

COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

2022



**COLQUITT
REGIONAL**

MEDICAL CENTER

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COLQUITT REGIONAL

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PRESIDENT:
James L. Matney

The Hospital Authority of Colquitt County approved the 2022-2025 Community Health Needs Assessment and Implementation Plan for Colquitt Regional Medical Center at their meeting on September 26, 2022. The Community Health Needs Assessment (CHNA) Report is widely available to the public and may be readily accessed and downloaded from the Colquitt Regional Medical Center Website. Paper copies are available upon request by contacting Jessica Jordan, Compliance Officer, by calling 229-891-9455 or emailing jjordan@colquittregional.com.



Mr. Richard Turner, Chairman
Hospital Authority of Colquitt County

Accredited by the Joint Commission on Accreditation of Healthcare Organizations and the American Osteopathic Association

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EXECUTIVE SUMMARY

Colquitt Regional Medical Center partnered with Draffin & Tucker, LLP and the Center for Public Health Practice and Research (CPHPR), Georgia Southern University, to conduct a community health needs assessment (CHNA) as required under the Affordable Care Act based on Internal Revenue Section (IRS Section 501(r)(3)(A)(i)). This CHNA aims to strengthen hospital organizations, enhance community engagement, identify community health needs, and document efforts to address prioritized needs.

Using a mixed-methods approach for this assessment, the Georgia Southern University CPHPR team triangulated community input and data from secondary sources to identify community health needs for the hospital's primary service area of the Colquitt County, Georgia, which is the defined community for the community health needs assessment given the majority of patients originate from Colquitt County. Community input was obtained from hospital stakeholders and the general community through community surveys and focus group discussions. Recruitment efforts for community surveys and focus groups were tailored to obtain feedback from diverse population groups, including minority and underserved populations. Data from secondary sources used in assessing the needs of the community were obtained from a diverse list of community health-related databases.

The **results from the secondary data analyses** identified:

- a contracting and aging county population with a high poverty rate and lower educational attainment.
- higher rates of unhealthy behaviors (including smoking, physical inactivity, and sexual risk behaviors), compared to the state.
- poorer mental and physical health outcomes compared to the rest of the state.
- barriers to health care access, with high uninsurance rates (percentage of the population that is uninsured), and shortages of health professionals emerging as two important barriers to health care access.

Input from the community through the survey and focus groups was generally consistent with the findings from the secondary data analysis. Community members and key

stakeholders described Colquitt County as a wonderful community with its "fair share" of challenges, including:

- high levels of poverty.
- high prevalence of unhealthy behaviors (including smoking, physical inactivity, and poor nutrition leading to overweight/obesity).
- limited access to health care insurance and transportation.
- mental health, substance abuse, and chronic conditions were the top conditions affecting the community.

Based on these results, the CPHPR team facilitated an implementation planning process, whereby the CHNA Steering Committee prioritized the community health needs to be addressed within the next three years. The final prioritized needs were consistent with those identified by the community members. Goals, objectives, and actions were developed and documented to address the priority areas. The top needs and goals prioritized by the CHNA Steering Committee based were as follows:

Priority Area One: Access to Care / Transportation

Goal: Increase percentage of population without personal transportation to have the ability to access healthcare.

Objective 1: Promote public transportation Provide non-emergency transportation when possible.

Objective 2: Educate patients, caregivers and stakeholders the benefits and availability of telehealth services throughout the physician network at Colquitt Regional.

Priority Area Two: Cancer Screening

Goal: *Reduce death rates from cancer by increasing the percentage of the population receiving cancer screenings in Colquitt County.*

Objective 1: Promote cancer screenings through community activities and education.

Objective 2: Prepare educational materials to be used for distribution to the public on availability and access to cancer screening available at Colquitt Regional and the physician clinics.

Priority Area Three: Chronic Obstructive Pulmonary Disease & Congestive Heart Failure

Goal: *Reduce the number of hospitalizations or readmissions due to COPD and CHF by 10% over the next Three years.*

Objective 1: Engage patients in opportunities for provision of healthcare activities in the home to help control chronic COPD and CHF. Provide access to home monitoring services and telehealth.

Objective 2: Distribute educational materials on healthy lifestyles and information about smoking cessation, diabetes, and exercise opportunities. Continue to promote cancer screening opportunities.

ABOUT THE REPORT

PURPOSE

Colquitt Regional Medical Center worked in partnership with Draffin & Tucker and the Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University, to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Colquitt County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities and fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a CHNA at least every three years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated the completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about hospital utilization and the hospital's activities to address community health needs since the last CHNA.

Community input was solicited through focus groups and a community survey. Key community stakeholders were also involved in reviewing and interpreting findings from the CHNA and developing an implementation plan to address prioritized community needs.

The community survey and focus group interviews assessed local health care access and the needs of the people residing in the service area of Colquitt Regional Medical Center. The community survey was disseminated to residents of the hospital's primary service area via the hospital's social media webpages and email listservs, as well as those of local community partners. Focus group participants were all key community stakeholders of the Colquitt County community. Collectively, perspectives obtained from the surveys and focus groups provided a holistic view of life in the community and the health and health care needs of the residents. **Ms. Lacey Herndon, RN, of the Colquitt County Public Health**

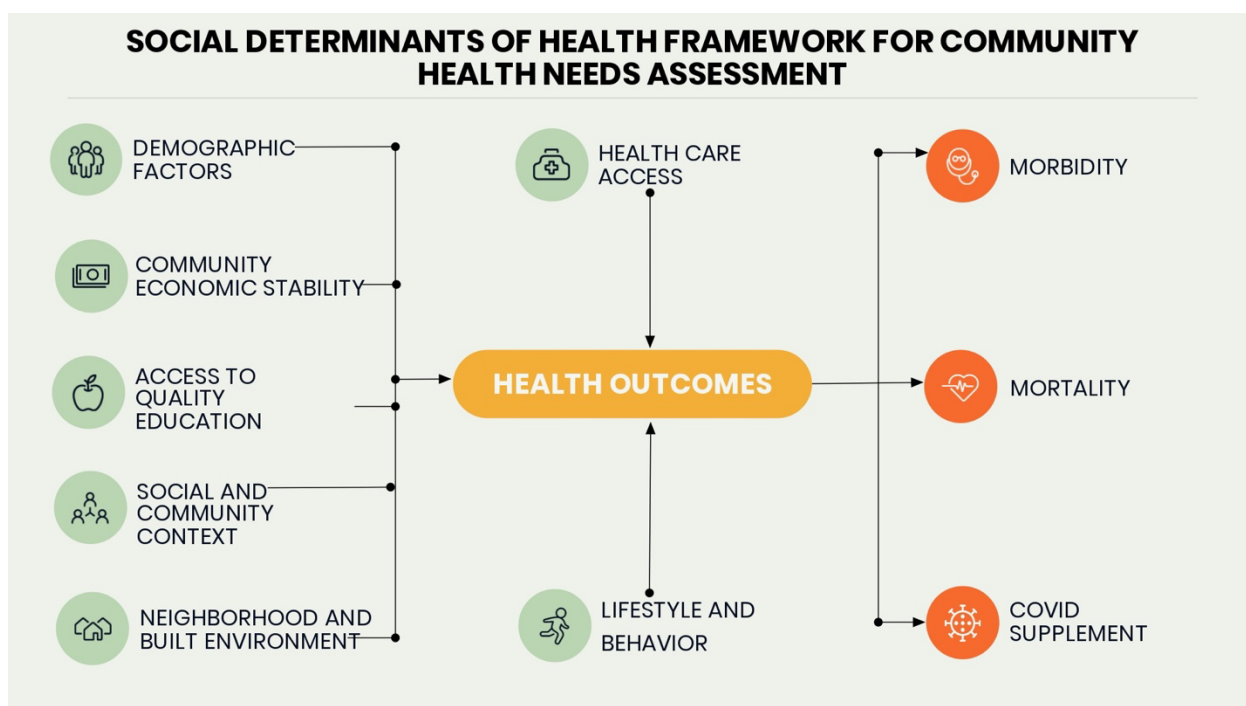
Department participated in the process as required by the Treasury Department regulations.

No written comments were received regarding the previous CHNA or Implementation Strategy Report.

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's demographic and economic profile, health care access, and utilization. These data were obtained from multiple publicly available sources, including the US Census Bureau, University of Wisconsin's County Health Rankings, Centers for Disease Control (CDC), the Bureau of Labor Statistics, Georgia.gov population projections. The most recently available data were obtained from all data sources.

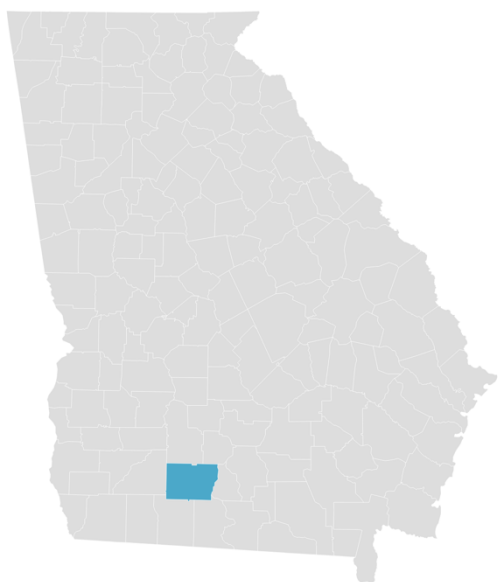
Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as the development of an implementation plan to address these needs.

Data Analysis and Visualization. Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were



created using Microsoft Excel version 16 software and Datawrapper data visualization application. Spatial variations in selected community health indicators estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software. The conceptual framework used to inform data collection efforts is illustrated below.

HOSPITAL AND SERVICE AREA



Colquitt Regional Medical Center is a nonprofit general acute care hospital located in Moultrie, Georgia. In addition to inpatient services, the hospital offers outpatient services, including same-day surgical services, obstetric and pediatric services.

The hospital's primary service area comprises Colquitt County, Georgia. *Thus, for this community health needs assessment (CHNA), the hospital's community is defined as its primary service area of Colquitt County.*

Colquitt County is located in the southwestern part of Georgia. The county seat is Moultrie, where the hospital is also located. The county has a population density of 84 persons per square mile and is home to industries including manufacturing, retail, forestry, fishing, and hunting.

ORGANIZATION OF REPORT







This report presents the findings of the CHNA, beginning with the results of the secondary data analysis. Community input from the survey and focus groups are presented next, followed by a reflection on the outcomes of the last CHNA process. Next, a description of the 2022 implementation planning process and implementation plan are presented. Finally, a community health care resource listing is provided.

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2021, there were approximately 45,812 residents of Colquitt County. Compared to the state of Georgia, the population of Colquitt County is slightly younger. The county is less racially and culturally diverse than the state. A higher proportion of residents live with one or more disabilities, and veterans comprise five percent of the population.

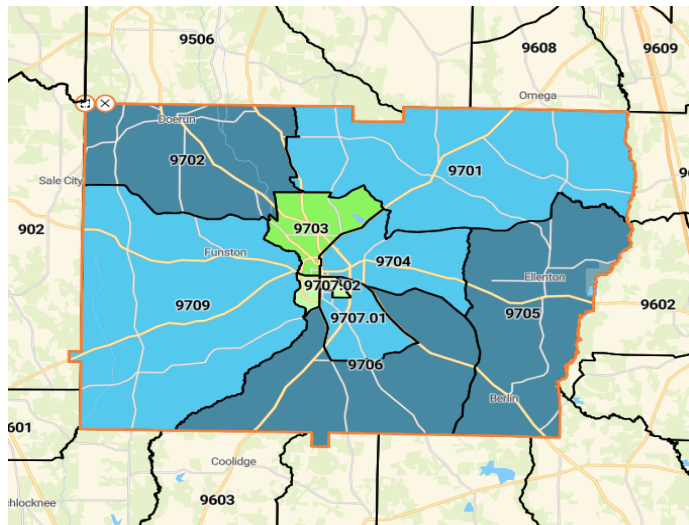
About 1 out of 6 residents of Colquitt County are 65 years and older

	Colquitt	Georgia
	Population	
	Number of Residents	45,812 10,799,566
	Sex	
	Female	50,6% 51,5%
	Male	49,4% 48,5%
	Age Distribution	
	Population Under 5 years	6% 6%
	Population 5 – 17 years	19% 17%
	Population 18 – 64 years	59 62%
	Population 65 years and older	16%* 15%
	Racial and Cultural Diversity	
	Race	
	White	73%* 60%
	Black/AA	24% 33%
	Other Races/Multiracial	4% 7%
	Ethnicity	
	Hispanic	20% 10%
	Nativity	
	Foreign-Born	10% 10%
	Non-English Language Spoken at Home	18% 14%
	Veterans	
	Veteran Population	5% 6%
	Disability	
	Population under 65 years disabled	11%* 9%

*Significantly higher than the state average

Data Source: US Census Bureau QuickFacts

Figure 1.
by Census Tract (2013-2017)



Population Diversity

Predominant Race (% White), 2013-2017.
Data Source: Policy Map. *(The darker the color the higher the proportion)*

The county is relatively heterogenous in terms of the geographic distribution of racial groups (Figure 1).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2015-2019)

Estimated percent of all people 65 or older, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Residents of the central part of the county are relatively older compared to the rest of the county (22% vs 10%-18%) (Figure 2).

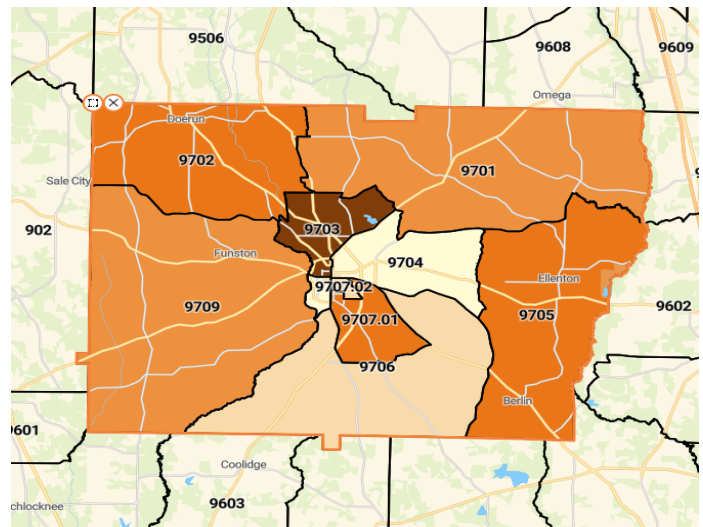
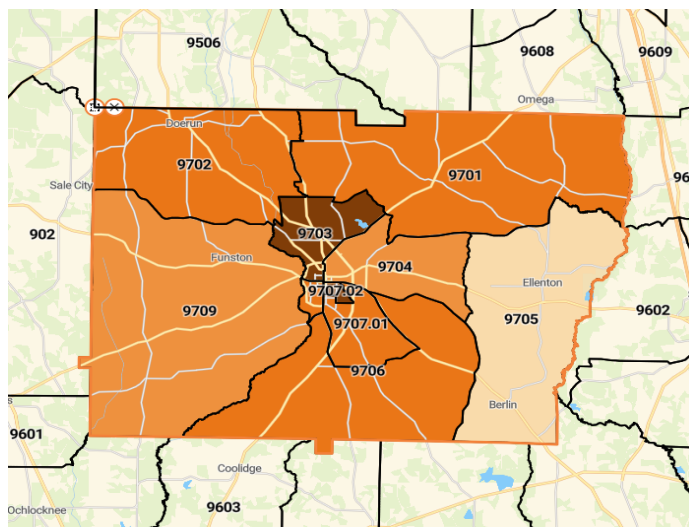


Figure 3. Proportion of Residents with Disability by Census Tract (2015-2019)



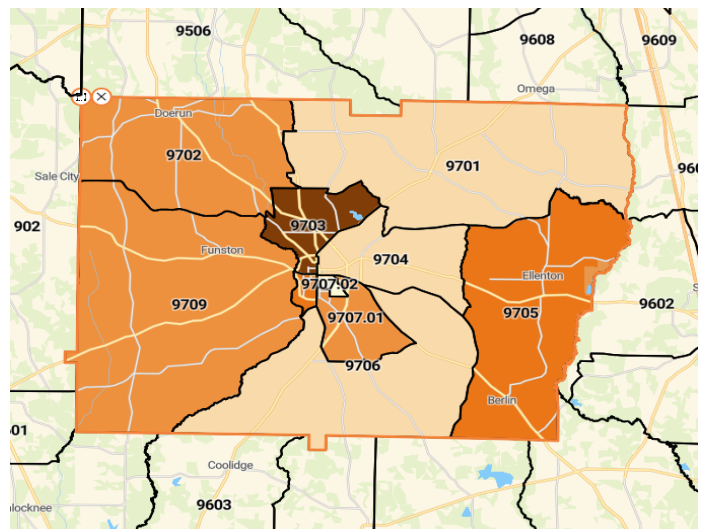
Proportion of Individuals Living with One or More Disabilities, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Similarly, a higher proportion of residents residing in the central part of the County live with one or more disability (18% vs 11-15%), (Figure 3).

Figure 4. Veteran Population by Census Tract (2015-2019)

Proportion of Veterans, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion)*

A higher proportion of veterans reside in the central part of the county (14% vs 5% - 9%) (Figure 4).



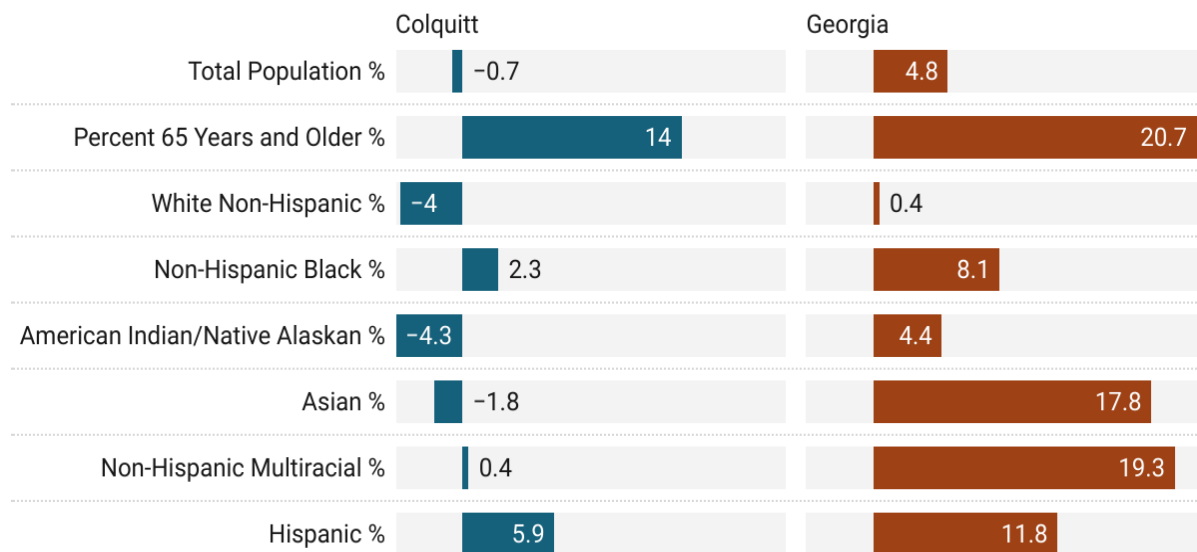
PAST POPULATION GROWTH

While the total population of Colquitt County decreased between 2015 and 2020, over that period, the county saw growth in the older population. White non-Hispanic, American Indian/Native Alaskan, and Asian populations declined from 2015 to 2020. On the other hand, Non-Hispanic Black, Asian, Hispanic, and Non-Hispanic Multiracial populations increased.

Population Change

2015-2020

Colquitt Georgia



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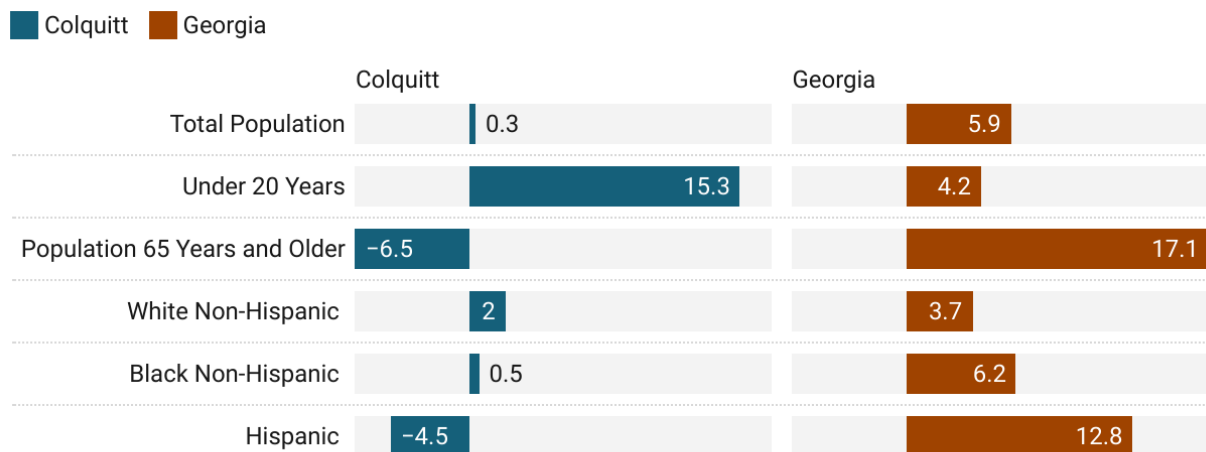
Data Source: Online Analytical Statistical Information System (OASIS).

