



JENKINS COUNTY
MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

2025



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November 24, 2025

To Whom It May Concern:

The Jenkins County Medical Center Board of Directors approved the 2025 Community Health Needs Assessment and Implementation Plan at their meeting on November 24, 2025. The Community Health Needs Assessment (CHNA) Report is widely available to the public, and interested parties can view and download it from the Jenkins County Medical Center website. Hard copies are available upon request as well. Please contact: Renee Filete, Jenkins County Medical Center Administrative Assistant at rfilete@jcmcga.com or 478-982-4221 extension 217 for copies or web location.

Sincerely,

A blue ink signature of the name Jeff Brantley.

Jeff Brantley, Board Chair
Jenkins County Medical Center
931 East Tollison Street
Millen, GA 30442

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Executive Summary

Using a mixed-methods approach described below for this assessment, the Georgia Southern University CPHPR team gathered community input and data from secondary sources to **identify the health needs of the community that the hospital serves – the hospital's primary service area of Jenkins County, Georgia, which is home to most of the patients utilizing Jenkins County Medical Center**. Community input was collected from hospital stakeholders and the general public through surveys and focus group discussions. Recruitment efforts for these surveys and focus groups were tailored to ensure feedback from diverse population groups, including minority and underserved populations. Secondary data from a variety of community health-related databases were used to assess the community's needs.

The results from the secondary data analyses identified:

- An aging population that has contracted over the past decade, but is projected to grow slightly in the future
- High rate of homeownership and low housing costs
- Higher rates of many unhealthy behaviors (including obesity, smoking, physical inactivity, and teen pregnancy rates) yet lower rates of sexually transmitted diseases, compared to the state
- An uninsured rate that is higher than the state
- An average life expectancy that is 3 years below that of Georgia
- Limited supply of primary care physicians and mental health providers
- Limited digital connectivity

Input from the community, through the survey and focus groups provided additional first-hand context. Community members and key stakeholders view the hospital's primary service area as a tight-knit, safe, and family-oriented community. The hospital is seen as vital to the community, and it is providing needed quality care. Lowest rates of satisfaction were noted for availability of good jobs and adequacy of resources. Other themes from these data sources included:

- Heart disease, diabetes, and hypertension noted as most significant causes of illness and death
- Poverty, lack of adequate jobs, and drugs noted as key detractors to quality of life
- Inadequate medical transportation for many residents
- Limited access to specialty providers, drug/alcohol rehab, and mental health services, and women's health services
- Inadequate health specialists in the county, with cardiology, pediatrics, and oncology identified as the most needed specialties
- Diabetes highlighted as an area of high need

Resource limitations and ability to have a direct impact in identified areas of need led the CHNA Steering Committee to prioritize the three most significant areas of health needs – diabetes education, medical transportation, and post-discharge care - where hospital efforts are most likely to have a positive impact. (These are listed first in the summary table below.) Jenkins County Medical Center addresses the remaining areas of need via collaboration and community outreach with other agencies more suited to address the need.

Alignment between secondary data, survey results, and focus group comments occurred in several areas of concern as indicated in the table below. **The first three areas of concern were determined to be the hospital's priorities for the next 3 years.**

Area of Concern	Secondary Data	Community Survey	Focus Groups
1) Diabetes	<ul style="list-style-type: none"> Diabetes #3 Cause of Death Diabetes prevalence (16% vs GA 11%) Adult obesity (43% vs GA 34%) Physical inactivity (36% vs GA 23%) 	<ul style="list-style-type: none"> Diabetes reported as #2 health problem Obesity 1st and physical inactivity 4th highest negative influencer of health 42% don't eat enough fruits/vegetables 	<ul style="list-style-type: none"> Need for diabetes clinic and A1C checks was discussed Residents tend to rely on fast food Need for nutrition education was discussed
2) Access to Care — Transportation	<ul style="list-style-type: none"> 6.1% of households have no car Greater poverty and older population than GA 	<ul style="list-style-type: none"> Low adequacy of medical transportation 	<ul style="list-style-type: none"> Many travel 35–50 miles for care Need for medical transportation repeatedly cited
3) Post-Discharge Care	<ul style="list-style-type: none"> High uninsured population (18% vs 15% for GA) Health behaviors generally worse than state High rates of preventable hospitalizations 	<ul style="list-style-type: none"> Cost of insurance noted as top obstacle for getting needed care Many not following nutrition/exercise guidelines Health literacy #7 negative community health influencer 	<ul style="list-style-type: none"> Need for education on insurance options was discussed Health fairs and education on budgeting, nutrition, exercise were suggested
4) Mental Health & Substance Use	<ul style="list-style-type: none"> Mental/behavioral disorders among leading causes of mortality Shortages of mental health providers 	<ul style="list-style-type: none"> Depression/anxiety among most common conditions Substance abuse #3 quality-of-life issue Low satisfaction with mental health resource adequacy 	<ul style="list-style-type: none"> Not explicitly discussed
5) Women's & Maternal Health	<ul style="list-style-type: none"> Low birth weight 14% vs GA 10% High teen pregnancy rates (31 per 1,000 vs 20 for GA) 	<ul style="list-style-type: none"> Only 45% feel women's health services are adequate OB/GYN among top-needed specialties 	<ul style="list-style-type: none"> Reports of first OB visit at labor Need for breast screening access was discussed
6) Chronic Disease Management (Diabetes, CVD, Cancer)	<ul style="list-style-type: none"> CVD hospitalizations 44.6 (vs GA 42.3) Life expectancy 73 vs GA 76.1 High rates of preventable hospitalizations 	<ul style="list-style-type: none"> Top cited causes of illness and death: heart disease, diabetes, hypertension 	<ul style="list-style-type: none"> Need for diabetes clinic & interest in BP/A1c checks at health fairs Need for cancer screening

Jenkins County Medical Center values your input. If you would like to provide input/feedback on this report, please do so [here](#).

Report Methodology

Hospital Steering Committee

The CPHPR project team worked with the hospital CHNA steering committee throughout the project **to identify the health needs of Jenkins County - the primary community served by Jenkins County Medical Center**. The steering committee facilitated the completion of a community survey, recruited community members for focus group discussions, and provided information about the hospital's activities to address current community health needs.

Primary Data Collection

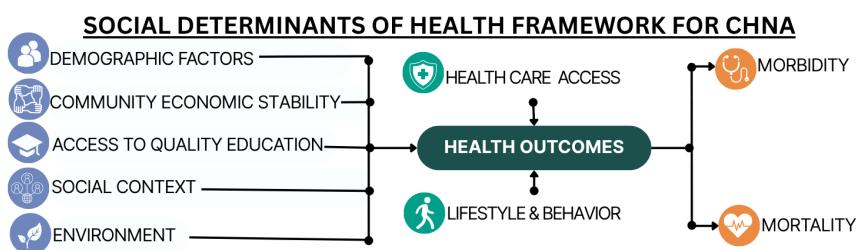
The online community survey assessed the general quality of life, health priorities and health care needs of the people residing in the primary service area of Jenkins County Medical Center, which is Jenkins County, Georgia. The community survey link was disseminated via the hospital's social media webpages and email lists, as well as those of local community partners. Focus group participants represented key stakeholder groups in maintaining the overall health of Jenkins County residents and Clarissa Young RN, Nurse Manager, *from the local health department*.

Secondary Data Collection

The secondary data on the community's profile, health care access, and utilization were obtained from multiple publicly available sources including the US Census Bureau, the U.S Bureau of Economic Analysis (BEA), the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Georgia Department of Public Health, Office of Health Indicators for Planning's OASIS (Online Analytical Statistical Information System), County Health Rankings, Policy Map, and the National Cancer Institute. The most current available data for each source were obtained at the time of analysis.

Data Analysis and Visualization

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviations. Analyses were completed, and charts and graphs were created using Microsoft Excel version 16 software and Datawrapper data visualization application. Spatial variations in selected community health indicators estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO14 qualitative analysis software. The conceptual framework used to inform data collection efforts is illustrated in the figure below.



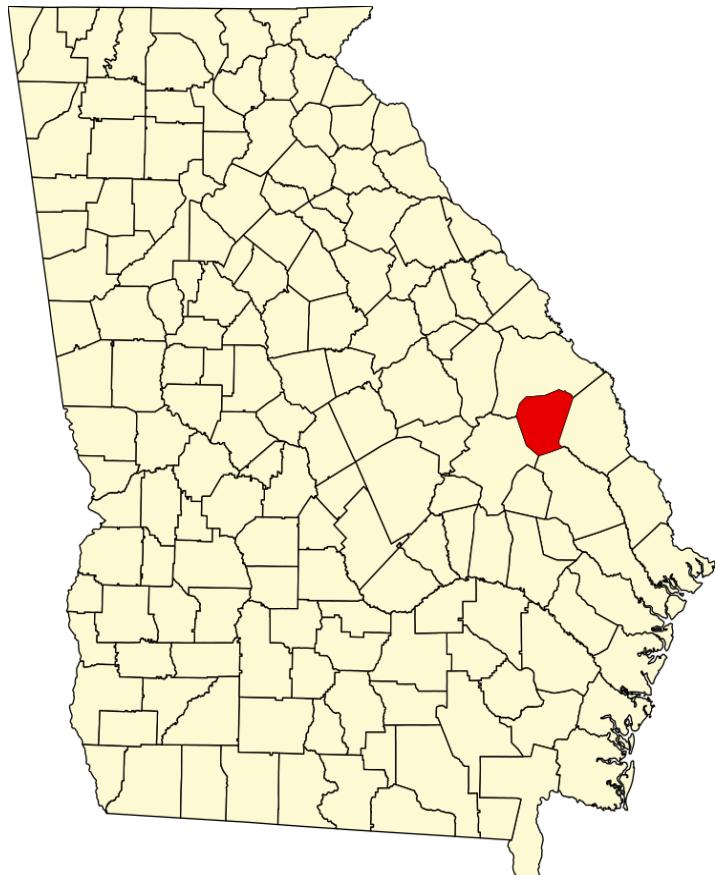
Hospital and Service Area

Service Area

Jenkins County is located in southeast Georgia. With a population of about 8,627 residents, the county seat of Millen serves as the center of community life. The county is also home to Magnolia Springs State Park.

Area Attributes

Jenkins County's landscape is shaped by multiple river basins, with most of the southern portion located in the Lower Ogeechee River sub-basin and smaller areas in the Canoochee, Upper Ogeechee, and Brier Creek sub-basins. The county seat of Millen, established as a key transportation hub in 1854 with the arrival of the railroad, remains strategically located just 50 miles south of Augusta and 79 miles north of Savannah. With access to railroads, highways, airports, and the Port of Savannah, Millen continues to serve as a vital crossroads supporting regional economic activity.



Hospital Amenities

Jenkins County Medical Center is a community hospital located in Millen, Georgia. The hospital provides 24-hour emergency services, inpatient and outpatient care, and specialized programs such as On Track, an inpatient geriatric psychiatric unit. Additional services include diagnostic radiology, laboratory testing, respiratory care, pulmonary rehabilitation, swing bed services, and comprehensive rehabilitation therapies, including physical, occupational, and speech therapy.

CHNA Report Organization

This report outlines the findings of the CHNA, starting with the results of the secondary data analysis. Community input from the survey and focus groups is then presented. Next, the hospital's implementation plan to address the identified health-related priorities is included. Finally, a listing of community health care resources is provided.

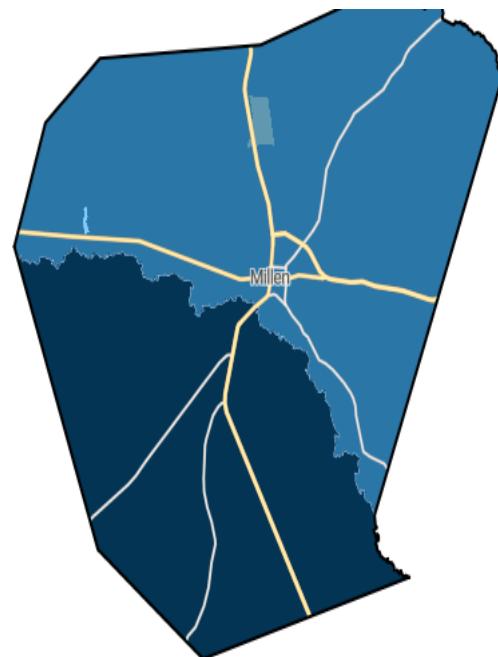
Secondary Data

County Demographics

As of 2024, Jenkins County had an estimated 8,627 residents. The county has proportionally fewer children under 18 (19.9%) but more older adults (17.9%) compared to Georgia overall. Its population is primarily Non-Hispanic White (57%) and Non-Hispanic Black (41.9%), with smaller Hispanic (4.3%) and multiracial groups (3.3%). Jenkins reports fewer foreign-born residents (1.4%) but a higher percentage of residents with disabilities under age 65.

Figure 1, compiled from Census data using PolicyMap. In the northern half of the county, adults 65+ account for 20.3% of the population, while the southern portion shows a very slightly higher share at 21.7%.

