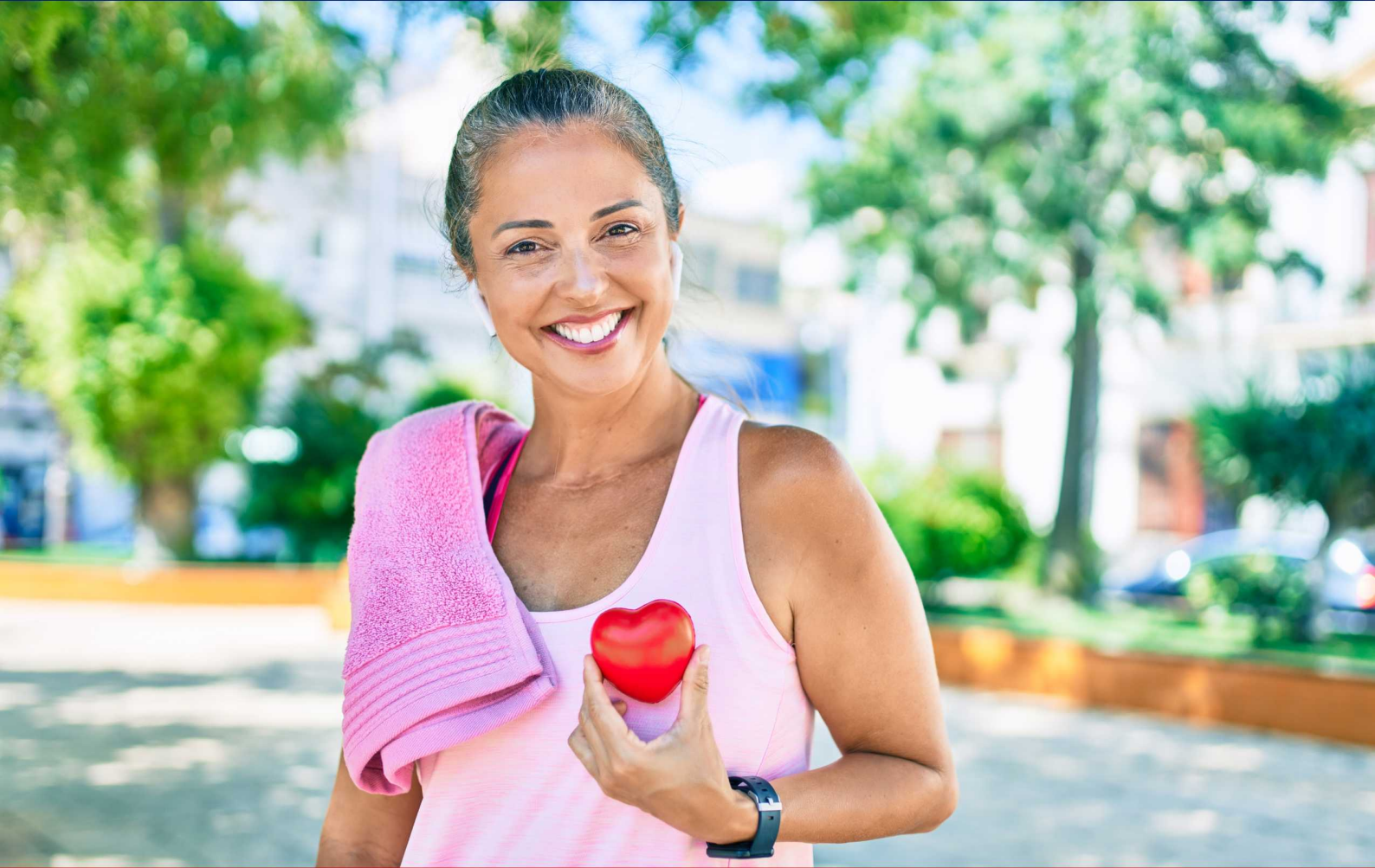




2025

COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

COLQUITT
REGIONAL
HEALTH SYSTEM

YOUR FIRST CHOICE FOR HEALTHCARE

THE ASSESSMENT WAS PREPARED BY:

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COLQUITT REGIONAL HEALTH SYSTEM

PRESIDENT:
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The Hospital Authority of Colquitt County approved the 2025 Community Health Needs Assessment and Implementation Plan at their meeting on September 22, 2025. The Community Health Needs Assessments (CHNA) Report is widely available to the public, and interested parties can view and download it on the hospital's website <https://colquittregional.com/>. Hard copies are available upon request; please contact: Katie Beth Hall, Research & Development Administrator, by emailing kathc@colquittregional.com, or calling (229) 502-9684.



Mr. John Griffin, Chairman
Hospital Authority of Colquitt County

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EXECUTIVE SUMMARY

Colquitt Regional Health System 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 Colquitt County, Georgia, which is the defined community for the community health needs assessment. 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 community's needs were obtained from a diverse list of community health-related databases. The four priority areas identified were: Patient's access to care, cancer prevention and treatment and prevention, management of chronic diseases and birthing and women's health outcomes. The results from the secondary data analyses identified:

- An expanding, aging county population with a growing proportion of Hispanics, Asians, and non-Hispanic multiracial populations
- Higher rates of unhealthy behaviors (including obesity, smoking, alcohol-related motor vehicle deaths, physical inactivity, and teen pregnancy rates) compared to the state
- Poorer health outcomes, compared to the rest of the state (except for a lower cancer incidence rates); and lower average life expectancy in the county by 3.6 years, compared to the state
- Limited supply of primary care, dental, and mental health providers
- Limited access to both digital connectivity and recreational opportunities – important health-promoting resources

Input from the community, through the survey and focus groups were generally consistent with the findings from the secondary data analysis. Community members and key stakeholders described Colquitt County as supportive, collaborative and family oriented. Other themes from these data sources included:

- Drug/alcohol abuse identified as the top factor affecting quality of life
- Obesity, tobacco use, and substance abuse noted as key detractors from good health
- Inadequate nutrition, internet and parental neglect stood out as the 3 negative influencer of child health
- Access to mental health services, specialty providers, services for the elderly were identified to be limited in the community

Previous Needs Assessment (2022)

Brief Summary of 2022 CHNA

The 2022 CHNA's results from the secondary data analyses noted the population of Colquitt County, GA had an aging population with a high poverty rate and lower educational attainment. Colquitt also had higher rates of unhealthy behaviors (including smoking, physical inactivity and sexual risk behaviors), compared to the state. Colquitt also had poorer mental and physical health outcomes, compared to the rest of the state and substantial barriers to health care access. Input from the survey and focus groups was consistent with the secondary data. Participants described Colquitt County as a tight-knit community with its fair share of problems, including high poverty, housing challenges and unhealth nutrition. Participants also indicated limited access to transportation. Top community concerns were mental health, substance abuse, and chronic conditions.



[Link: 2022 CHNA Report](#)

Top Concerns Based on Data



Previous Goals

The steering committee established the following goals after prioritizing identified needs:

1. Increase percentage of population without personal transportation to have the ability to access healthcare
2. Reduce death rates from cancer by increasing the percentage of the population receiving cancer screenings in Colquitt County.
3. Reduce the number of hospitalizations or readmissions due to COPD and CHF by 10% over the next three years.

ABOUT THE REPORT

PURPOSE

Colquitt Regional Health System 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 healthcare access and health needs of the people residing in the service area of Colquitt Regional Health System. 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 Colquitt County. Collectively, perspectives obtained from the surveys and focus groups provided a holistic view of life in the community and the health and healthcare needs of the residents.

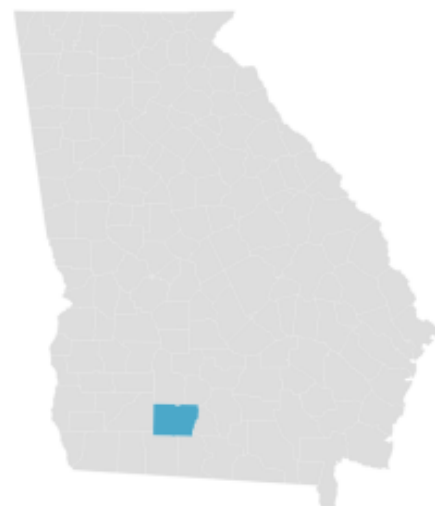
Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's demographic and economic profile, social and neighborhood environment, healthcare access, and utilization. These data were obtained from multiple publicly available sources, including the US Census Bureau, the University of Wisconsin's County Health Rankings, the Centers for Disease Control (CDC), the Bureau of Labor Statistics, and the Georgia Governor's Office of Planning and Budget 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 NVIVO14 qualitative analysis software. The conceptual framework used to inform data collection efforts is illustrated in the image below.

HOSPITAL AND SERVICE AREA

Colquitt Regional Health System 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, near the Alabama border. 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 THE 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 implementation planning process and implementation plan is presented. Finally, a community health care resource listing is provided. There were no written comments received regarding the previous CHNA.

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2023, there were approximately 46,167 residents in Colquitt County. Compared to the state of Georgia, the population of Colquitt County is slightly older. The county has significantly higher Hispanic population nearly 21% compared to the state rate of 11%. About 18.1% spoke a language other than English at home, and a similar percentage of residents compared to the state were foreign-born. The county also has a slightly higher proportion of disabled residents (13%) compared to the state (9%).

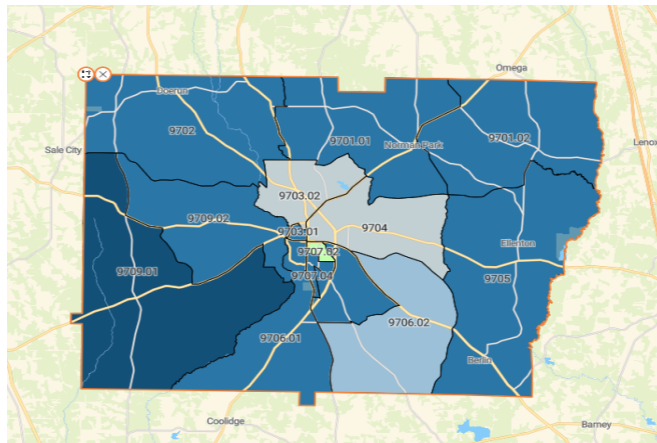
Slightly less than 1 out of 4 residents of Colquitt County are 65 years or older.

	Colquitt	Georgia
 <u>Population</u>		
Number of Residents (2023)	46,167	11,029,227
 <u>Sex</u>		
Female	50.3%	51.3%
Male	49.7%	48.7%
 <u>Age Distribution</u>		
Population Under 5 years	6.7%	5.8%
Population Under 18 years	25.5%	23%
Population 65 years and older	16.3%	15.4%
 <u>Racial and Cultural Diversity</u>		
<u>Race</u>		
White	71.5%*	58.7%
Black/AA	24.1%*	33.2%
Other Races/Multiracial	4.5%*	8%
<u>Ethnicity</u>		
Hispanic	20.9%*	11%
<u>Nativity</u>		
Foreign Born	11.4%	10.8%
Non-English Language Spoken at Home	18.1%*	15%
 <u>Veterans</u>		
Veteran Population	4.5%	5.5%
 <u>Disability</u>		
Population under 65 years disabled	13%*	9.3%

*Significantly different than the state average

Data Sources: US Census, County Health Rankings

Figure 1. Population Diversity by Census Tract (2019-2023)



Predominant Race/Ethnicity - 2017-2023. Data Source: Policy Map. *(The darker the color the higher the proportion)*

The central and southern parts of the county are more heterogeneous. The western and eastern parts of the county have between 50-70% of the population as White non-Hispanic, whereas the central part has >90% as Black non-Hispanic (Figure1).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2019-2023)

Estimated percent of all people 65 or older, 2019-2023. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Residents of the southwestern and central parts of the county are relatively older (17%-26%) compared to the rest of the county (6%-14%) (Figure 2).

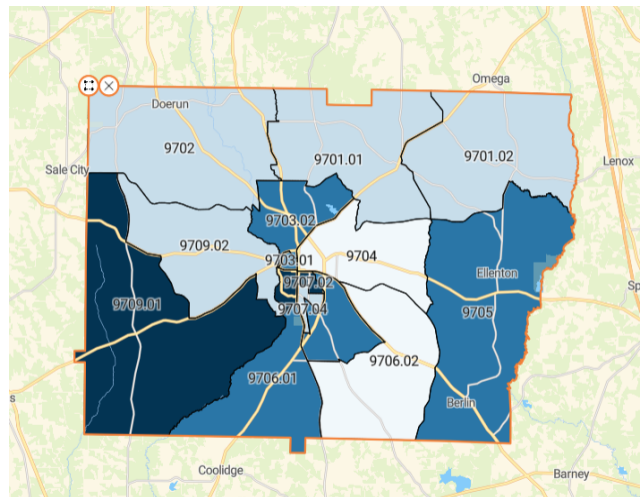
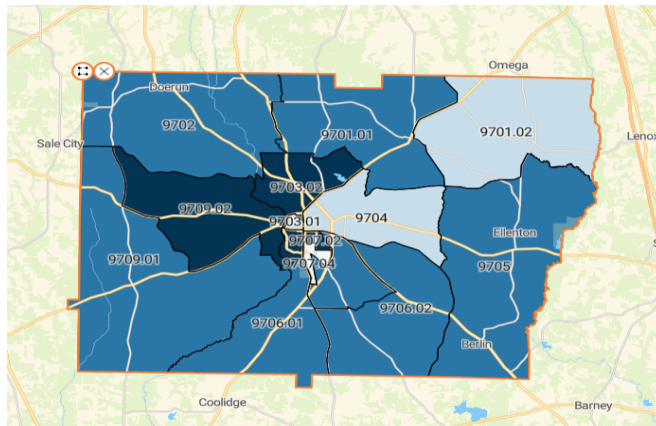


Figure 3. Proportion of Residents with Disability by Census Tract (2019-2023)



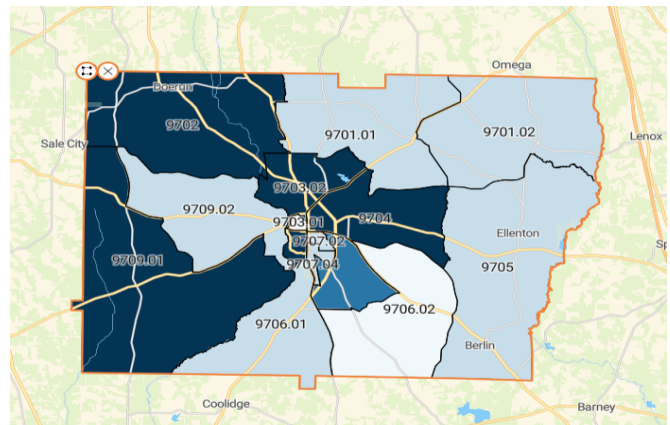
Proportion of Individuals Living with One or More Disabilities, 2019-2023.
Data Source: Policy Map. *(The darker the color the higher the proportion)*

A higher proportion of residents residing in the central part of the county (20%-31%) live with one or more disabilities compared to the remaining parts (10%-19%) (Figure 3).

Figure 4. Veteran Population by Census Tract (2018-2022)

Proportion of Veterans, 2018-2022.
Data Source: Policy Map. *(The darker the color the higher the proportion)*

The proportion of veterans is higher in the central and western parts of the county (8%-11%) compared to the rest of the county (4%-7%) (Figure 4).



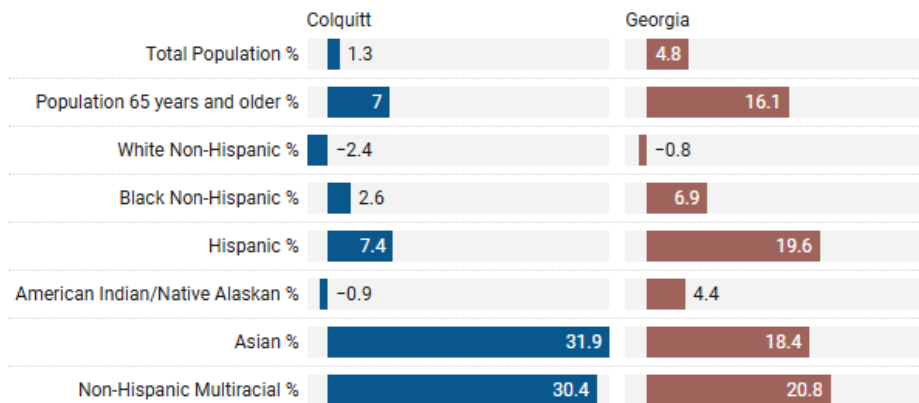
PAST POPULATION GROWTH

The total population of the county increased by 1.3% between 2018 and 2023; over that period, Colquitt County saw growth in the older population, Black Non-Hispanic, Asian, Hispanic, and Non-Hispanic Multiracial populations, and a decline in the White Non-Hispanic Population and American Indian/Native Alaskan.

Population Change

2018-2023

Colquitt Georgia



[Get the data](#) • Created with [Datawrapper](#)

Data Source: Online Analytical Statistical Information System (OASIS)

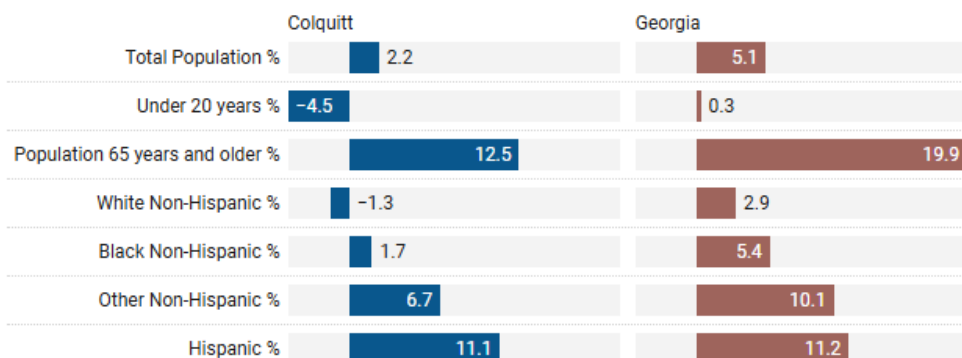
PROJECTED POPULATION GROWTH

Colquitt County's population is expected to increase by 2.2% by 2029, based on the Georgia Governor's Office of Planning and Budget projections. The projected population increase is expected to be for the elderly, Black non-Hispanic, Other non-Hispanic and the Hispanic population.

Projected Population Change

2024-2029

Colquitt Georgia



[Get the data](#) • Created with [Datawrapper](#)

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

ECONOMIC PROFILE

Colquitt County experienced an increase in GDP between 2022 and 2023. Compared to the state Colquitt has fewer of both women and men in the labor force (i.e., 20–64-year-olds). The county unemployment rate of 2.8% is lower than the state

rate of 3.7%. The median household income for Colquitt County is lower than the state median. About 23.4% of the population and 31% of children live in poverty. Both rates are lower than the state average. Furthermore, close to nine out of ten (87%) in the County are eligible for free or reduced lunch, compared to 56% at the state level.

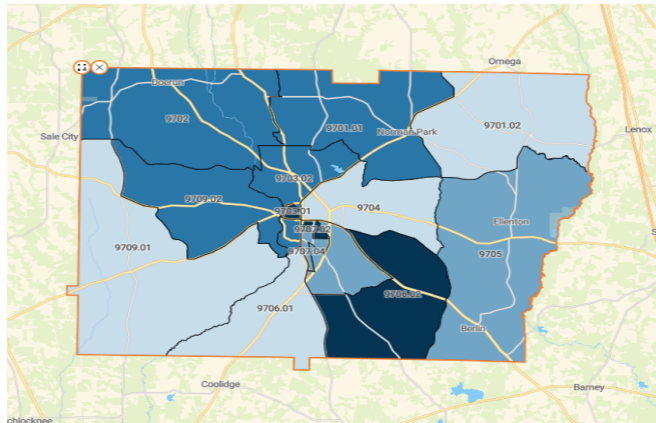
Close to one in three children in Colquitt County are living in poverty.