PROJECTED POPULATION GROWTH

The population of Colquitt County is expected to increase slightly to 46,696 by 2025, based on projections by the Georgia Governor's Office of Planning and Budget. The population increase is projected for the White Non-Hispanic and Black Non-Hispanic populations, whereas the Hispanic population is expected to decrease.

Projected Population Change

2020-2025 Percentage Change



Created with Datawrapper

Data Source: Georgia Governor's Office of Planning and Budget.

ECONOMIC PROFILE

The county experienced a slight increase in Gross Domestic Product (GDP) between 2019 and 2020. Over this period, the unemployment rate of the county was 3.2%, which was lower than the state

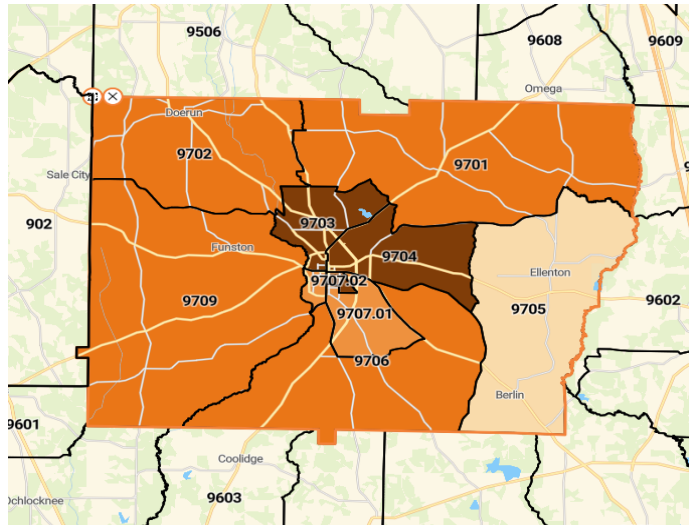
average of 3.9%. Labor force representation for both male and female are significantly lower than the state average. The median household income for Colquitt County is \$37,799, more than \$24,000 lower than the state median. About 20% of the population and 32% of children live in poverty. Both rates are higher than the state average.

**About 1 out of 3 children
in Colquitt County are
living in poverty.**

		Colquitt	Georgia
	<u>Economy</u>		
	Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020)	1.3%*	2.2%
	Real GDP Annual Growth Rate (2019-2020)	0.4%	-3.9%
	Job Growth Rate (2019-2020)	-1.3%	-4.6%
	<u>Labor Force Representation</u>		
	Unemployment Rate (2021)	3.2%	3.9%
	Labor Force Representation (2013-2017)	71.8%*	75.5%
	Male Labor Force Representation (2013-2017)	76.1%*	80.4%
	Female Labor Force Representation (2013-2017)	67.4%*	70.8%
	<u>Poverty</u>		
	Median Household Income (2020)	\$36,799*	\$61,224
	Population in Poverty (2019)	20%*	14%
	Children in Poverty (2019)	32%*	20%

*Significantly lower than the state average

Figure 5. Poverty Rate by Census Tract (2015-2019)



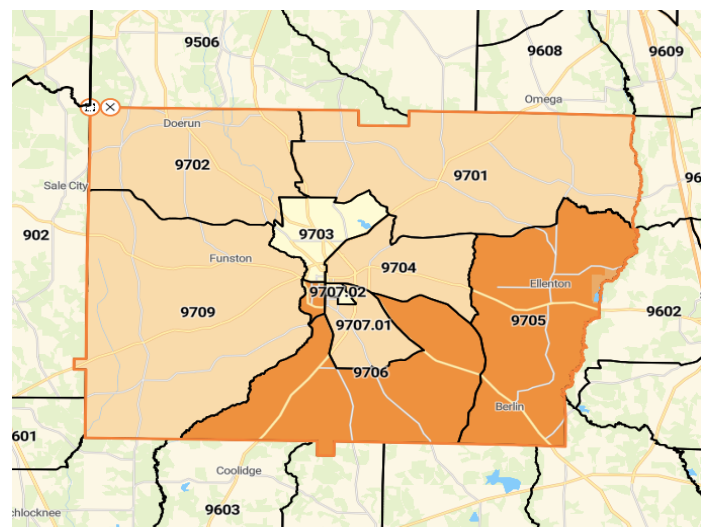
Proportion of Population Living in Poverty, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion)

The poverty rates are significantly higher in the central part of the county (34%-36%) compared to other parts of the county (21-27% vs 13%-17%) (Figure 5).

Figure 6. Median Household Income by Census Tract (2015-2019)

Median Household Income, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion)

The median household income is higher in the southeastern part of the county, compared to the remaining parts of the county (\$42,000 - \$50,000 vs \$32,000 - \$40,000). The central part has median household levels that range from \$19,000 - \$26,000. (Figure 6).






EDUCATION

Educational attainment in the county is generally lower than in the state. The population with a bachelor's degree rate of 14% is significantly lower than the state rate

Only 1 out of 7 residents of Colquitt County has a bachelor's degree.

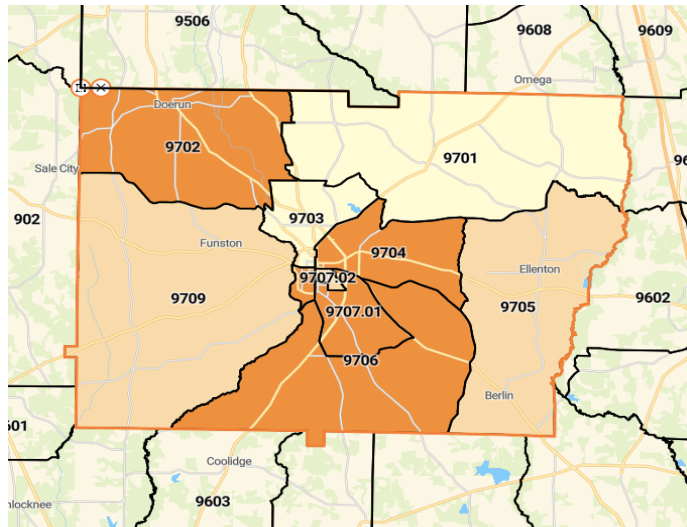
of 32%. The county's high school graduation rate is 75% which is also lower than the state rate of 88%. The county lags behind the state with respect to early childhood education. County third graders perform slightly lower than the state average on state standardized tests.

	Colquitt	Georgia
 <u>Early Childhood Education</u>		
Percent 3–4-year-old children in school	46%*	50%
 <u>K-12 Education</u>		
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.8*	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.7*	2.9
 <u>High School Graduation and Higher Education</u>		
High school graduation rate	75%*	88%
Percent population with bachelor's degree	14%*	32%

*Significantly lower than the state average

Data Source: County Health Rankings, US Census Bureau, Sparkmap

Figure 7. Educational Attainment by Census Tract (2015-2019)



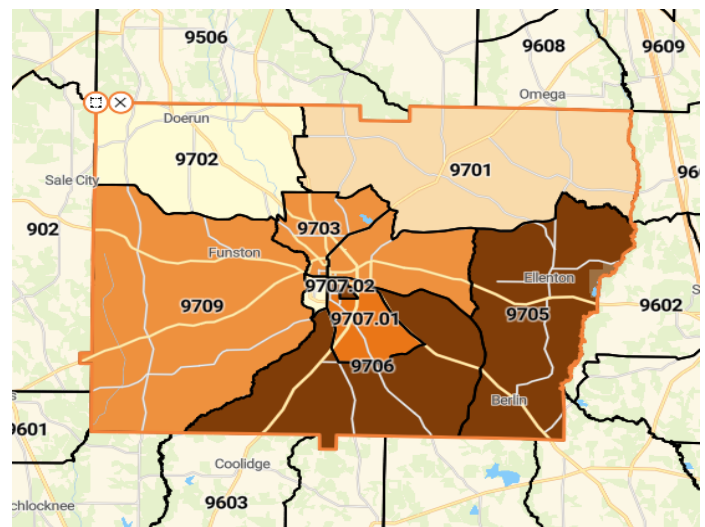
Proportion of Population with at least a High School Diploma, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Compared to other parts of the county, educational attainment is lower in the central and northeastern part of the county (65% vs 76%- 82%) (Figure 7).

Figure 8. Nursery and Pre-school Enrollment by Census Tract (2015-2019)

Proportion of 3 years or older enrolled in nursery or preschool, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Preschool or nursery enrollment is relatively higher in the southeastern part of the county compared to the rest of the county (3% vs 1.3% vs 0.5- 1.7%) (Figure 8).





SOCIAL AND COMMUNITY CONTEXT

County residents are equally active in social associations; compared to the state, there are close to 9 membership associations in the county per 100,000 population.

Almost a third of children live in single-parent households. The suicide rates are slightly lower than the state levels.

There are approximately 15,865 households in Colquitt County, with an average of 2.8 persons per household.

	Colquitt	Georgia
 <u>Household Characteristics</u>		
Households	15,865	3,830,264
Average persons per household	2.8	2.7
Children in single-parent households	34%*	30%
 <u>Social Context</u>		
Social Associations per 100,000	9	9
Suicide rates per 100,000	13	14

*Significantly unfavorable compared to the state average







Data Source: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

About six out of ten (64%) county residents have access to exercise opportunities. County residents are relatively less digitally connected than the state; 87% of households have a computer, and 73% of adults have access to broadband internet. The county has relatively higher food insecurity in comparison to the state.

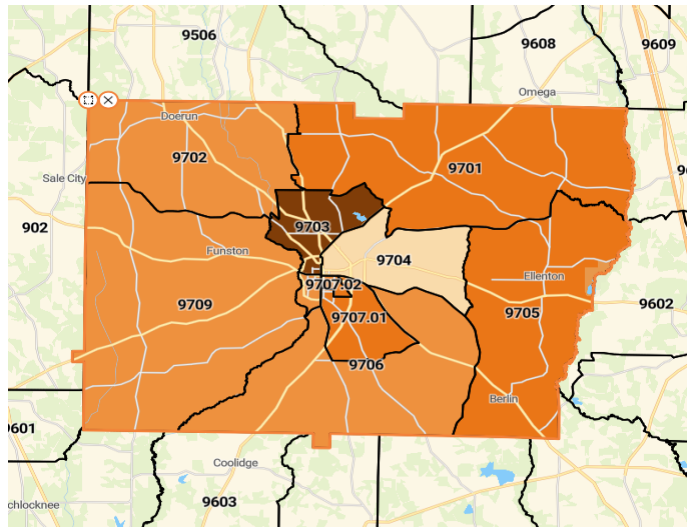
Moreover, highway safety may be an area of concern as Colquitt County experiences more deaths from motor vehicle crashes than the state average.

Relative to the state, fewer Colquitt County residents experience transportation, or housing issues.

	Colquitt	Georgia
<u>Digital Connectivity and Amenities</u>		
 Households with computer	87%*	90%
Adult with broadband internet	73%*	84%
Access to exercise opportunities	64%*	75%
<u>Safety</u>		
 Violent crime rate per 100,000	na	388
Deaths from motor vehicle crashes per 100,000	25%*	14%
<u>Food Insecurity</u>		
 Percent low-income residents with limited access to healthy foods	9%	9%
(Healthy) Food environment index (1 worst; 10 best)	7	6.5
Percentage of population experiencing food insecurity	15%*	13%
<u>Transportation</u>		
 Average travel time to work (minutes)	23 mins	29 mins
Percent households with <u>no</u> motor vehicle		
<u>Housing</u>		
 Percent of homes owned	63%	63%
Percent families spending more than 50% of income on housing	14%	14%
Percent population with severe housing problems	18%*	16%
Median gross rent	\$664	\$1,042
Median selected monthly owner costs, including mortgage	\$1,070	\$1,449
<u>Pollution</u>		
 Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	9.9*	9.6
*Significantly unfavorable compared to the state average		

Data Source: County Health Rankings, US Census Bureau Quick Facts, Policy Map (percent of households with no motor vehicle).

Figure 9. Household Internet Access by Census Tract (2015-2019)



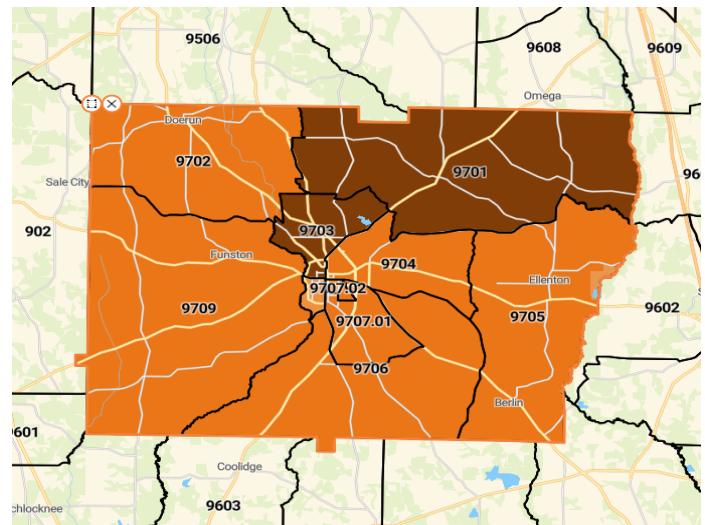
Proportion of all households with no internet access, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion)

Compared to other parts of the County, internet access was lower in the central part of the County (35%) followed by the eastern part (25%-28%). (Figure 9).

Figure 10. Household Computer Access by Census Tract (2015-2019)

Proportion of all households without a computer, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion)

Computer access was lowest in the northcentral and northeastern parts of the county compared to the remaining parts (18-22% vs 12-16%) (Figure 10).

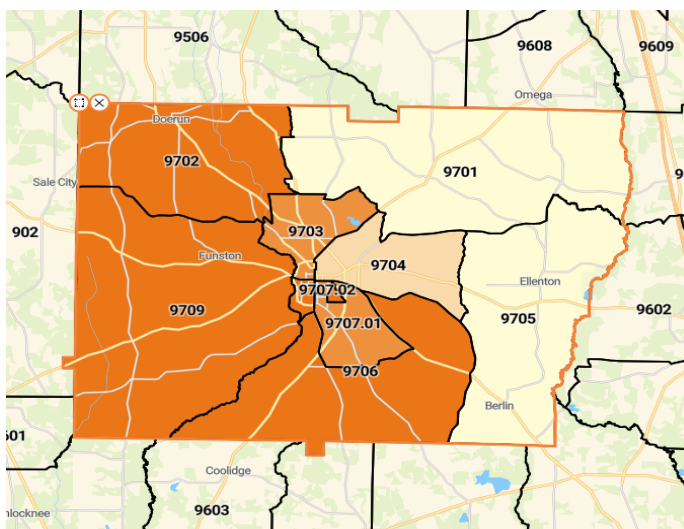


Compared to other parts of the County, severe homeowner cost burden is higher in the central part of the county (14 -17%). In the remaining parts the rate varies from 8-11% in the north and 6-7% in the south. (Figure 11).

Proportion of all Renters who are severely burdened by housing costs, 2015-2019.

Data Source: Policy Map. *(The darker the color the higher the proportion)*

A higher proportion of renters in the western part of the county experience severe rental cost burden (25-30%) compared to the rest of the county (7-23%) (Figure 12).






HEALTH CARE ACCESS

Health care access in the county is relatively limited compared to the state. At 23%, the number of uninsured residents is higher than the state rate of 16%. Compared to the state, the county also experiences significant shortages of health professionals, including

primary care physicians, dentists, and mental health providers. Regarding preventative care, mammogram screening rates are higher than the state levels, whereas flu vaccination rates are lower than the state levels.

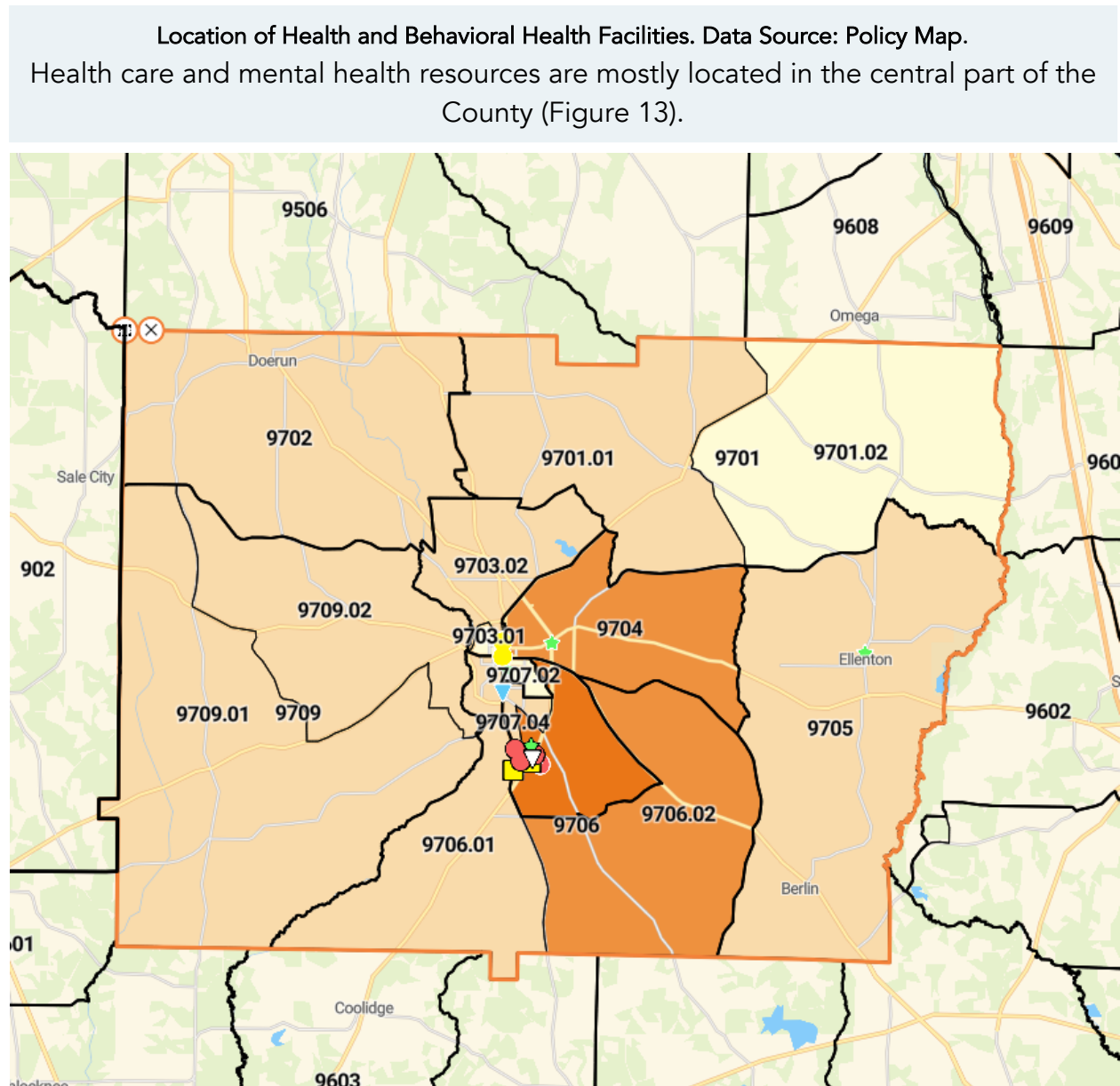
Preventable hospitalization rates are higher in Colquitt County than in the state, reflective of a limited access to primary care services.

	Colquitt	Georgia
 <u>Health Insurance Coverage</u>		
Percent under 65 years Uninsured	23%*	16%
 <u>Provider Supply</u>		
Population to One Primary Care Physician	2,280*	1,510
Population to One Dentist	3,800*	1,920
Population to One Mental Health Provider	1,520 *	690
 <u>Primary Care and Prevention</u>		
Adults with a Personal Doctor or Health Provider	70*	72
Adults Reporting a Physical Checkup within last year	76*	78
Preventable Hospital Stays per 100,000 Medicare Enrollees	7,134*	4,835
Mammogram Screening Rates	44%	41%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	36%*	46%

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, Policy Map.

