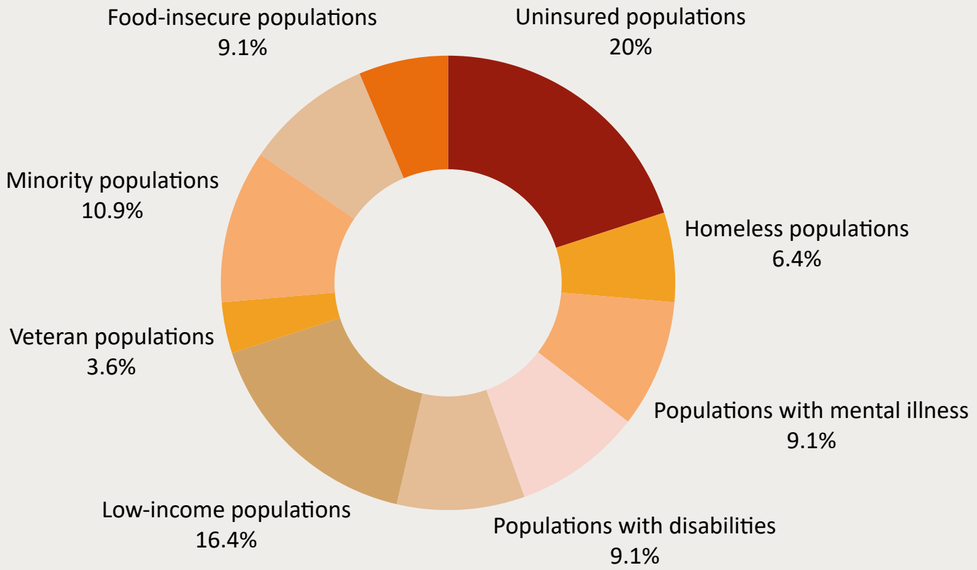
From January to March 2025, approximately 167 community leaders completed an online survey specifically tailored to their unique role within our neighborhoods and cities. The 17-question survey covered topics of community health, community resources, health equity, medical debt, and other related topics.

Survey respondents by area of work



Source: FY25 PHC CHNA Community Leaders Survey, Accessed March 2025.

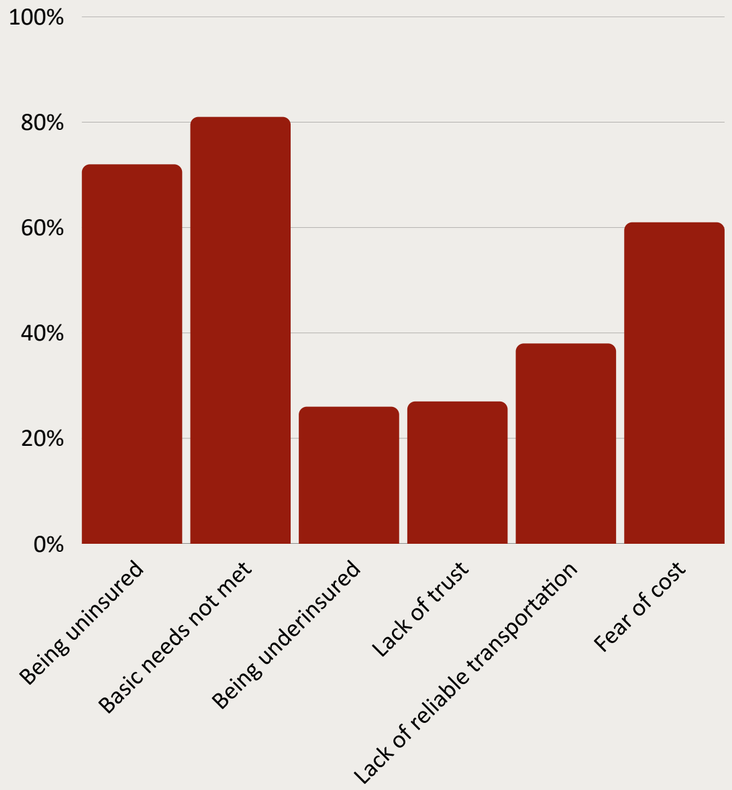
Top populations served by survey respondents



Source: FY25 PHC CHNA Community Leaders Survey, Accessed March 2025.

Community leaders survey, continued

Q: Top barriers to accessing care identified by respondents



Source: FY25 PHC CHNA Community Leaders Survey

Q: What is your vision for a healthy community?

"A community that has opportunity for everyone, regardless of your race or your income."

"Political differences don't mean that you can't talk to your neighbor anymore."

"One of safety and security, where we all feel we can access the resources we need without judgment or fear, and where our children shouldn't have to practice what to do if there's a school shooter."

"...a community where food deserts don't exist, where children aren't hungry, where everyone has access to health care, [and] where no public schools are failing..."

"Cancer rates fall and people have what they need to be healthy."

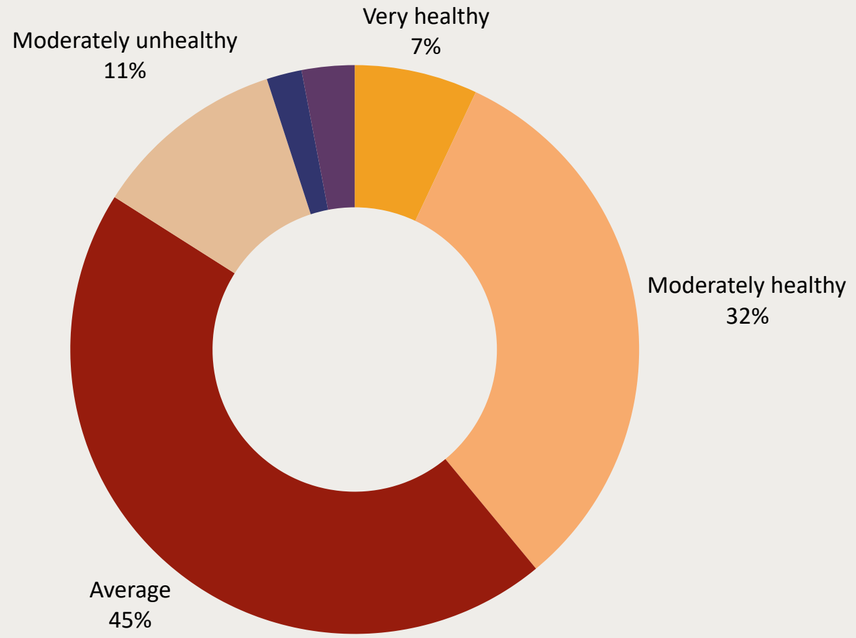
"A community where our older neighbors aren't choosing between medications and meals, where social services are secure and accessible, and everyone has the ability to get where they need to go."

Source: FY25 PHC CHNA Community Leaders Survey

Community survey

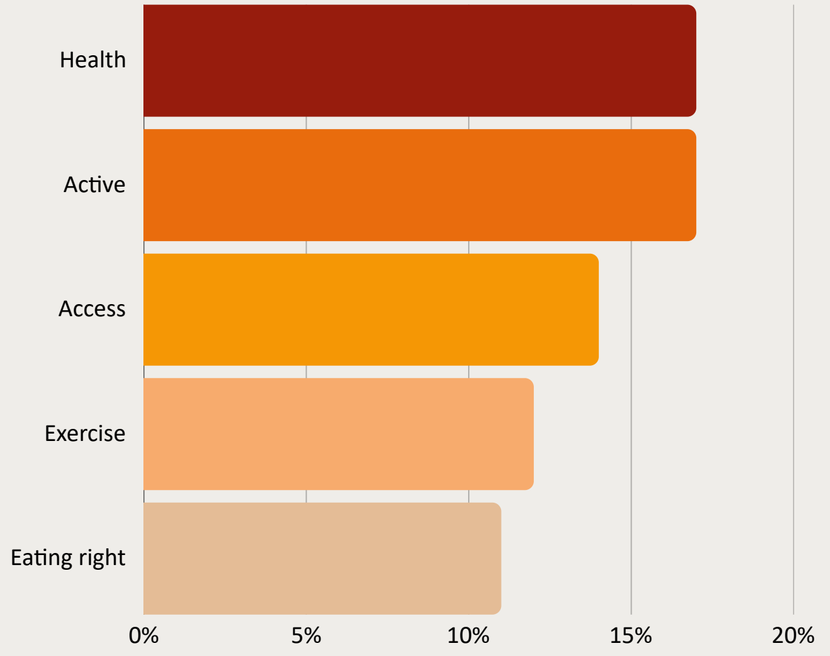
In February 2025, Piedmont launched a five-question survey among its Piedmont Advisors, a group of self-identified community members who often provides feedback to the system. These advisors live and work within Piedmont communities. Approximately 1,266 Advisors provided their insight on what makes a community healthy, their biggest concerns for their communities, and what opportunities they feel exist.

Q: Please rate your community's health, from very healthy to very unhealthy.



Source: Piedmont Advisors Survey, February 2025.

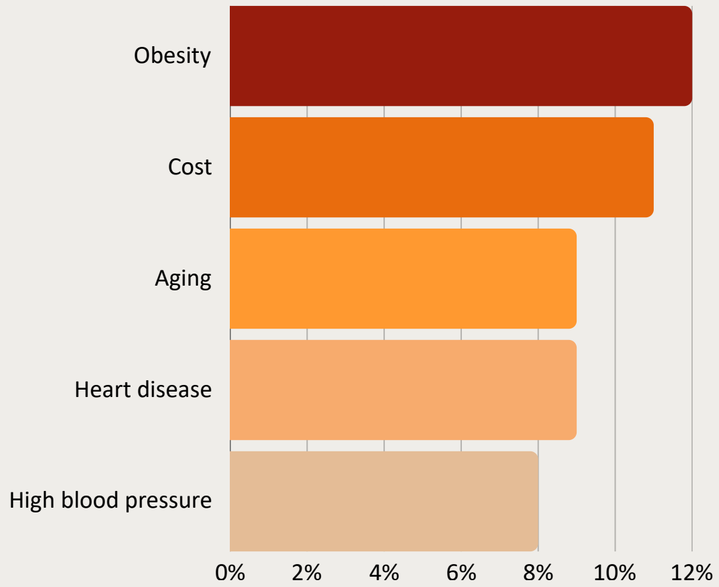
Q: When you think of a healthy community, what comes to your mind first? The top five answers are below.



Source: Piedmont Advisors Survey, February 2025.

Community survey, continued

Q: What do you see as the most pressing health concerns in the next few years? Below are the top five key words used and some quotes.



"Poor nutrition, lack of exercise, and unhealthy work-life balance has led to high levels of obesity, hypertension, and diabetes, which then leads to cascading additional health problems throughout the life cycle."

"Shortage of nurses and doctors."

"The population is aging quickly, and I don't think we have affordable elder care options for most people"

"Obesity, mental health conditions, decline in sociability"

"Misinformation from the talking heads. Health needs to be depoliticized and those "non-doctors" need to remove themselves from the equation. We need to continue to stress the need for public health and others well being. Provide better information about vaccinations due to real concerns of past illnesses making a return."

Source: Piedmont Advisors Survey, February 2025.

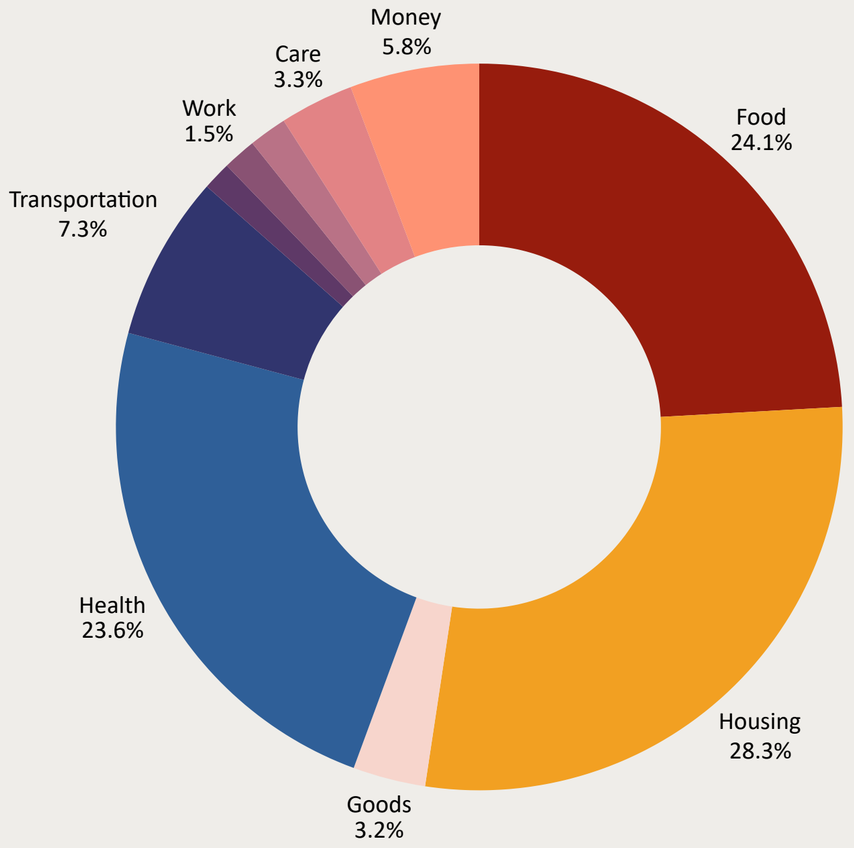
Empowering You

Beginning in January 2023, Piedmont offers its community the Empowering You portal through FIndHelp.org. Through this web-based platform, community members can use search terms to find support within their communities for common resources generally aimed at addressing social drivers of poor health.

Between January 2023 and March 13, 2025, Piedmont community members searched Empowering You approximately 196,000 times. Below are the top ten origin counties + number of searches.

County	No. of searches
Fulton County	26,752
Henry County	12,551
Clayton County	12,519
Coweta County	10,890
Muscogee County	10,389
Newton County	10,210
DeKalb County	9,425
Fayette County	8,758
Clarke County	7,473
Rockdale County	7,381

Top searches, by topic, across the Piedmont system, January 2023 to March 2025



Secondary data: The numbers

For our quantitative data, we've examined about 1,500 indicators from approximately 80 sources, including:

- Georgia Department of Public Health
- US Department of Health and Human Services, Center for Medicare and Medicaid Services
- US Department of Health & Human Services, Health Resources and Services Administration
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- University of Wisconsin Population Health Institute, County Health Rankings
- Centers for Disease Control and Prevention
- National Center for Health Statistics
- US Census Bureau
- US Department of Agriculture
- US Department of Labor

We also conducted extensive literature reviews of CHNAs from similar hospitals and facilities to evaluate potential sources.

Finally, we reviewed multiple studies and journals for potentially relevant data, which helped us understand both the patient population and the impact of potential health inequities on patient populations traditionally underserved within healthcare.

Demographics

Approximately 200,000 people lived in Muscogee County annually between 2019 and 2023. This community is primarily urban, comprising about 96 percent of its population. When examining the population by age during that time, we see that the majority were non-elderly adults.

- **0 to 4:** 6.9%
- **5-17:** 18.1%
- **18-24:** 9.1%
- **25-34:** 15.7%
- **35-44:** 13.2%
- **45-54:** 11.2%
- **55-64:** 11.4%

60.6%

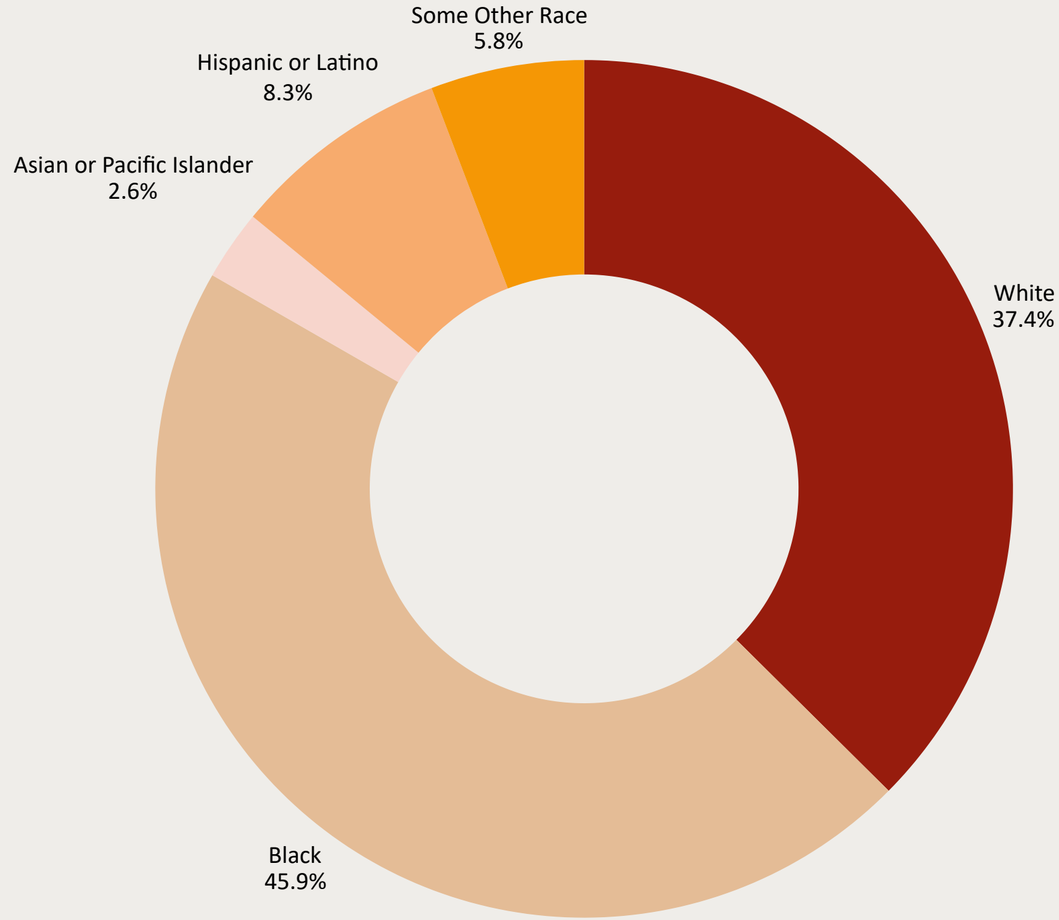
- **65+:** 14.4%

Muscogee County experienced a 9% growth rate between 2010 and 2020. Black and Hispanic or Latino populations led this growth.

Approximately 14.3% of the community was comprised of veterans between 2019 and 2023, a figure nearly twice the state rate. The highest number of veterans are those aged 35 to 54.

More than 8.3% of the population spoke a language other than English at home between 2019 and 2023. Spanish was the most common language.

Percent of population by race and ethnicity, Muscogee County, 2019 to 2023



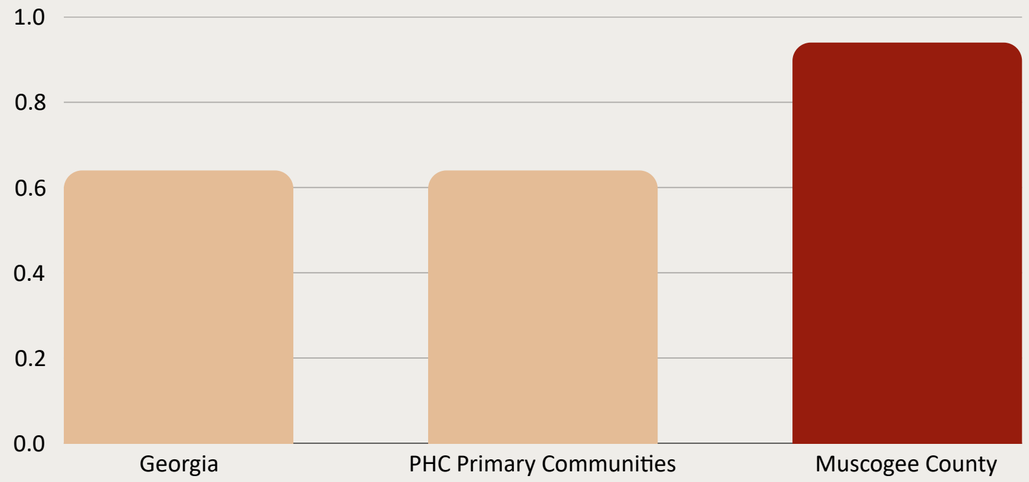
Source: US Census Bureau, American Community Survey. 2019-2023.

Social Vulnerability Index and Area Deprivation Index

The **Social Vulnerability Index** measures the degree of social vulnerability in counties and neighborhoods across the United States. A higher score indicates higher vulnerability, including high poverty, low vehicle access, or crowded households. The community has a SVI score of 0.94, well above the state score of 0.64. **The higher the score, the more vulnerable the community.**

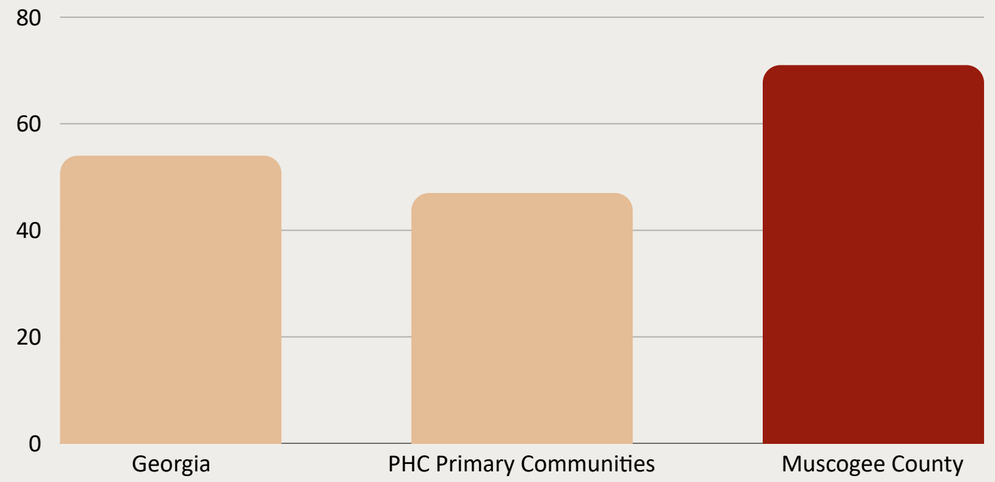
The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods relative to other neighborhoods within one state (state percentile). The scores are measured on a scale of 1 to 100 where **1 indicates the lowest level of deprivation** (least disadvantaged) and **100 is the highest level** (most disadvantaged).

SDI, Muscogee County, Muscogee County, 2022



Source: CDC GRASP, 2022.

