

2026

Community Health Needs Assessment

Memorial
Hospital & Manor

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Our Community, Our Hospital

PREFACE

The Memorial Hospital and Manor Board of Directors approved the 2026 Community Health Needs Assessment at their meeting. The Community Health Needs Assessment (CHNA) Report is widely available to the public, and interested parties can view and download it on the Memorial Hospital and Manor website. Hard copies are available upon request as well as the website location. Please contact: Jamie Sinko, Director of Development for copies or web location.

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EXECUTIVE SUMMARY

Introduction

Under the Patient Protection and Affordable Care Act (ACA), nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Strategy every three years. The purpose is to ensure that hospitals have the necessary information to address community health needs while fulfilling ACA requirements. The CHNA process involves five steps: defining the community, collecting secondary data, collecting primary data, prioritizing community health needs, and developing strategies to address those needs.

In 2026, Memorial Hospital and Manor partnered with the University of Georgia (UGA) Archway Partnership and the UGA College of Pharmacy (COP) to conduct its 2026 CHNA. This report provides background on the hospital, describes the data collection process for conducting CHNA, and summarizes key findings.

Methodology

A CHNA team was formed, comprising two UGA Archway Partnership Faculty members and the Memorial Hospital and Manor Director of Development. To engage local stakeholders, a CHNA Steering Committee and a Community Advisory Committee were formed. The CHNA Steering Committee served as the guide for the entire CHNA process and led efforts to encourage community participation and engagement in the CHNA process. The Community Advisory Committee was responsible for recruiting participants for the survey and focus groups and providing feedback on the data collected. The contribution from the two committees and the UGA Archway Professional fostered collaboration between community members and the UGA COP team to conduct the CHNA.

The CHNA team followed the five-step process in conducting the CHNA. First, the community, or service area for Memorial Hospital and Manor, was defined. While Decatur County, where the hospital is located, served as the primary service area, the hospital also serves surrounding counties, including Seminole County, Miller County, Baker County, Michell County, and Grady County. After defining the service area and community, the CHNA team collected both primary and secondary data.

Secondary data were collected from the following sources: County Health Rankings, the U.S. Census Bureau, Georgia Department of Public Health's OASIS, Kids Count data from the Annie E. Casey Foundation, and the National Cancer Institute. Data were compiled into Excel, allowing for comparison across counties and the state to identify potential areas for improvement.

Following the collection of secondary data, the CHNA team collected primary data from community members. Six focus groups were conducted with 10 community stakeholders to gain an in-depth understanding of overall community health status and needs, health behaviors, and hospital use. All focus groups were recorded, transcribed, and thematically analyzed by the UGA Archway Partnership

team. In addition to qualitative data collection, a community survey was developed to assess individual health status, behaviors, healthcare use, and perceptions of local health needs. It was administered both online and in paper format. The Memorial Hospital and Manor Director of Development distributed the electronic version via email and QR code, while paper copies were made available as needed. A total of 30 survey responses were analyzed using descriptive statistics, and cross-tabulations were conducted to explore associations between selected demographic characteristics and health outcomes.

Results

By triangulating findings across primary and secondary data sources, the CHNA team developed a community health profile for Memorial Hospital and Manor's service area. This profile highlighted major health issues in the community, barriers to care, important areas to improve the health of the community, and additional services needed. Chronic disease was the dominant theme in every data source. Survey respondents most often identified heart disease, diabetes, mental health problems, and age-related problems. Risk behaviors such as poor diet, physical inactivity, and not following medical advice were also prevalent. Community members emphasized the need for more specialty healthcare providers, mental and behavioral health services, and updated facilities to keep care local.

Prioritization of Community Needs

The results from data collection were submitted to the Memorial Hospital and Manor Director of Development. The Hospital leadership team will reconvene to evaluate the CHNA results. The leadership team will debate the merits and values of the identified priorities considering available resources and determine which needs to be addressed through strategic planning.

Implementation Strategy

The final step in the CHNA process involves developing implementation strategies to address the identified community health needs. The hospital will collaborate with community partners to develop and implement strategies to address the health priorities identified for Memorial Hospital and Manor’s service area.

HOSPITAL BACKGROUND

PURPOSE OF THE CHNA

The Community Health Needs Assessment (CHNA) was conducted in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r), that requires nonprofit hospitals to conduct a CHNA once every three years. There are five major components to CHNA.

1. Define community
2. Collect secondary data on community health
3. Gather community input and collect primary data
4. Prioritize community health needs
5. Implement strategies to address community health needs

Memorial Hospital and Manor partnered with the University of Georgia (UGA) Archway Partnership to conduct its 2026 CHNA. This report includes a background on the hospital, the data collection process, and key findings from the CHNA.

Memorial Hospital and Manor

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.

Mission

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

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.

Values

At Memorial Hospital & Manor, we strive to provide 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 always do the right thing.

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 for 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 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.

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 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. Over 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 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. 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**
    - **o Radiography and Fluoroscopy**
    - **o Computed Tomography (CT)**
    - **o Magnetic Resonance Imaging (MRI)**
    - **o Digital Mammography of Bone Densitometry (DEXA Scan)**
    - **o Nuclear Medicine**
- **Physical Rehabilitation**
    - **Physical Therapy**
    - **o Occupational Therapy**
    - **o Speech Therapy**
- **Respiratory Therapy**
- **Pharmaceutical Services**
- **Women's Services**
- **Surgical**
- **Short Term Care**
- **Wound Care**
- **Dietetic Nutritional Services**
- **IV Infusion 2019**
- **Anti-Coagulation Services**
- **Pediatric**

- Long Term Care
- Sub-Acute Skilled Care
- Personal Care Home
- Telehealth



METHODOLOGY

In 2026, a CHNA team was formed in partnership with the University of Georgia Archway Partnership to complete the 2026 CHNA for Memorial Hospital and Manor in Bainbridge, Georgia. The CHNA team consisted of two Public Service and Outreach faculty members from the Archway Partnership and the Director of Development from Memorial Hospital and Manor who served as the community liaison. The CHNA team collaborated to complete the five steps of the CHNA process.

Define Community

As described in the introduction section, the first step to conducting CHNA is to define the community. The community for this CHNA was defined based on Memorial Hospital and Manor's service area, which include Decatur County, Seminole County, Miller County, Mitchell County, and Grady County.

SECONDARY DATA COLLECTION

The second step of the CHNA process involved collecting secondary data on community health indicators for the five identified counties. Data were collected from County Health Rankings, the U.S. Census Bureau, the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), Kids Count data from the Annie E. Casey Foundation, the U.S. Department of Labor, and the National Cancer Institute. Data were compiled into Excel to allow comparison across counties and the state and across the following categories: demographics health outcomes, health behaviors, health care, and clinical care.

The most recent year for available data was always the first data collection point. County-level data was compared across the five counties and state-level statistics. Summaries were created for each county to develop county health profiles and identify potential areas for improvement. A detailed summary of the secondary data sources is below.

County Health Rankings

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings use standards methods to assess the overall health of nearly every county within the United States. Rankings consider factors that affect people's health within four categories: health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such as, National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to www.countyhealthrankings.org.

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called OASIS (Online Analytical Statistical Information System). Indicators available within OASIS include the following: Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, Risk Behavior Surveys (Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, and population data. For more information, go to http://oasis.state.ga.us.

Kids Count Data Center

Kids Count Data Center is managed and funded by the Annie E. Casey Foundation. This foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the U.S. The Kids Count Data Center receives data from a nationwide network of grantee projects. They collect data on, and advocate for, the wellbeing of children at the state and local levels. For more information, go to www.datacenter.kidscount.org.

U.S. Census Bureau

The U.S. Census Bureau provides access to demographic, economic, housing, and geographic data through its online platform, data.census.gov. This site is the primary access point for data from the Decennial Census, American Community Survey (ACS), Population Estimates Program, Economic Census, and other sources. Users can explore data at various geographic levels, including city, county, and state. For more information, go to https://data.census.gov/.

U.S. Department of Labor

The U.S. Department of Labor (DOL) is a federal agency that oversees and enforces laws related to workplace safety, wage standards, unemployment insurance, reemployment services, and economic statistics. The DOL provides access to nationwide data and tools, including the Bureau of Labor Statistics (BLS), Occupational Employment and Wage Statistics, Unemployment Insurance Data, and Occupational Safety and Health Administration (OSHA) reports. These tools support analysis on employment trends, labor force characteristics, workforce development, and economic policy. For more information, visit: www.dol.gov.

National Cancer Institute

The National Cancer Institute (NCI), part of the National Institutes of Health (NIH), is the federal government's principal agency for cancer research and training. NCI provides a wide range of statistical tools and datasets, including SEER (Surveillance, Epidemiology, and End Results Program), Cancer Trends Progress Reports, and Cancer Data Access System. These resources offer information on cancer incidence, survival, mortality, risk factors, screening, and treatment patterns across the U.S. For more information, visit: www.cancer.gov.

PRIMARY DATA COLLECTION

Primary data collection was informed by the first two steps of the CHNA process: defining the community and collecting secondary data. Primary data played a key role in filling informational gaps and capturing additional insights not available from secondary sources. Quantitative and qualitative methods were used to collect primary data, which included a community survey and six focus group interviews.

Community Survey: The CHNA team developed a community survey to assess community health issues, individual health status, health behaviors, hospital use, and perceptions of overall community health status and needs. The survey also collected demographic information, including gender, age, race/ethnicity, household income, highest level of education and insurance coverage/ carriers (Appendix A). Respondents were also asked to identify additional services needed to address community health issues (Appendix B). Table 1 summarizes the survey constructs and variables included in the survey. Data were collected using both electronic (QuestionPro) and paper formats. Participants were encouraged to complete the survey online, but paper versions were also made available if participants preferred the paper to the electronic survey. Surveys were distributed by the Director of Development at the Memorial Hospital and Manor. Community members completed the survey between May and August 2026. Online responses were captured in QuestionPro. Survey results were analyzed to produce descriptive statistics and crosstabulations were conducted to examine relationships between selected demographics and health outcomes.

Focus Group: In July 2026, the CHNA team from UGA facilitated six in-person focus group interviews, each lasting approximately one hour. A semi-structured focus group guide (Appendix C) was used to explore community assets, community resources, health problems, health service use and additional services needed to address community health problems. The Director of Development at Memorial Hospital and Manor identified and recruited community members to participate in the focus groups. A total of 10 community members participated: Two groups had three participants, and four sessions had one participant each. Participants represented a diverse group of stakeholders, including hospital staff, counselors, social workers, and community members. All focus groups were conducted at the Memorial Hospital and Manor conference room. Focus groups were recorded and transcribed verbatim. The CHNA team summarized the responses and identified key themes. All participants provided verbal informed consent.

Table 1. ***Information collected from the CHNA Community Survey***

Survey Constructs	Survey Variables
Community Health	• Most important community health problems • Most important community risk behaviors • Ways to improve community health
Health and Health Care Practices	• Perceived health status • Stress • Existing health conditions • Preventative health care practices • Insurance coverage • Barriers to access healthcare
Health Habits	• Frequency of exercise • Use of tobacco products • Use of alcohol products • Use of seat belts • Fruit and vegetable consumption • Food security • BMI
Hospital Use	• Hospital use • Reasons for using hospitals other than Memorial Hospital and Manor • Hospital services used at Memorial Hospital and Manor • Satisfaction with services at Memorial Hospital and Manor • Access to physicians at Memorial Hospital and Manor • Additional services requested for Memorial Hospital and Manor
Demographics	• Age • Sex • Ethnicity/Race • Marital status • Highest level of education
Family and Home	• Family size • Housing situation • County of residence
Money Resources	• Employment status • Household income • Social benefits • Basic needs • Lack of transportation as a barrier


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RESULTS: SECONDARY DATA

Community Health: *Table 2* presents health and social indicators that were used to assess the regional health disparities. Data were compiled from the above-mentioned public sources to develop a health profile for Decatur County and surrounding counties as well as the state of Georgia.

Decatur County exhibited several health and social indicators that were worse than or comparable to state averages. Decatur County had a comparable adult smoking rate (19% vs. 18%), a higher adult obesity rate (42% vs. 39%), and physical inactivity rate of 34% compared to the State (27%). The premature age-adjusted mortality was 630 per 100,000, which was much higher compared to the State (450 per 100,000). Decatur County had a higher high school completion rate (90%) compared to the State (85%), and 30.5% of children lived in poverty, exceeding the State rate of 18.8%. Decatur County also had a higher population of uninsured adults (19%) and children (7%) compared to the state (11% and 5%), and more poor mental health days with an average of 6.3 compared to the State average of 5.9. The patient-to-primary care physician ratio for Decatur County was 2,420 compared to the State ratio which was 1,490.

Some neighboring counties demonstrated even more severe health risks. Miller County had the highest premature age-adjusted mortality rate (920 per 100,000). Baker County had the highest adult smoking rate (21%) and physical inactivity rate (36%), Mitchell County had the highest obesity rate (45%), and Grady County had the highest rate of uninsured children and adults (22% and 8%).

The STD incidence for Decatur County was 53.7 per 1,000 and higher than the State rate (33.7). Teen births per 1,000 were 27.1 and higher than the State (15.9). And the rate of low-birth-weight babies (13.1%) was higher than the State (10.3%).

Chronic disease burden remained high. Decatur County's diabetes rate (15%) exceeded the State rate (13%) and preventable hospital stays (4,166 per 100,000) were also higher than the state (3,147).

These data points highlight Decatur County's health challenges as well as broader regional disparities and informed the identification of priority health needs that guided Memorial Hospital and Manor's primary data collection and planning efforts.