Figure 1. Total Population 65+ (2019-2023)



	Jenkins	GA
Total Residents	8,627	11,029,227
Female	47.3%*	51.3%
Male	52.7%*	48.7%
Age Distribution		
Population Under 5 years	5.4%	5.8%
Population Under 18 years	19.9%	23%
Population 65 years and older	17.9%	15.4%
Race & Ethnicity		
Non-Hispanic White	57%	49.6%
Non-Hispanic Black/AA	38%	33.2%
Other Races/Multiracial	3.3%*	8.1%
Hispanic	4.3%	11.1%
Other Demographics		
Foreign Born	1.4%*	11.9%
Non-English Language Spoken at Home	3.4%	16.3%
Veterans	6.1%*	7.0%
Population under 65 years disabled	20.8%*	15.8%

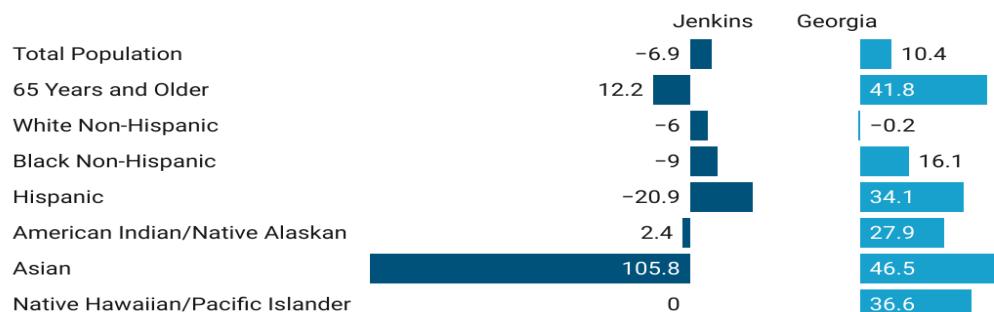
*Significantly different from state average. Data Source: US Census Bureau, County Health Rankings

POPULATION CHANGE

Jenkins County's population declined by 6.9% between 2013 and 2023, compared to a 10.4% increase statewide. The White Non-Hispanic population decreased by 6.0%, while the Black Non-Hispanic population declined by 9.0%. Hispanic residents decreased by 20.9%, and smaller fluctuations were observed among other racial and ethnic groups. The population aged 65 years and older increased by 12.2%, indicating continued aging within the community despite overall population loss (Figure 2).

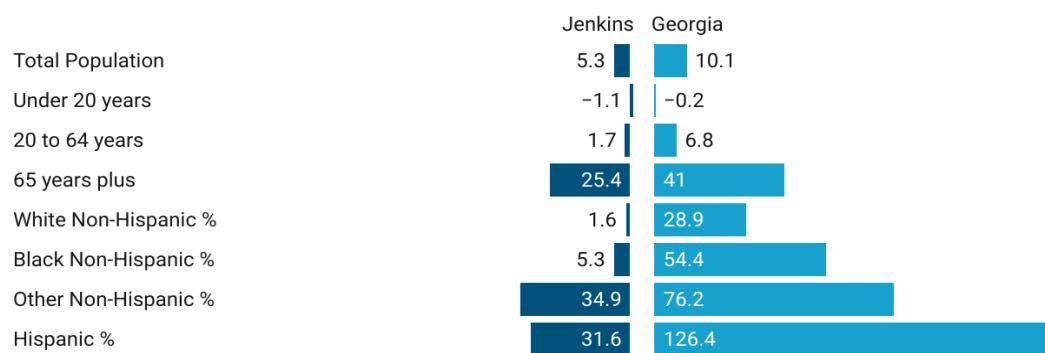
Jenkins County's population is projected to grow by 5.3% between 2023 and 2028, compared to a 10.1% increase statewide. Growth is expected to occur primarily among older adults, with residents aged 65 years and older projected to increase by 25.4%. Modest growth is anticipated in the working-age population (20 to 64 years), while the share of youth under 20 is expected to decline slightly. The county's population is projected to become more diverse, with Hispanic residents increasing by 31.6% and other non-Hispanic groups by 34.9%.

Figure 2. Jenkins County Population Change, 2013-2023



Created with Datawrapper

Figure 3. Jenkins County Population Change, 2023-2033



Created with Datawrapper

Data Source: Census.gov, & Georgia Governor's Office of Planning and Budget. Graphs created with Datawrapper

CENSUS TRACT VARIATIONS IN DEMOGRAPHICS

The maps here display demographics within Jenkins County by census tract. Maps are from PolicyMap, with darker colors representing greater proportions.

Figure 4. Median Income by Household (2019-2023)

The highest median household income in Jenkins County is found in the southern portion at \$60,391, compared to \$51,405 in the northern portion of the county.

Figure 4 is generated with data from the Census using an online mapping platform PolicyMap, 2025.

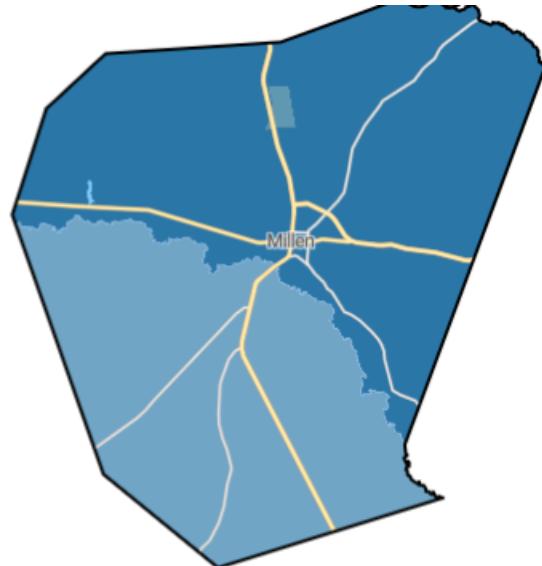
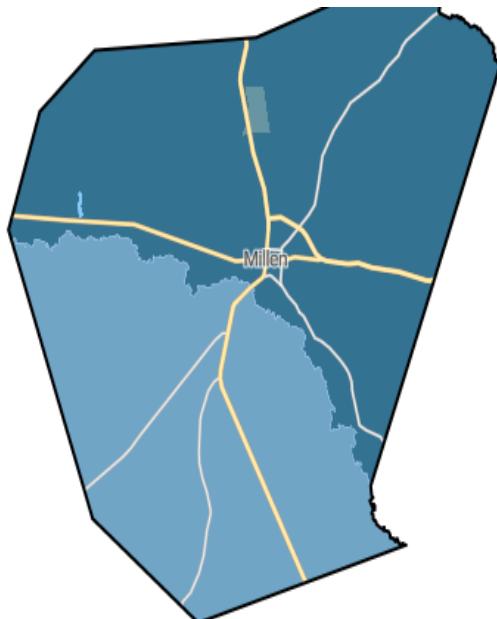


Figure 5. Estimated percent of all people 65 or older who live in poverty (2019-2023)

The map on the right shows the proportion of the population aged 65 and older living in poverty. In Jenkins County, there is a clear divide between the northern portion (20.88%) and the southern portion (10.44%).

Figure 5 is generated with data from the Census using an online mapping platform PolicyMap, 2025.



ECONOMIC PROFILE

Workforce participation in Jenkins County (62.3%) is lower than the Georgia average (75.5%), and the county's median household income (\$36,906) falls well below the state level of \$74,664. Poverty remains a significant concern, with 28.9% of residents and 36% of children living in poverty, compared to 13.6% and 19% statewide. Housing trends show much higher homeownership in Jenkins (83%) than in Georgia (65%), but also greater financial strain, with 16% of families spending more than half their income on housing. Median gross rent in Jenkins (\$544) is less than half the state average of \$1,306.

Figure 6 Percent of People Living in Poverty (2019-2023)

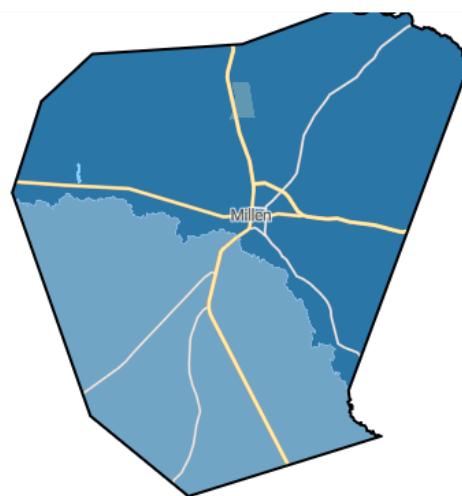


Figure 6, compiled from Census data using PolicyMap (2025), highlights shaded areas showing that poverty levels are higher in Northern Jenkins County (25.65%) compared to the Southern portion of the county (19.64%).

	Jenkins	GA	
	Real GDP Growth Rate (2022-2023)	4.5*	1.9
	Real GDP Rate (2013-2023)	0.9*	3.1
	Poverty		
	Median Household Income (2019-2023)	\$36,906*	\$74,664
	Population in Poverty (2022)	23.6%*	13.6%
	Children in Poverty (2019-2023)	36%*	19%
	Employment		
	16+ work seekers unemployed (2023)	4.8%	3.6%
	20-64-year-old Work Force Representation (2023)	62.3%*	75.5%
	Housing		
	Homeownership (2019-2023)	83%*	65%
	Families spending > 50% of income on housing	16%	14%
	Median gross rent (2019-2023)	\$544*	\$1,306

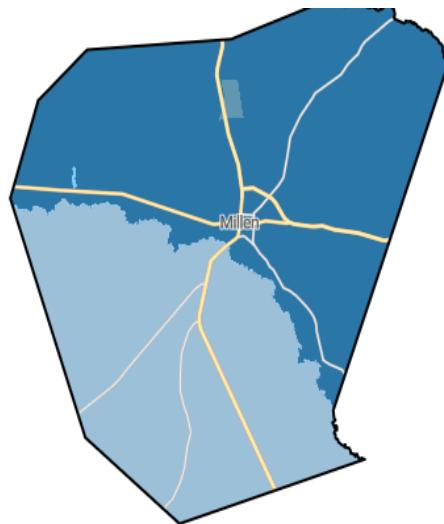
*Significantly different from state average. Data Source: US Census Bureau, County Health Rankings, BEA Quickfacts

EDUCATION

Jenkins County is behind Georgia on several education-related measures. The county's high school graduation rate (81.1%) is below the state average (89%), and only 7.8% of residents hold at least a bachelor's degree compared to 34.2% statewide. Early childhood enrollment is also lower, with just 34.6% of 3–4-year-olds in school versus 47.7% across Georgia. On standardized tests, third graders in Jenkins score slightly below the state average in English (2.9 vs. 3.0) and Math (2.8 vs. 2.9). Nearly all children in Jenkins are eligible for free or reduced lunch (93%), and school funding shortfalls are significant at -\$12,258 per student compared to -\$2,969 in Georgia overall.

Figure 7 illustrates the percentage of residents with at least a high school diploma in Jenkins County, compiled from Census data using PolicyMap (2025). The northern part of the county has a higher percentage (48.44%) compared to the southern portion (33.04%).

Figure 1. High School Graduation (2018-2022)



	Jenkins	GA
High school graduation rate (2019-2023)	81.1%*	89%
Population with at least a bachelor's degree	7.8%*	34.2%
3–4-year-old children in school (2021)	34.63%*	47.73%
Average grade score for 3rd graders in English (2019)	2.9	3.0
Average grade score for 3rd graders in Math (2019)	2.8	2.9
Children eligible for reduced lunch	93%*	60%
School Funding Adequacy (2022)	-\$12,258*	-\$2,969

SOCIAL CONTEXT

Jenkins County has more social associations (10.4 per 10,000) than Georgia, suggesting a relatively strong level of community connectedness. The average household size in Jenkins County is nearly identical to the state average. Reports of lacking social and emotional support are slightly higher in Jenkins County (33%) compared to Georgia (31%), indicating some opportunities to strengthen local social support networks.

	Jenkins	GA
Average persons per household (2019-2023)	2.5	2.6
Social Associations per 10,000 (2022)	10.4	8.9
Lack of Social and Emotional Support (2022)	33%	31%

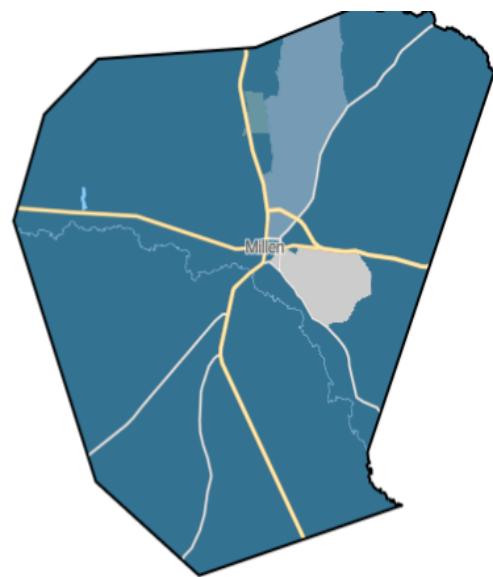
*Significantly different compared to the state average. Data Sources: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND ENVIRONMENT

In Jenkins County, 71% of households have internet access, below the Georgia rate of 89.4%. Access to exercise opportunities is limited at 62%, and 6.1% of households lack a motor vehicle. Safety indicators show higher motor vehicle death rates (44 per 100,000) and more injury deaths overall (99 per 100,000) than the state. Food insecurity affects 15% of residents, though the county performs well on the food environment index (7.6). Air quality is comparable to Georgia, and no drinking water violations were reported in 2023.

Figure 8 illustrates the Area Deprivation Index (ADI) for Jenkins County, compiled from Census data using PolicyMap (2025). Most of the county is ranked at level 10, indicating the highest level of deprivation, with a smaller area north of Millen ranked at level 9. Overall, the county's ADI has increased since 2015, when the average ranking was 9. The grey shaded area east of Millen had insufficient data for this measurement.