Colquitt Georgia			
	<u>Economy</u>		
	Real Gross Domestic Product (GDP) Annual Growth Rate (2013-2023)	2%*	3.1%
	Real GDP Annual Growth Rate (2022-2023)	3.8%	1.9%
	<u>Labor Force Representation</u>		
	Unemployment Rate (2024)	2.8%	3.7%
	Labor Force Representation (2017-2021)	72.7%*	76.8%
	Male Labor Force Representation (2017-2021)	77.6%*	81.2%
	Female Labor Force Representation (2017-2021)	67.7%*	72.7%
	<u>Poverty</u>		
	Median Household Income (2019-2023)	\$49,691*	\$74,664
	Population in Poverty (2023)	23.4%*	13.6%
	Children in Poverty (2022)	31%*	17%
	Children eligible for reduced lunch (2020-2021)	87%*	56%

**Significantly unfavorable compared to the state average*

Data Source: US Department of Labor, US Census, County Health Rankings

Figure 5. Poverty Rate by Census Tract (2019-2023)



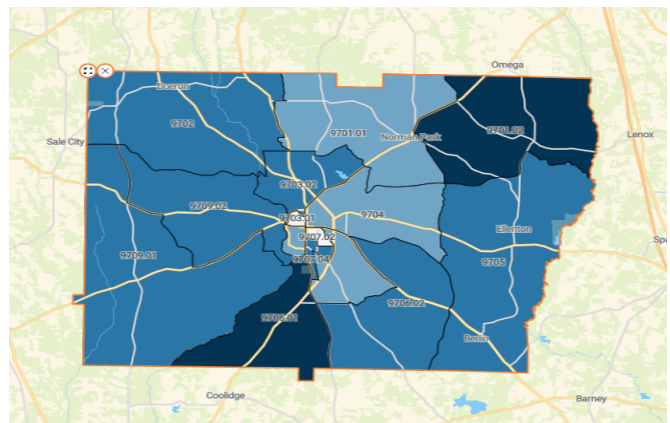
Proportion of Population Living in Poverty, 2019-2023. Data Source: Policy Map. (The darker the color the higher the proportion)

A higher proportion of residents residing in the southeastern (41%) and northwestern parts of the county live in poverty (22%-26%) compared to the other parts (Figure 5).

Figure 6. Median Household Income by Census Tract (2019-2023)

Median Household Income, 2019-2023. Data Source: Policy Map. (The darker the color the higher the proportion)

The median household income is higher in the northeastern and southern parts of the county (70k- \$73k), compared to the central part where income levels are lower (19k) (Figure 6).



EDUCATION

Educational attainment in the County is generally lower than in the state for some of the indicators. The high school graduation rate of 80% is lower than the

Close to three out of five 3–4-year-old children are not enrolled in school.

state rate of 89%. Similarly, only 16% of the population hold a bachelor's degree or higher, compared to 34% of the state's population. The county lags the state with respect to early childhood education. On average, Colquitt County third graders perform slightly below grade level, and lower than the state overall on standardized tests. Colquitt County is also spending -\$5,899 less than adequate as of 2022.

	Colquitt	Georgia
	<u>Early Childhood Education</u>	
	Percent 3–4-year-old children in school	43.2%* 47.7%
	<u>K-12 Education</u>	
	Average grade level performance for 3rd graders on English Language Arts standardized tests (2019)	2.7* 3
	Average grade level performance for 3rd graders on Mathematics standardized tests (2019)	2.8 2.9
	<u>High School Graduation and Higher Education</u>	
	High school graduation rate	80%* 89%
	Percent population with bachelor's degree	16%* 34%
	<u>Education Cost and Funding</u>	
	Child Care Cost Burden	24% 23%
	School Funding Adequacy (2022)	-\$5,899* -\$2,969

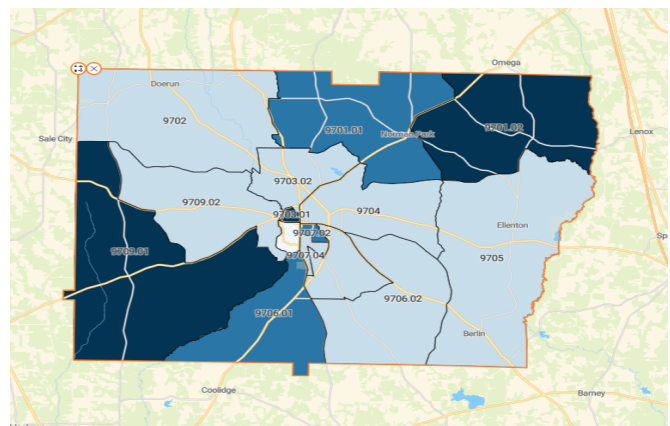
*Significantly lower than the state average

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

Educational attainment is lower in the south-eastern and central western parts of the county compared to the remaining parts.
(67%-70% vs 77%-90%)
(Figure 7).

The proportion of 3 years or older enrolled in nursery or preschool, 2019-2023. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Although generally low in the county, preschool or nursery enrollment is relatively higher in the central part of the county (10%), followed by the southwestern part (1.6%-4%) and northeastern (1.7%-3%) compared to the rest of the county (Figure 8).



SOCIAL AND COMMUNITY CONTEXT

County residents are active in social associations in their community at a similar level to the state. About two out of five children live in single-parent households (42% versus state rate of 31%). Injury deaths (homicides, suicides, motor vehicle crashes, and poisonings) are much higher in the county compared to the state level.

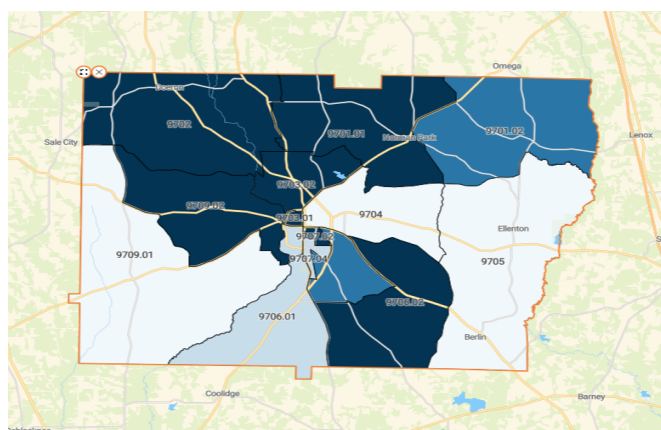
There are approximately 16,807 households in Colquitt County, with an average of 2.7 persons per household.

	Colquitt	Georgia
Household Characteristics		
 Households	16,807	4,008,013
Average persons per household	2.7	2.6
Children in single-parent households	42%*	31%
Social Context		
 Social Associations per 100,000	8.9	8.9
Injury deaths per 100,000	96*	73

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, US Census Bureau

Figure 9. Families with one adult and children in poverty (2019-2023)



Proportion of Families with one adult and children living in poverty, 2019-2023. Data Source: Policy Map. (The darker the color, the higher the proportion)

A higher proportion of one-adult families residing in the northern and south-central part of the county live in poverty (50%-62%) compared to the remaining parts (8%-24%), (Figure 9).

NEIGHBORHOOD AND BUILT ENVIRONMENT

Slightly less than half (43%) of the county residents have access to exercise opportunities, which is significantly lower than the state level. County residents are less digitally connected compared to the state; 91% of households have a computer, and 81% of adults have access to broadband internet. Vehicle safety may be an area of concern as the county experiences many more deaths from motor vehicle crashes compared to the state averages.

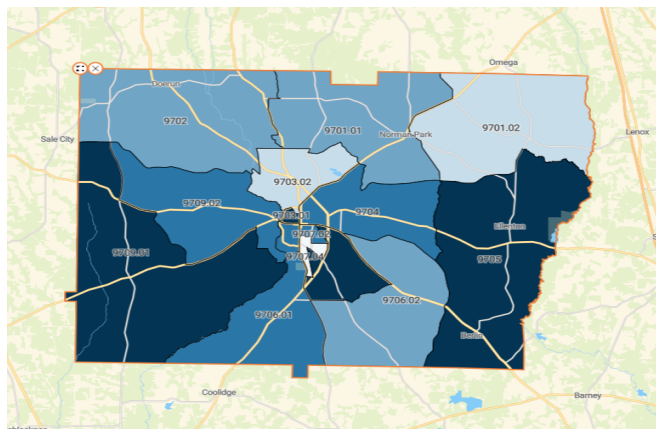
Relative to the state, slightly more Colquitt County residents experience food insecurity.

	Colquitt	Georgia
<u>Digital Connectivity and Amenities</u>		
 Households with computer	91%	95%
Households with broadband internet	81%*	89%
Access to exercise opportunities	43%*	75%
<u>Safety</u>		
 Firearm Fatalities	18	18
Deaths from motor vehicle crashes per 100,000	24*	16
<u>Food Insecurity</u>		
 Low-income residents with limited access to healthy food	13%*	10%
Food environment index (1 worst; 10 best)	6.2	6.3
Population experiencing food insecurity	18%*	13%
<u>Transportation</u>		
 Average travel time to work (minutes)	22 mins	28 mins
Households with <u>no</u> motor vehicle	6.8%	6%
<u>Housing</u>		
 Home ownership	63%	65%
Families spending > 50% of income on housing	13%	14%
Population with severe housing problems	14%	15%
Median gross rent	\$779*	\$1,306
Median monthly owner costs, including mortgage	\$1,186	\$1,712
<u>Pollution</u>		
 Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	9.5	8.8

*Significantly unfavorable compared to the state average

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

Figure 10. Household Internet Access by Census Tract (2019-2023)



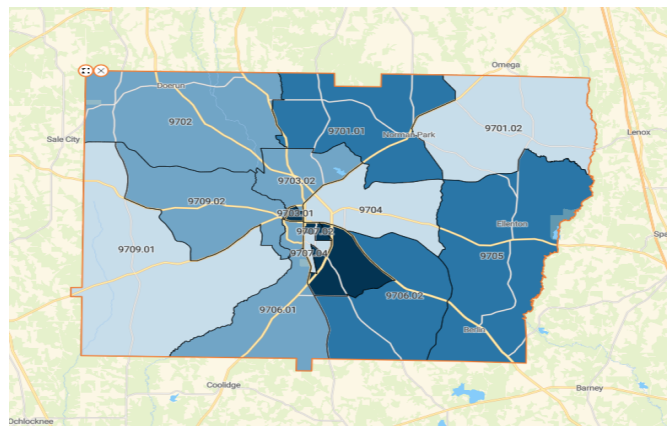
Proportion of all households with no internet access, 2019-2023. Data Source: Policy Map. *(The darker the color the higher the proportion)*

The southwestern part of the county has higher rates of households without internet access (26%) followed by the southeastern part (23%), compared to the remaining parts of the county (Figure 10).

Figure 11. Household Computer Access by Census Tract (2019-2023)

Proportion of all households without a computer, 2019-2023. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Computer access remains limited in the southeastern part of the county (11%-14%), compared to the rest of the county (3%-10%) (Figure 11).



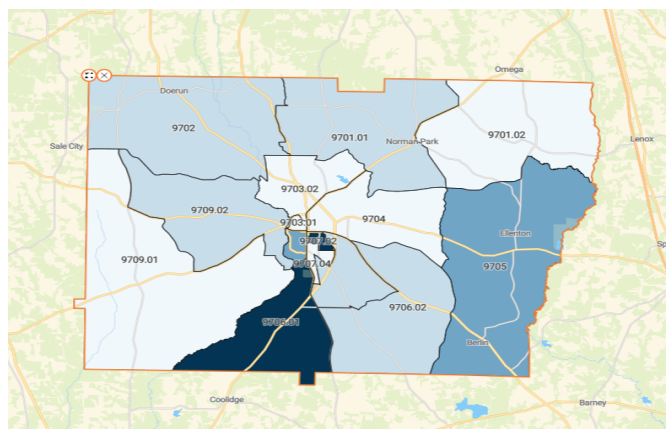
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Compared to other parts of the county, the severe housing cost burden is higher in the central (24%) and southern central part of the county (8%-15%), compared to the other parts (2%-3%), (Figure 12).

Proportion of all Renters who are severely burdened by housing costs, 2019-2023. Data Source: Policy Map. *(The darker the color the higher the proportion)*

A higher proportion of renters living in the central and south-central parts of the county experience severe rental cost burden (46%-50%) compared to the remaining parts of the county (Figure 13).

A higher proportion of renters living in the central and south-central parts of the county experience severe rental cost burden (46%-50%) compared to the remaining parts of the county (Figure 13).



HEALTH CARE ACCESS

Healthcare access in the county is limited compared to the state. At 25%, the proportion of residents who are uninsured is higher than the state rate. Compared to the state, the county experiences significant shortages of health professionals, especially

dentists, primary care physicians, and mental health providers. Mammogram screening rates are higher than the state levels, and conversely, flu vaccination rates are lower than the state levels.

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

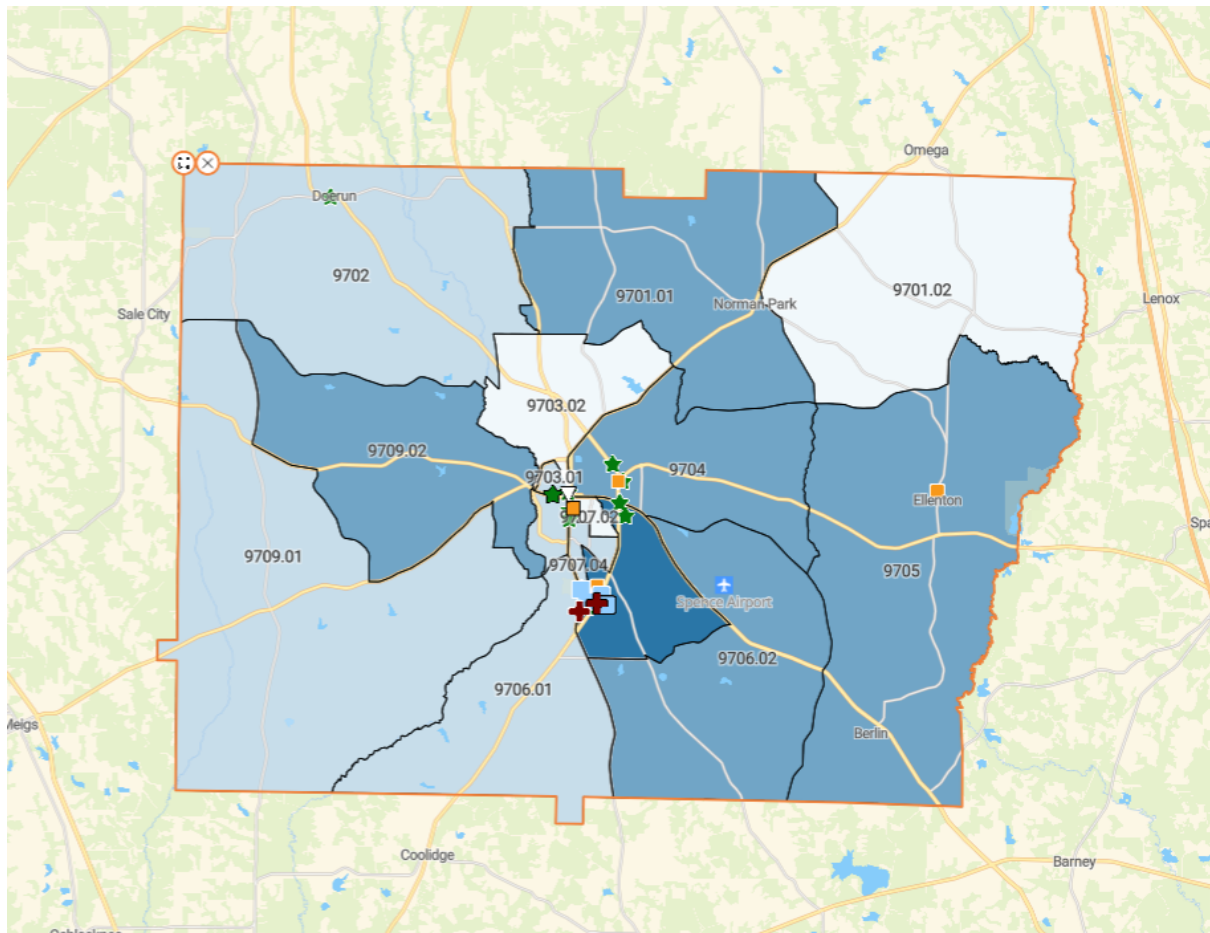
	Colquitt	Georgia
<u>Health Insurance Coverage</u>		
 Percent under 65 years Uninsured	25%*	17%
<u>Provider Supply</u>		
 Population to One Primary Care Physician	2,690*	1,520
Population to One Dentist	3,810*	1,860
Population to One Mental Health Provider	1,100*	520
<u>Primary Care and Prevention</u>		
 Adults with a Personal Doctor or Health Provider	70%	72%
Adults with a Physical Checkup within last year	75%	NA%
Preventable Hospital Stays per 100,000 Medicare Enrollees	5,900*	3,076
Mammogram Screening Rates	45	42
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	32*	45

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, Policy Map

Figure 14. Access to Health and Mental Health Services

Location of Health and Behavioral Health Facilities. Data Source: Policy Map.
Health care and mental health resources are mostly located in the central part of the County (Figure 14).



Legend: Red Plus= hospital, blue square = nursing facility, green star = pharmacies, orange square=community health centers and look-alikes, inverted white triangle=buprenorphine physicians

All health facilities are mainly located in the center of the county.

Assessed facilities include hospitals, nursing homes, retail -based healthcare, mental health treatment facilities, and drug and alcohol treatment facilities. **Census tracts are shaded based on total population, with darker colors representing greater population counts.**

LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher. While the proportion of adults who engage in excessive drinking is similar to that of the state, alcohol-related motor vehicle deaths are higher in the county compared to the state. The proportion of adults who are obese and who are physically inactive is much higher than the respective state rates. Sexually transmitted infection (STI) rates are significantly lower, although teenage births are higher in the county compared to the state overall.

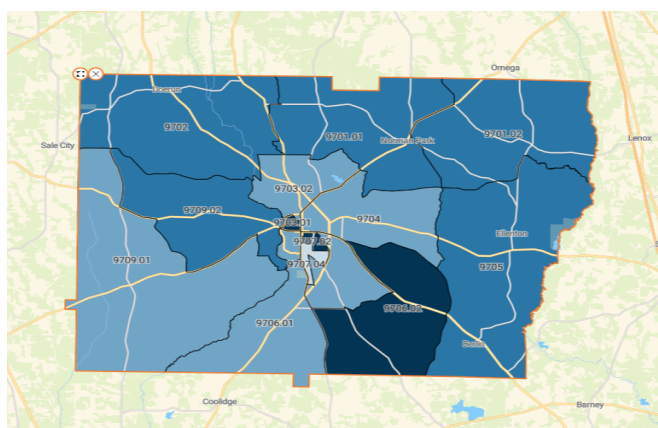
Generally, a higher proportion of Colquitt County residents engage in unhealthy behavior than at the state level

	Colquitt	Georgia
Suboptimal Lifestyle Behaviors		
	Adult smoking rate	22%*
	Adult excessive drinking rate	16%
	Driving deaths with alcohol involvement	27%*
	Adult obesity rate	40%*
	Adult physical inactivity rate	36%*
	Adults reporting < 7 hours sleep	40%
Sexual Risk Behaviors		
	STD infection rates per 100,000	493.9
	Teen births per 1000 female teens	39*

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 15. Smoking Rate by Census Tract (2022)



Proportion of adults who currently are smoking, 2022. Data Source: Policy Map. (The darker the color the higher the proportion)

Smoking rates is high in the central and southern parts of the county (27%-29%) compared to the remaining parts (14%-22%) (Figure 15).