Table 2. ***Secondary Data Results***

Indicator	Decatur	Seminole	Miller	Baker	Mitchell	Grady	GA	Source
Children in Poverty	30.5%	34.1%	30.9%	39.1%	33.5%	28.2%	18.8%	Kids Count - 2023
High School Completion	90.0%	**93.0%**	n/a	n/a	87.0%	89.0%	85.0%	2025 County Health Rankings
Premature Age-Adjusted Mortality (per 100,00 people 75 years or younger	630	590	**920**	720	630	540	450	2025 County Health Rankings
Drug Overdose Deaths (per 100,000 population)	16	n/a	n/a	n/a	n/a	n/a	24	2025 County Health Rankings
Adult Smoking	19.0%	18.0%	19.0%	**21.0%**	20.0%	18.0%	18%	2025 County Health Rankings
Obesity	42.0%	40.0%	42.0%	43.0%	**45.0%**	39.0%	39.0%	2025 County Health Rankings
Physical Inactivity	34.0%	31.0%	**32.0%**	**36.0%**	34.0%	34.0%	27.0%	2025 County Health Rankings
Access to Exercise Opportunities	54.0%	17.0%	20.0%	n/a	**60.0%**	39.0%	75.0%	2025 County Health Rankings
Low Birth Weight Babies (Number and Percent)	**13.1%**	7.2%	7.7%	18.2%	10.4%	10.0%	10.3%	Kids Count - 2024
Teen Births Ages 15-19 (Number and Rate per 1000)	27.1	**46.6**	n/a	n/a	39.7	33.7	15.9	Kids Count - 2024
STD Incidence for Youth, Ages 15-19 (Number and Rate per 1000)	53.7	38.9	53.3	**59.6**	54.5	31.7	33.7	Kids Count - 2023
Uninsured Adults	19.0%	15.0%	17.0%	16.0%	18.0%	**22.0 %**	11.0%	2025 County Health Rankings
Uninsured Children	7.0%	7.0%	**8.0%**	6.0%	7.0%	**8.0%**	5.0%	2025 County Health Rankings
Poor Mental Health Days (Average in the Past 30 days)	6.3	6	6.1	**6.3**	6.1	6	5.9	2025 County Health Rankings
Primary Care Physicians (Ratio to population)	2,420	1,140	1,940	n/a	2,110	2,170	1,490	2025 County Health Rankings
Diabetes	15.0%	13.0%	14.0%	**17.0%**	16.0%	14.0%	13.0%	2025 County Health Rankings
Motor Vehicle Deaths (per 100,000 people)	29	37	**47**	n/a	24	27	16	2025 County Health Rankings
Preventable Hospital Stays (per 100,000 people)	**4,166**	4,069	4,612	n/a	3,497	2,473	3,147	2025 County Health Rankings

Table 3. ***Demographic Data for Decatur County and the State of Georgia***

Demographic Profile
US Census Data

Population	**Decatur County**	**Georgia**
Number of Residents	29,195	10,711,908
Sex		
Female	15,205	5,441,586
Male	13,990	5,739,292
Age Distribution		
Population Under 5 Years	1,954	612,543
Population Under 18 Years	7,061	2,531,131
Population 65 Years and Older	4,997	1,765,603
Race		
White	14,368	5,571,578
Black/AA	12,291	3,421,874
Ethnicity		
Hispanic	2,067	1,299,200
Veterans		
Veteran Population (2020 - 2024)	1,346	601,304

Table 4. ***Economic Data for Decatur County and the State of Georgia***

Economic Profile *US Census Data, Kids Count, County Health Rankings*		
Labor Force Representation	**Decatur County**	**Georgia**
Unemployment Rate	3.70%	3.50%
Labor Force Participation Rate	51.30%	64.50%
Economic Indicators		
Median Household Income	53,317	79.991
Population in Poverty	22%	12.60%
Children in Poverty	33.80%	16.30%
Children Eligible for Reduced Lunch	85%	64%

Table 5. ***Education Data for Decatur County and the State of Georgia***

Education Profile *US Census, Kids Count, County Health Rankings*		
Early Childhood Education	**Decatur County**	**Georgia**
Percent of 3- to 4-year-old children in school	45%	48.60%
K-12 Education		
Average grade level performance for 3rd graders on English	3	3
Average grade level performance for 3rd graders on mathematics	3.1	2.9
High School Graduation and Higher Education		
High School graduation rate	90%	85%
Percent population with bachelor's degree (25 years and over)	9%	21.50%

Table 6. ***Social and Community Data for Decatur County and the State of Georgia***

Social and Community Context

US Census, Kids Count, County Health Rankings

Household Characteristics	**Decatur County**	**Georgia**
Households	10,621	4,220,732
Average person per household	2.64	2.59
Children in single parent households	49.20%	33.70%
Social Context		
Social associations per 100,000	8.9	8.8



Table 7. ***Neighborhood and Built Environment Data for Decatur County and the State of Georgia***

Neighborhood and Built Environment *US Census, Kids Count, County Health Rankings*		
Digital Connectivity and Amenities	**Decatur County**	**Georgia**
Household with computer access	87.30%	96.90%
Adults with broadband internet	77%	91%
Access to exercise activities	54%	75%
Safety		
Deaths from motor vehicle crashes per 100,000	29	16
Food Insecurity		
Percent of low-income residents with limited access to healthy foods	6%	10%
Healthy food environment index (1 = worst, 10 = best)	7	6.2
Percent of population experiencing food insecurity	19%	15%
Transportation		
Average travel time to work in minutes	21.4	29.4
Percent of households with no motor vehicle	2.20%	3%
Housing		
Percent of homes owned	62%	65%
Percent of families spend more than 50% of income on housing	15%	15%
Percent of population with severe housing problems	20%	15%
Median gross rent in dollars	838	1,506
Median selected monthly owner costs, including mortgage	1,280	1,909
Pollution		
Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter	9.3	8.8

Table 8. ***Healthcare Access Data for Decatur County and the State of Georgia***

Health Care Access
County Health Rankings

Health Insurance Coverage	**Decatur County**	**Georgia**
Percent under 65 uninsured	19%	16%
Provider Supply		
Population to one Primary Care Physician	2,420	1,490
Population to One Dentist	3,230	1,840
Population to one Mental Health Provider	1,220	500
Primary Care and Prevention		
Preventable hospital stays per 100,000 Medicare enrollees	4,166	3,147
Mammogram screening rates	39%	44%
Flu vaccination rates among Fee-for-service Medicare enrollees	31%	41%

Table 9. ***Lifestyle and Behavior Data for Decatur County and the State of Georgia***

Lifestyle and Behavior
County Health Rankings

Suboptimal Lifestyle Behaviors	**Decatur County**	**Georgia**
Adult smoking rate	19%	18%
Adult excessive drinking rate	15%	16%
Percent of driving death with alcohol involvement	27%	20%
Adult obesity rate	42%	39%
Adult physical inactivity rate	34%	31%
Percent of adults who report insufficient sleep, <7 hours	42%	39%
Sexual Risk Behaviors		
STI (chlamydia) infection rates per 100,000	966.1	646.4
Teen birth rates per 1,000 female teens	33	18

Table 10. ***Health Outcomes Data for Decatur County and the State of Georgia***

Health Outcomes
National Cancer Institute, County Health Rankings

Disease Burden	**Decatur County**	**Georgia**
Cancer incidence rate per 100,000	184.1	148.5
Adult Diabetes prevenance rate	15%	13%
HIV prevenance rate per 100,000	614	667
Low weight birth rate	13%	10%
Self-Reported Health Outcomes		
Percent of adults reporting poor of fair health	27%	24%
Percent of adults reporting frequent physical distress	17%	15%

Table 11. ***Mortality Data for Decatur County and the State of Georgia***

Mortality
County Health Rankings

Mortality Indicators	**Decatur County**	**Georgia**
Life expectancy	72.4	76
Premature (under 75) death rate per 100,000	630	450
Infant mortality	9	7

Table 12. ***Top 10 Causes of Death for Decatur County and the State of Georgia***

Top 10 Causes of Death
OASIS

Cause	**Decatur County**	**Georgia**
Ischemic Heart and Vascular Disease	1	1
Essential (Primary) Hypertension and Hypertensive Renal, and heart disease	2	2
Cerebrovascular Disease	3	3
Malignant Neoplasms of the Tracea, Bronchus and Lung	4	8
All COPD Except Asthma	5	6
COVID-19	6	4
Diabetes Mellitus	7	9
Alzheimer's Disease	8	7
All other Diseases of the Nervous System	9	5
All other Mental and Behavioral Disorders	10	13

Figure 1. ***Top 10 Causes of Death for Decatur County***

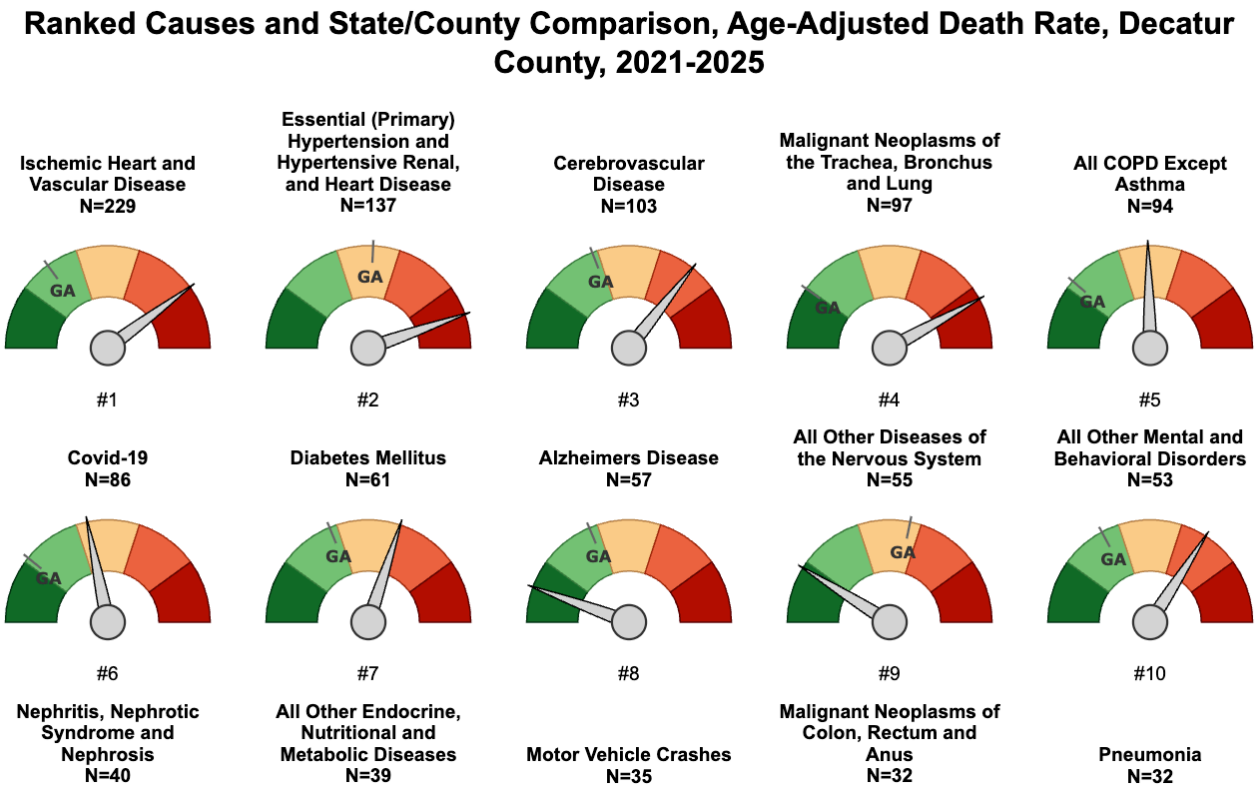
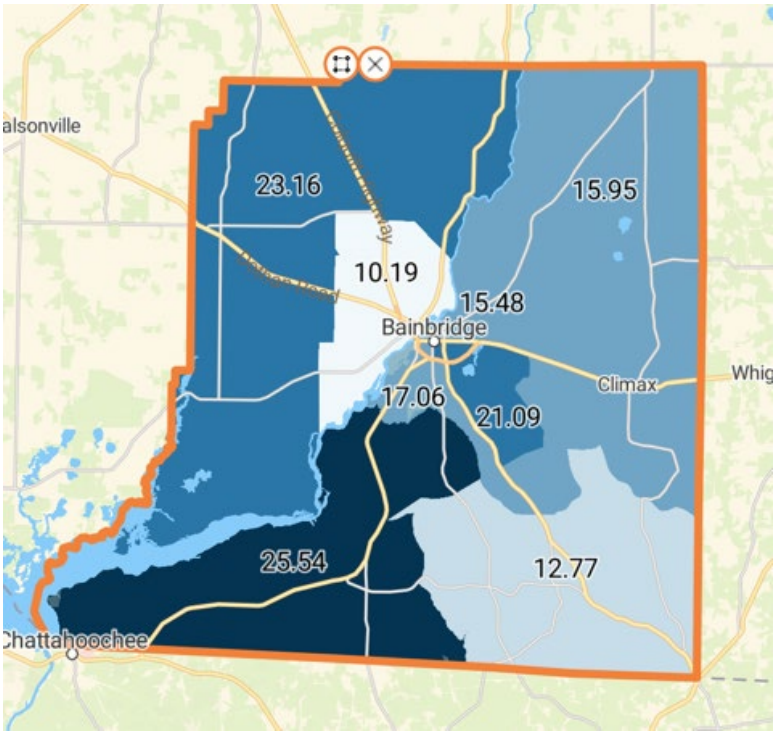


Figure 2. ***Percent of Residents 65 years and older by Census Tract (2020-2024)***

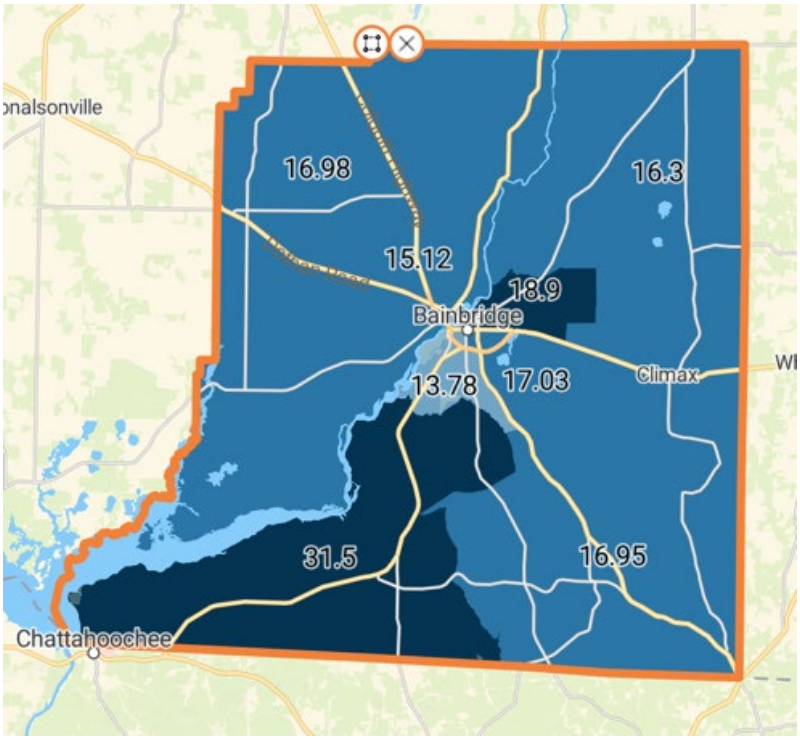


Estimated percent of all people 65 or older, 2020-2024.

Data source: Policy Map
(The darker the color the higher the population)

Residents in the Southwest region of the county are relatively older compared to other parts of the county.

Figure 3. ***Veteran Population by Census Tract (2020-2024)***



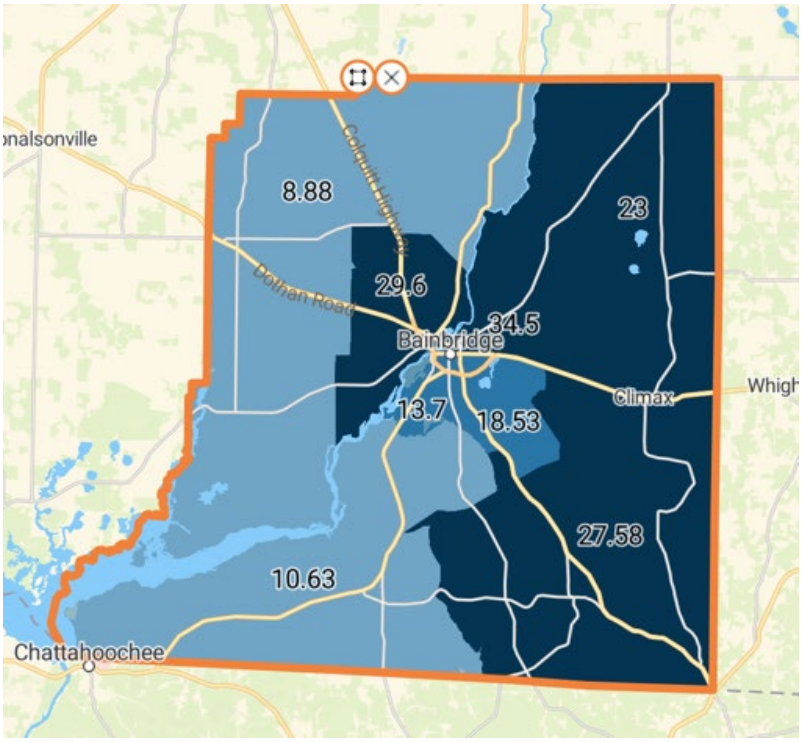
Percent of Veterans, 2020-2024

Data source: Policy Map

(The darker the color the higher the population)

A higher proportion of veterans live in the Southwest region of the County.

