2025

Community Health Needs Assessment

TAYLOR
Regional Hospital

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PREFACE

The Taylor Regional Hospital, Inc.'s Hospital Board of Directors approved the 2024 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 Taylor Regional Hospital website. Hard copies are available upon request as well as website location. Please contact: Jonathon L. Green, LPTA, MHA, 222 Perry Highway, Hawkinsville, Georgia 310363; 478-783-0200, for copies or web location.

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EXECUTIVE SUMMARY

Introduction

Under the Patient Protection and Affordable Care Act (ACA), nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Strategy every three years. The purpose is to ensure that hospitals have 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, Taylor Regional Hospital partnered with the University of Georgia (UGA) Archway Partnership and the 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 CHNA team was formed, comprising of a UGA COP faculty, a postdoctoral research associate and a UGA Archway Professional, who worked in the community. 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 Professional fostered collaboration between community members and the UGA COP team to conduct the CHNA.

The CHNA team followed the five-step process in conducting the CHNA. First, the community, or service area for Taylor Regional Hospital was defined. While Pulaski County, where the hospital is located, served as the primary service area, the hospital also serves surrounding counties, including Bleckley, Dodge, Dooly, Houston, and Wilcox. 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. Three focus groups were conducted with 13 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, transcribed, and thematically analyzed by the UGA-COP CHNA team.

In addition to qualitative data collection, a community survey was developed to assess individual health status, behaviors, healthcare use, and perceptions of local health needs. It was administered both online and in paper format. The Archway Professional distributed the electronic version via email and QR code, while paper copies were made available as needed. A total of 357 survey responses were analyzed using descriptive statistics, and cross-tabulations were conducted to explore associations between selected demographic characteristics and health outcomes.

Results

By triangulating findings across primary and secondary data sources, the CHNA team developed a community health profile for Taylor Regional Hospital's service area. This profile highlighted major health issues in the community, barriers to care, important areas to improve the health of the community, and additional services needed. Key health concerns included heart disease, cancer, diabetes, mental health, and aging-related health issues. Barriers such as limited specialty care availability, provider shortages, transportation challenges, and low awareness of existing services were frequently reported. Risk behaviors such as poor diet, physical inactivity, and substance use were also prevalent. Community members emphasized the need for more healthcare providers, increased access to primary care, mental and behavioral health services, OB/GYN care, and stronger outreach efforts to promote preventive care and use of available resources.

Prioritization of Community Needs

The results from data collection were submitted to the Taylor Regional CHNA Steering Committee and the Community Advisory Committee in July 2025. The Steering Committee will reconvene to evaluate the CHNA results. The Committee will debate the merits and values of the identified priorities in light of available resources and determine which needs to address through strategic planning.

Implementation Strategy

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

HOSPITAL STEERING COMMITTEE

Jonathon L. Green, LPTA, MHA   Chief Operating Officer

Dawn Warnock   Executive Vice President

Dennis Vickers   Chairman

Manse Jennings   Vice Chair

Donald Johnson   Secretary

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

Taylor 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.

Taylor Regional Hospital

Taylor Regional Hospital (TRH), an acute care facility, is a private, not-for-profit facility governed by a self-perpetuating Board of Trustees. Chartered in 1936, TRH began operations in downtown Hawkinsville with only a handful of physicians and was the only hospital south of Macon. In 1977, the hospital relocated to its present 90-acre campus north of town, paving the way for growth and expansion. In 1994, a 14,000 square foot outpatient surgery and ancillary center was completed. In 1998, Taylor Health Care Group was formed, comprising of Taylor Regional and Bleckley Memorial Hospitals, a home health agency, a durable medical equipment company, and outreach clinics in Cochran, Vienna, Kathleen, Eastman, Rochelle, and Unadilla. In 2014, Taylor Health Care Group expanded its continuum of care by acquiring Pinewood Manor Nursing Home. This acquisition positioned TRH to provide nursing and care services for patients who no longer required hospitalization but could not be safely cared for at home.

Over the years, TRH has grown into an integrated healthcare organization providing services across the continuum of care. It provides general medical and surgical care for inpatient, outpatient, and emergency room patients. The Dan S. Maddock Cancer Treatment Center is a $3 million, state-of-the-art radiation and medical oncology center on the TRH campus that provides Hawkinsville and surrounding communities with the most up-to-date cancer treatment available. Taylor's Rehabilitation & Wellness Center offers outpatient physical therapy and a comprehensive fitness/wellness program to community members. Taylor Express Care provides services for non-life-threatening illnesses and accidents that need immediate attention. It also provides healthcare services to local correctional facilities through a correctional medicine program.

In July of 2024, Taylor Regional Hospital converted from a Prospective Payment System (PPS - general acute care) Hospital to a Rural Emergency Hospital (REH). The significant difference between PPS and REH facilities is the ability to admit inpatients. Taylor Regional Hospital continued to place patients in observation beds as well as perform outpatient surgeries. Within six months of this conversion, Taylor Regional Hospital recognized that being a Rural Emergency Hospital did not line up with its mission and goals to provide a continuum of care to the local communities and applied to convert back to a PPS Hospital. The hospital is in the process of meeting all objectives for conversion with anticipated completion date in August/September 2025.

In recent years, TRH has made significant infrastructure improvements. In 2021, the Emergency Department was expanded and modernized. Between 2022 and 2023, the hospital upgraded imaging capabilities, including digital radiology, 3D mammography, and low-claustrophobia MRI, and completed medical floor renovations. These upgrades were supported in part by funding from Georgia's Rural Hospital Tax Credit Program, known as the Georgia HEART Program.

As of 2025, TRH reports an annual gross revenue of over $67.5 million and employs approximately 235 individuals, with an annual payroll exceeding $13.5 million. It serves a patient population of over 170,000 and offers access to credentialed physicians across 33 specialties. TRH holds national accreditation from DNV Healthcare, integrating ISO 9001 Quality Management standards with CMS Conditions of Participation. TRH is also accredited by The Joint Commission and DNV and participates in the Georgia HEART program to support rural health infrastructure.

TRH has been honored with several awards, including:
- Outstanding Hospital of the Year—Georgia Alliance of Community Hospitals
- Outstanding Rural Health Program of the Year—Georgia Rural Health Association
- Circle of Hope Award—American Cancer Society
- Hospital of the Year—Georgia Association of Community Hospital (GACH)

ACCREDITATIONS AND AWARDS

Taylor Regional Hospital Named Outstanding Hospital of the Year
Georgia Alliance of Community Hospitals

Taylor Regional Hospital was named Outstanding Hospital of the Year by the Georgia Alliance of Community Hospitals, a statewide recognition of the hospital's strong commitment to quality care and community service. As a not-for-profit hospital serving a rural region, Taylor Regional has worked hard to deliver dependable, high-quality healthcare close to home. This award highlights the hospital's leadership in expanding access, improving outcomes, and investing in programs that respond to real community needs.

Outstanding Rural Health Program of the Year
Georgia Rural Health Association

Taylor Regional Hospital received the Outstanding Rural Health Program of the Year award from the Georgia Rural Health Association. This honor reflects the hospital's success in creating programs that meet the specific needs of rural patients, whether through preventive services, education, or better access to care. It speaks to the hospital's proactive approach to tackling health disparities and building healthier communities through long-term initiatives.

Circle of Hope Award
American Cancer Society

The American Cancer Society recognized Taylor Regional Hospital with the Circle of Hope Award for its outstanding work in cancer care and patient support. Through its accredited Cancer Center, Taylor Regional offers not only high-quality treatment but also personalized care and outreach programs that make a real difference for patients and families facing cancer. This award is a reflection of the hospital's compassion, expertise, and commitment to being a trusted source of care and hope in the community.

Hospital of the Year
Georgia Association of Community Hospitals

Taylor Regional was named Hospital of the Year by the Georgia Association of Community Hospitals, one of the highest honors a rural hospital in Georgia can receive. This award recognizes the hospital's overall excellence, from patient care and innovation to leadership and community engagement. Taylor Regional stands out as a model of resilience and service, continuing to put patients first and invest in the health of the region it serves.

MISSION AND GOALS

Mission

The mission of TRH is to ensure access to high-quality medicine, accurate diagnostics, and integrated healthcare for the community. The hospital strives to achieve operational integrity, alignment with community needs, and innovation supported by a committed workforce and trusted partnerships.

Taylor 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 Taylor 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.
- Planet: Being a responsible global citizen that makes a difference in the lives of our community and serve our patient population.

Goals

Taylor Regional will pursue the following long-term goals to ensure sustainable growth and effective rural healthcare delivery:

- Strengthen partnerships with providers, municipalities, and government agencies
- Maintain strong relationships with patients and the broader community
- Conduct regular physical plant assessments and infrastructure maintenance
- Add services based on demonstrated community needs and financial sustainability
- Equip clinical and non-clinical teams with tools and training for high-quality care
- Maintain consistency in care delivery across service lines
- Continuously assess financial performance in response to rural market shifts
- Uphold trust and accountability with internal and external stakeholders

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METHODOLOGY

In September 2024, a CHNA team was formed through the University of Georgia Archway Partnership to complete the 2025 CHNA for TRH in Hawkinsville, Georgia. The CHNA team consisted of a faculty and a postdoctoral research associate from the College of Pharmacy, and a Public Service Outreach professional from Pulaski County who served as the community liaison. The CHNA team collaborated to complete the five steps of the CHNA process.

Stakeholder Engagement

An important component of the CHNA process is stakeholder engagement. In order to accomplish this goal, TRH established a CHNA Steering Committee and a Community Advisory Committee.

The Steering Committee guided the overall assessment process. Members were selected based on their expertise in community health and familiarity with local health needs, particularly those affecting low-income and minority populations. The committee included the hospital CEO and members of hospital administration. This group guided the definition of the hospital's service area, identified Advisory Committee members, advised on data collection, and promoted engagement in the CHNA process.

A second committee, the Community Advisory Committee was formed with input from the Board of Trustees and hospital leadership, with emphasis on cultural diversity and broad community representation. The committee supported primary data collection by recruiting survey and focus group participants and offering feedback on community needs.

In July 2025, both committees were invited to review primary and secondary data collected for the CHNA. They were asked to provide input on the CHNA process and data collection strategies to inform future assessments. They were also asked to participate in the prioritization of identified health needs. This engagement laid the groundwork for a collaborative community engagement strategy to improve health outcomes.

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 TRH'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: Bleckley, Dodge, Dooly, Pulaski, Houston, and Wilcox.

SECONDARY DATA COLLECTION

The second step involved collecting secondary data on community health indicators for the six 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), U.S. Department of Labor and National Cancer Institute, 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.

Georgia Department of Public Health

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

Kids Count Data Center

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

U.S. Census Bureau

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

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

National Cancer Institute

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

PRIMARY DATA COLLECTION

Primary data collection was informed by the first two steps of the CHNA process: defining the community and collecting secondary data. Primary data played a key role in filling informational gaps and capturing additional insights not available from secondary sources. Quantitative and qualitative methods were used to collect primary data, which included a community survey and three 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 TRH 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 TRH. 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 crosstabulations were conducted to examine relationships between selected demographics and health outcomes.

Focus Groups: In June 2025, the CHNA team from UGA facilitated three in-person focus group interviews, each lasting approximately one hour. A semi-structured focus group guide (Appendix C) was used to explore community assets, community resources, health problems, health service use and additional services needed to address community health problems.
The Advisory Committee and the Pulaski County Archway Partnership PSO professional identified and recruited community members to participate in the focus groups. A total of 13 community members participated: one group had five participants, and two had four. Participants represented a diverse group of stakeholders, including retirees, school staff, a counselor, a city commissioner, and the city manager.

All focus groups were conducted at the Courthouse Annex in Hawkinsville. Focus groups were recorded and transcribed verbatim. The CHNA team summarized the responses and identified key themes. All participants signed an informed consent form (Appendix D).

Table 1. Information Collected from the CHNA Community Survey

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

Right here
at home

RESULTS: SECONDARY DATA

Community Health: Data were compiled from multiple public sources to develop a health profile for Pulaski County, the primary service area for TRH, and to compare it with nearby counties and the state of Georgia. *Table 2* presents key health and social indicators used to assess regional health disparities.

Pulaski County exhibited several indicators that were worse than or comparable to state averages. These included a high adult smoking rate (20% vs. 13% statewide), elevated obesity (44% vs. 37%), and a physical inactivity rate of 32% (vs. 23%). The premature age-adjusted mortality rate in Pulaski (540 per 100,000) also exceeded the Georgia average (460). Pulaski also had a lower high school completion rate (80%) compared to the state (89%), and 31.9% of children lived in poverty, well above the state rate of 18.8%. The county also had a higher proportion of adults without insurance (19% vs. 17%) and reported 6.3 poor mental health days on average, compared to 5.2 days statewide. Pulaski's patient-to-primary care provider ratio (1,650:1) was slightly worse than the state benchmark (1,520:1).

Some neighboring counties demonstrated even more severe health risks. Wilcox had the highest premature mortality rate (820 per 100,000) and lowest educational attainment (79% high school completion). Dooly reported the highest teen birth rate (38 per 1,000), lowest access to exercise opportunities (31%), and the most extreme provider shortage (10,890:1). Bleckley had elevated STD incidence (37.3 per 1,000) and the highest low birth weight rate (14.5%) in the region aside from Dooly (18.0%). Dodge showed high obesity (45%), a diabetes rate of 13%, and preventable hospital stays (3,279 per 100,000), all above state benchmarks. Houston County generally performed better than the region, with lower smoking, obesity, and premature mortality rates, but still reported elevated low birth weight and STD incidence rates.

Sexual and reproductive health indicators varied across the region. Dooly had the highest STD incidence (94.3 per 1,000), while Pulaski's rate (30.5) was slightly below the state average (33.7). Pulaski's low birth weight rate (11.0%) also exceeded the state rate (10.2%).

Chronic disease burden remained high. Pulaski's diabetes rate (13%) exceeded the state average (11%), and preventable hospital stays (3,669 per 100,000) were moderately above Georgia's (3,083).

Together, these data highlight Pulaski County's health challenges and broader regional disparities. These findings informed the identification of priority health needs and guided TRH's primary data collection and planning efforts.