Figure 8. Area Deprivation Index



	Jenkins	GA
Access		
	Households with Internet Access (2019-2023)	71.0%*
	Access to exercise opportunities	62%*
	Households with <u>no</u> motor vehicle	6.1%
Safety		
	Firearm deaths per 100,000 (2018-2022)	NA
	Deaths from MVA, per 100,000 (2016-2022)	44*
	Injury Deaths per 100,000 (2018-2022)	99*
Food Insecurity		
	Low-income with limited access to healthy foods	1%*
	Food environment index (1 worst; 10 best)	7.6
	Food insecurity (2022)	15%
Pollution		
	Air pollution (PM2.5) (2020)	9.1
	Drinking Water Violations (2023)	No

*Significantly different from the state. Data Source: County Health Rankings, US Census Bureau, Sparkmap

GEOGRAPHIC VARIATION IN NEIGHBORHOOD AND ENVIRONMENT INDICATORS

The maps below display demographics within Jenkins County by Census tract. Maps are from PolicyMap, with darker colors representing greater proportions.

Figure 9. Walkability Index (2019-2023)

Walkability in Jenkins County varies considerably. Scores range from 1.3 to 7.17, with the southern portion of the county showing the lowest walkability (1.3–1.5). Areas west of Millen reach higher scores around 6.3, while the highest walkability is concentrated within the city of Millen (7.17). Surrounding areas outside Millen range from 2.5 to 4.5, reflecting moderate accessibility.

Figure 9 is generated with data from the Census using an online mapping platform, PolicyMap (2025).

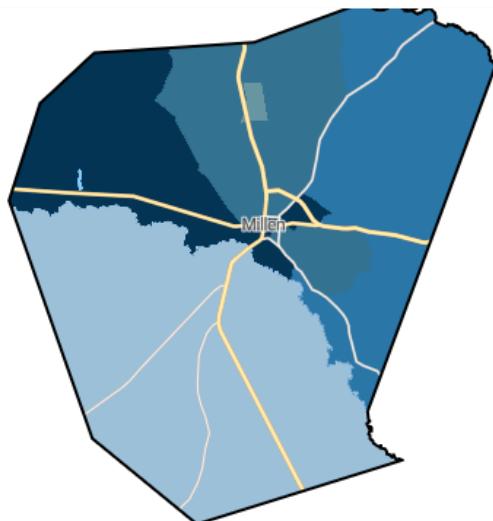
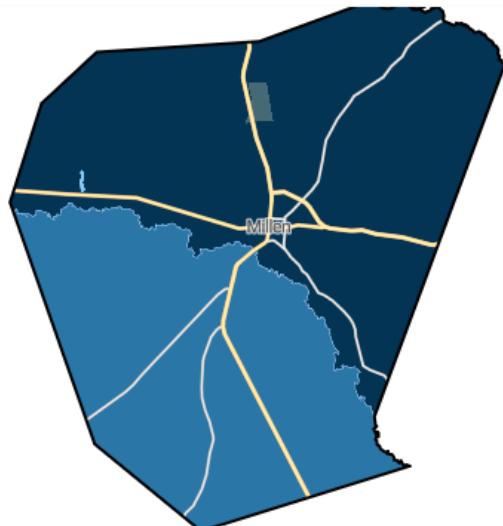


Figure 10. Household Internet Access (2019-2023)



Internet access in Jenkins County varies by region. The northern portion of the county has higher connectivity, with 75.76% of households reporting internet access, while the southern portion remains relatively high at 69.12%. Overall, access across the county is moderate but below the state average, indicating some disparities in digital connectivity.

Figure 10 is generated using data from the Census and an online mapping platform, PolicyMap (2025).

HEALTHCARE ACCESS

Jenkins County is served by Jenkins County Medical Center and nearby regional providers that offer primary and specialty care. Uninsured residents under age 65 is 18%, slightly higher than the Georgia rate of 15%. Provider shortages are significant, with one primary care physician for every 2,880 residents and one mental health provider for every 8,690 residents. Data for dental care are unavailable. Preventable hospital stays among Medicare patients are elevated at 4,413 per 100,000, compared to 3,076 statewide, reflecting ongoing challenges in primary and preventive care access.

Figure 11 maps the locations of health care facilities in Jenkins County, including Jenkins County Medical Center (hospital in Millen), PruittHealth – Bethany (nursing and long-term care), and a Federally Qualified Health Center (FQHC) partner site.

Figure 11. Location of Health Facilities.



Legend: Census tracts are shaded based on total population in 2019-2023, with darker colors representing greater population counts. Red Cross = Medicare Certified Hospital, Blue Square = Nursing Facility Orange Triangle = Federally Qualified Health Center (FQHC)

	Jenkins	GA
Health Insurance Coverage		
Percent under 65 years Uninsured (2022)	18%	15%
Provider Supply		
Population to One Primary Care Physician	2,880*	1,520
Population to One Dentist	N/A	1,860
Population to One Mental Health Provider	8,690*	560
Primary Care		
Medicare Preventable Hospital Stays per 100,000	4,413	3,076

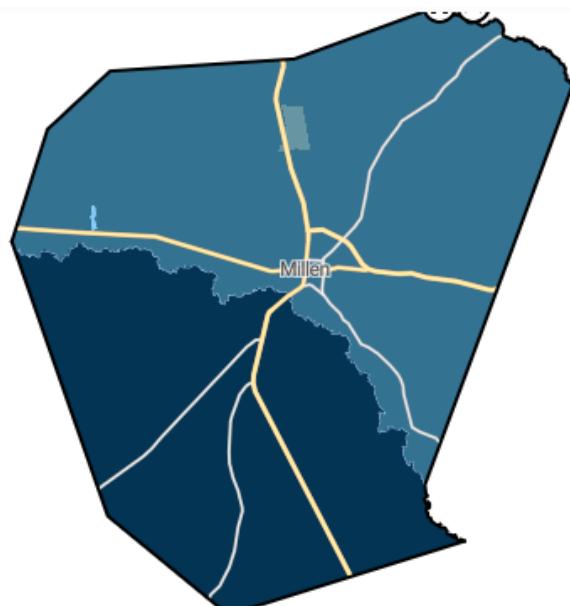
*Significantly different from the state. Data Source: County Health Rankings, US Census Bureau

LIFESTYLE AND HEALTH BEHAVIOR

Jenkins County falls below Georgia in preventive care, with lower vaccination and screening rates. Flu vaccination among Medicare recipients is 28% compared to 43% statewide. Adult smoking (26%), obesity (43%), and physical inactivity (36%) are all higher than state levels. Teen pregnancy and STD rates also exceed Georgia averages, while HIV prevalence remains lower.

Figure 12 depicts life expectancy from birth in Jenkins County, compiled from Census data using PolicyMap (2025). Life expectancy is consistent across most of the county, averaging 74 years in the southern portion and 73.5 years in the northern areas. These figures indicate relatively uniform health outcomes throughout the county.

Figure 12. Life Expectancy at Birth (2010-2015)



	Jenkins	GA	
Disease Prevention and Screening Behaviors			
	Flu Vaccination Rates among Medicare	28%*	43%
	Fully Vaccinated for COVID	42%*	59%
	Pap Smear Screening Rates	76.7%	76.5%
Suboptimal Lifestyle Behaviors			
	Adult smoking rate	26%*	16%
	Adult excessive drinking rate	14%	17%
	Adult obesity rate	43%*	34%
	Adult physical inactivity rate	36%*	23%
	Adults report insufficient sleep (<7 hours) (2020)	43%	36%
Sexual Risk Behaviors			
	HIV prevalence rate per 100,000 population	391	657
	STD infection rates per 100,000	439.9	629.1
	Teen pregnancy rates per 1000 female teens	31*	20

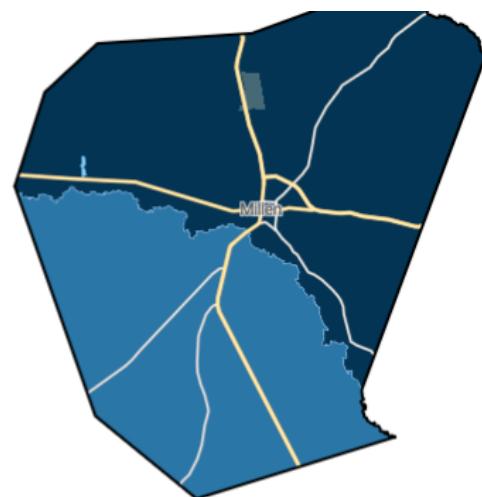
*Significantly different compared to the state. Sources: County Health Rankings, statecancerprofiles.cancer.gov

HEALTH OUTCOMES

Life expectancy in Jenkins County (73 years) is lower than the Georgia average (76.1). Chronic disease and related health outcomes reflect higher burden, with diabetes affecting 16% of adults and cardiovascular hospitalizations slightly above the state rate. The county also reports a higher rate of low birth weight (14%) and a premature death rate of 630 per 100,000, compared to 440 statewide. Overall health status indicators show that 27% of adults report poor health and 20% experience frequent mental distress, highlighting ongoing health challenges within the community.

Figure 13 depicts the percentage of adults aged 18 and older with disabilities in Jenkins County, compiled from Census data using PolicyMap (2025). Disability prevalence is higher in the northern portion of the county (45.5%) compared to the southern portion (38.9%), indicating regional variation in adult health and functional limitations.

Figure 13. Percent of Adult Disabilities (2022)



	Jenkins	GA
Disease Burden & Health Outcomes		
		
Adult diabetes prevalence rate	16%*	11%
Cardiovascular disease hospitalizations	44.6*	42.3
Low birth weight rate	14%*	10%
Life expectancy	73*	76.1
Premature (under 75 years) death rate per 100,000	630*	440
Percent of adults reporting poor health	27%*	18%
Percent of adults reporting frequent mental distress	20%	15%

*Significantly different compared to the state. Sources: CDC Atlas of heart Disease and Stroke, County Health Rankings, GA Dept. Of Health, NIH State Cancer Profile

Top 5 Causes of Death 2019-2023

Cause	Jenkins	GA
Covid-19	1	2
Ischemic Heart Disease	2	1
Diabetes Mellitus	3	9
Mental and Behavioral Disorders	4	13
Hypertension, Renal/Heart Disease	5	3

In Jenkins County, the leading causes of death in the 2019-2023 timeframe were COVID-19 and ischemic heart disease, followed by diabetes, which ranks much higher locally than statewide. Mental and behavioral disorders and hypertension-related diseases also appear among the top five causes, reflecting key health challenges in the county.

PROGRESS ON SELECTED INDICATORS

		2022	2024	Progress
	Social and Economic Context			
	Percent children in poverty	36%	36%	
	Unemployment rate	6.3%	4.8%	
	High school graduation rate	78%	81%	
	Social and Economic Context			
	Percent population with access to exercise opportunities	52%	62%	
	Percent population food insecure	18%	15%	
	Health Care Access			
	Uninsured adults	22%	18%	
	Proportion of people to primary care providers	2,890:1	2,880:1	
	Proportion of people to mental health providers	8,750:1	8,690:1	
	Health Behaviors			
	Obesity rate	43%	43%	
	Physical inactivity rate	43%	36%	
	Smoking rate	28%	26%	
	Health Outcomes			
	Percent reporting poor or fair health	32%	27%	
	Low birth weight rate	13%	14%	
	Diabetes prevalence	17%	16%	
	Premature (under 75yrs) death rate per 100,000	560	630	

Data source: County Health Rankings, Years: 2022 to 2024.

 worsened

 stable

 improved

Primary Data

COMMUNITY SURVEY

RESPONSE RATE AND REPRESENTATIVENESS

The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. There were 68 community members who provided complete or partial responses to the online survey. Demographics of survey respondents are provided in Table 1. Compared to county census data, survey respondents were more likely to be female, younger, have at least a high school degree, be employed, and own a home than the actual population.

Respondent Demographic Characteristics

The majority of survey respondents were female (85%), White (83%), aged under 65 years (91%), married or partnered (65%) and employed (83%), with at least some college or associate degree (66%). Of those responding, 43% reported annual household income above \$60,000. Survey respondents were significantly more likely to be female (85% sample vs 47% county census). Respondents were more highly educated: 29% of respondents had at least a bachelor's degree, while only 8% of county residents had this level of education according to census figures. Similarly, close to 60% of respondents reported household earnings that were greater than the county median household income of ~\$40K. Participants over 65 (9% sample vs 18% county census) were underrepresented. Participants that were Non-Hispanic White were higher than the county overall (83% sample vs 57% county census).

Table 1: Demographic Characteristics of Survey Respondents

Characteristic	Frequency (N)	Percentage (%)
Sex	62	
Female	53	85%
Male	9	15%
Age	63	
18-24	3	5%
25-34	11	17%
35-44	10	16%
45-54	21	33%
55-64	12	19%
65-74	4	6%
75+	2	3%

Characteristic	Frequency (N)	Percentage (%)
Marital Status	63	
Divorced	3	5%
Married/Partnered	41	65%
Other	1	1%
Separated	5	8%
Single/Never Married	10	16%
Widowed	3	5%
Education	63	
Bachelor's degree	10	16%
Graduate or advanced degree	8	13%
High school graduate or GED	21	33%
Less than high school	1	1%
Some college or associate degree	23	37%
Household Income	63	
\$20,001-\$40,000	19	30%
\$40,001-\$60,000	8	13%
\$60,001-\$80,000	10	16%
\$80,001-\$100,000	6	10%
Above \$100,000	11	17%
Below \$20,000	4	6%
Don't know/Prefer not to say	5	9%
Employment Status	63	
Full-time	42	67%
Part-time	10	16%
Retired	6	9%
Unemployed	5	8%
Home Ownership	63	
No	23	37%
Yes	40	63%
Access to Transportation	63	
No	4	6%
Yes	59	94%
Race/Ethnicity	64	
Non-Hispanic White	53	83%
Black or African American	9	14%
Hispanic or Latino	1	1%
Other	1	2%

Health Status

Over one-third of respondents (33.9%) reported their health status as very good or excellent (Figure 14). The most common chronic conditions that the participants reported having were overweight/obesity (85.4%), high blood pressure (68.9%), high cholesterol (65.8%) and depression/anxiety (54.5%) (Figure 15).