ADI, Muscogee County, 2022

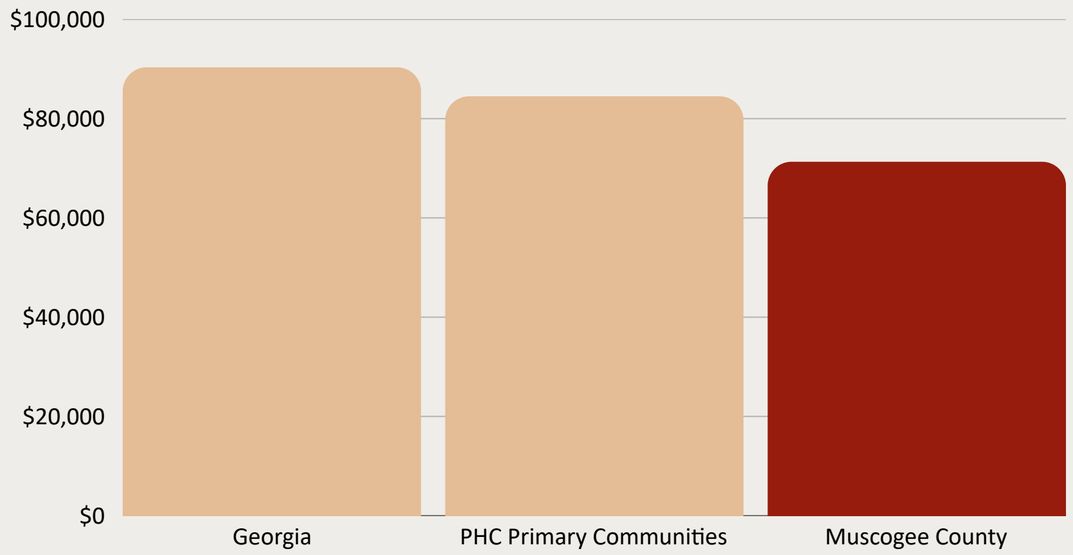


Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas, 2022.

Income

Income is a key determinant of community health, influencing access to healthcare, healthy food, housing stability, and overall quality of life. Indicators such as median household income and poverty rates reflect a community's economic well-being.

Median family income, annually on average, Muscogee County, 2019 to 2023



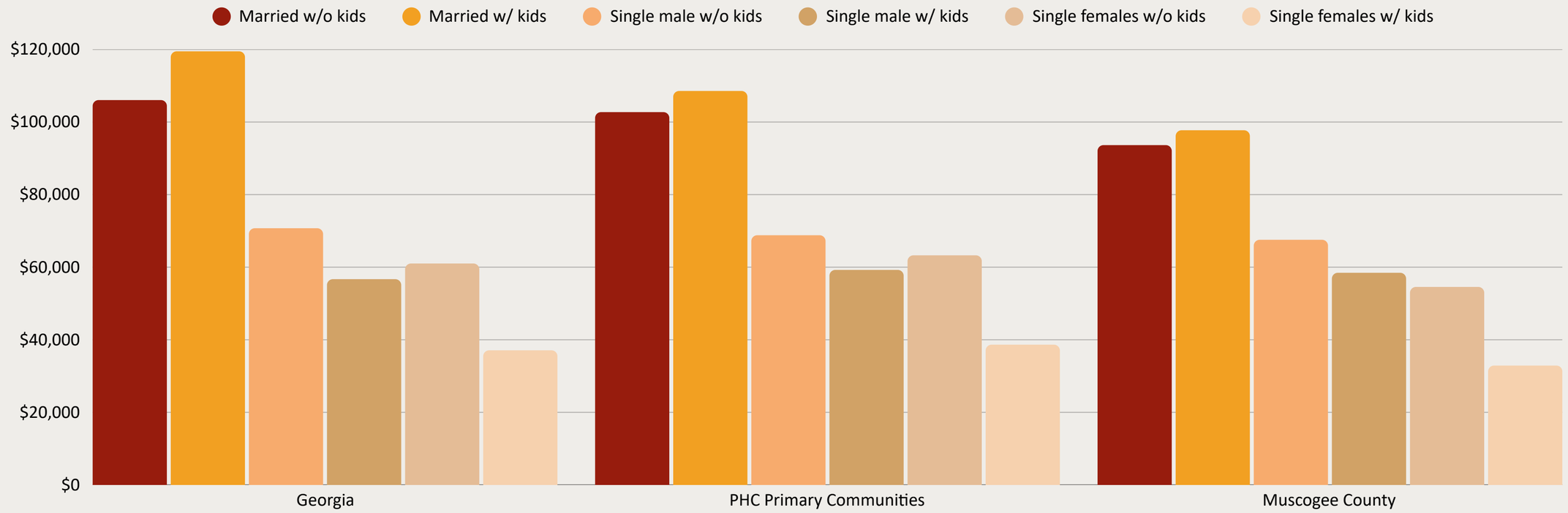
Source: US Census Bureau, American Community Survey, 2019-2023.

- Access to care: Income allows individuals and families to afford health insurance, medical care, and necessary medications, all vital for preventing and treating illnesses.
- Reduced stress and financial strain: Financial stability can reduce the stress of managing debt, housing insecurity, and job instability.
- Access to safe and healthy environments: Income can influence where people live, affecting access to safe neighborhoods, clean air and water, and nutritious food options.
- Educational opportunities: Income plays a significant role in accessing quality education, leading to better job opportunities and improved health outcomes later in life.
- Longer life expectancy: Studies have shown that higher income is associated with longer life expectancy and lower mortality rates.

Income by household type

When we break income down by household type, we see where certain structures are more likely to be poorer. In Muscogee County, like the rest of Georgia, single females with children are most likely to live in poverty.

Median family income by household type, Muscogee County, 2019 to 2023

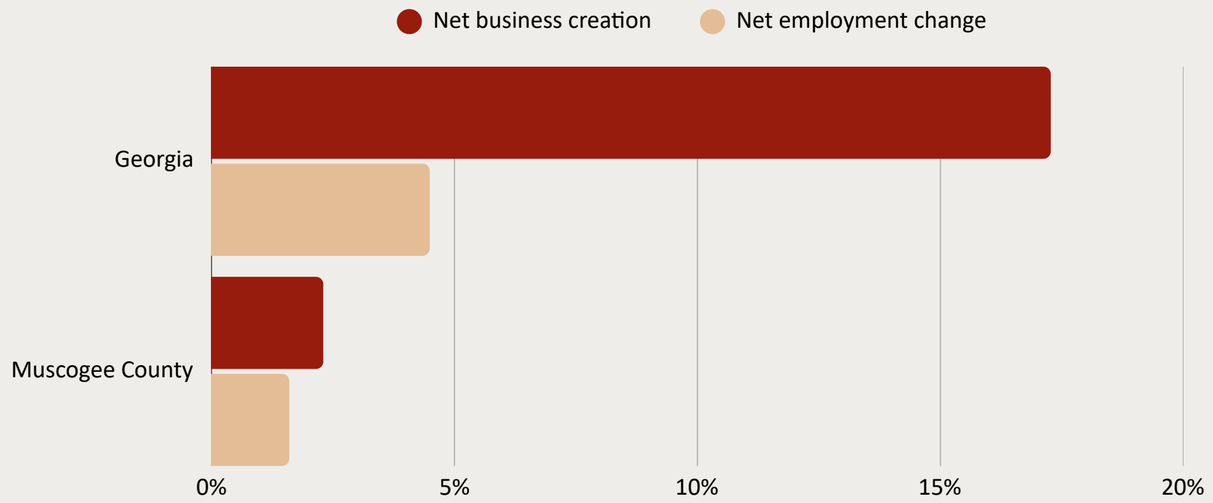


Source: US Census Bureau, American Community Survey. 2019-2023.

Employment

Between 2011 and 2021, about 4,171 new businesses were created within Muscogee County. During that same time, 4,076 businesses closed, resulting in an establishment net change rate of 2.3%, far less than the state average of 17.3%. During the same time, the county saw a net employment change of 1.15% in growth, which is also less than the state rate of 4.5%.

Net business creation and net employment change, Muscogee County, 2011 to 2021



US Census Bureau, US Census Business Dynamics Statistics. 2011-2022.

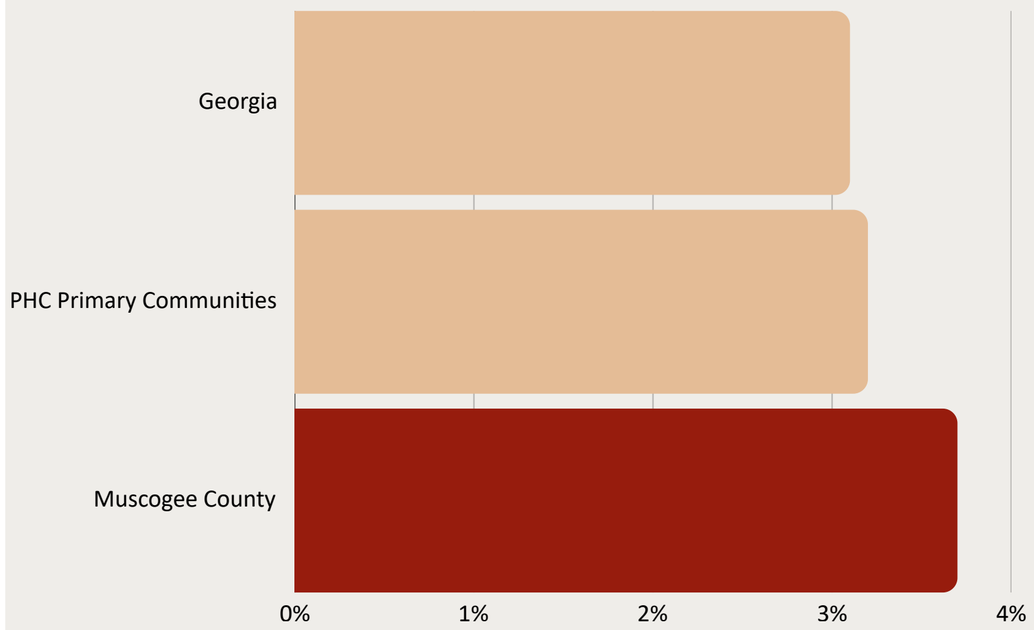
Within Muscogee County:

- About 76.6% of those working commuted to work alone in a car or truck between 2019 and 2023, a rate higher than the state average of 72.3%.
- Residents had a shorter commute than the state average, with only 3.8% of those 16 and older commuting more than 60 minutes or more to work each direction.
- About 9.4% of working county members worked from home.
- About 87.5% percent of working age adults with a disability work, a figure slightly less than the state average of 89.3%.

Unemployment

We examine unemployment rates, as unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Unemployment rate, Muscogee County, April 2025



Source: US Department of Labor, May 2025.

Unemployment significantly impacts health, leading to poorer mental and physical well-being, increased stress, and higher rates of chronic diseases, including mental health issues like depression and anxiety, as well as physical conditions like heart disease.

Increased risk of suicide: Research indicates that unemployment is linked to an increased risk of suicidal thoughts and attempts, particularly among men.

Increased stress-related illnesses: Unemployed individuals are more likely to experience stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis.

Obesity and chronic conditions: Unemployment can contribute to poor health behaviors, such as unhealthy eating habits and lack of physical activity, leading to increased obesity and chronic health conditions.

Reduced access to healthcare: Unemployment can lead to financial difficulties, making it harder for individuals to afford healthcare, medications, and preventative care, further impacting their health.

Poverty

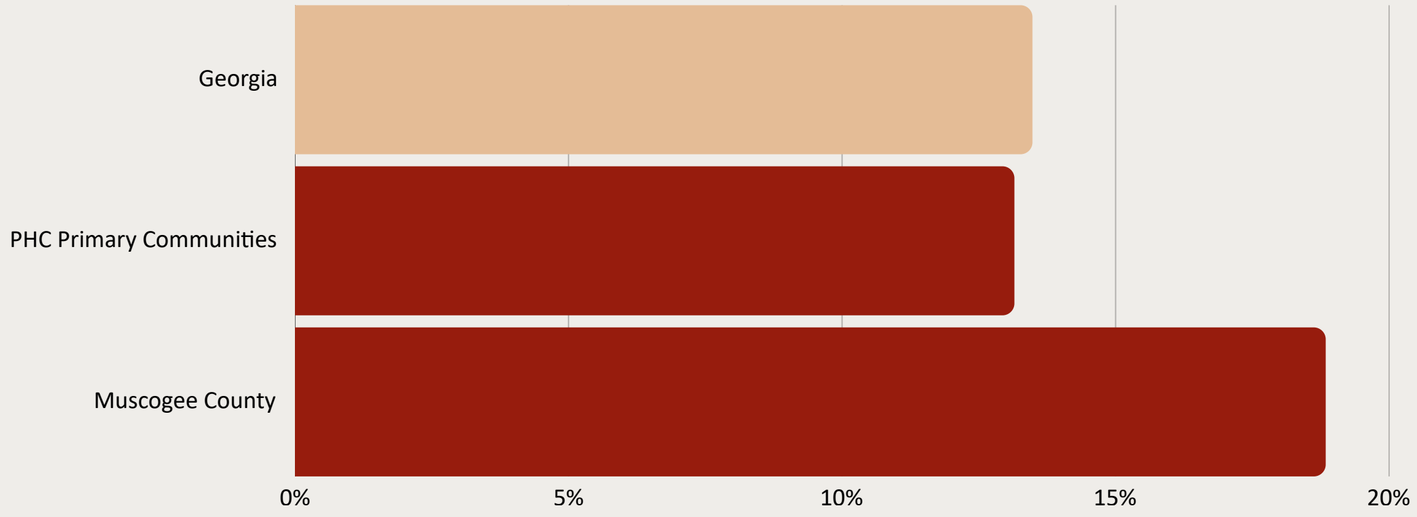
Living in poverty is the driving force of poor health for lower-income community members. Poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

In 2023, a family of four living at 100% of the FPL had an annual gross income of $30,000 or below.

Within Muscogee County, between 2019 and 2023, we see that:

- Women are generally more likely to live in poverty than men; in Muscogee County, nearly 20% of all females lived in poverty, as compared to 17.8% of all males.
- Minorities are often far more likely to live in poverty than their White counterparts; for example, in the county, only 11.1% of White populations lived in poverty, as compared to 25% of Black populations.

Poverty rates, total population, annually on average, Muscogee County, 2019 to 2023

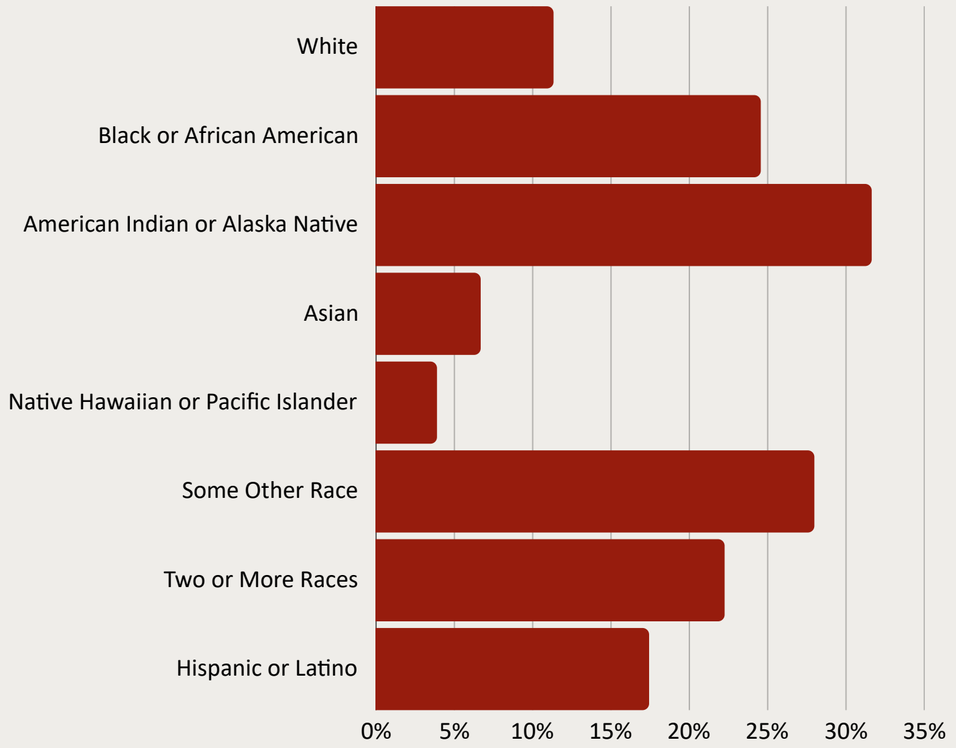


Source: US Census Bureau, American Community Survey. 2019-2023.

Poverty by race and ethnicity

Poverty often shifts between races and ethnicities, with White and Asian populations traditionally the two least likely to live in poverty.

Poverty rates by race and ethnicity, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

- Multigenerational poverty: The effects of poverty can extend across generations, with Black Americans being disproportionately affected by multigenerational poverty.
- Wealth disparities: Racial wealth gaps persist, with White households having significantly more wealth than Black households.
- Employment: Communities of color are statistically likelier to be unemployed or in low-paid jobs.
- Education: Children in high-poverty neighborhoods may attend schools with fewer resources, impacting their educational outcomes.
- Housing: People of color are likelier to be extremely low-income and struggle to pay rent.
- Health: Poverty and racial discrimination can lead to disparities in health outcomes, including lower life expectancy and increased exposure to violence.

Percent of the population at varying poverty rates

As demonstrated in the chart to the right, most people in the region live at 201% to 500% of the FPL, meaning they had incomes ranging from $55,500 to $138,750 for a family of four.

Childcare

Annually, between 2019 and 2023, childcare costs consumed about 28% of median household income – about $14,862 annually for two children. This percentage is higher than the state rate of 23%, though the average amount is lower than the state rate as incomes in Muscogee are generally lower.

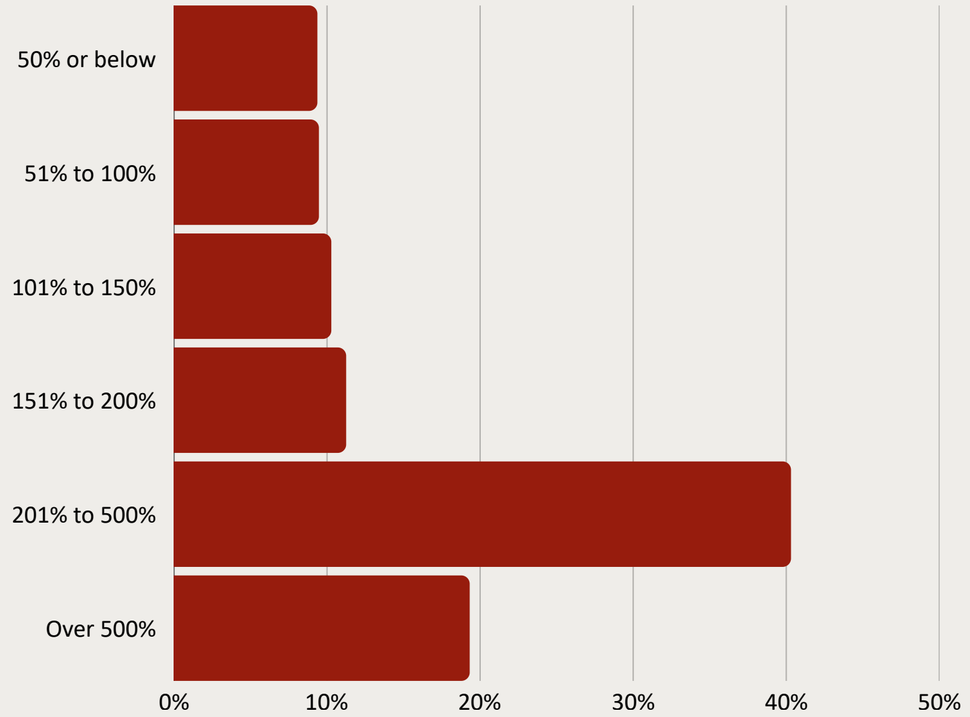
Collections

Between 2019 and 2024, 40% of the county's community members had debt in collections, with a median amount of just over $2,000. The percentage of community members with debt in collections is much higher than the state average of 29.6%. People of color are far more likely to have debt in collections than their White counterparts; approximately half of all people of color held a debt in collections, as compared to less than a third of the White population.

Student loan debt

Between 2019 and 2024, 20% of the county's community members held student loan debt, with a median debt amount of $24,278, higher than the state average of 17.9%.

Percent of the population at varying poverty rates, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

Percent of the population at varying poverty rates

As demonstrated in the chart to the right, most people in the region live at 201% to 500% of the FPL, meaning they had pre-tax incomes ranging from $55,500 to $138,750 for a family of four. It's essential to acknowledge the expenses that come with life, including depleted income reserves.

Childcare

Annually, between 2019 and 2024, childcare costs consumed about 22.2% of household income – an average $14,862 annually for two children.

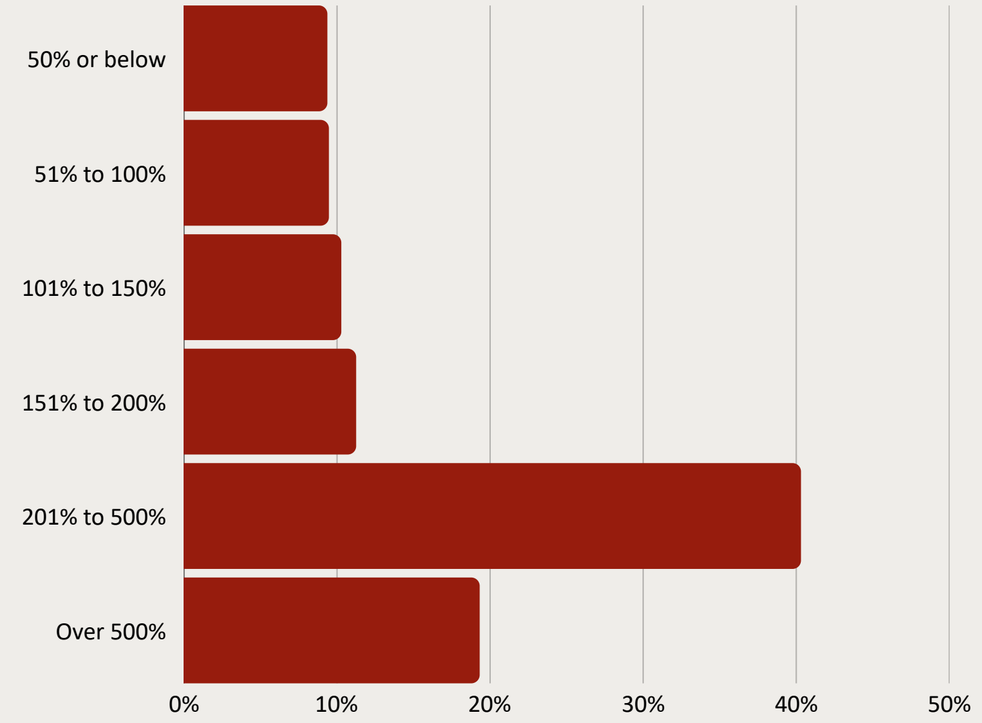
Collections

Annually, between 2019 and 2024, 40% of the service area's community members had debt in collections, a rate much higher than the state average of 29%. The average amount of debt in collections was $2,399. As with most indicators, race plays a role in debt in collections. Nearly half of minority populations had a debt in collections, as compared to about 30.3% of White populations.

Student loan debt

Annually, between 2019 and 2024, about 120% of service area residents had student loan debt, with the average amount of student loan debt being $24,278.