Table 2. Secondary Data Results

	Pulaski	Bleckley	Dodge	Dooly	Houston	Wilcox	Georgia	Source
Children in Poverty	**31.9%**	26.8%	29.8%	**32%**	17.8%	**34%**	18.8%	2025 Kids Count Data (Data from 2023)
High School Completion	**80%**	88%	86%	83%	93%	**79%**	89%	2025 County Health Rankings
Premature Age-Adjusted Mortality	540	620	700	620	480	**820**	460	2025 County Health Rankings
Drug Overdose deaths	NA	NA	**33**	NA	18	NA	22	2025 County Health Rankings
Adult Smoking	**20%**	17%	18%	19%	14%	**20%**	13%	2025 County Health Rankings
Obesity	**44%**	42%	**45%**	**44%**	39%	42%	37%	2025 County Health Rankings
Physical Inactivity	**32%**	27%	29%	31%	27%	31%	23%	2025 County Health Rankings
Access to exercise opportunities	**80%**	75%	55%	31%	68%	NA	**75%**	2025 County Health Rankings
Low Birth Weight Babies (Number and Percent)	9 (11.0%)	21 (14.5%)	33 (15.7%)	**18 (18.0%)**	211 (10.3%)	2 (-)	12,732 (10.2%)	2025 Kids Count Data (Data from 2023)
Teen Births Ages 15-19 (Number and Rate per 1000)	5 (17.8)	12 (22.9)	11 (21.4)	**10 (38.0)**	98 (16.5)	5 (23.7)	6,259 (16.5)	2025 Kids Count Data (Data from 2023)
STD Incidence (Number and Rate per 1000)	17 (30.5)	38 (37.3)	43 (35.7)	**51 (94.3)**	488 (39.9)	16 (34.3)	26,064 (33.7)	2025 Kids Count Data (Data from 2023)
Uninsured Adults	**19%**	15%	17%	18%	13%	18%	17%	2025 County Health Rankings
Uninsured Children	8%	6%	65%	6%	6%	5%	6%	2025 County Health Rankings
Poor Mental Health Days	6.3	5.8	**5.8**	5.8	5.4	5.6	5.2	2025 County Health Rankings
Primary Care Providers	1,650:1	4,200:1	3,290:1	10,890:1	1,900:1	**8,740:1**	1,520:1	2025 County Health Rankings
Diabetes	**13%**	11%	**13%**	**14%**	11%	**13%**	11%	2025 County Health Rankings
Motor Vehicle Deaths (per 100,000 people)	16	21	**26**	21	13	NA	16	2025 County Health Rankings
Preventable Hospital Stays (per 100,00 people)	3,669	2,662	3,279	**5,087**	3,576	4,283	3,083	2025 County Health Rankings

Note: Drug Overdose Deaths data for four 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	Pulaski	Georgia
Number of Residents	10,180	11,180,878
Sex		
Female	57.5%	51.3%
Male	42.5%	48.7%
Age Distribution		
Population Under 5 Years	5.2%	5.8%
Population Under 18 Years	17.7%	23%
Population 65 years and older	22.7%	15.4%
Racial and Cultural Diversity		
Race		
White	63.9%	49.6%
Black/AA	31.8%	32.1%
Ethnicity		
Hispanic	4.8%	11.1%
Veterans		
Veteran Population (2019-2023)	756	11,180,878

Economic Profile

Data Source: Georgia Department of Labor, US Census, County Health Rankings
Reference: Figure 4

	Pulaski	Georgia
Labor Force Representation		
Unemployment Rate	3.5%	3.2%
Labor Force Representation	63.3%	63%
Poverty		
Median Household Income	$47,688	$74,664
Population in Poverty	23%	13.6%
Children in Poverty	32%	19%
Children Eligible for Reduced Lunch	86%	60%

Education
Data Source: Kids Count, County Health Rankings, US Census
Reference: Figure 5 and 6

	Pulaski	Georgia
Early Childhood Education		
Percent 3-4 years old children in school	29.5%	56.2%
K-12 Education		
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.9	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.5	2.9
High School Graduation and Higher Education		
High school graduation rate	88%	85%
Percent population with bachelor's degree	12%	34.2%

Social and Community Context
Data Source: US Census, County Health Rankings, Kids Count
Reference: Figure 1, Figure 2, and Figure 3

	Pulaski	Georgia
Household Characteristics		
Households	3,284	4,008,013
Average persons per households	2.62	2.64
Children in single parent households	54.9%	33.7%
Social Context		
Social Associations per 100,000	9.0	8.8

Neighborhood and Built Environment
Data Source: US Census, County Health Rankings
Reference: Figure 7, Figure 8, and Figure 9

	Pulaski	Georgia
Digital Connectivity and Amenities		
Households with Computer	91.2%	89.4%
Adults with broadband internet	67.7%	89%
Access to exercise activities	80%	75%
Safety		
Deaths from motor vehicle crashes per 100,000	16	16
Food Insecurity		
Percent low-income residents with limited access to healthy foods	2%	10%
Healthy food environment index (1 worst; 10 best)	8.0	6.3
Percent of population experiencing food insecurity	15%	13%
Transportation		
Average travel time to work	24.8 minutes	28.7 minutes
Percent households with no motor vehicle		
Housing		
Percent of homes owned	68%	65%
Percent of families spending more than 50% of income on housing	15%	14%
Percent population with severe housing problems	19%	14%
Median gross rent	$789	$1,400
Median selected monthly owner costs, including mortgage	$1,206	$1,712
Pollution		
Air pollution (average daily density fine particulate matter (PM2.5), micrograms per cubic meter)	9.0	8.8

Health Care Access
Data Source: County Health Rankings
Reference: Figure 10

	Pulaski	Georgia
Health Insurance Coverage		
Percent under 65 uninsured	16%	14%
Provider Supply		
Population to one Primary Care Physician	1,650	1520
Population to one Dentist	9,980	1860
Population to one Mental Health Provider	3,370	520
Primary care and Prevention		
Preventable hospital stays per 100,000 Medicare enrollees	3,669	3,083
Mammogram screening rates	43%	42%
Flu vaccination rates among Fee-for-service Medicare enrollees	36%	45%

Lifestyle and Behavior
Data Source: County Health Rankings
Reference: Figure 11, Figure 12, and Figure 13

	Pulaski	Georgia
Suboptimal Lifestyle Behaviors		
Adult smoking rate	20%	13%
Adult excessive drinking rate		
Precent driving deaths with alcohol involvement	27%	20%
Adult obesity rate	44%	37%
Adult physical inactivity rate	32%	23%
Percent of adults who report insufficient sleep, <7 hours	42%	39%
Sexual Risk Behaviors		
STI (chlamydia) infection rates per 100,000	751.2	665.8
Teen birth rates per 1000 female teens	29	19

Health Outcomes
Data Source: National Cancer Institute, County Health Rankings
Reference: Figure 14 and Figure 15

	Pulaski	Georgia
Disease burden		
Cancer incidence rate per 100,000	434.3	468.7
Adult diabetes prevalence rate	13%	11%
HIV prevalence rate per 100,000	568	664
Low weight birth rate	10%	10%
Self-Reported Health Outcomes		
Percent adults reporting poor or fair health	23%	18%
Percent adults reporting frequent physical distress	16%	13%

Mortality
Data Source: County Health Rankings
Reference: Figure 16

	Pulaski	Georgia
Mortality Indicators		
Life Expectancy	75.2	75.6
Premature (under 75 years) Death Rate per 100,000 population	540	460

Table 9. Top 10 Causes of Death
Data Source: OASIS
Reference: Figure 17

Cause	Pulaski Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
COVID-19	2	2
Cerebrovascular Disease	3	3
Malignant Neoplasms of the Trachea, Bronchus and Lung	4	7
Alzheimer's Disease	5	6
All COPD Except Asthma	6	5
All Other Disease of the Nervous System	7	8
Nephritis, Nephrotic Syndrome and Nephrosis	8	11
Pneumonia	9	20
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	10	4

Figure 17. Mortality Rank/ County Comparison to Georgia

1. Ischemic Heart and Vascular Disease, N=141
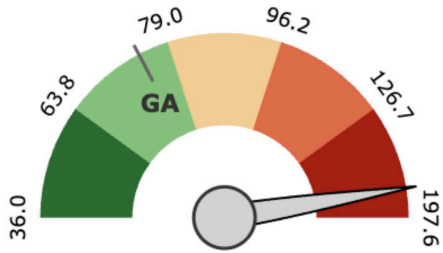
2. COVID-19, N=65
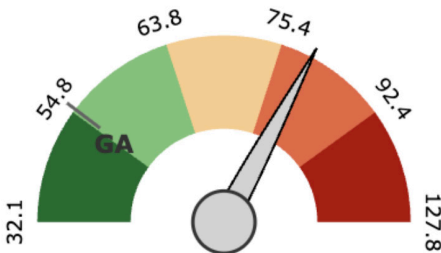
3. Cerebrovascular Disease, N=40
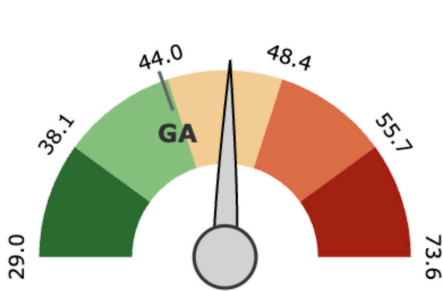
4. Malignant Neoplasms of the Trachea, Bronchus, and Lung, N=33
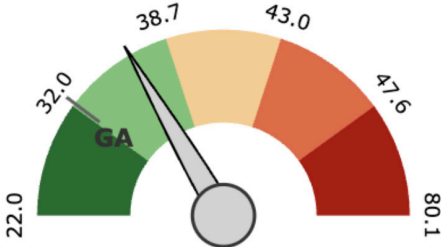
5. Alzheimer's Disease, N=28

6. All COPD Except Asthma, N=28
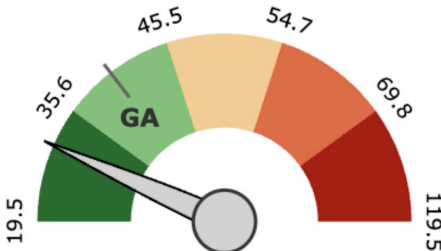
7. All other Diseases of the Nervous System, N=27
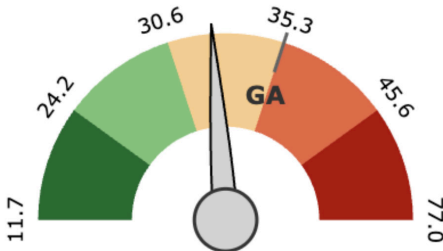
8. Nephritis, Nephrotic Syndrome and Nephrosis, N= 21
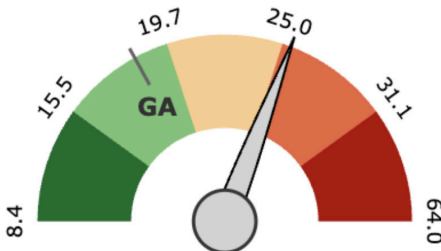
9. Pneumonia, N= 16
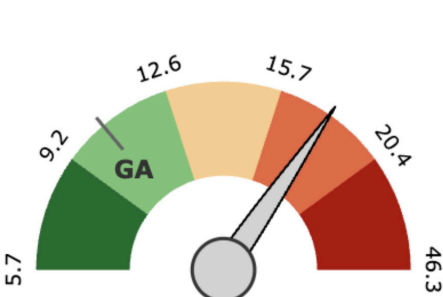
10. Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease, N=16
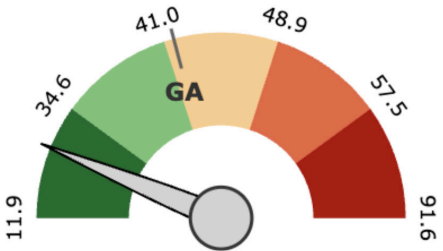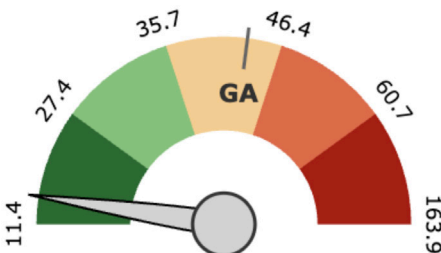
U.S. CENSUS BUREAU

Figure 1. Percent of Residents 65 years and older by Census Tract (2019-2023)
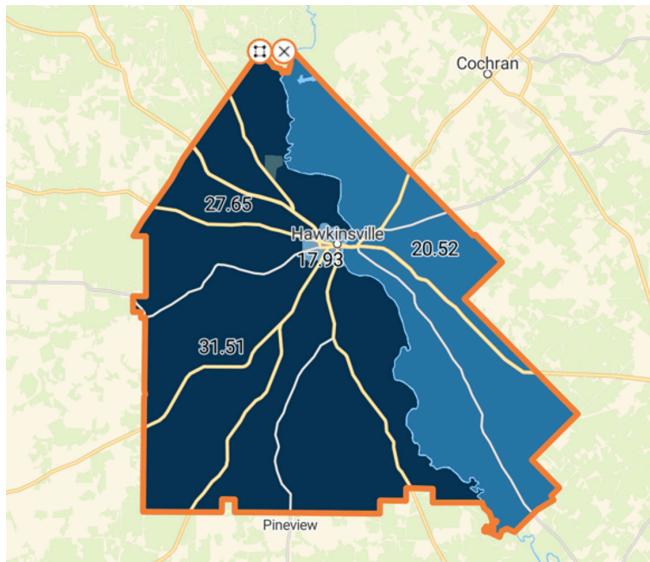
Estimated percent of all people 65 or older, 2019-2023.
Data Source: Policy Map.

(The darker the color the higher the proportion)

Residents of the eastern part of the county are relatively older compared to the rest of the county, 27.65%-31.51% vs 17.93%-20.52%.

Figure 2. Percent of Residents with Disability by Census Tract (2019-2023)
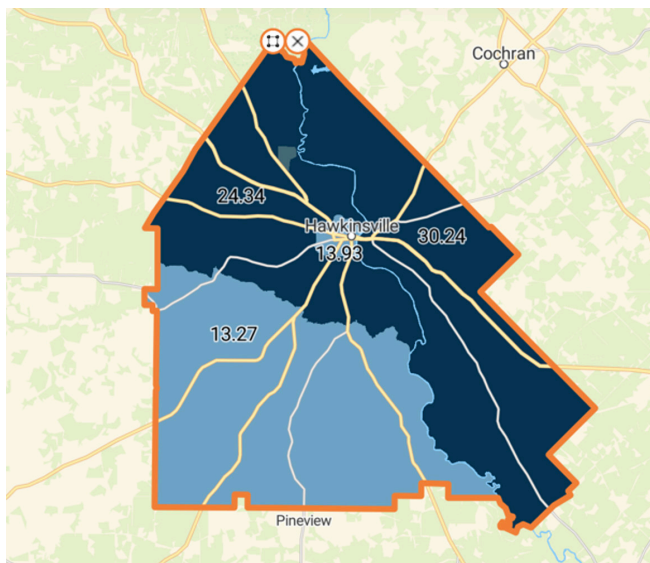
Percent of Individuals Living with One or More Disabilities, 2019-2023.
Data Source: Policy Map.

(The darker the color the higher the proportion)

A higher proportion of residents residing in the northern and eastern parts of the county live with one or more disability, with rates ranging from 24.34%- 30.24%. The Southwestern part of the county and the central part have the lowest rate of 13.27%-13.93%.

Figure 3. Veteran Population by Census Tract (2019-2023)
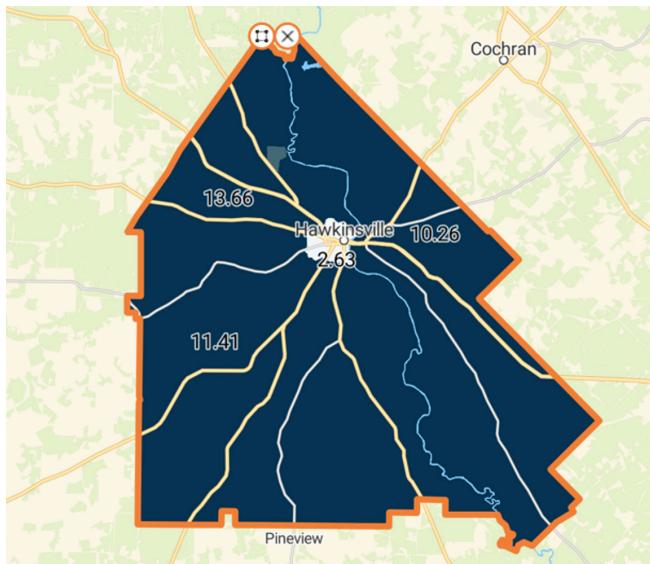
Percent of Veterans, 2019-2023.
Data Source: Policy Map.

(The darker the color the higher the proportion)

A lower proportion of veterans (2.63%) live in the central part of the county and a higher proportion of veterans (10.26%-13.66%) live in the in the rest of the county.

Figure 4. Poverty Rate by Census Tract (2019-2023)
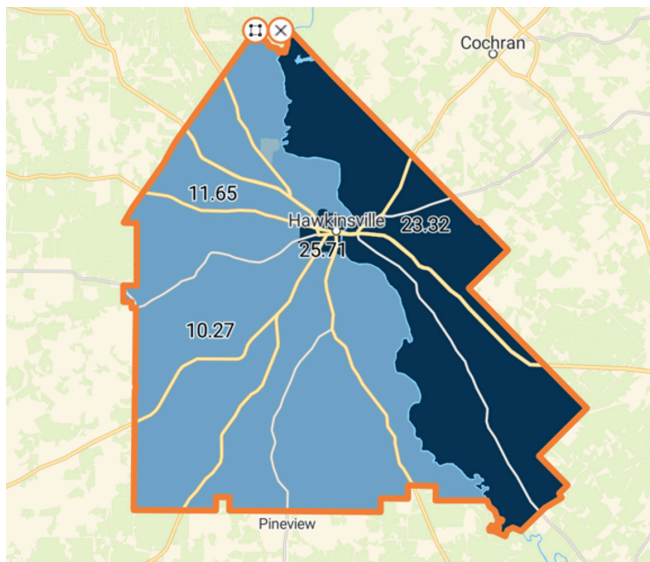
Percent of Population Living in Poverty, 2019-2023.
Data Source: Policy Map.

(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 central and eastern part of the county live in poverty (23.32%-25.71%). The remaining parts of the county have poverty rates ranging from 10.27%-11.65%.

