



# **2019 Community Health Needs Assessment**

1500 East Shotwell Street  
Bainbridge, GA 39819  
(229) 246-3500

December 31, 2019

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# PURPOSE

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Every three years, Memorial Hospital & Manor conducts a formal Community Healthcare Needs Assessment (CHNA). This CHNA was created to fulfill the requirements of the federal Patient Protection and Affordable Care Act of 2010 (PPACA) and to help Memorial Hospital & Manor fulfill its mission. More specifically, the purpose of this assessment is to provide Memorial Hospital & Manor with a functioning tool that meets the Internal Revenue Service (IRS) rules published on December 31, 2014.

# INTRODUCTION

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## Overview

Memorial Hospital & Manor in Bainbridge, Georgia, has served the healthcare needs of Decatur County and surrounding communities for almost 60 years. The 80-bed community hospital and 107-bed long-term care facility, along with Willow Ridge, a 22-bed personal care facility, is owned and operated by the Hospital Authority of the City of Bainbridge and Decatur County. As one of the largest employers in Decatur County, the staff of Memorial Hospital & Manor is comprised of 406 full-time-equivalent employees (as of November 30, 2019). Members of the active medical staff currently include 19 physicians and 8 advanced practice providers. As of November 26, 2019, Memorial Hospital & Manor has earned NIAHO® accreditation by meeting the quality and patient safety standards set forth by DNV GL Healthcare USA, Inc.

## Our Mission

The mission of Memorial Hospital & Manor is to deliver courteous, respectful, safe, and quality care to every patient, every time.

## Our Vision

To fulfill our mission and ensure our long-term financial stability, we will be our community's provider of choice by delivering excellent patient service from caring and engaged employees committed to continuous improvement.

## Our Values

At Memorial Hospital & Manor, we strive to provide a positive interaction with everyone who enters our facilities. By upholding our values, we create a culture in which our patients receive healthcare we are honored to provide. We are a South Georgia rural community hospital who believes in providing not only excellent healthcare to our patients, but also the service and warm hospitality our region is known for. To us this means that together we provide compassionate care by taking personal responsibility for building relationships with our patients, their loved ones and each other.

Everyone at Memorial Hospital & Manor is committed to providing the best care for every patient, every time. We achieve this focus through our shared values of:

*Accountability is expected.*

Everyone is held accountable for their role in achieving our mission. Together we take ownership of our work, are responsible for our own decisions and behaviors, and actively empower each other to be jointly responsible for all actions.

*Integrity is never compromised.*

Acting with integrity allows us to gain the confidence of our patients, our co-workers, and the community we are here to serve. Each one of us uses our knowledge and understanding of each situation to do the right thing at all times.

*Trust is earned.*

Trust is the key to all successful relationships. Our goal is to work to earn the trust of our patients, our co-workers, and our community each and every day which creates an environment of safety, reliability, and mutual support of our mission.

*Teamwork is required.*

Teamwork across the organization allows for the merging of diverse ideas which can improve our ability to achieve the mission. We all interact with others in a manner which is positive and productive for a safe and collaborative culture where all voices are valued.

*Innovation is supported.*

A passionate belief in each other and the mission of the organization is what drives our innovative spirit in problem solving and continuous improvement. Each one of us has unique talents which are valued and utilized to create innovative solutions to the challenges we face.

*Compassion is necessary.*

Compassion is what defines the healthcare we provide. Everyone faces challenges that we may or may not know or understand. We provide warm and caring services at all times.

*Excellence is a commitment.*

Our belief in what we do drives us to be the best rural community hospital in the country. In order to provide for the best outcomes and award winning care, we strive at all times to rise above the ordinary through personal and team efforts.

## **Our History**

Memorial Hospital was officially dedicated on Sunday, April 3, 1960, and opened its doors to receive patients the following day. The 80-bed hospital was built under the Hill-Burton Hospital Survey & Construction Act of 1946. Prior to the opening of Memorial Hospital, three private hospitals served the healthcare needs of Decatur and surrounding counties. Memorial Hospital was given its name in memoriam to those pioneers who made Bainbridge the medical center of Southwest Georgia, Northern Florida, and Southeastern Alabama for many decades.

When Memorial Hospital opened its doors in 1960, it was a 60,000 square feet, two story, cross-shaped building. It cost \$1,470,000 to build and \$160,000 to equip. Delta Construction



Company of Waycross was the building contractor and Gregson and Associates were the architects. Through the years, Memorial Hospital has expanded and renovated its facilities to meet the needs of a growing community. An Intensive Care Unit was added in 1986, a new Emergency Department was built in 1993, and the Radiology Department went through major renovations in 1995. Memorial Hospital & Manor completed three new building projects in 1998, which included The Kirbo Women's Center, Memorial Medical Center, and Willow Ridge Personal Care Home.

A long term care facility, Memorial Manor, was built adjacent to Memorial Hospital in 1972, when the Fidelis Nursing Home closed. An addition to Memorial Manor was constructed in 1979, adding 40 beds to the existing Manor's 67 bed capacity.

Willow Ridge, a personal care home which opened in September, 1998, is located at 801 Faceville Highway. Willow Ridge offers a beautiful home-like atmosphere for older adults who do not wish to live alone or for those who may need personal assistance with daily activities. The 14,484 square feet facility has 22 private rooms for residents, as well as spacious living, dining, and recreational areas.

Memorial Medical Center, a 26,200 square feet medical office building, opened in May, 1998, at 603 Wheat Avenue across from the Decatur County Memorial Coliseum. It houses four medical offices and the hospital's outpatient rehabilitation department.

The Kirbo Women's Center, a beautiful, family-centered obstetrical and gynecological unit, opened in December, 1998, at Memorial Hospital & Manor. This addition provides a birthing experience where labor, delivery, recovery, and postpartum take place in a single room. The Kirbo Women's Center has 8 LDRP suites, 6 gynecological rooms, a C-Section surgical suite, and 2 nurseries.

The 16,650 square foot women's center is named after the "Thomas M. Kirbo and Irene B. Kirbo Charitable Trust," which generously contributed to the construction and elegant interior design of the wing. As part of the new addition, the main entrance of the hospital was completely renovated for the first time since the hospital opened in 1960. A new front lobby, gift shop, information center, and patient accounts department provide a comfortable ambiance to welcome visitors.

## Scope of Services

- In-Patient Services
- 24/7 Emergency Medicine Services
- Intensive Care
- Behavioral Health Assessment Services
- Pathological and Clinical Laboratory
- Radiology
  - Radiography and Fluoroscopy
  - Computed Tomography (CT)
  - Magnetic Resonance Imaging (MRI)
  - Digital Mammography
  - Bone Densitometry (DEXA Scan)
  - Nuclear Medicine
- Physical Rehabilitation
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- Respiratory Therapy
- Pharmaceutical Services
- Women's Services
- Surgical
- Short Term Care
- Wound Care
- Dietetic Nutritional Services
- IV Infusion

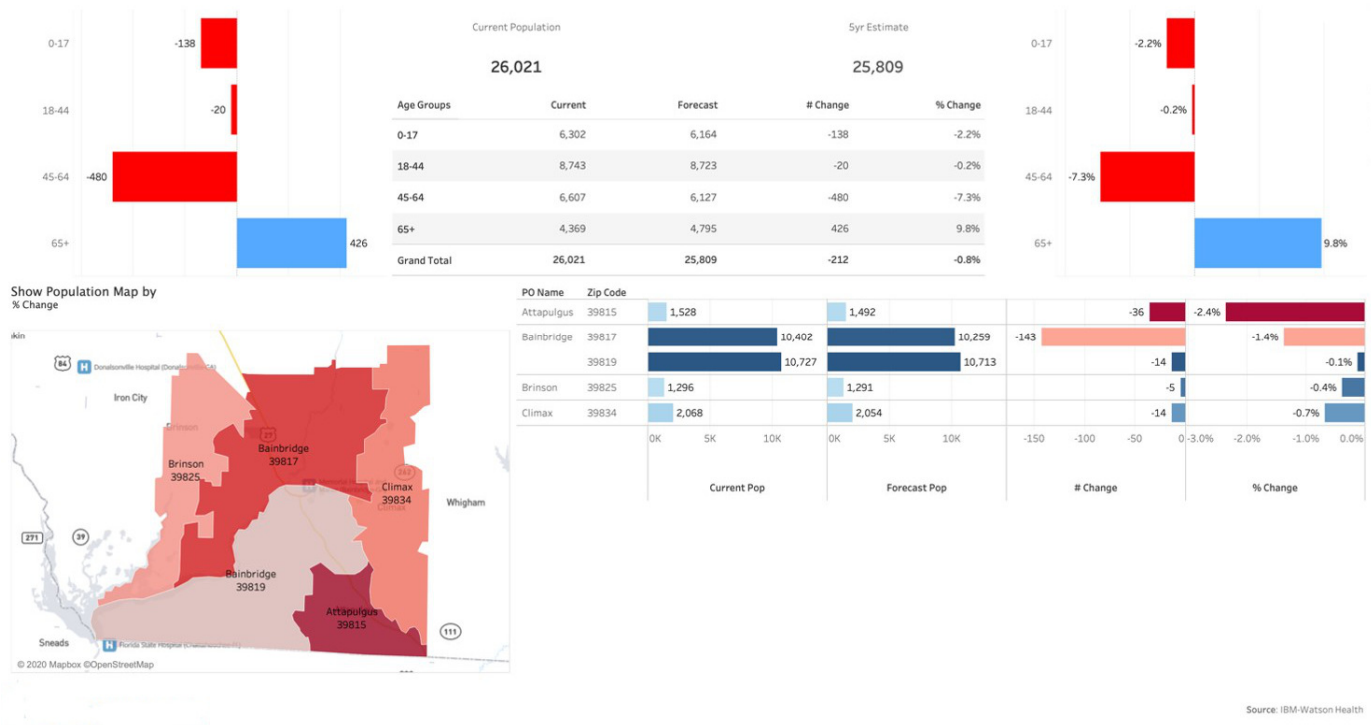


- Anti-Coagulation Services
  - Pediatric
  - Long Term Care
  - Sub-Acute Skilled Care
  - Personal Care Home
  - Telehealth
-

# COMMUNITY PROFILE: DEFINING OUR COMMUNITY

## Memorial Hospital's Service Area

### Service Area Population



## Population

- The following towns are considered Memorial's primary service area (PSA): Bainbridge, Climax, Brinson, and Attapulgus. These four towns lie within Decatur County, Georgia. Decatur County's population for 2018 is estimated at 26,404 (*Georgia's population is estimated at 10,617,423*).<sup>i</sup>

- The PSA population of approximately 26,000 is estimated to remain relatively flat over the next five years.
- The 65+ age cohort (primary users of rural hospitals) is expected to see 9.8% growth from 2020-2025, gaining 426 people, making up 100% of all growth in the service area, with other age cohorts declining. The vast majority of PSA population is in the community of Bainbridge.

The following descriptive statistics are available only at the county level: <sup>ii</sup>

### **Demographics**

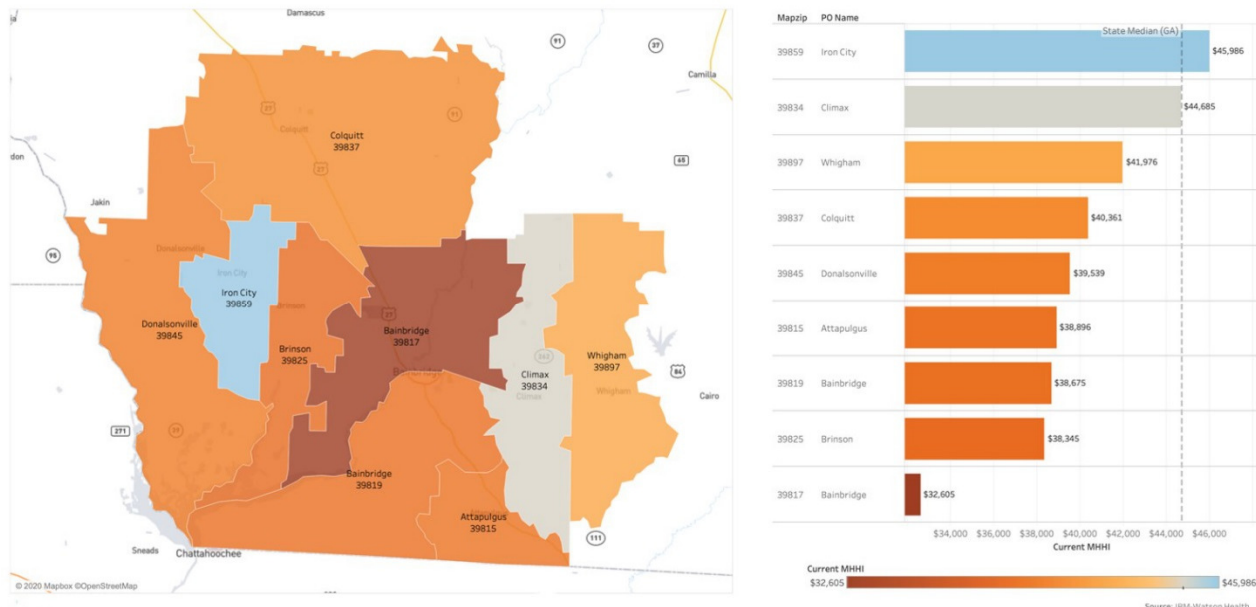
- 16.2% of the population is age 65 and over (*as compared to a state average of 13.9%*);
- 24.5% of the population is under the age of 18 (*as compared to a state average of 23.8%*);
- 49.9% of the population is White, not Hispanic or Latino (*as compared to a state average of 52.4%*);
- 42.7% of the population is Black or African American (*as compared to a state average of 32.4%*).

### **Education**

- During the period from 2014-2018, 81.6% of Decatur County residents age 25 years and over were high school graduates or higher (*less than the state average of 86.7%*);
- During the period from 2014-2018, 14.6 percent of Decatur County residents age 25 years and over had attained a bachelor's degree or higher (*less than the state average of 30.7%*).

## Income

Service Area Median Household Income



- The median household income (MHHI) in Decatur County is \$39,148 (2014-2018). For comparison purposes, the median household income in the state of Georgia is \$55,679 (2014-2018).
- 23.2 % percent of people in Decatur County lived in poverty in 2018, compared to 14.3% statewide. According to the U.S. Census Bureau, the annual poverty thresholds for 2018 were \$12,784 in annual income for one person and \$25,465 for a family of four with two children under 18 years of age. <sup>iii</sup>
- Median Household Income in the broader service area is also below the Georgia median, with the exception of Iron City.
- Bainbridge represents two of the lowest three MHHI by Zip Code in the region.
- The 2018 primary service area (PSA) population of 26,000 is a reasonably large population base to support a rural hospital.
  - PSA consists of Bainbridge, Climax, Brinson and Attapulgus

- Total service area population is expected to remain relatively stable over the next five years
- The 65+ age cohort (primary users of rural hospitals) is expected to see 9.8% growth from 2020-2025, gaining 426 people, making up 100% of all growth in the service area, with other age cohorts declining
- Median household income is below national and State averages with extremely high (30%) uninsured and 20% Medicaid

### Insurance Coverage Estimates

Payer Category (group)	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Medicaid Pre-Reform	5,213	5,165	5,222	5,198	5,175	5,232	5,183	5,156	5,136	5,117	5,091
Medicare	3,770	3,829	3,888	3,950	4,013	4,079	4,120	4,164	4,210	4,258	4,318
Medicare Dual Eligible	1,423	1,434	1,447	1,461	1,475	1,490	1,496	1,505	1,515	1,525	1,549
Private (Dir, Emp, Exch)	7,465	7,369	7,295	7,182	7,167	7,096	6,867	6,845	6,701	6,666	6,629
Uninsured	8,125	8,182	8,116	8,174	8,137	8,080	8,261	8,211	8,277	8,236	8,181
Grand Total	25,996	25,979	25,968	25,965	25,968	25,978	25,927	25,881	25,839	25,801	25,768



Source: IBM-Watson Health

- The Primary Service Area has a relatively poor insurance coverage distribution.
- Over 30% of the population is estimated to be uninsured, with an additional 20% on Medicaid.
- The Private insurance market (direct, employer, exchange) is estimated at only 28.7% in 2019, declining to 25.7% as more of the population ages into Medicare.

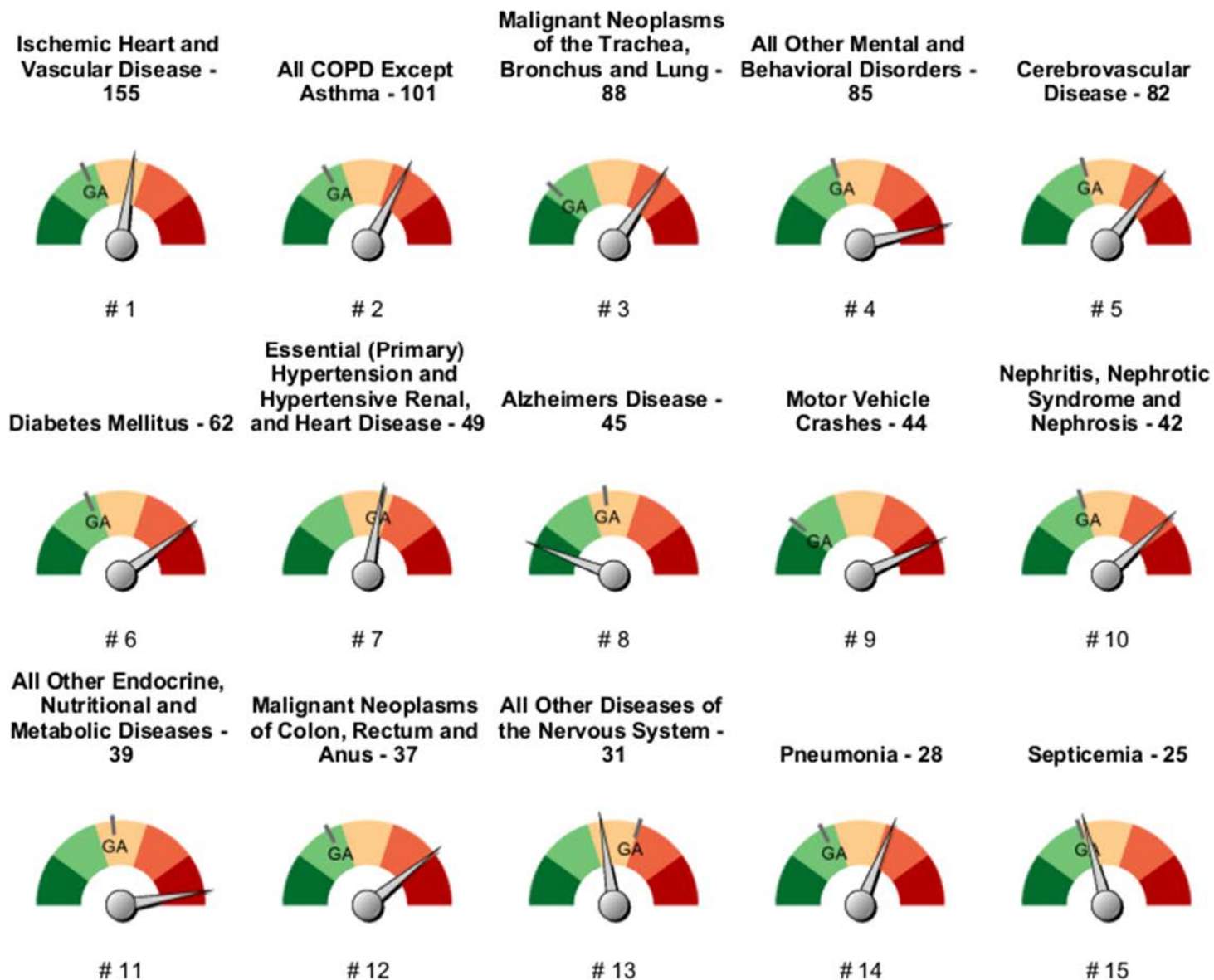
## MORBIDITY AND MORTALITY

What are the most common health issues or concerns within the community served by Memorial Hospital? Records indicate that during the past year, residents tended to seek healthcare services for the following reasons:

Top 15 Causes of Provider and Emergency Department Visits - 2019 <sup>iv</sup>	
Rank	Diagnosis
1	Infectious Disease
2	Vaccinations / Immunizations
3	Eye / Vision
4	Blood Pressure/Hypertension
5	Maternal and Infant Care
6	Routine Well Check-ups
7	General Medical (Incl. Chronic Pain, Fatigue, etc.)
8	Diabetes
9	Women's Health (Incl. Routine Well Check-Ups and STIs)
10	Mental Health Issues / Depression / Suicide
11	Substance Abuse
12	Cholesterol
13	Digestive / Gastrointestinal
14	Overweight / Obesity
15	Orthopedic

What are the most common causes of death within the community served by Memorial Hospital according to the Georgia Department of Public Health?

## Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Decatur County, 2015 - 2019





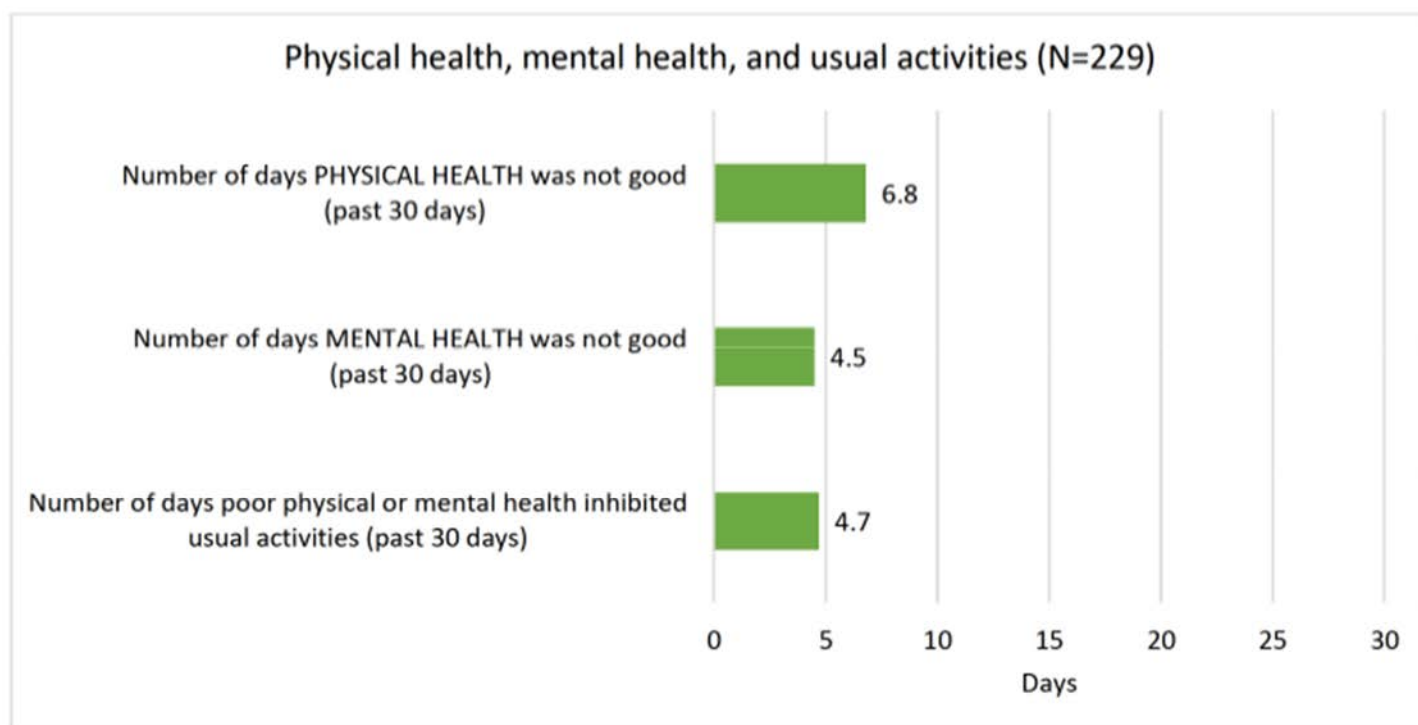
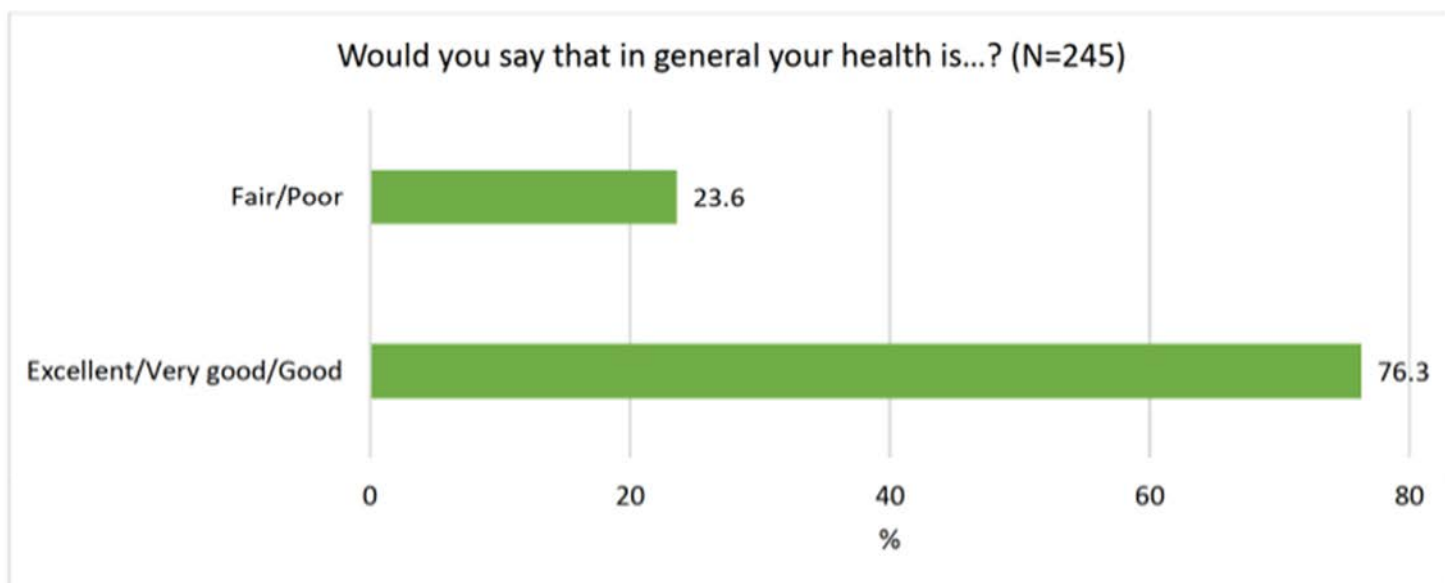
# COMMUNITY HEALTH SURVEY FINDINGS

The following data is derived from the Decatur County Community Survey. Surveys were mailed to 1,239 households in the county during the months of May and June 2019. A total of 251 residents completed the survey (response rate = 20.3%).

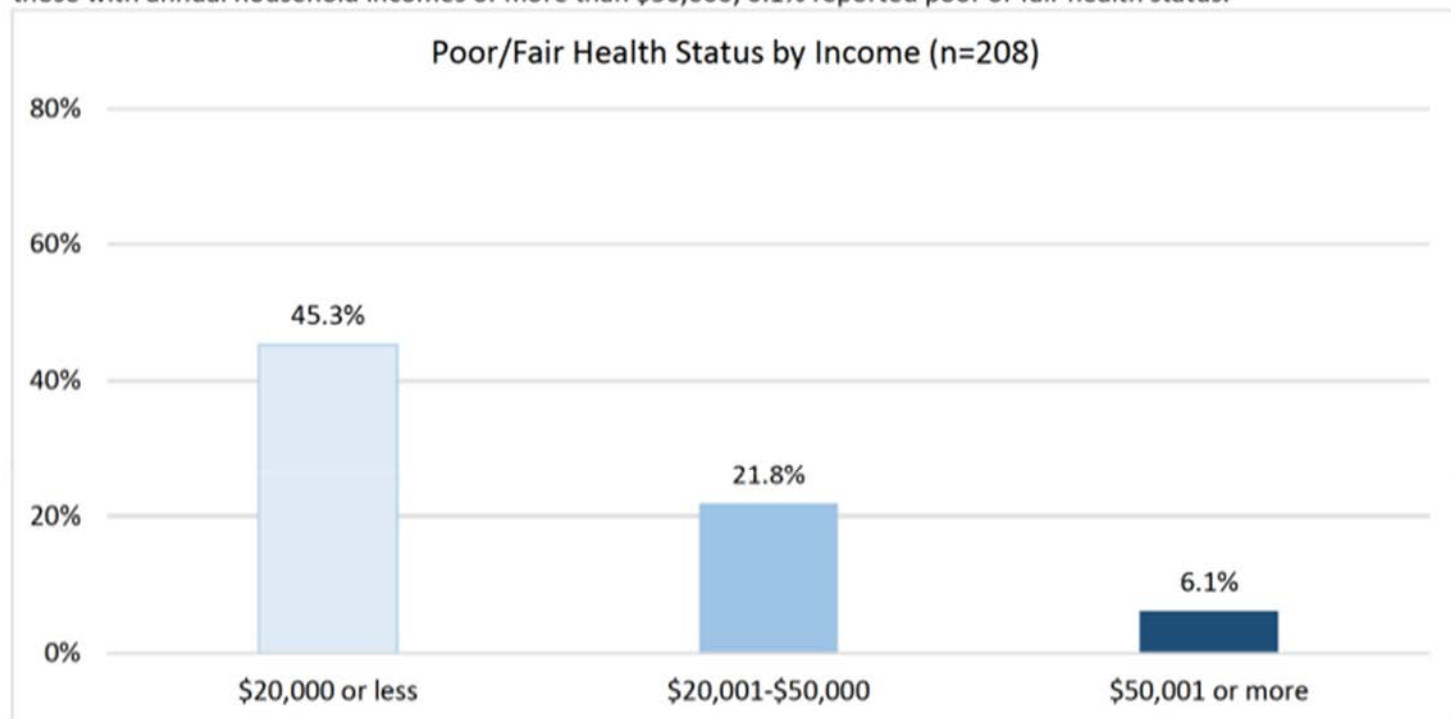
<b>RACE/ETHNICITY</b> (Missing data: 3.2%) <b>63.3%</b> White, not Hispanic <b>27.5%</b> African American or Black, not Hispanic <b>0.8%</b> Hispanic <b>3.6%</b> Other <b>1.6%</b> More than one race	<b>EMPLOYMENT STATUS</b> (Missing data: 1.9%) <b>36.7%</b> Retired <b>36.3%</b> Working, full-time <b>10.4%</b> Not employed/Homemaker/Student/On disability <b>8.8%</b> Working, part-time <b>5.9%</b> Other
<b>MARITAL STATUS</b> (Missing data: 1.6%) <b>48.6%</b> Married <b>15.9%</b> Divorced <b>14.3%</b> Widowed <b>8.8%</b> Single <b>4.0%</b> Separated <b>3.6%</b> Not married, living with a partner <b>3.2%</b> In a relationship, not living together	<b>BENEFITS RECEIVED</b> (numbers do not add to 100% because participants could choose multiple responses) <b>43.0%</b> Medicare <b>15.1%</b> SNAP (food stamps) <b>13.9%</b> Medicaid <b>7.6%</b> Disability, unemployment, child support, alimony <b>0.0%</b> TANF  <b>1.6%</b> Other public assistance <b>44.6%</b> Not applicable or no answer
<b>ANNUAL HOUSEHOLD INCOME</b> (Missing data: 15.5%) <b>26.4%</b> \$20,000 and less <b>31.9%</b> \$20,001 to \$50,000 <b>26.3%</b> \$50,001 and above	<b>EDUCATIONAL ATTAINMENT</b> (Missing data: 2.4%) <b>11.2%</b> Some high school or less <b>24.3%</b> High school or GED certificate <b>31.5%</b> Some college or technical degree <b>30.6%</b> College and above
<b>AGE</b> (Missing data: 2.8%) <b>60.7 years old</b> (average) (range 22-93)	<b>GENDER</b> (Missing data: 2.4%) <b>31.1%</b> Male <b>66.5%</b> Female
<b>HOUSEHOLD SIZE</b> (Missing data: 4.8%) <b>2.7 persons</b> Average number of people per household	<b>NEIGHBORHOOD TYPE</b> (Missing data: 2.0%) <b>41.8%</b> In town <b>39.0%</b> In country or rural area with neighbors close by <b>17.1%</b> In the country or rural area with very few neighbors close by
<b>Body Mass Index</b> (Missing data: 4.4%) <b>2.0%</b> Underweight <b>21.5%</b> Normal <b>27.5%</b> Overweight <b>44.6%</b> Obese	



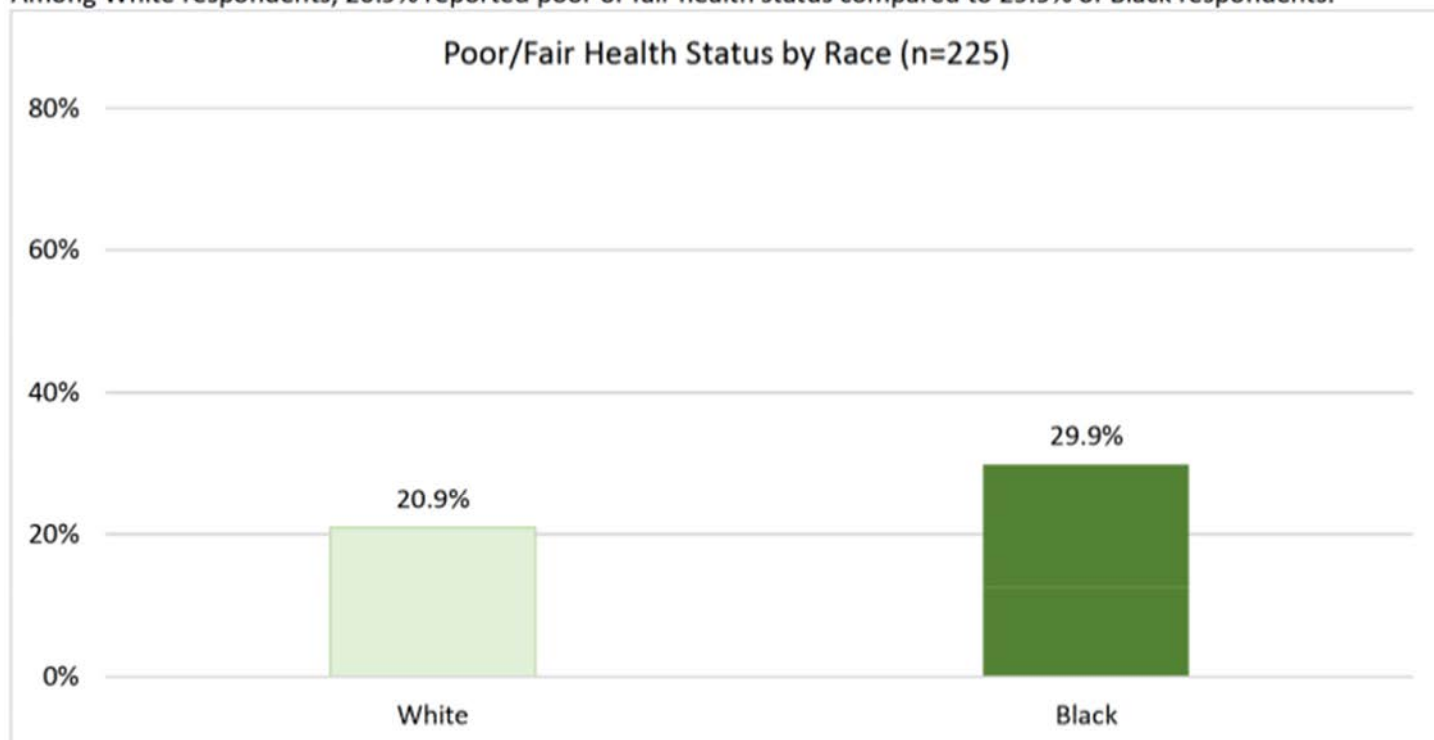
## Healthy Days and Well-Being



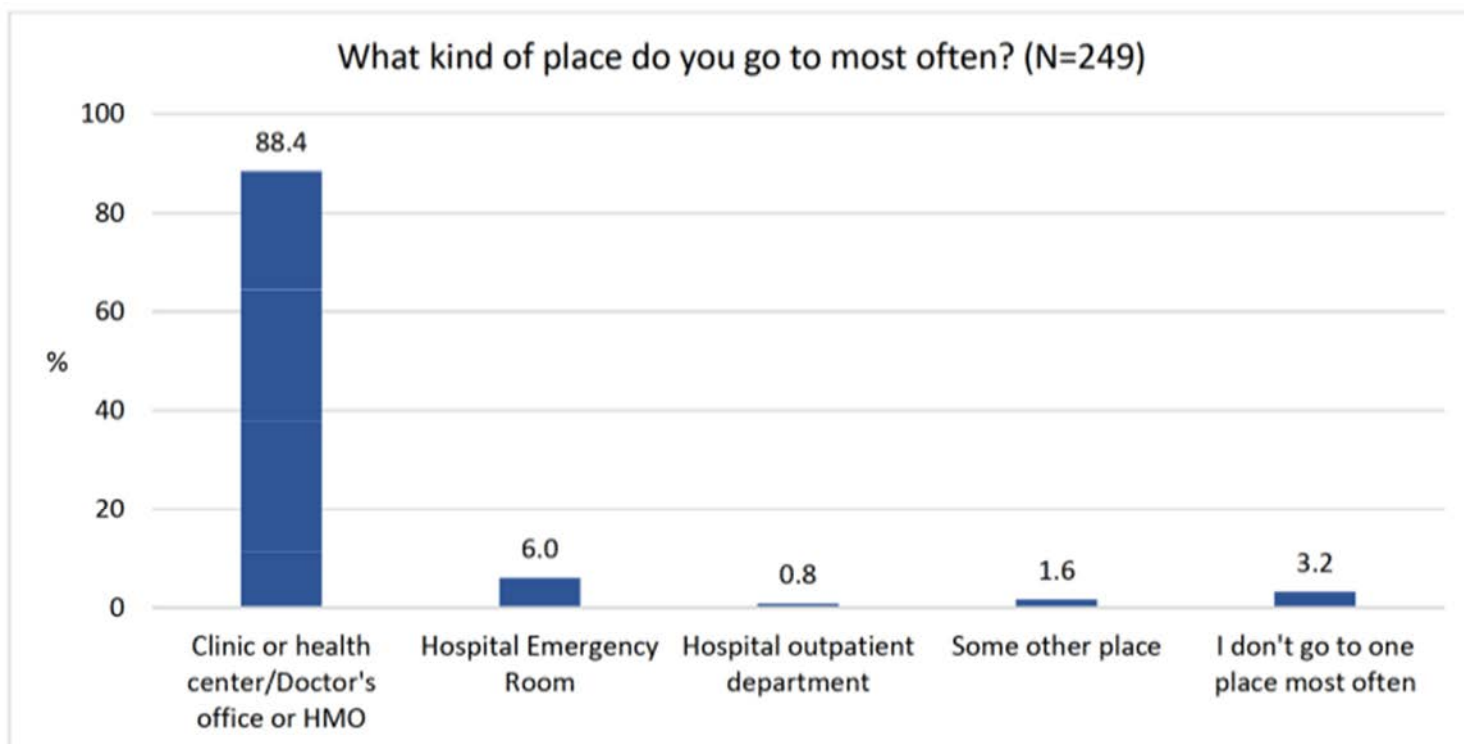
Of those with an annual household income of \$20,000 or less, 45.3% reported poor or fair health status. In contrast, of those with annual household incomes of more than \$50,000, 6.1% reported poor or fair health status.