Figure 16. Physical Inactivity Rate by Census Tract (2022)

Proportion of adults physically inactive, 2022. Data Source: Policy Map. (The darker the color the higher the proportion)

The rates of physical inactivity are high throughout the county but highest in the central (48%-50%), followed by southern parts (44%) and northeastern (38%), compared to the remaining parts (30%-35%), (Figure 16).

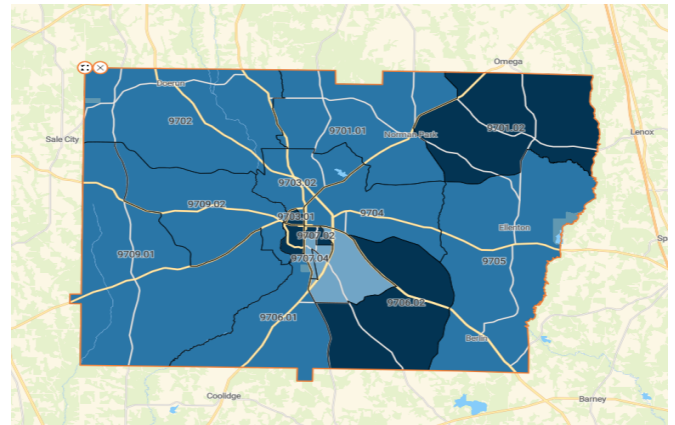
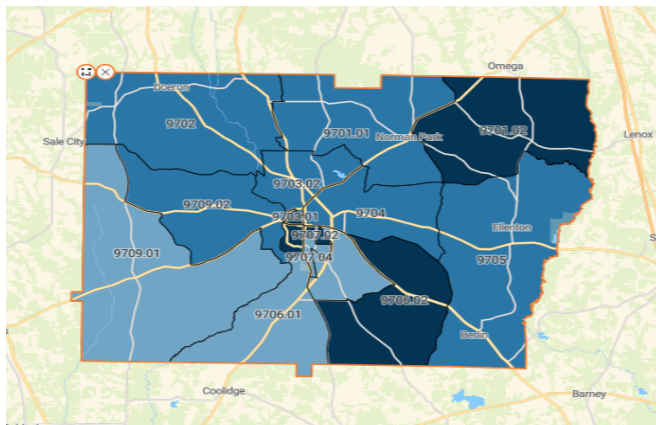


Figure 17. Adult Obesity by Census Tract (2022)

Proportion of adults reporting to be obese, 2022. Data Source: Policy Map. (The darker the color the higher the proportion)

Similarly, obesity rates are consistently high across the county but highest in the central part (41%-53%) and northeastern (41%) compared to the other parts (35%-40%), (Figure 17).



HEALTH OUTCOMES

Morbidity

A higher proportion of Colquitt County residents self-report poor physical and mental health compared to the state. Similarly, the prevalence rate of diabetes and cardiovascular disease

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

hospitalization is higher than the state rates. Cancer incidence and HIV prevalence rates are lower than at the state level.

	Colquitt	Georgia
		
<u>Disease Burden</u>		
Cancer incidence rates per 100,000 (2017-2021)	465	469
Adult diabetes prevalence rate %	14%*	11%
HIV prevalence rate per 100,000	536	657
Cardiovascular disease hospitalization per 1000 Medicare enrollees	82.3*	57.9
Low birth weight	11%	10%
		
<u>Self-Reported Health Outcomes</u>		
Proportion of adults reporting poor or fair health	25%*	18%
Proportion of adults reporting frequent physical distress	15%*	11%
Proportion of adults reporting frequent mental distress	19%*	15%

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, CDCs Interactive Atlas of Heart Disease and Stroke

Mortality

Premature death rates are significantly higher in Colquitt County compared to the state levels.

The average life expectancy in Colquitt County is 72.5 years – about 3.6 years less than the average life expectancy in Georgia.

Colquitt	Georgia
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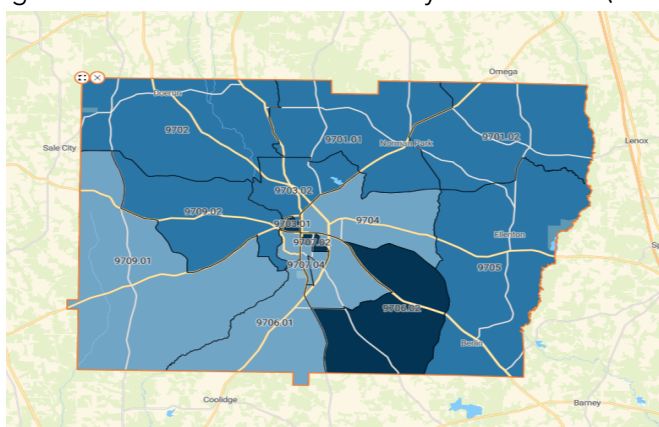
Mortality Indicators

Life Expectancy	72.5*	76.1
Premature (under 75yrs) Death Rate per 100,000	630*	440

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 18. Perceived Health Status by Census Tract (2022)



Proportion of adults reporting poor or fair health status, 2022. Data Source: Policy Map. (The darker the color the higher the proportion)

A higher proportion of adults in the central part of the county (36%-42%) reported poor or fair health, followed by the northern parts (25%-29%) compared to the remaining parts (Figure 18).

Figure 19. Frequent Mental Health Distress by Census Tract (2022)

Proportion of adults reporting 14 or more days of poor mental health, 2022. Data Source: Policy Map. (The darker the color the higher the proportion)

The proportion of adults reporting frequent mental health distress was highest in the eastern and central parts of the county, ranging from 20% - to 24% compared to the remaining parts (Figure 19).

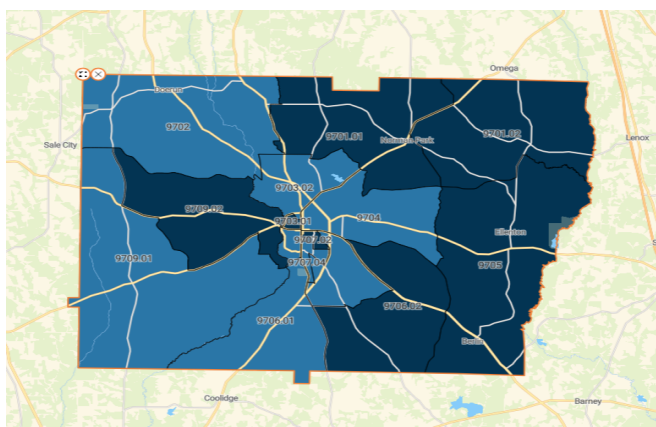
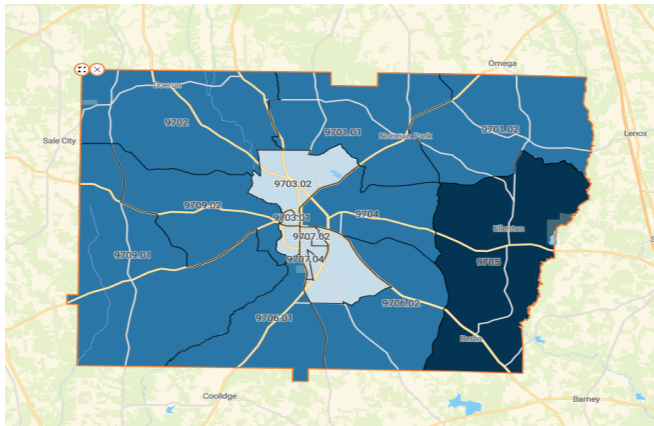


Figure 20. Life Expectancy by Census Tract (2010-2015)



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

Life expectancy is higher for residents in the eastern part of the county (81.9 years), followed by most tracks with a life expectancy of 75-77 years old. The central part has the lowest life expectancy (72-73 years old), (Figure 20).

Top 10 Causes of Death in Colquitt County and Georgia, 2019-2023

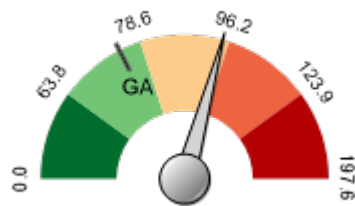
The top three main causes of death in Colquitt County are ischemic heart and vascular diseases, COVID-19, and diabetes. The death rates from diabetes and endocrine, nutritional, and metabolic diseases rank higher in the county compared to the state.

Cause	Colquitt Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
COVID-19	2	2
Diabetes Mellitus	3	9
All COPD Except Asthma	4	5
Alzheimer's Disease	5	6
Cerebrovascular Disease	6	3
All Other Endocrine, Nutritional and Metabolic Diseases	7	12
Malignant Neoplasms of the Trachea, Bronchus and Lung	8	7
Primary Hypertension, and Hypertensive Renal, and Heart Disease	9	4
All Other Diseases of the Nervous System	10	8

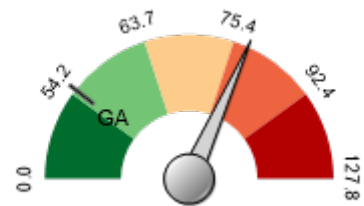
Data Source: Online Analytical Statistical Information System (OASIS)

Rank/County Comparison to Georgia

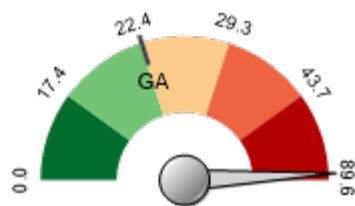
① Ischemic Heart and Vascular Disease



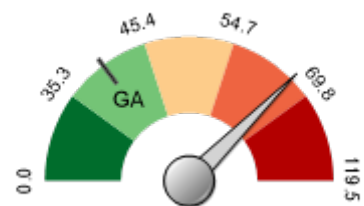
② COVID-19



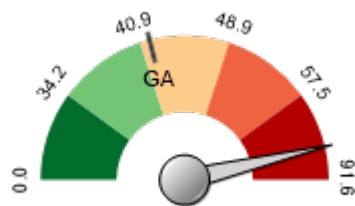
③ Diabetes Mellitus



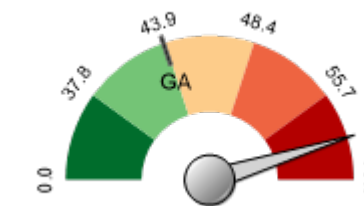
④ All COPD Except Asthma



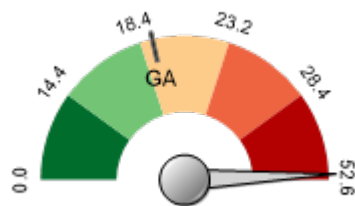
⑤ Alzheimer's



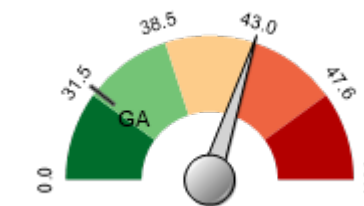
⑥ Cerebrovascular Disease



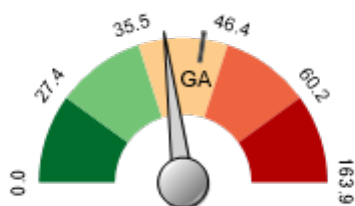
⑦ All Other Endocrine, Nutritional and Metabolic Diseases



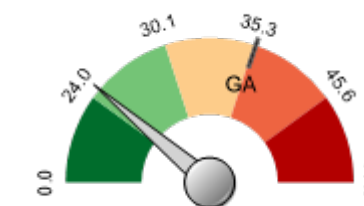
⑧ Malignant Neoplasms of the Trachea, Bronchus and Lung



⑨ Essential Hypertension and Hypertensive Renal, and Heart Disease



⑩ All Other Diseases of the Nervous System



Cancers

The death rate for cancer for Colquitt County residents is higher than the state and the US levels. Death rate is significantly much higher for Black (non-Hispanic) residents compared to Whites (non-Hispanic).

Incidence rates for female breast and prostate cancer in Colquitt County have generally remained lower compared to the state averages. The incidence rate for lung and bronchus cancer, and colorectal and uterus cancers are higher than the state levels.

Figure 21. Cancer Death Rates, 2018-2022

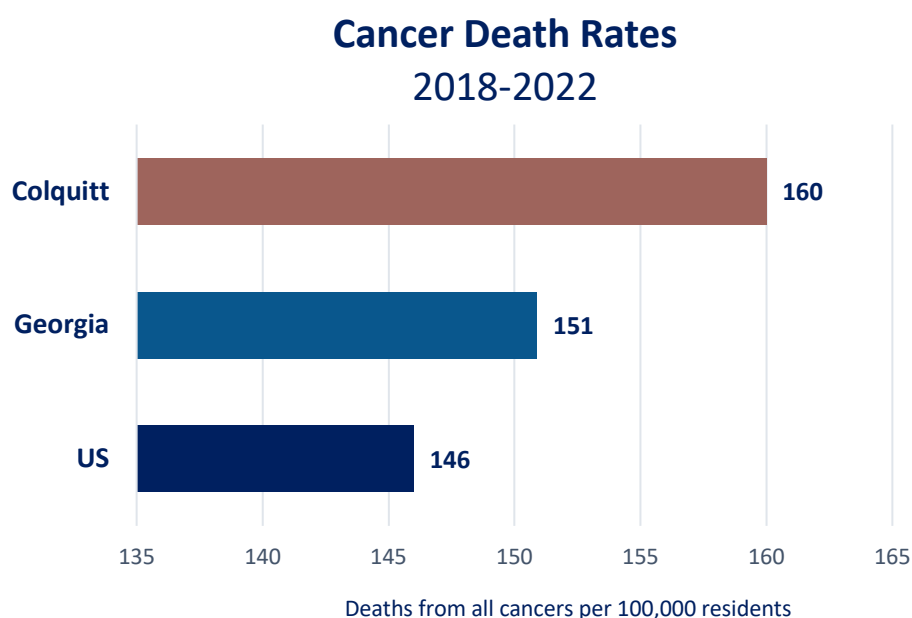


Figure 22. Cancer Death Rates by Race, 2018-2022

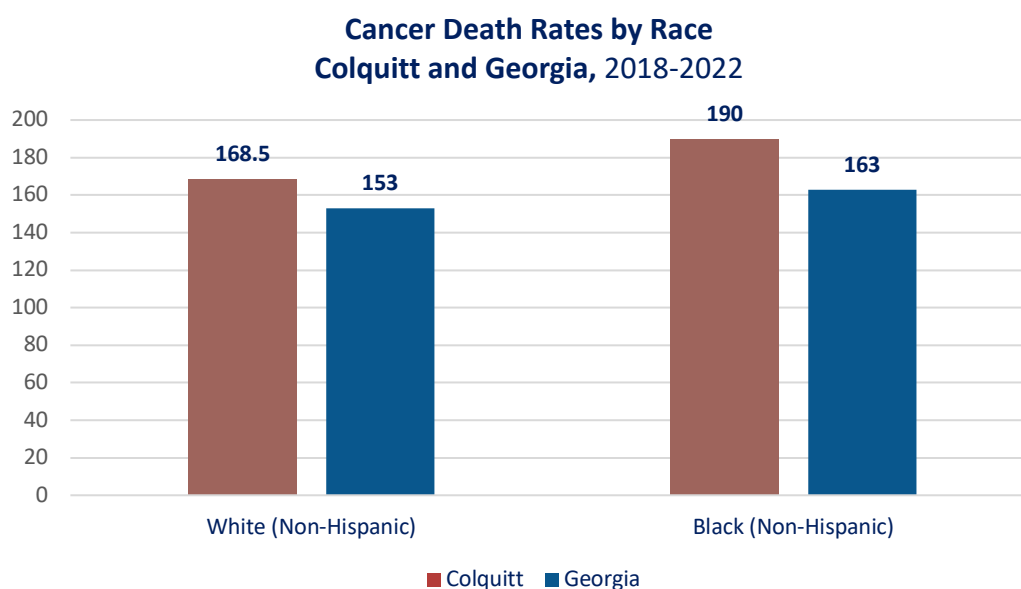
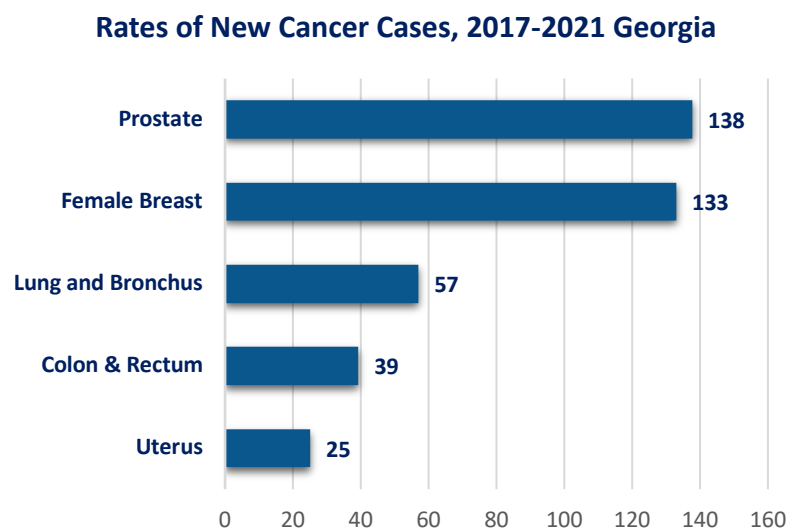
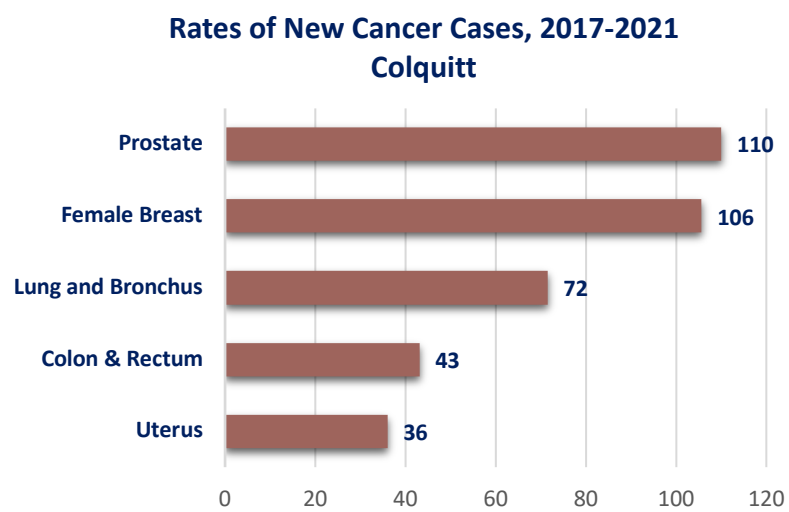


Figure 23. Rates of New Cancer Cases



Data Source: National Cancer Institute, State Cancer Profiles

		Previous CHNA	Current CHNA	Progress
	<u>Economic Profile</u>			
	Percent children in poverty	32%	31%	→
	Unemployment rate	3.2%	2.8%	→
	<u>Education</u>			
	High school graduation rate	75%	80%	→
	<u>Social and Community Context</u>			
	Social associations per 100,000	9	9	→
	Percent children in single-parent households	34%	42%	←
	<u>Neighborhood and Built Environment</u>			
	Percent population with access to exercise opportunities	64%	52%	←
	Percent population food insecure	15%	14%	→
	<u>Health Care Access</u>			
	Uninsurance rate	23%	23%	→
	Primary care provider to population	2,280	2,690	←
	Mental health provider to population	1,520	1,170	→
	<u>Health Behaviors</u>			
	Obesity rate	40%	42%	←
	Physical inactivity rate	36%	35%	→
	Smoking rate	23%	22%	→
	Teen birth rate (per 1000 teen females)	47	40	→
	<u>Health Outcomes</u>			
	Percent reporting poor or fair health	27%	25%	→
	Low birthweight rate	10%	11%	←
	Diabetes prevalence	16%	14%	→
	Premature (under 75yrs) death rate per 100,000 population	540	630	←

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 conceptual framework for social determinants of health was used to assess factors shaping health and well-being in the community.