Figure 14. Self-Reported General Health Status

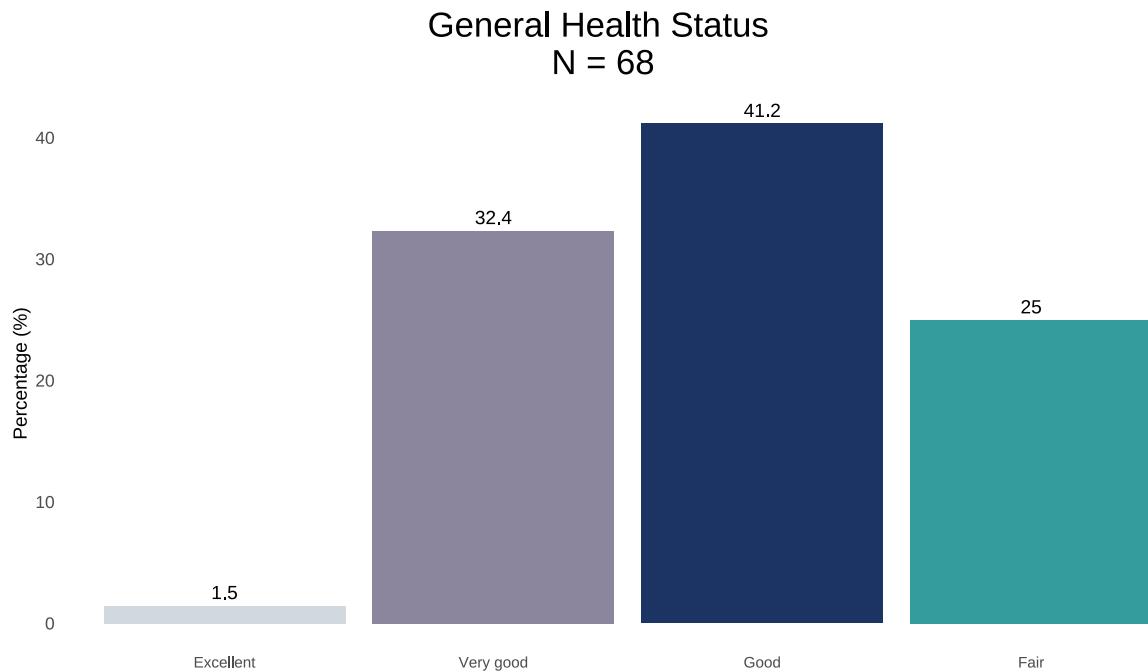
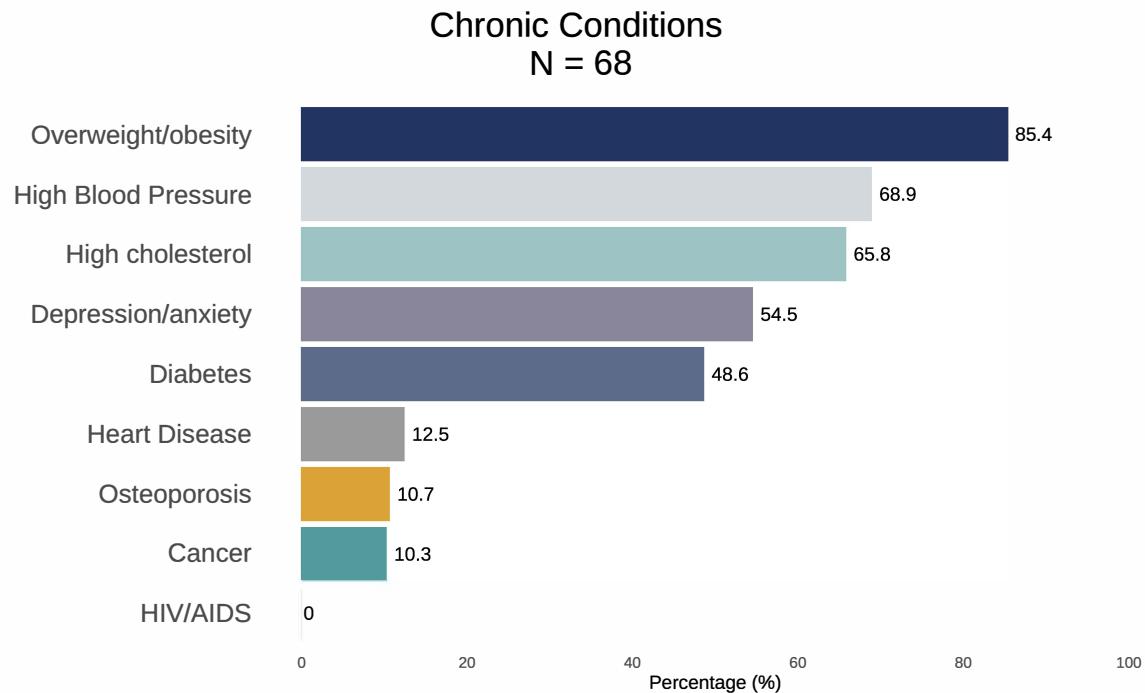


Figure 15. Most Common Chronic Conditions



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

Health Behaviors

Smoking, Nutrition, And Physical Activity

Near one in four (22%) of respondents reported currently smoking tobacco products (Figure 16).

About three out of five (58%) reported eating the recommended five servings of fruits and vegetables daily (Figure 17). Of those *not* meeting the recommended amounts, about 51.9% indicated that they were not able to adhere to this recommended nutrition guideline because they don't think about it. Going bad before they are eaten (44.4%) and not having enough time to fix them (29.6%) were the second and third most common responses (Figure 18).

Regarding physical activity, about six in ten respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week (61%) (Figure 19). Among those who do *not* meet the recommended amount, 69.2% reported not having enough time to exercise, and 53.8% said they were too tired to exercise. Nearly 40% said that they don't like to exercise (Figure 20).

Figure 16. Smoking Behavior

Do you currently use tobacco products?
N = 67

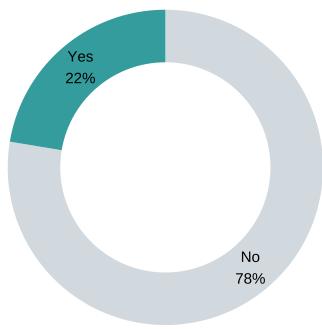


Figure 17. Fruit and Vegetable Consumption

Do you eat at least 5 servings of fruits and vegetables a day?
N = 65

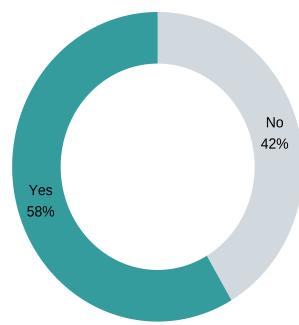
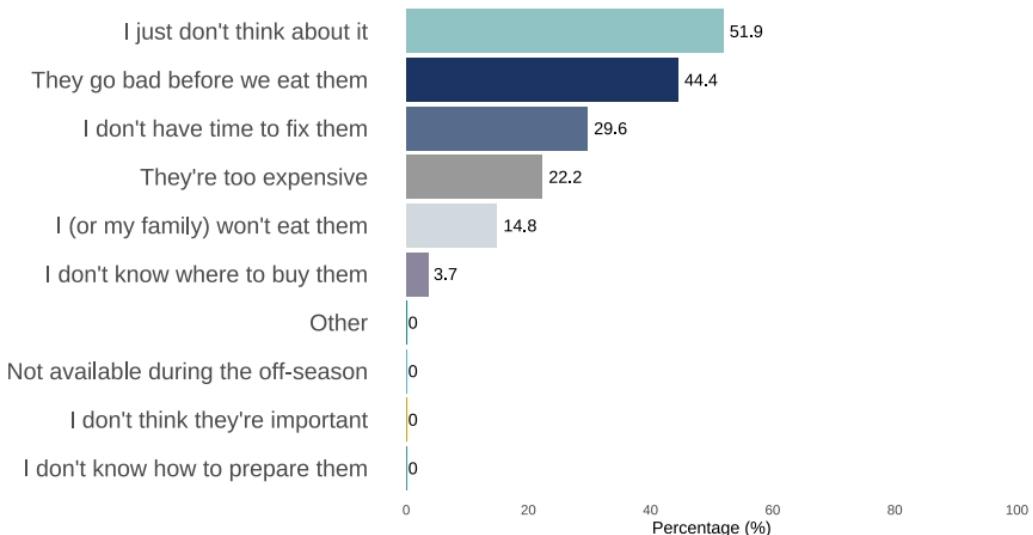


Figure 18. Reasons for Inadequate Vegetables and Fruits Consumption

Reasons for Inadequate Consumption of Fruits and Vegetables
N = 27



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

Figure 19. Adequate Physical Activity

N = 66

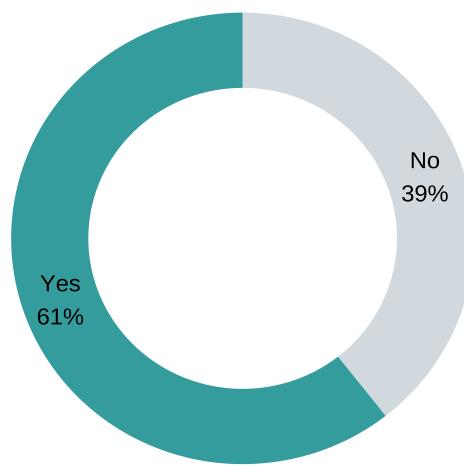
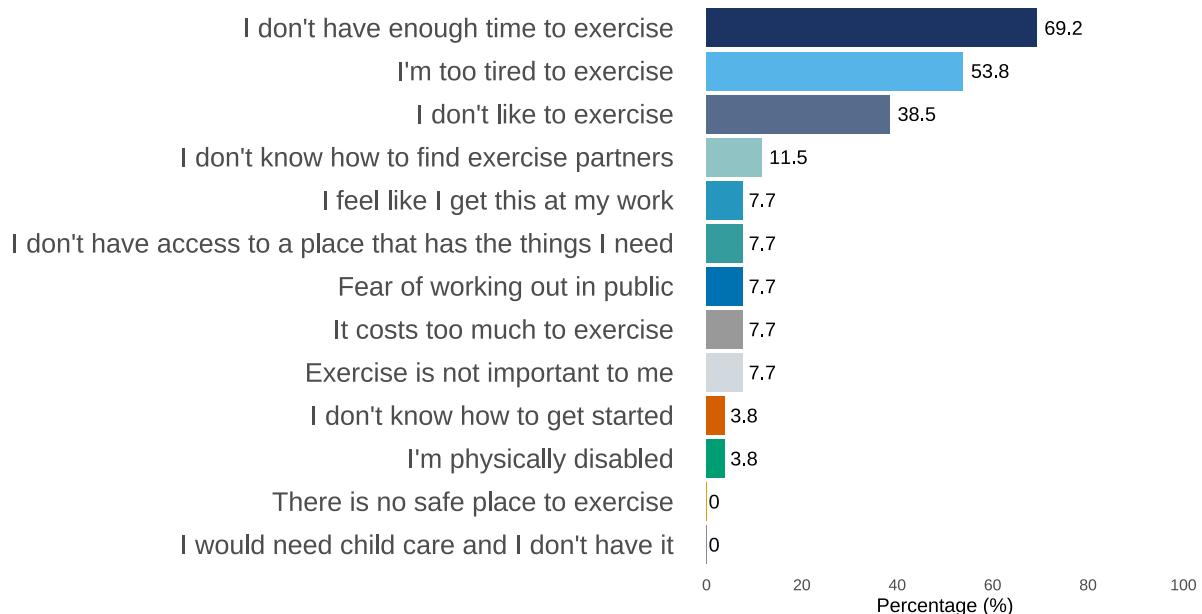


Figure 20. Reasons for Inadequate Physical Activity

Reasons for Lack of Adequate Physical Activity
N = 26



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

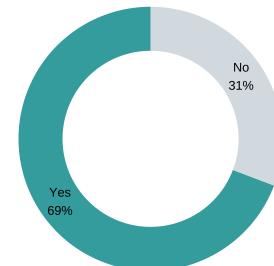
Preventive Screening

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

Figure 21. Colon Cancer Screening (N=39)

Colon Cancer Screening

Sixty-nine percent of respondents 50 years and older reported meeting colon cancer screening guidelines (Figure 21).



Prostate Cancer Screening

Of the ten respondents answering the prostate cancer screening question, 50% had completed the recommended screening (Figure 22). The sample's high percentage of female respondents led to a low response rate for this question.)

Figure 22. Prostate Cancer Screening (N=10)

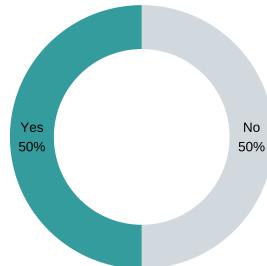


Figure 23. Mammogram Screening (N=29)

Breast Cancer Screening

Eighty-three percent of female respondents aged 50 years or older reported receiving an annual mammogram (Figure 23).

