



# Community Health Needs Assessment and Implementation Plan

Neighbors Serving Neighbors

2025



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# Preface

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The Crisp Regional Hospital, Inc.'s Hospital Board of Directors approved the 2025 Community Health Needs Assessment at their meeting. The Community Health Needs Assessments (CHNA) Report is widely available to the public and interested parties can view and download it on the Crisp Regional Hospital website. Hard copies are available upon request as well as website location. Please contact: Tim Powers, Community Relations and Foundation Director, [tpowers@crispregional.org](mailto:tpowers@crispregional.org); 229-276-3284 for copies or web location.

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# Executive Summary

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## Introduction

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

In 2024, Crisp Regional Hospital partnered with the University of Georgia (UGA) Archway Partnership and UGA College of Pharmacy (COP) to conduct its 2025 CHNA. This report provides background on the hospital, describes the data collection process for conducting the CHNA, and summarize key findings.

## Methodology

A University of Georgia CHNA team was formed, comprising of a UGA COP faculty, a postdoctoral research associate, a UGA Archway Partnership senior public service faculty member, a UGA Archway Partnership Public Service and Outreach (PSO) professional, who worked in the community, and two graduate assistants from the College of Public Health and the Grady College of Journalism and Mass Communication. In order to engage local stakeholders, a CHNA Steering Committee and a Community Advisory Committee were formed. The CHNA Steering Committee served as the guide for the entire CHNA process and led efforts to encourage community's participation and engagement in the CHNA process. The Community Advisory Committee was responsible for recruiting participants for survey and focus groups and providing feedback on the data collected. The contribution from the two committees and the UGA Archway Partnership faculty fostered collaboration between community members and the UGA COP team to conduct the CHNA.

The CHNA team followed the five-step process in conducting the CHNA. First, the community, or service area for Crisp Regional Hospital was defined. While Crisp County, where the hospital is located, served as the primary service area, the hospital also serves surrounding counties, including Dooley, Lee, Sumter, Turner, Wilcox and Worth. After defining the service area and community, the CHNA team collected both primary and secondary data.

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

Following the collection of secondary data, the CHNA team collected primary data from community members. Four focus groups were conducted with thirteen community stakeholders to gain an in-depth understanding of overall community health status and needs, health behaviors, and hospital use. Participants varied in expertise and represented diverse sectors and experiences. All focus groups were recorded and transcribed, and thematically analyzed by the UGA-COP CHNA team.

In addition to the qualitative data collection, the team developed a community survey to examine individual health status, health behaviors, hospital use, and views on overall community health status and needs. The survey was administered both online and on paper. An Archway PSO professional distributed the electronic version via email and QR code, while paper copies were made available as needed. Survey responses were analyzed using descriptive statistics. Cross-tabulations were conducted to examine relationships between selected demographics and health outcomes.

## Results

By triangulating findings across primary and secondary data sources, the CHNA team developed a community health profile for the hospital's service area. This profile highlighted major health issues in the community, barriers to accessing care and to managing health conditions, important areas to improve the health of the community, and additional services needed. Based on the findings, hypertension, diabetes, overweight/obesity, mental health, and aging related health issues were identified as major health problems in the community. Community members expressed the need for specialty care services, especially mental and behavioral health services and cardiology, as well as improved access to care, including transportation assistance. Participants also highlighted the need for community outreach to raise awareness of available healthcare resources, promote lifestyle change programs, and motivate individuals to engage in preventive care.

### Prioritization of Community Needs

The results from data collection were submitted to the CRH CHNA Steering Committee and the Community Advisory Committee in June 2025. The CHNA Steering Committee will reconvene to discuss the CHNA results. The Committee will debate the merits or values of the community's priorities, considering the resources available to meet these needs.

### Implementation Strategy

The final step in the CNHA process involves developing implementation strategies to address the identified community health needs. A designated team of CHNA Steering committee members will collaborate with community partners to design and execute the implementation strategy for Crisp Regional Hospital.





# Hospital Steering Committee

Steve Gautney

President & CEO

Jessica Carter

VP & Chief Financial Officer

April Dukes

VP & Chief Nursing Officer

Jodi Ingram

AVP Quality

Connie Hunt

Executive Assistant to CEO

Guy Young

Chief of Medical Staff

Jan McCarty

Social Worker

Vickie Teemer

VP of Human Resources & LTC



# Purpose of the CHNA

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

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

Crisp Regional Hospital partnered with the University of Georgia (UGA) Archway Partnership and College of Pharmacy (COP) to conduct its 2025 CHNA. This report includes a background on the hospital, the data collection process, and key findings from the CHNA.

## Crisp Regional Hospital

Crisp Regional Hospital (CRH), located in Cordele, Georgia, is a nonprofit acute care facility established in 1952. It operates under the governance of the Hospital Authority of Crisp County and serves a six-county region encompassing over 120,000 residents. The hospital is led by President and CEO Steven L. Gautney, under whose leadership CRH has continued to expand its services while maintaining a strong commitment to patient-centered care. For the fiscal year ending June 30, 2023, CRH reported a total revenue of approximately \$358.6 million, with a net income of \$3.3 million. The hospital employs over 1,000 staff members.

## Facilities and Services

CRH as a Level III trauma center offers a comprehensive range of services, including inpatient and outpatient care, emergency services, and specialty services. Its network comprises a 143-bed nursing home, a retirement home, hospice and home care programs, a dialysis facility, and rural health clinics in adjacent areas. Additional facilities include urgent care centers, a wound center, a retail pharmacy, and a rehabilitation center. CRH also engages in community health initiatives such as preventive screenings, health education, and partnerships with local organizations to improve community health.

## Infrastructure and Expansion

In 1990, CRH inaugurated its current facility on an 11-acre campus. Subsequent expansions include a new Intensive Care Unit in 2008 and a significant expansion of the Emergency Department in 2013, which increased its size to over 12,000 square feet.

## Accreditations and Awards

Crisp Regional Hospital has received multiple recognitions for its commitment to quality and patient safety. In 2024, the hospital earned the American Heart Association's Get-With-The Guidelines–Stroke Silver Plus Award and the Target: Type 2 Diabetes Honor Roll Award, recognizing excellence in evidence-based stroke care and diabetes management.

In January 2025, the Georgia Department of Public Health awarded the hospital its highest honor, the Platinum Designation, for outstanding public health efforts and quality improvement. That same month, the Georgia Hospital Association recognized CRH with multiple Patient Safety and Quality Awards for initiatives aimed at reducing readmissions and improving transitional care.



# Accreditations and Awards

## Accreditation

- Joint Commission- Hospital, all Physician Practices, CareSouth Home Health and Crisp Regional Hospice and Palliative Care, Laboratory
- Accreditation Commission for Healthcare- Crisp Regional Sleep Center
- American College of Radiology- Mammography

## Stroke Care

- Designated through the GA DPH as an Acute Stroke Ready/Remote Treatment Stroke Center
- Get with the Guidelines through the American Heart Association- program for improving stroke care by promoting consistent adherence to the latest scientific treatment guidelines and improving patient outcomes.
- Awarded **Silver Plus recognition** this year with additional recognition for Stroke treatment in patients with Diabetes

## Level 3 Trauma Center

- Designated through the GA DPH and American College of Surgeons
- Trauma Quality Improvement Program through the American College of Surgeons- program to elevate the quality of care for trauma patients

## Level 3 Emergency Cardiac Care Center

- Designation through the GA DPH- Mission is to improve survival rates for out of hospital cardiac arrests and heart attacks through quality improvement and evidence-based guidelines.

## Women's Center

- **Baby-Friendly** — accreditation given to facilities who meet and uphold the highest standards in the promotion of infant feeding care, specifically breastfeeding.
- **GaPQC** — Georgia Perinatal Quality Collaborative- (Georgia has ranked at the bottom nationally for maternal mortality and for many infant health indicators). Effort to identify and implement quality improvement strategies to improve maternal and neonatal care and outcomes in Georgia. Fully implemented — Obstetric Hemorrhage and Severe HTN in Pregnancy
- **Level 2 Maternal Levels of Care Verification through the Joint Commission** — verifies that CRH has the capabilities to provide specialty care for pregnant mothers.



### GA DPH- Antibiotic Stewardship Honor Roll

- Recognized CRH's dedication to enhancing patient care through responsible antibiotic use and addressing the challenge of antimicrobial resistance in the hospital setting. Our **Platinum designation** is the highest level of recognition.

### Bronze Recognition in the DoNation Campaign

- Through the US Dept of Health and Human Services, Crisp Regional Hospital was recognized in their commitment to promote and complete organ donations

### Crisp Regional Hospice and Palliative Care

- Hospice Honors 2024 — patient experience

### CareSouth Home Health

- SHP Patient Satisfaction Superior Performer — patient experience

### GHA Patient Safety and Quality Awards 2024

- A Health Equity Approach to Readmission Prevention
- Implementation of a Multidisciplinary Approach to Managing Positive Cultures Post-Discharge

### Georgia Trends Magazine

- Ranked #2 Medium-Sized Hospital 2024

### Accreditation Commission for Healthcare – Crisp Regional Sleep Center

- Level 3 Trauma Center designation through GA DPH and American College of Surgeons
- Level 3 Emergency Cardiac Care Center designation through GA DPH





# Crisp Regional Hospital Mission and Goals

## Mission

The mission of CRH is to provide appropriate, quality care and assistance in maintaining good health in an efficient and caring manner to all who need our services and as near their home as possible.

Crisp Regional's long-term mission include the following:

- Sustainability: Maximizing return while being mindful of our overall responsibilities we take on as a community and regional medical center.
- People: Being a great place to work where people are inspired to be the best they can be.
- Portfolio: Bringing monetary gains that anticipate and satisfy needs of Crisp Regional Hospital; associated with ever dynamic healthcare and rural medicine.
- Partners: Nurturing a winning network of partners and building mutual loyalty, respect, and trust among regulatory, state, federal agencies, and vendors.

## Goals

Crisp Regional's long-term goals are to achieve sustainable growth and improved community's health outcomes, which the hospital plans to achieve through:

- Building partnerships with other healthcare entities, providers, municipalities, and government agencies
- Engaging in community health initiatives and partnerships to improve public health outcomes
- Expanding and updating facilities and services to meet the evolving needs of patients
- Providing clinical and non-clinical staff with tools and resources deliver high quality and regulatory compliant healthcare
- Continuously assessing financial performance adapt to market changes and support rural health
- Maintaining relationship integrity and credibility with internal and external vendors and providers



Providing  
quality care

# Methodology

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## Stakeholder Engagement

An important component of the CHNA process is stakeholder engagement. In order to accomplish this goal, CRH created a network of stakeholders: a CHNA Steering Committee and a Community Advisory Committee.

The CHNA Steering Committee guided the overall assessment process. Members were selected based on their expertise in community health and their knowledge of local health needs, particularly those affecting low-income and minority populations. The committee included the hospital CEO and members of hospital administration. This group provided input on defining the hospital's service area, identifying individuals for the Advisory Committee, and advising on data collection strategies. It also played a key role in promoting participation in the CHNA process.

The Community Advisory Committee was formed with input from the Board of Trustees and hospital leadership, with emphasis on cultural diversity and community representation. The committee contributed to primary data collection by recruiting participants for surveys and focus groups and providing feedback on community needs.

In June 2025, both committees reviewed the primary and secondary data collected for the CHNA. They were asked to provide input on the CHNA process and data collection strategies in order to improve future assessments. They were also asked to assist in the prioritization of identified health needs. This process of stakeholder engagement served as the foundation for the development of the community engagement strategy and fostered a collaborative approach to improving community health.

## Define Community

As described in the introduction, the first step in conducting the CHNA is to define the community. The community for this CHNA was defined based on CRH's service area. Hospital officials, community members, and hospital utilization data were used to define the hospital service areas, which included the following Georgia counties: Crisp, Dooly, Lee, Sumter, Turner, Wilcox, and Worth.

# Secondary Data Collection and Analysis

The second step involved collecting secondary data on community health indicators for the seven identified counties. Data sources included County Health Rankings, the U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and the Annie E. Casey Foundation's Kids Count. All data were compiled in Excel and organized by key indicators in the following categories: demographics, health outcomes, health behaviors, health care, and clinical care.

When available, data were pulled from two data points within a 2-year span (e.g. 2023 and 2024) in order to identify trends over time. The most recent year for available data was always the first data collection point. County-level data was compared across the seven counties and to state-level statistics. Summaries were created for each county to develop county health profiles and identify potential areas for improvement. A detailed summary of the secondary data sources is below.

## County Health Rankings

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

## Georgia Department of Public Health

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

### **Kids Count Data Center**

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

### **U.S. Census Bureau**

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

### **US Department of Labor**

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

### **National Cancer Institute**

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



# Primary Data Collection

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

**Community Survey:** The CHNA team developed a community survey to assess community health issues, individual health status, health behaviors, hospital use, and perceptions of overall community health status and needs. The survey also collected demographic information, including gender, age, race/ethnicity, household income, highest level of education and insurance coverage/carriers (Appendix A). Respondents were also asked to identify additional services needed to address community health issues (Appendix B). **Table 1** summarizes the survey constructs and variables included in the survey.

The survey was finalized through a collaborative process that incorporated feedback from the CRH Advisory Committee. Data were collected using both electronic (REDCap) and paper formats. Participants were encouraged to complete the survey online, but paper versions were also made available if participants preferred the paper to the electronic survey. Surveys were distributed by the UGA Archway Partnership Office and CRH. Community members completed the survey between February and April 2025. Online responses were captured in REDCap, while paper surveys were returned to the UGA COP for data entry and analysis. Survey results were analyzed to produce descriptive statistics and cross-tabulations were conducted to examine relationships between selected demographics and health outcomes.

**Focus Groups:** In May 2025, the CHNA team from UGA facilitated four focus group interviews, all conducted via Zoom and lasting approximately one hour each. A semi-structured focus group guide (Appendix C) was used to explore community assets, community resources, health problems, health service use and additional services needed to address community health problems.

The Archway Partnership PSO professional and CRH staff identified and recruited community members to participate in the focus groups. A total of thirteen community members participated in the four focus groups. Two focus groups had four participants each, one had three participants, and the last one had two participants. Participants represented diverse community stakeholders, including business owners, manufacturing/production employees, nurses and hospital staff, Sheriff, and the city manager. All focus groups were recorded and transcribed verbatim. The CHNA team analyzed the transcripts and identified key themes. All participants signed informed consent forms (Appendix D).

Table 1. Information Collected from the CHNA Community Survey

Survey Constructs	Survey Variables
<b>Community Health</b>	<ul style="list-style-type: none"> <li>• Most important community health problems</li> <li>• Most important community risk behaviors</li> <li>• Ways to improve community health</li> </ul>
<b>Health and Health Care Practices</b>	<ul style="list-style-type: none"> <li>• Perceived health status</li> <li>• Stress</li> <li>• Existing health conditions</li> <li>• Preventative health care practices</li> <li>• Insurance coverage</li> <li>• Barriers to accessing healthcare</li> </ul>
<b>Health Habits</b>	<ul style="list-style-type: none"> <li>• Frequency of exercise</li> <li>• Use of tobacco products</li> <li>• Use of Alcohol products</li> <li>• Use of seat belt</li> <li>• Fruit and vegetable consumption</li> <li>• Food security</li> <li>• BMI</li> </ul>
<b>Hospital Use</b>	<ul style="list-style-type: none"> <li>• Hospital use</li> <li>• Reasons for using hospitals other than Crisp Regional</li> <li>• Hospital services used at Crisp Regional</li> <li>• Satisfaction with services at Crisp Regional</li> <li>• Access to physicians at Crisp Regional</li> <li>• Additional Services requested for Crisp Regional</li> </ul>
<b>Demographics</b>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Ethnicity/Race</li> <li>• Marital Status</li> <li>• Highest level of education</li> </ul>
<b>Family and Home</b>	<ul style="list-style-type: none"> <li>• Family size</li> <li>• Housing situation</li> <li>• County of Residence</li> </ul>
<b>Money and Resources</b>	<ul style="list-style-type: none"> <li>• Employment status</li> <li>• Household income</li> <li>• Social benefits</li> <li>• Basic needs</li> <li>• Lack of transportation as a barrier</li> </ul>



Serving with  
**Compassion**

# Results: Secondary Data

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Data gathered from multiple sources were used to develop a community profile for Crisp County, the primary service area for Crisp Regional Hospital, and to compare it with neighboring counties and the state of Georgia. **Table 2** provides some of the key indicators collected and assessed.

Health disparities between counties and the state are evident across several indicators. While some measures, such as uninsured children and poor mental health days, were similar to state averages, many were worse. Crisp County exhibited several concerning indicators, including higher rates of obesity (45%), diabetes (14%), physical inactivity (31%), premature age-adjusted mortality (775 per 100,000), adult smoking (19%), and drug overdose deaths (26 per 100,000) than the state average. STD incidence (86.9 per 1,000), teen birth rate (33.1 per 1,000), and preventable hospital stays (4,783 per 100,000) were also above state averages.