Percent of the population at varying poverty rates, Muscogee County, 2019 to 2023

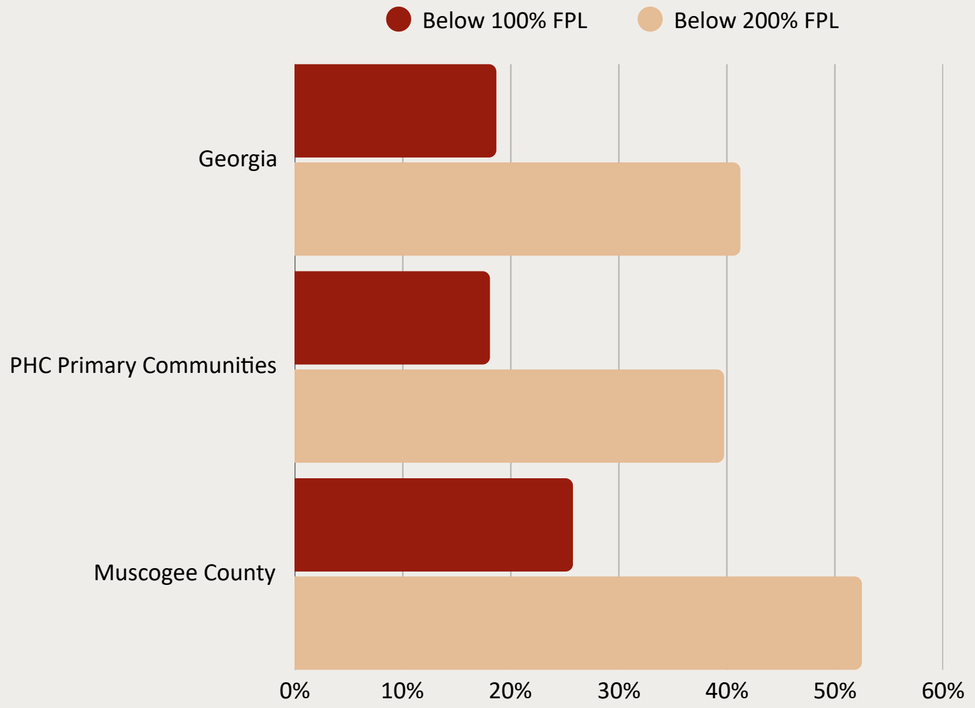


Source: US Census Bureau, American Community Survey. 2019-2023.

Children in poverty

In Muscogee County, over 26,000 children lived in households with income below 200% of the Federal Poverty Level between 2019 and 2023. This is relevant because poverty creates barriers to access including, health services, healthy food, and other necessities contributing to poor health status.

Percent of children living at or below 100% and 200% FPL, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

What creates child poverty: Economic factors (lack of job opportunities, low wages), social issues (gender, ethnicity, race), and inadequate social safety nets contribute to child poverty.

Intergenerational poverty: Children raised in poverty are at higher risk of remaining poor in adulthood, creating a cycle of poverty.

Impact on development: Poverty affects a child's development even before birth, increasing the risk of low birth weight, poor health, and developmental delays.

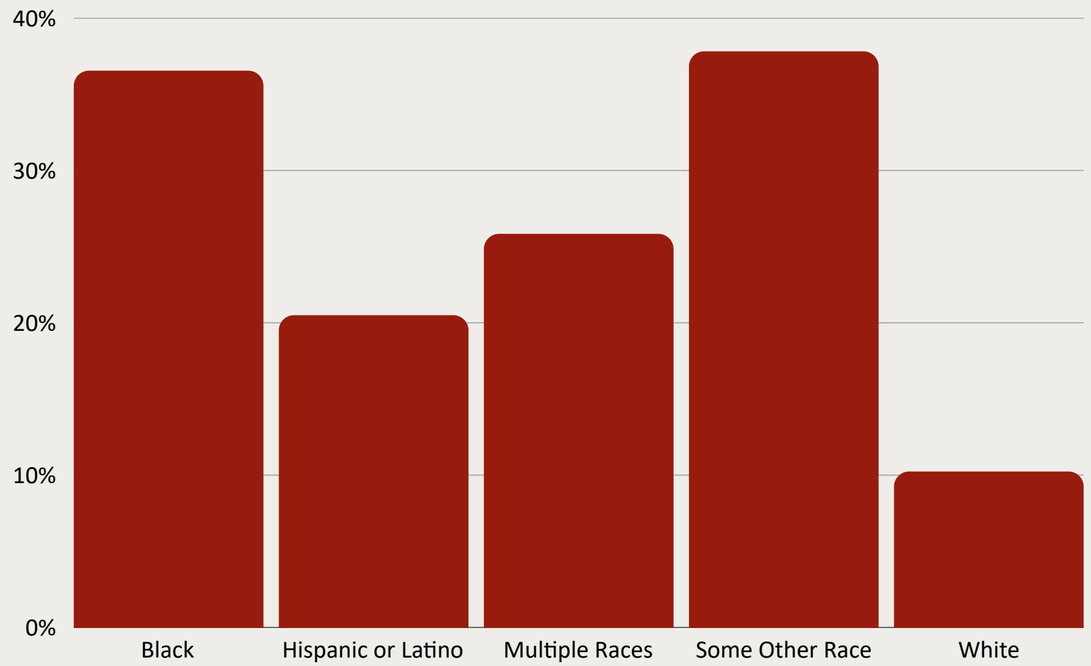
Mental health: Children living in poverty are at higher risk of experiencing poor mental health and psychological distress.

Solutions: Addressing child poverty requires comprehensive strategies, including access to quality education, stable employment opportunities, and supportive community resources. Policies like modifications to the Earned Income Tax Credit (EITC), childcare subsidies, and changes in the federal minimum wage can help reduce child poverty.

Children in poverty by race and/or ethnicity

As with many indicators, communities of colors tend to be disproportionately impacted by social determinants of health. Please note there was no data available for Asian children.

Percent of children living at or below 100% FPL by race, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

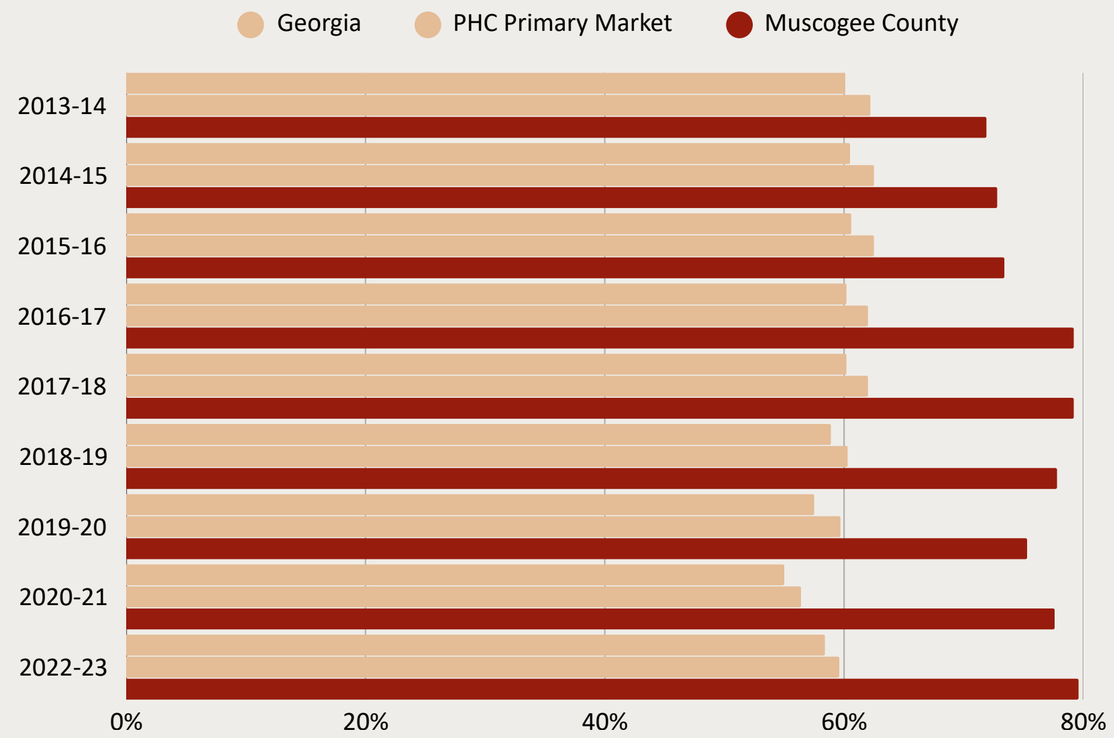
Children of color are disproportionately more likely to live in poverty due to a complex interplay of historical and ongoing systemic factors, including racial discrimination, residential segregation, and unequal access to resources and opportunities. These factors contribute to lower income levels, limited access to quality education and healthcare, and increased vulnerability to poverty for families of color.

- Single-parent households: Children of color are more likely to live in single-parent households, which often face greater economic hardship.
- Neighborhood effects: Living in high-poverty neighborhoods can expose children to violence, crime, and limited access to healthy food and recreational opportunities.

Children qualifying for free or reduced cost lunch

Children qualifying for free/reduced lunch programs often face significant barriers to healthcare access, consistent medical treatment, and educational achievement, with these socioeconomic challenges frequently resulting in higher absenteeism, learning gaps, and reduced academic performance.

Children eligible for free or reduced-cost lunch, Muscogee County, 2013 to 2023



Source: National Center for Education Statistics, NCES - Common Core of Data, 2022-2023.

Within Muscogee County, about 80% -- or about 23,770 children -- qualified for free or reduced-price lunch at their school during the 2022-2023 school year.

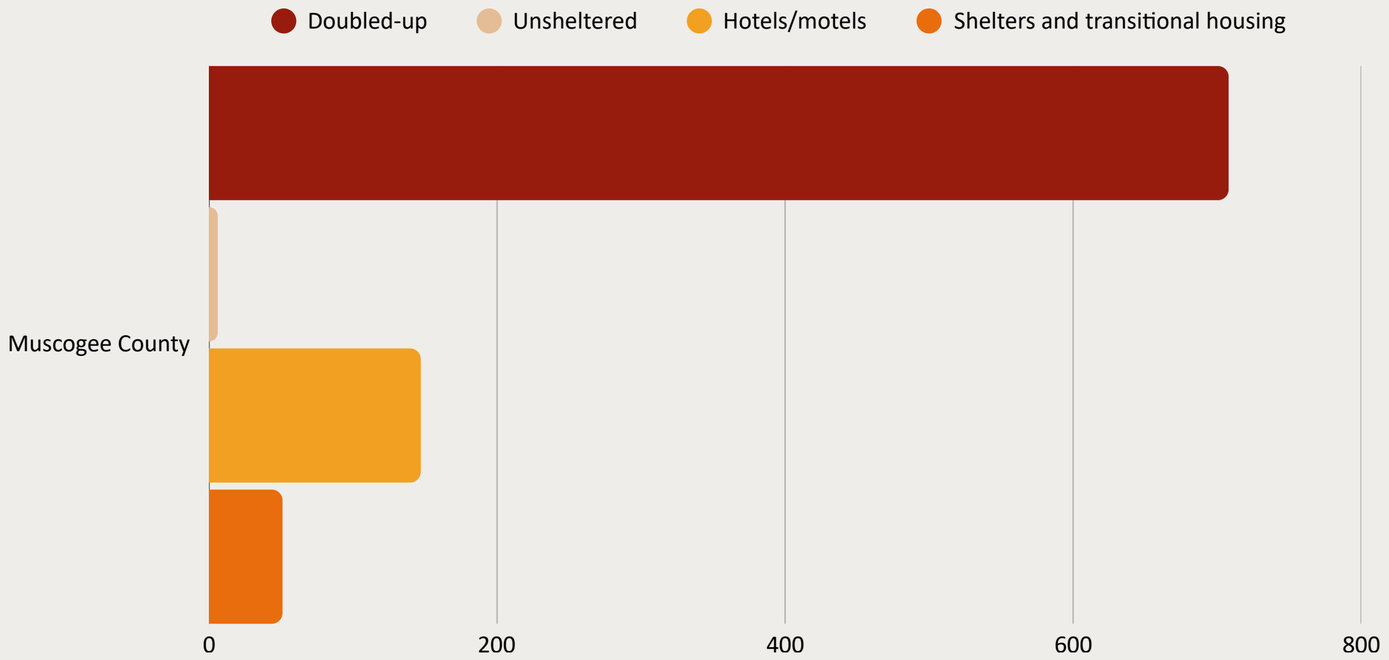
Free and reduced-price school lunch programs directly address food insecurity, a major social driver of poor health. These programs ensure students have access to healthy, nutritious meals, reducing the risk of hunger and its associated negative consequences.

Additionally, consistent access to nutritious meals can improve overall health and well-being, particularly for children from low-income families who may otherwise face food insecurity.

Children experiencing homelessness

Within the service area, 3% of students were homeless during the 2021-2022 school year, a rate higher than the state average of 2.1%. Homelessness has severe and lasting negative effects on children, impacting their physical and mental health, development, and educational outcomes. Children experiencing homelessness often face challenges related to basic needs, safety, and stability, leading to increased rates of illness, developmental delays, and emotional distress.

Students experiencing homelessness by primary nighttime residence, Muscogee County, 2021 to 2022 school year



Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.

A brief description of each column is provided below:

Doubled-up: Refers to doubled-up or shared housing due to loss of housing, economic hardship, or similar reasons.

Unsheltered: Includes situations such as living in cars, parks, campgrounds, temporary trailers (including FEMA trailers), or abandoned buildings. This is the most uncommon scenario in the service area.

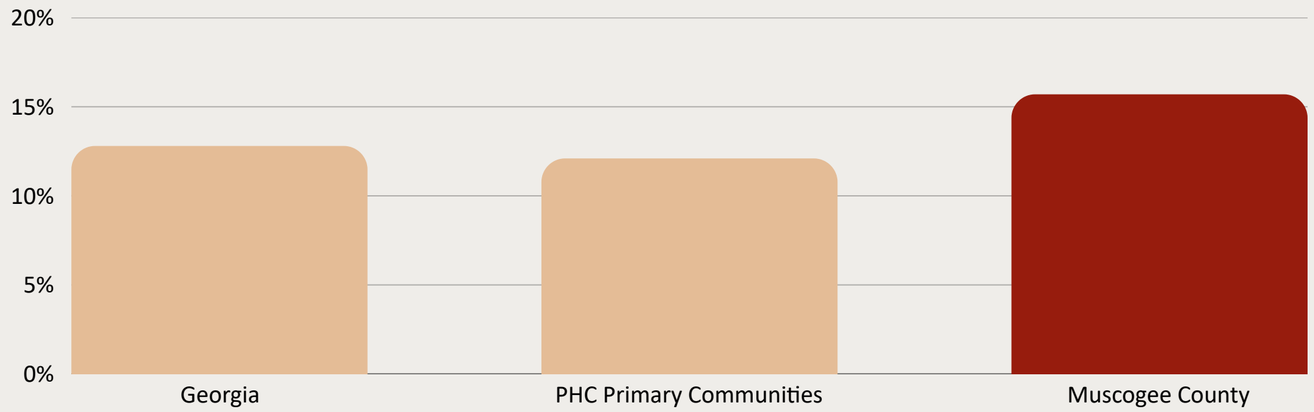
Hotels/motels: As indicated by the name, refers to stays in hotels or motels.

Shelters and transitional housing: Refers to stays in shelters or transitional housing programs, as indicated.

Food insecurity

Food insecurity occurs when a person or family lacks the resources to afford regular meals due t o affordability issues, particularly for households facing unemployment, especially those with low incomes. Food insecurity is a major problem because it negatively impacts health, mental well-being, and socioeconomic development. It leads to malnutrition, chronic diseases, and developmental issues, particularly in children. Furthermore, food insecurity can create a cycle of poverty, hindering individual potential and community progress. As with many health indicators, minorities are much more likely than their white counterparts to experience food insecurity.

Percentage of population facing food insecurity, Muscogee County, 2022



Source: Feeding America, 2022.

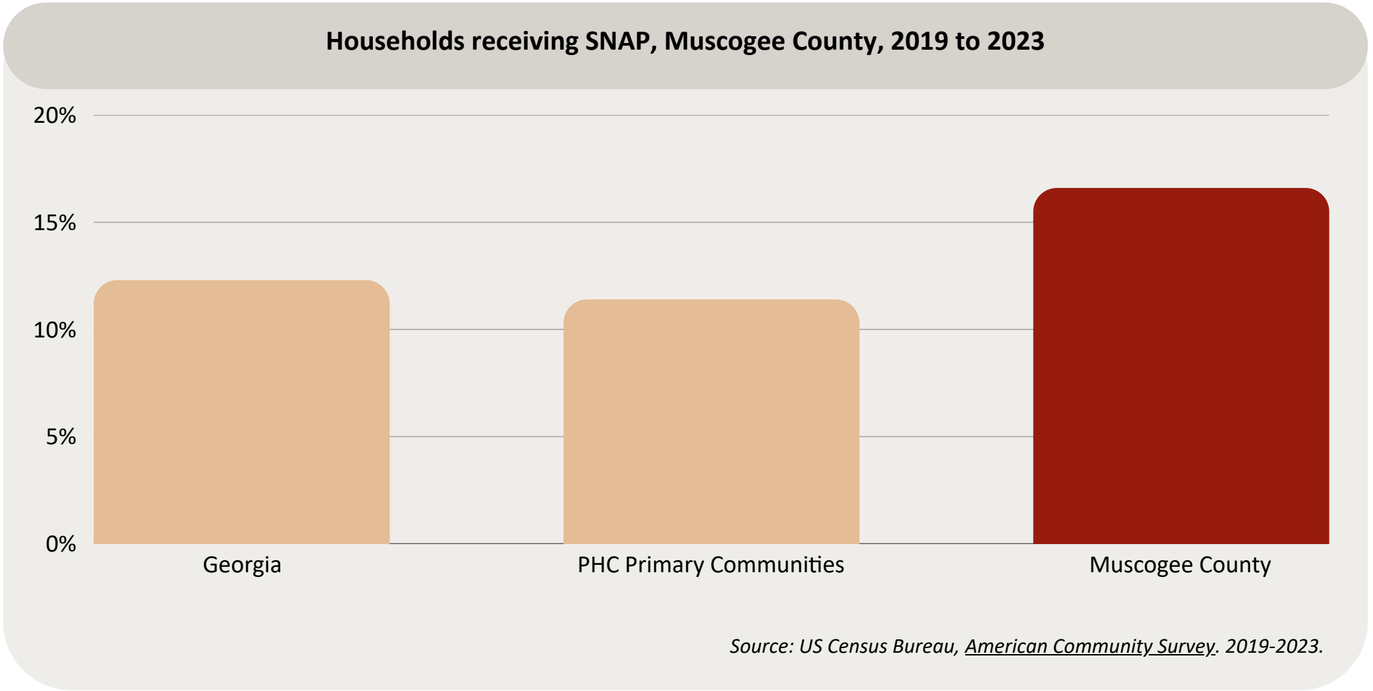
When looking only at children, that rate jumps to 28% of all children within Muscogee County, much higher than the state and national rates of 18.32% and 18.03%, respectively.

Of the children in Muscogee, 20% are ineligible for SNAP assistance due to income restrictions.

Both figures have dipped over the years, with the lowest rate being reported in 2021 when only 13% of the population faced food insecurity. Based on stakeholder feedback, most feel the number is now much higher in 2025 though public data is not yet available for this year.

SNAP benefits

In Muscogee County, an estimated 16.6% of households received Supplemental Nutrition Assistance Program (SNAP) benefits between 2019 and 2023, which is less than the national average of 11.8%. SNAP benefits are relevant because it assesses vulnerable populations more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.



Within Muscogee County, minority populations were far more likely to receive SNAP benefits than their white counterparts. For example, for all communities combined and when broken down by race, as a percentage of all households within that racial or ethnic group, the following were enrolled in SNAP:

- White: 7.0%
- Black: 25.2%
- Asian: 1.2%
- America Indian or Alaska Native: 26.4%
- Some other race: 7.5%
- Multiple race: 21.8%
- Hispanic or Latino: 10.5%

Cost-burdened housing

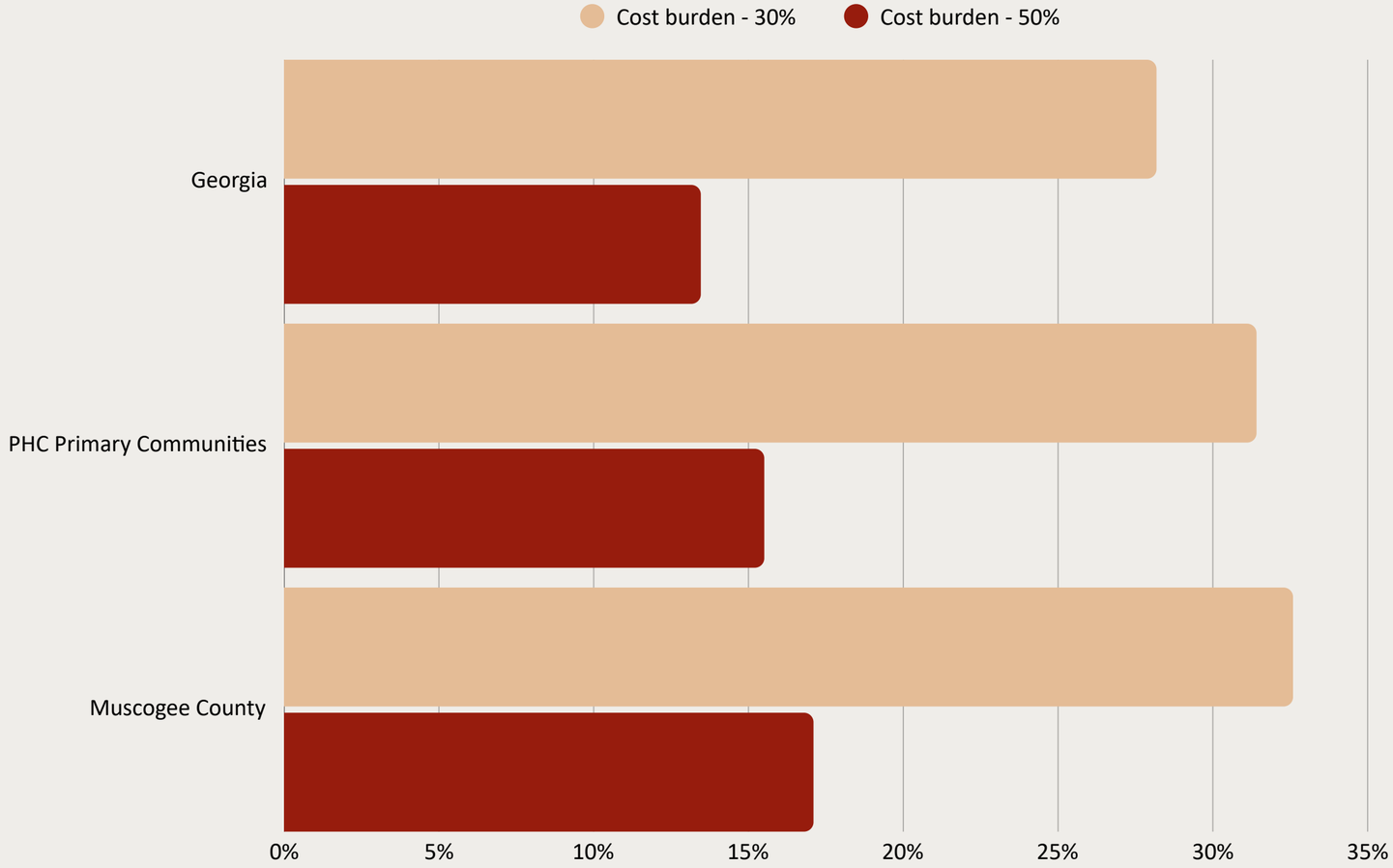
Housing is a critical component of well-being, as a stable home indicates both economic ability and ability to stay healthy.

