



CONTENTS

Purpo	ose4
Introc	Overview Our Mission Our Vision Our Values Our History Scope of Services
Asses	sment Methodology10 Primary Data Review Secondary Data Review
Comr	nunity Profile
Comr	munity Health Findings
Physic	cian Perspectives21
Comr	munity Perspectives

2022 MEMORIAL HOSPITAL & MANOR COMMUNITY HEALTH NEEDS ASSESSMENT

Hospital Input	29
Memorial Hospital & Manor Community Health Needs Assessment Steering Committee	
The Hospital Authority of the City of Bainbridge and Decatur County	
Prioritizing Community Health Needs	31
Hospital Focus/ Action Plans	32
Resource Listing	34
Appendix A – Provider and Community Leader Questionnaire	41

PURPOSE

Every three years, Memorial Hospital & Manor conducts a formal Community Health 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

Overview

Memorial Hospital & Manor in Bainbridge, Georgia, has served the healthcare needs of Decatur County and surrounding communities for over 60 years. The 80-bed community hospital and 107-bed long-term care facility, along with Willow Ridge, a 23-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 approximately 357 full-time-equivalent employees. Members of the active medical staff currently include 21 physicians and 7 advanced practice providers. As of November 26, 2022, 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 that 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 coworkers, 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, located at 1500 East Shotwell St. in Bainbridge, GA, 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 21 private rooms and one couple's suite 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 dedicated C-Section surgical suite, and 2 nurseries.

The 16,650 square feet 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. This addition and main entrance of the hospital were completely renovated in 2022.

Scope of Services

- In-Patient Services
- 24/7 Emergency Medicine Services
- Stroke Center with Partner TeleSpecialists (Board Certified Neurologists)
- Intensive Care with remote monitoring through Emory Healthcare's elCU (electronic Intensive Care Unit) Services
- Behavioral Health Assessment Services
- Pathological and Clinical Laboratory
- Radiology
 - Radiography and Fluoroscopy
 - Computed Tomography (CT)
 - Magnetic Resonance Imaging (MRI)
 - 3D Mammography (Digital Breast Tomosynthesis)
 - Bone Densitometry (DEXA Scan)
 - Ultrasound
 - Nuclear Medicine
- Physical Rehabilitation
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
- Respiratory Therapy
- Pharmaceutical Services
- Women's Services

2022 MEMORIAL HOSPITAL & MANOR COMMUNITY HEALTH NEEDS ASSESSMENT

- Surgical Services and Outpatient Surgery
 - General Surgery
 - > Gynecological Surgery
 - > Endoscopy
 - > Ophthalmic Surgery
 - > Orthopedic Surgery
- Short Term Care
- Wound Care
- Dietetic Nutritional Services
- IV Infusion
- Anti-Coagulation Services
- Pediatric
- Long Term Care
- Sub-Acute Skilled Care
- 23-Bed Personal Care Home
- Telehealth

ASSESSMENT METHODOLOGY

The County Health Rankings and Roadmaps (CHRR) data will guide the Memorial Hospital and Manor 2022 CHNA. The County Health Rankings are based on a population health model that includes both health outcomes (length and quality of life) and health factors (things that influence how long we live). The CHRR health factors are divided into four categories: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment. The CHRR includes 30 measures across the four categories that define the overall health of the county. The Steering Committee will utilize both primary and secondary data sources to gather information for the CHNA.

Primary Data Review

The research team further refined the potential community health focus areas through two subsequent research methodologies: 1) Community survey research (Appendix A) and 2) Board, Medical Staff, Administrative Staff and Community Leader Focus Group. These approaches allowed the researchers to engage with and receive feedback from a broad range of stakeholders as per the IRS requirements for non-profit hospitals.

Stakeholder Survey

The Provider and Community Leader Questionnaire, was designed based on findings from the secondary data review. See Appendix A for a copy of the survey. The final instrument consisted of 10 questions designed to identify stakeholders' view of the greatest community needs, most at risk populations, and possible solutions. The format consisted of multiple choice, ranking, and open-ended format.

The survey link was distributed by email to approximately 50 community stakeholders including physicians, hospital officials, churches, schools, community agencies, public safety, and public health representatives across Decatur County. Incomplete or abandoned surveys were excluded from the data set. At the conclusion of the survey ending July 10, 2022, 32 stakeholders completed the survey for a response rate of 64.0%. Key findings included the top five most prevalent community health issues in the county, the top five most influential socioeconomic factors, and the most vulnerable populations.