Figure 5. Educational Attainment by Census Tract (2019-2023)
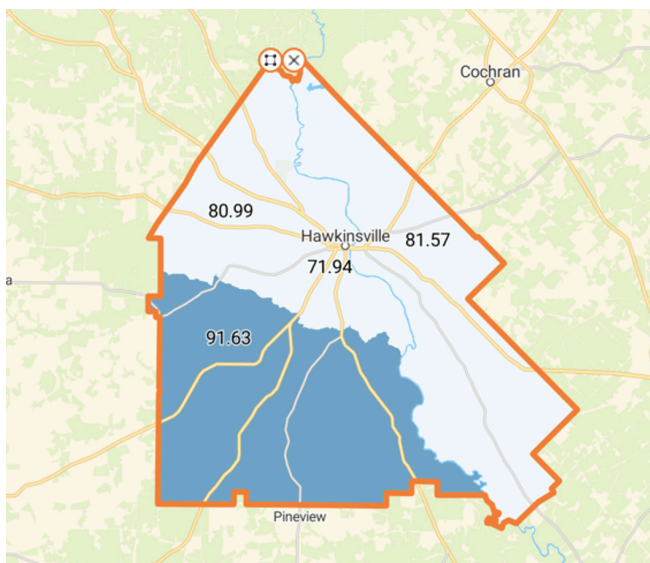
Percent of Population with at least a High School Diploma 2019-2023.
Data Source: Policy Map.

(The darker the color the higher the proportion)

Educational attainment is lowest in the central part of the county at 71.94% with surrounding northeastern and northwest part of the county ranging from 80.99%-81.57%. The southwestern part of the county has the highest rate at 91.63%.

Figure 6. Nursery and Pre-School Enrollment by Census Tract (2019-2023)
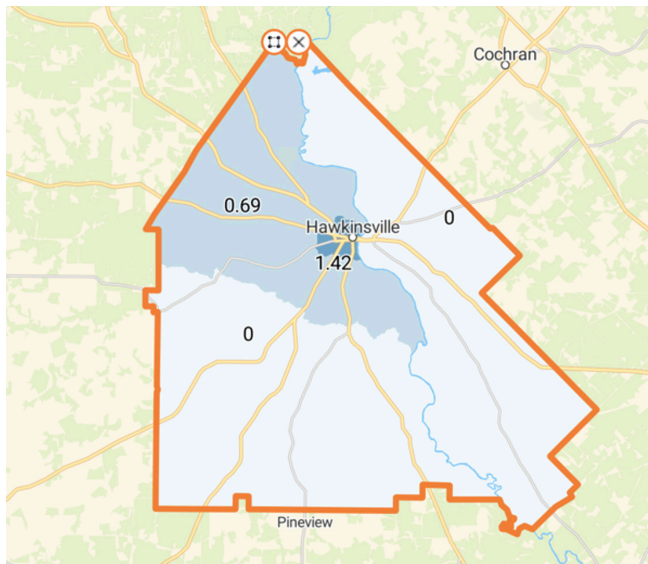
Percent of 3 years or older enrolled in preschool, 2019-2023.
Data Source: Policy Map.
(The darker the color the higher the proportion)

Preschool or nursery enrollment is highest in the central part of the county compared to the rest of the county with respective levels of 1.42% vs 0%-0.69%.

Figure 7. Household Internet Access by Census Tract (2019-2023)
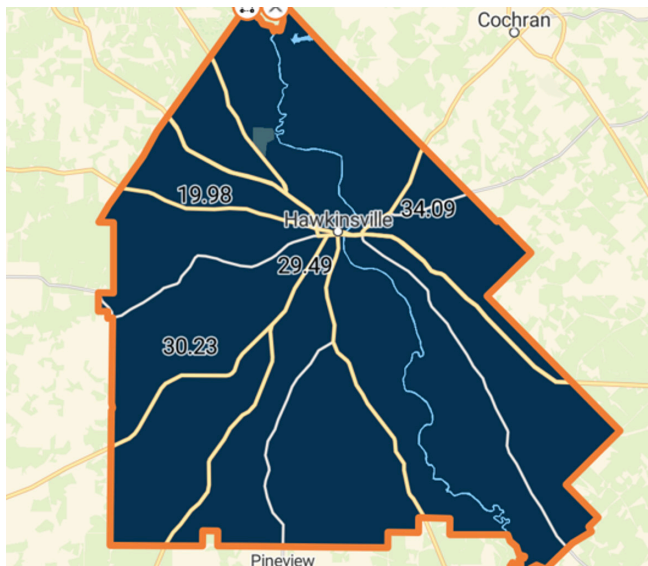
Percent of Households without Internet Access, 2019-2023.
Data Source: Policy Map.
(The darker the color the higher the proportion)

The proportion of households without internet access was highest in the eastern part of the county at 34.09%. It was lowest in the northwestern part of the county at 19.98%, with the remaining of the county ranging from 29.49%-30.23%.

Figure 8. Homeowner Cost Burden by Census Tract (2019-2023)
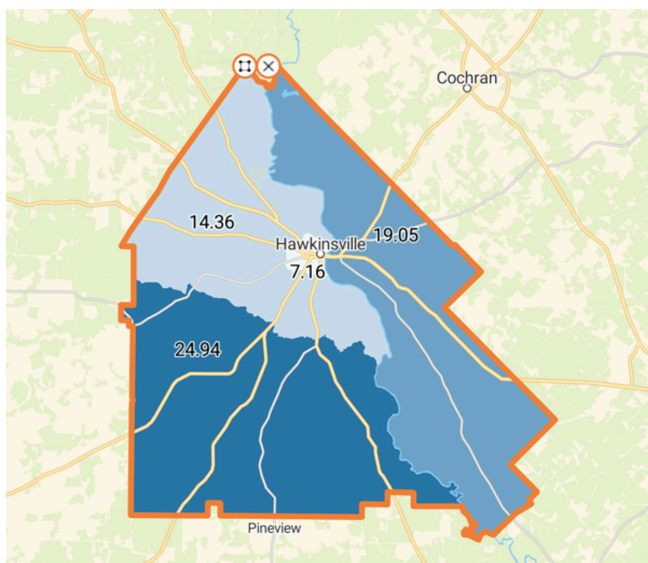
Percent of Homeowners who are burdened by housing costs, 2019-2023.
Data Source: Policy Map.
(The darker the color the higher the proportion)

The southwestern part of the county's cost burden is higher than the rest of the county at 24.94%. The central part of the county cost burden is the lowest at 7.16% compared to the rest of the county at 14.36%-19.05%.

Figure 9. Renter Cost Burden by Census Tract (2019-2023)
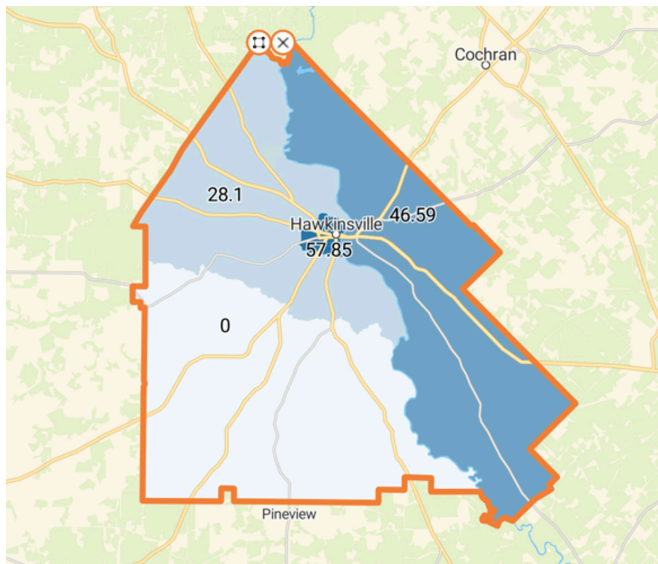
Percent of all Renters who are burdened by housing costs, 2019-2023.
Data Source: Policy Map.

(The darker the color the higher the proportion)

A higher proportion of renters in the central (57.85%) and western (46.59%) part of the county experience rental cost burden compared to the rest of the county.

Figure 10. Access to Health Services
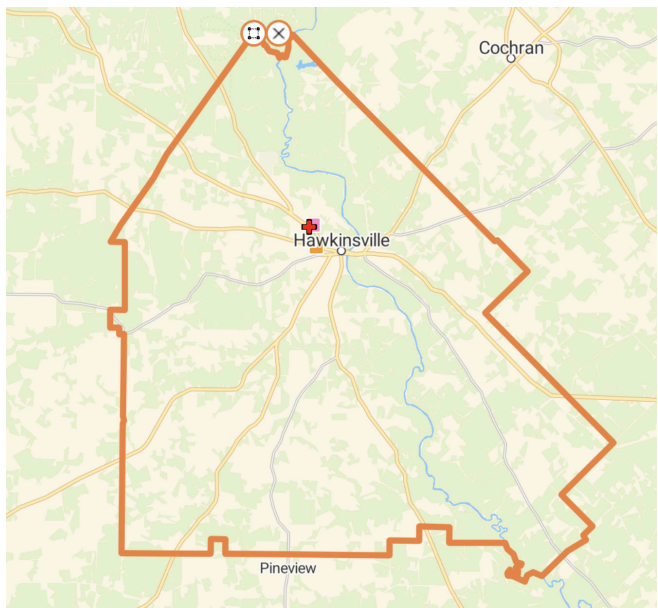
Location of Health and Behavioral Health Facilities.
Data Source: Policy Map.

(The darker the color the higher the proportion)

Health care and community health resources are located in the central part of the county (Figure 10).

Legend: pink square= community health centers and look-alikes, orange squares= nursing facilities, red cross= hospital
(There are no mental health treatment facility locations)
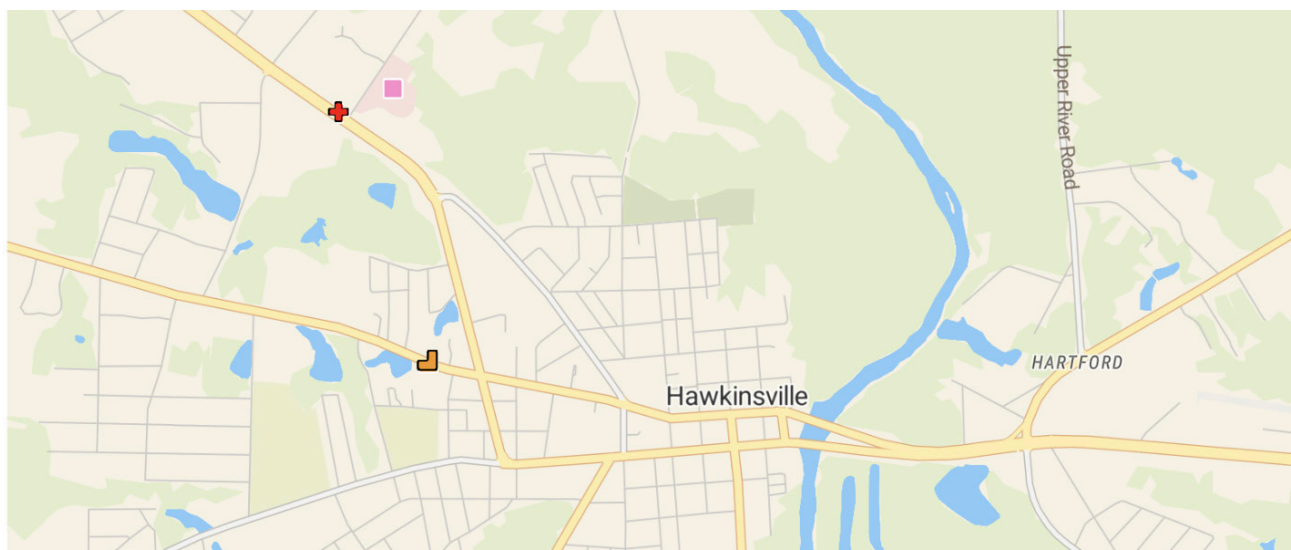
Figure 11. Smoking Rate by Census Tract (2022)
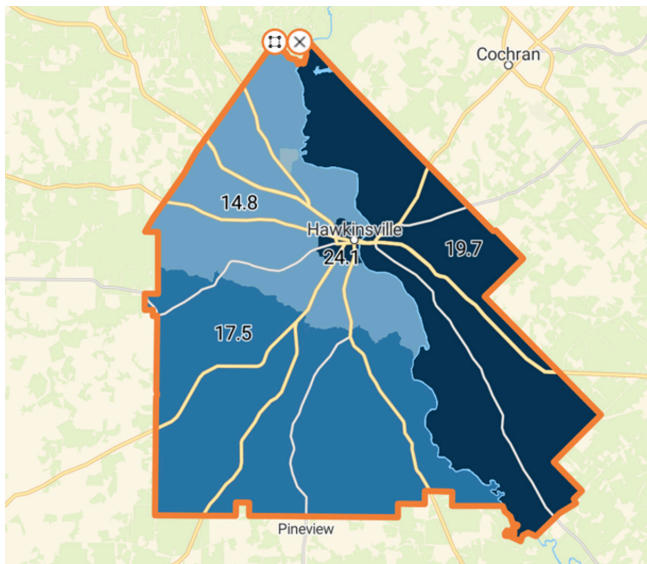
Percent of Adults who currently smoke cigarettes, 2022.
Data Source: Policy Map.
(The darker the color the higher the proportion)

Smoking rates are highest in the central and western part of the county ranging from 19.7% to 24.1% compared to the rest of the county 14.8%-17.5%.

Figure 12. Physical Inactivity Rate by Census Tract (2022)
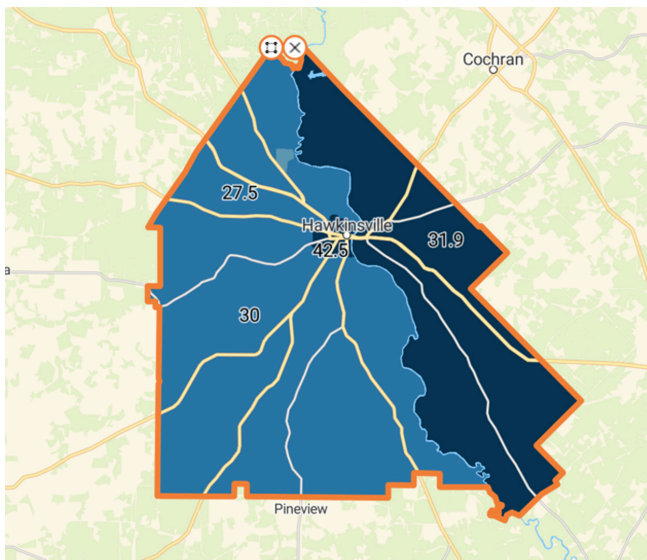
Percent of Adults physically inactive, 2022.
Data Source: Policy Map.
(The darker the color the higher the proportion)

The rate of physical inactivity is highest in the central part of the county at 42.5%. The rest of the county is also high, ranging from 27.5%-31.9%.

Figure 13. Adult Obesity by Census Tract (2022)
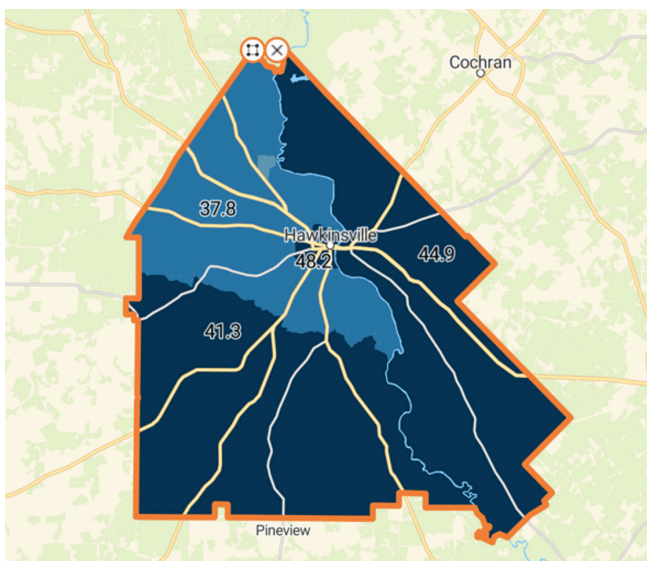
Percent of Adults reporting to be Obese, 2022.
Data Source: Policy Map.
(The darker the color the higher the proportion)

Obesity rates are consistently high in the county, ranging from 37.8% to 48.2%.