While Crisp is the focal point of service delivery, several neighboring counties served by the hospital also exhibited elevated health risks. For instance, Dooly and Turner had the worst patient-to-primary care provider ratios (10,890:1 and 1,950:1 respectively) and the highest diabetes rates (15%). Dooly also had the highest teen birth rate (38 per 1,000) and STD incidence (94.3 per 1,000). Wilcox had the highest premature mortality (817 per 100,000) and lowest high school completion rate (79%). Turner reported the highest physical inactivity (35%), adult smoking (22%), motor vehicle deaths (35), and uninsured adult rate (20%). Sumter had the highest percentage of children in poverty (45%), and Worth had the highest preventable hospital stays (5,353 per 100,000).

Together, these data highlight both county-specific and regional disparities that are relevant to CRH's planning efforts. These findings guided the identification of priority health needs and the design of primary data collection.

Table 2. Secondary Data Results

Health Indicators	Crisp	Dooly	Lee	Sumter	Turner	Wilcox	Worth	Georgia	Source
Children in Poverty	40%	32%	14%	45%	37%	34%	31%	19%	2023 Kids Count Data (Data from 2022)
High School Completion	84%	83%	92%	84%	81%	79%	87%	89%	2025 County Health Rankings
Premature Age-Adjusted Mortality Rate per 100,000	775	617	468	653	671	817	616	460	2025 HDPulse
Drug Overdose deaths	26	NA	16	13	NA	NA	26	22	2025 County Health Rankings
Adult Smoking	19%	19%	15%	19%	22%	20%	19%	13%	2025 County Health Rankings
Obesity	45%	44%	37%	44%	44%	42%	39%	37%	2025 County Health Rankings
Physical Inactivity	31%	31%	25%	32%	35%	31%	30%	23%	2025 County Health Rankings
Access to exercise opportunities	46%	31%	53%	63%	22%	NA	38%	75%	2025 County Health Rankings
Low Birth Weight Babies (Number and Percent)	36 15.9%	18 18.0%	39 11%	42 12.2%	18 16.7%	2 S	22 10.0%	12,732 10.2%	2023 Kids Count Data (Data from 2022)
Teen Births Ages 15-19 (Number and Rate per 1000)	22 33.1	10 38	18 15.1	35 29	10 32.7	5 23.7	18 28.2	6,238 16.5	2023 Kids Count Data (Data from 2022)
STD Incidence (Number and Rate per 1000)	117 86.9	51 94.3	73 28.1	198 85.5	23 36.1	16 34.3	44 35.2	26,064 33.7	2023 Kids Count Data (Data from 2022)
Uninsured Adults	18%	18%	14%	18%	20%	18%	17%	17%	2025 County Health Rankings
Uninsured Children	6%	6%	7%	6%	6%	5%	7%	6%	2025 County Health Rankings
Poor Mental Health Days	6.1	5.8	5.3	6.0	6.1	5.6	5.9	5.2	2025 County Health Rankings
Primary Care Providers	1,420:1	1,0890:1	1,300:1	1,950:1	NA	8,740:1	3,430:1	1,520:1	2025 County Health Rankings
Diabetes	14%	14%	11%	15%	15%	13%	12%	11%	2025 County Health Rankings
Motor Vehicle Deaths	20	21	19	17	35	NA	32	16	2025 County Health Rankings (2016-2022)
Preventable Hospital Stays	4,783	5,087	4,524	2,626	3,257	4,283	5,353	3,083	2025 County Health Rankings

Note: Drug Overdose Deaths data for three counties were unavailable and not reported in 2024; NA indicates data not available.



## Demographic Profile

Data Source: US Census Bureau (July 1st, 2024)

Reference: Figure 1, Figure 2, and Figure 3

Population	Crisp	Georgia
Number of Residents	19,468	11,180,878
Sex		
Female	52.4%	51.3%
Male	47.6%	48.7%
Age Distribution		
Population Under 5 Years	5.8%	5.8%
Population Under 18 Years	23.4%	23%
Population 65 years and older	20.2%	15.4%
Racial and Cultural Diversity		
Race		
White	48.5%	49.6%
Black/AA	44.9%	32.1%
Ethnicity		
Hispanic	3.8%	11.1%
Veterans		
Veteran Population (2019-2023)	1,187	11,180,878

## Economic Profile

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

Reference: Figure 4

	Crisp	Georgia
Labor Force Representation		
Unemployment Rate	3.7%	3.2%
Labor Force Representation	56.5%	63%
Poverty		
Median Household Income	\$42,745	\$74,664
Population in Poverty	26%	13.6%
Children in Poverty	39.4%	19%
Children Eligible for Reduced Lunch	99%	60%

## Education

Data Source: Kids Count, County Health Rankings

Reference: Figure 5 and 6

	Crisp	Georgia
Early Childhood Education		
Percent 3-4 years old children in school	55.6%	56.2%
K-12 Education		
Average grade level performance for 3 <sup>rd</sup> graders on English Language Arts standardized tests	2.5	3
Average grade level performance for 3 <sup>rd</sup> graders on Mathematics standardized tests	2.7	2.9
High School Graduation and Higher Education		
High school graduation rate	83%	85%
Percent population with bachelor's degree	15.5%	34.2%

## Social and Community Context

Data Source: US Census, County Health Rankings, Kids Count

Reference: Figure 1, Figure 2, and Figure 3

	Crisp	Georgia
<b>Household Characteristics</b>		
Households	7,966	4,008,013
Average persons per households	2.46	2.64
Children in single parent households	54.5%	33.7%
<b>Social Context</b>		
Social Associations per 100,000	9.1	8.8
Suicide rates per 100,000	18	15

## Neighborhood and Built Environment

Data Source: US Census, County Health Rankings

Reference: Figure 7, Figure 8, and Figure 9W

	Crisp	Georgia
<b>Digital Connectivity and Amenities</b>		
Households with Computer	88.7%	89.4%
Adults with broadband internet	73%	89%
Access to exercise activities	46%	75%
<b>Safety</b>		
Deaths from motor vehicle crashes per 100,000	20	16
<b>Food Insecurity</b>		
Percent low-income residents with limited access to healthy foods	3%	10%
Healthy food environment index (1 worst; 10 best)	7.1	6.3
Percent of population experiencing food insecurity	14%	13%
<b>Transportation</b>		
Average travel time to work	18.8 minutes	28.7 minutes
Percent households with no motor vehicle		
<b>Housing</b>		
Percent of homes owned	54%	65%
Percent of families spending more than 50% of income on housing	18%	14%
Percent population with severe housing problems	18%	14%
Median gross rent	\$743	\$1,400
Median selected monthly owner costs, including mortgage	\$1,264	\$1,712
<b>Pollution</b>		
Air pollution (average daily density fine particulate matter (PM2.5), micrograms per cubic meter)	9.3	8.8

## Health Care Access

Data Source: County Health Rankings

Reference: Figure 10

	Crisp	Georgia
<b>Health Insurance Coverage</b>		
Percent under 65 uninsured	14%	14%
<b>Provider Supply</b>		
Population to one Primary Care Physician	1420	1520
Population to one Dentist	1970	1860
Population to one Mental Health Provider	1310	520
<b>Primary care and Prevention</b>		
Preventable hospital stays per 100,000 Medicare enrollees	4,783	3,083
Mammogram screening rates	50%	42%
Flu vaccination rates among Fee-for-service Medicare enrollees	40%	45%

## Lifestyle and Behavior

Data Source: County Health Rankings

Reference: Figure 11, Figure 12, and Figure 13

	Crisp	Georgia
<b>Suboptimal Lifestyle Behaviors</b>		
Adult smoking rate	19%	13%
<b>Adult excessive drinking rate</b>		
Precent driving deaths with alcohol involvement	27%	20%
Adult obesity rate	45%	37%
Adult physical inactivity rate	31%	23%
Percent of adults who report insufficient sleep, <7 hours	42%	39%
<b>Sexual Risk Behaviors</b>		
STI (chlamydia) infection rates per 100,000	1060.5	665.8
Teen pregnancy rates per 1000 female teens	38	19

## Health Outcomes

Data Source: National Cancer Institute, County Health Rankings

Reference: Figure 14 and Figure 15

	Crisp	Georgia
<b>Disease burden</b>		
Cancer incidence rate per 100,000	427	468
Adult diabetes prevalence rate	14%	11%
HIV prevalence rate per 100,000	796	664
Low weight birth rate	15%	10%
<b>Self-Reported Health Outcomes</b>		
Percent adults reporting poor or fair health	23%	18%
Percent adults reporting frequent physical distress	15%	13%
Percent adults reporting frequent mental distress	20%	16%

## Mortality

Data Source: County Health Rankings

Reference: Figure 16

	Crisp	Georgia
<b>Mortality Indicators</b>		
Life Expectancy	70.1	75.6
Premature (under 75 years) Death Rate per 100,000 population	770	460

Table 9. Top 10 Causes of Death

Data Source: OASIS

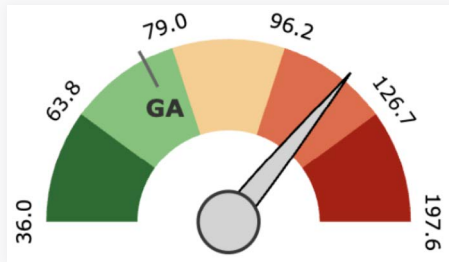
Reference: Figure 17

Cause	Crisp Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
COVID-19	2	2
Alzheimer's Disease	3	6
All COPD Except Asthma	4	5
Cerebrovascular Disease	5	3
Malignant Neoplasms of the Trachea, Bronchus and Lung	6	7
Pneumonia	7	20
Septicemia	8	15
All other Endocrine, Nutritional and Metabolic Diseases	9	12
Nephritis, Nephrotic Syndrome and Nephrosis	10	11

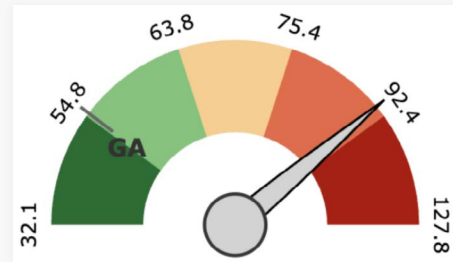


Figure 17. Mortality Rank/ County Comparison to Georgia

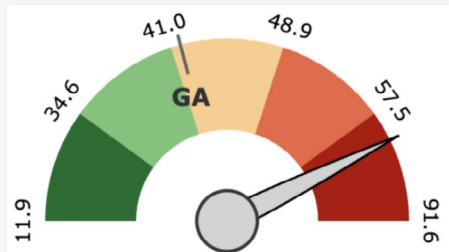
**1. Ischemic Heart and Vascular Disease, n=153**



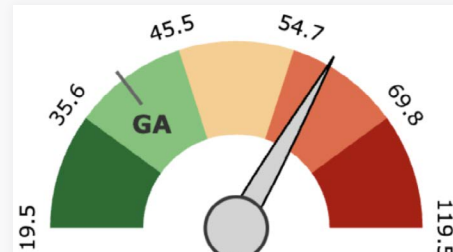
**2. COVID-19, n=128**



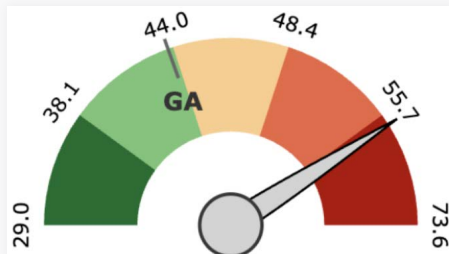
**3. Alzheimer's Disease, n=91**



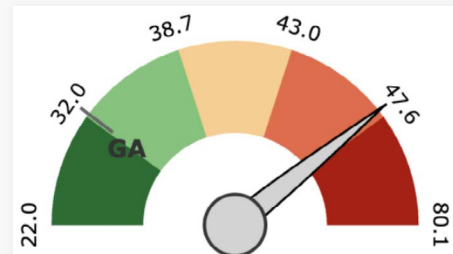
**4. All COPD except Asthma, n=89**



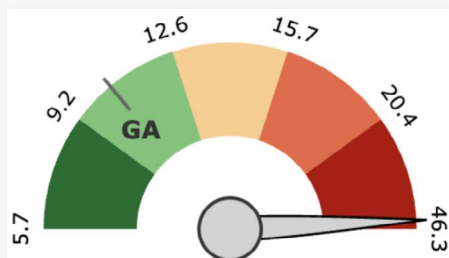
**5. Cerebrovascular Disease, n=76**



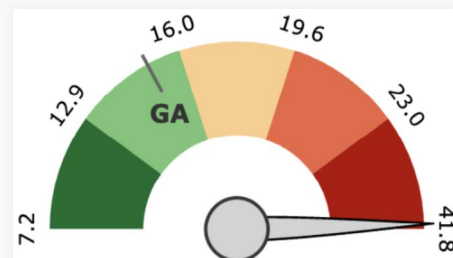
**6. Malignant Neoplasms of the Trachea, Bronchus and Lung, n=74**



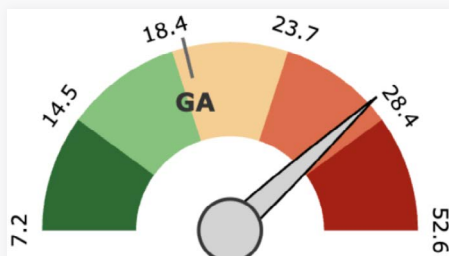
**7. Pneumonia, n=49**



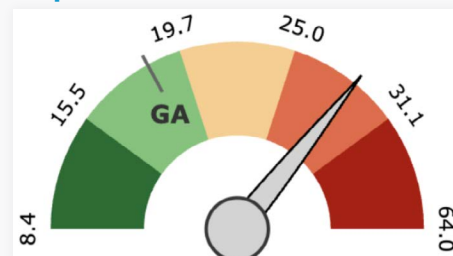
**8. Septicemia**



**9. All other Endocrine, Nutritional and Metabolic Diseases, n=37**



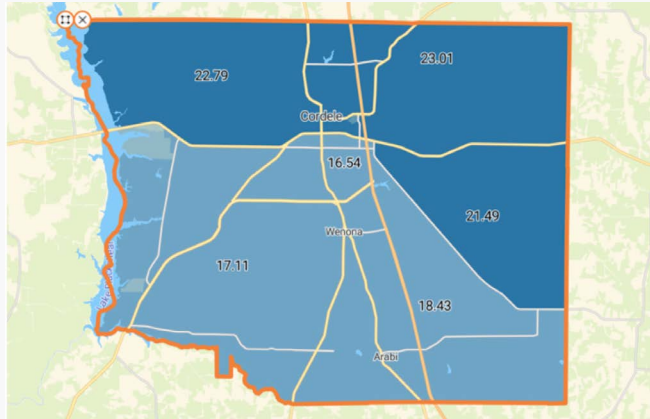
**10. Nephritis, Nephrotic Syndrome and Nephrosis, n=37**





# Secondary Data: U.S. Census Bureau

Figure 1. Percent of Residents 65 years and older by Census Tract (2019-2023)



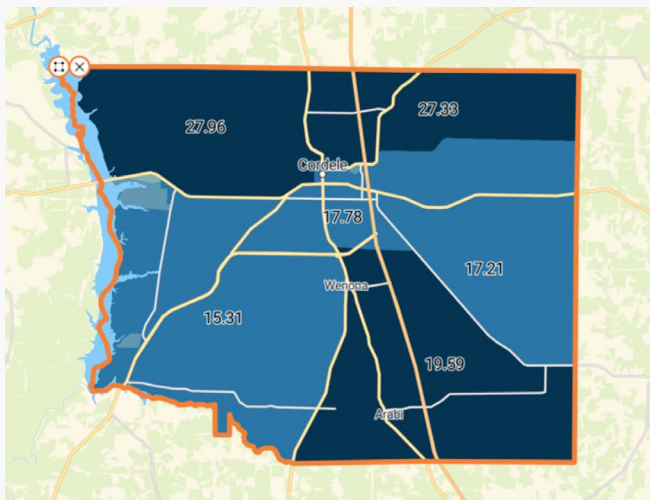
## Estimated percent of all people 65 or older, 2019-2023.

Data Source: Policy Map.

(The darker the color the higher the proportion)

Residents of the northern part of the county are relatively older compared to the rest of the county (21%-23%). The rate is slightly lower in the southern part of the county (16%-18%).

Figure 2. Percent of Residents with Disability by Census Tract (2019-2023)



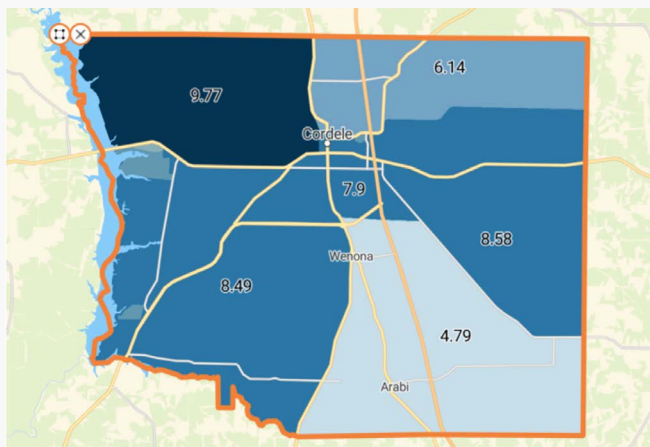
## Percent of Individuals Living with One or More Disabilities, 2019-2023.