Community Demographic Profile, Economic Profile & Education

- The population of Colquitt County is slightly older compared to the state.
- Economic conditions are less favorable in the county, due to higher rates of poverty.
- About two out of five children in the county live in single-parent households

Social and Community Context & Neighborhood and Built Environment

- Additionally compared to the state, Colquitt County residents are less digitally connected.

Health Care Access

- Access to health care is limited due to shortages of health professionals.
- Th County experiences shortages of health professionals such as mental health providers, primary care physicians and dentists.
- Similarly, the uninsured rate is higher than the state.

Lifestyle Behavior and Health Outcomes

- Generally compared to the state, a higher proportion of Colquitt County residents engage in unhealthy behaviors such as smoking, limited physical activity, and insufficient sleep.
- Additionally, deaths with alcohol involvement and teen births are higher in the county compared to the state.
- Health outcomes in the County are relatively worse than the state averages, with a higher proportion of premature deaths and a higher proportion of residents reporting poor physical and mental health.
- Life Expectancy is 3.6 years lower than the state average, with significant differences within the county tracks.

Progress on Selected Health Indicators since the last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the County performed better or similar on 62% (11/18) and similar or worse on 38% (7/18) compared to the last CHNA of 2022.

Community Survey

The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. There were 180 community members who provided complete or partial responses to the online survey. Demographics of survey respondents are provided in Table 1.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (86%), White (80.4%), aged under 65 years (89%), married or partnered (95%) and employed (85.4%), with at least some college or associate degree (81.5%). Of those responding, 57.5% reported annual household income above \$60,000.

Table 1: Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
Gender (n=83)		
Female	73	88
Male	10	12
Age (n=84)		
18-24	1	1.2
25-34	8	9.5
35-44	15	18
45-54	17	20
55-64	17	20
65-74	18	21
75+	8	9.5
Race (n=87)		
Black or African American	5	5.7
White	72	82.8
Hispanic	6	6.9
American Indian/Native Alaskan	1	1.1
Other	3	3.4
Asian	0	0
Native Hawaiian or Pacific Islander	1	0.7
Education (n=85)		
High School Graduate or GED	6	7.1
Some College or Associate Degree	30	35
Bachelor's degree	24	28
Graduate or Advanced Degree	25	29
Marital Status (n=85)		
Married/Partnered	70	82
Divorced/Separated	5	5.9
Widowed	4	4.7
Single/Never Married	6	7.1

	Frequency (N)	Percentage (%)
Household Income (n=84)		
Below \$20,000	2	2.4
\$20,001-\$40,000	5	6
\$40,001-\$60,000	12	14
\$60,001-\$80,000	10	12
\$80,001-\$100,000	12	14
Above \$100,000	34	40
Refused/Don't know	9	11
Employment Status (n=83)		
Full-time	42	51
Part-time	2	2.4
Retired	36	43
Unemployed	3	3.6
Home Ownership (n=83)		
Yes	72	87
No	11	13
Access to Reliable Transportation (n=84)		
Yes	84	100
No	0	0

HEALTH STATUS

Close to half (54%) perceive their community be in excellent/very good health compared to almost one in ten who perceive it as fair or poor (Figure 24). The most common chronic conditions that the participants reported having were overweight/obesity (59.7%), high blood pressure (57.6%), and high cholesterol (55.6%) (Figures 25).

Figure 24. Self-Reported Health Status

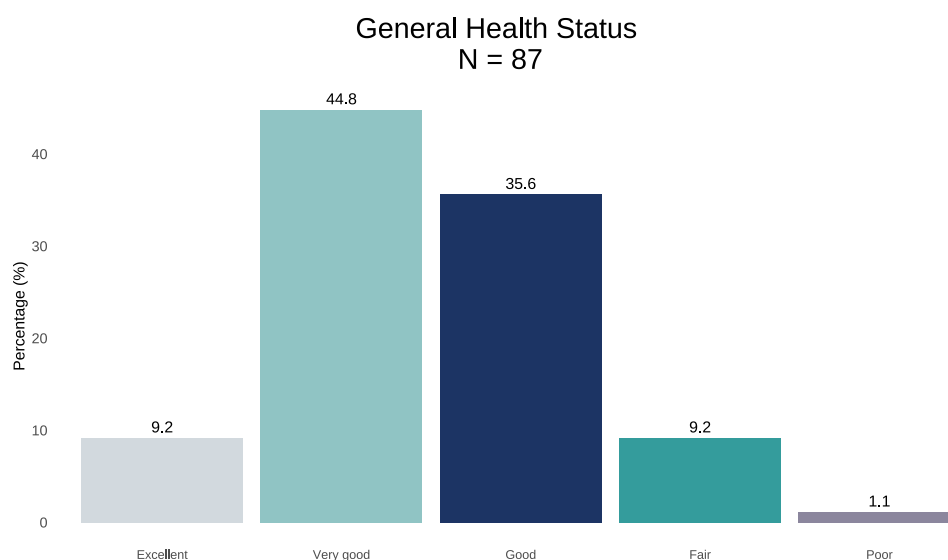
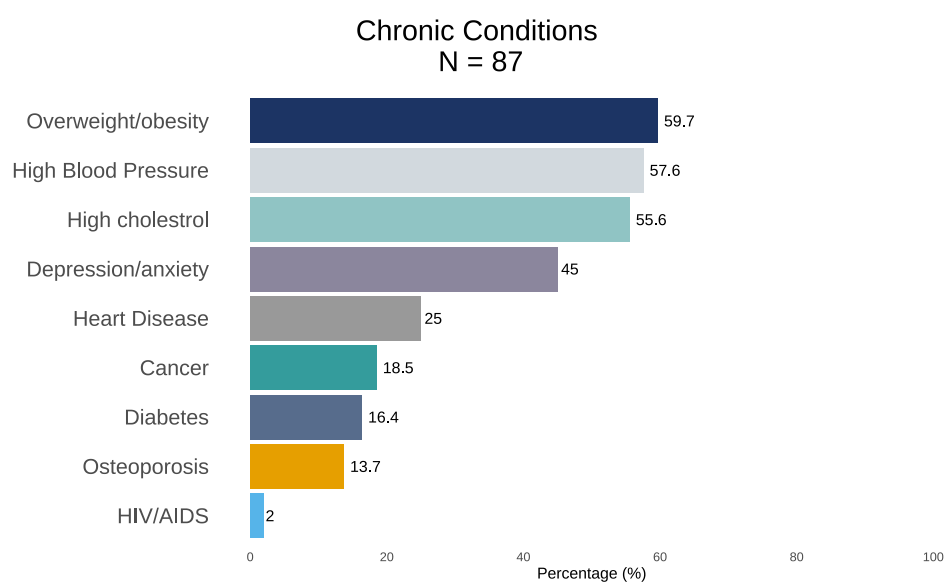


Figure 25. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition, and Physical Activity

Near one in ten (11%) of respondents reported currently smoking tobacco products (Figure 26). About two out of five respondents (43%) reported eating the recommended five servings of fruits and vegetables daily (Figure 27). Of those not meeting the recommended amounts, about 45% indicated that they were not able to adhere to this recommended nutrition guideline because they don't think about them and about a quarter (27.5%) because they go bad before we eat them. Similarly, about one in four respondents (25.5%) stated that they are too expensive (Figure 28).

Regarding physical activity, about half of respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week (55%) (Figure 29). Among those who do not meet the recommended amount, about half of respondents reported that they don't like to exercise (42.5%). Two out of five (40%) of participants reported that they don't have time to exercise (Figure 30).

Figure 26. Smoking Behavior

Do you currently use tobacco products?
N = 89

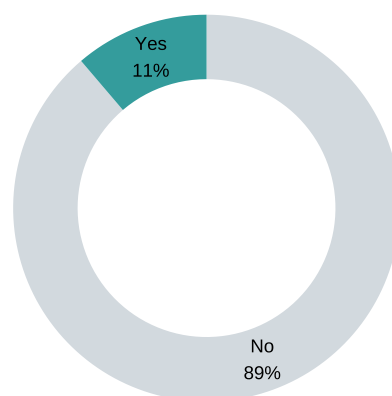


Figure 27. Fruit and Vegetable Consumption

Do you eat at least 5 servings of fruits and vegetables a day?
N = 89

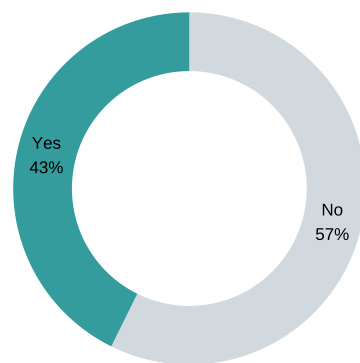
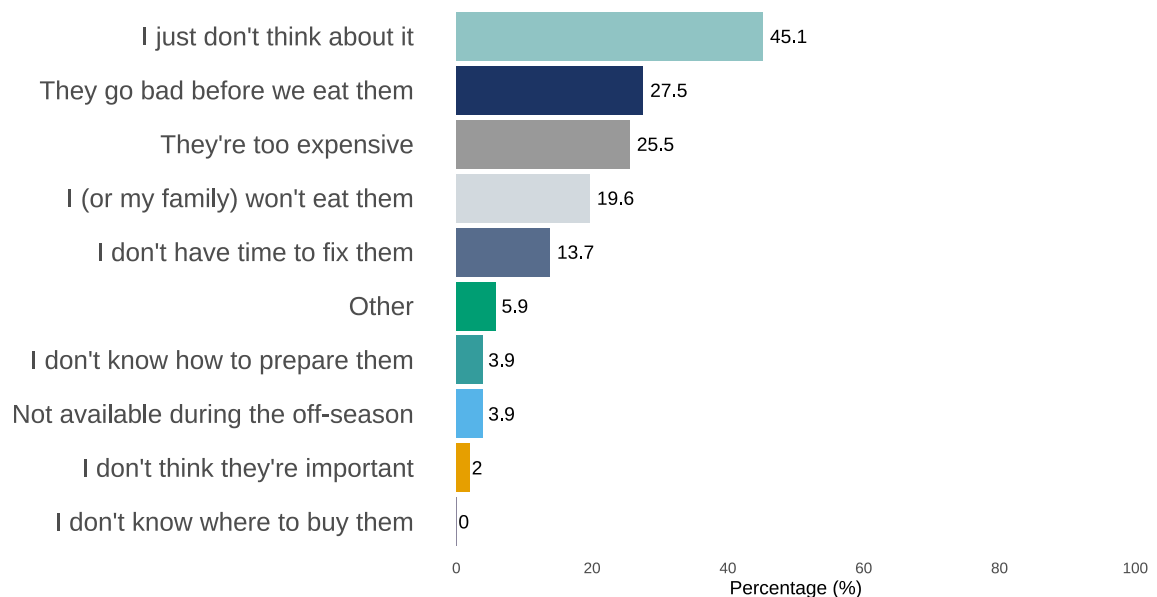


Figure 28. Reasons for Inadequate Vegetables and Fruits Consumption

Reasons for Inadequate Consumption of Fruits and Vegetables
N = 51



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

Figure 29. Physical Activity

Do you currently get at least the recommended amount of physical activity
(30 minutes per day, 5 days per week (total of 2.5 hours per week)?
N = 89

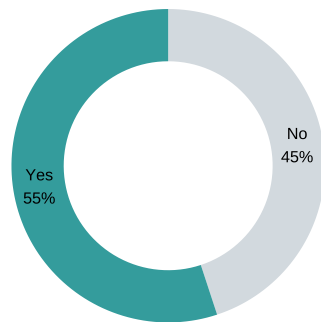


Figure 30. Inadequate Physical Activity

Reasons for Lack of Adequate Physical Activity N = 40



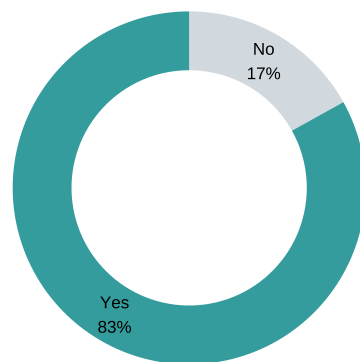
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100

Preventive Screening

More than eight out of ten (83%) of respondents 45 years and older reported having ever received a colonoscopy (Figure 31).

Figure 31. Colon Cancer Screening

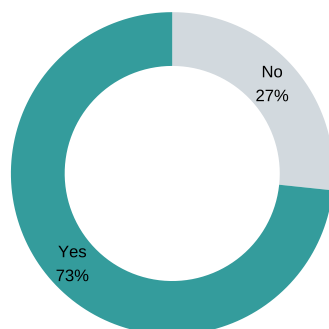
If you are 45 years or older, have you ever had a colonoscopy?
N = 65



About three out of four (73%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 32).

Figure 32. Prostate Cancer Screening

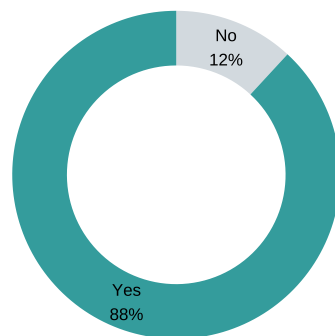
If you are a male over the age of 40, have you had a discussion with your healthcare provider about prostate cancer screening?
N = 15



About nine out of ten (88%) of female respondents 40 years or older reported they received an annual mammogram (Figure 33).

Figure 33. Breast Cancer Screening

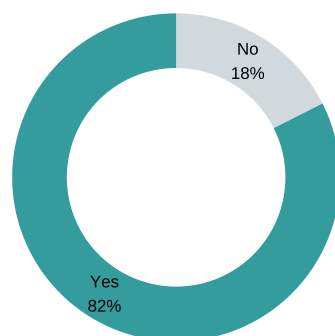
If you are a female and 40 years or older,
do you have an annual mammogram?
N = 59



Like mammography, about eight out of ten (82%), of female over the age of 21, reported having received a pap smear in the last five years (Figure 34).

Figure 34. Cervical Cancer Screening

If you are female and over 21, do you have a pap
smear at least every 5 years?
N = 74

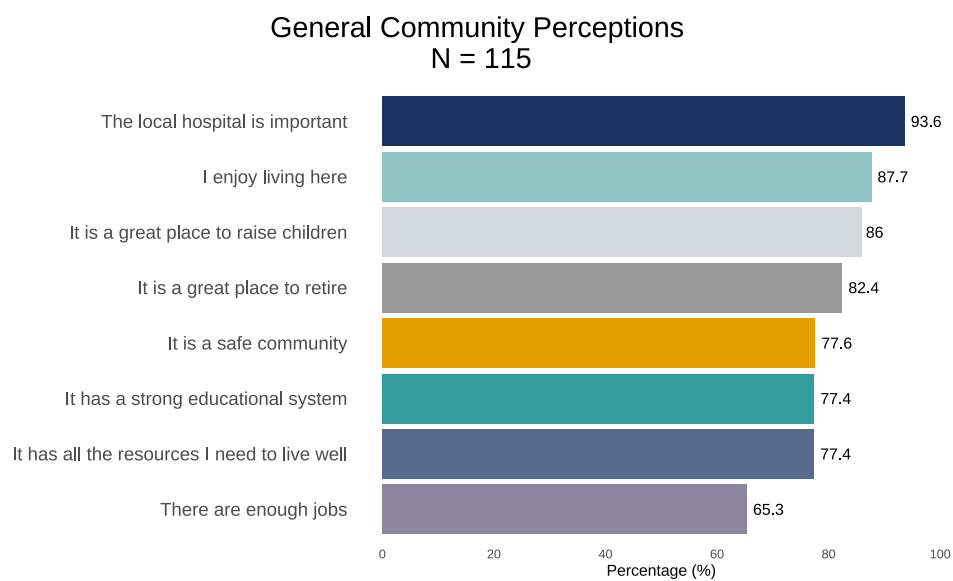


COMMUNITY PERCEPTION

General Community Perception

About nine out of ten (93.6%) respondents either agreed or strongly agreed that the local hospital is important. About nine out of ten respondents (87.7%) strongly agreed or agreed that they enjoy living in Colquitt County (Figure 35). Similarly, about seven out of ten respondents agreed that the community is a great place to raise children (86%), it's a great place to retire (82.4%) and it's a safe community (77.6%). However, about two-thirds of the residents (65.3%) felt there were enough jobs (Figure 35).

Figure 35. General Community Perceptions

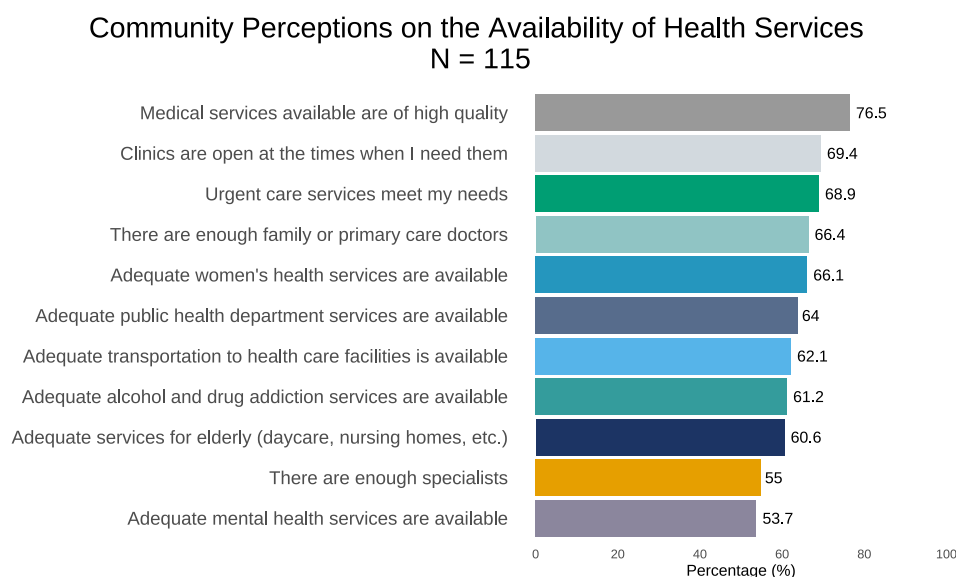


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perception Concerning Health Care Services

Respondents reported inadequacy in mental health services, enough specialists and services of the elderly in the community (Figure 36).

Figure 36. Community Perceptions Concerning Health Care Services



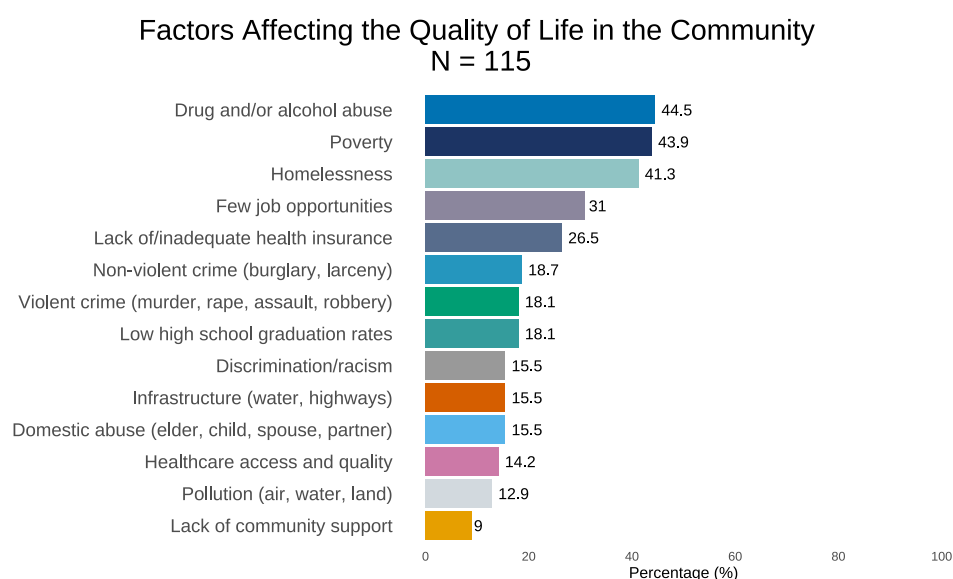
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Health and Quality of Life

About half of the respondents (44.5%) identified drug and alcohol abuse as the most significant factor affecting the quality of life in the community, followed by poverty (43.9%) and homelessness (41.3%) (Figure 37).