Figure 14. Perceived Health Status by Census Tract (2022)
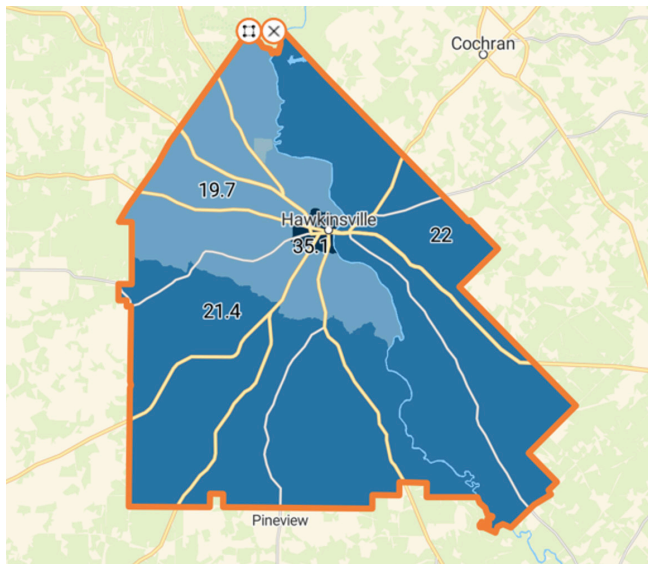
Percent of Adults reporting poor or fair health in 2022.
Data Source: Policy Map.
(The darker the color the higher the proportion)

A higher proportion of adults in the central part of the county reported poor or fair health compared to the rest of the county 35.1% vs 19.7%-22%.

Figure 15. Frequent Mental Health Distress by Census (2022)
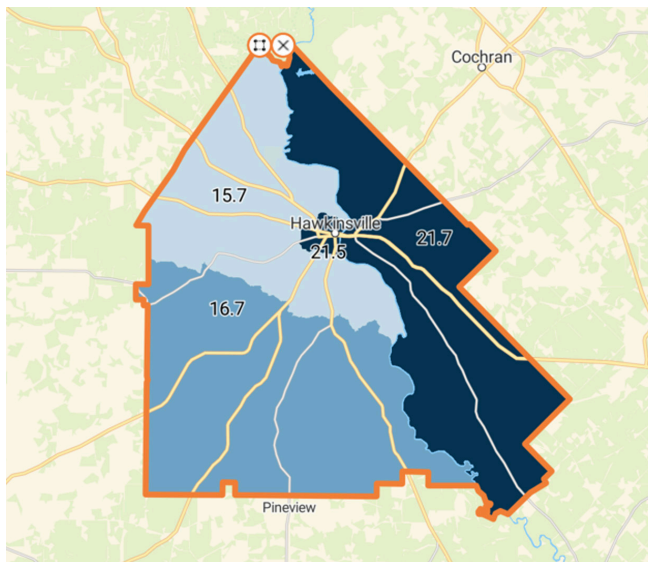
Percent of adults reporting 14 or more days of poor mental health in the past 30 days, 2022.
Data Source: Policy Map.
(The darker the color the higher the proportion)

The proportion of adults was highest in the central and eastern parts of the county at 21.5-21.7%. The rest of the county reported similarly, 15.7%-16.7%.

Figure 16. Life Expectancy by Census Tract (2010-2015)
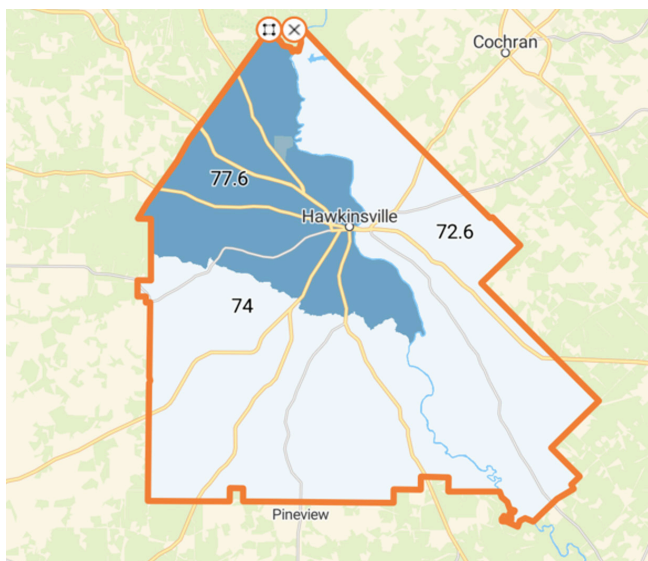
Life Expectancy at Birth, 2010-2015.
Data Source: Policy Map.
(The darker the color the higher the proportion)

Life expectancy is greater for residents in the northwestern and central parts of the County (77.6 years), followed by the southeastern part of the county (74 years). The lowest life expectancy is in the western part of the county (72.6 years).

RESULTS: PRIMARY DATA

Survey Data and Focus Group Interview:

Community Survey

The survey captured indicators, including perceptions and experiences about health, not available in secondary data. This enabled comparison of community perceptions and experiences with health outcomes identified in secondary sources. A total of 357 community members completed the survey. Most were women (78.5%) and White (91.5%), with 6.5% identifying as African American. About 44.3% were aged 55–64 or older. Over half (51.5%) held a bachelor's degree or higher, and 62.0% were employed. Table 3 presents the survey demographics.

U.S. Census data were used to assess the representativeness of the sample (U.S. Census Bureau, 2023, https://data.census.gov). Compared to 2018–2022 American Community Survey estimates, the CHNA survey overrepresented women, White individuals, older adults, and those with higher levels of education and employment. These differences may limit the generalizability of the findings.

Table 3. Comparison of Community Survey Respondent Demographics with 2018–2022 American Community Survey (ACS) 5-Year Estimates for Pulaski County, Georgia

	Survey (n = 357)	Census
Gender (Female)	78.5%	57.6%
Age (55-64 or older)	44.3%	36.0%
Race White African- American	 91.5% 6.5%	 60.5% 33.0%
Education (Bachelor's degree or higher)	51.54%	12.9%
Employment	62.0%	47.9%

Focus Groups Interviews

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

Results from the secondary data, survey, and focus group interviews are presented below as community strengths and challenges. These are classified as: (1) aligned findings, consistent across all data sources (secondary data, community survey, and focus groups), and (2) mixed findings, inconsistent across sources or appearing in a single data source.

Strengths: Mixed

Hospital's presence in the community

Focus group participants appreciated having a hospital in the community but expressed concerns about its declining presence and engagement. Several noted that it no longer offers the range of services it once did and has become less visible in local health initiatives. Participants also described a loss of specialists, reduced staffing, and limited communication from hospital leadership.

> *"I am glad we have a hospital. I think there's something going on that needs some attention."*
>
> *"At one time it was booming, and we had all kinds of services and specialists, and you felt good if you had to go and have something done."*

"Strong healthcare system in the community"

The qualitative findings present a more nuanced view than the survey data. While some community members continue to see the hospital as a valuable asset, others express concern about its declining presence. In contrast, survey results showed that 43% agreed and 10% strongly agreed that the community has a strong healthcare system.

Strong healthcare system in the community
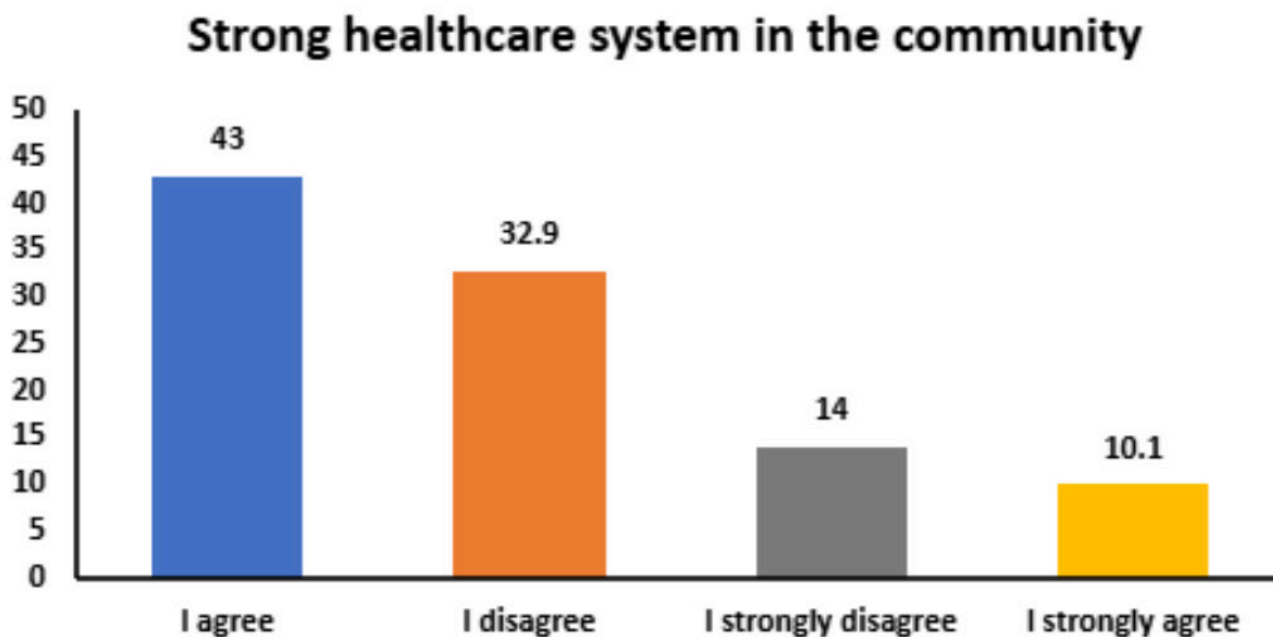
Community-based resources and support services:

Focus group participants expressed deficiencies in hospital services, including limited capacity and engagement. Despite these limitations they highlighted broader health-related community assets beyond the hospital that support local wellness. These include behavioral health services, school-based programs, public health initiatives, and infrastructure that enhances access and prevention.

Pediatric and behavioral health services

Care Connect was cited as a key provider for pediatric and behavioral care, especially for students with special needs.

> *"We have Care Connect who provides a lot of our pediatric care in the community. The doctors at Care Connect support a lot of our students that have special needs, especially ADHD and those kinds of things."*

Mental health support in schools

The APEX program and other in-school mental health services were viewed as essential but limited in capacity.

> *"They do come into our schools under the APEX program… I feel like we could probably fill up another in-school therapist roster, but it is an asset to have them here."*

> *"Our parents, for the most part, are very open to seeking mental health support. And so that's a good thing too, because you don't always find that in rural areas."*

Preventive dental care for children

School-based mobile dental services were identified as a useful preventive resource.

> *"We do have the dental van come to the school. They see students there… we could probably fill it up almost all day every day."*

Care coordination program

Family Connection program was recognized for facilitating coordination among service providers and supporting families.

> *"We have an active Family Connections program… they do support us… with the mental health stuff. If there's anything on that end that they can help us support,"*

Public health services

The local health department was consistently described as a reliable and strong community asset.

> *"We have a really good health department. Yes, we do. Our Health Department is a very good asset."*

Recreational and wellness resources

Walking trails and parks were highlighted as accessible spaces that support community members' engagement in physical activity

> *"There's a walking track around the pond at the hospital, and another one in the new city park downtown… So that's good."*

Transportation access

A low-cost public transit system was mentioned as a helpful but limited means of accessing healthcare services.

> *"We do have a bus that you can call. I think it's a dollar a trip… A lot of people use it to come to the senior center."*

Community's initiatives to stay healthy:

Physical activity resources vs. utilization

Focus group participants described community members' engagement in physical activity through the use of local recreational spaces, including walking trails and public parks. These spaces were viewed as valuable assets that promote physical activity across all age groups.

> *"There's a walking track around the pond at the hospital, and another one in the new city park downtown… So that's good. People walk"*

> *"The park does. It gives our kids somewhere to play-splash pad, skate park, pickleball. And we see a lot of young kids. We see a lot of older people out there, you know, getting exercise that they that they may not have done before."*

Survey data also reflected community members perceptions of access to lifestyle programs. About 54% of respondents reported availability of services such as weight loss, healthy eating, or exercise programs to prevent or manage diabetes, hypertension, or high cholesterol.

However, a gap between access and utilization was evident. Only 17% of survey respondents expressed willingness to participate in lifestyle modification programs *(see Table below).* Exercise frequency varied, with 44% exercising occasionally, 23% 1–2 times per week, and 10% reporting no exercise.

Most respondents (77.8%) regularly obtained food from fast food restaurants, indicating persistent challenges in adopting healthy behaviors.

Selected Health Behaviors among CHNA 2025 Survey Respondents

Health Behavior	Survey Respondents (%)
Willing to participate in Lifestyle Programs	17%
Exercise Frequency	
Occasional	44.4%
1–2 times/week	23.3%
None	10.4%
Obtained food from Fast Food Restaurants	77.8%

Furthermore, secondary data indicated that Pulaski County residents have greater access to exercise opportunities (80%) than the state average (75%) (2025 County Health Rankings). However, physical activity resources remain underused with 32% of adults physically inactive in Pulaski, well above Georgia's 23% rate.

Community Health Data 2024 and Survey 2025

	Pulaski	Bleckley	Dodge	Dooly	Houston	Wilcox	Georgia	Source
Access to Exercise Opportunities	**80%**	75%	55%	**31%**	68%	**NA**	75%	2025 County Health Rankings
Physical Inactivity	**32%**	27%	29%	31%	27%	31%	23%	2025 County Health Rankings

Challenges: Aligned

Chronic conditions in the community

When asked which health conditions the community suffers from the most, chronic diseases were the main concern among focus group participants, with cancer and heart disease identified as the most pressing health issues. They explained that these conditions are prevalent among the county's aging population, with additional challenges such as Alzheimer's disease and limited mobility. Diabetes and obesity were also described as widespread, affecting both children and adults.

> *"Cancer is going to be probably the biggest one."*

> *"Cancer and heart, just aging in general."*

> *"We have a lot of diabetic children in our system... our parents are not well educated to deal with diabetes, especially when it's a child."*

Substance use and mental health

Substance use, particularly opioid addiction, was described as a growing crisis in the community. Mental health, especially among youth was a prominent concern. School staff reported high demand for in-school mental health services, with current providers stretched thin.

> *"The substance abuse issues create a big burden on our healthcare system and our law enforcement system... opiate addiction is huge right now."*

> *"It is very much a crisis for our kids... it's not unusual to have someone in an ER for 72 hours or a week waiting on a bed or a placement facility."*

Sexually Transmitted Infections (STIs)

Participants also reported a high incidence of sexually transmitted infections (STIs), particularly among teenagers and young adults

> *"The health department data... has shown that we have a high incidence of sexually transmitted diseases among our teenage population."*

Survey findings aligned with these concerns. Respondents most frequently identified heart disease as the top health problem (48.2%). This was followed by cancer (43.1%), diabetes (31.7%), aging-related problems (30.8%), and mental health issues (30.8%). Other commonly reported concerns included hypertension (26.1%), substance abuse (24.6%), and overweight/obesity (23.5%). Prescription drug abuse was identified by a smaller proportion (8.4%). *See Table 4.*

Table 4. Top Health Problems in the Community

Health Problem	Respondents (%)
Heart disease	48.2%
Cancer	43.1%
Diabetes	31.7%
Aging related problems	30.8%
Mental Health Problems	30.8%
Hypertension	26.1%
Substance Abuse	24.6%
Overweight/ Obesity	23.5%
Prescription drug abuse (e.g., opioids)	8.4%

Health conditions experienced by respondents or household members

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

In the survey, participants were asked to identify top health conditions affecting themselves or their household members. The top reported conditions were hypertension (61.4%), overweight/obesity (46.1%), aging-related problems- arthritis or hearing/vision loss (35.4%), diabetes (34.2%), and mental health problems (29.2%).

Other reported conditions included heart disease, stroke, or heart failure (20.7%), cancer (18.8%), dental problems (16.3%), asthma (15.0%), respiratory/lung disease (11.3%), and infectious diseases (8.5%). Less commonly reported conditions were Alzheimer's/dementia (5.6%), sexually transmitted diseases (0.9%), and HIV/AIDS (0.3%). *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	61.4%
Overweight/obesity	46.1%
Aging related problems	35.4%
Diabetes	34.2%
Mental health problems	29.2%
Heart disease, stroke, heart failure	20.7%
Cancer	18.8%
Dental problems	16.3%
Asthma	15.0%
Respiratory/lung disease (e.g., COPD)	11.3%
Infectious diseases (e.g., flu, hepatitis, TB, etc.)	8.5%

Risk behaviors:

Focus group participants described several behaviors that they believed were contributing to poor health in the community. These included delayed or inconsistent use of healthcare services, substance use, risky sexual behavior, poor nutrition, and physical inactivity.

Not following medical advice/recommendation

Participants expressed concern that some community members struggled to understand or engage with available healthcare services. Several noted that individuals often used the emergency department for routine care and did not follow through with referrals or treatment plans.

> *"They use the ER for their primary care... they show up in an emergency situation because they've been out of their meds for days or weeks."*

> *"There's no follow-through. We work really hard on the front end to set things up for parents, and there's no follow-through."*

Substance use

Focus group members repeatedly raised concerns about drug use in the community, particularly opioid-related harms. They described its impact on emergency care services and the criminal justice system. Participants also highlighted severe mental health symptoms linked to substance use, including hallucinations that led some individuals to self-harm.

