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MEMORANDUM

To: Agency Board of Directors

From: Kim Sheffield *KS*
Planner

Date: September 22, 2026

Subject: 2026 Community Needs Assessment

Attached is the 2026 Community Assessment (CA) for Southwest Georgia Community Action Council, Inc., prepared in accordance with the CA plan that is on file at the Agency corporate headquarters. This compilation serves as the basis for Agency-wide program mix and service design strategies and is intended to meet community assessment requirements set forth by Community Services Block Grant (CSBG), Head Start, and all other Agency funding sources.

• Telephone 229/985-3610 • 1-800/642-3384 • Fax 229/890-1056 •

Helping People Help Themselves in Baker • Calhoun • Colquitt • Decatur • Dougherty • Early • Grady • Lee
Marion • Miller • Mitchell • Schley • Seminole • Sumter • Terrell • Thomas • Webster • Worth Counties



COMMUNITY ASSESSMENT

❖ *Conducted 2026* ❖



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Overview

This Community Assessment (CA), also commonly referred to as a “Community Needs Assessment”, is compiled and presented by Southwest Georgia Community Action Council, Inc., and serves as the primary source of information on which the Agency bases short- and long-range planning goals to develop and refine the mix of services that best meets the needs of the service area. The CA is conducted every three years to efficiently produce a single comprehensive assessment that will effectively meet the contractual requirements for Community Services Block Grant (CSBG), Head Start, and other funding sources without requiring duplicative efforts. This assessment is reviewed and, if necessary, updated annually to comply with Head Start funding requirements.

This assessment contains current data specific to collecting and analyzing both qualitative and quantitative data on its geographic service areas (CSBG Org Std 3.3). This assessment includes key findings on the causes and conditions of poverty (CSBG Org Std 3.4).

■ The Agency

Southwest Georgia Community Action Council (CAC), Inc., is a private, non-profit 501(C)(3) organization incorporated in 1965 whose mission is to collaborate with community partners to provide low-income individuals comprehensive services that promote life-long economic security and self-sufficiency. The Agency headquarters is in Moultrie, Georgia, with a primary service area consisting of 14 counties. Four additional counties are provided Head Start/Early Head Start child development services (for a total of 18 counties). Three additional counties are provided Weatherization services (for a total of 17 counties). This brings the full service area to 21 counties. A map of the service area is included as ***Attachment D***.

Three major service categories define the array of Agency services: Community Services, Housing and Energy, and Child Development. Services are provided through a network of 11 Neighborhood Service Centers (NSCs) and 21 Head Start Child Development Centers (CDCs). Six (6) of the CDCs are in Dougherty County where approximately one quarter of the population for the service area is concentrated.

A Chief Executive Officer is employed by the Agency Board of Directors and is responsible for directing daily operations and ensuring that accountability for services is maintained. Core administrative funding for the Agency is the federally appropriated Community Services Block Grant (CSBG). Additional funding comes from public and private grants acquired through competitive application submissions, contracts, local partnerships, fund-raisers, and donations. In terms of funding, the largest service provided by the Agency is Head Start/Early Head Start preschool services. The Agency is currently authorized to serve 1,415 children and families through Head Start funding and 368 pregnant women and children through Early Head Start funding for a total of 1,783.

■ Community Assessment

A comprehensive assessment of the CAC service area was conducted April-May of 2026 in accordance with the Agency’s Community Assessment Plan (***Attachment E***). A major strength of the assessment is the variety of viewpoints presented. We attempted to achieve assessment diversity by including all sectors of the community: young, old, male, female, poor, wealthy, private citizens, public officials, social service representatives, religious leaders, business leaders, and all other members of the community of all races. We will utilize this information as the basis for demonstrating service needs to funding sources when refining existing services and implementing new services.

Our purpose in conducting an assessment of the CAC catchment area was to identify and objectively evaluate existing resources, services, strengths, trends, needs, and emerging needs to guide the Agency in refining existing services and developing new services to meet those needs within the scope of the

Agency mission (CSBG Org Std 3.1). This assessment was also intended to yield a critical assessment of CAC service strengths and weaknesses as a basis for refining services, implementing methods, and identifying means of solving any identified deficiencies.

This compilation is a summary for the Southwest Georgia area encompassing the following 21 counties -- 14 of which comprise the CAC primary service area, four (identified with an asterisk) that are provided Head Start/Early Head Start child development services only, and three (identified with a double asterisk) that are provided weatherization services only:

Baker	Grady	<i>Schley*</i>
Calhoun	Lee	Seminole
<i>Clay**</i>	<i>Marion*</i>	<i>Sumter*</i>
Colquitt	Miller	Terrell
Decatur	Mitchell	Thomas
Dougherty	<i>Quitman**</i>	<i>Webster*</i>
Early	<i>Randolph**</i>	Worth

The information contained in this assessment, including survey results *by county*, are on file at the CAC corporate headquarters in Moultrie, and can be obtained by calling Kim Sheffield, Planner, at (229) 985-3610. Selected CA results can be downloaded from the Agency website at www.swgacac.com.

Data Collection Methodology

A two-pronged approach was utilized for data collection.

■ Approach 1

A one page (front & back) questionnaire was distributed to the public including, but not limited to, the general public; current Head Start parents as well as clients of all Agency-administered programs and services; elected officials; Agency Board members; local Chambers of Commerce; area Family Connection partnerships; Housing Authority clients; senior citizens; area social service representatives including county Department of Family and Children Services offices, Mental Health offices, Public Health offices, public school systems, the area Agency on Aging, and Department of Labor career centers; and Agency staff. A Spanish version of the questionnaire was also made available. Copies of both translations of the questionnaire are included as a part of *Attachment B*.

■ Approach 2

Demographic, statistical, and trend data that could not be obtained through an individual questionnaire was obtained from the following sources: mySidewalk.com ~ a Community Data Platform, U.S. Census Bureau, American Community Survey, Georgia Department of Labor, Bureau of Labor Statistics (BLS), U.S. Department of Education - EDFacts, Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS), HUD FMR – Fair Market Value, TIGER/Line Geodatabase, Panel Study of Income Dynamics (PSID), OECD18 (18 Comparator high-income nations from the Organization for Economic Cooperation and Development), CDC WONDER ~ Wide-ranging Online Data of Epidemiologic Research, Center for Disease Control and Prevention (CDC), CDC PLACES – local data for better health, CDC BRFSS – Behavioral Risk Factor Surveillance System, National Plan and Provider Enumeration System (NPPES), Centers for Medicare and Medicaid (CMS), Mapping Medicare Disparities (MMD), National Provider Identities (NPI), National Survey of Children’s Health (NSCH), National Health and Nutrition Examination Survey (NHANES), National Health Interview Survey (NHIS), Youth Risk Behavioral Surveillance System (YRBS), Health Professional Shortage Area (HPSA), The Health Resources and Services Administration (NRSA), PEDSnet is a rapidly growing, national pediatric learning health system dedicated to improving health and healthcare outcomes for children. At present, PEDSnet consists of twelve children's hospitals nationwide., JAMA – Journal of the American Medical Association, Georgia Department of Human Services Division of Public Health, Georgia Department of Human Services Office of Facilities and Support Services Region 10 Transportation Services, Georgia Department of Human Resources Office of Facilities and Support Services Region 8 Transportation Services, Georgia Department of Transportation (GDOT) and Coordinated Transportation System (CTS), Verida, RMS, Inc., CFR – 42CFR431.53, Albany Transit System, Americus Transit, United Way, Georgia Kids Count, Georgia Family Connection Partnership, and Juvenile Data Georgia Courts.

Geographic and Economic Overview

With corporate offices located in Moultrie, Georgia, Southwest Georgia Community Action Council, Inc., serves the Southwestern corner of the state of Georgia, bordering Florida to the south and Alabama to the west. The predominantly rural service area encompasses a total of 14 primary counties, with four (4) additional counties provided Head Start services only. These 18 counties span an area of 7,245 square miles, extending northward into south central Georgia as far as Marion County -- approximately 20 miles east of Columbus, Georgia. The Agency provides weatherization services in 17 counties, three (Clay, Quitman, Randolph) that are outside the 14-county primary service area and 18-county Head Start service area and are located along the Alabama border northwest of the primary service area. This brings the total number of counties provided at least one type of service by the Agency to 21. These 21 counties span an area of 8,054 square miles.

County	Sq. Miles	County	Sq. Miles
Baker	349	Miller	284
Calhoun	284	Mitchell	514
Clay	217	Quitman	161
Colquitt	557	Randolph	431
Decatur	623	Schley	168
Dougherty	335	Seminole	257
Early	516	Sumter	493
Grady	460	Terrell	338
Lee	362	Thomas	552
Marion	367	Webster	211
		Worth	575

A map of the area is included as *Attachment C*.

A network of ten (10) Neighborhood Service Centers (NSCs) serves the primary service area, with one NSC located within each county except the counties of Baker, Early, Lee, and Seminole. Baker County is served by the Mitchell County NSC, Early County is served by the Calhoun County NSC, Lee County is served by the Dougherty County NSC, and Seminole County is served by the Miller County NSC. Twenty-one (21) Head Start Child Development Centers (CDCs) serve the eighteen (18) counties that are provided Head Start services. All other services offered by the Agency are provided through the network of NSCs.

■ General Geographic Target Areas

<u>County</u>	<u>Incorporated Areas</u>
Baker County	Newton
Calhoun County	Arlington (part), Edison, Leary, Morgan
Clay County	Bluffton, Fort Gaines
Colquitt County	Berlin, Doerun, Ellenton, Funston, Moultrie, Norman Park, Omega (part)
Decatur County	Attapulgis, Bainbridge, Brinson, Climax
Dougherty County	Albany
Early County	Arlington (part), Blakely, Damascus, Jakin
Grady County	Cairo, Whigham
Lee County	Leesburg, Smithville
Marion County	Buena Vista
Miller County	Colquitt
Mitchell County	Baconton, Camilla, Meigs (part), Pelham, Sale City
Quitman County	Georgetown
Randolph County	Cuthbert, Shellman
Schley County	Ellaville
Seminole County	Donalsonville, Iron City
Sumter County	Americus, Andersonville, DeSoto, Leslie, Plains
Terrell County	Bronwood, Dawson, Parrott, Sasser
Thomas County	Boston, Coolidge, Ochlocknee, Thomasville, part of Barwick, Meigs, Pavo
Webster County	Preston, Weston
Worth County	Poulan, Sumner, Sylvester, Warwick

■ The Southwest Georgia Economy

Results of five-year trend data (Census ACS, BLS, EDFacts, and NPPES). Overall, Georgia shows strong gains in income, jobs, and education attainment, modest gains in homeownership, and mixed results on affordability and coverage.

1) Financial assets & income (Census ACS 1-year)

Median household income (inflation-adjusted dollars)

- 2019: \$61,980
- 2024: \$79,991
- Change: +\$18,011 (about +29%)

Poverty rate (share of people below poverty)

- 2019: 13.3%
- 2024: 12.6%
- Change: -0.7 percentage points (improvement, though it fluctuated in between)

2) Businesses & jobs (BLS)

Unemployment rate (BLS LAUS)

- 2020: 6.5%
- 2024: 3.4%
- Change: -3.1 percentage points (large improvement from the pandemic-era high)

Private business establishments (BLS QCEW)

- 2020: 301,221
- 2024: 384,323
- Change: +83,102 (about +28%)

3) Housing & homeownership (Census ACS 1-year)

Homeownership rate (owners ÷ occupied housing units)

- 2019: 64.1%
- 2024: 66.3%
- Change: +2.2 percentage points (modest increase)

Housing cost burden (households spending 30%+ of income on housing)

- 2019: 28.4%
- 2024: 31.5%
- Change: +3.1 percentage points (worse affordability pressure)

4) Health care (Census ACS + NPPES)

Uninsured rate (uninsured ÷ civilian noninstitutionalized population)

- 2019: 13.4%
- 2024: 12.0%
- Change: -1.5 percentage points (improvement, but it rose from 2023 to 2024)

Primary care physician ratio (people per 1 primary care physician; lower is better)

- 2020: 1,271
- 2024: 1,084
- Change: -187 (improvement in provider availability)

5) Education (Census ACS + EDFacts)

Adults 25+ with a bachelor's degree or higher (share)

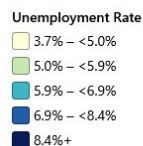
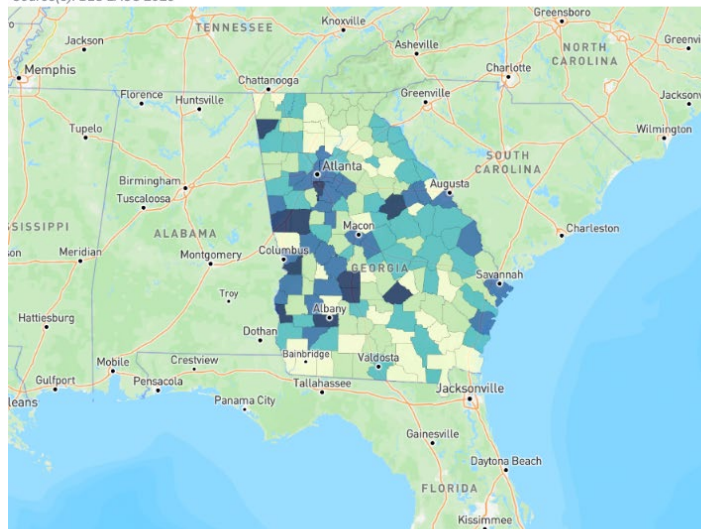
- 2019: 32.5%
- 2024: 36.3%
- Change: +3.8 percentage points (steady improvement)

High school graduation rate (EDFacts)

- 2016–2017: 81%
- 2021–2022: 84%
- Change: +3 percentage points

Unemployment Rate for Counties in GA

Source(s): BLS LAUS 2020



For the 21 Southwest Georgia counties that SWGACAC serves the five-year trend data measured “progress” using: Unemployment rate: 2020 → 2024 (BLS LAUS, annual) and Most community measures (income, poverty, uninsured, housing cost burden, bachelor’s attainment): 2015–2019 → 2020–2024 (Census ACS 5-year; this avoids missing data for small counties).

Biggest progress vs. biggest concerns (across multiple measures)

Strongest overall progress (improved on most measures)

- Clay County: huge improvements in unemployment (10.1% → 5.5%), poverty (39.5% → 21.0%), uninsured (16.0% → 7.8%), and income (\$22.3k → \$49.1k)
- Calhoun County: broad improvements, including unemployment (6.6% → 3.1%) and poverty (27.3% → 22.8%)
- Lee County: strong gains in poverty (12.8% → 5.7%), income (\$69.3k → \$89.2k), and bachelor’s+ (25.4% → 34.1%)
- Early County: big income increase (\$30.6k → \$54.1k) and poverty reduction (30.5% → 23.6%)

Weakest/most mixed progress (multiple measures worsened)

- Webster County: uninsured rate jumped sharply (8.2% → 21.5%) and bachelor’s+ fell (14.7% → 8.9%)
- Marion County: poverty rose (16.7% → 20.9%) and uninsured rose (10.7% → 17.3%)
- Randolph County: median income declined (\$31.7k → \$28.4k) and housing cost burden worsened (27.4% → 37.2%)
- Worth County: poverty increased (19.0% → 24.0%) even as income rose

Where progress is strongest/weakest by measure

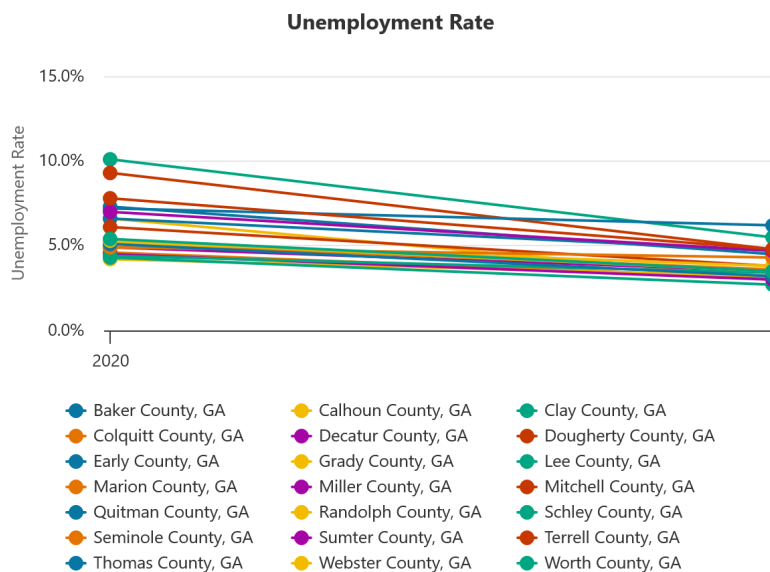
Unemployment rate (2020 → 2024)

Largest drops (best progress):

- Clay: 10.1% → 5.5% (-4.6 pts)
- Dougherty: 9.3% → 4.8% (-4.5 pts)
- Calhoun: 6.6% → 3.1% (-3.5 pts)
- Terrell: 7.8% → 4.8% (-3.0 pts)
- Baker: 7.3% → 4.5% (-2.8 pts)

Smallest drops (weakest progress):

- Seminole: 4.9% → 4.3% (-0.6 pts)
- Schley / Grady / Quitman: about -1.0 pt each



Median household income (2015–2019 → 2020–2024)

Largest increases:

- Clay: \$22,325 → \$49,147 (+ \$26,822)
- Early: \$30,640 → \$54,083 (+ \$23,443)
- Lee: \$69,280 → \$89,168 (+ \$19,888)
- Mitchell: \$38,116 → \$57,613 (+ \$19,497)
- Thomas: \$43,740 → \$60,736 (+ \$16,996)

Weakest / negative:

- Randolph: \$31,699 → \$28,380 (- \$3,319)
- Smallest positive gains included Sumter (+\$5,972)

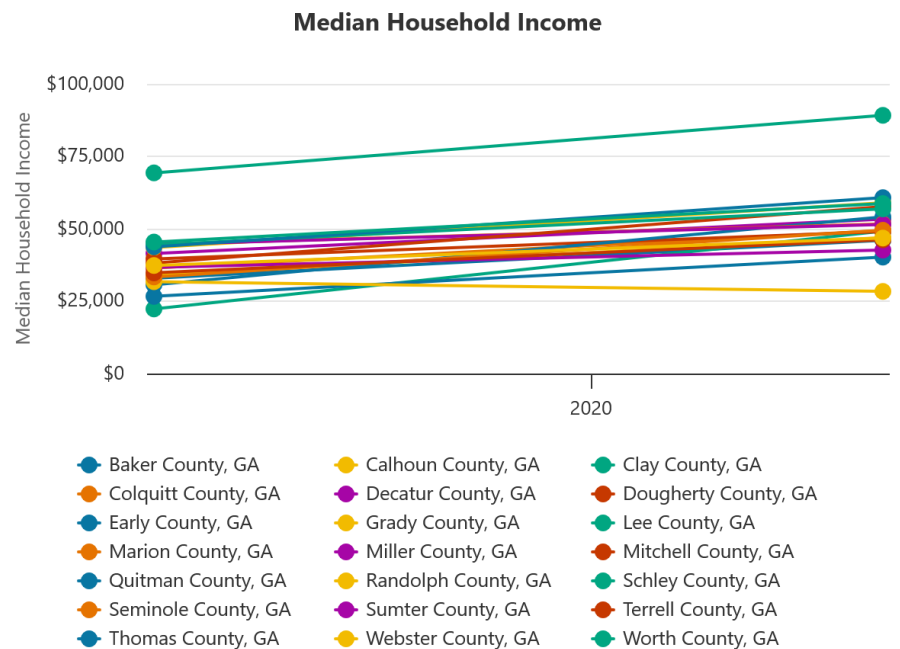
Poverty rate (lower is better)

Biggest reductions:

- Clay: 39.5% → 21.0% (-18.5 pts)
- Lee: 12.8% → 5.7% (-7.1 pts)
- Early: 30.5% → 23.6% (-6.9 pts)

Biggest increases (worse):

- Worth: 19.0% → 24.0% (+5.0 pts)
- Marion: 16.7% → 20.9% (+4.2 pts)
- Baker: 22.9% → 26.3% (+3.4 pts)



Uninsured rate (lower is better)

Biggest reductions:

- Quitman: 23.6% → 14.8% (-8.8 pts)
- Clay: 16.0% → 7.8% (-8.2 pts)
- Worth: 18.4% → 12.5% (-5.9 pts)

Biggest increases (worse):

- Webster: 8.2% → 21.5% (+13.3 pts)
- Baker: 11.6% → 19.0% (+7.5 pts)
- Marion: 10.7% → 17.3% (+6.6 pts)

Housing cost burden (30%+ of income spent on housing; lower is better)

Biggest improvements:

- Quitman: 35.8% → 14.5% (-21.2 pts)
- Baker: 24.7% → 16.5% (-8.2 pts)
- Clay: 30.8% → 22.7% (-8.1 pts)

Biggest worsening:

- Randolph: 27.4% → 37.2% (+9.8 pts)
- Schley: 23.1% → 32.5% (+9.5 pts)

Bachelor's degree or higher (share of adults 25+; higher is better)

Largest increases:

- Clay: 12.5% → 23.4% (+10.9 pts)
- Schley: 13.3% → 22.2% (+8.9 pts)
- Lee: 25.4% → 34.1% (+8.7 pts)

Largest decreases:

- Webster: 14.7% → 8.9% (-5.8 pts)
- Seminole: 16.2% → 13.4% (-2.8 pts)
- Thomas: 24.7% → 22.7% (-2.0 pts)

■ Population – Demographics

This section contains current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for the Southwest Georgia service area (CSBG Org Std 3.2).

This Section includes key findings on the causes and conditions of poverty. (CSBG Org Std 3.4)

The Agency's primary service area fourteen (14) -county region's total population, race/ethnicity breakdown, and population living below the poverty level according to the most recent available Census/ACS-style measures for each county using ACS 2020–2024 (5-year estimates).

Total residents (14-county total) 348,277 residents

Racial and ethnic composition (14-county total)

These categories sum to the total population. "Hispanic or Latino" is an ethnicity (any race); the race groups shown are "Not Hispanic or Latino."

Group	People	Share of total
White (Not Hispanic/Latino)	164,312	47.2%
Black (Not Hispanic/Latino)	147,101	42.2%
Hispanic or Latino (any race)	23,594	6.8%
Two or more races (Not Hispanic/Latino)	8,635	2.5%
Asian (Not Hispanic/Latino)	2,982	0.9%
Single race "Other" (Not Hispanic/Latino)	1,115	0.3%
American Indian (Not Hispanic/Latino)	449	0.1%
Native Hawaiian/Other Pacific Islander (Not Hispanic/Latino)	89	~0.0%

Population below the poverty level (14-county total) 71,317 people live below the poverty level.

For context, that's about 21.2% of the population for whom poverty status is determined (71,317 out of 337,014).

Below is a county-by-county breakout for our 14-county area (Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth), using U.S. Census Bureau ACS 2020–2024 (5-year estimates).

Population + poverty (county-by-county)

Poverty rate shown is People below poverty / Population for whom poverty status is determined (ACS poverty universe).

County	Total residents	People below poverty	Poverty rate
Baker	2,790	733	26.3%
Calhoun	5,498	864	22.8%
Colquitt	46,224	10,439	22.9%
Decatur	29,195	6,190	22.0%
Dougherty	83,091	19,933	25.0%
Early	10,603	2,476	23.6%
Grady	26,108	5,246	20.3%
Lee	33,626	1,834	5.7%
Miller	5,850	1,354	23.8%
Mitchell	21,058	4,587	23.4%
Seminole	9,156	1,815	20.1%
Terrell	8,850	2,846	33.3%
Thomas	45,777	8,131	18.0%
Worth	20,451	4,869	24.0%
Total (14-county)	348,277	71,317	21.2%

Race/ethnicity composition (county-by-county)

Race categories shown are Not Hispanic/Latino; Hispanic/Latino is an ethnicity (any race). “Other (NH)” combines: American Indian, Asian, NH/PI, “other race,” and two-or-more races (all Not Hispanic/Latino).

County	White (NH)	Black (NH)	Hispanic/Latino	Other (NH)
Baker	1,421 (50.9%)	1,028 (36.8%)	118 (4.2%)	223 (8.0%)
Calhoun	1,800 (32.7%)	3,209 (58.4%)	303 (5.5%)	186 (3.4%)
Colquitt	24,715 (53.5%)	10,542 (22.8%)	9,617 (20.8%)	1,350 (2.9%)
Decatur	14,161 (48.5%)	12,227 (41.9%)	2,067 (7.1%)	740 (2.5%)
Dougherty	18,959 (22.8%)	58,321 (70.2%)	2,710 (3.3%)	3,101 (3.7%)
Early	4,357 (41.1%)	5,641 (53.2%)	67 (0.6%)	538 (5.1%)
Grady	14,623 (56.0%)	7,530 (28.8%)	3,484 (13.3%)	471 (1.8%)
Lee	22,301 (66.3%)	7,980 (23.7%)	1,131 (3.4%)	2,214 (6.6%)
Miller	3,796 (64.9%)	1,648 (28.2%)	194 (3.3%)	212 (3.6%)
Mitchell	9,639 (45.8%)	9,483 (45.0%)	1,098 (5.2%)	838 (4.0%)
Seminole	5,664 (61.9%)	3,063 (33.5%)	284 (3.1%)	145 (1.6%)
Terrell	3,245 (36.7%)	5,302 (59.9%)	234 (2.6%)	69 (0.8%)

County	White (NH)	Black (NH)	Hispanic/Latino	Other (NH)
Thomas	26,092 (57.0%)	15,995 (34.9%)	1,792 (3.9%)	1,898 (4.1%)
Worth	13,539 (66.2%)	5,132 (25.1%)	495 (2.4%)	1,285 (6.3%)
Total (14-county)	164,312 (47.2%)	147,101 (42.2%)	23,594 (6.8%)	13,270 (3.8%)

The ACS 2020–2024 (5-year) data shows **Total population: 348,277**

Sex (counts)

- **Male: 168,316 (48.3%)**
- **Female: 179,961 (51.7%)**

Geography	Total Population	Total Male Population	Total Female Population
Baker County, GA	2,790	1,322 (47.4%)	1,468 (52.6%)
Calhoun County, GA	5,498	3,426 (62.3%)	2,072 (37.7%)
Colquitt County, GA	46,224	23,256 (50.3%)	22,968 (49.7%)
Decatur County, GA	29,195	13,990 (47.9%)	15,205 (52.1%)
Dougherty County, GA	83,091	38,018 (45.8%)	45,073 (54.2%)
Early County, GA	10,603	5,049 (47.6%)	5,554 (52.4%)
Grady County, GA	26,108	12,857 (49.2%)	13,251 (50.8%)
Lee County, GA	33,626	16,782 (49.9%)	16,844 (50.1%)
Miller County, GA	5,850	2,793 (47.7%)	3,057 (52.3%)
Mitchell County, GA	21,058	10,609 (50.4%)	10,449 (49.6%)
Seminole County, GA	9,156	4,336 (47.4%)	4,820 (52.6%)
Terrell County, GA	8,850	4,434 (50.1%)	4,416 (49.9%)
Thomas County, GA	45,777	21,686 (47.4%)	24,091 (52.6%)
Worth County, GA	20,451	9,758 (47.7%)	10,693 (52.3%)

Age (13 groups, counts | share of total)

- Under 5: **21,116 (6.1%)**
- 5–9: **22,983 (6.6%)**
- 10–14: **24,018 (6.9%)**
- 15–19: **23,736 (6.8%)**
- 20–24: **21,881 (6.3%)**
- 25–34: **42,441 (12.2%)**
- 35–44: **43,752 (12.6%)**
- 45–54: **41,508 (11.9%)**
- 55–59: **21,860 (6.3%)**
- 60–64: **22,330 (6.4%)**
- 65–74: **37,477 (10.8%)**
- 75–84: **18,603 (5.3%)**
- 85+: **6,572 (1.9%)**