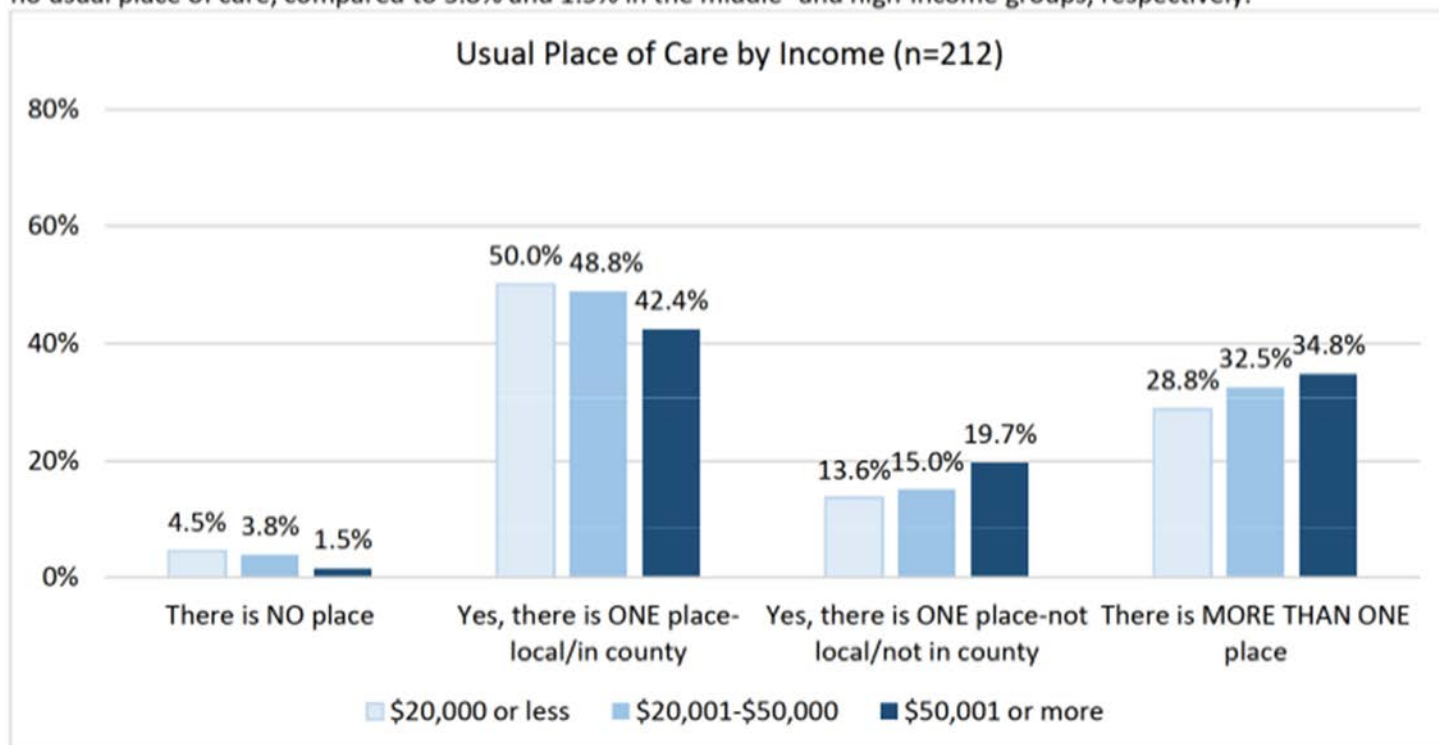
Among White respondents, 20.9% reported poor or fair health status compared to 29.9% of Black respondents.



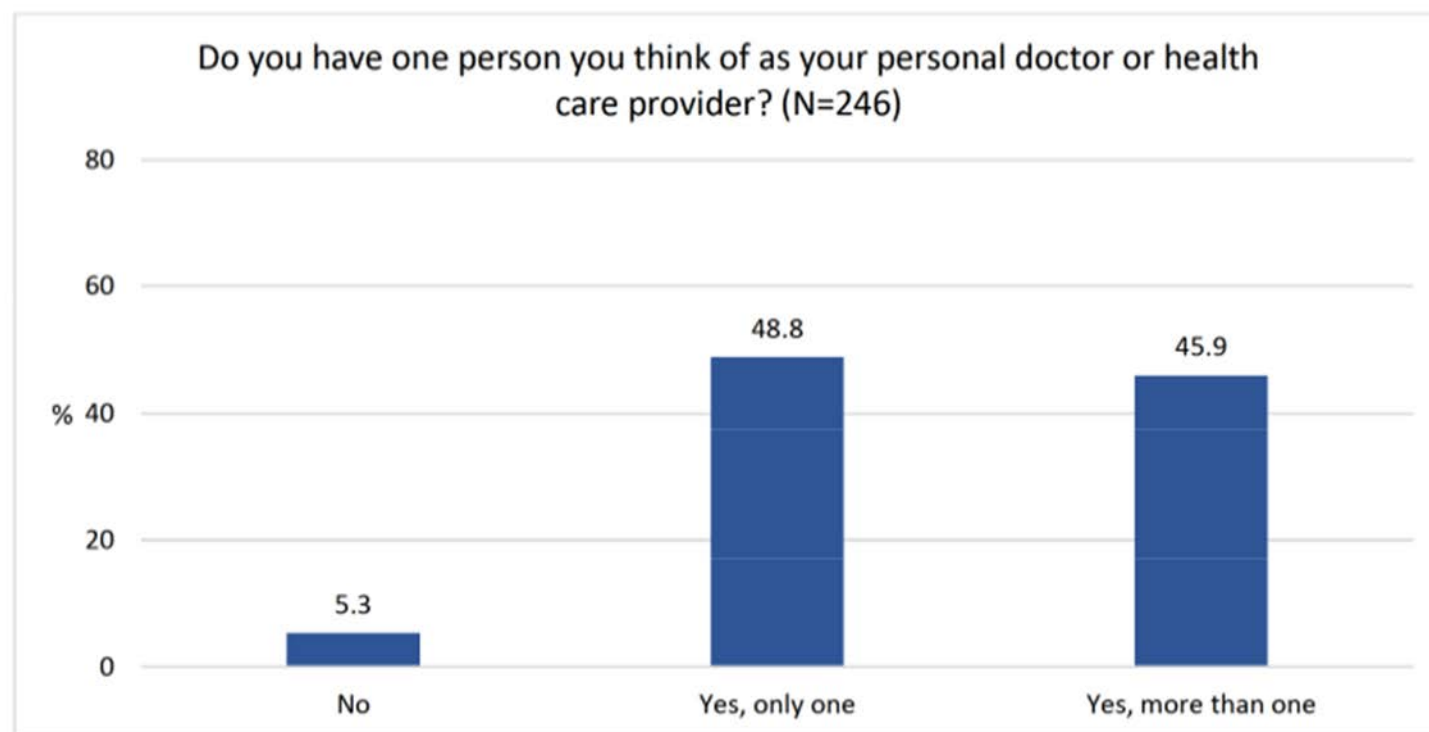
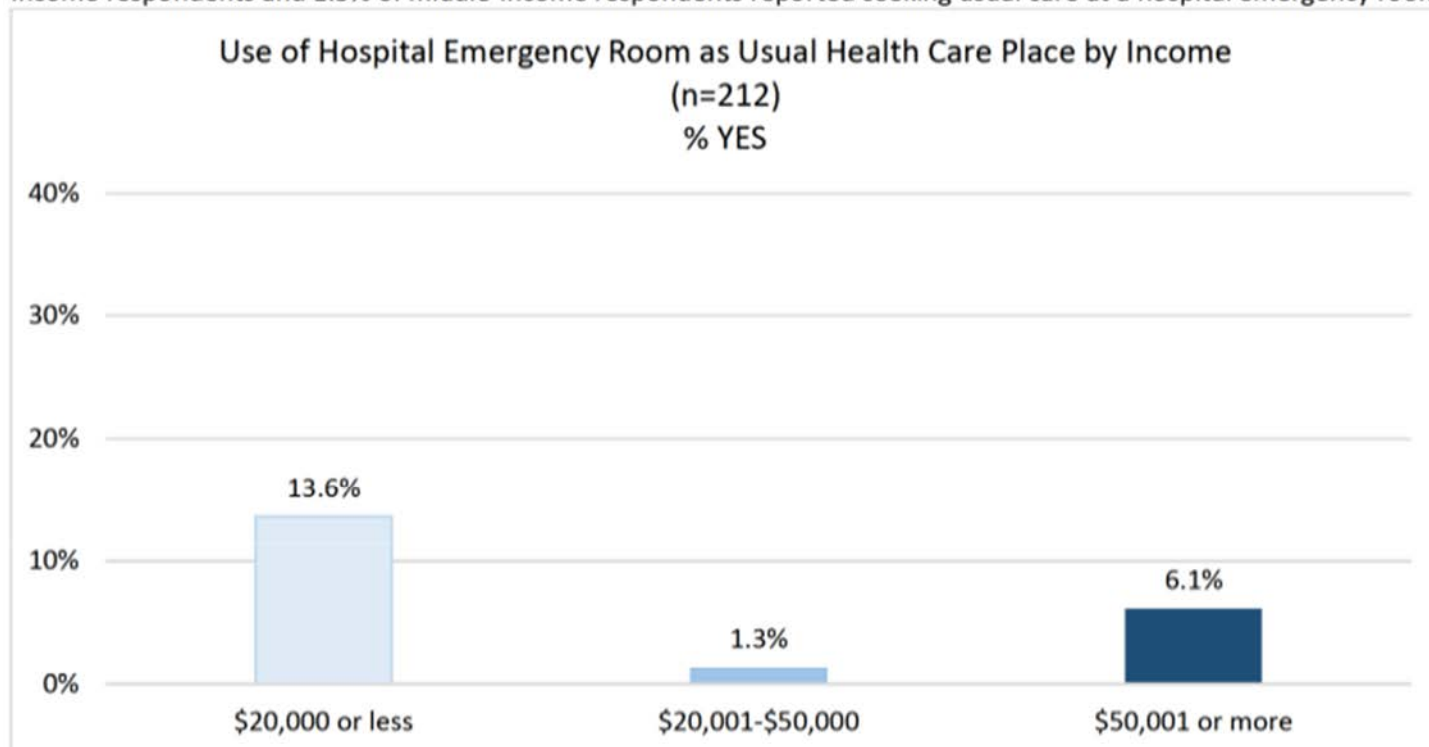
## Health Care Access and Utilization



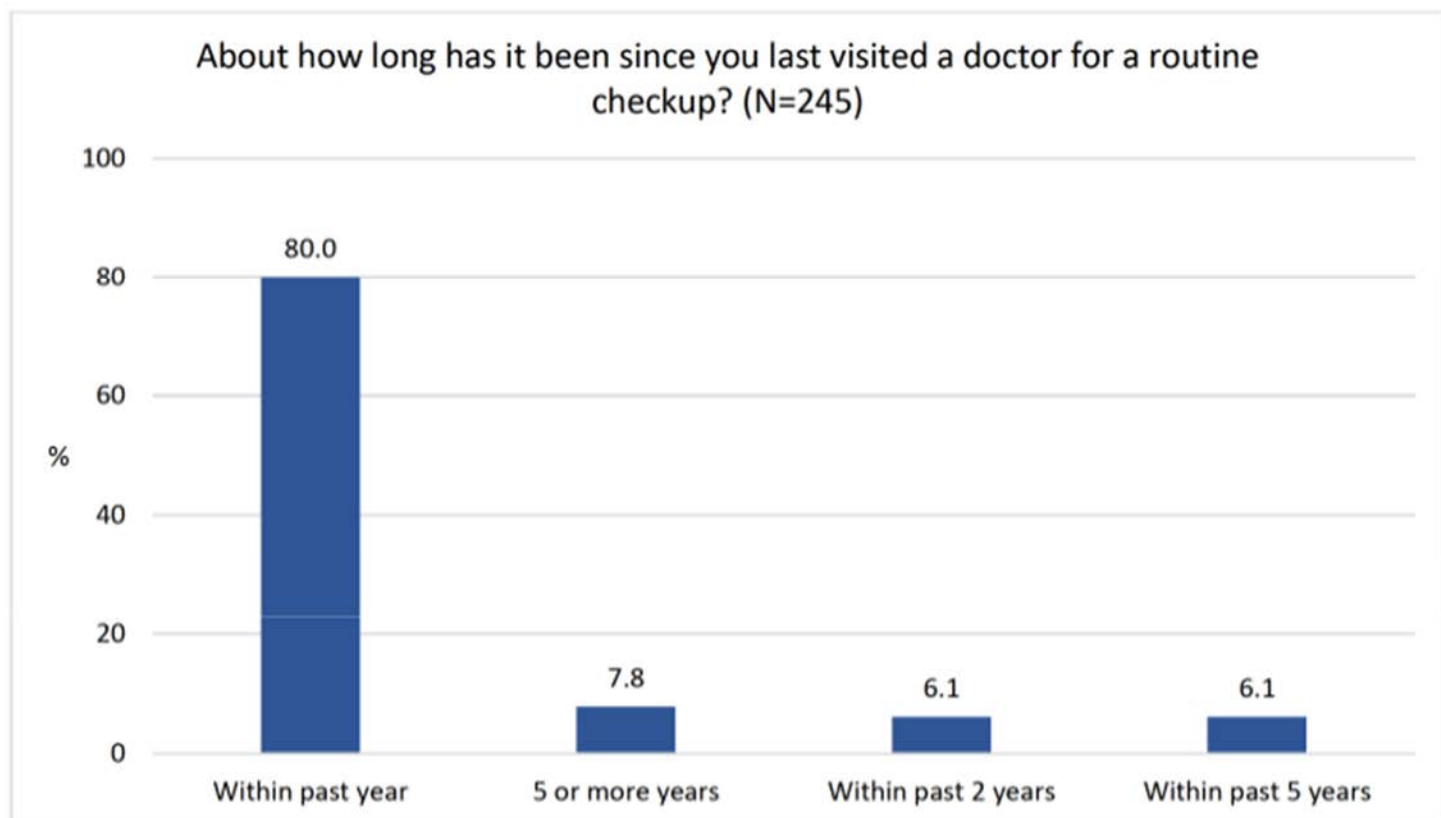
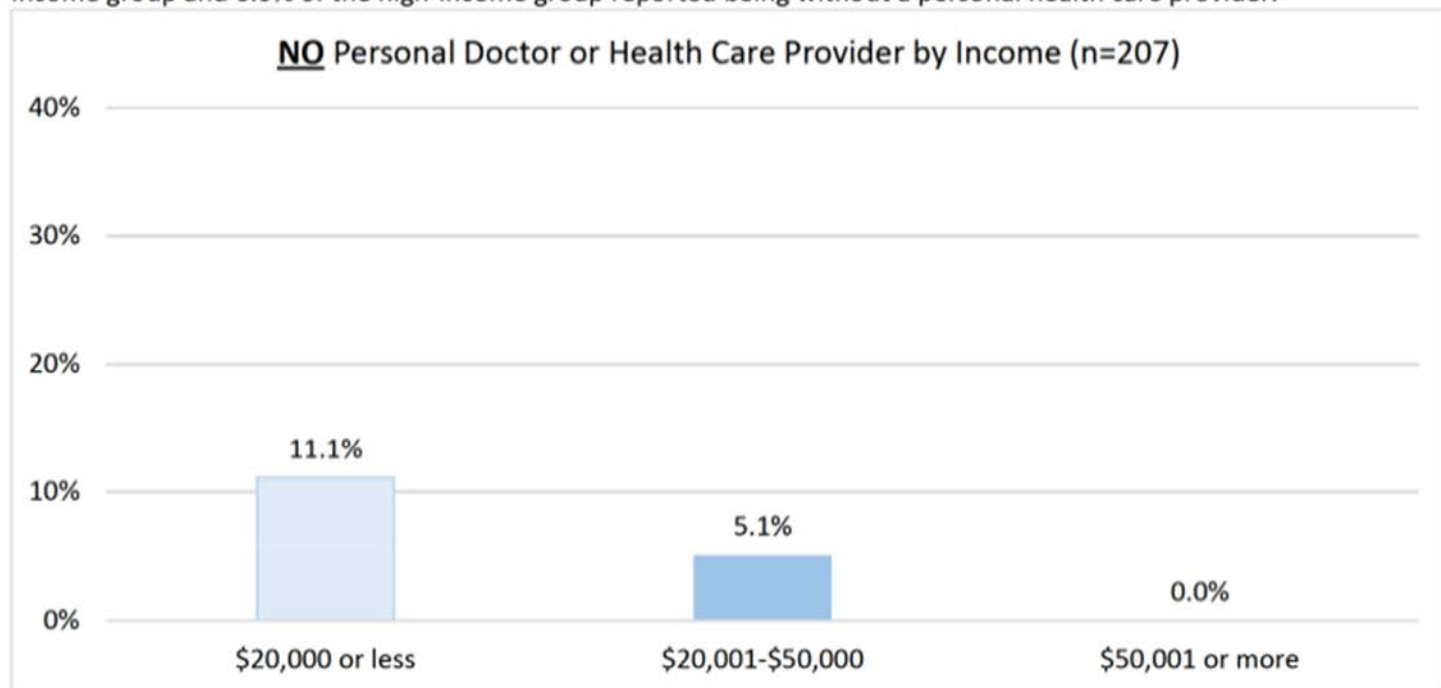
Overall, most respondents reported having a usual place of care. 4.5% of those in the low-income group reported having no usual place of care, compared to 3.8% and 1.5% in the middle- and high-income groups, respectively.