> *"The substance abuse issues create a big burden on our healthcare system and our law enforcement system... opiate addiction is huge right now."*

> *"You see people in there come in, you know, drug overdoses... people that... thought he had leeches on his arms and he stabbed his arms with knives."*

Poor diet and physical inactivity

Focus group participants discussed limited opportunities for physical activity, particularly for older adults, due to the closure of hospital-affiliated wellness facilities.

> *"The gym at the Wellness Center is closed... a lot of our elderly used to go out there like a Silver Sneakers type program."*

> *"The indoor pool at the hospital hasn't been operational in years... our elderly used to do water aerobics."*

Risky sexual behaviors

Adolescent sexual activity and the transmission of sexually transmitted diseases were noted as concerns.

> *"The health department data… has shown that we have a high incidence of sexually transmitted diseases among our teenage population."*

These concerns from focus groups were reflected in the survey findings. When asked to identify the top five risk behaviors in the community, respondents most frequently selected: poor eating habits (63.7%), lack of exercise (53.8%), and alcohol abuse (44.8%). Other commonly identified behaviors included not following medical advice (42.8%) and tobacco use (23.4%). Less frequently reported issues included not using birth control (12.4%), discrimination (9.3%), unsafe sex (8.5%), and dropping out of school (8.5%). The least frequently reported behaviors were unsecured firearms (3.9%), not using seat belts or child safety seats (5.6%), and not getting immunizations (6.5%). *See Table 6.*

Table 6. Top 5 Risk behaviors in the community

Behavior	Respondents (%)
Poor eating habits	63.7%
Lack of exercise	53.8%
Alcohol abuse	44.8%
Not following medical advice (e.g., visits to doctor, taking medication)	42.8%
Tobacco use	23.4%
Not using birth control	12.4%
Discrimination	9.3%
Unsafe sex	8.5%

Healthcare utilization:

Focus group participants consistently emphasized the value of having a local hospital. They expressed appreciation for the presence of TRH and acknowledged its importance for emergency care, primary care, and community identity. However, they also shared concerns about limited service availability.

Many reported that while the hospital exists, the range of services has diminished, and community members often traveled out of town for specialty care, inpatient services, or even routine procedures. This disconnect between the hospital's presence and its functional capacity was a recurring theme.

> *"I am glad we have a hospital. I think there's something going on that needs some attention."*
>
> *"I go to Taylor for everything that I can go to Taylor, but… I have to go to Warner Robins to get my eyes treated every couple of weeks."*
>
> *"In the past, when Taylor was at its height, they saw lots and lots and lots of people that used them as their primary care."*
>
> *"At one time it was booming, and we had all kinds of services and specialists, and you felt good if you had to go and have something done… but now I go somewhere else."*

Survey findings were consistent with these concerns. Among respondents who used hospital services in the past 24 months, 26.8% reported using only TRH, while 52.3% used TRH and other hospitals. An additional 17.5% reported using only other hospitals.

"At which hospital were services received?"
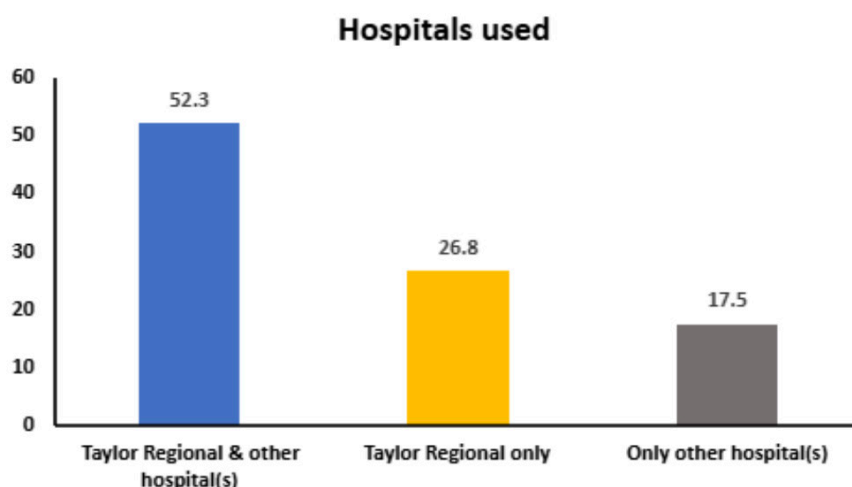
Hospitals used

The survey data supported qualitative findings regarding the use of hospitals outside the community. The most frequently cited reason was the availability of specialty care (32.7%), followed by physician referral (17.5%). Other reasons included perceived quality of care (14%), convenience or proximity (10.5%), and quality of doctors (8.2%).

"Why did you use other hospitals?"

Reasons of other hospitals use
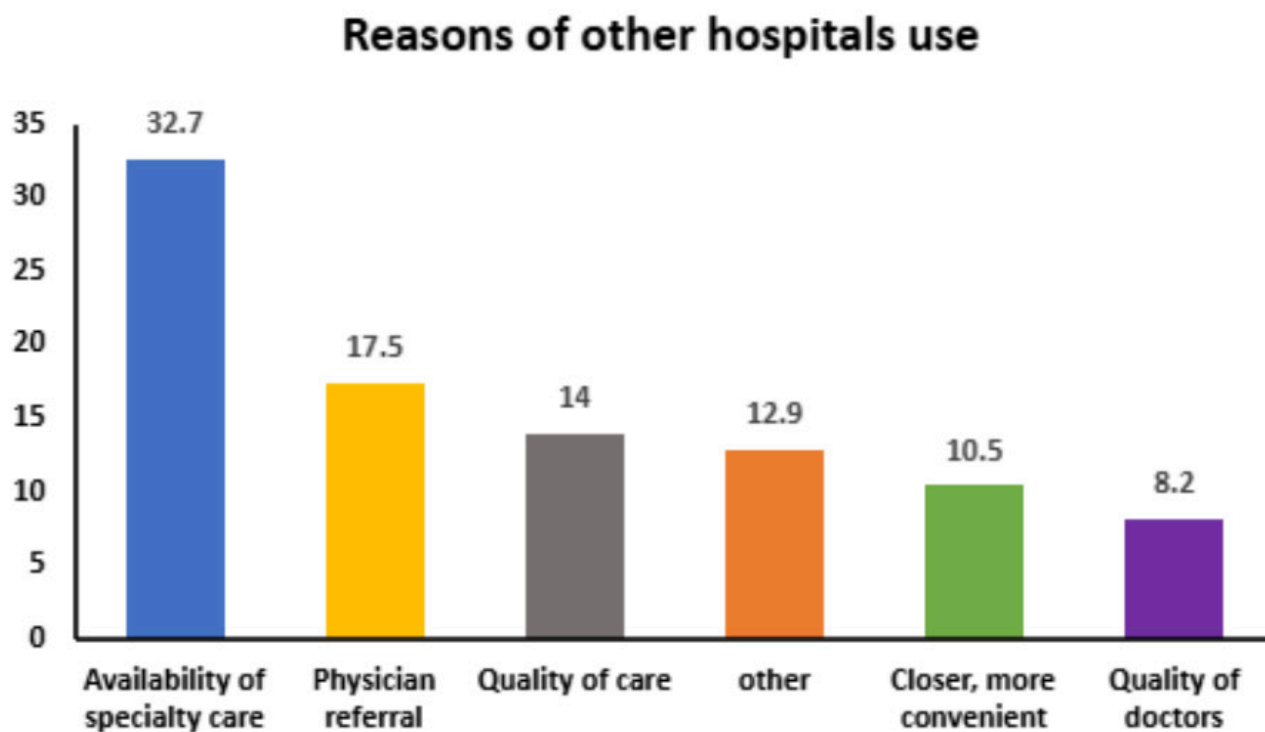
Barriers to healthcare access:

Focus group participants identified several barriers that hinder healthcare access in the community. A major concern was the shortage of healthcare providers, especially primary care physicians and specialists. Many participants reported traveling to other cities for routine and specialty care, which they said was difficult for those without reliable transportation.

Provider shortages

> "So many of our doctors have… well, they've left. We don't even have eye care at all in the county anymore."

Financial barriers

Out-of-pocket costs, even for those with insurance, were described as unaffordable for many

> "Even if you have insurance, you still gotta go pay out of pocket. Costs are astronomical."

> "Most of them are working two jobs just trying to feed their family, let alone a $35 copay."

Transportation barriers

Transportation itself was frequently cited as a barrier, with limited public transit options and restricted service hours.

> "This is a big property area as well. So access in general for young to old is a big [issue] transportation to and from healthcare is huge."

> "We have a bus that you can call. I think it's a dollar a trip, but it's only 5 days a week, 8 to 5."

Awareness and utilization

Participants also discussed challenges related to awareness and use of available services, including a lack of follow-up, particularly in families relying on schools to coordinate children's care.

> "I've just always wondered how people get their information. I don't know… maybe that's just me, because I'm not a social media person. But I would think that there are a lot of other people here, maybe seniors like me who are not Internet savvy or can't afford the Internet."

> "I was pleased to learn recently that the Health Department dispenses things like condoms to people. I didn't know that… hopefully, the people who have a need for that are aware of it."

> "There's no follow-through. We work really hard on the front end to set things up for parents, and there's no follow-through."

Survey results supported these concerns. The most frequently reported barriers to accessing healthcare were work hours (24.8%), inability to afford co-pays or deductibles (18.2%), and difficulty obtaining timely appointments (15.0%). Other barriers included lack of convenient providers (12.4%), lack of health insurance (8.4%), providers not accepting their insurance (7.8%) and lack of transportation (4.0%) *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	24.8%
Cannot afford co-pays or deductibles	18.2%
Cannot get a timely appointment	15.0%
No convenient service provider	12.4%
No health insurance	8.4%
Medical provider will not take my health insurance	7.8%
Transportation	4.0%
School demands	4.0%

Services needed to improve health in the community:

Need for more providers and consistent primary care

Focus group participants emphasized the shortage of primary care providers and expressed frustration with rotating physicians, which they said prevented the development of long-term patient-provider relationships.

> *"More than one consistent physician… Dr. XYZ is the only primary care doctor, and he's hard to find. He's hard to see."*

> *"I like consistency with my doctors. I want a relationship with my doctor."*

Expansion of mental health services

Mental health care was identified as a critical gap. Participants called for more providers, better access, and telehealth options to support both children and adults.

> *"I would like to see mental health [services] just because that is such a big issue."*

> *"It would be helpful if we had telehealth that we could offer for therapy, and even just the doctor's visits… it could make a big difference."*

Improved emergency and inpatient care

Participants stressed the need for a fully functioning emergency department and inpatient services to prevent dangerous delays and avoid transferring patients out of the community. They expressed the importance of increasing local physician availability and expanding the range of procedures performed onsite to support continuous, comprehensive care.

> *"We need emergency care at all times in our county… and then we need good, strong primary care."*

> *"More physicians, more procedures that can be done here… where you can stay your whole length of time and not be transferred someplace else."*

Restoration of specialty and preventive services

The loss of specialty services like obstetrics, vision, and dental care was a major concern. Participants also highlighted the need for preventive services to return.

> *"It'd be good to have another dentist too."*

> *"We no longer deliver babies."*

Reviving wellness center and pool access

The closure of the hospital's wellness center and indoor pool has had a substantial impact, especially on the elderly population who relied on these facilities for low-impact exercise and rehabilitation.

> *"The gym at the Wellness Center is closed… a lot of our elderly used to go out there like a Silver Sneakers type program."*

> *"The indoor pool at the hospital hasn't been operational in years… our elderly used to do water aerobics."*

Community engagement and communication

There was a strong call for better communication from hospital leadership and more community involvement in shaping healthcare services.

> *"There needs to be a lot of efforts to try and rally the community around the hospital because nobody wants to see that hospital close."*

> *"It would be nice for the community to hear from that hospital board… just an acknowledgement of the situation would do wonders."*

Survey respondents' priorities aligned with focus group calls for increased provider availability, expanded mental health care, and broader community support. The top needs were improved access to health care (60.1%) and expansion of mental health services (55.5%). Other frequently cited needs were services for seniors (35.7%), substance abuse treatment (30.9%), support for Medicaid or indigent populations including transportation (20.4% and 20.1%, respectively), as well as services for the disabled (18.1%), dental care (16.1%), pharmaceutical assistance (16.1%), and pediatric therapy services (13.0%). *See Table 8.*

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

Responses	% Respondents
Improved access to healthcare	60.1%
Mental Health Services	55.5%
Services for seniors	35.7%
Substance abuse treatment	30.9%
Additional services for Medicaid/indigent patients	20.4%
Transportation for indigent/ Medicaid/ elderly	20.1%
Services for the disabled	18.1%
Improved access to dental care	16.1%
Pharmaceutical assistance	16.1%
Pediatric therapy services	13.0%

Furthermore, in an open-ended question about additional services request at TRH, survey respondents reiterated the request for mental health services and highlighted the burden of traveling out of town due to a lack of local providers. *See Table 9.*

Beyond mental health, participants frequently requested consistent primary care, expanded lab services, and the restoration of inpatient services such as the ICU, wellness center, pool, specialty care, OB/GYN, labor and delivery, and surgical care. The closure of the hospital's wellness center, gym, and pool was a recurring concern.

A full list of additional services requested by the survey participants are located in Appendix B.

Table 9. Services requested at Taylor Regional

Category	Mentions	Example
Emergency Services	90	*"Mental Health services"*
Diagnostics (Labs, Imaging)	63	*"TRH can't provide many needed tests (MRI's, CT's - with contrast)."*
Specialty Services	48	*"Mental Health services"*
Wellness & Rehab	28	*"Bring back the pool and gym at Taylor."*
Labor & Delivery / OB-GYN	25	*"Obstetrician-Gynecology and Neurology"*
Primary Care	19	*"GP that stays here"*
ICU	14	*"The most important one would be the ICU unit up and running again."*
Other	14	*"afforded care"*
Administrative / Staffing	11	*"Better hospital administration, employees treated with respect..."*
Technology & Equipment	10	*"Equipment that actually works (x-ray machine can't even read a fracture)"*
Mental Health	9	*"Mental Health services"*
Surgery	7	*"SURGERY, ICU, BETTER LAB,"*
Access & Coordination	7	*"To be connected to Houston Medical and Perry..."*
Affordability	4	*"MENTAL HEALTHCARE PEDIATRIC OPTOMETRIST that accepts Medicaid"*

Challenges: Mixed

Healthcare utilization- Use of ER for primary care services:

Focus group participants reported that many community members rely on the hospital's emergency room (ER) for non-emergency care, including chronic disease management and medication refills. This pattern was attributed to lack of insurance, underinsurance, or limited access to primary care. They also shared that the ER is often used as a default entry point because it cannot legally turn patients away.

> *"The ER… that's probably a lot of the issue. They don't turn anybody away. That's exactly right. Got a little sign on that wall, so their indigent care, I'm sure, is enormous."*

> *"The ER becomes a default option for managing chronic conditions, medication refills, and non-emergency concerns, largely because it is one of the few accessible healthcare entry points that cannot legally turn patients away."*

Survey results reflected a different pattern of utilization. Most survey respondents reported using their doctor's office for healthcare (75.4%), or urgent care facilities (51.5%), while only 19.0% reported using the ER. Fewer reported obtaining healthcare service through community health clinics (3.4%), school nurse clinics (0.8%), or the health department (0.6%).

