



MILLER COUNTY HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

2022



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May 24, 2022

At their regularly scheduled meeting held on Tuesday, May 24, 2022, the Board of Trustees for the Hospital Authority of Miller County approved the 2022-2025

Community Health Needs Assessment and Implementation Plan.

Rex Cook
Board Chairman
Miller County Hospital

We are an Equal Opportunity Employer and a Provider for Medicare and Medicaid

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EXECUTIVE SUMMARY

Miller County Hospital, partnered with Draffin & Tucker, CPAs and the Center for Public Health Practice and Research (CPHPR), Georgia Southern University to conduct their community health needs assessment (CHNA) as required under the Affordable Care Act based on Internal Revenue Section (IRS Section 501(r)(3)(A)(i)). The purpose of this CHNA is to strengthen the hospital organizations, enhance community engagement, identify community health needs, and document efforts to address prioritized needs.

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

The results from the secondary data analyses identified:

- A contracting and aging community, with a high poverty rate.
- Limited access to health-promoting amenities and resources in the community, including recreational opportunities and digital connectivity.
- Higher rates of unhealthy behaviors (including smoking, physical inactivity, and teen sexual risk behaviors), compared to the state.
- Poorer mental and physical health outcomes, compared to the rest of the state. Notably, the average life expectancy in the community is about 7 years lower than the state average.
- Higher rates of motor vehicle crash death in the community than in the state, calling for attention to road safety.
- Barriers to health care access, with the shortage of primary care and mental health professionals emerging as an important barrier to health care access.

Input from the community, through the survey and focus groups were generally consisted with the findings from the secondary data analysis. Community members and key stakeholders described Miller County community as a safe, peaceful, and vibrant community with its fair share of challenges, including:

- High levels of poverty and income disparity.
- High prevalence of unhealthy behaviors (including smoking, substance use, physical inactivity, and poor nutrition leading to overweight/obesity).
- Limited access to health care insurance, substance abuse treatment services, specialty health care services, women's health services, and mental health services.
- Poor health outcomes that are driven by a higher prevalence of cancer, mental health disorders, and other chronic conditions such as heart disease, stroke, kidney disorders, and diabetes.
- A general lack of community awareness about health and wellness and available health-promoting resources.

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

Focus Area One: Adolescent Behavior and Lifestyle Choices

Goal: Address the need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco, vaping, and drug use

Objective: Support healthy lifestyle choices, especially among adolescents in the community through community-centered health education programming

Focus Area Two: Access to Care

Goal: Increase access to healthcare services

Objective: To improve access to healthcare services through efforts to mitigate barriers to healthcare

Focus Area Three: Mental Health

Goal: Improve interactions and services to those experiencing mental health crises by providing training to teachers and law enforcement officers who are most frequently the first to interact with those in crisis

Objective: To improve mental health awareness in the community

ABOUT THE REPORT

PURPOSE

Miller County Hospital worked in partnership with Draffin & Tucker and the Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Miller County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities, as well as fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a CHNA at least every 3 years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated the completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about hospital utilization and the hospital's activities to address community health needs since the last CHNA was completed in 2018.

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

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

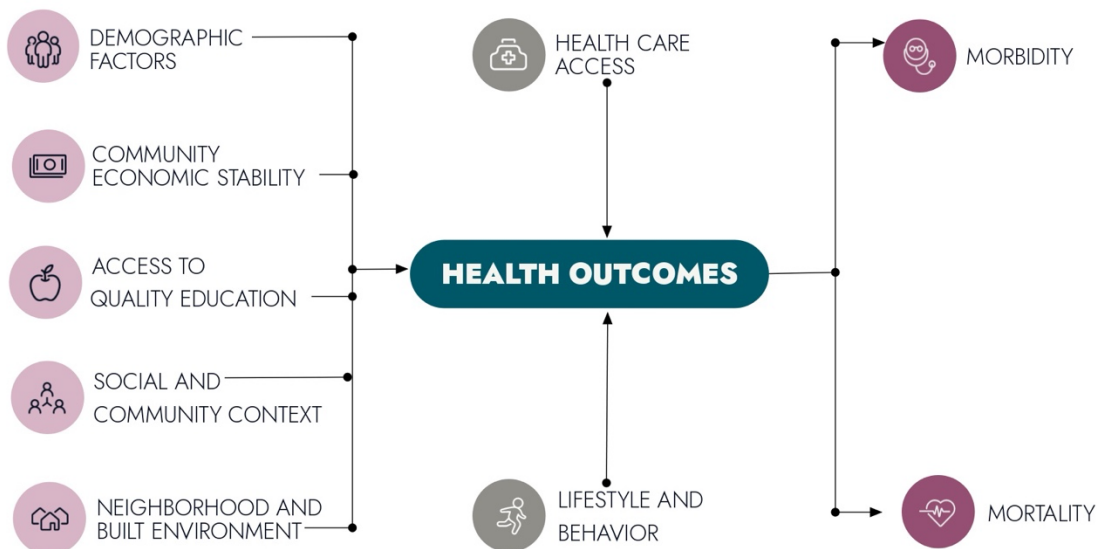
Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's demographic and economic profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, University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

Statistics, and Georgia Governor's Office of Planning and Budget population projections. The most recently available data were obtained from all data sources.

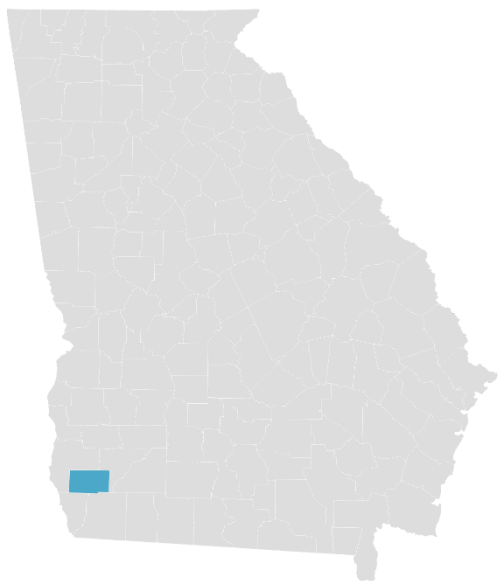
Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as the development of an implementation plan to address these needs.

Data Analysis and Visualization. Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were created using Microsoft Excel version 16 software and the Datawrapper data visualization application. Spatial variations in selected community health indicators estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software. The conceptual framework used to inform data collection efforts is illustrated in the image below.

SOCIAL DETERMINANTS OF HEALTH FRAMEWORK FOR COMMUNITY HEALTH NEEDS ASSESSMENT



HOSPITAL AND SERVICE AREA



Created with Datawrapper

Miller County Hospital is a non-profit general acute care hospital located in Colquitt, Georgia. In addition to inpatient medical and behavioral health services, the hospital offers a nursing home, a pharmacy, and outpatient services.

The majority of patients seen at the hospital are residents of Miller County, Georgia. **Thus, for this community health needs assessment (CHNA), the hospital's community is defined as its primary service area of Miller County.**

Miller County is in the southwestern part of Georgia. The county seat is Colquitt, where the hospital is also

located. The community thrives in the arts; it is home to the *Swamp Gravy* – Georgia's official folklife play. The County's economy is supported by agriculture; the County is one of the largest producers of peanuts in the state of Georgia.

ORGANIZATION OF REPORT







This report presents the findings of the CHNA, beginning with the results of the secondary data analysis. Community input from the survey and focus groups are presented next, followed by a reflection on the outcomes of the last CHNA process. Next, a description of the implementation planning process and implementation plan is presented. Finally, a community health care resource listing is provided. There were no written comments received regarding the previous CHNA.

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

According to data from the US Census Bureau, in 2021, there were approximately 5,900 residents in Miller County. Compared to the state of Georgia, the population of Miller County is older and less racially and culturally diverse. About 8% of the population live with one or more disabilities. Veterans make up nearly three percent of the population.

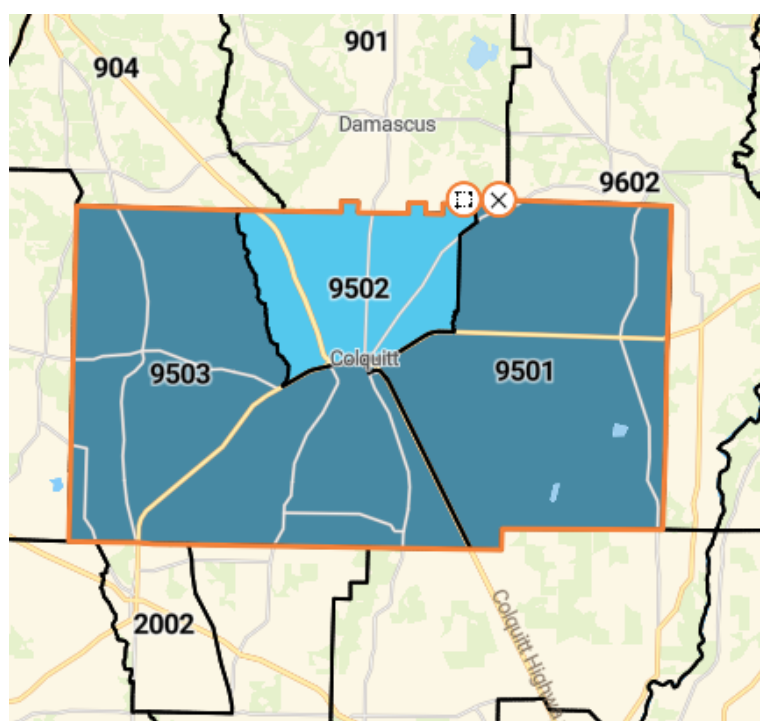
**About 1 out of 4 residents
of Miller County are 65
years or older.**

	Miller	Georgia
 Population		
Number of Residents	5,919	10,799,566
 Sex		
Female	52%	51%
Male	48%	49%
 Age Distribution		
Population Under 5 years	6%	6%
Population Under 18 years	23%	24%
Population 65 years and older	23%*	14%
 Racial and Cultural Diversity		
Race		
White	69%*	60%
Black/AA	28%	33%
Other Races/Multiracial	2.7%	7.2%
Ethnicity		
Hispanic	3%	10%
Nativity		
Foreign Born	0.4%	10%
Non-English Language Spoken at Home	0.4%*	14%
 Veterans		
Veteran Population	3%	6%
 Disability		
Population under 65 years disabled	8%	9%

*Significantly different from the state average

Data Source: US Census Bureau QuickFacts

Figure 1. Population Diversity by Census Tract (2013-2017)



Predominant Race (% White), 2013-2017. Data Source: Policy Map. *(The darker the color, the higher the proportion)* Compared to other counties in Georgia, Miller County is generally less diverse. The County is relatively homogeneous in terms of the geographic distribution of racial groups, with the north-central part of the county being slightly more diverse (Figure 1).

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

Estimated percent of all people 65 or older, 2015-2019. Data Source: Policy Map. *(The darker the color, the higher the proportion)* Residents of the eastern part of the County are relatively older compared to the rest of the County. (Figure 2).

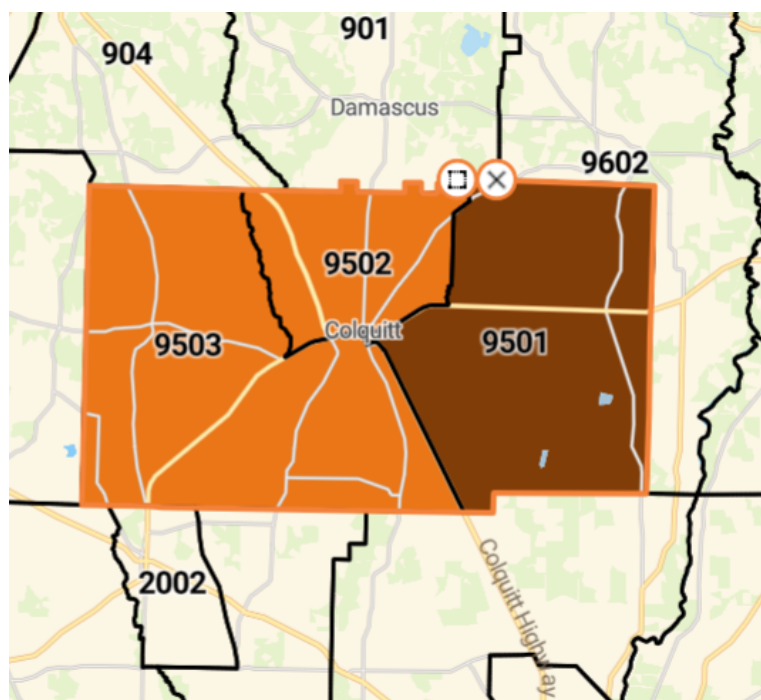


Figure 3. Proportion of Residents with Disability by Census Tract (2015-2019)

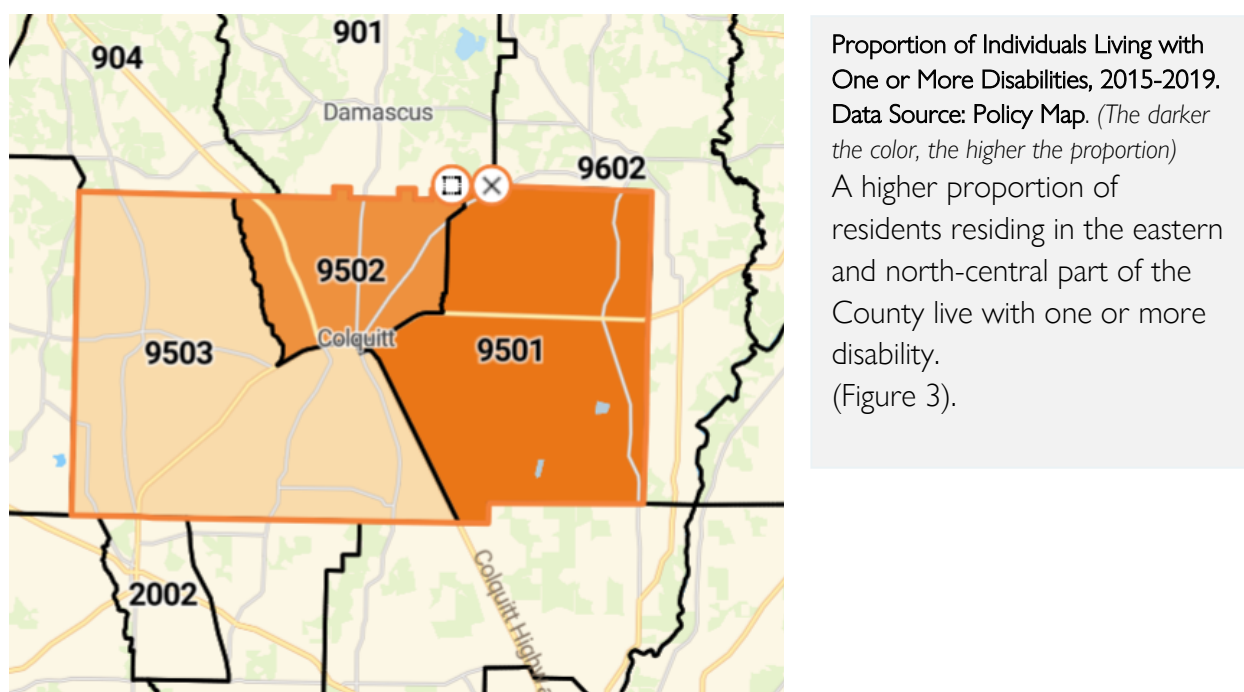
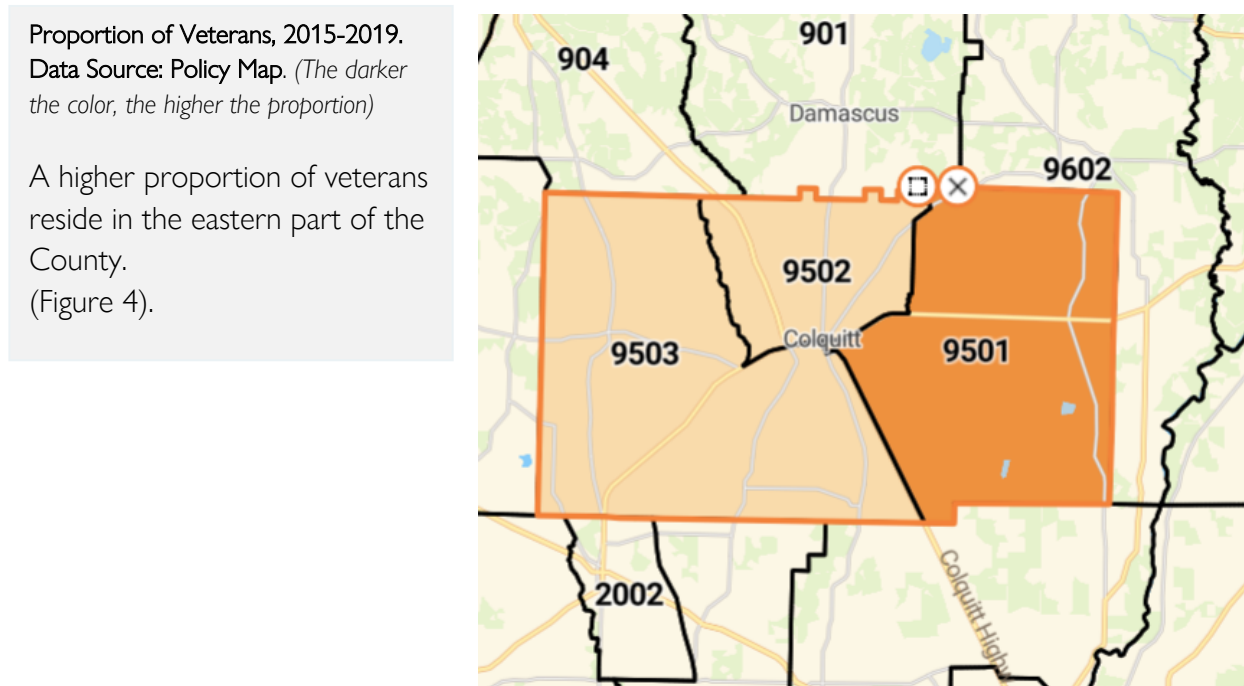


Figure 4. Veteran Population by Census Tract (2015-2019)



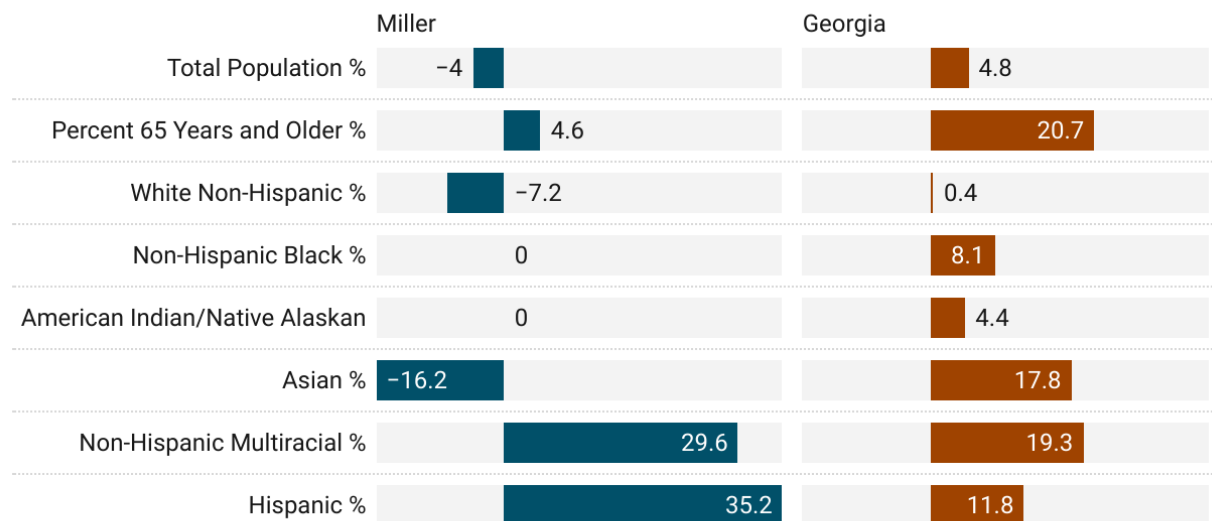
PAST POPULATION GROWTH

While the total population of Miller County declined by 4% between 2015 and 2020, during that period, the county saw growth in the Non-Hispanic Multiracial and Hispanic populations. There was, however, a decline in the White Non-Hispanic and Asian populations. The Non-Hispanic Black and American Indian/Native Alaskan populations remained stable. There was growth in the elderly population, although at a slower rate than the state.

Population Change

2015-2020

■ Miller ■ Georgia



Created with Datawrapper

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

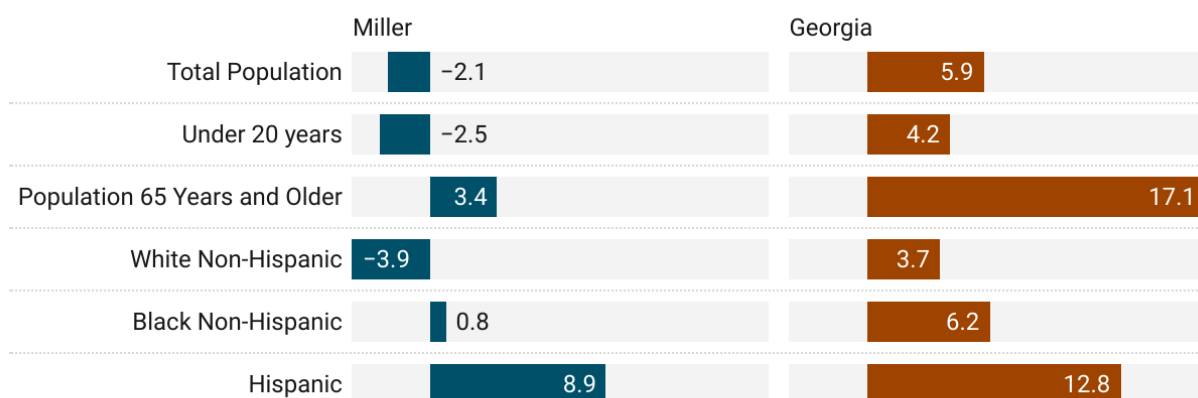
PROJECTED POPULATION GROWTH

Population decline is expected to continue into 2025, based on projections by the Georgia Governor's Office of Planning and Budget. The projected population decline is expected to be greater for the White Non-Hispanic population. The Hispanic population in the county is projected to increase by approximately 9% by 2025, compared to 2020. The share of the elderly population is also expected to continue to grow, although at a rate lower than what is projected at the state level.