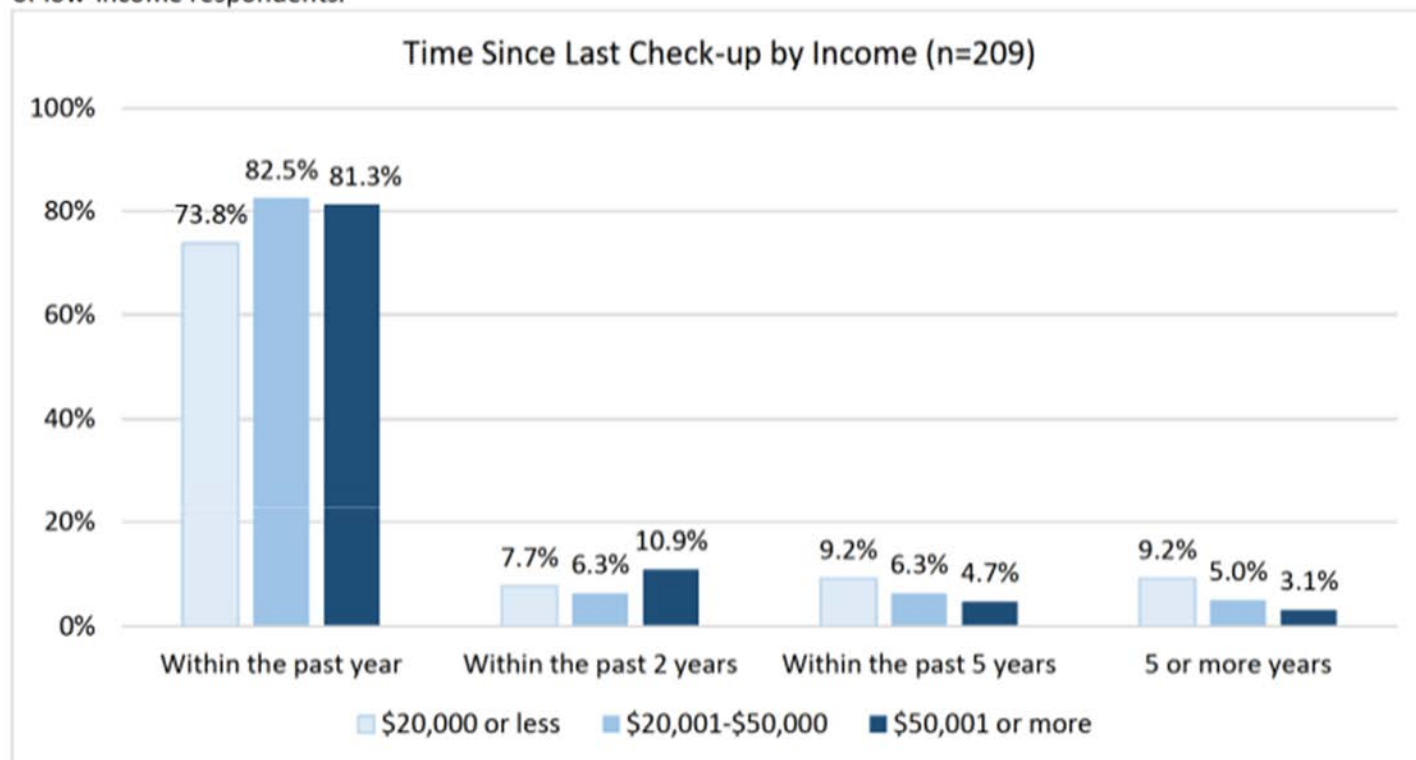
While 13.6% of the low-income group reported using a hospital emergency room as a usual place of care, 6.1% of high-income respondents and 1.3% of middle-income respondents reported seeking usual care at a hospital emergency room.



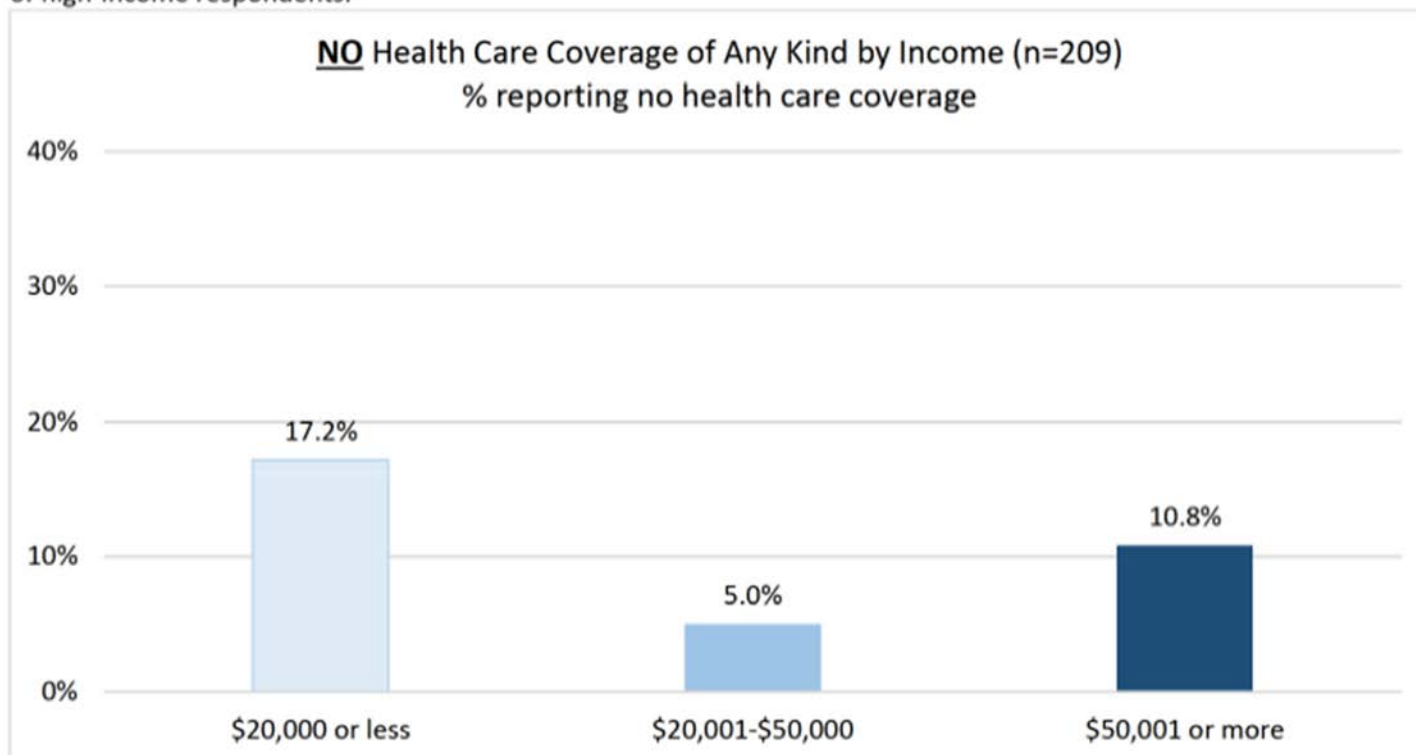
The low-income group most frequently reported not having a personal health care provider (11.1%). 5.1% of the middle-income group and 0.0% of the high-income group reported being without a personal health care provider.



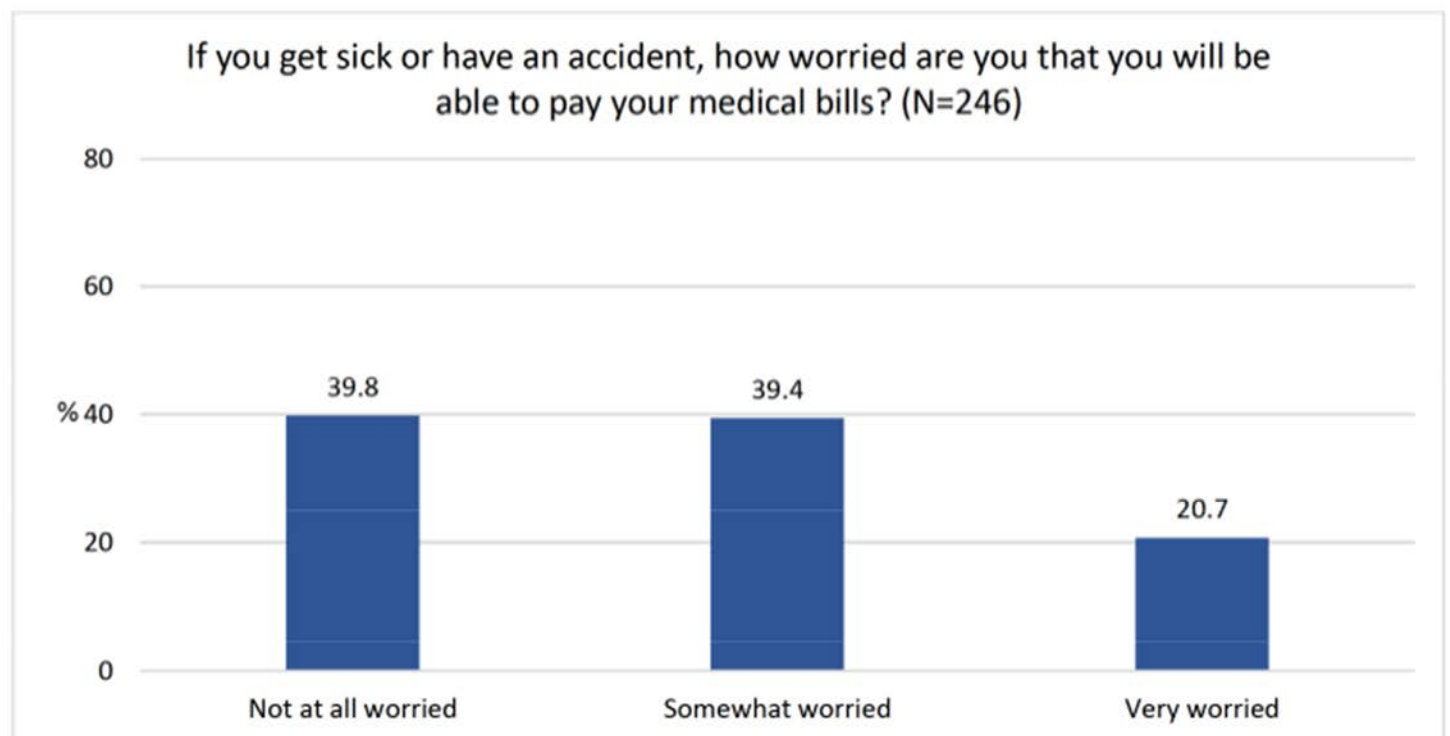
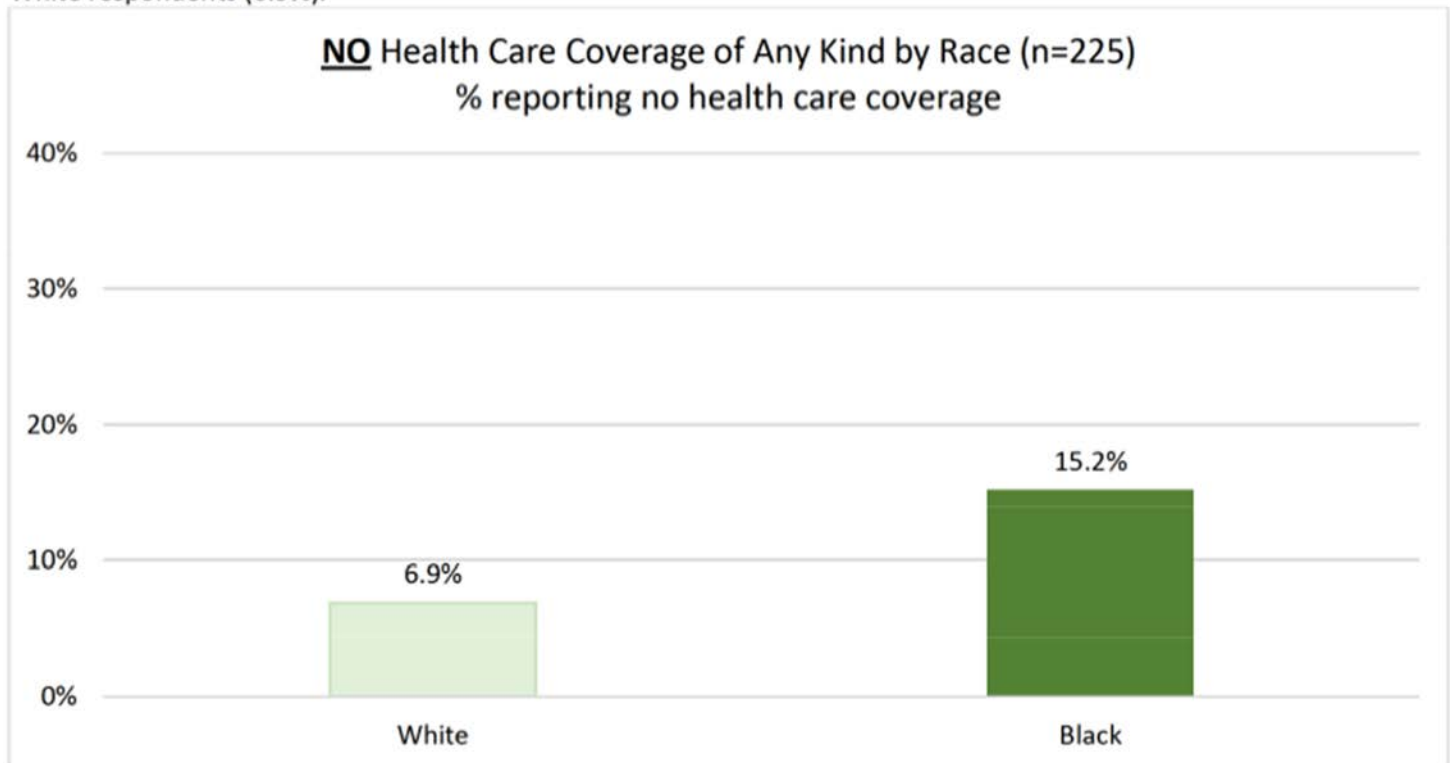
The vast majority of respondents reported less than a year since their last check-up. 82.5% respondents from the middle-income group reported less than a year since their last check-up, compared to 81.3% of high-income and 73.8% of low-income respondents.



17.2% the low-income group lacked health care coverage, compared to 5.0% of middle-income respondents and 10.8% of high-income respondents.

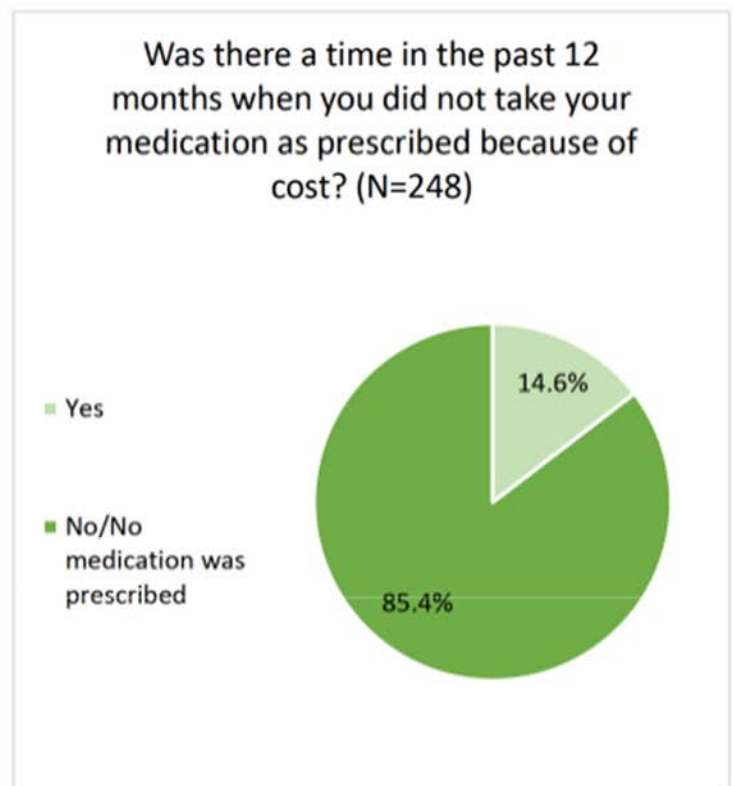
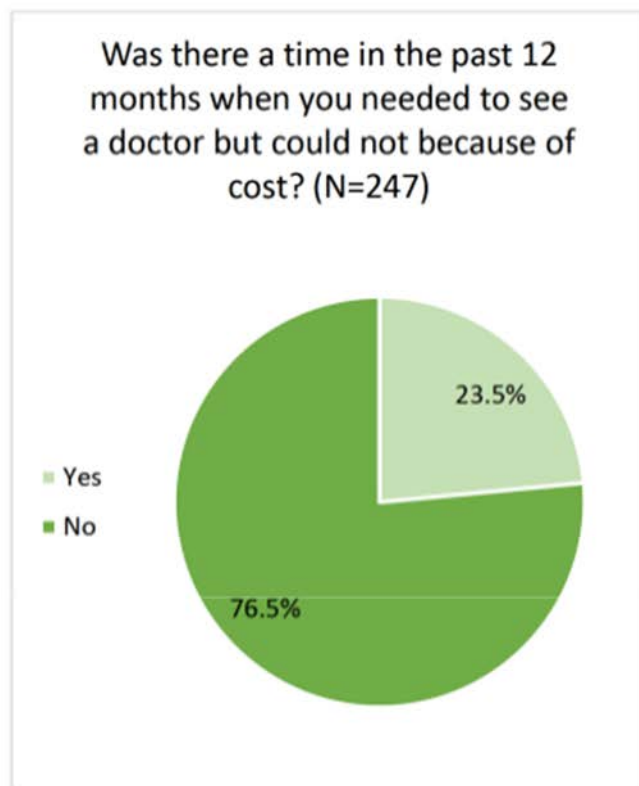
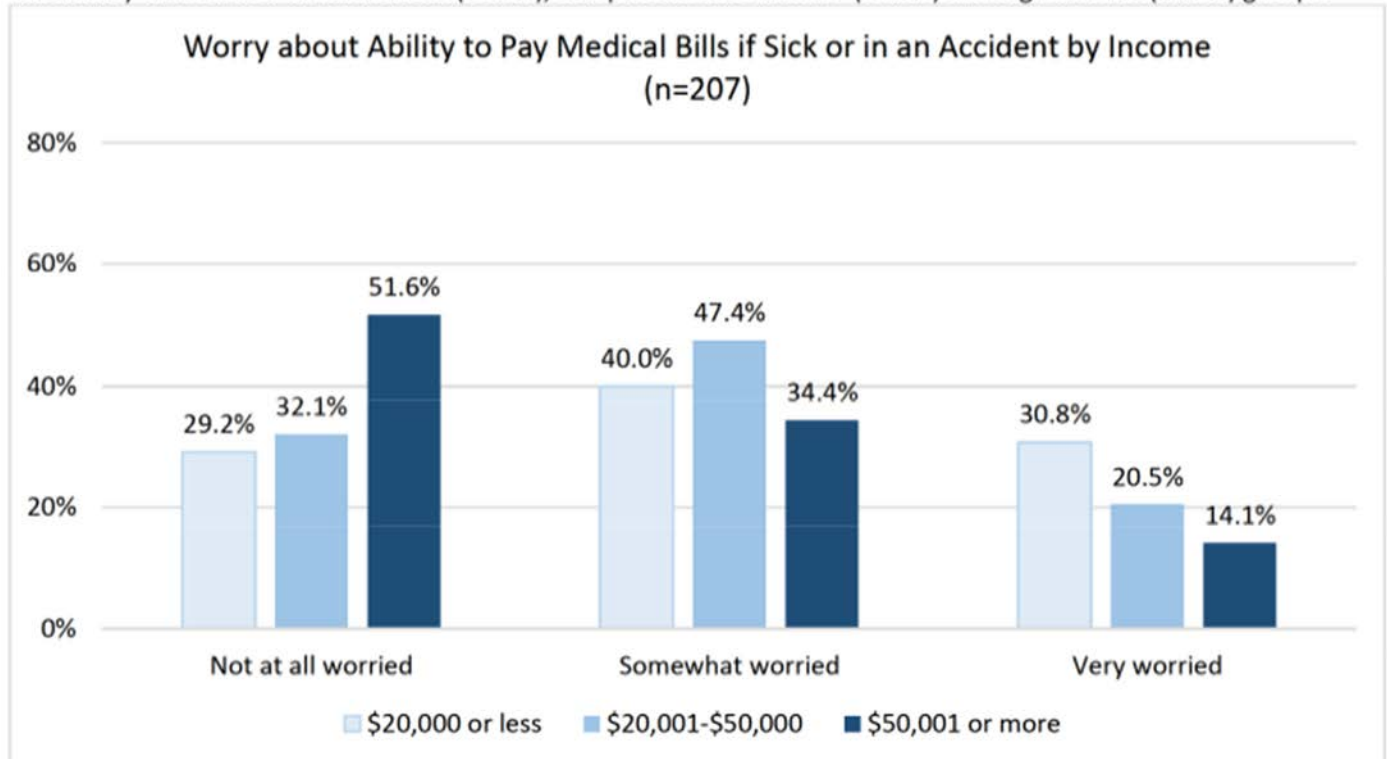


The percentage of respondents without health care coverage was higher among Black respondents (15.2%) than among White respondents (6.9%).