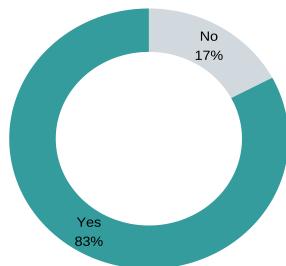
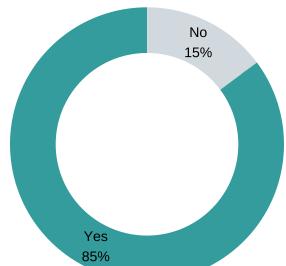


Figure 24. PAP Smear (N=54)

Cervical Cancer Screening

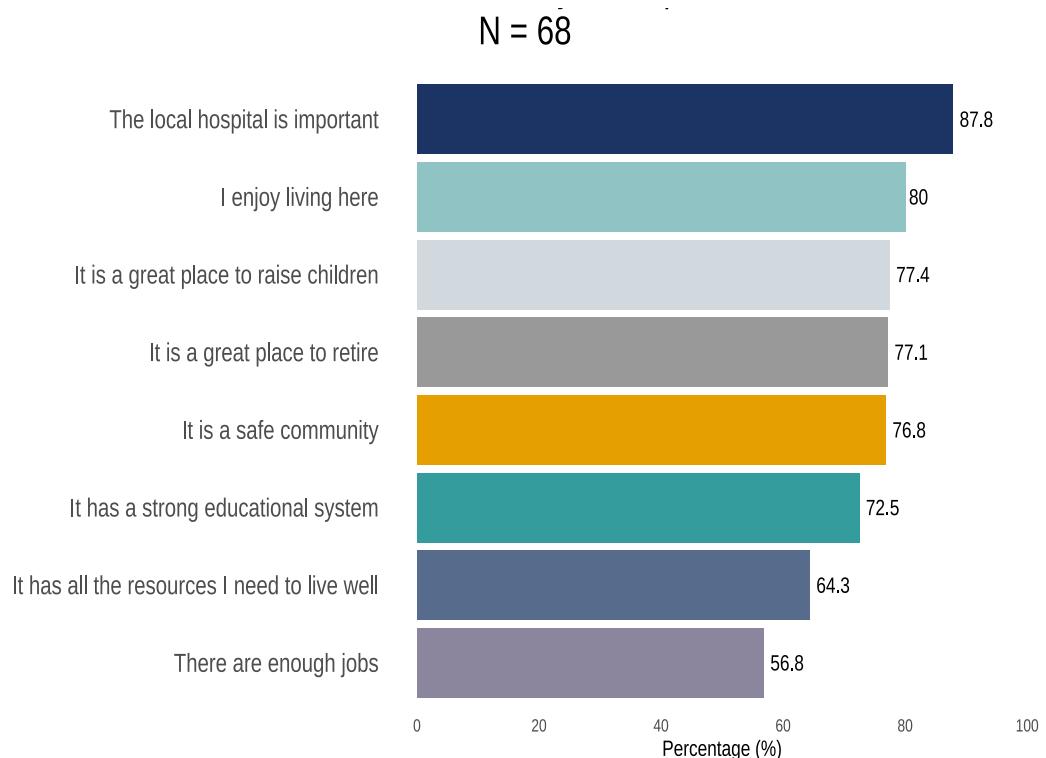
Eighty-five percent of respondents reported meeting cervical cancer screening guidelines (PAP Smear) (Figure 24).



General Community Perceptions

In general, respondents had a favorable view of the community, except for the availability of jobs. About nine out of ten (87.8%) respondents either agreed or strongly agreed that the local hospital is important. Eight out of ten respondents strongly agreed or agreed that they enjoy living in Jenkins. Similarly, eight out of ten respondents agreed that the community is a great place to raise children (77.4%), it's a great place to retire (77.1%) and it's a safe community (76.8%). However, just over half of the residents (56.8%) felt there were enough jobs (Figure 25).

Figure 25. General Community Perceptions



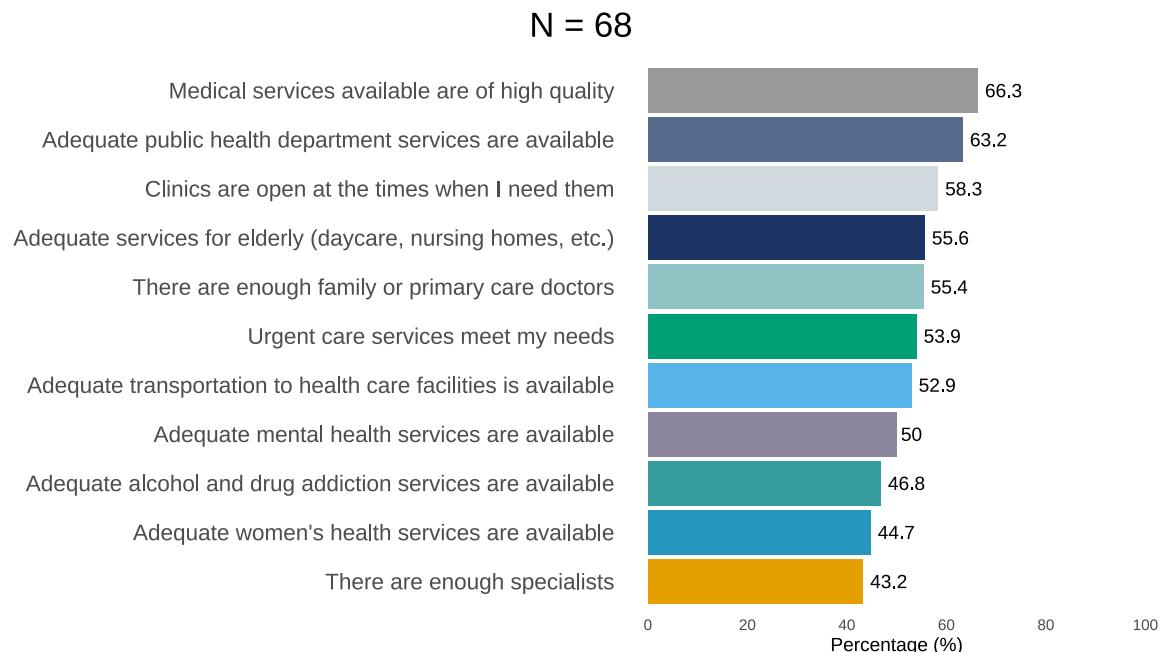
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Perceptions Concerning Community Health Care Services

Respondents reported availability of high-quality medical services (66.3%), availability of adequate public health departmental services (63.2%), clinics being open when needed (58.3%), and adequate services for the elderly (55.6%).

Only 40% of respondents felt that the number of specialists was adequate, and only 45% felt that the availability of women's health services was adequate (Figure 26).

Figure 26. Community Perceptions Concerning Health Care Services



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

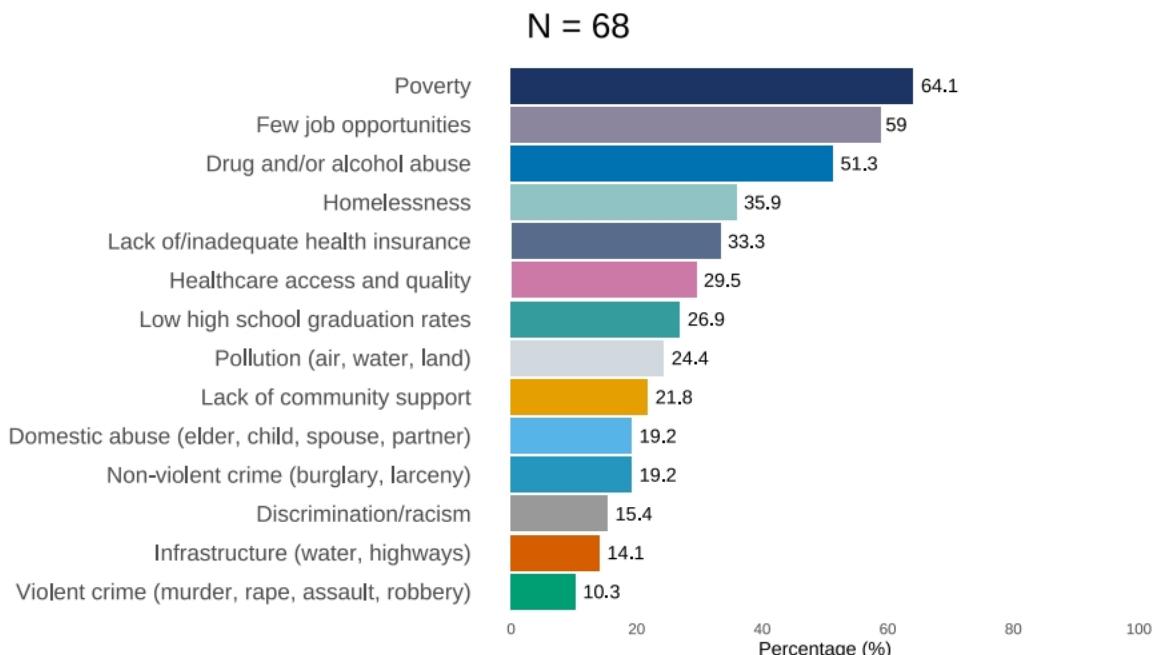
Perceptions Concerning Health And Quality Of Life

More than half of the respondents (64.1%) identified poverty as a significant factor affecting the quality of life in the community, followed by lack of job opportunities (59%) and drug and/or alcohol abuse (51.3%).

Homelessness, lack of/inadequate health insurance and healthcare access and quality formed a second tier of main factors impacting community life, with 33% of respondents on average identifying each as a negative impact on quality of life (Figure 27).

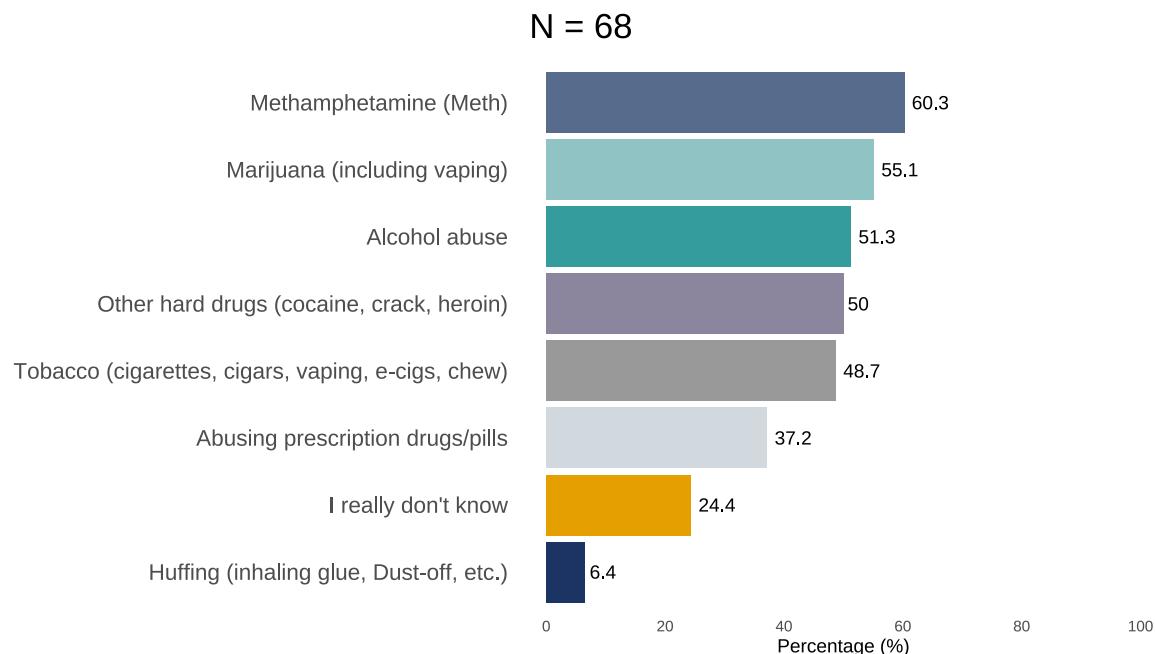
With respect to substance abuse in the community, methamphetamine (60%) was most frequently identified as a commonly abused substance, followed by marijuana including vaping (55.1%), alcohol abuse (51.3%), and other hard drug like cocaine, crack, heroin (50%) respectively (Figure 28).