Geography	Total Population	Age Under 5	Age 5 to 9	Age 10 to 14	Age 15 to 19	Age 20 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 59	Age 60 to 64	Age 65 to 74	Age 75 to 84	Age Over 85
Baker County	2,790	61	154	203	111	121	334	236	460	176	175	524	190	45
		2.2%	5.5%	7.3%	4.0%	4.3%	12.0%	8.5%	16.5%	6.3%	6.3%	18.8%	6.8%	1.6%
Calhoun County	5,498	227	198	249	291	355	911	1,020	632	351	312	577	286	89
		4.1%	3.6%	4.5%	5.3%	6.5%	16.6%	18.6%	11.5%	6.4%	5.7%	10.5%	5.2%	1.6%
Colquitt County	46,224	3,056	3,354	3,277	3,321	3,023	5,668	6,056	5,632	2,497	2,892	4,486	2,379	583
		6.6%	7.3%	7.1%	7.2%	6.5%	12.3%	13.1%	12.2%	5.4%	6.3%	9.7%	5.1%	1.3%
Decatur County	29,195	1,954	1,798	2,098	1,831	1,992	3,781	3,411	3,488	1,708	2,137	2,914	1,453	630
		6.7%	6.2%	7.2%	6.3%	6.8%	13.0%	11.7%	11.9%	5.9%	7.3%	10.0%	5.0%	2.2%
Dougherty County	83,091	5,396	5,791	5,389	6,210	5,890	11,151	9,562	9,163	4,895	5,201	8,858	4,105	1,480
		6.5%	7.0%	6.5%	7.5%	7.1%	13.4%	11.5%	11.0%	5.9%	6.3%	10.7%	4.9%	1.8%
Early County	10,603	646	743	725	836	593	893	1,408	1,232	875	542	1,159	699	252
		6.1%	7.0%	6.8%	7.9%	5.6%	8.4%	13.3%	11.6%	8.3%	5.1%	10.9%	6.6%	2.4%
Grady County	26,108	1,599	1,810	1,766	1,774	1,481	3,021	3,230	3,129	1,858	1,491	3,008	1,285	656
		6.1%	6.9%	6.8%	6.8%	5.7%	11.6%	12.4%	12.0%	7.1%	5.7%	11.5%	4.9%	2.5%
Lee County	33,626	1,963	2,079	2,746	2,683	2,025	3,881	5,127	4,536	1,746	2,183	2,903	1,311	443
		5.8%	6.2%	8.2%	8.0%	6.0%	11.5%	15.2%	13.5%	5.2%	6.5%	8.6%	3.9%	1.3%
Miller County	5,850	249	210	636	339	282	557	778	655	446	380	699	378	241
		4.3%	3.6%	10.9%	5.8%	4.8%	9.5%	13.3%	11.2%	7.6%	6.5%	11.9%	6.5%	4.1%
Mitchell County	21,058	1,215	1,276	1,489	1,242	1,476	2,244	2,828	2,600	1,212	1,553	2,319	1,249	355
		5.8%	6.1%	7.1%	5.9%	7.0%	10.7%	13.4%	12.3%	5.8%	7.4%	11.0%	5.9%	1.7%
Seminole County	9,156	460	431	588	513	347	1,111	1,038	1,082	743	486	1,366	842	149
		5.0%	4.7%	6.4%	5.6%	3.8%	12.1%	11.3%	11.8%	8.1%	5.3%	14.9%	9.2%	1.6%
Terrell County	8,850	463	614	681	469	449	1,117	971	991	716	529	1,078	578	194
		5.2%	6.9%	7.7%	5.3%	5.1%	12.6%	11.0%	11.2%	8.1%	6.0%	12.2%	6.5%	2.2%
Thomas County	45,777	2,690	3,164	2,951	3,038	2,663	5,333	5,758	5,294	3,078	3,088	5,149	2,771	800
		5.9%	6.9%	6.4%	6.6%	5.8%	11.6%	12.6%	11.6%	6.7%	6.7%	11.2%	6.1%	1.7%
Worth County	20,451	1,137	1,361	1,220	1,078	1,184	2,439	2,329	2,614	1,559	1,361	2,437	1,077	655
		5.6%	6.7%	6.0%	5.3%	5.8%	11.9%	11.4%	12.8%	7.6%	6.7%	11.9%	5.3%	3.2%

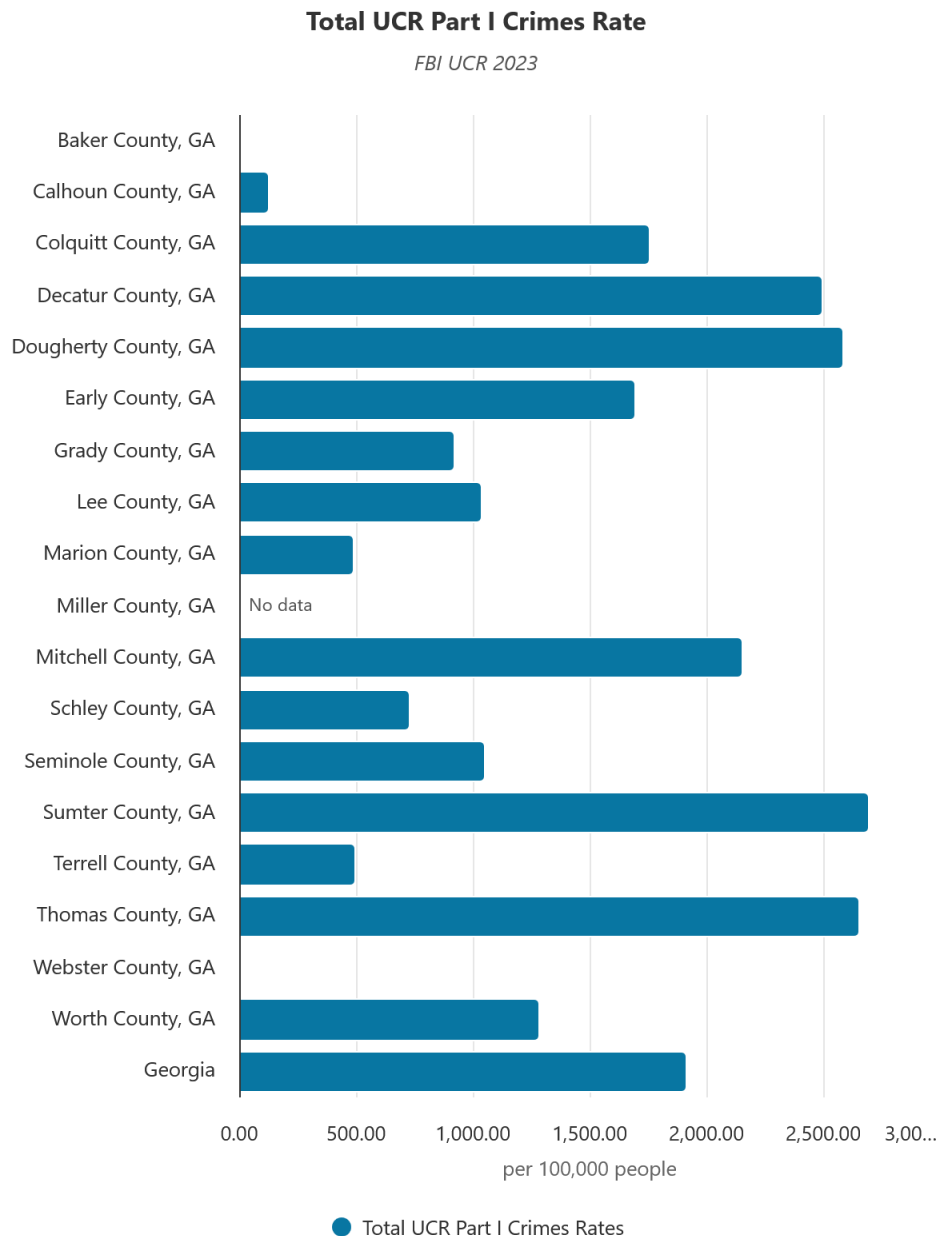
Poverty (ACS poverty universe)

- People below poverty: **71,317**
- Poverty rate: **21.2%** (71,317 out of 337,014 people with poverty status determined)

County highlights (poverty rate)

- Highest: **Terrell County (33.3%)**
- Lowest: **Lee County (5.7%)**

Total index crime rate (FBI Uniform Crime Reports (UCR), 2023; per 100,000 people)
The chart shows wide variation across the counties relative to **Georgia (1,911 per 100,000)**.



Highest in the service area (2023):

- **Sumter County: 2,698**
- **Thomas County: 2,654**
- **Dougherty County: 2,588**
- **Decatur County: 2,494**
- **Mitchell County: 2,151**

Lowest (non-zero) in the service area (2023):

- **Calhoun County:** 127
- **Marion County:** 493
- **Terrell County:** 497
- **Schley County:** 731

Data gaps to note (2023):

- **Miller County:** missing value
- **Baker County and Webster County:** shown as **0** (this can reflect *no reported incidents* or *reporting/suppression issues*)

Juvenile At-Risk Population (0-16)

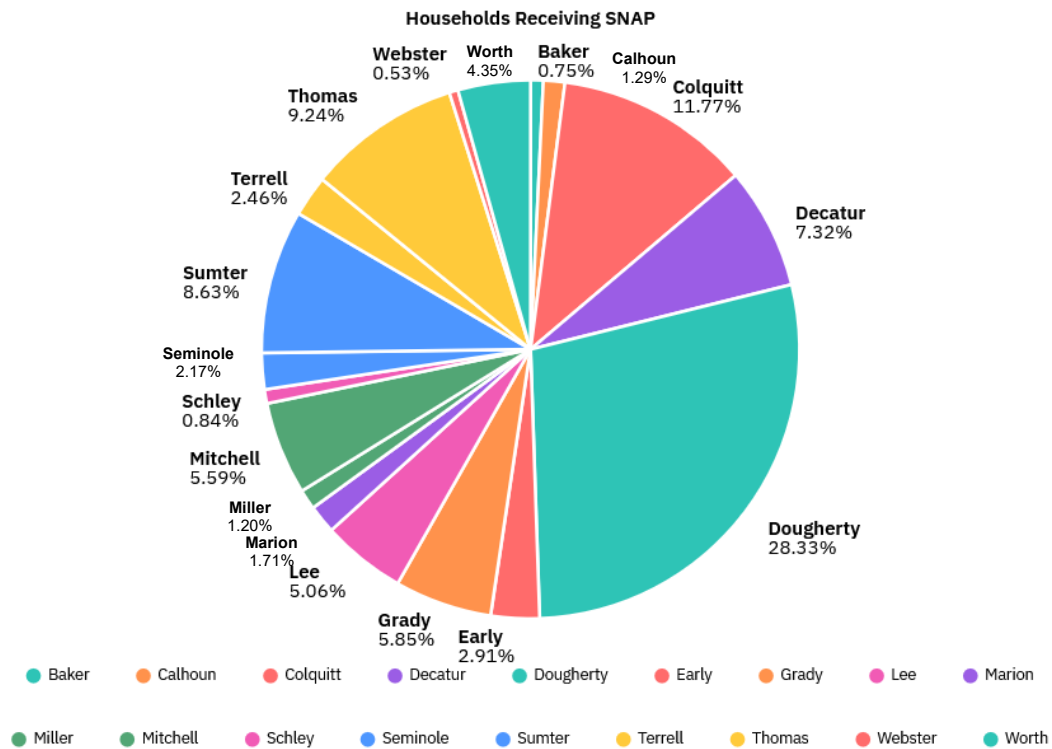
Location	2025 At-Risk Population	2025 Juvenile Total Offenses	2025 Juvenile Commitments
Baker	229	5	0
Calhoun	471	12	0
Colquitt	10,787	374	3
Decatur	5,724	154	0
Dougherty	17,365	509	94
Early	1,847	33	0
Grady	5,632	85	1
Lee	7,195	108	0
Marion	1,337	42	0
Miller	913	6	0
Mitchell	4,249	159	1
Schley	928	11	0
Seminole	1,406	10	0
Sumter	6,180	195	19
Terrell	1,479	25	0
Thomas	9,490	221	28
Webster	102	26	2
Worth	3,903	45	0
Georgia	2,216,573	28,938	2,225

HOUSEHOLDS RECEIVING BENEFITS

Households with children receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) (Number)

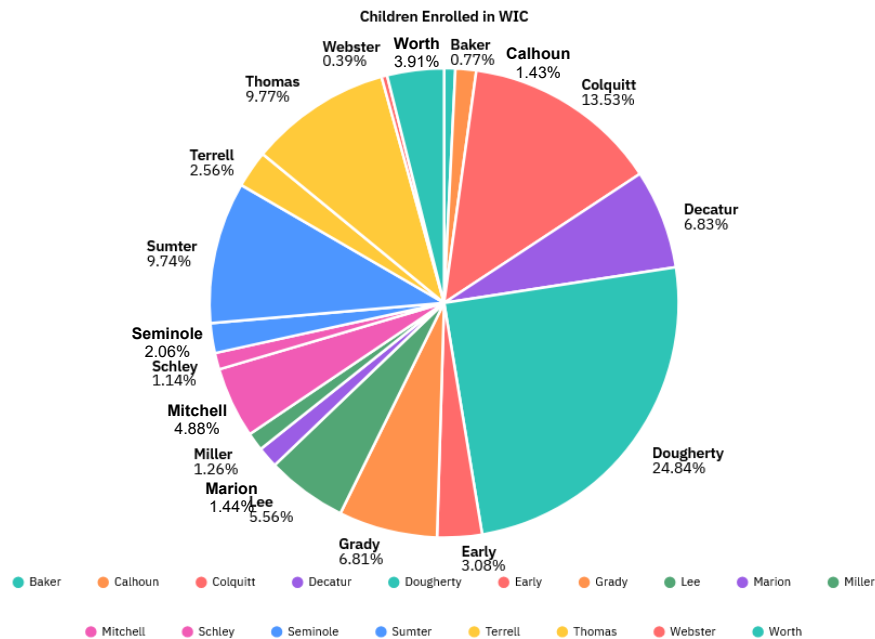
Location	2019	2021	2022	2023	2024
Georgia	282,541	450,710	420,166	429,049	417,226
Baker	124	170	165	163	176
Calhoun	263	303	289	294	305
Colquitt	1,933	2,757	2,550	2,684	2,774
Decatur	1,605	1,838	1,726	1,764	1,727
Dougherty	5,376	7,200	6,816	6,909	6,680
Early	615	778	733	734	686
Grady	928	1,375	1,322	1,367	1,379

Location	2019	2021	2022	2023	2024
Lee	879	1,360	1,216	1,213	1,194
Marion	306	436	397	403	404
Miller	245	325	304	291	283
Mitchell	1,063	1,437	1,327	1,361	1,318
Schley	139	234	208	203	197
Seminole	396	564	524	525	512
Sumter	1,731	2,165	2,031	2,097	2,034
Terrell	555	622	570	580	580
Thomas	1,805	2,397	2,147	2,160	2,179
Webster	106	118	122	120	125
Worth	817	1,130	1,061	1,086	1,025



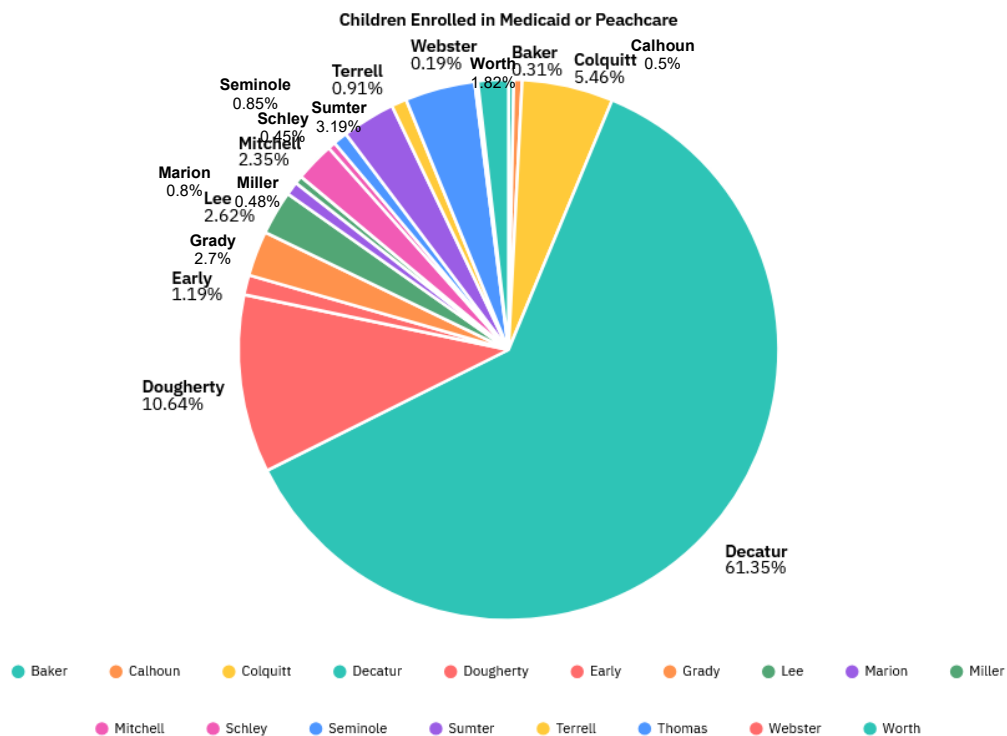
Children enrolled in the Women, Infants, and Children Program (WIC), ages birth to 4 (Number)

Location	2019	2021	2023	2024
Georgia	199,862	209,313	150,815	198,429
Baker	89	86	74	90
Calhoun	142	159	105	167
Colquitt	1,393	1,661	1,303	1,579
Decatur	836	925	645	797
Dougherty	2,324	2,649	2,018	2,898
Early	344	379	351	359
Grady	842	1,001	793	795
Lee	545	623	478	649
Marion	267	256	199	168
Miller	139	142	116	147
Mitchell	549	672	498	569
Schley	140	138	109	133
Seminole	172	247	200	240
Sumter	1,154	1,145	905	1,137
Terrell	290	267	259	299
Thomas	952	1,051	845	1,140
Webster	75	74	50	46
Worth	423	514	462	456



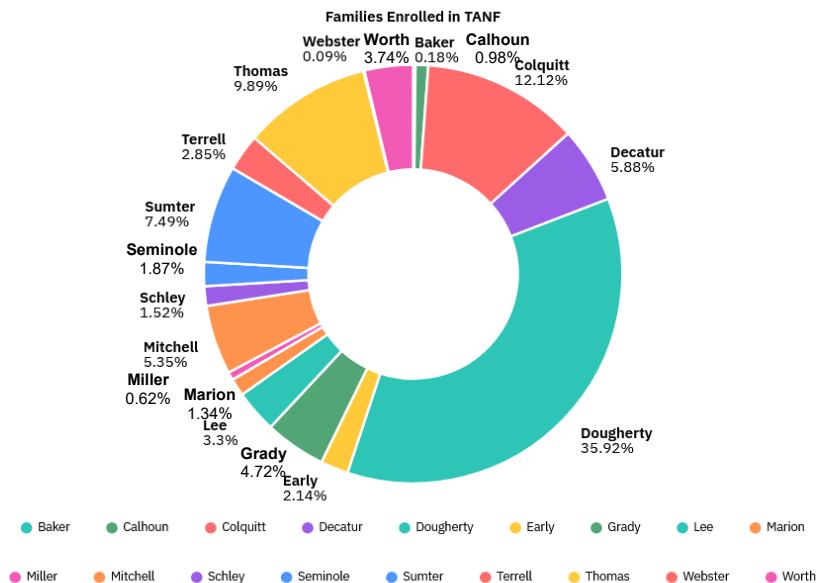
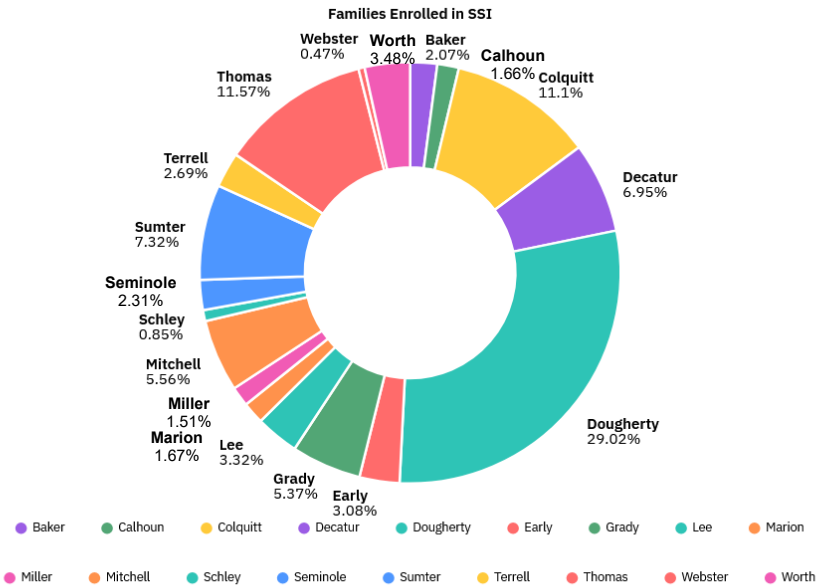
Children enrolled in Medicaid or Peachcare (Number)

Location	2019	2021	2022	2023	2024
Georgia	1,332,766	1,359,953	1,547,098	1,590,369	1,423,353
Baker	448	455	494	548	509
Calhoun	951	843	870	877	828
Colquitt	8,954	8,881	9,610	9,768	8,982
Decatur	5,574	5,286	5,693	110,533	100,934
Dougherty	17,258	17,443	18,397	18,411	17,501
Early	2,025	1,970	2,101	2,107	1,964
Grady	4,297	4,252	4,762	4,867	4,438
Lee	3,921	3,742	4,480	4,832	4,315
Marion	1,241	1,206	1,278	1,396	1,322
Miller	849	794	851	878	783
Mitchell	3,927	3,906	4,067	4,086	3,867
Schley	735	705	826	810	733
Seminole	1,475	1,447	1,547	1,569	1,404
Sumter	5,300	5,137	5,519	5,530	5,254
Terrell	1,719	1,608	1,655	1,597	1,502
Thomas	7,274	6,926	7,571	7,479	6,883
Webster	354	315	333	343	318
Worth	2,890	2,955	3,216	3,236	2,987



Families Enrolled in TANF and SSI (Number)

Location	2025 SSI	2021 TANF
Georgia	241,467	15,834
Baker	338	2
Calhoun	271	11
Colquitt	1811	136
Decatur	1133	66
Dougherty	4733	403
Early	503	24
Grady	875	53
Lee	541	37
Marion	273	15
Miller	246	7
Mitchell	907	60
Schley	139	17
Seminole	376	21
Sumter	1194	84
Terrell	429	32
Thomas	1887	111
Webster	76	1
Worth	567	42



Low birth-weight babies (Number & Percent)

Location	2022	2023	2024
Georgia	10.6%	10.2%	10.3%
	13,324	12,732	12,980
Baker	S	S	18.2%
	4	0	6
Calhoun	11.9%	16.7%	12.2%
	5	8	5
Colquitt	11.0%	11.8%	11.9%
	69	75	73
Decatur	11.8%	15.3%	13.1%
	39	48	47
Dougherty	15.6%	11.2%	15.2%
	160	115	157
Early	21.6%	17.9%	16.8%
	24	22	17
Grady	8.4%	9.3%	10.0%
	25	29	30
Lee	8.9%	11.0%	9.7%
	28	39	33
Marion	6.3%	6.3%	7.2%
	5	5	5
Miller	13.8%	9.8%	7.7%
	8	5	5
Mitchell	16.5%	14.1%	10.4%
	38	33	23
Schley	13.6%	S	S
	6	3	4
Seminole	7.1%	7.3%	7.2%
	6	7	8
Sumter	10.4%	12.2%	18.3%
	36	42	63
Terrell	11.7%	12.0%	13.3%
	11	12	11
Thomas	11.0%	9.5%	12.6%
	56	52	65
Webster	S	16.2%	S
	1	6	0

Location	2022	2023	2024
Worth	12.9%	10.0%	11.3%
	29	22	22

Teen pregnancies and births, ages 15 to 17 (per 1,000) (Number & Rate per 1,000)

Location	2022 P	2022 B	2023 P	2023 B	2024 P	2024 B
Georgia	9.8	16.6	9.7	16.5	9.1	15.9
	2,167	6111	2,186	6238	2,080	6085
Baker	S	S	S	S	S	S
	0	2	1	2	0	1
Calhoun	S	S	S	69.0	S	S
	0	1	2	8	1	3
Colquitt	22.5	37.4	22.9	42.9	9.8	31.3
	22	56	23	66	10	49
Decatur	S	17.1	17.0	32.8	16.8	27.1
	4	16	10	31	10	26
Dougherty	21.3	27.9	19.1	23.3	17.0	26.5
	32	88	30	77	27	89
Early	S	26.5	S	23.0	S	14.9
	2	9	4	8	1	5
Grady	17.4	37.0	13.8	34.4	13.9	33.7
	10	32	8	30	8	29
Lee	S	10.2	10.2	15.1	11.3	19.1
	3	12	8	18	9	23
Marion	S	S	S	26.8	S	32.5
	3	4	2	6	3	8
Miller	S	25.8	S	S	S	S
	0	5	1	2	2	4
Mitchell	27.3	29.2	27.3	38.6	32.6	39.7
	10	18	10	24	12	25
Schley	S	S	S	S	S	30.5
	1	4	2	3	1	5
Seminole	S	23.3	S	39.7	S	46.6
	2	6	2	10	3	11
Sumter	18.9	17.3	11.6	29.0	20.2	27.1
	11	20	7	35	13	35
Terrell	S	19.1	28.7	32.4	33.7	42.9

Location	2022 P	2022 B	2023 P	2023 B	2024 P	2024 B
	4	5	5	9	6	12
Thomas	5.4	23.7	7.5	18.0	12.8	30.1
	5	35	7	27	12	45
Webster	S	S	S	87.7	S	S
	0	4	4	5	0	1
Worth	S	26.7	S	28.2	15.4	19.3
	3	17	3	18	6	12

Babies born to mothers with less than 12 years of education (Number & Percent)

Location	2022	2023	2024
Georgia	13,860	13,567	14,117
	11.0%	10.9%	11.2%
Baker	4	2	5
	S	S	15.2%
Calhoun	2	3	8
	S	S	19.5%
Colquitt	130	175	146
	21.1%	27.8%	23.9%
Decatur	38	37	43
	11.5%	11.8%	12.0%
Dougherty	161	148	154
	15.7%	14.5%	15.0%
Early	16	15	12
	14.4%	12.3%	11.9%
Grady	84	84	80
	28.3%	27.0%	26.8%
Lee	17	28	23
	5.4%	7.9%	6.7%
Marion	11	12	16
	13.8%	15.2%	23.2%
Miller	4	2	8
	S	S	12.3%
Mitchell	39	33	38
	16.9%	14.1%	17.2%
Schley	5	6	2
	11.4%	12.0%	S

Location	2022	2023	2024
Seminole	13	17	13
	15.3%	17.7%	11.7%
Sumter	45	62	54
	13.0%	18.0%	15.7%
Terrell	11	15	15
	11.7%	15.0%	18.1%
Thomas	61	80	61
	12.0%	14.8%	11.9%
Webster	3	7	2
	S	18.9%	S
Worth	25	29	18
	11.2%	13.2%	9.3%

■ Housing

The total housing units for the 18 Georgia counties served from the US Census Bureau, ACS 2020–2024 (5-year estimates).

Total housing units (ACS 2020–2024)

County	Total housing units
<i>Baker County, GA</i>	<i>1,380</i>
<i>Calhoun County, GA</i>	<i>2,030</i>
<i>Colquitt County, GA</i>	<i>19,401</i>
<i>Decatur County, GA</i>	<i>13,215</i>
<i>Dougherty County, GA</i>	<i>40,653</i>
<i>Early County, GA</i>	<i>4,956</i>
<i>Grady County, GA</i>	<i>11,645</i>
<i>Lee County, GA</i>	<i>13,012</i>
<i>Marion County, GA</i>	<i>3,544</i>
<i>Miller County, GA</i>	<i>2,856</i>
<i>Mitchell County, GA</i>	<i>9,028</i>
<i>Schley County, GA</i>	<i>1,886</i>
<i>Seminole County, GA</i>	<i>5,081</i>
<i>Sumter County, GA</i>	<i>13,514</i>
<i>Terrell County, GA</i>	<i>4,252</i>
<i>Thomas County, GA</i>	<i>21,130</i>
<i>Webster County, GA</i>	<i>1,143</i>
<i>Worth County, GA</i>	<i>9,326</i>

The largest total in this set is Dougherty (40,653), followed by Thomas (21,130) and Colquitt (19,401). The smallest are Webster (1,143) and Baker (1,380).

Three supplements for these counties: (1) occupied vs. vacant units, (2) totals over time (2010, 2020, and 2020–2024), and (3) housing units per capita (with population shown for reference). All are from the US Census Bureau (Decennial Census + ACS 5-year).

1) Vacancy (ACS 2020–2024)

The vacancy table shows total, occupied, and vacant housing units, plus vacant units as a share of all housing units.

Highest vacancy rates (ACS 2020–2024):

- Webster: ~26.3%
- Seminole: ~25.9%
- Calhoun: ~21.5%
- Terrell: ~20.4%
- Baker / Decatur: ~19.7% / ~19.6%

Lowest vacancy rate:

- Lee: ~5.6% (much lower than the rest of the group)

2) Change over time (Total housing units)

Using 2010 Decennial Census → 2020 Decennial Census → ACS 2020–2024, the biggest shifts are:

Largest growth since 2010 (to ACS 2020–2024):

- Lee: 10,279 → 13,012 (+26.6%)

Largest declines since 2010 (to ACS 2020–2024):

- Webster: 1,526 → 1,143 (–25.1%)
- Baker: 1,652 → 1,380 (–16.5%)
- Calhoun: 2,409 → 2,030 (–15.7%)
- Marion: 4,153 → 3,544 (–14.7%)
- Schley: 2,208 → 1,886 (–14.6%)

3) Per-capita comparison (ACS 2020–2024)

Housing units per 1,000 residents (from the “per capita” output):

Highest housing units per 1,000 residents:

- Seminole: ~555 per 1,000
- Baker: ~495 per 1,000
- Dougherty: ~489 per 1,000
- Miller: ~488 per 1,000

Lowest housing units per 1,000 residents:

- Calhoun: ~369 per 1,000
- Lee: ~387 per 1,000

This per-capita view can help flag places where housing stock is relatively “high” compared to population (sometimes tied to second homes, seasonal use, out-migration, or higher vacancy).