Figure 4. ***Poverty Rate by Census Tract (2020-2024)***



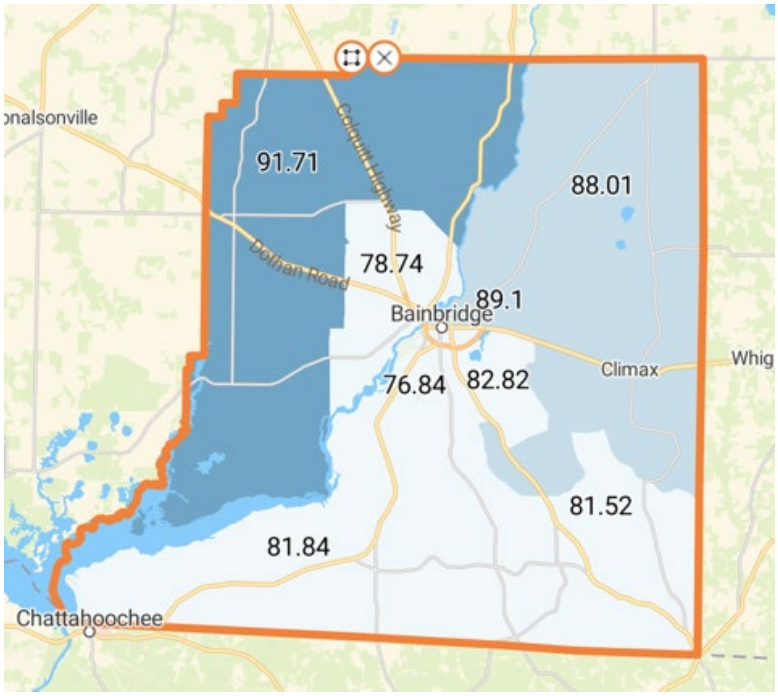
Percent of Population Living in Poverty, 2020-2024

Data source: Policy Map

(The darker the color the higher the population)

A higher proportion of residents living in poverty reside in the central and east region of the county.

Figure 5. ***Educational Attainment by Census Tract (2020-2024)***



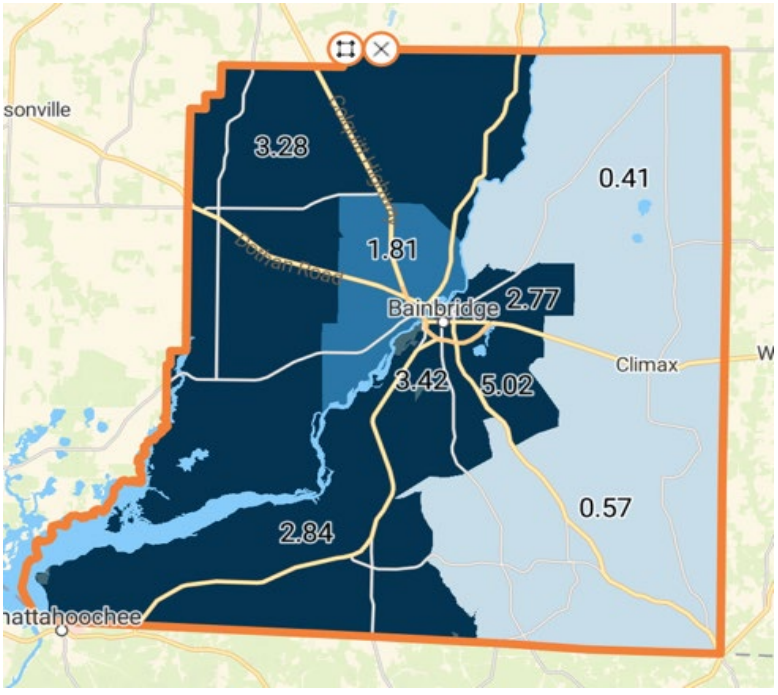
Percent of Population with at Least a High School Diploma, 2020-2024

Data source: Policy Map

(The darker the color the higher the population)

Educational attainment is lowest in the central south region of the county.

Figure 6. ***Nursery and Pre-School Enrollment by Census Tract (2020-2024)***



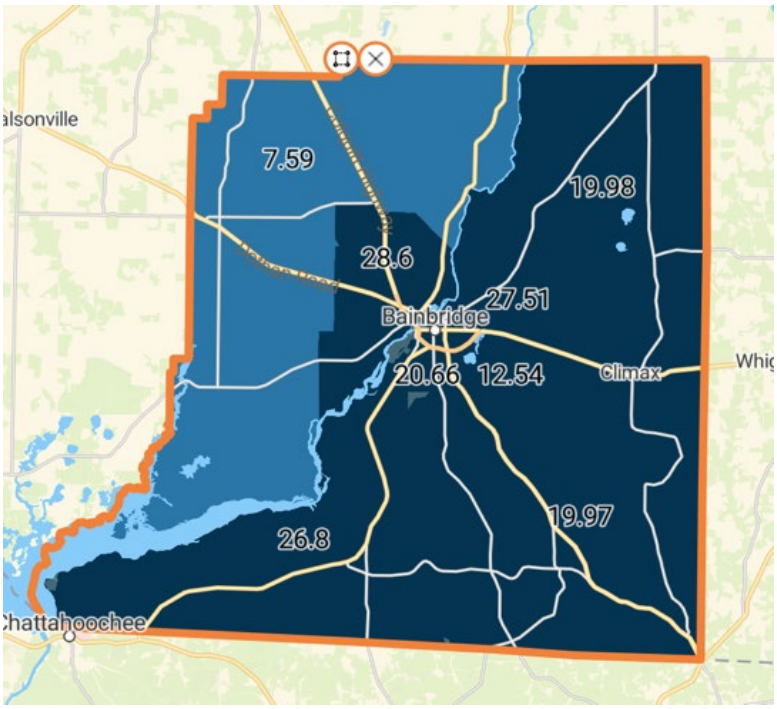
Percent of 3 Years or Older Enrolled in Preschool

Data source: Policy Map

(The darker the color the higher the population)

Preschool enrollment is highest in the central west region of the county.

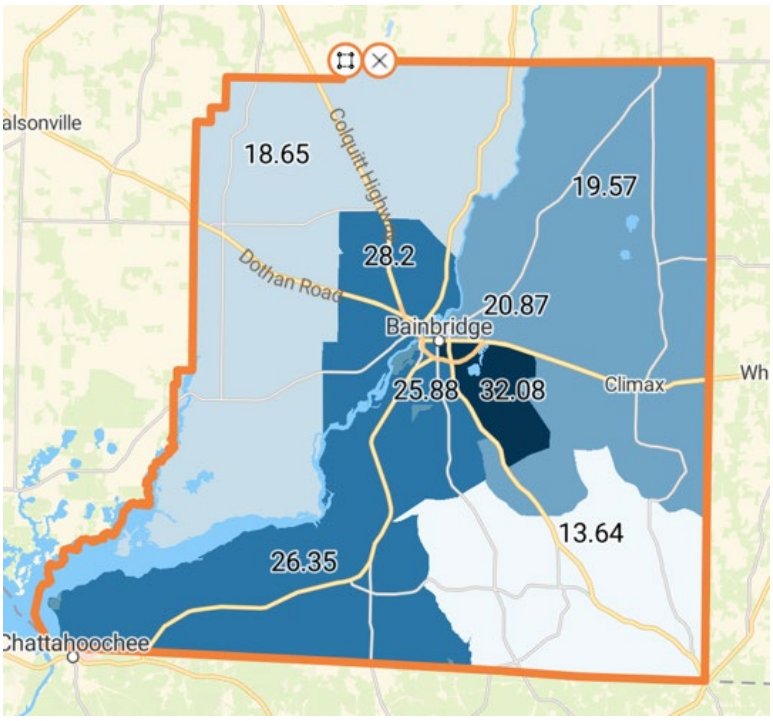
Figure 7. ***Household Internet Access by Census Tract (2020-2024)***



Percent of Households without Internet Access, 2020-2024
Data source: Policy Map
(The darker the color the higher the population)

The percent of households without internet access is highest in the central west region of the county.

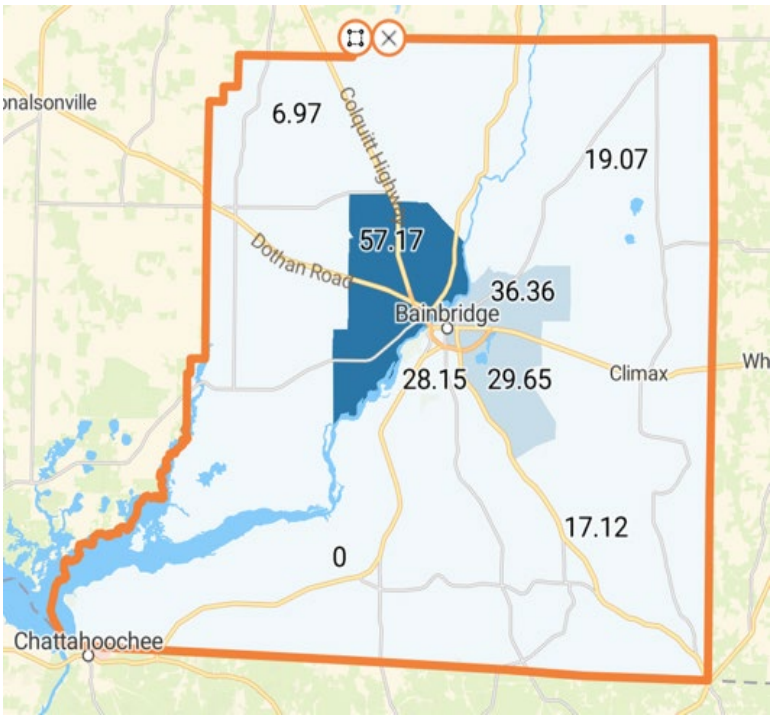
Figure 8. ***Homeowner Cost Burden by Census Tract (2020-2024)***



Percent of Homeowners who are Burdened by Housing Costs, 2020-2024
Data source: Policy Map
(The darker the color the higher the population)

Residents in the central southwest region of the county experience a higher housing cost burden compared to other regions of the county.

Figure 9. ***Renter Cost Burden by Census Tract (2020-2024)***



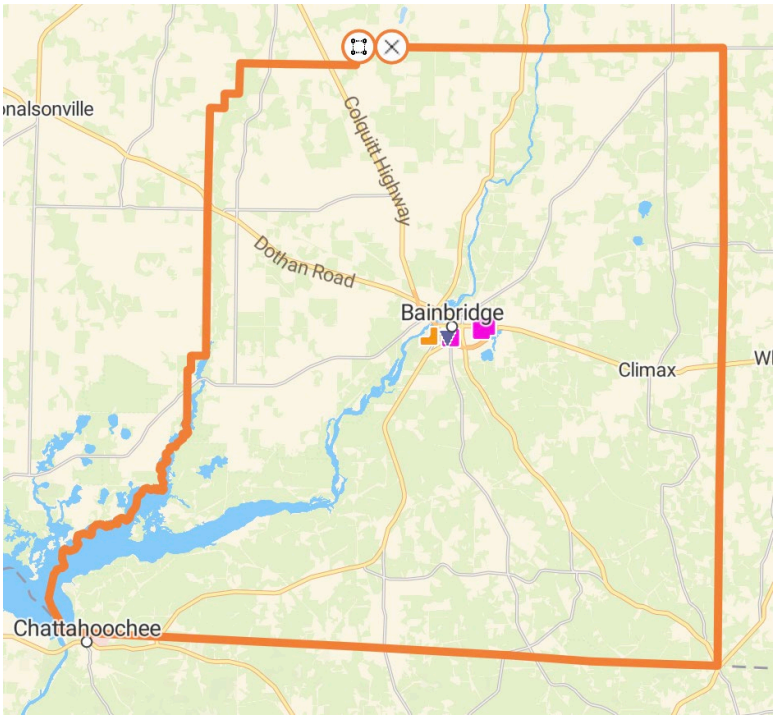
Percent of Renters who are Burdened by Housing Costs, 2020-2024

Data source: Policy Map

(The darker the color the higher the population)

A higher proportion of renters in the central region of the county are burdened by housing costs compared to other regions of the county.

Figure 10. ***Access to Health Services***



Location of Health and Behavioral Health Facilities

Data source: Policy Map

(The darker the color the higher the population)

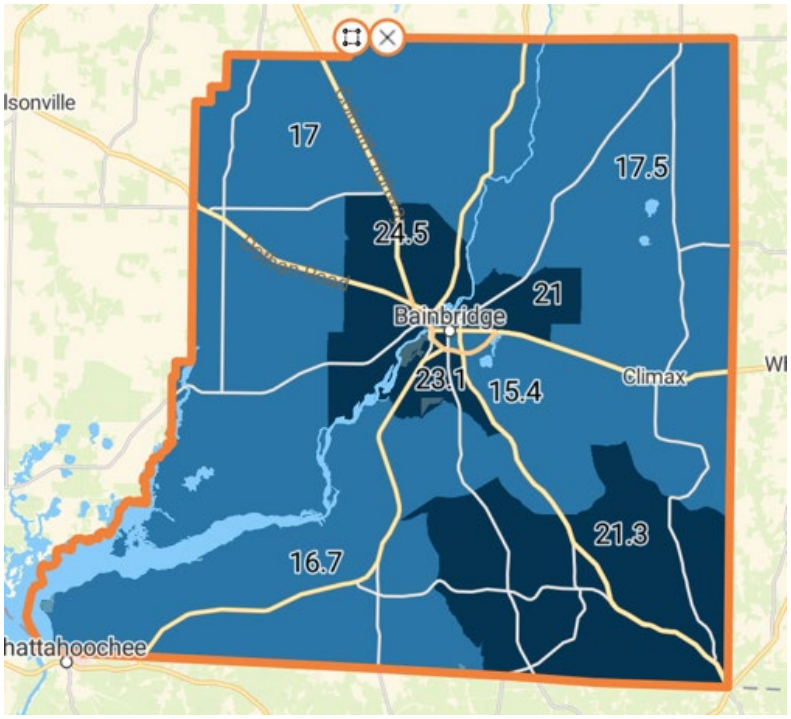
Health care and community health resources are primarily located in the central part of the county.