Figure 27. Perceptions Concerning Factors Affecting the Quality of Life in the Community



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

Figure 28. Substance Abuse Problems



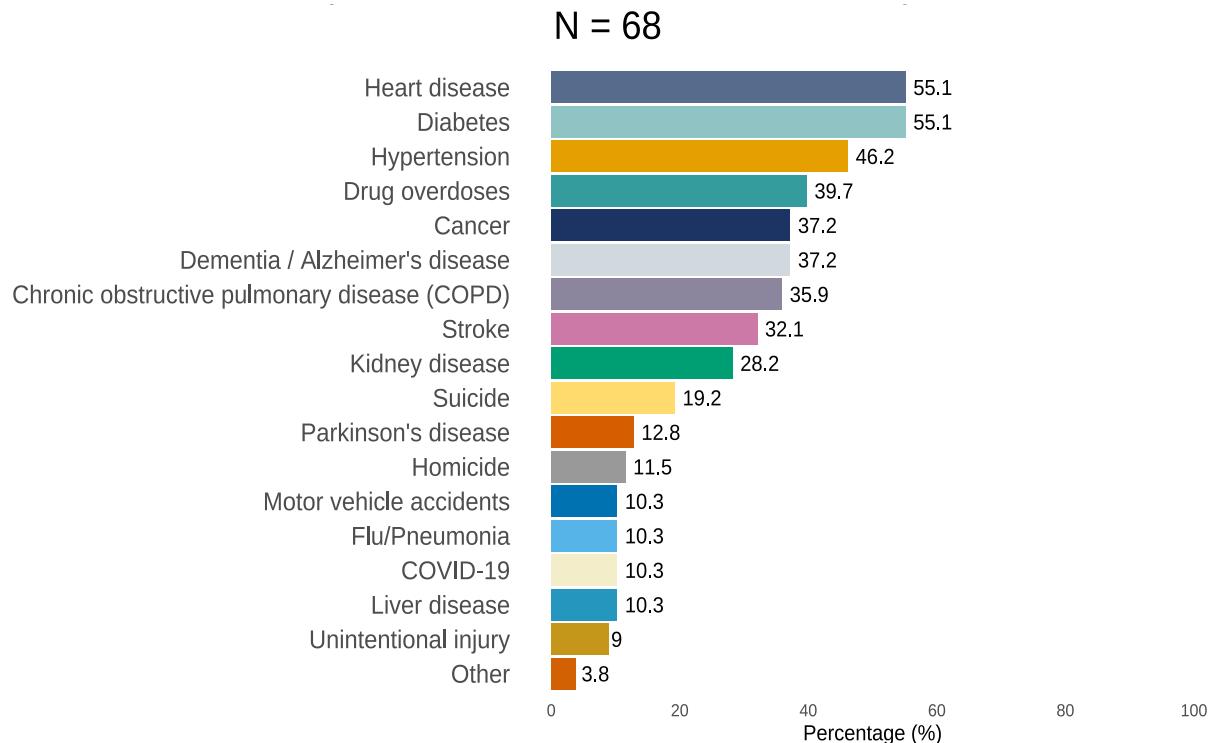
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Perceptions Concerning Mortality & Morbidity

Heart disease (55.1%), diabetes (55.1%) and hypertension (46.2%) were most frequently identified by the survey respondents as top causes of mortality and morbidity in the community.

Drug overdoses (39.7%), and cancer (37.2%) and dementia/Alzheimer's disease (37.2%) formed a second tier of reported factors (Figure 29).

Figure 29. Causes of Mortality and Morbidity



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

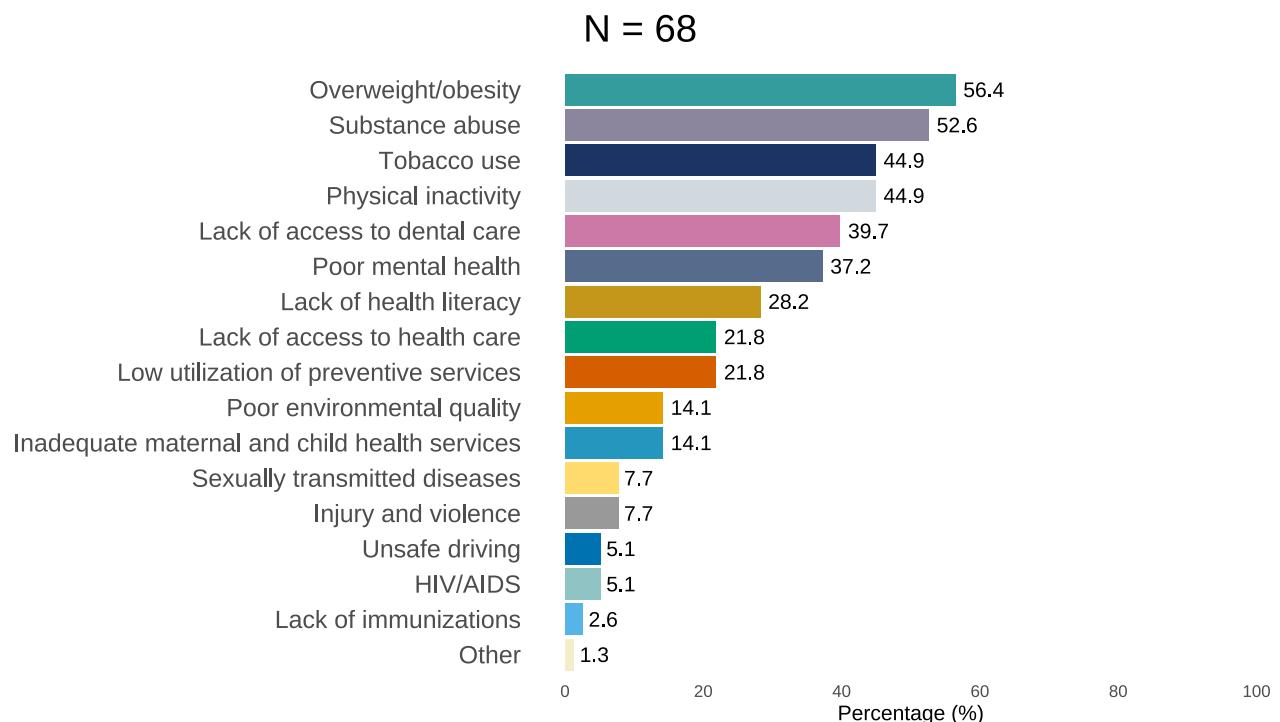
Negative Influencers Of Health

Obesity/overweight (56.4%), substance abuse (52.6%), tobacco use (44.9%) and physical inactivity (44.9%) were most frequently identified as top negative influencers of health in the community for adults (Figure 30).

Lack of access to dental care (39.7%), poor mental health (37.2%) and lack of health literacy (28.2%) formed a second tier of significant negative factors on the health of community members.

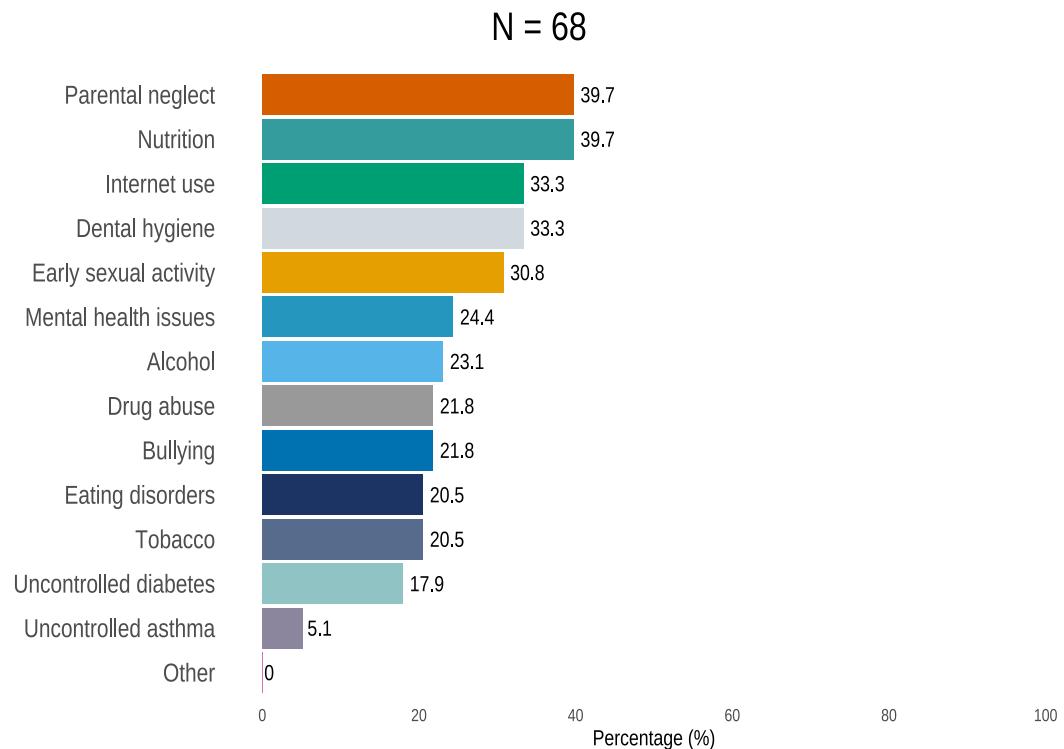
Parental neglect (39.7%), nutrition (39.7%), internet use (33.3%) and dental hygiene (33.3%) were the most frequently identified top negative influencers of children's health (Figure 31).

Figure 30. Negative Influencers of Community Health



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

Figure 31. Negative Influencers of Children's Health



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

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

Almost eight out ten of the respondents (78.1%) reported that their usual source of care was a provider in a doctor's office setting. Just under 8% reported local urgent care center as their usual source of care and just over 6% reported using a non-local hospital or urgent care (Figure 32).

Nearly six out of ten respondents (57.1%) reported that they had employer-based insurance. Nearly one out of four of respondents (23.8%) were covered by Marketplace insurance through the Affordable Care Act, and approximately ten percent were covered through both Medicare and Medicaid health insurance (Figure 33).

Concerning the sources of health information, nearly all respondents (96.6%) reported that they source their health information from doctors or nurses. 76.2% reported that they receive their health information from hospitals and 68.2% source their health information from pharmacists (Figure 34).