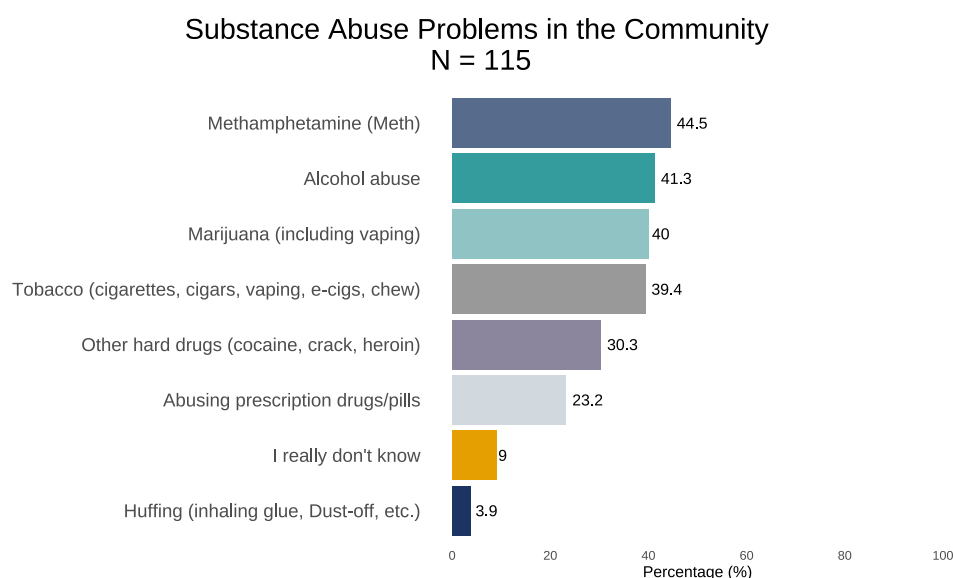
Concerning substance abuse in the community, methamphetamine (44.5%) was identified as the most commonly abused substance, followed by alcohol abuse (41.3%), marijuana (40%), and tobacco (39.4%) respectively (Figure 27).

Figure 37. 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 38. Substance Abuse Problems

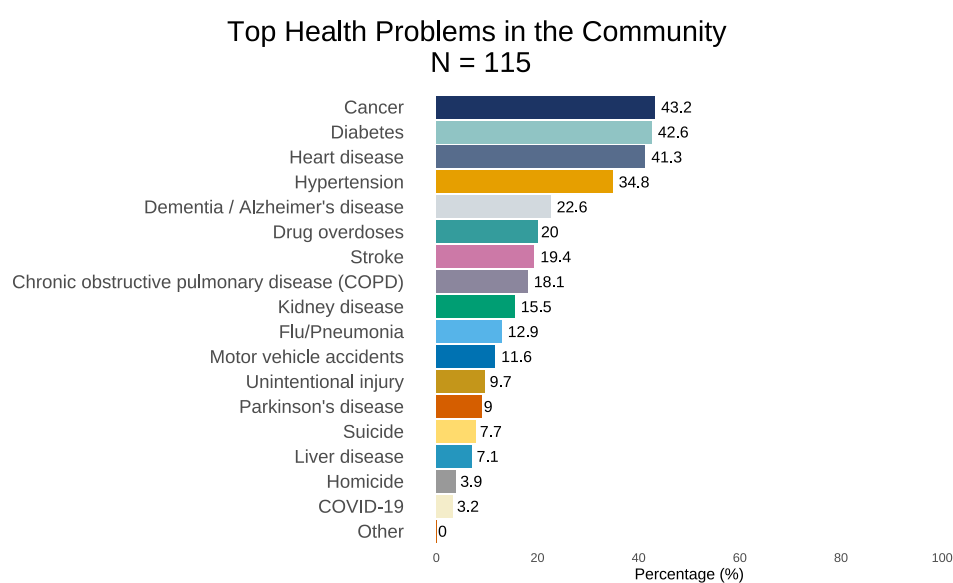


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Mortality & Morbidity

Cancer (43.2%), diabetes (42.6%) and heart disease (41.3%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 39).

Figure 39. Causes of Mortality and Morbidity



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

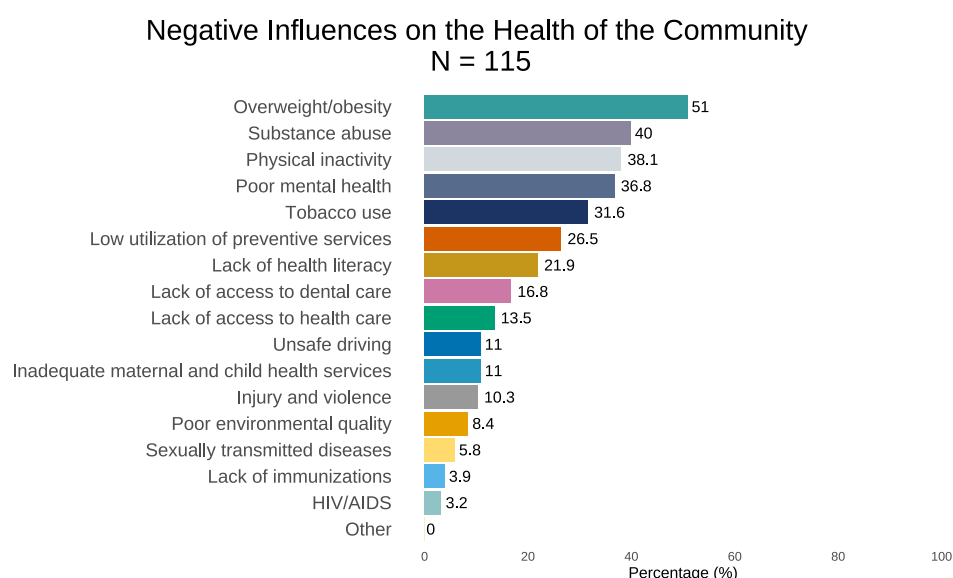
Negative Influencers of Health

Obesity/overweight (51%), substance abuse (40%), and physical inactivity (38.1%) were identified as the top three negative influencers of health in the community for adults (Figure 40).

Nutrition (43.2%), internet use (34.2), and parental neglect (33.5%) were identified as the top three negative influencers of children's health (Figure 41).

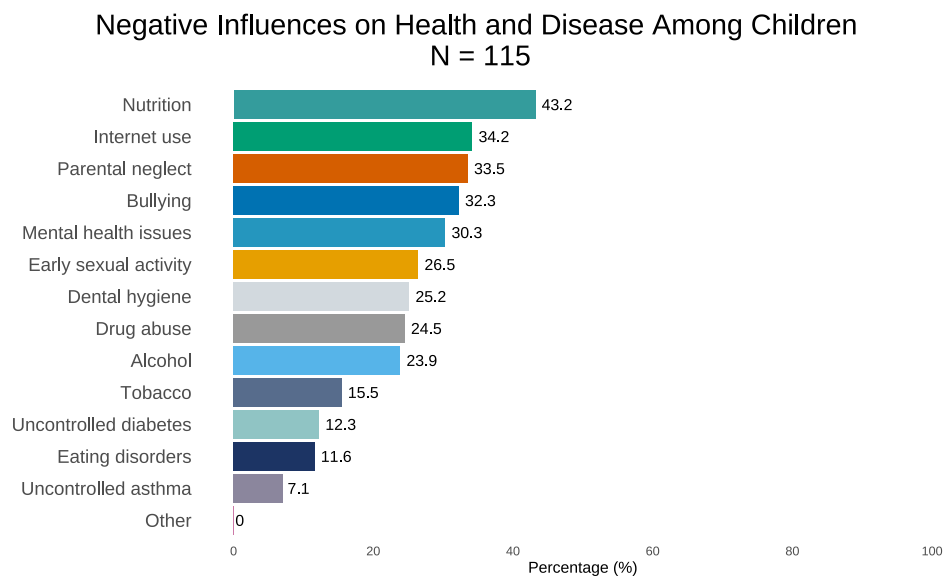
With respect to COVID-19, respondents reported that social isolation (35.5%), financial stress/challenges (34.2%) and mental health issues (29%) were the top three issues exacerbated by the pandemic in Colquitt County (Figure 42).

Figure 40. Negative Influencers of Community Health



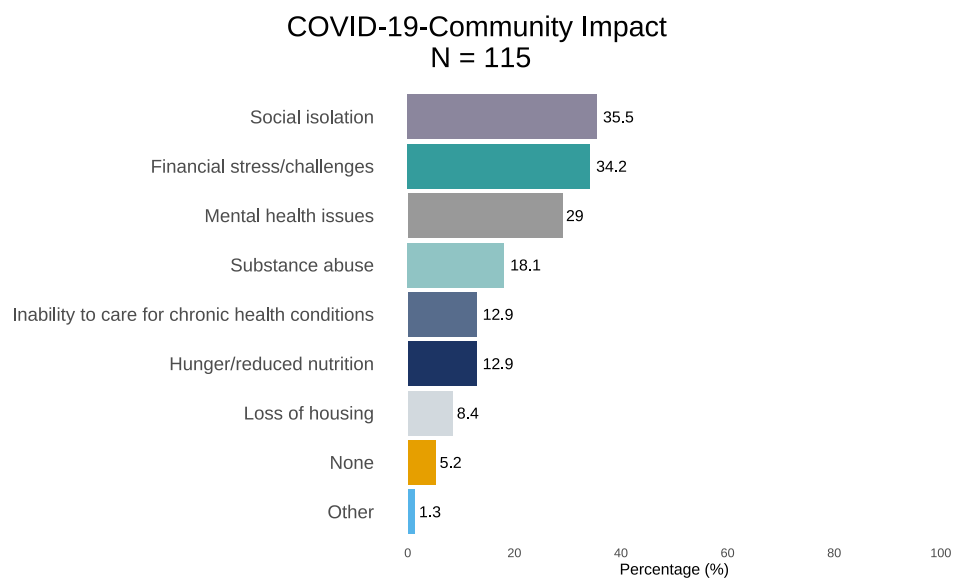
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 41. Negative Influencers of Children's Health



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

Figure 42. COVID-19 Community Impact



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

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

Nearly two-thirds (60.7%) reported that they had employer-based insurance. Nearly a third were covered through Medicare and about 8% were covered by health insurance purchased through the healthcare marketplace (Figure 43).

Almost three quarters of the respondents (70.8%) reported that their usual source of care was a provider in a doctor's office setting. About 14.6% identified the local urgent care as their usual source of care and notably, about 6% reported using other sources (Figure 44).

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (97.5%), followed by the hospital (70.5%), pharmacists (69.4%), internet (63.1%), and friends and family (56.7%) (Figure 45).

Figure 43. Insurance Coverage

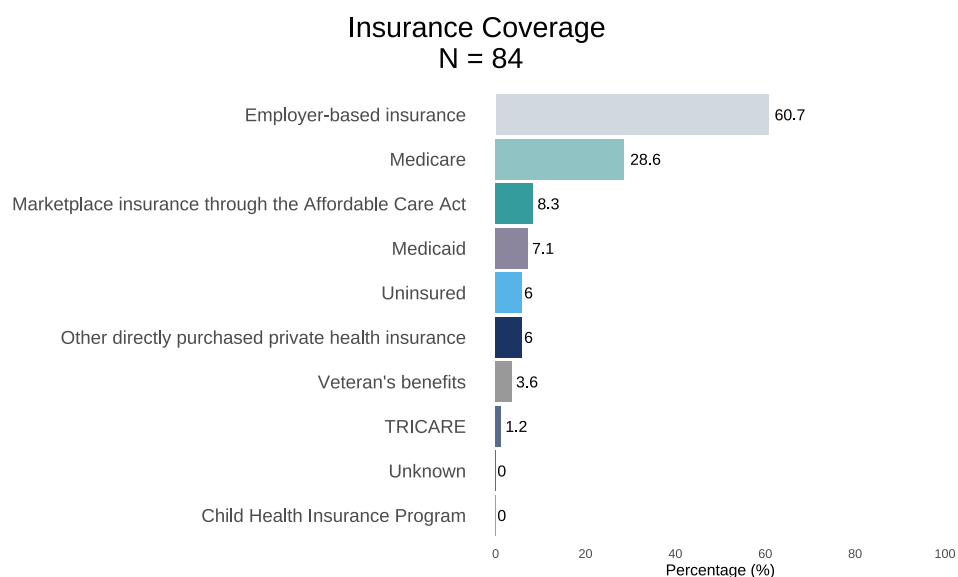


Figure 44. Usual Source of Care

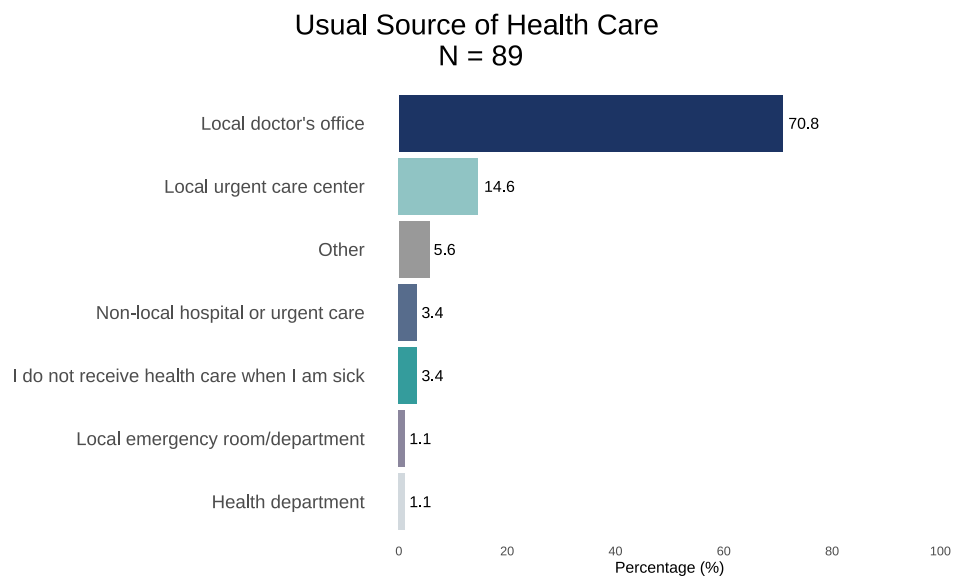
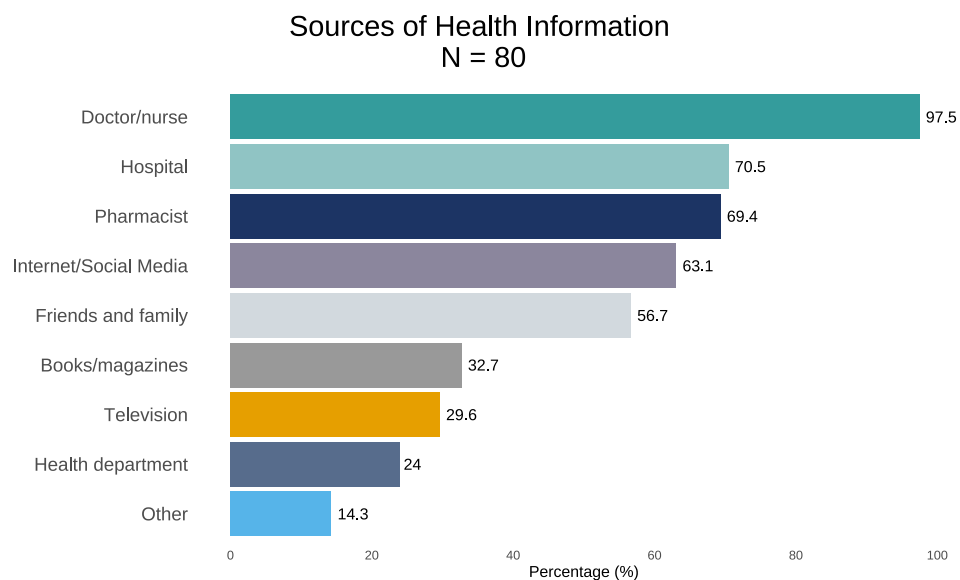


Figure 45. Sources of Health Information



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

Barriers to Healthcare Access

Nearly 17% of respondents reported experiencing barriers to health care access in the past 12 months (Figure 46). Barriers most frequently mentioned were high deductible or copay (100%), limited insurance coverage (75%), and long wait times (54.5%) (Figure 47).

Figure 46. Barriers to Healthcare Access

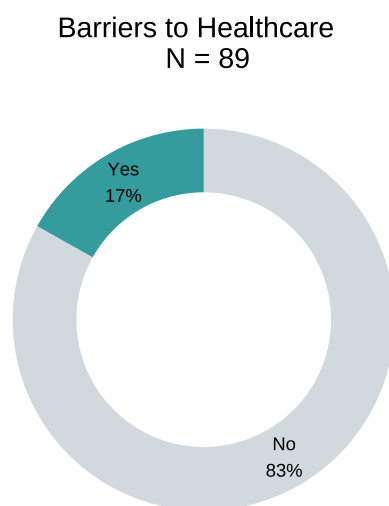
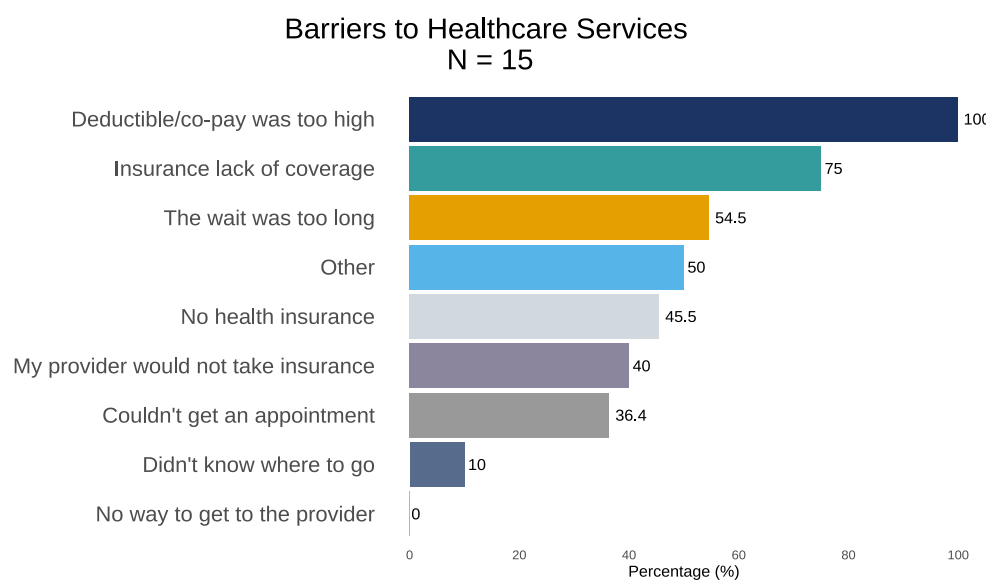


Figure 47. Specific Barriers to Healthcare Access



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

Health Specialists

Nearly two thirds of respondents (63%) expressed that there are not enough health specialists in Colquitt County (Figure 48). Pediatrics was reported as the most needed health specialty (92.9%), followed by oncology (91.7%), neurology (91.7%), and cardiology (91.4%) (Figure 49).