Pink Square = Community Health Centers and Lookalikes

Orange Square = Nursing Facilities

Red Cross = Hospital

Figure 11. ***Smoking Rate by Census Tract (2022)***

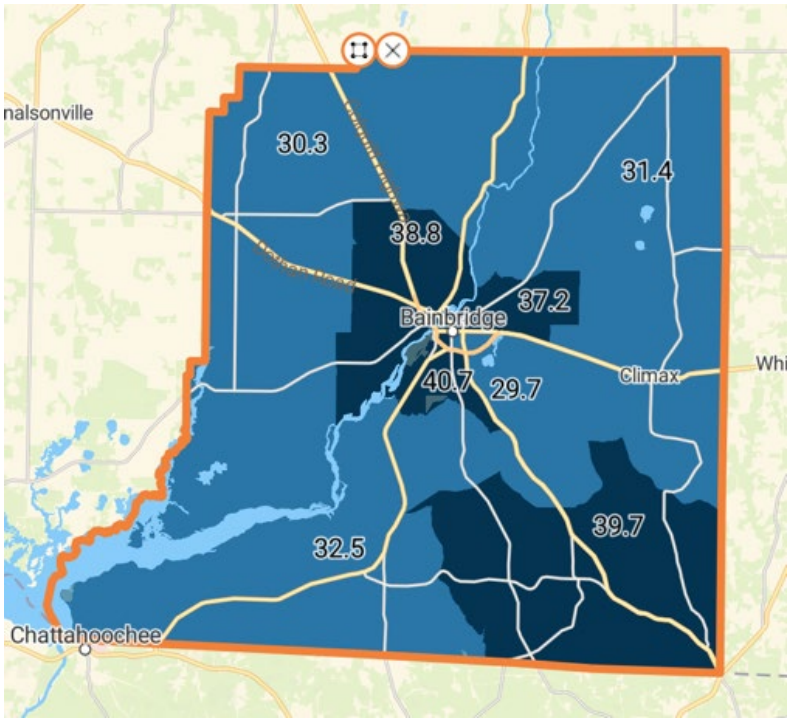


Percent of Adults who Currently Smoke Cigarettes, 2022

Data source: Policy Map
(The darker the color the higher the population)

Smoking rates are highest in the central and southeast regions of the County.

Figure12. ***Physical Inactivity Rate by Census Tract (2022)***

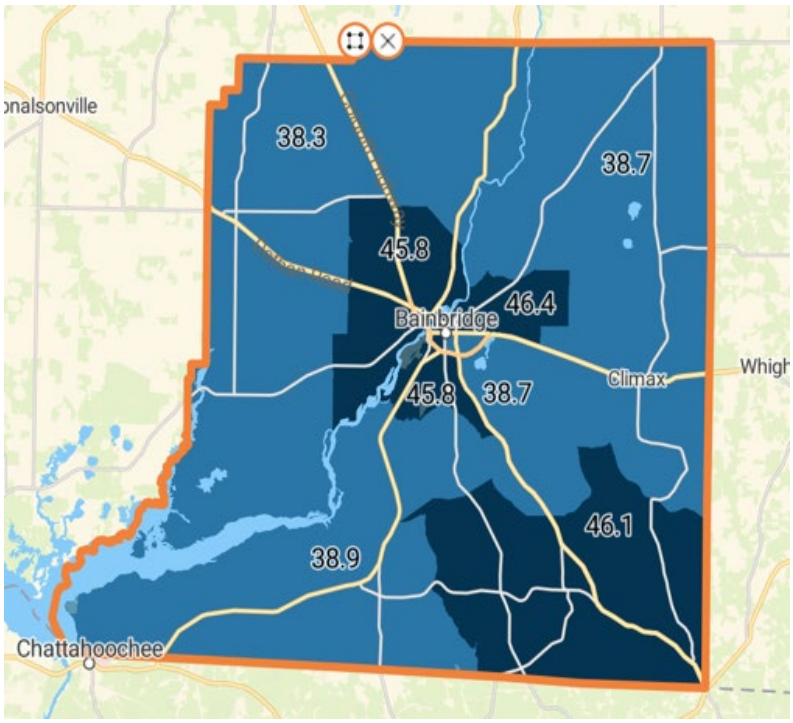


Percent of Adults Physically Inactive, 2022

Data source: Policy Map
(The darker the color the higher the population)

The rate of physical inactivity is highest in the central and southwest regions of the county.

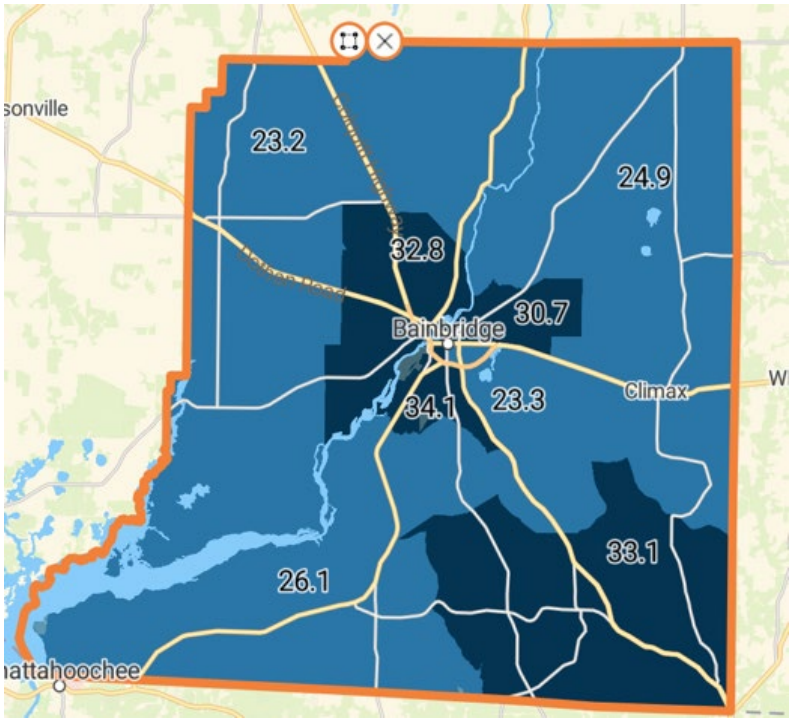
Figure 13. ***Adult Obesity by Census Tract (2022)***



Percent of Adults Reporting to be Obese, 2022
Data source: Policy Map
(The darker the color the higher the population)

Obesity rates are highest in the central and southwest regions of the county.

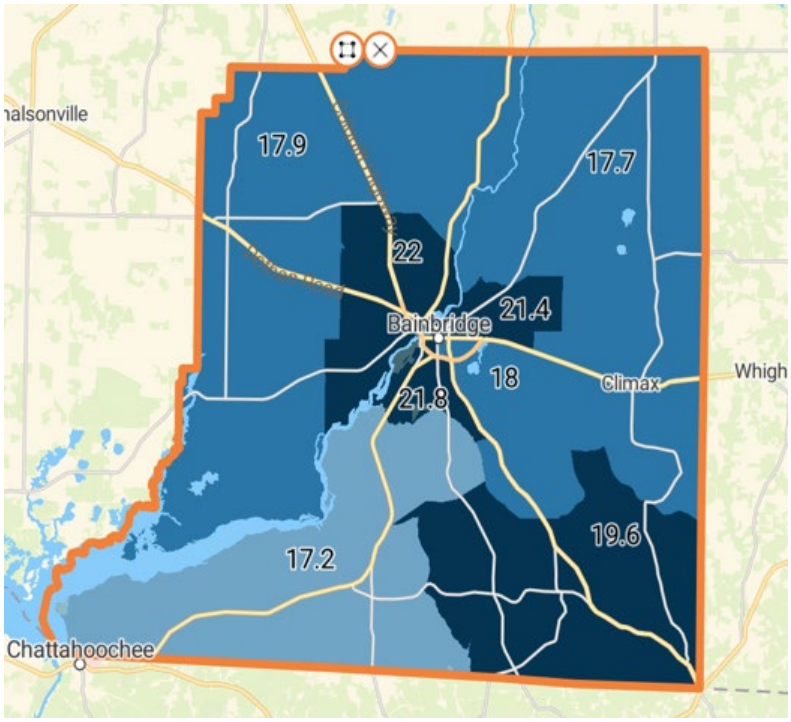
Figure 14. ***Perceived Health Status by Census Tract (2022)***



Percent of Adults Reporting Poor or Fair Health, 2022
Data source: Policy Map
(The darker the color the higher the population)

The rate of adults reporting poor health are highest in the central and southwest regions of the county.

Figure 15. ***Frequent Mental Health Distress by Census (2022)***

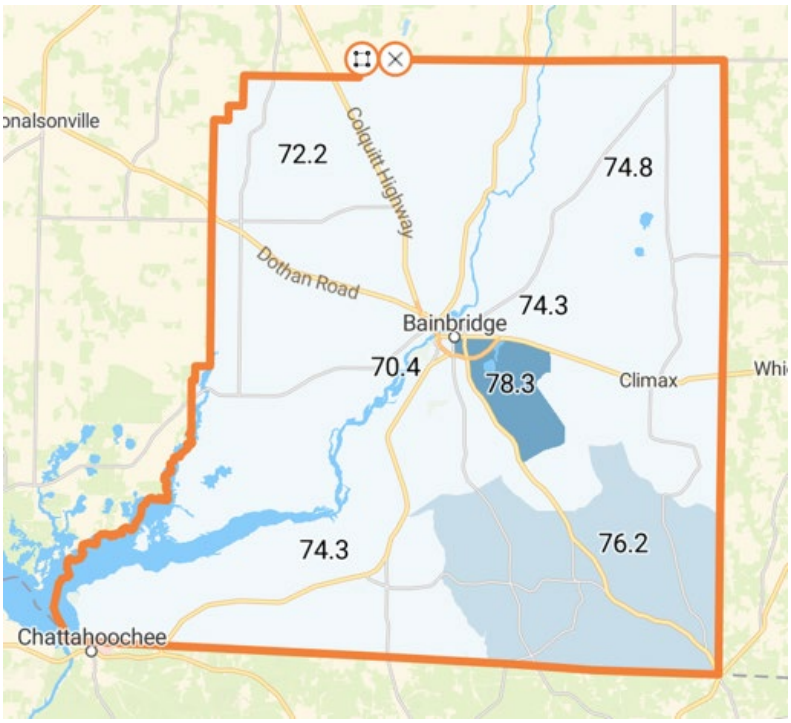


Percent of Adults Reporting 14 or More Days of Poor Mental Health in the Past 30 days, 2022

Data source: Policy Map
(The darker the color the higher the population)

The rate of adults reporting 14 or more days of poor mental health are highest in the central and southwest regions of the county.

Figure 16. ***Life Expectancy by Census Tract (2010-2015)***



Life Expectancy at Birth, 2010-2015

Data source: Policy Map
(The darker the color the higher the population)

Life expectancy is greater for residents in the central southwest region of the county compared to other regions.

RESULTS: PRIMARY DATA

Community Survey: The survey captured indicators, including perceptions and experiences about health, not available in secondary data. A total of 30 community members completed the survey. Most respondents identified as female (93.3%) and White (66.67%). Half of the respondents were 55-64 years or older (50%) and had an educational attainment level of bachelor's degree or higher (56.67%). 86.67% of respondents indicated some form of employment.

U.S. Census data were used to assess the representativeness of the sample (U.S. Census Bureau, 2024, https://data.census.gov). Compared to the 2024 American Community Survey (ACS) 5-year estimates for Decatur County, the CHNA overrepresented women. White individuals, and those with higher levels or education and employment. These differences may limit the generalizability of the findings.

Table 13. ***Comparison of Community Survey Respondent Demographics with 2018-2022 American Community Survey (ACS) 5-Year Estimates for Decatur County, Georgia***

		Survey (n=30)	Census
Gender (Female)		93.3%	52.1%
Age (55-64 or older)		50.0%	30.3%
Race	*White*	66.67%	49.2%
	African American	30.0%	42.1%
Education (bachelor's degree or higher)		56.67%	15.1%
Employment		86.67%	48.0%

Focus Groups Interviews: The focus group interviews expanded the CHNA team's understanding of community perceptions and experiences related to health, healthcare access, and barriers to care. Findings were organized into two broad categories: community strengths/assets and community health challenges. Results are classified as (1) aligned findings, consistent across all data sources, and (2) mixed findings, inconsistent across sources or appearing in a single data source.

Community Strengths and Assets

Hospital's Presence in the Community

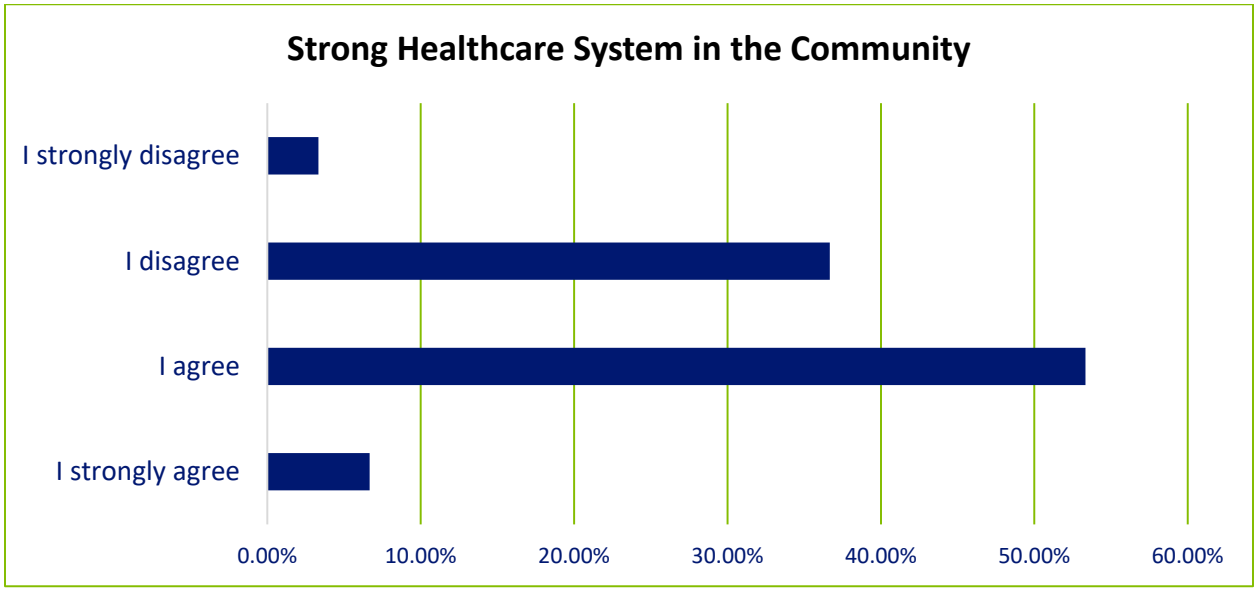
Participants consistently valued having a local hospital and emergency room, even as they described uneven service lines, staff turnover, and a facility they felt had not grown with the community. Overall, the hospital was seen as an essential but strained community asset.