Focus Group

A Focus group (Strategic Planning Session participants) was held in November 2022 and was designed to review relevant community health data and survey results in order to then prioritize and rank the health needs. The session was also designed were designed to allow for direct engagement with community members across a range of demographics. The session was held at a local community college campus.

Secondary Data Review

Secondary data review was selected as the launch point for project research. This approach allowed researchers to compare population health trends among a variety of demographics over a wide range of time periods, and create an overall analytical overview of the community health needs. A comprehensive review of secondary data from publicly available sources at the county, state, and national levels was conducted during the summer of 2023.

COMMUNITY PROFILE

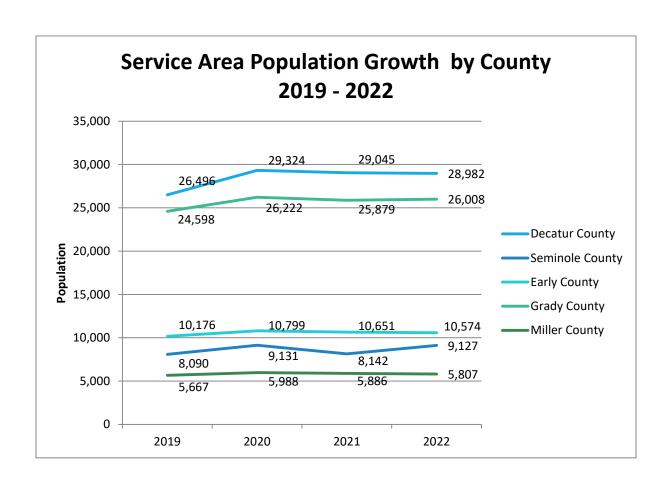
At Memorial Hospital & Manor, our service area includes a 5-county area of Southwest Georgia. While the hospital's primary service area includes all of Decatur County, our secondary service area includes portions of Seminole, Miller, Early and Grady Counties. This needs assessment is focused on the hospital's primary service area of Decatur County as approximately 85% of our patients come from Decatur County. The economy of Decatur County is primarily composed of manufacturing, technology, and agribusiness industries.

SERVICE AREA MAP



POPULATION GROWTH BY COUNTY

Decatur County's population alone **grew 9.4%** from the **26,496** people who lived there in **2019**. For comparison, the population in the US **grew 1.5%** and the population in Georgia **grew 2.7%** during that period. The Five Counties included in the Hospital's service area collectively **grew 7.2%** between the years 2019 through 2022. Most of this growth occurred between 2019 and 2020.



Decatur County – Demographics

Race & Ethnicity

Between 2019 and 2022 Decatur County became slightly more diverse. In 2022, the white (non-Hispanic) group made up 48.9% of the population compared with 49.5% in 2019. Between 2019 and 2022, the share of the population that is Hispanic/Latino grew the most, increasing 0.9 percentage points to 7.2%. The white (non-Hispanic) population had the largest decrease dropping 0.6 percentage points to 48.9%.

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
White(non-Hispanic)	49.5%	-1.6%	50.3%	58.9%
Black or African American	42.0%	30.8%	32.1%	12.6%
American Indian/Alaskan Native	0.3%	50.0%	0.2%	0.7%
Asian	0.6%	-87.2%	4.7%	6.1%
Hawaiian/Other Pacific Islander	0.1%	0.0%	0.1%	0.2%
Two or More Races	1.2%	-42.8%	2.1%	2.4%
Hispanic or Latino	6.3%	-40.0%	10.5%	19.1%

The median Household Income continues to run well below the State and national levels. The County has significantly more individuals living below the Poverty line which has an impact on a number Health factors and behaviors. The residents off Decatur County also have lower access to both primary care and mental health providers when compared to the state and national levels. Decatur County also has a slightly higher number of children under 18 as well as a higher number of citizens 65 years and older.