Figure 13. Access to Health and Mental Health Services



Legend: yellow square = hospital, pink circle=nursing facility, blue triangle = community health center, green star = community health centers and look-alikes , white triangle = drug and alcohol treatment facilities, yellow circle = buprenorphine physicians



Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol treatment facilities. **Census tracts are shaded based on total population, with darker colors**

LIFESTYLE AND BEHAVIOR

The proportion of residents who smoke is higher compared to the state levels. While excessive drinking rates are lower than that of the state, the proportion of adults who are obese, physically inactive, and do not get sufficient sleep is higher than the respective state rates. Alcohol-related motor vehicle deaths are higher than the state level.

Generally, a higher proportion of Colquitt County residents engage in unhealthy behavior than at the state level

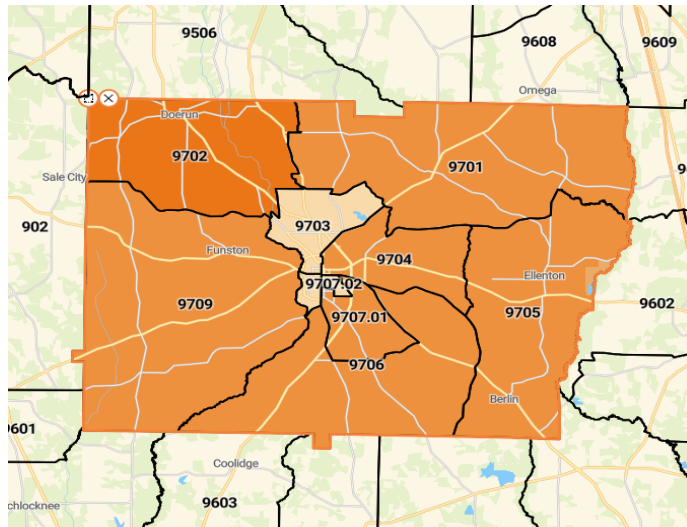
Teen pregnancy is twice as high in the county compared to the state level, whereas sexually transmitted infections are slightly lower than in the state.

	Colquitt	Georgia
		
<u>Suboptimal Lifestyle Behaviors</u>		
Adult smoking rate	23%*	16%
Adult excessive drinking rate	15%	17%
Percent driving deaths with alcohol involvement	28%*	20%
Adult obesity rate	40%*	32%
Adult physical inactivity rate	36%*	26%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	40%*	38%
		
<u>Sexual Risk Behaviors</u>		
STD infection rates per 100,000	512.7	632.2
Teen pregnancy rates per 1000 female teens	47*	24

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



Proportion of adults who ever smoked cigarettes, 2018. Data Source: Policy Map. (The darker the color the higher the proportion)

Smoking rates are high across the county; however, the northwestern part of the county has the highest rate of 43%. In the remaining parts of the county the rates range from 39-42%. (Figure 14).

Figure 15. Physical Inactivity Rate by Census Tract (2017)

Proportion of adults physically inactive, 2017. Data Source: Policy Map. (The darker the color the higher the proportion)

Similarly, the rate of physical inactivity is consistently high across the county (36%-39%), (Figure 15).

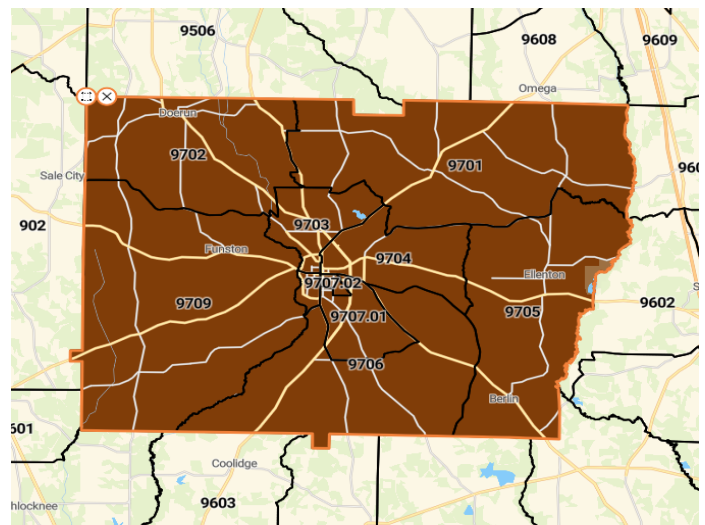
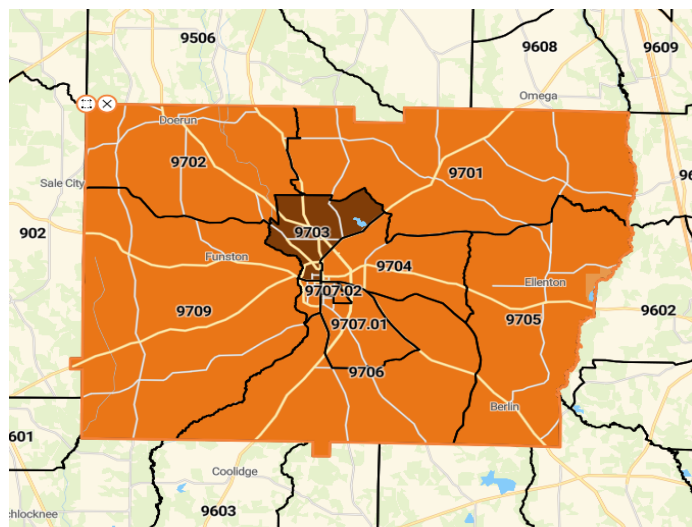


Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018. Data Source: Policy Map. (The darker the color the higher the proportion)


The rate of obesity is generally high; however, the central part has the highest rate of 35%. Reported obesity rates vary from 31-34% in the other parts of the county. (Figure 16).

HEALTH OUTCOMES

Morbidity

A higher proportion of Colquitt County residents self-report poor physical and mental health compared to the state. However, the prevalence rates of HIV and cancer incidence rates are lower than the state level. In contrast, diabetes rates are higher than in the state, and the low birth weight rate is similar to the state.

One out of four residents of Colquitt County report having poor or fair health.

	Colquitt	Georgia
Disease Burden		
 Cancer incidence rates per 100,000 population	448	469
Adult diabetes prevalence rate %	16%*	12%
HIV prevalence rate per 100,000 population	522	625
Cardiovascular disease hospitalization per 1000	66.5	64.2
Medicare enrollees		
Low birth weight rate	10%	10%
Self-Reported Health Outcomes		
Percent adults reporting poor or fair health	27%*	18%



Percent adults reporting frequent physical distress	17%*	12%
Percent adults reporting frequent mental distress	17%*	13%

Mortality

Premature death rates are higher in Colquitt County than in the state.

The average life expectancy in Colquitt County is close to 74 years – 3.5 years less than the average life expectancy in Georgia.


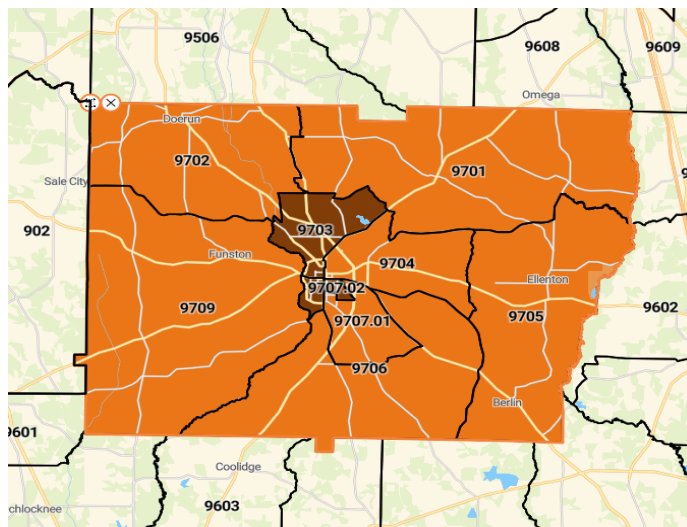
	Colquitt	Georgia
Mortality Indicators		
 Life Expectancy	74.4*	77.9
Premature (under 75yrs) Death Rate per 100,000 population	540*	380

Figure 17. Perceived Health Status by Census Tract (2018)



Proportion of adults reporting poor or fair health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion)

A lower proportion of adults in the central part of the county reported poor or fair health compared to the rest of the county (23% vs 19-20%) (Figure 17).

Figure 18. Frequent Mental Health Distress by Census Tract (2018)

Proportion of adults reporting 14 or more days of poor mental health in the past 30 days, 2018. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Geographically, the proportion of adults reporting frequent mental health distress were similar across the county ranging from 14-15%. (Figure 18).

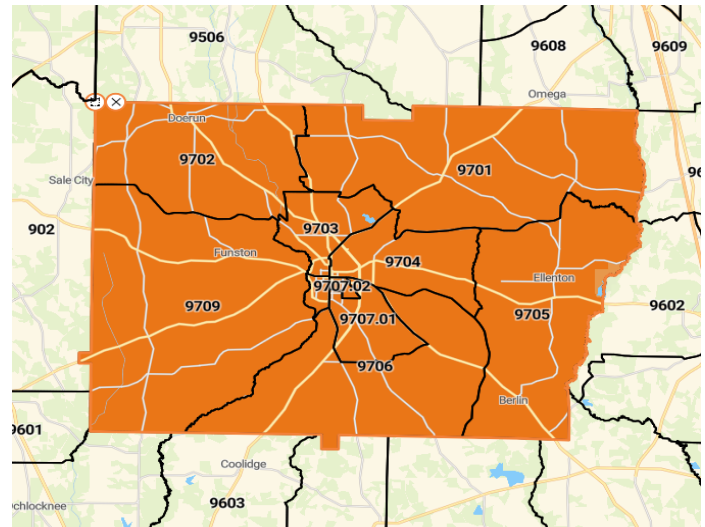
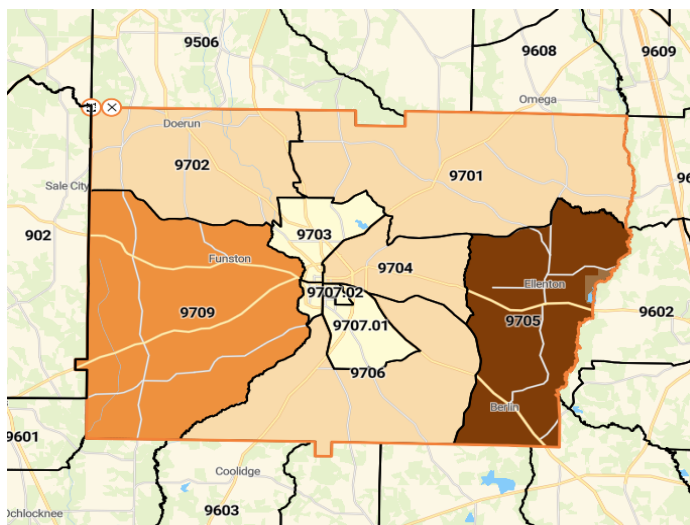


Figure 19. Life Expectancy by Census Tract (2010-2015)



Life Expectancy at Birth, 2010-2015. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Life expectancy varies significantly across the county. The central part has the lowest life expectancy of 72-73 years old compared to the rest of the County (75 vs 79 years). The southeastern part of the county has the highest life expectancy of 82 years old. (Figure 19).

Top 10 Causes of Death Colquitt County and Georgia 2016-2020

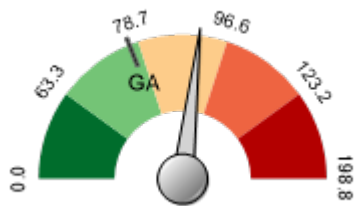
The top three leading causes of death in Colquitt County are Ischemic Heart and Vascular Disease, All Chronic Obstructive Pulmonary Diseases, and Diabetes.

Additionally, Diabetes, Endocrine, Nutritional and Metabolic Diseases, and Septicemia deaths rank much higher for Colquitt County than state rates.

Cause	Colquitt Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
All COPD Except Asthma	2	2
Diabetes Mellitus	3	9
Malignant Neoplasms of the Trachea, Bronchus, and Lung	4	5
Cerebrovascular Disease	5	3
Alzheimer's Disease	6	4
All other Endocrine, Nutritional and Metabolic Diseases	7	15
All Other Mental and Behavioral Disorders	8	8
Essential (Primary) Hypertension and hypertensive Renal and Heart Disease	9	6
Septicemia	10	12

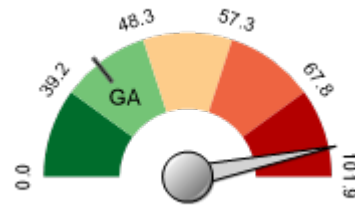
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Ischemic Heart and Vascular Disease



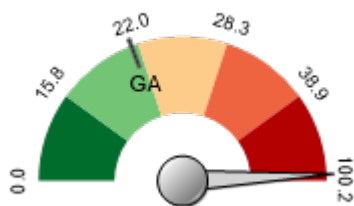
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All COPD except Asthma



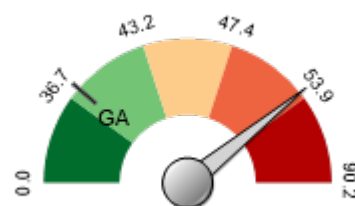
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Diabetes Mellitus



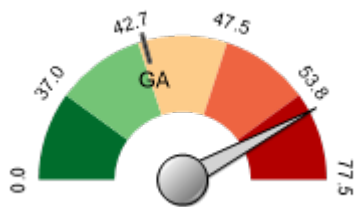
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Malignant Neoplasms of the Trachea, Bronchus, and Lung



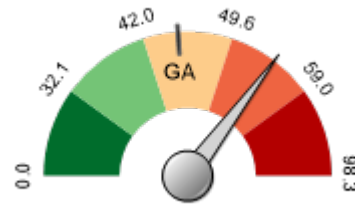
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Cerebrovascular Disease



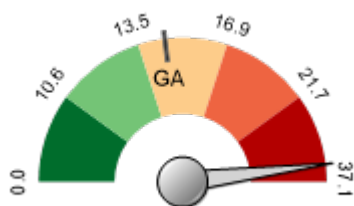
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Alzheimer's Disease



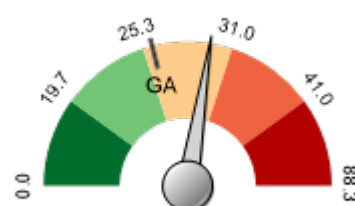
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All Other Endocrine, Nutritional and Metabolic Diseases



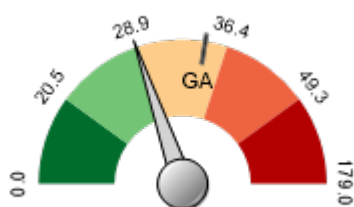
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All Other Mental and Behavioral Disorders



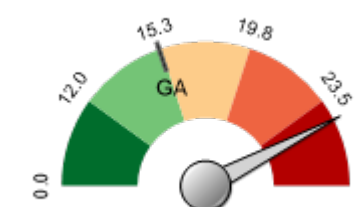
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Essential Hypertension and Hypertensive Renal and Heart Disease



⑩

Septicemia



Cancers

The death rate for cancer for Colquitt County residents is higher than the state and the US levels. The death rate for Whites (Non-Hispanic) and Blacks (including Hispanics) is higher in the county than in the state.

Incidence rates for female breast and prostate cancer in Colquitt County have generally remained below state averages. The incidence rates for lung, bronchus, colon, and rectum cancers are higher in the county than at the state level. Uterine cancer ranks 5th cancer in terms of incidence, whereas skin melanoma ranks 5th at the state level.

Figure 20. Cancer Death Rates, 2015-2019

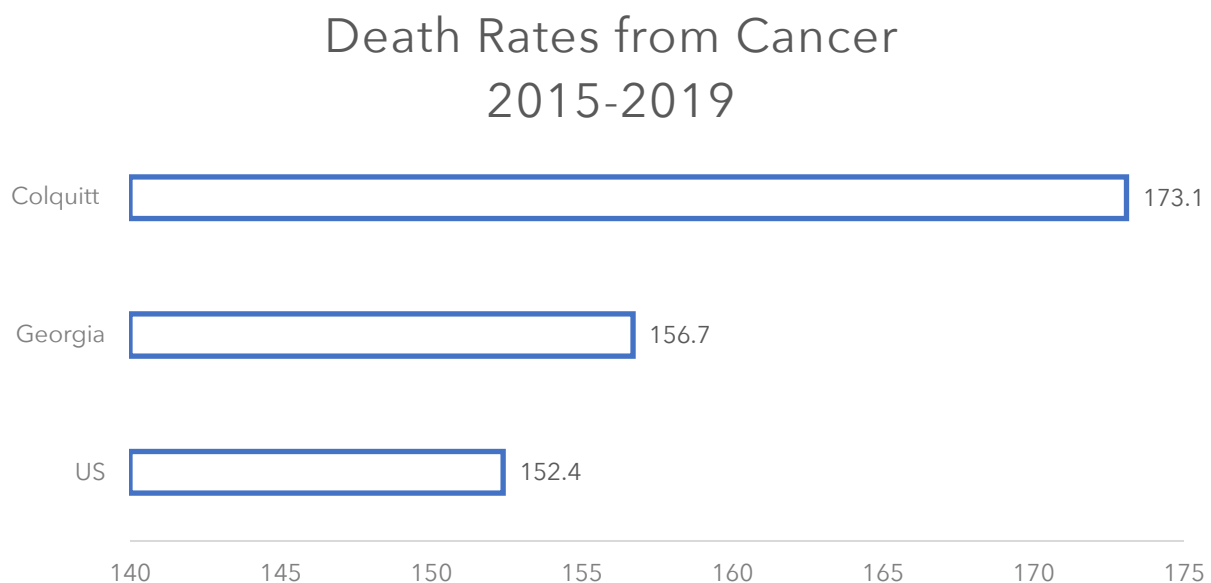


Figure 21. Death Rates by Race, 2015-2019

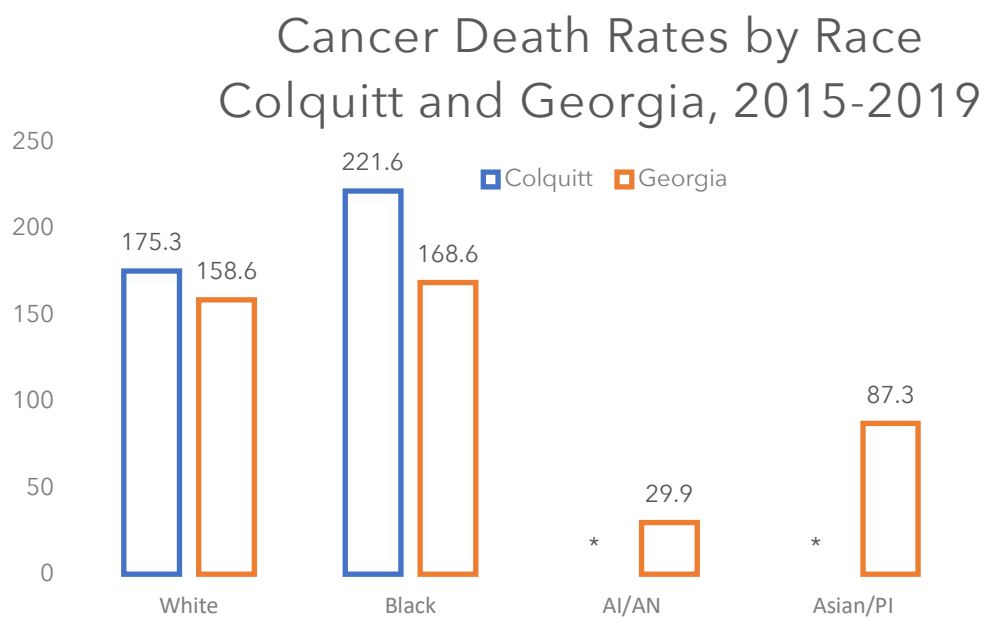
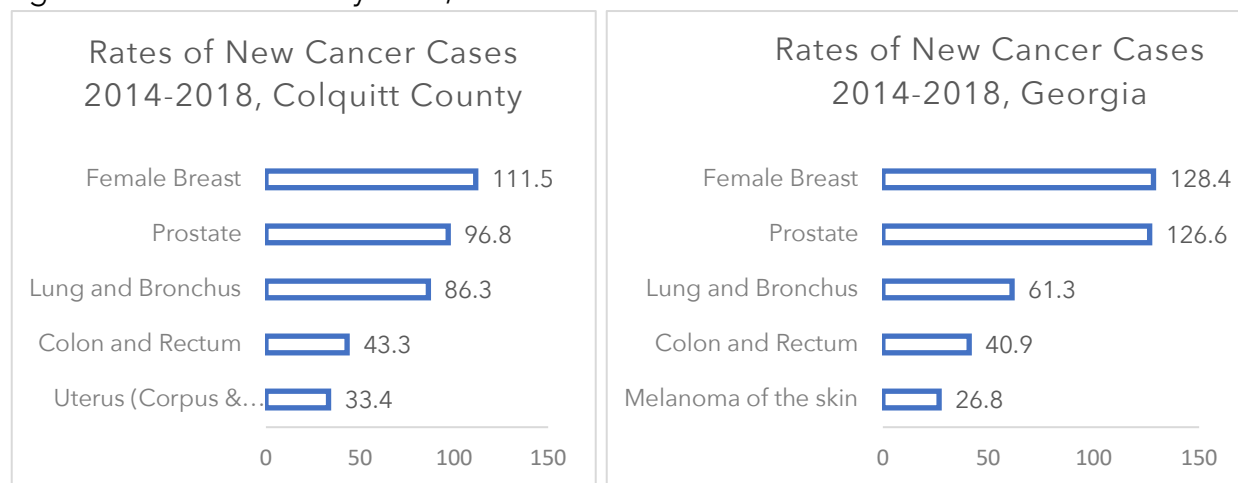


Figure 22. Death Rates by Race, 2015-2019





Data Source: National Cancer Institute

COVID-19








COVID-19 infection and death rates in the county were higher than the state average as of February 2022. Vaccination rates are lower than the state averages as of April 2022

As of April 2022, there had been 171 COVID-19 deaths in Colquitt County.