Some key statistics on housing in Muscogee County:

Most homes are not overcrowded; however, at 2.7%, the rate is slightly higher than the state average of 2.3% of households. The zip codes with the highest percentage are:

- 31905 (Fort Benning): 3.56%
- 31904 (Columbus): 3.46%
- 31907 (Columbus): 3.19%
- 31903 (Columbus): 2.99%
- 31906 (Columbus): 2.93%
- 31801 (Juniper): 2.55%

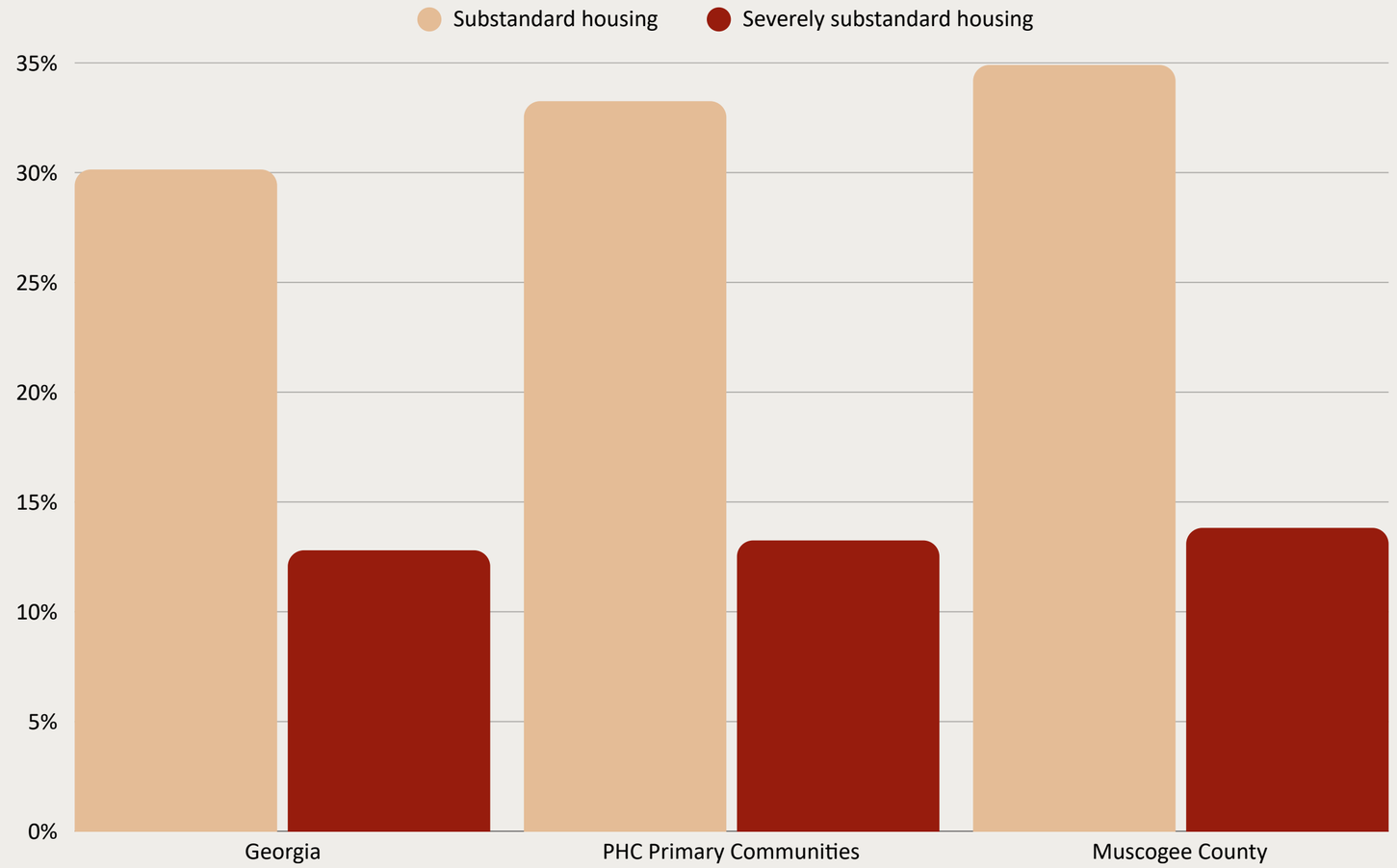
Housing cost burden as percentage of household income, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

Substandard housing

Substandard and severely substandard housing, Muscogee County, 2019 to 2023



Source: US Dept. of Housing and Urban Development, 2019-2023.

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions:

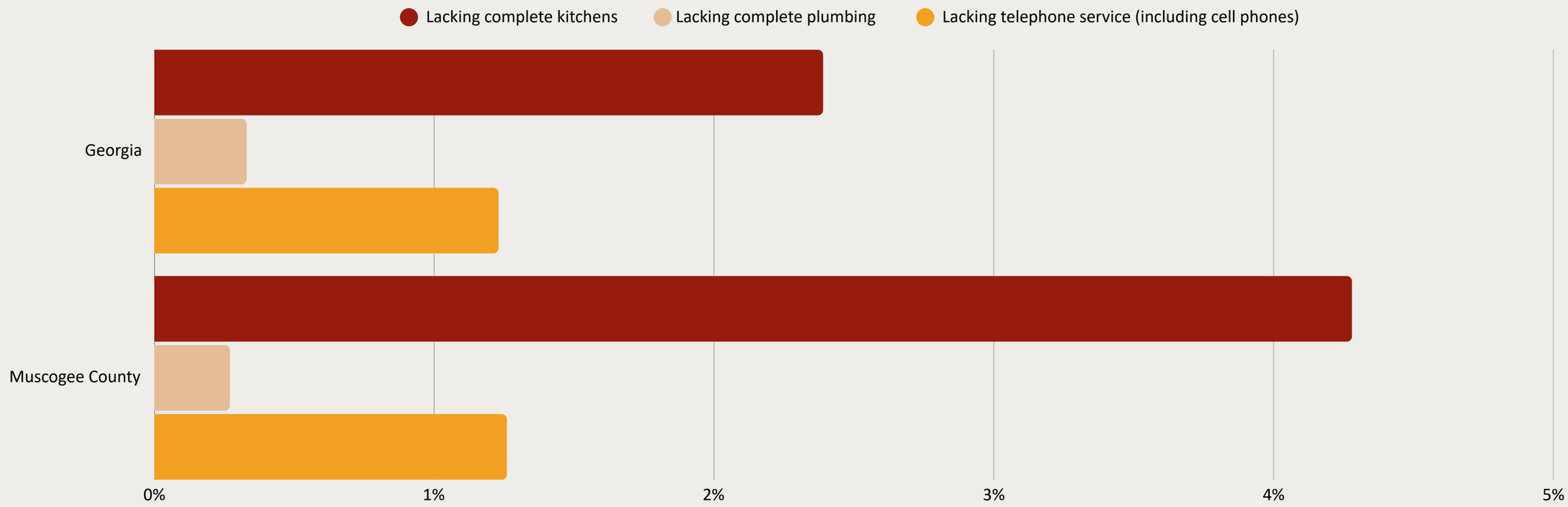
1. Lacking complete plumbing facilities
2. Lacking complete kitchen facilities
3. With more than one occupants per room
4. Selected monthly owner costs as a percentage of household income greater than 30%
5. Gross rent as a percentage of household income greater than 30%

Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

Housing without complete plumbing and kitchens

Within the overall service area, there were many homes without complete plumbing, kitchens, or are lacking telephone service, including cell phones. For example, there were nearly 800 occupied homes without complete plumbing facilities annually on average between 2019 and 2023.

Occupied housing units missing key components, as a percent of total occupied homes, Muscogee County, 2019 to 2023

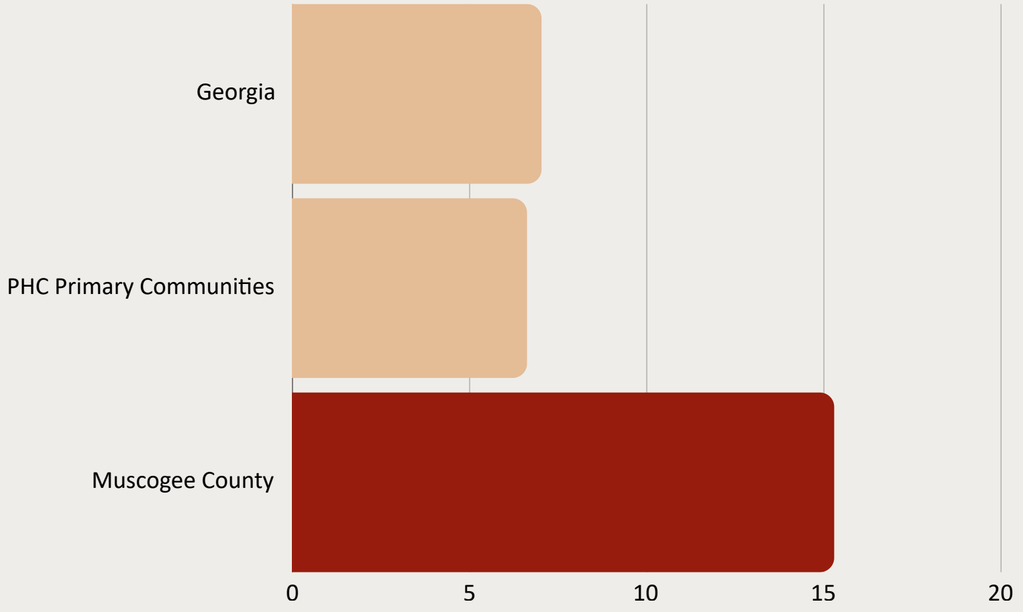


Source: US Dept. of Housing and Urban Development, 2019-2023.

Head Start Programming and Fourth Grade Proficiency

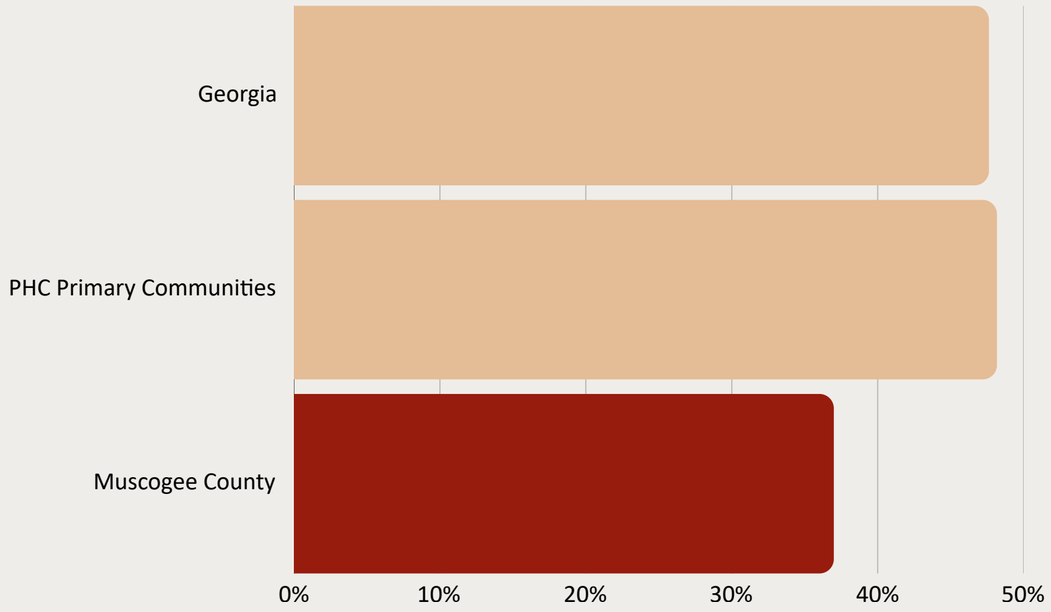
Head Start is a program designed to help children from birth to age five from families at or below the poverty level. The program aims to help children prepare for kindergarten while providing the necessary requirements to thrive, including healthcare and food support. Both Head Start programming and preschool enrollment are key indicators of a child's ability to read, write, and do math once in elementary school.

Head Start programs per 10,000 children under age 5, Muscogee County, 2024



Source: US Department of Health & Human Services, HRSA - Administration for Children and Families, 2024

Preschool enrollment by percent of children aged 3 to 4, Muscogee County, 2019 to 2023

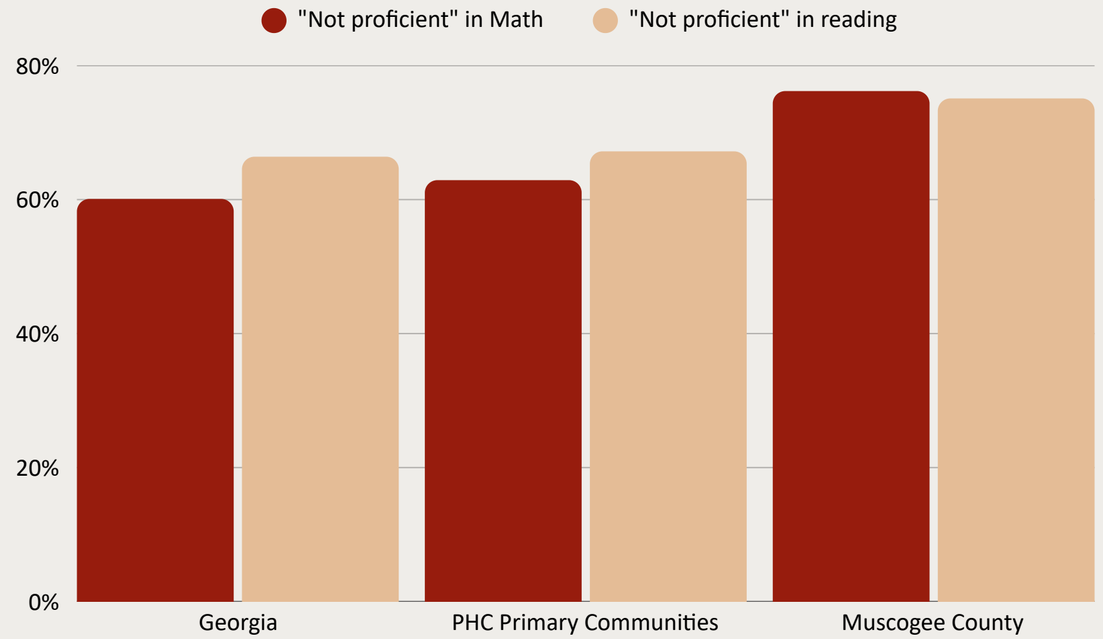


Source: US Department of Education, EDFacts, 2020-2021.

Fourth grade reading and math proficiency

Math and reading proficiency scores measure the percentage of fourth-grade students who meet or exceed established standards in reading and mathematics.

Student 4th grade math and reading proficiency with a score of “Not Proficient,” Muscogee County, 2020 to 2021



Source: US Department of Education, EDFacts, 2020-2021.

Shift from "Learning to Read" to "Reading to Learn"

In grades 1-3, children focus on developing basic reading skills like letter sounds and word recognition. By the time they reach fourth grade, the emphasis shifts to using reading as a tool for learning other subjects like history, math, and science. Without proficiency in reading at this stage, students struggle to understand and keep up with the curriculum across different subjects.

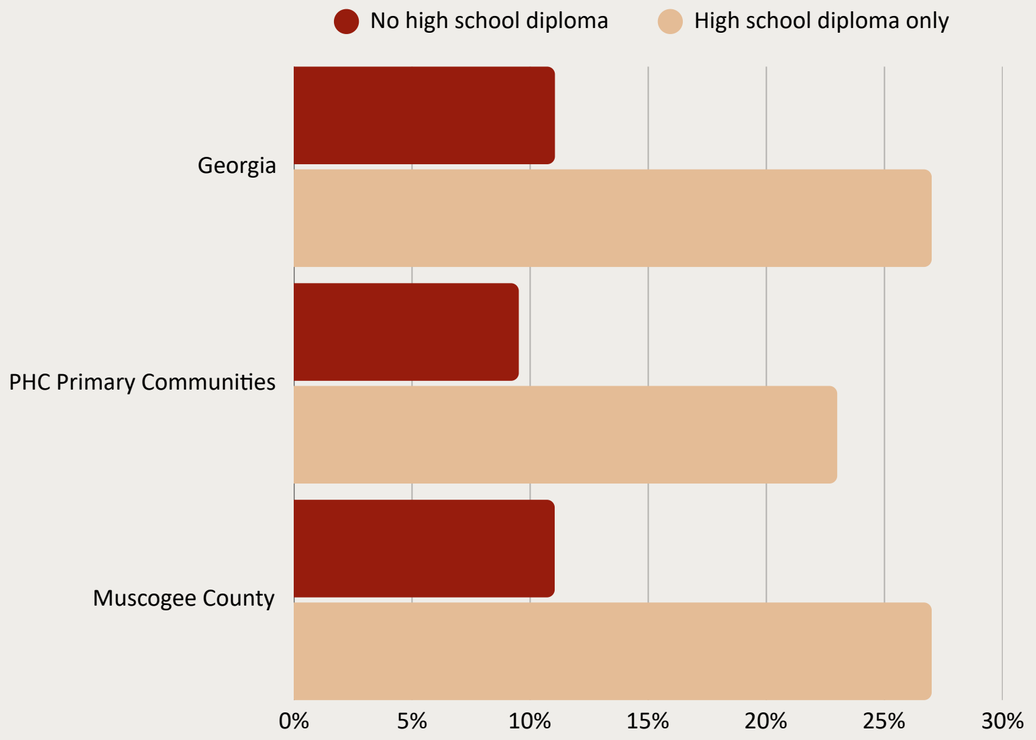
Math as a signal for problem-solving

Fourth-grade math proficiency is a critical milestone because it signifies a student's foundational understanding of core mathematical concepts, particularly fractions, and their ability to apply these concepts in problem-solving. This proficiency is a strong predictor of future success in more advanced math courses and overall academic achievement. It also reflects a student's ability to grasp essential skills like multi-digit multiplication and division.

Educational attainment

Examining educational attainment helps us understand the needs of adults, including potential hospital- or community-based workforce training that may help those without a college degree attain the skills needed for a career. The below reflects adults 25 and older.

High school diplomas attainment rate, annually on average, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

A high school diploma is important because it significantly increases earning potential, expands career opportunities, and is often a prerequisite for higher education and various training programs. It also fosters essential skills and can lead to better overall health and civic engagement.

Stronger earning potential:

- High school graduates generally earn more than those without a diploma.
- Bureau of Labor Statistics data shows a significant difference in lifetime earnings between high school graduates and those who don't complete high school.
- This increased earning potential can lead to greater financial stability and opportunities for personal and family growth.

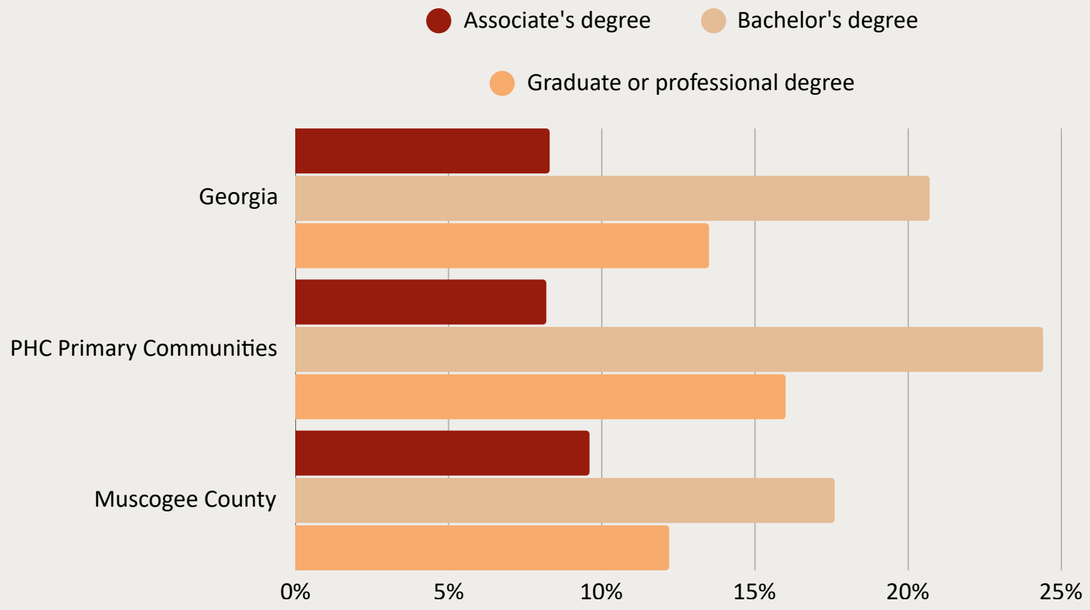
Expanded career and job opportunities:

- A high school diploma is a common requirement for many entry-level jobs and is a stepping stone to further education and vocational training.
- It opens doors to a wider range of career paths, including vocational and technical fields, which often offer competitive salaries and job security.
- Many employers use the diploma as a screening tool to assess basic skills like reading, writing, and critical thinking.

Educational attainment

Examining educational attainment helps us understand the needs of adults, including potential hospital- or community-based workforce training that may help those without a college degree attain the skills needed for a career. The below reflects adults 25 and older.

Educational attainment, Muscogee County, annually, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

Secondary education and healthcare access are interconnected social determinants of health, meaning that educational attainment can significantly impact an individual's health and access to healthcare services. Individuals with higher levels of education tend to experience better health outcomes and have greater access to quality healthcare compared to those with lower levels of education.

Improved health behaviors: Education can empower individuals to make more informed decisions about their health, leading to healthier lifestyle choices like better nutrition, increased physical activity, and reduced smoking rates.