Data Source: Policy Map.

(The darker the color the higher the proportion)

A higher proportion of residents residing in the northern and southeastern parts of the county live with one or more disability, with rates ranging from 19% to 27%. The Southwestern part of the county has the lowest rate of 15%

Figure 3. Veteran Population by Census Tract (2019-2023)



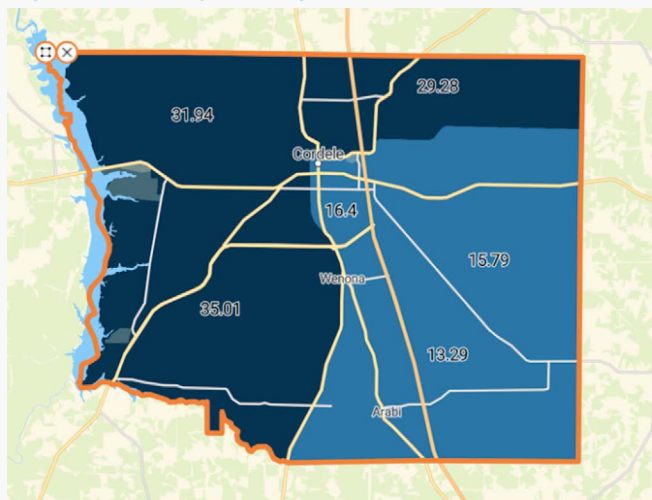
## Percent of Veterans, 2019-2023.

Data Source: Policy Map.

(The darker the color the higher the proportion)

A lower proportion of veterans (8%) live in the southeastern part of the county and a higher proportion of veterans (9%) live in the northeastern.

Figure 4. Poverty Rate by Census Tract (2019-2023)



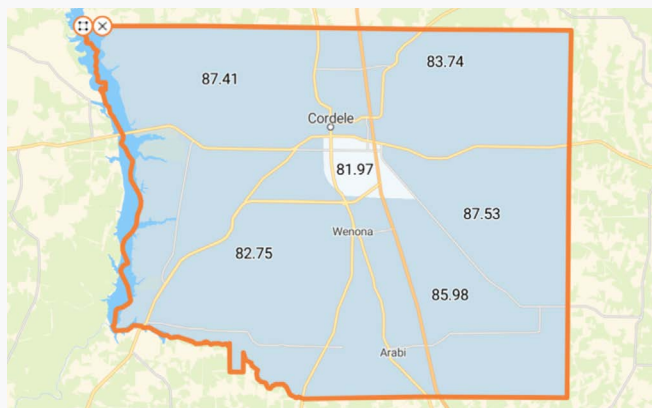
### Percent of Population Living in Poverty, 2019-2023.

**Data Source: Policy Map.**

(The darker the color the higher the proportion)

There is a variation in poverty rates by Census Tract. A higher proportion of residents in the North and southeast part of the county live in poverty (29%-35%). The remaining parts of the county have poverty rates ranging from 13%-16%.

Figure 5. Educational Attainment by Census Tract (2019-2023)



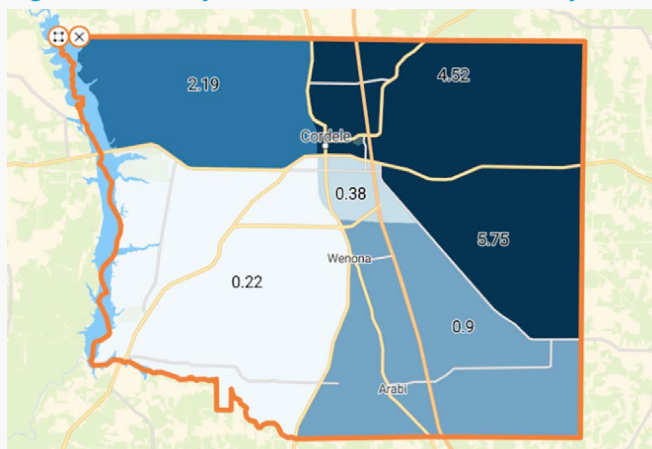
### Percent of Population with at least a High School Diploma 2019-2023.

**Data Source: Policy Map.**

(The darker the color the higher the proportion)

Educational attainment is equal around the entire county ranging from 81%-87.53%.

Figure 6. Nursery and Pre-School Enrollment by Census Tract (2019-2023)



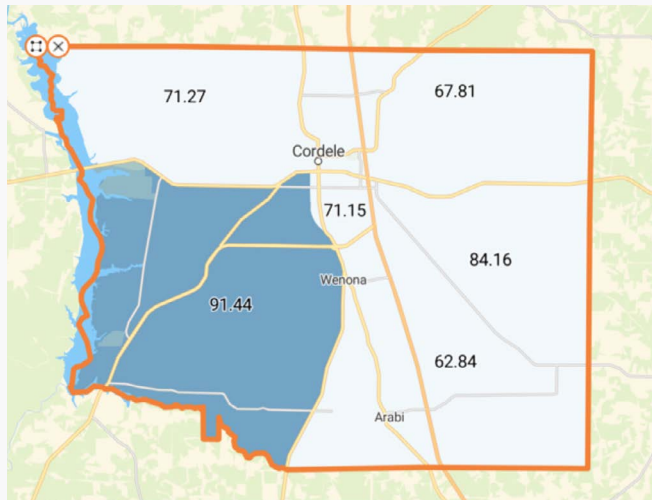
### Percent of 3 years or older enrolled in preschool, 2019-2023.

**Data Source: Policy Map.**

(The darker the color the higher the proportion)

Preschool or nursery enrollment is higher in the northeastern part of the county compared to the rest of the county with respective levels of 4.52%-5.75% vs 0.22%-2.19%.

Figure 7. Household Internet Access by Census Tract (2019-2023)



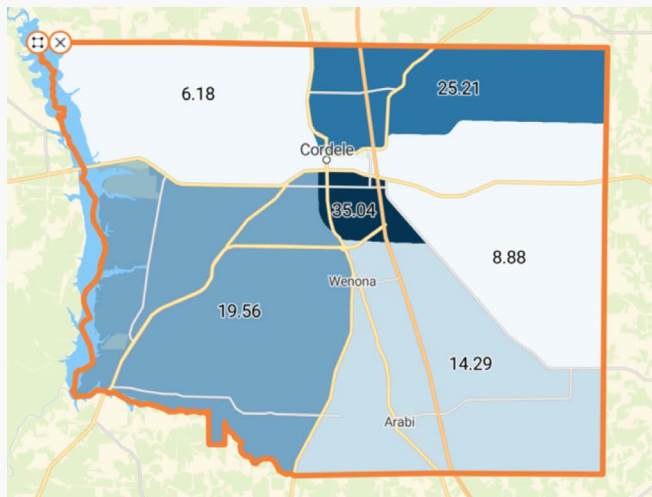
### Percent of Households with Internet Access, 2019-2023.

Data Source: Policy Map.

(The darker the color the higher the proportion)

The proportion of households with internet access was highest in the southwestern part of the county at 91%. It was lowest in the southeastern part of the county at 62%, meaning 37% of that part of the county does not have household internet access.

Figure 8. Homeowner Cost Burden by Census Tract (2019-2023)



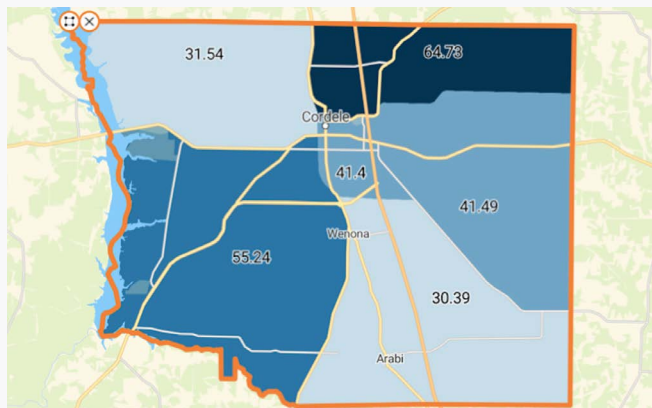
### Percent of Homeowners who are burdened by housing costs, 2019-2023.

Data Source: Policy Map.

(The darker the color the higher the proportion)

The central part of the county's cost burden is higher than the rest of the county at 35%. The northeastern part of the county cost burden us 25% compared to the rest of the county at 6%-19%.

Figure 9. Renter Cost Burden by Census Tract (2019-2023)



### Percent of all Renters who are burdened by housing costs, 2019-2023.

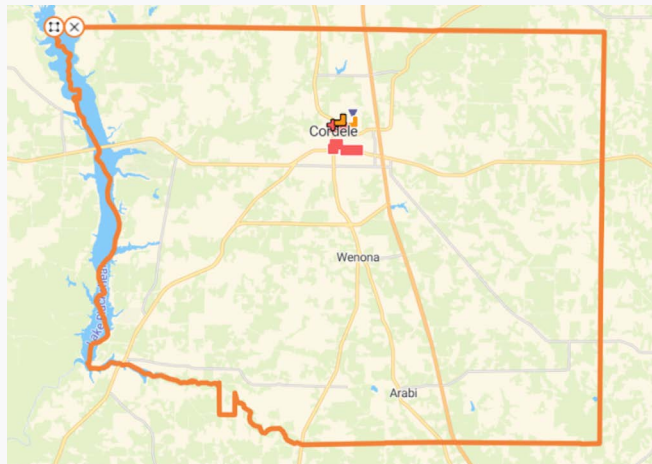
Data Source: Policy Map.

(The darker the color the higher the proportion)

A higher proportion of renters (64%) in the northeast part of the county experience rental cost burden compared to the rest of the county.



Figure 10. Access to Health Services



### Location of Health and Behavioral Health Facilities.

**Data Source: Policy Map.**

(Legend: pink square= community health centers and look-alikes, orange squares= nursing facilities, purple triangle= mental health treatment facility, red cross= hospital)

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

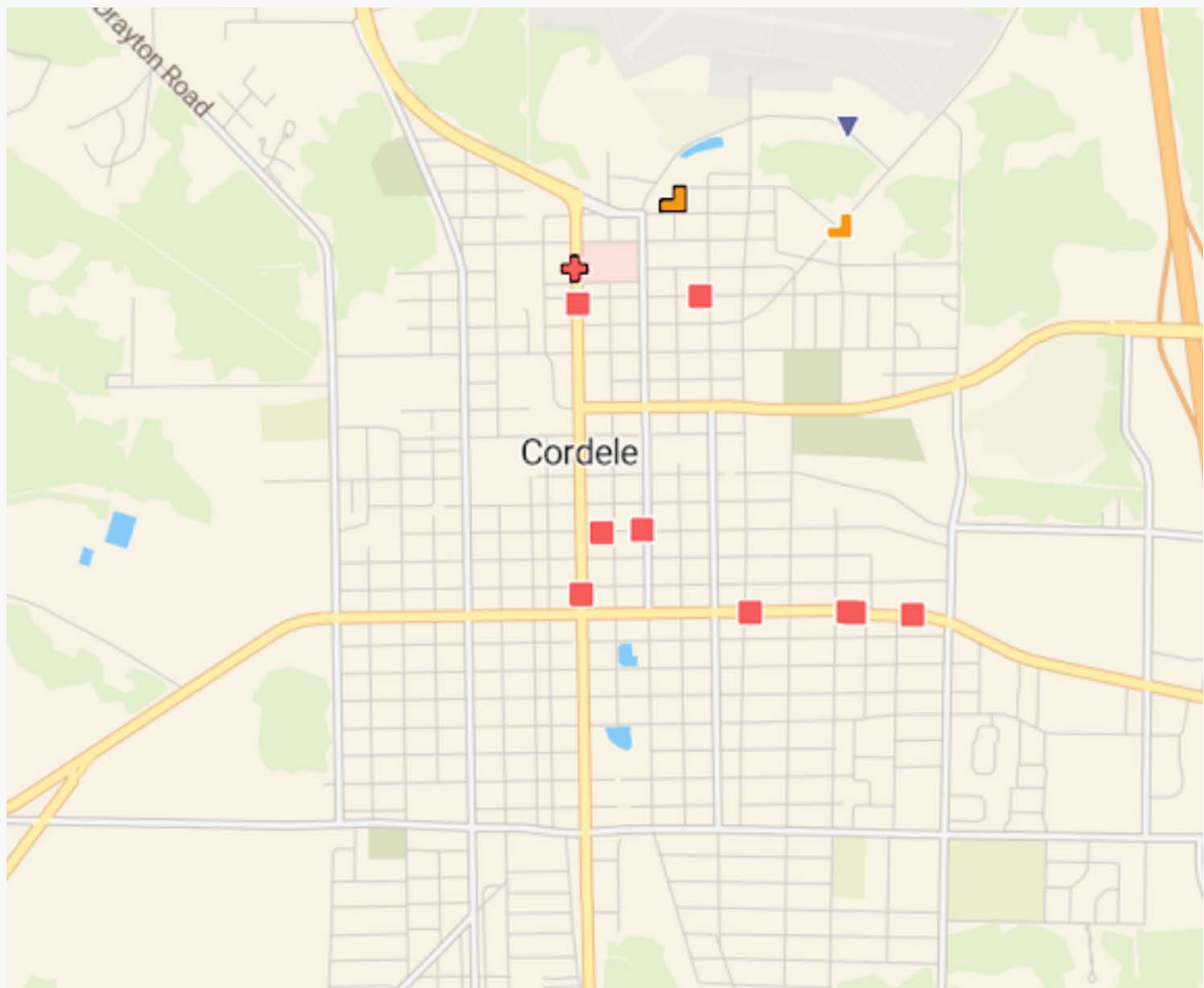
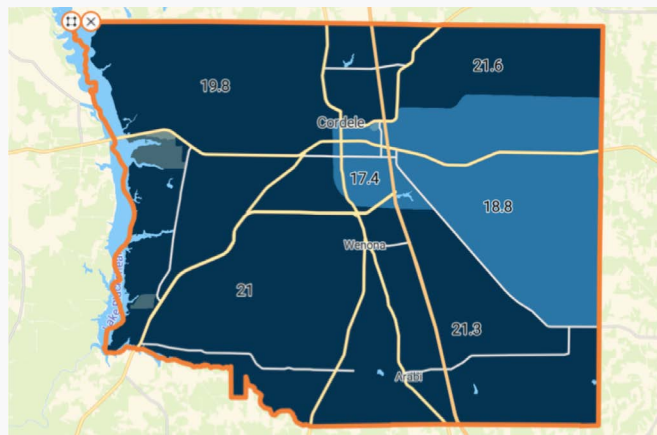


Figure 11. Smoking Rate by Census Tract (2022)



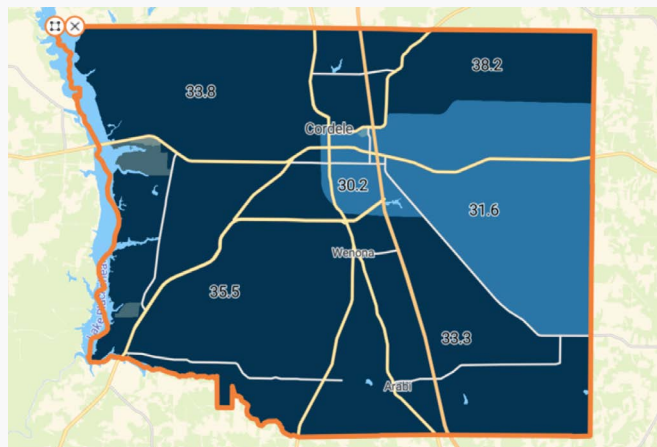
### Percent of Adults who currently smoke cigarettes, 2022.

Data Source: Policy Map.

(The darker the color the higher the proportion)

Smoking rates are consistently high across the county ranging from 17.4% to 21.6%.

Figure 12. Physical Inactivity Rate by Census Tract (2022)



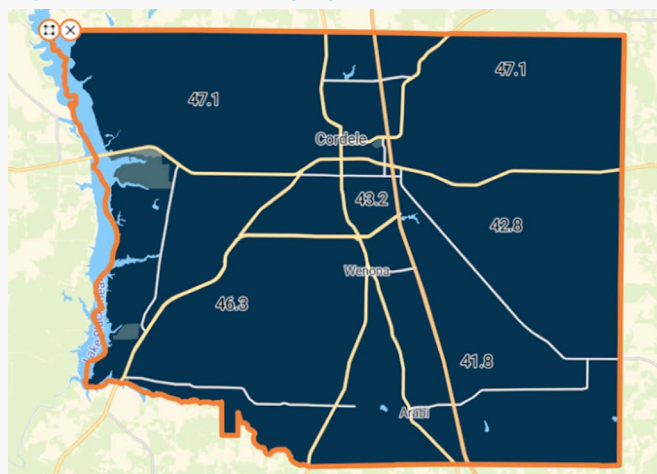
### Percent of Adults physically inactive, 2022.