	Colquitt	Georgia
 Cumulative COVID-19 Infections and Deaths (08/17/2022)		
Number of COVID-19 Infections	8,681	2,182,643
Infection Rate per 100,000	19,124	20,147
Number of COVID-19 Deaths	180	32,735
Death Rate per 100,000	395.5*	311.2
 Vaccination Rates (08/15/2022)		
Percent Population who are Fully Vaccinated	40.6%*	56%
Percent Population with at least One Vaccine Dose	47.1%*	64%

Data Source: Georgia Department of Public Health

PROGRESS ON SELECTED INDICATORS

	Previous CHNA	Current CHNA	Progress	
	<u>Economic Profile</u>			
	Percent children in poverty	33%	32%	→
	Unemployment rate	4.5%	3.2%	→
	<u>Education</u>			
	High school graduation rate	83%	75%	←
	<u>Social and Community Context</u>			
	Social associations per 100,000	10	9	←
	Percent children in single-parent households	46%	34%	→
	<u>Neighborhood and Built Environment</u>			
	Percent population with access to exercise opportunities	65%	64%	←
	Percent population food insecure	16%	15%	→
	<u>Health Care Access</u>			
	Uninsurance rate	23%	23%	—
	Primary care provider to population	2,290	2,280	→
	Mental health provider to population	1,910	1,520	→
	<u>Health Behaviors</u>			
	Obesity rate	32%	40%	←
	Physical inactivity rate	30%	36%	←
	Smoking rate	21%	23%	←
	Teen pregnancy rate (per 1000 teen females)	55	47	→
	<u>Health Outcomes</u>			
	Percent reporting poor or fair health	24%	27%	←
	Low birth weight rate	10%	10%	—
	Diabetes prevalence	14%	16%	←
	Premature (under 75yrs) death rate per 100,000 population	10,300	11,700	←



Worsened



Stable



Improved

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

A profile of community health needs and outcomes emerged through an examination of health indicators from several secondary data sources. A social determinants of health conceptual framework was used for assessing factors shaping health and well-being in the community.

Community Demographic Profile, Economic Profile & Education

- The population of Colquitt slightly older and less diverse compared to the state of Georgia.
- The population decrease, observed between 2015 and 2010 is projected to reverse into 2025.
- Despite favorable unemployment rates (relative to the state), the county experiences high levels of poverty.
- Educational attainment is generally lower in the county, compared to the state.

Social and Community Context & Neighborhood and Built Environment

- Almost a third of children in the county live in single parent households.
- The county has relatively higher food insecurity in comparison to the state.
- Additionally, compared to the state, Colquitt County residents are less digitally connected.

Health Care Access

- Access to health care is limited, compared to the state, due to shortages of health professionals and higher uninsured population rates.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

Lifestyle Behavior & Health Outcomes

- Generally, compared to the state, a higher proportion of Colquitt County residents engage in unhealthy behaviors such as smoking, physical inactivity, and teen pregnancy.
- Health outcomes in the county are relatively worse than the state, with a higher proportion of county residents report poor physical and mental health, compared to the rest of the state.
- Additionally, obesity rates are higher in the county, compared to the state.

COVID-19

- Colquitt County residents have been significantly impacted by the ongoing COVID-19 pandemic.
- As of August 2022, COVID-19 death rates were higher in the county compared to the state.

Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the county performed better or similar on 39% (7/18) and worse on 50% (9/18) compared to the last CHNA.

COMMUNITY SURVEY

Two hundred and thirty-seven online surveys were initiated, while one hundred and eighty-nine responded to at least one question.

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Almost nine out of ten (92.5%) survey respondents resided in Colquitt County; the remainder (7.4%) lived in the surrounding counties, including Lowndes, Cook, Berrien, Mitchell, Thomas, Worth, Grady, and Dougherty. The majority of survey respondents were female (84.6.0%), Non-Hispanic White (87.5%), aged under 65 years (88.7%), married or partnered (74.0%), and employed (86.8%), with some college or associate degree (43.2%). Most reported an annual household income above 100,000 (40.1%) (Table 1).

Table 1. Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
County of Residence	163	
Colquitt	151	92.6
Surrounding Counties	12	7.4
Gender	169	
Female	143	84.6
Male	26	15.4
Age	169	
Under 35 years	37	21.9
35-44 years	33	19.5
45-54 years	39	23.1
55-64 years	41	24.3
65-74 years	14	8.3
75 years and older	5	3.0
Race	168	
Black or African American	7	4.2
White	147	87.5
Hispanic	5	3.0
Other	9	5.4
Education	169	
Less than High School	0	0
High School graduate or GED	21	12.4
Some College or Associate Degree	73	43.2
Bachelor's degree	29	17.2

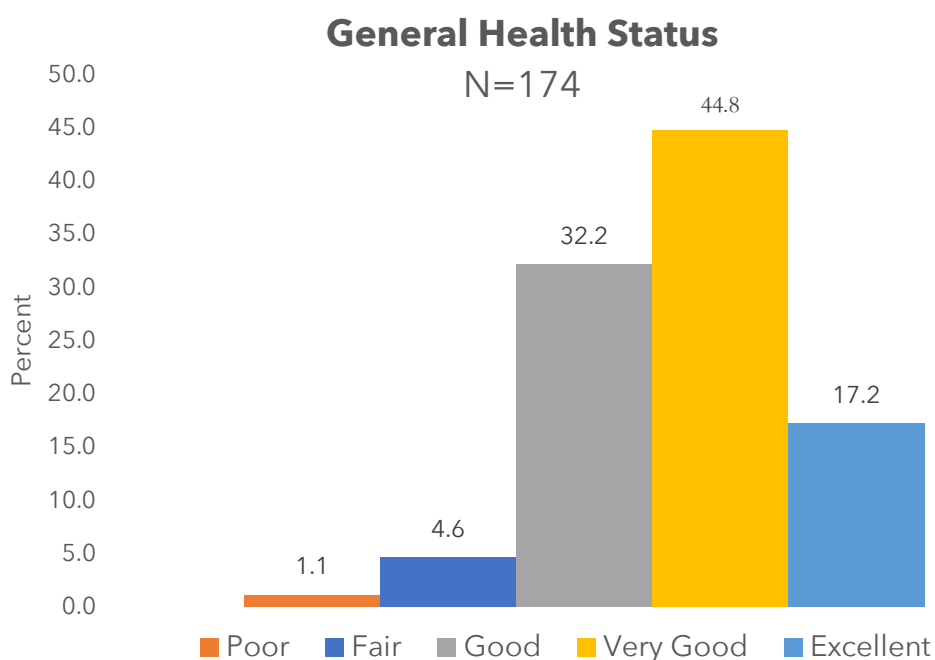
	Frequency (N)	Percentage (%)
Graduate or Advanced Degree	46	27.2
Marital Status	169	
Married/Partnered	125	74.0
Divorced/Separated	18	10.7
Widowed	2	1.2
Single/Never Married	20	11.8
Other	2	1.2
Household Income	167	
Below \$20,000	2	1.2
\$20,001 - \$40,000	15	9.0
\$40,001 - \$60,000	15	9.0
\$60,001 - \$80,000	31	18.6
\$80,001-100,000	16	9.6
Above \$100,000	67	40.1
Refused/Don't Know	21	12.6
Employment Status	167	
Full-time	145	86.8
Part-time	9	5.4
Retired	10	6.0
Unemployed	3	1.8
Home Ownership	168	
Yes	142	84.5
No	26	15.5
Access to Reliable Transportation	168	
Yes	167	99.4
No	1	0.6

Note: Percentages may not add up to 100 due to rounding.

HEALTH STATUS

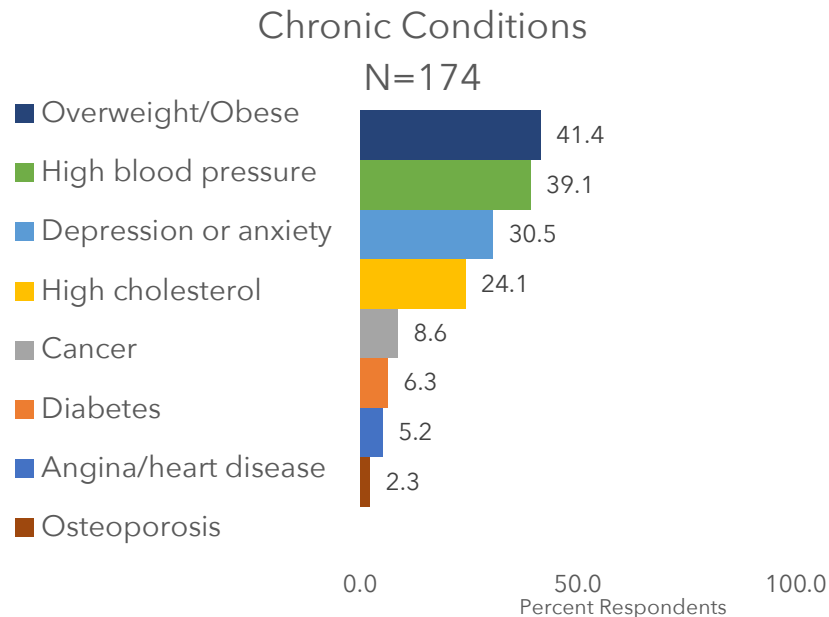
- More than half of the survey respondents (62%) described their health as very good or excellent.
- Notably, about seven out of ten reported having one or more chronic conditions.
- The most common chronic conditions that respondents reported having included overweight and obesity (41.4%), high blood pressure (39.1%), and depression/anxiety (30.5%). (Figures 20-21).

Figure 20. Self-Reported Health Status



Note: Percentages may not add up to 100 due to rounding.

Figure 21. Most Common Chronic Conditions



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

HEALTH BEHAVIORS

Smoking, Nutrition, and Physical Activity

- Among respondents, approximately five percent reported that they currently used tobacco products (Figure 22).
- About 37 percent of respondents reported eating the recommended five servings of fruits and vegetables daily. Two out of ten indicated that they weren't able to adhere to the recommended guidelines on fruit and vegetable intake because the produce was expensive (22.4%) or that they did not think about them (19%) (Figure 23).
- Concerning physical activity, only about a quarter of respondents (28%) stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. Approximately a third (27%) indicated that they did not

participate in as much activity because they were too tired to exercise or did not have enough time to exercise (Figure 24).

Figure 22. Smoking Behavior

Do you currently use tobacco products?

N=174

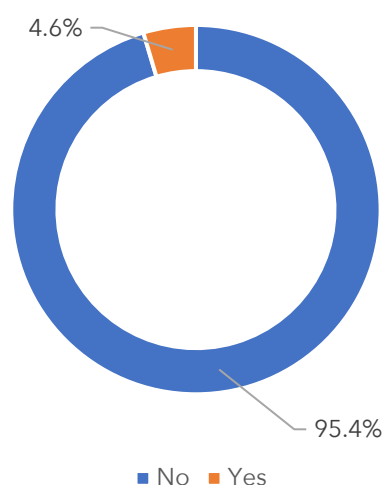
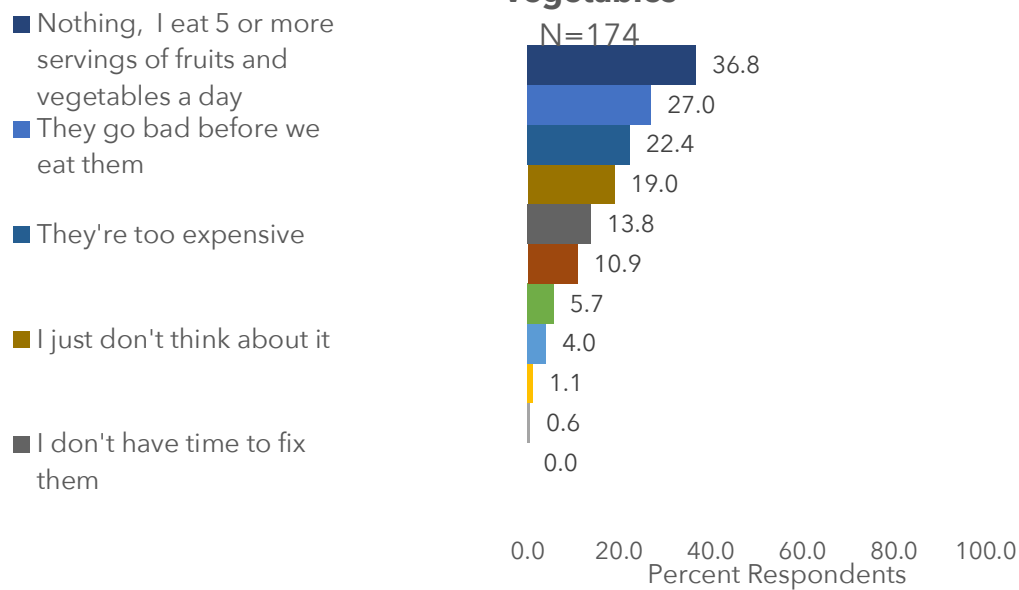


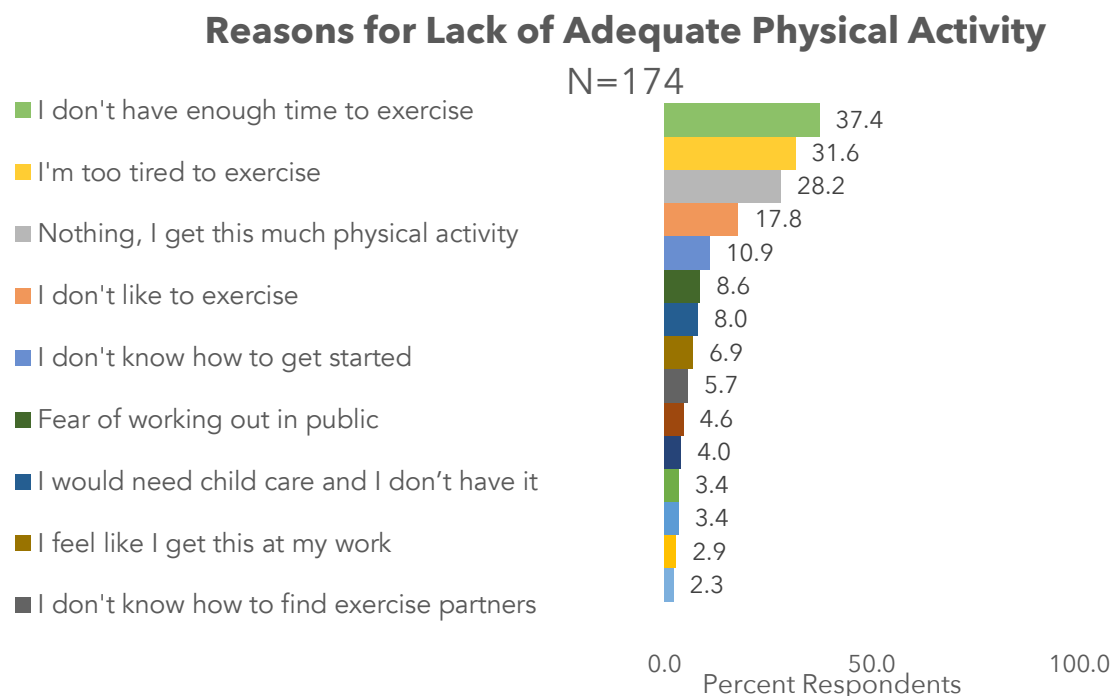
Figure 23. Fruit and Vegetable Consumption

Reasons for Inadequate Consumption of Fruits and Vegetables



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 24. Physical Activity



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Preventative Screening

Respondents were also asked about their utilization of preventative and screening services and their adherence to recommended screening guidelines.

- Seventy-four percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 25).
- Eighty percent of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 26).
- Almost seven out of ten (67.5%) female respondents 50 years and older reported receiving annual mammograms (Figure 27).
- Similarly, 75.2 percent of females 21 years and older said they received a pap smear at least every five years (Figure 28).

Figure 25. Colon Cancer Screening

If you are 50 years or older, have you ever had a colonoscopy?

N=85

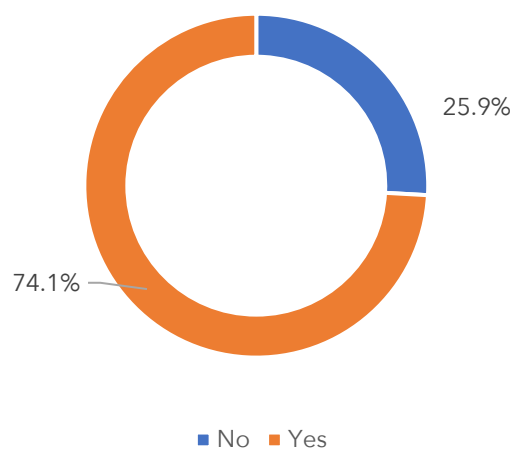


Figure 26. Prostate Cancer Screening

If you are a male over age 40, have you had a discussion with your health care provider about prostate cancer screening?

N=20

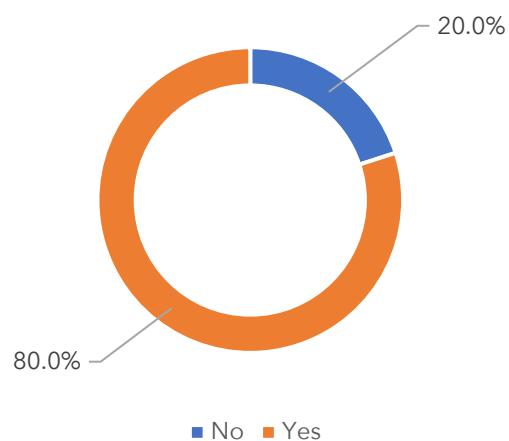


Figure 27. Breast Cancer Screening

If you are a female 50 years or older, do you have an annual mammogram?

N=80

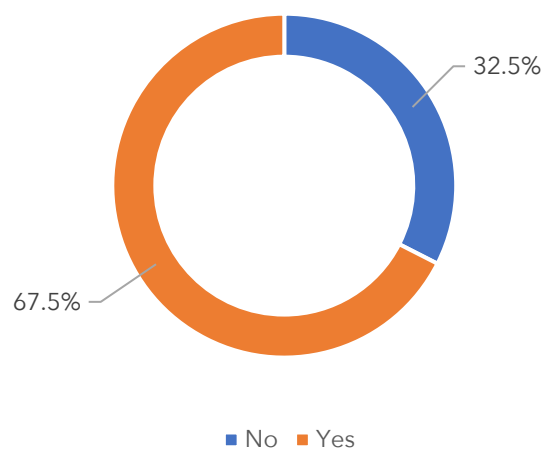
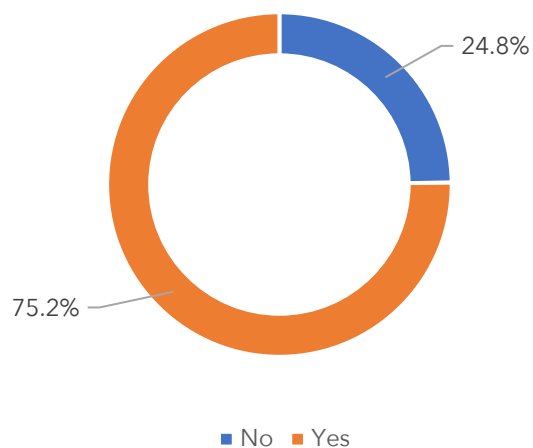


Figure 28. Cervical Cancer Screening

If you are a female 21 years or older, do you have a pap smear at least every 5 years?