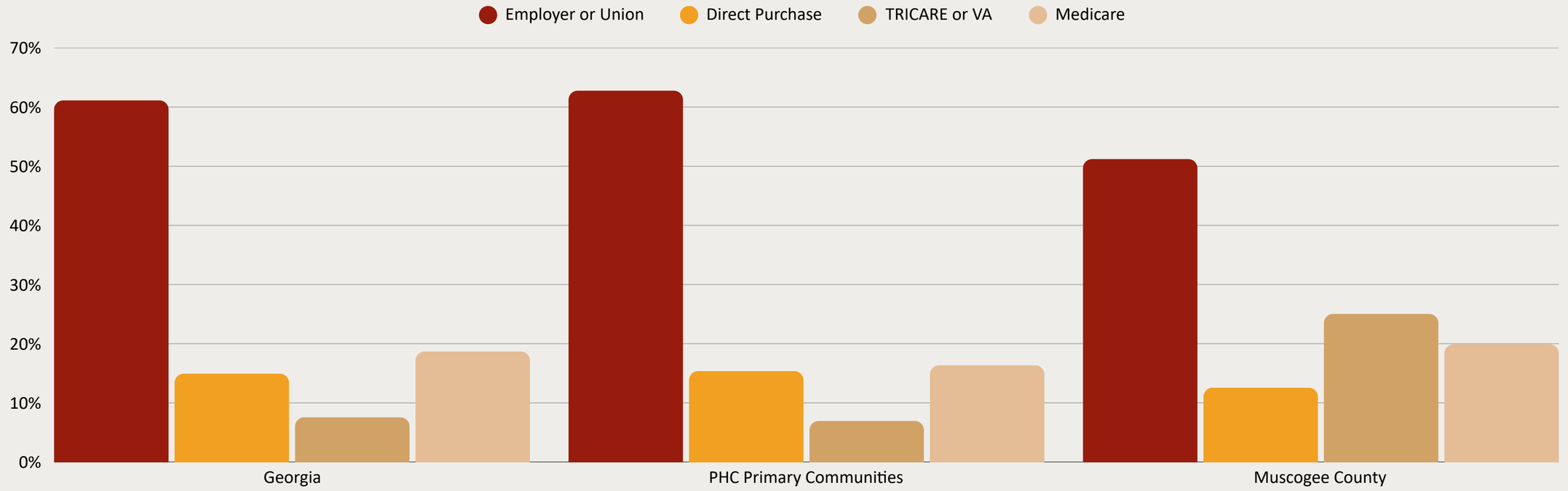
Increased health literacy: Education can improve an individual's ability to understand and interpret health information, enabling them to better manage their health and access appropriate care.

Economic stability: Education is often linked to higher income and better employment opportunities, providing individuals with the financial resources to afford healthcare services and health-promoting resources.

Access to care: Insurance

In Muscogee County, approximately 173,000 community members have health insurance coverage. Of those, 71.6% have private insurance and 45.5% have public health insurance. Insurance provides access to healthcare, including regular primary care, specialty care, and other health services that prevent poor health status.

Insurance source type, Muscogee County, annually on average, 2019 to 2023

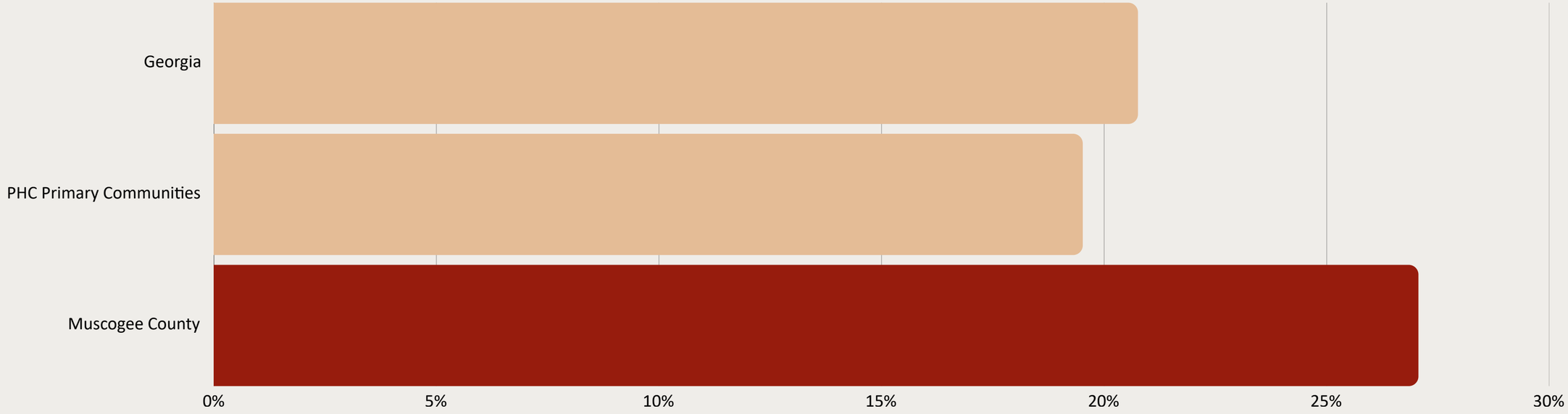


Source: US Census Bureau, American Community Survey. 2019-2023.

Medicaid

Medicaid is the means-tested program that provides health insurance coverage for low-income populations. Access to providers accepting Medicaid can be a challenge in some communities, and being on Medicaid usually means a lower income, which presents additional barriers to good health. We call out Medicaid specifically as coverage through this program can be limited in Georgia.

Percent of population covered through Medicaid, Muscogee County, 2019 to 2023

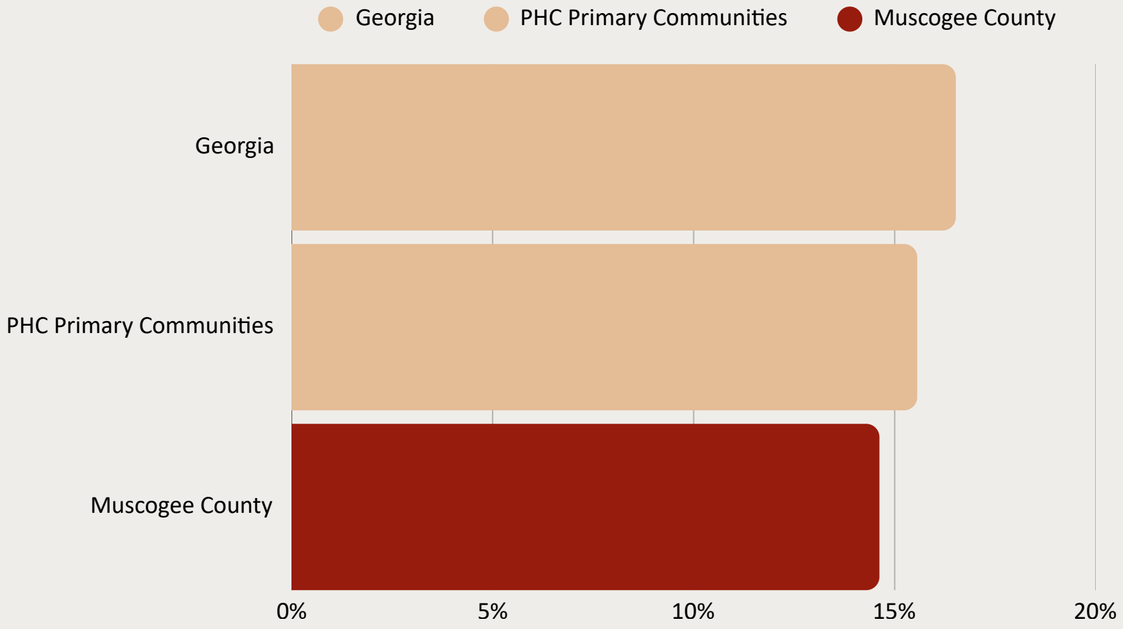


Source: US Census Bureau, American Community Survey. 2019-2023.

Uninsured populations

Access to care encompasses barriers community members may face, including lack of providers, transportation, and limited services for low-income populations. Often, the primary indicator is insurance status, as those without insurance face significant barriers to care.

Percent of adults aged 18+ without any health insurance, Muscogee County, 2022



Source: US Census Bureau, Small Area Health Insurance Estimates, 2022

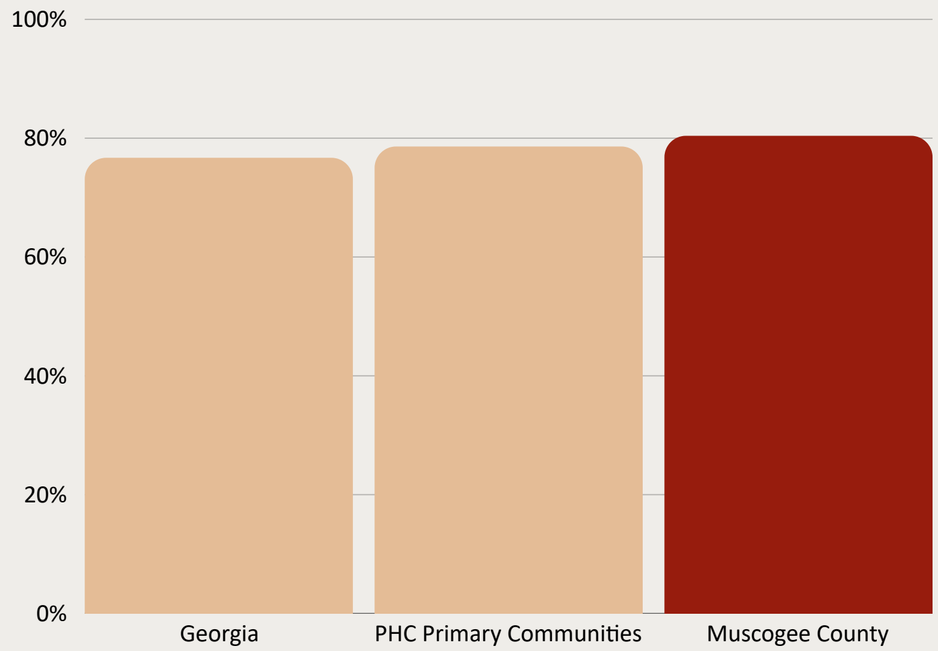
Being uninsured has significant negative impacts on both individual and community health. This lack of access also strains the healthcare system, leading to increased costs and potentially affecting the quality of care for everyone.

- Uninsured adults are less likely to receive screenings for chronic diseases like diabetes, cancer, and cardiovascular disease, as well as preventive services for children such as immunizations and dental care.
- Delays in diagnosis and treatment due to lack of insurance can lead to more severe health problems and poorer outcomes, particularly for conditions that may be asymptomatic in early stages.
- Without consistent access to primary care, uninsured individuals may rely on costly emergency rooms for non-emergency situations, leading to overcrowded facilities and potentially delaying care for those with urgent needs.
- Uninsured individuals often face high medical bills, leading to medical debt, bankruptcy, and a lower standard of living.

Prenatal care

A lack of access to care presents barriers to good health. Supply of facilities and physicians, the uninsurance rates, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Prenatal care in the first trimester is crucial for establishing a healthy pregnancy because it allows for early detection and management of potential risks, ensures proper fetal development, and provides an opportunity to address health-related needs and make lifestyle changes.

Prenatal care in the first trimester, Muscogee County, 2020-2022



Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau, 2020-2022.

Engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Significant racial and ethnic disparities exist in prenatal care access and quality, leading to poorer maternal and infant health outcomes, particularly for Black, women. These disparities stem from various factors, including socioeconomic status.

Lower rates of early prenatal care: Black, American Indian, and Native Hawaiian and Pacific Islander women are less likely to initiate prenatal care in the first trimester compared to White women.

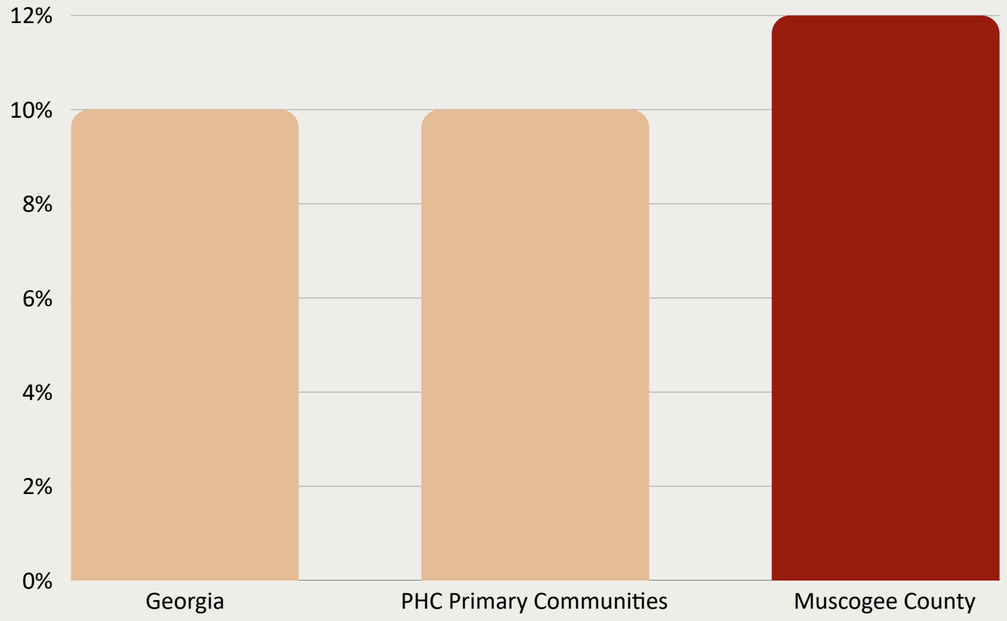
Late or no prenatal care: A higher percentage of Black, American Indian, and Native Hawaiian and Pacific Islander women receive late or no prenatal care, which increases the risk of adverse pregnancy outcomes.

Geographical barriers: Limited access to healthcare facilities, particularly in marginalized communities, can hinder access to prenatal care.

Low birth weight babies

Newborns, infants, and their mothers can be especially vulnerable. Below are several key indicators for infant mortality and low birth weight babies. Low birth weight is defined at or below 5 lbs., 8 oz. at birth.

Percentage of low birth weight babies, Muscogee County, 2016-2022



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022

Low birth weight (LBW) in babies is significantly influenced by social drivers of health (SDOH). Maternal SES, particularly income, is a strong predictor of LBW. Lower SES is often associated with inadequate nutrition, limited access to healthcare, and increased exposure to environmental hazards, all of which can negatively impact fetal growth.

Maternal education, especially higher levels of education, is linked to lower rates of LBW. Educated mothers are more likely to have better health literacy, make informed choices about their health and pregnancy, and seek timely prenatal care.

Limited or delayed access to quality prenatal care can increase the risk of LBW. Lack of insurance, transportation barriers, and inadequate healthcare infrastructure can prevent mothers from receiving essential screenings, education, and interventions.

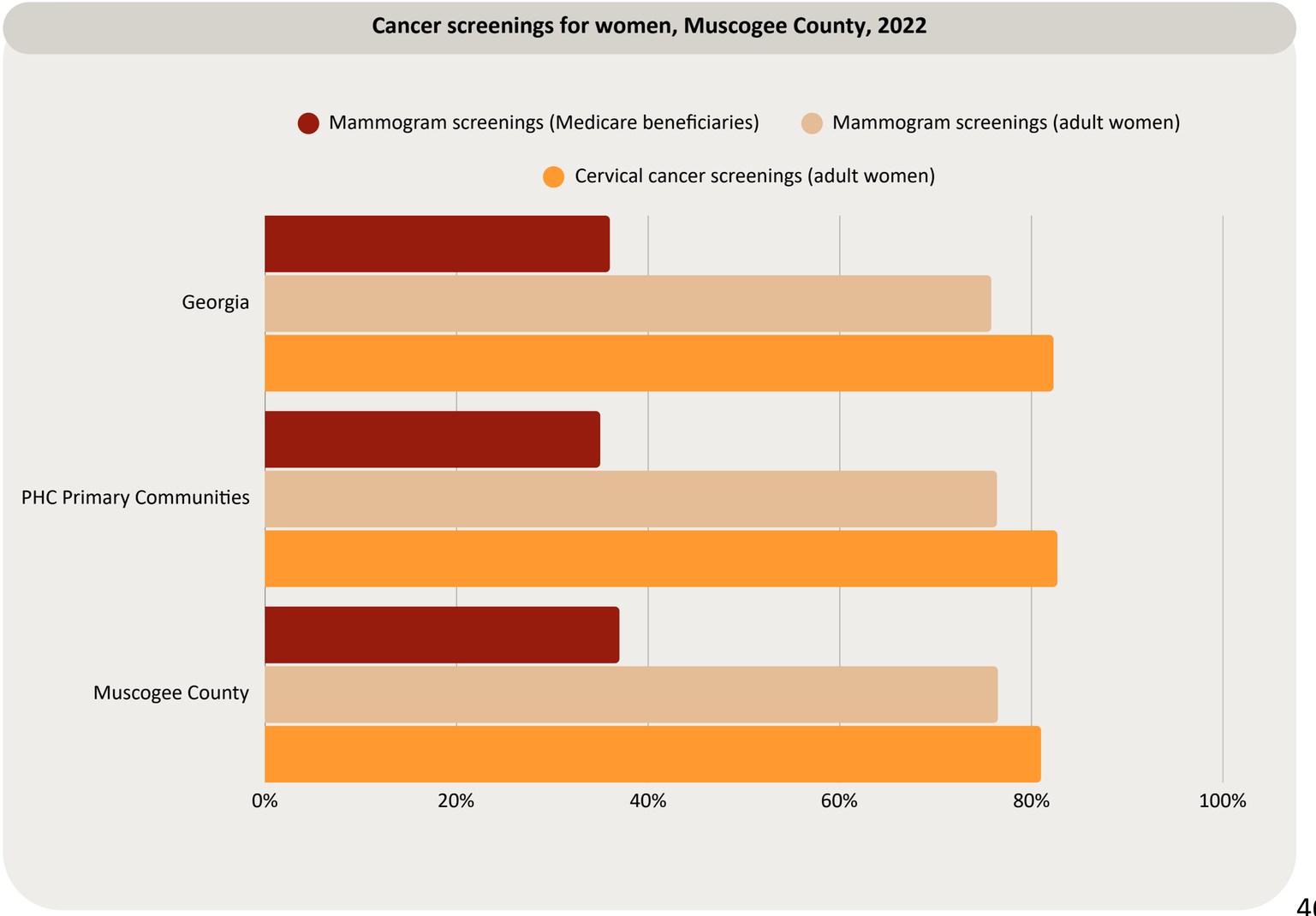
Screenings

Health screenings are crucial in maintaining and improving overall health and well-being. Here are the key reasons why health screenings are essential:

Early detection of diseases: Health screenings allow for the early detection of diseases and health conditions before they develop into serious problems. This enables timely intervention and treatment, improving the chances of successful outcomes.

Prevention of chronic diseases: Regular screenings can help identify risk factors for chronic diseases, such as heart disease, cancer, and diabetes. By addressing these risk factors early on, individuals can reduce their chances of developing these conditions.

Improved health outcomes: Early detection and treatment through health screenings lead to better health outcomes, including reduced hospitalizations, complications, and mortality rates.

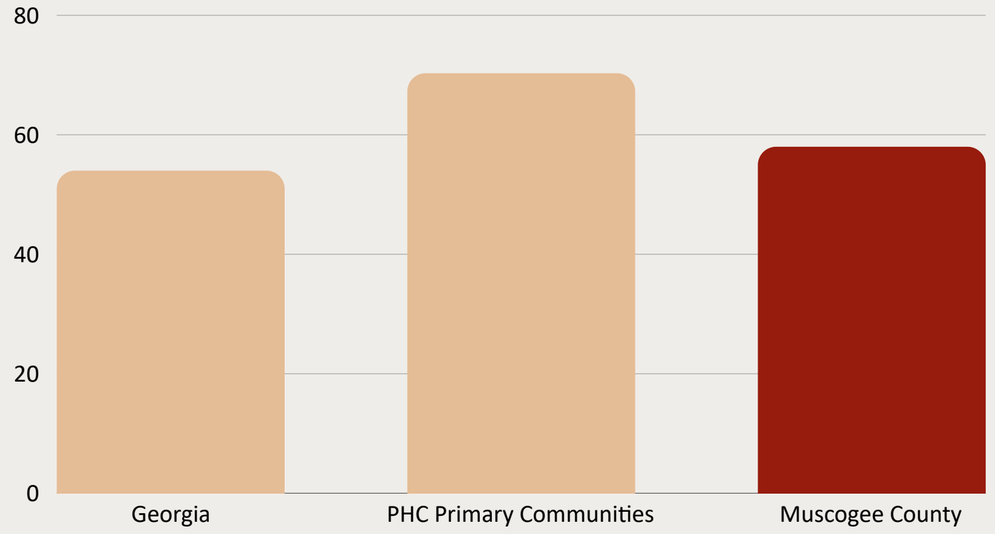


Dental care

Good dental care is crucial for overall health, preventing tooth decay and gum disease, which can lead to serious health complications like heart disease, stroke, and even dementia, while also impacting your ability to eat, speak, and smile with confidence.

In 2022, there were 58 dentists for every 100,000 people within Muscogee County, higher than the state rate of 54 dentists for every 100,000 people. There was no data available for Crawford and Twiggs counties.

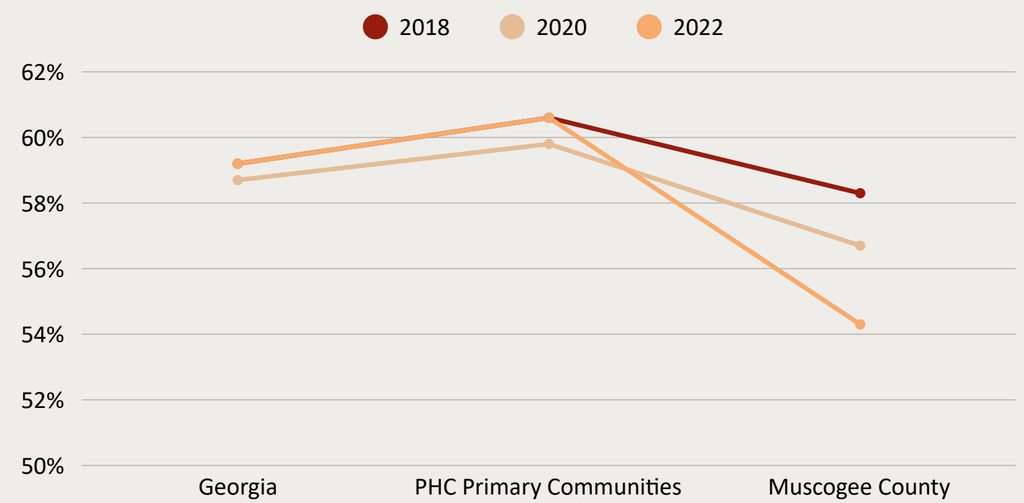
Rate of dentists per every 100,000 people, Muscogee County, 2022



Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, 2022.

In 2022, and in the PHC primary community, approximately 18.0% of adults 65 and older have lost all of their natural teeth. this number jumps to 18.7% in Muscogee. This figure often correlates to adults having had a recent dental visit.