Value of a local hospital (mixed)

> *"I would give Memorial Hospital probably a seven. The only reason I say that is because some of the facilities need improvement cosmetically, doctors have come and gone, a lot of staff turnover — and building that relationship with your doctor is very important."* — Social worker, FG2

"Strong Healthcare System in the Community"

The qualitative findings presented a more nuanced view of the survey data. While some community members continue to see the hospital as a valuable asset, others expressed a need for improvement. In contrast, survey results indicated that more than 50% agreed and about 7% strongly agreed that the community had a strong healthcare system.



Community-Based Resources and Support Services

Beyond the hospital, participants pointed to a network of behavioral health, public health, pediatric, recreational, and transportation resources that support local wellness — several of which they noted are strong but under-promoted or capacity-limited.

Pediatric & behavioral health services

> *"There are two places in town for ABA — Applied Behavioral Analysis — for those on the spectrum. There's Bridge Behavioral on West Street, and ABA Essentials over by Milestones Pediatric, which works closely with the ABA clinics because a lot of those kids also need physical, occupational, and speech therapy."* — Maternal/autism parent, FG1

Mental health & substance-use services

> *"Georgia Pines has an outpatient office here in Decatur County that does both mental health and substance abuse services — anger management, depression therapy, medication management. But a lot of the specific programs are all based in Thomasville, which creates an issue, especially for clientele where transportation is the barrier."* — Georgia Pines counselor, FG6

> *"Turning Point is who we partner with here at the hospital — we have an office for them in-house. They make calls on situations, and if someone has to go to a housing situation elsewhere, they coordinate that for us."* — Hospital staff, FG1

> *"In Thomasville they have We Recovery — a peer-support-led substance abuse and mental health program. You don't have to be enrolled in Georgia Pines; anybody can come. The state funds it, so they don't have to pay for anything, and the peers there have been through what they've been through."* — Georgia Pines counselor, FG6

Preventive dental care for children

> *"The dentist used to come to the schools, if I'm not mistaken, because the kids get a toothbrush and a little thing with toothpaste."* — Community member, FG6

Care coordination & resource navigation.

> *"We recently started a chronic care management program through the primary care doctors' offices. They send all the equipment to your house for free — blood pressure, blood sugar — and it goes straight to the doctor. If they see something between visits, they call you."* — Hospital staff, FG3

Public health services

> *"If you have insurance, a mammogram is 100% free. If you don't have insurance, you go to the Department of Public Health — they give you a voucher for a free mammogram here at the same facility, and they'll even help schedule your appointment. If they find something, they cover the diagnostic follow-up, and if it turns out to be cancer, they sign you up for cancer Medicaid."* — Hospital staff, FG1

Recreational & wellness resources

> *"The YMCA — and the other YMCA over by the post office and the boat basin, because people can walk and fish. There's also an outdoor workout place down by the river below Bonnie Blue House."* — Community member, FG6

Transportation access

> *"We have the Southwest Regional Transit buses, and a lot of our people use it. The problem is you usually have to call them 24 hours ahead of time, so if it's an emergency issue, it doesn't work for you."* — Social worker, FG2

Community's Initiatives to Stay Healthy

The hospital and its partners offer nutrition, diabetic, and outreach programming, but participants repeatedly described a gap between what exists and how many residents actually take part.

Nutrition & lifestyle education

> *"We teach nutrition classes here that are available — and diabetic classes — but there's not a lot of participation. I don't know if we're doing a good job of promoting it."* — Hospital staff, FG3

Health fairs & outreach

> *"We do a community health fair every year — we've had up to 30 vendors with mental health, veteran assistance, all the things. I've had a 20-foot banner, digital boards, the newspaper, social media, and I still can't get more than 70 or 75 people to show up."* — Hospital staff, FG3

A noticeable gap appears between access and utilization. Only about 20% of respondents expressed willingness to participate in lifestyle modification programs. Exercise frequency varied, with 40% exercising occasionally, 20% 1-2 times per week, and 3.33% reporting no exercise.

Most respondents (68.97%) regularly obtained food from fast food restaurants, indicating persistent challenges in adopting healthy behaviors.

Table 14.

Selected Health Behaviors among CHNA 2026 Responders

Health Behavior		Survey Respondents (%)
Willing to participate in Lifestyle Programs		20%
Exercise Frequency	*Occasionally*	40%
	1-2 times a week	20%
	None	3.33%
Obtained food from fast food restaurants		68.97%
Servings of fruits and vegetables each day	*1-2*	53.33%
	3-4	26.7%
	0	6.67%

Secondary data indicated that Decatur County residents have less access to exercise opportunities.

Table 15. *Community Health Data (County Health Rankings)*

	Decatur	Seminole	Miller	Baker	Mitchell	Grady	GA
Access to Exercise Opportunities	54.0%	17.0%	20.0%	n/a	**60.0%**	39.0%	75.0%
Physical Inactivity	34.0%	31.0%	**32.0%**	**36.0%**	34.0%	34.0%	27.0%

Maternal, Infant & Lactation Care

Participants described a Level I maternity program, lactation consultants, a doula network, prenatal coverage pathways, and proactive maternal-safety work.

Local maternity & lactation support

> *"Our maternity care was just certified as Level I maternity care. And we have two lactation consultants — one here and one at Magnolia — plus classes where people can come in, tour labor and delivery ahead of time, and talk to the nurses."* — Hospital staff, FG1

Doula & birth-worker network

> *"As a doula, a big part of my practice is making sure clients understand the risks, the pros, and the cons of everything before they come into the hospital — so it's not, 'I'm in labor, I'm in pain, and I don't know what's going on.' There's a collective of us — about eight — and four of us serve this Bainbridge community."* — Doula, FG1

Prenatal coverage pathway

> *"Anybody who's pregnant gets put on pregnancy Medicaid — Peach Care, CareSource, or Amerigroup — and they get full access to all the prenatal care they need, the same as anybody else. But people don't know that."* — Hospital staff, FG1

Maternal safety initiatives

> *"My plan is to have all our moms get a bracelet before discharge — a silicone bracelet that says, 'I gave birth.' So, if she comes into the ER with a headache or swollen feet, the ER doctor goes to the part of his brain where he knows some OB stuff. There are too many women dying from things that are preventable."* — L&D nurse, FG5

Perinatal quality partnerships

> *"We're part of the Georgia Perinatal Quality Collaborative, and we've done several initiatives with them — the first was on postpartum hemorrhage, then one on neonatal abstinence, and we're starting a cardiac initiative."* — L&D nurse, FG5

Disability & Independent Living Services

A regional Center for Independent Living was described as a significant asset for residents with disabilities.

Center for Independent Living

> *"We're a Center for Independent Living. If you get in a car wreck and need a wheelchair ramp, we have temporary and permanent ramps. We do bathroom modifications, peer support, wheelchairs — and we do diversions from nursing homes, because the longer a person can wait to go into a facility, the more autonomy they keep."* — Independent-living advocate, FG2

Cooking & life-skills programs

> *"We're trying to offer cooking classes for younger people with disabilities so they can learn to cook for themselves within their scope of abilities. We're also going into the schools, sixth to eighth grade, to talk to children with disabilities about careers — because people tend to focus on the disability and not the ability."* — Independent-living advocate, FG2

Hospice, Grief & Aging Support

Home health, hospice, and peer support groups were described as mature, trusted assets serving an aging population and grieving families.

Home health & hospice

> *"I'm an RN and I've always done home health and hospice, which is a strong asset in the community. We have two hospices — Gentiva and Hospice of Southwest Georgia — and Archbold has ventured back into this area with home health and hospice, so we really have the resources."* — Hospice RN, FG3

Grief & disease support groups

> *"We have a grief support group through Compassionate Friends — it's a worldwide organization — and we also have breast cancer survivor support groups. There's an Alzheimer's support group too; it meets at the Presbyterian Church and provides a free lunch to whoever shows up."* — Hospice RN, FG3

Telehealth & Specialty Partnerships

Although specialty access largely as a gap, participants here also described active investment: telehealth partnerships and advanced on-site diagnostics intended to close some of that gap.

Telehealth specialty consults

> *"We're partnering with Wellstar. We have one portable system in-house now, and if we need a second opinion — from an intensivist to cardiac to pulmonary — we can hit a button, call Wellstar, and they come online and talk to our doctors. We may not be able to afford a cardiologist here five days a week, but we're going to start with telehealth."* — Hospital staff, FG6

Stroke telehealth

> *"We have a contract with telehealth for neurology, specifically for stroke. If EMS calls a potential stroke, we get a board-certified neurologist on screen, do the CT with our new machine, and the neurologist can say yes it's a stroke or no it's not — and we can give the clot-buster if that's the right situation."* — Hospital staff, FG6

Advanced diagnostics on site

> *"We have three-dimensional mammogram equipment — top of the line — and our in-house radiologist, Dr. Brown, is a breast fellow, so he specialized in breast cancer. To have that in a community like ours is very unheard of. We also have a new 128-slice CT scanner."* — Hospital staff, FG6

Local Funding & Workforce Pipeline

Participants highlighted local financing and workforce mechanisms — a state tax-credit program and home-grown clinical training — as engines for sustaining and rebuilding services.

Georgia Heart tax-credit funding

> *"We raised just over $2.4 million for this hospital last year through the Georgia Heart Tax Credit Program — individuals and businesses reallocating their state taxes to this hospital instead of sending it to Atlanta. Out of 51 hospitals on the list, we're number four in financial need."* — Hospital staff, FG3

Local clinical training pipeline

> *"There's an ABAC/SRTC campus here with a nursing program. You can get your CNA in high school, and do LPN and RN through the local college, so we try to retain as much local talent as we can. The EMT training is free right now, too."* — Hospital staff, FG6

Community Challenges

Chronic Conditions in the Community

As in the secondary data, chronic disease dominated. Cardiovascular disease, hypertension, diabetes, obesity, and cancer were named as the leading burdens, with participants noting earlier onset and an aging population facing dementia.

Cardiovascular disease as the leading burden

> *"I think 55% of what we ship out of our ER — that we don't keep in-house — is cardiac related. And major obesity is an issue in our area: food choices and people putting off their health care."* — Hospital staff, FG6

Chronic disease cluster

> *"The four major health issues? CHF, hypertension, diabetes, cancer — I mean, prevalent."* — Hospice RN, FG3

Diabetes and diet

> *"Diabetes, high blood pressure, heart attacks — and a lot of that comes back to diet. We're in the South. Gravy, gravy, gravy on the French fries."* — Social worker, FG2

Cancer burden

> *"We see a lot of breast cancer, lung cancer, prostate, and bladder too. For some reason it seems to come in seasons, but liver cancer is big. The statistics show if a man smokes and drinks, he has an extremely high risk of bladder cancer."* — Hospice RN, FG3

Disease is affecting younger people.

> *"Recently it seems like it's getting younger. I had a heart attack a couple of months ago. It seems like people are getting younger and younger with different health issues — there's no age on it anymore."* — Community member, FG4

Aging & dementia

> *"Alzheimer's care here — there's really not a specialty. Those are rare and real hard. The closest memory care unit only has a few beds; before that, people had to go out of town."* — Hospice RN, FG3

Substance Use and Mental Health

Substance use and mental health were described as top-tier concerns, with a particular emphasis on the strain that behavioral health places on a small emergency department and the absence of local inpatient and detox capacity.

Mental health & substance use as top concerns.

> *"The four major health issues? Mental health, mental health, substance abuse, substance abuse — and probably diabetes and cancer. Mental health and substance abuse have kind of run away from us as far as inpatient treatment, because those are the closest resources."* — Georgia Pines counselor, FG6

Behavioral health boarding in the ER

> *"When I first started here, our behavioral health patients were staying in our emergency room two to five days. We only have 11 beds, so when you've got four or five behavioral health patients out there, you're taking up a huge percentage of your capacity for other emergencies."* — Hospital staff, FG3

Detox & inpatient gaps.

> *"For certain substances they have to go through detox first — usually opiates, benzos, and alcohol — before they can go into a 30-day program. What we don't have is your inpatient that someone will probably need for a couple months to stay on track."* — Georgia Pines counselor, FG6

Stigma as a barrier to care

> *"There's still a stigma stuck around mental health and substance abuse. Maybe going out to an area where it's a little more private, where nobody sees them, and meeting them where they're at would help."* — Georgia Pines counselor, FG6

Survey findings aligned with these concerns. Respondents most frequently identify with heart disease as the top health problem (50%). This was followed by diabetes (36.67%), mental health problems (36.67%), and obesity (30%). Other commonly reported concerns included aging-related problems, Alzheimer's/dementia, and cancer. Hypertension and substance use were identified by a smaller population.

Table 16.

Top Health Problems in the Community	
Health Problem	**Respondents (%)**
Heart Disease	50%
Diabetes	36.67%
Mental Health Problems	36.67%
Overweight/Obesity	30%
Aging-related problems	26.67%
Alzheimer's / Dementia	20%
Cancer	20%
Hypertension	20%
Substance Use	20%

Focus group participants were not asked about personal or family members health conditions.

In the survey, participants were asked to identify top health conditions affecting themselves or their household members. The top reported conditions were hypertension (57.14%), aging-related problems (46.43%), and heart disease (39.29%).

Other reported conditions include mental health problems, obesity, dental problems, asthma, and Alzheimer's. Lung disease, autoimmune conditions, cancer, and infectious diseases were less commonly reported.

Table 17. ***Has a healthcare provider ever told you or someone else in your household that you have any of the following conditions?***

Health Condition	Respondents (%)
Hypertension/High-Blood Pressure	57.14%
Aging-related Problems (e.g., Arthritis, Hearing / Vision Loss, etc.)	46.43%
Heart Disease, Stroke, Heart Failure	39.29%
Mental Health Problems	39.29%
Overweight / Obesity	32.14%
Dental Problems	21.43%
Asthma	17.86%
Alzheimer's / Dementia	10.71%
Respiratory / Lung Disease (e.g., COPD)	10.71%
Other (Autoimmune Diseases)	10.71%
Cancer	7.14%
Infectious Diseases (e.g., flu, hepatitis, TB)	7.14%

Risk Behaviors

Focus group participants described several behaviors that they believed were contributing to poor health. These include delayed or avoided care, poor diet and inactivity, and elevated risk among youth and young mothers:

Not following medical advice / self-neglect

> *"My mom used to be head of ICU here, my dad was head of respiratory for decades — and neither of them has ever gone to a doctor's appointment like they're supposed to. Sometimes people have all the knowledge and just don't do the things they should, and then everything starts falling apart."* — Hospital staff, FG6

> *"What I've seen in the black community is a lot of what I'd call medical neglect of self — that consciousness of, 'if I don't go to a doctor and he doesn't tell me, then it's not wrong.'"* — Social worker, FG2

Poor diet & physical inactivity

"A lot of people don't want to go outside because it's hot 90% of the year here, and we don't really have anywhere indoors to exercise unless you pay for a private membership — which isn't accessible to everybody." — Maternal/autism parent, FG1

Teen & maternal risk

"High blood pressure is hitting these younger women, and especially if you're young and African American, your chances are cut down. When you're already 16 years old, taking care of yourself isn't really where your mindset is." — L&D nurse, FG5

Table 18. *Top 5 Risk Behaviors in the Community*

Behavior	Respondents
Poor eating habits	56.67%
Not following medical advice (e.g., visits to doctor's officers, taking medication)	53.33%
Lack of exercise	46.67%
Alcohol abuse	36.67%
Discrimination due to race, gender, sex, age, or socioeconomic status	23.33%
Unsafe Sex	23.33%

Healthcare Utilization

Focus group participants described relying on the local hospital while routinely traveling out of town for specialty care and using the ER as a default point of entry.