Owner vs Renter Occupied

Below is the owner-occupied vs. renter-occupied housing units for each county using ACS 2020–2024 (5-year estimates)

<i>County</i>	<i>Owner-occupied</i>	<i>Renter-occupied</i>	<i>Total occupied</i>
<i>Baker</i>	850	258	1,108
<i>Calhoun</i>	947	646	1,593
<i>Colquitt</i>	10,708	6,095	16,803
<i>Decatur</i>	6,598	4,023	10,621
<i>Dougherty</i>	15,538	18,742	34,280
<i>Early</i>	2,741	1,373	4,114
<i>Grady</i>	6,682	3,426	10,108
<i>Lee</i>	9,112	3,175	12,287
<i>Marion</i>	2,339	627	2,966
<i>Miller</i>	1,813	760	2,573
<i>Mitchell</i>	5,092	2,721	7,813
<i>Schley</i>	1,312	327	1,639
<i>Seminole</i>	3,021	746	3,767
<i>Sumter</i>	6,220	4,766	10,986
<i>Terrell</i>	2,084	1,299	3,383
<i>Thomas</i>	11,915	6,769	18,684
<i>Webster</i>	649	194	843
<i>Worth</i>	5,704	2,035	7,739

Key differences that stand out:

- Most renter-heavy:
 - Dougherty: 54.7% renter / 45.3% owner (the only county where renters are the majority)
- Highest renter shares after Dougherty:
 - Sumter: 43.4% renter
 - Calhoun: 40.6% renter
 - Terrell: 38.4% renter
 - Decatur: 37.9% renter
- Most owner-heavy:
 - Seminole: 80.2% owner
 - Schley: 80.1% owner
 - Marion: 78.9% owner
 - Webster: 77.0% owner

Owner % + Renter % = Occupied % of total housing units
100% – Occupied % = Vacancy %

<i>County</i>	<i>Owner-occupied (% of total units)</i>	<i>Renter-occupied (% of total units)</i>	<i>Occupied total (%)</i>
<i>Baker</i>	61.6%	18.7%	80.3%
<i>Calhoun</i>	46.7%	31.8%	78.5%
<i>Colquitt</i>	55.2%	31.4%	86.6%
<i>Decatur</i>	49.9%	30.4%	80.4%
<i>Dougherty</i>	38.2%	46.1%	84.3%
<i>Early</i>	55.3%	27.7%	83.0%
<i>Grady</i>	57.4%	29.4%	86.8%
<i>Lee</i>	70.0%	24.4%	94.4%
<i>Marion</i>	66.0%	17.7%	83.7%
<i>Miller</i>	63.5%	26.6%	90.1%
<i>Mitchell</i>	56.4%	30.1%	86.5%
<i>Schley</i>	69.6%	17.3%	86.9%
<i>Seminole</i>	59.5%	14.7%	74.1%
<i>Sumter</i>	46.0%	35.3%	81.3%
<i>Terrell</i>	49.0%	30.6%	79.6%
<i>Thomas</i>	56.4%	32.0%	88.4%
<i>Webster</i>	56.8%	17.0%	73.8%
<i>Worth</i>	61.2%	21.8%	82.9%

Notable pattern: Dougherty County stands out with the largest renter-occupied share of total housing units (46.1%), while Lee County stands out with the largest owner-occupied share (70.0%) and the highest overall occupied share (94.4%).

Here is the vacancy context alongside owner-occupied and renter-occupied shares—each as a share of all housing units (ACS 2020–2024).

<i>County</i>	<i>Owner-occupied %</i>	<i>Renter-occupied %</i>	<i>Vacant %</i>
<i>Baker</i>	61.6%	18.7%	19.7%
<i>Calhoun</i>	46.7%	31.8%	21.5%
<i>Colquitt</i>	55.2%	31.4%	13.4%
<i>Decatur</i>	49.9%	30.4%	19.6%
<i>Dougherty</i>	38.2%	46.1%	15.7%
<i>Early</i>	55.3%	27.7%	17.0%
<i>Grady</i>	57.4%	29.4%	13.2%
<i>Lee</i>	70.0%	24.4%	5.6%
<i>Marion</i>	66.0%	17.7%	16.3%
<i>Miller</i>	63.5%	26.6%	9.9%

<i>County</i>	<i>Owner-occupied %</i>	<i>Renter-occupied %</i>	<i>Vacant %</i>
<i>Mitchell</i>	56.4%	30.1%	13.5%
<i>Schley</i>	69.6%	17.3%	13.1%
<i>Seminole</i>	59.5%	14.7%	25.9%
<i>Sumter</i>	46.0%	35.3%	18.7%
<i>Terrell</i>	49.0%	30.6%	20.4%
<i>Thomas</i>	56.4%	32.0%	11.6%
<i>Webster</i>	56.8%	17.0%	26.3%
<i>Worth</i>	61.2%	21.8%	17.0%

What stands out

- Highest vacancy: Webster (26.3%) and Seminole (25.9%)
- Lowest vacancy: Lee (5.6%)
- Most renter-heavy overall (as % of all units): Dougherty (46.1% renter-occupied)

Affordable Housing

HUD Fair Market Rent (FMR) for a 2-bedroom unit for the most recent available period (2026) for each of the 18 counties the Agency serves (these are monthly dollars and represent gross rent including utilities, at about the 40th percentile of rents).

2BR Fair Market Rent (2026)

- Baker County, GA: \$973
- Calhoun County, GA: \$973
- Colquitt County, GA: \$973
- Decatur County, GA: \$973
- Dougherty County, GA: \$1,129
- Early County, GA: \$973
- Grady County, GA: \$973
- Lee County, GA: \$1,129
- Marion County, GA: \$1,088
- Miller County, GA: \$973
- Mitchell County, GA: \$973
- Schley County, GA: \$973
- Seminole County, GA: \$973
- Sumter County, GA: \$1,088
- Terrell County, GA: \$1,129
- Thomas County, GA: \$1,149
- Webster County, GA: \$973
- Worth County, GA: \$1,129

Source: HUD HOME – Rent and Income Limits (Fair Market Rents).

Below is the **2016–2026 trend in 2-bedroom Fair Market Rent (FMR)** for the same set of counties.

2016–2026 HUD Fair Market Rent (FMR) time series for 2-bedroom units for all 18 counties (monthly gross rent incl. utilities).

How 2BR FMR changed (2016 → 2026)

Largest increases (dollars and percent):

- **Sumter:** \$653 → \$1,088 (+\$435, +66.6%)
- **Thomas:** \$718 → \$1,149 (+\$431, +60.0%)
- **Dougherty / Lee / Terrell / Worth:** \$713 → \$1,129 (+\$416, +58.4%)

More moderate increases:

- **Baker:** \$713 → \$973 (+\$260, +36.5%) *lowest % increase in this set*
- **Marion:** \$777 → \$1,088 (+\$311, +40.0%) *(note: 2026 is slightly lower than 2025: \$1,108 → \$1,088)*

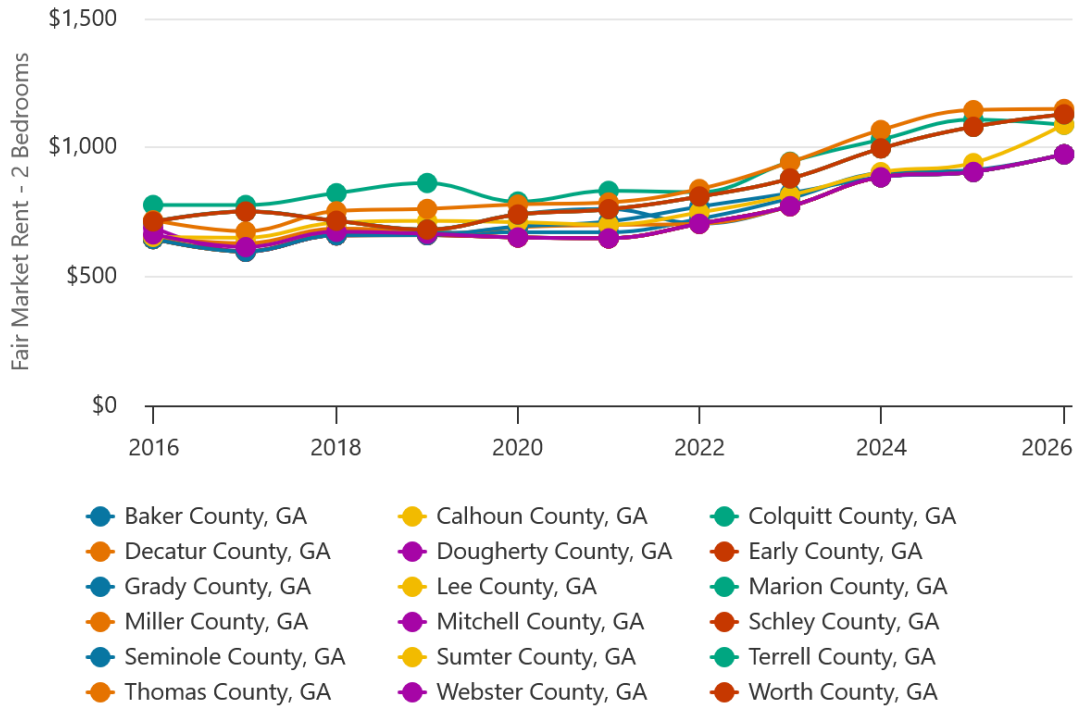
2016 and 2026 snapshot (same counties)

County	2016	2026	Change	% Change
Baker	713	973	+260	+36.5%
Calhoun	645	973	+328	+50.9%
Colquitt	645	973	+328	+50.9%
Decatur	651	973	+322	+49.5%
Dougherty	713	1,129	+416	+58.4%
Early	645	973	+328	+50.9%
Grady	645	973	+328	+50.9%
Lee	713	1,129	+416	+58.4%
Marion	777	1,088	+311	+40.0%
Miller	645	973	+328	+50.9%
Mitchell	689	973	+284	+41.2%
Schley	645	973	+328	+50.9%
Seminole	645	973	+328	+50.9%
Sumter	653	1,088	+435	+66.6%
Terrell	713	1,129	+416	+58.4%
Thomas	718	1,149	+431	+60.0%
Webster	663	973	+310	+46.8%
Worth	713	1,129	+416	+58.4%

Pattern worth noting

Across most counties, the **biggest step-up happens after 2022**, with especially strong increases into **2024–2026**. That's consistent with the broader period of faster rent growth nationally.

Fair Market Rent - 2 Bedrooms



Below are the results for **2026 2BR FMR (HUD)**, which is what was used in the prior list.

Annual income needed to afford 2BR FMR (2026)

County	2BR FMR (monthly)	Annual income needed (30% rule)
Baker	\$973	\$38,920
Calhoun	\$973	\$38,920
Colquitt	\$973	\$38,920
Decatur	\$973	\$38,920
Early	\$973	\$38,920
Grady	\$973	\$38,920
Miller	\$973	\$38,920
Mitchell	\$973	\$38,920
Schley	\$973	\$38,920
Seminole	\$973	\$38,920
Webster	\$973	\$38,920
Marion	\$1,088	\$43,520
Sumter	\$1,088	\$43,520
Dougherty	\$1,129	\$45,160
Lee	\$1,129	\$45,160
Terrell	\$1,129	\$45,160
Worth	\$1,129	\$45,160
Thomas	\$1,149	\$45,960

Below is the **annual income needed to afford 2BR Fair Market Rent (FMR)** for each year **2016–2026** in these counties (using the standard **30% of income** affordability rule).

Method:

Annual income needed = **(2BR FMR × 12) / 0.30 = 2BR FMR × 40** (gross annual household income)

Source for rent: **HUD HOME Fair Market Rents (2016–2026)**

County	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Baker	28,520	30,080	28,640	27,280	29,600	30,440	28,160	30,880	35,400	36,200	38,920
Calhoun	25,800	24,680	26,360	26,400	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Colquitt	25,800	23,840	26,360	26,400	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Decatur	26,040	25,120	27,400	26,960	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Dougherty	28,520	30,080	28,640	27,280	29,600	30,440	32,400	35,200	39,880	43,200	45,160
Early	25,800	23,840	26,360	26,400	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Grady	25,800	23,920	26,480	26,720	26,840	26,840	28,920	32,120	36,040	36,480	38,920
Lee	28,520	30,080	28,640	27,280	29,600	30,440	32,400	35,200	39,880	43,200	45,160
Marion	31,080	31,080	32,920	34,480	31,600	33,280	33,080	37,800	41,240	44,320	43,520
Miller	25,800	23,840	26,360	26,400	27,600	27,960	28,160	30,880	35,400	36,200	38,920
Mitchell	27,560	23,840	26,360	26,400	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Schley	25,800	23,840	26,360	26,400	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Seminole	25,800	23,840	26,360	26,400	27,720	28,520	30,800	32,920	35,400	36,200	38,920
Sumter	26,120	26,000	28,320	28,600	28,400	28,040	29,920	32,600	36,160	37,560	43,520
Terrell	28,520	30,080	28,640	27,280	29,600	30,440	32,400	35,200	39,880	43,200	45,160
Thomas	28,720	27,000	30,120	30,480	31,160	31,480	33,560	37,720	42,720	45,800	45,960
Webster	26,520	24,560	26,920	26,600	26,040	25,920	28,160	30,880	35,400	36,200	38,920
Worth	28,520	30,080	28,640	27,280	29,600	30,440	32,400	35,200	39,880	43,200	45,160

What stands out: the income needed rises sharply after **2022**, and by **2026** it ranges from about **\$38.9k** (many counties) up to about **\$46.0k** (Thomas).

Affordability gap vs. Median Household Income (MHI)

Source for income: U.S. Census ACS 5-year “Median Household Income (inflation-adjusted dollars)”

Method:

Available for these counties as **2015–2019** and **2020–2024** (not annual, and not yet through 2026).

Latest comparison: 2026 rent vs latest available income (2020–2024 ACS)

County	MHI (2020–2024)	Income needed (2026 FMR)	Gap (Needed – MHI)	Needed as % of MHI
Baker	46,012	38,920	-7,092	84.6%
Calhoun	46,940	38,920	-8,020	82.9%
Colquitt	49,341	38,920	-10,421	78.9%
Decatur	53,317	38,920	-14,397	73.0%

County	MHI (2020–2024)	Income needed (2026 FMR)	Gap (Needed – MHI)	Needed as % of MHI
Dougherty	49,044	45,160	-3,884	92.1%
Early	54,083	38,920	-15,163	72.0%
Grady	58,980	38,920	-20,060	66.0%
Lee	89,168	45,160	-44,008	50.7%
Marion	51,667	43,520	-8,147	84.2%
Miller	51,425	38,920	-12,505	75.7%
Mitchell	57,613	38,920	-18,693	67.6%
Schley	56,875	38,920	-17,955	68.4%
Seminole	49,495	38,920	-10,575	78.6%
Sumter	42,653	43,520	867	102.0%
Terrell	46,171	45,160	-1,011	97.8%
Thomas	60,736	45,960	-14,776	75.7%
Webster	46,792	38,920	-7,872	83.2%
Worth	58,694	45,160	-13,534	77.0%

Key takeaway: Using the most recent ACS income estimates, **Sumter County is the only county where the median household income is slightly below what’s needed to afford the 2026 2BR FMR at the 30% standard. Dougherty and Terrell are the closest “tight” cases (near the threshold).**

Earlier comparison: 2019 rent vs 2015–2019 income

When you compare 2019 FMR to 2015–2019 MHI, all counties’ median household income was above the income-needed threshold (by this benchmark). The “tightening” seen by 2026 is mostly coming from rents rising faster than incomes in a few places (especially Sumter).

Below are the annual income, full-time hourly wage, and hours/week at minimum wage needed to afford the 2026 2-bedroom Fair Market Rent (FMR) in each county.

Assumptions (standard affordability):

- Affordable rent = 30% of gross income
- Annual income needed = (monthly FMR × 12) / 0.30 = monthly FMR × 40
- “Hourly wage needed” assumes 40 hours/week, 52 weeks/year (2,080 hours)
- “Minimum wage” assumed = \$7.25/hour (federal and state minimum wage)

2BR FMR affordability (2026)

County	2BR FMR (mo)	Annual income needed	Hourly wage needed (40h/wk)	Hours/week @ \$7.25
Baker	\$973	\$38,920	\$18.71	103.2
Calhoun	\$973	\$38,920	\$18.71	103.2
Colquitt	\$973	\$38,920	\$18.71	103.2
Decatur	\$973	\$38,920	\$18.71	103.2
Early	\$973	\$38,920	\$18.71	103.2
Grady	\$973	\$38,920	\$18.71	103.2
Lee	\$1,129	\$45,160	\$21.71	119.8

County	2BR FMR (mo)	Annual income needed	Hourly wage needed (40h/wk)	Hours/week @ \$7.25
Dougherty	\$1,129	\$45,160	\$21.71	119.8
Marion	\$1,088	\$43,520	\$20.92	115.4
Miller	\$973	\$38,920	\$18.71	103.2
Mitchell	\$973	\$38,920	\$18.71	103.2
Schley	\$973	\$38,920	\$18.71	103.2
Seminole	\$973	\$38,920	\$18.71	103.2
Sumter	\$1,088	\$43,520	\$20.92	115.4
Terrell	\$1,129	\$45,160	\$21.71	119.8
Thomas	\$1,149	\$45,960	\$22.10	121.9
Webster	\$973	\$38,920	\$18.71	103.2
Worth	\$1,129	\$45,160	\$21.71	119.8

What this means in plain terms: at **\$7.25/hour**, it generally takes about **103–122 hours/week** (depending on the county’s FMR) to afford a 2BR at the 30% standard—well above a 40-hour work week.

■ Transportation

The availability of community services and public resources varies from county to county, with the more sparsely populated counties typically possessing fewer resources than the more populous counties. The result is that residents of sparsely populated counties must travel further distances – often to neighboring counties – to find employment and access post-secondary educational institutions, public health services, specialized medical services, and other such necessities. As a result, transportation issues are common concerns among low-income residents.

Region 10 Coordinated Transportation System Overview

DHS Coordinated Transportation System (CTS), Region 10

1. Program Overview

The Georgia Department of Human Services (DHS) Coordinated Transportation System (CTS) is a human service transportation system administered through the Transportation Services Section (TSS) within the Office of Facilities and Support Services. The CTS is designed to provide transportation services to eligible consumers served by DHS divisions and also supports consumers of partner agencies, including the Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Vocational Rehabilitation Agency (GVRA). In Region 10, the CTS supports mobility across a 14-county service area in Southwest Georgia. The Region 10 CTS is implemented through coordinated planning, contract management, monitoring, and provider oversight to improve access to essential services and community destinations.

2. Region 10 Service Area

Region 10 includes: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, and Worth counties.

The region includes a mix of population centers and rural communities. This geographic diversity requires a coordinated approach to ensure service coverage, efficient routing, and the ability to meet accessibility needs across long travel distances.

3. Region 10 Governance and Partnership Structure

Region 10 is organized through a collaborative structure designed to support both coordinated human service transportation and broader public access:

- DHS provides statewide direction and administers the CTS through TSS.
- DHS contracts with the Southwest Georgia Regional Commission (SWGRC) to plan, manage, and monitor the CTS throughout Region 10.
- SWGRC subcontracts with MIDS, Inc., Resource Management Systems, Destiny Group, and Thomas County Area Transit to support implementation and service delivery functions as defined in subcontract agreements.
- The Georgia Department of Transportation (GDOT) participates as a partner in the Region 10 collaborative, supporting alignment with public transportation planning and coordination.

This structure is intended to ensure clear accountability (through a prime contractor model) while enabling service delivery through a network of providers capable of meeting varied local needs.

4. Service Availability and Priority Policy

Region 10's collaborative model supports public transportation availability for the general public. At the same time, the CTS is designed to ensure that Division of Aging Services (DAS) clients receive priority service. This priority policy is essential to the CTS's human services mission and helps ensure that riders with the fewest transportation alternatives—particularly older adults—maintain access to critical trips such as medical care, nutrition services, and other essential activities.

5. Oversight, Monitoring, and Compliance

Oversight is maintained through a layered structure that includes statewide administration, regional program management, prime contract management, and provider compliance responsibilities.

Key components include:

- RTO-led provider monitoring and compliance within the region
- Contractual accountability through the prime contractor (SWGRC) and subcontractors
- Documentation and reporting expectations that support transparency and corrective action when needed
- Ongoing coordination efforts to reduce duplication and address service gaps

6. Regional Transportation Coordinating Committee (RTCC)

Each region has a Regional Transportation Coordinating Committee (RTCC). The RTCC's purpose is to:

- Establish regional policies and procedures
- Identify transportation needs and available funding
- Conduct the annual contract evaluation process and approve contractor renewals on a year-by-year basis

The RTCC is comprised of regional division managers, human service providers, and partner agency representatives. Members have a vested interest in the CTS and either receive services through the system or play an active role in transportation coordination, administration, or service oversight.

7. Regional Needs Context (Data-Informed)

Publicly available demographic indicators (Census ACS 2020–2024, 5-year) show meaningful variation across Region 10 in factors commonly associated with demand for coordinated transportation, including:

- Share of residents age 65+
- Share of residents with a disability
- Poverty prevalence
- Households with no vehicle available

This variation reinforces the need for a coordinated regional structure that can balance resources, maintain accessibility, and support reliable service delivery across both rural and more populated areas—while maintaining priority service for DAS clients.

8. Continuous Improvement and Annual Evaluation

Region 10's annual evaluation and renewal cycle, supported through the RTCC process, provides a structured mechanism to:

- Review contractor and provider performance
- Identify changing needs and gaps
- Adjust expectations or service strategies over time
- Support year-by-year accountability through contract renewal decisions

Other than the Coordinated Transportation System, the only publicly funded transit system in Region 10 is Albany Transit System (ATS). ATS provides fixed-route bus services for the general public, demand response service for eligible customers, and shared-ride, curb-to-curb paratransit services for individuals who meet requirements under the Americans with Disabilities Act (ADA). Services are available six days per week throughout the City of Albany, with operating hours Monday – Friday from 6:15 a.m. with the last run at 7:15 p.m. and Saturday from 6:15 a.m. with the last run at 2:15 p.m. All fixed-route buses are wheelchair accessible and are fully compliant with ADA requirements.

Ticket / Pass	Fee
Fixed Route 1 Ride Ticket or Regular Bus Fare	\$ 1.70
Fixed Route Fare - Child (ages 6-12)	\$ 0.50
Fixed Route Fare - Child (age 5 & under) <i>5 and under children must not be taller than the height of the farebox.</i>	Free
Fixed Route Fare - Senior / Disable	\$ 0.50
Paratransit Ticket	\$ 2.50
Paratransit Coupon Book (10-tickets)	\$25.00
Paratransit Monthly Pass (1mo. Unlimited)	\$90.00
Weekly Pass	\$12.00
Regular Monthly Pass	\$45.00
Student Monthly Pass	\$35.00
Senior / Disabled Monthly Pass	\$20.00

United Way of Colquitt County offers a no-cost ride service called **Ride United**. United Way requires 24-hour notice of client needing a ride and requires minimal information such as name, address, birth date, and phone number. United Way also requires the address where the client is to be picked up and the address for drop off. United Way of Colquitt County partners with RMS Transit to provide the rides. Call 229-985-2627 to schedule a ride.



Region 8 Coordinated Transportation System Overview

Like Region 10, the Region 8 Coordinated Transportation system provides transportation free of charge for eligible individuals to and from participating DHS programs and activities. Participating programs currently include DAS, and DFCS. Services can only be requested by authorized DHS organizations. Scheduled response services are provided 24 hours per day seven days per week. River Valley Regional Commission (RVRC) is the DHS contractor for Region 8 and provides DHS transportation services. RVRC subcontracts with Patula Transit System Serving Harris, Chattahoochee, Stewart, Quitman, Webster, Marion, Clay, and Randolph Counties Operated by The Lower Chattahoochee Regional Transportation Authority, *A Rural Public Transit System*.

HOW TO RIDE:

Services are CURB to CURB!

Call (833)707-7433 for a ride!

SCHEDULING YOUR RIDE:

Call between 9:00 AM and 3:00 PM, Monday through Friday, the day before you want a trip. We encourage you to call as early as possible (up to one week in advance) to schedule a trip.

Availability is FIRST COME FIRST SERVE!

HOURS OF OPERATION:

Monday-Friday 6:00 a.m. to 6:00 p.m.

Last pickup at 5:30 p.m.

Office Hours: Monday-Friday 8:00 a.m. to 5:00 p.m.

BEST TIME TO RIDE:

Off-peak hours are the best times to ride. Try to schedule appointments during the following times to increase your chance of seat availability:

MONDAY – FRIDAY — 10:00 a.m. to 2:00 p.m.

FARES

CASH FARES: EXACT CHANGE ONLY

1-10 MILES \$3.00

Inside the five-county region

OVER 10 MILES \$5.00

Inside the eight-county region

OUTSIDE THE EIGHT-COUNTY REGION

\$5.00 + \$0.50 per mile over 10 miles

DISCOUNTS

Senior Citizens (Age 60+): 50% Off

Frequent Rider: 50% Off

Please call for details on our Frequent Rider Program!

Within the four Region 8 counties, only one publicly funded transit system is available to the general public. RMS, Inc. provides public transportation in Americus and Sumter County at a rate of \$3.00 per one-way trip 0-10 miles within the county (1/2 price discount for senior citizens over the age of 60). Trips over 10 miles or that start or end outside of Sumter County are provided at a rate of \$3.00 base rate plus 0.50 cents per mile per one-way trip. Medicaid eligible clients may call LogistiCare Solutions (888) 224-7985 to schedule medical appointments. Clients must call between 8:00 AM and 5:00 PM, Monday through Friday, the day before they want a trip. Individuals are encouraged to call as early as possible to schedule a trip. Availability is first come, first served. The best time to ride is during our off-peak hours of 10:00 AM and 2:00 PM.

RMS, Inc. offers handicap accessible vehicles for individuals that require the use of a lift. Clients must indicate the need for a lift equipped vehicle at the time they make their trip request. Drivers will assist individuals in safely boarding and exiting the vehicles. Individuals with mobility impairments who need special assistance in navigating to and from the vehicle should have a Personal Care Attendant (PCA) ride with them. When the bus operator is notified, the PCA will be able to ride free of charge.

RMS, Inc. is a third-party operator for the City of Americus.

Other than friends and relatives, the only other transportation alternative is private cab services that are available in some towns. These cab services can be expensive and unreliable. Therefore, accessibility to reliable transportation is crucial to the ultimate self-sufficiency of low-income families in the Southwest Georgia service area. These issues combine to dictate that we transport the majority of the 1,783 Head Start/Early Head Start children to the Head Start Centers.



Non-Emergency Transportation (NEMT) Overview

The Non-Emergency Transportation (NEMT) service, administered through the Department of Community Health (DCH), is a privatized service. Funding for the service is provided by DCH and the Georgia Department of Transportation. The contract for managing this service is bid and awarded every five years and renewed on an annual basis for a 40 county area in Southwest Georgia that includes all of the 18 counties in the CAC service area. In order for DCH to achieve its mission of providing access to affordable, quality health care services for Medicaid members, these members must be able to get to and from their medically necessary appointments.

The NEMT program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.

In accordance with the Code of Federal Regulation (CFR) (42CFR431.53), the NEMT program provides transportation for the purpose of:

- Medical treatment
- Medical evaluations

- Obtaining prescription drugs
- Obtaining medical equipment

To provide the necessary non-emergency medical transportation, DCH uses Verida as the statewide Medicaid Transportation Broker, which coordinates and provides NEMT services for the state's five regions (North, Atlanta, Central, East and Southwest). NEMT Broker responsibilities include, but are not limited to:

- Recruiting and contracting with transportation providers
- Making payments to providers
- Gate keeping and verifying member's need for NEMT
- Reserving and assigning trips
- Assuring quality
- Overseeing administration and reporting

NEMT brokers are paid a monthly capitated rate based on the number of eligible Medicaid members residing in their contracted region(s). Transportation services are provided at no cost.

To schedule transportation for services, Medicaid members can contact **Verida** to schedule rides to medical services covered by Medicaid. In most cases transportation must be scheduled at least three (3) business days in advance, not including the day of the appointment.

Members can book online by visiting <https://member.verida.com/>. Verida call center representatives are available Mondays – Fridays from 7:00am to 6:00pm EST at the phone numbers listed below. Individuals must have the following information ready when booking:

- Medicaid ID
- Appointment date, time, and location
- Type of transportation needed
- Any special accommodations

Visit <https://verida.com/georgia-members-dch/> for more information!

				
Covered Regions				
North	Atlanta	Central	East	Southwest
Toll free: 1-866-388-9844	Local: 404-209-4000	Toll free: 1-888-224-7981	Toll free: 1-888-224-7988	Toll free: 1-888-224-7985
<i>Counties: Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield</i>	<i>Counties: Fulton, DeKalb and Gwinnett</i>	<i>Counties: Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson</i>	<i>Counties: Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes</i>	<i>Counties: Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth</i>

Assessment of success for NEMT in Southwest Georgia has been mixed, with reliability and lead-time required for requesting rides cited as issues of contention. NSC field staff report that it is common for those clients who are dissatisfied with the service to choose another transportation alternative such as friends, relatives, or taxi services.

■ Health

The issue of affordable health care is a top concern throughout the Southwest Georgia region as well as our state and nation, and the issue of health insurance is a topic of particular concern. The following two county-level indicators highlight **health care affordability and access** for the service area of Southwest Georgia counties:

1. **Adults ages 18–64 without health insurance (% , 2023)** from CDC PLACES
2. **Medicare preventable hospital stays (rate per 100,000 Medicare enrollees, 2023)** from CMS (a signal of access to timely, affordable primary care)

What the data shows (health insurance as the core affordability signal)

Across the 21-county service area, the **average uninsured rate is ~15.4%** (simple average across counties), compared with **13.3% in Georgia** and **11.0% in the U.S.** (CDC PLACES, 2023). That points to a broader affordability/coverage challenge in this region.

Highest uninsured rates (adults 18–64, 2023):

- **Colquitt County: 19.9%** (about 1 in 5 adults)
- **Calhoun County: 18.6%**
- **Terrell County: 17.6%**
- **Randolph County: 16.8%**
- **Grady County: 16.8%**

Lowest in your list:

- **Lee County: 10.5%** (below both Georgia and U.S.)
- **Schley County: 12.8%**
- **Thomas County: 12.8%**

Most of the remaining counties fall in the **~14%–17% uninsured** range—meaning many communities likely have a substantial share of working-age adults facing high out-of-pocket costs and difficulty accessing care.