Data Source: Policy Map.

(The darker the color the higher the proportion)

The rate of physical inactivity is consistently high across the county ranging from 30.2% to 38.5%.

Figure 13. Adult Obesity by Census Tract (2022)



### Percent of Adults reporting to be Obese, 2022.

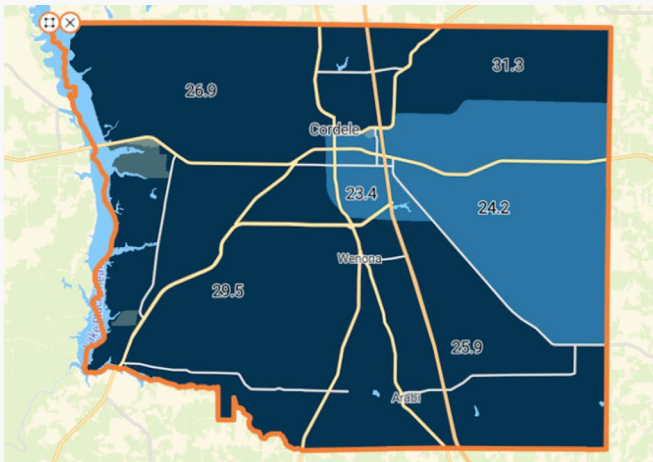
Data Source: Policy Map.

(The darker the color the higher the proportion)

Obesity rates are consistently high in the county, ranging from 41.8% to 47.1%.



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



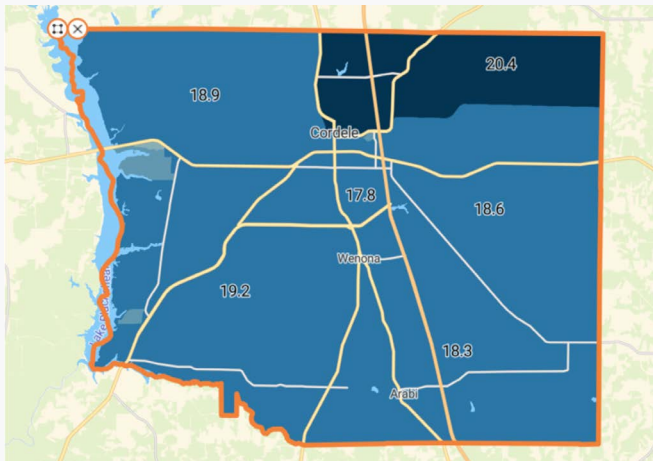
### Percent of Adults reporting poor or fair health in 2022.

**Data Source: Policy Map.**

(The darker the color the higher the proportion)

A higher proportion of adults in the western and northeastern parts of the county reported poor or fair health compared to the rest of the county 25.9%-31.3% vs 23.4%-24.2%.

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



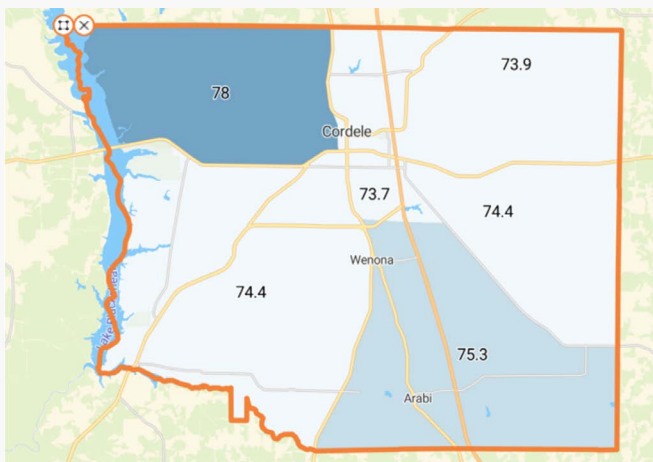
### Percent of adults reporting 14 or more days of poor mental health in the past 30 days, 2022.

**Data Source: Policy Map.**

(The darker the color the higher the proportion)

The proportion of adults was highest in the northeastern part of the county at 20.4%. The rest of the county reported similarly, 17.8%-19.2%.

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



### Life Expectancy at Birth, 2010-2015.

**Data Source: Policy Map.**

(The darker the color the higher the proportion)

Life expectancy is greater for residents in the northwestern part of the County (78 years), followed by the southeastern part of the county (75.3 years). In the remaining parts of the county life expectancy ranges from 73.7-74.4 years old.

# Results: Primary Data

## Community Survey

The community survey examined indicators that were not available from secondary data. This enabled the CHNA team to compare community perceptions and experiences with health outcomes identified through secondary sources. A total of 135 participants completed the online survey. Most respondents were women (70%) and White (86%), with smaller proportions of African Americans (13%) and Other (0.8%). Approximately 61% were aged 55 or older, while only 3.7% were aged 18–24. The majority were married (71%), held a bachelor's degree or higher (64%), and were employed full-time (63.2%). About half reported an annual household income of \$100,000 or more.

**Table 3** presents demographic data from the community survey, which were compared to the 2018–2022 American Community Survey (ACS) 5-Year Estimates for Crisp County. The survey sample overrepresented women, older adults, employed individuals, and those with higher education relative to the county population. These differences suggest the findings may disproportionately reflect the views of more socioeconomically advantaged residents, potentially limiting the generalizability of the results (U.S. Census Bureau, 2023).

*Table 3. Comparison of Community Survey Respondent Demographics with 2018–2022 ACS 5-Year Estimates for Crisp County, Georgia*

	<b>n = 135</b>	
	<b>Survey</b>	<b>Census</b>
<b>Gender</b>		
% Female	70.40%	51.32%
<b>Age</b>		
% 55-64 and older	61.00%	33.17%
<b>Race</b>		
% White	86.40%	51.37%
% African- American	13.00%	45.58%
<b>Education</b>		
% Bachelor's degree or higher	64.00%	14.41%
<b>Employment</b>	63.25%	51.6%

## Focus Groups Interviews

The focus groups interviews expanded the CHNA team's understanding of community perceptions related to health, healthcare access and barriers to care. Focus group findings were organized into two broad categories: community strengths/assets and community health challenges.

Results from the secondary data, community survey, and focus group interviews are presented below as community strengths and challenges. These are organized into two types: (1) aligned findings, which were consistent across all data sources (secondary data, community survey, and focus groups), and (2) mixed findings, which were inconsistent across sources or appeared in only one data source.

### Strengths: Aligned

#### **Hospital's Community Involvement:**

Focus group participants expressed strong community pride in their local hospital and its services, emphasizing the hospital's perceived high quality despite the community's size. They also highlighted hospital's effective communication and collaboration with other local entities, including law enforcement, the health department, and industry, which fosters a well-connected support network.

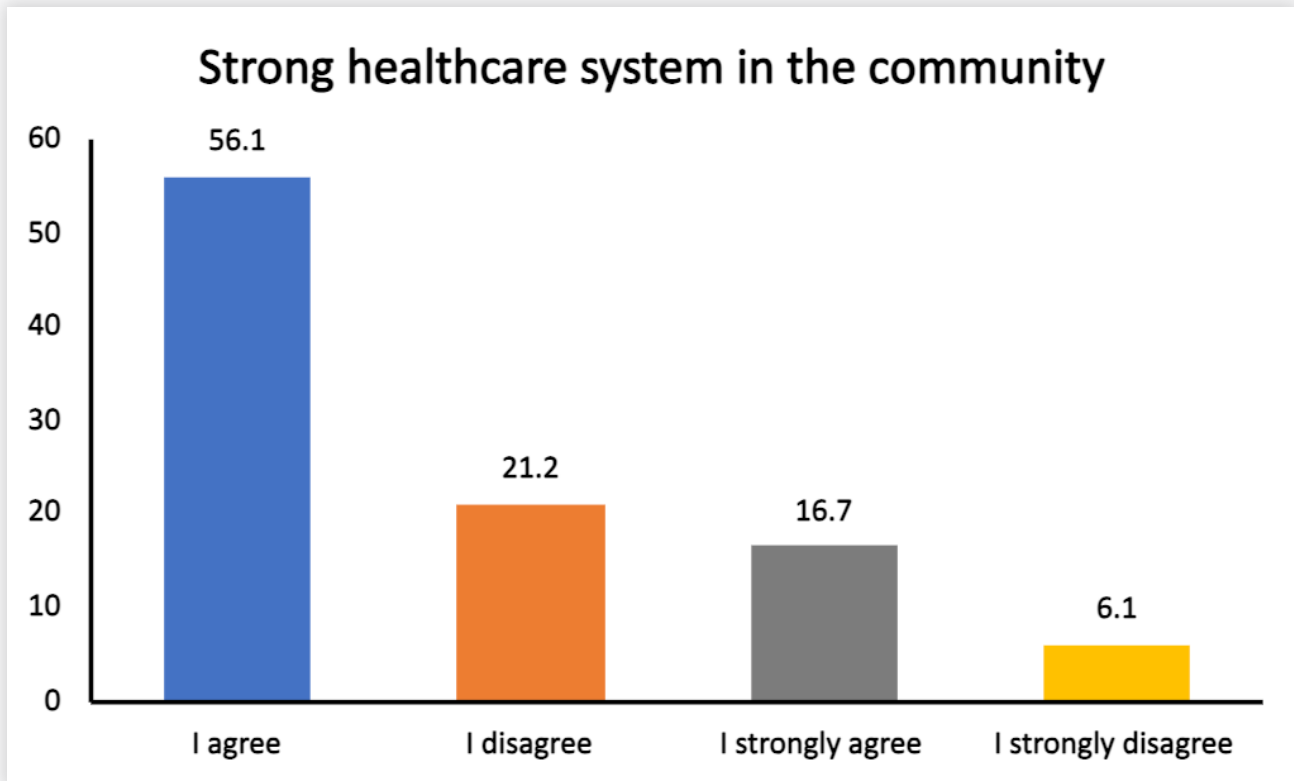
*"We have a group here that serves that need in our community. I feel like, you know we are very proud of our hospital, and then the services."*

*"This community have this size of hospital of this quality in this area. I get that a lot. Whenever I go with patients, they just say how fortunate they are for this community to have a hospital."*

*"The hospital communicates with all other entities, whether it be law enforcement, health department, the job industry. They communicate well and share information in person, so we have a good working network."*

#### **Strong healthcare system in the community**

Survey respondents were asked the extent to which they believed there was a strong healthcare system in the community. Majority of the respondents agreed (56.1%) that there was a strong healthcare system in the community.



Focus group participants also highlighted several strengths that support this perception. Some of the community strengths highlighted during focus group interviews included

#### Healthcare Infrastructure:

Participants described community's access to a wide range of hospital services, including a new surgical center, specialty clinics, and physical therapy.

*"We do have a wide range of different types of physicians available in the community...the hospital has just built a new surgical center...and there is a new building with the clinic that houses also physical therapy, orthopedics care, and general practice care."*

#### Community Collaboration:

Strong cross-sector partnerships were emphasized, including collaboration among the hospital, law enforcement, schools, and behavioral health services.

*"Middle Flint. Pretty active here. We have a very active family connections group... the collaborations between all the entities...probably is one of the biggest strengths and showing the unity of everybody working for the betterment of the community. Well, we have hospital, Chris county sheriff's office, the school system itself... Georgia crisis action, DBHDD, Council on aging during those meeting."*

### Preventive Health Activities:

Participants cited recurring events that promote preventive care, such as health fairs and activities for children.

*"And I'm always seeing things, that they're doing health fairs. They're doing all sorts of activities for the kids. There's a community center now here,"*

### Wellness Resources:

Accessible wellness resources such as affordable gyms, public parks, and walking trails were seen as assets.

*"We have a couple of gyms in the area that has a very reasonable membership by \$25 a month that promote wellness."*

*"...And then we have some other assets like city parks and the hospital have walking paths, walking trails for exercise that are free and open to the public."*

### Strengths: Mixed

#### Community's Initiatives to Stay Healthy: Physical Activity Resources vs. Utilization

Focus group participants acknowledged the availability of local resources for engaging in physical activity (e.g., gyms, trails, parks). However, they emphasized that these opportunities are underutilized by community members.

*"There are 2 things that are needed desperately, and one of them is weight reduction, and the other one is exercise... we had weight watchers here at the hospital could not sustain it, and that people didn't come, and it was almost free... We've tried to run different exercise programs, but the community is not motivated..."*

This disconnect between resource availability and community engagement is reflected in both secondary data and survey results. County Health Rankings indicate that only 46% of Crisp County residents have access to exercise opportunities, well below the state average of 75% (**Table 2**). While 52.6% of survey respondents reported that lifestyle change programs exist locally, only 17.8% expressed willingness to participate (**Table 6**). Correspondingly, reported exercise levels were also low: 38.5% exercised occasionally, 22.2% exercised 1–2 times per week, and 7.4% reported no exercise at all. In addition, 79.7% of survey respondents reported obtaining food from fast food restaurants, suggesting that unhealthy eating patterns may further contribute to poor health behaviors despite the availability of resources.



# Community Health Data and Survey 2025

	Crisp	Dooley	Lee	Sumter	Wilcox	Worth	Turner	Georgia	Source
Access to Exercise Opportunities	46%	31%	53%	63%	NA	38%	22%	75%	2025 County Health Rankings

Health Behavior	Survey Respondents (%)
Participation in Lifestyle Programs	17.8%
Exercise Frequency	
Occasional	38.5%
1–2 times/week	22.2%
None	7.4%
Obtained food from Fast Food Restaurants	79.7%

## Challenges: Aligned

### Health Problems in the Community:

When asked about the most serious health issues affecting the community, focus group participants identified chronic diseases (heart disease, stroke, hypertension, diabetes, obesity), mental health, and cancer as the most pressing.

### Chronic diseases

*"Definitely chronic illnesses, diabetes, hypertension, stroke, cancer, cancer."*

### Mental Health

*"Definitely mental health."*

Survey findings reflected similar concerns. The most commonly reported health problem by survey respondents were overweight/obesity (39.8%), followed by heart disease (37.6%), mental health problems (33.1%), and substance abuse (32.3%). Other frequently cited concerns included diabetes (28.6%), cancer (27.1%), and hypertension (26.07%). **See Table 4.**

*Table 4. Top Health Problems in the Community*

Health Problem	Respondents (%)
Overweight/ Obesity	39.80%
Heart disease	37.60%
Mental Health Problems	33.10%
Substance Abuse	32.30%
Diabetes	28.60%
Cancer	27.10%
Hypertension	26.07%
Substance Abuse	25.29%
Hypertension	20.3%

### **Challenges: Aligned**

#### **Health Conditions Experienced by Respondents or Household members:**

Focus group participants were not asked about the health conditions experienced by them or their family members.

In the survey, participants were asked about top health conditions experienced by them or their household members. The most commonly reported were chronic diseases, including hypertension (67.2%), overweight/obesity (44.5%), diabetes (30.3%), and heart disease (26.1%). Other reported conditions included aging-related problems (40.3%), mental health issues (27.7%), dental problems (21.0%), and cancer (20.2%). **See Table 5.**

*Table 5. Has a healthcare provider ever told you or someone else in your household that you have any of the following conditions?*

Health condition	Respondents (%)
Hypertension/high blood pressure	67.20%
Overweight/obesity	44.50%
Aging related problems	40.30%
Diabetes	30.30%
Mental health problems	27.70%
Heart disease, stroke, heart failure	26.10%
Dental problems	21.0%
Cancer	20.20%

## **Challenges: Aligned**

### **Risk Behaviors: Failure to Follow Medical Advice**

Focus group participants expressed concern about community members limited engagement in preventive behaviors such as routine checkups, healthy eating, and exercise. Even when healthier options were available (e.g., choosing grilled over fried foods), individuals often did not take advantage of them. Participants attributed this to low motivation, stigma, and prevailing cultural norms in the rural South.

*"Most of the even the short orders now carry grilled instead of fried, and they'll have salads and things. But no, we don't make good choices."*

*"We have traditionally pretty poor nutritional choices, or we make bad choices in rural southern areas as far as nutrition goes."*

Survey data supported these concerns. When asked to identify top community risk behaviors in the survey, 57.3% of respondents selected poor eating habits, 39.7% cited lack of exercise, and 26.0% identified not following medical advice. These findings indicate alignment between qualitative and quantitative data regarding the community's limited engagement in preventive care and adherence to medical guidance. **See Table 6.**

**Table 6. Top 5 Risk behaviors in the community**

<b>Behavior</b>	<b>Respondents (%)</b>
Poor eating habits	57.30%
Alcohol abuse	45.0%
Lack of exercise	39.70%
Not following medical advice	26.0%
Dropping out of school	25%
Unsafe sex	18.3%

## **Challenges: Aligned**

### **Healthcare Utilization:**

Focus group participants valued having a hospital in the community but identified limited access to specialty services, particularly mental health and pediatrics, as a major challenge.