Projected Population Change

2020-2025 Percentage Change

■ Miller ■ Georgia



Created with Datawrapper




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

ECONOMIC PROFILE

The County experienced an increase in Gross Domestic Product (GDP) between 2019 and 2020, despite a decline in job growth rate. Fewer adults (i.e., 20-64 years) – notably women – are in the labor force, compared to the state.

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

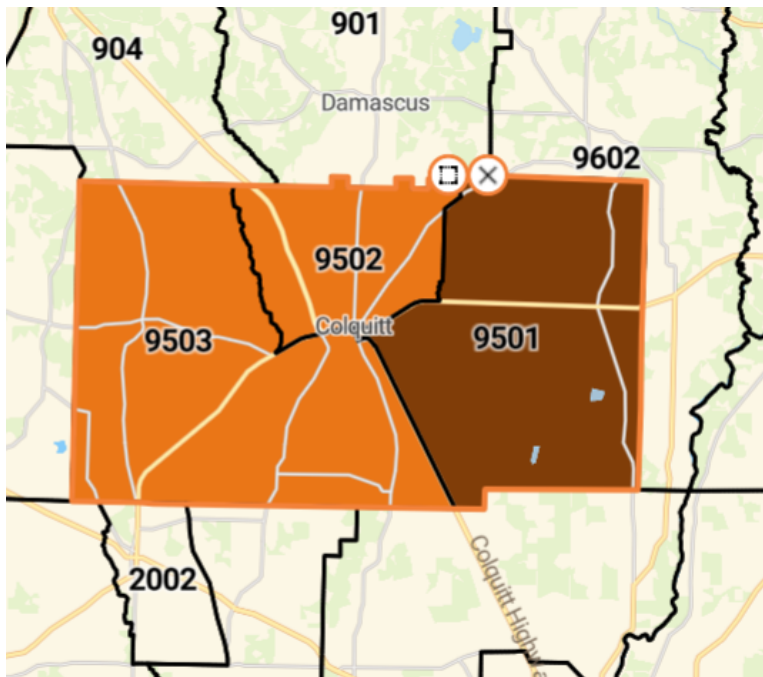
The County unemployment rate of 4% is better than the state rate of 6.5%. However, the median household income for Miller County is almost \$10,000 lower than the state median. About 20% of the population and 31% of children live in poverty. Both rates are much higher than the state average.

	Miller	Georgia
	Economy	
Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020)	2.0%	2.2%
Real GDP Annual Growth Rate (2019-2020)	6.2%**	-3.9%
Job Growth Rate (2019-2020)	-1.9%**	-4.6%
	Labor Force Representation	
Unemployment Rate (2020)	4.0%**	6.5%
Labor Force Representation (2013-2017)	70.1%*	75.5%
Male Labor Force Representation (2013-2017)	74.5%*	80.4%
Female Labor Force Representation (2013-2017)	65.8%*	70.8%
	Poverty	
Median Household Income (2016-2020)	\$49,771*	\$61,224
Population in Poverty (2020)	20%*	14%
Children in Poverty (2019)	31%*	20%
Children eligible for reduced lunch (2018-2019)	91%*	60%

*Significantly lower than state average; **Significantly better than state average

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

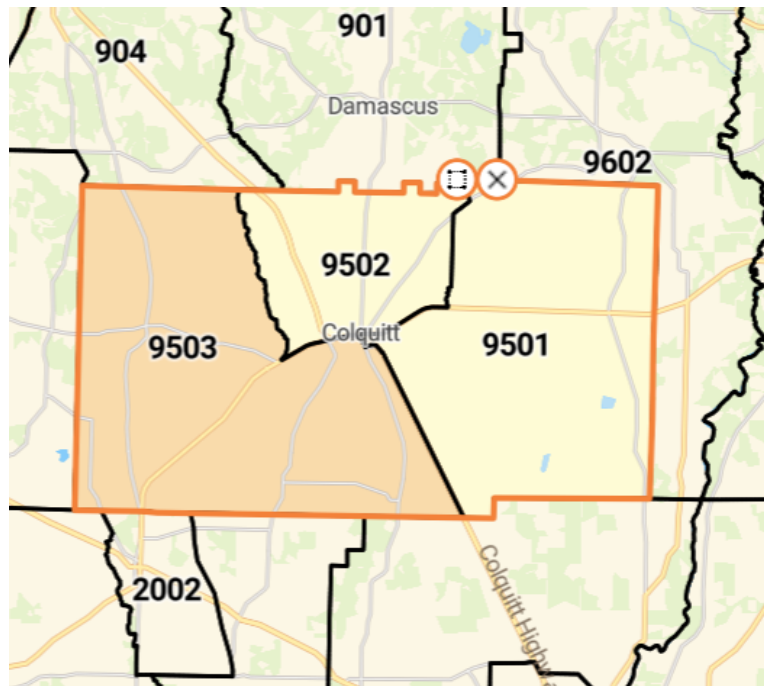
Figure 5. Poverty Rate by Census Tract (2015-2019)



Proportion of Population Living in Poverty, 2015-2019. Data Source: Policy Map. (The darker the color, the higher the proportion)
Compared to other parts of the County, a higher proportion of residents residing in the eastern part of the county live in poverty. (Figure 5).

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




Median Household Income, 2015-2019. Data Source: Policy Map. (The darker the color, the higher the proportion)
Similarly, the median household income is lower in the north-central and eastern parts of the County, compared to the rest of the County. (Figure 6).



EDUCATION

Educational outcomes in the Miller County are generally lower than the state. Only 19% of the population holds a bachelor's degree or higher, compared to 32% of the state's population. The county lags the state slightly with respect to early childhood education, with only 45% of 3–4-year-olds enrolled in preschool (vs. state rate of 50%). On average, County third graders perform slightly lower than the state average on state standardized tests.

Only 19% of the population hold a bachelor's degree or higher, compared to 32% of the state's population

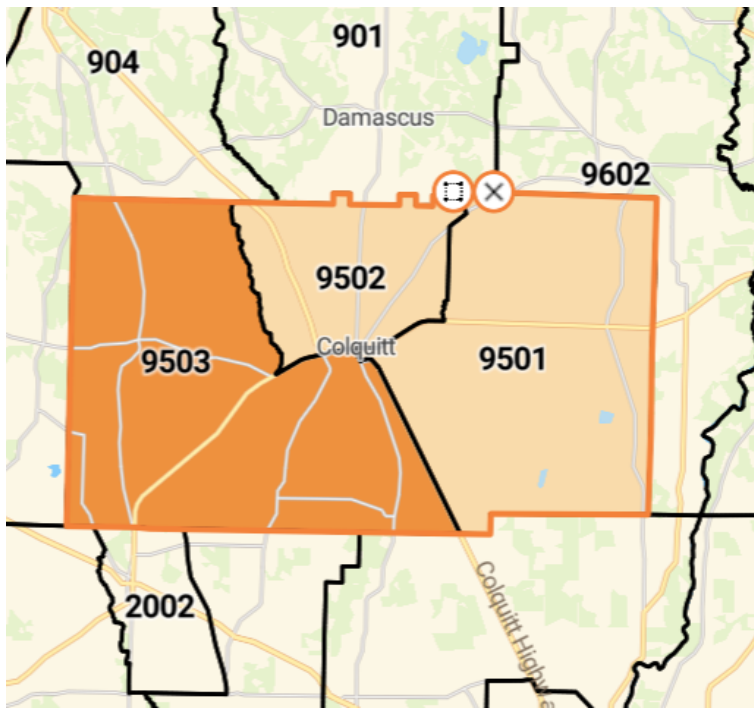
	Miller	Georgia
 Early Childhood Education		
Percent 3–4-year-old children in school	45%	50%
 K-12 Education		
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.7*	3.0
Average grade level performance for 3rd graders on Mathematics standardized tests	2.7	2.9
 High School Graduation and Higher Education		
High school completion rate	96 ^a %	87%
Percent population with bachelor's degree	19%*	32%

*Significantly lower than the state average

Data Sources: County Health Rankings, US Census Bureau, Sparkmap. ^aHigh school completion rate for 2022 was

obtained from the Miller County School District; state comparison rate reflects data from 2019.

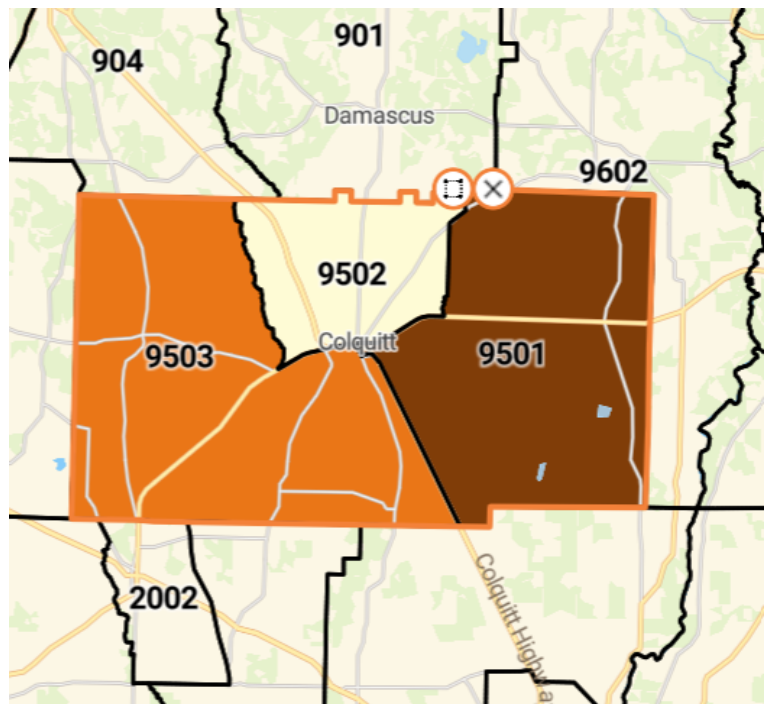
Figure 7. Educational Attainment by Census Tract (2015-2019)



Proportion of Population with at least a High School Diploma, 2015-2019. Data Source: Policy Map. *(The darker the color, the higher the proportion)*
Compared to other parts of the County, educational attainment is lower in the eastern and central parts of the County. (Figure 7).

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



Proportion of 3 years or older enrolled in nursery or preschool, 2015-2019. Data Source: Policy Map. *(The darker the color, the higher the proportion)*
Preschool or nursery enrollment is relatively higher in the eastern part of the County compared to the rest of the County (Figure 8).



SOCIAL AND COMMUNITY CONTEXT

County residents are active in social associations. Similar to the state average, there are about 9 membership associations in the County per 100,000 population. More than a third of children live in single parent households (35% versus state rate of 30%).

There are approximately 2,339 households in Miller County, with an average of 2.4 persons per household.

	Miller	Georgia
	Household Characteristics	
	Households	2,339 3,830,264
	Average persons per households	2.4 2.7
	Children in single parent households	35%* 30%
	Social Context	
	Social Associations per 100,000	9 9

*Significantly unfavorable compared to the state average







Data Sources: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

Relative to the state, Miller County residents have limited access to amenities. County residents are relatively less digitally connected compared to the state; 66% of households have a computer and 54% of adults have access to broadband internet. While the prevalence of housing related issues is similar to that of the state, a higher proportion of County residents lack access to a

reliable source of transportation compared to the state. Finally, although, the county is relatively safe, with a lower violent crime rate than the state, highway safety may be an area of concern as the County experiences relatively more deaths from motor vehicle crashes.

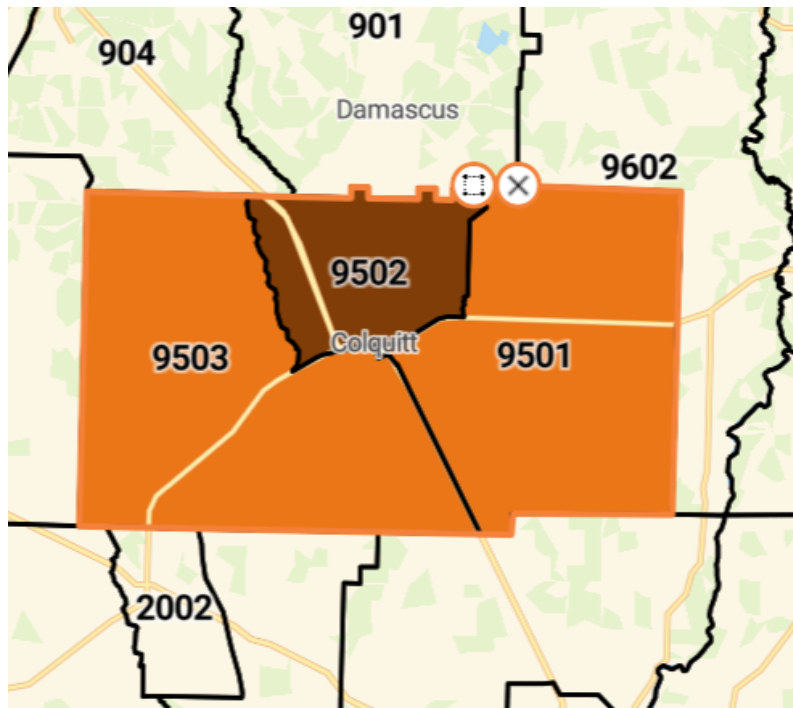
Only about three out of ten County residents have access to exercise opportunities.

	Miller	Georgia
Digital Connectivity and Amenities		
 Households with computer	66%*	92%
Adult with broadband internet	54%*	84%
Access to exercise opportunities	30%*	75%
Safety		
 Violent crime rate per 100,000	188	388
Deaths from motor vehicle crashes per 100,000	44*	14
Food Insecurity		
 Percent low-income residents with limited access to healthy foods	1%	9%
(Healthy) Food environment index (1 worst; 10 best)	7.7	6.5
Percentage of population experiencing food insecurity	15%	13%
Transportation		
 Average travel time to work (minutes)	24.2 mins	28.7 mins
Percent households with <u>no</u> motor vehicle	11%*	6%
Housing		
 Percent of homes owned	65%	63%
Percent families spending more than 50% of income on housing	9%	14%
Percent population with severe housing problems	16%	16%
Median gross rent	\$562	\$1,042
Median selected monthly owner costs, including mortgage	\$1,105	\$1,449
Pollution		
 Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	9.2	9.6

*Significantly unfavorable compared to the state average

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

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



Proportion of all households with no internet access, 2015-2019. Data Source: Policy Map. (The darker the color, the higher the proportion)
Compared to other parts of the County, internet access tends to be lower in the north-central part of the County. (Figure 9).

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

Proportion of all households without a computer, 2015-2019. Data Source: Policy Map. (The darker the color, the higher the proportion)
Similarly, computer access is lowest in the north-central and southwestern parts of the County. (Figure 10).

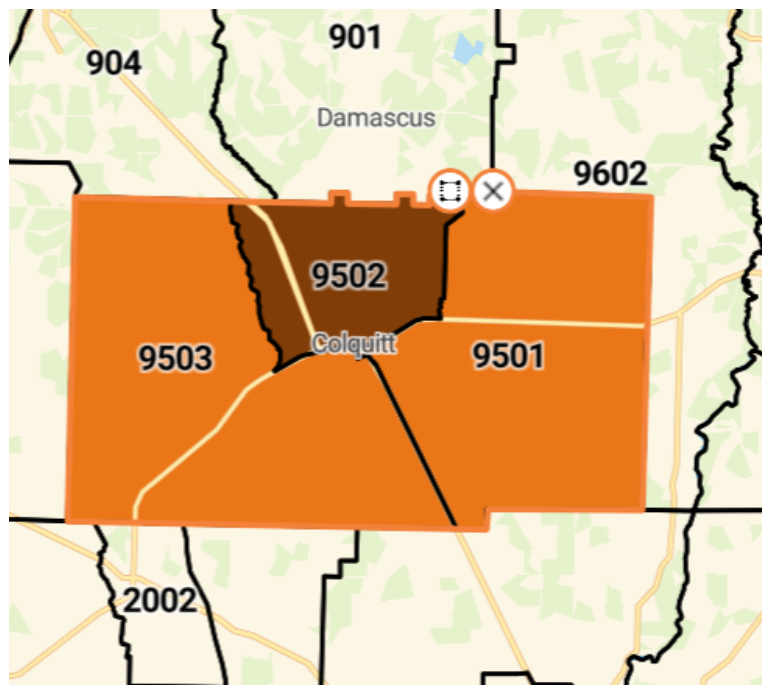
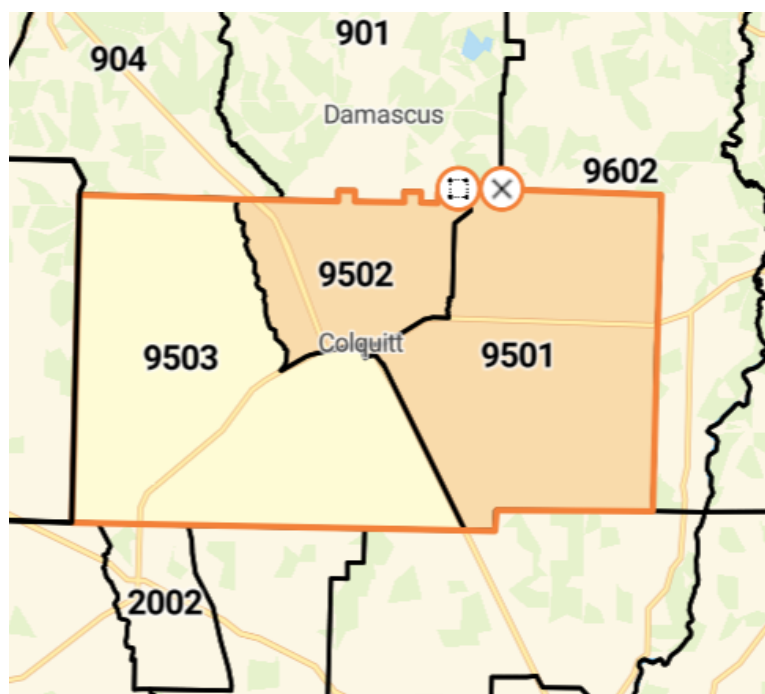


Figure 11. Severe Homeowner Cost Burden by Census Tract (2015-2019)



Proportion of all Homeowners who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map.

(The darker the color, the higher the proportion)

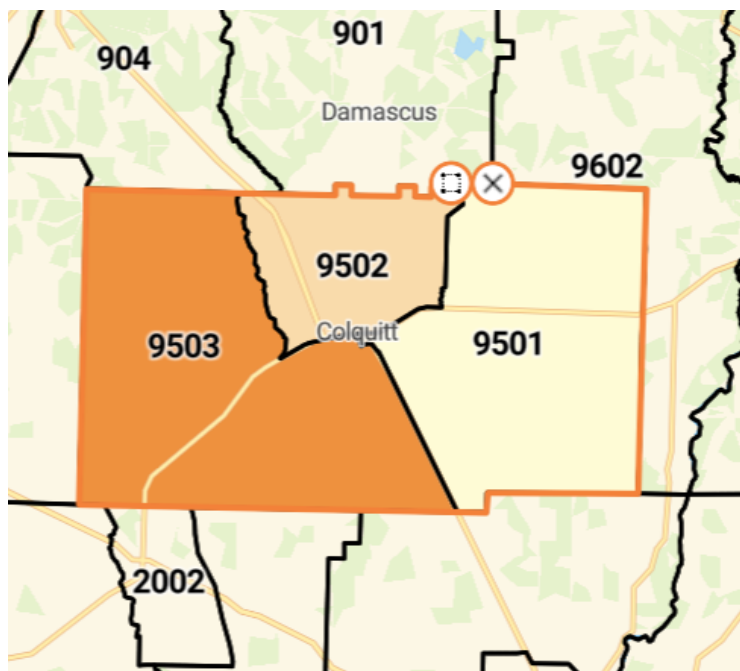
Compared to other parts of the County, severe homeowner cost burden is higher in the eastern and north-central parts of the County (Figure 11).

Figure 12. Severe Renter Cost Burden by Census Tract (2015-2019)

Proportion of all Renters who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map.

(The darker the color, the higher the proportion)




A higher proportion of renters in the Western part of the County experience severe rental cost burden compared to the rest of the County (Figure 12).



HEALTH CARE ACCESS

Access to health care services is relatively limited compared to the state. Compared to the state, the County experiences significant shortages of health professionals including primary care physicians and mental health providers. Regarding preventative care, mammogram screening and flu vaccination rates are lower than the state levels.

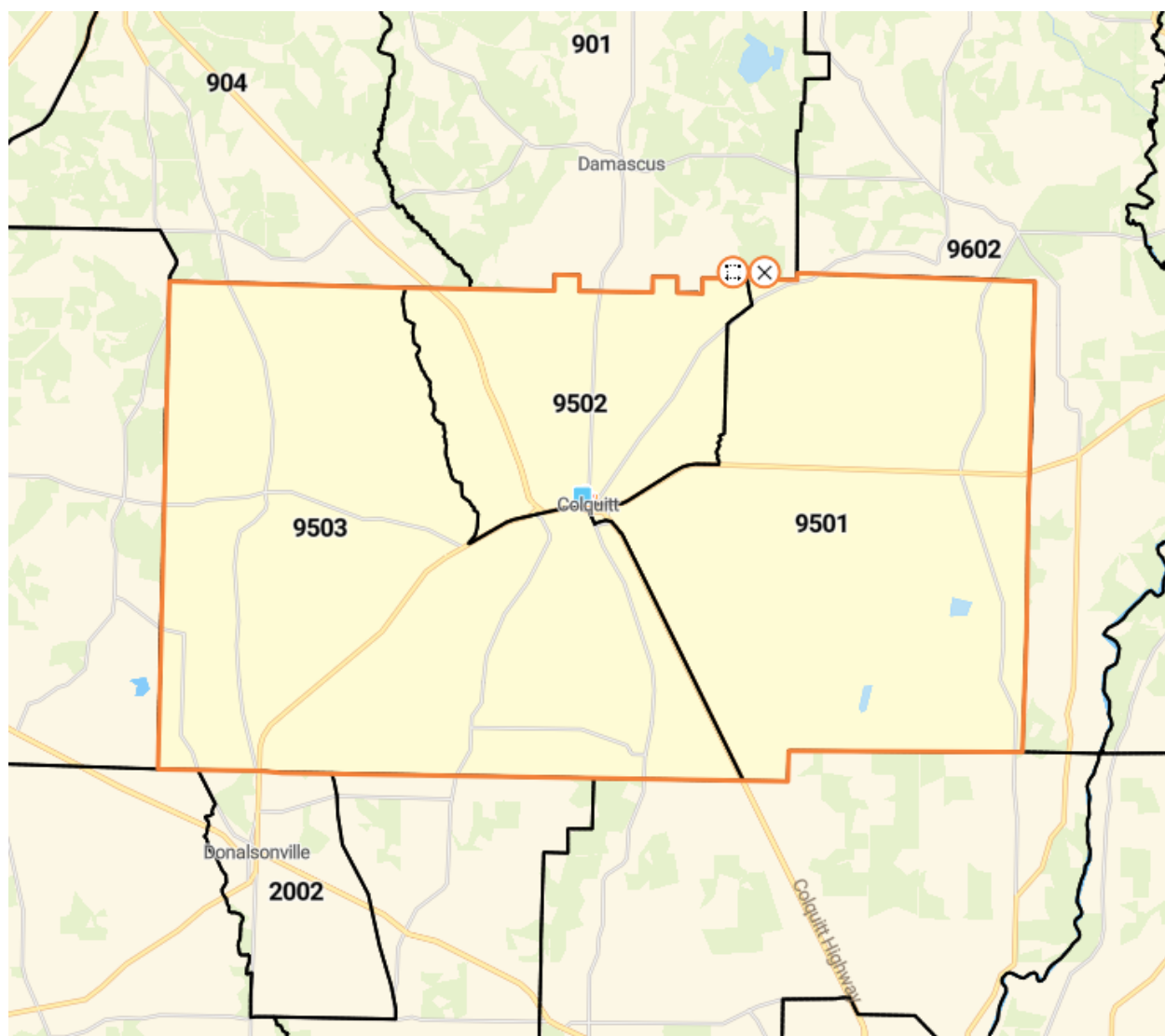
Preventable hospitalization rates are higher in Miller County than in the state, reflective of limited access to primary care services.