Geographic pattern (within Georgia)

Uninsured rates varying widely across Georgia counties, with **many higher rates concentrated outside metro Atlanta**, including parts of **South and Southwest Georgia**.

In the 21 county service area, **preventable hospital stay rates** range from about **1,225 to 6,889 per 100,000 Medicare enrollees** (CMS, 2023). Higher values can indicate gaps in primary care access and affordability (people waiting until conditions become emergencies).

Notable high values in your list include:

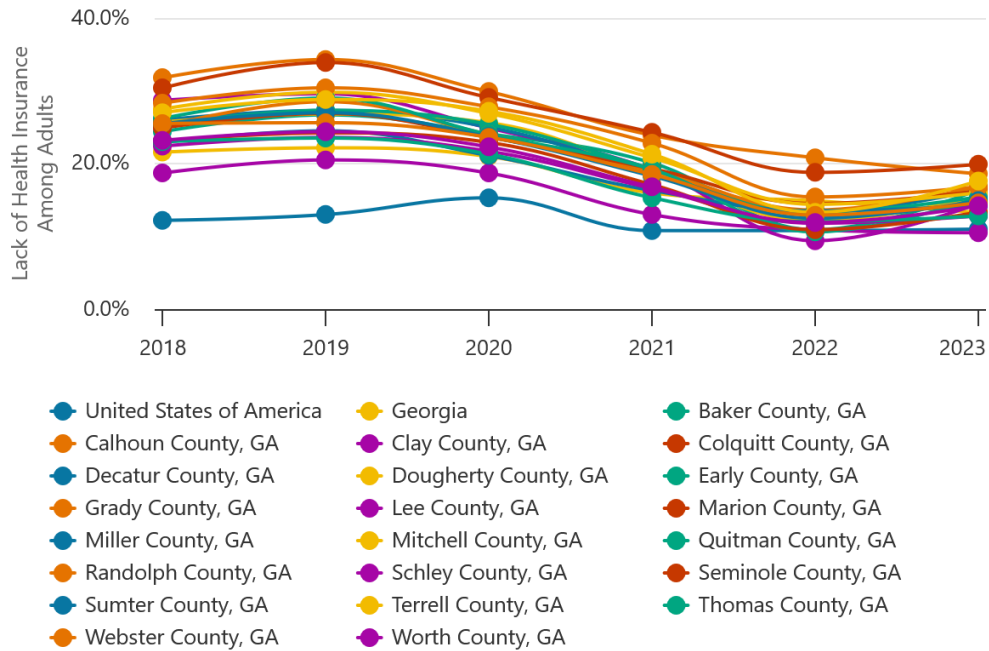
- **Colquitt County: 6,889**
- **Early County: 4,726**
- **Randolph County: 5,086**
- **Webster County: 5,068**

Important note: **Baker (0) and Quitman (0)** likely reflect **data suppression / very small counts** rather than truly zero preventable stays—so treat those as “data limitation” flags.

What this suggests about “affordable health care” in these counties

- **Uninsurance is consistently higher than the U.S. average** in nearly all Southwest Georgia, which is one of the clearest signs that **health care is less affordable for working-age adults**.
- Where uninsurance is high *and* preventable hospital stays are high, it often signals a combined challenge: **coverage + cost barriers + limited access to routine care**.

Lack of Health Insurance Among Adults



The **2018–2023 trend** for uninsured adults (18–64) and **current primary care access** show where affordability barriers may be compounded by provider shortages.

Trend: uninsured adults (CDC PLACES, 2018–2023)

Charted are the **share of adults ages 18–64 who lack health insurance** over time for the U.S., Georgia, and southwest Georgia.

- **Nearly every county in the service area improved from 2018 to 2023** (lower uninsured share in 2023 than 2018).
- There's a **very large step-down between 2020 and 2021** across almost every place (including Georgia and the U.S.). Because that shift happens everywhere at once, treat the *exact size* of the multi-year change with some caution—but the 2023 levels are still useful for comparing counties today.

2023 snapshot (still a challenge in many counties):

- **Colquitt (19.9%)** and **Calhoun (18.6%)** remain among the highest in the service area.
- **Lee (10.5%)** is the lowest (and below both Georgia and the U.S. in 2023).

The **Primary Care Physician Ratio (people per 1 primary care physician)**. **Higher = worse access.**

- **Georgia:** 897 people per 1 primary care physician
- **U.S.:** 740

Counties in service area with **especially high ratios (worse access):**

- **Lee:** ~4,804
- **Marion:** ~3,754
- **Randolph:** ~3,098
- **Terrell:** ~2,950
- **Worth:** ~2,922
- **Early:** ~2,651
- **Decatur:** ~2,433
- **Mitchell:** ~2,106

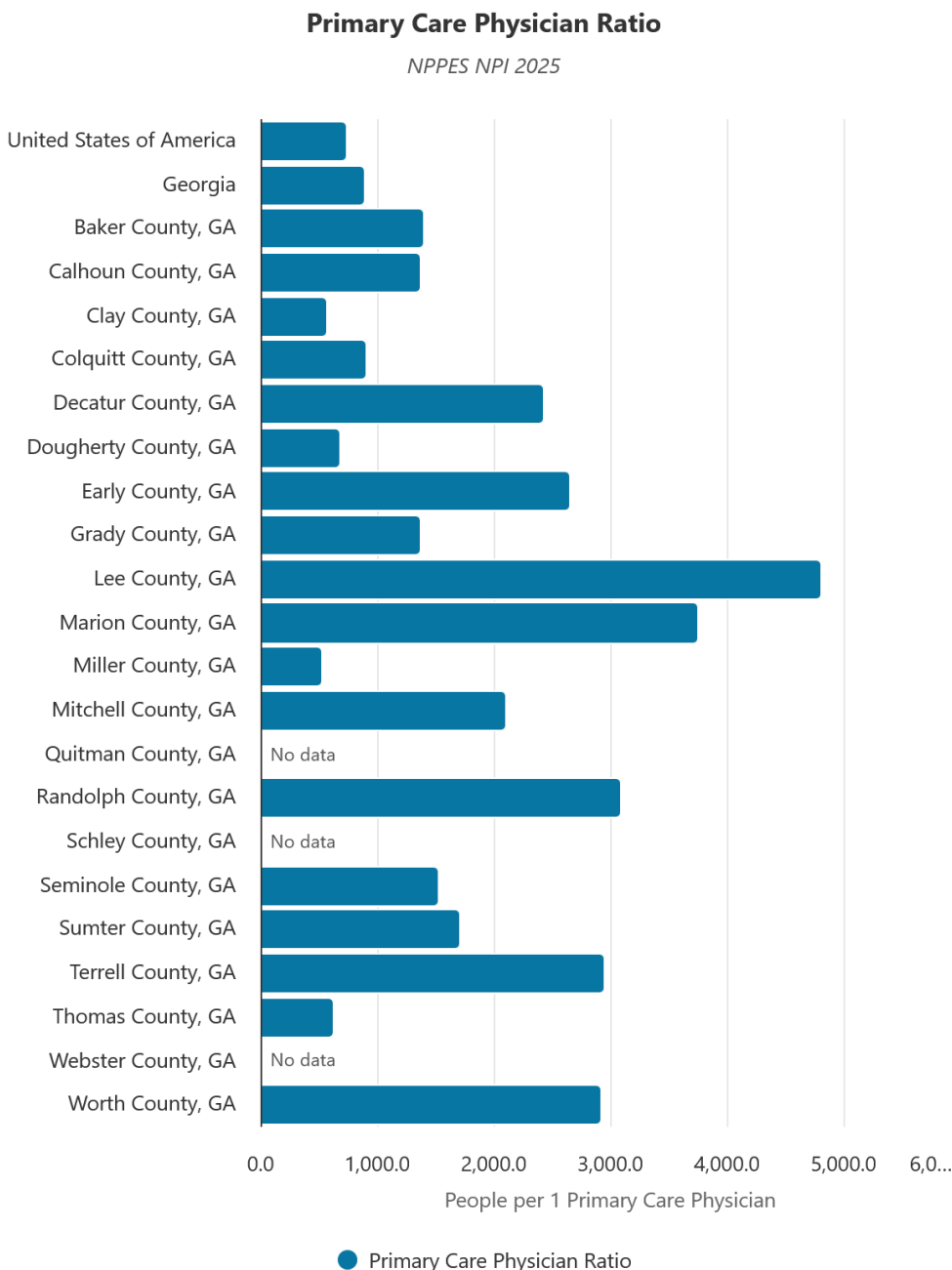
Counties in service area with **lower ratios (better access)**:

- **Miller:** ~532
- **Clay:** ~570
- **Thomas:** ~627
- **Dougherty:** ~687

A few counties show **missing values (NAN)** (e.g., **Schley, Quitman, Webster**), which typically means the measure isn't available/reliable for that county-year in this source.

Statewide context (rankings)

- For **uninsured adults (2023)**, Colquitt and Calhoun show up in the **15 highest (worst) counties in Georgia**.
- For **primary care physician ratio (2025)**, Lee County is in the **15 worst counties statewide** (very high people-per-physician).



HRSA, The Health Resources and Services Administration, primary care shortage signal HPSA, Health Professional Shortage Area for 2025

In the service area, **most counties are flagged as having a primary care HPSA designation** (value = A few show **0** (not flagged) even when other measures suggest access challenges—worth a closer look.

Highest **HPSA scores** (among counties with a score reported):

- **Decatur: 22**
- **Thomas: 20**
- **Seminole: 20**
- Several at **19** (e.g., Miller, Quitman, Worth, Grady)

(Several counties show “nan” for the score, meaning the score isn’t available in the county-level file for 2025.)

Priority grouping for service area counties (coverage + access)

To keep this practical, counties are grouped using:

- **Higher uninsured = 16.4% or more** (roughly top quartile for GA counties; CDC PLACES 2023)
- **Higher provider shortage = 2,589+ people per 1 physician** (roughly top quartile for GA counties; NPPEs 2025)

Tier 1: Double burden (higher uninsured + higher provider shortage)

These are places where people are more likely to be uninsured *and* primary care supply is thin:

- **Randolph** — uninsured **16.8%**; physician ratio **~3,098**
- **Terrell** — uninsured **17.6%**; physician ratio **~2,950**

Tier 2: Higher uninsured (coverage/affordability barrier is the standout)

High uninsured, but physician ratios are not in the “highest-shortage” tier:

- **Colquitt** — **19.9% uninsured**; ratio **~906**
- **Calhoun** — **18.6%**; ratio **~1,374**
- **Grady** — **16.8%**; ratio **~1,374**
- **Baker** — **16.4%**; ratio **~1,395**
- **Decatur** — **16.4%**; ratio **~2,433** (*also has a very high HPSA score: 22, so it may deserve “Tier 1.5” attention*)

Tier 3: Higher provider shortage (access barrier is the standout)

Lower/moderate uninsured, but very high people-per-physician:

- **Lee** — uninsured **10.5%**; ratio **~4,804**
- **Marion** — uninsured **16.2%**; ratio **~3,754** (*just below the “high uninsured” cutoff, but still a strong concern*)
- **Early** — uninsured **15.4%**; ratio **~2,651**
- **Worth** — uninsured **14.2%**; ratio **~2,922**

Tier 4: Relatively better positioned (within this group)

Lower uninsured and/or better physician ratios (still monitor, but not the most acute based on these two indicators):

- **Thomas** — **12.8% uninsured**; ratio **~627** (HPSA score reported: 20)
- **Dougherty** — **15.5% uninsured**; ratio **~687**
- **Miller** — **14.2% uninsured**; ratio **~532** (HPSA score: 19)
- **Clay** — **14.5% uninsured**; ratio **~570** (HPSA score not reported)

The share of children who are uninsured (a common way to gauge *health care affordability/access*) for the service area using U.S. Census Bureau ACS 2020–2024 (5-year) data.

What the data shows (ACS 2020–2024)

Benchmarks

- Georgia: 6.93% of children (18 and under) are uninsured
- United States: 5.47% uninsured

Highest uninsured rates in your list

- Colquitt County: 12.95% uninsured (1,607 children)
- Mitchell County: 9.89% uninsured (494)
- Grady County: 9.10% uninsured (606)
- Sumter County: 7.27% uninsured (501)

These 4 counties are above the Georgia average, and they’re the clearest “hot spots” in this set.

Lowest uninsured rates in your list

- Calhoun County: 1.19% uninsured (11)
- Early County: 1.57% uninsured (44)
- Terrell County: 1.63% uninsured (35)
- Clay County: 1.73% uninsured (10)
- Webster County: 1.96% uninsured (7)

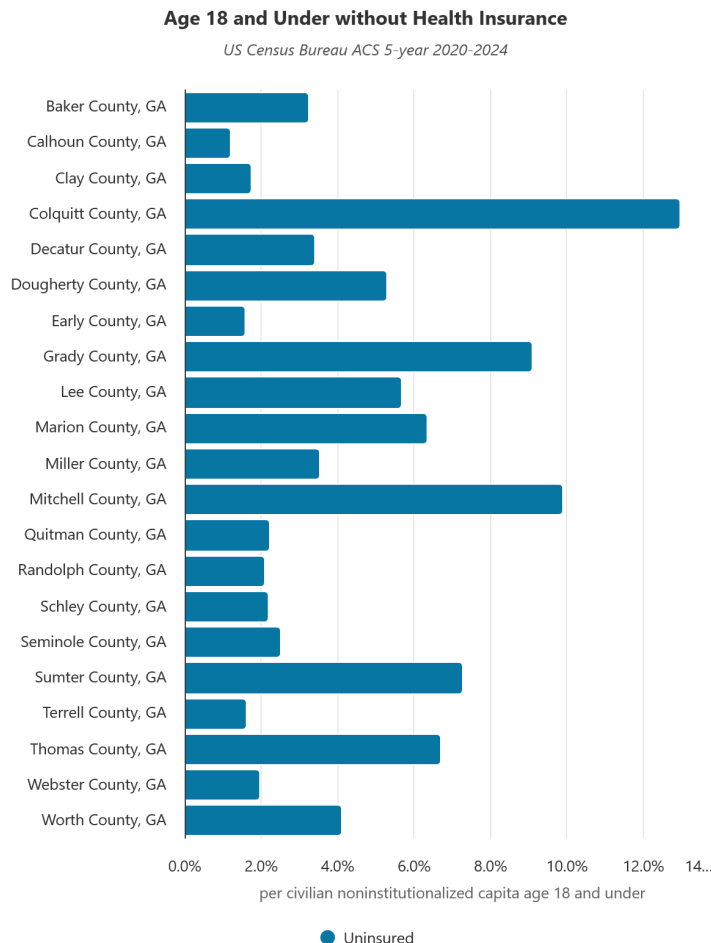
Counties above the U.S. average (5.47%) in your list

Colquitt, Mitchell, Grady, Sumter, Thomas (6.69%), Marion (6.33%), Lee (5.67%).

When the uninsured rate for kids is high, it often points to barriers like:

- families falling into “coverage gaps” (eligibility, paperwork, renewals)
- fewer employer-sponsored options
- higher out-of-pocket exposure when care is needed

Note: In very small counties (like Quitman/Webster/Clay), the **counts are tiny**, so the ACS estimate can swing year to year.



The child uninsured numbers are broken into **two age bands: Under 6 and ages 6–18**. This uses ACS 2020–2024 (5-year).

Uninsured rate by age band (ACS 2020–2024)

These are **within-age-group rates** (uninsured ÷ [insured + uninsured]).

Biggest uninsured gaps for ages 6–18

- **Colquitt: 12.29%** uninsured (1,060 of 8,626)
- **Grady: 11.32%** uninsured (527 of 4,655)
- **Mitchell: 10.93%** uninsured (397 of 3,631)
- **Sumter: 8.08%** uninsured (403 of 4,985)
- **Marion: 7.85%** uninsured (92 of 1,172)

Biggest uninsured gaps for Under 6

- **Colquitt: 14.45%** uninsured (547 of 3,786)
- **Thomas: 7.17%** uninsured (256 of 3,568)
- **Mitchell: 7.12%** uninsured (97 of 1,363)
- **Miller: 6.83%** uninsured (17 of 249)
- **Sumter: 5.13%** uninsured (98 of 1,909)

Pattern across service area:

When you combine all 21 counties together:

- **Under 6: 5.34% uninsured** (1,581 of 29,596)
- **Ages 6–18: 6.90% uninsured** (4,850 of 70,330)

So in this region, the uninsured issue is **more concentrated among school-age kids** than among the youngest children.

Data note: Several small counties show **0 uninsured under 6** in the ACS estimates. With very small populations, the ACS can round and swing—so treat those as “very low,” not necessarily literal zero.

What “coverage type” suggests (public vs private)

A few notable signals:

- **Very high public coverage reliance** (especially for ages 6–18):
 - **Randolph: ~87.5%** of ages 6–18 have **public** coverage (886 of 1,013)
 - **Terrell: ~79.5%** public (1,247 of 1,569)
 - **Decatur: ~64.6%** public (3,107 of 4,811)
- **Counties with high uninsured *and* high public coverage** (example: **Colquitt, Mitchell, Grady, Sumter**) can indicate that:
 - many kids are eligible for Medicaid/CHIP but still not enrolled, **or**
 - families churn in/out of coverage due to renewals and paperwork, **or**
 - working families sit just above eligibility thresholds and face affordability barriers in the private market

U.S. Census ACS 2020–2024 (5-year):

- **Child poverty rate:** *Related children under 18 below poverty level* (percent)
- **Median household income:** inflation-adjusted dollars

What the data shows when you put these next to child uninsured rates

1) Places where high uninsured overlaps with high child poverty (highest concern)

These counties have **very high child poverty (~30%+) and high uninsured among children:**

- **Colquitt County: 12.95% uninsured; 34.2% child poverty; \$49,341 median HH income**
- **Mitchell County: 9.89% uninsured; 34.0% child poverty; \$57,613**
- **Sumter County: 7.27% uninsured; 36.0% child poverty; \$42,653**
- **Grady County: 9.10% uninsured; 29.9% child poverty; \$58,980**

Interpretation: these are the counties where *families are most likely to face both affordability pressure (poverty) and a coverage gap (uninsured kids)*.

2) Places with high child poverty but low uninsured (coverage may be working, but affordability can still be hard)

A standout is:

- **Terrell County:** 1.63% uninsured but 56.2% child poverty; \$46,171 median HH income

And several others show this pattern too (high poverty ~30%+ but uninsured only ~1–3%):

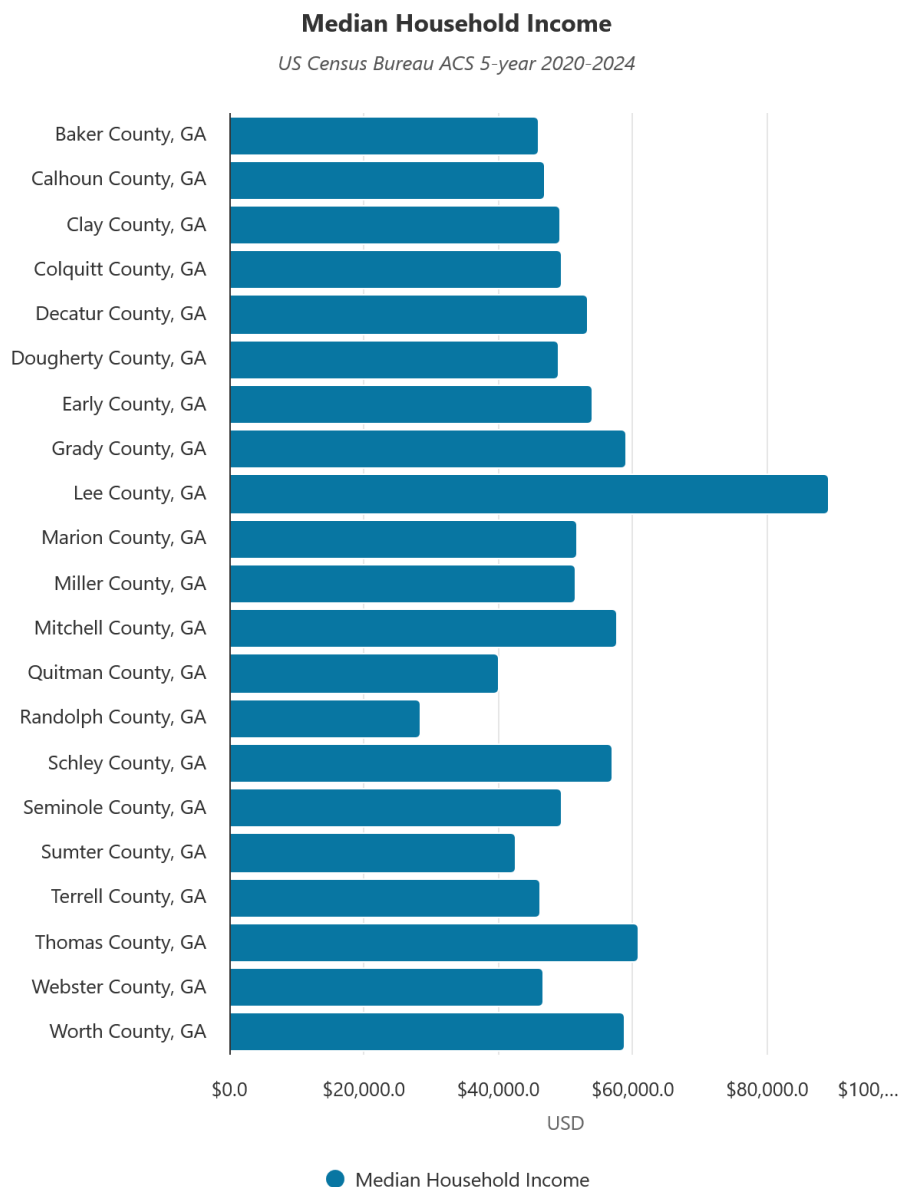
- **Randolph:** 2.10% uninsured; 33.6% poverty; \$28,380
- **Miller:** 3.53% uninsured; 33.8% poverty; \$51,425
- **Decatur:** 3.40% uninsured; 33.8% poverty; \$53,317

Interpretation: in very high-poverty places, children may be getting covered through Medicaid/CHIP (so uninsured is low), but families can still struggle with **out-of-pocket costs, transportation, or finding providers who take their insurance.**

3) Places with low poverty but moderate uninsured (different kind of gap)

- **Lee County:** 5.67% uninsured but only 5.6% child poverty; \$89,168 median HH income

Interpretation: this can happen when families are not poor but still face coverage barriers (job-based coverage not offered/affordable, self-employed, paperwork churn, etc.).



Trend: children uninsured (ACS 5-year)

The trend periods available are 2010–2014 → 2015–2019 → 2020–2024.

Georgia vs U.S.

- **Georgia:** 8.90% → 7.24% → 6.93% (steady improvement)
- **U.S.:** 7.08% → 5.08% → 5.47% (down, then a small uptick in the most recent period)

Counties where uninsured got worse (2010–2014 to 2020–2024)

Only a few of the service area counties increased over the long run:

- **Sumter:** 4.02% → 7.27% (+3.25 percentage points)
- **Grady:** 7.00% → 9.10% (+2.10 pp)
- **Colquitt:** 11.52% → 12.95% (+1.43 pp)
- **Miller:** 3.25% → 3.53% (+0.28 pp)

These are important because they suggest the uninsured issue is not just “still high”—it is **moving in the wrong direction**.

Biggest improvements (2010–2014 to 2020–2024)

Several counties show very large declines:

- **Clay:** 16.23% → 1.73% (-14.50 pp)
- **Marion:** 19.90% → 6.33% (-13.57 pp)
- **Schley:** 15.51% → 2.18% (-13.33 pp)
- **Webster:** 12.96% → 1.96% (-11.00 pp)
- **Seminole:** 9.26% → 2.52% (-6.74 pp)

Important caution: a few small-population counties show big swings between periods (for example spikes in 2015–2019). With ACS data, that can happen because the estimates are based on samples, and small counties have more year-to-year volatility.

Trend: median household income (ACS 5-year)

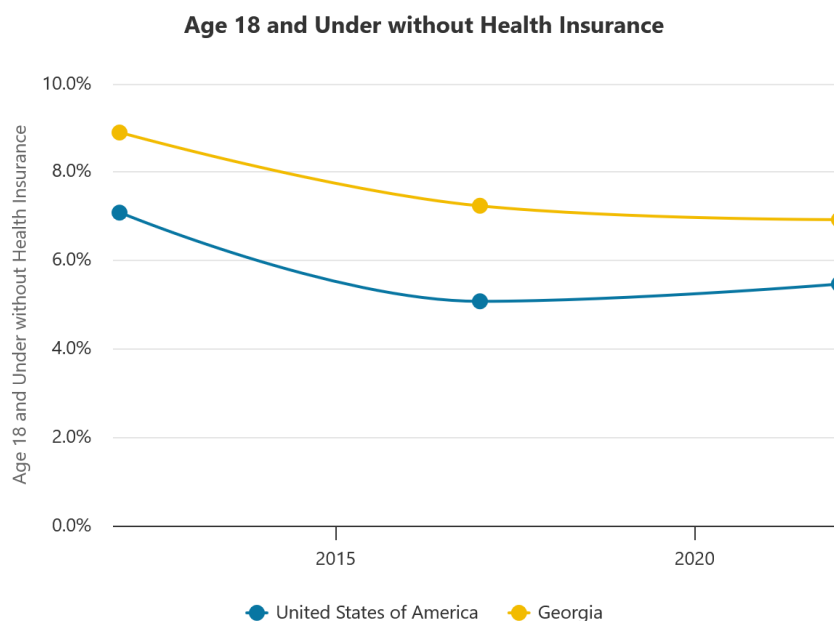
Again, 2010–2014 → 2015–2019 → 2020–2024.

Georgia vs U.S.

- **Georgia:** \$49,342 → \$58,700 → \$77,353
- **U.S.:** \$53,482 → \$62,843 → \$80,734

Across service area counties, median household income generally rose too—but not always evenly. For example:

- **Lee:** \$60,667 → \$69,280 → \$89,168 (strong growth, high current income)
- **Sumter:** \$33,694 → \$36,681 → \$42,653 (growth, but still low current income)
- **Randolph:** \$26,837 → \$31,699 → \$28,380 (little long-run gain)



CDC PLACES (2022) county estimates for **adult obesity, diagnosed diabetes, coronary heart disease, and cancer (except skin)** for the service area counties, with **Georgia** included as a benchmark.

What the data shows (CDC PLACES, 2022; adults 18+)

Across this set of counties, **most measures are above the Georgia average**, especially for **obesity, diabetes, and heart disease**—conditions that tend to drive higher utilization (medications, specialist care, hospitalizations), and over time can contribute to higher premiums.

Obesity prevalence (% of adults)

- **Georgia:** 36.98%
- **Highest in this group:** Terrell (46.8%), Calhoun (46.6%), Mitchell (46.4%)
- **Lowest in this group:** Lee (37.0%) (still about at the state level)

Diagnosed diabetes prevalence (% of adults)

- **Georgia:** 12.71%
- **Highest in this group:** Baker (19.9%), Terrell (19.6%), Webster (19.2%)
- **Lowest in this group:** Lee (11.5%) (below the state average)

Coronary heart disease prevalence (% of adults)

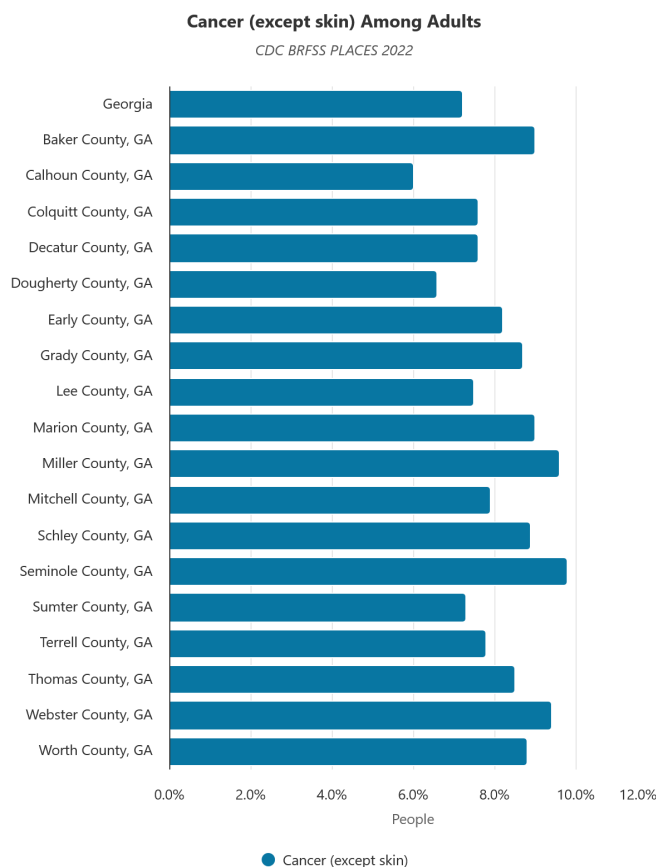
- **Georgia:** 6.424%
- **Highest in this group:** Baker (11.2%), Webster (10.8%), Miller (10.4%)
- **Lowest in this group:** Lee (6.1%) (near/slightly below the state)

Cancer (except skin) prevalence (% of adults ever told they had cancer)

- **Georgia:** 7.21%
- **Highest in this group:** Seminole (9.8%), Miller (9.6%), Webster (9.4%)
- **Lowest in this group:** Calhoun (6.0%), Dougherty (6.6%) (both below the state average)

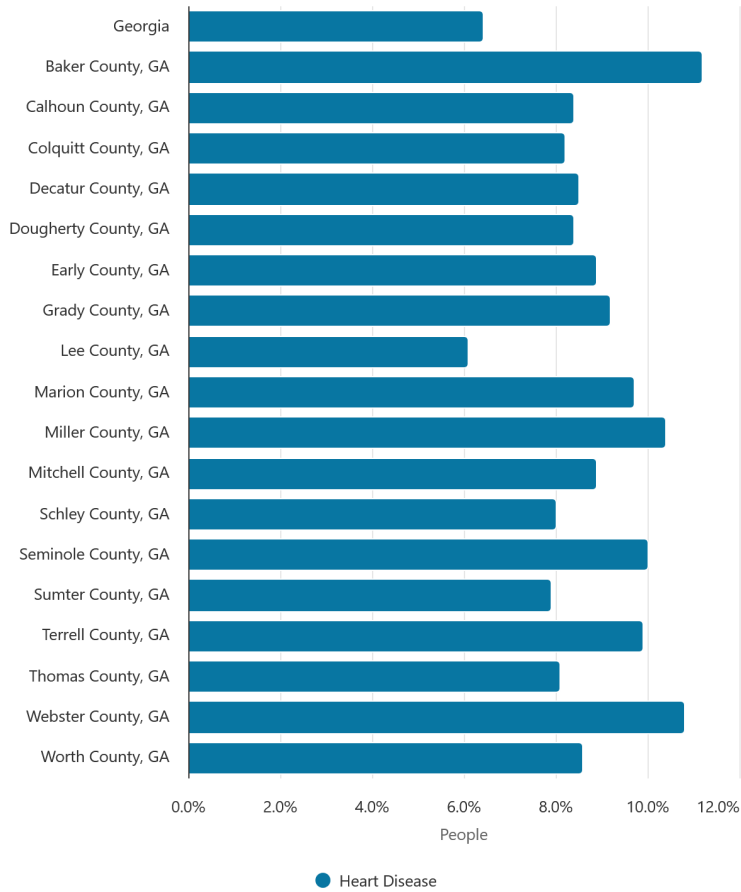
Important note on interpretation

These are **model-based small-area estimates** from CDC PLACES (built from BRFSS (**B**ehavioral **R**isk **F**actor **S**urveillance **S**ystem) and other inputs). They're best used to compare places and identify patterns, not as exact "clinical registry" counts.