N=141



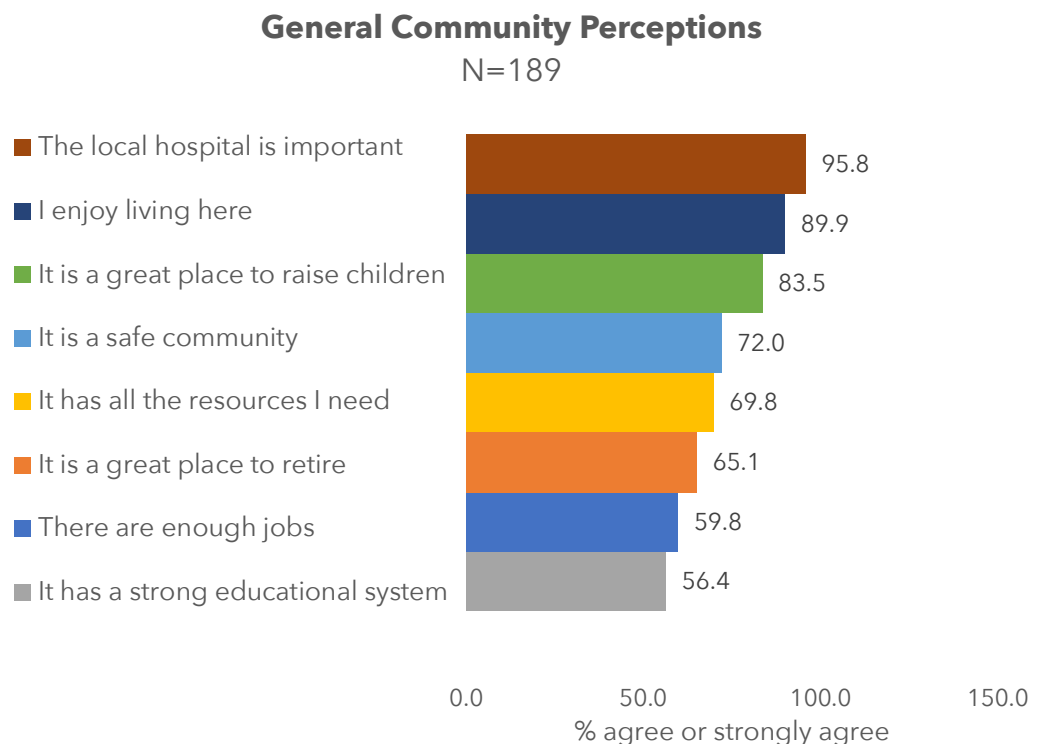
COMMUNITY PERCEPTIONS

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and resources.

- Almost nine out of ten (89.9%) respondents strongly agreed or agreed that they enjoyed living in the community.
- However, only approximately half (59.8%) felt there were enough jobs.
- Almost all respondents (95.8%) strongly agreed or agreed that the local hospital was important (Figure 29).

Figure 29. Community Perceptions



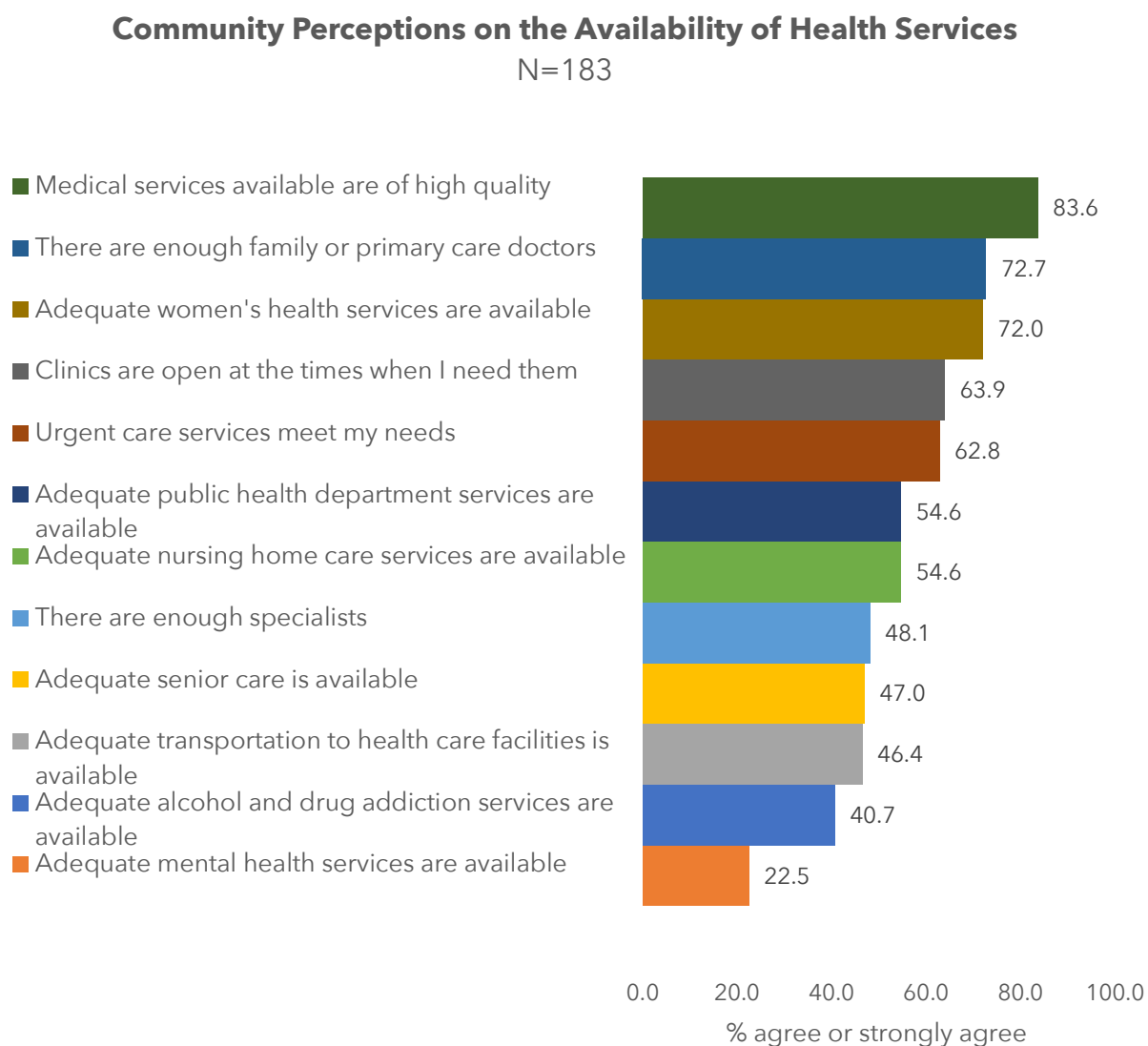
For each statement, we report percentages based on the respective sample size.

Community Perception Concerning Hospital Services

The respondents' perceptions of the adequacy of medical services within the community were fair.

- Most respondents were satisfied with the availability of specialty, women's health, and urgent care services. Less than a quarter reported the availability of mental health services. (Figure 30).

Figure 30. Community Perceptions Concerning Health Care Services



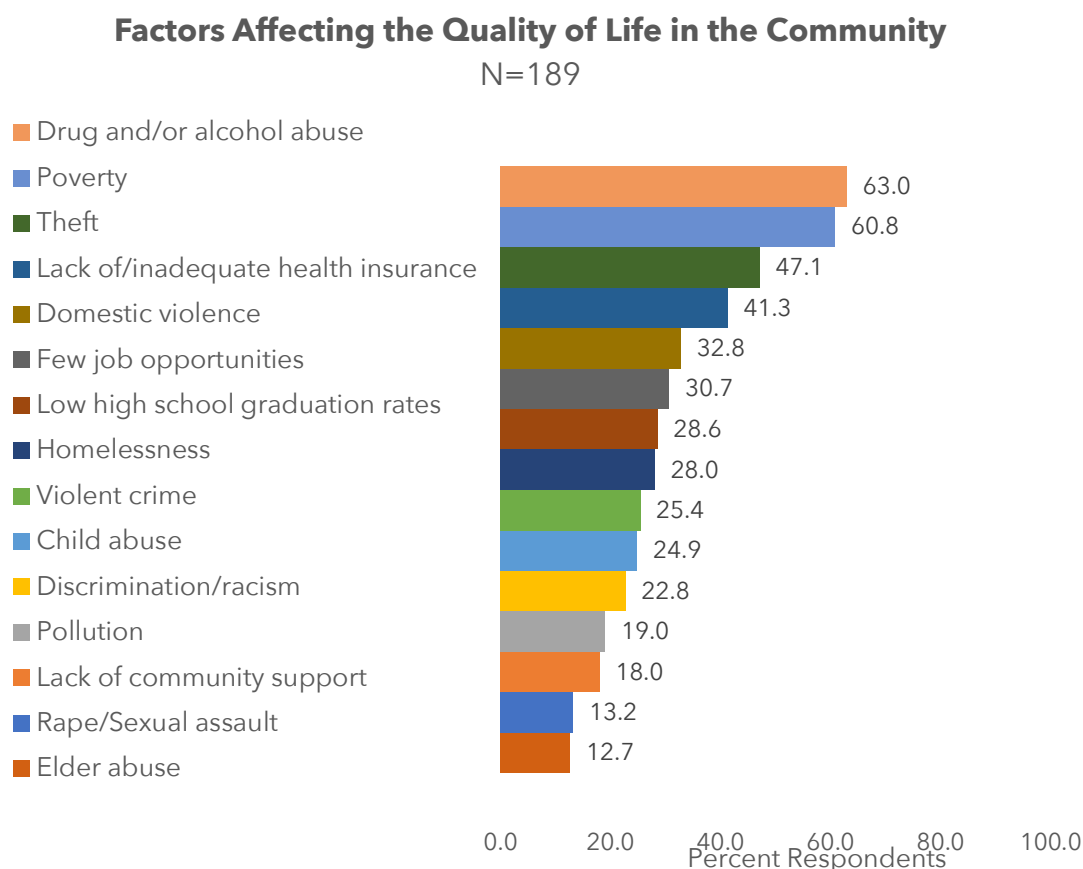
For each statement, we report percentages based on the respective sample size.

Community Perception Concerning Health and Quality of Life

Quality of Life

- Respondents (63%) identified drugs and/or alcohol abuse as the most significant factor affecting the quality of life in the community (Figure 31).
- Poverty, theft, lack of or inadequate health insurance, and domestic violence rounded out the top five concerns (Figure 31).
- Concerning substance abuse in the community, methamphetamine was identified as the most commonly abused substance, followed by alcohol and prescription drugs (Figure 32).

Figure 31. Perceptions Concerning Factors Affecting the Quality of Life in the Community

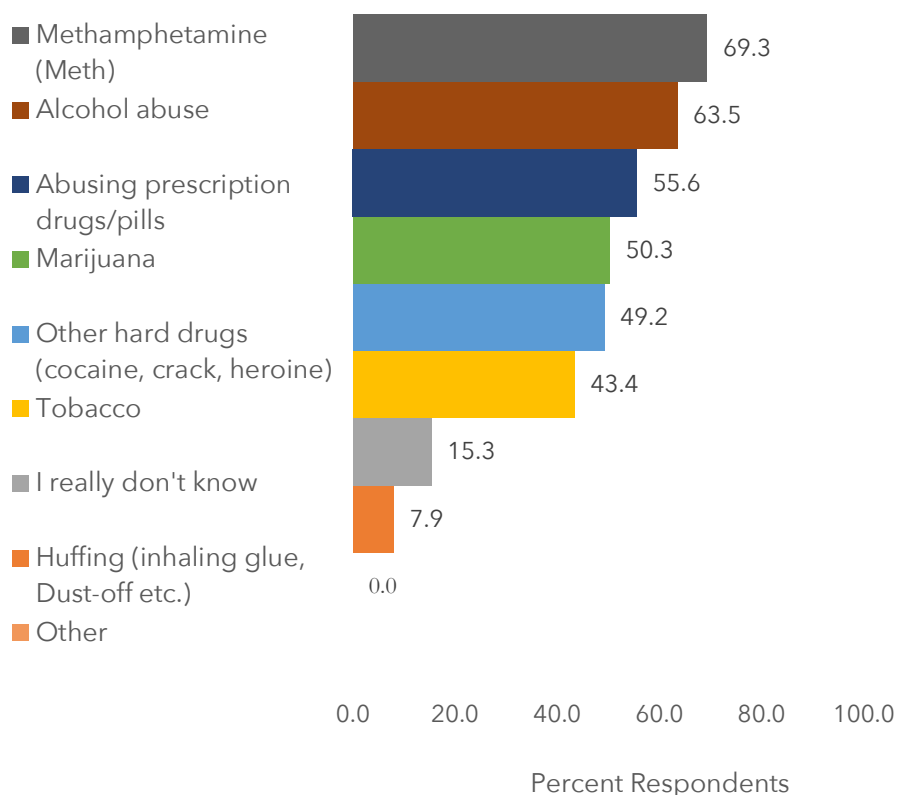


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100

Figure 32. Substance Abuse Problems

Substance Abuse Problems in the Community

N=189

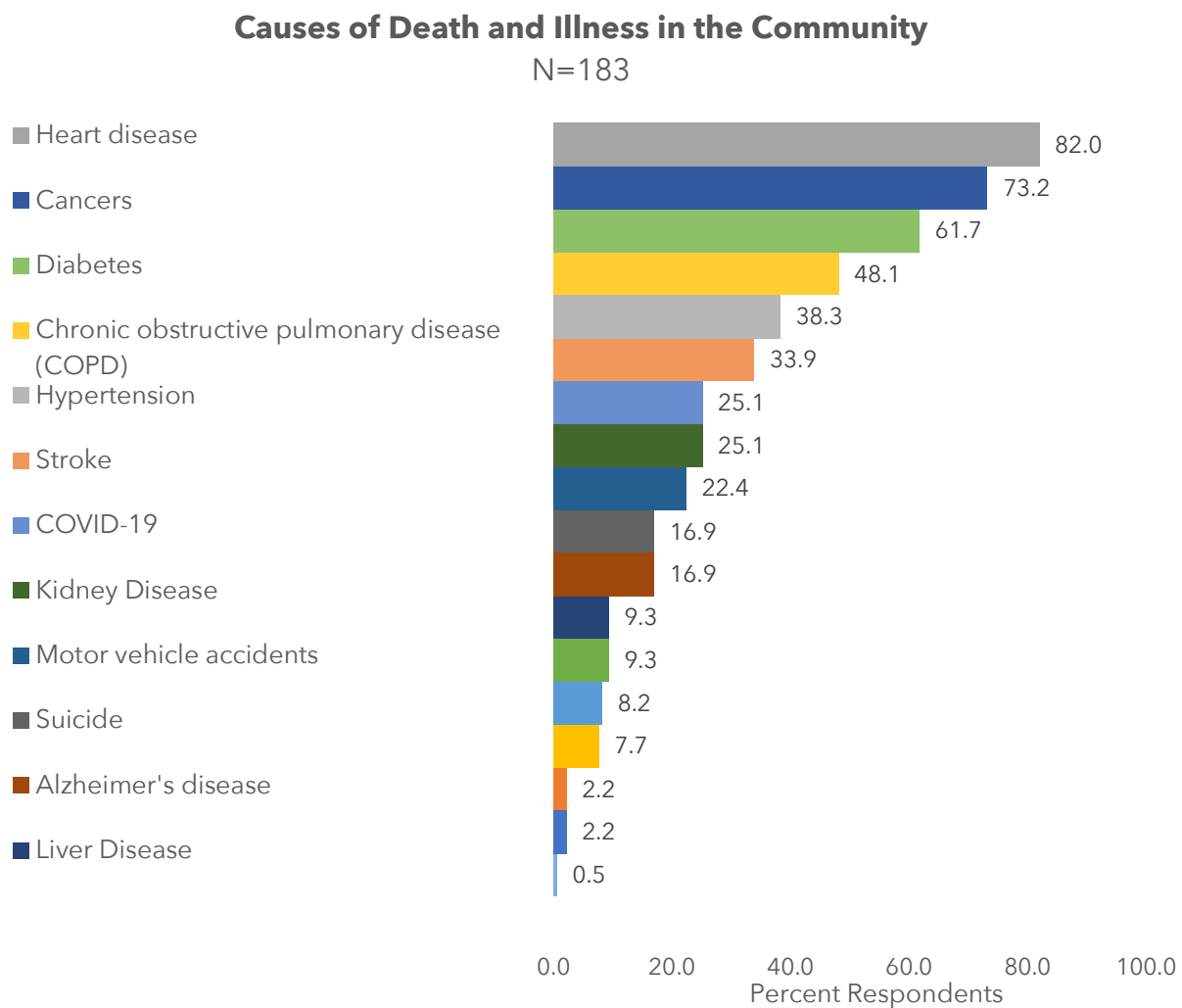


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Causes of Morbidity and Mortality

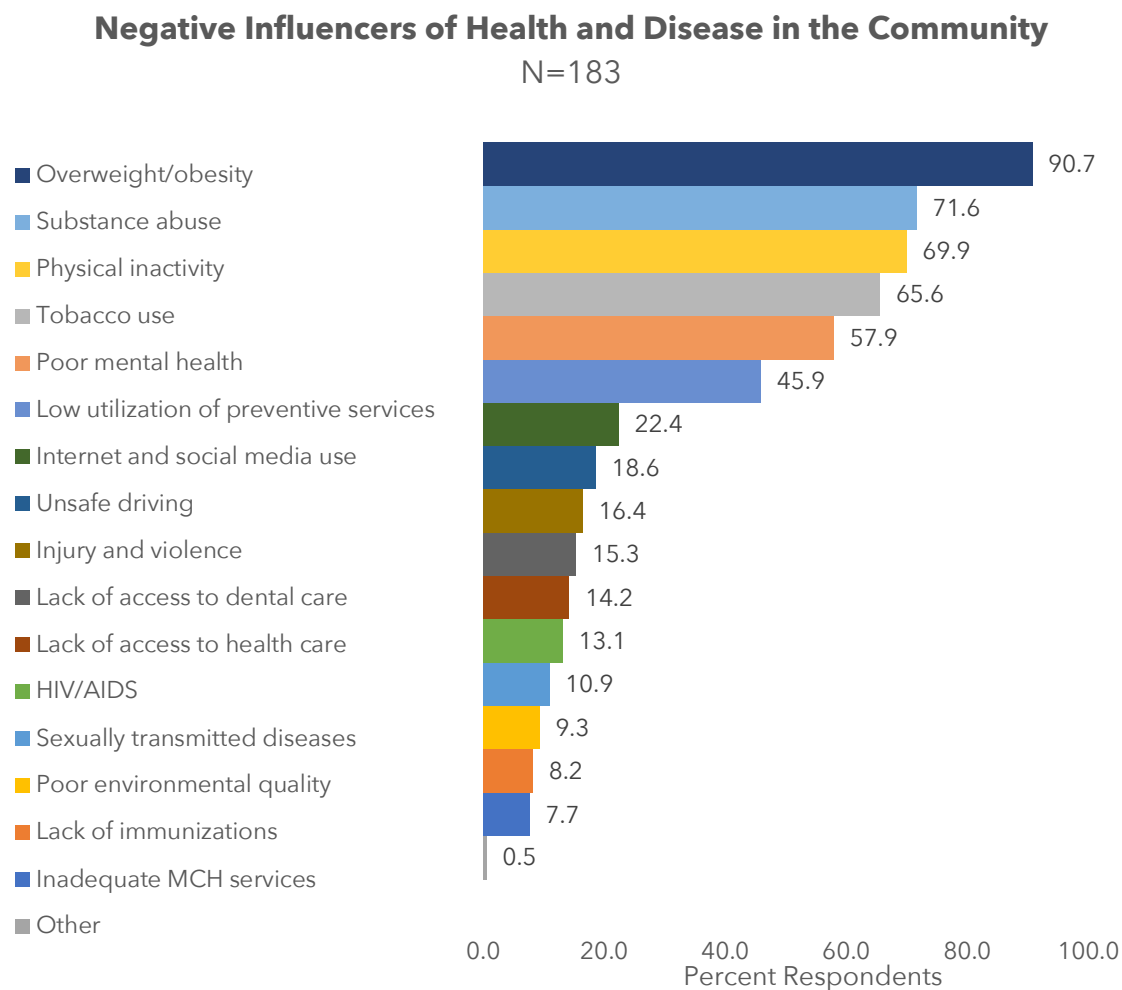
- The survey respondents identified cancers, heart diseases, and diabetes as the top three causes of mortality and morbidity (Figure 33).
- Obesity/overweight, substance abuse, and physical inactivity were identified as the community's top three negative health influencers (Figure 34).
- Improper nutrition, mental health issues, and bullying were identified as the top three negative influences on children's health (Figure 35).