	Miller	Georgia
 Health Insurance Coverage		
Percent under 65 years Uninsured	17%	16%
 Provider Supply		
Population to One Primary Care Physician	2,840*	1,510
Population to One Dentist	1,910	1,920
Population to One Mental Health Provider	5,720 *	690
 Primary Care and Prevention		
Adults with a Personal Doctor or Health Provider	72	72
Adults Reporting a Physical Checkup within last year	78	78
Preventable Hospital Stays per 100,000 Medicare Enrollees	5,989*	4,835
Mammogram Screening Rates	32%*	41%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	35%*	46%

*Significantly unfavorable compared to the state average
Data Sources: County Health Rankings, Policy Map.

Figure 13. Access to Health and Mental Health Services

Location of Health and Behavioral Health Facilities. Data Source: Policy Map.
Health care and mental health resources are mostly located in Colquitt. (Figure 13).





Legend: orange plus, pink circle = hospital; blue square = nursing home.

Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol treatment facilities.

LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher than the state. While obesity rates are lower than the state, the proportion of adults who are physically inactive is higher in the County than in the state. The teen pregnancy rate of 30 per 1000 female teens is higher in the County compared to the state rate of 24 per 1000. However, the TD infection rate in the county is lower than the state rate.

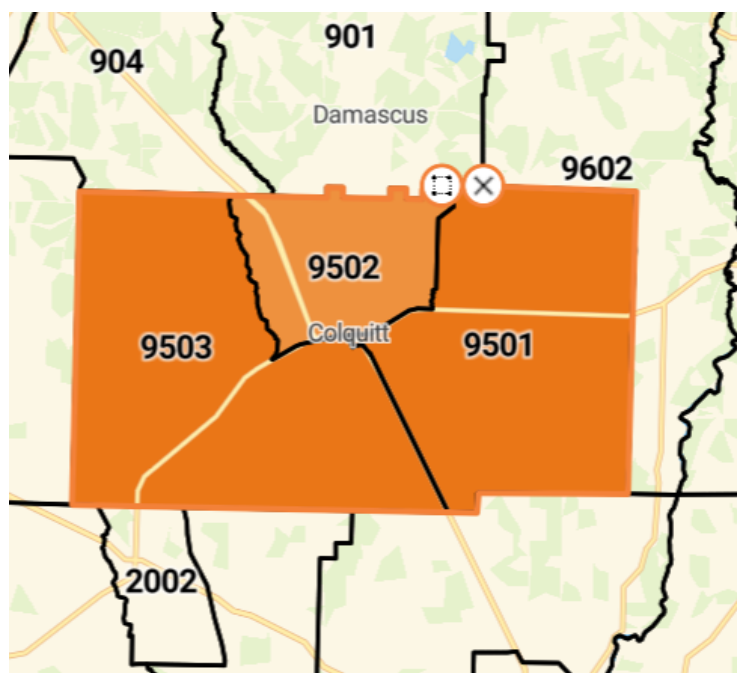
Almost one in four adults smoke in Miller County.

	Miller	Georgia
 Suboptimal Lifestyle Behaviors		
Adult smoking rate	23%*	16%
Adult excessive drinking rate	17%	17%
Percent driving deaths with alcohol involvement	38%*	20%
Adult obesity rate	24%	32%
Adult physical inactivity rate	30%*	26%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	41%*	38%
 Sexual Risk Behaviors		
STD infection rates per 100,000	531	632.2
Teen pregnancy rates per 1000 female teens	30*	24

*Significantly unfavorable compared to the state average.

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



Proportion of adults who ever smoked cigarettes, 2018. Data Source: Policy Map. (The darker the color, the higher the proportion)
Smoking rates are high consistently across the county. (Figure 14).

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

Proportion of adults physically inactive, 2017. Data Source: Policy Map. (The darker the color, the higher the proportion)
The rate of physical inactivity is consistently high across the county (Figure 15).

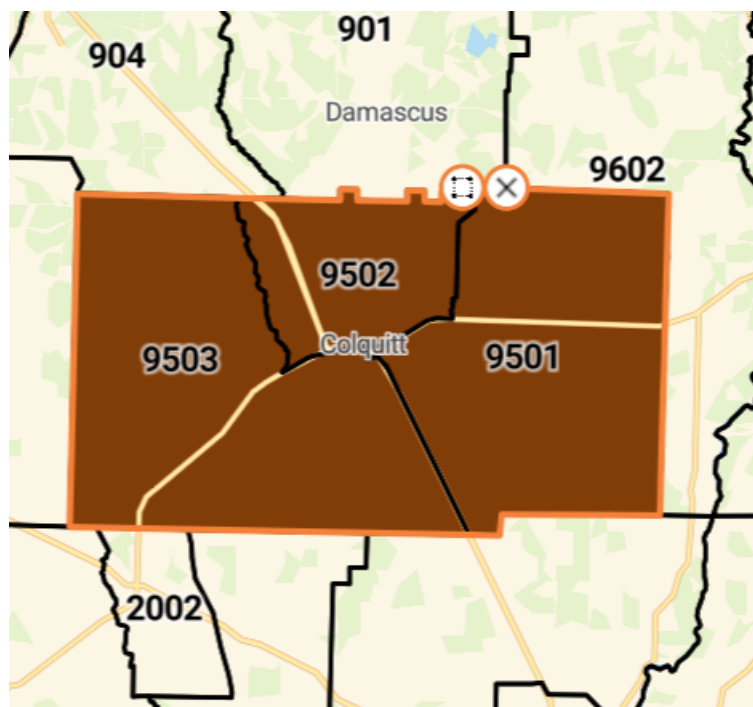
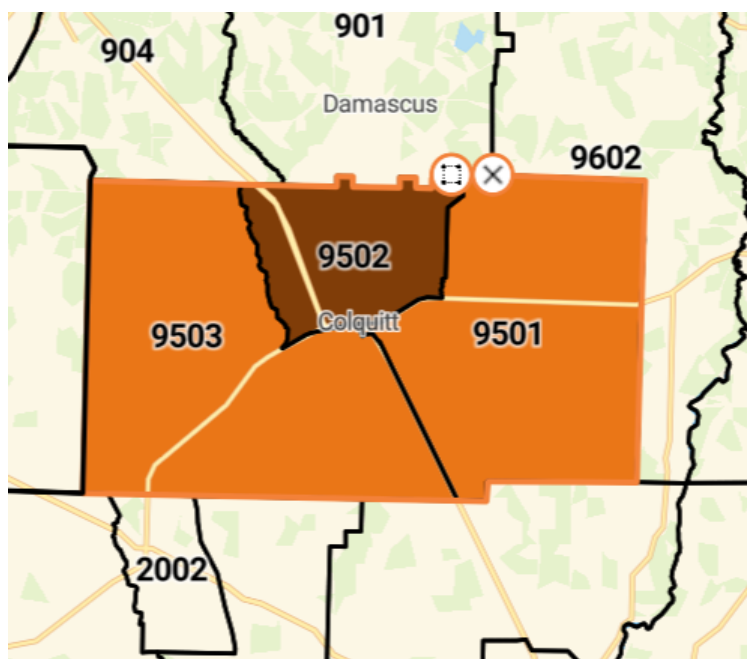


Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018. Data Source: Policy Map.

(The darker the color, the higher the proportion)

While the rate of obesity is generally high in the county, the rate is slightly higher in the north-central part of the County compared to the rest of the County.



(Figure 16).

HEALTH OUTCOMES

Morbidity

A higher proportion of Miller County residents self-report poor physical and mental health than the state. However, prevalence and/or incidence rates of common conditions, including cancer, heart disease and HIV are lower than the state rates. Low birth rate and diabetes rates are also similar to the state rate.


One out of five residents of Miller County residents report having poor or fair health.

	Miller	Georgia
		
Disease Burden		
Cancer incidence rates per 100,000 population	442	469
Adult diabetes prevalence rate %	13%	12%
HIV prevalence rate per 100,000 population	356	625
Cardiovascular disease hospitalization per 1000 Medicare enrollees	73.1	65.0
Low birth rate	10%	10%
		
Self-Reported Health Outcomes		
Percent adults reporting poor or fair health	22%*	18%
Percent adults reporting frequent physical distress	15%*	12%
Percent adults reporting frequent mental distress	16%*	13%

Mortality

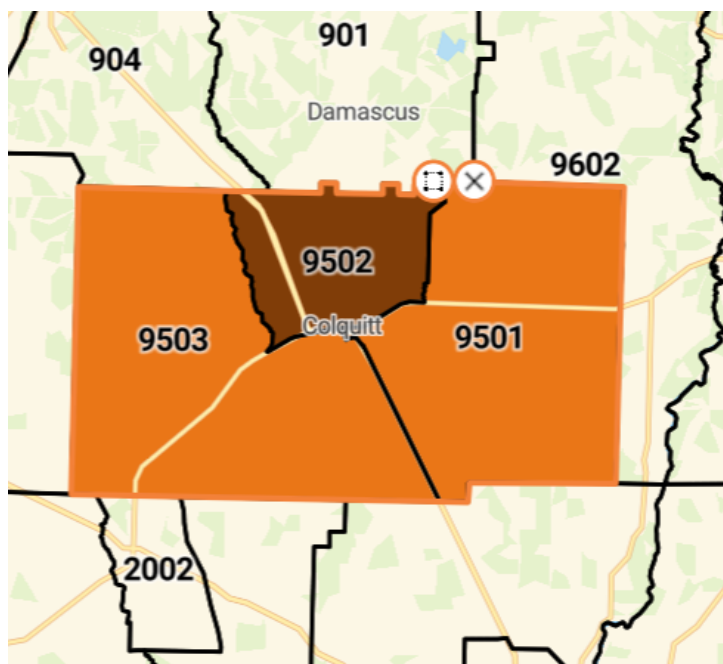
Premature death rates are much higher in Miller County than the state.

The average life expectancy in Miller County is 71 years – about seven years less than the average life expectancy in Georgia.

	Miller	Georgia
		
Mortality Indicators		
Life Expectancy	71.3*	77.9
Premature (under 75yrs) Death Rate per 100,000 population	840*	380

*Significantly unfavorable compared to the state average

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



Proportion of adults reporting poor or fair health in the past 30 days, 2018.

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

A higher proportion of adults in the north-central part of the County reported poor or fair health compared to the rest of the County. (Figure 17).

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

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

Geographically, the proportion of adults reporting frequent mental health distress were similar (14%. (Figure 18).

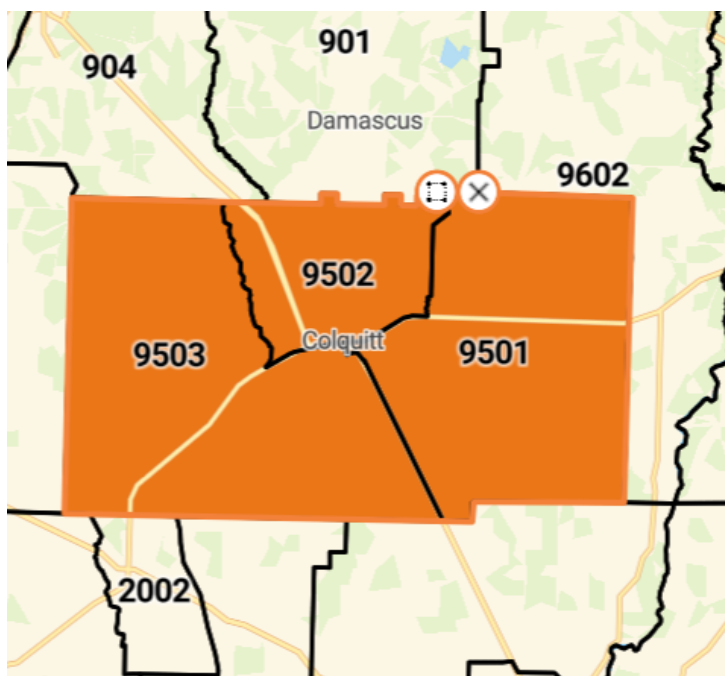
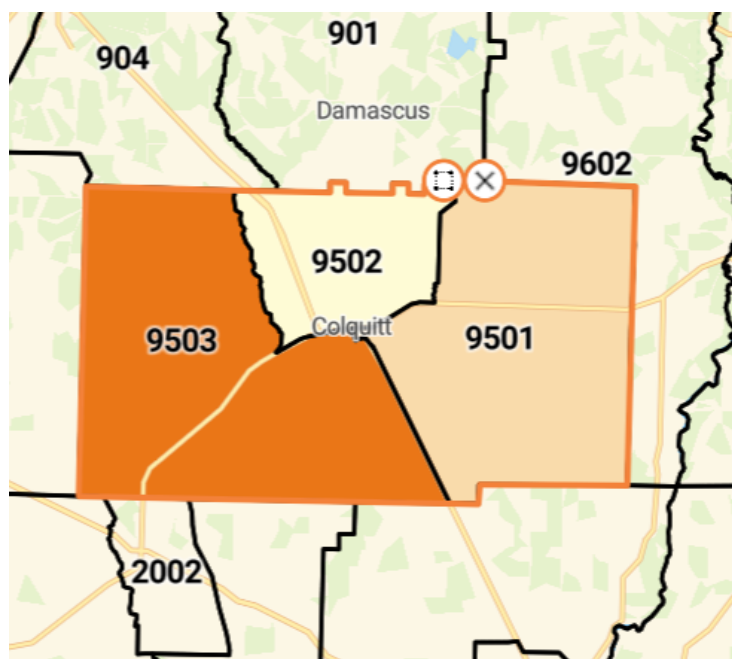


Figure 19. Life Expectancy by Census Tract (2010-2015)



Life Expectancy at Birth, 2010-2015.

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

Life expectancy is significantly higher for residents in the western part of the County, compared to the rest of the County. (Figure 19).

Top 10 Causes of Death Miller County and Georgia: 2016-2020

The top three main causes of death for Miller County include Chronic Obstructive Pulmonary Diseases excluding Asthma, Diabetes, and Ischemic Heart and Vascular Diseases.

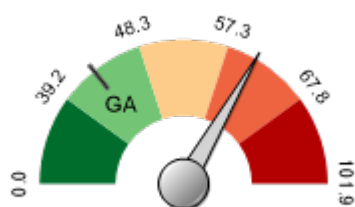
The age adjusted death rate (2016-2020) for diabetes is 58.9 per 100K population for Miller County, almost 3X the state rate of 21.8 per 100K.

Cause	Miller Rank	Georgia Rank
All COPD Except Asthma	1	2
Diabetes Mellitus	2	9
Ischemic Heart and Vascular Disease	3	1
Malignant Neoplasms of the Trachea, Bronchus and Lung	4	5
Cerebrovascular Disease	5	3
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	6	6
All Other Diseases of the Nervous System	7	7
Nephritis, Nephrotic Syndrome and Nephrosis	8	10
All Other Mental and Behavioral Disorders	9	8
Alzheimer's Disease	10	4

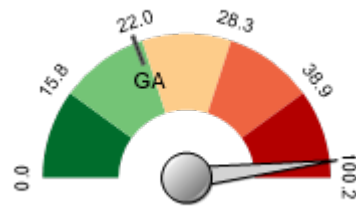
Data Source: Online Analytical Statistical Information System (OASIS)

Rank/County Comparison to Georgia

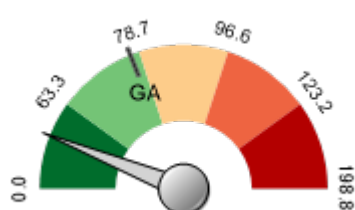
1 All COPD Except Asthma



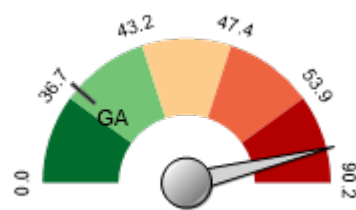
2 Diabetes Mellitus



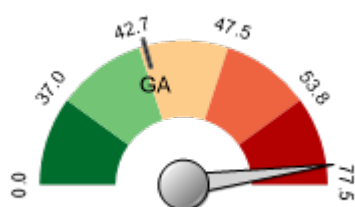
3 Ischemic Heart and Vascular Disease



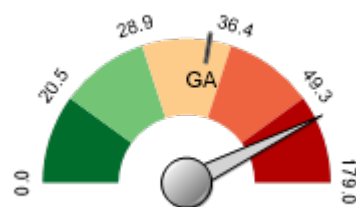
4 Malignant Neoplasms of the Trachea, Bronchus and Lung



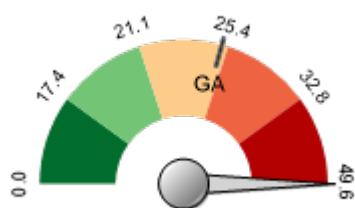
5 Cerebrovascular Disease



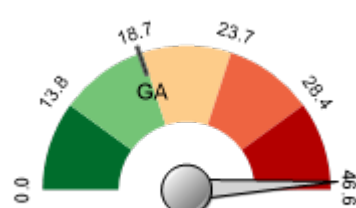
6 Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease



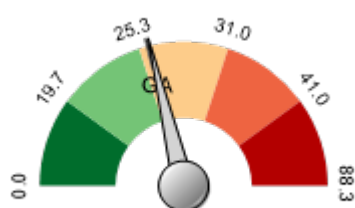
7 All Other Diseases of the Nervous System



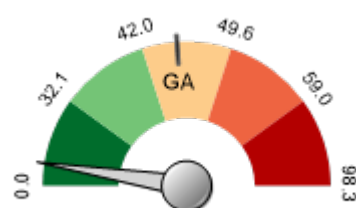
8 Nephritis, Nephrotic Syndrome and Nephrosis



9 All Other Mental and Behavioral Disorders



10 Alzheimer's Disease



Cancers

The death rate for cancer for Miller County residents is higher than the state and the US levels. Death rates for Blacks are higher in the county compared to the state levels.