Adults 18+ with recent dental visit, Muscogee County, 2022

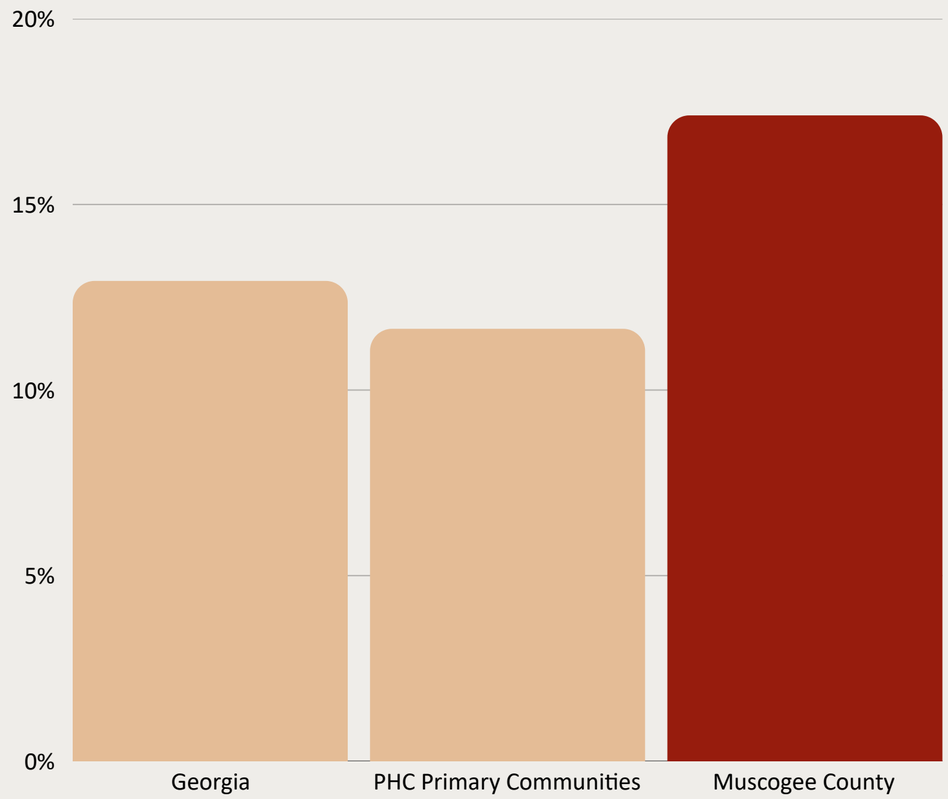


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Disability

Of the total population, about 12 percent have some form of disability, according to the US Census Bureau's American Community Survey, 2019 to 2023. This includes both developmental and physical disabilities.

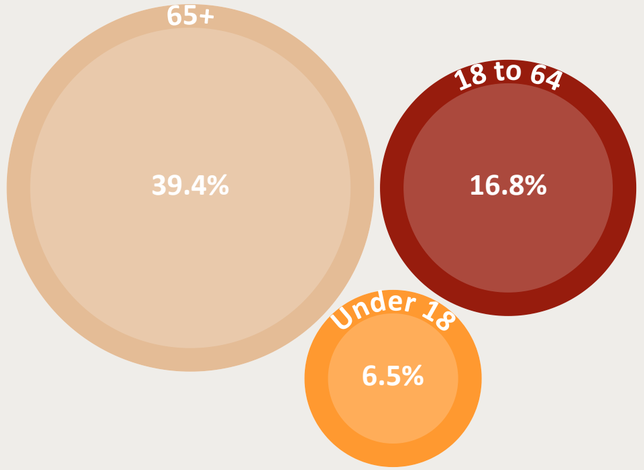
Percent of population with a disability, Muscogee County, 2019 to 2023



Source: US Census Bureau, American Community Survey. 2019-2023.

- Men and women were nearly equal in percentage of the population with a disability at 17%.
- The age group with the highest percentage of disabled populations was those 65 and older.

Percent of age groups with a disability, Muscogee County, 2019 to 2023

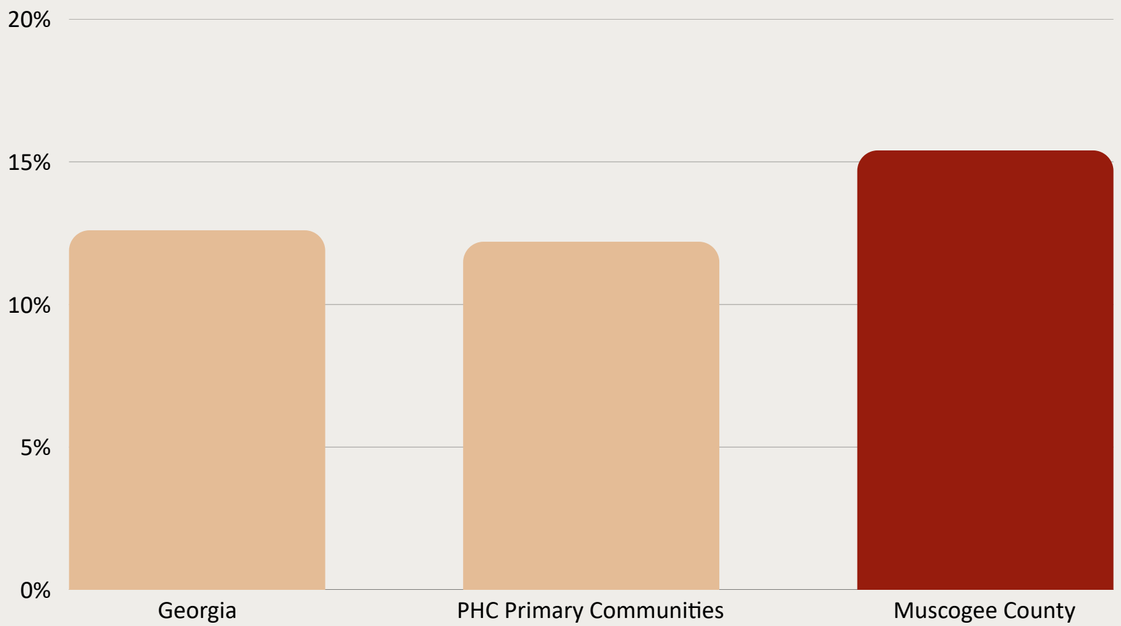


Source: US Census Bureau, American Community Survey. 2019-2023.

Diabetes and kidney disease

Chronic diseases are long-term health conditions that require ongoing medical attention or limit daily activities. Examples include diabetes, heart disease, and chronic respiratory conditions. Monitoring the prevalence of chronic diseases—such as diabetes, heart disease, or COPD—helps effectively identify community health trends and target resources.

Percentage of adults with diabetes, Muscogee County, 2022



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Diabetes prevalence is significantly higher in low-income communities, with income-related disparities widening over time; this disproportionate burden is linked to factors like food insecurity, limited access to healthcare and healthy foods, and differences in health behaviors.

Diabetes, particularly type 2, is associated with an increased risk of developing dementia, including Alzheimer's disease and vascular dementia. Early onset of diabetes, especially before age 50, and obesity may further increase dementia risk.

Diabetes is the leading cause of kidney disease. Over time, high blood sugar from diabetes can damage blood vessels in the kidneys and nephrons. Many people with diabetes also develop high blood pressure, which can damage kidneys too. Diabetes can reduce how well kidneys filter waste, leading to chronic kidney disease.

Within the county, in 2021, **about 3.2% of the population had kidney disease, which was above the state average for Georgia.**

Asthma and COPD

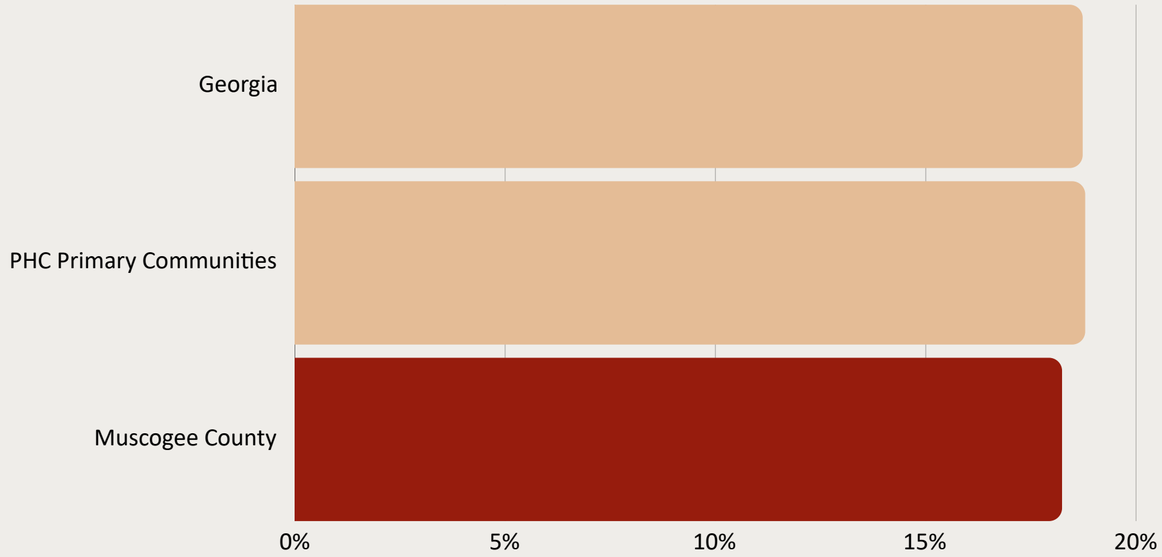
Though they both cause problems with breathing, asthma and COPD are not the same.

Asthma is a chronic inflammatory condition that affects the airways, causing them to narrow and swell, while COPD is a progressive lung disease characterized by airflow obstruction that worsens over time. While both can cause similar symptoms like coughing, shortness of breath, and wheezing, their causes, progression, and treatment differ significantly.

Among adults 18 and older, **about 8% had chronic obstructive pulmonary disease (COPD) in 2022 in the county,** a rate higher than both the average rate among PHC primary service counties and the state, at 6.2% and 7.2%, respectively. White males were more likely to have COPD by a slight margin.

About 10% of adults had asthma in 2022 in the county, which was on par with the state average. Adult asthma rates have steadily increased over the years, though not by much. In 2018, about 9.2% of adults had asthma.

Annual hospital 30-day readmission rate with COPD as the primary diagnosis, Muscogee County, 2020 to 2023

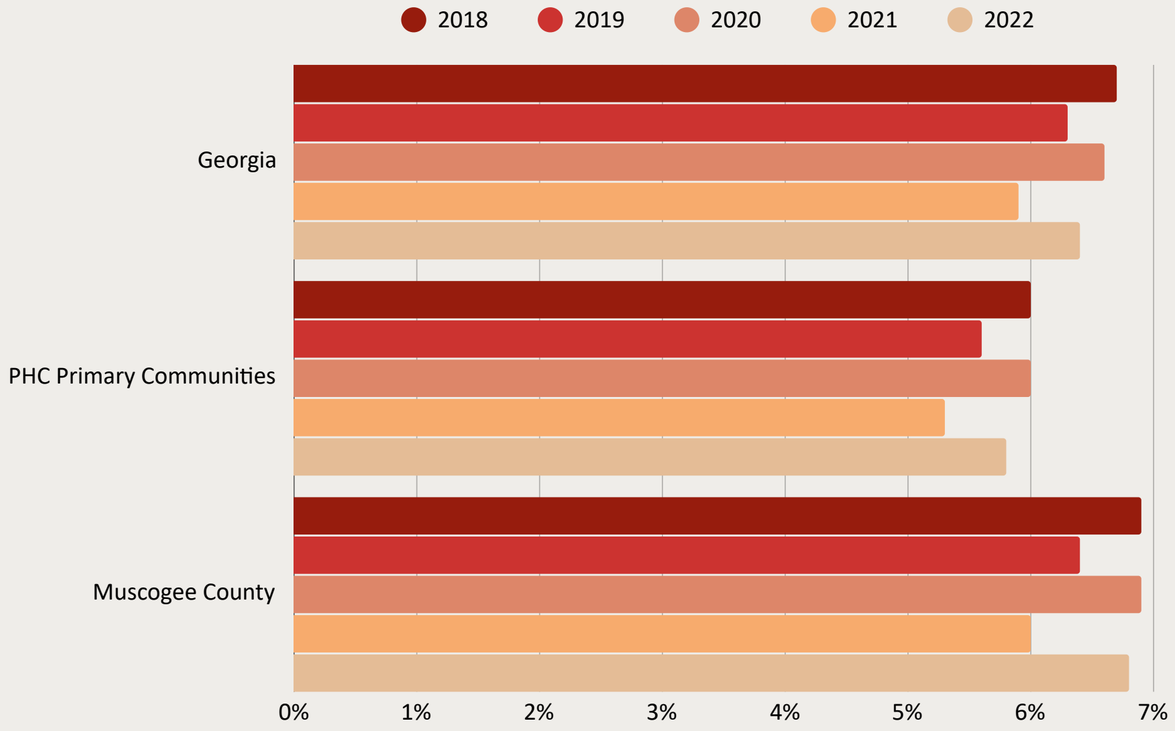


Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2020-2023.

Heart disease

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

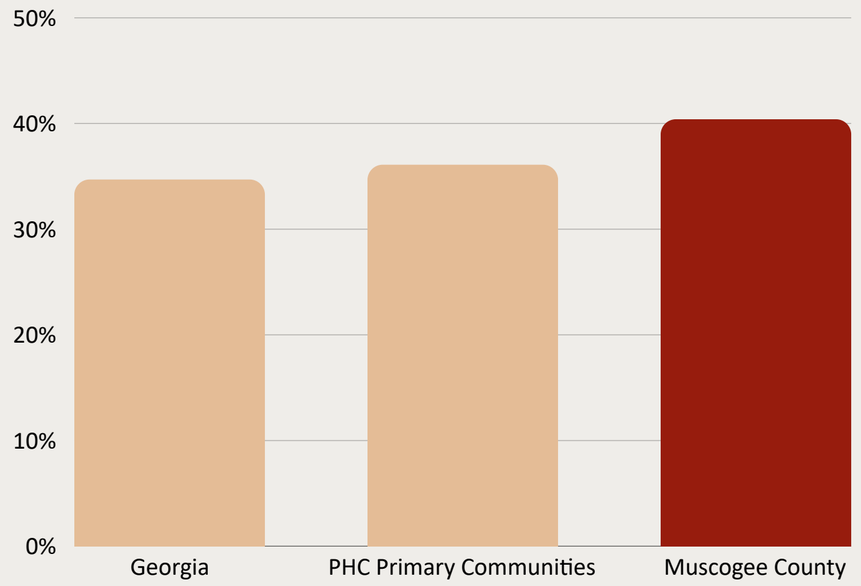
Heart disease prevalence, Muscogee County, 2018 to 2022



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had hypertension.

Percentage of adults with high blood pressure, Muscogee County, 2021

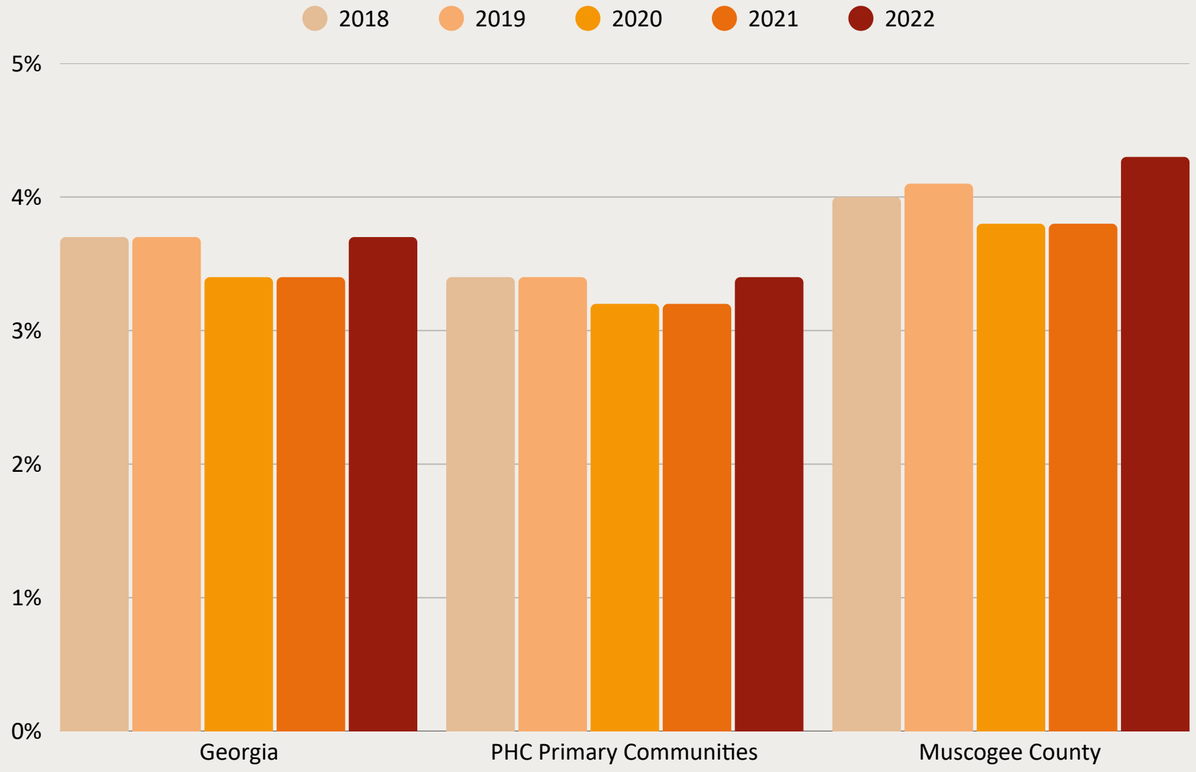


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2021.

Stroke

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke. In Muscogee County, there were 3.4% of adults 18 and older who reported having a stroke of the total population age 18 and older.

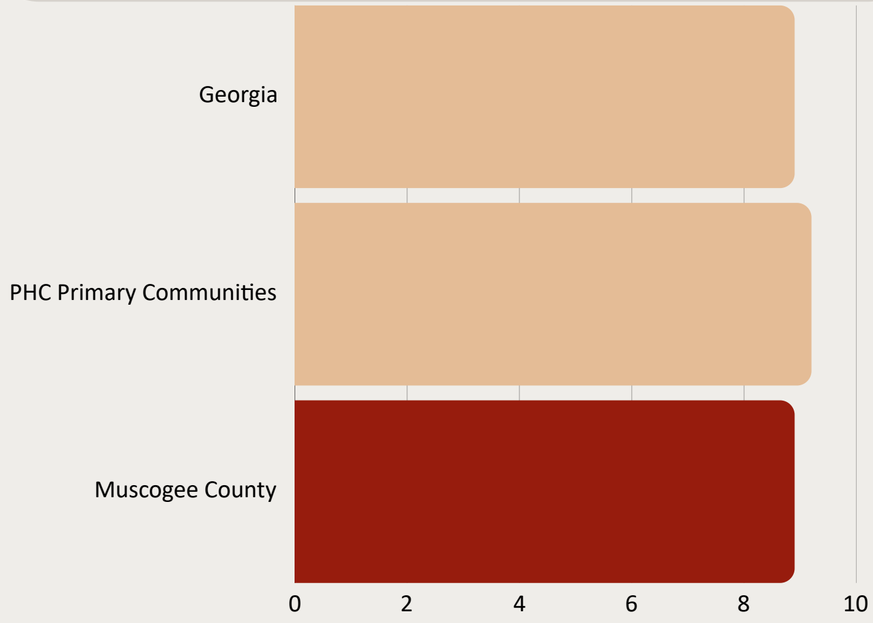
Stroke prevalence among adults age 18+, Muscogee County, 2018 to 2022



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

The chart below reports the hospitalization rate for Ischemic stroke among every 1,000 Medicare beneficiaries age 65 and older for hospital stays occurring between 2018 and 2021.

Hospitalizations due to stroke, every 1,000 Medicare beneficiaries, Muscogee County, 2018-2020

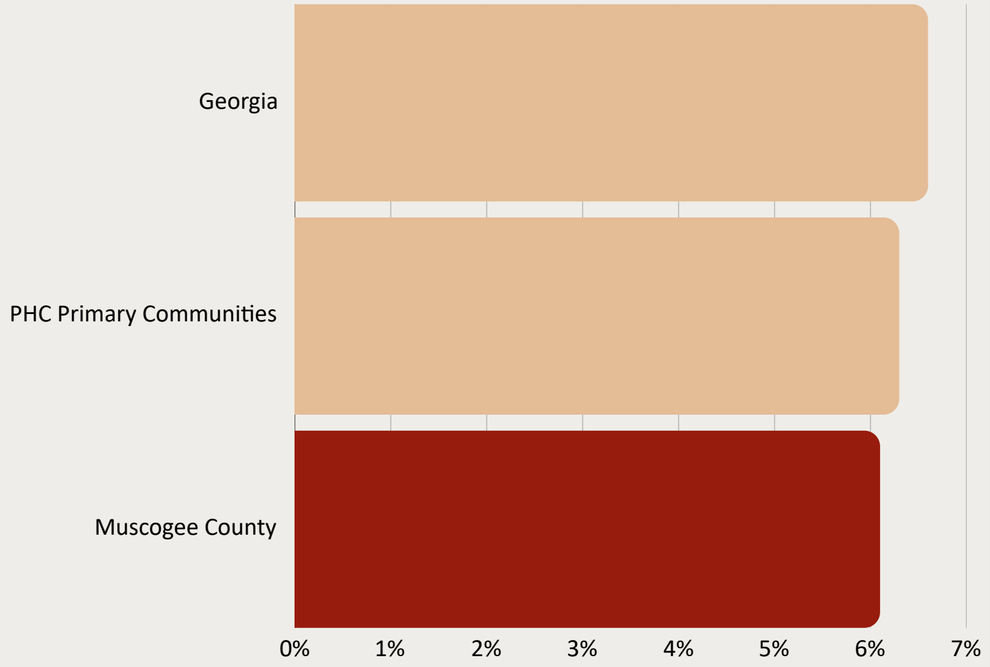


Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2018-2020.

Cancer

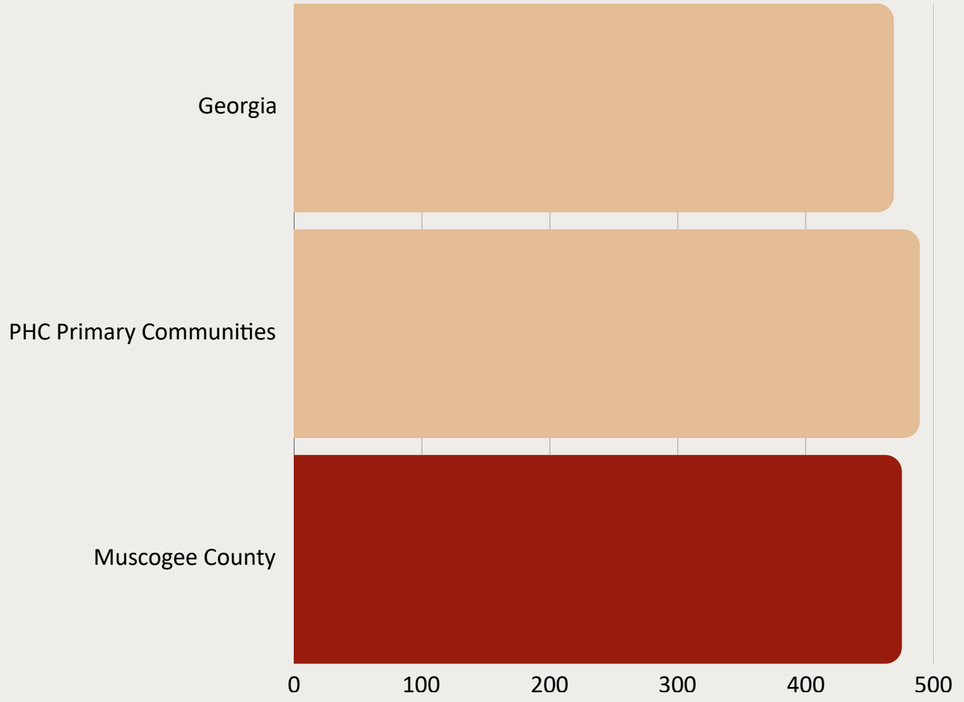
Cancer remains a top concern with the community, with rates often hitting above the state average.