Figure 33. Causes of Mortality and Morbidity



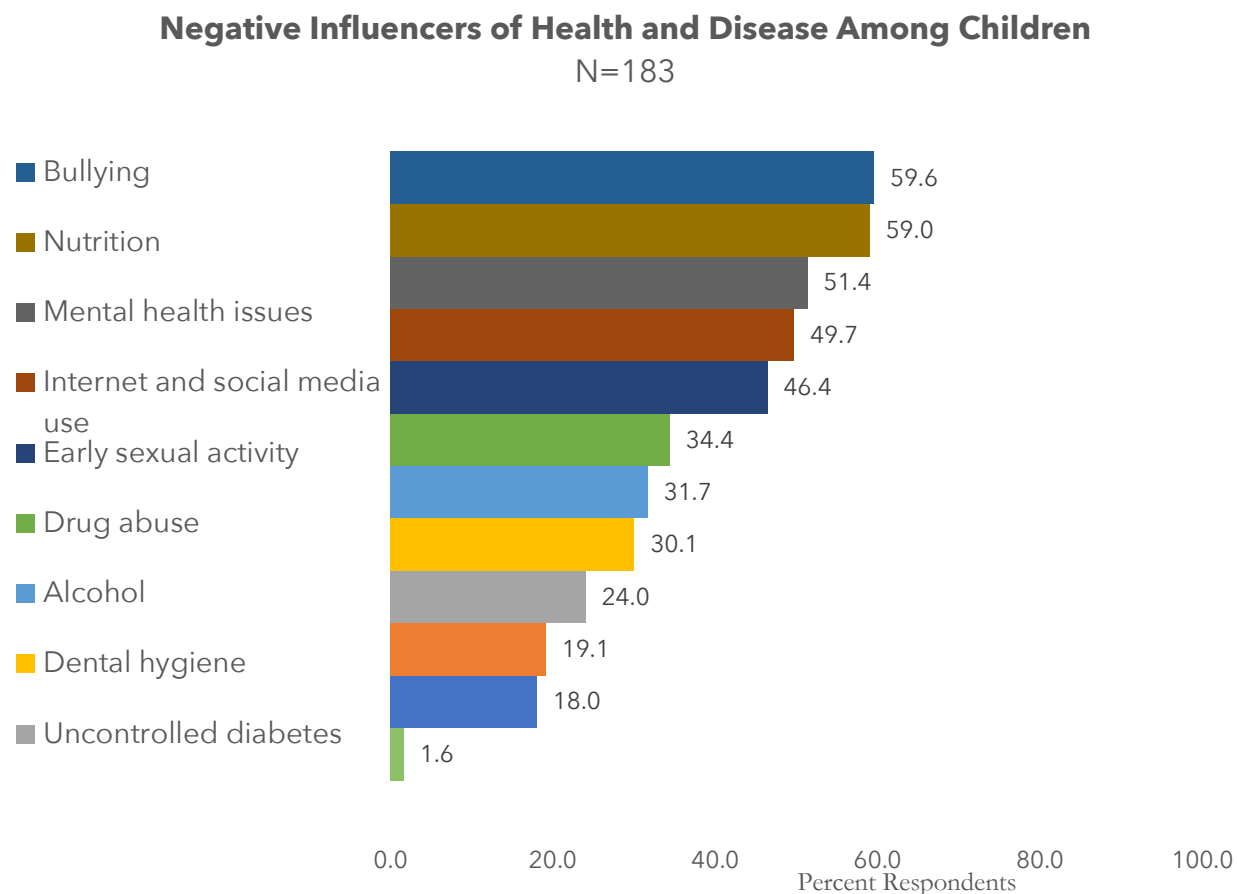
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 34. Negative Influencers of Community Health



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 35. Negative Influencers of Children's Health



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

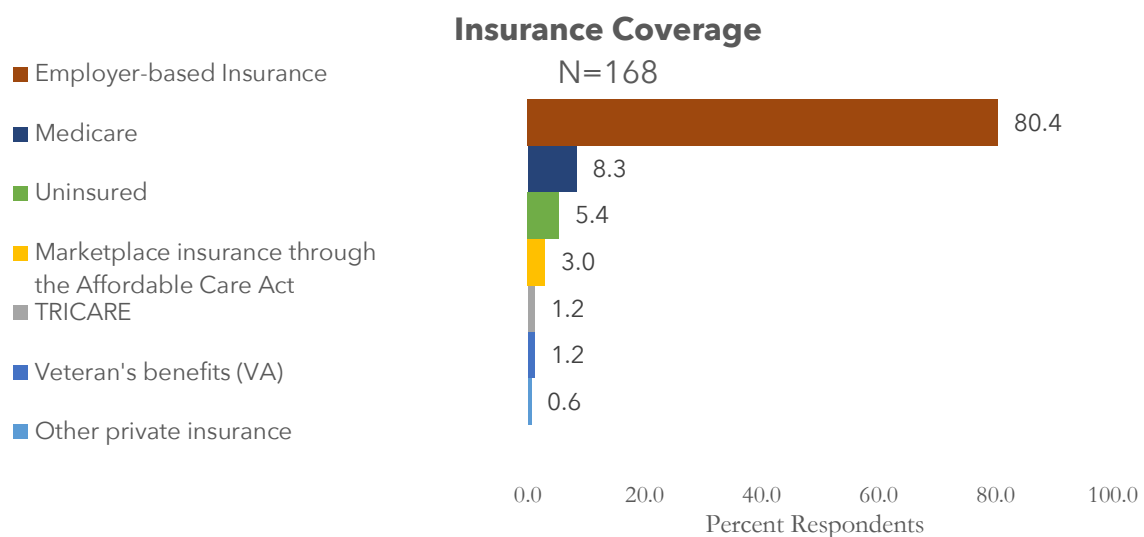
HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

- More than two-thirds of survey respondents (80.4%) reported having insurance through their employer (Figure 36).
- Most respondents (85.1%) identified their usual source of care as providers in a doctor's office setting (Figure 37).
- About nine percent identified urgent care as their usual source of care (Figure 37).

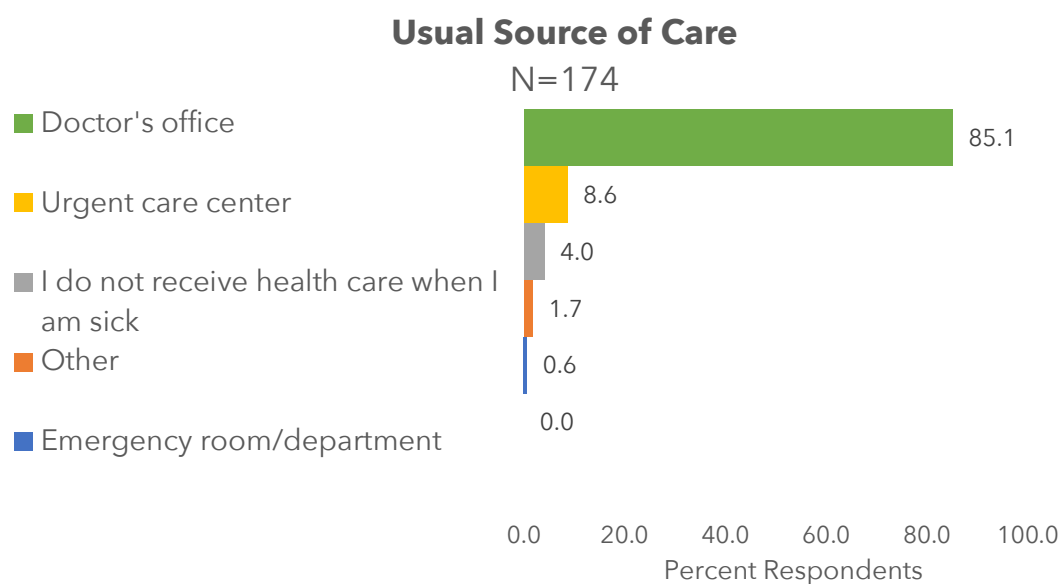
- Respondents most commonly identified their health care provider as their source of health information (86.8%), followed by the internet (44.8%), hospital (42%), family and friends (25.3%), and pharmacists (19.5%) (Figure 38).

Figure 36. Insurance Coverage



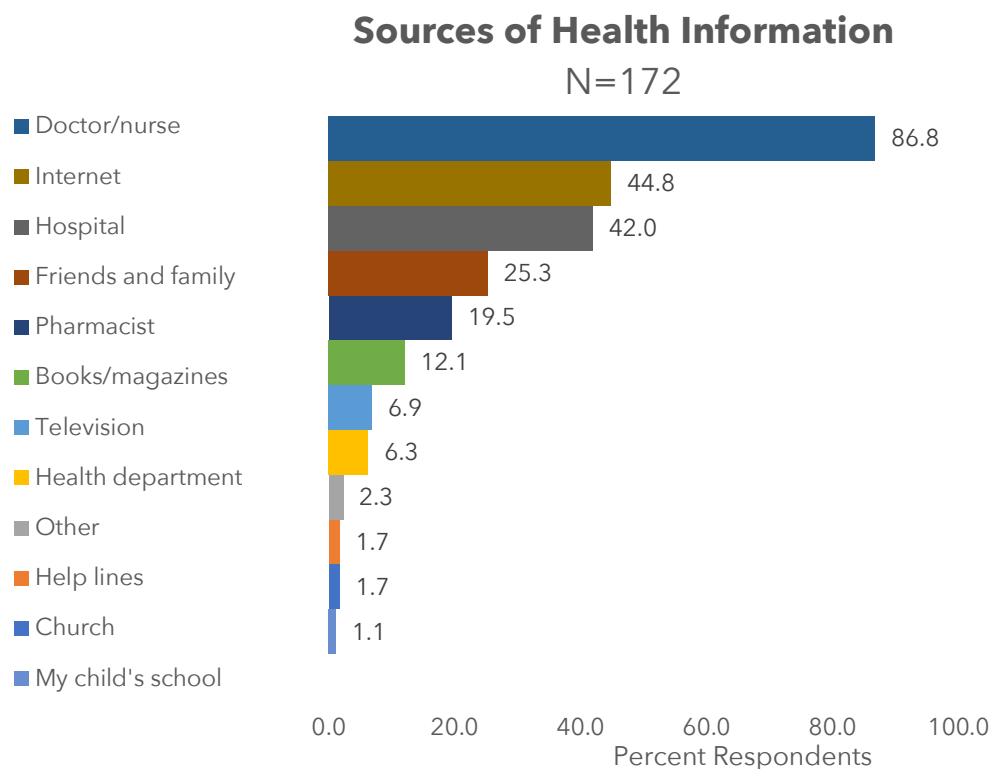
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 37. Usual Source of Care



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 38. Sources of Health Information

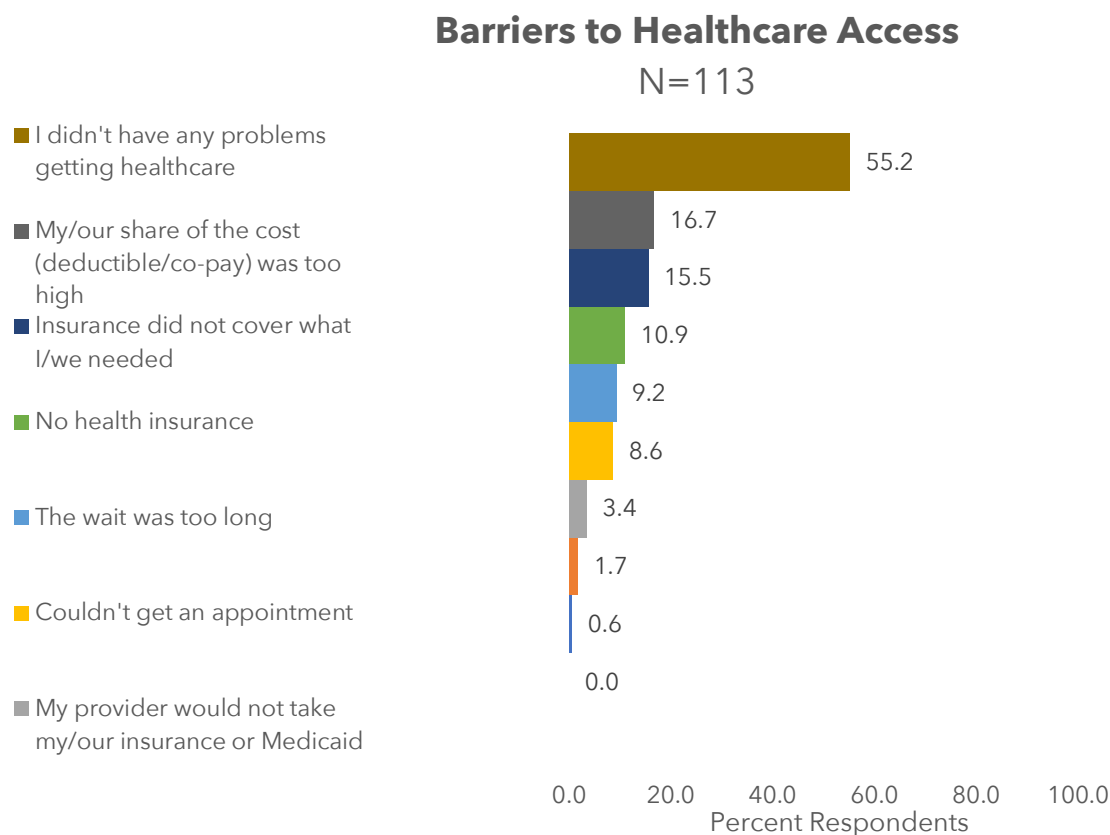


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Barriers to Health Care Access

- About five out of ten respondents reported experiencing barriers to health care access in the past 12 months, including high cost (16.7%), lack of insurance adequate coverage (15.5%), and too long wait times (9.2%) (Figure 39).
- Respondents were open to the use of telehealth to expand access to specialty care. About three-quarters were willing to access specialists via telemedicine if the local hospital offered specialist telemedicine services (Figure 40).

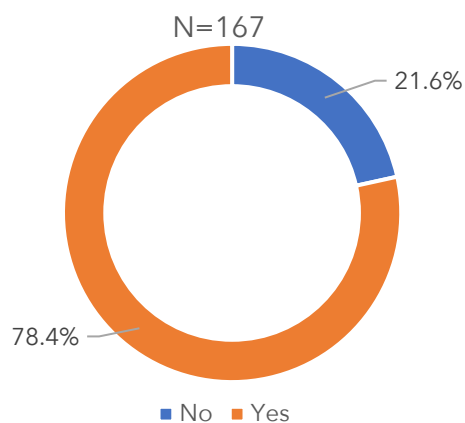
Figure 39. Barriers to Healthcare Access



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 40. Willingness to Use Telemedicine

If offered by your local hospital, would you be willing to consult a specialist via telemedicine?



SUMMARY POINTS FROM COMMUNITY SURVEY

Respondents were mostly younger white educated females residing in Colquitt County.

Health Status and Behavior

- Obesity/overweight, substance abuse, and physical inactivity were the most commonly self-reported chronic conditions.
- Adherence to nutrition and physical activity guidelines were low among respondents.
- Reported adherence to cancer screening guidelines were generally high among participants, except for breast cancer screening.

Perceptions about the Community and Community Health

- Respondents had a favorable view of the community but were dissatisfied with the availability of jobs and resources and mental health services.
- Respondents also identified drug and or alcohol abuse as the most significant factor affecting the quality of life in the community.
- Heart diseases, cancer and diabetes were identified as the top three causes of illness and death in the community, while obesity/overweight, substance abuse, and physical inactivity emerged as the top three negative health influences.
- About half of respondents reported experiencing one or more barriers to health care access in the past 12 months, with patient's cost being the most common barrier.
- Respondents were open to the use of telehealth to expand access to specialty care.

COMMUNITY FOCUS GROUPS

PARTICIPANT CHARACTERISTICS

"I think COVID has given us a little bit of a unique perspective. I'm sure these things have gone on for a long time, but I never really realized the level of collaboration between all of the different partners in healthcare. We talk about public health, and the hospital, and just all of the different players in that field. There's a lot of support there going on that I had never realized until seeing it play out before us."

Six virtual focus groups of key stakeholders were held in February and March of 2022, with an average of five participants per focus group. Focus participants represented different and vital aspects of the community, including the school system, churches, public health department, community-based organizations, and chamber of commerce

EMERGING THEMES

The following sections provide details of the focus group discussions by common thread or topic.

Community Perception

Participants, overall, described their community as tight-knit, where they know and can rely on each other. There is much involvement and engagement in efforts to keep the community healthy and developing.

"It's a very nurturing, everybody-knows-everybody community. So my children growing up, particularly the son, was somewhat concerned all the time,

because I would know what he'd done before he got home. It's that kind of a community."

STRENGTHS: Diverse and Supporting, Strong Community Sense, Growth, Family Oriented, Hospital, Strong Partnerships

The participants highlighted several aspects of the community as favorable factors of living in Colquitt County. One focal point during the discussions was how diverse and supporting the community members are. They explained that the county is a great place to raise a family, and community members focus a substantial amount of attention on children's health. The participants spoke highly of the hospital, the high quality of care provided, and how critical the hospital is to the county's development. During the discussions, it was pointed out that the community organizations in the county constantly collaborate and communicate to coordinate their efforts to keep the county healthy and prospering.

The following quotes capture these sentiments:

"I love living in Colquitt County. It's home for me. I was born and raised there. I think it's a good mix of rural life, but also the community has worked really hard to provide a lot of opportunities for people, so we have access to some things that smaller towns our size don't always have access to in terms of programs and like opportunities for children to participate in activities. It's pretty great."

"It has, at least in my opinion, has a really good regional hospital with aspirations for the future and intentions to serve its region well."

"Very supportive community, especially of our children. I have never seen as many supports in place and the camaraderie for the children that this community provides. I mean we have a social worker at every school. We have lots of nurses. We have an abundance of counselors, so I just think this community really rallies around our children and I'm grateful to be in a place where there are so many supports for them."

"I moved to Colquitt in 2015, and I stayed in Colquitt County because there's a large sense of community there. I felt very welcomed. The community seems to prioritize family and relationships. There are a lot of strong community leaders that are deeply invested in the success of Colquitt County, especially for health and wellness."

CHALLENGES: Poverty, Transportation, Affordable Housing, Unhealthy Nutrition

Despite the positive aspects of their community, participants noted challenges that exist in Colquitt County. A consistent theme of all focus groups was concerns related to county residents living in poverty. A proportion of the population doesn't have a permanent place to live. There is a lack of affordable housing and difficulties in finding mid-range homes to purchase. Unhealthy nutrition was also mentioned as an area of concern due to many food options being fried and unhealthy. The high price of vegetables and fruits makes them unaffordable for many families.

"I love living in Colquitt County. But we have a lot of disadvantaged and poor people in the county that may not have access to health care that they need. We go from very well off to homeless, and homeless doesn't mean on the street, but not a permanent place of residence. They're living with relatives or friends. So, we have a lot of that. It is a poor county."

"As it relates to poverty, I can't help but think of two main issues. One would be housing, affordable housing, safe housing. That is a significant deficit. And one mentioned the transportation. Those who live in poverty typically do not have access to transportation, and our transportation system is too expensive and insufficient to meet their needs."

"We do have some significant challenges in the area. Our poverty rate is very, very high, so we have a lot of families who do struggle with making ends meet, or transportation, with access to healthcare, and other services."

"We have a lot of childhood obesity. I know several families that have children with Type 2 diabetes that are very young. Nutrition the big problem. I think it comes with food insecurity."

"I don't worry about what my food bill's gonna be. I just pay for it. But I think there's many more families in the community that do not have that option and are not able to buy, which is an issue."

Leading Community Health Concerns

Themes: Substance Abuse, Mental Health, Chronic Conditions

The leading health priorities in the county across all focus groups were mental health, substance abuse, and chronic conditions. Mental health and lack of resources were identified as the main issues for adults and for children, with rising concerns about the potential adverse effects of the COVID-19 pandemic due to lack of social interactions. Substance abuse was also discussed as having a substantial presence, with difficulties in accessing treatment and challenges with housing after leaving treatment facilities. Participants discussed many chronic conditions with obesity, diabetes, and hypertension discussed at length. Additionally, the discussion focused on the relationship to the lack of a healthy diet, lack of physical activity, and transportation as the main barrier to healthcare services.

It is important to note that participants highlighted three main vulnerable groups in their population, children, the elderly, and the migrant population, who are exposed to more risk factors.

"I think mental health is that another big issue; stress, anxiety, depression. We have a surprising number of suicides in our community. It's a taboo topic. Nobody really wants to talk about that because it's serious and it's dark, but mental health is another big issue."

"And so we expect the chronic diseases of diabetes and heart disease and some of the cancers who were putting off their treatments during the pandemic are gonna cause a swell of expenses for individuals. And the hope is that we will see more in the way of Medicaid expansion and more support for the rural hospitals, including mental health and behavioral health and substance abuse treatment so that we don't have that creating a negative impact on the health care system, particularly rural hospitals and the other critically access hospitals."

"Yes, I would say mental behavioral health issues, particularly in the older generations, the geriatric in particular. A lot of people are suffering there. I also think that obesity continues to be a huge problem."

"I actually wrote that down. I think geriatric care in our community is a really pressing need, and we don't have any geriatricians. I would say mental and

behavioral health is also a huge issue. And we started psychiatry; we have one psychiatrist who's booked out for months. I mean, it's just kinda case in point, you can't access care, it's tough."