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

Most likely to go for healthcare

- My doctor's office: 75.4
- Urgent care facility: 51.5
- Emergency Room(ER): 19
- Community health clinic: 3.4
- I do not go to one specific place regularly: 4.8
- School's nurse clinic: 0.8
- Health department: 0.6
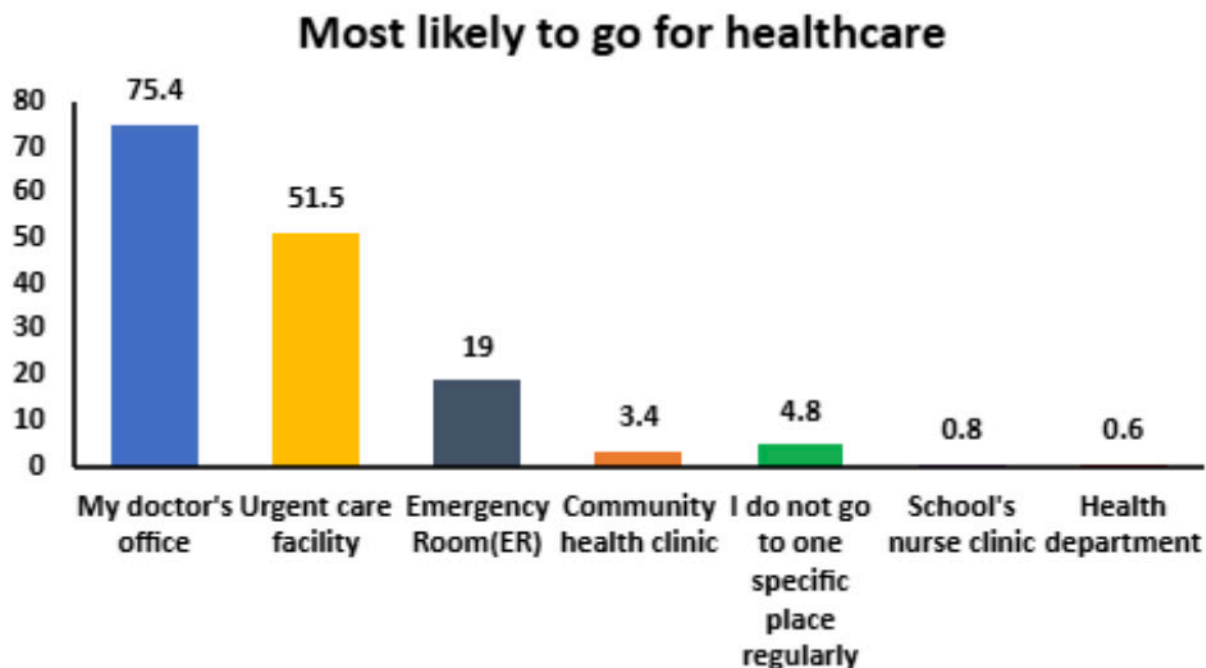
Hospital and provider-related issues impacting healthcare utilization:

Focus group participants highlighted a range of hospital and provider-related challenges that impacted their healthcare utilization.

Inconsistent and rotating providers

Participants expressed frustration with rotating doctors and limited provider availability, which they said disrupted continuity of care and hindered trust-building with providers. They shared that seeing different providers at each visit affected the quality of care and made it difficult to establish long-term patient-provider relationships.

> *"I like consistency with my doctors. I want a relationship with my doctor."*

> *"They come only when they got some patients to come see. You see somebody different every time."*

Loss of services

Participants reported that TRH has reduced several services, including the closure of its ICU and obstetrics unit. These changes were described as limiting the hospital's ability to provide comprehensive care, particularly for emergencies and inpatient needs.

> *"At the moment they're only doing outpatient type services and surgeries, because not having an ICU anymore… anybody that comes into the ER at this point… we're trying to find a truck to take them somewhere."*

> *"We no longer deliver babies. We've lost. Several of our major providers have left,"*

> *"We don't even have eye care at all in the county anymore. There's not an optometrist or an ophthalmologist," one participant said. Another added, "We used to have an eye doctor here… and we had a couple of dentists… but they're all gone."*

Emergency care limitations

Participants also expressed concerns about the lack of emergency care and delays in transferring critical patients.

> *"If it's anything life-threatening or critical, we're trying to find a truck to take them somewhere… many of our hospitals are on diversion a lot of times,"*

Operational and financial instability

Participants described operational breakdowns, including system outages, supply shortages, and financial challenges that disrupted care delivery.

> *"There have been times in the past few months they had absolutely zero computer systems; companies would not provide oxygen, laundry services stopped, we could not get contrast for CT scans,"*

> *"financial instability, with staff not being paid and vendors refusing service due to unpaid bills."*

Reputation and community trust

Participants also reported that negative media coverage and limited communication from hospital leadership had contributed to declining community trust in the hospital.

> *"Just media in general… has shed a negative light on it… that hinders perception and attraction even more,"*

> *"Nobody wants to see that hospital close… but I haven't really seen that support… people have been very quick to jump on the criticism train."*

Although focus group participants reported various issues that impacted the utilization of care, survey respondents expressed satisfaction with TRH services: 91.9% were satisfied with overall services, 89.9% with primary care quality, and 81.8% indicated they were able to obtain timely appointments.

Satisfaction with services at Taylor Regional
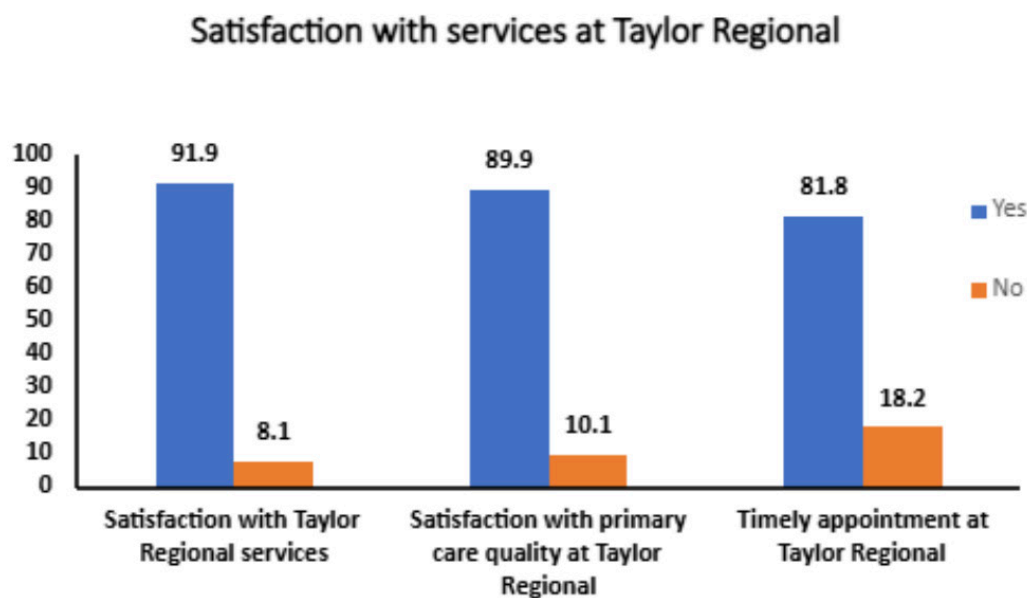
MISCELLANEOUS RESULTS

Miscellaneous Results: Personal health and healthcare of the survey respondents

This section explains 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 43.8% reporting "good" and 38.5% reporting "very good" health status.

Health status bar chart:
- Excellent: 9.6
- Very Good: 38.5
- Good: 43.8
- Fair: 6.5
- Poor: 1.7
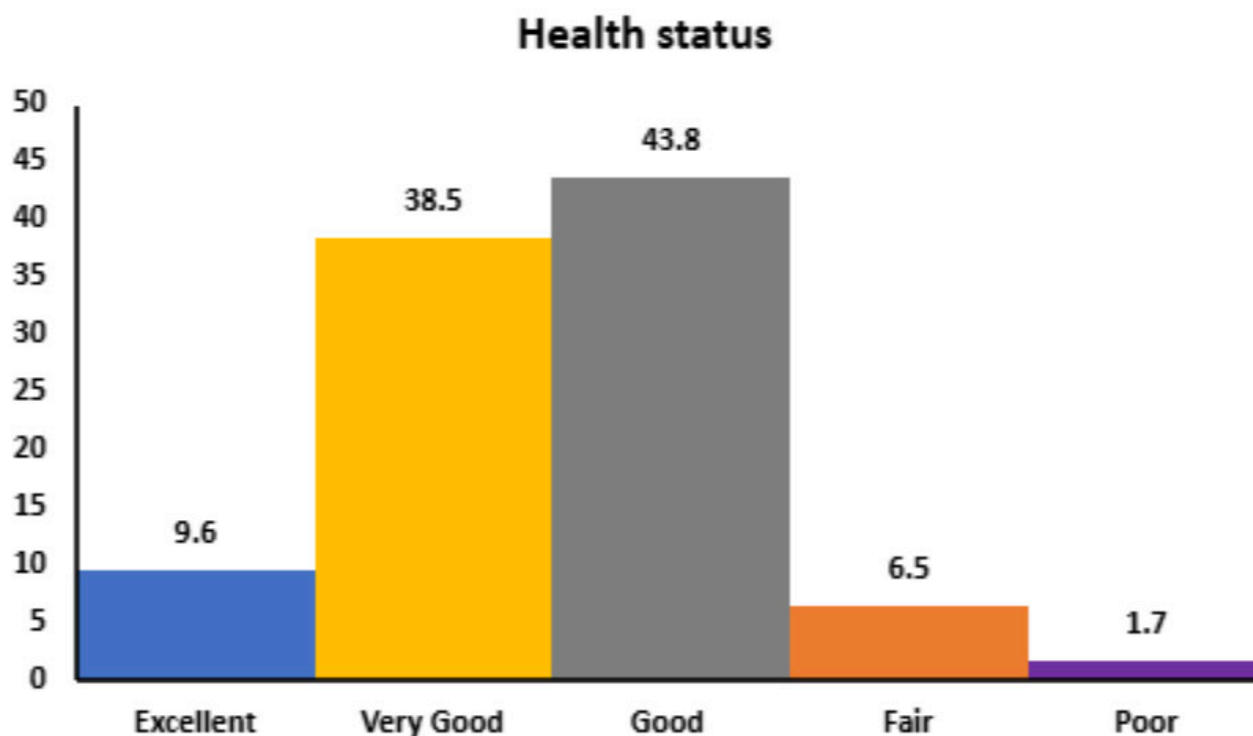
Mental Health

Only 35.8% of the respondents reported that they were never depressed. About 27% were sometimes depressed. These findings can be indicative of some of the underlying mental health issues prevalent in the community.

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

Frequency	Percentage
Never	35.8%
Rarely	34.4%
Sometimes	27.0%
Almost Always	2.30%
Always	0.6 %

Health Insurance

Majority of the survey respondents had insurance through work/school (71.2%). About 20.3% had Medicare insurance, only 4.5% did not have any insurance.

Health insurance
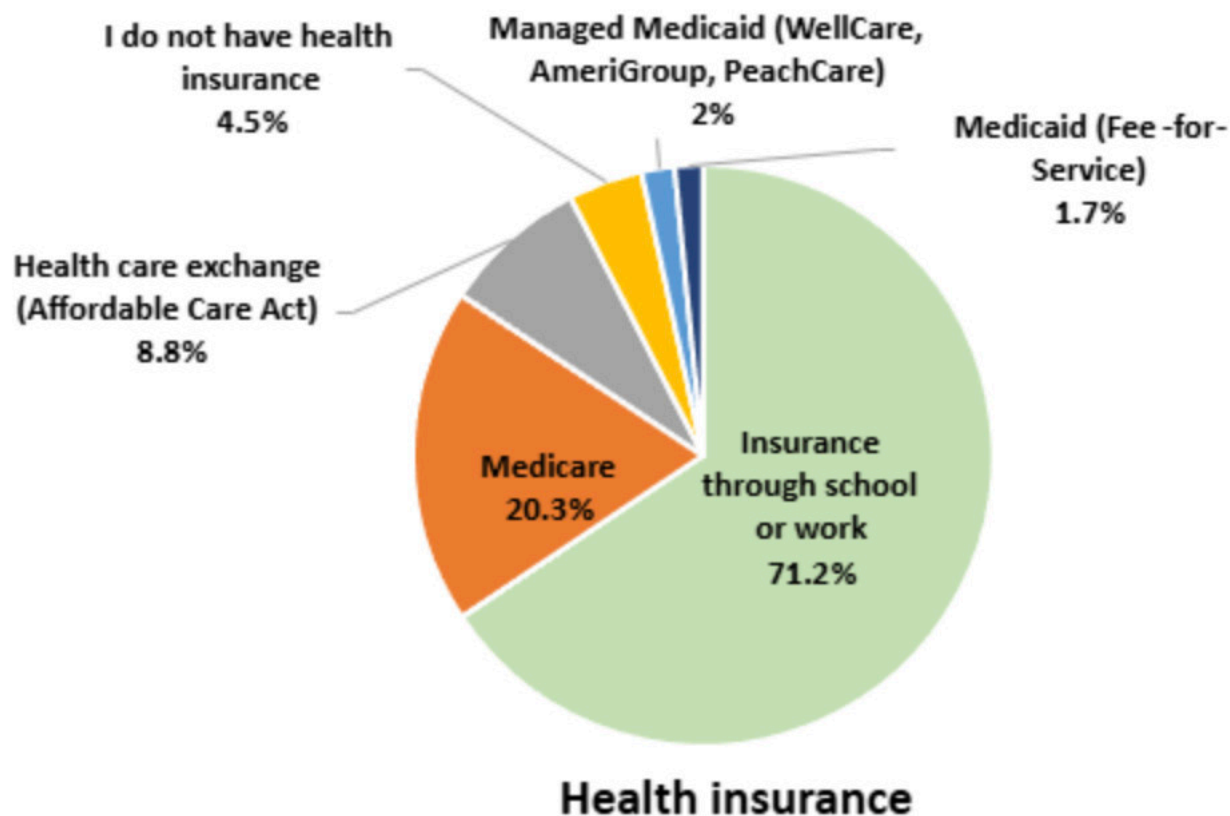
Preventive care utilization

Majority of the survey respondents utilized preventative care services. About 88.7% had regular physicals and 65.4% reported regular dental visits.

And, 50% of the women in the community reported having monthly breast self-examinations done.

Preventative care
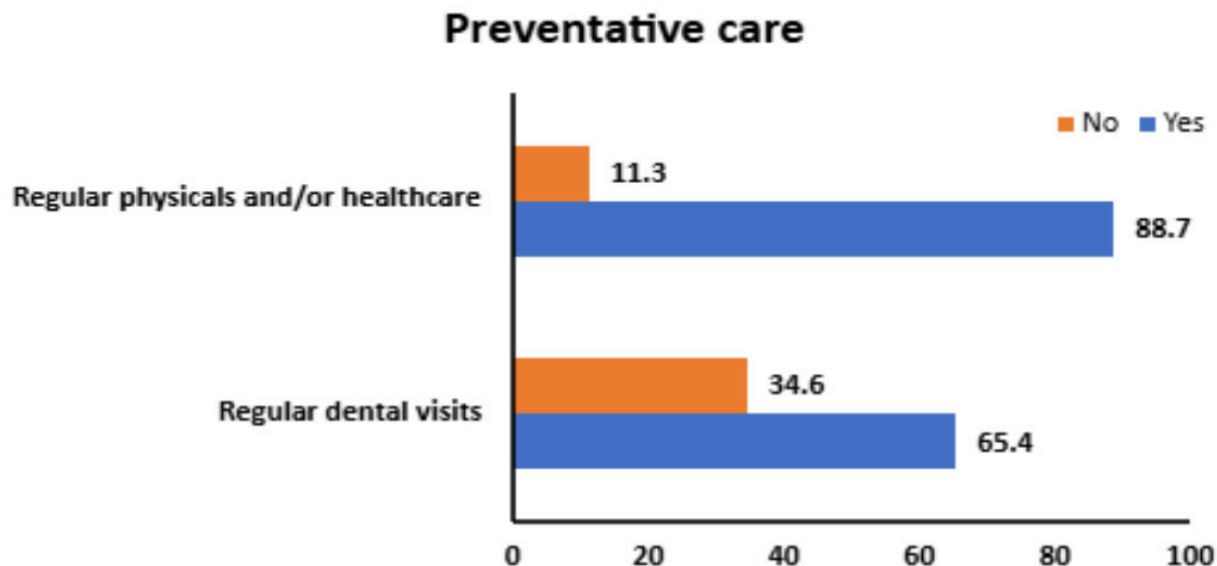
Type of TRH services use

The most commonly used services at TRH were radiological imaging (71.4%) and laboratory testing (67.0%), followed by emergency room services (53.0%). Less frequently used services included physician services (21.6%), outpatient services (17.3%), and Taylor Express Care (11.4%).

A small number of respondents reported using physical therapy (9.7%), inpatient services (6.5%), rural health clinic (2.7%) or oncology (2.2%).

"If you went to Taylor Regional, what hospital services were used?"

Type of Service	% of Respondents
Radiological imaging	71.4%
Laboratory	67.0%
Emergency room	53.0%
Physician services	21.6%
Outpatient services	17.3%
Taylor Express care	11.4%
Physical therapy	9.7%
Inpatient services	6.5%
Rural health clinic	2.7%
Oncology	2.2%

Health Behavior Habits

The following section describes community members' health-related behaviors, including exercise, fruit and vegetable consumption, and tobacco use.

Exercise behavior

A substantial portion of survey respondents reported limited physical activity: 47.8% exercised occasionally, 14.9% reported no exercise, and only 3.9% exercised five or more times per week.

"How often do you exercise?"