Figure 48. Adequacy of Health Specialists

Adequacy of Health Specialists
N = 89

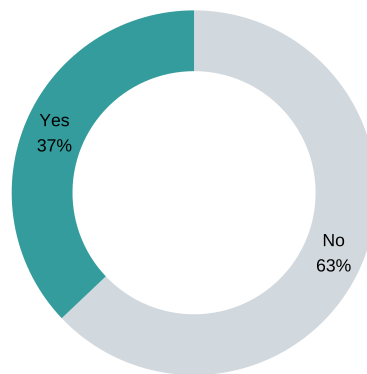
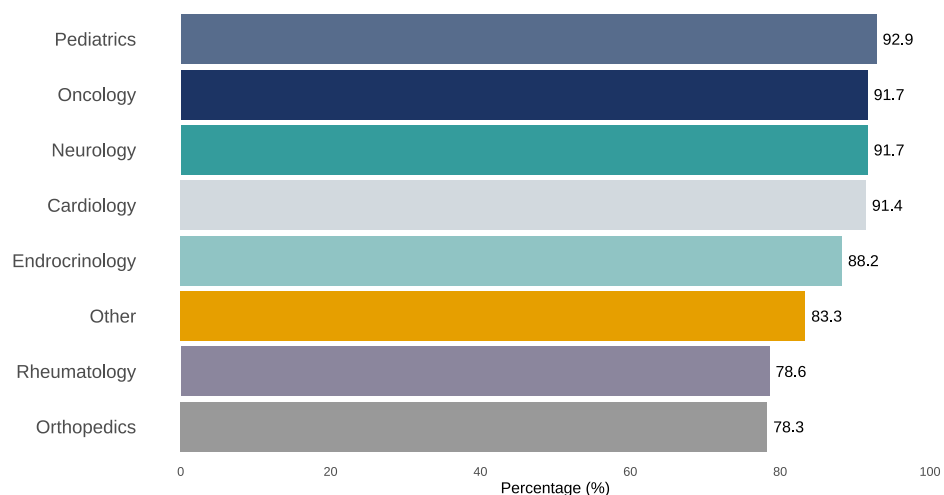


Figure 49. Most Needed Specialties

Perceived Shortage by Specialty
N = 36



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

SUMMARY POINTS FROM THE COMMUNITY SURVEY

Respondents were mostly White, younger, educated females residing in Colquitt County.

Health Status and Behavior

- The most common chronic conditions that the participants reported having include overweight/obesity, high blood pressure and high cholesterol.
- Reported adherence to nutrition and physical activity guidelines was limited among respondents.
- Reported adherence to cancer screening guidelines was generally high among participants.

Perceptions about the Community and Community Health

- Respondents had a favorable view of the community but felt that there were shortfalls in mental health services, healthcare specialists, and services for the elderly.
- Respondents identified drug and alcohol abuse, poverty and homelessness as the most significant factors affecting the quality of life in the community.
- Heart disease, cancer and diabetes were identified as the top three causes of illness and death in the community, while overweight/obesity, physical inactivity and substance abuse were identified as the top three negative influences on health.
- Nutrition, internet use and parental neglect emerged as the as the top three negative health influences among children.
- Financial stress, mental health and social isolation were identified as the top three community issues amplified by the COVID-19 pandemic.

Access to Healthcare Services

- About one in five respondents reported experiencing barriers to receiving health care in the past 12 months with high cost and limited services covered by insurance as the most common barriers.
- Almost six out of ten respondents think there are not enough health specialists in the county, with pediatrics, oncology and neurology identified as the most needed specialties.

COMMUNITY FOCUS GROUPS

Six focus groups were conducted with a total of nineteen community members. Participants discussed challenges and opportunities for improving health within the community.

EMERGING THEMES

Community Perceptions

Participants described the community as small, supportive, collaborative, and family-oriented. They also noted that the community has a large portion of migrant residents. Despite being a small town, participants said they can access needed amenities and resources relatively easily. They emphasized the strong sense of generosity and volunteerism within the community.

I personally love our community because it is so small. When there's an issue or something going on, the community just tends to rally around that person or that family and give 110% support. Living in a small rural town has its benefits as far as relationships and a feeling of community. (Participant, Focus Group 1)

Moultrie is a very giving community. If there's ever a need or a new initiative or project, people are willing to collaborate and come together individually and as organizations to address that. I think it's a great family-oriented community. There's a lot of focus on children and their activities. (Participant, Focus Group 3)

We also have a huge migrant population, and our school system is one of the largest migrant education programs in the State of Georgia, and I feel like that says a lot for us as well. (Participant, Focus Group 4)

Surprisingly, Colquitt County has pretty much everything that I desire, with the exception of Target. (Participant, Focus Group 6)

You have a balance between the rural, I guess, tranquility of the community, but you also have access to essential resources. (Participant, Focus Group 4)

Despite these positive community attributes, they pointed out significant economic disparities, describing the community as one with “haves and have-nots,” where those facing financial difficulties struggle to access resources that support health, such as stable housing (leading to high prevalence of homelessness), nutritious food, reliable transportation, and adequate health insurance.

There's always been, as far as I know, a two-rail economic situation. There's the upper rail, presumes it's going to stay the upper rail, and the lower rail that at least the upper rail thinks the lower rail will always be there as well. (Participant, Focus Group 1)

Generally, there are two extremes. We have families that are very stable, economically solvent, if not wealthy. At the other extreme, we have poor families that do find it hard to make it. (Participant, Focus Group 2)

There are those that are here that have been here that have been wealthy, and those that are here that have been here that are not wealthy, and there's really hardly an in between. There are disparities in economic status here. (Participant, Focus Group 4)

I think we, to some extent, are a county of haves and have-nots. We have very affluent people in our community, and then, we do have severe poverty. I served on the Board of Education for 12 years. Looking at the statistics there, we have a lot of children who grow up in really difficult situations. Our school system qualifies for 100% free lunch because of our overall poverty rate. I think it's very easy to sometimes be insulated from that if you're not in an area where you serve that population. (Participant, Focus Group 5)

There's a growing concentration of the homeless population, and we've had various committees and meetings where we talk about that here more and more often, but I think that is a growing concern here: the homeless population and those who are living in poverty. (Participant, Focus Group 5)

If you just spend any time at our food bank, you can see that there are a lot of people struggling and would not be able to without some assistance put in by the community. (Participant, Focus Group 1)

I think there's a lot of crime here. There is a lot of poverty. As far as the patients that we see in the hospital, they have transportation issues. We see a lot of uninsured and underinsured people who can't afford their medication. (Participant, Focus Group 6)

Perceptions Regarding the Community's Health

In addition to economic inequalities, participants highlighted geographic disparities, especially in rural areas where access to recreational opportunities (e.g., walking trails) and grocery stores remains limited.

When we lived within city limits, we were able to use a paved walking trail daily for our walks. It was safe. It was well-lit. It was easily seen by the road, so we were very comfortable using that space. When we moved to the northeastern part of the county in Norman Park, there were nothing but dirt roads. I was almost hit twice by a car going too fast when I was trying to run on the dirt road. (Participant, Focus Group 1).

We also live in the county instead of in the city proper, so access to recreation and safe places to exercise, having access to a grocery store with healthy items and not

just a Dollar General, are issues... I would say that represents a lot of people who are not in the system. (Participant, Focus Group 1)

Regarding health conditions, the main concerns identified were hypertension, cardiovascular diseases, diabetes, and cancer. Obesity rates were reported as high in the county and are a major factor contributing to the community's high prevalence of chronic conditions.

My main concern still is obesity across the community. I see more of it in children now than I've seen before, but many adults. In fact, I see it in our own nursing staff and teachers, people you think of as role models, who are carrying about 80 pounds more than they should be. I don't know how to tackle that. (Participant, Focus Group 2).

Hypertension and obesity go together. Diabetes management is another big one. (Participant, Focus Group 4).

The other thing is we have a high cancer rate in all different kinds of cancers. I live in front of a pecan orchard, and every time that they go out there and spray those pecans, which is every other week, my wife runs inside, and she's like, "There goes the cancer chemicals again." There's been a lot of talk about that. I'm sure that on some level, that may contribute, but there is definitely a higher rate of cancer in our area of the country than in other areas. That's another health issue that's prominent. (Participant, Focus Group 5)

Top Community Health Needs

Key health needs identified included the following:

Transportation: Participants recognized the hospital's ongoing efforts to address transportation barriers but noted that transportation remains a major and ongoing challenge. They described it as a widespread issue with no easy fix, impacting many residents' ability to access healthcare and other essential services.

Transportation's number one. It's been an issue since I lived there 10 years ago. It's still an issue today. I know there's been a lot of research done to look at different funding possibilities, different routes for bus systems, and where the most likely need would be to pilot a program like that. Nothing concrete has been delivered yet.. (Participant, Focus Group 1).

It's a lot of our patients we pick up and bring here just because they don't have transportation. They wouldn't come to an appointment because they can't afford to miss work, and also pay somebody to get to this appointment. That's a big struggle. (Participant, Focus Group 1).

Many of the challenges are transportation. We are a rural county, so it's difficult to get to these places to experience good health... a lot of it is transportation, which we can't solve, but we try to (Participant, Focus Group 2).

Constraints to Healthcare and Mental Health Access: Participants identified the limited availability of specialists, including medical, mental health, and dental subspecialties for children, as a common barrier to healthcare access in the community. The impact of this was more pronounced for low-income and migrant populations, as well as those with limited transportation.

We do lack some medical specialties that – not for lack of trying, the hospital admin has continued to try to recruit certain specialties – we just can't get any specialists in certain things here. For example, endocrinology, huge need, no endocrinologist. (Participant, Focus Group 1).

A lot of our children are on Medicaid, and so things like the dentist here are very reluctant to take Medicaid patients unless it's a crisis. (Participant, Focus Group 2).

Additional pediatric psychiatrists, and other mental health counselors. There's a big provider gap there as well. There's some, but it's hard to get in. Again, specifically those that can specialize in pediatric care, that's a big gap. Most people probably have to travel 30 to 45 minutes to get to a pediatric psychiatrist. (Participant, Focus Group 2).

I think getting appointments for primary care can be challenging... Dermatology, I think, too, is a lack of dermatology. (Participant, Focus Group 4).

There's still a need for more general practitioners in our community. I have a primary doctor, but still, most of the time I get sick, I end up just going to a walk-in clinic because it's so hard to get in. (Participant, Focus Group 5).

While participants acknowledged an increase in mental health resources within the community, they emphasized the need for more inpatient resources, as well as peer support and counseling services in the ER to help stabilize patients during mental health crises.

We've got to go figure out something from the psychiatry side. (Participant, Focus Group 1).

As far as mental health, just from the hospital perspective, a lot of times we are trying to get a patient to another inpatient facility. If they don't have insurance, that's a struggle sometimes. (Participant, Focus Group 6).

If the hospital had a certified peer specialist on call or someone with a lived experience of mental health issues, and/or even addiction issues, they could be hired on an as needed basis to come in because they are trained and also have the

lived experience to help deescalate that patient and can improve the situation, hopefully to get them where they need to go.(Participant, Focus Group 6).

Additionally, participants identified health insurance coverage barriers as a significant factor that limits access to needed care, making it difficult for residents to get timely and appropriate treatment.

Health insurance is not affordable. Almost at any level, but certainly in that two-tier level we've talked about economically. Especially for that bottom tier, health insurance is hardly a possibility. (Participant, Focus Group 1).

It's expensive to have health insurance. It's expensive to go to the doctor. I think people who are struggling and who are lower income have to make choices, whether it's pay the doctor bill, buy groceries, fix the car, or buy shoes. (Participant, Focus Group 2).

Food insecurity: Food insecurity was identified as a significant community issue caused by poverty and limited access to grocery stores and healthy foods. This problem was particularly severe in the more rural areas of the community, where residents often face long travel distances and limited availability of nutritious options. Participants noted that the lack of healthy choices leads to the consumption of less nutritious, more convenient foods, which contribute to obesity in the community.

There's been a lot of talk over the years about it being a food desert in terms of the lower-income people eating a healthy diet. That's always been a concern. It has been for several years. That affects health, this poor diet. We do have a high incidence of obesity among children as well as adults. That is a determinant for poor health. (Participant, Focus Group 2).

I think purchasing quality food is probably a barrier for a lot of people. The older I get and more things I experience and research I do, I really think that has a lot more to do with our health than just about anything we can do is having that quality food. I think you've also got people who are not learning to really cook as they grow up. (Participant, Focus Group 5).

Health literacy and nutritional education: Promoting health literacy, including awareness of health-promoting behaviors such as proper nutrition, was identified as an area of opportunity within the community. Particularly regarding nutrition, widespread education was deemed necessary to overcome ingrained, generational dietary habits prevalent in southern culture.

I think the lack of education about food and calories, and healthy eating is the big barrier. Also, weight management, diabetes management, and all those items that go with a lower socioeconomic community. (Participant, Focus Group 4).

You're also fighting the culture of the South when you live in Southwest Moultrie. You've got sweet tea, you've got everything fried, you've got social events that

encourage food, encourage eating. "Oh, take one more plate." There's a certain politeness associated with overeating. There's a whole culture that overshadows the southern part of the US, too, that you're fighting. (Participant, Focus Group 1).

I think it all goes back to healthy lifestyle and a lot of, especially older generations, the southern cooking. We cook with fat and grease and butter, and we eat vegetables, but we add the fat and the bacon grease and all that back on there. I think some in the younger generations have shifted and swapped out changes, made some healthier choices. Still, it's something that I think we all struggle with. (Participant, Focus Group 2).

I was raised right here. Healthy food choices, when you have a sweet tooth and you love fried food, you don't realize until later that that may not be the best thing. (Participant, Focus Group 6).

Competing priorities and the need for convenience also contributed to unhealthy nutrition and lifestyle choices, leading to obesity (including among children) and chronic conditions.

I think our challenge is that fast food is really easy to grab when you're on the go, going to the baseball games, and all the things with your kids and your family. It's easy to eat that way. It's harder to eat healthy. It's hard to make time for physical activity. Then it's really easy to get into those bad habits or not have any good habits. Then it leads to diabetes, hypertension, and heart disease. (Participant, Focus Group 2).

Regarding the need for nutritional education, participants noted the following:

Fruits and vegetables and whole foods, a lot of that involves real cooking, and whether it's not having access to the correct appliances and tools to cook those things, or just not having those skills. I know when we've helped with food drives and given out stuff before, like you try to give out asparagus, and people don't even know what it is or what to do with it. That's a problem, even if you can provide the food, if they don't know what to do with it or how to serve it, that's not going to do a lot of good. (Participant, Focus Group 5).

I think that [there is a] lack of awareness of just how to take what you can find at Dollar General and make it into a healthy meal very quickly. Places like the Extension Agency can help with that, but people are often unaware of these agencies. (Participant, Focus Group 6).

Limited awareness of available health resources: Despite ongoing efforts and programs to address the social determinants of health within the community, participants noted that a large portion of community members remained unaware of the resources available to improve health and quality of life, as well as how to access them. Participants emphasized the importance of using diverse communication strategies to boost public awareness.

I just feel like people do not get healthcare because either they can't find out who they're supposed to call, no one seems to be able to help them, or language is a barrier. (Participant, Focus Group 1).

How do we get our community the knowledge of what is available? Do people in the community know that that's available? How can they get that assistance to get their kids active? Do they know about the Rec Rollin' gym? Do they know about the walking trail? We assume everyone does, but do they? I think communication is just big because not everyone uses Facebook and Instagram. (Participant, Focus Group 1).

I feel like there are resources here. Yes, some of those are expensive, but then there are resources that don't cost anything. I think, as a general rule, the public, they are not aware of the resources that they can access at no charge. (Participant, Focus Group 6).

You have to have multi-generational approaches [to educate the community]. You've got newspaper folks, social media folks, and word of mouth folks. You've got to have multiple messages. (Participant, Focus Group 1).

Opportunities for Hospital-Led Interventions to Improve Community Health

The hospital was described as a thriving, forward-thinking, operationally savvy, and community-focused facility. It was praised for being very active and intentionally invested in the community.

[We] have a hospital that's deeply invested in the community and consistently responds to community needs. (Participant, Focus Group 1).

[The CEO] has a requirement of all directors, all administrative suite, and all directors that they have to do four hours a month in community service. They serve on boards of community agencies. They have to do it. It's part of their contract. (Participant, Focus Group 2).

I think they're [the hospital] very active. Pretty much most community events they have a presence at. They're willing to sponsor different things and support different groups and projects. Their employees are involved in the community and seem to be given the opportunity to leave during the workday to attend board meetings or non-profit activities. From my perspective, they're very community-focused. (Participant, Focus Group 2).

Accordingly, the hospital was viewed as well-equipped to lead collaborative efforts (a) to promote health education and resource awareness, and (b) to increase access to timely health care. Specific opportunities include:

- **Leveraging the hospital's strong marketing abilities and partnering with local community organizations on wellness-focused activities and programming to**

increase awareness and education about health behaviors and health-promoting resources within the community.

If there's something Colquitt Regional does well, it's marketing. I wonder if we might be able to use that strength to move the needle just a little bit for marketing those healthy behaviors and those healthy success stories for parents and kids. (Participant, Focus Group 1).

Something else the hospital, I think, could help with is literacy. (Participant, Focus Group 1).

Some wellness-focused activities, partnering with Parks and Rec to help promote healthy lifestyles for families and all ages. I think those would be kind of a low-hanging fruit, but could have some really positive community impacts. (Participant, Focus Group 2).

- Expanding access to diagnostic services and specialty medical and dental care, especially in family medicine, endocrinology, gastroenterology, rheumatology, geriatrics, dermatology, and pediatric subspecialties.

There are still some diagnostic things that I would like to see us get here. One thing that comes to mind is the mammogram machine that you can lie flat on, as opposed to the traditional mammogram machine that we have, that is not available in our community and only one place within two hours that I'm aware of (Participant, Focus Group 5).

I would like to see more with the hospital in the form of specialty collaboration. It's very hard for us to get our H2O workers, our agricultural workers, to specialties. (Participant, Focus Group 1).

- Addressing transportation and specialty access barriers through the expansion of telehealth (especially in school systems) and the addition of a mobile clinic.

Telehealth for pediatric subspecialists. I have a very large number of pediatric patients whom I personally take care of. I have a growing number of complex care kids, not only in my patient population, but in Colquitt County in general. Pediatric subspecialty care is nearly impossible to get because most of our children have Georgia Medicaid. (Participant, Focus Group 1).

[Consider] something that maybe goes out into the community to help offer basic screenings, maybe. I don't know. Just telehealth check-ins for the underserved. I just think that would be interesting. I'm just saying if y'all want to add on something else... This is just something I see on the side. We get a lot of calls about mostly dental and vision. Just go in to people, because I know transportation is an issue. (Participant, Focus Group 5).

Like a mobile clinic... Yes, that's definitely a need. That's a great suggestion. Since transportation is a challenge that's been identified, that would be a great way to serve folks, especially for preventative measures. (Participant, Focus Group 2).

- Increasing awareness about indigent care resources for low-income patients and enhancing health insurance navigation services through partnerships with other providers

I think having someone who can help them navigate resources and navigate the health insurance system would be just a welcome resource in the community. (Participant, Focus Group 1).

I feel like indigent care is not very widely known. I wish they would give more information on that for people, provide what those resources are that they give, and what they do. (Participant, Focus Group 5).

- Increasing availability of bilingual services

There's more than just Spanish in the community. There are other dialects that have to be accounted for. Just more multicultural services in general. (Participant, Focus Group 1).

- Adding urgent care facilities or extending outpatient clinic hours to include evenings and weekends.

We have like walking clinics, but we don't have true urgent care. There's a lot of stuff that goes through our ER that really should be in an urgent care, but we just don't have that. (Participant, Focus Group 5).

- Expanding home health services within the community.

I would like to see more home health care and expanded home health care for that in particular...My mom, for a 10-year period, could have really used more relief than what she was able to find in caring for my dad with Parkinson's. First-hand experience with that, and I know there are many others that I know in the community that could really benefit from having an expanded offering for that. (Participant, Focus Group 5).

These strategies were seen as critical interventions for improving access to care and promoting healthier behaviors across the community.

SUMMARY POINTS FROM THE FOCUS GROUPS

Nineteen community stakeholders participated in the community focus groups. Participants discussed barriers and facilitators to health and well-being within the Colquitt County community.