Figure 20. Cancer Death Rates (2015-2019)

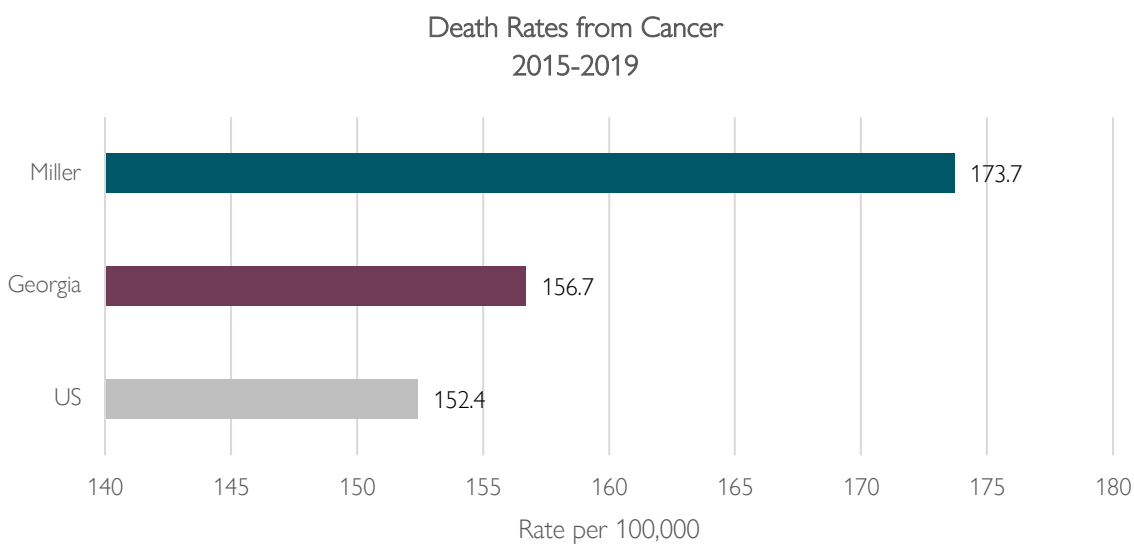
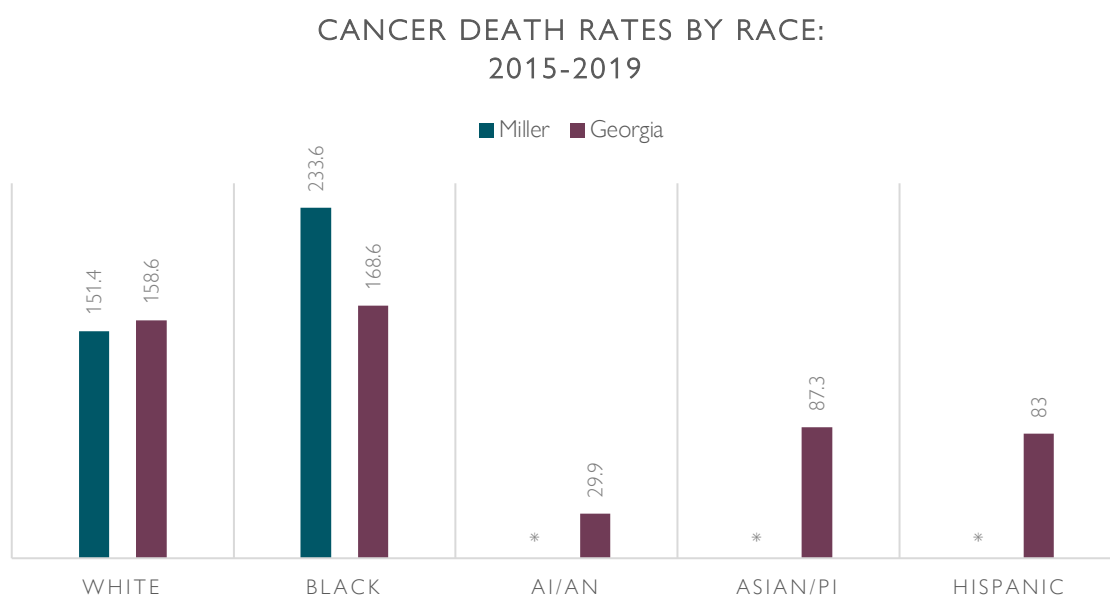


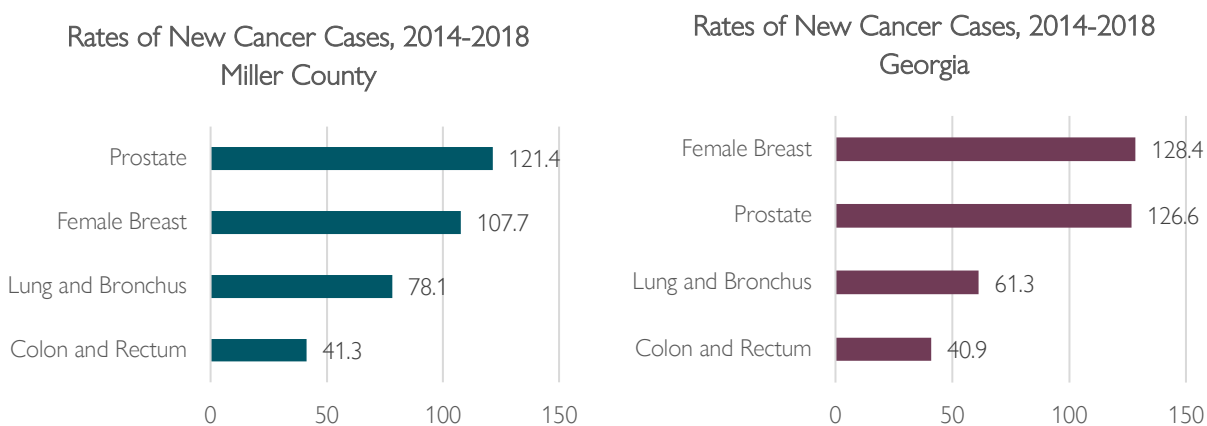
Figure 21. Cancer Death Rates by Race (2015-2019)



Data Source: National Cancer Institute, State Cancer Profiles

Incidence rates for female breast and prostate cancers in Miller County have generally remained below state averages. In contrast, the incidence rates for lung and bronchus, and colon and rectum cancers are higher than the state level.

Figure 22. Incidence Rates by Cancer (2014-2018)





Data Source: National Cancer Institute, State Cancer Profiles

COVID-19

COVID-19 infection rate and death rate in Miller County were higher than the state average as of April 20, 2022. Vaccination rates were generally similar to the state during this period and were higher among the adults 65 years, among which almost 8 out of ten had received an initial dose.








As of April 2022, there had been 1,703 COVID-19 infections and 19 COVID-19 deaths in Miller County.

	Miller	Georgia
	Cumulative COVID-19 Infections and Deaths (03/30/2022)	
	1,704	2,515,139
	29,563*	23,289
	19	31,547
	330*	292
	Vaccination Rates (03/30/2022)	
	56%	56%
	60%	64%

*Significantly unfavorable compared to state average

Data Sources: Georgia Department of Public Health; CDC COVID-19 Data Tracker

PROGRESS ON SELECTED INDICATORS

	Previous CHNA	Current CHNA	Progress	
	Economic Profile			
	Percent children in poverty	35%	31%	→
	Unemployment rate	5.5%	4.0%	→
	Education			
	High school graduation rate	83%	83%	—
	Social and Community Context			
	Social associations per 100,000	15.4	9.0	←
	Percent children in single parent households	49%	35%	→
	Neighborhood and Built Environment			
	Percent population with access to exercise opportunities	20%	30%	→
	Percent population food insecure	19%	15%	→
	Health Care Access			
	Uninsured rate	17%	17%	—
	Primary care provider to population	1,950	2,840	←
	Mental health provider to population	5,930	5,720	→
	Health Behaviors			
	Obesity rate	29%	24%	→
	Physical inactivity rate	29%	30%	←
	Smoking rate	19%	23%	←
	Teen pregnancy rate (per 1000 teen females)	48	30	→
	Health Outcomes			
	Percent reporting poor or fair health	19%	22%	←
	Low birth weight rate	12%	10%	→
	Diabetes prevalence	13%	13%	—
	Premature (under 75yrs) death rate per 100,000 population	650	840	←

← Worsened → Improved — Stable

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

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

Community Demographic Profile, Economic Profile & Education

- The population of Miller County is older and less diverse compared to the state of Georgia.
- The population decline, observed between 2015 and 2019 is projected to continue into 2025.
- Despite favorable GDP growth (relative to the state), the County experiences high levels of children living in poverty.
- Educational attainment is also generally lower in the County, compared to the state.

Social and Community Context & Neighborhood and Built Environment

- Almost a third of children in the County live in single-parent households.
- Motor vehicle crash deaths are higher in the County than in the state, calling for attention to road safety.
- The County is also relatively safe, with a lower violent crime rate than the state.
- Compared to the state, Miller County residents lack certain amenities, including being less digitally connected.

Health Care Access

- The County experiences significant shortages of health professionals, including primary care physicians, and mental health providers.

Lifestyle Behavior & Health Outcomes

- Generally, compared to the state, a higher proportion of Miller County residents engage in unhealthy behaviors such as smoking and physical inactivity.
- Additionally, teen pregnancy rates are higher in the County, compared to the state.
- Health outcomes in the County are relatively worse than in the state, with a higher proportion of County residents reporting poor self-reported physical and mental health, compared to the rest of the state. Notably, life expectancy is almost 7 years lower than that of the state.

COVID-19

- Miller County residents have been impacted by the ongoing COVID-19 pandemic.
- As of July 2021, COVID-19 infection rates were higher in the County compared to the state. However, vaccination rates are generally similar to state percentage.

Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the County performed better or similar on 67% (12/18) and worse on 33% (6/18) compared to the last CHNA.

COMMUNITY SURVEY

One hundred and nineteen surveys were completed either partially or fully.

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Almost eight out of ten (92.3%) of the survey respondents resided in Miller County; the remainder (7.7%) lived in the surrounding counties, including Early and Decatur. Most survey respondents were female (85.6%), Non-Hispanic White (86.7%), aged under 65 years (89.5%), married or partnered (69.5%), and employed (84.6%), with at least a bachelor's degree (57.7%). The majority reported an annual household income above \$80,000 (56.7%) (Table 1).

Table 1. Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
County of Residence	104	
Miller	96	92.3
Surrounding Counties	8	7.7
Gender	104	
Female	89	85.6
Male	15	14.4
Age	105	
Under 35 years	12	11.2
35-44 years	36	34.3
45-54 years	21	20.0
55-64 years	25	23.8
65-74 years	8	7.6
75 years and older	3	2.9
Race	105	
Non-Hispanic Black or African American	9	8.6
Non-Hispanic White	91	86.7
Other	5	4.8
Education	104	
Less than High School	0	0.0
High School graduate or GED	11	10.6
Some College or Associate Degree	33	31.7
Bachelor's degree	23	22.1
Graduate or Advanced Degree	37	35.6

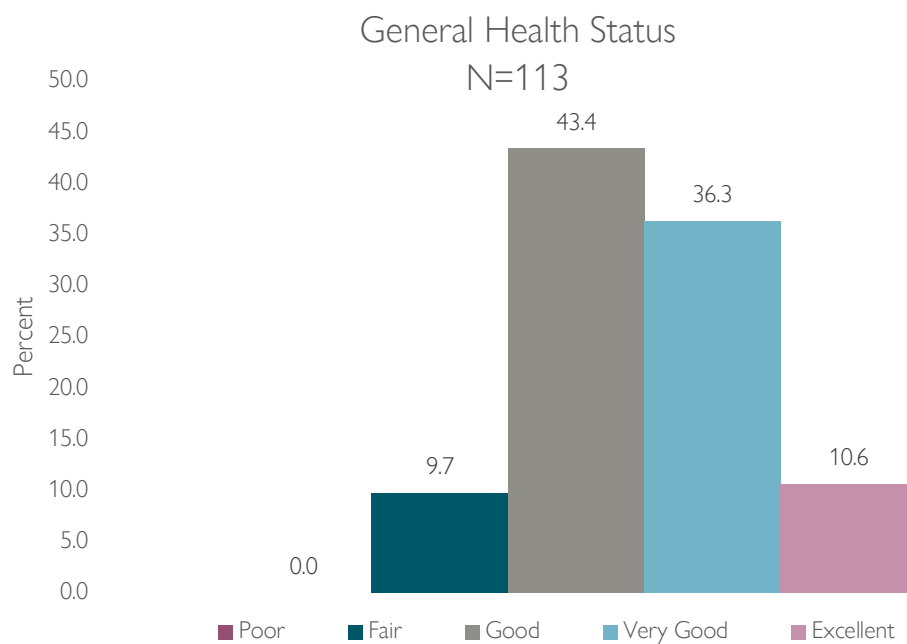
	Frequency (N)	Percentage (%)
Marital Status	105	
Married/Partnered	73	69.5
Divorced/Separated	15	14.3
Widowed	5	4.8
Single/Never Married	10	9.5
Other	2	1.9
Household Income	104	
Below \$20,000	5	4.8
\$20,001 - \$40,000	7	6.7
\$40,001 - \$60,000	7	6.7
\$60,001 - \$80,000	17	16.3
\$80,001-100,000	21	20.2
Above \$100,000	38	36.5
Refused/Don't Know	9	8.7
Employment Status	104	
Full-time	85	81.7
Part-time	3	2.9
Retired	14	13.5
Unemployed	2	1.9
Home Ownership	105	
Yes	90	85.7
No	15	14.3
Access to Reliable Transportation	105	
Yes	104	99.0
No	1	1.0

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

HEALTH STATUS

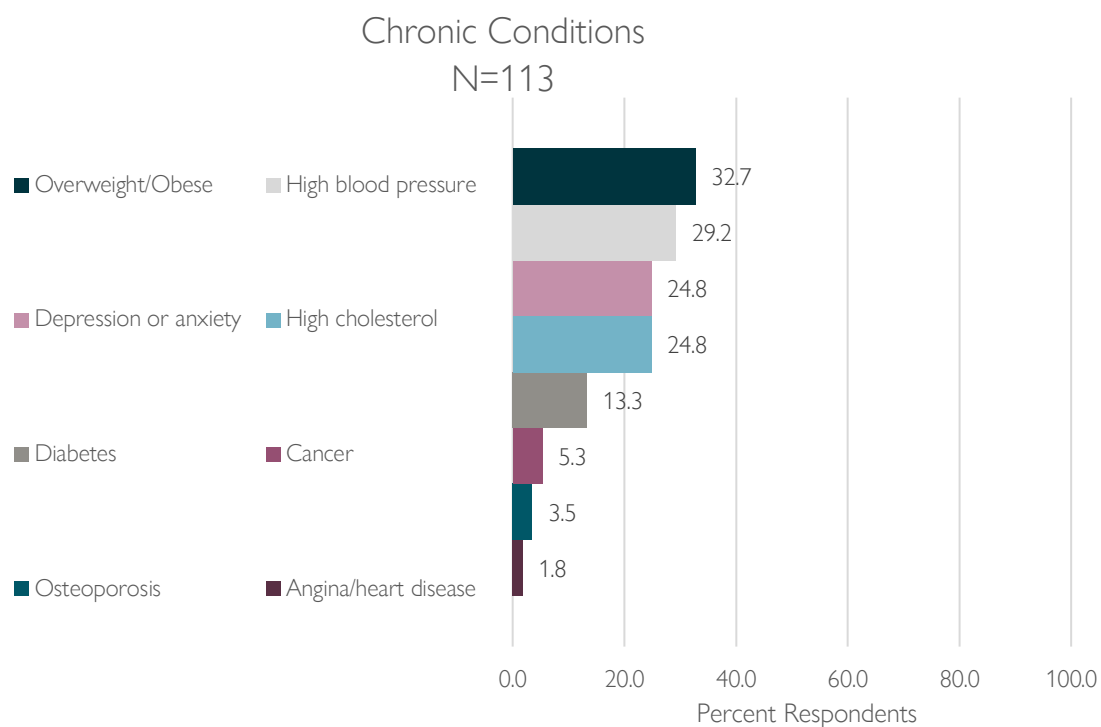
- Less than half of the survey respondents (46.9%) described their health as very good or excellent (Figure 23).
- Notably, about two out of three (65.5%) respondents reported having one or more chronic conditions.
- The most common chronic conditions that respondents reported having included overweight and obesity (32.7%), high blood pressure (29.2%), and depression and anxiety (24.8%) (Figure 24).

Figure 23. Self-Reported Health Status



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

Figure 24. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition, and Physical Activity

- Among respondents, nine percent reported using tobacco products (Figure 25).
- About a third of respondents (33.6%) reported eating the recommended five servings of fruits and vegetables daily. Two out of ten (22%) indicated that they could not adhere to the recommended guidelines on fruit and vegetable intake because the produce went bad before consumption (24.8%), or that they were expensive (22.1%) (Figure 26).
- About one-third of respondents (31.9%) stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. Most indicated that they did not get this much activity because they did not have enough time to exercise (35.4%), or they were too tired to exercise (24.8%) (Figure 27).

Figure 25. Smoking Behavior

Do you currently use tobacco products?
N=113

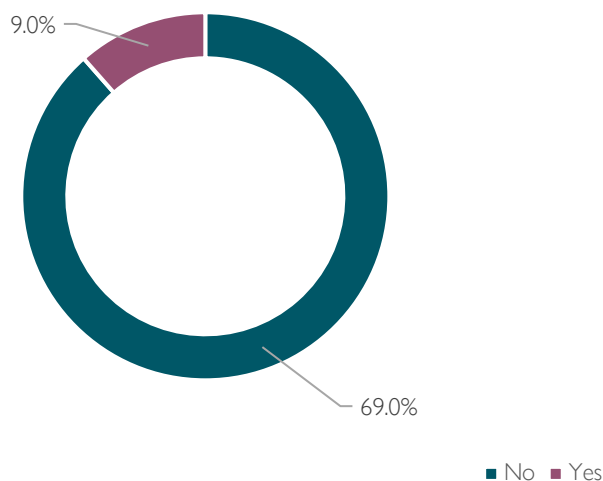
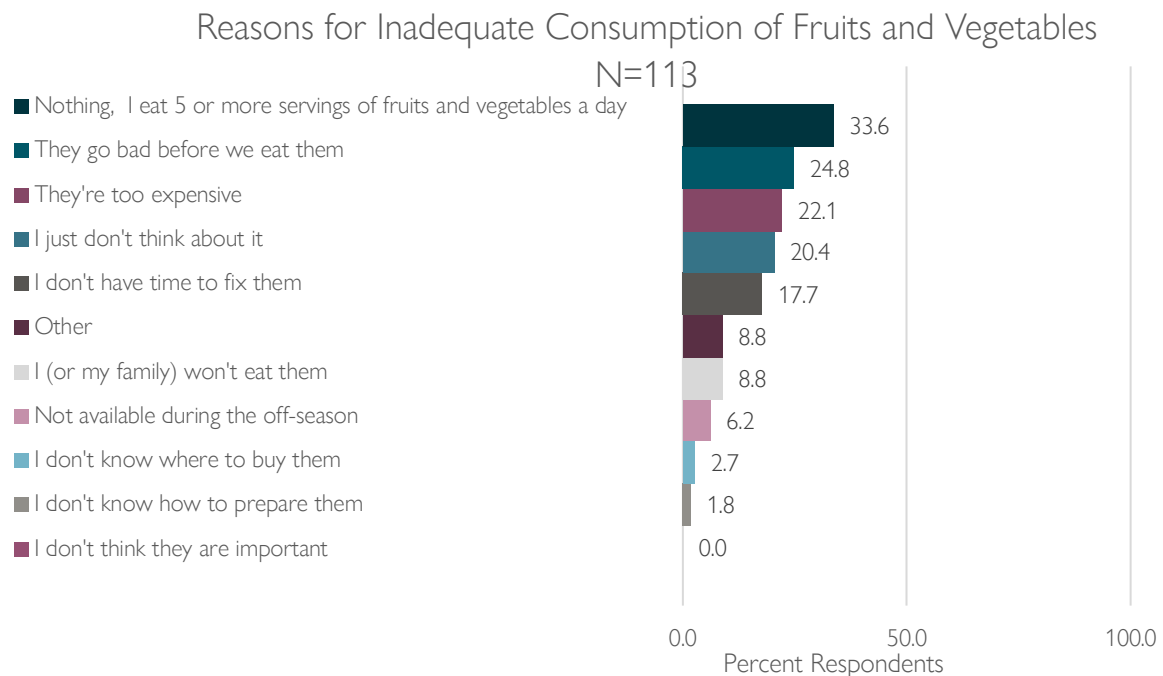
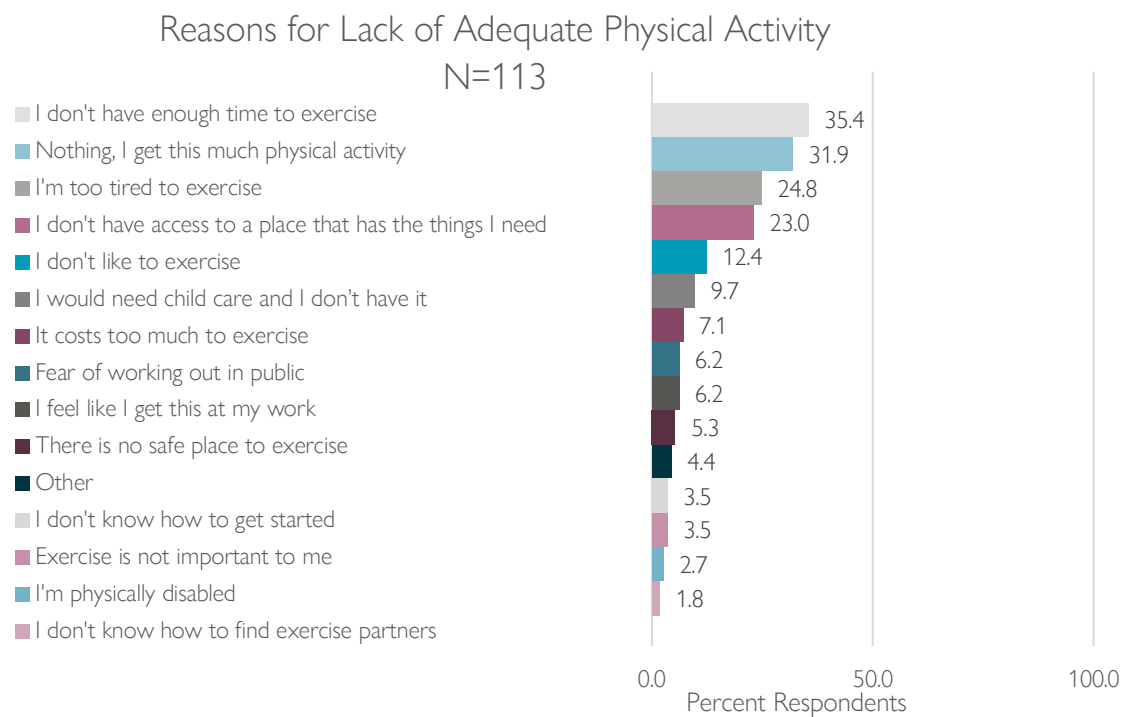


Figure 26. Fruit and Vegetable Consumption



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

Figure 27. Physical Activity



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

Preventative Screening

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

- About two out of three (65.3%) of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 28).
- 57% of male respondents over 40 had discussed prostate cancer screening with their health care provider (Figure 29).
- About eight out of ten (79.6%) female respondents 50 years and older reported receiving annual mammograms (Figure 30).
- Similarly, the majority (92.3%) of females 21 years and older reported receiving a pap smear at least every five years (Figure 31).