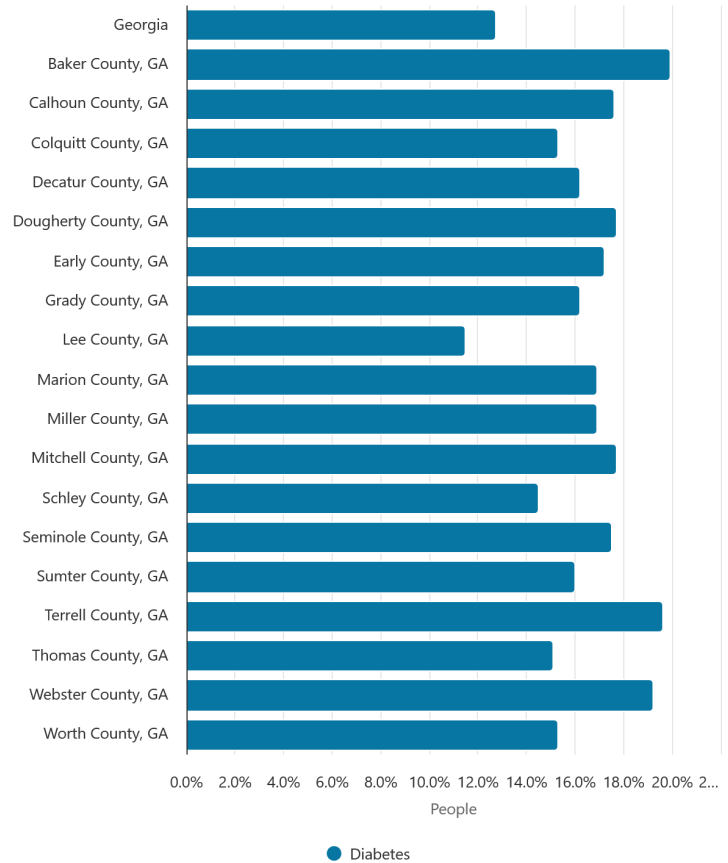
Coronary Heart Disease Among Adults

CDC BRFSS PLACES 2022



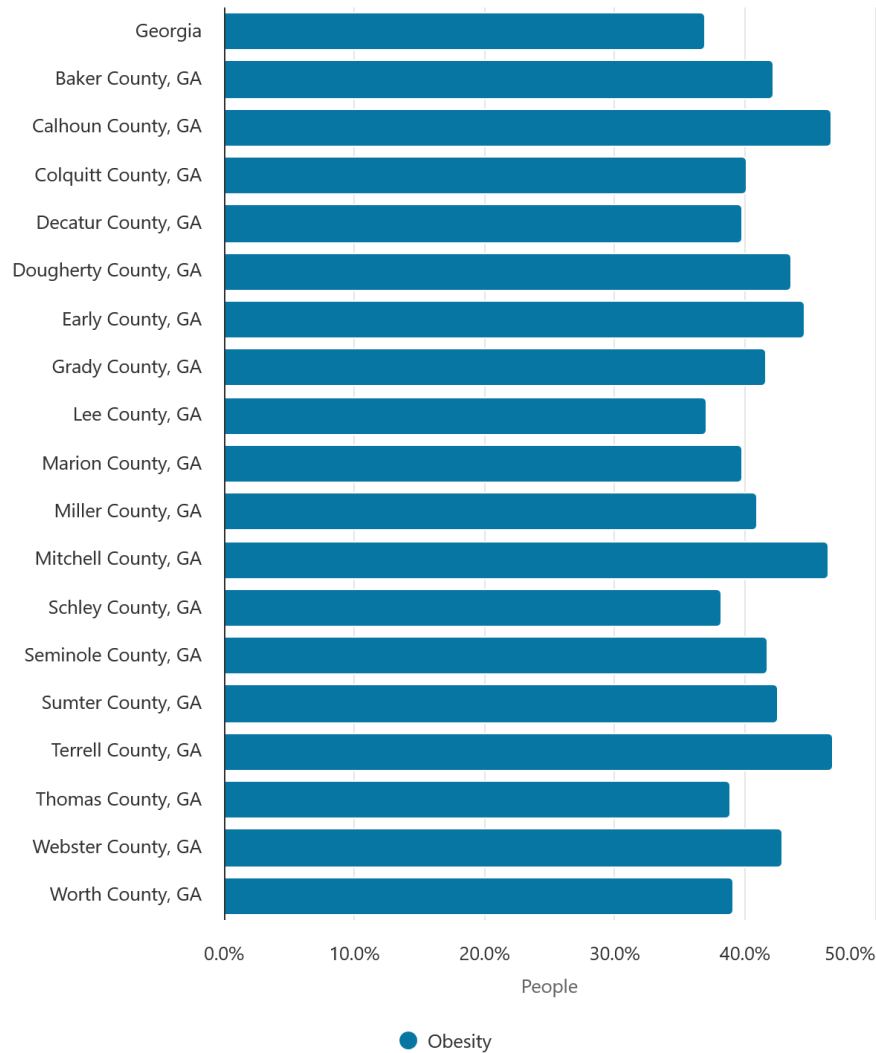
Diagnosed Diabetes Among Adults

CDC BRFSS PLACES 2022



Obesity Among Adults

CDC BRFSS PLACES 2022



2022 CDC PLACES estimates across **all Georgia counties** for **adult obesity, diagnosed diabetes, coronary heart disease, and cancer (except skin)** to see whether the service area stands out and where hotspots cluster.

What the Georgia maps show (hotspots + clustering)

Obesity (adults, 2022)

The highest-obesity counties form a noticeable belt across parts of **Southwest and central Georgia**. The service area list includes multiple counties near the very top statewide:

- **Top statewide values** include **Macon County (48.1%)**, **Bibb County (48.1%)**, **Randolph (47.3%)**, **Wheeler (47.1%)**, **Hancock (47.1%)**
- In the service area, **Terrell (46.8%)**, **Calhoun (46.6%)**, **Mitchell (46.4%)**, and **Early (44.6%)** are all in the **top 15 highest** obesity counties statewide.

Diabetes (adults, 2022)

Diabetes hotspots cluster heavily in **rural counties**, with several in and near Southwest Georgia:

- **Highest statewide:** **Randolph (23.6%)**, **Hancock (21.1%)**, **Quitman (20.9%)**, **Macon (20.3%)**, **Taliaferro (20.2%)**
- In the service area, **Baker (19.9%)**, **Terrell (19.6%)**, and **Webster (19.2%)** are in the **top 15 highest** diabetes counties statewide.

Coronary heart disease (adults, 2022)

Heart disease also shows a strong **rural clustering pattern**. Several of the service area counties are in the highest tier visually (for example, **Baker (11.2%), Webster (10.8%), Miller (10.4%), Seminole (10.0%), Terrell (9.9%), Marion (9.7%)**).

Cancer, except skin (adults, 2022)

This pattern is **less Southwest-skewed**. Some of the highest prevalence values are in **North Georgia** (for example **Towns (13.7%), Union (13.1%), Fannin (12.3%)**). Southwest Georgia has some elevated counties (e.g., **Seminole (9.8%), Miller (9.6%), Webster (9.4%)**), but the statewide “hotspot cluster” is not centered in the southwest the way obesity and diabetes are.

Is Southwest Georgia an outlier?

For the conditions most tied to ongoing, high-cost utilization (**obesity and diabetes, plus heart disease**), the answer is **yes—many Southwest Georgia counties sit above the state level, and several are among the worst statewide**.

A concrete way to see that:

- **Obesity: 4 of the service area 18 counties** are in Georgia’s **top 15 highest** (Terrell, Calhoun, Mitchell, Early).
- **Diabetes: 3 of the service area 18 counties** are in Georgia’s **top 15 highest** (Baker, Terrell, Webster).

“Peer rural” comparison (to strengthen the “this region is different” story)

Georgia’s highest obesity/diabetes counties are overwhelmingly **rural**, so a useful “peer” frame is: *Southwest GA vs other rural, high-burden counties elsewhere in Georgia*. The statewide top lists show those peers clearly.

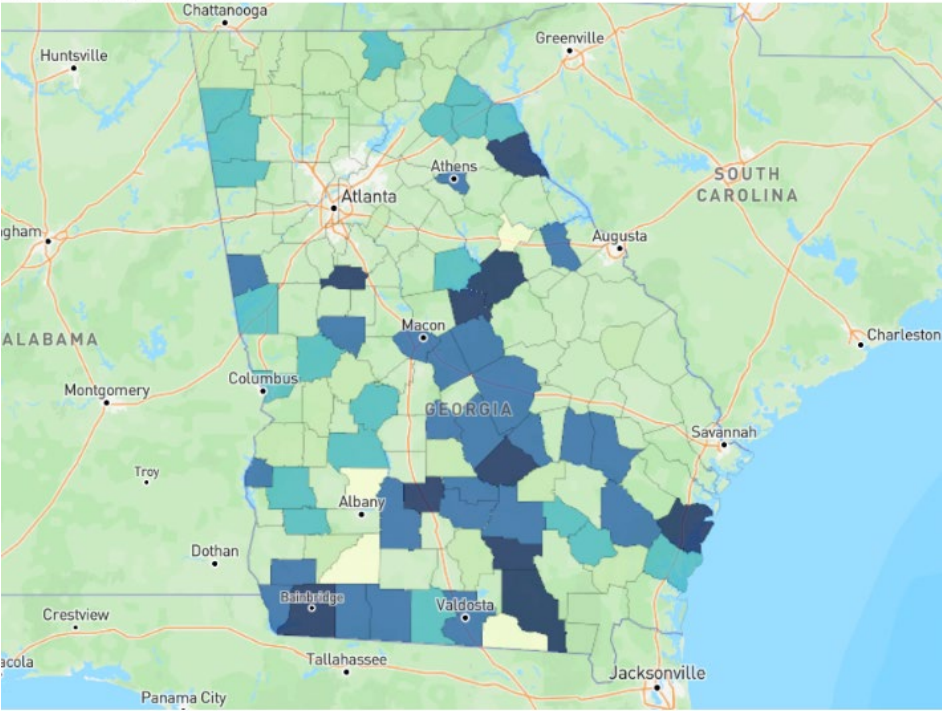
Examples of **peer rural high-burden counties outside the service area** include:

- **Randolph, Hancock, Quitman, Macon, Taliaferro, Talbot, Warren, Brooks, Taylor** (these repeatedly appear among the highest statewide diabetes and/or obesity values)

What strengthens the narrative is that **Southwest Georgia doesn’t just have one outlier county**—it has **multiple adjacent counties** that rank very high on obesity/diabetes/heart disease at the same time. That kind of regional clustering can amplify health-system strain and costs (more chronic disease management demand, more complications, and fewer nearby alternatives for care).

Health Professional Shortage Area - Primary Care Score for Counties in GA

Source(s): HRSA HPSA 2025

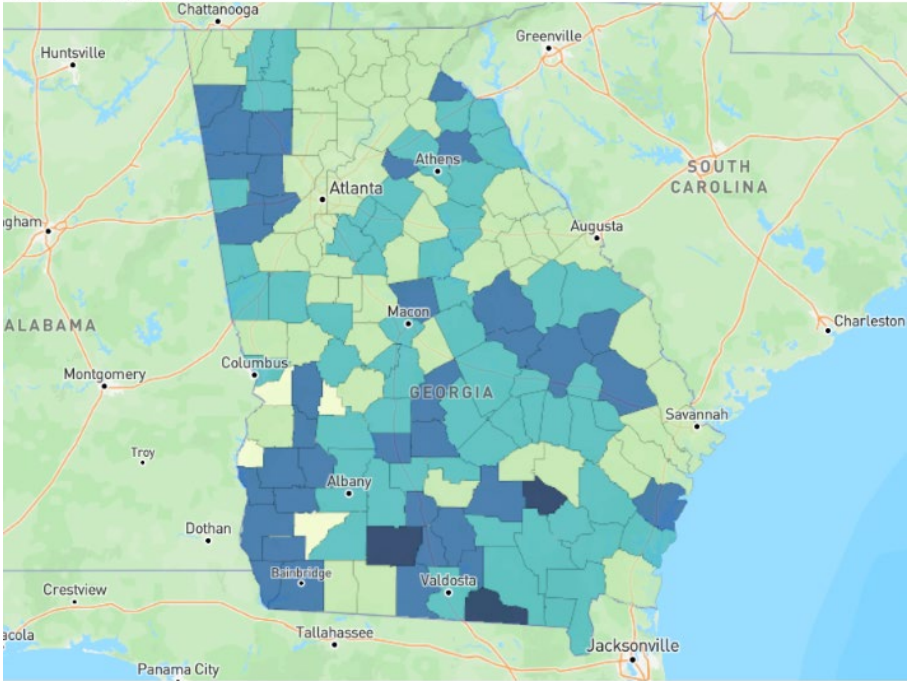


Health Professional Shortage Area - Primary Care Score

- 6.0 – <14.0
- 14.0 – <17.0
- 17.0 – <19.0
- 19.0 – <21.0
- 21.0+

Medicare Preventable Hospital Stays for Counties in GA

Source(s): CMS MMD 2023

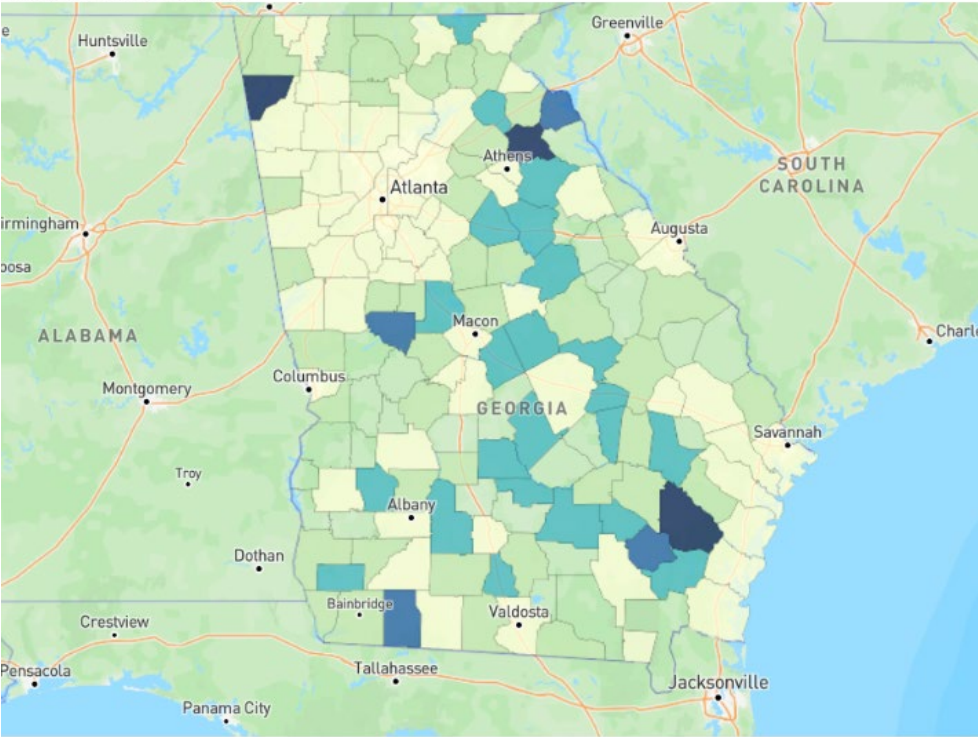


Medicare Preventable Hospital Stays

- 0.0 – <1,645.0 per 100,000 Medicare enrollees
- 1,645.0 – <3,066.0
- 3,066.0 – <4,032.0
- 4,032.0 – <6,415.0
- 6,415.0+

Mental Health Provider Ratio for Counties in GA

Source(s): NPPES NPI 2025

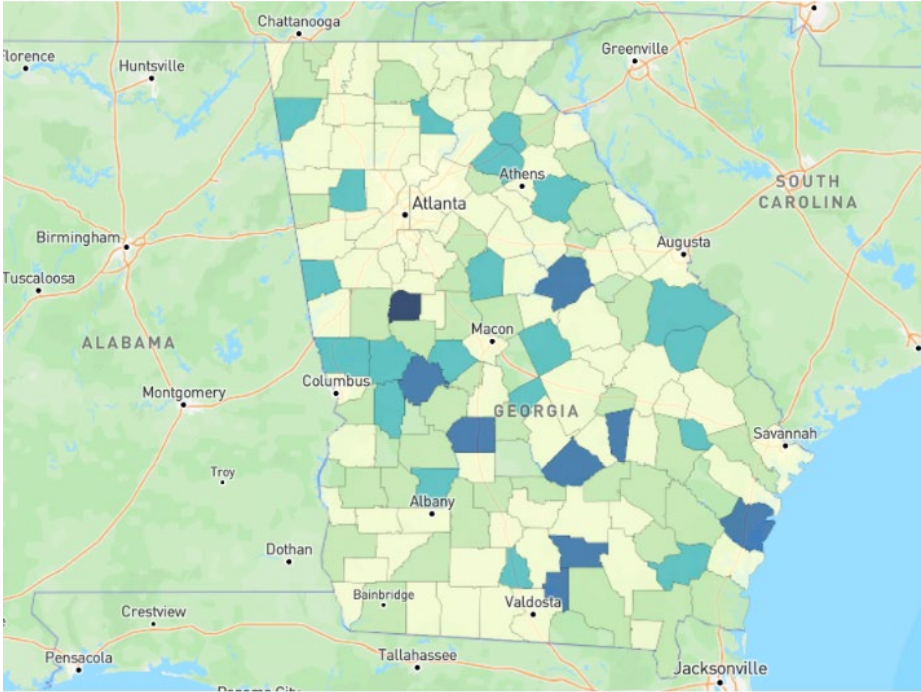


Mental Health Provider Ratio

- 247.7 – <2,558.4 People per 1 Mental Health Provider
- 2,558.4 – <5,844.0
- 5,844.0 – <13,054.0
- 13,054.0 – <25,036.0
- 25,036.0+

Primary Care Physician Ratio for Counties in GA

Source(s): NPPES NPI 2025



Primary Care Physician Ratio

- 233.1 – <1,706.9 People per 1 Primary Care Physician
- 1,706.9 – <3,360.2
- 3,360.2 – <7,786.0
- 7,786.0 – <19,903.0
- 19,903.0+

What the maps show (Georgia counties)

1) Primary Care Physician Ratio (NPES, 2025) — *people per 1 primary care physician (higher = fewer providers per person)*

The map shows large rural areas with very high ratios (thin provider supply). In the service area, **Lee County** stands out as a statewide outlier on this measure and lands in the **top 20 worst**:

- **Lee County: 4,804 people per 1 PCP** (top 20 worst statewide in 2025)
- **Lee County is a part of the Albany MSA (Metropolitan Statistical Area) and access services in neighboring Dougherty County routinely.**

2) Mental Health Provider Ratio (NPES, 2025) — *people per 1 mental health provider (higher = fewer providers per person)*

This map has extreme “provider desert” pockets. Several of the service area counties are among the worst statewide:

- **Grady County: 13,050** (top 20 worst)
- **Worth County: 10,230** (top 20 worst)
- **Terrell County: 8,850** (top 20 worst)

3) Medicare Preventable Hospital Stays (CMS, 2023) — *rate per 100,000 Medicare enrollees (higher often signals weaker primary care access/management)*

This shows a very clear high-rate cluster in parts of South Georgia. Several of the service area counties are in the **top 20 highest** statewide:

- **Colquitt County: 6,889** (2nd highest statewide)
- **Webster County: 5,068** (top 20)
- **Marion County: 4,867** (top 20)
- **Early County: 4,726** (top 20)
- **Miller County: 4,612** (top 20)

This data supports a strong “high burden + constrained access” pattern in Southwest Georgia:

- Multiple SW counties show up in the **worst statewide tier for preventable hospitalizations** (a classic access/primary-care system stress indicator).
- Several SW counties also show very high **provider-to-population ratios**, especially for **mental health**, suggesting workforce constraints that often coincide with rural hospital strain.

Trends in US Children’s Mortality, Chronic Conditions, Obesity, Functional Status, and Symptoms
[Christopher B. Forrest, MD, PhD¹](#); [Lauren J. Koenigsberg, BA¹](#), et al

JAMA

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2025;334;(6):509-516. doi:10.1001/jama.2025.9855

NOTE: Individual State and County information was not readily available for children (ages birth to 17).

Key Points

Question How has US children’s health—ie, mortality, chronic conditions, obesity, functional status, and symptoms—changed from 2007 to 2023?

Findings Temporal trends from 2007 to 2023 have significantly worsened for child mortality; chronic physical, developmental, and mental health conditions; obesity; sleep health; early puberty; limitations in activity; and physical and emotional symptoms.

Meaning US children’s health has deteriorated across a broad spectrum of indicators, highlighting the need to identify the root causes of this fundamental decline in the nation’s health.

Child health in the US has been declining in multiple domains over a 17-year period from 2007 to 2023. This comprehensive evidence of deterioration highlights the importance of identifying and addressing the root causes of this fundamental decline in the nation’s health.

Child health sets the foundation of the overall health and prosperity of the nation. Healthy children are more likely to become healthy adults who lead meaningful and productive lives. Recent scientific and policy statements have raised concerns that child health in the US may be declining. A 2024 report by the National Academies of Sciences, Engineering, and Medicine stated that “the United States faces a major crisis with the poor and worsening health and wellbeing of children and youth.” The Presidential Commission to Make America Healthy Again issued a May 2025 report that called out the need to better understand the root causes of the declining health of US children.

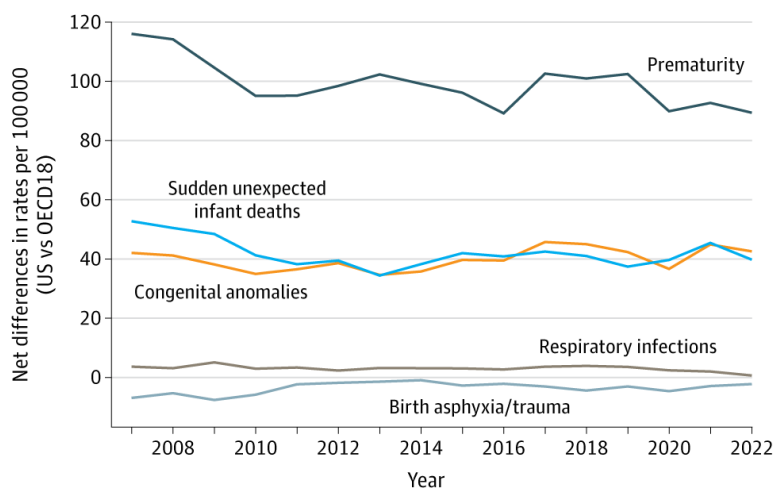
Prior studies provide important insights into child health but are limited by using single data sources or by focusing on a small set of health problems. For example, the National Center for Health Statistics, a division of the US Centers for Disease Control and Prevention (CDC), routinely monitors child health statistics for health issues such as mortality, substance use, and high-interest health conditions (eg, asthma, HIV). These reports typically assess one health condition at a time, such as childhood obesity, youth mood disorders, childhood mortality, and neurodevelopmental disorders.

Research that addresses health domains (eg, emotional health) one by one rather than all together leaves a gap in knowledge. Focusing on one domain at a time may result in policy responses in which single programs target single outcomes. However, if children’s health is declining across multiple health indicators as derived from diverse data sources, a more effective response may be to address underlying systemic factors that are influencing the health of children more broadly, ie, improving the developmental ecosystems where children live and grow.

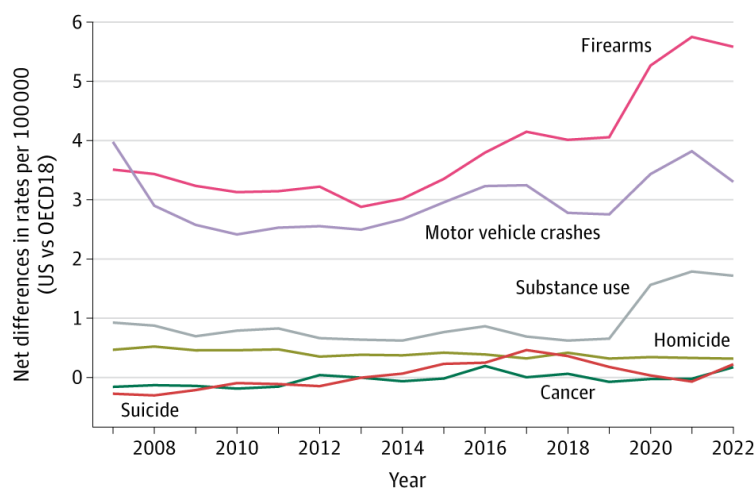
This study aimed to address this knowledge gap by comprehensively evaluating temporal trends in a wide range of children’s health indicators, including mortality; chronic physical, developmental, and mental health disorders; obesity; functional status; physical symptoms; and emotional symptoms. Using data from 5 nationally representative surveys, national mortality statistics, and a large database of pediatric electronic health records (EHRs), changes in children’s health from 2007 to 2023 were assessed.