Perceptions about Community and Community Health

- Community members describe their community as small, supportive, collaborative and family oriented.
- Issues of stable housing, nutritious food, reliable and adequate health insurance, presenting formidable obstacles to residents' well-being.
- Recreational opportunities and grocery stores remain limited.

Perceptions about Health and Healthcare

- Lack of transportation, constraints to healthcare and mental health access, food insecurity, health literacy and nutritional education, and limited awareness of available health resources add to the community's healthcare burden.
- Shortages in needed specialty care services further compound these challenges in Colquitt County.

Hospital's Role in Advancing Community Health and Wellness

- Colquitt Regional Health System were seen to be very active and intentionally invested in the community.
- Colquitt Regional Health System deemed as well-equipped to lead collaborative efforts to promote health education and resource awareness and to increase access to timely health care.

Health-Specific Wish List Priorities

- Increasing awareness about indigent care resources for low-income patients.
- There's a significant demand for family medicine, endocrinology, gastroenterology, rheumatology, geriatrics, dermatology and pediatric subspecialties.
- Addressing transportation and specialty access barriers through expansion of telehealth and addition of a mobile clinic.

PREVIOUS YEAR IMPLEMENTATION PLAN PROGRESS REPORT

Increase Percentage of population without personal transportation to have the ability to access healthcare.

Objective 1: Partner with the community to provide low or no-cost transportation to health care facilities.

- Promote public transportation and provide non-emergency transportation when possible.

Objective 2: Promote telehealth throughout Colquitt County as a viable alternative to access healthcare for those without transportation.

- Educate patients, caregivers, and stakeholders on the benefits and availability of telehealth services throughout the physician network at Colquitt Regional.

***This area of improvement is a challenge that the hospital is unable to amend alone. To see true change, it is going to require assistance from both the city and the county and surrounding community organizations.

- 2022
 - o Telehealth program with school system
 - o Telehealth visits with Resident Physicians
 - o Home visits for home bound GA South patients in close proximity to the organization
 - o Non-Emergency Transport to/from medical/dental appointments & pharmacies within Colquitt County, mostly paid by Medicaid
 - Scheduled through Modvicare with a 3-day notice.
 - Self-pay option
- 2023
 - o Telehealth program with school system
 - o Community paramedicine
 - o Telehealth visits with Resident Physicians
 - o Home visits for home bound GA South patients in close proximity to the organization
 - o Non-Emergency Transport to/from medical/dental appointments & pharmacies within Colquitt County, mostly paid by Medicaid
 - Scheduled through Modvicare with a 3-day notice.
 - Self-pay option

- 2024
 - o Telehealth program with school system
 - o Community paramedicine
 - o Telehealth visits with Resident Physicians
 - o Home visits for home bound GA South patients in close proximity to the organization
 - o Non-Emergency Transport to/from medical/dental appointments & pharmacies within Colquitt County, mostly paid by Medicaid
 - Scheduled through Modvicare with a 3-day notice.
 - Self-pay option
- 2025
 - o Telehealth program with school system
 - o Telehealth visits with Resident Physicians
 - o Home visits for home bound GA South patients in close proximity to the organization
 - o Non-Emergency Transport to/from medical/dental appointments & pharmacies within Colquitt County, mostly paid by Medicaid
 - Scheduled through Modvicare with a 3-day notice.
 - Self-pay option

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

Objective1: Increase the number of breast, uterine, prostate, and colon cancer screening visits by 10% over the next three years.

Objective 2: Partner with community leaders to educate the population on the availability of cancer screening resources in Colquitt County.

What was Completed:

Total Screenings 2022 vs 2025

- Mammography
 - o 2022: 1951
 - o 2025:2313
- Pap Smears
 - o 2022: 1458
 - o 2025: 1960
- PSA
 - o 2022: 1192

- 2025: 1413
- Colonoscopy
 - 2022: 313
 - 2025: 791
- 2022:
 - Relay for Life sponsorship
- 2023-2024:
 - Relay for Life sponsorship
 - Partnered with pulmonology and marketing to increase awareness for low-dose CT scans as a method to screen for lung cancer
 - Community Health Fair
 - 85 Attendees
 - Meet & Greet with Dr. Ellison, Gynecologic Oncologist
- 2024:
 - Community Health Fair at Colquitt Regional
 - 95 Attendees
 - Community Health Fair at Local Church
 - 40 Attendees
 - Relay for Life sponsorship
 - Won award for most money raised
 - PSA screenings at community health fair
 - Handing out educational materials at community health fair
 - Pink out the Night Breast Cancer Awareness
 - Lunch & Learns for Gynecologic Cancers with Dr. Ellison
 - Breast Cancer Lunch & Learn
 - 50 Attendees
 - Lung Cancer Lunch & Learn
 - 32 Attendees
 - Hispanic Heritage Month Health Fair
 - 40 Attendees
- 2025:
 - Community Health Fair at Colquitt Regional
 - 120 Attendees
 - PSA screenings at community health fair
 - Cervical Cancer Lunch & Learn

- 37 Attendees
- Heart Month Lunch & Learn
 - Addressing CHF & COPD
 - 30 Attendees
- Men's Health Lunch & Learn
 - 30 Attendees
- Promoted Gardasil vaccine at middle school open house as prevention for cervical cancer

COPD & CHF Reduction

From 2022-2025, when looking at Medicare patients, there was over a 10% reduction in COPD readmissions. We did not, however, quite achieve the goal set for CHF. Continued interdisciplinary meetings, educational health fairs, and goal setting will be implemented to work towards reaching the reduction goal.

- 2022
 - Monthly readmission taskforce meetings
 - Readmission Committee Meetings made up of multidisciplinary members
 - Medication list faxed to pharmacy upon discharge
 - Community Health Fairs
- 2023
 - Monthly readmission taskforce meetings
 - Readmission Committee Meetings made up of multidisciplinary members
 - Transitional Care Nurse completing discharge phone calls
 - Medication list faxed to pharmacy upon discharge
 - Community Health Fair
- 2024
 - Monthly readmission taskforce meetings
 - Trial period of Zoll life monitor for CHF patients
 - Readmission Committee Meetings made up of multidisciplinary members
 - Transitional Care Nurse completing discharge phone calls

- Follow up appointments with PCP and possibly specialist within 5-7 business days of discharge
- Medication list faxed to pharmacy upon discharge
- 2025
 - Monthly readmission taskforce meetings
 - Readmission Committee Meetings made up of multidisciplinary members
 - Trial period of Zoll life monitor for CHF patients
 - Transitional Care Nurse completing discharge phone calls
 - Follow up appointments with PCP and possibly specialist within 5-7 business days of discharge
 - Medication list faxed to pharmacy upon discharge

PRIORITIZATION

During the Hospital Steering Committee's meeting on August 29, 2025, the committee discussed the findings of the assessment and prioritization of needs for the next three years. Given resource limitations and the potential for significant impact, hospital management decided to prioritize four critical health needs based on the data presented. These priorities were Patient's access to care, cancer prevention and treatment, prevention and management of chronic diseases, and birthing and women's health outcome.

To arrive at these four areas, the committee thoroughly reviewed the report, considering the areas of concern highlighted by secondary data, surveys, and focus group discussions. They also examined existing activities and partnerships that address these concerns. Next, the Steering Committee developed an implementation plan to address these focus areas effectively.

Priority Area One: Patient Access to Care					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
Goal: Improve access to health care in the health system					
<i>Objective 1: Develop and promote patient centered technologies that improve access to health information and health care.</i>					
Enhance Telemedicine/telehealth platforms, including home monitoring and home visits	Identify and target new and renewed opportunities for telemedicine (Behavioral Health, School System) Collaborate with other departments (IT, Revenue Management) to expand and enhance telemedicine.	Jan 2026-December 2026 Q1-Q2	Number of telemedicine/telehealth visits Utilization Rates, billing accuracy	Technology Task Force IT and Revenue Cycle Teams	School System, Sterling Practice Groups, Home Health
Training and Development of other platforms that improve patient access, including virtual platforms for scheduling and billing, AI uses for documentation and information and use of robotics to improve patient experiences and delivery of care.	Develop system-wide enhancement plan. Task-assess, develop and deploy use of AI and robotics in priority departments (pharmacy and Supply management). Task-Enhance scheduling tools.	Q1-Q4	Completion of Plan Patient appointment wait-time and same day scheduling. Wait time reduction Provider Satisfaction/Time Saved	CIO, Patient Experience, Pharmacy, Supply Management, Clinic Staff, Health Informatics	

	Task-Assess and deploy use of technology including AI that supports patient care.				
<i>Objective 2: Provide ongoing education and training opportunities that enhance and sustain a highly engaged, well-trained workforce.</i>					
Attract and retain a healthcare workforce, including specialty areas, that support community health needs	Align with strategies to ensure workforce plans to hire and retain is followed.	Q1-Q4	Vacancy Rates, Turnover, Employee Satisfaction, Patient Satisfaction	HR, Clinical Leadership, Hospital Directors	
Provide professional development and training opportunities that maintain and build a highly trained workforce, including areas that focus on customer service and patient satisfaction.	Continue Education Plan that identifies and implements ongoing educational opportunities.		Classes and Competencies assessed annually	HR, Education, Directors	School Systems
<i>Objective 3: Create capacity for services and community resources that enhance and expand patient access.</i>					
Understand and address social determinants of health for patients by building and enhancing community partnerships.	Continue to engage community partners like Archway, United Way and Healthy Colquitt to scan healthcare landscape and build capacity. Improve access to transportation as a main priority. Improve access to culturally relevant health education and translation services	Q1-Q4	Number of patients using services. Number of outreach and community events/meeting attended. Numbers of events hosted.	Education, Marketing, Hospital Departments.	Archway, Healthy Colquitt Coalition, County Health Department, Community Non-profits and churches, local government.

Priority Area Two: Cancer Prevention and Treatment					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
<i>Goal: Improve health outcomes for patients diagnosed with cancer (cervical, lung, colorectal, breast and prostate).</i>					
<i>Objective 1: Increase the number of breast, uterine, prostate, and colon cancer screenings and prevention activities</i>					
Collaborate with community stakeholders to increase community involvement.	Promote screenings through community events and education.	Q1-Q4	Number of events, number of attendees, screening rates	Radiation Oncology, Marketing	DPH, School System, shelters
Partner with DPH and other key stakeholders to understand scope of vaccine education.	Increase vaccine access and information for HPV	Q3	Number of vaccines administered	Radiation Oncology, Marketing	DPH
Understand barriers to screening and develop solutions.	Expand screening eligibility for patients	Q1-Q4	Screening rates	Radiation Oncology, Marketing	

Enhance current opportunities to testing.	Offer and expand genetic testing	Q1-Q4	Number of tests	Radiation Oncology, Primary Care	
<i>Objective 2: Expand Treatment Options and Access</i>					
Understand requirements for clinical trial participation.	Clinical Trial and other treatment options for patients diagnosed with cervical, lung, colorectal, breast and prostate cancers.	Q1-Q4	Number enrolled in trials or other treatments	Radiation Oncology	
Create improved patient flow to receiving access to care.	Improve timely access to screenings, tests, treatments and care		Patients diagnosed and treated, PET scan volume	Radiation Oncology	DPH
Partner with community stakeholders and develop initiatives for increased coverage.	Explore collaborations for coverage and alternative medicines for patients		Coverage approvals	Radiation Oncology, Billing, Marketing,	Community support, regional/statewide support

Priority Area Three: Prevention and Management of Chronic Disease					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
Goal: Improve outcomes for patients diagnosed with COPD and CHF					
Objective 1: Increase multidisciplinary collaboration targeted at the reduction of COPD & CHF hospitalizations and readmissions.					
Collaborate with multi-disciplinary individuals to create a streamlined rounding process for COPD & CHF patients.	Utilize interdisciplinary rounding for all COPD & CHF readmissions.	January 2026 – Ongoing	Number of Interdisciplinary Rounds/Number of COPD/CHF Discharges	Michael Brown, Chief Medical Officer Readmission Committee	Home Health Providers Primary Care Providers
Objective 2: Educate patients and caregivers on lifestyle factors that negatively impact health outcomes.					
Collaborate across departments and with stakeholders to create accurate information across all levels of health literacy.	Provide educational materials to all COPD/CHF patients/caregivers that cover impacts of smoking, lifestyle decisions, and environmental factors.	January 2026 – Ongoing	Number of Patients receiving educational materials Number of Community Events Attended	Marketing Department	Public Health Department
Goal 2: Improve health outcomes for patients diagnosed with diabetes					
Objective 3: Diabetes Management and Prevention for patients and caregivers on lifestyle factors, medications and other factors that impact health outcomes.					
Assess current outreach initiatives and educational programs to ensure highest level of care is provided across all avenues.	Expand diabetes education and continue to work with outreach to vulnerable populations.	Q1-Q4	Numbers of inpatient and outpatient diabetes education training.	Primary Care, Education, Discharge Planning	Public Health Department School Systems

Develop up-to-date and accurate educational materials on medication management, taking health literacy levels into account.	Improve patient education and outreach on medication management, including education for primary care providers.	Q1-Q4	Numbers of providers trained Medications Administered	Education	Community Organizations Primary Care Providers
Collaborate with community and organizational stakeholders to create events regarding management and prevention. Take into account social determinants of health that could create a barrier to attendance.	Extend community outreach and education on obesity and diabetes management and prevention.	Q3	Attendees at lunch and learn, outreach materials	Marketing, Education	Public Health Department

Priority Area Four: Birthing and Women's Health Outcomes					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
Goal 1: Improve outcomes in pregnancy and childbirth.					
<i>Objective 1: Improve access to prenatal care and information.</i>					
Collaborate with community key stakeholders to determine barriers to early access to care.	Expand access to care and outreach to the community for early prenatal visits.	Q1-Q4	Early prenatal visits	Marketing, Women's Health, Education	Public Health Department Local Women's Health Organizations
Develop streamlined processes for improving access to early prenatal care. Partner with community	Analyze systems for potential access improvements.	Q3	Time to first visit	Women's Health, IT, Revenue Management	HOPE House

resources that might connect with patients before initial prenatal visit.					
Partner with departments across the organization to determine where holes in the scheduling process might occur.	Assess system for post-partum areas for improvement, follow up appointments, access to care	Q1	Number of 6 Week Postpartum visits attended	Women's Health, IT, Revenue Management	Local Women's Health Organizations
Objective 2: Educate patients and caregivers on lifestyle factors that impact health outcomes.					
Collaborate with community stakeholders and organizations for creation and dissemination of educational material and training.	Provide patient education and training, including culturally sensitive materials, social media and other mediums	Q3	Number of sessions, maternal outcomes	Marketing, Women's Health	Shelters
Create streamlined information processes for accurate reporting to be used for provider training.	Analyze hospital data sources and create specific provider training and outreach to improve outcomes.		Providers trained, data analyzed	Women's Health, Education, IT	School Systems
Goal 2: Improve outcomes for women's health issues.					
Objective 1: Improve access to women's health education.					
Partner with various community organizations and hospital departments to determine gaps in access and education.	Expand access and education to women's care for urogynecology concerns and gyn-oncology.	January 2026 - End	Patient driven volume	Women's Health, Urogynecology, Education	DPH Shelters
Develop educational material and courses for entire population, taking into account preferred language and health literacy levels.	Expand and enhance education related to women's health issues, including hormone replacement therapies	Q1-Q4	Number of outreach events	Women's Health, Urogynecology, Education	DPH

RESOURCE LISTING

In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

ALLERGY/IMMUNOLOGY

Allergy & Asthma Clinics of GA
105 Spanish Ct
Albany, GA 31707
229-438-7100

2201 US Hwy 41 North
Tifton, GA 31794
229-256-4970

ANESTHESIOLOGY

Frederick Powell, MD
Jim Shen, MD
Michael Delk, MD
3131 South Main Street
Moultrie, GA 31768
229-891-9548

AUDIOLOGY

South Georgia Audiology and Hearing Center
Nathan Rhodes, AuD
8 Live Oak Ct
Moultrie, GA 31768
229-985-1822

305 W. Hansell St.
Thomasville, GA 3729
229-228-6355

Sterling Group Ear, Nose, and Throat
Scott Daly, MD
Kellie Smith, AuD, FAAA
3 Hospital Park
Moultrie, GA 31768
229-891-3325

Hearing Center of Moultrie
Laurie McDaniel Scarrow, AuD
27 8th Avenue S.E.
Moultrie, GA 31768
229-589-8642

ASSISTED LIVING FACILITIES

Colquitt Regional Senior Care & Rehabilitation
101 Cobblestone Trce
Moultrie, GA 31768
229-891-9000

Magnolia Manor South
3003 Veterans Parkway
Moultrie, GA 31788
229-985-3422

Golden Apple
606 5th Ave. SE
Moultrie, GA 31768
229-890-5313

The Homestead at Colquitt Manor
498 5th St SE
Moultrie, GA 31768
229-891-3336

Legacy Village at Park Regency
3000 Veterans Parkway
Moultrie, GA 31788
229-890-3342

Colquitt Garden Manor
498 5th St. SE
Moultrie, GA 31768
229-891-3336

Pruitt Health-Moultrie
233 Sunset Cir
Moultrie, GA 31768
229-985-4320

Pruitt Health- Sunrise
2709 S Main St
Moultrie, GA 31768
229-985-0265

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

Colquitt Regional Breastfeeding Support Group
3131 S Main St
Moultrie, GA 31768

La Leche League of GA Thomasville
Natalie- 708-762-3153
Thomasville, GA 31792

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

Ukpong Cardiology Services

1 Sweet Bay Court

Moultrie, GA 31768

229-891-9087

Lawrence Ukpong, DO, MA, MPH, FACC

Olivia Simpson, NP-C, CLC

Sterling Group Cardiology

1 Sweet Bay Ct

Moultrie, GA 31768

229-551-0083

Pallavi Luthra, DO, FACC

Clay Sizemore, MD

Pranav Diwan, MD

Christopher Daniels, MD

Julie Posey, NP-C

CANCER SUPPORT SERVICES

Edwards Cancer Center

3131 South Main St

Moultrie, GA 31768

229-890-3514

Moultrie Oncology Support Team (M.O.S.T)

Georgetown Apartments Clubhouse

315 15th St SE

Moultrie, GA 31768

Meets 1st Monday of each month @ 6pm

Shirley Johnson- 229-891-1929

Live Strong

YMCA

229-985-1154

Strong Together Cancer Support Group

Ameris Bank Medical Education
Building

3131 S Main St

Moultrie, GA 31768

Meets Monthly @ 5:30pm

Karen Bailey- 229-890-3451

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS

877-255-4254

Georgia Division of Children and Family Services

404-657-3433

Colquitt County DFCS

449 N. Main Street, Ste A

Moultrie, Georgia 31768

229-217-4000

Family and Children Services

460 Smith Ave.

Thomasville, GA 31792

229-228-4005

FAMILY MEDICINE CLINICS

Sterling Group Primary Care

1 Magnolia Ct

Moultrie, GA 31768

229-985-3320

Sterling Group Kirk Clinic

8 Laurel Court

Moultrie, GA 31768

229-891-9016

Sterling Group Norman Park Family Medicine

139 E. Broad Street

Norman Park, GA 31771

229-769-3500

Georgia South Family Residency Center

Ameris Bank Medical Education Building

3131 S Main St

Moultrie, GA 31768

229-502-9769

CLOTHING RESOURCES

Salvation Army

www.salvationarmyusa.org

Goodwill Retail and Donation Center

141 Talmadge Dr., SE

Moultrie, GA 31768

229-785-1083

Hope House Thrift Shop

704 fifth Ave., SE

Moultrie, GA 31768

229-985-4673

Goodwill Retail Store

1915 Larkin Rd

Tifton, GA 31794

229-382-0093

Goodwill Retail Store

15072 US Hwy 19

Thomasville, GA 31792

404-301-3169

The Storehouse Thrift Store

Heritage Church

725 GA Hwy 33 South

Moultrie, GA 31768

COUNSELING

Covenant Counseling Center

600 2nd Street Southeast
Moultrie, GA 31768
229-890-2288

Family Recovery of Southwest Georgia

719 S. Main St. SE
Moultrie, GA 31768
229-456-2022

Ben Marion, LCSW, LMFT

Moultrie, GA
229-225-8296

Sterling Group Psychiatry

Ameris Bank Medical Education
Center
3131 S Main St
Moultrie, GA 31768
229-891-9443