Decatur County – Demographics

Income & Poverty / Health / Education

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
Median Household Income	\$45,134	-30.6%	\$65,030	\$69,021
Population Below the Poverty Line	23.8%	70.0%	14.0%	11.6%
Persons Without Health Coverage	17.1%	16.3%	14.7%	9.8%
Primary Care Physicians (Residents : PCP)	2,650:1	77.9%	1,490 : 1	1,310 : 1
Mental Health Providers (Residents : MHP)	1,610:1	168.3%	600 : 1	340 : 1
High School Diploma	84.4%	-4.3%	88.2%	88.9%
Bachelor's Degree or Higher	14.6%	-55.8%	33.0%	33.7%

^{*} In 2022, the population of Decatur County was 28,982 – a 9.8% increase in population since the 2019 CHNA.

Decatur County – Demographics Age

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
Children/Youth (Under 18 Years Old)	30.9%	7.3%	28.8%	27.3%
Adults (19-64 Years Old)	51.8%	-7.7%	56.1%	55.4%
Seniors (65+ Years Old)	17.3%	14.6%	15.1%	17.3%

^{*} In 2022, the median age in Decatur County which is 37.9 which is slightly higher than the state median age of 37.5.

COMMUNITY HEALTH FINDINGS

In 2022, the overall Health of Decatur County's population improved slightly over 2019. The county is now ranked #118 out of 159 counties in the state compared to #136 out of 159 in 2019. The state bases each county's Health rankings on the metrics contained in two major categories. These are Health Outcomes and Health Factors. Decatur County's Health Outcomes are ranked in the 25% - 50% range which is in the lower middle of the rankings. The County's Health factors ranked in the 0% - 25% range which was in the lowest end of the rankings. Below is the detailed comparison of the various health behaviors and factors which contributed to the ranking:

Decatur County

Health Behaviors

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
Adult Smoking	23.0%	43.8%	16.0%	16.0%
Adult Obesity (BMI > 30 kg/m)	44.0%	29.4%	34.0%	32.0%
Diabetes Prevalence	14.0%	27.3%	11.0%	9.0%
Physical Inactivity (no physical activity outside of work)	33.0%	32.0%	25.0%	22.0%
Access to Exercise Opportunities (lived close to a park or recreation facility)	58.0%	-22.7%	75.0%	84.0%
Excessive Drinking (reported binge or heavy drinking)	14.0%	-12.5%	16.0%	19.0%
Alcohol-Impaired Driving Deaths (% of MVA deaths involving alcohol)	32.0%	52.4%	21.0%	27.0%
Sexually Transmitted Infections (newly diagnosed chlamydia cases per 100,000 population)	1,041.5	76.7%	589.4	481.3
Teen Births (teen births per 1,000 females ages 15-19)	49	113.0%	23	19

^{*} Data as presented in the County Health Rankings & Roadmaps, prepared by the University of Wisconsin Population Health Institute with support provided by the Robert Wood Johnson Foundation. For comparison purposes, data presented for Decatur County is compared to state and national averages.

Health Behaviors – Clinical Care

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
Uninsured	16.0%	6.7%	15.0%	10.0%
Primary Care Physicians	2,650:1	77.9%	1,490:1	1,310:1
Mental Health Providers	1,610:1	168.3%	600:1	340:1
Preventable Hospital Stays	3,643	9.8%	3,318	2,809
Mammography Screenings	32.0%	-11.1%	36.0%	37.0%
Flu Vaccinations	39.0%	-18.8%	48.0%	51.0%

Health Behaviors – Social & Economic Factors

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
High School Completion	84.0%	-4.8%	88.0%	89.0%
Some College	51.0%	-27.5%	65.0%	67.0%
Unemployment	3.7%	-5.4%	3.9%	5.4%
Children in Poverty	36.0%	41.7%	21.0%	17.0%
Income Inequality factor	5.5	10.9%	4.9	4.9
Children in Single-Parent Households	38.0%	21.1%	30.0%	25.0%

Health Outcomes by the Numbers

Measurement	Decatur County	% Difference from Georgia Average	Georgia	United States
Premature Death (Years of potential life lost before age 75 per 100,000 population)	11,400	42.5%	8,000	7,300
Life Expectancy	73.0	-5.6%	77.3	78.5
Poor Physical Health Days (# of physically unhealthy days reported in past 30 days)	4.1	28.1%	3.2	3.0
Poor Mental Health Days (# of mentally unhealthy days reported in past 30 days)	5.1	13.3%	4.5	4.4
Low Birthweight (percentage of live births < 2,500 grams)	12.0%	20.0%	10.0%	8.0%

^{*} Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. Decatur County is ranked among the least healthy counties in Georgia. In fact, **Decatur County's Overall Health Outcomes Ranking is 118**rd out of 159 counties.