Figure 28. Colon Cancer Screening

If you are 50 years or older, have you ever had a colonoscopy?
N=49

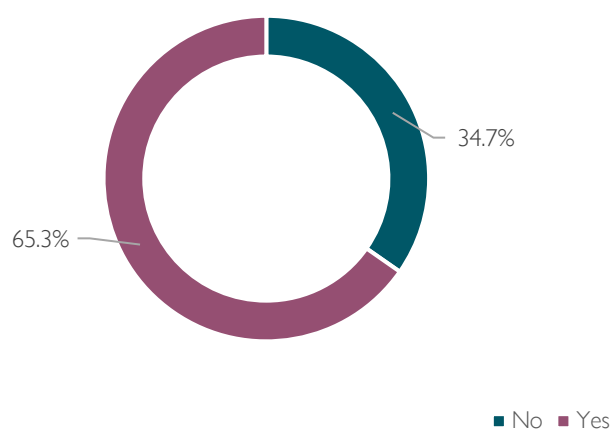


Figure 29 Prostate Cancer Screening

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

N=14

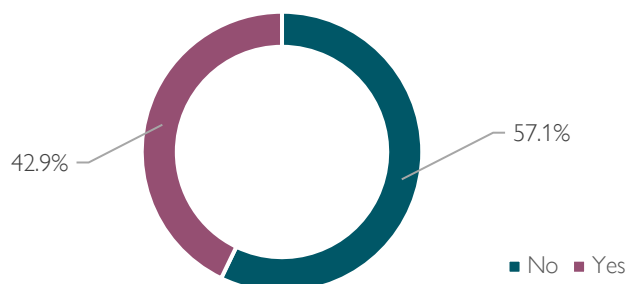


Figure 30. Breast Cancer Screening

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

N=49

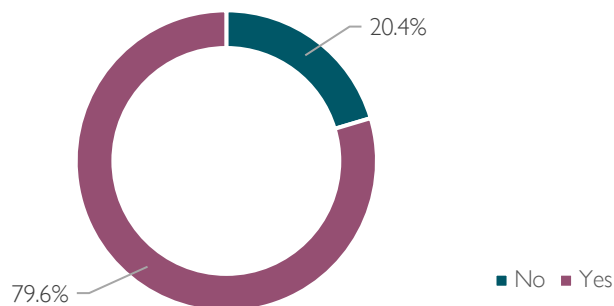
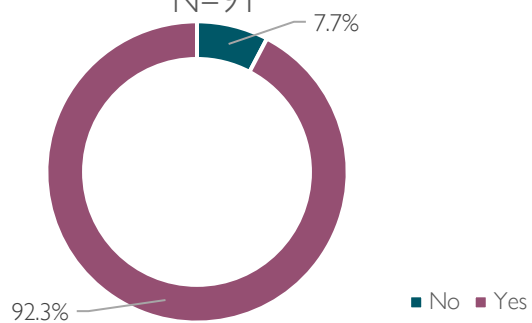


Figure 31. Cervical Cancer Screening

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

N=91



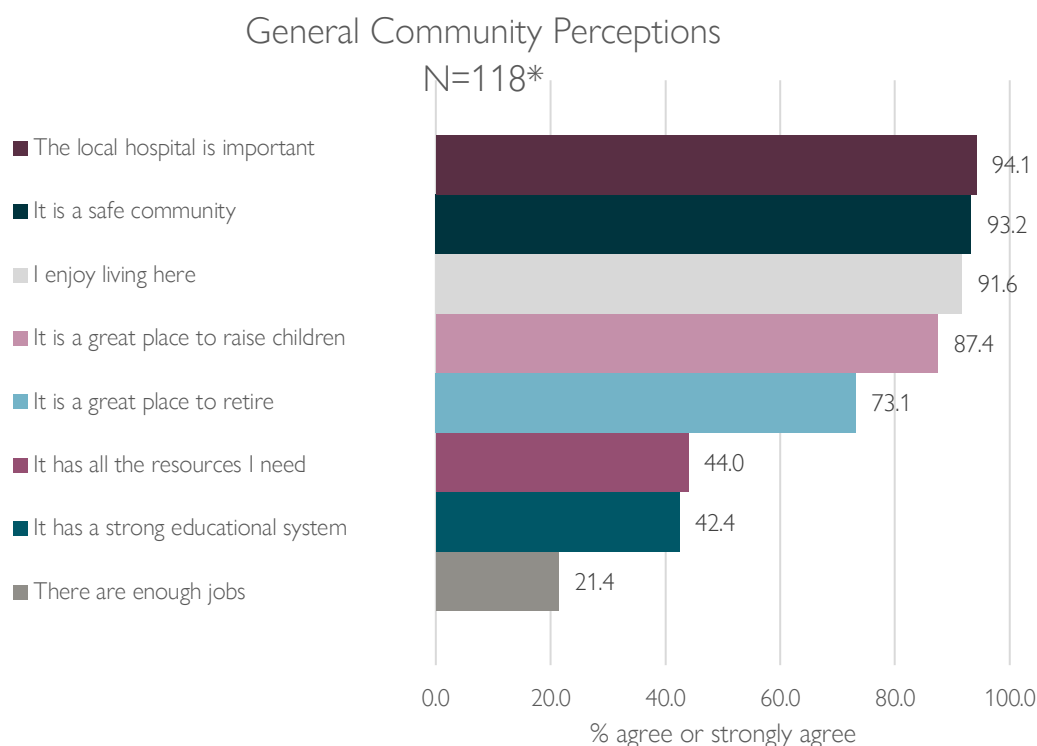
COMMUNITY PERCEPTIONS

General Community Perception

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

- Nine out of ten (91.6%) respondents strongly agreed or agreed that they enjoyed living in the community.
- However, less than a quarter (21.4%) felt there were enough jobs, and less than half described the community as having a strong educational system (42.4%) or having sufficient resources (44.0%).
- Almost all respondents (94.1%) strongly agreed or agreed that the local hospital was important (Figure 32).

Figure 32. Community Perceptions



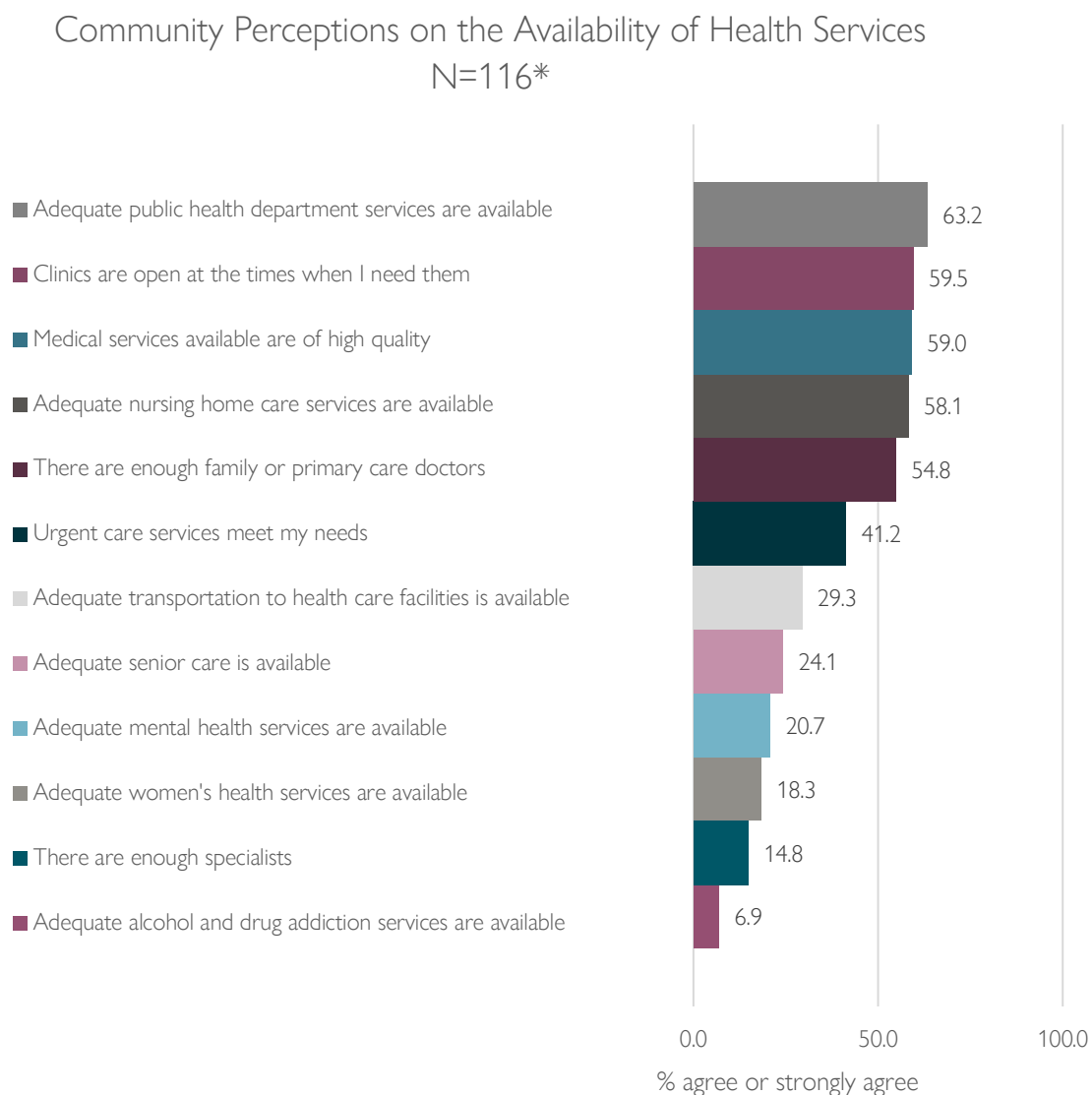
For each statement, we report the valid percentage based on the respective sample size. *represents the average sample size for all statements.

Community Perception Concerning Hospital Services

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

- Respondents noted inadequacies in alcohol and drug addiction specialist services, women's health services, mental health, and senior care, with less than a quarter of respondents describing the availability of these services as adequate (Figure 33).

Figure 33. Community Perceptions Concerning Health Care Services



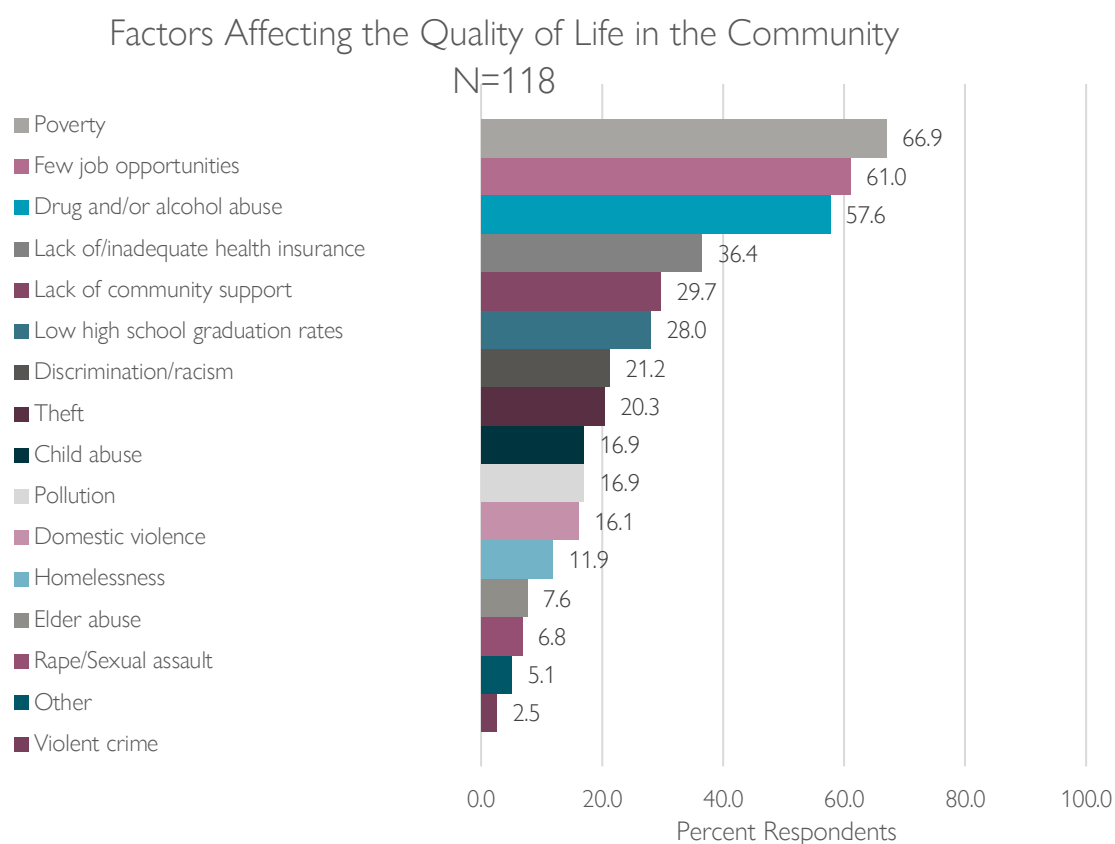
For each statement, we report valid percentage based on the respective sample size. *Represents the average sample size for all statements.

Community Perception Concerning Health and Quality of Life

Quality of Life

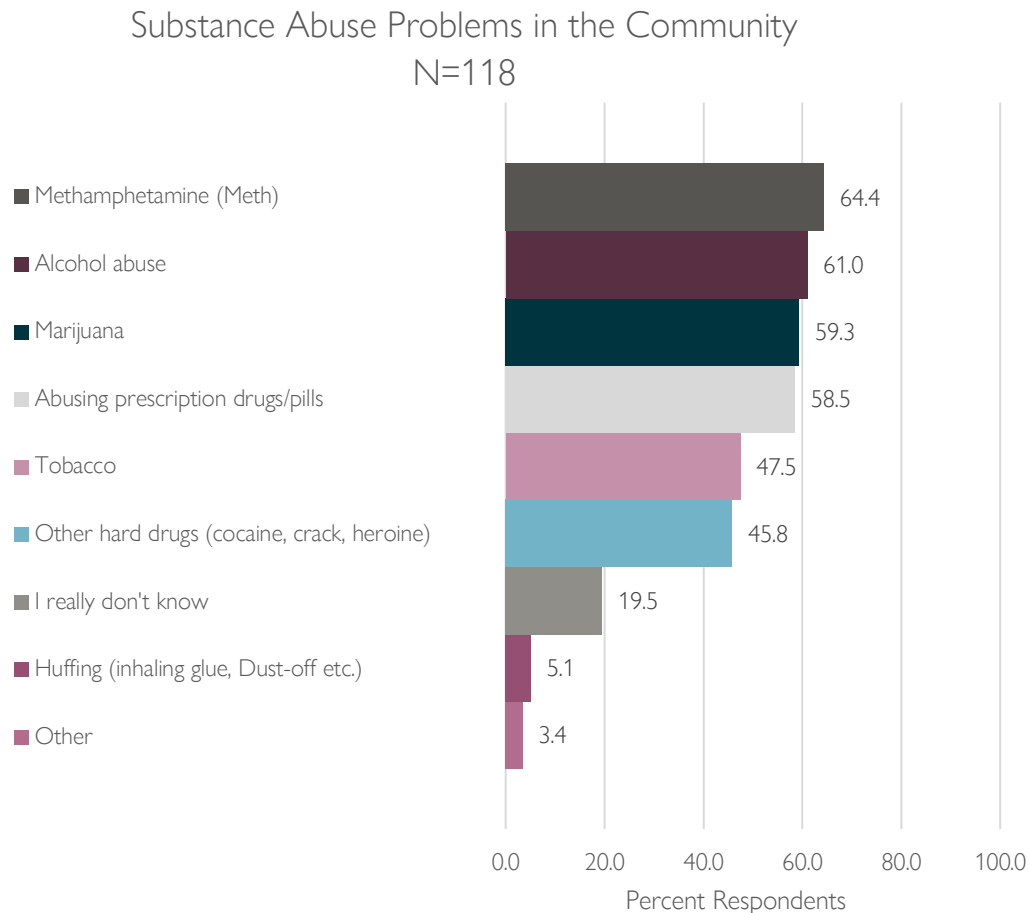
- Respondents identified poverty (66.9%), followed by few job opportunities (61.0%) as the most significant factors affecting the quality of life in the community (Figure 34).
- Drug and/or alcohol abuse, a lack of or inadequate health insurance coverage, and lack of community support rounded out the top five concerns (Figure 34).
- Methamphetamine was identified as the most abused substance, followed by alcohol and marijuana, respectively (Figure 35).

Figure 34. Perceptions Concerning Factors Affecting the Quality of Life in the Community



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

Figure 35. Substance Abuse Problems

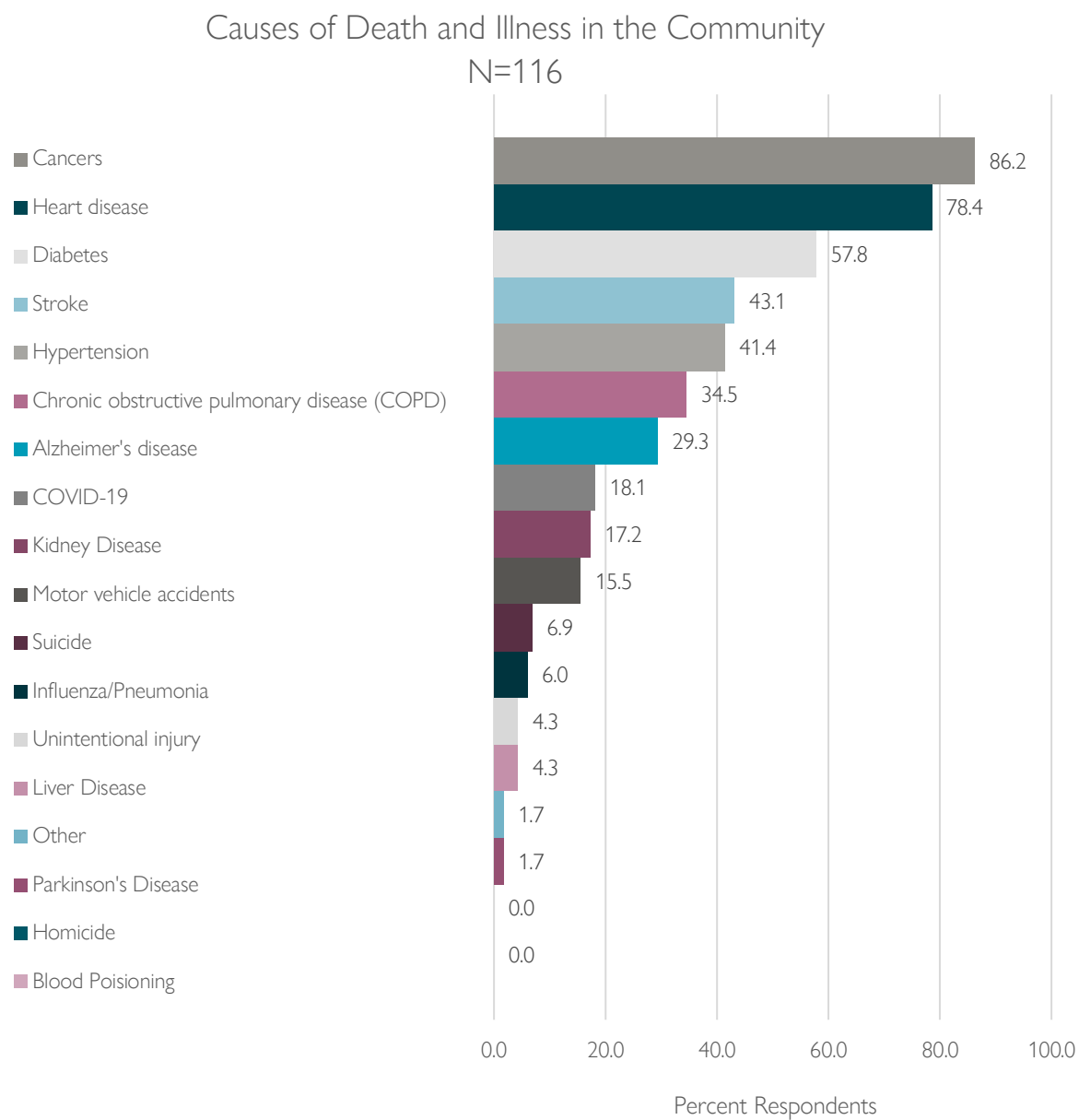


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Causes of Morbidity and Mortality

- The survey respondents identified cancers, heart diseases, and diabetes as the top three causes of mortality and morbidity in the community (Figure 36).
- Obesity/overweight, physical inactivity, and substance use were identified as the community's top three negative influences on health (Figure 37).
- Improper nutrition, mental health issues, and early sexual activity were identified as the top three negative influences on children's health (Figure 38).

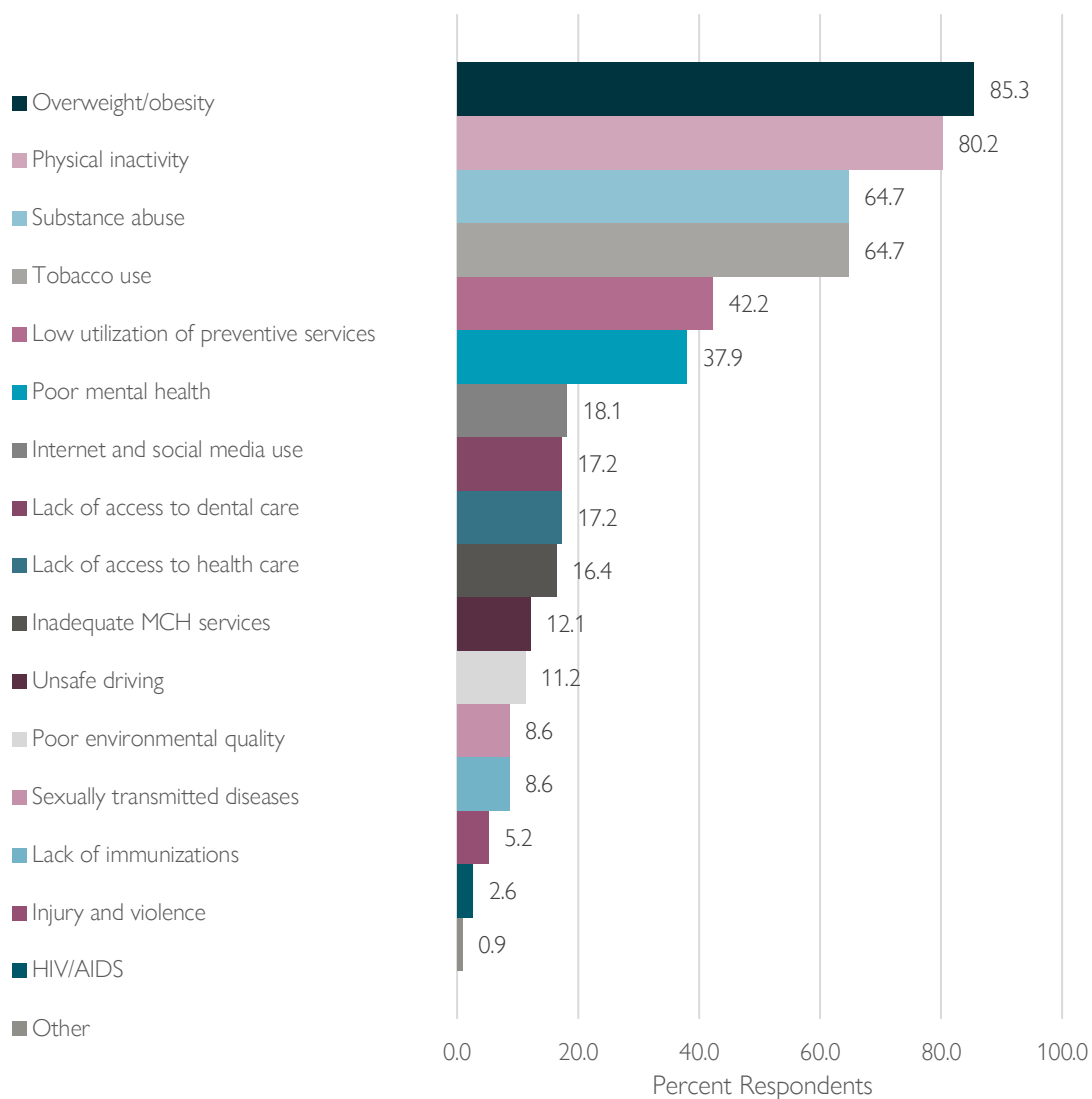
Figure 36. Causes of Mortality and Morbidity