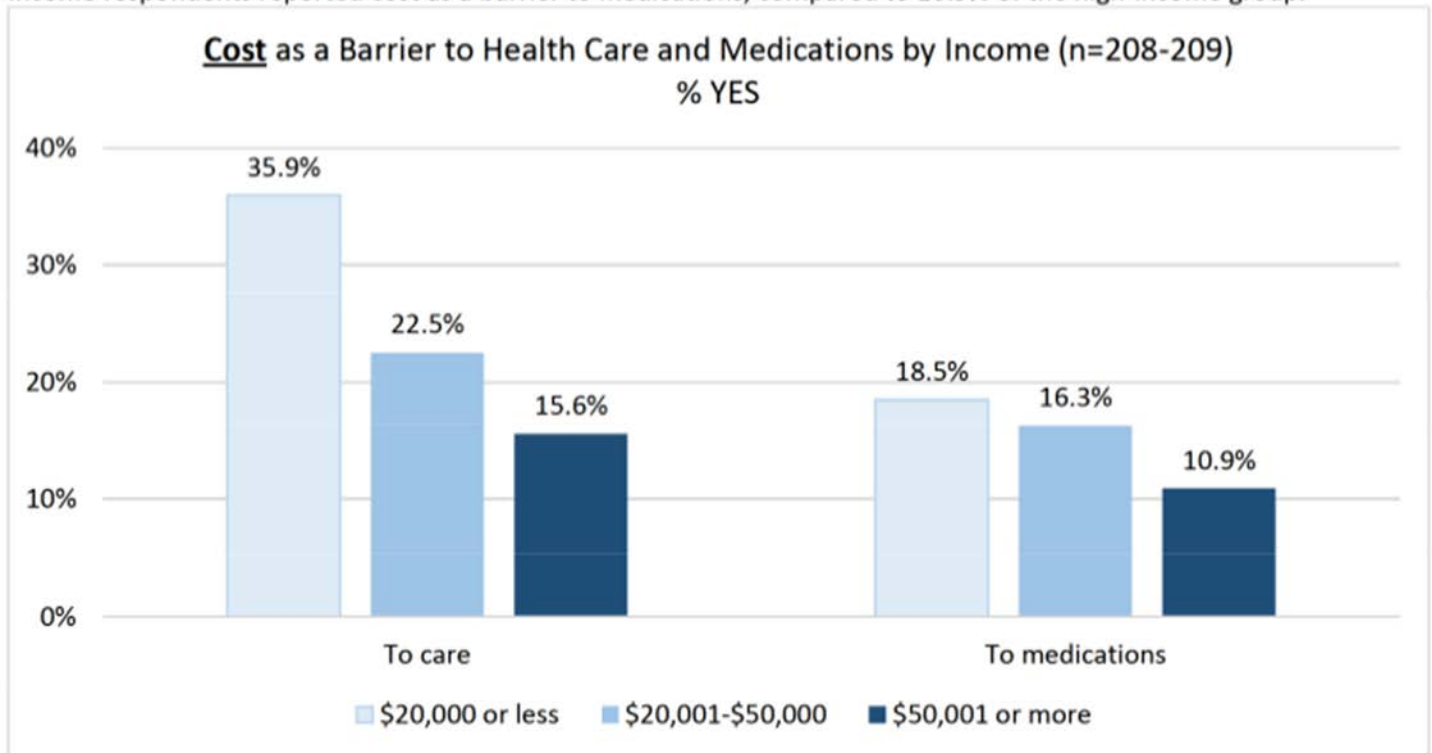


The low-income group was more likely to report that they would be “very worried” about their ability to pay medical bills if they were sick or in an accident (30.8%), compared to the middle- (20.5%) and high-income (14.1%) groups.

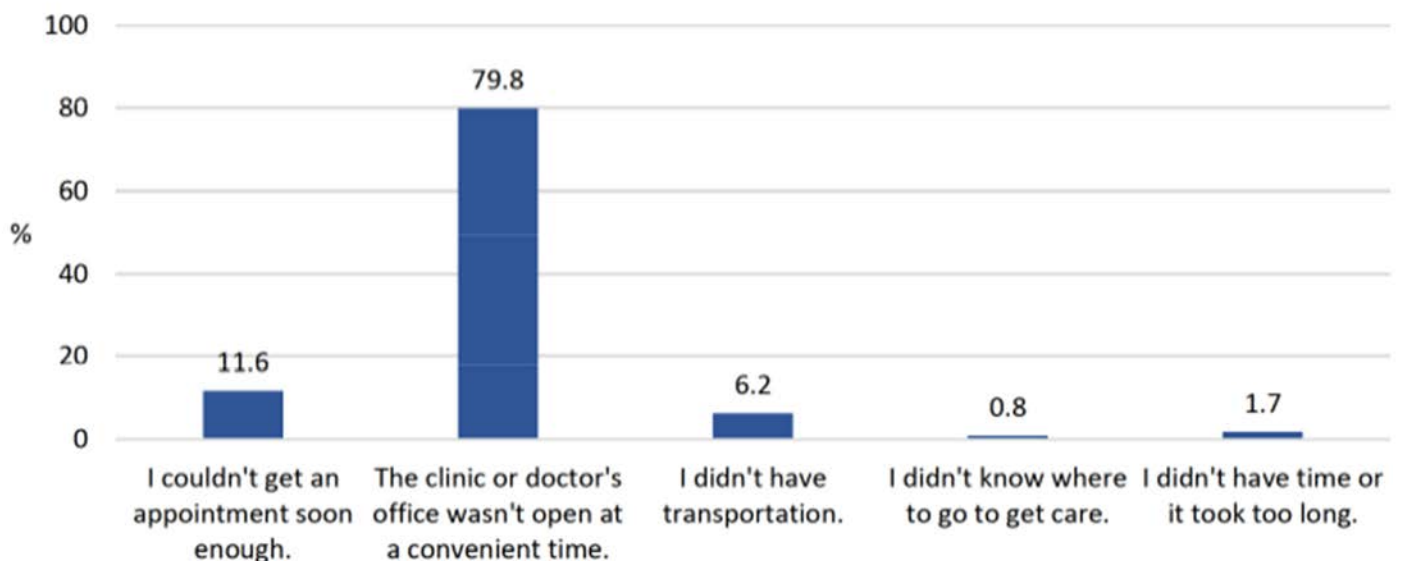




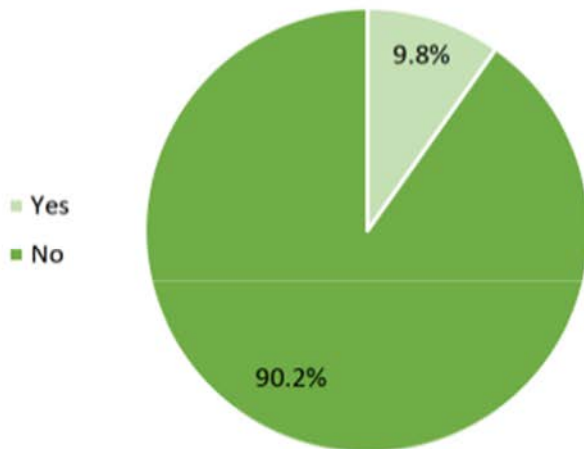
Cost as a barrier to care and to medications decreased as income level increased. 35.9% of the low-income group reported cost as a barrier to care compared to 15.6% of the high-income respondents. Similarly, 18.5% of the low-income respondents reported cost as a barrier to medications, compared to 10.9% of the high-income group.



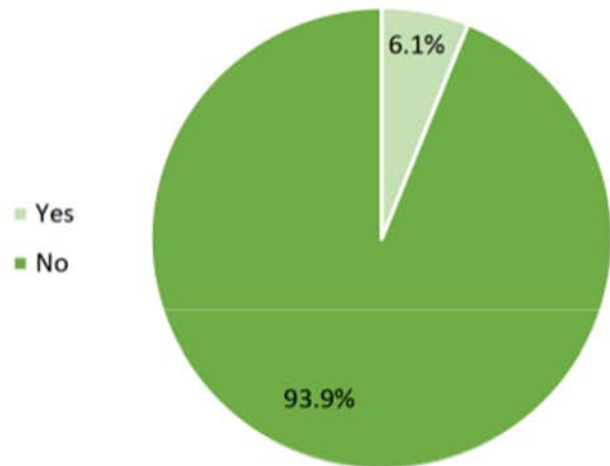
There are many other reasons people delay getting needed medical care.  
Have you delayed getting needed medical care for any of the following  
reasons in the past 12 months? (N=242)  
EXCLUDES COST



Do you ever delay scheduling or miss a primary care doctor's appointment because transportation is too much trouble or costs too much? (N=244)

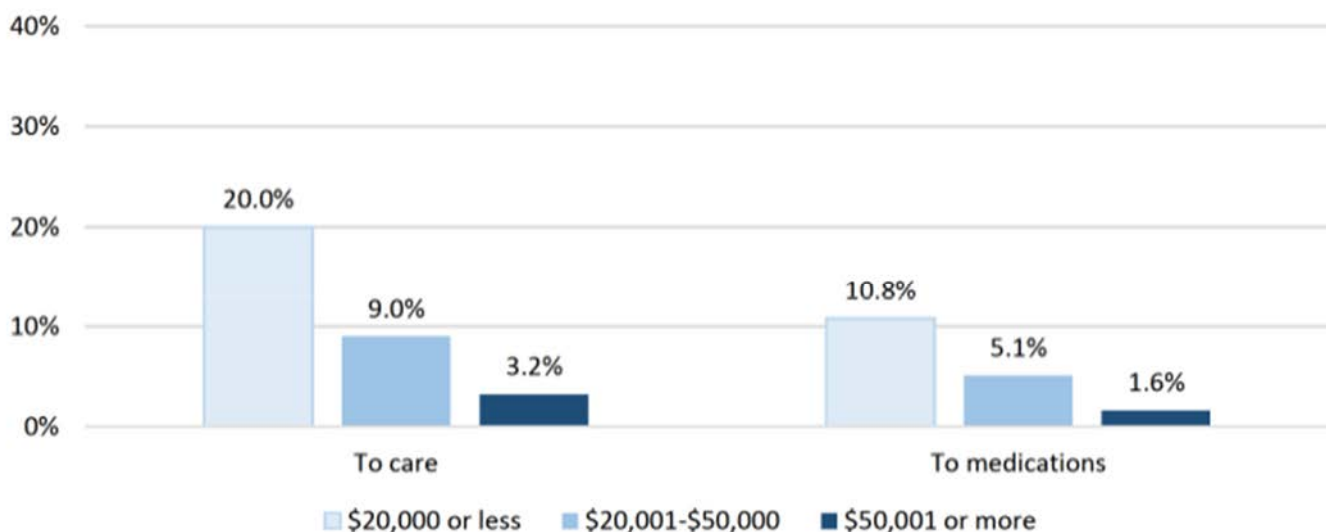


Have you ever run out of medicine because you could not find a way to get to the pharmacy to pick up your refill of medicine? (N=247)

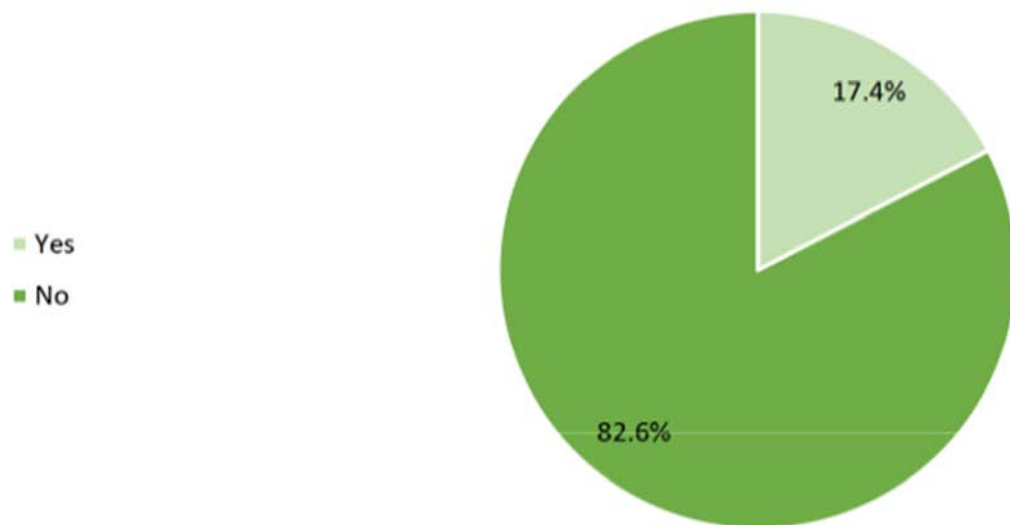


Transportation was a greater barrier to care and to medications for the low- and middle-income groups than for the high-income group. 20.0% of the low-income and 9.0% of the middle-income group reported transportation as a barrier to care, compared to 3.2% of the high-income group. Similarly, 10.8% of the low-income and 5.1% of the middle-income group reported transportation as a barrier to medications, compared to 1.6% of the high-income group.

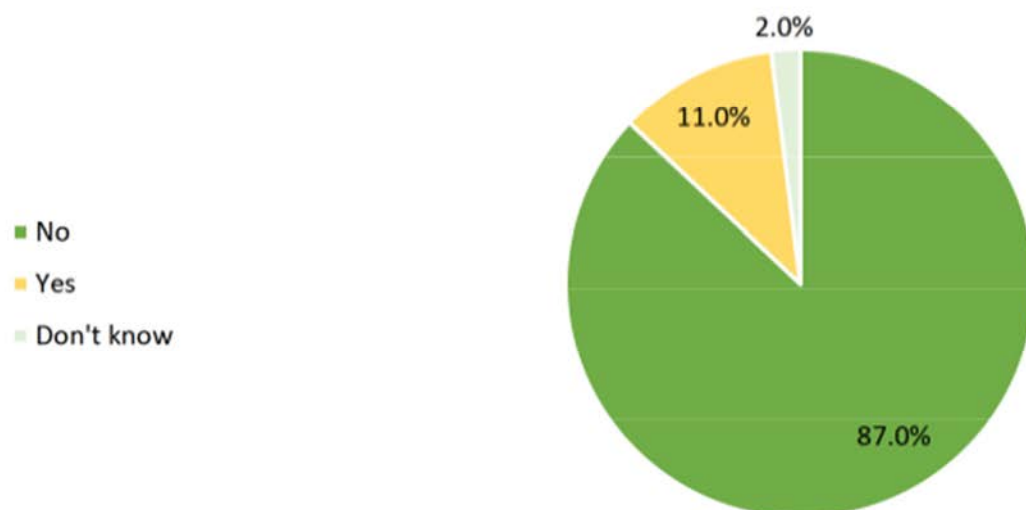
**Transportation** as a Barrier to Health Care and Medications by Income  
(n=206-208)  
% YES



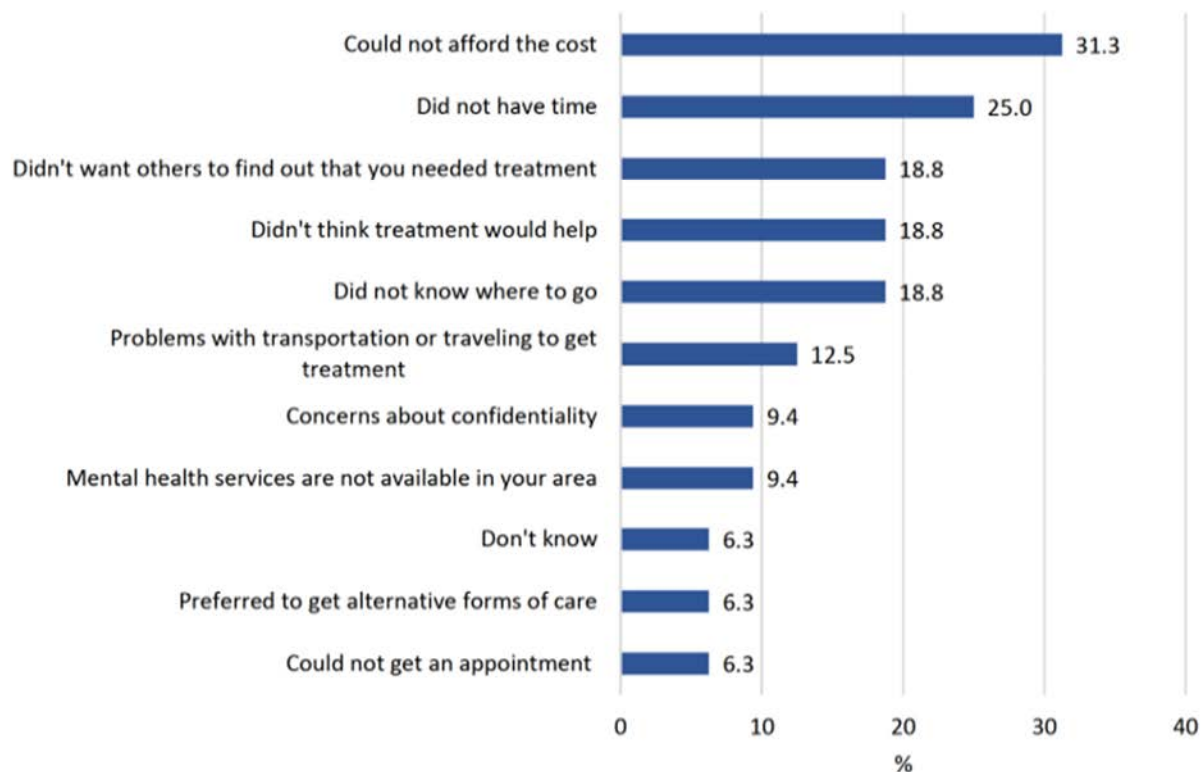
Was there a time in the past 12 months that you received health care at a health fair or community event? (N=245)



During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it? (N=246)

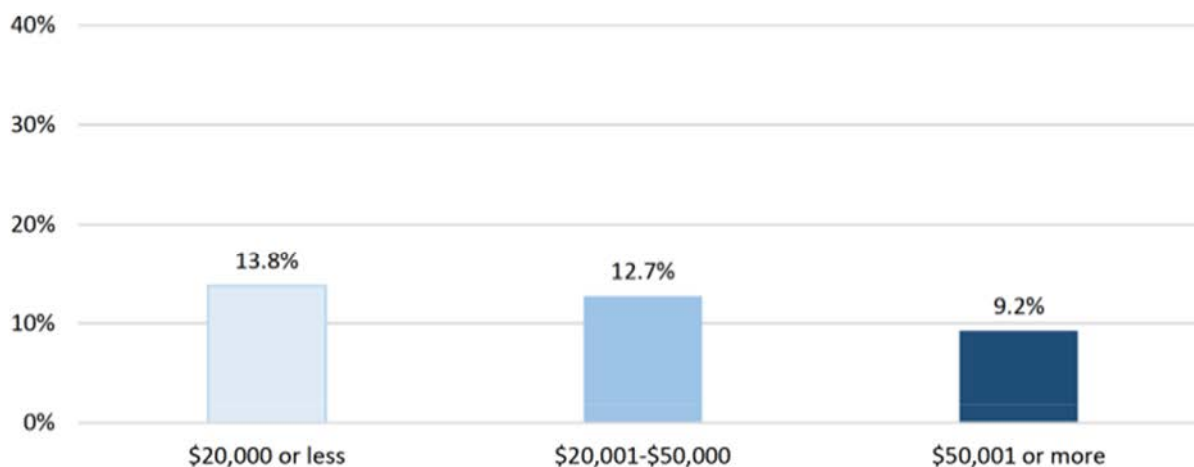


Which of these statements explain why you did not get the mental health treatment or counseling you needed in the past 12 months? (N=32)