Figure 32. Usual Source of Care

N = 64

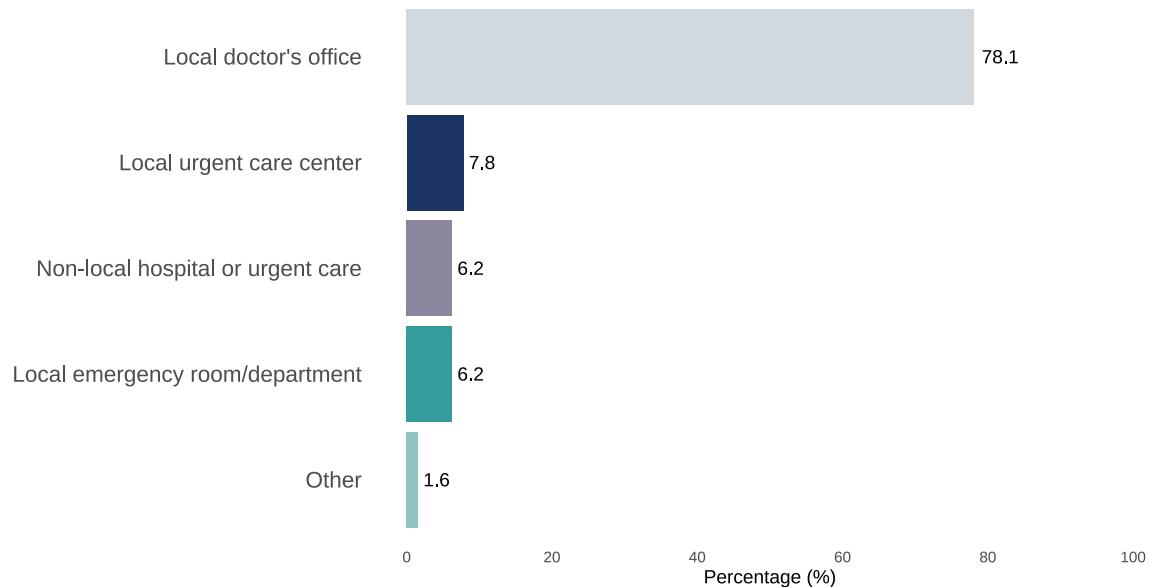


Figure 33. Insurance Coverage

N = 63

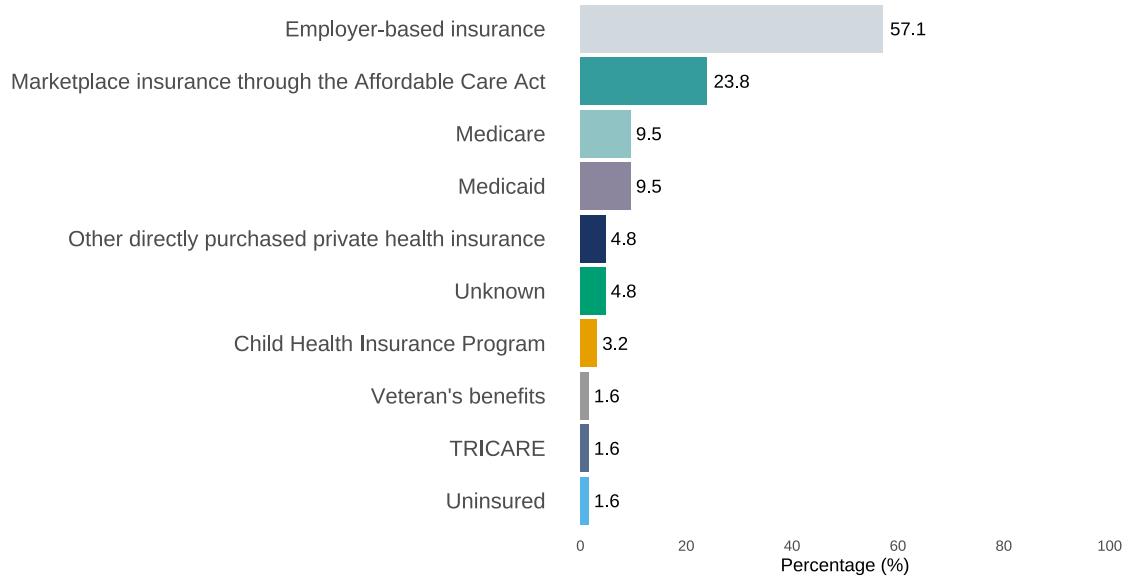
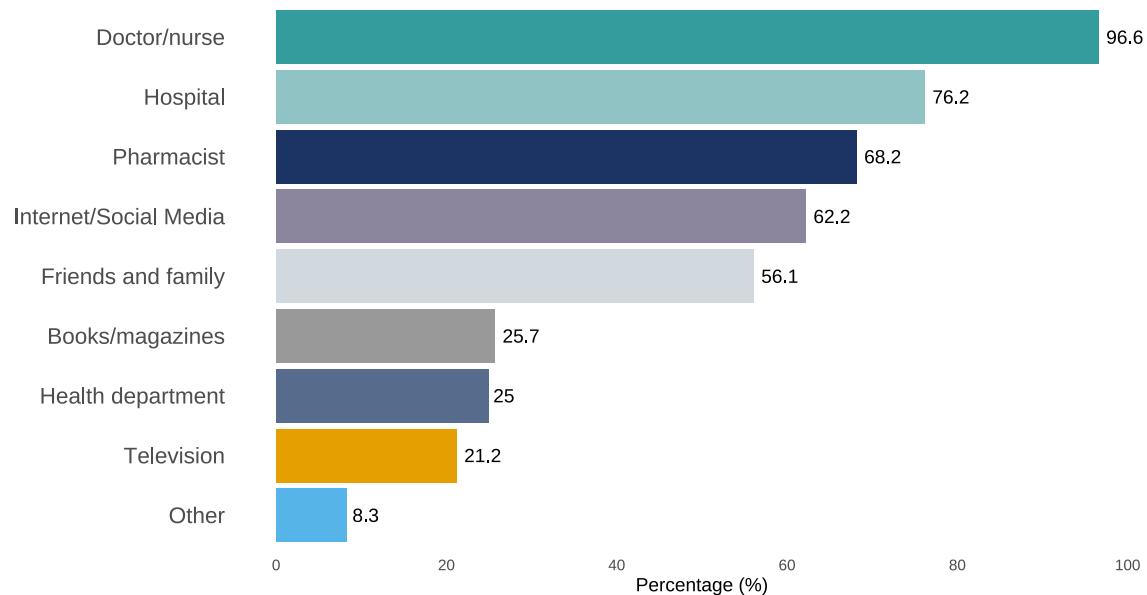


Figure 34. Sources of Health Information

N = 59



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

Barriers To Healthcare Access

Just over one out of ten (11%) of respondents reported experiencing barriers to health care access in the past 12 months (Figure 35).

Barriers most frequently mentioned were high deductibles/copays (71.4%), lack of insurance coverage (71.4%), and lack of providers taking insurance (50%) (Figure 36).

Figure 35. Barriers to Healthcare Access

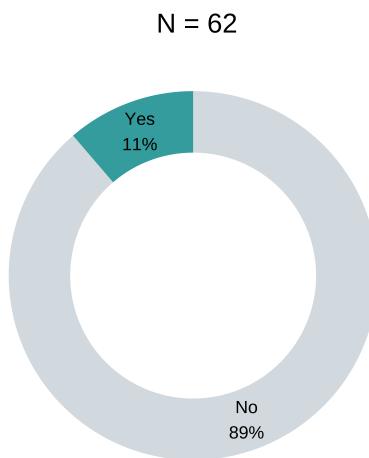
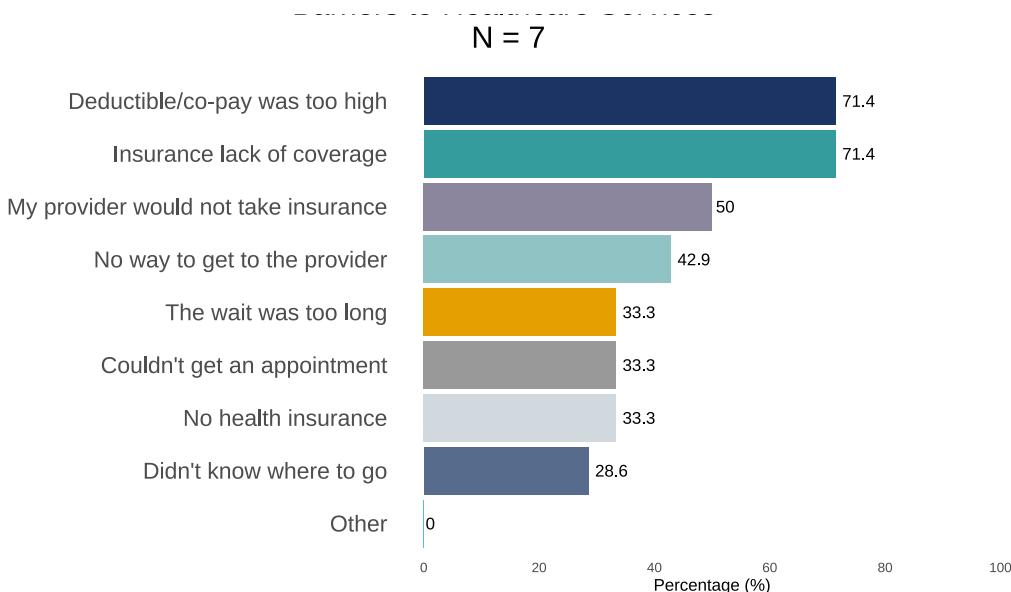


Figure 36. Specific Barriers to Healthcare Access



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

Health Specialists

Eighty-six percent of survey respondents felt that there are not enough health specialists in Jenkins County (Figure 37). Of those feeling there is inadequate specialists available, cardiology was reported as the most frequently chosen (87.3%), followed by pediatrics (85.5%), oncology (72.7%), and orthopedics (70.9%) (Figure 38).

Figure 37. Adequacy of Health Specialists

N = 64

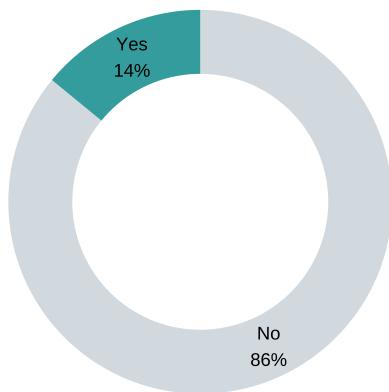
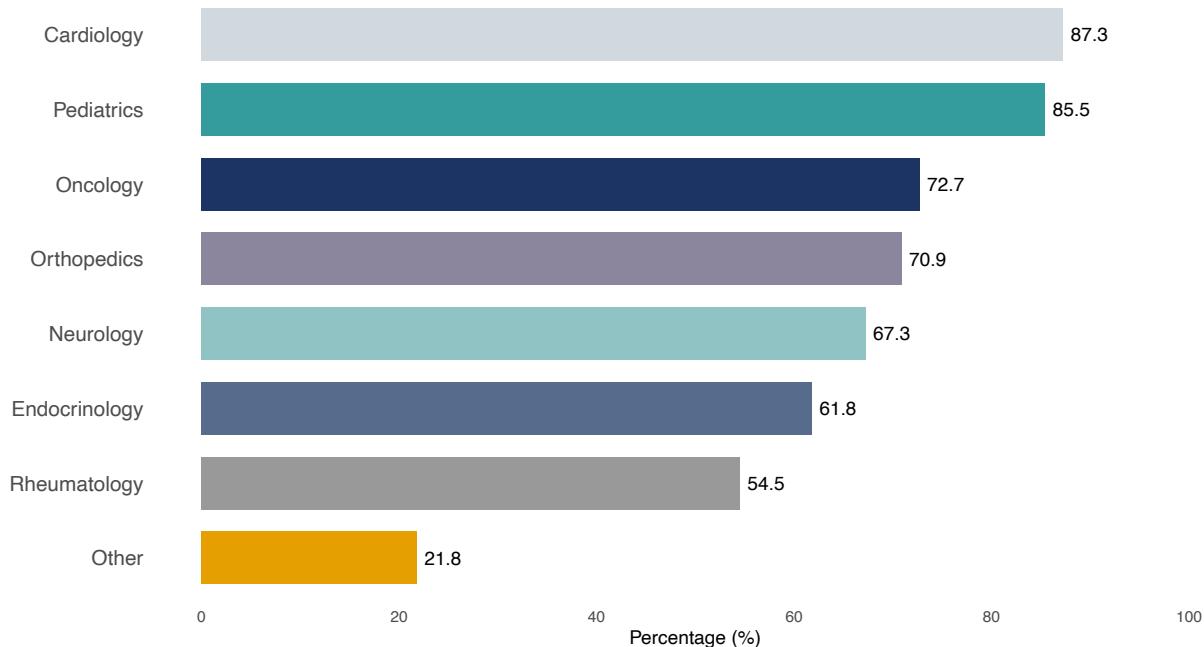


Figure 38. Most Needed Specialties

Perceived Shortage by Specialty

N = 55



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

Community Survey Summary

Respondents were more likely to be Non-Hispanic White, younger, female, and educated than the overall population.

Health Status and Behavior

- The most common chronic conditions that the participants reported having include overweight/obesity, high blood pressure, high cholesterol and depression/anxiety.
- Reported adherence to nutrition and physical activity guidelines was moderate among respondents.
- Reported adherence to cancer screening guidelines was generally high among participants, except for prostate cancer screening.

Perceptions about the Community and Community Health

- Respondents had a favorable view of the community, but lowest satisfaction rates were noted for urgent care, medical transportation, women's health services, substance abuse treatment services, healthcare specialists, and mental health services.
- Respondents identified poverty, limited job opportunities, and drug and alcohol abuse most frequently as significant factors affecting the quality of life in the community.
- Heart disease, diabetes, and hypertension were identified most frequently as top causes of illness and death in the community, while overweight/obesity, substance abuse, tobacco use, and physical inactivity were most frequently identified as significant negative influences on health.
- Parental neglect, nutrition, internet use, and dental hygiene were most frequently identified as significant negative health influences among children.

Access to Healthcare Services

- About one in ten respondents reported experiencing barriers to receiving health care in the past 12 months with high deductibles and lack of insurance as the most frequently identified barriers.
- Eighty-six percent of respondents felt that there were inadequate health specialists in the county, with cardiology, pediatrics, and oncology identified as the most needed specialties.

FOCUS GROUPS

Three focus groups were conducted in May 2025, and eleven participants representing various sectors of the community, including public health, joined and contributed to focus group discussions.

Overall Community Perception

Focus group participants described Jenkins County as a small and quiet community that participants perceived as having a low crime rate. Participants also emphasized that a large percentage of the community struggles to make ends meet and remarked that there was a lot of low-income housing, but it is aging.

“I would say it's small and quiet.”

“I think it's 50/50 in making ends meet. I think some people would say they don't have a problem with making ends meet, especially compared to other places. On the same hand, I think some people would say it is extremely difficult to make ends meet. I think some people do try everything that they can to help their situation and still fall short.”

“There has been improvement. I've seen, even in housing. Could there be more? Yes. Of course, there is a lot of low-income housing here. There's a lot of older houses, and I see that they are now being renovated. There is a lot of renovation that has taken place, even in the old houses that are here.”

“I don't necessarily think people around here have the best health, but you also have to look at our small town, all we have is fast food to rely on. Then we have the grocery store, but like I said, fruits and vegetables are more expensive than the junk food. That's what the community goes to.”

Community Strengths

Themes: Safe, Small, Community Resources

Participants described Jenkins County's strengths as those of a safe, small community where everyone knows everyone else. They emphasized availability of resources, especially given the small nature of the community, that include a gym, recreation department, grocery store, hospital and clinic.

“We have a relatively low crime rate and for that I am grateful.”

“What makes it special for me is that it's small, everyone knows everyone, and everyone actually jumps in to help one another out when there is something that goes on.”

“We've got a rec department that I see people using all the time for exercise.”

“We have this hospital here because it's right here. It's not a bad facility. It's a good facility. They'll help you to the best that they can. I haven't really had any issues whenever I've had to go before.”

“The school does have a medical facility inside the school system now, which has helped tremendously with some of the pediatric situations.”

Community Challenges

Themes: Poverty, Nutrition, Transportation

Participants reflected on major challenges for area residents, primarily poverty, which influences nearly every aspect of life and exacerbates other challenges such as access to healthy food, recreation, and transportation.

“The economic status is very poor. It's not very easy to make ends meet around here.”

“The financial issues certainly play a role in people being able to get transportation, go somewhere else, get the medicines, just affording healthcare in general.”

“Everybody wants fast food because it's quick and easy and not healthy, but it's just quick and easy. Like I say, parents and grandparents and all, like I say, just such a fast-paced society now, instead of sitting down like our parents used to cook and sit down and tell you what you could eat and wouldn't eat. Pick your phone up now and order, and then go pick it up at the drive-thru.”

“I think a lot of our elder residents and stuff around town would like to see better transportation and stuff.”

Health-Specific Community Characteristics

Themes: Nutrition, Limited Health Insurance, Good Facilities, School-Based-Care

Participants reflected on the health characteristics of the community.. Participants also emphasized that the existing services were beneficial to themselves and their families and that they used them for emergencies and for cancer screening and treatment. They also noted that there is a medical facility at the school for enrolled students.

“I would say access to proper food sources [is needed], maybe some more healthy choices in our grocery store, maybe.”

“I think that there needs to be more education maybe on how to diet and exercise, and maybe how to budget because, most of the time, fruit is more expensive than junk food, so obviously you’re going to go towards the junk food. Maybe just a little bit more education.”

“The school does have a medical facility inside the school system now, which has helped tremendously with some of the pediatrics situations.”