Traveling out for specialty care

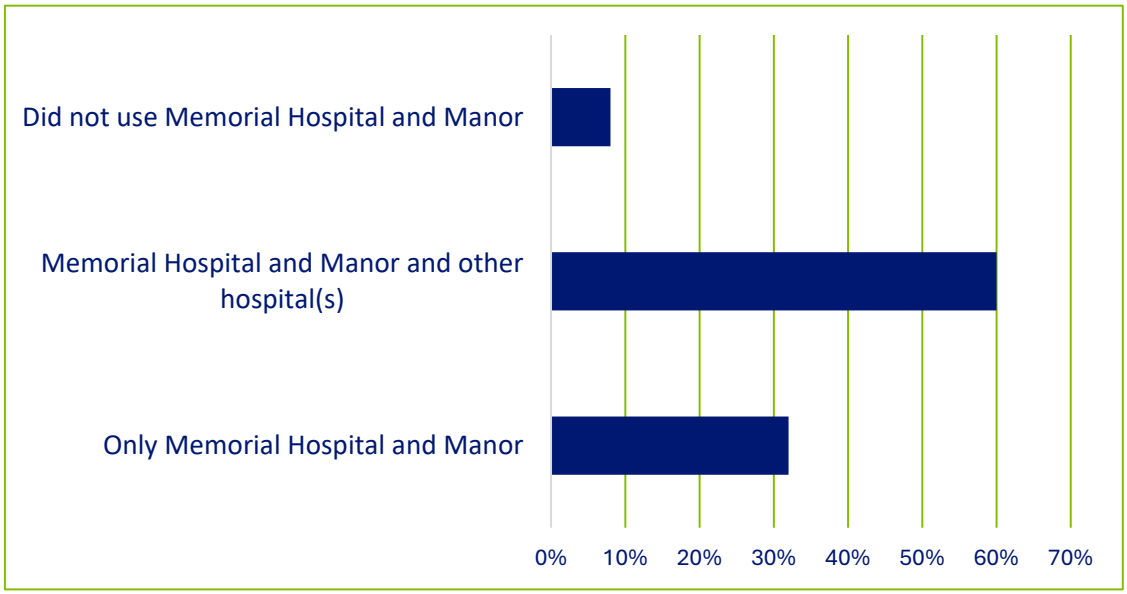
"Where do people go for specialty care? Thomasville, Tallahassee — out of town. One I dealt with, his wife had cancer and they went to the cancer center in Thomasville; another was seeing a urologist in Thomasville. I live here but go all the way to Valdosta for a diabetes specialist." — Community member, FG6

Use of ER for primary care

"Some of it is they're nervous or ashamed, so they wait until it gets super bad and end up in the ER. Or they don't know about the resources — that they could go to urgent care for $35 instead of waiting until they can't hardly move." — Maternal/autism parent, FG1

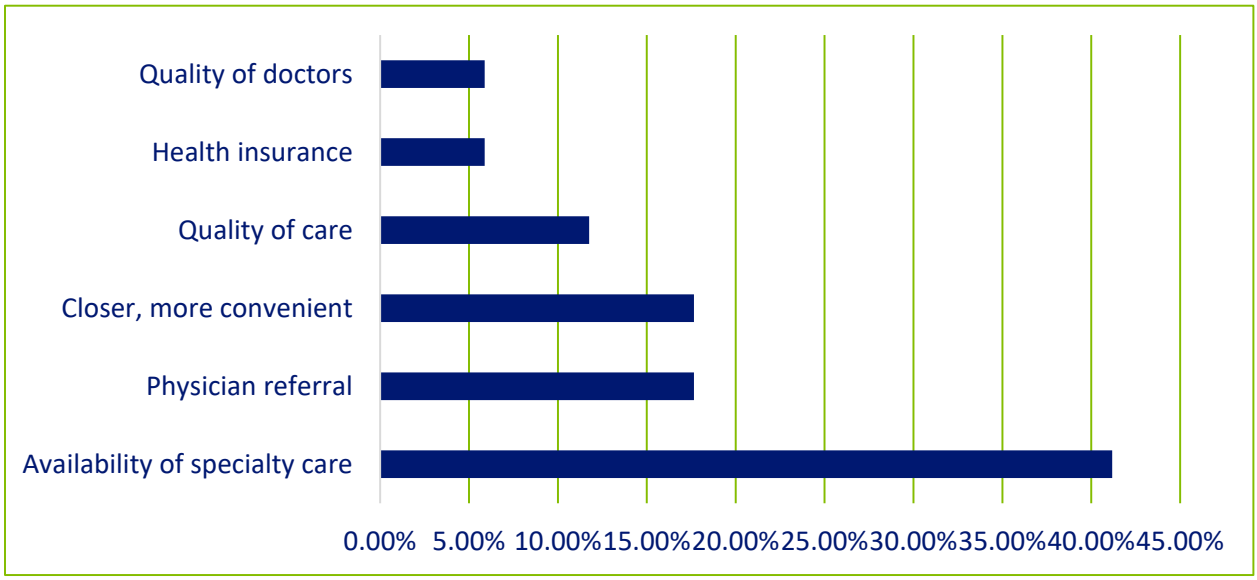
Survey findings were consistent with these comments. Among respondents who used hospital services in the past 24 months, around 32% reported using only Memorial Hospital and Manor, while around 60% reported using Memorial Hospital and Manor and other hospitals. Approximately 8% reported using only other hospitals.

"At which hospital were services received?"



The most frequently cited reason as the use of hospitals outside the community included availability of specialty care, followed by physician referral and convenience. Other reasons include quality of care, health insurance, and quality of doctors.

"Why did you use other hospitals?"



Barriers to Healthcare Access

Focus group participants identified several barriers that hinder healthcare access in the community. These included provider shortages, cost, transportation, and — most persistently — low awareness of the services that already exist.

Provider shortages

> *"We don't have enough doctors. I think we have some good doctors, but we've got to get a bigger variety in our health care field. We need specialty. Absolutely, specialty."* — Community RN, FG3

> *"If you go down the list of just primary physicians, we're kind of narrow in my opinion. Good old [Doc] saw more patients than anybody, but he's getting ready to retire."* — Hospital staff, FG3

Financial barriers

> *"The biggest barrier is the price of it. I lost my Medicaid and went for a month or two without health care. I found some for a decent price, but then I was confused about the deductible — I was worried about how much it would affect my budget every month."* — Community member, FG4

> *"Urgent care now is what, $125? Some people don't have $125. Henry & Tilly will see anything for $35 — but people would rather come to the ER and not pay anything than pay the $35, and they may not even have the $35."* — Social worker, FG2

Transportation barriers

> *"I had a client whose premature baby got sent to Phoebe [in Albany]. She had to recover here, and it took three days to get transportation to go see her baby — because you have to book the transit 24 hours ahead. She only got to touch her baby through the incubator one time."* — Social worker, FG2

Awareness & utilization of services

> *"I don't think the community is aware of what's available. I don't think we educate. Working with families over 17 years in social work, they don't know — and knowledge is key."* — Social worker, FG2

> *"There were two double stacks of resources for behavioral health that I guarantee you not even people in this hospital know about. People just don't know."* — Hospital staff, FG3

Communication & follow-up

> *"With chronic management it's very important to have those follow-ups — that's why we've got nurses calling now. But we can't get hold of people: the number's disconnected, there's no voicemail set up, or the voicemail is full."* — Hospital staff, FG3

Survey results supported these concerns. The most frequently reported barriers to accessing healthcare were work hours (20%), inability to afford co-pays or deductibles (20%), and difficulty obtaining a timely appointment (20%). Other barriers included lack of convenient provider, providers not accepting health insurance, and lack of transportation.

Table 19. ***What barriers, if any, keep you or other people in your household from accessing health care?***

Responses	% of Respondents
Work hours	20%
Cannot afford co-pays or deductibles	20%
Cannot get a timely appointment	20%
No convenient service provider	20%
Medical provider will not take my health insurance	13.33%
Transportation	6.67%

Services Needed to Improve Health

Focus group participants emphasized more providers and consistent primary care, expanded mental health services, stronger emergency and inpatient capacity, restored specialty and preventive services, and better community communication.

More providers & consistent primary care

"We're kind of narrow on primary physicians. We are working on some coming back — some of the young ones that have gone off to school — we're recruiting heavy on that." — Hospital staff, FG3

Expansion of mental health services

"When it comes to mental health and substance abuse, having almost a mobile van that can go around to certain communities or apartment complexes — set up a little health clinic for the day so anybody with these issues can see the physician, the therapist, the nurse. We're a rural community and people are stretched out in the counties." — Georgia Pines counselor, FG6

"When you're in the hospital, the doctor comes in for 15 or 20 seconds, and you're in that room the other 23 and a half hours. They should have a therapist or mental health person doing rounds just like the doctors, because a confined space can take a mental toll." — Community member, FG4

Improved emergency & inpatient care

"The most frustrating thing about our blood is that when we have a true trauma, there's not a facility close by — we have to run to Tallahassee to get blood. We don't keep pediatric inpatients here, and we don't have pediatricians either." — Hospital staff, FG3

Restoration of specialty & preventive services

"If you could wave a magic wand — a rheumatologist here, a digestive disease doctor, and just some overall primary care. I'd love to see dietician services and bring back a gastro specialist; we used to have one." — Social worker, FG2

"We can't even admit an orthopedic patient because we don't have an orthopedic doctor who can come in and see them, so we have to ship all of those out." — Hospital staff, FG3

Community engagement & communication

> *"Education. Knowledge is power — you cannot make conscious health decisions without knowledge. So, education is going to be a key piece for anything the hospital does."* — Social worker, FG2

Survey respondents' priorities aligned with focus group calls for increased provider availability, expanded mental health care, and broader community support. The top needs were expanded mental health services (70%), improved access to healthcare (50%), and services for seniors (50%). Other frequently cited needs were substance abuse treatment, additional services for Medicaid or indigent patients, improved access to pediatric therapy services, and prenatal health care services.

Table 20. *Top areas that would improve the health of the community*

Responses	% of Respondents
Mental health services	70%
Improved access to healthcare	50%
Services for seniors	50%
Substance abuse treatment	26.67%
Transportation for indigent / Medicaid / elderly	23.33%
Services for the disabled	16.67%
Improved access to dental care	16.67%
Additional services for Medicaid / indigent patients	10%
Improved access to pediatric therapy services	10%
Prenatal health care services	10%

Hospital & Provider Related Information

Turnover, regional hospital closures, emergency-care limitations, and facility and equipment constraints were described as structural pressures on the hospital's ability to provide comprehensive care.

Inconsistent & rotating providers / turnover

> *"Doctors have come and gone — a lot of staff turnover. When you get familiar with one, he's gone, and building that relationship with your doctor is very important."* — Social worker, FG2

Loss of services / regional closures

> *"There's a big difference now since Dawsonville [Donalsonville] closed down. Randolph County's hospital closed and then got funding to reopen. So, the ones still delivering babies are Dothan, Tallahassee, and us."* — L&D nurse, FG5

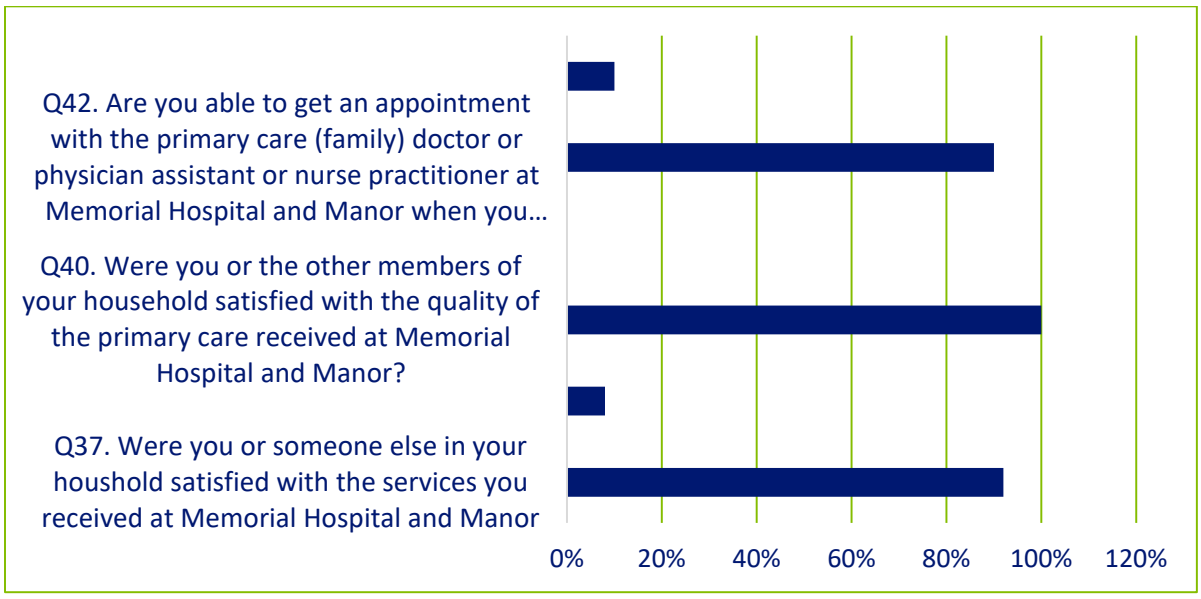
Emergency care limitations

> *"It's frowned upon if we send behavioral health patients across the state line. The Sheriff's Department ends up with a lot of them too — since they closed the mental institutions, there's nowhere to filter people through, so it gets dumped back on us."* — Hospital staff, FG3

Facility & equipment limitations

> *"I don't know if it's a facility issue — that it's not large enough to accommodate the need in this community. Some of it may be space problems."* — Social worker, FG2

> *"The next thing on our list is robotics for surgeries, but that comes with a $2 to $2.5 million price tag for one set for one room. The orthopedists love robotics, and it would help us recruit — they only train laparoscopic or robotic now."* — Hospital staff, FG3



Maternal, Infant & Lactation Gaps

Alongside maternal strengths, participants named specific maternal and pediatric gaps not separately captured in the CHNA: distant lactation support, unreimbursed doula care, and thin pediatric coverage.

Lactation & postpartum support gaps

> *"Our lactation services aren't where they need to be. The closest ones are Dothan, Tallahassee, and Thomasville — that's an hour away when you have a brand-new baby, and you don't want to drive an hour for someone to help you with that."* — Maternal/autism parent, FG1

Doula coverage not reimbursed.

> *"Georgia currently doesn't cover doula services on Medicaid. Eight states are running a trial to see if it saves money — which it does, because it's usually fewer interventions, less likely a C-section, and a decrease in postpartum depression and anxiety."* — Doula, FG1

Pediatric care gaps

> *"Our pediatricians are slim right now, and there's a lot of specialty that goes along with pediatric patients — sending them to CHOA in Atlanta or the pediatric unit in Tallahassee. We're working with CHOA and Mercer to improve pediatric care, but that's in premature stages."* — Hospital staff, FG3

Disability & Accessibility Gaps

Participants advocated for accessibility to be built into every service and described demand for disability supports outstripping what is available.