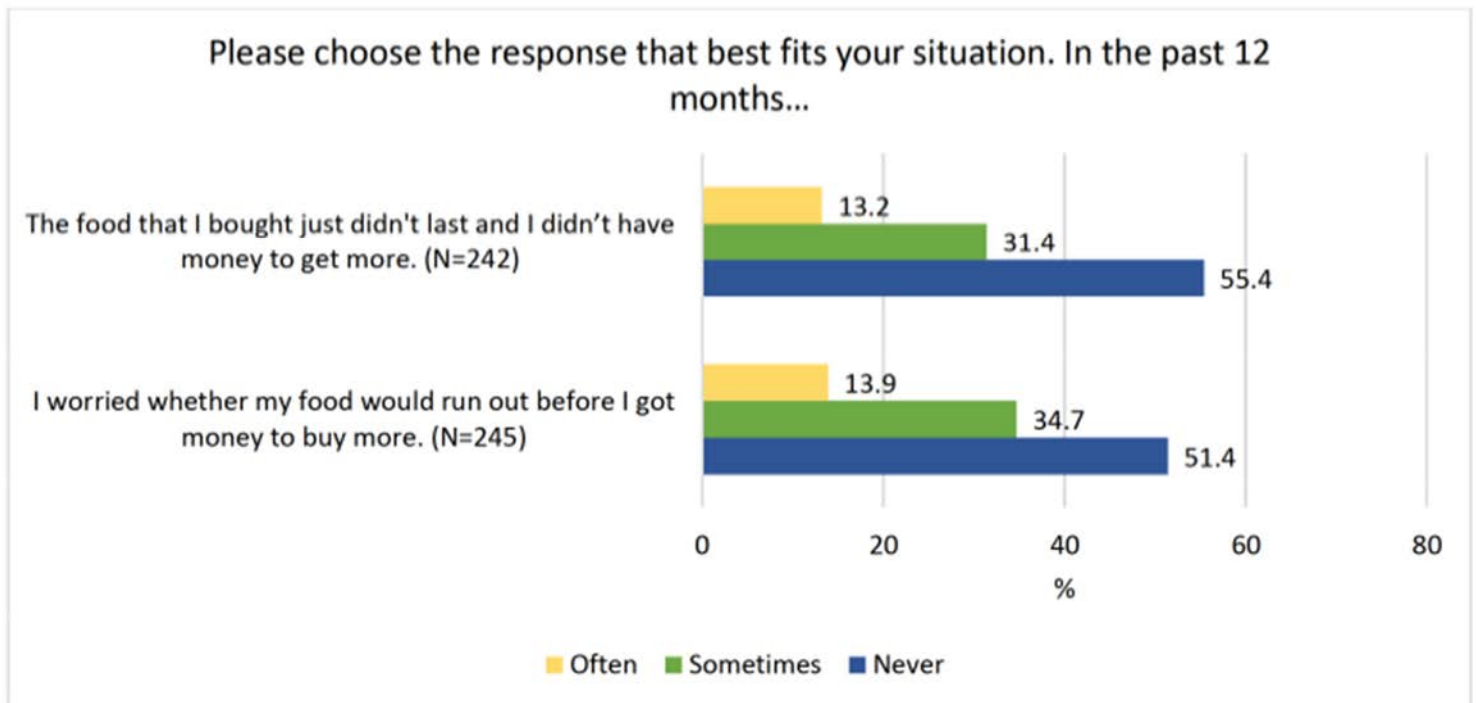


Untreated mental health care needs in the past year decreased somewhat as income group increased, with 13.8% of low-income, 12.7% of middle-income, and 9.2% of high-income respondents reporting untreated mental health care needs.

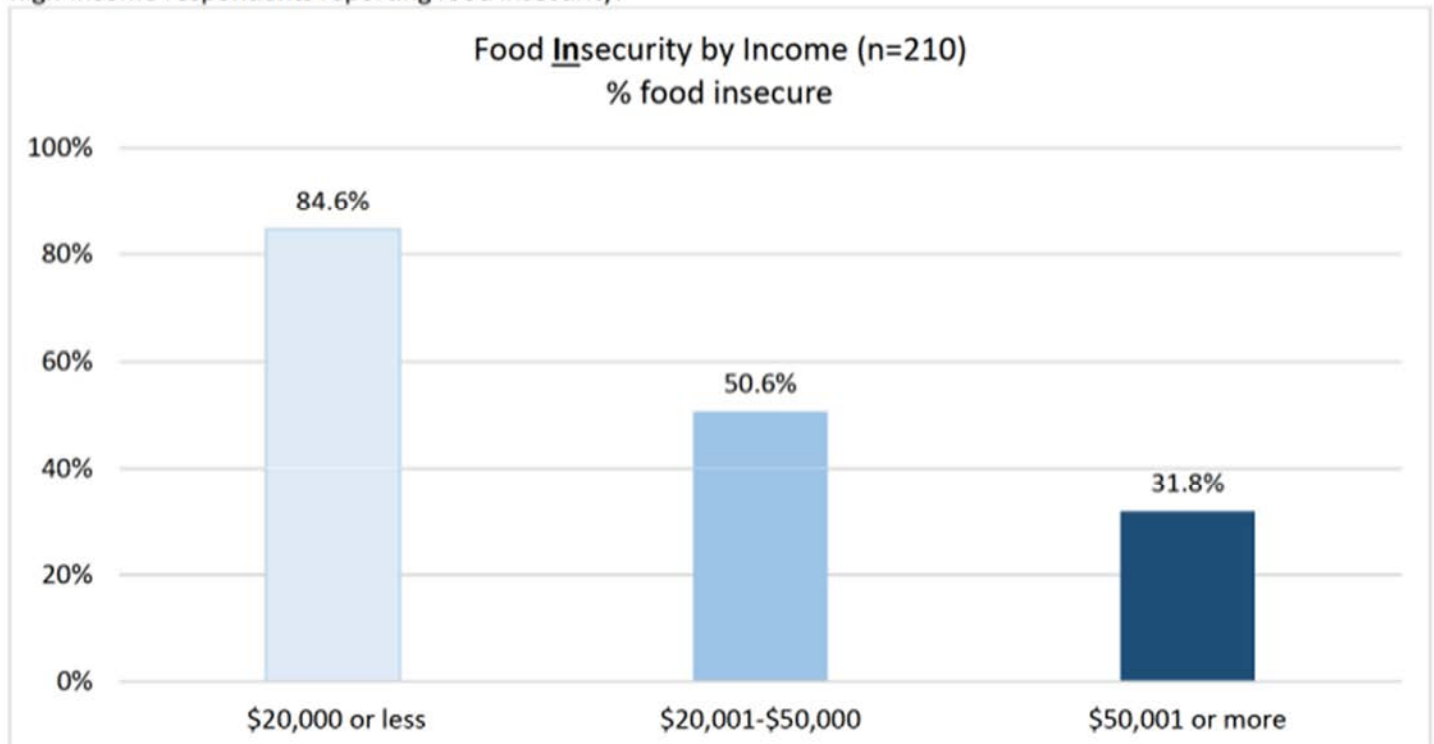
Untreated Mental Health Care Needs in the Past 12 Months by Income  
(n=209)  
% YES



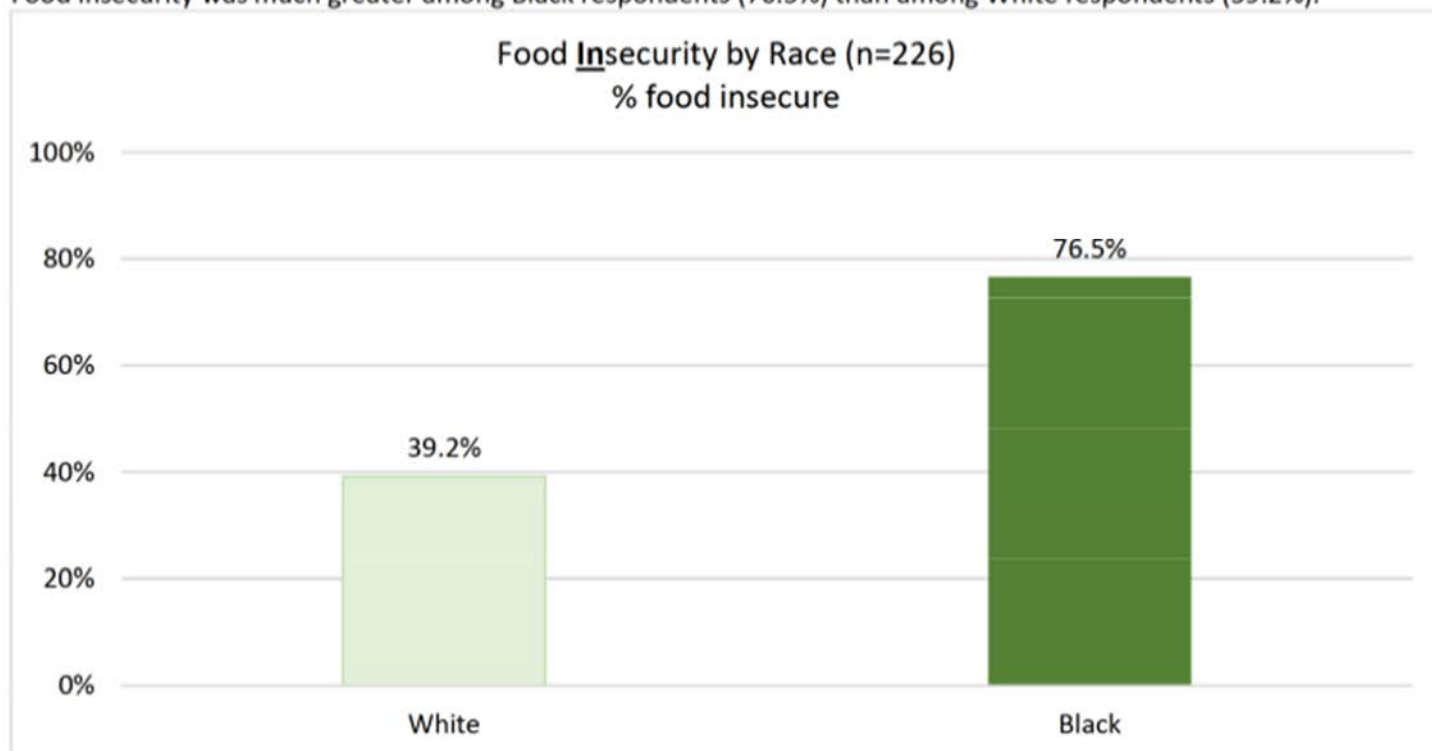
## Food Access and Food Security



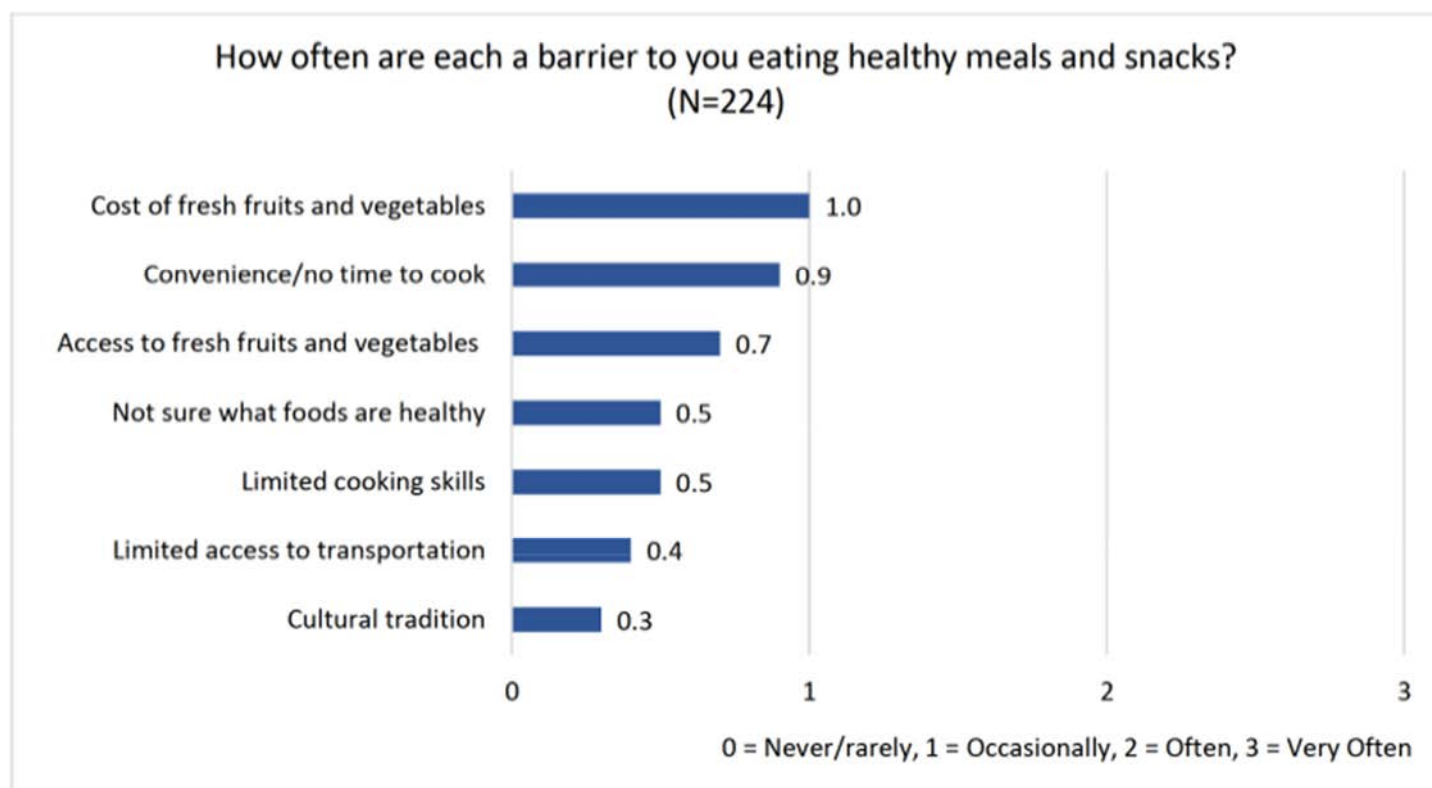
Food insecurity decreased as income level increased, with 84.6% of low-income, 50.6% of middle-income, and 31.8% of high-income respondents reporting food insecurity.



Food insecurity was much greater among Black respondents (76.5%) than among White respondents (39.2%).

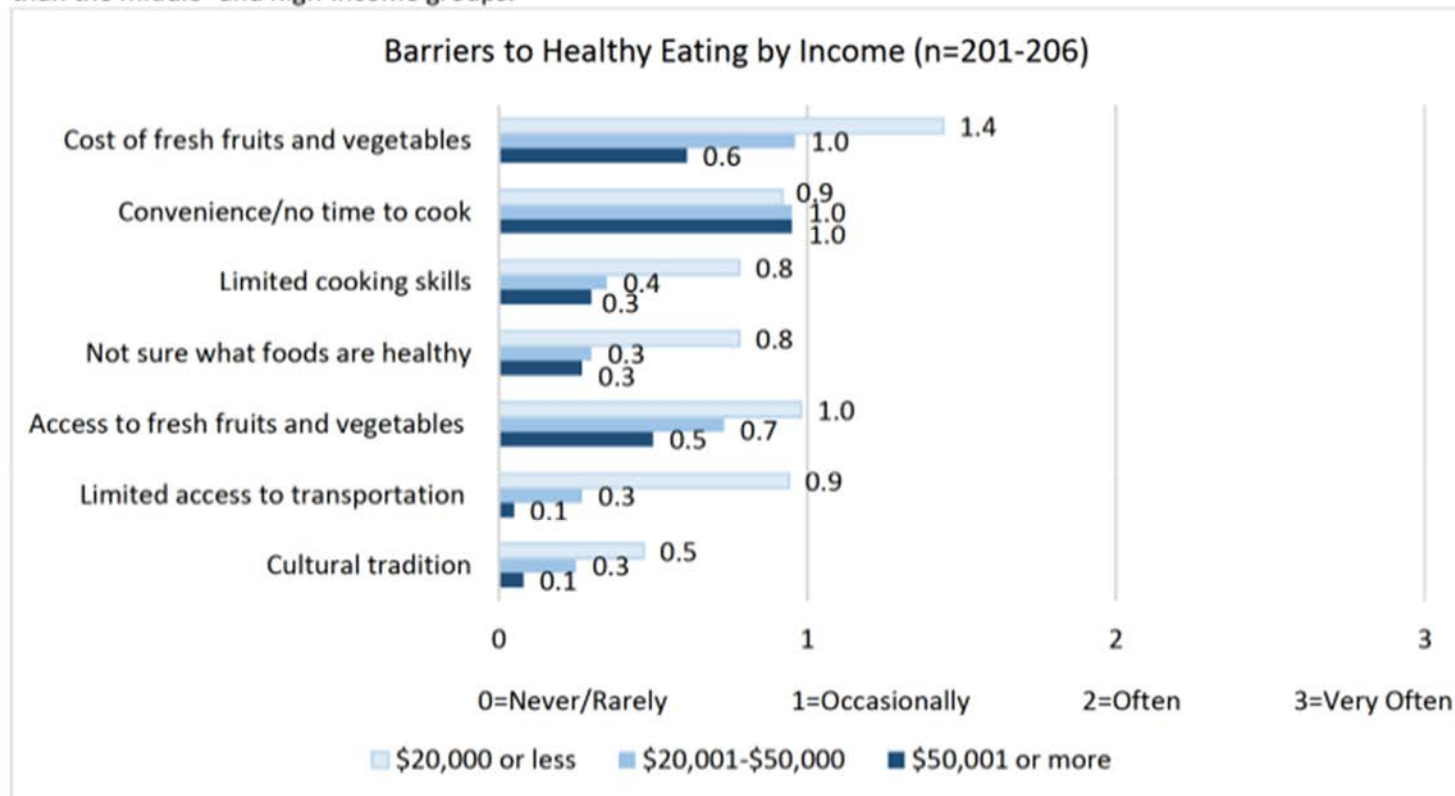


## Healthy Eating

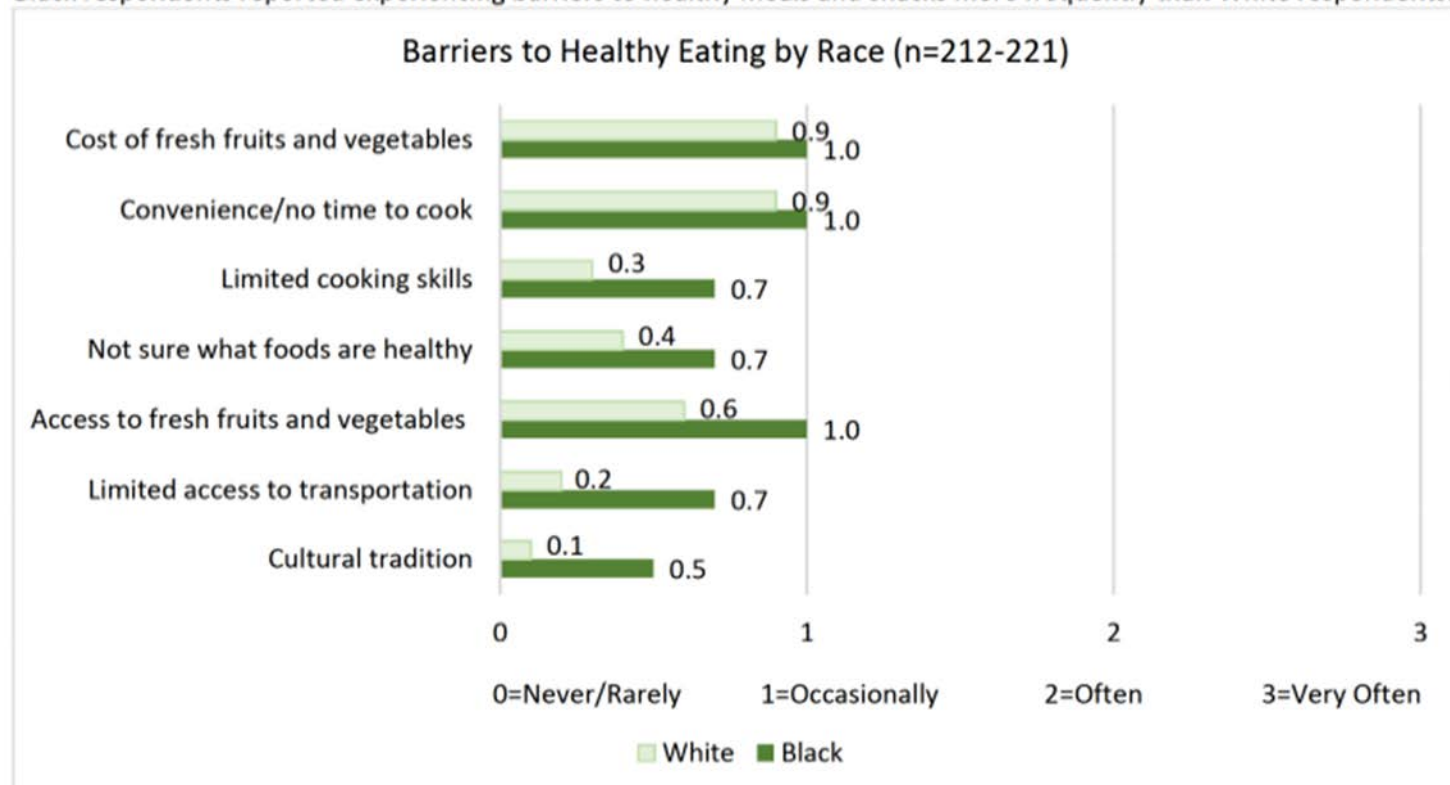




In most instances, the low-income group reported experiencing barriers to healthy meals and snacks more frequently than the middle- and high-income groups.