In 2020, 21% of the adults in Decatur County reported that they consider themselves in fair or poor health. This is 40% higher than the reported state percentage and 75% higher than the national percentage.

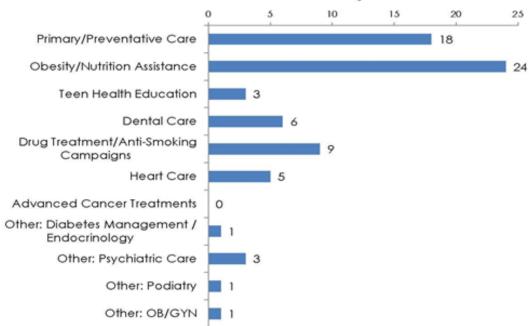
Leading Causes of Death - Under 75

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Diseases of Heart	125.0	129.3
Malignant Neoplasms	110.0	110.4
Chronic Lower Respiratory Diseases	41.0	41.1
Accidents	36.0	46.9
Diabetes Mellitus	31.0	32.4

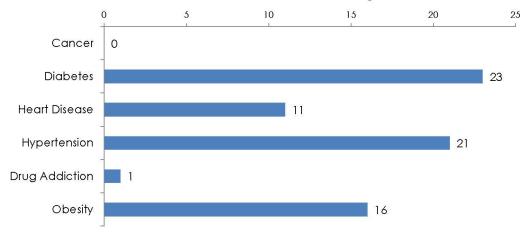
^{*} Questionnaires requesting feedback about perceived health needs were hand-delivered to medical providers throughout the community and findings were considered in the identification of needs.

PHYSICIAN PERSPECTIVE

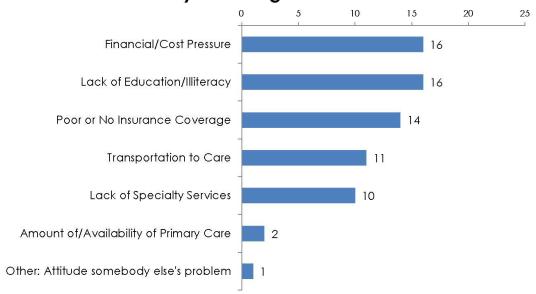
What do you perceive as the top 3 health needs in the community?



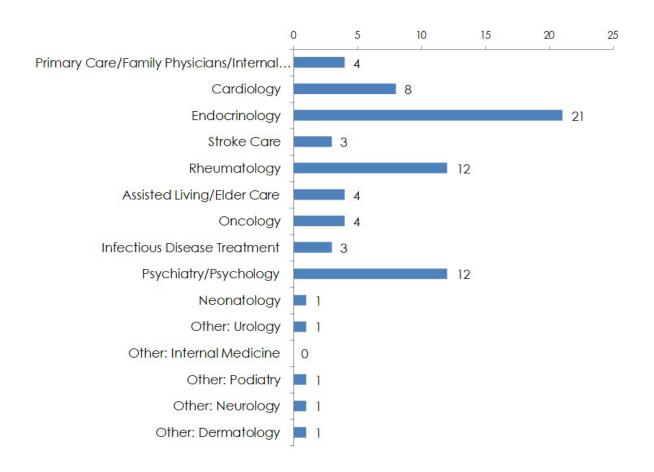
What are the 3 main diseases faced by individuals in the community?



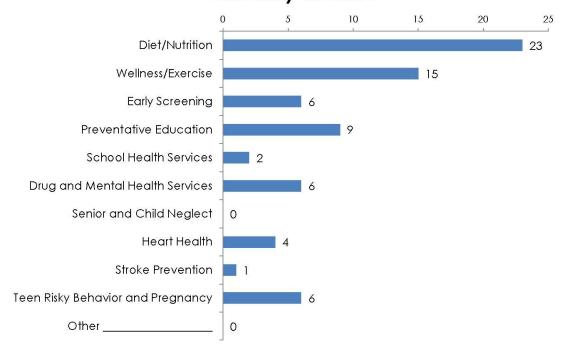
What are the top 3 barriers to individuals in the community receiving needed care?