Net Difference in Cause-Specific Mortality Rates in the US vs OECD18 for <1-Year-Old Infants and 1- to 19-Year-Old Individuals, 2007-2022

A Net difference in mortality among infants <1 year



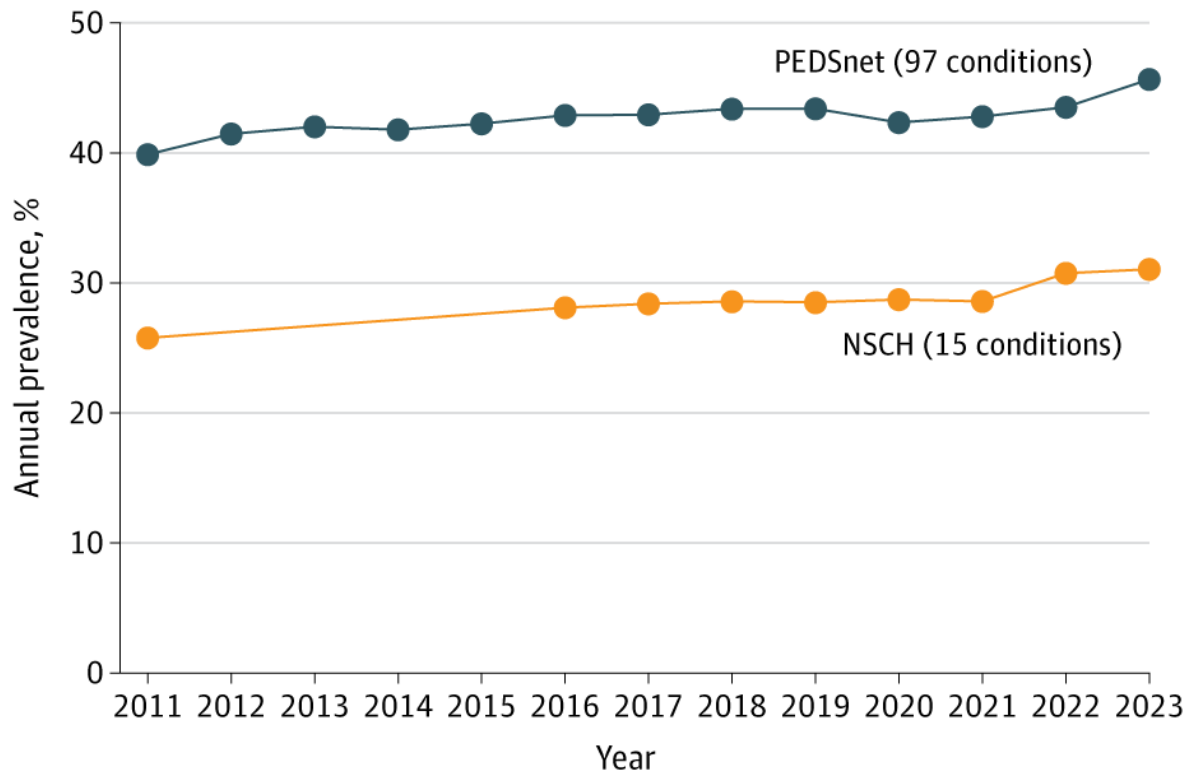
B Net difference in mortality among 1- to 19-year-old individuals



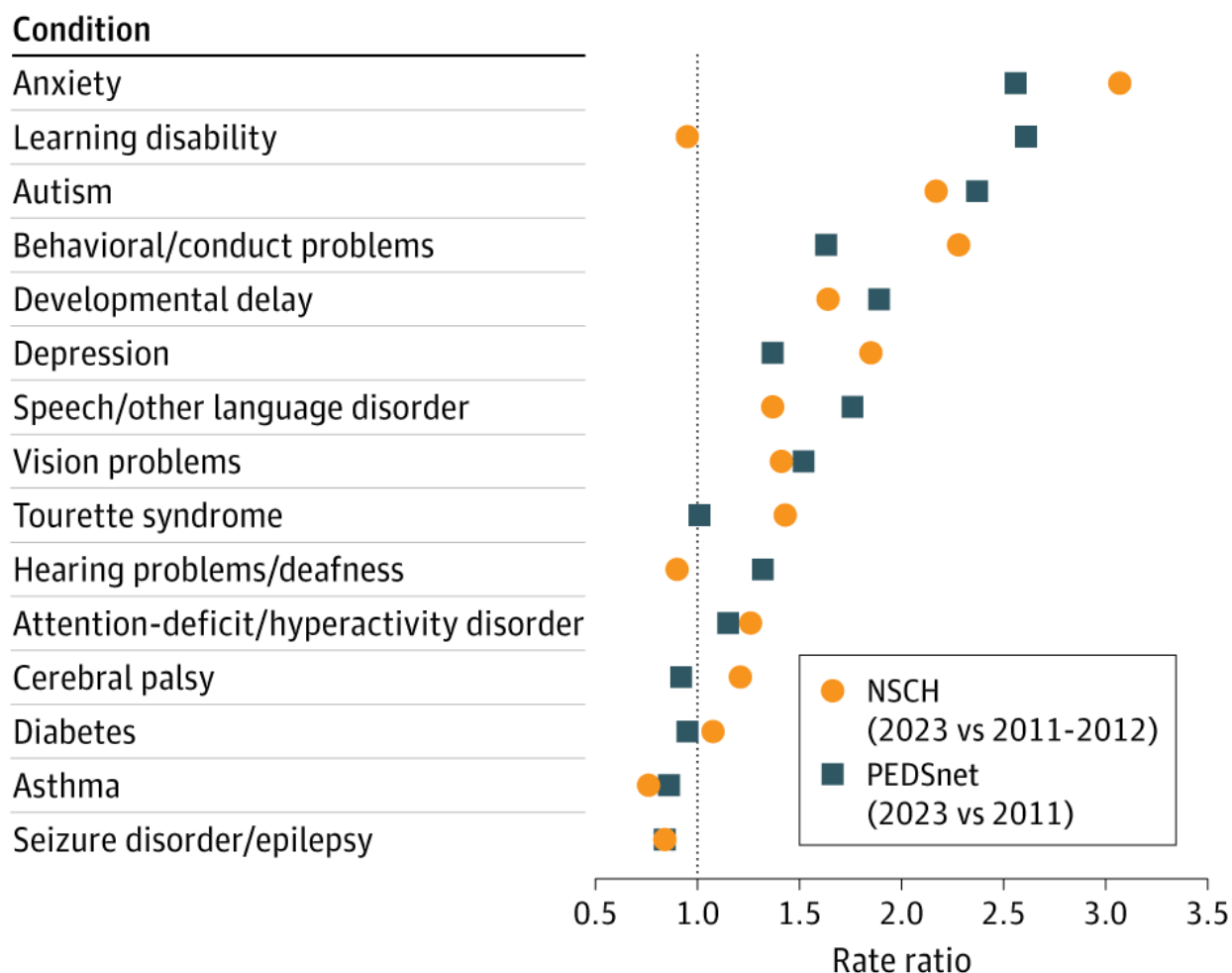
Chronic Conditions

Overall, a child in the US in 2023 was 15% to 20% more likely to have a chronic condition compared with a child in 2011. Annual prevalence rates of 15 chronic conditions for 3- to 17-year-old individuals increased from 25.8% to 31.0% (RR, 1.20 [95% CI, 1.20-1.20]) for parent-reported data from the NSCH, and from 39.9% to 45.7% (RR, 1.15 [95% CI, 1.14-1.15]) for 97 chronic conditions for clinician-recorded data from PEDSnet**. Annual Prevalence Rates of Chronic Conditions Based on Parent Report of 15 Conditions (National Survey of Children's Health [NSCH]) and Clinical Diagnoses for 97 Conditions (PEDSnet), 3- to 17-Year-Old Individuals, 2011-2023

*** PEDSnet is a rapidly growing, national pediatric learning health system dedicated to improving health and healthcare outcomes for children. At present, PEDSnet consists of twelve children's hospitals nationwide.*



The chronic conditions in the NSCH available in multiple years beginning in 2011-2012 were attention-deficit/hyperactivity disorder, anxiety, asthma, autism, cerebral palsy, conduct disorder/behavioral problems, depression, developmental delay, diabetes (diabetes in 2011-2021 but type 2 diabetes in 2022 only), hearing problems, learning disability, seizure disorder, speech problems, Tourette syndrome, and vision problems. Data on these conditions were not obtained in the NSCH from 2012 to 2015. The PEDSnet chronic health conditions were selected from the list of Johns Hopkins Adjusted Clinical Groups System's Expanded Diagnosis Clusters based on the likelihood that they would affect a child for at least 12 months. Prevalence rates of 15 chronic conditions for 3- to 17-year-old individuals in 2023 vs 2011-2012 were compared using the NSCH and PEDSnet.

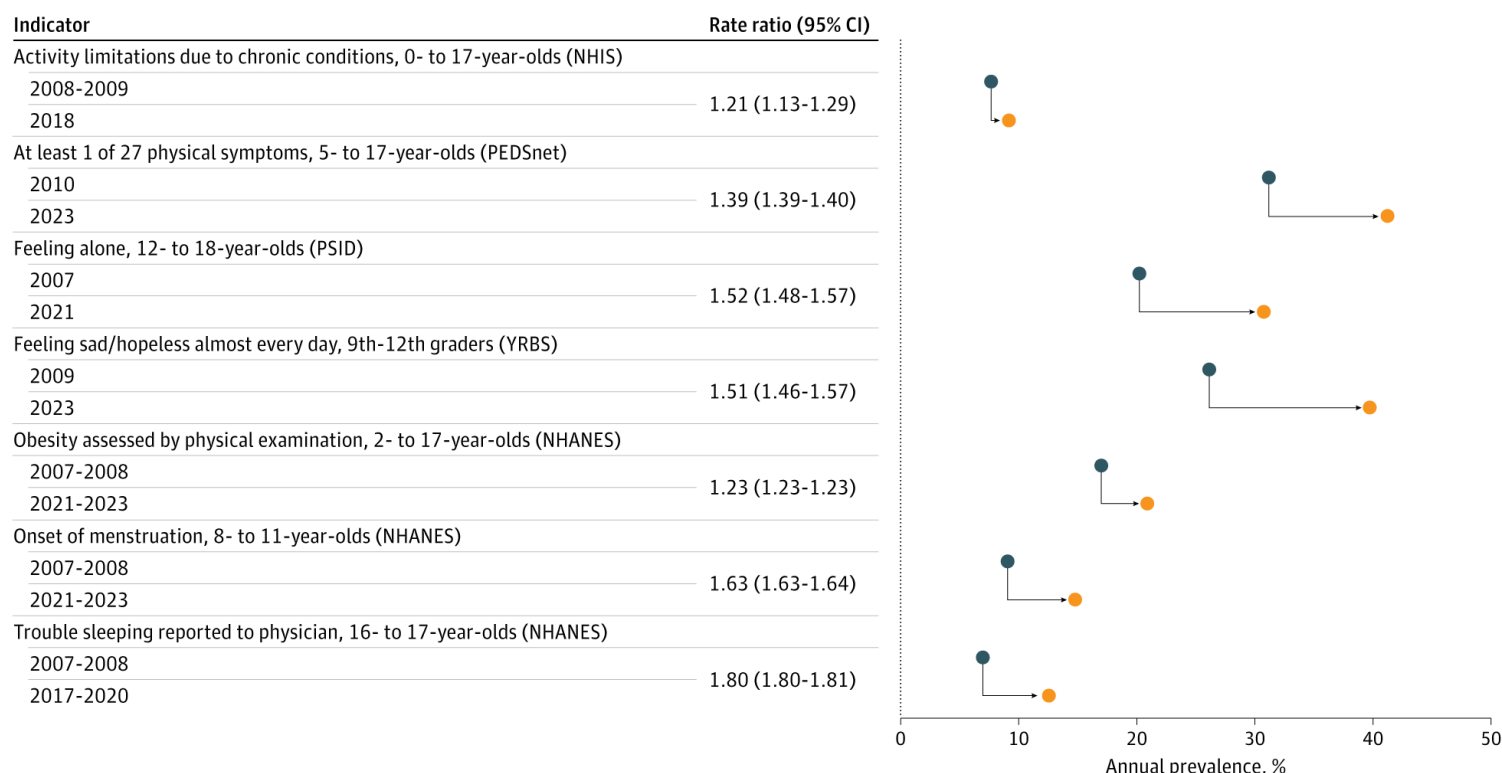


Asthma rates significantly decreased, while the prevalence of several conditions significantly rose in both data sources: anxiety (which had the highest level of increase), autism, behavioral/conduct problems, developmental delay, depression, speech/language disorder, vision problems, and attention-deficit/hyperactivity disorder.

Obesity, Functional Status, and Symptoms

From 2007-2008 to 2021-2023, childhood obesity rates for 2- to 19-year-old individuals significantly increased from 17.0% to 20.9% (RR, 1.23 [95% CI, 1.23-1.23]). Early onset of menstruation (before 12 years of age) rose from 9.1% in 2007-2008 to 14.8% in 2021-2023 (RR, 1.63 [95% CI, 1.63-1.64]), while trouble sleeping for 16- to 17-year-old individuals increased from 7.0% in 2007-2008 to 12.6% in 2017-2020 (RR, 1.80 [95% CI, 1.80-1.81]). Limitations in activity due to a chronic disease rose from 7.7% in 2008-2009 to 9.1% in 2018 (RR, 1.21 [95% CI, 1.13-1.29]). In 2018, 71.7% of the children with limitations in their activity had developmental disorders as the chronic disease to which the limitations were attributed.

Change in Annual Prevalence for Obesity, Onset of Menarche, Limitations in Activity, Physical Symptoms, and Emotional Symptoms in US Children, 2007-2023



The time trend comparisons showing declines in health are significantly different for all the health indicators. Obesity was assessed by physical examination. Parents' reports were used for early onset of menstruation, trouble sleeping, and activity limitations. Youth self-reports were obtained for feeling sad/hopeless and feeling alone. Physical symptoms from PEDSnet data relied on physicians' diagnoses recorded in electronic health records. For each outcome, blue dots represent the earlier time point and orange dots, the later. NHANES indicates National Health and Nutrition Examination Survey; NHIS, National Health Interview Survey; PSID, Panel Study of Income Dynamics; and YRBS, Youth Risk Behavior Surveillance System.

Annual rates of 27 physical symptoms diagnosed by physicians were examined, eg, abdominal pain, fatigue, cough, and constipation. In 2010, 31.2% of 5- to 17-year-old individuals experienced at least 1 physical symptom rising to 41.2% by 2023 (RR, 1.39 [95% CI, 1.39-1.40]); 22 of the 27 symptoms significantly increased by 10% or more over the time period. The 3 symptom categories with the largest

increases were dermatological symptoms (RR, 4.84 [95% CI, 4.70-5.00]), pain (RR, 3.68 [95% CI, 3.58-3.77]), and menstrual disorders (RR, 2.99 [95% CI, 2.90-3.08]).

Depressive symptoms (feeling sad or hopeless) significantly increased from 26.1% of 9th to 12th graders in 2009 to 39.7% in 2023 (RR, 1.51 [95% CI, 1.46-1.57]). Loneliness feelings (feeling alone) among 12- to 18-year-old individuals significantly rose from 20.2% in 2007 to 30.8% in 2021 (RR, 1.52 [95% CI, 1.48-1.57]).

Discussion

From 2007 to 2023, children's health in the US has steadily declined across mortality; chronic physical, mental, and neurodevelopmental conditions; functional status; and physical and emotional symptom domains. This conclusion is supported by this study's systematic analysis of 8 datasets that had multiple data collection methods and a comprehensive set of 172 pediatric health indicators. Data sources included national mortality statistics, EHR data, and nationally representative surveys. The survey datasets selected were national in scope, covered at least a decade of data, and included indicators of chronic conditions, obesity, functional status, or symptoms.

From 2007 to 2022, infants born in the US were 78% more likely to die when compared with their counterparts in other high-income countries. Similarly, US 1- to 19-year-old children and youth were 80% more likely to die. In addition, more recent mortality rates in this age group seemed to be rising faster in the US than in the OECD18 (18 comparator high-income nations from the Organization for Economic Co-operation and Development). The causes of death that appeared to be driving the excess deaths in the US were prematurity, sudden unexpected infant deaths, and congenital anomalies for infants and firearms, motor vehicle crashes, substance use, and homicide among the 1- to 19-year-old age group. In 2020, firearm deaths became the leading cause of death among children and youth in the US.²⁶ This study's results indicated that US children were 15 times more likely than their counterparts in the OECD18 to die by a firearm.

Nearly half of all children receiving care in the PEDSnet multicenter network had a chronic health condition, while one-third of children in the general population experience from 1 of 15 parent-reported chronic conditions. Furthermore, obesity now affects 20% of children, and early puberty is increasingly common among girls, with 1 in 7 beginning menstruation before age 12 years. Temporal trends also showed deterioration in sleep health and increasing limitations in activity, alongside worsening of an extensive range of physical and emotional symptoms.

United States Government CDC (U.S. Center for Disease Control and Prevention)

About Obesity

Key points

- Obesity is a common, serious, and costly chronic disease.
- In the United States, 1 in 5 children and 2 in 5 adults have obesity.
- CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) helps national, state, and local partners make healthy living easier through public health strategies.

Why it matters

Children with obesity are more likely to have numerous health conditions. These include high blood pressure and type 2 diabetes. Children with obesity are also more likely to have obesity as adults. Adults with obesity have a higher risk of developing many diseases. These include heart disease, type 2 diabetes, and some types of cancer. Obesity costs the US healthcare system almost \$173 billion a year.

Obesity also affects the nation's military readiness. Only 2 in 5 young adults are weight-eligible and physically prepared for basic training. A healthy diet and regular physical activity help people achieve and maintain a healthy weight.

Factors that influence obesity

- Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables.
- Fewer than 1 in 4 youth get enough aerobic physical activity.
- Just 1 in 4 adults fully meet physical activity guidelines.

What CDC is doing

CDC partners with state and local groups to prevent obesity and support individuals with obesity through the following programs:

- [State Physical Activity and Nutrition](#) (SPAN)

Georgia

Recipient: Georgia State University Research Foundation, Inc.

Sector: University

Principal Investigator Contact Information:

Chris Parker - chrisparker@gsu.edu

Project Overview: The Georgia SPAN program is:

- Working on healthier food service guidelines, procurement and promoting healthy eating research guidelines, and the Georgia Fresh for Less voucher incentive program.
- Focusing breastfeeding on worksite policy adoption.
- Engaging partners in urban and rural locations to promote community design for physical activity and capacity building that improves connectivity.
- Assessing the early care and education (ECE) landscape. The goal is the active integration of nutrition and physical activity into quality rated standards.
- Aligning the existing Georgia Farm to ECE 2021-2025 Strategic Plan with CDC's Spectrum of Opportunities.

- [High Obesity Program](#) (HOP)

Georgia

Recipient: University of Georgia (Athens)

State: Georgia

Counties: Calhoun, Clay, Dooly, Stewart, Taliaferro, Burke, Crisp, McDuffie, Richmond, Rockdale, Sumter, and Washington

Principal Investigator contact information:

Heather Padilla

hmpadilla@uga.edu

Project Overview: The University of Georgia's HOP is:

- Conducting landscape assessments to identify characteristics of the food environment and community design in each county.
- Working with community partners to adopt and implement food service guidelines, expand fruit and vegetable voucher incentives and produce prescription programs, and connect activity-friendly routes to everyday destinations.
- Working with statewide partners to explore ways to expand existing family healthy weight programs to reach more eligible families.

- [Racial and Ethnic Approaches to Community Health](#) (REACH)
Currently not in Georgia

CDC also works with colleagues from other groups, such as academic institutions and health care organizations. These collaborations help ensure that scientific research guides public health practice in obesity prevention. The partnerships include:

- [Nutrition and Obesity Policy Research and Evaluation Network](#) (NOPREN)
- [National Collaborative for Childhood Obesity Research](#) (NCCOR)
- [Physical Activity Policy Research and Evaluation Network](#) (PAPREN)

CDC also funds and coordinates the [Childhood Obesity Research Demonstration](#) (CORD).

Priorities

Two CDC priority strategies directly related to obesity prevention and treatment are to:

- Implement policies and activities that improve nutrition, physical activity, and breastfeeding in [early care and education](#) (ECE) programs. This includes [advancing Farm to ECE](#).
- Establish policies and activities that implement, spread, and sustain [Family Healthy Weight Programs](#).

Additional CDC priority strategies to support obesity prevention are :

- [Breastfeeding continuity of care](#)
- [Increasing physical activity through community design](#)
- [Food service and nutrition guidelines](#)
- [Voucher incentive and produce prescription programs](#)

Milestones

- Obesity declined among toddlers ages 2 to 4 enrolled in WIC from nearly 16% in 2010 to about 14% in 2020. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.
- The percentage of US adults fully meeting physical activity guidelines in their leisure time increased from 14% in 1998 to 24% in 2018.
- Between 2014 and 2022, 47 states increased the number of high-impact obesity prevention standards included in their ECE center licensing regulations.
- 43 states report supporting [Farm to ECE](#) activities through state or local activities.

Child Development

Head Start/Early Head Start Enrollment Authorization

Head Start 2026-2027		Waiting List as of 8/27/2026	
Baker	17		3
Calhoun	51		0
Colquitt	136		22
Decatur/Grady	119		10
Dougherty	501		29
Early	51		8
Lee	51		21
Miller	17		5
Mitchell	51		1
Seminole	17		5
Sumter	119		37
Terrell	64		1
Thomas	68		32
Tri Couty (Marion, Schley, & Webster)	51		7
Worth	102		7
Total	1,415	Total	188

Early Head Start 2026-2027		Waiting List as of 8/27/2026	
Baker	8		4
Calhoun	40		31
Colquitt	16		36
Decatur/Grady	24		40
Dougherty	56		60
Lee/Leslie	32		17
Miller	16		6
Seminole	16		3
Sumter	80		70
Terrell	8		12
Thomas	32		13
Tri Couty (Marion, Schley, & Webster)	16		10
Worth	24		30
Total	378	Total	332

Total HS/EHS	1,783	Total HS/EHS	520
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The 2025-2026 Head Start and Early Head Start Program Information Report reveals the following information that confirms those families most in need are being served:

	Head Start	Early Head Start	Total	Percentage
CACFP – Eligible for Free Meals	1415	368	1783	100%
Diagnosed Disability	120	9	129	7.2%
High School Graduate or GED Families	246	252	1098	61.6%
Income at or Below 100% Federal Poverty Line	493	137	630	35.3%
Medicaid Eligible	1512	475	1987	100%
Single Parent Families-Female Head of Household	1274	400	1674	93.9%
TANF/SSI Recipient	91	28	119	6.7%
Unemployed Families	550	200	750	42.1%

Note: All numbers include data for terminated/unenrolled students

The following is a listing of other *known* child development and childcare programs by county that are serving Head Start/Early Head Start eligible children (*ages 0-5 and economically disadvantaged as defined by Head Start family income eligibility guidelines*). While significant in some counties, after-school child care services are purposely not included in this listing because those services are partial day services typically provided in the afternoon for only 3-4 hours primarily serving ages five and above. The approximate capacity is indicated for each program. This listing was compiled from information obtained from Bright from the Start (Georgia Department of Early Care and Learning), Georgia Department of Education, and direct contact with the listed child development and child care programs. While based on *available* information, the listing is not all-inclusive. Efforts to ensure the accuracy of the listing were limited in that sources noted some providers either do not respond or give incomplete responses to their requests for data. There are a large (and constantly fluctuating) number of “Family Childcare” and “Informal Childcare” vendors throughout the service area authorized to serve a maximum of six (6) children.

	<u>Authorized Capacity</u>
<u>Baker</u>	
Pre-K	21
<u>Calhoun</u>	
Pre-K	56
Family Day Care (Total of 1)	6
<u>Colquitt</u>	
Pre-K	428
Early Learners Academy	54
Georgia Migrant & Seasonal Head Start	100
Hands on Learning Academy	75
Kids Advocacy Coalition at Omega	91
Miss Bonnie's Daycare*	62
Moultrie YMCA	190
Moultrie YMCA South Campus	102
Mrs. D's Little Ones	59
Ms. B J's Group Daycare*	12
Ms. Brandi's*	80
Payne's Kiddie Ranch*	39
Wonderland Day Care	95
Family Day Care (Total of 2)	12
<u>Decatur</u>	
Pre-K	274
A New Generation Academy	105
Kids World Academy	167
Tiny Tots	17
Webbington Academy	44
YMCA Kids Club*	69
Family Day Care (Total of 5)*	30
<u>Dougherty</u>	
Pre-K	609
Academy Child Development	53
Academy of Excellence Learning Center, Inc.	89
Albany Technical Institute CDC*	126
Alma's Baby World	109
Amazing Minds Learning Academy	31
Beginning Steps	22
Bright Little Learners	35
Child Care Network*	455
Family Literacy Connection	76
Fun Villa Daycare	150
God's Foundation Christian Academy*	47
Greene's Child Development Center*	17
Just A Kid	165
Just Like Home Early Learning Center	63

	<u>Authorized Capacity</u>
Keys to Learning	115
Kid's Corner Child Development Center	124
Kids Express Learning Academy*	35
Land of Little People	18
Leaders of Tomorrow Learning Center*	18
Little Blessings Day Care*	18
Little Life Academy	14
Lolly Lane*	59
Melson's Christian Daycare	18
Miss Jan's Nursery & Playschool*	58
Monumental Developmental Center*	111
My Bright Stars Childcare and Learning Center	19
New Beginning Early Learning Academy*	158
New Birth Learning Institute*	240
New Legacy Montessori School	140
New Seasons CD & Learning Center	47
Petty's Preschool	52
Precious Moments*	29
Pre-School Academy Learning Center*	99
Prep Academy of Learning	185
Preschool Scholars LLC	26
Rochell's Angels	110
Romper Room Play School	41
Sister/Sister Learning Center*	148
Smith's Day Care Center*	56
Solomon Leadership Academy Daycare	24
South Georgia Child Care	34
Sunshine Learning Academy LLC	54
The Family Tree CDC	253
Victory Kids Academy	181
Family Day Care (Total of 9)*	54
<u>Early</u>	
Pre-K	59
Rocking Horse Childcare Center	88
Family Day Care (Total of 7)*	42
<u>Grady</u>	
Pre-K	180
Auntie Ann's Learning Center	71
Buttons and Bows	18
Cairo 1 st United Methodist Church	42
Here We Grow	110
Learning Adventures Preschool	64
Little Sprouts	25
Paramore Preschool Academy	72
Family Day Care (Total of 10)*	60

	<u>Authorized Capacity</u>
<u>Lee</u>	
Pre-K Public	269
Best Buddies at Oakland	194
Grace City Childcare	30
Magnolia Academy	254
Rising Stars Enrichment Center	110
Wee-Kare Daycare & Preschool, Inc.	91
Family Day Care (Total of 2)	12
<u>Marion</u>	
Pre-K	60
Family Day Care (Total of 2)	12
<u>Miller</u>	
Pre-K	40
Little Pirates	74
Miller County Care Academy	87
New Life Learning Center*	113
<u>Mitchell</u>	
Pre-K	155
Guardian Angels Learning Center	34
Hand Memorial United Methodist Day Care*	50
Kelley House Kids	12
Kidsville	18
The Learning Play Center	92
Tina's Tiny Tots	18
Family Day Care (Total of 1)	6
<u>Schley</u>	
Pre-K	79
Play Zone	66
<u>Seminole</u>	
Pre-K	75
Inquisitive Mindz Learning Academy	126
Little Indians Day Care Center*	154
New Beginning Day Care	72
<u>Sumter</u>	
Pre-K	243
Bright Beginnings	110
Christian Outreach Early Learning Center	40
First Baptist Preschool	100
First Beginning Day Care	37
Giggles and Smiles	142
Jackie's Lil Tooty Tots Daycare	12

	<u>Authorized Capacity</u>
Kid's Castle Daycare & Learning Center	28
The Southland Academy, Inc.*	93
Tooty Tots	76
Family Day Care (Total of 5)	30
<u>Terrell</u>	
Pre-K (Public)	37
<u>Thomas</u>	
Pre-K	452
Butler/Mason YMCA Childcare	239
Davis Child Care	12
Glad Tidings Academy	178
Hands on Learning Academy	21
Mount Zion Day Care Center	34
New Oak Academy	98
Smart Start Pre-School Learning Academy	86
Tender Loving Care	53
Thomasville Child Care Center	134
Thomasville Christian School "TCS Kids"	17
Thomasville Community Resource Center	79
Thomasville Learning Center (TLC)	73
YMCA Early Learning Center	91
Family Day Care (Total of 7)*	42
<u>Webster</u>	
Pre-K	18
<u>Worth</u>	
Pre-K	135
Backyard Buddies Daycare, Inc.	65
Learning Tree Educational Center	36
Miss Georgee's Play-kare	108
Small Kidz Daycare and Learning Center	68
Family Day Care (Total of 2)*	<u>12</u>
Total	12,906

Education, health, nutrition, and social service needs of Head Start eligible children and their families were defined by families of Head Start eligible children and institutions in the community serving young children through the community assessment approach outlined previously.

- Percentage of respondents who indicated that they need assistance providing for the nutritional needs of their child(ren) 13.1%
(Comparable measure taken from 2023 community assessment) 11.4%
(Comparable measure taken from 2020 community assessment) 18.2%

- Percentage of respondents who indicated that they need help obtaining medical, dental, or psychological services for their family 13.94%
(Comparable measure taken from 2023 community assessment) 10.6%
(Comparable measure taken from 2020 community assessment) 7.84%

It is estimated that 1,543 children ages five and under with physical, developmental, medical, or psychological needs reside in the 18-county service area. This conservative estimate equates to approximately 6.5% of all children under the age of five. The U.S. Census Bureau estimates that 6.5% of children living in poverty were more likely to have a disability than children living above the poverty level. The Disabilities Specialist surveyed agencies throughout the service area that serve disabled children ages four and under to obtain numbers referenced in the chart below. Note: numbers were requested from local school systems but not received.

<i>Diagnosed Disability</i>	<i>Number of Children</i>	
	<i>Head Start</i>	<i>Early Head Start</i>
Autism	3	1
Health Impairment	1	0
Speech/Language	30	0
Developmental	10	0
Multiple Disabilities	57	1
Open Concerns (Not Diagnosed)	80	3
Total	181	5

The Georgia Department of Education's Response to Intervention (RTI) policy dictates the referral process for children with suspected disabilities. RTI requires that children with suspected disabilities be subjected to a series of prior interventions -- including progress monitoring, differentiated instruction, and documentation -- that must be carried out over a specified period of time (between four and twelve weeks) before the child can be referred to the local school system for evaluation. A minimum of ten percent of Head Start funded enrollment must be children with diagnosed disabilities. RTI challenges our ability to meet the requirement.

In addition to RTI, other factors are developing that affect enrollment of children with disabilities. For example, state licensing regulations now mandate that all licensed child care centers include children with disabilities. Moreover, pre-k programs operated by local school systems are now including children with special needs.

Following is a list of community agencies providing relevant services and resources to children with disabilities. Services and resources range from early intervention and evaluation to occupational, physical, and speech therapy to actual medical care and parent support groups.

- Answers Now
- Babies Can't Wait
- Bright From the Start
- Children's Medical Services (CMS)
- Easter Seals
- Child Care and Referral Agency
- Local Education Agencies (LEAs)
- Georgia Learning Resource System (GLRS)

- Interagency Collaborative Council (ICC)
- Parent to Parent
- Children First
- Navigator Disabilities Centers
- Local Public Health Department Offices
- Private Pediatric Physicians

Head Start/Early Head Start
Philosophy, Long-Range & Short-Range Program Objectives

The services of the Agency's Head Start/Early Head Start program are based on a philosophy that a child can benefit most from a comprehensive program designed to foster age-appropriate development and remedy problems that inhibit progress. The Agency recognizes that the child's entire family as well as the community must be involved in the education and growth stimulation process. Program design emphasizes the strengths and unique experiences of each child.