Accessible services & information

> *"Any service you offer at this hospital needs to be accessible. If someone comes deaf and blind, can you have the information in braille? If someone's blind, can you have it audible? We push for equal access across the board from the beginning, for everyone — not just one subset."* — Independent-living advocate, FG2

Unmet demand for support.

> *"The one thing I've struggled with in 17 years is limited resources. In this area the demand and the resources do not match — right now there's a waiting list for ramps."* — Independent-living advocate, FG2

Language Access

The absence of interpretation for non-English speakers was raised as a barrier to communicating needs and receiving care.

Non-English speakers

> *"Those who are non-English speakers sometimes have trouble getting care because they can't communicate what they need effectively. There's not a translator here."* — Doula, FG1

Health Equity & Disparities

Participants described income- and race-based disparities in access and awareness, and fear or mistrust that keeps some residents — particularly Black men — from seeking care.

Racial & income disparities in access

> *"The lower-income and African American residents are least likely to get the services — or even to know about them. That's why I've partnered with the NAACP here, to do education with the community."* — Georgia Pines counselor, FG6

Fear & mistrust in men's health.

> *"Black men are less likely to seek help with blood pressure issues because of the fear factor of what it's going to do to them as a man — so they don't like to take medicine."* — Community RN, FG3

Aging Population & Senior Services

An aging community and the loss of senior infrastructure — most notably a senior center closed during COVID — drove calls for senior programming and a residential hospice house.

Loss of the senior center

> *"We don't have a senior center anymore — there was one before COVID, but it closed and lost its funding. A few churches are trying to fill in with a monthly lunch, but I'd love to see a real senior center, because a lot of people are getting older and want to stay engaged."* — Community member, FG6

Need for a hospice house

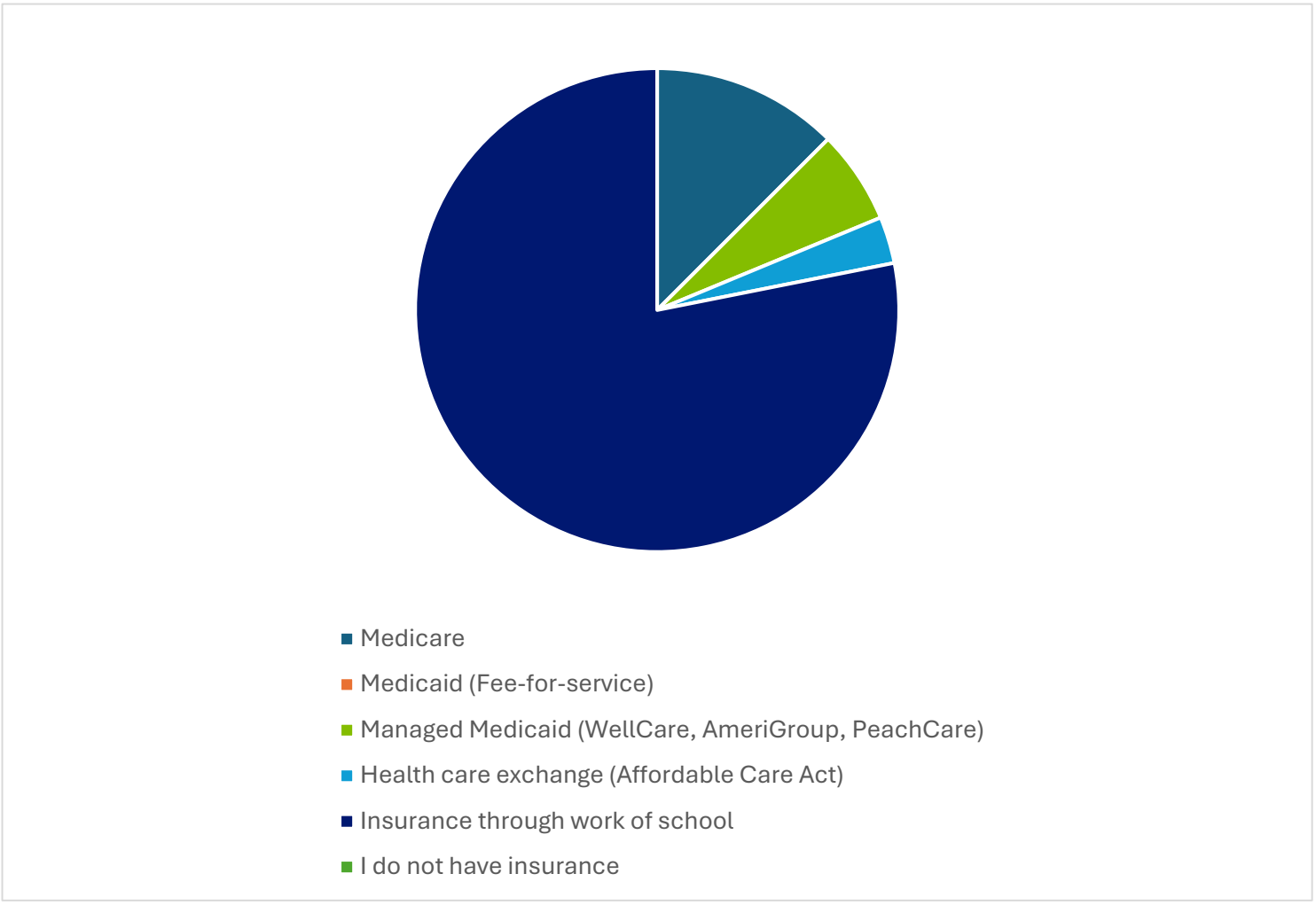
> *"I'd love to see us have a hospice house. Valdosta has one — the hospital and the community went in together and paid for it. Some people don't want to die at home, and then you've got caregiver breakdown. Hospice is my passion, so that would be wonderful."* — Hospice RN, FG3

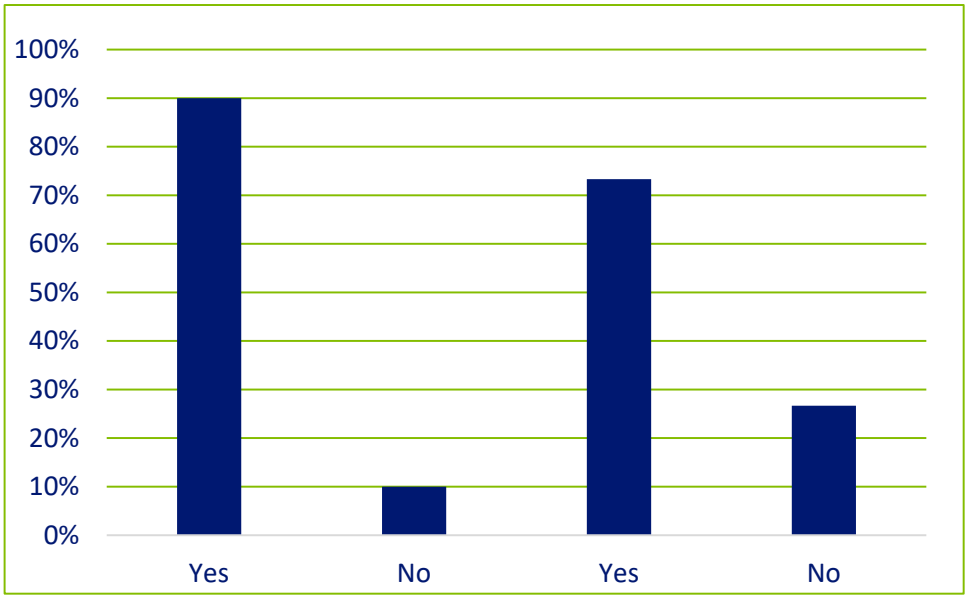
MISCELLANEOUS RESULTS



Q8. In the past 30 days, how often have you felt down, depressed, or hopeless?

Frequency	Percentage
Never	40%
Rarely	20%
Sometimes	40%
Almost Always	0%
Always	0%


Medicare
Medicaid (Fee-for-service)
Managed Medicaid (WellCare, AmeriGroup, PeachCare)
Health care exchange (Affordable Care Act)
Insurance through work of school
I do not have insurance


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Yes
No
Yes
No

Q.36 If you went to Memorial Hospital and Manor, what hospital services were used?

Type of Service	% of Respondents
Radiological imaging	68%
Laboratory	68%
Emergency Room (ER)	68%
Physician services	40%
Inpatient services	12%
Outpatient services	12%
Physical therapy	12%

Q19. How often do you exercise?

Frequency of exercise	Percentage
Not at all	3.33%
Occasionally	40%
1-2 times each week	20%
3-4 times each week	30%
5 or more times each week	6.67%

Q59. How many servings of fruit and vegetables do you eat each day? (1 serving = 1.2 cup cooked vegetables, 1 cup salad, 1 piece of fruit, 3/4 cup 100% fruit juice).

Servings	Percentage
0	6.67%
1 to 2	53.33%
3 to 4	26.67%
5 or more	13.33%

"Do you use tobacco products?"

"During the last 30 days, did you have at least one drink of any alcoholic beverage?"

Risky Health Behavior	Category	Percentage
Q21. Tobacco Use	*Cigarettes/cigars/pipe*	0
	E-cigarettes	0
	Chew tobacco	0
	Dipping tobacco	0
	Dissolving tobacco	0
Q23. Alcohol use (past 30 days)	*1 drink*	66.67%
	2 to 3 drinks	33.33%
	4 to 5 drinks	0%
	6 or more drinks	0%

PRIORITIZATION OF COMMUNITY NEEDS

The results from data collection were submitted to the Memorial Hospital and Manor CHNA Steering Committee and the Community Advisory Committee in 2026. The Steering Committee will reconvene to evaluate the CHNA results. The Committee will debate the merits and values of the identified priorities in light of available resources and determine which needs to be addressed through strategic planning.

IMPLEMENTATION STRATEGY

The final step in the CHNA process involves developing implementation strategies to address the identified community health needs. A designated team of the Steering Committee will collaborate with community partners to develop and implement strategies to address the health priorities identified for Memorial Hospital and Manor's service area.

APPENDICES

APPENDIX A | Additional Services Requested

Responses are reproduced as supplied, including original wording.

Community Survey Responses
Cancer care
Bariatric Surgery & mental health programs
Uroligy
Children's After hours care
Urology
More holistic and functional care- looking for the why of a problem with labs rather than referring out
Gastro, ortho, dermatology
nutrition classes/services, weight management
Specialists
Support groups & more senior services
Healthy lifestyle choices

N/A
Mental Health
Unsure
Classes on Maintaining a Healthy Lifestyle as you age
Ortho
Cardiology, orthopedics, mental health, dermatology
more provider
Cardiologist, Pulmonologist, urologist
A clean hospital with doctors and nurses that care!!!!!
expansion of hospital facility
Community education
GREAT SERVICES
More pediatricians (MDs, not NPs), orthopedics, cardiology
Orthopedic and cardiology
A walk in clinic 24/7 not ER
na
Cardiac, dermatology, and orthopedic and other specialties that can perform procedures here rather than having to travel to other medical facilities. Having to travel puts a burden on families, especially the elderly, with the need for reliable transportation and money for gas. We need specialist here that are here more than one or two days a week. There is also a need for ALL MHM facilities to be updated. Some of these buildings have decor and paint that has been around since the 1970's (dermatology). The building that houses outpatient PT, orthopedics, pediatrics, etc. is depressing when you walk in the door
Cardio
More quality

Category	Response	Percentage
Gender	Female	93.33%
Gender	Male	6.67%
Race/Ethnicity	White, Non-Hispanic	66.67%

Race/Ethnicity	Black/African American	30.00%
Race/Ethnicity	American Indian/Alaskan Native	3.33%
Age Group	18 to 24	0.00%
Age Group	25 to 34	16.67%
Age Group	35 to 44	13.33%
Age Group	45 to 54	20.00%
Age Group	55 to 64	30.00%
Age Group	65 or Older	20.00%
Marital Status	Married/Living together	80.00%
Marital Status	Single/Divorced/Widowed	19.99%
Degree	Advanced	20.00%
Degree	Bachelor	36.67%
Degree	High School or GED	10.00%
Degree	Some College	20.00%
Degree	Associate	13.33%
Employment	Full-time	70.00%
Employment	Part-time	6.67%
Employment	Retired	13.33%
Employment	Self-employed	10.00%
Employment	Unemployed	0.00%
Income	$100,000 or more	56.67%
Income	$75,000 to $99,000	13.33%
Income	$50,000 to $74,000	6.67%
Income	$25,000 to $49,000	10.00%
Income	Under $25,000	3.33%
Income	Don't know/not sure	10.00%



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QUICK REFERENCE

Essential Contacts & Services

A quick directory of healthcare providers, support services, and hotlines from the original CHNA.

GENERAL HEALTHCARE

Georgia Department of Public Health
200 Piedmont Avenue, SE, Atlanta, GA 30334 US
(404) 657-2700
https://dph.georgia.gov/
Decatur County Health Department
928 South West Street
Bainbridge, GA 39819
(229) 248-3055
https://dph.georgia.gov/locations/decatur-county-health-department-0

- Vital Records
- Women and Children's Health Information
- Immunization and Vaccination Schedules
- Environmental Health and Preparedness

Georgia Department of Human Services
Division of Family and Children Services
47 Trinity Ave. S.W.
Atlanta, GA 30334 US
(877) 423-4746
https://dfcs.georgia.gov/
Decatur County DCFS Office
505 South Wheat Avenue
Bainbridge, GA 39819
(229) 248-2420
https://dfcs.georgia.gov/locations/decatur-county

- Apply for SNAP & Senior SNAP
- Apply for Medicaid
- Apply for TANF
- Apply for Refugee Assistance
- Adoption & Foster Resources
- Report on Child Abuse

Memorial Hospital and Manor
1500 E. Shotwell Street
Bainbridge, GA 39819
229-246-3500
https://www.mh-m.org/

- 24/7 Emergency Room
- General & Specialty Surgery
- Inpatient Medical Care
- Rehabilitation
- Pediatric Care
- Infusion and Clinic Services
- Skilled Nursing Facility

MainStreet Family Care
1408 Tallahassee Hwy, Bainbridge, GA 39819
(229) 400-9033
https://www.mainstreetfamilycare.com/locations/bainbridge/

- 7-Day Urgent Care
- On-Site Diagnostics and Labs
- Primary Medical Care
- Wellness & Physicals
- Weight Loss
- Workers' Compensation
- Drug and Alcohol Testing

Primary Care of Southwest Georgia
509 Wheat Avenue
Bainbridge, GA 39819
(229) 416-4421
https://www.pcswga.org/

- Sliding scale visit fees.
- Family & Pediatric Medicine
- Women's Health
- Chronic Disease Management
- Acute Sickness Care
- Behavioral Health
- Pharmacy

Find Help Georgia Search Tool https://gadph.findhelp.com/	Use location search to find free or reduced-cost public health services
Georgia Crisis & Access Hotline (800) 715-4225	Crisis Line is available 24/7 for adults with pressing mental health concerns.
Georgia Domestic Violence Statewide Hotline 1-800-334-2836	Hotline connects callers to the nearest Criminal Justice Coordinating Council (CJCC) certified shelter.