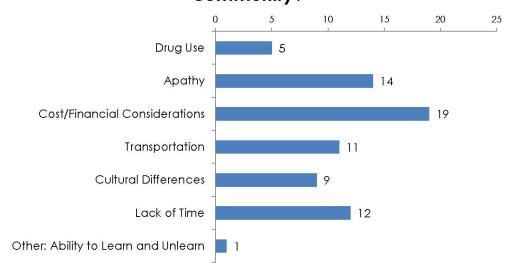
What are 3 types of specialty care and/or healthcare services are missing in the community?



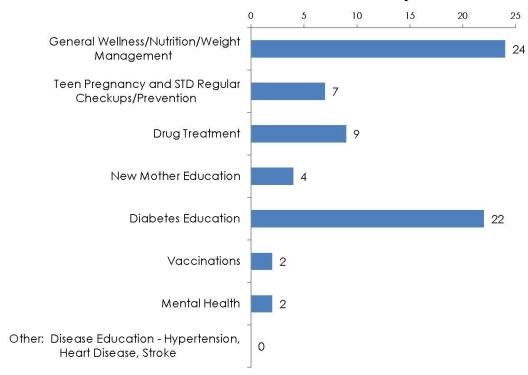
What 3 areas do you believe should receive more emphasis in the community than they do now?



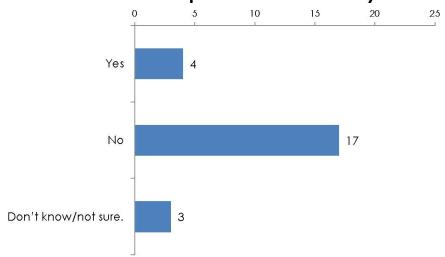
What are the top 3 barriers to implementing a project to improve the health of the community?



What are 3 types of health education services are most needed in the community?



Have you ever heard of the Collaborative Impact Decatur County?



COMMUNITY PERSPECTIVES

A 2-day strategic planning session was held to facilitate face-to-face interaction with members of the community involved in local government, education, healthcare, public health, nonprofits and other influential sectors.

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.

DECATUR COUNTY STRATEGIC PLANNING SESSION PARTICIPANTS – NOVEMBER 17-18, 2023

Jim Lambert, CEO, Memorial Hospital & Manor

Lee Harris, Assistant Administrator for Support and Clinical Services, Memorial Hospital & Manor

Dave Paugh, CFO, Memorial Hospital & Manor

Lori Eubanks, CNO, Memorial Hospital & Manor

Karen Williams, Human Resources Manager, Memorial Hospital & Manor

Julia Brantley, Quality, Risk and Compliance Director, Memorial Hospital & Manor

Jamie Sinko, Director of Development, Memorial Hospital & Manor

Dean Burke, M.D., CMO for the Medical Assistance Plans, Department of Community Health

Glennie Bench, Chairperson, The Hospital Authority for the City of Bainbridge and Decatur County

Marvalynn Carroll, The Hospital Authority for the City of Bainbridge and Decatur County

2022 MEMORIAL HOSPITAL & MANOR COMMUNITY HEALTH NEEDS ASSESSMENT

Rusty Davis, The Hospital Authority for the City of Bainbridge and Decatur County

Wheat Kirbo, The Hospital Authority for the City of Bainbridge and Decatur County

Jason Moye, M.D., Ob/Gyn and Chief of Staff, Memorial Hospital & Manor

George Myers, D.O., General Surgeon

Lisa Martin, O.D. Optometry

Winston Price, M.D. Pediatrics

Gloria Browne, M.D. Family Practice

Mathew Buck, M.D. Pediatrics and Past Chief of Staff

Alan Thomas, County Administrator, Decatur County

Edward Reynolds, Mayor, City of Bainbridge

Chris Hobby, City Manager, City of Bainbridge

Brad Barber, President and CEO, First National Bank

Scott Forsyth, President, Forsyth Insurance

Nancy Grimsley, President, Friends with Jesus Ministries

Karen Tobin, Bainbridge – Decatur County Chamber of Commerce

Kregg Close, City Councilman, City of Bainbridge

Crycynthia Gardner, Principal, Decatur County Schools

Mary Miller, Premier Group Realty

KaCee Holt, Campus Director for Southern Regional Technical College – Bainbridge

Erica Austin, Assistant Public Defender, South Georgia Judicial Circuit

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, Charles T. Stafford, M.D., Winston Price, M.D., Lori Eubanks, R.N., Karen Williams, Jeanette Grimsley, Henry Intili, FNP, Stancil Tootle, Kenneth Ellison.