"Well, I mean, poverty is a big issue. Diabetes and obesity are a big problem because of, you know, people eating cheap diets, you know, and not eating healthfully. A lot of that has to do, also, with aspiration and where people think they're going in life, what their opportunities are."

Healthcare-Specific Community Characteristics

Themes: Lack of Adequate Mental Health Services, Health Insurance, Physical Activity, Billing System

Focus group participants listed numerous risk factors and barriers to healthcare services that impact the health of Colquitt County Residents. There is a lack of adequate resources pertaining to mental health and substance abuse services. Lack of physical activity, especially among children, is a key concern with two main aspects: limited physical activity at school and limited outdoor time as parents have safety concerns. Health insurance that is not affordable and a complex billing system were emphasized as two key barriers to receiving healthcare. The county has a large migrant population that faces significant challenges with transportation, language barriers, and poverty. Lastly, the lack of specialists, especially cardiologists and pediatricians, was pointed out as an area where further improvement is needed.

"When we talk about mental and behavioral health, I think that's really almost catastrophically poor everywhere, in any rural area, and maybe even some metro areas, because we just don't have enough resources at all for mental and behavioral health."

"I mean, even at school, the schools now are packed with things they have to do, and just activity time has been limited. A lot of children now have access to video games, and they wanna sit, and they work out their thumbs more than getting out and working out their bodies."

"Health insurance is not affordable, but our system for billing makes it super complicated for patients. So, whoever's taking notes, I think it's twofold, that

people may not be able to afford insurance, but then we go through our system and our billing, the way that we bill out people is really complicated and confusing. And I think our hospital could really, really, really—if there's one area of improvement, that would be a great way to help people is to simplify the billing process."

"But if I go to see my cardiologist, I'm gonna get a bill. If I go to my primary care doctor, I'm gonna get a bill. And those bills aren't always clear in what I'm paying or what my insurance is charged or what's come back to me.

"And I think transportation is a huge issue in people being able to access care in our community. We don't have public transportation. I think we have a few taxi cabs. We have a couple Ubers now, but that is a big challenge. And I will say health literacy and English that's not your first language are two other barriers to health care for us that we see in our patients. We struggle with translation services, so, it's hard to get the best health care or stay healthy when you can't read a label or communicate with your pharmacist or your physician."

"We have a high Hispanic population. The school system it's up to about 30 percent, equal with the Black population. Poverty is really a discriminator. They can't get to the hospital, because they don't have a vehicle. We do have a form of public transportation, but they still have to pay to ride that transportation."

Hospital's Role in Advancing Community Health and Wellness

Themes: Community Involvement, Expansion of Services

Participants recognize the efforts of the hospital to be present and proactive in the community, and they acknowledge the hospital's work in expanding its services. The participants praised the hospital's work, especially regarding the qualified staff and constant effective communication with community members.

"I think well of our hospital. I think this leadership is aspirational, looking to the future, trying to take care of the population that it has using its resources to try to pick up the slack in areas where there's a lot of need that is unmet. But I think positively on it."

“Oh, our hospital is insanely enmeshed in the community. I mean, it’s pretty much everything—sports, local clubs, organizations, fundraisers. There’s always a booth. If there’s a fun run, we’ve got somebody out there doing something.”

“It’s a critical asset for sure. Our community’s health is better because the hospital exists. It seems to be attracting physicians with more specialties. It’s expanding with more diverse departments; radiology, oncology, mental health. It’s an asset to the community.”

Health-Specific Wish List Items

Themes: Equity and Diversity, Mental Health, Healthy Eating, Specialists, Community Health Worker

The participants of the focus groups suggested numerous strategies to improve access to healthcare and the overall health of community members. They acknowledged the efforts made by the hospital toward equity and diversity; however, they encouraged that the work on cultural competency and unconscious bias should continue and build up. Furthermore, they called for more attention on the health of school children, especially to their mental health and suicide risk reduction strategies. Since overweight, obesity, and unhealthy eating are key concerns in the county, participants suggested cooking lessons with affordable and easy recipes. More specialists, specifically cardiologists, and pediatricians, are needed in Colquitt County. It was also highlighted that community health workers and health navigators can be very useful to community members to understand the healthcare system and processes better.

“I actually will say that I think paying attention to inclusion, to equity and diversity, that you’re asking us these questions and we’ve all kind of said, well, we’re very familiar with the system.”

“I know it’s sometimes shocking—I have kids in high school, and sometimes it’s shocking to me the things that they’ll tell me are talked about in high school that I feel like maybe we’re too small or we’re too rural, but they’re happening here. So, there’s some gender identity issues and there’s some serious—I can’t think of what it’s called, RJ, but mental health issues with kids struggling with some of

that. And we don't address it at all, and I think probably most of our providers don't have a lot of training on how to address it, so, we could do better."

"Maybe healthy eating on a budget so it feels doable for families and simple cooking instructions. Because even if you know the value of healthy eating, if you've never been shown how to cook it or prepare it, you're not going to have it for your family. So simple easy to follow recipes would be great."

"Oh, it's fine. I was just gonna add pediatric specialist. We have a lotta families that have to leave the community to seek those services."

"...but a community health worker model, perhaps, for that more social aspect and perhaps coaching and mentoring the parents, especially children that are high risk or special needs, as well as the navigating through the healthcare system."

SUMMARY POINTS FROM COMMUNITY FOCUS GROUPS

Thirty participants took part in the community focus groups. Participants discussed barriers and facilitators to health and well-being within Colquitt County, GA.

Perceptions about the Community and Community Health

- Colquitt County is a close-knit and supportive community.
- The County experiences challenges including high prevalence of conditions such as mental health disorders and cancers

Barriers and Facilitators of Health and Well-being

- The hospital is engaged within the community and is considered an asset for improving health and well-being
- However, there are resource limitations in the community that limit health and well-being, including limited access to transportation, affordable housing, and nutrition.
- Access to care is constrained by the lack of and affordable health care coverage and complex billing process.

PRIORITIZATION OF COMMUNITY NEEDS & IMPLEMENTATION PLANNING

LAST IMPLEMENTATION PLAN

After carefully reviewing the observations, comments, and priorities of the community, as well as the secondary health data presented, the Community Health Steering Committee identified the following as priorities:

1. Mental and Behavioral Health/Substance Abuse
2. Access to Care/Transportation
3. Lifestyle and Obesity
4. Adolescent Health

Colquitt Regional Medical Center's Strategic Plan for 2019, developed prior to the CHNA study, was already addressing several of the issues designated by the community as their priority needs. The Strategic Plan addressed in the above priorities, including physician recruitment, complete cancer treatment, increased use of telemedicine, adding a psychiatric service line, expanding the Graduate Medical Program, and establishing a 4-year medical school. Colquitt Regional Medical Center was well on its way to expanding facilities and services when the COVID pandemic became a reality for Colquitt County and the rest of the world.

Even though the hospital and staff had to take serious precautions, educating the public continued through the use of social media. COVID reporting and updates were daily posts. Telemedicine was implemented in every possible department of the hospital and physician clinics. Drive-thru testing sites were opened and offered to everyone in the community. Access to care was made available as feasible with communications about available services posted daily on social media. In June 2020, 149 social media posts were issued by Colquitt Regional and its affiliated clinics. The number of posts rose to 592 in August.

The COVID-19 pandemic established itself as a priority for our community and hospital. There was no greater health concern in our community and for Colquitt Regional Medical Center than to help our community receive life-saving treatments, vaccines, and community education. In December 2020, the first COVID vaccines were administered at Colquitt Regional Medical Center. In exactly one year, 16,700 doses were administered to 8,700 patients, including over 50 drive-thru clinics and more than 25 worksite and community vaccine sites, thus making access to care more accessible. Mobile vaccination sites were continued throughout 2021.

In order to provide a complete oncology treatment program, a new Radiation Oncology Center opened March 2021. Before opening this department, patients had to travel significant distances to receive these services, which was a significant challenge for our community with limited transportation. In July 2022, the hospital became a Remote Treatment Stroke Center providing patients with 24/7 access to stroke specialists.

Public transportation continues to be an issue in Colquitt County, especially during the pandemic. Colquitt Non-Emergency Transport continued to be available with limitations given COVID-19. Colquitt Regional continues to collaborate with city and county governments to pursue public transportation for all citizens at an economical cost. An updated resource directory has been included in the 2022 CHNA report.

Physician recruitment continued to be a major focus area throughout the Public Health Emergency, and psychology and Psychiatric Services remained a priority. In July 2022, The Georgia South Residency program welcomed its first class of residents to the Psychiatry Residency Program. In 2020, a physician was contracted to provide psychiatric services in the Sterling Group Intensive Outpatient Program as part of the senior wellness program with the goal of providing a safe environment for patients with depressive or anxiety disorders. In June 2022, Colquitt Regional Medical Center opened its Geropsychiatric Inpatient Unit as a hospital service. The 10-bed facility provides short-term intensive treatment for the elderly who suffer from acute psychiatric disorders, cognitive impairment, and age-

related physiological disabilities. Sterling Group Psychiatry also offers assessments to help diagnose behavioral disorders.

Colquitt Regional Medical Center and Turning Point Care Center continue to partner to help combat psychological and substance abuse patients who come to the Emergency Department or are admitted to the hospital.

Informational programs at the local YMCA were presented, focusing on the new behavioral health unit and information about brain health services offered by the Sterling Group at Colquitt Regional. Department directors also participate in various community activities involving support services.

Lifestyle and obesity continued to be significant concerns for Colquitt County. Numerous promotional activities have been held to promote awareness of the health effects caused by these factors. Programs include diabetes education, heart health, and heart healthy cooking demonstrations; the yearly Colquitt County Health Fair; the St. Paddy's Day 5 k fun run and the doctor's dash fun run; education materials distributed in Colquitt Regional booths at the Sunbelt Exposition, Spring Fling, and Health and Community Resource Fair; and numerous social media posts concerning these issues.

Colquitt Regional Sterling Group surgeons operate a certified bariatric center. The staff continues to educate patients on healthy lifestyles and offer those struggling with severe obesity a viable option. The bariatric program is a complete lifestyle change model that takes the patient from unhealthy habits through surgical procedures to enhance weight loss and education. Luncheons were hosted quarterly for any senior in the community outside of the COVID restriction period with an estimated attendance of 800 persons in total.

Adolescent health continues to be a challenge for the community. In 2021, the pediatrician was added to the medical staff as well as pediatric hospitalist clinic reopened with a new pediatrician. Services include health and wellness checkups, diagnosis, and treatment of illnesses, and providing care for minor childhood injuries. Complimentary classes are provided for newborn care and breastfeeding,

as well as group support sessions for infant loss. Numerous social media posts have been circulated about the services offered at the clinic.

All of the Colquitt County public elementary schools can provide telehealth through equipment provided by a grant and Colquitt Regional Medical Center. The Community Health Needs Assessment Steering Committee acknowledges that more education on adolescent health issues needs to be provided in the classroom setting, after-school programs, and parental engagement. However, this was outside the realm of the hospital's capability. However, the hospital remains committed to providing educational resources when possible.

2023 - 2025 IMPLEMENTATION PLAN

Community health needs were prioritized using a modified nominal group technique, which included a brainstorming session, followed by a detailed discussion and ranking of identified potential priority areas. Three focus areas were prioritized following the present CHNA cycle, which generally aligned with those emerging from the community input. The goals, objectives, and activities developed under each priority area extend previous efforts to improve community health education and access to addiction and mental health services. Below goals, objectives, and an implementation plan are outlined for each focus area. See the Implementation Plan on the following pages.

Priority Area One: Access to Care / Transportation				
Goal: Increase percentage of population without personal transportation to have the ability to access healthcare				
<i>Objective 1: Partner with the community to provide low- or no-cost transportation to health care facilities</i>				
ACTIONS STEPS	TIMELINE	PERSON RESPONSIBLE	MEASURE	COMMUNITY PARTNERS
Promote public transportation Provide non-emergency transportation when possible	January 2023 and continue throughout 3yr period	Jessica Jordan, Compliance Officer	Number of patients transported	County and City Managers LogistiCare Transportation
<i>Objective 2: Promote telehealth throughout Colquitt County as a viable alternative to access healthcare for those without transportation</i>				
Educate patients, caregivers and stakeholders the benefits and availability of telehealth services throughout the physician network at Colquitt Regional	January 2023 and continue throughout 3yr period	Ashley McGowan and Stew Merdian, Directors, Physician Services	Number of Colquitt Regional telehealth visits Percent increase in Colquitt Regional telehealth visits	Bandwidth providers in Colquitt County

Priority Area Two: Cancer Screening				
Goal: Reduce death rates from cancer by increasing the percentage of the population receiving cancer screenings in Colquitt County.				
<i>Objective 1: Increase the number of breast, uterine, prostate, and colon cancer screening visits by 10% over the next three years.</i>				
ACTIONS STEPS	TIMELINE	PERSON RESPONSIBLE	MEASURE	COMMUNITY PARTNERS
Promote cancer screenings through community activities and education	January 2023 and continue throughout 3yr period	Emily Watson, Director, Marketing	Number of community members receiving information and/or education Number of health cancer screening promotion events	Health Department, pregnancy clinics, shelters, school system, DFACS
<i>Objective 2: Partner with community leaders to educate the population on the availability of cancer screening resources in Colquitt County.</i>				
Prepare educational materials to be used for distribution to the public on availability and access to cancer screening available at Colquitt Regional and the physician clinics	January 2023 and continue throughout 3yr period	Emily Watson, Director, Marketing	Number of community members receiving information and/or education	Civic groups, school system, religious institutions, Chamber of Commerce, city and county organizations, school system, Health Department

Priority Area Three: Chronic Obstructive Pulmonary Disease & Congestive Heart Failure

Goal: Reduce the number of hospitalizations or readmissions due to COPD and CHF by 10% over the next Three years.

Objective 1: Engage our COPD and CHF patients in programs offered by our physician clinics for home monitoring, transitional care, telehealth and home health services to provide a track for a reduction in readmissions for these patients.

ACTIONS STEPS	TIMELINE	PERSON RESPONSIBLE	MEASURE	COMMUNITY PARTNERS
Engage patients in opportunities for provision of healthcare activities in the home to help control chronic COPD and CHF. Provide access to home monitoring services and telehealth.	January 2023 and continue throughout 3yr period	Ashley McGowan and Stew Merdian, Directors, Physician Services	10% reduction in readmissions for these chronic conditions	Home Health providers Home monitoring equipment providers
<i>Objective 2: Promote education on how lifestyles such as smoking, obesity, and lack of physical activity contribute adversely to health conditions and increase the number of screenings for lung cancer and heart conditions.</i>				
Distribute educational materials on healthy lifestyles and information about smoking cessation, diabetes, and exercise opportunities. Continue to promote cancer screening opportunities.	January 2023 and continue throughout 3yr period	Emily Watson, Director, Community Relations	Number of community members educated regarding opportunities	Public Health Department Primary Care Providers

HEALTH CARE RESOURCE LISTING

ALLERGY/IMMUNOLOGY	
Joseph H. Berger, MD 1 Sweet Bay Court Moultrie, GA 31768 229-985-1822	305 West Hansell Street Thomasville, GA 31972 229-228-6355 940 4 th Street Cairo, GA 39828 229-397-8282
ANESTHESIOLOGY	
Frederick Powell, MD Joel Lopes Jr., MD 3131 South Main Street Moultrie, GA 31768 229-891-9548	
AUDIOLOGY	
South Georgia Audiology and Hearing Center Nathan Rhodes, AuD 1 Sweet Bay Court Moultrie, GA 31768 229-985-1822 Sterling Group Ear, Nose, and Throat Scott Daly, MD Kellie Smith, AuD, FAAA 3 Hospital Park Moultrie, GA 31768 229-891-3325 Laurie McDaniel Scarrow, AuD Hearing Center of Moultrie 27 8 th Avenue S.E. Moultrie, GA 31768 229-985-3277 (EARS)	Joseph Berger, MD 1 Sweet Bay Court Moultrie, GA 31768 229-9851822 305 W. Hansell St. Thomasville, GA 3729
ASSISTED LIVING FACILITIES	
Magnolia Manor South 3011 Veterans parkway Moultrie, GA 31788 229-985-0265	Legacy Village at Park Regency 3000 Veterans Parkway Moultrie, GA 31788 229.890.3342

Golden Apple 606 5 th Ave. SE Moultrie, GA 31768 229-890-5313	Colquitt Garden Manor 498 5 th St. SE Moultrie, GA 31768 229-891-3336
BIRTH CERTIFICATES	
Colquitt County Health Department 214 West Central Avenue Moultrie, GA 31768 229-589-8464	
BLOOD DONATIONS	
American Red Cross 1.800.RED.CROSS 1.800.733.2767 www.redcross.org	
BREASTFEEDING RESOURCES	
Breastfeeding Information www.breastfeedingonline.com	La Leche League of GA Hotline 404-681-6342
CAR SEAT RESOURCES AND SAFETY	
Sterling Center Women's Health 229-985-2198 Free Child Birth Classes with Complimentary Car Seat	Car Seat Installation- Moultrie Police Department 229-985-3131 (ask for an officer certified for car seat installation)
CARDIOLOGY	
Lawrence Ukpong, DO Julie Posey, NP-C 1 Sweet Bay Court Moultrie, GA 31768 229-891-9087	Pallavi Luthra, DO Benjamin McLeod, FNP-C 1 Sweet Bay Court Moultrie, GA 31768 229-890-5305
CANCER SUPPORT SERVICES	
Edwards Cancer Center 3131 South Main Moultrie, GA 31768 229-890-3514 Moultrie Oncology Support Team (M.O.S.T) Colquitt Regional Medical Center Meets 1 st Monday of each month 7pm Location: Ferguson Board Room Edwards Cancer Center 229-890-3514	Live Strong YMCA 229-985-1154

Team Leader- 229-985-3353 or 229-891-1929	
CHILDREN & FAMILY SUPPORT SERVICES	
<p>ALL GA KIDS 877-255-4254</p> <p>Georgia Division of Children and Family Services 404-657-3433</p> <p>Family and Children Services 460 Smith Ave. Thomasville, GA 31792 229-228-4005</p>	<p>Colquitt County DFCS 449 N. Main Street, Ste A Moultrie, Georgia 31768 229-217-4000</p>
FAMILY MEDICINE CLINICS	
<p>Sterling Group Primary Care 6 Hospital Park Moultrie, GA 31768 229-985-3320</p> <p>Sterling Group Kirk Clinic 8 Laurel Court Moultrie, GA 31768 229-891-9016</p>	<p>Norman Park Family Medicine 139 E. Broad Street Norman Park, GA 31771 229-769-3500</p> <p>Georgia South Family Residency Center 1 Magnolia Court Moultrie, GA 31768 229-502-9769</p>
CLOTHING RESOURCES	
<p>Salvation Army www.salvationarmyusa.org</p> <p>Goodwill Retail Store 141 Talmadge Dr., SE Moultrie, GA 31768 229-785-1083</p> <p>Hope House Thrift Store 704 fifth Ave., SE Moultrie, GA 31768 229-985-4673</p>	<p>Goodwill Retail Store 359 Commerce way Tifton, GA 31794 229-382-0093</p> <p>Goodwill Retail Store 15072 US Hwy 19 Thomasville, GA 31792 229-226-2465</p> <p>The Storehouse Thrift Store Heritage Church 725 GA Hwy 33 South Moultrie, GA 31768</p>
COUNSELING	
<p>Covenant Counseling Center 600 2nd Street Southeast Moultrie, GA 31768</p>	<p>Ben Marion, LCSW, LMFT Moultrie, GA 229-225-8296</p>

229.890.2288 Family Recovery of Southwest Georgia 719 S. Main St. SE Moultrie, GA 31768 229-456-2022	
CRISIS INTERVENTION	
National Domestic Violence Hotline 800.799.7233 Serenity House (Domestic Violence) Crisis Line: 229-890-7233 Outreach Program: 229-782-5394 Office: 229-782-5394 Hearing Impaired: 229-782-7283	Georgia Mobile Crisis Response Services 1-800-715-4225
DENTAL (LOW-INCOME) (MEDICARE AND MEDICAID ACCEPTED)	
Farrey Family Dentistry 513 South Main Street Moultrie, GA 31768 229.890.3908 David Howington, DMD 8 Long Leaf office Park Moultrie, GA 31768 229-985-8504	Michael Marable, DMD 307 Fifth St., SE Moultrie, GA 31768 229-985-5092
DENTISTRY	
Alfred Aguero, ED, MD 4 Magnolia Court Moultrie, GA 31768 229-985-6499 Jay Cranford, DMD 4 Long Leaf Office Park Moultrie, GA 31768 229-985-9087 Timothy B. Fagan, MDM, PC 7 Longleaf Office Park Moultrie, GA 31768 229-985-4674 Stephen W. Moore, DDS, PC	Jeffery Barnett, DDS 5 Sweet Bay Court Moultrie, GA 31768 229-985-3367 David Howington, DMD 8 Longleaf Office Park Moultrie, GA 31768 229-985-8504 Michael D. Marable, DMD 307 5 th Street SE Moultrie, GA 31768 229-985-5092 Lee Redding, DDS