*"The hospital is an asset to this community because so many rural hospitals are closing. So when you do have a hospital..., they're providing a service...my experience has been very, very good."*

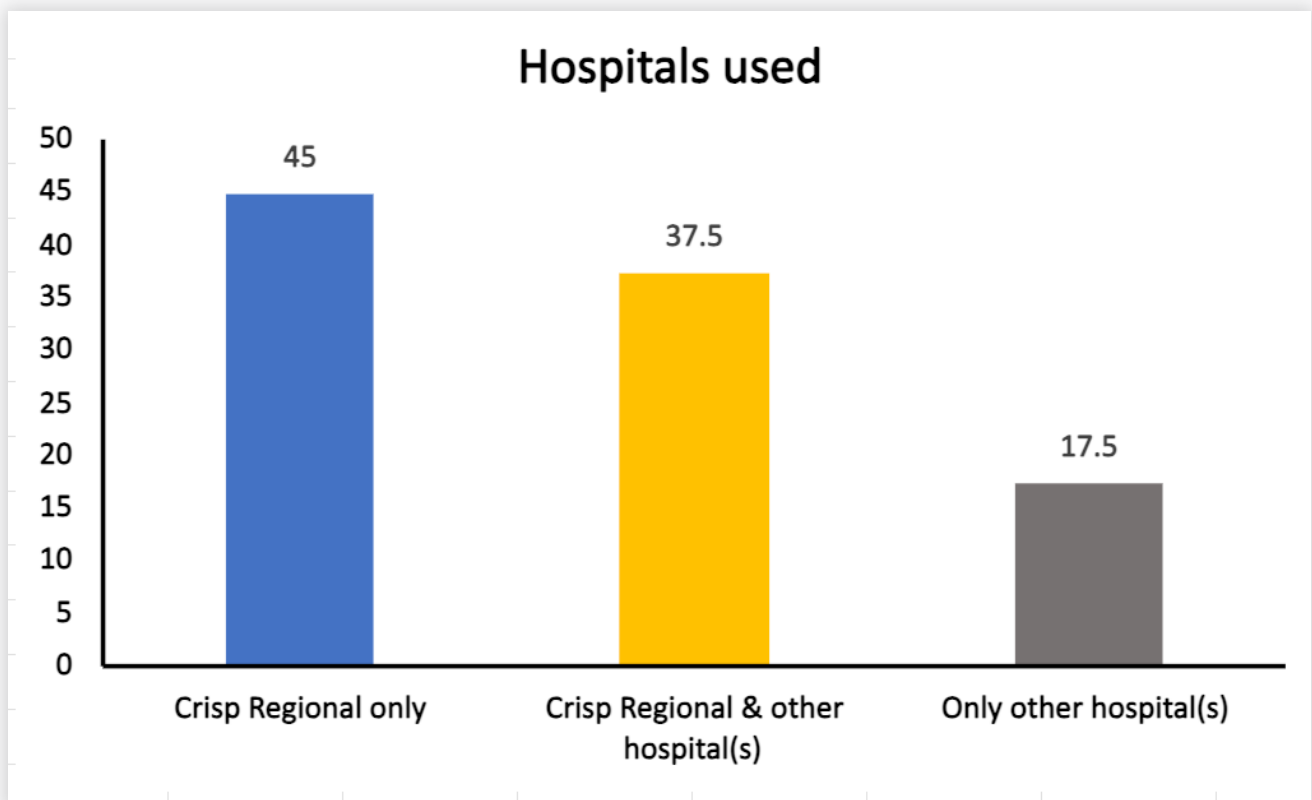
*"We're on the most southern east region for region 6 for mental health, so access, everything for mental health is so far away from us. We have these imaginary lines of zones...We have to go the way to Columbus, 2 hour ride, or to up towards Atlanta."*

*"For pediatrics. That really have to go to Macon, or you know, or Augusta for pediatrics with pediatric specialty."*

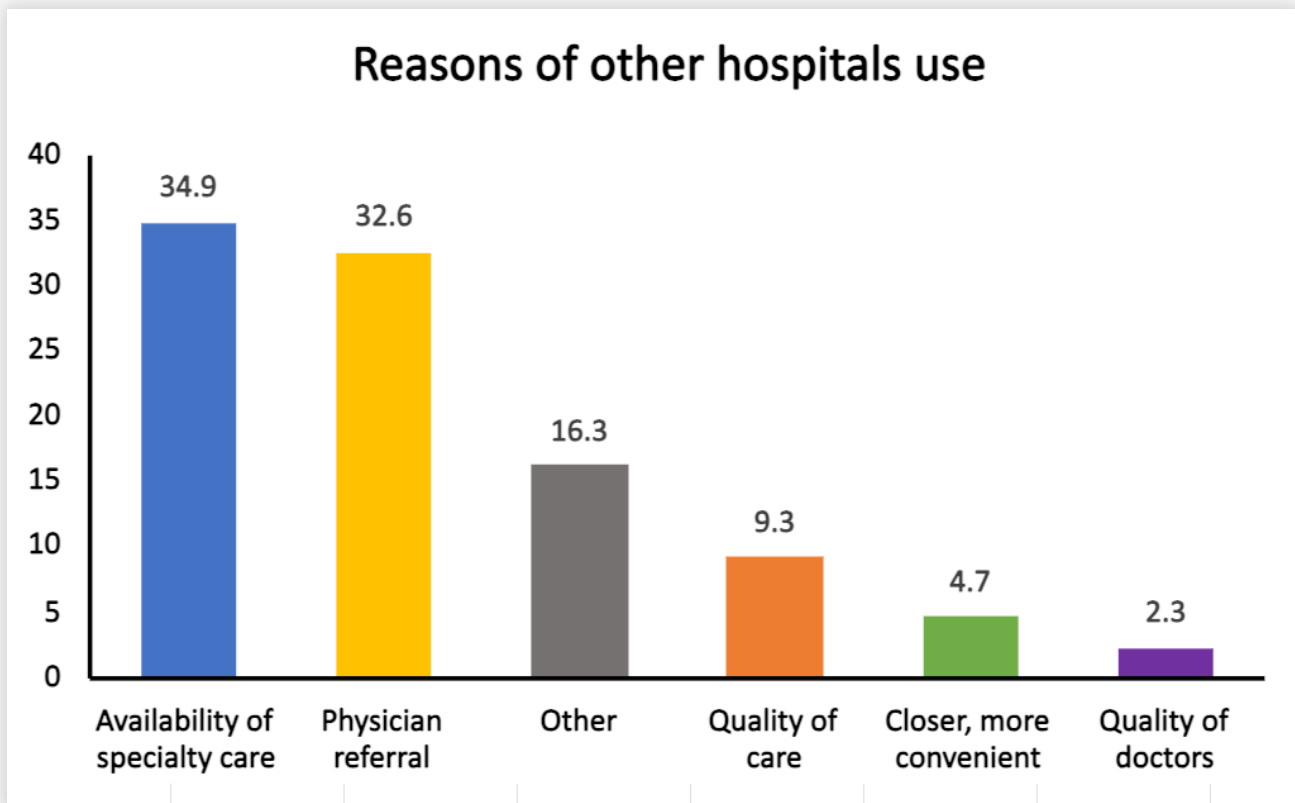
Among survey respondents who used hospital services in the past 24 months, 45% used only Crisp Regional Hospital, 37.5% used both Crisp Regional and other hospitals, and 17.5% used only other hospitals. The most commonly reported reason for using other hospitals was availability of specialty care (34.9%), followed by physician referral (32.6%) and quality of care (9.3%).

This pattern supports the focus group concerns about limited specialty services locally, requiring patients to seek care in other cities. The consistent findings across focus groups and survey data strengthen the validity of this identified barrier to healthcare utilization.

**"At which hospital were services received?"**



### “Why did you use other hospitals?”



### Challenges: Mixed

#### Healthcare Utilization: Use of ED for Primary Care Services

Focus group respondents reported that some community members use the emergency department (ED) for conditions more appropriately managed in primary care. They also mentioned that some individuals travel out of town for healthcare, believing that larger hospitals provide better care.

*“I know people who have regular physicians who would still use the emergency center. Instead of waiting to see the doctor and setting up an account.”*

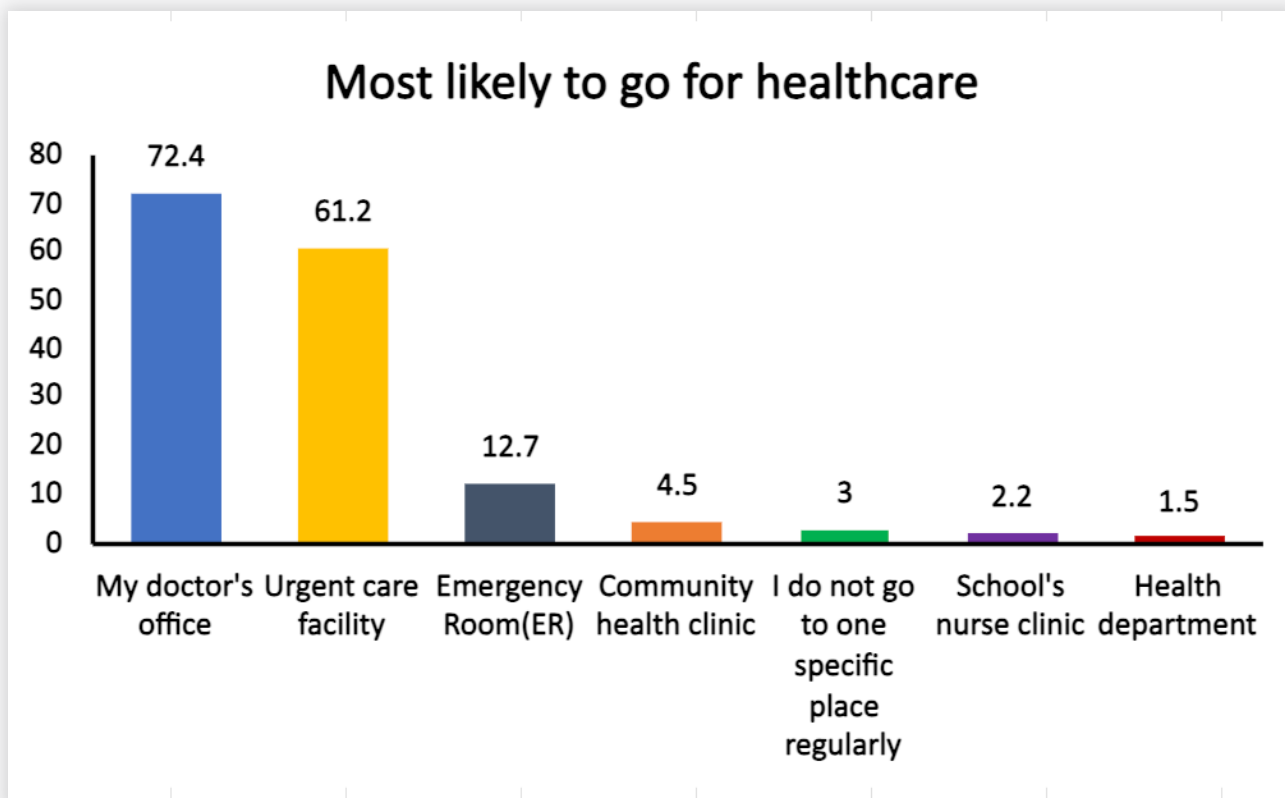
*“We do have people with the big hospital mentality who go out of town for medicine.”*

However, in the survey when asked about healthcare facilities used, the majority of respondents (72.4%) reported visiting their doctor’s office when ill, while a substantial proportion also reported using urgent care (61.2%) and some used the ED (12.7%).

This indicates a mixed pattern where, despite primary care being the preferred option, many community members view urgent care or the ED as more accessible or convenient.



"Where are you most likely to go for care when you or someone from your household is ill?"



#### Challenges: Aligned

#### **Barriers to Care**

Focus group participants identified several barriers limiting healthcare access.

#### **Cost and insurance barriers**

High healthcare costs and inadequate insurance coverage were prominent concerns.

*"If you don't qualify, for, you know, one of the Medicaid programs. It's (healthcare) quite expensive, salaries are low...cost of living is still pretty high in this area."*

*"Lack of health insurance...Health insurance piece, right? It's a, you know, the lack of dental insurance or vision insurance."*

#### **Lack of specialty care**

Access to specialty services, especially vision and mental health care, is insufficient locally.

*"Sort of a lack of providers, too. There's only 2 vision providers in this city or in this county."*

*"We're on the most southern east region for region 6 for mental health, so access, everything for mental health is so far away from us. We have these imaginary lines of zones...we need some type of behavioral health or some type of mental health."*

## Transportation issues

Transportation difficulties were frequently cited as a significant impediment to healthcare access.

*"Oh, in this area transportation or lack of transportation, I think, impacts us as well."*

## Inefficiencies in the healthcare system-long delays and fragmented billing

Focus group participants described long wait times and fragmented billing processes as barriers that reduce access and increase frustration.

*"When I knew I had a heart issue, it took me 6 weeks to get in. I was referred in February. My appointment is in July now. But the system is not really, accessible in a lot of places."*

*"I had an experience, where my kidney shut down. I was seen in the ER, I was put in ICU, ... I got a bill from the ER, I got a bill from the doctor... I had an ICU bill, and so when I went to figure out how much I owed, it was just off that one bill. It wasn't all the different bills that I had. So when I set up a payment plan, I had some that went to collection, so when I call them. Oh, no, you're paying for this one, but you have all these other ones, and I had no idea. ...being more transparent with who you're gonna get billed from, how much it's going to be would help. Even with coverage, the unknown is scary."*

Survey results aligned with these barriers. A majority reported (21.1%) work hours as a barrier to accessing healthcare. This may also be suggestive of lack of appointments after work hours of the community members. Additionally, 8.3% cited difficulty getting timely appointments, 12.8% reported co- pays/ deductibles as a barrier to accessing care and 9% reported not having convenient service providers. **See Table 7.**

**Table 7. What barriers, if any, keep you or other people in your household from accessing health care?**

Responses	% of Respondents
Work hours	21.1%
Cannot afford co-pays or deductibles	12.8%
No convenient service provider	9.0 %
Cannot get a timely appointment	8.3 %
No health insurance	6.0%
Medical provider will not take my health insurance	4.5%
Transportation	3.8%

## **Challenges: Mixed**

### **Community members-related issues impacting healthcare use**

#### **Gaps in healthcare awareness**

Focus group participants highlighted gaps in healthcare awareness, describing that many residents lack awareness of local services, preventive programs, and healthcare support resources.

*"I don't feel like the community are always aware of the different community agencies and community services that are that are here to help them. I do think we could do better."*

*"A lot of people are definitely not aware of the service that we provide to seniors as well as to their caregivers."*

#### **Cultural norms and attitudes toward healthcare seeking**

Participants described cultural norms in the rural South that influence healthcare-seeking behaviors, including delaying or avoiding care despite clear health needs. Men were noted to be less likely to engage with health services. Additionally, prevailing dietary habits were seen as barriers to lifestyle changes.

*"We know you're really in pretty bad shape... Don't you want to be seen? They just sit back and say, 'Not really.'"*

*"Sometimes there's also a stigma as well in accessing health care...I guess you could say men versus women if you kind of think about it that way as well. Sometimes men, they are less likely to access healthcare versus women."*

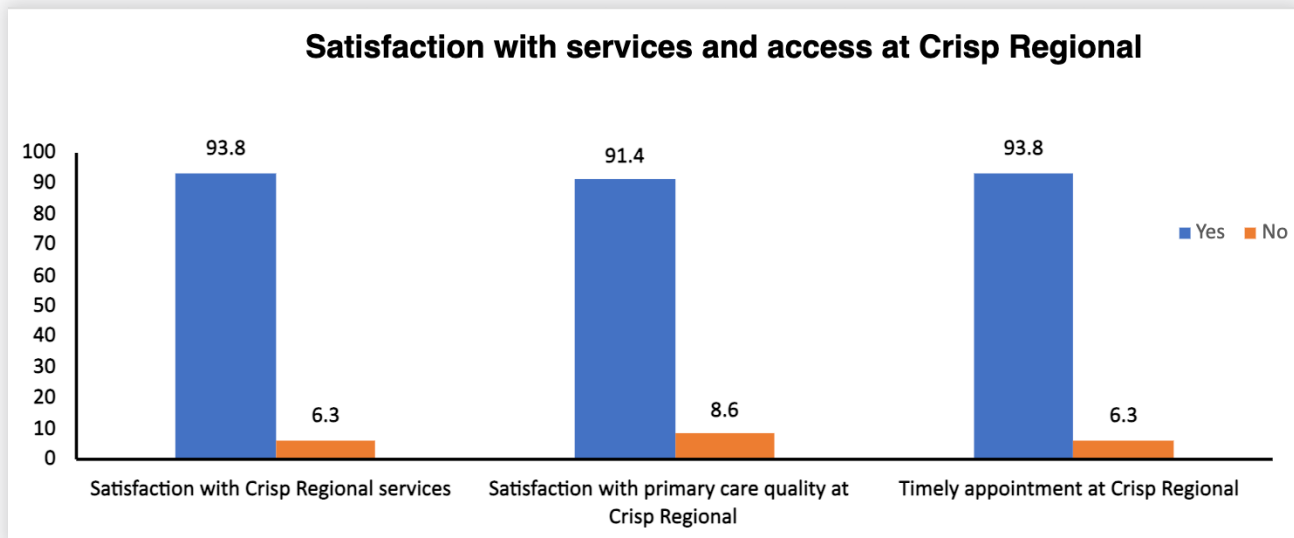
*"We have traditionally pretty poor nutritional choices, or we make bad choices in rural southern areas as far as nutrition goes."*

#### **Communication barriers**

Participants also shared communication challenges, especially for non-English speakers. The lack of bilingual staff was identified as a substantial barrier for the sizable Hispanic population in the area.