Frequency of exercise	Percentage
Not at all	14.90%
Occasionally	47.84 %
1-2 times each week	22.35%
3-4 times each week	10.98%
5 or more times each week	3.92%

Fruits and vegetables intake

Approximately 68.0% of respondents reported consuming 1 to 2 servings of fruits and vegetables per day. Nearly 22.5% ate 3 to 4 servings daily, while only 4.7% met the recommended intake of 5 or more servings per day. This result is reflective of obesity being a top health concern in the community.

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

Servings	Percentage
0	4.74%
1 to 2	67.98%
3 to 4	22.53%
5 or more	4.74%

Tobacco and Alcohol use

Among survey respondents, 13% (n = 46) reported using tobacco products. The most commonly used products were cigarettes, cigars, or pipes (53.3%), followed by e-cigarettes (29%) and dipping tobacco (18%).

Regarding alcohol consumption, 50.4% reported having at least one drink in the past 30 days. Of these, 56.2% consumed only one drink, 39.3% consumed 2 to 3 drinks, and 3.4% consumed 4 to 5 drinks.

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

Risky health behavior	Category	Percentage
Tobacco use (any)	Cigarettes/cigars/pipe	53.3%
	E-cigarettes	29.0%
	Dipping tobacco	18.0%
Alcohol use (past 30 days)		
	1 drink	56.2%
	2–3 drinks	39.3%
	4–5 drinks	3.4%

PRIORITIZATION OF COMMUNITY NEEDS

The UGA COP CHNA team used data from all three sources to present key findings to the Steering Committee members. These results were submitted in July 2025.

The Steering Committee will meet to discuss the CHNA results and determine the priority health needs of the community. 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

The final step in completing the CHNA was developing an implementation strategy to sustain community engagement and ensure accountability in addressing identified health needs. While the ACA requires hospitals to adopt an implementation strategy within 4.5 months of completing the CHNA, it does not mandate how the strategy should be developed, nor does it require public dissemination or community input (Stephens, 2015). Nevertheless, developing such strategies supports the CHNA's broader goals of transparency and community involvement.

Accordingly, TRH, through its longstanding collaboration with the UGA-Archway Partnership, is committed to exceeding these minimum requirements by actively engaging local partners, publicizing its strategy, and monitoring progress toward priority goals.

A diverse team of CHNA Steering committee members was identified to develop the implementation strategy for TRH. This group will engage community members in both the development and the execution of the implementation strategy.

APPENDIX A

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

Survey Participants Demographics (n = 357)

		N	Percentage
Gender	Female	278	**78.5**
	Male	76	21.5
Race/Ethnicity	White, Non-Hispanic	323	**91.5**
	Black/African-American	23	6.5
Age group	18-24	9	2.5
	25-34	40	11.3
	35-44	70	19.8
	45-54	77	21.8
	55-64	88	**24.9**
	65 or older	70	**19.8**
Marital status	Married/Living together	265	**75.28**
	Single/Divorced/Widowed	87	24.71
Degree	Advanced	80	**22.5**
	Bachelor	104	**29.3**
	High school or GED	49	13.8
	Some college	57	16.1
	Associate	65	18.3
Employment	Full-time	220	**62.0**
	Part-time	18	5.1
	Retired	80	22.5
	Self-employed	23	6.5
	Unemployed	14	3.9
Income	$100,000 or more	147	**42.4**
	$75,000 to $99,000	56	16.1
	$50,000 to $74,000	59	17
	$25,000 to $49,000	39	11.2
	Under $25,000	24	6.9
	Don't know/not sure	22	6.3

APPENDIX B

Community Survey: Additional Services Requested for Taylor Regional

Mental Health services
TRH can't provide many needed tests (MRI's, CT's - with contrast), appropriate ER care, intensive care, or basic patient care because of the financial mess they are in. It's a shame.
GP that stays here
Obstetrician-Gynecology and Neurology
Family Physicians. Specialty Physicians.
100% Better hospital administration, employees treated with respect, loyalty, better ER staff, more providers, better pay for office staff. Taylor Regional use to be a top-rated rural hospital that has let it's CEO and former CEO, board members and so-called department heads run this hospital so far underground that there's no hope of pulling it back up & most local people go to Perry, Cordele or Houston HCare for simple services as lab work, x-rays, other diagnostic testing. Provider offices are completely run down and need major repair and remodeling work. They can't even keep enough staff to keep the med surge or ICU open for patients who really need it.
Just better care in general. Able to do CT scans and all here as well
Mammogram
SURGERY, ICU, BETTER LAB,
Labs, x-rays, mammography, physical therapy
I want the swimming pool repaired and available.
Mammogram
afforded care
A reliable primary care doctor/NP that stays, and our community needs OB/GYN and mental health.
Child birthing
Physicians who care. Hospital staff who treat you with dignity and respect.
More options for family practice doctors and obstetricians
dermatology
I'd like to have the pool reopened. I would think that the fee charged to use the pool would be enough to maintain it. People from surrounding counties used the pool.
internal medicine doctor

More doctors
It would be nice if they could order their supplies and perform tests and labs. But they are in serious financial troubles due to poor upper management
MENTAL HEALTHCARE, PEDIATRIC OPTOMETRIST that accepts Medicaid
To be connected to Houston Medical and Perry so doctors in those towns can see the history of patients who have blood work done at Taylor regional or access to talk to the doctors there.
ICU and other services that have been shut down.
Heart surgery is really important in an area
OBGYN, delivery
more PCP and specialist
Prenatal, maternity, labor and delivery, surgical, hospice
more specialist to keep us from traveling to Macon or warner robins
dermatologist, pulmonologist
primary care doctors that stay. Mammograms and the ICU unit working again.
The system has been hacked. Lack of bookwork.
Every service
I do not use any healthcare provider at Taylor except in emergency situations.
Quality care and responsible fiscal management
affordable care
more specialists to rotate through so there is less travel out of town
More doctors, MRI machine, breast care (mammogram) was told it would be 4 months, I went to Houston county.
More doctors. A working hospital, more test and scans being performed
ER
Kind, welcoming, and loving doctors and nurses.

Pediatric therapies (pt, ot, speech, feeding). Other programs for autistic children.
Good doctors, inpatient care, ICU, MRI, prenatal care, labor and delivery! Babies grow up where they are born and can be cared for!
Maternity, delivery, quality surgery
Quality Full hospital care
Better testing equipment, More specialists
birthing babies again
All services, all specialties, everything. Surrounding cities are being overwhelmed with their own communities. They don't have much room for us too.
I will not use Taylor Regional; it is not in my network nor do they have a good reputation
primary care doctors
A level 2 trauma center
Services that used to be available rather than having to be sent to Macon or Warner Robins. OB/gyn: surgery services etc
Naturopathic and wholistic medicine.
ICU, OB and labor and delivery
It would be nice to have a few doctors who will do telemedicine/virtual visits or home visits for bedridden patients.
Primary care, inpatient beds, wound care
More actual Dr rather than np. Be able to see your primary care Dr during a hospital stay instead of hospitalist.
Maternity, depression, weight loss
Expanded Rehabilitation Services to include OT and PT services
I would like to see primary care doctors who don't come and go. We also have a need for more specialists.
Bring the gym back, actual urgent care that is open after hours

Possibly an available OB/GYN, not to deliver here, just so women don't have to drive to Warner Robins or Macon every week. It would be a great option to have a provider here just once a week/ every other week!

I no longer care for the doctors affiliated with TRH. The turnover rate has been constant in the last few years.

Doctors with a larger patient base. I've tried several times to get a local physician considering I'm a type 2 diabetic but none are taking patients. When I go I have to use med stop

More office hours

Complete hospital and surgical services

primary care, Labor & Delivery, OBGYN, Pediatrics

ObGYN, substance abuse/mental health, Alzheimer's/dementia care

Ct scan   Blood work

More test available to the patients.

True the clock back 15 years it was one of the best around now they have air lift you

labs. xray, urgent care/ER. primary care. EMS

more concerned for the elders

Become a real hospital again by paying off or selling to someone who can pay off your Millions of dollars of debt before your doors are closed for negligence.

Good doctors that would come and stay. Not leave after you get established with them. Losing the Wellness Center was a huge loss for the community.

An actual hospital that is not "Observation Only"

Psych, labor and delivery, icu, heart specialist

All services that could benefit the community, and health related education and workshops.

It's a small hospital, we tried to let them treat my stepdad for his blood disease, we should had taken him elsewhere. The people were kind and considerate, they were just not qualified to treat him.

Rheumatologist

ems services,

More primary care doctors associated with Taylor Regional.

More doctors, nurses, administrators, also staff. Overall better service.
Our community needs accessible mental health doctors/ therapist
a clinic open after 5pm. I thought that Taylor Urgent Care was going to be a clinic open after 5pm and on weekends
basic, high quality health care, mammogram, blood work, emergency care
Haven't used a primary care provider in5 yrs. There are only 1 or 2 primary care physicians at Taylor. This hospital/provider offices are in horrible financial ruins and needs to be taken over by a medical facility that can keep it open and keep quality staff and medical equipment working
urgent care on weekends and evenings
An ear nose throat specialist
All services
Gynecology
More services for pregnant women and their families.
like the pool to be fixed and opened back up that was something that was really good and used
Extended urgent care hours, community clinic for uninsured or underinsured patients. This clinic would target the working poor. People that earn too much for assistance but not enough to afford coverage. There is a massive gap between Medicaid covered persons and insured persons. The uninsured or under insured in that gap are getting sicker and suffering and have no resources. The working poor need help.
silver sneakers program offered again
labor and delivery
PCP that will see you if you are sick and not being told it will be at least 3 weeks. A hospital that admits patients. an ICU.   A hospital like TRH was in the 80s and 90s
Labor and delivery
Inpatient acute care, ICU, Dialysis capability, home health care, durable medical equipment, labor and delivery, acute inpatient rehab/swing bed.
maternity and more primary care
Gynecologist
ICU Maternity ward
OB/GYN and delivering babies

I cannot think of any that I need that are not offered there now. It was my understanding at one point that Taylor, no longer offered mammograms, but I got one after I heard that. When I've had to use a specialist out of town, and the specialist requires specific testing, they typically want you to use their testing facility, even though it would be much more convenient for me to use our hospital for the test. I have been impressed that the specialist will check with Taylor to see if Taylor's testing facility is up to their standards, and typically Taylor's work. This is great!
Need more staff in ER and bring private practices back.
i think there doing great
Long term physicians
In house care
pediatric orthopedic and prosthetic
mammogram
Taylor used to be a really good facility with a great reputation and could handle lots of sick patients. I understand that now they farm out everyone that comes in. Shameful. We need a good hospital in our community. They don't even deliver babies anymore.
A fully functioning hospital that is equipped to deal with all health needs.
mammogram need to be done in Hawkinsville.
Mental health
Move advance technology
Labor and delivery
More mental health services
Urology, Dermatology, Pediatrics
Anything other than just calling a helicopter to come scoop people up when they need more than an x-ray. I have absolutely zero doubt that Taylor is in it for the money now. It's ridiculous!
we need new admin and board that cares about the hospital. the current ones are the only reason this hospital sucks.
Heart and stroke critical care. Cancer treatment and primary care
need better emergency room and instead of transferring patients' needs more staff to treat heart and neurological problems.

Imaging service completed by a radiologist
The most important one would be the ICU unit up and running again. There are a very large number of senior citizens in our community and they need to be treated in our community. Secondly should be the opening of the pool, physical therapy and the gym. That gym and pool was greatly used when they were in operation. We live too far to travel for these services.
EVERYTHING... its a hospital so everything should be offered
ICU, labor and delivery
Better inpatient care
I'm a long for the ride.
More Specialized Services/Doctors. More indigent care funds. Updated equipment.
Full orthopedic services. Bring back the pool and gym at Taylor.
get Primary care doctors that really care about the patient and not judge them because of a lot of medical issues.
I don't know what all Taylor Regional offers.
Primary Care, lab services, and radiology services
labor and delivery   gynecologist   obstetrician
Equipment that actually works (x-ray machine can't even read a fractured bone; it was diagnosed as a sprain).
better ER services and health services in general where everyone doesn't have to leave town to get good care or get the procedures they need bc Taylor has closed down so much.
labs, x-rays, great general physicians
All
Continue surgical and radiology services
L&D and peds
Specialty doctors. My family has to go to Macon and or Warner Robins for specialty services but would like to have a done at Taylor Regional
ENT, pulmonary, neurological, OB
To clean house and get all new management. They are washing the laundry at the local laundromat
They were very professional and kind while I was in the ER to obtain an x-ray
All

APPENDIX C

**TAYLOR REGIONAL HOSPITAL - PULASKI 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 underinsured 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 Taylor 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 Taylor Regional Hospital?

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

APPENDIX D

CHNA Team Statement

We are asking you to take part in a focus group as a part of the Pulaski County Community Health Needs Assessment (P-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 the information about the 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 Pulaski 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 for the purpose of making sure that 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. You name will not appear on any of the notes and the recording will be destroyed within one year after the P-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 P-CHNA team.

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

The P-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.

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.

PULASKI COUNTY AREA HEALTHCARE RESOURCES

Disclaimer: All information, data, and resources were collected at a point in time, collected from the Internet, and may not represent all available resources.

Assisted Living Facilities

Southern Pine Retirement Villa 345 Perry Hwy Hawkinsville, GA 31036 (478) 783-3445	Pinewood Retirement Villa 7 Slappey Dr, Hawkinsville, GA 31036 (478) 783-9171
At Home Senior Living of Cochran 147 6th St SE, Cochran, GA 31014 (478) 271-4663 https://www.athomesl.com/cochran	Kingsford Place 95 Progress Ave Hawkinsville, GA 31036 (478) 783-2717

Alice's Place LLC
(478) 718-7331
(Family caregiver of adult on Medicaid & Adult
Daycare, day services)

Adult Daycare

Serenity Adult Day Health 94 Truman Rd, Hawkinsville, GA 31036 (478) 892-0246 https://www.serenityadultday.com/	Pulaski County Senior Center 191 Broad St Hawkinsville, GA 31036 (478) 783-1074

Birth Certificates

Pulaski County Health Department
81 N Lumpkin St
Hawkinsville, GA 31036
(478) 783-1361

Blessing Boxes

Colson Street Across from the convenience store	**First Congressional Holiness Church** 9 Liberty St, Hawkinsville
First United Methodist Church 44 Merritt St, Hawkinsville (478) 783-1856 (box is on Union Street)	**Pulaski 4-H Office** 87 N Lumpkin St. Hawkinsville
St. Luke's Episcopal Church 138 S Dooley St. Hawkinsville (478) 892-9373	**Behind 42 S. Lumpkin St.** Sponsored by Broad Street Baptist Church

Blood Donations

Shepeard Community Blood Center-Warner Robins 770 SR 96 suite 220, Bonaire, GA 31005 (478) 330-5731 https://shepeardblood.org/	**American Red Cross** 1-800-733-2767 www.redcross.org
Glenloch Recreation Center 601 Stevens Entry Macon, GA 31210 1-800-RED CROSS 4th Tuesday of each month 2:00 PM-6:00 PM	

Breastfeeding Resources

Peacefull Parenting Lactation & Childbirth Educator 158 S Houston Lake Rd Suite 5 Warner Robins, GA 31088 / (478) 960-7279 https://peacefullparenting.com/	**La Leche League of GA Hotline** (404) 681-6342 https://www.lllofga.org/meetings

Car Seat Resources and Safety

Pulaski County Health Department 81 N Lumpkin St Hawkinsville, GA 31036 (478) 783-1361	**Pulaski County Board Registrar** 105 N Lumpkin St # 107 Hawkinsville, GA 31036 / (478) 783-0828 https://hawkinsville-pulaski.org/
Department of Family & Children Services 180 Broad St, Hawkinsville, GA 31036 / (478) 783-6191 https://fostergeorgia.com/county-offices/pulaski-county-dfcs-office/	

Cancer Support Services

Georgia Cancer Specialists-Hawkinsville

214 Perry Hwy

Hawkinsville, GA 31036

(478) 783-4022

Children and Family Support Services

Department of Family & Children Services	Bridge Builders Family and Children Services
180 Broad St, Hawkinsville, GA 31036	433 Cherry St, Macon, GA 31201
(478) 783-6191	(770) 712-8430
https://fostergeorgia.com/county-offices/pulaski-county-dfcs-office/	https://www.bridgebuildersfcs.org/
Family Connection	All GA Kids
72 S Warren St, Hawkinsville, GA 31036	(877) 255-4254
(478) 783-7486	
https://pulaski.gafcp.org/about/	
Children 1st	GA Parent Support Network
(478) 274-7717	(404) 758-4500
www.dph.georgia/gov/children1st	www.mgcaa.org
Foster Parent Association	
www.nfpaonline.org	