The family, perceived as the principle influence on the child's development, is a direct participant in the program. Local communities are encouraged to provide input on program design including goals, objectives, and standards for a comprehensive program. Program design is based on the premise that all children share certain needs and that children of eligible families, in particular, can benefit from a comprehensive development service to meet those needs.

The foremost goal of the program is to break the cycle of poverty by working with children to ensure that they are developmentally on track for their age and working with their families to strengthen the family unit.

Long-range program objectives include:

- Continue CDC renovations to bring into compliance with local and state regulations by assessing facility needs and completing the bid process in a timely manner
- Consider the benefits of educating those involved in a child's life and provide funding for parents/care givers/guardians to attend educational institutions
- Increase Early Head Start authorization and number of participants served
- Establish summer enrichment programs to maintain contact with and meet the needs of existing families during the summer break for the purpose of maintaining continuity of services
- Attain top designation for all CDCs from the Bright from the Start STAR Rating System
- Increase school readiness in all Head Start/Early Head Start students
- Assist parents in identifying their strengths, fulfilling basic needs, and establishing and meeting personal and family goals
- Create a data plan that can be used as a tracking measure for Head Start students through the 3rd grade of public school

Short-range program objectives include:

- Link families to educational opportunities by collaborating with GED and diploma programs in each county
- Increase community awareness of Head Start and Early Head Start program
- Increase parent participation at parent meetings
- Plan and establish school readiness goals
- Improve interpretation of assessment data that is used to track child development
- Increase Head Start/Early Head Start parental knowledge of their rights, responsibilities, and roles
- Maintain STAR designations for each of the 19 currently rated CDCs and obtain for the remaining two (in process) from the Bright From the Start STAR Rating System. Sumter CDC recently moved to a different facility and has not started the rating process.
- Identify any gaps in current data tracking system to ensure concise and consistent data dissemination to parents and other stake holders.

- Train teachers on intentional teaching and well-organized, stimulating, and purposeful learning environments/materials
- Continue recruiting staff with diverse backgrounds
- Work with teachers on developing individualized plans for children based on ongoing assessments
- Partner with communities to promote community building, referrals, networking, and family/child advocacy
- Develop a system to link all child outcomes, aggregate, and analyze

Type of Component Services Most Needed, Program Option(s) Implemented
for Head Start/Early Head Start

Assessment of CA data reveals a need to either enhance or add the following types of component services:

- Increase Early Head Start (serving ages 0-3 years)
- Parenting classes
- Male involvement/fatherhood programs
- Family literacy, including the establishment of linkages to existing family literacy programs
- Youth development (focus on older siblings of Head Start/Early Head Start children, particularly in the smallest communities where there are often no organized activities targeting youth)

Based on assessment of CA data, the Agency is either currently utilizing or striving to implement the following program options to more adequately meet current and emerging needs:

- Full year (12-month duration, *striving to implement in the future*)
- Full day (8-hour service day, *presently utilized at all CDCs*)
- Extended day (beyond 8-hour service day, *striving to implement in the future*)
- Center-based (*presently utilized, will continue utilizing for the foreseeable future*)

Head Start/Early Head Start Recruitment Area

The Agency is authorized to provide Head Start/Early Head Start services within an 18-county area that includes the following counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Marion, Miller, Mitchell, Schley, Seminole, Sumter, Terrell, Thomas, Webster, and Worth. These counties comprise the Head Start/Early Head Start recruitment area.

Criteria that define the types of children and families given priority in the local recruitment and selection process are based on guidelines found in the National Head Start Performance Standards and CA data that define the families most in need and most likely to benefit from Head Start services. The most significant recruitment challenges are the recruitment of 4-year-olds and the retention of Early Head Start participants (ages 0-3) during the summer months. Georgia's popular lottery-funded public pre-k program serves 4-year-olds at no cost to parents and receives substantial publicity statewide. Most lottery-funded pre-k programs in Southwest Georgia are provided through local public-school systems. While Georgia's pre-k program does not provide the health service benefits that Head Start provides, parents often choose pre-k over Head Start due to convenience if they have other children attending public school. The school systems have also been very aggressive in their recruitment of 4-year-olds, and the public generally views public school systems as "the standard" for a quality education. In reality we are "competing" with public school systems for 4-year-olds. As a result, we struggle to recruit 4-year-olds and have a much larger population of 3-year-old children attend our program than 4-year-olds. The disproportionate number of 3-year-olds drives up costs because of the resulting impact on class sizes, staffing requirements, and space needs. Recently this year, Georgia's lottery-funded Pre-K program, long touted as a national model for 4-year-olds, is suddenly at the center of a big new question: should 3-year-olds get in on the action too? Early-education advocates and a growing number of lawmakers want the state to explore a "3K" option that would roll out gradually, with supporters arguing it could boost school readiness and ease steep child-care bills for working families. This would add an additional hurdle to overcome as Head Start/Early Head Start strives to serve 3-year-olds. So far, this has not come to fruition.

Retention of Early Head Start participants during the summer months has been a significant challenge since we initiated Early Head Start services years ago. Surveys indicate a need for services during the summer months, yet we have identified several factors that hinder recruitment and retention efforts. Parents of Early Head Start participants with school age siblings often indicate that they do not have affordable summer child care options for school age children and simply prefer to keep their Early Head Start eligible children at home with their siblings. The summer months also are typically busier months for families due to warm weather activities, travel, and vacations.

Due in part to sharply rising costs associated with the unstable U.S. economy, the current level of funding is inadequate to continue providing the current level of service to the full number of authorized children and families. Additional funding is needed to absorb the growing cost of doing business due to current economic conditions, salary increases due to employees achieving degrees of higher learning, and price volatility for necessities such as food and petroleum. Funding is also needed to secure space adequate to consolidate multiple Dougherty County sites rather than continue providing major repairs and upgrades to aging Dougherty County facilities that were inherited when the Agency was named the replacement grantee for Dougherty County in 2005. Consolidation of multiple sites will result in substantial cost savings over time due to upgrade of facilities, economies of scale, and elimination of duplicate staff positions. The regular Head Start enrollment number for the school year 2026-2027 is 1,415. The Early Head Start enrollment number is 368. Total enrollment is 1,783.

Community Survey

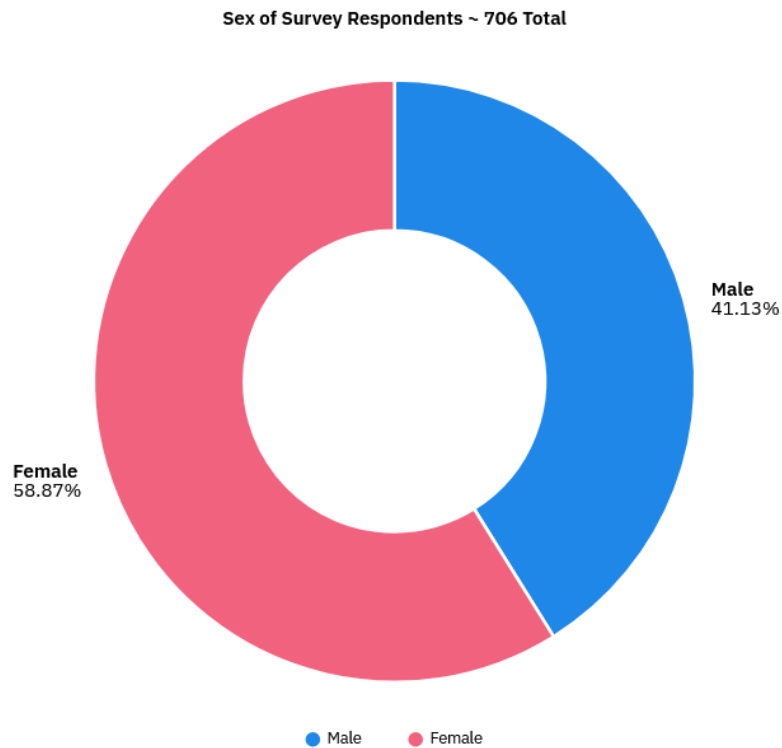
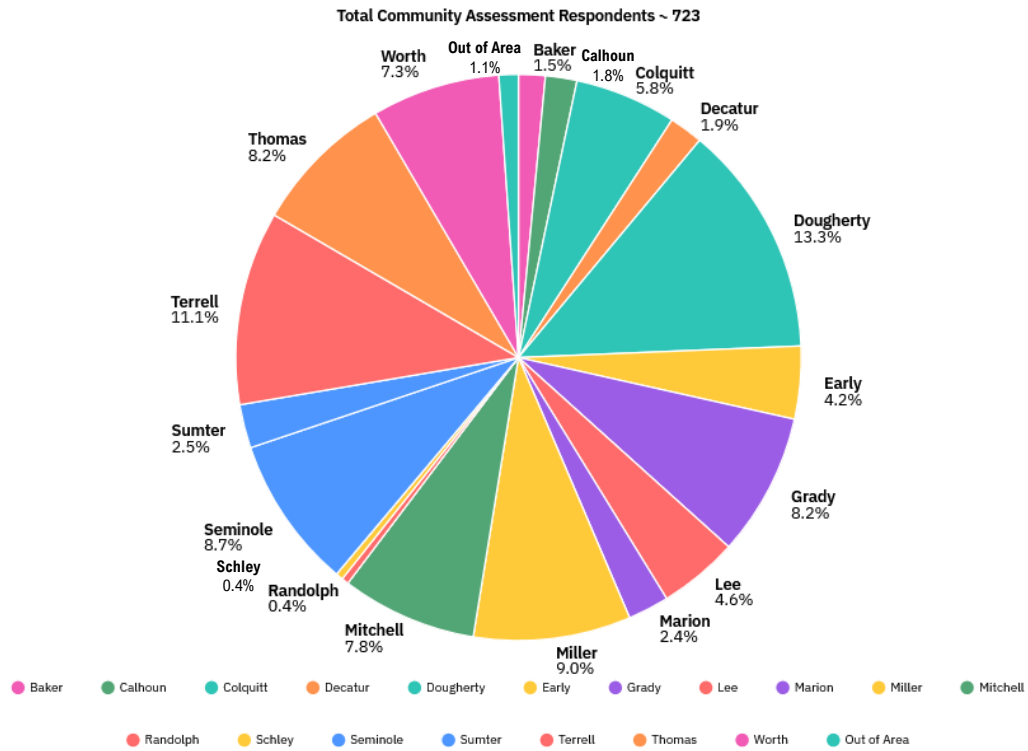
This Section includes key findings of the needs of the communities assessed. (CSBG Org Std 3.4)

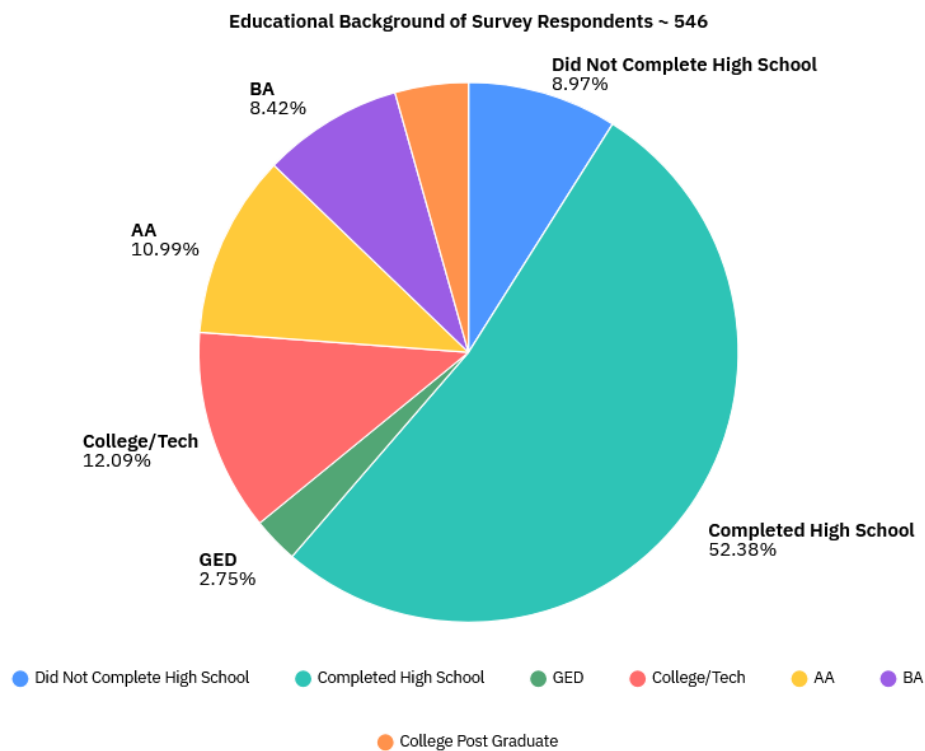
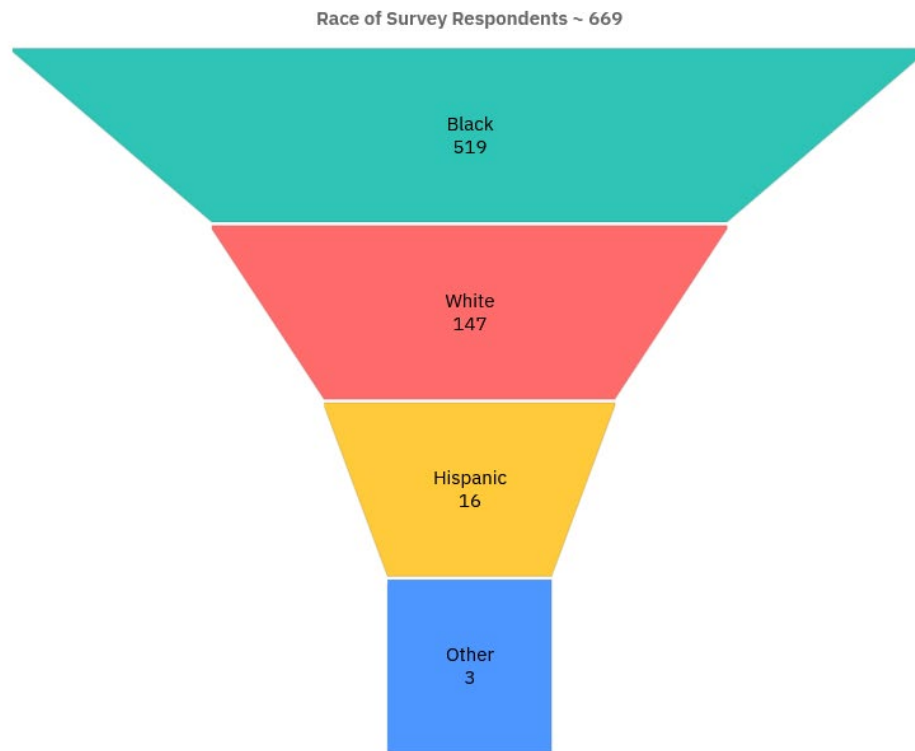
A total of **723** individuals participated in the survey portion of this assessment (1080 in 2023). The average age of survey respondents was **46** years, below the average age of 48.3 in 2023 and 51.2 years in 2020. A copy of the survey instrument is included as a part of **Attachment B**. In the interest of clarity and brevity, survey results *by county* are not included in this compilation but can be obtained by contacting the Southwest Georgia Community Action Council, Inc., headquarters in Moultrie. Consolidated survey results for many of the survey questions are revealed through charts and graphs in the following pages. Consolidated survey results follow for all other questions.

(Note: Responses are numbered to coincide with the numbering on the actual survey instrument. It may be helpful to refer to the survey instrument included in Attachment B. Results are based on 1,080 survey respondents, although some respondents did not answer all survey questions. Statistics are based on the number responding to the particular survey question.)

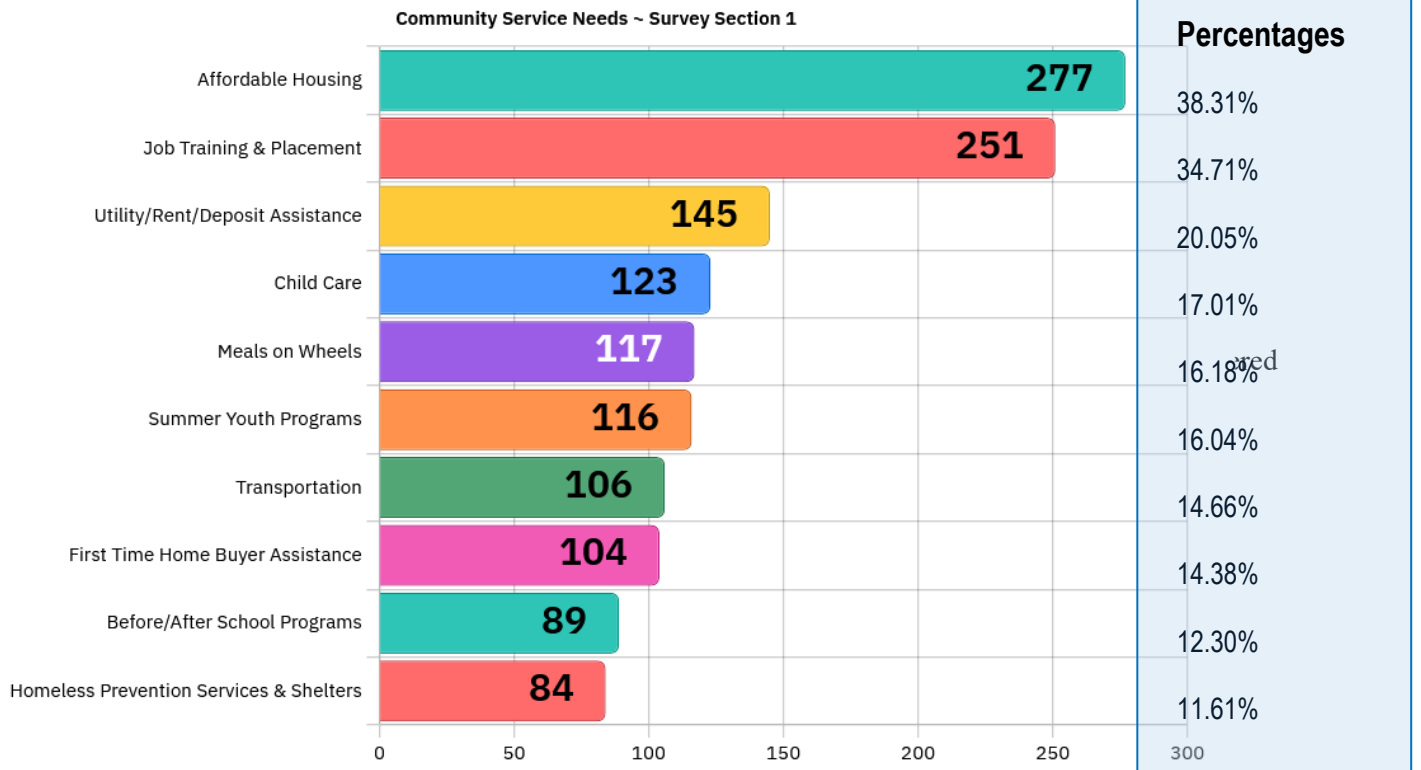
■ County of Residence

Baker	11
Calhoun	13
Colquitt	42
Decatur	14
Dougherty	96
Early	30
Grady	59
Lee	33
Marion	17
Miller	65
Mitchell	56
Randolph	3
Schley	3
Seminole	63
Sumter	18
Terrell	80
Thomas	59
Webster	0
Worth	53
Out of Area	8

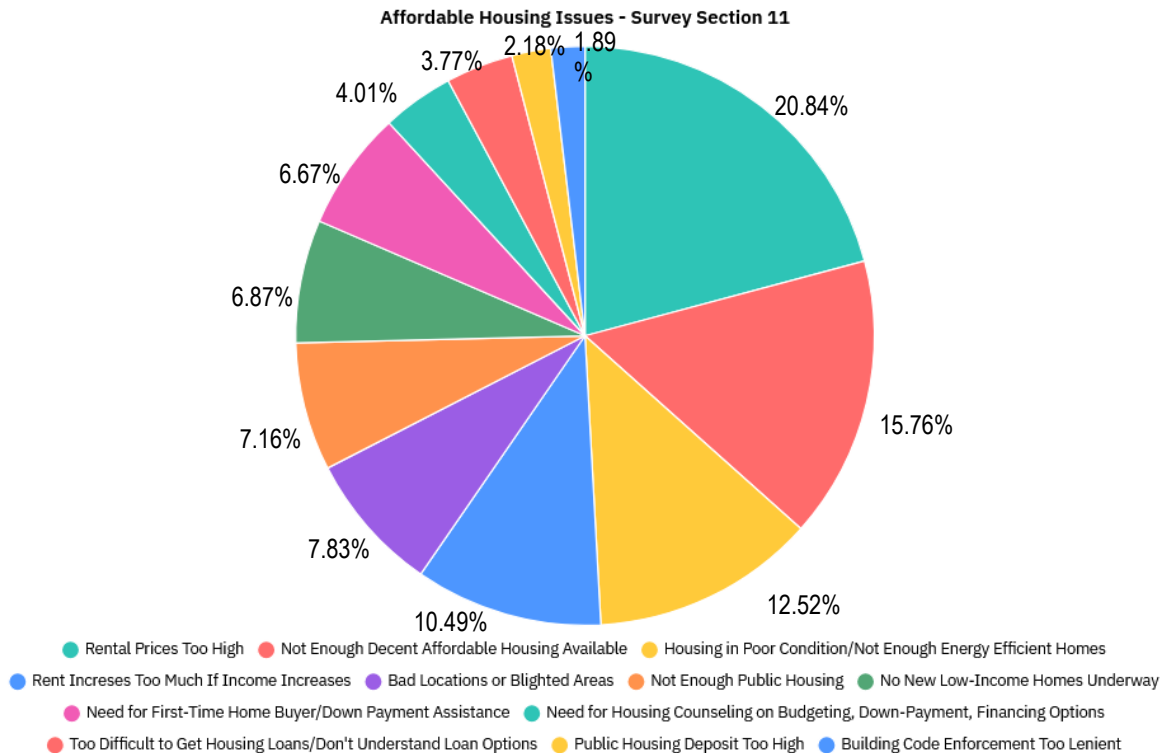




Top Ten Identified Needs of 25 Options to Choose From



SECTION II: Housing

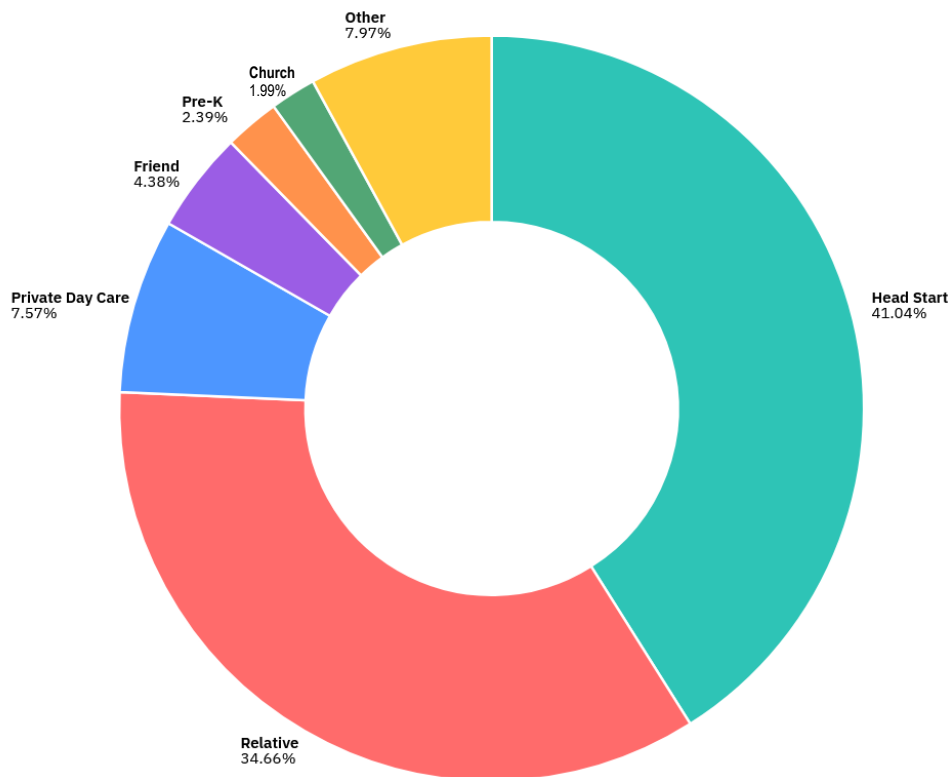


SECTION III: Child Development

2. Have you had a child attend Head Start or Early Head Start? **71.31%** of respondents answered “yes”.
3. Other than your spouse, during working hours who takes care of your preschoolers age 5 years and under? *Respondents were given seven options to choose from, with the following frequency of responses:*

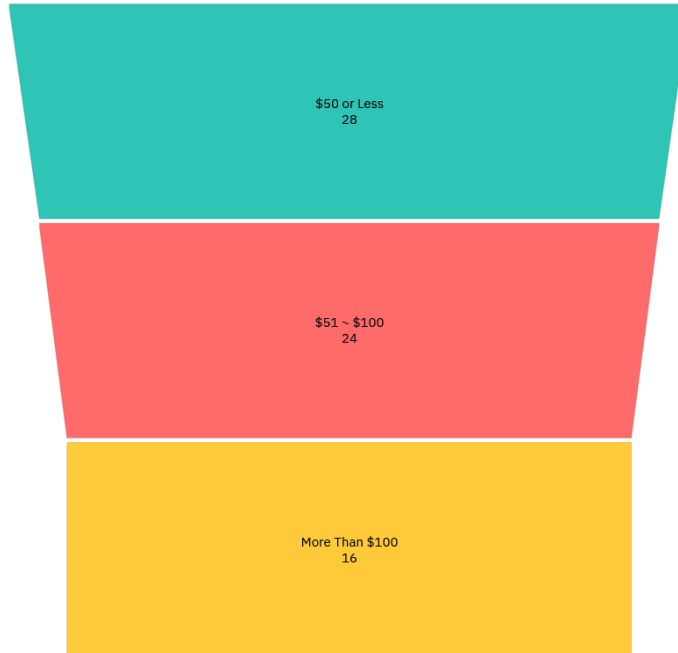
● Head Start	41.04%
● relative	34.66%
● private day care	7.57%
● friend	4.38%
● Pre-K	2.39%
● church	2.0%
● other	7.97%

Section 3 ~ Child Development ~ Question #3 ~ Other Than You or Your Spouse,
During Working Hours Who Takes Care of Your Preschoolers?



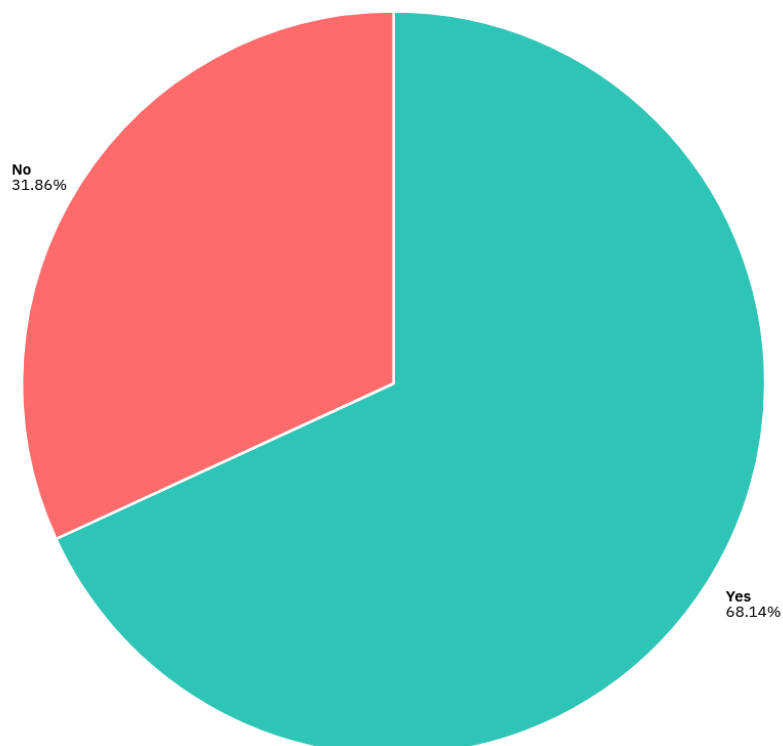
4. Do you have to pay your caretaker? **27.09%** of respondents have to pay their caretaker. If so, what do you pay per week? *Respondents were given three choices: \$50 or less, \$51-\$100, and more than \$100.* **41.17%** of respondents indicated that they pay \$50 or less, while **23.52%** indicated that they pay more than \$100 per week.

Section 3 ~ Child Development ~ Question #4 ~ Do You Have to Pay Your Caretaker?