KEY STAKEHOLDER FROM PUBLIC HEALTH

Austin Stuckey, R.N., County Nurse Manager, Decatur County Health Department

HOSPITAL INPUT

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?

MEMORIAL HOSPITAL & MANOR COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Jim Lambert, Chief Executive Officer

Dave Paugh, Chief Financial Officer

Lori Eubanks, R.N., Chief Nursing Officer

2022 MEMORIAL HOSPITAL & MANOR COMMUNITY HEALTH NEEDS ASSESSMENT

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

Karen Williams, Human Resources Manager

Norman Ludecke, Information Technology Director

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

Andrea Ferguson, DNP, RN, LNHA, CDP, CALD, Nursing Home Administrator

Jamie Sinko, Director of Development, Memorial Hospital and Manor

Julia Brantley, Quality, Risk, and Compliance Director

Jason Moye, M.D., Chief of Staff

Matthew Buck, M.D., Immediate Past Chief of Staff

Winston Price, M.D., Member, Decatur County Board of Health

George Myers, D.O., General Surgeon

Lisa Martin, O.D., Optometrist

Gloria Browne, M.D., Family Practitioner

PRIORITIZING COMMUNITY HEALTH NEEDS

After carefully reviewing the observations, comments and priorities of the community, the feedback provided by local healthcare providers, and the data presented in the County Health Rankings & Roadmaps, the CHSC divided the identified health needs into two separate categories listed in order of priority in each category:

Social Determinants Affecting Health Care:

- Education Levels / Health Education
- Income Inequality
- Teen Births
- % of Children in Poverty
- Children in Single Parent Homes

Provision of Health Services:

- Adult Obesity
- Diabetes Prevention and Management
- Mental Health
- Physical Inactivity
- Adult Smoking / Vaping
- Lack of Primary Care Access
- Preventable Hospital Stays
- Sexually Transmitted Disease
- Flu Vaccine Rate

HOSPITAL FOCUS/ACTION PLAN

Based on the review of the data, surveys conducted and results of the discussions at community feedback session, below are the goals set by Memorial Hospital and Manor along with several action items set to impact each of the goals:

Adult Obesity

- Reduce Adult Obesity through treatment, education, and outreach support
 - Work with Dr. Macy Tabb (Board certified In Obesity Medicine for all ages) to develop an obesity management service through her practice.
 - o Partner with pediatricians, family practitioners, Bariatric surgeons as a referral source for patients who may utilize this service.
 - Support patients with medical nutritional therapy.
 - Educate and develop weight loss plans utilizing appropriate pharmacological approaches.
 - Utilize CIDC to help provide outreach support to at risk patients in outlying areas.

Behavioral Health

- Increase access for Behavioral Health Patients in the Community.
 - Evaluate the development of an inpatient Behavioral Health Service (Geriatric).
 - Evaluate the development of an intensive Outpatient Behavioral Health Practice.

Primary Care Access

- Improve primary care access through recruitment and practice efficiency.
 - o Recruit providers for areas identified as community needs.
 - Continue to look for ways to utilize Technology to improve access in outlying areas.

 Utilize the productivity and efficiency gains with MHM's new Electronic Health Record (EHR) to improve access.

Management of Gestational Diabetes

- Improve the management of Gestational Diabetes through education, treatment, and outreach support
 - Utilize Case Management functionality of new EHR to better track patients with this disease process.
 - Utilize Case management for patients with this disease process to assure appropriate and timely testing of Hemoglobin A1c.
 - Utilize trained staff members in MHM's Women's Center to help identify and educate patients on the disease.
 - Utilize CIDC to reach out into underserved communities to follow –up on gestational diabetes patients.