Clothing Resources

Department of Family & Children Services	Hawkinsville Family Apparel
180 Broad St, Hawkinsville, GA 31036 (478) 783-6191	106 Commerce St
https://fostergeorgia.com/county-offices/pulaski-county-dfcs-office/	Hawkinsville, GA 31036
	(478) 955-4896

Goodwill

1111 Ga Highway 96 Kathleen, GA 31047; 306 Russell Pkwy, Warner Robins, GA 31088; 2823 Watson Blvd, Warner Robins, GA 31093; 6109 Houston Rd, Macon, GA 31216; 4650 Forsyth Rd, Macon, GA 31210; 6255 Zebulon Rd Ste 140-160, Macon, GA 31210; 2005 Veterans Blvd, Dublin, GA 31021

https://www.goodwillworks.org

Counseling

Mental Wellness Center 145 E. Peacock St., Room 116 145 Peacock St Suite 3, Cochran, GA 31014 (478) 697-0543	Georgia Behavioral Services 104 Borders Way #500 Warner Robins, GA 31088 (478) 333-2182 https://georgia-behavioral.com/

Crisis Intervention

Dodge Community Services Office & Intensive Supervision Program 1109 Plaza Avenue, Eastman, GA 31023-6761 (478) 374-6824 https://djj.georgia.gov/locations/dodge-csoisp	Houston Court Service Office 281 Carl Vinson Pkwy Ste F Warner Robins, Ga 31088-1801 (478) 929-6863
Eastman Regional Youth Detention Center 181 Industrial Boulevard Eastman, GA 31023-3042 (478) 374-6766	

Dental (Low-Income)

Rehoboth Volunteer Dental Clinic 3208 US-41 N, Byron, GA 31008 (478) 953-7770 https://www.rehoboth-assoc.org/dental-clinic.html	Macon Volunteer Clinic 376 Rogers Ave, Macon, GA 31204 (478) 755-1110 https://maconvolunteerclinic.org/

Developmental Needs

Pulaski County Alternative Learning Center 72 S Warren St Hawkinsville, GA 31036 (478) 783-7265	Babies Can't Wait www.health.state.ga.us/ programs/bcw
Parent to Parent of Georgia (800) 229-2038	

Medical Equipment and Respiratory Providers

Mrs Homecare 212 Hospital Dr STE L, Warner Robins, GA 31088 (478) 922-2889 https://www.mrshomecare.com/	**Pace Medical Services** 219 Lake Joy Rd, Perry, GA 31069 (478) 960-0867 http://www.ipacemed.com/
Medical Supplies of Central Ga 123 N Second St E Cochran, GA 31014 (478) 934-8888	

Dialysis Provider

Innovative Renal Care Warner Robins Dialysis Center 105 Tommy Stalnaker Dr Suite 100 Warner Robins, GA 31088 (478) 953-3638 https://innovativerenal.com	**U.S Renal Care** 292 Industrial Blvd #100 Hawkinsville, GA 31036 (478) 892-8008 http://www.ipacemed.com/

Education

Central Georgia Technical College Sam Way Sr. Learning Center (GED Classes) (478) 783-3017 243 Warner Robins Hwy. Hawkinsville	**Youth Success Academy** (478) 757-3494 www.centralgatech.edu
Early Head Start Children's World Learning Center (478) 783-3752 121 North Lumpkin St. Hawkinsville	**Kids' Express** (478) 783-1274 424 2nd St. Hawkinsville
Mercer Educational Opportunity Center (478) 301-5632 www.eoc.mercer.edu	**GED Transportation** (478) 783-1013

Emergencies and Urgent Care

Access Medical Clinic: Hawkinsville (Urgent Care) 37 U.S. 341 Bypass, Hawkinsville, GA 31036 (478) 845-4842 www.myaccessmedicalclinic.com	**CareConnect Convenient Care Hawkinsville** 259 Broad St, Hawkinsville, GA 31036 (478) 300-7107
Taylor Express Care 222 Perry Hwy Professional Building A, Hawkinsville, GA 31036 (478) 783-0200 ; https://taylorhcg.org/	

Fatherhood

Georgia Fatherhood Program	National Center for Fathers
(844) 694-2347	(800) 593-3237

Father's Among Men
(478) 205-8810
www.fathersamongmenfire.org

Financial Assistance

Middle Georgia Community Action Agency	Social Security Administration
1112 S Davis Dr, Warner Robins, GA 31088	220 Carl Vinson Pkwy
(478) 328-0333	Warner Robins, GA 31088
https://www.mgcaa.org/	(800) 772-1213
Department of Family & Children Services	Salvation Army
180 Broad St, Hawkinsville, GA 31036	www.salvationarmy-georgia.org
(478) 783-6191	
www.fostergeorgia.com/county-offices/pulaski-county-dfcs-office/	

Financial Counseling

Consumer Credit Counseling Service	Department of Banking and Finance
(800) 388-2227	https://Dbf.georgia.gov/financial-literacy-resources
www.credability.org	
Georgia Association of Education	United Way
http://gae.org/advocating-change/new-from-gae/financial-literacy-help-close-wealth-gaps	http://www.unitedwaycg.org/financialliteracy
Georgia	
https://georgia.org/rural-opportunities-and-funding-resources	

Food Assistance

Pulaski County Health Department	People Helping People United, Inc.
81 N Lumpkin St	390 Perry Hwy
Hawkinsville, GA 31036	Hawkinsville, GA 31036
(478) 783-1361	(478) 867-3871

Department of Family & Children Services 180 Broad St, Hawkinsville, GA 31036 (478) 783-6191 https://fostergeorgia.com/county-offices/pulaski-county-dfcs-office/	**Middle Georgia Community Food Bank** 4490 Ocmulgee E Blvd Macon, GA 31217 (478) 742-3958
Christian Friends Baptist Church- Food Pantry 155 Broad St Hawkinsville, GA 31036 (478) 733-2571 https://www.rise4me.com/resources/christian-friends-baptist-church/	**Pulaski County Senior Center** 191 Broad St Hawkinsville, GA 31036 (478) 783-1074

Furniture Resources

Goodwill Industries 1111 Ga Highway 96 Kathleen, GA 31047 www.goodwillng.org	**Salvation Army** www.salvationarmy-georgia.org

GED Classes

Central Georgia Technical College 243 Warner Robins Hwy, Hawkinsville, GA 31036 (478) 783-3017 https://www.centralgatech.edu/	**Pulaski County Alternative Learning Center** 72 S Warren St Hawkinsville, GA 31036 (478) 783-7265
Empowerment Pathways YouthBuild 390 Perry Hwy Hawkinsville, GA 31036 (229) 276-1480	

Healthcare Information

Together Rx Access (800) 444-4106 www.trxaccess.com

Health Insurance

PeachCare for Kids (877)427-3224 www.peachcare.org	**Pulaski County Health Department** 81 N Lumpkin St Hawkinsville, GA 31036 (478) 783-1361

Medicare	Medicaid Member Services
(800) MEDICARE / (800) 633-4227	866-211-0950
Service Center: (877) 486-2048	Provider Services: (800) 766-4456
Report Medicare Fraud & Abuse: (800) HHS-TIPS /	Eligibility: (404) 730-1200
(800) 447-8477 www.medicare.gov	Customer Service: (404) 657-5468
	www.medicaid.gov

Hospice Providers

Doctors Hospice Hawkinsville	Traditions Health Hospice
3 Ashford Way	341 Margie Dr Suite A,
Hawkinsville, GA 31036	Warner Robins, GA 31088 / (478) 971-1099
(478) 783-4812	https://www.traditionshealth.com/
Georgia Hospice Care	
1111 Hillcrest Pkwy Ste. C, Dublin, GA 31021	
(888) 428-7348	
https://georgiahospicecare.com/	

Home Care

Amedisys Home Health Care	Quality Care Home Care Agency, LLC
32 341 Bypass, Hawkinsville, GA 31036	(855) 252-2220
(866) 448-2615	https://www.qchomeagency.com/
https://www.amedisys.com/	

Housing and Utility Assistance

Housing Authority of the City of Hawkinsville	Georgia Dept. of Community Affairs
314 Progress Ave, Hawkinsville, GA 31036	Georgia Dream Homeownership Program
(478) 892-3364	housing@dca.ga.gov
https://affordablehousingonline.com/housing-authority/Georgia/Housing-Authority-of-the-City-of-Hawkinsville/GA089	https://georgia.gov/apply-georgia-dream-homeownership-program
Low Income Home Energy Assistance Program (LIHEAP)	Georgia Housing Search
To verify if you are eligible, please call:	www.georgiahousingsearch.org
(800) 869-1150	
https://dfcs.georgia.gov/services/low-income-home-energy-assistance-program-liheap	

Job Training

Sam Way, SR. Learning Center 243 Warner Robins Hwy Hawkinsville, GA 31036	Georgia Dept. of Labor Career Centers www.dol.state.ga.us/js/
Georgia Department of Labor 96 Broad St. Hawkinsville, GA 31036	Middle GA Consortium (478) 953-4771 www.mgwib.com
Star Innovation Coaching (478) 333-1232 www.star-innovative-coaching.com	Vocational Rehabilitation (478) 245-7576 103 Jim Mason Court, Warner Robins

Legal Issues

Pulaski County Probate Judge 45 S Lumpkin St Suite 111 Hawkinsville, GA 31036 (478) 783-2061	Georgia Legal Services (800) 822-5391

Literacy

Ferst Foundation for Childhood Literacy (888) 565-0177 https://ferstreaders.org/	Family Literacy Hotline (404) 539-9618 https://www.familyliteracyga.org/contact

Medical Financial Assistance

Medicare (800) MEDICARE / (800) 633-4227 Service Center: (877) 486-2048 Report Medicare Fraud & Abuse: (800) HHS-TIPS / (800) 447-8477 www.medicare.gov	Medicaid Member Services 866-211-0950 Provider Services: (800) 766-4456 Eligibility: (404) 730-1200 Customer Service: (404) 657-5468 www.medicaid.gov
Division of Family & Children Services (DFCS) www.dfcs.dhs.georgia.gov	

Medical Clinics and Care

Advanced Medical Associates at Hawkinsville 155 Commerce St, Hawkinsville, GA 31036 (478) 922-4010 https://hawkinsvillechamber.org/business-directory-2/#!biz/id/63b7627bfd582d65cc430067	**Taylor Health Care Clinic** 202 Perry Hwy, Hawkinsville, GA 31036 (478) 783-3474
Pulaski County Health Department 81 N Lumpkin St, Hawkinsville, GA 31036 (478) 783-1361	

Mental Health

Middle Flint Behavioral Health Center 940 SR 96 Warner Robins, GA 31088 (229) 815-5454 https://dbhdd.georgia.gov/locations/middle-flint-behavioral-healthcare	**Community Service Board of Middle Georgia** 2121 Bellevue Rd, Dublin, GA 31021 (478) 272-1190 https://dbhdd.georgia.gov/locations/csb-middle-georgia
Resilience Behavioral Health (470) 394-5347 www.resiliencebehavioralhealthcenters.com	

Nursing Home and Skilled Nursing Facilities

Pinewood Manor Nursing and Rehabilitation 277 Commerce St, Hawkinsville, GA 31036 (478) 892-9171 https://www.medicare.gov/care-compare/details/nursing-home/115586?state=GA&measure=nursing-home-penalties	**Heart of Georgia Nursing Home** 815 Legion Dr Eastman, GA 31023 (478) 374-5571 https://www.heartofgeorgiarehab.com/
Orchard Health and Rehabilitation 1321 Pulaski School Rd Pulaski, GA 30451 (912) 685-5072	

Parenting Resources

Children's Healthcare of Atlanta (CHOA) www.choa.com	**American Academy of Pediatrics** www.healthychildren.org

"MOPS" International (Mothers of Preschoolers)	Family Connection
General Info: (800) 929-1287 / (303) 733-5353 / (303) 733-5770	72 S Warren St
Service/Group Info: (888) 910-MOPS (6677)	Hawkinsville, GA 31036
www.mops.org	(478) 783-7486

Department of Family & Children Services
180 Broad St, Hawkinsville, GA 31036
(478) 783-6191
https://fostergeorgia.com/county-offices/pulaski-county-dfcs-office/

Paternity

Office of Child Support Services
Serves: Bleckley, Dodge, Montgomery, Pulaski, Telfair, & Wheeler
5505 6th Avenue Eastman, GA 31023-5806
1-844-MYGADHS (1-844-694-2347)
EastmanCSE@dhr.state.ga.us

Physical Therapy and Rehabilitation

Taylor Wellness & Rehabilitation	Orchard Health and Rehabilitation
202 Perry Hwy	1321 Pulaski School Rd
Hawkinsville, GA 31036	Pulaski, GA 30451
(478) 783-3474	(912) 685-5072
Perry Spine & Wellness Physical Therapy	BenchMark Physical Therapy
1020 Keith Dr, Perry, GA 31069	1365 Sam Nunn Blvd L, Perry, GA 31069
(478) 224-2209	(478) 845-7708
https://www.carecredit.com/doctor-locator/perry-ga/perry-spine-and-wellness-894gsr/	https://www.benchmarkpt.com/news/benchmark-physical-therapy-opens-perry-ga-outpatient-clinic/

Postpartum Depression

Georgia Crisis Line	Georgia Postpartum Support Network
(800) 715-4225	(866) 944-4776
www.bhlweb.com/tabform	Meetup: www.postpartum.meetup.com
National Women's Health Information Center	Postpartum Support International
(800) 994-9662	(800) 944-4773
www.4woman.gov/faq/depressionpregnancy.cfm	www.postpartum.net

Recreational

Pulaski County Recreational Department	Hawkinsville Park
153 Lower River Rd	153 Lower River Rd
Hawkinsville, GA 31036	Hawkinsville, GA 31036
(478) 783-3733	(478) 892-3836

Safety

Pulaski County Emergency Management	Safe Kids
30 1st St, Hawkinsville, GA 31036 / (478) 783-2966	(202) 662-0600
https://www.pulaskicounty.net/emergency-management	www.safekids.org
Georgia Poison Control	
(800) 222-1222	
www.gpc.dhr.georgia.gov	

Smoking Cessation

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

Teen Parenting Resources

Family Connection	Young Mommies Help Site
72 S Warren St	www.youngmommies.com
Hawkinsville, GA 31036	
(478) 783-7486	

Transportation

Pulaski County Commission	Middle Georgia Community Action Agency
81 North Lumpkin Street Hawkinsville, GA 31036	(478) 922-4464
(478) 783-1013	www.mgcaa.org/
https://hawkinsville-pulaski.org/departments/transit/	

Veteran Services

Carl Vinson VA Medical Center (478) 272-1210 1826 Veterans Blvd. Dublin	**Georgia VECTR Center** (478) 218-3900 1001 S Armed Forces Blvd. Warner Robins
Olive Branch (Veteran Housing) (478) 235-2181 or (229) 942-9594 www.olivebranch.org	**US Department of Veteran Affairs** (800) 827-1000
Veteran Services Department (478) 374-6977 636 Oak St. Eastman (478) 476-8868 653 2nd St #203, Macon	**Veteran's Crisis Line** (800) 273-8225 Press 1 Text 838255
VFW Post 6077 Auxiliary (478) 298-9046 255 Lower River Rd. Hawkinsville	

Emergency Hotlines

988 Suicide & Crisis Lifeline 988 https://988lifeline.org/	**Drug Abuse Hotline** (800) 338-6745 www.gasubstanceabuse.org
American Red Cross (866) 724-3577 www.redcross.org	**Georgia Crisis & Access Line (GCAL)** (800) 715-4225 https://www.georgiacollaborative.com
Child Abuse Hotline (DFCS) (855) 422-4453 www.dfcs.georgia.gov	**Georgia Crisis Text Line** Text GA to 741-741
Crisis Line & Safe House of Central GA (478) 745-9292 www.cl-sh.org	**National Center for Missing & Exploited Child** (800) 843-5678 https://www.missingkids.org
No One Alone (Domestic Abuse) (706) 864-1986 https://noonealone.org	**National Sexual Assault Hotline** (800) 656-4673 online.rainn.org
Peer to Peer Warm Line 888-945-1414 (toll-free) https://www.gmhcn.org/peer2peer-warm-line	**Poison Control Center** (800) 222-1222 https://www.poison.org

SAFE Haven	SAMSHA National Helpline
(800)-33HAVEN	(Substance abuse)
https://gcadv.org/get-help/call-24-hour-statewide-hotline/	(800) 662-4357
	https://www.samhsa.gov/find-help/national-helpline