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

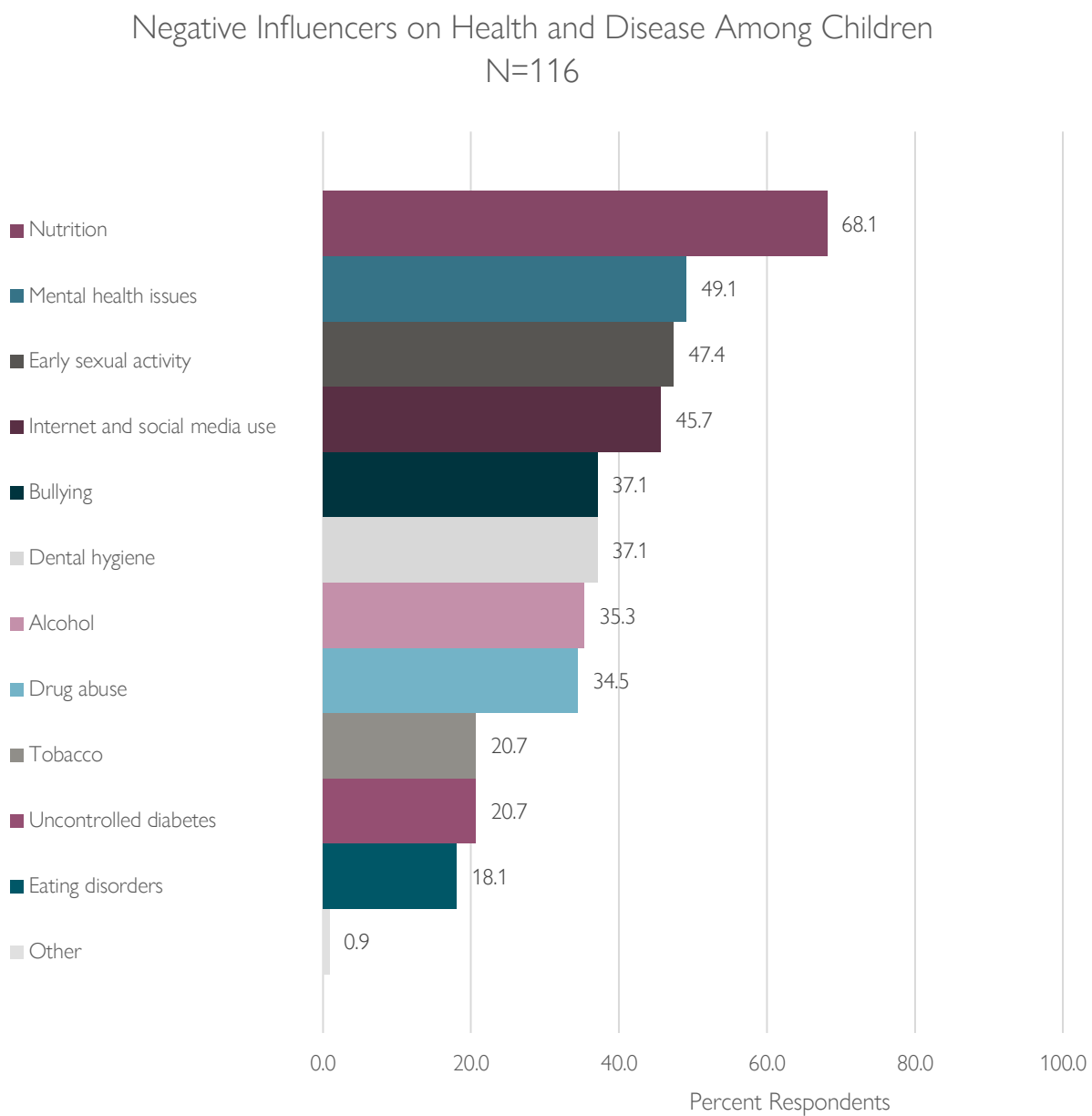
Figure 37. Negative Influences on Community Health

Negative Influences on Health and Disease in the Community N=116



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

Figure 38. Negative Influencers on Children's Health



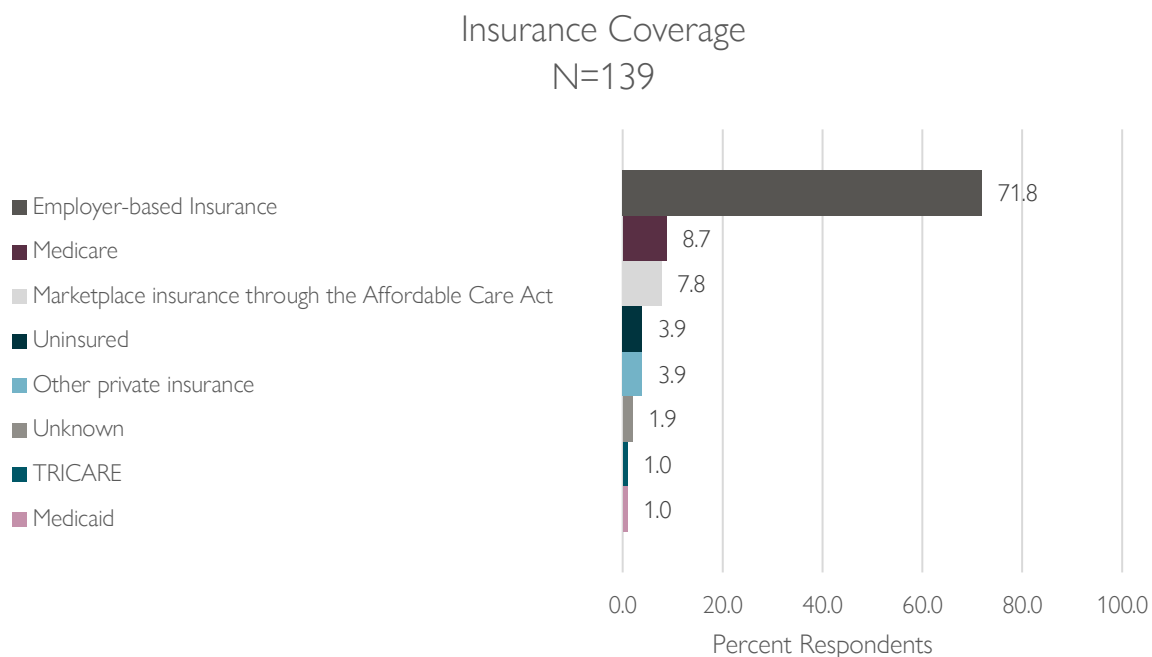
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

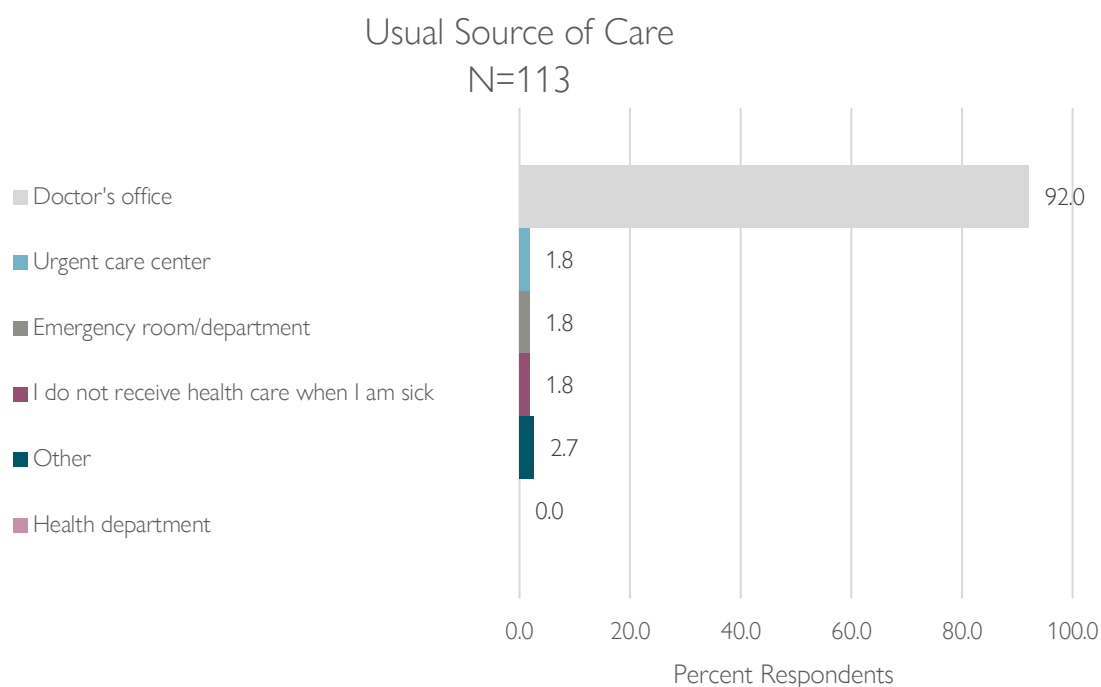
- About three out of four survey respondents (71.8%) reported that they had insurance through their employer (Figure 39).
- The majority of the respondents (92.0%) identified their usual source of care as a provider in a doctor's office setting (Figure 40).
- Approximately two percent identified the emergency department as their usual source of care (Figure 40).
- Respondents most commonly identified their health care provider as their source of health information (90.3%), followed by the internet (36.3%), family and friends (33.3%), and pharmacists (31.9%) (Figure 41).

Figure 39. Insurance Coverage



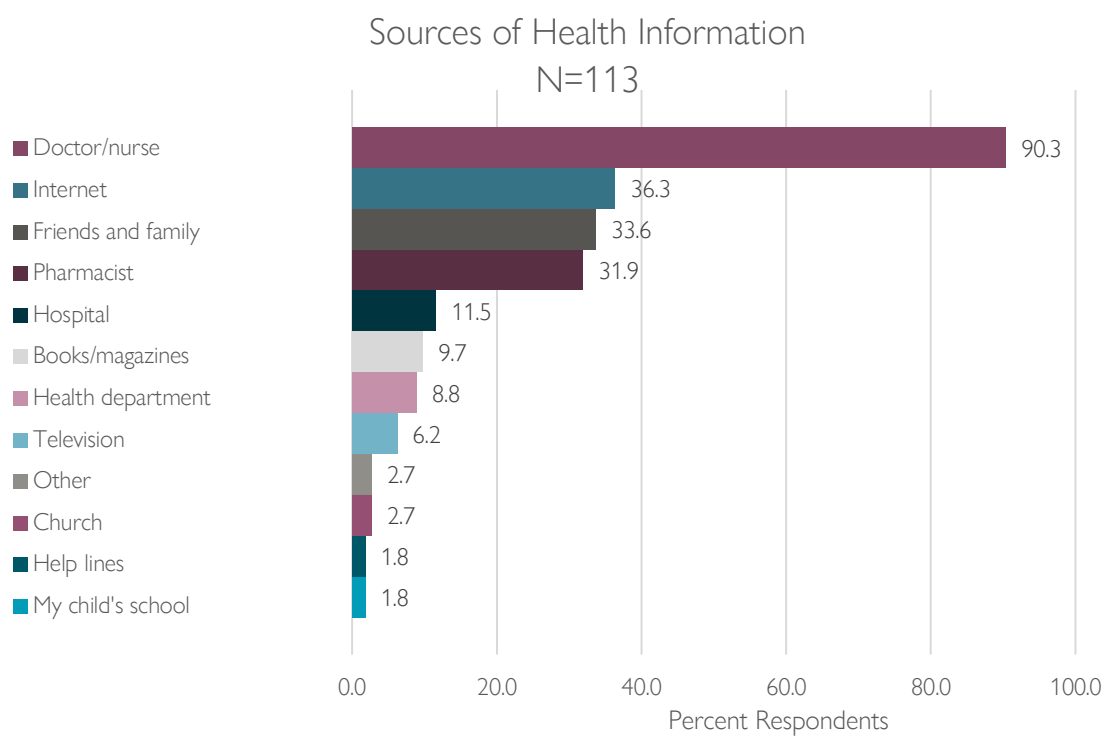
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 40. Usual Source of Care



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

Figure 41. Sources of Health Information

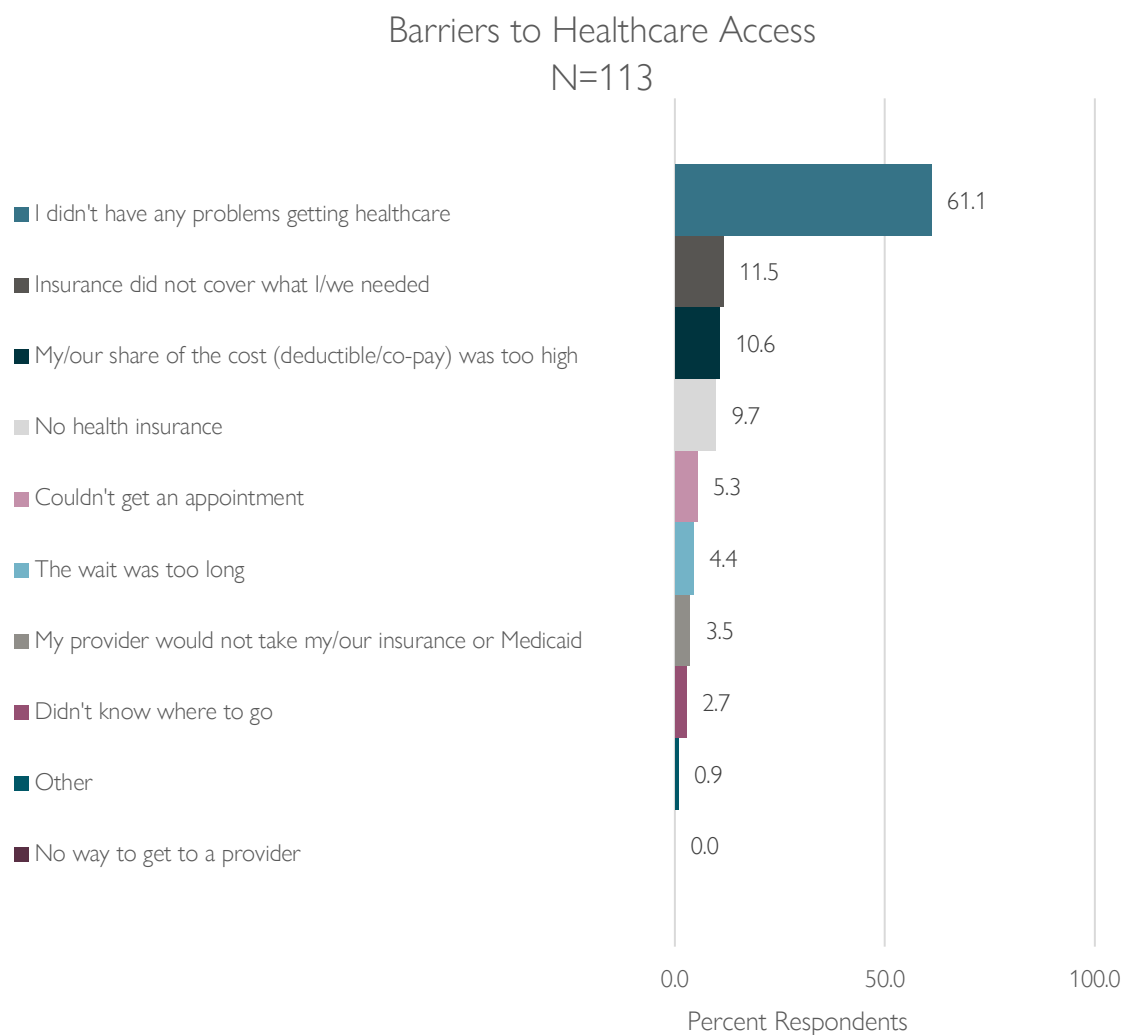


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Barriers to Health Care Access

- About four out of ten respondents reported experiencing barriers to health care access in the past 12 months including inadequate health insurance coverage (11.5%), high cost of care (10.6%), or the lack of health insurance coverage (9.7%) (Figure 42).

Figure 42. Barriers to Healthcare Access



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

Telehealth

- Respondents were open to the use of telehealth to expand access to specialty care. More than three-quarters (81.4%) were willing to access specialists via telemedicine if the local hospital offered specialist telemedicine services (Figure 43).
- Just over a quarter of respondents (27.5%) had used telemedicine in the past year (Figure 44).
- The pandemic experience had made the majority (71.4%) more open to telemedicine use (Figure 45), with about a fifth of respondents (18.4%) reporting telehealth use to access local health services more conveniently (Figure 46).

Figure 43. Willingness to Use Telemedicine

If offered by your local hospital, would you be willing to consult a specialist via telemedicine?
N=102

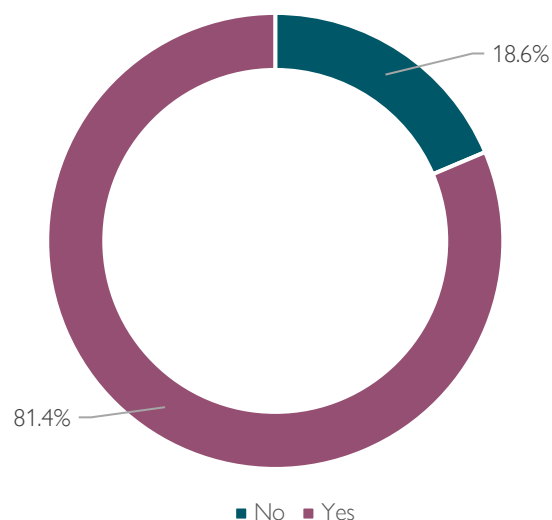


Figure 44. Telemedicine Use in Past Year

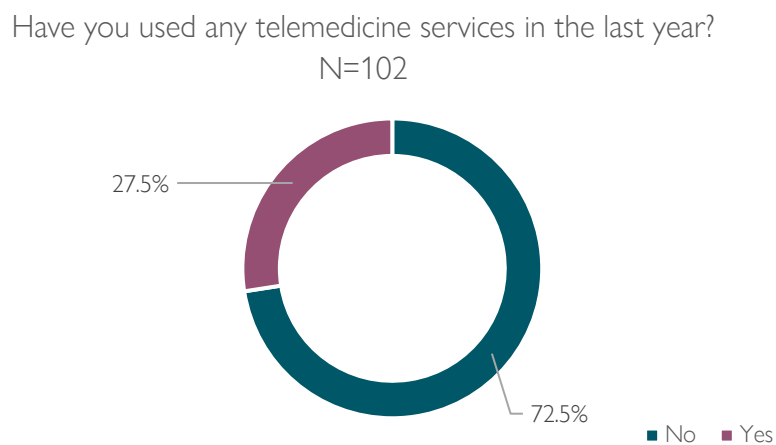


Figure 45. COVID-19 and Willingness to Use Telemedicine

Are you more willing to use telemedicine services now than before the COVID-19 pandemic?

N=98

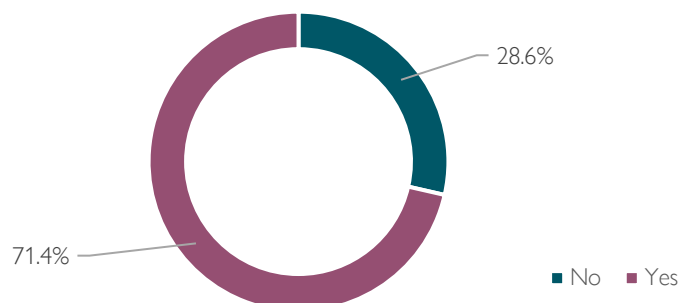
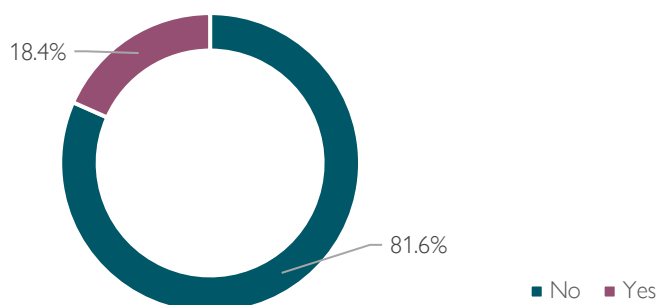


Figure 46. Telemedicine Use for Local Health Services Since COVID-19

Since the COVID-19 pandemic, are you using telehealth more to conveniently access local health services, including local doctors?

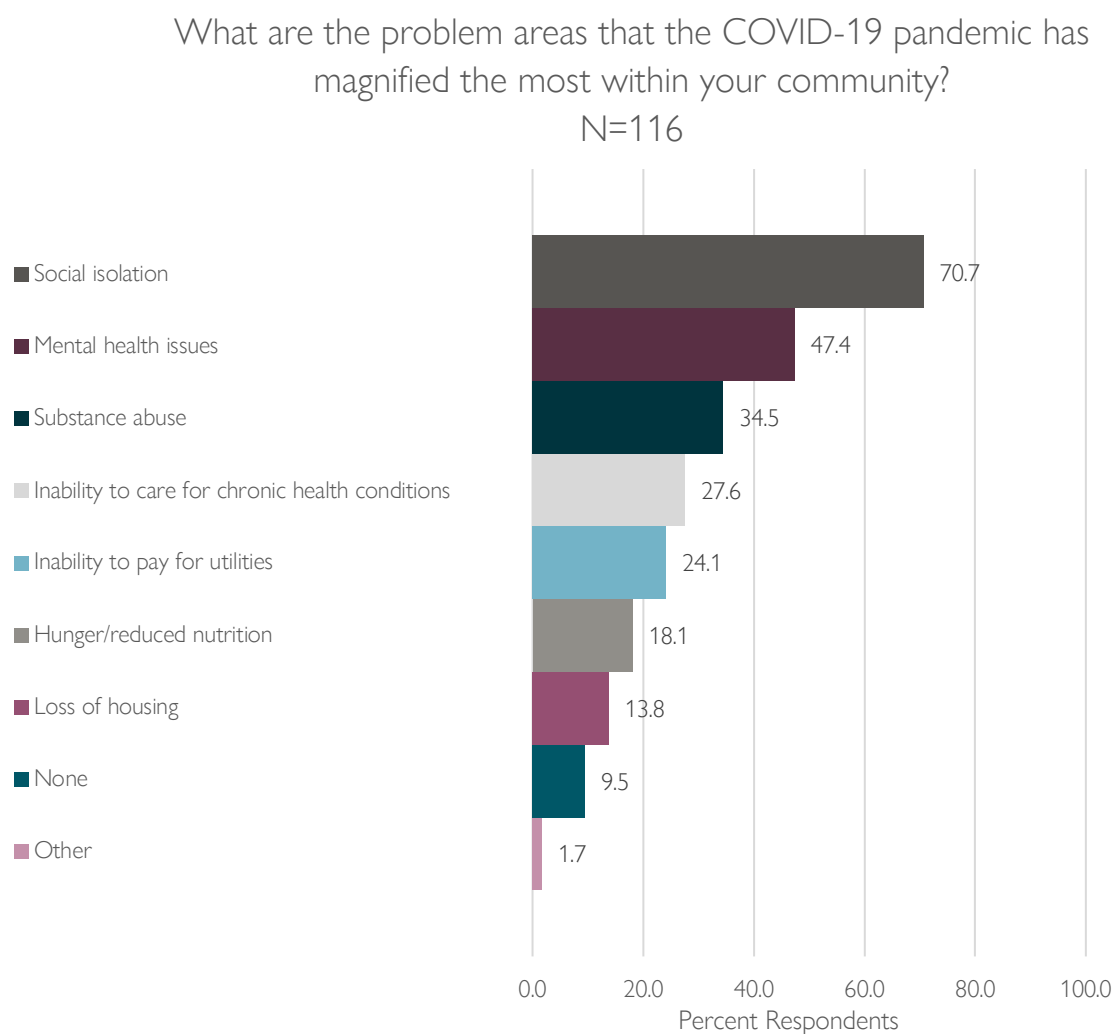
N=98



COVID-19

- Respondents identified social isolation, mental health issues, and substance use as the top three community health issues amplified by the COVID-19 pandemic.
- Chronic disease self-management challenges and the inability to pay for utilities rounded up the top five community health issues amplified by the COVID-19 pandemic (Figure 47).