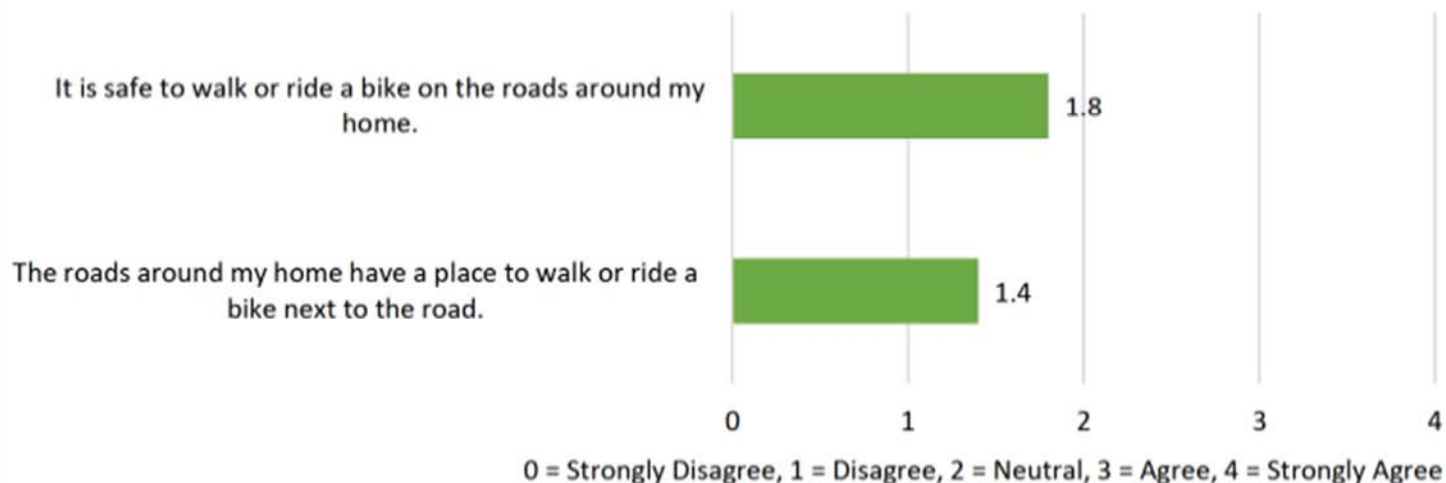


Black respondents reported experiencing barriers to healthy meals and snacks more frequently than White respondents.

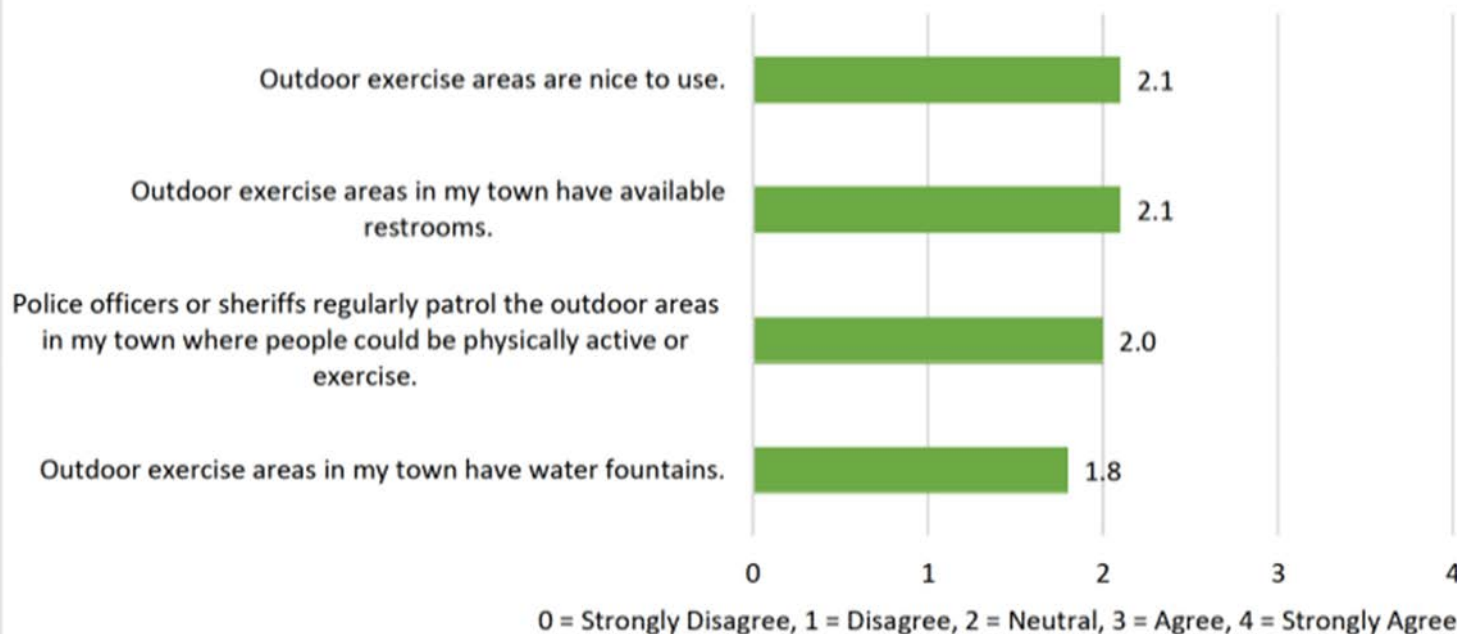


## Physical Activity

Areas around your home (N=248)

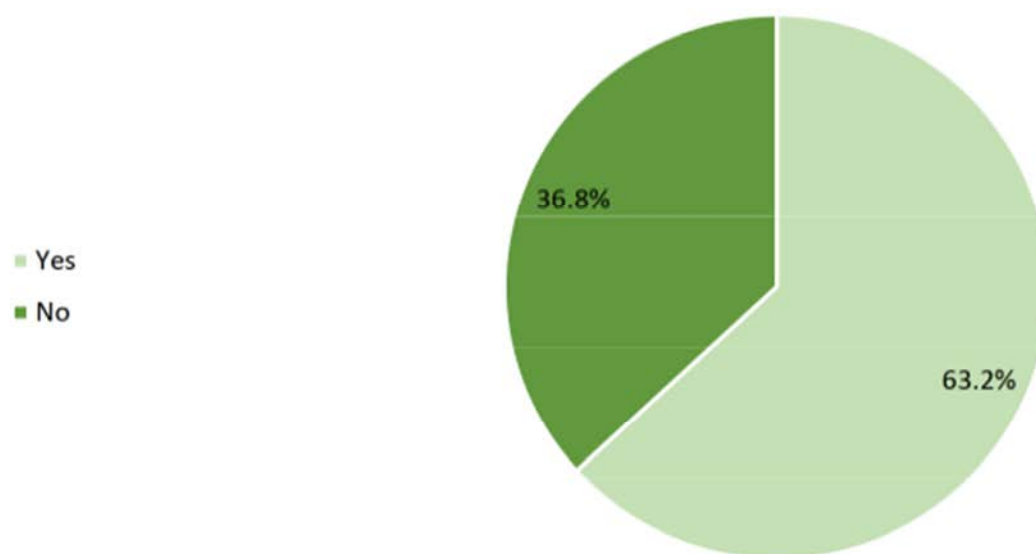


Outdoor Exercise Areas (N=242)

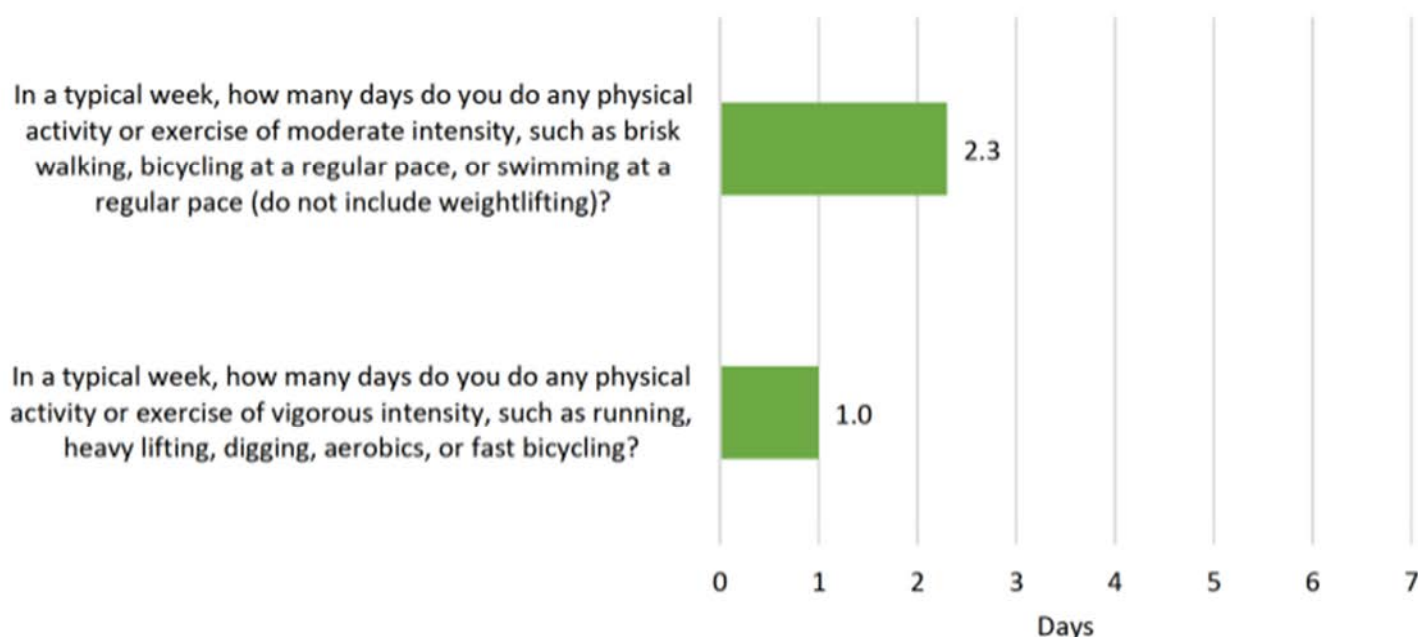




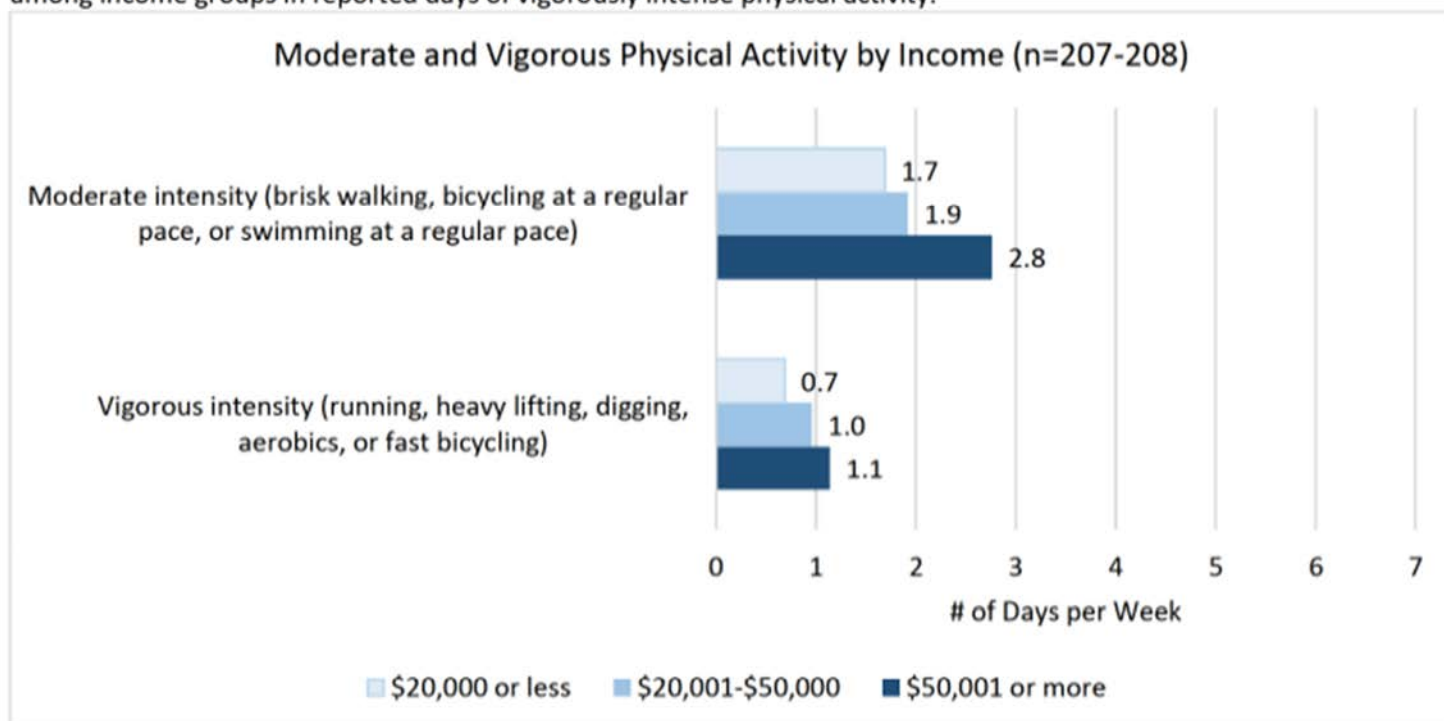
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (N=228)



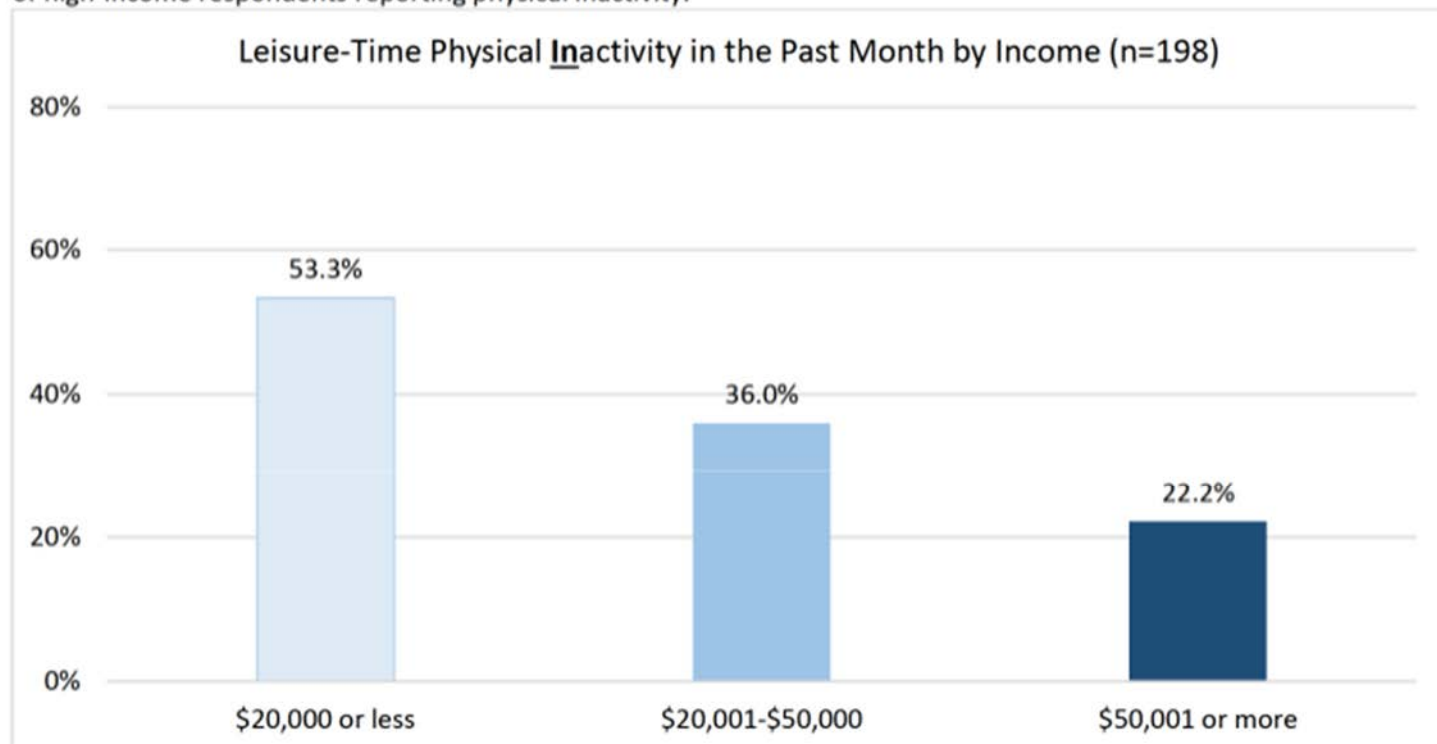
#### Days of Moderate and Vigorous Physical Activity (N=246)