3 Longleaf Office Park Moultrie, GA 31768 229-985-7290 Perfect Smile 307 Fifth St., SE Moultrie, GA 31768 229-985-5092	John Lee Redding, DMD 1 hospital Park Moultrie, GA 31768 229-985-3363 Jason Lairsey, DMD 4 Longleaf Park Moultrie, GA 31768 229-985-9087
DERMATOLOGY	
McIntosh Clinic 3 Magnolia Court Moultrie, GA 31768 229-225-1990	
DEVELOPMENTAL NEEDS	
Green Oaks Center 2443 GA-133 Moultrie, GA 31778 229-891-7300 www.greenoakscenter.com Colquitt Regional Speech Pathology and The Learning Center Hearing screenings, cognitive development, literacy and learning needs 3100 Veterans Parkway Moultrie, GA 31768 229-502-9701	Parent to Parent of Georgia 800.229.2038 Special Needs Preschool Program Ages 3 and 4 Contact your child's school Babies Can't Wait 1306 S. Slappey Blvd. Suite A Colony Square South Albany, GA 31701 229-299-4447 www.health.state.ga.us/programs/bcw
DIAGNOSTIC IMAGING	
Open MRI of Tifton 1401 Tift Avenue Tifton, GA 31794 229-387-6799 866-387-6799	Radiology Associates of Moultrie Colquitt Regional Medical Center 3131 South Main Street Moultrie, GA 31768 229-985-3500 Sterling Center Women's Health Mammography and Dexascans 3 Sweet Bay Court Moultrie, GA 31768 229-985-2198
DIALYSIS	

Colquitt Regional Dialysis 449 31 st Avenue Moultrie, GA 31768 229-891-9333	DaVita Moultrie Dialysis Center 3419 S. Main St. Moultrie, GA 31768 866-544-6741
EMERGENCIES / URGENT CARE	
Emergency Room Colquitt Regional Medical Center 3131 South Main Street Moultrie, GA 31768 229-985-3420	Convenient Care 207 31 st Ave., SE Moultrie, GA 31768 229-217-0088 CareConnect Urgent Care 358 Veterans Parkway N. Moultrie, GA 31788 229-891-3513
FAMILY MEDICINE	
Justin Baker, MD Chris Bazal, MD Rochelle McCranie, PA-C Christina Lee, FNP-C Robert Spruill, MD Sean Sauls, PC-C Gary Swartzentruber, MD Sterling Group Kirk Clinic 8 Laurel Court Moultrie, GA 31768 Matt Gould, PA Mary Catherine Duskin, DO Billy Ray Price, MD Holly Van De Voort, MD Stephen Yarbrough, DO Ethan McBrayer, DO Sterling Group Primary Care 6 Hospital Park Moultrie, GA 31768 229-985-3320	Melissa Cardwell, DO Kirby Smith, DO Woodwin Weeks, DO Jessica Brumbield Mitchum, DO Georgia South Family Medicine Residency Center 1 Magnolia Court Moultrie, GA 31768 229-502-9769
FINANCIAL ASSISTANCE	
Division of Family and Children Services (DFCS) Temporary Assistance for Needy Families (TANF) 449 North Main Street Moultrie, GA 31768	Salvation Army 514 N. Madison St. Thomasville, GA 31792 229-226-3772

229.217.4000 www.dfcs.dhs.georgia.gov	www.salvationarm-georgia.org
FOOD ASSISTANCE	
Colquitt County Food Bank 309 3rd Street Southeast Moultrie, GA 31768 229.985.7725 Women, Infants & Children (WIC) 800.228.9173	Division of Family and Children Services (DFCS) Temporary Assistance for Needy Families (TANF) 449 North Main Street Moultrie, GA 31768 229.217.4000 www.dfcs.dhs.georgia.gov Southwest Georgia Community Action Council Meals on Wheels 1001 1 st Ave., SE Moultrie, GA 31768 229-985-3610
FURNITURE SOURCES	
Goodwill Industries 141 Talmadge Dr., SE Moultrie, GA 31768 229-785-1083 www.goodwillng.org Hope House Thrift Store 704 5 th Ave. SE Moultrie, GA 31768 229-985-4673 The Storehouse Thrift Store Heritage Church 725 GA Hwy 33 South Moultrie, GA 31768	Salvation Army 514 N. Madison St. Thomasville, GA 31792 229-226-3772 www.salvationarmygeorgia.org
GASTROENTEROLOGY	
Michael Dawson, MD Mandi Strickland, PNP-C Sterling Group Gastroenterology 4 Live oak Court Moultrie, GA 31768 229-785-2400	
GENERAL/VASCULAR SURGERY	
Amber J. Holt, DO	

Phyllis Hughes, FNP-C Howard L. Melton, MD, FACS William Stembridge, DO Stephanie Diers, FNP-C Kelli Kennedy, FNP-C Sterling Center Surgery and Medicine 4 Live Oak Court Moultrie, GA 31768 229-785-2400	
GED CLASSES	
Southern Regional Technical College 800 N. Veterans Pkwy Moultrie, GA 31788 229-891-7000 https://southerregional.edu	
HEALTH INSURANCE	
Medicaid Member Services: 866.211.0950 Provider Services: 800.766.4456 Eligibility: 404.730.1200 Customer Service: 404.657.5468 www.medicaid.gov PeachCare for Kids 877.427.3224 www.peachcare.org	Medicare 800.MEDICARE / 800.633.4227 Medicare Service Center: 877.486.2048 Report Medicare Fraud & Abuse: 800.HHS.TIPS / 800.447.8477 www.medicare.gov
HOME CARE SERVICES	
Colquitt Regional Medical Center Home Care Services 415 Rowland Dr. Moultrie, GA 31768 229-891-2128 MRS Homecare 2467 Sunset Plaza A Moultrie, GA 31768 229-890-6949	Amedisys Home Health 220 GA Highway 33 S. Moultrie, GA 31768 229-502-4260
HEARING AIDS/ ASSISTIVE DEVICES	
Laurie McDaniel Scarrow, AuD Hearing Center of Moultrie 27 8 th Avenue SE	Kellie Smith, AuD, FAAA Sterling Group Ear, Nose and Throat 3 Hospital Park

Moultrie, GA 31768 229-985-3277 (EARS)	Moultrie, GA 31768 229-891-3325
HOSPICE PROVIDERS	
Colquitt Regional Medical Center Hospice 415 Rowland Dr. Moultrie, GA 31768 229.890.3526 www.colquittregional.com	Regency Southern Care 143 Highway 310 S Suite 1 Moultrie, GA 31768 229.217.0523 www.southerncareinc.com
HOSPITALS	
Colquitt Regional Medical Center 3131 South Main Street Moultrie, GA 31768 229-985-3420	
HOSPITALISTS	
Catherine Brown, MD Joseph B. Beavers, MD Jared Cardwell, MD Tamara Johnson, MD Wit Kabange, MD Jermain Robinson, DO Robert Spruill, MD Antoinette Patterson, MD Woodwin Weeks, DO Sarah Nuzzo, MD	Brett Krummert, MD Erick Myrtil, MD Michel Magat, DO Gary Trewick, MD Heather Champion, FNP-NP Darlene Zebley, FPN Lacey Chambers, MD Colquitt Regional Medical Center 3131 South Main Street Moultrie, GA 31768 229-985-3420
HOUSING / UTILITY ASSISTANCE	
Georgia Housing Search www.georgiahousingsearch.org Utility Assistance (for existing costumers) Georgia Power: 888.660.5890 City of Moultrie 2701 1 st Ave., SE Moultrie, GA 31788 229-985-1974 229-890-5435	Moultrie Housing Authority 800 4 th Ave., SE Moultrie, GA 31768 229-985-4162 Colquitt EMC 16 Rowland Dr. Moultrie, GA 31768 229-985-3620

229-668-6000 (24 hours)	
INFECTIOUS DISEASE	
Tamara Johnson, MD Sterling Group Infectious Disease 6 Hospital Park Moultrie, GA 31768 229-891-9009	
INTERNAL MEDICINE	
Francis M. Kundi, MD 14 Hospital Park Moultrie, GA 31768 229-985-1156 James Huffman, MD Kaylan Lancaster, FNP-C Sterling Group Internal Medicine 2509 South Main St. Moultrie, GA 31768 229-890-1442	J. Clyde Lamon, MD Moultrie Internal Medicine 320 Sunset Circle Moultrie, GA 31768 229-985-5200
JOB TRAINING	
Georgia Department of Labor Career Centers www.dol.state.ga.us/js/	Goodwill Retail Store and Training Center 15272 US Hwy 19 South Thomasville, GA 31792 Thomasville: 229-226-2465 Tifton: 229-382-0093
LEGAL ISSUES	
Georgia Legal Services 800.822.5391	Division of Child Support Services 111 B South Patterson St. Valdosta, GA 31603 1-844-694-2347
MEDICAL FINANCIAL ASSISTANCE	
Division of Family and Children Services (DFCS) Temporary Assistance for Needy Families (TANF) 449 North Main Street Moultrie, GA 31768 229.217.4000 www.dfcs.dhs.georgia.gov	Medicaid Member Services: 866.211.0950 Provider Services: 800.766.4456 Eligibility: 404.651.9982 Customer Service: 404.657.5468 www.medicaid.gov Peachcare for Kids 877-427-3224

<p>Medicare 800.MEDICARE / 800.633.4227 Medicare Service Center: 877.486.2048 Report Medicare Fraud & Abuse: 800.HHS.TIPS / 800.447.8477 TTY 877-486-2048 www.medicare.gov</p> <p>Colquitt Regional Medical Center Financial Counselors Colquitt Regional Medical Center, Main Campus 3131 South Main Street Moultrie, GA 31768 229-891-9429, 229-891-9065</p>	<p>Hospital Services 404-651-9606</p> <p>Division of Medical Assistance 2 Peachtree St., NW 37th Floor Atlanta, GA 30303 404-463-5827 877-261-3117</p>
MEMORY CARE	
<p>Legacy Village at Park Regency 3000 Veterans Parkway Moultrie, GA 31788 299-890-3342</p>	
MENTAL HEALTH/BEHAVIORAL HEALTH	
<p>Teron Verma, MD,MS Sterling Group Psychiatry 15 Hospital Park Moultrie, GA 31768 229-891-9443</p> <p>Colquitt County Mental Health Center 615 N Main Street Moultrie, GA 31768 229-891-7375</p>	<p>Turning Point 3015 Veterans Parkway Moultrie, GA 31788 1-800-342-1075 229-985-4815</p> <p>Turning Point Outpatient Center 705 Fifth Ave., SE Moultrie, GA 31768 229-616-1030</p>
NEPHROLOGY	
<p>Daryl O. Crenshaw, MD W. Merrill Hicks Jr., MD Raul G. Santos, MD Clayton Darley, FNP</p> <p>Nephrology Associates 3131 South Main Street Moultrie, GA 31768 229-891-9333</p>	
NEUROLOGY	

<p>Kent Posey, MD Rebecca Mobley, FNP-C</p> <p>Sterling Group Southern Neurology and Neurosciences 780 26th Ave., SE Moultrie, GA 31768 229-502-9735</p>	
NURSING HOME/SKILLED NURSING FACILITIES	
<p>Pruitt Health Magnolia Manor South 3003 Veterans Parkway S Moultrie, GA 31788 229-985-34222 www.magnoliamanor.com</p>	<p>Pruitt Health Sunrise 2709 S Main Street Moultrie, GA 31768 229-985-7173</p>
<p>Pruitt Health of Moultrie 233 Sunset Circle Moultrie, GA 31768 229-985-4320</p>	<p>Colquitt Regional Senior Care & Rehabilitation 101 Cobblestone Trace, SE Moultrie, GA 31788 229-985-3637</p>
OB/GYN	
<p>Linnea A. Mehls, MD Daniel York, DO, MS, FACOOG Jared Dowdy, MD</p>	<p>Sterling Center Women's Health 3 Sweet Bay Court Moultrie, GA 31768 229-985-2198</p>
ONCOLOGY	
<p>Wen-Hui "William" Zhu, MD, PhD Steven Johnson, MD David Saunders, MD Kerri Holloway-Cox, MSN, APRN, FNP-C</p> <p>Edwards Cancer Center 3131 South Main Street Moultrie, GA 31768 229-890-3514</p>	
OPTOMETRY/OPHTHAMOLOGY	

<p>Moultrie Eye Center 2375 South Main Street Moultrie, GA 31768 229-985-2020</p> <p>Josh Newton, MD Derrick Thornton, OD Michael Haney, MD Michael Magbalon, MD Barbara Fluder, OD Robert Assantes, OD Matthew Biedron, OD</p>	<p>South Georgia/North Florida Eye Partners 115 5th Street SE Moultrie, GA 31768 229-890-8016</p> <p>Scott Petermann, MD Wes Ross, MD Melanie Hill, OD Eric Kolisz, OD Jodie Norman, OD Anthony Johnson, MD Courtney Sartin OD Deborah McDonald, OD</p>
OTHER AGENCIES/CLINICS	
<p>Colquitt County Health Department 214 West Central Avenue Moultrie, GA 31776 229.589-8464</p> <p>Ellenton Clinic 185 North Baker Street Ellenton, GA 31747 229.324.2845</p>	<p>Hope House Pregnancy Center 716 5th Ave. SE Moultrie, GA 31768 229-985-4673</p>
ORTHOPEDICS	
<p>Franklin Davis, Jr., MD C. Curt Starling, MD Dexter Love, MD Sterling Group Orthopedics 4 Live Oak Court Moultrie, GA 31768 229-785-2400</p>	<p>Vereen Rehabilitation Center 3100 Veterans Parkway Moultrie, GA 31768 229-890-3553</p>
OTOLARYNGOLOGY	
<p>Scott Daly, MD 3 Hospital Park Moultrie, GA 31768 229-891-3325</p>	<p>Joseph H. Berger, MD 1 Sweet Bay Court, Suite D Moultrie, GA 31768 229-985-1822</p>
PAIN MANAGEMENT	
<p>Colquitt Regional Pain Management Services Eliran Bracha, DO Kimberly Powell, PA-C 3131 South Main Street Moultrie, GA 31768</p>	

220-891-9548	
PARENTING RESOURCES	
American Academy of Pediatrics www.healthychildren.org	
PATERNITY	
Division of Child Support Services (DCSS) 111 B South Patterson Street Suite 202 Valdosta, GA 31603 1-844-694-2347	DCSS (Nashville Office) 303 Jefferson St. Nashville, GA 31639 844-694-2347
PATHOLOGY	
Anthony Moser, MD Corey Porteus, D.O Sterling Group Pathology P.O. Box 2047 Moultrie, GA 31776 229-985-7977/229-890-3440	
PEDIATRICS	
Holly Van de Voort, MD Sterling Primary Care 6 Hospital Park Moultrie, GA 31768 229-985-3320 Bo Edwards, M.D. Sandra Martin, FNP-C Kaley Adams, FNP-C CareConnect Pediatrics 460 26 th Ave., SE Moultrie, GA 31768 229-985-1457	Randi Tatum, DO Dorothy Agyepong, CPNP, PMHS Affinity Pediatrics 3007 2 nd St., NE Moultrie, GA 31768 229-891-2123
PHARMACIES	
LINK TO THE WEBSITE BELOW FOR A COMPLETE LISTING: HTTPS://WWW.YELLOWPAGES.COM/MOULTRIE-GA/PHARMACIES	
PODIATRIC SURGERY	

Ankle & Foot Associates, LLC Nic Dodson, DPM Erin Dodson, DPM 3 Magnolia Court Moultrie, GA 31768 229-247-7707	
PHYSICAL THERAPY / REHABILITATION SERVICES	
Vereen Rehabilitation Services 3100 Veterans Parkway S Moultrie, GA 31768 229.890.3553 www.vereencenter.com	Regional Therapy Services 300 Sunset Circle Moultrie, GA 31768 229.985-2080 www.regionaltherapyservices.com
POSTPARTUM DEPRESSION	
Georgia Crisis Line 800.715.4225 www.bhlweb.com/tabform Meetup www.postpartum.meetup.com SAMSHA 800-662-HELP (4357) 822-487-4889	Postpartum Support International 800.944.4773 Text: 503-894-9453 www.postpartum.net National Women's Health Information Center 800.994.9662 www.womenshealth.gov
PROSTHETIC DEVICES	
Central Orthotics and Prosthetics 427 Smith Ave. Thomasville, GA 31792 229-228-1085 Rick Williams, CPO Gary Williams, CO	
PUBLIC LIBRARIES	
Moultrie-Colquitt County Library 204 5 th Street SE Moultrie, GA 31768 229-985-6540	Doerun Municipal Library 185 N Freeman Street Doerun, GA 31744 229-782-5507
PULMONOLOGY	
Michael Brown, MD Rebecca Peters, FNP Sterling Group Pulmonology	

7 Hospital Park Moultrie, GA 31768 229-985-4469	
RADIOLOGY	
James W. Keith, MD Lee McGill, MD Jacob Schwartz, MD Radiology Associates of Moultrie 3131 South Main Street Moultrie, GA 31768 229-985-3420	
RECREATION	
Boys & Girls Clubs of Moultrie-Colquitt County 420 W Central Ave Moultrie, GA 31768 229-890-8600 Colquitt County Arts Center 401 7 th Ave. SE Moultrie, GA 31768 229-985-1922	Moultrie YMCA 601 26 th Ave SE Moultrie, GA 31768 229-985-1154 www.moultrieymca.org Museum of Colquitt County History 501 4 th Ave. SE Moultrie, GA 31768 229-890-1626
REHABILITATION	
Moultrie YMCA 601 26 th Avenue SE Moultrie, GA 31768 229-985-1154 Colquitt Regional Senior Care & Rehabilitation 101 Cobblestone Trace, SE Moultrie, GA 31788 229-985-3637 Pruitt Health Moultrie 233 Sunset Circle Moultrie, GA 31768 229-985-4320 Regional Therapy Services 300-A Sunset Circle Moultrie, GA 31768 229-985-2060	Pruitt Health Magnolia Manor 3003 Veterans Pkwy South Moultrie, GA 31768 229-985-3422 Pruitt Health Sunrise 2709 South Main Street Moultrie, GA 31768 229-985-7173 Vereen Rehabilitation Services 3100 Veterans Parkway S Moultrie, GA 31768 229.890.3553 www.vereencenter.com

RHEUMATOLOGY	
James Hunt, DO Sterling Group Rheumatology 3 Magnolia Court Moultrie, GA 31768 229-891-9088	
SAFETY	
Georgia Poison Control 800.222.1222 www.georgiapoisoncenter.org Moultrie Police Department 229-985-3131 Colquitt County Sheriff Department 229-616-7430	Safe Kids 1 Inventa Pl, 6 th Fl, West Silver Springs, MD 20910 202-662-0600 (P) www.safekids.org
SLEEP DIAGNOSTICS	
The Sleep Diagnostic Lab at Colquitt Regional Medical Center 203 31 st Ave., SE Moultrie, GA 31768 229-890-3520	
SMOKING CESSATION	
Georgia Tobacco Quit Line 877-270-7867 www.livehealthygeorgia.org/quitline	
SPEECH PATHOLOGY	
Colquitt Regional Speech Pathology Vereen Rehab Center 3100 Veterans Parkway Moultrie, GA 31768 229-891-9323	
SPINE SPECIALISTS	
Andrew Cordista, MD Ashley Bostick, NP-C Sterling Group Spine Center 8 Live oak Court Moultrie, GA 31768 229-890-6612	
SPORTS MEDICINE	

Vereen Sports Medicine 3100 Veterans Parkway Moultrie, GA 31768 229-890-6612	Kevin Collins MD Hughston Clinic 202 S. Madison St. Thomasville, GA 31792
TEEN PREGNANCY SUPPORT	
Hope House P.O. Box 794 716 5th Ave. S.E. Moultrie, GA 31768 229-890-5244 229-985-7975, Fax www.hopehousecares.org	
TRANSPORTATION	
Logisticare -Medicaid only and Medical transport only 1-888-224-7985 Colquitt Regional Medical Center- Medical Transport only Private Pay- 229-891-9352	Destiny Transit 211 1 st Ave., SE Moultrie, GA 31768 229-985-1666 http://swgrc.org/transportation Provides contracted and public transportation.
UROLOGY	
Emerson Harrison, MD, FAC Anthony Davis, Sr., PA-C Sterling Center Surgery and Medicine 4 Live Oak Court Moultrie, GA 31768 229-785-2400	
UROGYNECOLOGY	
Cheau Williams, MD Casey Jo Bennett, FNP-C Brooke Blease, FNP-C Sterling Center Surgery and Medicine 4 Live Oak Court Moultrie, GA 31768 229-502-9788	
UNIFORMS	
Uniform Works 113 E. 12 th Street Tifton, GA 31794 229-387-8737	