Healthcare-Specific Community Characteristics

Themes: Availability of providers, Cost of Care, Insurance Education, Medical Transportation

Participants cited shortages in both primary and specialty care services and noted that dental and eye care also had shortages. OBGYN, nephrology and endocrinology were noted as areas where needs are high. They commented on the frequent need for residents to travel outside the county for healthcare. Cost of care is another issue. Some participants reflected upon the challenges of insurance in the community with some major employers providing full coverage for employees but not necessarily their families, and other community members not qualified for Medicaid to enroll in marketplace healthcare plans. They also noted a need for health insurance education.

“The first time they see the OBGYN is when they’re going into labor, or sometimes they’ll show up in the emergency room a time or two, but that doesn’t really do much anything”

“...Specialty care, whether it’s just peds or nephrology. Some things come to town, but access to several of those things would certainly be a benefit to a lot, just for lack of transportation or unfortunately, motivation...”

“We need a dentist here. I just found out this morning that our local dentist is closing.

“[The area needs an] eye doctor.”

“What I see is having more people on hand to educate people that there are other insurance sources out there. The one that’s provided by the feds, I just think people still aren’t signing up for that, and I’m not sure why...People just aren’t taking advantage of that. I don’t know if there needs to be an education course about that, I’m not sure.”

“What I see is, our biggest employers here, like Champion Homes, and the Hospital, and the Board of Education, they provide insurance. However, it’s not always family coverage...”

“My daughter, she swears by Jenkins County Medical Center because she’s had several times, we got both of her kids to have some respiratory problems. Three o’clock in the morning, it’s a lot easier to go two and a half miles to the local ER than it is to go 35 miles to Bulloch County Urgent Care.”

“We had everything sent over, and we had all the things done here in Jenkins County. We chose to do that. We could have had it done somewhere else, but we came back here to the people that we know and love and had it taken care of.”

“...It's a good facility. They'll help you to the best that they can.”

“Some people just don't go back and forth to do their routine visits, because they can't get over there financially or physically with transportation, so they just don't do it. They don't have anything.”

“I feel a lot of appointments ... are referred pretty much to the bigger cities, and therefore, a lot of times the bigger cities require driving 50 plus miles just to get there.”

Health-Specific Wish List Items

Themes: Access to Specialty Care, Health Education and Screenings

Participants reflected on their priorities for improving health in the community. They expressed a need for more specialty care particularly for pediatrics and labor and delivery—as well as increased health education opportunities and events. Some participants emphasized a greater need for health education and affordable screenings. Some linked poor health outcomes to entrenched lifestyle patterns and community mentality.

“Peds and OBGYN would certainly be the top two [specialties].”

“Cancer screenings for the older, that might be helpful, or the regular breast exams for the women.”

“A diabetes clinic, maybe. Not necessarily for me, but my parents have diabetes, so maybe something for that...”

“A health fair or something for the community to come in and get lessons or brochures, stuff like that. You could do blood pressure checks for the elderly, free blood pressure checks, diabetes checks, stuff like that.”

“I think that there needs to be more education maybe on how to diet and exercise, and maybe how to budget because most of the time, fruit is more expensive than junk food, so obviously you're going to go towards the junk food.”

Focus Groups Summary

Eleven community stakeholders participated in the community focus groups. Participants discussed barriers and facilitators to health and well-being within the Jenkins County community. Overall, Jenkins County residents appreciate the safety, closeness and resourcefulness of their community but face significant economic and healthcare access barriers.

- Jenkins County is characterized by a small, quiet, and close-knit community with a strong sense of safety and low crime.
- Significant economic hardship exists, and many struggle to make ends meet. Much of the housing stock being low-income and aging, though some renovations are occurring.
- Residents value the sense of community and available local resources—including a gym, recreation department, hospital, clinic, and school-based medical facility—which are notable given the county's size.
- Major challenges include poverty, limited transportation, and restricted access to healthy, affordable food.

Perceptions about Health and Healthcare

- Access to nutritious food and education about healthy eating are limited, with many residents turning to less expensive, less healthy options due to cost and availability.
- Health insurance coverage is inconsistent: while major employers offer some insurance, it often does not fully cover families, and those not qualifying for Medicaid face challenges enrolling in marketplace plans or accessing affordable options.
- Local healthcare facilities, including the county hospital and school-based medical clinic, are valued and used for urgent needs.
- There are notable shortages of specialists (such as OBGYN, nephrology, endocrinology), dental, and eye care professionals, with residents frequently needing to travel far for needed services and facing barriers due to transportation, cost, and insurance knowledge gaps.
- Many in the community do not seek routine or specialty healthcare due to financial, transportation, or informational barriers, highlighting ongoing needs for improved insurance education and more accessible local services.

Hospital's Role in Advancing Community Health and Wellness

- Jenkins County Medical Center is vital to the community's well-being.
- It is viewed positively and as a convenient and essential healthcare provider for the community.

Health-Specific Wish List Priorities

- Residents desire expanded access to specialty care, with a particular emphasis on pediatric and OB/GYN services to address gaps in local availability.
- Community members wish for more frequent and affordable health education and screening opportunities, including events like health fairs and accessible cancer, blood pressure, and diabetes checks.

Summary of Data

The table below highlights where alignment exists in the data by area of concern. The first three areas of concern were determined to be the hospital's focus for the next three years.

Area of Concern	Secondary Data	Community Survey	Focus Groups
1) Diabetes	<ul style="list-style-type: none"> • Diabetes #3 Cause of Death • Diabetes prevalence (16% vs GA 11%) • Adult obesity (43% vs GA 34%) • Physical inactivity (36% vs GA 23%) 	<ul style="list-style-type: none"> • Diabetes reported as #2 health problem • Obesity 1st and physical inactivity 4th highest negative influencer of health • 42% don't eat enough fruits/vegetables 	<ul style="list-style-type: none"> • Need for diabetes clinic and A1C checks was discussed • Residents tend to rely on fast food • Need for nutrition education was discussed
2) Access to Care — Transportation	<ul style="list-style-type: none"> • 6.1% of households have no car • Greater poverty and older population than GA 	<ul style="list-style-type: none"> • Low adequacy of medical transportation 	<ul style="list-style-type: none"> • Many travel 35–50 miles for care • Need for medical transportation repeatedly cited
3) Post-Discharge Care	<ul style="list-style-type: none"> • High uninsured population (18% vs 15% for GA) • Health behaviors generally worse than state • High rates of preventable hospitalizations 	<ul style="list-style-type: none"> • Cost of insurance noted as top obstacle for getting needed care • Many not following nutrition/exercise guidelines • Health literacy #7 negative community health influencer 	<ul style="list-style-type: none"> • Need for education on insurance options was discussed • Health fairs and education on budgeting, nutrition, exercise were suggested
4) Mental Health & Substance Use	<ul style="list-style-type: none"> • Mental/behavioral disorders among leading causes of mortality • Shortages of mental health providers 	<ul style="list-style-type: none"> • Depression/anxiety among most common conditions • Substance abuse #3 quality-of-life issue • Low satisfaction with mental health resource adequacy 	<ul style="list-style-type: none"> • Not explicitly discussed
5) Women's & Maternal Health	<ul style="list-style-type: none"> • Low birth weight 14% vs GA 10% • High teen pregnancy rates (31 per 1,000 vs 20 for GA) 	<ul style="list-style-type: none"> • Only 45% feel women's health services are adequate • OB/GYN among top-needed specialties 	<ul style="list-style-type: none"> • Reports of first OB visit at labor • Need for breast screening access was discussed
6) Chronic Disease Management (Diabetes, CVD, Cancer)	<ul style="list-style-type: none"> • CVD hospitalizations 44.6 (vs GA 42.3) • Life expectancy 73 vs GA 76.1 • High rates of preventable hospitalizations 	<ul style="list-style-type: none"> • Top cited causes of illness and death: heart disease, diabetes, hypertension 	<ul style="list-style-type: none"> • Need for diabetes clinic & interest in BP/A1c checks at health fairs • Need for cancer screening

Implementation Strategy

The 2025 Implementation Plan prioritization session occurred via Zoom on November 12, 2025, with the CHNA steering committee. The session was facilitated by Center for Public Health Practice and Research team of Georgia Southern University. Consideration of the data contained in this report led the committee to develop the following plan focused on three priority areas: Diabetes Education, Medical Transportation, and Post Discharge Care. These are areas where the hospital is most able to have a positive impact. Jenkins Medical Center addresses remaining areas of need through collaboration and community outreach with other agencies more suited to address the need.

PRIORITY AREA ONE: Diabetes Education

GOAL: Increase awareness among Jenkins County residents of diabetes risk factors and disease management

OBJECTIVES:

- Beginning June 2026, deliver quarterly diabetes education events that rotate topics per year.
- Beginning June 2026, implement a recurring media campaign on healthy eating and exercise for diabetes prevention and management.

PRIORITY AREA TWO: Medical Transportation

GOAL: Increase offerings for transportation to/from the hospital and other healthcare facilities for Jenkins County residents

OBJECTIVES:

- By July 2026, develop a plan for hospital van transportation service that includes expansion of coverage to outpatient services
- By Jan 2027, coordinate monthly with local transit agencies to share and track the total number of patient pick-ups.

PRIORITY AREA THREE: Post Discharge Care

GOAL: Enhance tracking of post-discharge care communication to better address patients' health and healthcare needs

OBJECTIVES:

- By Jan 2027, implement a post-discharge care communication process that provides information on, and tracks referral count by type of needed resource that was discussed to better understand patients' medical and health-related needs.

Priority Area 1: Diabetes Education

Goal 1: Increase awareness among Jenkins County residents of diabetes risk factors and disease management				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1.1: Beginning June 2026, deliver quarterly diabetes education events that rotate topics per year.				
Identify and talk to potential education providers	Feb 2026	TBD	# providers agreeing to present	Metz Culinary
Develop a sustainable and engaging plan for diabetes education events	Mar 2026	TBD	Y/N plan developed	
Create an advertising campaign to increase audience size	Apr 2026	TBD	Y/N campaign developed	
Begin quarterly education events	June 2026	TBD	# attendees	
Objective 1.2: Beginning June 2026, implement a recurring media campaign on healthy eating and exercise for diabetes prevention and management				
Develop and implement annual plan for traditional media awareness messaging	Jun 2026	TBD	-# paper ads, radio posts, TV commercials	N/A
Develop and implement annual plan for digital media awareness messaging	Sep 2026	TBD	-# views/followers/shares	

Priority Area 2: Medical Transportation

Goal 1: Increase offerings for transportation to/from the hospital and other healthcare facilities for Jenkins County residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 2.1: By July 2026, develop a plan for hospital van transportation service that includes expansion of coverage to outpatient services				
Create a plan for efficient and effective use of the hospital's van for transporting patients	Mar 2026	TBD	Y/N Plan complete # trips	N/A
Expand operations to include outpatient services	Jul 2026	TBD	# outpatient trips	
Objective 2.2: By Jan 2027, coordinate with county transit providers to share and track the total number of patient pick-ups.				
Identify transit provider representatives to coordinate with	March 2026	TBD	Y/N Representatives identified	Local transit providers
Collaborate with all transit providers to optimize county-wide medical transportation offerings	Jul 2026	TBD	Y/N Meetings occurred with minutes recorded	
Implement a collaborative plan and track healthcare-related trips provided by all providers	Jan 2027	TBD	# healthcare-related trips across transit providers	

Priority Area 3: Post Discharge Care

Goal 1: Enhance tracking of post-discharge care communication to better address patients' health and healthcare needs				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 3.1: By Jan 2027, implement a post-discharge care communication process that provides information on, and tracks referral count by type of needed resource that was discussed to better understand patients' medical and health-related needs.				
Review current process	Mar 2026	TBD	Y/N accomplished	N/A
Identify ways to enhance process to ensure that social determinants of health are included and that tracking of types of patient needs is possible	Jun 2026	TBD	Y/N accomplished	
Implement process and begin tracking results, including recurring review of them	Jan 2027	TBD	Y/N Review of needs discussed	

Community Resource Listing

Name of the Organization or Company	Phone number	Address	Services Provided/Available
HEALTH SERVICES			
Jenkins County Medical Center	(478) 982-4221	931 E. Winthrope Ave Millen, Ga. 30442	24 Hr Emergency Dept, Critical Access Hospital, Behavior Center
Jenkins County Health Dept.	(478) 982-2811	709 Virginia Ave Millen, Ga. 30442	Communicable Disease Control, Vital Records, Women's Health & Family Planning, Chronic Disease Prevention & Health Education
East Georgia Healthcare Center	(478) 249-1200	1075 E. Winthrope Avenue Millen, Ga. 30442	Chronic Care Management, Telemedicine, School Based Clinics, Primary Care
Optim Primary Care Dr. Prakul Chandra, MD	(478)982-0120	961 East Winthrope Ave Millen, Ga. 30442	Primary Care Family Medicine
YurHealth	(478)401-0477	1121 US-25 Millen, Ga. 30442	Primary Care
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES			
Jenkins County Medical Center	(478) 982-4221	931 E. Winthrope Avenue Millen, Ga. 30442	Behavior Health, Counseling Service
East Georgia Health Center	(478)249-1200	1075 E. Winthrope Avenue Millen, Ga. 30442	Primary Care Telemedicine
SOCIAL SERVICES			
Jenkins County Family Enrichment Center	(478) 982-8004	725 E. Winthrope Avenue Millen, Ga. 30442	Support through various programs
East Georgia Health Center	(478) 249-1200	1075 E. Winthrope Avenue Millen, Ga. 30442	Support through various programs