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

Georgia Crisis & Access Line (GCAL)

1-800-715-4225

Child Advocacy Center Colquitt County

617 1st St SE
Moultrie, GA 31768
229-890-5549

DENTAL (LOW-INCOME) (MEDICARE AND MEDICAID ACCEPTED)

Farrey Family Dentistry

513 South Main Street
Moultrie, GA 31768
229-890-3908

Michael Marable, DMD

307 Fifth St., SE
Moultrie, GA 31768
229-985-5092

David Howington, DMD

8 Long Leaf office Park
Moultrie, GA 31768
229-985-8504

DENTISTRY

Alfred Agüero, 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

Dr. Matthew Carter Family Dentistry

3 Longleaf Office Park
Moultrie, GA 31768
229-985-7290

Perfect Smile

307 Fifth St., SE
Moultrie, GA 31768
229-985-5092

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 5th Street SE
Moultrie, GA 31768
229-985-5092

Redding Dental, PC

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

Main Office: 3070 Presidential Pkwy,
Suite 130
Atlanta, GA 30340
770-451-5484

Program for Exceptional Children

348 Industrial Dr
Moultrie, GA 31768
229-890-6192

Babies Can't Wait

1306 S. Slappey Blvd.
Suite A Colony Square South
Albany, GA 31701
229-299-4447

DIAGNOSTIC IMAGING

Open MRI of Tifton

1401 Tift Avenue Suite E
Tifton, GA 31794
229-387-6799
866-387-6799

Radiology Associates of Moultrie

Colquitt Regional Health System
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 31st Avenue
Moultrie, GA 31768
229-891-9333

DaVita Moultrie Dialysis Center

2419 S. Main St.
Moultrie, GA 31768
866-544-6741

EMERGENCIES / URGENT CARE

Emergency Room
Colquitt Regional Health System
3131 South Main Street
Moultrie, GA 31768
229-985-3420

Convenient Care
207 31st Ave., SE
Moultrie, GA 31768
229-217-0088

CareConnect Urgent Care
358 Veterans Parkway
Moultrie, GA 31788
229-891-3513

FAMILY MEDICINE

Sterling Group Kirk Clinic
8 Laurel Court
Moultrie, GA 31768
229-891-9016

Justin Baker, MD
Chris Bazal, MD
Robert Spruill, MD
Gary Swartzentruber, MD
Megan Oakes, FNP-C
Ashley Blalock, NP
Rochelle McCranie, PA-C
Christina Lee, FNP-C
Sean Sauls, PA-C

Sterling Group Primary Care
6 Hospital Park
Moultrie, GA 31768
229-985-3320

Mary Catherine Duskin, DO
Billy Ray Price, MD
Daphne Mlachila, MD
Stephen Yarbrough, DO
Ethan McBrayer, DO
Matt Gould, PA
Hope Littleton, PA

**Georgia South Family Medicine
Residency Center**
Ameris Bank Medical Education
Center
3131 South Main St
Moultrie, GA 31768
229-502-9769

Melissa Cardwell, DO
Kirby Smith, DO
Kayla Batchelor, DO
Jessica Brumfield Mitchum, DO

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

Salvation Army
514 N. Madison St.
Thomasville, GA 31792
229-226-3772
www.salvationarm-georgia.org

United Way
116 1st Ave SE
Moultrie, GA 31768
229-985-2627
<https://www.uwccga.org/>

FOOD ASSISTANCE

Colquitt County Food Bank
309 3rd Street Southeast
Moultrie, GA 31768
229-985-7725

Women, Infants & Children (WIC)
Colquitt County Health Department
214 W Central Ave
Moultrie, GA 31768
229-589-8464
800-228-9173 (WIC Participants)

Mom's Meals (At Home Meal Delivery)
1-877-508-6667
Momsmeals.com/contact-us/

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
Congregate Meals
912 1st Ave., SE
Moultrie, GA 31768
229-985-3610

SOWEGA Council on Aging
Home Delivered Meals
800-282-6612

FURNITURE SOURCES

Goodwill Industries
141 Talmadge Dr., SE
Moultrie, GA 31768
229-785-1083
www.goodwillng.org

Salvation Army
514 N. Madison St.
Thomasville, GA 31792
229-226-3772
www.salvationarmygeorgia.org
699-601 Ship St

Hope House Thrift Store
704 5th Ave. SE
Moultrie, GA 31768
229-985-4673

Tifton, GA 31794
229-386-1503

The Storehouse Thrift Store
Heritage Church
759 GA Hwy 33 South
Moultrie, GA 31788

GASTROENTEROLOGY

Sterling Group Gastroenterology
Sterling Center Surgery & Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

Don W. Roberts, MD

GENERAL / VASCULAR SURGERY

Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

Amber J. Holt, DO
Desden M. Soderstrom, MD
Howard L. Melton, MD, FACS
William Stembridge, DO
Stephanie Diers, FNP-C
Jordan Rentz, FNP-C
Phyllis Hughes, FNP-C

GED CLASSES

Southern Regional Technical College
800 N. Veterans Pkwy
Moultrie, GA 31788
229-891-7000
888-205-3449
<https://southerregional.edu>

HEALTH INSURANCE

Medicaid

Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-651-9982
Customer Service: 404-657-5468
Medical Policy: 404-651-9606
Hospital Services: 404-651-9606
www.medicaid.gov

PeachCare for Kids

877-427-3224
peachcare@dch.ga.gov
www.peachcare.org

Medicare

1-800-MEDICARE / 1-800-633-4227
TTY: 877-486-2048
Report Medicare Fraud & Abuse:
1-800-HHS-TIPS / 1-800-447-8477
www.medicare.gov

HOME CARE SERVICES

Colquitt Regional Home Health 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

699 GA 133
Moultrie, GA 31768
229-502-4260

HEARING AIDS/ASSISTIVE DEVICES

Hearing Center of Moultrie

27 8th Avenue SE
Moultrie, GA 31768
229-589-8642

Laurie McDaniel Scarrow, AuD

Sterling Group Ear, Nose and Throat

3 Hospital Park
Moultrie, GA 31768
229-891-3325

Kellie Smith, AuD, FAAA

HOSPICE PROVIDERS

Colquitt Regional Hospice

415 Rowland Dr.
Moultrie, GA 31768
229-890-3526

www.colquittregional.com

Regency SouthernCare

143 US Hwy 319 S
Suite 1
Moultrie, GA 31768
229-217-0523
1-888-436-8482

www.southerncareinc.com

HOSPITALS

Colquitt Regional Health System

3131 South Main Street
Moultrie, GA 31768
229-985-3420

HOSPITALISTS

Colquitt Regional Health System

3131 South Main Street
Moultrie, GA 31768
229-985-3420

Joseph Beavers, MD
Catherine Brown, MD
Jared Cardwell, MD
Heather Champion, FNP-C
Jonathan Fairley, MD
Adam Graham, MD
Tamara Johnson, MD

Witemba Kabange, MD
Brett Krummert, MD
Michael Magat, DO
Erick Myrttil, MD
Sarah Nuzzo, MD
Antoinette Patterson, D
Derrick Railey, FNP-C
Jermaine Robinson, DO
Robert Spruill, MD
Clifton Thomas, MD
Gary Trewick, MD

HOUSING / UTILITY ASSISTANCE

Georgia Housing Search

www.georgiahousingsearch.org

Utility Assistance (for existing customers)

Georgia Power: 888-660-5890

City of Moultrie

2701 1st Ave., SE

Moultrie, GA 31788

229-985-1974

229-890-5435

229-668-6000 (24 hours)

United Way

116 1st Ave SE

Moultrie, GA 31768

229-985-2627

<https://www.uwccga.org/quick-resources/community-resource-guide>

Moultrie Housing Authority

800 4th Ave., SE

Moultrie, GA 31768

229-985-4162

Colquitt EMC

16 Rowland Dr.

Moultrie, GA 31768

229-985-3620

Heating Energy Assistance Team (HEAT)

Community Action Agency

404-656-6696

Project SHARE

Salvation Army

1-800-25SHARE

INFECTIOUS DISEASE

Sterling Group Infectious Disease

Ameris Bank Medical Education Center

3131 South Main St

Moultrie, GA 31768

229-891-9009

Tamara Johnson, MD

INTERNAL MEDICINE

Francis M. Kundi, MD

14 Hospital Park

Moultrie, GA 31768

229-985-1156

J. Clyde Lamon, MD

320 Sunset Circle

Moultrie, GA 31768

229-985-5200

Sterling Group Internal Medicine

2509 South Main St.

Moultrie, GA 31768

229-890-1442

James Huffman, MD

Shelby Jones, MD

Kaylan Lancaster, FNP-C
Aaron Louviere, FNP-C

PAIN MANAGEMENT

Colquitt Regional Pain Management Clinic

Eliran Bracha, DO
Lisa Speigner, NP-C
9 Hospital Park
Moultrie, GA 31768
220-891-9548

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

Hope House
P.O. Box 794
716 5th Ave. S.E.
Moultrie, GA 31768
229-890-5244
229-985-7975, Fax
www.hopehousecares.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

Health Street Clinic

615 Love Avenue
Tifton, GA 31794

PATHOLOGY

Sterling Group Pathology

3131 South Main St
Moultrie, GA 31778
229-890-3440
Corey Porteus, D.O

PEDIATRICS

Sterling Group Primary Care

1 Magnolia Ct
Moultrie, GA 31768
229-985-3320

Daphne Mlachila, MD, MPH

CareConnect Pediatrics

460 26th Ave., SE
Moultrie, GA 31768
229-985-1457

Buford Edwards, MD
Sandra Martin, FNP-C
Addie Gay, FNP-C

PHARMACIES

LINK TO THE WEBSITE BELOW FOR A COMPLETE LISTING:

[HTTPS://WWW.YELLOWPAGES.COM/MOULTRIE-GA/PHARMACIES](https://www.yellowpages.com/moultrie-ga/pharmacies)

PODIATRIC SURGERY

Sterling Group Podiatry

2 Hospital Park
Moultrie, GA 31768
229-891-9028

Nic Dodson, DPM
Erin Dodson, DPM

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

800-71-.4225

Postpartum Support International

800-944-4773
Spanish: 971-203-7773
www.postpartum.net

National Maternal Mental Health Hotline
[833-852-6262](tel:833-852-6262)

National Women's Health Information Center

800-994-9662
www.womenshealth.gov

SAMSHA

800-662-HELP (4357)
822-487-4889
www.findtreatment.gov

PROSTHETIC DEVICES

Central Orthotics and Prosthetics

304 Sunset Cir #A
Moultrie, GA 31768
229-891-2636

Hanger Clinic: Prosthetics and Orthotics

313 Kern St
Thomasville, GA 31792
229-225-1158

PUBLIC LIBRARIES

Moultrie-Colquitt County Library

204 5th Street SE
Moultrie, GA 31768
229-985-6540

Doerun Municipal Library

185 N Freeman Street
Doerun, GA 31744
229-782-5507

PUMONOLOGY

Sterling Group Pulmonology

7 Hospital Park
Moultrie, GA 31768
229-985-4469

JOB TRAINING

Georgia Department of Labor

Career Centers

<https://georgia.gov/find-job-training>

REHABILITATION

Perform Physical Therapy & Wellness

27 2nd Ave SE
Moultrie, GA 31768
229-616-3321
info@performptw.com

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

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

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

Colquitt Regional Health System Financial Counselors
Colquitt Regional Health System, Main Campus
3131 South Main Street
Moultrie, GA 31768
229-891-9429, 229-891-9065

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

Hospital Services
404-651-9606

Division of Medical Assistance
2 Peachtree St., NW
37th Floor
Atlanta, GA 30303
404-463-5827
877-261-3117

MEMORY CARE

Legacy Village at Park Regency

3000 Veterans Parkway
Moultrie, GA 31788
299-890-3342

MENTAL HEALTH/BEHAVIORAL HEALTH

Sterling Group Psychiatry

15 Hospital Park
Moultrie, GA 31768
229-891-9443

Lisa Rudolph-Watson, MD

Georgia Pines

615 N Main Street
Moultrie, GA 31768
229-891-7375

Turning Point

3015 Veterans Parkway
Moultrie, GA 31788
1-800-342-1075
229-985-4815

Turning Point Care Center- Outpatient Clinic

719 S Main St
Moultrie, GA 31768
229-456-2022

NEPHROLOGY

Nephrology Associates

3131 South Main Street
Moultrie, GA 31768
229-891-9333

Daryl O. Crenshaw, MD
W. Merrill Hicks Jr., MD
Raul G. Santos, MD
Clayton Darley, FNP-BC

Colquitt Regional Dialysis

449 31st Ave SE
Moultrie, GA 31768
229-227-1595
www.gakidney.com

NEUROLOGY

Sterling Group Southern Neurology and Neurosciences

780 26th Ave., SE
Moultrie, GA 31768
229-502-9735

Kent Posey, MD
Hunter Collins, MD
Gwen Poole, NP
Mandi Strickland, NP-C, CGRN
Rebecca Mobley, FNP-C

NURSING HOME/SKILLED NURSING FACILITIES

Pruitt Health- Magnolia Manor

3003 Veterans Parkway S
Moultrie, GA 31788
229-985-3422
www.magnoliamanor.com

Pruitt Health- Sunrise

2709 S Main Street
Moultrie, GA 31768
229-985-7173

Pruitt Health of Moultrie

233 Sunset Circle
Moultrie, GA 31768
229-985-4320

Colquitt Regional Senior Care & Rehabilitation

101 Cobblestone Trace, SE
Moultrie, GA 31788
229-891-9000

OB/GYN

Sterling Center Women's Health

3 Sweet Bay Court
Moultrie, GA 31768
229-985-2198

Daniel York, DO,MS, FACOG
Christine Lurie, DO
Robert Stark, MD, FACOG
Jessica Fields, AGNP
Tyrhonda Mathis, NP-C

The Howard Center

514 South Main St
Moultrie, GA 31768
229-391-3500

Drew Howard, MD
Kaylar Howard, MD
Joseph Boveri, MD
Donald Menya, DO

ONCOLOGY

Edwards Cancer Center

3131 South Main Street
Moultrie, GA 31768
229-890-3514

Wen-Hui "William" Zhu, MD, PhD
Steven Johnson, MD
David Saunders, MD
Margaret Ellison, MD, MHA, FACOG, FACS
Angie Hurst, WHNP-C
Kerri Holloway-Cox, MSN, APRN, FNP-C

OPTOMETRY/OPHTHAMOLOGY

Moultrie Eye Center

2375 South Main Street
Moultrie, GA 31768
229-985-2020

Josh Newton, MD
Derrick Thornton, OD
Michael Haney, MD
Michael Magbalon, MD
Barbara Fluder, OD
Robert Assantes, OD
Matthew Biedron, OD

South Georgia/North Florida Eye Partners

115 5th Street SE
Moultrie, GA 31768
229-890-8016

Scott Petermann, MD
Wes Ross, MD
Melanie Hill, OD
Eric Kolisz, OD
Jodie Norman, OD
Anthony Johnson, MD
Courtney Sartin OD
Deborah McDonald, OD

OTHER AGENCIES/CLINICS

Colquitt County Health Department

214 West Central Avenue
Moultrie, GA 31776
229-589-8464

Ellenton Clinic

185 North Baker St
Ellenton, GA 31747
229-324-2485

CareConnect Urgent Care

358 N Veterans Pkwy
Moultrie, GA 31768
229-891-3513

Hope House Pregnancy Center

716 5th Ave. SE
Moultrie, GA 31768
229-890-5244
Text: 229-860-2777
Convenient Care
207 31st Ave SE
Moultrie, GA 31768
229-217-0088

ORTHOPEDICS

Sterling Group Orthopedics

4 Live Oak Court
Moultrie, GA 31768
229-785-2400

C. Curt Starling, MD
Dexter Love, MD
Franklin Davis, Jr, MD
Ben Klar, PA-C

Vereen Rehabilitation Center

3100 Veterans Parkway
Moultrie, GA 31768
229-890-3553

OTOLARYNGOLOGY

Sterling Physician Group Otolaryngology

3 Hospital Park
Moultrie, GA 31768
229-891-3325

Scott Daly, MD

RADIOLOGY

Colquitt Regional Health System

3131 South Main Street
Moultrie, GA 31768
229-890-3500

RECREATION

Boys & Girls Clubs of Moultrie-Colquitt County

420 W Central Ave
Moultrie, GA 31768
229-890-8600

R.D. Teen Cener
724 5th Ave NW
Moultrie, GA 31768

Berlin Youth Center
174 Wikes St
Berlin, GA 31722
229-324-4904

Moultrie-Colquitt County Parks & Recreation Authority

1020 4th St SW
Moultrie, GA 31768
229-668-0028

Moultrie YMCA

601 26th Ave SE
Moultrie, GA 31768
229-985-1154
www.subnbeltymca.org/branch/moultrie

Museum of Colquitt County History

500 4th Ave. SE
Moultrie, GA 31768
229-890-1626

SAFETY

Safe Kids Worldwide- Safe Kids Lowndes

106 South Oak St
Valdosta, GA 31602
229-561-4157
202-662-0600 (P)
www.safekids.org

RHEUMATOLOGY

Sterling Group Rheumatology

4 Live Oak Ct
Moultrie, GA 31768
229-785-2400

James Hunt, DO

SLEEP DIAGNOSTICS

**The Sleep Diagnostic Lab at
Colquitt Regional Health System**
3131 S Main St
Moultrie, GA 31768
229-890-3520

SMOKING CESSATION

Georgia Tobacco Quit Line
English: 877-270-STOP (7867)
Spanish: 877-2NO-FUME (266-3863)
Hearing Impaired: 1-877-777-6534
Text: English- Text READY to 34191
Spanish- Text LISTO to 34191
www.quitnow.net

American Lung Association
1-800-LUNG-USA

SPEECH PATHOLOGY

Colquitt Regional Speech Pathology
Vereen Rehab Center
3100 Veterans Parkway
Moultrie, GA 31768
229-891-9323

SPINE SPECIALIST

Sterling Group Spine Center
8 Live Oak Court
Moultrie, GA 31768
229-890-6612

Andrew Cordista, MD
Ashley Bostick, NP-C

SPORTS MEDICINE

Vereen Sports Medicine
3100 Veterans Parkway
Moultrie, GA 31768
229-890-6612

Hughston Clinic
207 31st Ave SE
Moultrie, GA 31768

Kevin J. Collins, MD

TEEN PREGNANCY SUPPORT

Hope House
716 5th Ave. S.E.
Moultrie, GA 31768
229-890-5244
www.hopehousecares.org

TRANSPORTATION

ModivCare Solutions (Georgia Medicaid)
1-888-224-7988 (East)
1-888-224-7985 (Southwest)

**Southwest Georgia Regional
Transit**
(888) 224-7985

Colquitt Regional Non-Emergency Transport
3131 S Main St
Moultrie, GA 31768
(229)891-9352
1-888-262-3426

UROLOGY

Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

Emerson E. Harrison, MD, FAC
Jeremy Goodman, MD
Anthony B. Davis, Sr, PA-C

UROGYNECOLOGY

Sterling Center Surgery and Medicine
115 31st Ave SE
Moultrie, GA 31768
229-502-9788 (Moultrie)
850- 825-1553 (Tallahassee)

Cheau Williams, MD, FACOG, FACS
Casey Jo Bennett, FNP-C
Brooke Blease, FNP-C
Keely Paramo, MSN, APRN, FNP-BC

UNIFORMS

Ann's Medical Scrubs

101 1st St NW
Moultrie, GA 31768
229-890-1227