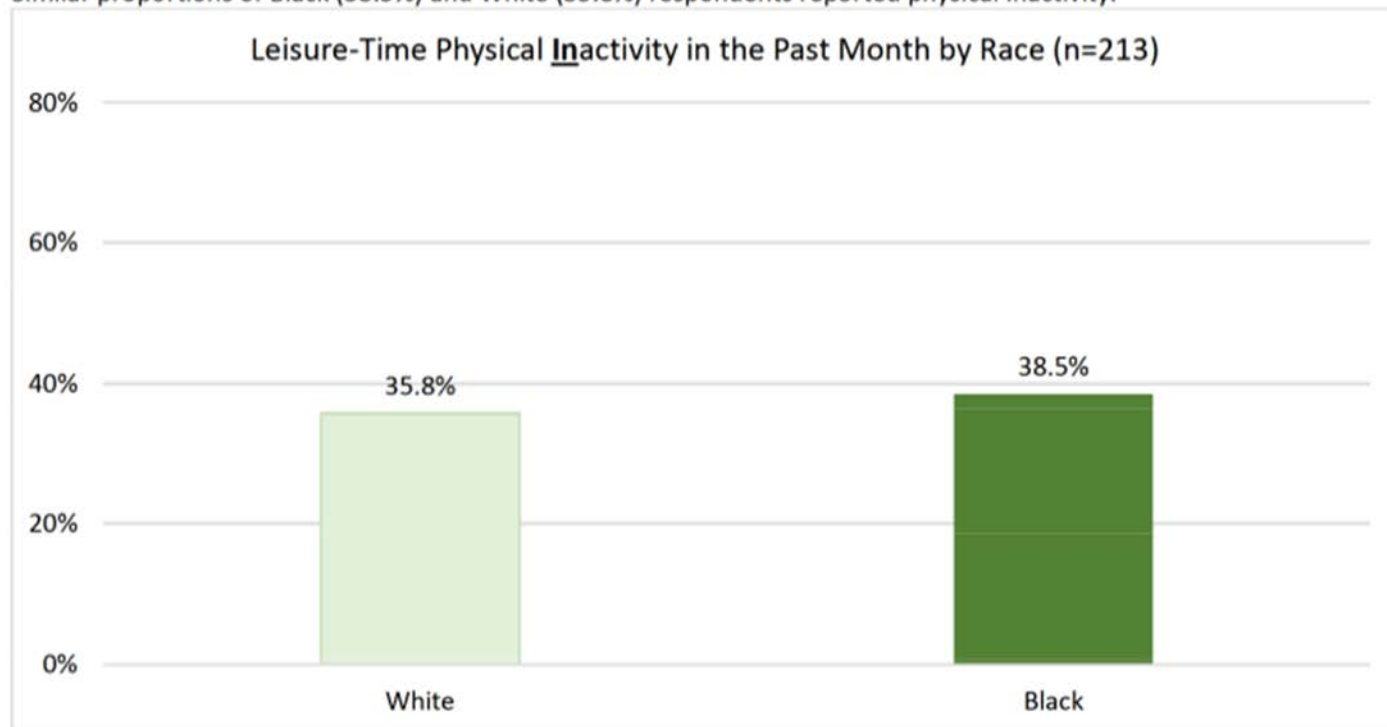
Days of moderately intense physical activity increased as the income level increased, but there was little difference among income groups in reported days of vigorously intense physical activity.



Physical inactivity decreased as income level increased, with 53.3% of low-income, 36.0% of middle-income, and 22.2% of high-income respondents reporting physical inactivity.

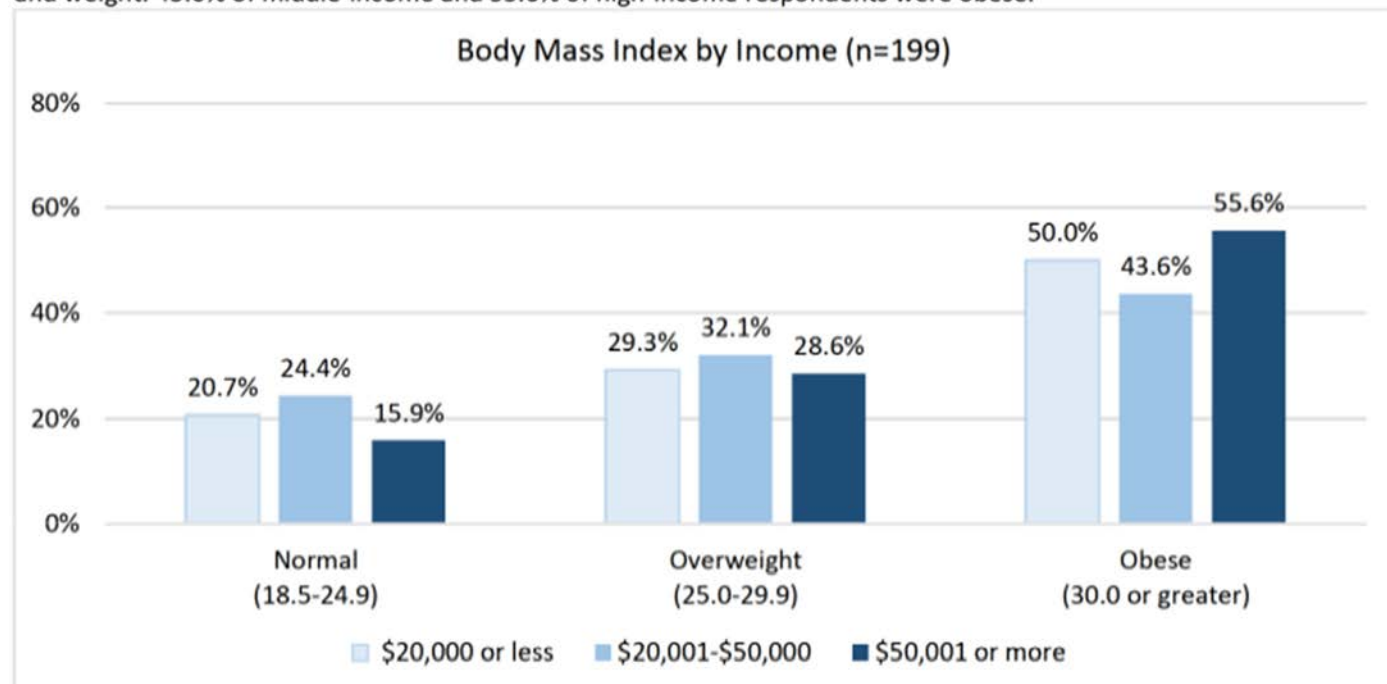


Similar proportions of Black (38.5%) and White (35.8%) respondents reported physical inactivity.

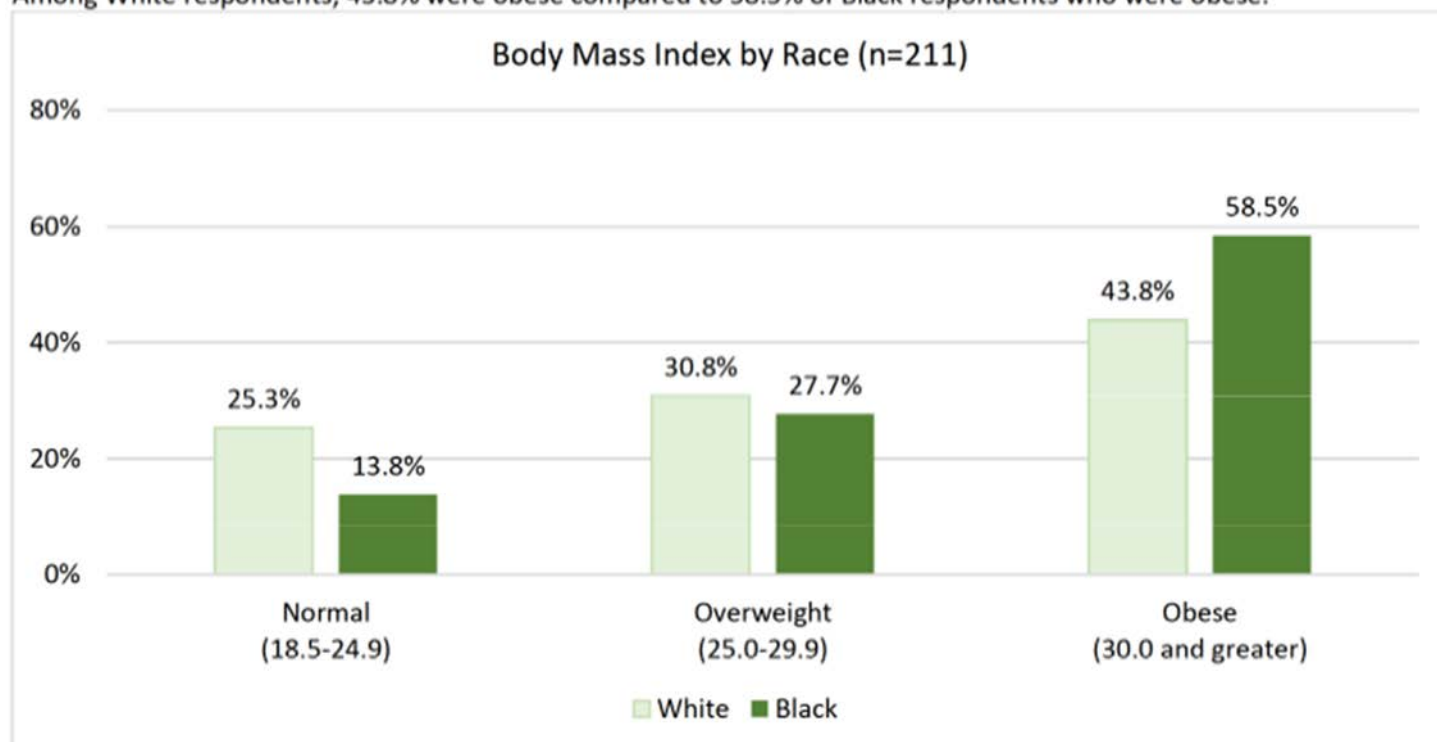


## Body Mass Index

Of those with an annual household income of \$20,000 or less, 50.0% were obese according to their self-reported height and weight. 43.6% of middle-income and 55.6% of high-income respondents were obese.



Among White respondents, 43.8% were obese compared to 58.5% of Black respondents who were obese.



# COMMUNITY PARTICIPANTS

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Memorial Hospital & Manor would like to thank the following individuals for their generous contribution of time and effort in making this Community Health Needs Assessment a success. Each person participating provided valuable insight into the particular health needs of the general community and specific vulnerable population groups.

## MEMORIAL HOSPITAL & MANOR COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

James M. Lambert, Chief Executive Officer

K. Dean Burke, M.D., Chief Medical Officer

Lori Eubanks, R.N., Chief Nursing Officer

Lee Harris, Assistant Administrator for Support and Clinical Services (*also Chairman, Decatur County Board of Health*)

Karen Williams, Interim Human Resources Director

Michael Reynolds, Information Technology Director

Sherry Hutchins, R.N., Physician Services Director (*also former County Nurse Manager, Decatur County Health Department*)

Andrea Ferguson, R.N., Nursing Home Administrator

Lauren Harrell, Community Development Coordinator, (*also Member, Decatur County Board of Health*)

Julia Brantley, Quality Manager

Newton Cranford, Grants Coordinator

Lori Rankin, R.N., Clinical Nurse Educator

Matthew Buck, M.D., Chief of Staff

Winston Price, M.D., Immediate Past Chief of Staff (*also Member, Decatur County Board of Health*)

## COLLABORATIVE IMPACT FOR DECATUR COUNTY BOARD OF DIRECTORS

*“Our mission is to build a healthier community through partnership, inclusion, equity, collaboration, and education.”*

Estella Bryant, Billy G. Ward, Charles T. Stafford, M.D., Winston Price, M.D , Lori Eubanks, R.N., Karen Williams, Newton Cranford, Jeanette Grimsley, Henry Intili, FNP, Stancil Tootle, Kenneth Ellison.

## KEY STAKEHOLDER FROM PUBLIC HEALTH

Danny Stephens, County Nurse Manager, Decatur County Health Department

# PRIORITIZING COMMUNITY HEALTH NEEDS

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Memorial Hospital & Manor elected to take a multi-faceted approach to 1) identifying the significant health needs of their community, 2) prioritizing those health needs, and 3) identifying the resources potentially available to address them. Input was provided through in-person meetings (March 23-24, 2018), distribution of health, wellness, and lifestyle surveys (mailed May and June 2019), and scrutinization of both external and internal data. Input representing the broad interests of our community was provided by individuals representing:

- The Hospital Authority of the City of Bainbridge and Decatur County;
- The Medical Staff of Memorial Hospital;
- Employees of Memorial Hospital;
- The Decatur County Health Department;
- The City of Bainbridge and Decatur County Governments;
- Coalition Members of the Collaborative Impact for Decatur County (CIDC);
- Local Business Leaders; as well as
- A Cross Section of Other Community Stakeholders.

## HOSPITAL INPUT

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In determining the priority health needs of the community, Memorial Hospital & Manor Community Health Needs Assessment Steering Committee (CHSC) met to discuss the observations, comments, and priorities resulting from the community meetings and data gathered concerning health status of the community. The CHSC debated the merits or values of the community's priorities, considering the resources available to meet these needs. The following questions were considered by the CHSC in making the priority decisions:

- Do community members recognize this as a priority need?
- How many persons are affected by this problem in our community?
- What percentage of the population is affected?
- Is the number of affected persons growing?
- Is the problem greater in our community than in other communities, the state, or region?
- What happens if the hospital does not address this problem?
- Is the problem getting worse?
- Is the problem an underlying cause of other problems?



## IDENTIFIED PRIORITIES

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After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the CHSC chose to accept the same priority needs as the community.

- Access to Care – Providers and Affordable Care
- Mental Health and Substance Abuse
- Unhealthy Lifestyle and Obesity
- Family Life – Education and Prevention

## GOVERNING BODY APPROVAL

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This Community Health Needs Assessment was approved by the Hospital Authority of the City of Bainbridge and Decatur County during their regularly scheduled meeting on June 15, 2021. Following board review, an implementation plan for the 2019 CHNA will be developed and posted on the Memorial Hospital & Manor website.

# RESOURCE LISTING

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To access healthcare, community members should be aware of available resources. The following pages provide information to the community about these resources.

## ASSISTED LIVING FACILITIES AND NURSING HOMES

Memorial Manor (Nursing Home)  
1500 E. Shotwell St.  
Bainbridge, GA 39819  
229-246-3500

Willow Ridge  
801 Faceville Highway  
Bainbridge, GA 39819  
229-243-0000

Riverside Place Assisted Living Community  
1151 W. College St.  
Bainbridge, GA 39819  
229-248-1116

Seminole Manor (Nursing Home)  
100 Florence Ave.  
Donalsonville, GA 39845

## CAR SEAT RESOURCES AND SAFETY

Auto Safety Hotline  
800-424-9393 (P)

Decatur County Health Department  
928 South West Street  
Bainbridge, GA 39819  
229-248-3055

Seminole County Health Department  
904 N. Wiley Avenue  
Donalsonville, GA 39845  
229-524-2577

## **CANCER SUPPORT SERVICES**

American Cancer Society  
800-227-2345 (Preferred)

## **DEVELOPMENTAL NEEDS**

Babies Can't Wait  
[www.health.state.ga.us/programs/bcw](http://www.health.state.ga.us/programs/bcw)

Parent to Parent of Georgia  
800-229-2038 (P)

## **DME AND RESPIRATORY PROVIDERS**

MRS Homecare Inc.  
1509 E. Shotwell St.  
Bainbridge, GA 39819  
229-243-0071

## **EMERGENCIES / URGENT CARE**

Memorial Hospital & Manor Emergency Room  
1500 E. Shotwell St.  
Bainbridge, GA 39819  
229-243-6200

Donalsonville Hospital Emergency Room  
102 Hospital Circle  
Donalsonville, GA 39845  
229-524-5217

## FINANCIAL COUNSELING

Consumer Credit Counseling Service  
800-388-2227 (P)  
[www.credability.org](http://www.credability.org)

## FOOD ASSISTANCE

Decatur County DFCS  
505 S. Wheat Ave.  
Bainbridge, GA 39819  
229-430-6289  
1-877-423-4746

Seminole County DFCS  
108 West 4<sup>th</sup> St.  
Donalsonville, GA 39845  
229-430-6289  
1-855-422-4453

## HOSPICE PROVIDERS

Kindred Hospice  
432 E. Shotwell St.  
Bainbridge, GA 39817  
229-246-6330

Hospice of Southwest Georgia  
1323 East Shotwell St.  
Bainbridge, GA 39817  
229-246-9965

Bethany Hospice and Palliative Care  
2012 E Pinetree Blvd., Suite A  
Thomasville, GA 31792  
229-236-3002

Integrity Hospice  
1216 Dawson Rd., Suite 113  
Albany, GA 31707

## HOUSING / UTILITY ASSISTANCE

Georgia Dept. of Community Affairs  
Georgia Dream Homeownership Program  
800-359-4663 (P)

Georgia Dept. of Community Affairs  
Housing Choice Voucher Program  
Athens Regional Office  
1061 Dowdy Road, Suite 201  
Athens, GA 30606  
706-369-5636 (P)  
[www.dca.state.ga.us](http://www.dca.state.ga.us)

## HEALTHCARE PROVIDERS FOR THE UN-INSURED

Primary Care of Southwest Georgia  
509 Wheat Ave.  
Bainbridge, GA 39819  
229-416-4421

Georgia Farm Worker Health Clinic  
1626 E. Shotwell St.  
Bainbridge, GA 39819  
(229) 248-3748

## MENTAL HEALTH

Samaritan Counseling Center  
208 S. Broad St.  
Bainbridge, GA 39819  
229-243-1633

Dr. Gary Smith  
Wiregrass Medical and Surgical Building  
804 N. Wiley Ave.  
Donalsonville, GA 39845  
229-524-5590

New Beginnings Community Outreach  
617 South West St.  
Bainbridge, GA 39819  
229-246-9050

Georgia Pines  
Decatur/Seminole Service Center  
333 Airport Road  
Bainbridge, GA 39817  
229-246-6108

Georgia Pines  
Decatur County Mental Health  
1005 S Washington St.  
Bainbridge, GA 39819  
229-248-2683

## MIGRANT / SEASONAL FARMWORKER POPULATION

Georgia Decatur Farmworker Health Clinic  
1626 E. Shotwell St.  
Bainbridge, GA 39819  
Phone: 229-248-3748  
Fax: 229-248-3752  
shelia.ramer@dph.ga.gov

## SMOKING CESSATION

Georgia Tobacco Quit Line  
877-270-7867 (P)  
[www.livehealthygeorgia.org/quitline](http://www.livehealthygeorgia.org/quitline)

## TEEN PARENTING RESOURCES

Young Mommies Help Site  
[www.youngmommies.com](http://www.youngmommies.com)

## TRANSPORTATION

MIDS Transportation, Inc.  
905 E Shotwell St.  
Bainbridge, GA 39819  
229-246-6758

## 65 AND OLDER POPULATION

SOWEGA Council on Aging - Decatur County Senior Center  
402 W. Water Street  
Bainbridge, GA 39817  
(229) 246-8672  
[www.sowegacoa.org](http://www.sowegacoa.org)



## CITATIONS

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<sup>i</sup> <https://www.census.gov/quickfacts/fact/table/GA,decaturcountygeorgia/PST045219>

<sup>ii</sup> <https://www.census.gov/quickfacts/fact/table/GA,decaturcountygeorgia/PST045219>

<sup>iii</sup> <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

<sup>iv</sup> Internal MediTech Report of diagnosis codes for all provider and ED visits during the period of 11-01-2018 – 10-31-2019

<sup>v</sup> Georgia Department of Public Health's Data Warehouse, OASIS Online Analytical Statistical Information System