RESOURCE LISTING

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

Bainbridge Health and Rehab 1155 West College Street Bainbridge, GA 39819-6400 229-243-0931

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

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

DME AND RESPIRATORY PROVIDERS

Bainbridge Pharmacy 1420 Evans Street, Bainbridge, GA 39819

Phone: 229-246-7200 Fax: 229-246-6210 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

Miller County Medical Center 209 N Cuthbert St. Colquitt, GA 39837 229-758-3385

FINANCIAL COUNSELING

Consumer Credit Counseling Service 800-388-2227 (P) 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 4th 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 229-349-6390

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

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

PUBLIC HEALTH

Decatur County Health Department, District 8-2 Decatur Farmworker Clinic 1626 E. Shotwell Street Bainbridge, GA 39819 229-248-3748, Fax: 229-248-3752

Miller County Health Department, District 8-2 250 West Pine Street Colquitt, GA 39837-3532 229-758-3344, Fax: 229-758-5526

WIC: 866-255-7948

Seminole County Health Department, District 8-2 904 North Wiley Avenue Donalsonville, GA 39845-1127 229-495-6590, Fax: 229-612-9119

WIC: 866-255-7948

SMOKING CESSATION

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

TEEN PARENTING RESOURCES

Young Mommies Help Site 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

APPENDIX A PROVIDER and COMMUNITY LEADER QUESTIONNAIRE

	Assessn Ho	Provider and Community Leader Questionnair
A.	What o	do you perceive as the top 3 health needs in the community?
		Primary/Preventative Care
		Obesity/Nutrition Assistance
		Teen Health Education
		Dental Care
		Drug Treatment/Anti-Smoking Campaigns
		Heart Care
		Advanced Cancer Treatments
		Other
В.	What a	are the 3 main diseases faced by individuals in the community?
		Cancer
		Diabetes
		Heart Disease
		Hypertension
		Drug Addiction
		Obesity
		Other
c.	What a	are the top 3 barriers to individuals in the community receiving needed care?
		Financial/Cost Pressure
		Lack of Education/Illiteracy
		Poor or No Insurance Coverage
		Transportation to Care
		Lack of Specialty Services
		Amount of/Availability of Primary Care
		Other
D	What a	are 3 types of specialty care and/or healthcare services are missing in the community?
٠.		
		Cardiology
		Endocrinology
		Stroke Care
		Rheumatology
		Assisted Living/Elder Care
		Oncology
		Infectious Disease Treatment

Assessment / Memorial Hospital & Manor Provider and Community Leader Questionnaire

	0	Psychiatry/Psychology Neonatology Other
E.	What a	are the top 3 areas you feel are the most important in making the residents of the
	commi	unity healthier?
		□ Primary Care
		 Obesity Control (education and nutrition)
		□ Immunizations
		□ Early Screening
		 Health Fairs/Public Awareness/Community Health Drive
		□ Anti-Smoking and Anti-Drug Campaigns
		□ Focus on Risky Youth Behaviors
		Other
F.	What is	s your primary source for up-to-date health information?
G.	What 3	areas do you believe should receive more emphasis in the community than they do
		Diet/Nutrition
		Diet/Nutrition Wellness/Evercise
		Wellness/Exercise
		Wellness/Exercise Early Screening
	0	Wellness/Exercise Early Screening Preventative Education
	0	Wellness/Exercise Early Screening Preventative Education School Health Services
	0 0	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services
	0 0 0	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect
	0 0 0 0 0 0	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health
	0 0 0 0	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention
		Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health
H.		Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other
Н.		Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other
н.	Whata	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other
н.	Whata	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other are the top 3 barriers to implementing a project to improve the health of the community? Drug Use
н.	Whata	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other ore the top 3 barriers to implementing a project to improve the health of the community: Drug Use Apathy
Н.	Whata	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other are the top 3 barriers to implementing a project to improve the health of the community? Drug Use Apathy Cost/Financial Considerations
н.	Whata	Wellness/Exercise Early Screening Preventative Education School Health Services Drug and Health Services Senior and Child Neglect Heart Health Stroke Prevention Teen Risky Behavior and Pregnancy Other ore the top 3 barriers to implementing a project to improve the health of the community? Drug Use Apathy Cost/Financial Considerations Transportation

Assessment / Memorial Hospital & Manor Provider and Community Leader Questionnaire

l.	What a	re 3 types of health education services are most needed in the community?
		General Wellness/Nutrition/Weight Management
		Teen Pregnancy and STD Regular Checkups/Prevention
		Drug Treatment
		New Mother Education
		Diabetes Education
		Vaccinations
		Other
J.	Have you ever heard of the Collaborative Impact Decatur County?	
		Yes
		No
		Don't know/not sure.