*"I think one of the issues that we have is a language barrier. We have a very large Hispanic population in Porteo and when they go to the doctor they have to take someone with them that can speak English. Just don't have the facilities here. Just don't have a lot of bilingual employees."*

Although focus group participants reported several barriers to healthcare utilization, the majority of survey respondent expressed satisfaction with Crisp Regional services. Specifically, 93.8% were satisfied with the overall services, 91.4% with the quality of primary care, and 93.8% reported receiving timely appointments.



### Services Needed to Improve Health in the Community

Focus group participants identified several key areas requiring improvement to enhance healthcare in the community. The topics are discussed below.

#### Mental health services

Participants emphasized geographic and administrative barriers limiting access to mental health care. They described their region as under-served due to restrictive mental health zoning, necessitating long travel to Columbus or Atlanta for services. There was strong advocacy for rezoning or establishing more accessible regional services in South Central Georgia.

*“we’re on the most southern east region for region 6 for mental health, so access for mental health is so far away from us. Diminishment of capacity with mental health is bad. Redistricting has been discussed, I know, for years. So, redefine the districts, different health districts, different mental health districts, so that it makes more sense that you have your area of coverage in your area, not a 2 hour drive away.”*

#### Public outreach and community motivation

Participants reported that preventive health services and programs were largely unavailable in the community and past efforts to promote exercise and weight reduction were unsuccessful due to low community motivation. They emphasized the need for strategies to engage residents in adopting healthier behaviors.

*“We don’t have really health clubs. We don’t have Weight Watchers... there are two things that are needed desperately... weight reduction and exercise... We’ve tried to run different exercise programs, but the community is not motivated. I don’t know how you motivate and unmotivated people, but you have to have some way of motivating.”*

## Transportation

Limited transportation options were consistently reported as a major barrier to accessing medical care. Participants expressed that providing transportation services would facilitate attendance at appointments.

*"Transportation, because a lot of people can't get to these appointments and go to the doctors because of the lack of transportation."*

*"the hospital was operating one at one time that they received a grant. and the service was very widely used, because during the grant the service was free, and people took advantage of it. They got to their doctor's appointment. They came to the hospital for whatever labs they need, because we picked them up from home, and we return them back."*

## Affordability and complexity of healthcare costs

Concerns regarding affordability and billing transparency were frequently raised. Participants described actual and perceived costs discouraged people from seeking care.

*"Initial response would be access with affordable health care."*

*"They're told an appointment will cost them so and so, but... they're getting 3 and 4 bills from different offices."*

## Services Needed to Improve Health:

Survey respondents identified the following top areas for improving community health: mental health services (63.8%), substance abuse treatment (46.2%), improved access to healthcare (34.6%), and services for seniors (33.1%). Additional needs included transportation for vulnerable populations (26.9%) and pharmaceutical assistance (18.5%). **See Table 8.**

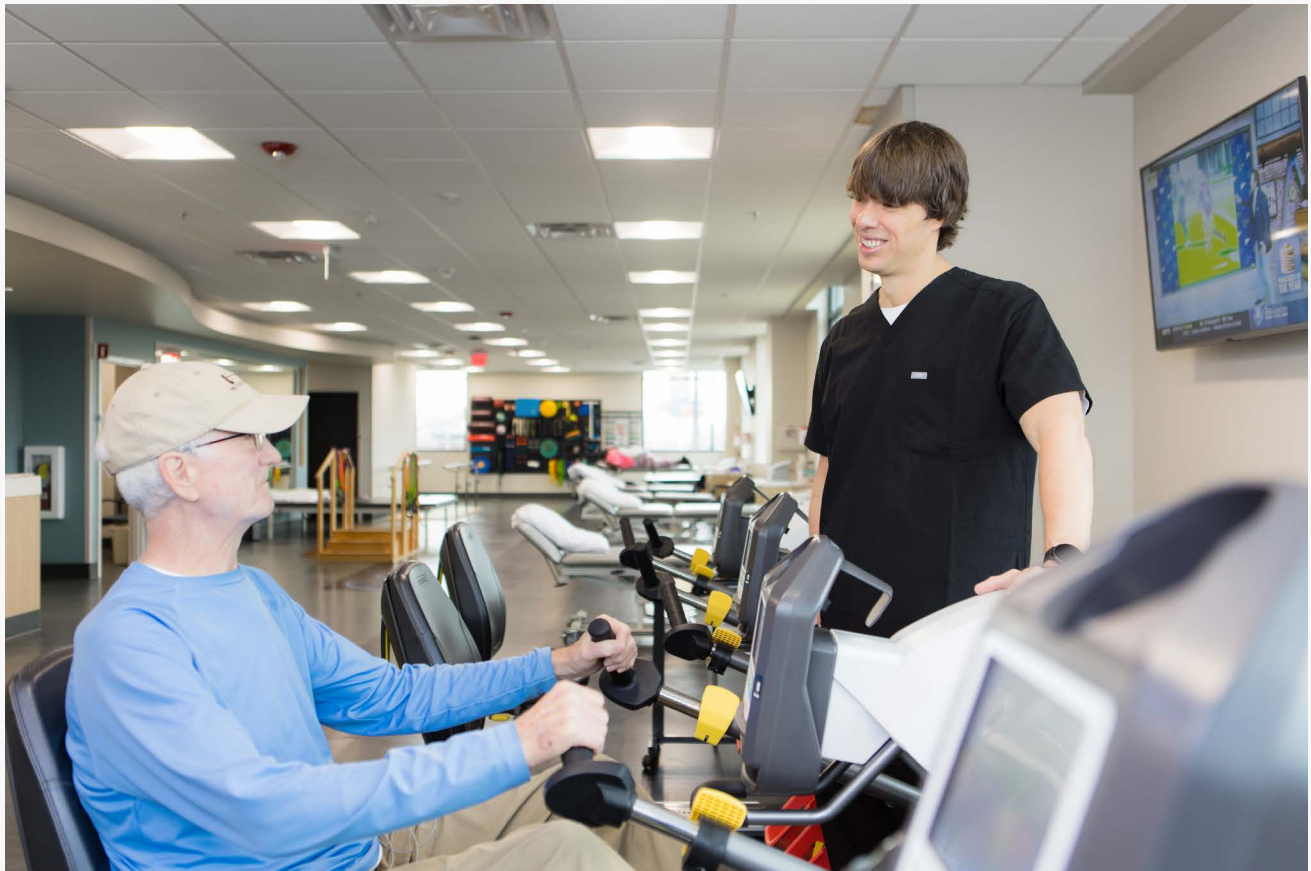
**Table 8. Top areas that would improve the health of the community**

Responses	% Respondents
Mental Health Services	63.8%
Substance abuse treatment	46.2%
Improved access to healthcare	34.6%
Services for seniors	33.1%
Transportation for indigent/ Medicaid/ elderly	26.9%
Additional services for Medicaid/indigent patients	20.0%
Pharmaceutical assistance	18.5%



Furthermore, in response to an open-ended survey question about additional services for Crisp Regional, respondents identified a wide range of suggestions to improve or expand local healthcare. The community clearly expressed the need for expanded specialty services at Crisp Regional Hospital to reduce travel burdens and enhance access. High-demand specialties included cardiology, ENT, mental health (including pediatric behavioral health), pulmonology, neurology, oncology (radiation therapy), and urology. Participants also requested enhancements to primary care services such as improved lab and radiology access, dental care, and women's health services including birthing support and parenting classes.

Non-clinical needs were highlighted, including better parking, transportation for vulnerable populations, employee childcare, and community education programs focused on disease prevention, mental health, breast cancer screening, and healthy lifestyle promotion. Additionally, several respondents emphasized the importance of supportive services for elderly patients, including assistance with transportation and health literacy. Overall, these requests underscore the need for Crisp Regional to prioritize recruitment of specialists and develop patient-centered services. A full list of additional services requested by the survey participants is provided in *Appendix B*.



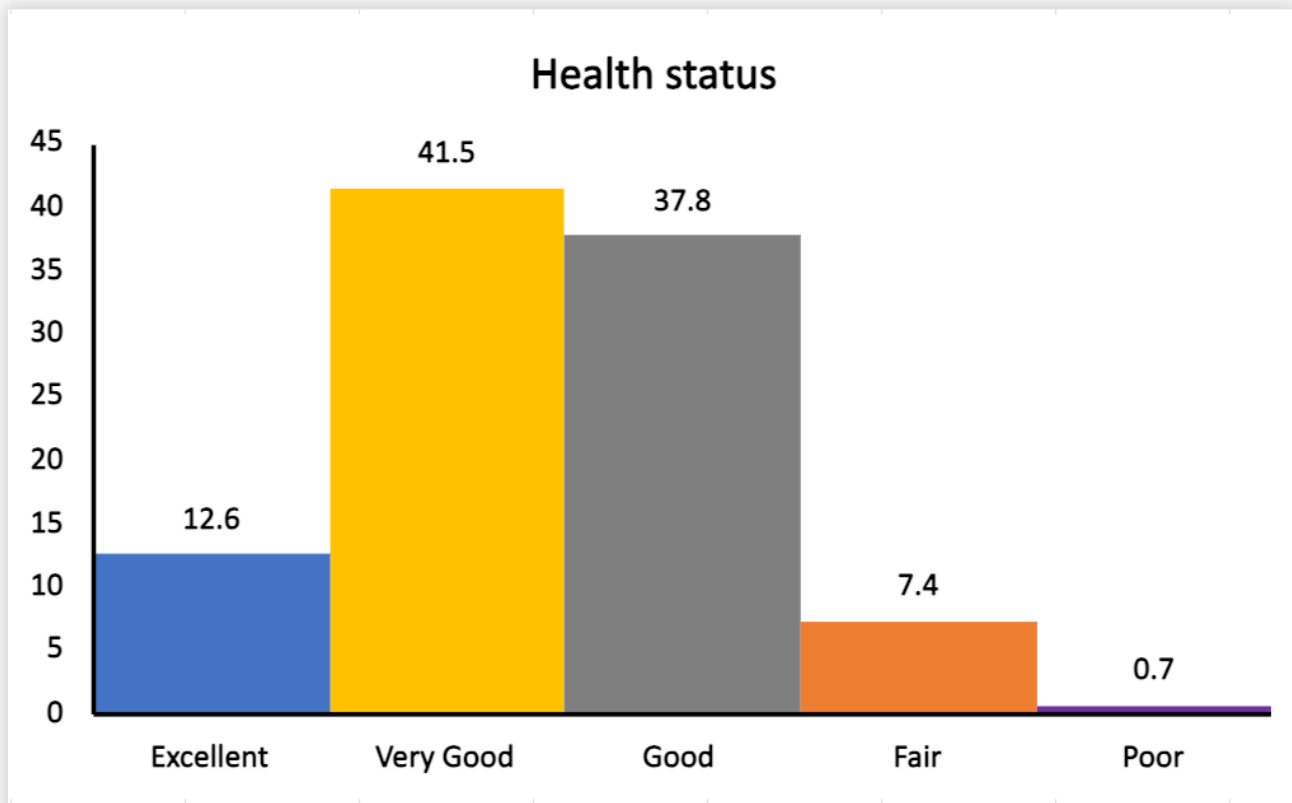
# Miscellaneous Results

## Personal Health and Healthcare of the Survey Respondents

This section summarizes health and health seeking behaviors of the respondents. They were asked about their overall health status, insurance coverage, preventive care, barriers to accessing healthcare, and healthcare seeking behaviors.

### Overall health status

Majority of the survey respondents had good health status with 37.8% reporting “good” and 41.5% reporting “very good” health status.



### Mental Health

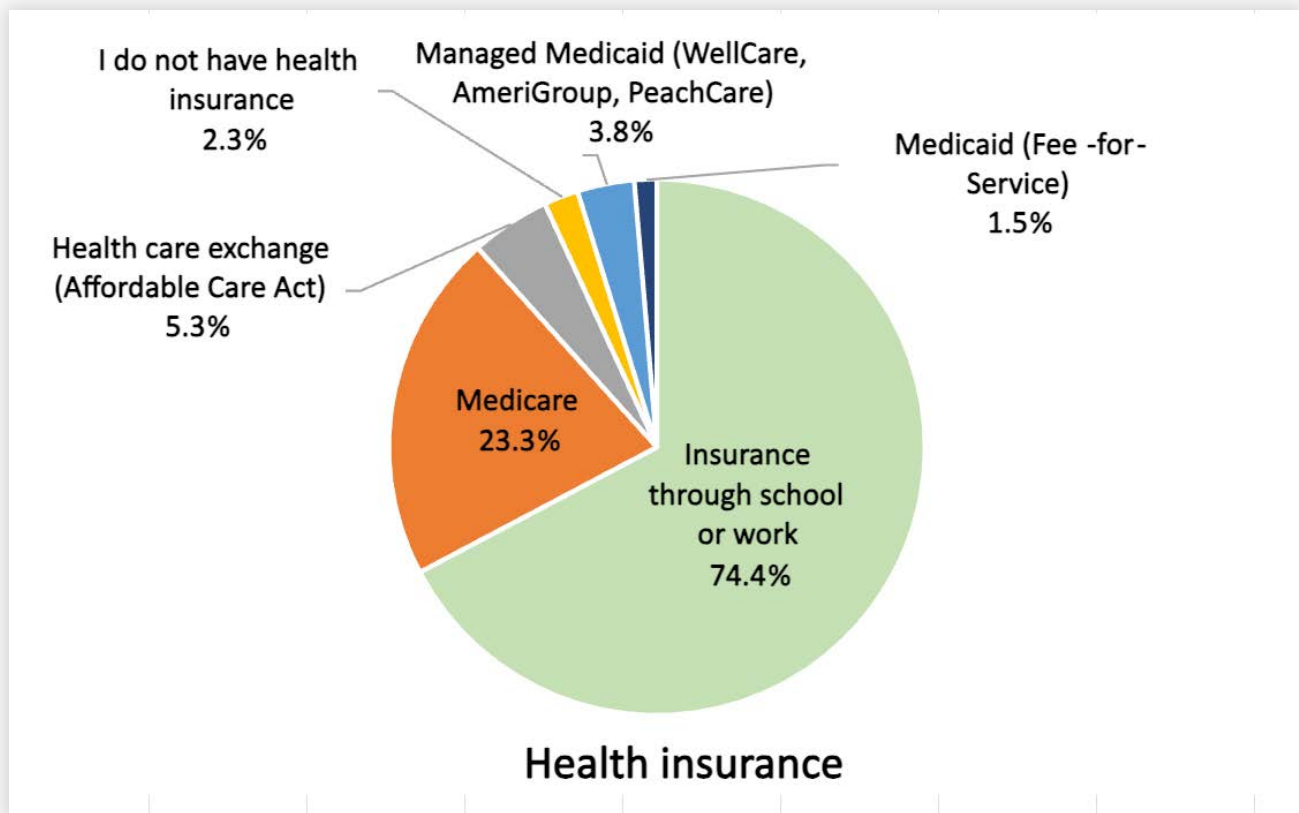
About 44.4% of the respondents reported never feeling depressed, while 18.5% reported feeling depressed sometimes. These findings suggest the presence of underlying mental health concerns within the community.

How often, in the past 30 days, have you felt down, depressed, or hopeless?