WOMEN'S HEALTHCARE

Memorial – Women's Clinic	1501 Miluli Avenue Bainbridge, Georgia 39819 229-243-0152
GA Maternal Mental Health Resources	1-800-364-9687

CHILDREN'S HEALTHCARE

Memorial Pediatrics	603 S. Wheat Ave. Bainbridge, GA 39819 229-246-1209
Babies Can't Wait for Early Intervention Program (Southwest Health District Office)	1306 South Slappey Boulevard, Suite A Colony Square South (229) 299-4447

MEN'S HEALTHCARE

Memorial Urology	1500 East Shotwell Street, Bainbridge, GA 31719 (229) 246-3500

VETERAN'S HEALTHCARE

Bainbridge VA Clinic	505 Wheat Ave Bainbridge, GA 39819 (404) 804-6020

DECATUR COUNTY

Community Resource Guide

Find services by category. Each provider's address, phone number and website are grouped together for quick reference.

ASSISTED LIVING FACILITIES

Memorial Manor (Nursing Home)
1500 E. Shotwell St. Bainbridge, GA 39819
229-246-3500
https://www.mh-m.org/services/long-term-care/

Willow Ridge
801 Faceville Hwy, Bainbridge, GA 39819
229-243-0000
https://www.mh-m.org/services/willow-ridge-personal-care-home/

Riverside Place
1151 W College St, Bainbridge, GA 39819
229-248-1116

Seminole Manor (Nursing Home)
100 Florence Ave, Donalsonville, GA 39845
229-524-5217
https://donalsonvillehospital.org/services/seminole-manor-care-community/

BIRTH CERTIFICATES

Decatur County Department of Public Health (Vital Records Office)
928 South West St, Bainbridge, GA 39819
229-248-3055
https://dph.georgia.gov/locations/decatur-county-health-department-0

BLOOD DONATIONS

CSL Plasma
1283 Columbia Dr, Decatur, GA 30032
404-424-8503
https://www.cslplasma.com/center/104

One Blood (see website for mobile drives)
888-936-6283
https://www.oneblood.org/

BREASTFEEDING RESOURCES

La Leche League of GA Hotline
404-681-6342
https://llli.org/

CAR SEAT RESOURCES AND SAFETY

Georgia Department of Public Health – Child Passenger Safety
404-657-2700
https://dph.georgia.gov/health-topics/injury-prevention-program/child-occupant-safety-project-cosp/tools-child-passenger

Georgia Governor's Office of Highway Safety - Car Seat Inspection Station Locations
404-656-6996
https://www.gahighwaysafety.org/child-safety-seat-fitting-locations/

CANCER SUPPORT SERVICES

Georgia Department of Public Health - Cancer State Aid
404-657-2700
https://dph.georgia.gov/cancer-aid

American Cancer Society in Georgia
1-800-227-2345
https://www.cancer.org/about-us/local/georgia.html

CHILD CARE

Head Start Preschool and Early Head Start Center
215 School Rd, Climax, GA 39834
229-985-3610
https://georgia.gov/enroll-child-head-start#hdi-30186-step-2

New Generation Academy Child Development Center
2119 Dothan Rd, Bainbridge, GA 39817
https://www.facebook.com/anewgenerationacademy/

Webbington Academy
200 West Alice St, Bainbridge, GA 39817
229-254-2106
https://webbingtonacademy.org/

CHILDREN AND FAMILY SUPPORT SERVICES

Georgia Department of Human Services, Division of Family & Children Services
912-366-1010
https://dfcs.georgia.gov/contacts/appling-county

Georgia Women, Infants, and Children (WIC)
800-228-9173
https://dph.georgia.gov/WIC

Decatur Community Action Council Inc. - Child Development Center
215 School Rd, Climax, GA 39834
229-246-6458
https://www.swgacac.com/

CLOTHING RESOURCES

The Salvation Army of Bainbridge
600 S Scott St, Bainbridge, GA, 39819
229-243-7250
https://www.facebook.com/TSABainbridge/

Goodwill Retail Store & Donation Center
1602 E Shotwell St, Bainbridge, GA 39819

COUNSELING

Georgia Mental Health Services Guide
https://www.opencounseling.com/public-mental-health-GA

CRISIS INTERVENTION

Crisis System of Georgia - Georgia Department of Behavioral Health and Developmental Disabilities
1-800-715-4225
https://dbhdd.georgia.gov/be-dbhdd/crisis-system-georgia

Decatur County Mental Health – Crisis Center
525 Cassidy Rd, Thomasville, GA, 31792
229-225-3917
https://www.georgiapines.net/

DENTAL

Oral Health Program in Georgia
https://dph.georgia.gov/oralhealthprogramga

Leverett Dental
1515 Miluli Ave, Bainbridge, GA 39818
229-246-1548
https://www.leverettdental.com/

Bainbridge Family Dentistry
400 S West St, Bainbridge, GA 39819
229-246-2366
https://www.adamsfamilydentist.com/

DEVELOPMENTAL NEEDS & DISABILITIES

Babies Can't Wait
https://dph.georgia.gov/babies-cant-wait

Parent to Parent of Georgia
https://www.p2pga.org/

Behavioral Health and Developmental Disabilities Regional Office
137 Hawthorne Dr, Thomasville, GA, 31792
229-225-5099
https://dbhdd.georgia.gov/

BAIN Inc. Center for Independent Living
725 Potter St, Bainbridge, GA 39819
229-246-0150
https://baincil.org/index.html

DME AND RESPIRATORY PROVIDERS

MRS Homecare Inc.
1509 E. Shotwell St, Bainbridge, GA 39819
229-243-0071
https://www.mrshomecare.com/

DIALYSIS PROVIDER

Fresenius Kidney Care
703 E Shotwell St, Bainbridge, GA 39819
1-800-881-5101
https://www.freseniuskidneycare.com/

EMERGENCIES AND URGENT CARE

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

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

MainStreet Family Care - Bainbridge Urgent Care
1408 Tallahassee Hwy, Bainbridge, GA 39819
229-400-9033

FATHERHOOD

Georgia Department of Human Services Fatherhood Program – South Georgia Camilla Office
12 W Broad St, Camilla, GA 31730
877-423-4746
https://childsupport.georgia.gov/programs-services/fatherhood-program

FINANCIAL ASSISTANCE

Georgia Gateway
1-877-423-4746
https://www.gateway.ga.gov/access/

Decatur Community Action Council Inc. - Neighborhood Service Center
1732 Bethel Rd, Bainbridge, GA 39817
229-246-3119
https://www.swgacac.com/

FINANCIAL COUNSELING

Georgia Department of Banking and Finance - Financial Literacy Resources
770-986-1633
https://dbf.georgia.gov/financial-literacy-resources

FOOD ASSISTANCE

Georgia Supplemental Nutrition Assistance Program
505 South Wheat Ave, Bainbridge, GA 39819
https://dfcs.georgia.gov/services/snap

FURNITURE RESOURCES

Hope Farms Thrift
701 Gordon Ave, Bainbridge GA 39819
https://www.facebook.com/HopeFarmsBainbridge/

Joan's House of Bargains
1307 Dothan Rd, Bainbridge, GA, United States, 39817
850-583-6841
https://www.facebook.com/p/Joans-house-of-Bargains-100057503888709/

GED CLASSES

Southern Regional Technical College Adult Education
2500 E Shotwell St, Bainbridge, GA 39819
222-243-4251
https://southernregional.edu/adult-basic-education

HEALTHCARE INFORMATION

Georgia Access (State Health Insurance Marketplace portal & local help finder)
1-888-687-1503
https://georgiaaccess.gov/

Decatur County Health Department
928 South West St, Bainbridge, GA 39819
229-248-3055
https://dph.georgia.gov/locations/decatur-county-health-department-0

HOSPICE PROVIDERS

Gentiva Hospice
432 E Shotwell St, Bainbridge, GA 39819
229-246-6330
https://www.gentivahs.com/

Archbold
915 Gordon Ave, Thomasville, GA 31792
229-228-2000
https://www.archbold.org/services/archbold-hospice/archbold-hospice/

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

HEALTH INSURANCE

Georgia Access Consumer Portal & Call Center
1-888-687-1503
https://georgiaaccess.gov/explore-enrollment-options/

HEALTHCARE PROVIDERS FOR THE UN-INSURED

Primary Care of Southwest Georgia
509 Wheat Ave, Bainbridge, GA 39819
229-416-4421
https://www.pcswga.org/

Georgia Farm Worker Health Clinic
1626 E. Shotwell St, Bainbridge, GA 39819
229-248-3748
https://dch.georgia.gov/divisionsoffices/state-office-rural-health/farmworker-health-program

HOUSING AND UTILITY ASSISTANCE

Georgia Dept. Of Community Affairs – Dream Homeownership Program
800-359-4663
https://dca.georgia.gov/affordable-housing/home-ownership/georgia-dream-mortgage-products/georgia-dream

Decatur Community Action Council Inc. - LIHEAP
215 School Rd, Climax, GA 39834
229-246-6458
https://www.swgacac.com/services/community-services/liheap/

Georgia Dept. of Community Affairs - Housing Choice Voucher Program
Athens Regional Office
1061 Dowdy Rd, Suite 201, Athens, GA 30606
706-369-5636
https://dca.georgia.gov/housing-choice-voucher/housing-choice-voucher

JOB TRAINING

Southern Regional Technical College Adult Education
15689 US-19, Thomasville, GA 31792
229-243-4251
https://southernregional.edu/

Thomasville Career Center
403 North Broad St Thomasville, GA 31799-8113
877-709-8185
https://dol.georgia.gov/

Georgia Vocational Rehabilitation Center Agency - Thomasville Office
14250 US Hwy 19 South, Thomasville, GA 31757
844-367-4872
https://gvs.georgia.gov/locations/thomasville-vr-office

LEGAL ISSUES

Georgia Legal Services Program – Albany Regional Office
2533 Lafayette Plaza Dr, Albany, GA 31721
229-430-4261
https://www.glsp.org/

Georgia Public Defender - South Georgia Circuit
118 River St, Bainbridge, GA 39818
229-246-2877
https://gapubdef.org/local-offices/south-georgia-circuit

LITERACY

Gilbert Gragg Library/Southwest Georgia Regional Library
301 S Monroe St, Bainbridge, GA 39819
+12292482665
https://www.swgrl.org/programs/index.php

MEDICAL FINANCIAL ASSISTANCE

Appling Healthcare Financial Assistance Office
34 Walnut St, Baxley, GA 31513
912-367-9841 ext. 1258
http://www.ahcs.org/

Memorial Hospital and Manor - Understanding Your Bill
1500 E. Shotwell St, Bainbridge, GA 39819
229-246-3500
https://www.mh-m.org/patients-visitors/understanding-your-bill/

MEDICAL CLINICS AND CARE

Memorial Hospital and Manor
1500 E. Shotwell St, Bainbridge, GA 39819
229-246-3500
https://www.mh-m.org/

MainStreet Family Care
1408 Tallahassee Hwy, Bainbridge, GA 39819
229-400-9033
https://www.mainstreetfamilycare.com/locations/bainbridge/

Primary Care of Southwest Georgia
509 Wheat Ave, Bainbridge, GA 39819
229-416-4421
https://www.pcswga.org/

MENTAL HEALTH

Samaritan Counseling Center
208 S. Broad St, Bainbridge, GA 39819
229-243-1633
https://www.samaritancounselingswga.org/

New Beginnings Community Outreach
617 South West St, Bainbridge, GA 39819
229-246-9050
https://tina-fleming.clientsecure.me/

Georgia Pines Decatur County Mental Health
1005 S Washington St. Bainbridge, GA 39819
229-248-2683
https://www.georgiapines.net/

NURSING HOME AND SKILLED NURSING FACILITIES

Willow Ridge Personal Care Home – Memorial Hospital and Manor
801 Faceville Hwy, Bainbridge, GA 39819
+12292430000
https://www.mh-m.org/services/willow-ridge-personal-care-home/

Bainbridge Landing
1155 West College St Bainbridge, GA 39819
229.243.0931
https://journey-hc.com/locations/bainbridge-landing/

PARENTING RESOURCES

Parent to Parent of Georgia
770-451-5484
https://www.p2pga.org/

Georgia Family Connection – Decatur County
2500 East Shotwell St, Bainbridge, GA 39819-8408
https://decatur.gafcp.org/

PATERNITY

Department of Human Services Division of Child Support Services - Paternity Establishment
1313 West Pine St, Jesup, GA 31545
https://childsupport.georgia.gov/locations/brunswick-jesup

PHYSICAL THERAPY AND REHABILITATIONS

Memorial Physical Rehabilitation
1500 E. Shotwell St, Bainbridge, GA 39819
229-246-3500
https://www.mh-m.org/services/physical-rehabilitation/

Regional Therapy Service Inc.
713 E. Shotwell St, Bainbridge, GA 39819
229-248-1000
https://regionaltherapyservices.com/

South Georgia Spring, Joint, & Rehab Center
517 S. Scott St, Bainbridge, GA 39819
229-416-4457
https://southgaspineandjoint.com/physical-therapy/

PHARMACIES

Bainbridge Pharmacy
1420 E Evans St, Bainbridge, GA 39819
229-246-7200
http://bainbridgepharmacy.com/

Rx Drug Center
1205 E Shotwell St, Bainbridge, GA 39819
229-246-1000
https://rxdrugcenterpharmacy.com/

POSTPARTUM DEPRESSION

Postpartum Support International – Georgia Chapter
470-977-3223
https://psichapters.com/ga/

Georgia Maternal Mental Health Resources (Dept. of Behavioral Health & Developmental Disabilities)
1-800-364-9687 (1-800-GEORGIA)
https://dbhdd.georgia.gov/maternal-mental-health-resources

RECREATIONAL

Bainbridge Decatur County Recreation Authority
https://www.playbainbridge.com/

SAFETY

Emergency Management Agency – Decatur County
229-248-3030
https://www.decaturcountyga.gov/departments-agencies/emergency-management-agency/

Bainbridge Public Safety Department
101 South Broad Street PO Box 158 Bainbridge, GA 39818
229.248.2000
https://www.bainbridgecity.com/o/publicsafety

SMOKING CESSATION

Georgia Tobacco Quit Line
1-877-270-7867 (877-270-STOP)
https://dph.georgia.gov/readytoquit

SENIOR RESOURCES

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

TEEN PARENTING RESOURCES

Decatur County Division of Family and Children Services (DFCS)
505 South Wheat Avenue Bainbridge, GA 39819
(229) 248-2420
https://dfcs.georgia.gov/

Triple P – Positive Parenting Program (free for Georgia families, includes teen-focused courses)
https://www.triplep-parenting.com/us/parenting-courses/triple-p-parenting-in-georgia/

Young Mommies Help Site
https://www.youngmommies.com/

TRANSPORTATION

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

VACCINES AND IMMUNIZATIONS

Georgia Department of Public Health
404-657-3158
https://dph.georgia.gov/immunizations

VISION & EYE CARE

Bainbridge Eye Care
1601 E Shotwell St, Bainbridge, GA 39819
229-246-1600
https://www.bainbridgeeye.com/

Vision Center at Bainbridge Supercenter
500 E Alice St, Bainbridge, GA 39819
229-246-9525
https://www.walmart.com/store/5422-bainbridge-ga/vision-center