Cancer prevalence rates among adults 18+, per 100,000 people, Muscogee County, 2022



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

New cancer cases annually, per 100,000 people, Muscogee County, 2016-2020



Source: State Cancer Profiles. 2017-2021.

Cancer

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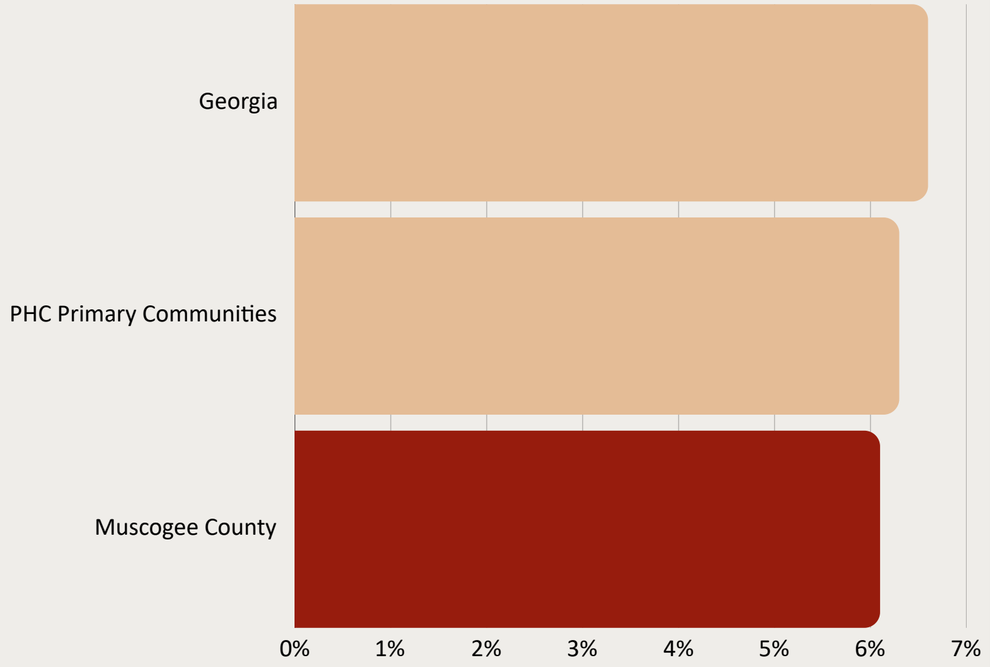
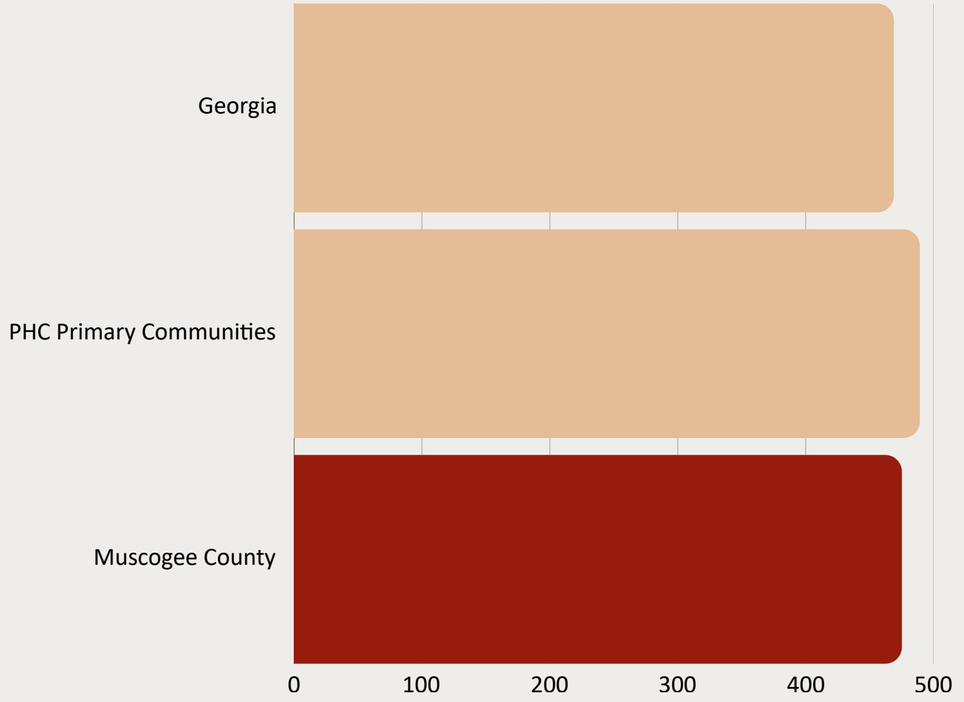
Cancer prevalence rates among adults 18+, per 100,000 people, Muscogee County, 2022



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

New cancer cases annually, per 100,000 people, Muscogee County, 2016-2020

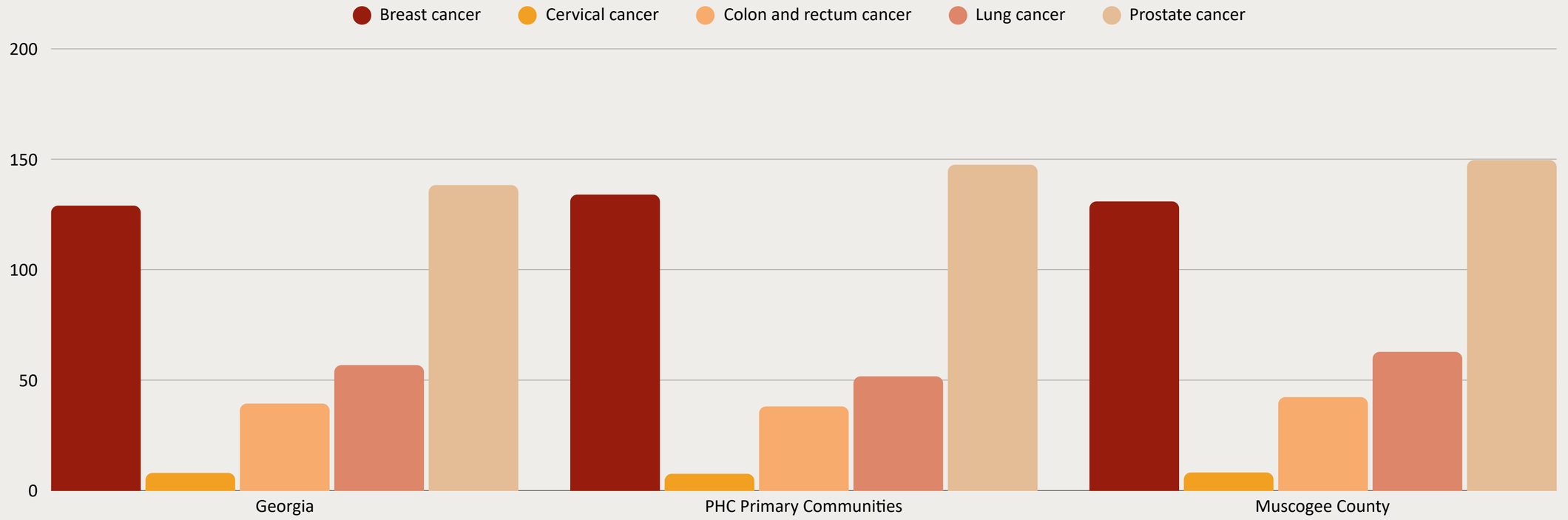


Source: State Cancer Profiles. 2017-2021.

Cancer incidence by site

Below are the specific incidence rates for certain cancers.

Cancer incidence rates by type, per 100,000 people, 2017-2021

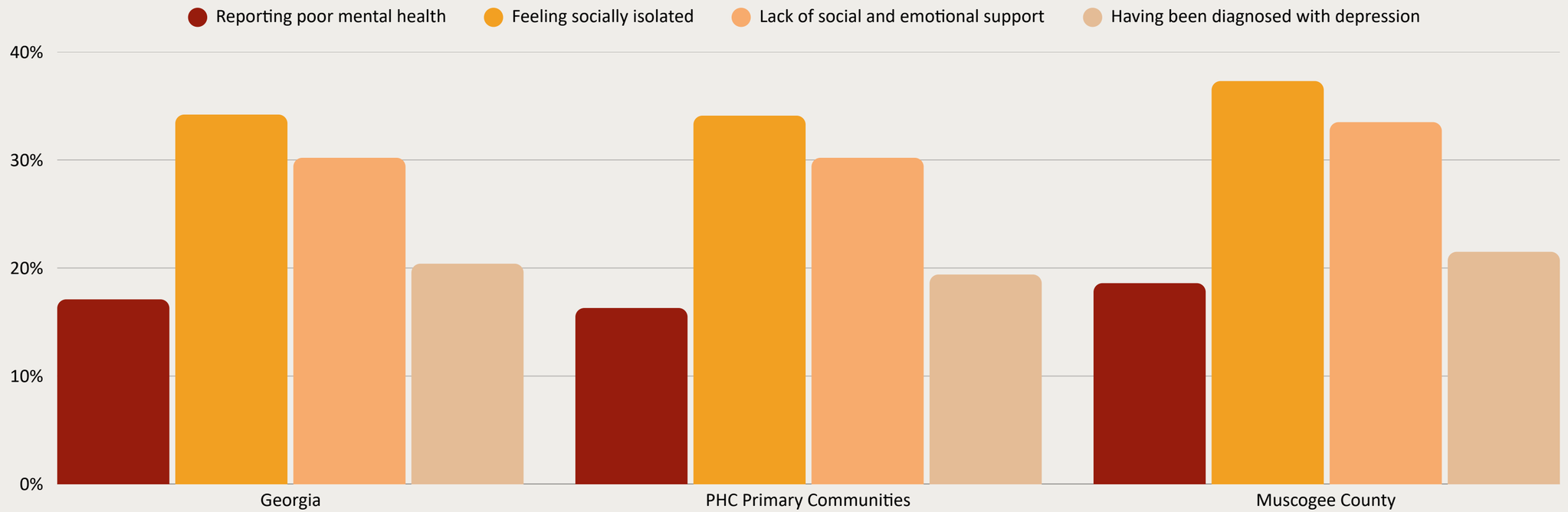


Source: State Cancer Profiles, 2016-2020.

Mental and behavioral health

Mental health encompasses our emotional, psychological, and social well-being, profoundly impacting how we think, feel, and behave. Poor mental health can significantly diminish the quality of life, productivity, and overall well-being, and it often correlates with an increased risk of chronic illnesses. The CDC's Behavioral Risk Factor Surveillance System measures poor mental health by assessing the percentage of adults who report experiencing at least 14 days of poor mental health—including stress, depression, or emotional distress—in the past 30 days.

Adults 18+ reporting poor mental health, Muscogee County, 2022



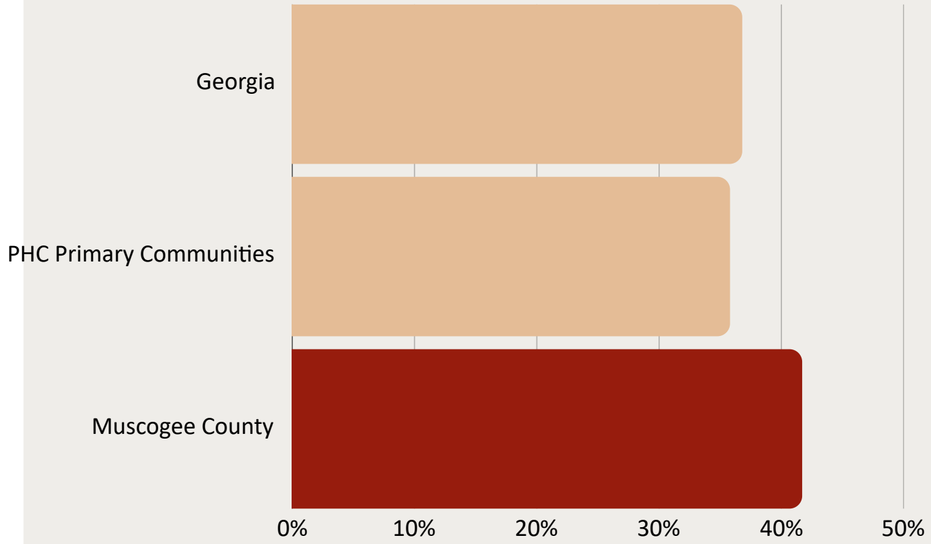
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

Obesity and healthy behaviors

Health behaviors are actions individuals take that affect their health. This includes actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

Obesity is a key indicator of health and healthy behaviors. The below chart reports the percentage of adults 18 and older who are obese, which is defined as having a body mass index (BMI) of 30.0 kg/m2, which is calculated from self-reported weight and height. Because it is self-reported, this indicator is often underreported.

Adult obesity rates, Muscogee County, 2022



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

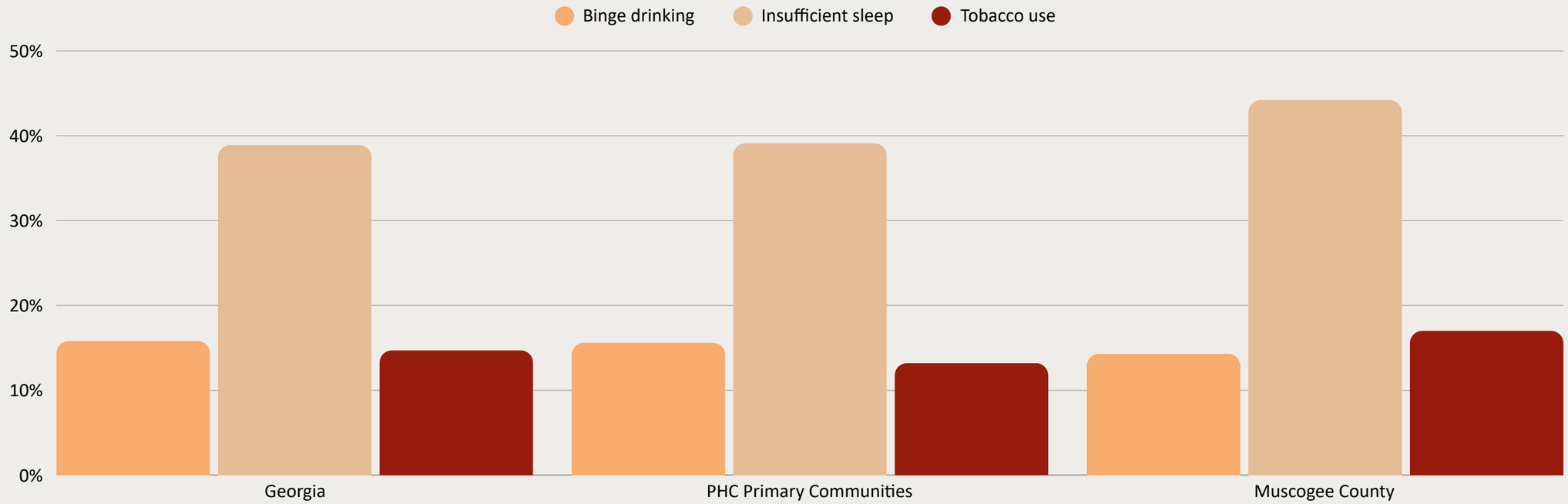
How social drivers contribute to obesity:

- Lower socioeconomic status, including income, education, and occupation, is often associated with higher obesity rates.
- Access to healthy food, safe places for physical activity, and the quality of the built environment (e.g., the presence of grocery stores vs. fast-food restaurants) significantly influence obesity.
- Stress, discrimination, and social isolation can contribute to unhealthy behaviors and weight gain.
- Communities with limited access to affordable, healthy food options (food deserts) often have higher rates of obesity.
- Areas lacking parks, sidewalks, and safe routes for walking or biking contribute to lower levels of physical activity, which can lead to weight gain.

Binge drinking, sleep, and smoking

Heavy alcohol consumption, tobacco usage, insufficient sleep, and physical inactivity are key indicators of health-related behaviors that significantly influence overall health outcomes and disease risk. The data presented below highlights the percentage of adults engaging in these behaviors. Heavy alcohol consumption and tobacco use directly contribute to chronic health conditions and preventable illnesses. At the same time, insufficient sleep and physical inactivity are linked to increased risk of obesity, cardiovascular disease, diabetes, mental health disorders, and impaired immune function.

Percent of adults reporting excessive drinking, insufficient sleep, and tobacco use, Muscogee County, 2022

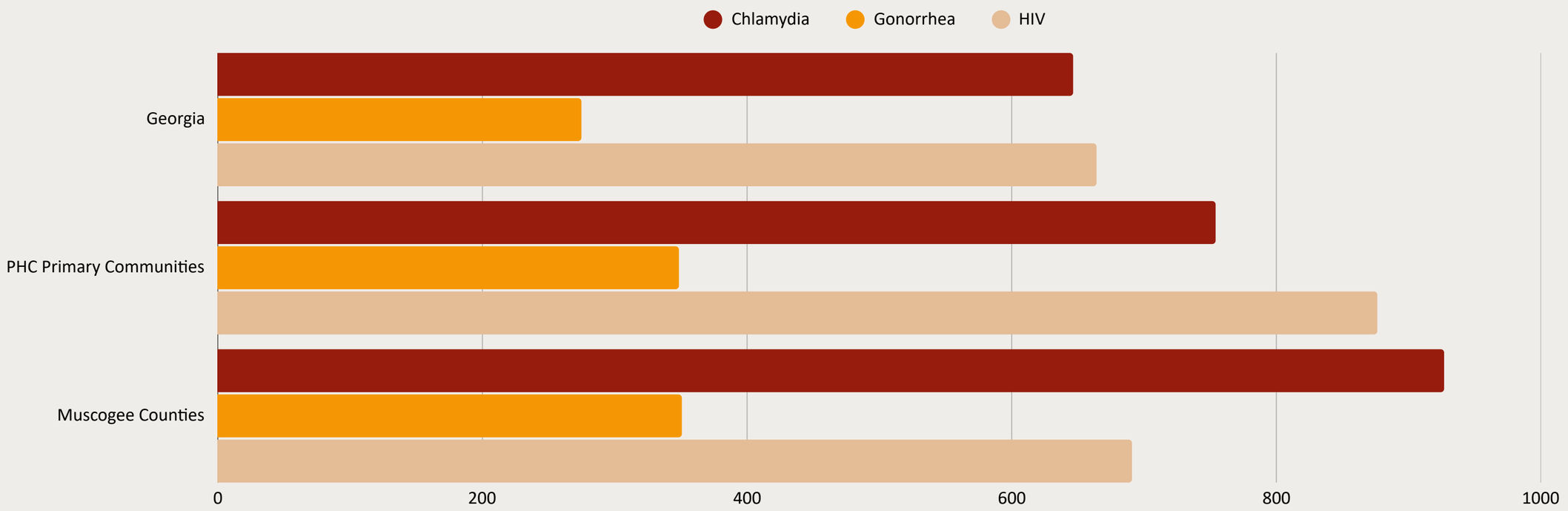


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

Sexually transmitted diseases

Monitoring STDs is crucial for public health as it helps track trends, identify outbreaks, and assess the effectiveness of prevention and treatment efforts. Early detection and treatment of STDs are essential to prevent complications and transmission to others. Many STDs are asymptomatic, making regular testing and monitoring vital for identifying and managing infections before they cause significant health problems.

Rate of infection by disease, Muscogee County, 2023



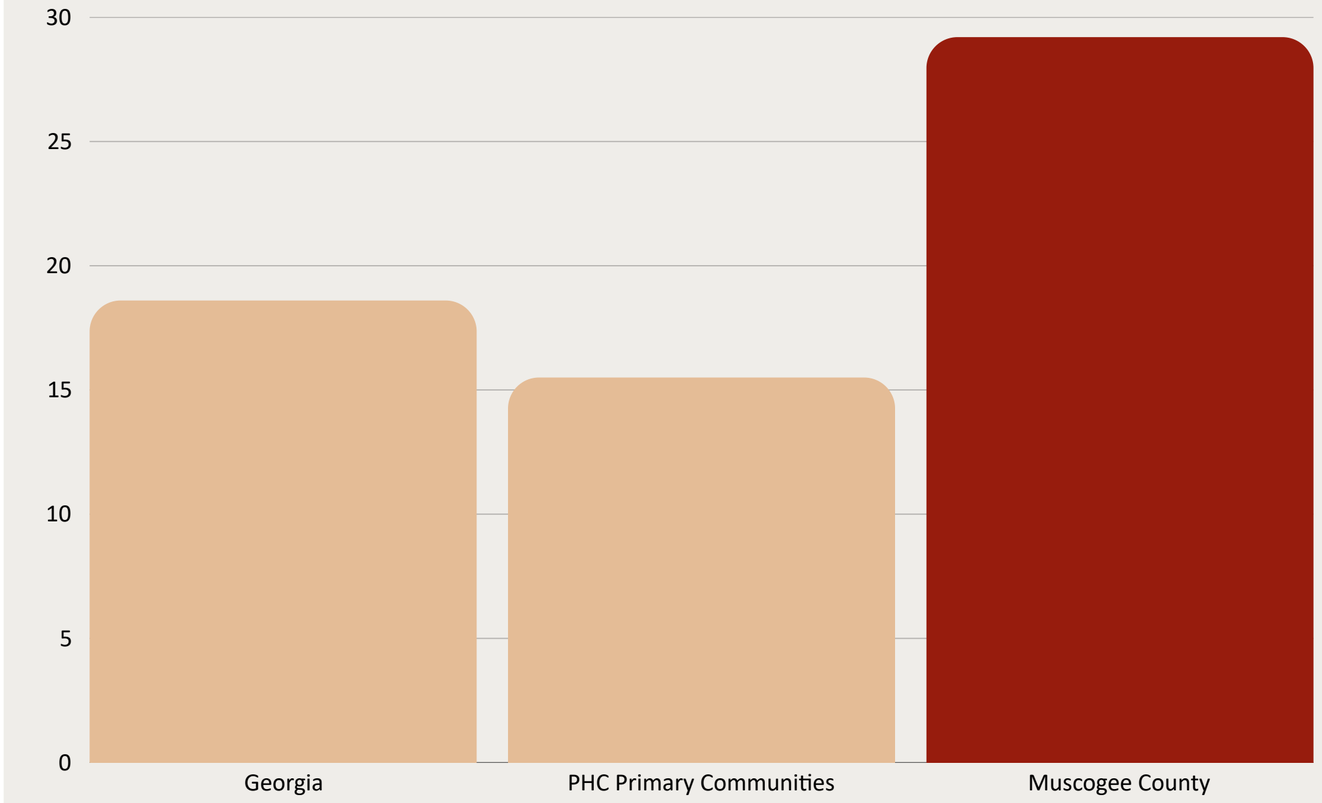
Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023

Teen births

Teen births are important to study and understand because they are associated with significant social, health, and financial risks for teens, their families, and their communities. Teen mothers face a higher risk of complications during pregnancy and childbirth, including eclampsia, puerperal endometritis, and systemic infections. For this, we look at mothers aged 15 to 19. Additionally:

- Teen mothers are less likely to complete high school and have fewer opportunities for higher education and employment.
- Many teenage parents and their children rely on public assistance programs, leading to long-term economic dependence.
- Teenage pregnancy can perpetuate a cycle of poverty as it can limit educational and economic opportunities for both the mother and her children.
- Teen mothers are at a higher risk of mental health problems, including postpartum depression and suicidal ideation.