Frequency	Percentage
Never	44.4%
Rarely	32.6%
Sometimes	18.5%
Almost Always	3.0%
Always	1.5 %

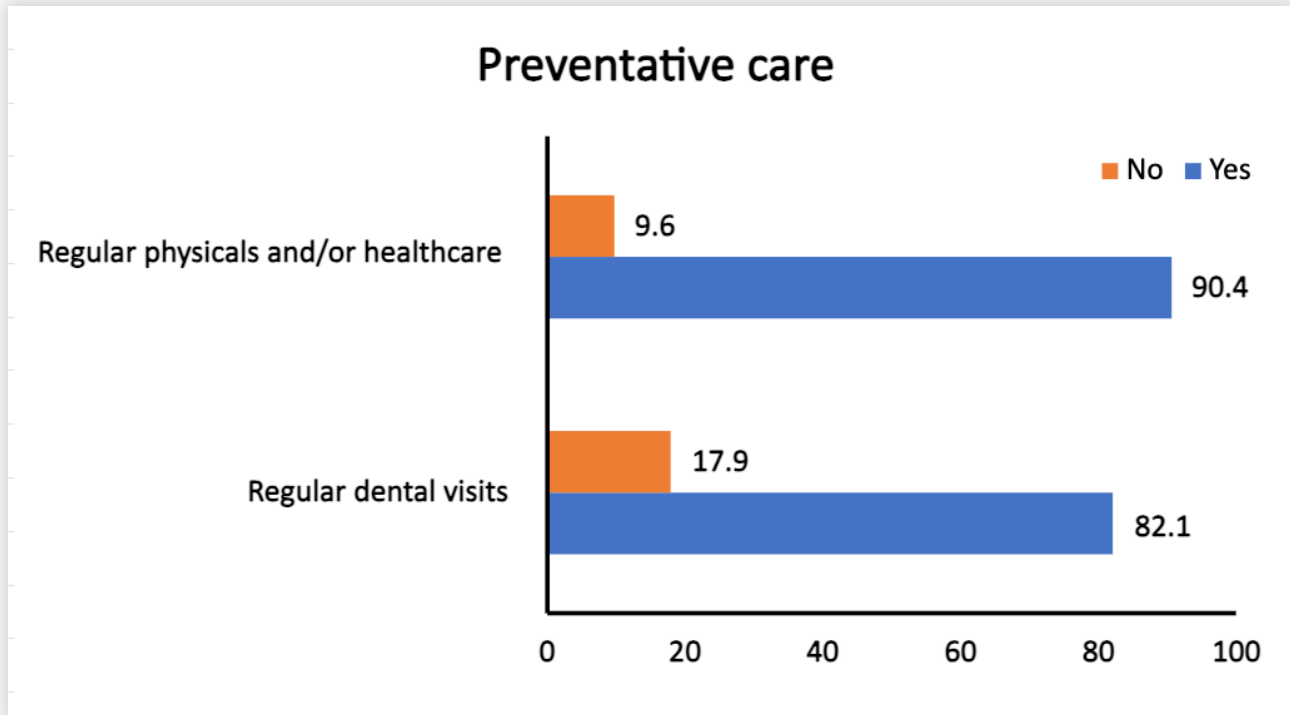
### Health Insurance

Majority of the survey respondents had insurance through work/school (74.4%). About 23.3% had Medicare insurance, and only 2.3% did not have any insurance.



### Preventive care utilization

Most of the survey respondents utilized preventative care services. About 90.4% had regular physicals and 82.1% reported regular dental visits. However, only 48.6% of women reported performing monthly breast self-exams.



### Type of CRH services use

Radiological imaging (X-rays, MRI, CT scan, ultrasound, mammogram) was the most commonly used service (75.4 %), followed by laboratory services (52.3%) at the Crisp Regional.

About 40% used outpatient services, 36.9% used physician services, and 30.8% used urgent care.

### If you went to Crisp Regional, what hospital services were used?

Type of Service	% of Respondents
Radiological Imaging (X-rays, MRI, CT scan, ultrasound, mammogram)	75.4%
Laboratory services	52.3%
Outpatient services	40.0%
Physician services	36.9%
Crisp Regional Urgent Care	30.8%
Inpatient services	12.3%
Cancer/Oncology	4.6%
Other	1.5%

## Health Behavior Habits

The following section describes health related behaviors like exercise, fruit and vegetable consumption, and tobacco use.

While 79.3% of survey respondents rated their health as very good or good, many reported suboptimal health behaviors. About 38.5% exercised occasionally, 7.4% reported no exercise, and only 10.4% exercised five or more times per week.

### Exercise behavior

Frequency of exercise	Percentage
Not at all	7.4%
Occasionally	38.5 %
1-2 times each week	22.2%
3-4 times each week	21.5%
5 or more times each week	10.4%

### Fruits and vegetables intake

Most respondents (70.4%) consumed only 1–2 servings of fruits and vegetables daily. Only 4.4% met the recommended intake of 5 or more servings. These findings may help explain why obesity remains a top health concern in the community.

#### How many servings of fruits and vegetables do you eat each day?

Servings of fruits and vegetables per day	Percentage
0	4.4%
1 to 2	70.4%
3 to 4	20.7%
5 or more	4.4%

### Tobacco and alcohol use

Of the participants who completed the survey, 7.6% reported using tobacco products. Cigarettes/cigars/pipe were the top products used (60%), followed by e-cigarettes (10%).

About 47% reported consuming at least one alcoholic drink in the past 30 days. Of those who drank, the majority (58.7%) reported consuming only one drink. About 36.5% consumed 2–3 drinks, and a small proportion (4.8%) consumed 4–5 drinks. No respondents reported consuming 6 or more drinks.

Substance Use	Percentage	Breakdown Among Users (%)
<b>Tobacco Use</b>	7.6%	
● Cigarettes/Cigars/Pipe		60.0%
● E-cigarettes		10.0%
<b>Alcohol Use (past 30 days)</b>	47.0%	
● 1 drink		58.7% of drinkers
● 2–3 drinks		36.5% of drinkers
● 4–5 drinks		4.8% of drinkers
● 6 or more drinks		0% (none reported)





Unwavering  
**Commitment**

# Prioritization of Community Needs

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The UGA COP CHNA team analyzed and submitted key findings from all three data sources to the CRH Steering Committee in June 2025.

The Steering Committee will meet to review these findings and determine the priority health needs of the community. During this process, the Committee will debate the merits or values of the community's priorities, considering the resources available to meet these needs. The following questions will be considered by the Steering Committee in making the priority decisions:

- Do community members recognize this as a priority need?
- How many people are affected by this problem in our community?
- Is the number of affected people growing?
- Is the problem greater in our community than in other communities, the state, or region?
- Is the problem getting worse?
- Is the problem an underlying cause of other problems?
- What happens if the hospital does not address this problem?
- Are resources available to meet these needs?



# Implementation Strategy

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The final step in completing the CHNA was the development of an implementation strategy to sustain community engagement and ensure accountability in addressing identified health needs. Although the Affordable Care Act (ACA) mandates that the hospital's governing body adopt an implementation strategy within 4.5 months following the completion of the CHNA (Stephens, 2015), the ACA does not specify how the strategy should be developed nor does it require community input or widespread dissemination of the strategy.

Crisp Regional Hospital, in partnership with the Archway Partnership, is committed to exceeding these minimum requirements. The hospital recognizes the importance of ongoing collaboration with local stakeholders to promote transparency and foster trust within the community. As such, the implementation strategy will be publicized and regularly updated to track progress toward addressing the community's prioritized health needs.

To facilitate this process, a diverse group of CHNA Steering Committee members has been identified to lead both the development and execution of the implementation strategy. This team will work closely with community members and partner organizations to ensure that the strategy remains responsive to evolving community health priorities and that there is meaningful community participation at every stage. The ongoing engagement aims to align hospital resources effectively with community needs and to enhance the overall impact of health interventions in the region.



# Appendix A

The following section shows the demographic results from the community survey:

## Survey Participants Demographics (n=135)

		N	Percentage
<b>Gender</b>	Female	95	<b>70.4</b>
	Male	40	29.6
<b>Race/Ethnicity</b>	White, Non-Hispanic	114	<b>86.4</b>
	Black/African-American	17	12.9
<b>Age group</b>	18-24	5	3.7
	25-34	11	8.1
	35-44	13	9.6
	45-54	24	17.8
	55-64	45	<b>33.3</b>
	65 or older	37	<b>27.4</b>
<b>Marital status</b>	Married/Living together	94	<b>71.2</b>
	Single/Divorced/Widowed	69	26.95
<b>Degree</b>	Advanced	47	<b>35.1</b>
	Bachelor	39	29.1
	High school or GED	17	12.7
	Some college	15	11.2
	Associate	16	11.9
<b>Employment</b>	Full-time	84	<b>63.2</b>
	Part-time	11	8.3
	Retired	26	19.5
	Self-employed	8	6.0
	Unemployed	4	3.0
<b>Income</b>	\$100,000 or more	67	<b>50.0</b>
	\$75,000 to \$99,000	21	15.7
	\$50,000 to \$74,000	15	11.2
	\$25,000 to \$49,000	18	13.4
	Under \$25,000	3	2.2
	Don't know/not sure	10	7.5



# Appendix B

## Community Survey: Additional Services Requested for Crisp Regional

ENT
Cardiology
Mental Health Coaching
Allergy
Better parking
Cardiac
Any health services that would better support the community which does not already exist.
Cardiologist that are here in Cordele so I don't have go Albany or Macon
I am very satisfied with current services. However, I would like for CRH to recruit more physicians to our community, with an emphasis on specialist.
Detox
Disease and Sickness Prevention Workshops
Mental Health hospital
Pulmonology
I'm not well informed on this subject. My family and I are generally in good health, so are not as aware of all that is available. All our needs have been met, but I'm sure there are more to come as we age. Treatment for cancer, heart, stroke, trauma such as vehicular accidents and gunshot wounds, mental illness. Transportation for low income, elderly, and disabled individuals.
Quicker access to services such as lab or radiology.
There is a huge need for education on breast health for those that are scared to get a mammogram due to the way they were treated by crisp regional staff. the hospital does not have a policy or program for those people to go through. The hospital needs to get a less invasive form of cancer detection like Tifton does.
More elderly assisted services like helping them get to and from hospital and someone who can better explain medical terms to them and help them understand what is going on. More awareness on mental issues, abuse in families/domestic, and more awareness on exercise and heating healthy.

Birthing, breastfeeding, and parenting classes for expecting parents.

1) Behavioral Health/Therapy. I have been driving to Phoebe for 5 years because they offer this service, directly across from their main building. Unlike Cordele where the only option is Careconnect or Middle flint. I prefer neither. Also- PEDIATRIC MH & Behavioral Therapy would help a ton in the community. 2) WOMENS HEALTH- Care Connect is the only OB in town and they are THE WORST. Honestly surprised that their hasn't been more malpractice cases filed with them. Besides the fact that CC as a whole is garbage, this office is horrible. Crisp Regional has a FABULOUS (day shift) Labor and Delivery staff, but the rooms haven't been updated since I feel 1997. You can't even move in there- especially while in labor and every midwife, nurse, etc is in there. THEN you have to look at your blood on the ground the whole time because you stay in the same room for delivery and post-partum. I chose to drive to Warner Robins for my second child and wouldn't go back to CR for another child. Many of my peers have done the same. 3) DENTAL- our teeth play a HUGE part in our health. Many can't afford the care. 4) PEDIATRICS- We need to create an environment specifically for children. The ER/ 2 South is obviously very scary for them and not all staff are good with children. I've witnessed it firsthand. It doesn't have to be much but a room or two on 2 north and a different side to the ER for children would be excellent. Many parents avoid CR and go straight up north because of this. 5) Childcare for EMPLOYEES ONLY. Daycares are scarce in Cordele and hard to get a spot for your child. Also- working 7-7 or 6-6, the employee (especially single parents) don't have the availability to drop their kids off or pick them up. With employee childcare- they children could have the same schedule as the parent. This would allow more jobs (could even collab with the schools/colleges for early childhood -on the job training) and many parents to get back in the work field.

an ENT (ears, nose and throat doctor)

exercise membership

Crisp Hospital for our communities is great, other major medical issues at any smaller communities always go to the larger cities and hospitals for Medical Care, such as heart transplants and other major issues.

Cardiology and psychiatry. Cardiology is a huge need. I should not have to travel for cardiac testing. Out of town cardiologists seem to distrust other doctors and services available locally.

Mental health counseling

Primary doctor, lab work, x rays

Transportation

Cardiac care

more dietary help for seniors

Weight loss surgery, Another urologist ENT



Radiation oncology, Neuro/cardiac services
Another urologist
NEUROLOGY, cardiology, ENT
neurologist
A RADIATION CENTER BUILT HERE IN CORDELE BECAUSE PEOPLE WITH CANCER WHO HAS TO HAVE RADIATION TREATMENT HAVE TO GO TO SURROUNDING COUNTIES SUCH AS ALBANY, TIFTON, & HAWKINSVILLE.
Depending on evidence-based data of the city, surrounding counties, and patient visits, services provided should cater to the needs of the results from this research.

# Appendix C

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## **Crisp Regional Hospital—Crisp County Health Needs Assessment Focus Group Facilitator Guide**

**Principal Investigator:** Henry N. Young, PhD  
College of Pharmacy  
(706) 542-0720  
hnyoung@uga.edu

### **1. What are some of your community's assets and strengths that promote health and wellness of the community residents? (In other words, what are we doing well with respect to the health of our community?)**

Probe: Can you name a few community resources/assets that promote health and wellness?

Probe: Are there any specific things that people in your community do to help them stay healthy? (E.g., exercising, eating healthy, using preventative care)

### **2. Do you think the community is aware of the locally available resources/services in the community?**

Follow up: If yes, how do people in your community find out what health resources/services are available in the area? (E.g., hospital, or clinic where you see your doctor, public library, local government agencies, online)

### **3. What would you say are the 4 major health related issues in your community?**

Probe: any issues in terms of disease (obesity, diabetes, substance abuse), lack of health education, lack of exercise, access to care etc.

Follow up: Are there any specific groups of people who are impacted by these health problems (e.g. age groups, socioeconomic groups, sections of town)?

### **4. What suggestions or recommendations do you have for addressing the health issues you mentioned?**

### **5. Where does the community usually get health care services when they need it? (In other words, where have you gone and/or where do people go for health care?)**

Probe: What about specialty care? Where do people go for it?

Probe: What about mental and behavioral health care? Where do people go for it?

Follow up: In general, where do uninsured and under-insured individuals go when they need health care?

**6. What are the biggest barriers that keep people in the community from accessing health care services? (E.g., Insurance, availability of providers, transportation, cost, language/ cultural barriers, accessibility, awareness of services)**

Follow up: What about access to dental and vision care? What about mental health services?

**7. What would help to remove barriers that may be affecting the access and use of local health services by the community as a whole?**

Probe: Availability of providers, transportation, funding, health education

**8. On a scale of 1 to 10, with 1 being the worst, 5 being average, and 10 being the best, how would you rate Crisp Regional Hospital? Consider things like the quality of services, ease of getting an appointment, range of services provided, and overall satisfaction.**

Follow up: Why did you chose this rating?

Follow up: How can this rating be improved?

**9. What additional services, if any, would you like to see provided at Crisp Regional Hospital?**

**10. Is there anything we haven't covered in this discussion that you think is important?**

# Appendix D

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## UNIVERSITY OF GEORGIA

### CONSENT FORM

#### CRISP COUNTY - COMMUNITY HEALTH NEEDS ASSESSMENT (CRH-CHNA)

#### Community Health Needs Assessment (CHNA) Team Statement

We are asking you to take part in a focus group as a part of the Crisp County Community Health Needs Assessment (C-CHNA). Before you decide to participate in this group, it is important that you understand why it is being done and what it will involve. This form is designed to give you information about CHNA so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the focus group facilitators if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the focus group or not. This process is called "informed consent." A copy of this form will be given to you.

#### Principal Investigator

Henry N Young, PhD

University of Georgia, College of Pharmacy

706.542.0720 or hnyoung@uga.edu

#### Purpose of the Study

The Crisp County Community Health Needs Assessment is being conducted to collect information about your community's needs, assets, and resources.

#### Study Procedures

If you agree to participate, you will be asked to ...

- Participate in a 1-hour focus group with other community members. This focus group will ask you about the available needs and resources in your community.

#### Risks and discomforts

- We do not anticipate any risks from participating in this group.
- However, your name will not be used in any reports or study documents.

## Benefits

By participating in this group, you will help us learn valuable information about your community, including the resources that are currently available and areas where the community may need more assistance.

## Audio/Video Recording

Focus groups will be audio recording to ensure we collect all important information that is shared. The Research Assistants will listen to these recordings and make notes based on the information you provide. Your name will not appear on any of the notes and the recording will be destroyed within one year after the C-CHNA is completed.

Please provide initials below if you agree to have this interview audio recorded or not. You may still participate in this study even if you are not willing to have the interview recorded.

\_\_\_\_\_ I do not want to have this interview recorded.

\_\_\_\_\_ I am willing to have this interview recorded.

## Privacy/Confidentiality

The audio recordings will be stored securely at the University of Georgia's College of Pharmacy. No one will have access to these recordings other than the C-CHNA team.

The project's records may be reviewed by departments at the University of Georgia responsible for regulatory and project oversight.

The C-CHNA Team will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law. Information may be used for future studies and/or shared with other researchers after the identifiers have been removed, without additional consent from the participant.

Even though the investigator will emphasize to all participants that comments made during the focus group session should be kept confidential, it is possible that participants may repeat comments outside of the group at some time in the future.

## Taking part is voluntary

Your involvement in the group is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

If you decide to stop or withdraw from the group, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the data and may continue to be analyzed.