Figure 47. Community Health Issues Amplified by COVID-19



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

SUMMARY POINTS FROM COMMUNITY SURVEY

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

Health Status and Behavior

- Overweight and obesity, high blood pressure, and depression/anxiety were the most commonly self-reported chronic conditions.
- Adherence to nutrition and physical activity guidelines was low among respondents.
- Reported adherence to cancer screening guidelines was generally high among participants, except for prostate screening.

Perceptions about the Community and Community Health

- Respondents had a favorable view of the community but were dissatisfied with the availability of jobs and resources, substance abuse treatment services, specialty health care services, women's health services, and mental health services.
- Respondents also identified poverty as the most significant factor affecting the quality of life in the community.
- Cancers, heart diseases, and diabetes were identified as the top three causes of illness and death in the community, while obesity/overweight, physical inactivity, and substance use emerged as the top three negative health influences.
- Improper nutrition, mental health issues, and early sexual activity emerged as the top three negative health influences among children.
- About 40% of respondents reported experiencing one or more barriers to health care access in the past 12 months, with the lack of adequate health coverage and high cost being the most common barriers.
- Respondents were open to the use of telehealth to expand access to specialty care and reported an increased openness to telehealth following the pandemic.

Impact of COVID-19 on Community Health

- Social isolation, mental health issues and substance use were identified as the top three community health issues amplified by the COVID-19 pandemic.

COMMUNITY FOCUS GROUPS

Three virtual focus groups were held in the month of March 2022 with an average of 7 participants per focus group. Twenty-two focus group participants were recruited by the hospital and the CHNA steering committee and included key community stakeholders representing health care, faith-based organizations, chamber of commerce, and local businesses. As per the Treasury Department regulation that requires input from public health, focus group participants included a local public health department representative. Each focus group discussion lasted for about 42 minutes on average.

EMERGING THEMES

The following themes and associated exemplary quotes were identified from the focus group discussions.

COMMUNITY PERCEPTION

Focus group participants described numerous positive aspects and advantages of living in their community. Residents described themselves as having a strong sense of belonging in the community. They described the community as action-oriented, with residents that come together to address problems that impact the community.

"It's somewhat quiet. And it's peaceful. And relaxing. I've been here all of my life, and I really enjoy the community and the people as a whole. I don't really have any problems. Farm life mainly."

"Well, I feel like not only that the hospital helps the community, but the community wants to give back to them. I know when COVID hit, of course, we were really wanting to show our love and affection for all the health care workers, and so a lot of things were done for them through that."

"When we have tornadoes, hurricanes, crises within the community, we tend to work together to meet those needs. And we like to do – we would like to keep more things in our community."

Strengths: Vibrant Community, Safe and Peaceful, Employment Opportunities

The focus group participants described numerous aspects of the community that they highlighted as strengths. They described their community as **safe and peaceful**, with **employment opportunities**, numerous **recreational opportunities** and **community events** to attract tourists.

"We're kind of an arts-focused community, which is good. We are largely agricultural, but we do have a strong arts community that brings tourists into the area, so we have that type of

atmosphere. We have a Mayhaw Festival coming up in April, and we have Swamp Gravy going on right now. So, a lot of things like that gives people – puts us on the map and it gives us a certain flavor.”

“Unemployment is low. That doesn't mean that we don't have people that are not working, but it's pretty much that everyone that wants a job can get a job in the area. We have a couple of large employers. There's the Miller Hospital Authority, Birdsong Peanuts, that type thing.”

“But I just – I love that it is small. It's like a perfect population size that we're small enough to still be united but then large enough that I think we have a lot of wonderful resources in our community. And then, it's also very safe. So, we have a lot of services in Miller County that a lot of communities, I feel like, – don't have.”

Challenges: Poverty, Funding Challenges, Nutrition, Damaged Recreational Spaces, Lack of Awareness

Despite the numerous positive aspects of living in their community, participants in focus groups emphasized a few challenges that are present in their community. **Poverty** was highlighted as one of the most critical and persistent issues in the community. They described a community with significant income disparities, with a subsection of the population well-to-do, but several others living in poverty. This income gradient sometimes led to **challenges in acquiring funding** to support different projects and address needs in the community. The county ranks as a top tier 3 county, which oftentimes masks the county's disparities and low-income population, resulting in limited funding.

“– there's just such a wide difference between those that are very, very comfortable, can get by, can do things that they want to do, and then you've got the extreme other side of that. And I think that that's such a wide divide.”

“Well, we were denied but there were communities that had much, much, much less population than we do that got multiple millions of dollars and – but it was tied to the fact that we were – in the state's eyes we are economically prosperous. In the community's eyes, not – that's not a true picture of our community. We do have some prosperity, don't get me wrong. We have low unemployment, and we have a good quality of life, but there is still some persistent poverty that we as a community are getting penalized for because of the way the state ranks economic prosperity for local governments.”

Participants also noted that while recreational amenities were available, several needed refurbishing due to damage. They added that the ability to refurbish these spaces was constrained by the lack of funding.

"We need kind of more of what we're doing, more options for activities. Our park is in really bad shape. It's hard to find the funding to get it the way it used to be. We were hit by Hurricane Michael back in 2018 and the park has never recovered from that."

Nutrition and food insecurity were also key areas of concern for the focus group participants. Even though healthy options were generally not lacking in the county, there were also many unhealthy options, including fried and fast foods. Several families were also food insecure, relying on the food bank for food.

"I personally have heart disease, so I have to watch my diet. . . A lot of the restaurants used to do everything deep-fried, but we have some nice sandwich shops where you can get a healthy alternative. So, it's not too hard to stay healthy if you want to do it."

"It is easier if you want to eat healthily. We do have restaurants where you can belly-up to the buffet and get all the fried foods and everything you want, but we do have healthy alternatives."

Despite these general challenges, participants emphasized that the county and the hospital offered many resources to support health and wellness; what was needed was more **outreach** to increase awareness of the availability of these services.

"I think the services are here. It's just they're underutilized, and maybe we just need more education to let the people know what is available. And that's something they're working on, I see."

TOP COMMUNITY HEALTH CONCERNS

THEMES: Lack of Health Knowledge, Chronic Conditions Management

The top health conditions of concern that were mentioned during the focus groups are **diabetes, cancer, stroke, and kidney disorders**. Participants noted that there is a **lack of health-related knowledge** on how to prevent these conditions and how to manage them after their onset.

“And also, I don't know if the data has changed, but a few years back we were in what was deemed a cancer cluster in Southwest Georgia. We were one of the highest – and I don't know if it had a lot to do with our small amount of population or if it was just actual, but we were considered to be in a cancer cluster with a high number of people being diagnosed with whatever different kinds of cancer.”

HEALTH CARE ACCESS

THEMES: Health Insurance, Workforce Gaps, Telehealth Limitations, Lack of Specialists, Lack of Awareness of Hospital Services

Affordability of health insurance was identified as a key barrier to access to health services in the community. The county was described as having a large population of self-insured who faced significant health access barriers. The elderly population was also identified as a subpopulation that struggled with the cost and accessibility of healthcare services.

“I think us being such a rural community, a lot of the farmers are – they're self-insured. And I think so many times that when it comes to health care, they're private pay, and a lot of times that's an issue”

“[W]e have a lot of farmers here. We have a lot of people who are in private business, or they own a small restaurant, or they own a service station, or they own whatever. And they can't afford individual insurance for their family because it's \$16,000; \$18,000. And then the deductible's like \$8,000 or \$12,000.”

“We've got a good many older individuals here. And with that – you know, Medicare doesn't take care of everything, so that does present a problem for those - that that's the only source of health insurance that they have. And two, location. That's another thing. The hospital has helped significantly with some of the tests and that kind of thing that the older individuals need, but there's some that we still have to go out of town for.”

Shortages of health professionals in the county was also pointed out as a significant challenge, that was compounded by the COVID-19 pandemic. Participants noted that there were **gaps in the healthcare workforce** due to staff turnover. This often resulted in higher workload and burnout for existing healthcare workers.

“Well, and unfortunately, I think Miller County is kinda caught themselves in the middle of what a lot of other hospitals have been caught in – [that] is a lot of turnover from the nurses on the floors. They’ve lost a lot of nurses. They’ve lost a lot of respiratory therapists. A lot of that is secondary to COVID and just being tired and fatigued.”

Participants also discussed access challenges, relating specifically to the **limited availability of specialists** including cardiologists and mental health and addiction treatment providers. The possibility of using **telehealth** was discussed as a means to improve access to care. However, participants noted that a proportion of the population may struggle to use technology or may have internet access challenges.

“And we need access to specialists. We have to drive an hour in any direction for any specialist. We’ve got great primary care here but no specialists.”

“[E]ven if there was a place to have telehealth options. I mean, I know some people don’t have that, and that’s a problem that we face that’s not necessarily healthcare-related, but just that communication opportunity with being able to not only use technology but also just to be able to have internet.”

“...and you may have to travel for hours sometimes to get to that specialist. And if we could do – and I know people don’t really like telehealth. They wanna sit there and talk to someone, but I mean, instead of driving four hours or five hours, especially when they don’t feel really well, and they had a relationship with that doctor, and they could do that; it really would help to kind of expand that [telehealth] in rural America, especially in rural southwest Georgia.”

HOSPITAL’S ROLE IN ADVANCING COMMUNITY HEALTH AND WELLNESS

THEMES: Asset, Strong Community Involvement, Numerous Events and Initiatives, Communication, Expansion of Services

The hospital was described as a **great asset** by the community members. The hospital was described as one of the largest employers in the county and instrumental to the county’s prosperity and development. The hospital was praised for its **active role and involvement in the community**.

“But I mean, when you look at a \$50 million-a-year payroll and 750 employees, our hospital is vital to the success of our community. If our hospital closes and once that large employer closes – I mean, prior to the hospital our school was our largest employer, and then we have one private-sector agricultural industry that was second behind it. But if our hospital closes, it will – I won’t say

it will destroy our community, but it will devastate the community, and it would set us back 50 years economically and quality of life, prosperity-wise.”

“The hospital is unbelievably active in our community. They are – every corner that you turn, the hospital's name is in it for volunteering.”

“I'm very impressed with what they do now. I mean to date they have – we have – it's called Vets. You have fresh fruit and vegetable packets for people and encourage people to be healthy. They had a Mask Up Miller campaign a couple of years ago. I think they do a great job.”

Participants acknowledged the hospital's ongoing efforts to improve health care access in the community, including **expanding its services**. They also commended the hospital's **efforts to improve** its reputation and community trust, through improved **communication**.

“I've always felt that the communication and their marketing was very top-notch, and it did hit all different ages and varieties in our community. So, I don't have any negative at all to that.”

“Just looking at their website – I went to it a lot – their growth, it's something new or some new service every single year. So, they're definitely trying new things to see what works. I appreciated when we went to [the hospital] for years about trying to get a pediatrician and [they] tried that, and it wasn't used as effectively as it could have been. So, I think it's wonderful [with] how many people it employs here, the amazing things that they do to support our community on donations and just being present is wonderful. Nothing negative to say.”

COMMUNITY AND HOSPITAL PARTNERSHIP FOR COMMUNITY HEALTH AND WELLNESS

THEMES: Collaboration and Partnerships, Community Outreach, Mental Health and Addiction Services, Hospice Care, Career Opportunities for Younger Generations

Participants stated that there are a lot of opportunities within the county that could be capitalized on for health promotion, including enhancing **collaboration between the hospital and organizations** in the community. A need for **more outreach and education** to community members on the wide range of services that the hospital offers, and other available resources was also noted.

“Well, I don't go there 'cause that's the vent unit.” No, there's more. I mean, a lotta people don't even know that that's part of the nursing home. It's not even part of the hospital. So, I think a lot of that is, again, just more community outreach, more did you know this is what we've got, and we

have this, and we have that. I mean, just a lot more probably – I guess you'd say engagement in the community.

“I think hosting events, community events, outreach events. Because of where – between the two campuses like I am, there's a lot of hospital-based events here where they hold blood pressure screenings one weekend, or they hold just a table where they give out condoms and birth control information, those types of things.”

During discussions, a lot of attention was given to the need to expand **mental health and drug abuse treatment services** for the community overall, and for children.

“And I would say more mental health – children and adult mental health services, community-based services, and drug-related treatments, that type of thing.”

“Especially for behavioral health or mental health, addiction. If we're having epidemics in rural areas with opioids and things such as that.”

“I would like for us to revisit having health care access, like in school. We looked at doing a site there on the school campus because I feel like we have a lot of issues with our children not seeing any medical care.”

Participants also discussed an increased need for the education of younger generations about **career opportunities** within the hospital to increase the chances of them living and working in Miller County was mentioned as a strategy to address workforce shortages.

SUMMARY POINTS FROM COMMUNITY FOCUS GROUPS

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

Perceptions about the Community and Community Health

- The Miller County community is safe, peaceful, and action-oriented.
- The community experiences challenges including high levels of poverty and income disparity, high prevalence of conditions such as diabetes, cancer, stroke, and kidney disorders, and a general lack of community awareness about health and wellness and available health-promoting resources.

Barriers and Facilitators of Health and Well-being

- The hospital is highly engaged within the community and is considered an asset for improving health and well-being.
- However, there are constraints to health care access that limit health and well-being, including limited access to specialists, unaffordable health insurance options, and health workforce supply gaps.
- Participants also discussed the need to expand school-based health services and mental health and drug abuse treatment services in the community.
- Enhanced collaboration between the hospital and community organizations in health education and outreach efforts was discussed as a strategy to improve overall community health and wellness.

PRIORITIZATION OF COMMUNITY NEEDS & IMPLEMENTATION PLANNING

2019-2022 IMPLEMENTATION PLAN

Miller County Hospital's 2019 Community Health Needs Assessment was completed in compliance with federal regulations and approved by the governing board on June 27th, 2019. Based on community input, the following areas were identified as priority health needs to address:

- Lifestyle and Obesity
- Behavioral and Mental Health
- Adolescent Behavior
- Access to Care

Progress made on the plan is discussed in the Appendix. The COVID-19 pandemic significantly disrupted the 2019-2022 CHNA implementation cycle, including the efforts to evaluate the impact of implemented activities. Furthermore, the assessment of impact is often constrained by the time it takes for positive health outcomes to be observed as well as the lag in the availability of benchmarking data. Despite these constraints, the hospital was able to engage in several activities to support its stated objectives for the 2019-2022 CHNA cycle.

Efforts implemented by the hospital to improve lifestyle choices and reduce obesity rates in the community included organizing a community 5K run in 2019 and again in 2021, implementing a "Biggest Loser" competition for hospital staff in 2021, and providing families within the community with fruit and vegetables throughout the year to encourage healthy eating habits. The pandemic, however, limited the hospital's ability to hold in-person health education and outreach events.

Behavioral and mental health is continually addressed through Aspire Behavioral Health, which has an office located on the HAMC campus in Colquitt for access to care for members of the community. Efforts to improve adolescent behavior often center on improving health education and awareness. The pandemic, however, limited the hospital's ability to hold in-person events targeting adolescents, such as school health fairs. The hospital, however, continued to address adolescent physical and mental health issues and educate adolescents on healthy lifestyle choices and behavioral health through its rural health clinics.

To improve access to care in the community, the hospital continued its partnership with Spring Creek Health Cooperative to assist with chronic disease medication assistance, housing assistance, and other earned benefits. The hospital continued to leverage its financial assistance program to reduce financial barriers to care for uninsured and underinsured community residents. The hospital also improved accessibility to health care services by expanding the capacity of its primary care services, through the addition of more providers, and by extending its clinic hours. Community input still points to a high need in these priority areas. Thus, in the 2022-2025 CHNA cycle, we will continue to expand our efforts in these areas.

2022-2025 IMPLEMENTATION PLAN

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

Focus Area One: Adolescent Behavior and Lifestyle Choices				
<i>Goal: Address the need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco, vaping, and drug use</i>				
Objective: Support healthy lifestyle choices, especially among adolescents in the community through community-centered health education programming				
ACTION STEPS	TIMELINE	PERSON RESPONSIBLE	MEASURE	COMMUNITY PARTNERS
In collaboration with the Board of Education initiate an Adolescent Behavior and Lifestyle Program to support healthy lifestyle choices related to alcohol tobacco, electronic vape and drug use.	October 2022 and ongoing throughout the school year	Population Health Manager	Number of trainings held Number of participants	Miller County Collaborative, Boards of Education-Miller, Baker, Calhoun, Spring Creek Health Cooperative, Family Connection, Downtown Development Authority, Other agencies and civic groups

Focus Area Two: Access to Care

Goal: Increase access to healthcare services

Objective: To improve access to healthcare services through efforts to mitigate barriers to healthcare

ACTION STEPS	TIMELINE	PERSON RESPONSIBLE	MEASURE	COMMUNITY PARTNERS
<p>Working in partnership with Spring Creek Health Cooperative. Spring Creek will provide education on insurance access, medication management, selecting a provider based on their healthcare needs, to include transportation. Miller County Hospital will provide financial support for Spring Creek Health Cooperative; to assist with chronic disease medication assistance, housing assistance and other earned benefits.</p> <p>The Accountable Care Organization (ACO) will continue to focus on prevention, early detection of breast and colorectal cancer, wellness, and access to care.</p>	October 2022 and ongoing	Spring Creek CEO	Number of persons served by the respective interventions with correlated service measures to demonstrate impact.	Spring Creek Health Cooperative and Accountable Care Organization (ACO)

Focus Area Three: Mental Health

Goal: Improve interactions and services to those experiencing mental health crises by providing training to teachers and law enforcement officers who are most frequently the first to interact with those in crisis

Objective: To improve mental health awareness in the community

ACTION STEPS	TIMELINE	PERSON RESPONSIBLE	MEASURE	COMMUNITY PARTNERS
Miller County Hospital (MCH) will provide mental health first- aid training to teachers and law enforcement; to assist with identifying mental health concerns.	<p>Hold 1st meeting July 2022 to determine meeting frequency and Identify contacts to plan training for educators/teachers and law enforcement.</p> <p>The group plans to start Mental Health first- aid training for Miller County year one; Baker County year two and Calhoun County year three.</p>	Population Health Manager	<p>Number of trainings</p> <p>Number of attendees</p>	<p>Spring Creek Health Cooperative</p> <p>Miller County Collaborative</p> <p>Board of Education- Miller, Baker, and Calhoun County</p> <p>Law Enforcement- Miller, Baker, and Calhoun County</p> <p>Downtown Development Authority</p> <p>Other Local Agencies and Civic Groups (if applicable)</p>

HEALTH CARE RESOURCE LISTING

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

ASSISTED LIVING FACILITIES

Colquitt Alternative Care

258 East College Street | Colquitt, Georgia
39837 | 229-758-2000

Great Gran's Personal Care

1002 N Wiley Ave | Donalsonville, Ga 39845
| 229-524-8877

Heritage Inn Retirement Center

14901 River St. | Blakely, GA 39823 | 229-
723-8099

Willowood Personal Care Home

19818 Hartford St. | Edison, GA 39846 | 229-
835-2186

BLOOD DONATION

American Red Cross

800-RED-CROSS / 800-733-2767 |
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information

www.breastfeeding.com
<https://www.womenshealth.gov>

La Leche League of GA Hotline

404.681.6342

CANCER SUPPORT SERVICES

American Cancer Society

800-227-2345 (Preferred)

Horizon Community Solutions

2332 Lake Park Drive | Albany, Ga 31707 |
(229)-352-9100

CHILD CCAR SEAT AND SAFETY

Auto Safety Hotline

800-424-9393 (P)

Georgia Dept. of Public Health

www.dph.ga.gov

Children & Family Support Services

ALL GA KIDS

877.255.4254

Apply for Benefits

1-877-423-4746
<https://gateway.ga.gov>

Child Abuse CPS Intake

1-855-422-4453

CHILD WELFARE

Prevent Child Abuse Georgia

www.preventchildabusega.org |

C-Hope Ministries

229-308-2183
20 Baptist Branch Rd
Blakely, GA 39823

Darkness to Light's Stewards of Children

<https://www.d2l.org>

Decatur County Health Dept.
229-248-3055
928 S West St.
Bainbridge, GA 39819

Decatur County DFCS
229-248-2420
505 S Wheat Ave.
Bainbridge, GA 39819

Early County DFCS
229-274-2000
11860 Columbia St.
Blakely, GA 39823

Early County Health Dept.
229-207-0049
618 Flowers Dr.
Blakely, GA 39823

Family Connections
<https://gafcp.org>

GA DECAL Bright from the Start (Child Care)
<https://www.dec.ga.gov>

Georgia Family Connection
Partnership www.gafcp.org

Kids Count
www.gafcp.org/index.php/count/main

Miller County DFCS
69 Thompson Town Road |
Colquitt, GA 39837 | 229-430-6289

Miller County Health Department
250 W Pine Street
Colquitt, GA 39837
229-758-3344

Pataula Center for Children Child Advocacy -
229-723-2468 (resource for sexually abused children)
Early, Miller, and Seminole
3 S. Jefferson Ave.
Blakely, GA 39823

Prevent Child Abuse Georgia
www.preventchildabusega.org

Seminole County DFCS
229-524-3365
108 W 4th St.
Donalsonville, GA 39845

Seminole County Health Dept.
229-495-6590
904 N. Wiley Ave.
Donalsonville, GA 39845

Underage Drinking
www.didyouknowfacts.net

CLOTHING RESOURCES

AGAPE Thrift Shop
On The Square | Colquitt, GA 39837 (Open Thursdays, Fridays, and Saturdays)

Clothes Closet
229-723-3069
Across from the First United Methodist Church
College St.
Blakely, GA 39823
Open: Tuesday 2:00 – 4:00

Goodwill
1602 E Shotwell Street, Suite A | Bainbridge, GA 39819 | 229-246-5035

Salvation Army

600 S. Scott Street | Bainbridge, GA 39819 |
229-243-7250

COUNSELING

ASPIRE Behavioral Health & DD Services

Miller County | 229-724-2050

Bearing Burdens, LLC

211 W Main st | Colquitt, GA 39837 | 229-
202-0939

Dr. Lauren Spooner

400 S Tennille Ave.
Donalsonville, Ga 39845
229-524-0071

Early Co Outpatient Behavioral Clinic

229-724-2206

Georgia Dept. of Behavioral Health & Developmental Disabilities

1-877-683-8557
<https://dbhdd.georgia.gov>

Georgia Mental Health Service Guide

<https://www.opencounseling.com>
Region Field Office 1-877-683-8557

Miller County Mental Health

250 W Pine St
Colquitt, GA 39837
229-758-2068

Think About It Consulting Services, Inc.