Teen birth rate per every 1,000 teens, Muscogee County, 2016 to 2022

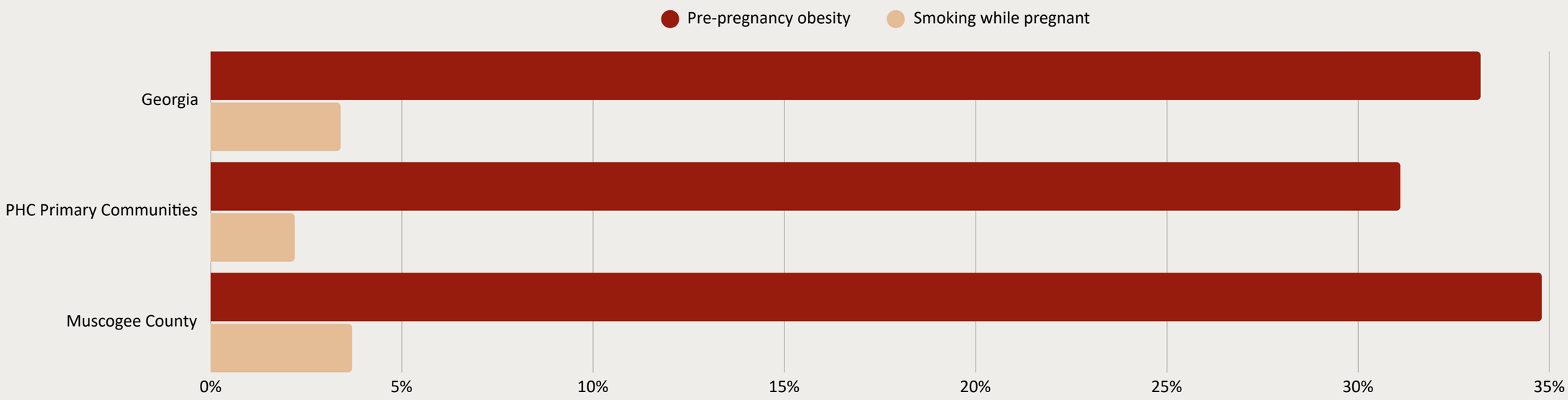


Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2017-2023.

Pregnancy and healthy behaviors

Actions just before and during pregnancy can significantly impact outcomes for both the mother and baby. For example, pre-pregnancy obesity is important because it increases the risk of adverse health outcomes for both the mother and the baby, including gestational diabetes, preeclampsia, and complications during delivery, as well as potentially impacting long-term health risks for the child. Smoking doubles the risk of abnormal bleeding during pregnancy and delivery. This is dangerous for the pregnant woman and her baby. Other complications include the premature rupture of membranes, placenta previa, placental abruption, and ectopic pregnancy.

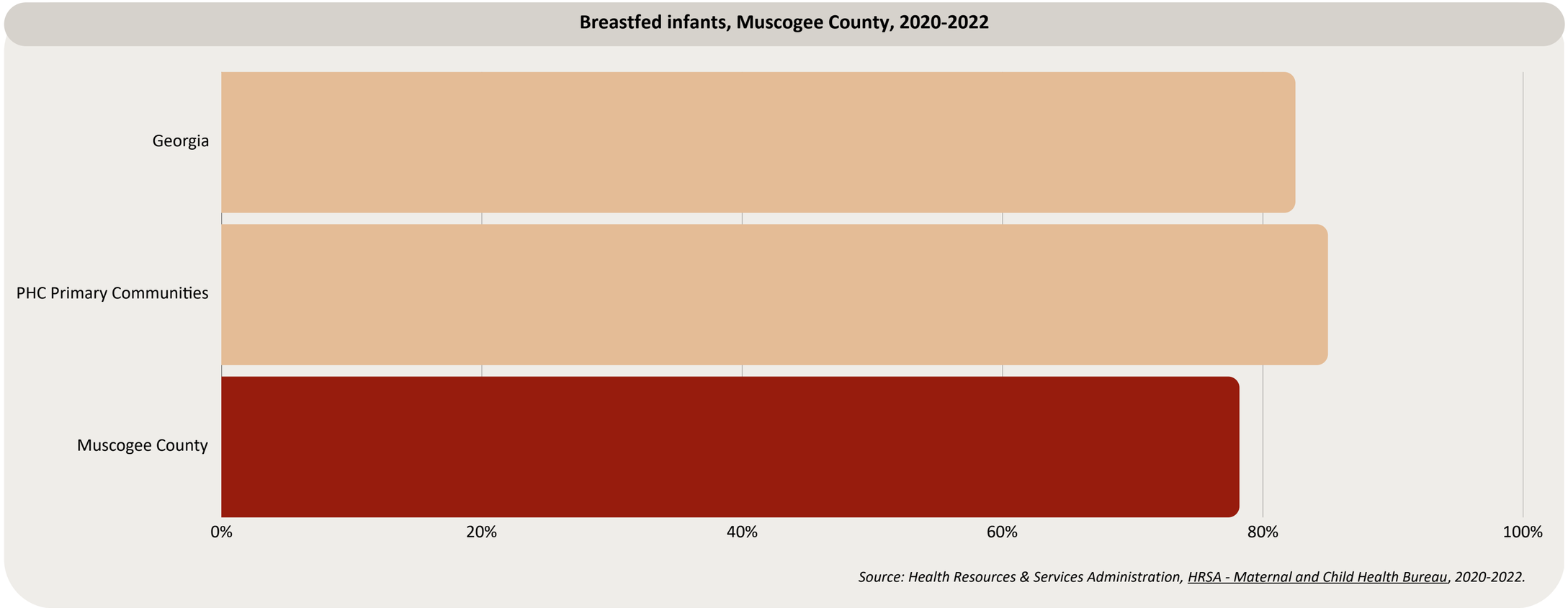
Pregnancy and behaviors, Muscogee County, 2020-2022



Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau, 2020-2022.

Breastfeeding

Breastfeeding is vital for babies and mothers, offering numerous health benefits, including a stronger immune system for babies, reduced risk of certain diseases, and improved maternal health outcomes. Breastfed babies have a lower risk of developing conditions like asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS) in the long term. Breastfeeding can also lower a mother's risk of developing breast and ovarian cancer. Finally, breastfeeding has a demonstrated impact on a mother’s mental health and well-being.

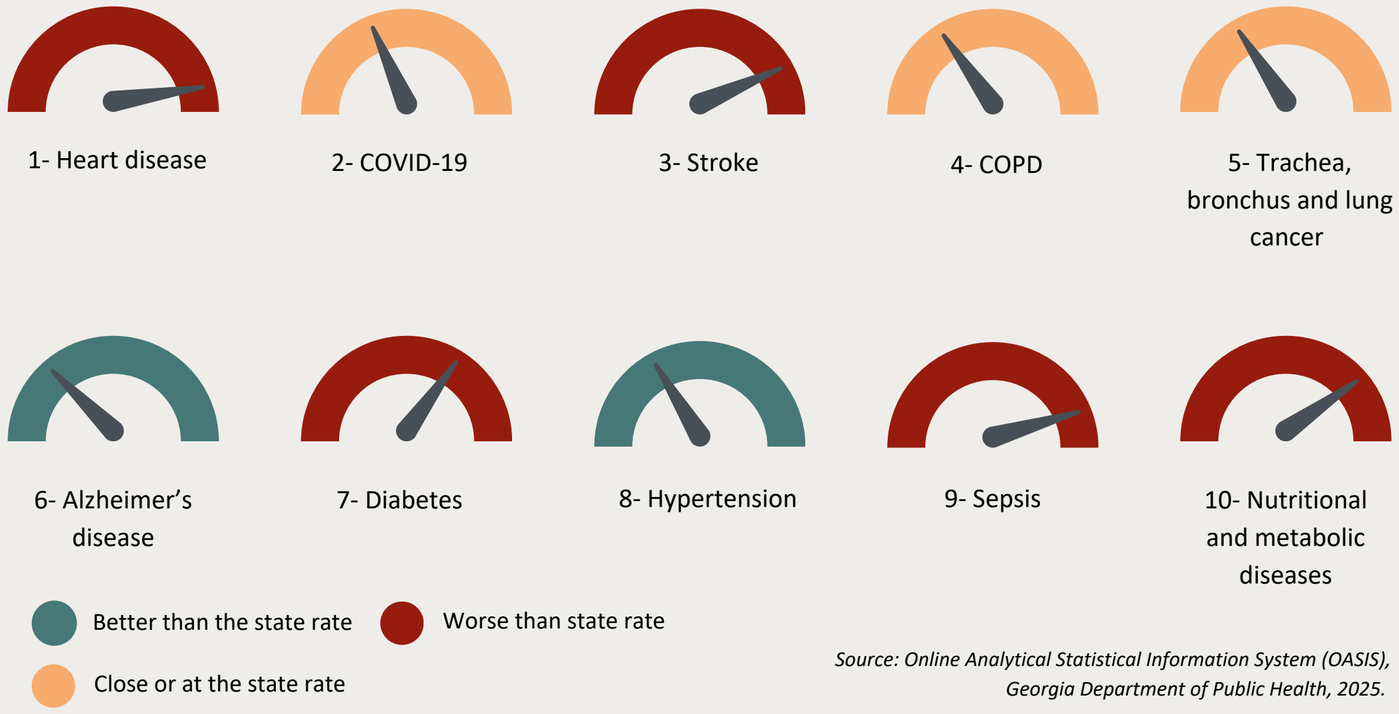


Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau, 2020-2022.

Causes of death

Below are the ten leading causes of age-adjusted death between 2019 and 2023 for Muscogee County. The dials indicate how severe the rate is compared to the rest of the state. The further to the right the dial is, the more severe that issue is within the combined service area, as compared to Georgia overall.

Top ten causes of death, Muscogee County, 2019 to 2023



Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2025.

When broken down by age, the leading causes of death shift. Below is a list of the top cause of death by age group.

>1: Certain conditions originating in the perinatal period
1-4: Homicide
5-9: Diseases of the nervous system
10-34: Homicide
35-75+: Heart disease

Causes of death

Below are the five leading causes of death, by sex and race, in total between 2019 and 2023. Please note information about other races was not available, including a breakdown of top causes of death for Hispanic or Latino women and men.

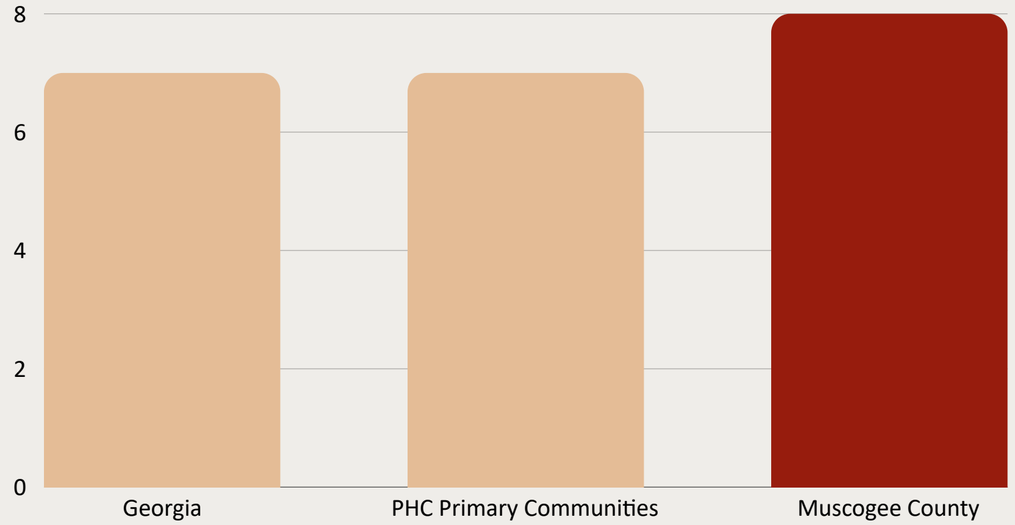
Ranking	Georgia Women	All Women (Hub)	Black Women (Hub)	White Women (Hub)
1	Heart disease	Heart disease	Heart disease	Heart disease
2	Alzheimer's disease	COVID-19	COVID-19	COPD
3	COVID-19	Stroke	Stroke	Alzheimer's disease
4	Stroke	Alzheimer's disease	Diabetes	COVID-19
5	COPD	COPD	Hypertension	Stroke

Ranking	Georgia Men	All Men (Hub)	Black Men (Hub)	White Men (Hub)
1	Heart disease	Heart disease	Heart disease	Heart disease
2	COVID-19	COVID-19	Homicide	COVID-19
3	Hypertension	Stroke	COVID-19	COPD
4	Trachea, bronchus, and lung cancer	Trachea, bronchus, and lung cancer	Stroke	Trachea, bronchus, and lung cancer
5	Stroke	COPD	Diabetes	Stroke

Infant mortality

Infant mortality refers to the death of an infant before his or her first birthday, and the infant mortality rate is measured as the number of deaths per 1,000 live births. The leading causes of infant mortality are birth defects, prematurity, low birth weight, Sudden Infant Death Syndrome, unintentional injuries, and complications during pregnancy. These issues can be caused or complicated by poverty, malnutrition, poor access to care, lack of prenatal care, or smoking, drinking, or doing drugs during pregnancy.

Infant mortality rate per every 1,000 live births, Muscogee County, 2000 to 2022



Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022

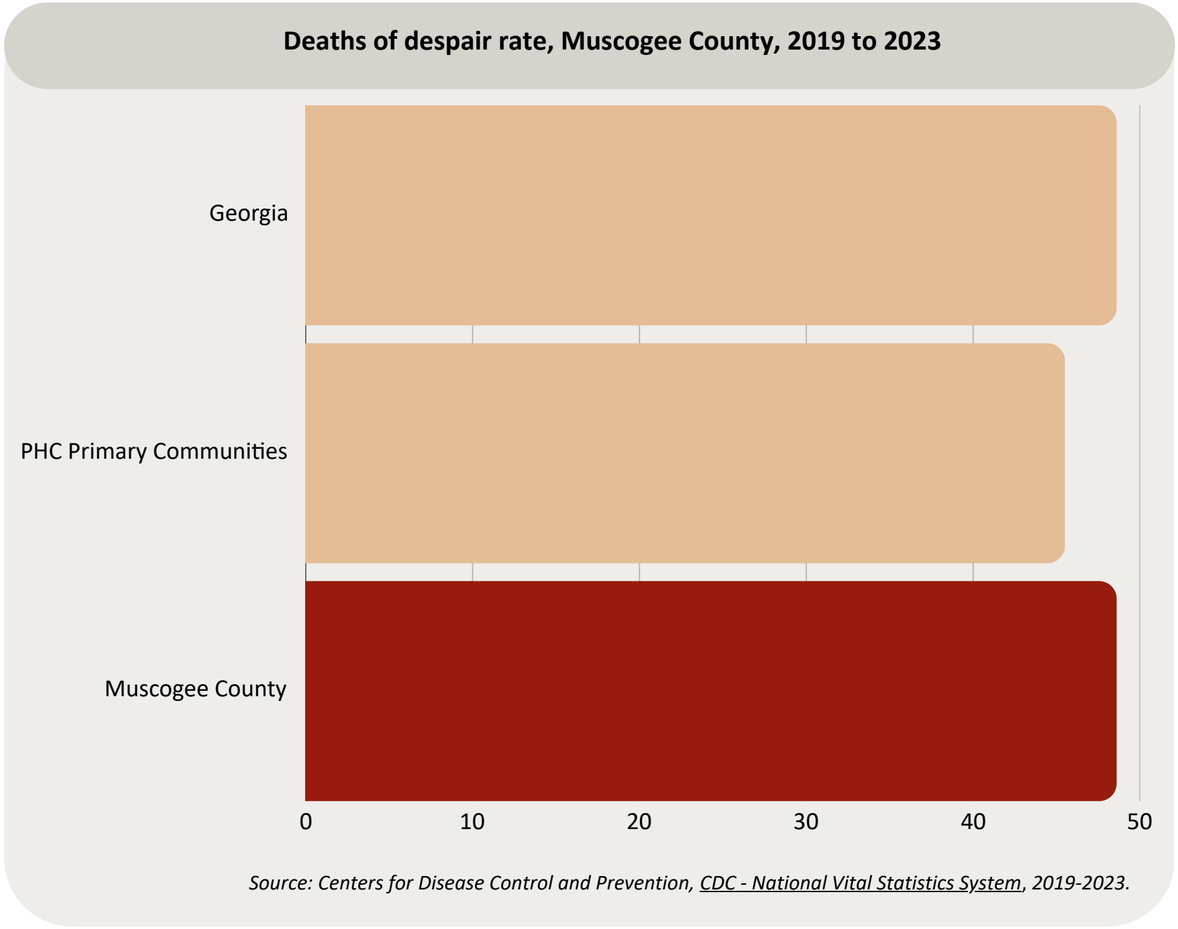
Infant mortality rates show significant disparities across racial and ethnic groups in the US, with Black infants experiencing a mortality rate nearly three times higher than that of White infants, often linked to factors like low birth weight, prematurity, and Sudden Unexpected Infant Death Syndrome.

Racial and ethnic disparities

- Black infants: have the highest infant mortality rates compared to other racial and ethnic groups in the US.
- In 2022, the infant mortality rate for non-Hispanic Black or African Americans was 2.4 times the rate for non-Hispanic whites.
- Other groups: with higher rates include American Indian or Alaska Native and Native Hawaiian or other Pacific Islander infants.
- Non-Hispanic White and Asian populations: have the lowest infant mortality rates.

Deaths of despair

Deaths of despair are those due to intentional self-harm (suicide), alcohol-related disease, and drug overdose. These are generally tied directly to mental health. Between 2019 and 2023, a little more than 480 people in Muscogee County died a death of despair. Of these, about 70% were men, and about 80% were white.



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

While mental health is a problem throughout the United States, the Southern US region – including Georgia – sees particularly high rates. This is often due to economic stagnation, declining incomes, and job losses can contribute to feelings of despair and increase the risk of these deaths.

Weakening social connections and community structures can exacerbate feelings of isolation and hopelessness, leading to increased risk of despair-related behaviors. Statistically, this often proves especially true in rural communities and especially for deaths of despair due to suicide.

Suicide is a leading cause of injury-related deaths in Georgia; in 2022, there were 1,626 suicide-related deaths in Georgia.

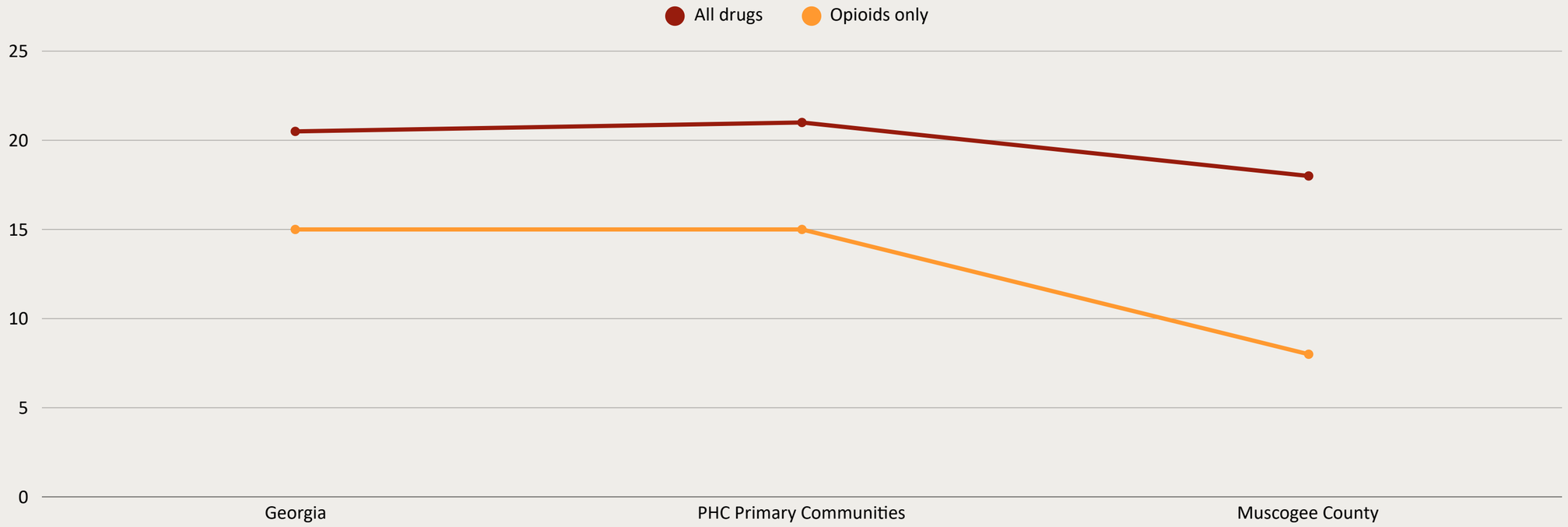
Males are more likely to die by suicide, though females attempt suicide more frequently. Firearms are the most common means of suicide death, followed by suffocation, drug poisoning, and other means.

Suicide death rates are highest among people aged 25-44 years old. White individuals have the highest rates of suicide death, followed by Black or African American, Asian, and multiracial individuals.

Drug overdoses

Drug overdoses are among the leading causes of injury deaths in the United States, and they have increased dramatically in recent years. In Muscogee County, approximately 180 people died from a drug overdose between 2019 and 2023, a figure lower than the state average and the national average (20.5 and 29.1 deaths for every 100,000 people, respectively).

Drug overdose death rate, Muscogee County, 2019 to 2023



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

What’s next

Now that Piedmont has established its health priorities for the next three fiscal years, the hospital will create an implementation strategy, which is a written plan that outlines how the hospital will address the identified community health needs, based on the findings of the CHNA. It's a crucial step in demonstrating the hospital's commitment to community health improvement. This strategy will include the relevant CHNA priority, target populations, broad and specific goals, a targeted action, the anticipated impact of the action, the metrics used to demonstrate success, sources for those metrics, and any community partners needed for the specific tactic or strategy. The hospital’s board of directors approves the strategies.

All strategies will be finalized and approved no later than October 15, 2025. They will then be incorporated into a final CHNA report that will be widely distributed throughout the community and published at piedmont.org. The final CHNA will also include progress on the priorities and subsequent implementation strategies identified during the last CHNA, a list of engaged stakeholders, detailed results from one-on-one interviews, all survey questions, and a list of all sources used in the CHNA.

Any questions? Please reach out to us at communityprograms@piedmont.org.

Real change lives here