### If you have questions

The main faculty lead conducting this study is Henry N Young, a professor at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Dr. Young at hnyoung@uga.edu or at (706) 542-0720. If you have any questions or concerns regarding your rights as a focus group participant, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

### Subject's Consent to Participate in Focus Group:

To voluntarily agree to take part in this focus group, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form and have had all of your questions answered.

_____	_____	_____
Name of Facilitator	Signature	Date
_____	_____	_____
Name of Participant	Signature	Date

Please sign both copies, keep one and return one to the focus group facilitator.



Accessible  
healthcare

# Crisp County Healthcare Resources

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

## Assisted Living Facilities

<b>Easter Seals Crisp Options for Living (for women)</b> Physical address: 508 E. 27th Avenue, Cordele, GA Home office: 1906 Palmyra Road, Albany, GA 31701 800-365-4583 229-271-9788 229-439-7061	<b>Cordelia Manor</b> 1307 Blackshear Road Cordele, GA 31015 229-273-1173
<b>Easter Seals Options for Living (for women)</b> 310 Collier Street Vienna, GA 31092 229-268-6546	<b>Blackshear Retirement Villas</b> 1110 Blackshear Road Cordele, GA 31015 229-273-2405
<b>Easter Seals Options for Living (for men)</b> 1140 Oak Street Unadilla, GA 31091 478-627-9295	<b>Southern Home Care Services, All Ways Caring</b> 515 E 3rd Avenue Cordele, Georgia 31015 229-469-8249

## Adult Daycare

<b>Innovative Senior Solutions Adult Day Care Centers</b> 101 E. 4th Avenue Cordele, GA 31015 866-928-3670	<b>Reginald Barry Jr. Senior Center</b> 115 East 24th Avenue Cordele, GA 31015 Gwen Ford, Manager (229) 273-1183 cordele_center@bellsouth.net
<b>Easter Seals Cordele Day Solutions</b> <b>(Day-hab for people 18 yrs. and older with disabilities)</b> 601 E. 13th Avenue Cordele, GA 31015 229-276-1540	
<b>Easter Seals Vienna Day Solutions</b> <b>(Day-hab for people 18 yrs. and older with disabilities)</b> 1906 Palmyra Road, Albany 31701 800-365-4583	

## Birth Certificates

Cordele Health Department  
111 E. 24th Avenue  
Cordele, GA 31015  
229-276-2680

## Blood Donations

American Red Cross  
1.800.RED.CROSS (P) 1.800.733.2767 (P)  
[www.redcross.org](http://www.redcross.org)

OneBlood  
1214 N. Patterson Avenue, Suite N  
Douglas, GA 31533

## Breastfeeding Resources

Crisp Regional Hospital Lactation Consultants  
(requires physician order)  
229-276-3180

Breastfeeding Information  
[www.breastfeeding.com](http://www.breastfeeding.com)

Crisp Regional Breastfeeding Support Group  
Meets 2nd Friday every month from 1-3 pm  
Women's Center OB suite, 110 East 4th Avenue

La Leche League of GA Hotline  
404.681.6342

## Car Seat Resources and Safety

Georgia State Patrol  
208 GA Hwy 300  
South Cordele, GA 31015  
229-276-2330

Crisp County Health Department  
111 E 24th Ave  
Cordele, GA 31015  
(833) 337-1749

Crisp County Fire Rescue Station (1)  
112 Eddie Rd  
Cordele, GA 31015  
(229) 276-2660

Safe Kids World Wide  
<https://ucsg.safekids.org/>

## Cancer Support Services

American Cancer Society  
323 Pine Avenue  
Albany, GA  
229-446-1073

Crisp Regional Oncology  
902 7th Street N  
Cordele, GA 31015  
229-276-3361

## Children and Family Support Services

<b>Crisp County Department Family &amp; Children Services</b> 107 W. 23rd Avenue Cordele, GA 31015 229-401-3001	<b>The Gateway Center</b> 511 E. 3rd Avenue Cordele, GA 31015 229-273-0600
<b>Southwest Georgia United</b> 123 S. 7th Street Cordele, GA 31015 229-273-8582	<b>ALL GA KIDS</b> 877.255.4254 (P)
<b>Crisp County Community Council, A Georgia Family Connection Collaborative</b> 1129 N. 5th Street Extension Cordele, GA 31015 229-271-1054 Ext. 22	<b>CASA</b> (Child Appointed Special Advocate) 210 S. 7th Street Cordele, GA 31015 229-513-3195
<b>Crisp County Office of Child Support Services (OCSS)</b> Serving: Ben Hill, Crisp, Dooly & Wilcox 305 16th Ave East Cordele, GA 31015 877-423-4746	

## Clothing Resources

<b>Houston Baptist Association</b> 2116 North Hwy 41 Cordele, Georgia 31015 229-273-4127	<b>The Fuller House</b> 205 E. 15th Avenue Cordele, Georgia 31015 229-271-8000
<b>Hand of Hope Inc. (non-profit thrift store)</b> 1205 South 7th Street Cordele, GA 31015 229-417-5000	

## Counseling

<b>Middle Flint Behavioral</b> 1335 N. 5th Street Extension Cordele, GA 31015 229-276-2367
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## Crisis Intervention

<b>Department of Juvenile Justice</b> 412 E. 16th Avenue, #D Cordele, Georgia 31015 229-276-2740	<b>Middle Flint Behavioral Disorders</b> 1335 N. 5th Street Cordele, Georgia 31015 229-276-2367
<b>United Way of Southwest Georgia Help Line</b> Albany, Georgia 31708 229-883-6700	<b>National Domestic Violence Hotline</b> 800.799.7233 (P)

## Dental (Low-Income)

<b>Kids on low income</b> <b>Medicaid, Peach Dr. Brad Ford, DMD</b> 301 East 16th Avenue Cordele, Georgia 31015 229-273-3828	<b>Dr. Darryl Chapman, Sr., DDS</b> 706 E. 16th Avenue Cordele, Georgia 31015 229-273-7800
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## Developmental Needs

<b>Babies Can't Wait</b> <a href="http://www.health.state.ga.us/programs/bcw">www.health.state.ga.us/programs/bcw</a>	<b>Parent to Parent of Georgia</b> 800.229.2038 (P)
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## DME and Respiratory Providers

<b>Health Products Plus</b> 404 E. 3rd Avenue Cordele, Georgia 31015 229-273-6424	<b>MRS Homecare</b> 716 E. 16th Avenue Cordele, GA 31015 229-273-4442
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## Dialysis Provider

<b>Crisp Regional Dialysis</b> 1302 N. 5th Street Extension Cordele, Georgia 31015 229-273-2335
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## Emergencies and Urgent Care

<b>Crisp Regional Hospital</b> 902 N. 7th Street Cordele, GA 31015 229-276-3100	<b>Crisp Urgent Care</b> 602 16th Avenue Suite B Cordele, GA 31015 229-271-9330
<b>Crisp Regional Convenient Care</b> 100 Hospital Drive Cordele, GA 31015 229-276-2000	<b>Pediatric Urgent Care</b> 1006 16th Ave E Suite A Cordele, GA 31015 229-273-1716

## Fatherhood

<b>Healthy Families</b> 1015 18th Avenue East Cordele, GA 31015 229-276-0555	<b>Georgia Fatherhood Program</b> 844-694-2347 (P)
<b>National Center for Fathers</b> 800-593-3237 (P)	

## Financial Assistance

<b>Crisp and Dooly Department of Family &amp; Children Services</b> 107 W. 23rd Avenue Cordele, GA 31015 229-401-3001	<b>Salvation Army</b> <a href="http://www.salvationarmy-georgia.org">www.salvationarmy-georgia.org</a>
<b>Crisp County Community Service Center- LIHWAP</b> 1129 N 5th St. Cordele, GA 31015 229-271-1054	<b>Social Security Administration</b> 510 15th Ave E Cordele, GA 31015 800-772-1213

## Financial Counseling

<b>Consumer Credit Counseling Service</b> 800-388-2227 (P) <a href="http://www.credability.org">www.credability.org</a>
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## Food Assistance

<b>Crisp and Dooly Department of Family &amp; Children Services</b> 107 W. 23rd Avenue Cordele, GA 31015 229-401-3001	<b>Angel Food Ministries</b> 877-366-3646 (P) <a href="http://www.angelfoodministries.com">www.angelfoodministries.com</a>
<b>Cordele WIC (Women, Infant &amp; Children)</b> <b>Cordele Health Department</b> 111 24th Avenue East Cordele, GA 31015 229-276-2680	<b>Northern Heights Baptist Church</b> 1102 East 8th Avenue Cordele, GA 31015 229-273-1544
<b>United Way of Southwest Georgia</b> 112 N. Westover Blvd Albany, GA 31707 229-883-6700	

## Furniture Resources

<b>The Fuller House</b> 205 E. 15th Avenue Cordele, Georgia 31015 229-271-8000	<b>Salvation Army</b> <a href="http://www.salvationarmy-georgia.org">www.salvationarmy-georgia.org</a>
<b>Goodwill Industries</b> <a href="http://www.goodwillng.org">www.goodwillng.org</a>	

## GED Classes

<b>Empowerment Pathways Youth Build (for 15-24 years of age)</b> 390 Perry Hey Hawkinsville, GA 31036 229-276-1480	<b>South Georgia Technical College</b> 402 N. Midway Road Cordele, Georgia 31015 229-271-4040
<b>Work Y.E.S. Center Youth Build</b> 212 2nd Street N Cordele, GA 31015 229-276-1580	

## Healthcare Information

### Powerline

2300 Henderson Mill Road, Suite 410  
Atlanta, GA 30345  
800-300-9003 (P)  
800-822-2539 (P)

### Together Rx Access

800-444-4106 (P)  
www.trxaccess.com

## Health Insurance

### PeachCare for Kids

877-427-3224 (P)  
www.peachcare.org

### Cordele Health Department

111 E. 24th Avenue  
Cordele, GA 31015  
229-276-2680

### Medicare

800.MEDICARE / 800.633.4227 (P)  
Service Center: 877.486.2048 (P)  
Report Medicare Fraud & Abuse:  
800.HHS.TIPS / 800.447.8477 (P)  
www.medicare.gov

### Medicaid Member Services

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

## Hospice Providers

### Reflections Hospice of Crisp Regional Hospital

202 4th Avenue  
East Cordele, GA 31015  
229-273-6282

## Home Care

### Care South,

An Affiliate of Crisp Regional Hospital  
906 5th Street N., suite F-6  
Cordele, Georgia 31015  
229-271-4695

### Crisp Care Management

910 N. 5th Street  
Cordele, Georgia 31015  
229-276-2126

### Visiting Nurses Association (VNA) of Cordele

511 E. 3rd Avenue  
Cordele, Georgia 31015  
229-273-3082

### Amedisys Home Healthcare

Hawkinsville, GA – 866-448-2615  
Americus, GA – 229-928-3483  
Tifton, GA – 229-386-0665

## Home Care

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### ResCare Home Care

515 3rd Street South  
Cordele, Georgia 31015  
229-273-6892

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## Housing and Utility Assistance

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### Easter Seals Southern Georgia House

Home office: 1906 Palmyra Road  
Albany, GA 31701  
Cordele phone: 229-276-1540

### Cordele Housing Authority

401 S. 10th Street  
Cordele, GA 31015  
229-273-3938

### Dooly County Community Service Center

1150 Industrial Drive  
Vienna, GA 31092  
229-268-9104

### Georgia Dept. of Community Affairs

Georgia Dream Homeownership Program  
housing@dca.ga.gov

### Vienna Housing Authority

700 Fitzpatrick Place  
Vienna, Georgia 31092  
229-268-4458

### Georgia Housing Search

[www.georgiahousingsearch.org](http://www.georgiahousingsearch.org)

### Low Income Home Energy Assistance Program (LIHEAP)

To verify if you are eligible, please call:  
800.869.1150 (P)

## Job Training

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### Georgia Department of Labor

#### Cordele Career Center

1205 S. 7th Street  
Cordele, GA 31015  
229-276-2355

### Department of Juvenile Justice

412 E. 16th Avenue, Suite D  
Cordele, Georgia 31015  
229-276-2740

### Georgia Dept. of Labor Career Centers

[www.dol.state.ga.us/js/](http://www.dol.state.ga.us/js/)

## Legal Issues

### Georgia Legal Services

800-822-5391 (P)

## Literacy

### Ferst Foundation for Childhood Literacy

888-565-0177 (P)

### Family Literacy Hotline

404-539-9618 (P)

## Medical Financial Assistance

### Medicare

800.MEDICARE / 800.633.4227 (P)

Service Center: 877.486.2048 (P)

Report Medicare Fraud & Abuse:

800.HHS.TIPS / 800.447.8477 (P)

[www.medicare.gov](http://www.medicare.gov)

### Medicaid Member Services

866-211-0950 (P)

Provider Services: 800-766-4456 (P)

Eligibility: 404-730-1200 (P)

Customer Service: 404-657-5468 (P)

[www.medicaid.gov](http://www.medicaid.gov)

### Division of Family & Children Services (DFCS)

[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

## Medical Clinics and Care

### Crisp Convenient Care

216 Hospital Drive

Cordele, GA 31015

229-276-2000

### Warwick Clinic

135 Dogwood Street

Warwick, GA 31796

229-535-4567

### InfantSee

888-396-3937 (P)

[www.infantsee.org](http://www.infantsee.org)

### Cordele Health Department

111 E. 24th Avenue

Cordele, GA 31015

229-276-2680

## Mental Health

### Middle Flint Behavioral Disorders

415 N. Jackson Street

Americus, GA 31709

### Middle Flint Behavioral Healthcare

1335 N. 5th Street

Cordele, GA 31015 (P) 229-276-2367



## Mental Health

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**Middle Flint Behavioral Healthcare Phoenix Health**  
(day treatment for mental health patients)

1335 5th Avenue  
Cordele, GA 31015  
229-273-2091

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## Nursing Home and Skilled Nursing Facilities

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### Crisp Regional Nursing & Rehab Center

902 Blackshear Road  
Cordele, Georgia 31015  
229-273-1481

### Crossview Care Center

Post Office Box 148  
Pineview, Georgia 31071  
229-624-2432

### Cordele Health & Rehab

1106 N. 4th Street  
Cordele, Georgia 31015  
229-273-1227

### Pinehill Nursing Home

712 Patterson Street  
Byromville, Georgia 31007  
478-433-5711

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## Parenting Resources

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### Children's Healthcare of Atlanta (CHOA)

[www.choa.org](http://www.choa.org)

### American Academy of Pediatrics

[www.healthychildren.org](http://www.healthychildren.org)

### "MOPS" International (Mothers of Preschoolers)

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](http://www.mops.org)

### Healthy Families

1015 18th Avenue E.  
Cordele, GA 31015  
229-276-0555

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## Paternity

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### Crisp County Office of Child Support Services (OCSS)

Serving: Ben Hill, Crisp, Dooly & Wilcox  
305 15th Avenue East  
Cordele, Georgia 31015  
877-423-4746

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## Physical Therapy and Rehabilitation Services

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**ELITE Physical Therapy by Crisp Regional**  
1106 16th Avenue E. #1  
Cordele, GA 31015  
229-271-4612

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## Postpartum Depression

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### Georgia Crisis Line

800-715-4225 (P)  
[www.bhlweb.com/tabform](http://www.bhlweb.com/tabform)

### Georgia Postpartum Support Network

866-944-4776 (P)  
Meetup: [www.postpartum.meetup.com](http://www.postpartum.meetup.com)

### National Women's Health Information Center

800-994-9662 (P)  
[www.4woman.gov/faq/depressionpregnancy.cfm](http://www.4woman.gov/faq/depressionpregnancy.cfm)

### Postpartum Support International

800-944-4773 (P) [www.postpartum.net](http://www.postpartum.net)

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## Recreation

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### Crisp County Recreation Department

1205 N. 5th Street  
Cordele, Georgia 31015  
229-276-2797

### Cordele-Crisp Carnegie Public Library

115 East 11th Avenue  
Cordele, GA 31015  
229-276-1300

### Boys & Girls Club

[www.bgca.org](http://www.bgca.org)

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## Safety

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### Georgia Poison Control

800-222-1222 (P)  
[www.gpc.dhr.georgia.gov](http://www.gpc.dhr.georgia.gov)

### Safe Kids

1301 Pennsylvania Avenue, NW,  
Suite 1000 Washington, DC 20004  
202-662-0600 (P)  
202-393-2072 (F)  
[www.safekids.org](http://www.safekids.org)

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## Smoking Cessation

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

Crisp Regional Hospital  
902 N. 7th Street  
Cordele, GA 31015  
229-273-3100

## Teen Parenting Resources

Healthy Families  
1015 18th Avenue E.  
Cordele, GA 31015  
229-276-0555

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

## Transportation

RMS Crisp Area Rural Transit  
913 E. 17th Avenue  
Cordele, GA 31015  
229-276-0370

RMS Dooly County  
306 Garrett Drive  
Vienna, GA 31092  
229-268-7433