Dewana Fields 229-308-0761

CONVENIENT CARE/URGENT CARE

All South Urgent Care

4585 Montgomery Hwy., Dothan, AL 36303 |
334-340-2600

Main Street Family Care

1408 Tallahassee Hwy Suite Z
Bainbridge, Ga 39819
229-400-9033 | M-F 8am-8pm; Sat-Sun 9am-
4pm

Phoebe Convenient Care East

2410 Sylvester Road, Albany, GA 31705 |
229-312-9200 | M-F 8am-7pm; Sat-Sun 9am-
5pm

One Source Healthcare

406 S West St. | Bainbridge, GA 39819 | 229-
246-6417

CRISIS INTERVENTION

Donalsonville Hospital Behavioral Health Unit

1-844-991-0916
102 Hospital Circle
Donalsonville, GA 39845

GA Domestic Violence Hotline

1-800-334-2836

Georgia Mental Health Service Guide

<https://www.opencounseling.com>
Region Field Office 1-877-683-8557

Georgia Crisis Line

800-715-4225

Lily Pad Rape Victims

229-435-0074

National Domestic Violence Hotline
800.799.7233

Poison Control
1-800-222-1222
<https://www.poison.org>
Prescription Drug Abuse
www.stoprxabuseinga.org

Suicide Prevention and Support
888-724-7240

Teen Rehab Center
www.teenrehabcenter.org

DENTAL (LOW-INCOME)

AAPHC Phoebe Dental Center LBN Albany
Area Primary Health Care, Inc.
417 W. Third Avenue | Albany, GA 31701-
1943 | 229-888-6559 Tel | 229-436-4107 Fax

Brooks Dental
13762 Magnolia St, Blakely, GA 39823
229-723-4111

Dixieland Dental
15622 US-231, Midland City, AL 36350 | 251-
626-6140 | 877-DDC-1DAY

Quitman Dental Care
41 Old School Road | Georgetown, GA
31825 | 229-334-6300

Valley Healthcare System
1315 Delaunay Avenue | Columbus, GA
31901 | 706-322-9599

DEVELOPMENTAL NEEDS

Babies Can't Wait
www.health.state.ga.us/programs/bcw

Parent to Parent of Georgia
800-229-2038

DURABLE MEDICAL EQUIPMENT & RESPIRATORY PROVIDERS

Bain, INC.
711 E. Shotwell Street | Bainbridge, GA 39837
| 229-246-0150

First Street Easy Climber
National Sponsor Medical Equipment &
Supplies 800-270-6702

Hall's Drug Store
90 Court St
Blakely, Ga 39823
229-723-3441

Lane's Medical
210 W Main Street, Suite 3 | Colquitt, GA
39837 | 229-758-9111

Lions Club Eye Glasses Assistance
Colquitt, GA | Terry Taylor | 229-758-8432

Lions Club Eye Glasses Assistance
Colquitt, GA | Reeves Lane | 229-835-2211

FATHERHOOD

Georgia Fatherhood Program

Office of Child Support Services | GA
Fatherhood Services Network | 200 W.
Oglethorpe Blvd. Ste. 201 | Albany, GA 31701
Contact Person: Kenneth Fletcher,
Fatherhood Agent (229) 430-5084 Email:
kxfletchr@dhr.stte.ga.us

National Center for Fathers

800-593-3237

FINANCIAL ASSISTANCE

DFCS Temporary Assistance for Needy Families (TANF)

Neighborhood Services Center | Miller
County | 229-758-2848

Neighborhood Services Center Miller County

229-758-2848

Salvation Army

www.salvationarmy-georgia.org

Veterans Need Assistance:

1-855-909-6757

Heating Assistance:

65 Years or Older

Jane F. Osborn, MSSW | Valdosta, GA | 229-
630-0924

FOOD ASSISTANCE

DFCS – Food Stamps

69 Thompson Town Road | Colquitt, GA
39827 | 229-758-3387 |
www.dfcs.dhs.goergia.gov

Early County Food Bank

Stephanie Benton @ EC Extension Office |
229-723-3072

Miller County Health Department – WIC Assistance

250 W. Pine Street | Colquitt, GA 39837 |
229-758-3344

Neighborhood Service Center

360 4th Street | Colquitt, GA 39837 | 229-
758-2848

Food Bank

Debra Jones | 229-400-2919

FURNITURE RESOURCES

AGAPE Thrift Shop

On the Square | Colquitt, GA 39837 | Open
Thursdays, Fridays and Saturdays

Goodwill Industries

www.goodwillng.org

Salvation Army

www.salvationarmy-georgia.org

GED CLASSES

Bainbridge College

2500 E. Shotwell Street, Bainbridge, GA
39819 | 229-248-2500

Blakely-Southern Regional

40 Harold Ragan Drive, Blakely GA 39823 |
229-724-2445
www.southernregional.edu/adult-education

GED Testing

Colquitt, Ga -229-758-4157

Southern Regional Technical College

40 Harold Ragan Drive, Blakely, GA 39823
Phone: 229-724-2400

Southern Regional Technical College

96 Perry Street, Colquitt, GA 39837
Phone: 229-758-5592 Ext 5025

GED Registration

www.gedtestingservice.com/testers/test-on-computer www.workforce44.org

HEALTH CARE INFORMATION

Healthy Mothers, Healthy Babies | A

Statewide Source for Info/Referrals

800-822-2539 | <http://www.hmhbga.org>

Together Rx Access

800-444-4106 | www.trxaccess.com

HEALTH INSURANCE

CareSource

855-202-0729

www.caresources.com/ga

Medicaid

Member Services: 866-211-0950

Provider Services: 800-766-4456

Eligibility: 404-730-1200

Customer Service: 404-657-5468

www.medicaid.gov

Medicaid -Amerigroup

800-600-4441

www.myamerigroup.com/GA

Medicare

800-MEDICARE / 800-633-4227

Medicare Service Center: 877-486-2048

Report Medicare Fraud & Abuse: 800-HHS-

TIPS / 800-447-8477 www.medicare.gov

Obamacare

844-209-2242 | www.affordable-health-insurance-plans.org

Spring Creek 229-400-7551

Peach State Health Plan

800-704-1484

www.pshp.com

PeachCare for Kids

877-427-3224

www.peachcare.org

Spring Creek Healthcare Cooperative

Monica Posey, ACA Navigator | 304 West

Pine Street | Colquitt, GA 39837 | 470-925-6706

HIV Hotline:

1-888-448-8765

Wellcare

866-231-1821

www.wellcare.com/Georgia

HOME HEALTH

Miller Home Health

207 W Geer Street | Colquitt, GA 39837 |
229-758-4212

Kindred at Home

430 E Shotwell St | Bainbridge, GA 39819 |
229-246-1941

HOSPICE PROVIDERS

Agape Hospice

Bainbridge, GA 39817 | 800-932-2738
Kindred Hospice
117 N. Donalson Street | 432 E. Shotwell
Street | Bainbridge, GA 39817 | 229-246-
6330

Integrity Hospice

303 E Shotwell Street | Bainbridge, GA 39817
| 229-442-9162

Open Arms Hospice, Inc.

210 W Main St. Suitel | Colquitt, GA 39837 |
229-207-6005

HOUSING / UTILITY ASSISTANCE

Colquitt Housing Authority

208 W Pine Street | Colquitt, GA 39837 |
229-758-3348

Georgia Dept. of Community Affairs

Georgia Dream Homeownership Program |
800-359-4663

Georgia Housing Search

www.georgiahousingsearch.org

Low Income Home Energy Assistance Program (LIHEAP)

To verify if you are eligible, please call
800-869-1150

Miller County Neighborhood Services Center

360 South 4th Street | Colquitt, GA 39837 |
229-758-2848

Neighborhood Services Center

Colquitt, Georgia | 229-758-2848

JOB TRAINING

Georgia Department of Labor

Career Centers | www.dol.state.ga.us/js/
Kimberly Coleman-Jones
310 S. Scott Street | Bainbridge, GA 39819 |
229-248-2681

Georgia Vocational Rehabilitation Program

Toll free: 1-844-for-GVRA (1-844-367-4872)
Thomasville GA | Toll free: 1-844-for-GRVA
(1-844-367-4872)

Georgia Works

404-215-6680

Workforce 44

75 W. Broad Street, Camilla, GA 31730 |
229-522-3594

Miller County Hospital

CNA Program, Director
229-758-3304

LEGAL ISSUES

Georgia Legal Services
800-822-5391

Georgia Legal Services Program, Inc. Albany
Regional Office
235 Roosevelt Avenue, Suite 410, Albany, GA
31702 | 229-430-4261 | 800-735-4271

CASA of Southwest Georgia
115 Troup Street, PO Box 323, Bainbridge,
GA

LITERACY

Family Literacy Hotline
404-539-9618

First Foundation for Childhood Literacy
888-565-0177

Abigail Glass | Miller County Hospital
229-758-4283

Leigh Rambolzi | Family Connections
229-400-3635

Nutrition Education | Miller County Hospital
Joseph Sellers | 229-758-4283

MEDICAL FINANCIAL ASSISTANCE

Division of Family & Children Services - DFCS
Miller County DFCS Office
69 Thompson Town Road
Colquitt, GA 39837
229-758-3387
www.dfcs.dhs.georgia.gov

Medicaid

Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

Georgia Gateway
www.gateway.ga.gov

Medicare

800-MEDICARE | 800-633-4227
Medicare Service Center: 877-486-2048
Report Medicare Fraud & Abuse: 800-HHS-
TIPS | 800-447-8477
www.medicare.gov

Spring Creek Healthcare Cooperative
P 229-400-7551
Prescriptive Assistance – Sherry Morse
304 West Pine Street
Colquitt, GA 39837
229-758-6064

MEDICAL CLINICS AND CARE

Colquitt Complete Care
210 W Main St Suite 4
Colquitt, GA 39837
229-758-3002

Miller County Health Department
250 W. Pine Street Colquitt, GA 39837
229-758-3344

Miller County Medical Center
208 N Cuthbert Street Colquitt, GA 39837
229-758-3304

Primary Care of Southwest GA, Inc.
360 College Street, Blakely, GA 39823 | 229-723-2660
509 Wheat Avenue, Bainbridge, GA | 229-416-4421
454 Smith Avenue, Thomasville, GA | 229-227-5510

Robert E. Jennings Medical Clinic
103 R.E. Jennings Avenue, SE, Arlington, GA 39813 | 229-725-4251

MENTAL AND BEHAVIORAL HEALTH

AAPHC Behavioral Wellness Center LBN
Albany Area Primary Health Care, Inc.
1712 E. Broad Avenue, Suite B, Albany GA 31705-2611 | 229-639-3155
Contact Aspire through the Georgia Crisis and Access Line: 1-800-715-4225

ASPIRE Behavioral Health & DD Services
Miller County
229-724-2050

BHCC
Thomasville – 229-225-5099

Crisis Services 24 hours a day
601 West 11th Avenue (crisis entrance)
Albany, GA 31702 | 229-430-1360

Ga Pines
Bainbridge, GA | 229-248-2683

Green Leaf
2209 Pineview Drive, Valdosta, GA 31602 | 229-247-4357
Northside Address: Thomasville, GA | 229-228-8100

Samaritan Counseling
Bainbridge 229-243-1633

Seminole Mental Health (GA Pines)
T 229-524-6630

Phoebe Mental Health
601 West 11th Avenue (Crisis Entrance) | Albany, GA | 31702
229-430-1360
Outpatient Services: 229-430-4140

AAPHC Behavioral Wellness Center Albany
Area Primary Health Care, Inc.
1712 Broad Avenue, Suite B
Albany, GA 31705-2611
229-639-3135

Touch Stone – Drug Rehabilitation
Arlington, GA
229-725-3333

Behavioral Health Unit
Donalsonville, GA
1-844-991-0916

NURSING HOME/SKILLED NURSING FACILITIES

Calhoun Nursing Home
265 Turner Street
P.O. Box 397
229-835-2251

Miller County Hospital and Nursing Home
209 North Cuthbert Street
Colquitt, GA 39837
229-758-4200

PARENTING RESOURCES

American Academy of Pediatrics

www.healthychildren.org

Mothers of Preschoolers - MOPS

General Info: 800-929-1287 (P)

303-733-5353 (P) | 303-733-5770 (F)

Service/Group Info: 888-910-MOPS (6677)

(P) www.mops.org

PATERNITY

Pataula Cuthbert Office of Child Support

Services – OCSS | Serving: Clay, Early, Miller,

Quitman, Randolph, Seminole, Terrell

93 Front Street PO Box 30

Cuthbert, Georgia 39840

1-844-694-2347

PHARMACY

Miller Pharmacy

213 Delores Street

Colquitt, GA 39837

229-758-4836

Bainbridge Pharmacy

1420 E Evans St

Bainbridge, GA 39819

229-246-7200

PHYSICAL THERAPY / REHABILITATION SERVICES

Care 360 Chiropractic and Physical Therapy

922 S West St,

Bainbridge, GA 39819

229-248-8499

Miller Physical Therapy

210 W Main Street, Suite 1

Colquitt, GA 39837

229-758-5214

NHRehab.org

855-901-8552

POSTPARTUM DEPRESSION

Georgia Crisis Line

800-715-4225

www.bhlweb.com/tabform

Georgia Postpartum Support Network

866-944-4776

Meetup

www.postpartum.meetup.com

National Women's Health Information Center

800-994-9662

www.4woman.gov/faq/depression-pregnancy.cfm

Postpartum Support International

800-944-4773

www.postpartum.net

PUBLIC LIBRARIES

Decatur County Public Library

301 S. Monroe Street

Bainbridge, GA 39819

229-248-2665

Maddox Memorial Library

11880 Columbia Street

Blakely, GA 39823

229-723-3079

Miller County James W. Merritt Jr. Memorial
Library
259 E Main Street Colquitt, GA 39837
229-758-3131

Seminole County Public Library
103 W. 4th Street
Donalsonville, GA 39845
229-524-2665

RECREATION

Boys & Girls Club
www.bgca.org

Miller County Senior Center
230 W Pine Street
Colquitt, GA 39837
229-758-3836

Spring Creek Park
158 West Street
Colquitt, GA 39837
229-758-6213

SAFETY

Colquitt Fire Dept.
229-758-1000
Emergency dial 911

Georgia Department of Public Safety Post
Colquitt
229 South 4th Street
Colquitt, GA 39837
229-758-2651

Georgia Poison Control
800-222-1222

www.gpc.dhr.georgia.gov

Life Alert – serving the Bainbridge area
877-830-3543

Safe Kids
202-662-0600 (P) | 202-393-2072 (F)
www.safekids.org

Liberty House
24 Hour Crisis Line | Domestic Violence
1-800-334-2836 or 229-439-7065

Reporting Abuse
229-226-6666 or 1-800-284-9980

SMOKING CESSATION

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

SUBSTANCE ABUSE

Alcoholics Anonymous
208 Broad Street
Bainbridge, GA 39819
229-243-1633
Statewide Meeting List: www.aageorgia.org

Narcotics Anonymous
United Methodist Church
232 Shotwell St.
Bainbridge, GA 39819
229-243-1633
www.na.org

TEEN PARENTING RESOURCES

Miller County DFCS Office

69 Thompson Town Road
Colquitt, GA 39837
229-758-3387

Open Door Adoption Agency

218 East Jackson Street
Thomasville, GA 31799
229-228-6399 or 800-868-6339
www.opendooradoption.org

Young Mommies Help Site

www.youngmommies.com

Georgia Fatherhood Program

Office of Child Support Services | GA Fatherhood Services Network
200 W. Oglethorpe Blvd. Ste. 201, Albany, GA 31701
Contact Person: Kenneth Fletcher, Fatherhood Agent
(229) 430-5084
Email: kxfletchr@dhr.stte.ga.us

TRANSPORTATION

Donna's Transportation, Inc.

2100 Burl Lane Road
Iron City, GA 39859
229-400-5998

Gold Star

Bainbridge, GA
877-794-4911

MIDS Inc.

905 E. Shotwell Street
Bainbridge, GA 39819
229-246-6758

Transit Bus

229-724-7433

APPENDIX – PROGRESS AND OUTCOMES OF PREVIOUS (2019) IMPLEMENTATION STRATEGY

Implementation Strategy	Actions and Planned Events
Continue financial support for Spring Creek Health Cooperative to assist with chronic disease medication assistance, housing assistance and other earned benefits.	The hospital continues to be a partner of Spring Creek Health Cooperative. Spring Creek Health Cooperative did not provide data for the reporting period.
Provide additional community resources and train staff in the medication application process to help citizens seeking medical care and screening individuals for disability.	The Hospital Authority of Miller County's (HAMC) financial assistance program allows uninsured and underinsured residents to seek care. The financial counselor(s) refer patients to SCHC for assistance and other community partners for pertinent resources. In 2022, the HAMC added five employees to screen for presumptive Medicaid. The HAMC is dedicated to providing the community with information and resources for better health outcomes.
Provide low cost or no cost bridge medication for individuals while awaiting SCHC assistance, this would include medications at discharge if needed.	The HAMC provided uninsured and underinsured patients with low-cost or no-cost medications through the financial assistance program. Additionally, the organization started a Meds to Bed program.
The work of the ACO would continue to focus on prevention, wellness, and access. To this end the hospital would look towards expanding the clinical staff of the Accountable Care Organization as well as seek the addition of a social worker.	The HAMC added four mid-level providers to expand the clinical staff of the ACO. The HAMC continues to focus on prevention, wellness and improving access. Further progress on this was derailed by the COVID-19 pandemic.

This list does not include events planned or conducted by other community partners. **It is important to note that, based on the COVID-19 pandemic, many events were cancelled or were not scheduled due to infection control concerns.**

Implementation Strategy	Actions and Planned Events
<p>MCMC is currently operational Monday – Friday from 8am to 6pm, it was decided that it is not feasible at this time to extend hours of operation until additional physicians, mid-level providers and a larger facility was developed. Moreover, it was also explained that MCMC had previously extended hours to 7pm and included Saturday hours, but the community was not supportive.</p>	<p>MCMC is currently operational Monday – Friday from 8am to 5pm; it was decided to extend the hours operation. MCMC added four mid- level providers and they provide services on Saturday from 9am to 1pm.</p>
<p>Obesity and Lifestyle are also synonymous with Cardiovascular Health and will continue to be a wellness focus of MCMC and the Jennings Clinic, including exercise and health eating habits. Spring Creek Health would also search out additional grants and resources to encourage the public in healthy living. Doyne Sumner, Community Health Coach will be engaged to provide information on diet and promote healthy lifestyle in faith communities as well as facilitating community health screenings. Educational information encouraging and educating the public on all aspects of health, lifestyle, STD's, Cancer, immunizations etc. will be published weekly in the local newspapers.</p> <p>The HAMC typically sponsors health fairs and blood drives throughout the year; due to the COVID-19 pandemic the events were significantly reduced.</p>	<p>Biggest Loser (Jan 7th-Mar 1, 2021) participants were HAMC staff. This was a team challenge to encourage healthy eating habits, exercise, and preventable conditions along with weight loss. There was no specific age group.</p> <p>The HAMC held a community 5K run in December 2019. There were 23 participants in the Rudolph Rumble of all ages.</p> <p>The HAMC held a community 5K run in December 2021. There were 62 participants in the Rudolph Rumble of all ages.</p> <p>Multiple times throughout the year, HAMC provides families within the community with fruit and vegetables to encourage healthy eating habits.</p>

This list does not include events planned or conducted by other community partners. **It is important to note that, based on the COVID-19 pandemic, many events were cancelled or were not scheduled due to infection control concerns.**

APPENDIX – PROGRESS AND OUTCOMES OF PREVIOUS (2019) IMPLEMENTATION STRATEGY

Implementation Strategy	Actions and Planned Events
<p>Cancer – each of the primary care clinics, including the ACO will focus on cancer prevention and detection with a particular interest in colo-rectal and breast. Miller County Hospital will offer low cost or no cost tests for primary care patients needing financial assistance. Spring Creek Health, the Department of Health and Miller County Hospital will continue to promote screening and prevention.</p>	<p>Due to the COVID-19 pandemic a number of events were cancelled or were not scheduled due to infection control concerns.</p> <p>The ACO team conducted Colorectal Cancer screening tent on the hospital campus in March 2021. There were 32 patients ranging from 50-75. The patients were educated and screened for colorectal cancer.</p> <p>The HAMC held Muffins and Mammo's in October 2020. There were 100 patients that were provided breast cancer education and screening.</p> <p>The DPH and HAMC collaborated in October 2021 to Protect your Pumpkins. There were approximately 60 females that were provided education on breast cancer screening. There were 98 women that completed screening mammograms during that month.</p>

This list does not include events planned or conducted by other community partners. It is important to note that, based on the COVID-19 pandemic, many events were cancelled or were not scheduled due to infection control concerns.