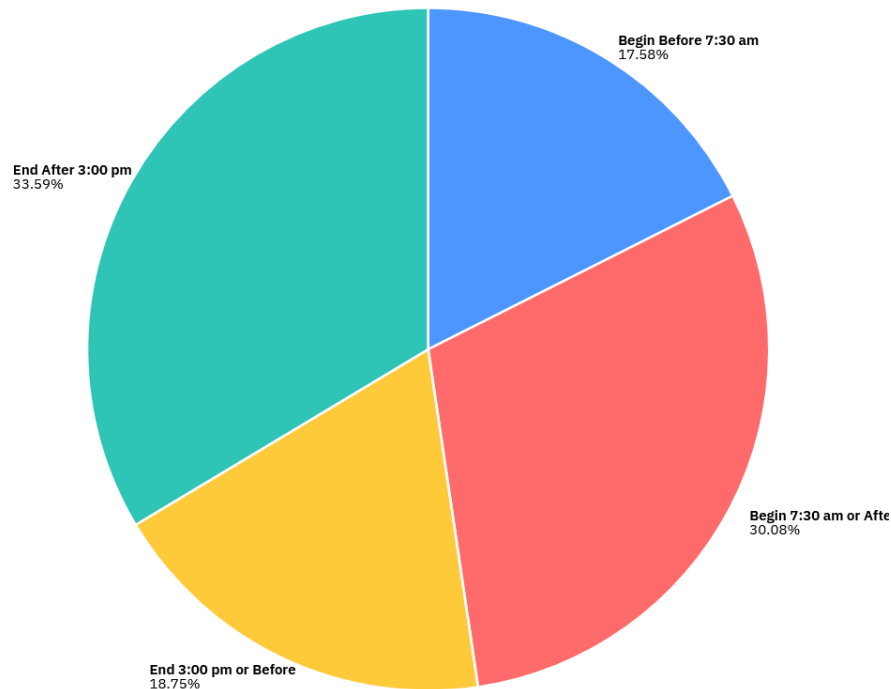
5. Are you a single parent? **68.14%** of respondents answered “yes”.

Section 3 ~ Child Development ~ Question #5 ~ Are You A Single Parent ~ 204 Respondents



6. Is the other parent involved in your child’s life? **36.27%** of respondents answered “no”.

7. What times of the day do you need childcare services?



8. Do you need help in providing for the nutritional needs of your child? **16.17%** of respondents answered “yes”.

9. Do you need help obtaining medical, dental, or psychological services for your family? **17.15%** of respondents answered “yes”.

10. Respondents were asked to identify services that their households utilize at least once per year. *Following is the percentage of survey participants selecting the particular service:*

● Doctor/Dentist	66.13%
● Mental Health	34.31%
● Social Security Office	33.82%
● Department of Family and Children Services (DFCS)	10.29%
● Department of Labor	9.31%
● Babies Can’t Wait	5.88%
● Cooperative Extension Service	3.43%
● Health Department	0.98%

11. Respondents were asked to indicate if they have children with any special problems. *Following is the percentage of survey participants indicating the particular problem:*

● speech impairment	15.19%
● physically disabled	8.82%
● other	7.84%
● chronic illness (diabetes, heart, asthma, sickle cell anemia, etc.)	1.96%
● hearing impairment	1.47%
● visual impairment	1.47%

12. Respondents were asked to identify community agencies that provide services to address special problems for their children. *Following is a listing of responses including the agency and service. Some respondents only listed the agency and not the service.*

Answers Now ABA	ABA Therapy
Babies Can't Wait	Speech & Occupational Therapy
DFCS	Medicaid
Easter Seals	PediaSure, Pull Ups, & Wipes
Milestones	Physical Therapy
New Hope Clinic	Find Doctor
Renaissance Centre	ADHD
WIC	Food for Baby

SECTION IV: Family Income ~ 226 Respondents

1 What is your total Yearly family income.

● \$40,000 ~ \$49,000	34.51%
● Less than \$20,000	31.41%
● \$20,000 ~ \$29,999	17.69%
● \$50,000 ~ \$99,999	8.84%
● \$30,000 ~ \$39,999	6.63%
● \$100,000 and above	.88%

2. Respondents were asked to identify all sources of their family income.

● full-time work	69.46%
● retirement	21.68%
● social security	6.67%
● public assistance	4.86%
● seasonal	2.21%
● migrant	0.88%
● part time	0%

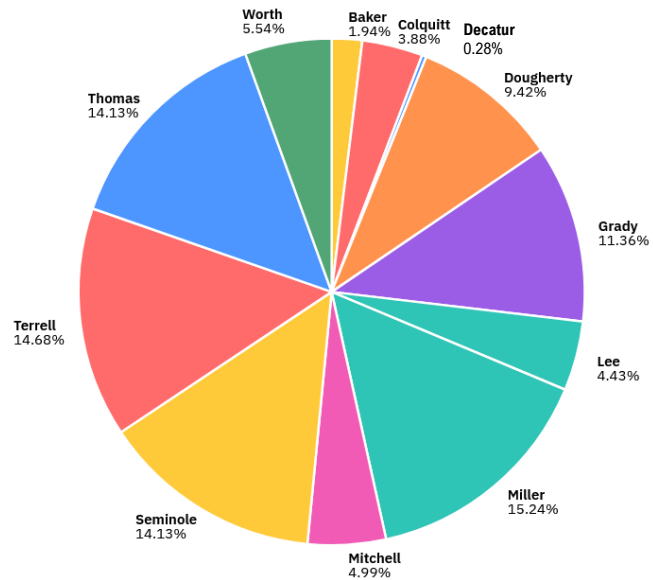
Community Survey – CSBG Eligible Respondents

This section contains analysis of information collected directly from low-income individuals as a part of the community assessment (CSBG Org Std 3.2 and 3.3). The information was collected from the community assessment survey and was broken out to include only responses from CSBG income-eligible clients.

A total of 361 CSBG income-eligible clients responded to the survey. The average age of respondents was 54.08 years.

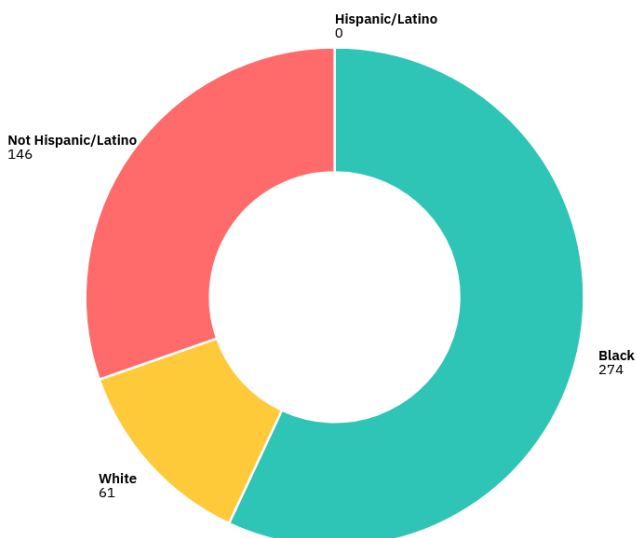
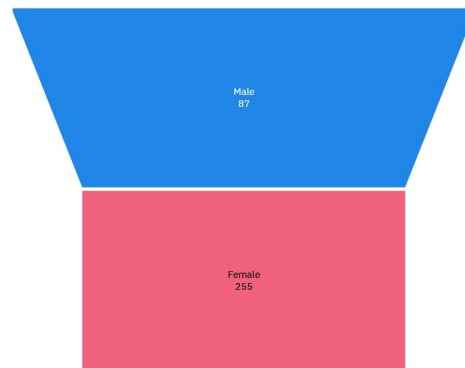
County of Residence

Baker	7
Grady	41
Colquitt	14
Decatur	1
Dougherty	34
Lee	16
Miller	55
Mitchell	18
Seminole	51
Terrell	53
Thomas	51
Worth	20



Sex of Respondents:

Male:	24.09%
Female:	70.63%
Did Not Respond:	03.87%



Race of Respondents:

Black:	75.90%
White:	16.89%
Hispanic:	00.00%
Did Not Respond:	05.81%

High School Diploma/GED or less: 65.09%
College Degree, Technical School or Postgraduate: 15.78%

Section 1 ~ Community Services

Survey participants were asked to identify the top service needs in the community from a list of 25 choices. The top five service needs were:

- | | |
|---|--------|
| 1. Affordable Housing | 32.96% |
| 2. Job Training & Placement | 30.19% |
| 3. Meals on Wheels | 25.48% |
| 4. Utility/Rent/Security Deposit Payment Assistance | 21.32% |
| 5. Transportation | 16.34% |

Percent that do not have reliable transportation or access to reliable transportation: 14.32%
Percent that do not have health care insurance coverage: 15.31%

Section 2 ~ Housing

Survey participants were asked to identify the top affordable housing issues for low-income households from a list of 12 choices. The top five issues were:

- | | |
|--|--------|
| 1. Rental Prices Too High | 42.93% |
| 2. Not Enough Decent Affordable Housing Available | 38.22% |
| 3. Housing in Poor Condition/Not Enough Energy Efficient Homes | 24.09% |
| 4. No New Low-Income Homes Underway | 14.95% |
| 5. Not Enough Public Housing | 14.68% |

Section 4 ~ Family Income

1. What is your total Yearly family income:

Less than \$20,000 ~ 30.47%	\$20,000 ~ \$29,999 ~ 18.0%	\$30,000 ~ \$39,999 ~ 14.40%
\$40,000 ~ \$49,999 ~ 03.60%	\$50,000 ~ \$99,999 ~ 01.08%	\$100,000 and above ~ 00.27%

2. What is the source of your family income?

Social Security ~ 31.57%	Full Time Work ~ 27.14%	Public Assistance ~ 13.57%
Part Time Work ~ 11.08%	Retirement ~ 08.58%	Seasonal ~ 02.21%
Migrant ~ 0		

Identified Community Strengths

- Southwest Georgia Community Action Council, Inc. – The Agency provides a variety of services targeting low-income families including community services, Head Start/Early Head Start child development services, and housing and energy services. The Agency also boasts a payroll of approximately 518 employees, providing significant support for the local tax base and furthering economic diversity for the region
- The cost of living in Southwest Georgia is comparatively low to the state and national average cost of living.
- Southwest Georgia produces an abundance of various agricultural products including cotton, peanuts, fruits, vegetables, and timber. The region's agricultural industry provides numerous jobs within the area.
- Southwest Georgia boasts an abundance of natural resources such as water, woodlands, and tillable farmland.
- Southwest Georgia boasts a wealth of public and private outdoor recreational opportunities including public fishing, hunting, boating, camping, and hiking.
- Southwest Georgia is home to three technical colleges, two senior state colleges, two senior/master's state universities, and one senior/master's private university. All of the technical colleges have campuses in more than one county. Several other 2- and 4-year post-secondary schools offer off-campus courses within the service area. Philadelphia College of Medicine South Georgia is in Moultrie, GA.
- Planning and management of Coordinated Transportation services by the Southwest Georgia RDC ensures that fees for the service are reasonable and are reinvested in Southwest Georgia to perpetuate the service.
- The City of Moultrie, located in Colquitt County, hosts the annual Sunbelt Agricultural Exposition. This exposition is the largest agricultural equipment show in the eastern United States. The exposition attracts thousands of visitors each October, many who reside out of state and even internationally. The result is an economic boost to the area as visitors stay in hotels, dine in restaurants, purchase fuel, and patronize other businesses while passing through southwest Georgia.
- The City of Colquitt and Miller County is home to the nationally renowned *Swamp Gravy* series of original folk life theatrical performances, bringing local stories of southern tradition to life as portrayed by local residents. The performances attract audiences from near and far.
- Often identified as a weakness, the fact that Southwest Georgia is largely a rural area is now, in some respects, considered a strength. Needs inherent to rural areas that have typically been overlooked are now recognized by grant funding sources (e.g. transportation, infrastructure, job creation, etc.).
- While the issue of homelessness has been recognized across the region as a growing problem in recent years and incidents of homelessness appear to be on the rise, the percentage of Southwest Georgians who seek assistance due to homelessness is relatively low in comparison with metropolitan areas of Georgia.

Identified Community Weaknesses/Needs (CSBG Org Std 3.4)

- The Southwest Georgia economy is primarily based on and influenced by agriculture, which can be adversely and unexpectedly impacted by natural disasters, drought, pestilence, etc.
- There is a lack of diversity in employment opportunities and the skills of the labor force across the service area. Business and industrial development is needed to increase economic diversity that would be desirable for population and economic growth.
- Much of Southwest Georgia is located away from transportation routes, limiting economic growth opportunities.
- Distribution of population over a large rural area such as Southwest Georgia contributes to a high cost of providing services.
- There exists a historic trend in Southwest Georgia toward population out migration of young economically active persons, further limiting the labor force and weakening the tax base.
- A lower percentage of the Southwest Georgia population is between the primary income earning age ranges of 18-54 and 18-64 in comparison with the State. The economic implications are that in Southwest Georgia the wage-earning population must support a proportionately larger non-income earning population in comparison with the State.
- The top community service needs identified through the community survey were:
 1. Affordable Housing (38.31% of all identified needs)
 2. Job Training & Placement (34.71% of all identified needs)
 3. Utility/Rent/Security Deposit Payment Assistance (20.05% of all identified needs)
 4. Child Care (17.01% of all identified needs)
 5. Meals on Wheels (16.18% of all identified needs)
- Access to affordable healthcare is a common need. The state average of individuals that do not have health insurance coverage is 12.0%. Baker County had the biggest increase of those without health care insurance. It went from 11.6% to 19.0%. An increase of 7.5 points. Worth County had the biggest reduction. It went from 18.4% to 12.5%. A decrease of 5.9 points.
- Southwest Georgia has a high poverty rate, as about one in every four Southwest Georgians lives in poverty. The percentage of persons living in poverty is much higher in Southwest Georgia (21.2%) than statewide (12.6%), a difference of 8.6%. The disparity has increased, as the difference was 7.8% three years ago. More than one in every three children under the age of 5 in Southwest Georgia lives in poverty. The percentage of children under the age of 5 living in poverty is much higher in Southwest Georgia (30.8%) than statewide (15.8%), a difference of 15%. The percentage of children ages 18 and under living in families where no parent has full-time, year-round employment is higher in 14 of 18 counties than the statewide percentage of 8.0%.
- Educational attainment within the service area is substantially lower than in Georgia and the nation. The percentage of adults ages 25 and older with at least a high school diploma or equivalency is lower in 16 of 18 counties than the State percentage (89.2%), while the percentage with at least a bachelor's degree is also lower in all 18 counties than the State percentage (34.9%). Eight (8) of 16 counties reporting exceed the State percentage of teens ages 16-19 who are high school dropouts. The average SAT score for the State is 1037. Decatur County's average score is 1041 and Lee County's average score is 1039.9. The remaining counties scored below average with Baker County having the lowest score of 822.7 reported and Calhoun County had too few to score (TFS). Georgia is ranked 34th in the nation.
- A common need is involvement of both parents in the lives of their children. A staggering 36.27% of community survey respondents indicated that the non-custodial parent (usually fathers) was not an active part of their child's life. The state average is 33.34%. Georgia Kids Count shows that in the 18 county service area 37,724 kids are raised in a single parent household.
- The stability of the family unit is generally weak. The state average for female-headed households is 22.5%. In the 18 county service area (31.32%) households are female-headed households without a husband present. Ten (10) of 18 counties reporting have a higher teen pregnancy rate than the

statewide rate. It should also be noted that the other eight (8) counties had too few to score (TFS). A little over twenty percent (21.94%) teens ages 15-19 giving birth in 2025 had given birth previously.

- More substantial support services are needed for single heads of households.
- The general health of expectant mothers, infants, and children in Southwest Georgia is below average. For example, the percentage of premature births is slightly higher in Southwest Georgia than statewide (14.39% to 11.8%), the percentage of low birthweight births (less than 2500 grams) is higher in Southwest Georgia (11.5% to 10.0%) per March of Dimes statistics.
- The "housing" portion of the community survey indicated a perceived need for affordable quality rental property and housing for purchase. Respondents were asked to identify the top three affordable housing issues for low-income households from among a list of 12 issues. The issues identified most often were as follows:
 1. Rental Prices Too High (20.84%)
 2. Not Enough Decent Affordable Housing Available (15.76%)
 3. Housing in Poor Condition/Not Enough Energy Efficient Homes (12.52%)
 4. Rent Increases Too Much if Income Increases (10.49%)
 5. Bad Locations or Blighted Areas (7.83%)
- The perception exists that it is too difficult to get a housing loan, especially for first-time homebuyers. Clients commonly indicate that they are capable of meeting monthly mortgage payments if they could obtain assistance in meeting down-payment requirements.
- The overall quality of the housing stock in Southwest Georgia is below par in comparison with the remainder of the state. For example, the percentage of total housing units in Southwest Georgia that are mobile homes is more than three times the percentage statewide.
- The majority of the Hispanic population of Southwest Georgia typically finds employment as field laborers, with employers offering few or no fringe benefits such as health insurance and paid sick leave. Therefore, the increasing Hispanic population is creating a greater need for affordable health care and social services. The lack of health insurance among the Hispanic population negatively impacts the local economy by causing medical care costs and health insurance premiums to increase.
- Changes to immigration laws in Georgia in recent years are jeopardizing farming operations that depend on Hispanic field laborers to plant and harvest crops. As a result, farmers may not have adequate labor to tend to crops, many laborers may no longer have a stable employment option, and consumers may experience higher food prices.
- It is commonly recognized locally that census estimates for the Hispanic/Latino population throughout Southwest Georgia are grossly underestimated. The underestimation potentially results in a loss of political representation, loss of grant funding, under funding of public services, and a loss of any public resources based on population data. The recent presences of ICE in the 18 county service area has negatively impacted census estimates and the Hispanic/Latino work force.

Identified Agency Strengths

- The Agency holds a wealth of experience (61 years) in providing services to the low-income community. An experienced and proven administrative management staff is in place that is poised to pursue expansion of Agency services.
- The Agency has a very active and loyal Board of Directors with diverse backgrounds and few absences at scheduled meetings.
- The Agency is fiscally solvent with proven fiscal and programmatic accountability.
- The Agency receives funding from a variety of funding sources and is not dependent on a single source to remain in business.
- The Agency is trusted by the low-income population.
- The Agency offers a variety of services to meet a variety of needs.
- The Agency has a staffed Neighborhood Service Center in 9 of the 14 counties that comprise the primary service area. The Agency has 21 staffed Head Start Child Development Centers (CDCs) located throughout the 18-county Head Start service area, with six (6) CDCs in Dougherty County.
- Twenty of twenty-one Head Start Child Development Centers (CDCs) are licensed and one is in process. Nineteen of the twenty-one CDCs are Quality Rated.
- Head Start provides a fleet of buses to transport children to and from CDCs in all of the counties provided Head Start services with the exceptions of Dougherty, Early, Miller, and Seminole counties.
- The Agency hired a Head Start Mentor/Coach to assist staff in identifying and reaching education goals.
- The Agency's Housing & Energy department has an experienced, highly-trained weatherization staff with certifications as required by Georgia Environmental Finance Authority. The director and three technicians are Certified Professional Energy Auditors and Quality Control Inspectors. This is an awesome accomplishment. Most Agencies don't have even one auditor or QCI. The director is also a Certified Lead Inspector. The Agency also owns and utilizes diagnostic equipment with cutting-edge technology for pinpointing energy loss.
- The Agency has the capacity to quickly mobilize resources, including personnel. As a private non-profit, the Agency typically can respond in a timely and efficient manner to accomplish objectives in crisis situations or other times when a quick response is necessary.
- The Agency is among the 20 largest employers in terms of number of employees within the 14-county primary service area providing employment for more than 500 Southwest Georgians, providing significant support for the local tax base, and furthering economic diversity for the region.
- The Agency offers a very competitive fringe benefit package for employees including accruable paid annual and sick leave, nine paid holidays, health insurance, dental insurance, vision insurance, short and long-term disability insurance, life insurance, and a 401K tax deferred matching retirement plan.

Identified Agency Weaknesses/Needs

- It is recognized by the Agency Board and management staff that the Agency is not well known within all sectors of the community, particularly among elected officials and business leaders. There have been partnership and funding opportunities where the Agency has been overlooked simply due to a lack of awareness of and knowledge about the Agency. Board members and management staff routinely encounter public officials and private citizens from varying socio-economic backgrounds who have resided within the service area for most, if not all, of their lives and indicate that they have never heard of the Agency or do not realize that the Agency is responsible for a particular service. These comments are common despite extensive efforts to increase public awareness of the Agency. These efforts include maintenance of a dedicated Agency website, targeted mailing of a full-color annual report, Agency and Head Start/Early Head Start dedicated Facebook pages, distribution of informational brochures, and direct requests for each local county unit of government to appoint public representation to the Agency Board of Directors. The Agency staff also attend community meetings and events to share information about the different programs offered through the Agency.
- The Agency has struggled to retain employees particularly in our Head Start program who obtain post-secondary degrees and decide to seek employment with local school systems for higher salaries than what we can afford to pay.
- CDCs open to parents and children at 8:00 each weekday morning. Of those responding to the applicable survey question, only (17.58%) indicate a need for child development services beginning before 7:30 a.m.
- CDCs close to parents and children at 2:30 p.m. each weekday (EHS is open until 3:00 p.m.). Of those responding to the applicable survey question, more than one-third (33.59%) indicate a need for child development services beyond 3:00 p.m. This is a significant increase from the 2023 need at 18.98%.
- The Agency has struggled to maintain Early Head Start enrollment during the summer months due to lack of participation and excessive absences by enrolled participants.
- While the Agency derives funding from a variety of funding sources, more than 90% of funding is from federal sources. Greater diversification of funding sources would minimize fiscal instability in the event that federal funding priorities change due to economic downturns, foreign interests, political administration changes, military/defense actions, or other unforeseen factors that influence federal funding priorities.
- The Agency is commonly mistaken as a government agency that does not have to seek or compete for funding and has little or no accountability to funding sources.
- Although independent auditors and various funding sources have recognized the Agency as a *superbly run* organization, the Agency (as is the case with most nonprofits) is rarely accorded the same level of respect as for-profit/public organizations with comparable budgets and/or community economic and social impact.

Long-Range Agency Goals

- Increase public awareness of Agency and services Agency provides
- Expand Head Start services and refine service delivery:
 - serve more children ages 0-3 through Early Head Start
 - expand hours of service to include non-traditional morning and evening hours (extended day) at all CDCs
 - provide full year (including summer months) service at all CDCs
 - consolidate the number of CDCs in Dougherty County from six (6) to no more than four (4)
 - refine the fatherhood/male involvement program to foster an increase in male involvement at the CDCs
 - attain top designation for each CDC from the Bright From the Start STAR Quality Rated system
- Expand housing and energy services:
 - secure funding to expand weatherization services
 - secure funding to provide more housing rehabilitation/preservation
 - secure funding to provide first-time homeowner/down payment/loan assistance
 - begin offering housing counseling services and educational housing services to assist low-income families in becoming homeowners and learning how to meet mortgage payments and properly maintain a home
 - pursue partnerships with lending institutions to bring more affordable housing opportunities to the service area
 - attain certification for housing counseling services
- Investigate and pursue opportunities to acquire/renovate/build and rent, sell, or manage quality low-income housing
- Enhance the NSC focus on comprehensive service delivery:
 - provide certified case manager training and periodic follow-up training for all NSC Community Services Managers
 - implement a credit counseling program
 - attain/maintain a minimum of one staff members with designation as Certified ROMA Implementers
 - attain/maintain one staff member with designation as a Certified ROMA Trainer
- Expand involvement in employment and training initiatives
- Upgrade facilities:
 - renovate existing facilities or secure new facilities for NSC locations in need of major structural repairs
 - renovate existing facilities or secure new facilities for CDC locations in need of major structural repairs
- Continue to maintain 100% compliance with all CSBG Organizational Standards

SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC.

COMMUNITY ASSESSMENT

Conducted 2026

Justification of Program Design and Service Mix

Local demographics reveal a high rate of poverty, especially among the child population; a growing percentage of residents approaching retirement age; a growing Hispanic population; a large pool of Head Start eligible children and families; a large percentage of single parent households and births to single mothers; a high teen pregnancy rate and incidence of repeat births among teens; a high incidence of low birth weight births; low educational attainment among adults; a low high school graduation rate; below average SAT scores; a high percentage of families without health insurance, limited public transportation options; and a lack of decent affordable housing, among other issues.

Assessment of community and Agency strengths and weaknesses points to the need for a well-rounded menu of services that address a spectrum of needs and provide flexibility to respond to ongoing and emerging needs to help low-income people attain self-sufficiency. Therefore, the Agency has developed a well-rounded program design and service mix that provides inherent versatility in providing services to meet a variety of common needs among the low-income population and assist those willing to help themselves obtain a greater level of self-sufficiency. Furthermore, the Agency stands ready to develop and administer new and specialized services as needed. Services provided by the Agency fall under the following categories: Community Services, Housing and Energy, and Child Development.

Assessment of community survey results indicates that the Agency is targeting many of the identified service needs through the existing program design and mix of services. Given adequate funding, there are existing services that the Agency could expand and services the Agency is not currently providing that could be initiated to meet an even wider spectrum of needs.

Community Services

The top community service needs identified through the community survey were *affordable housing* (38.31%), *job training and placement* (34.71%), *utility/rent/security deposit payment assistance* (20.05%), *child care* (17.01%), and *meals on wheels* (16.18%).

Low-income elderly persons are often faced with the dilemma of having to choose between food, shelter, utilities, and medication when their financial resources are insufficient to meet all of their household costs. With a high poverty rate (21.2%), large and growing retired and elderly population (18% are ages 65 and above), and large percentage of residents approaching retirement age (12.7% are ages 55-64 compared to 14.6% three years ago and 12.8% six years ago), the Agency provides many community services to assist low-income persons in maintaining independence. These services include the congregate and home delivered lunch service and rent and utility payment assistance, among other services.

Sixteen of the 18 county service area percentage of children under the age of 18 in Southwest Georgia living in poverty is higher than the state average of 18.0%. Lee County and Schley County are well below with 5.6% and 9.8% respectively. Eight (8) of 18 counties reporting exceed the State percentage of teens ages 16-19 who are high school dropouts. The average SAT score for the State is 1037. Decatur County's average score is 1041 and Lee County's average score is 1039.9. The remaining counties scored below average with Baker County having the lowest score of 822.7 reported and Calhoun County had too few to score (TFS). Georgia is ranked 34th in the nation.

With the percentage of persons living below the poverty level in Southwest Georgia 8.6% higher than statewide (21.2% to 12.6%), community survey respondents ranked *utility/rent/security deposit payment assistance* third highest among a list of 25 potential community needs (ranked the same in 2023). Per capita income is almost \$12,285 below statewide per capita income (\$28,639 to \$40,924). Almost one-fourth (22.4%) of Southwest Georgians receive SNAP compared to 12.3% statewide. The percentage of Southwest Georgians receiving SSI (2.1% and 1.2%). In Georgia, TANF does not reach many families living in poverty. In fact, it reaches far fewer families in poverty than it did when the program started in 1996. In 1996, TANF reached 82 families for every 100 families in poverty; in 2020, that ratio dropped to 5 families for every 100 in poverty. Persons living in poverty are more susceptible to crisis situations than those who do not because those in poverty have less financial resources when unforeseen expenses and circumstances arise. Therefore, the Agency provides a variety of services to assist in times of crisis. These services include assistance with past due rent and utilities, deposits, mortgage payments, case management, and referrals.

Local demographics and community survey results also support the need for additional community services provided by the Agency including Low Income Home Energy Assistance Program (LIHEAP) services and various other energy assistance services in addition to those provided through the Agency's Housing and Energy department.

Housing & Energy

The housing section of the community survey indicated a perceived need for affordable quality rental property and housing for purchase. Community survey respondents identified *rental prices too high* as the most important issue for low-income households among a list of 12 affordable housing issues. The issues identified most often were *rental prices too high* (20.84%); *not enough decent affordable housing available* (15.76%); *housing in poor condition/not enough energy efficient homes* (12.52%); *rent increases too much if income increases* (10.49%); and *bad locations or blighted areas* (7.83).

In regard to the need for first-time homebuyer assistance and housing counseling and education services, clients commonly indicate that they are capable of meeting monthly mortgage payments if they could obtain assistance in meeting down-payment requirements.

The Agency has provided home weatherization services through an in-house work crew for approximately 49 years. The focus of weatherization has been redefined in recent years. Sophisticated technical equipment is utilized to pinpoint home energy loss. Energy saving techniques, materials, and measures are then targeted to reduce or even eliminate energy loss. These measures include general home repairs such as weather-stripping, caulking, glazing, two-part insulating foam, insulation, duct sealing, window and door repair, installation of compact fluorescent or LED light bulbs and low-flow faucet aerators, installation of smoke and CO detectors, HVAC repair, water heater repair, plumbing repair, and detail carpentry to reduce home energy loss. Some work is subcontracted when it is more cost-effective to do so. Georgia Environmental Facilities Authority (GEFA) added three counties (Clay, Quitman, Randolph) to our weatherization service area in February of 2011, raising the total number of counties served by our weatherization program to 17 and then added Dougherty County in 2015 for a total of 18. As a result, a growing waiting list of 9-12 months supports the need for continuation of weatherization services.

The Agency's Housing & Energy department has an experienced, highly-trained weatherization staff with certifications as required by Georgia Environmental Finance Authority. The director and three technicians are Certified Professional Energy Auditors and Quality Control Inspectors. This is an awesome accomplishment. Most Agencies don't have even one auditor or QCI. The director is also a Certified Lead Inspector. The Agency also owns and utilizes diagnostic equipment with cutting-edge

technology for pinpointing energy loss.

These requirements combined with the current atmosphere of diminishing weatherization funding threatens our ability to maintain a weatherization service. These factors may force the Agency to forego continuation of weatherization services in the future if federal weatherization funding is not increased or additional funding streams are not secured.

The focus of our weatherization efforts has always been detached single family dwellings. However, multiple family units such as apartments and duplexes, are eligible for weatherization services if certain guidelines are met. The Agency has also provided housing restoration/preservation services since the late 1980s to repair substandard housing conditions and will continue to seek funding and forge partnerships to continue and expand these services. Funding will be sought for *green* projects that focus on energy saving and environmentally friendly housing repair services to expand our capacity for services.

Funding will be sought and partnerships forged with local lending institutions to expand the housing and energy service mix to assist low-income persons in obtaining affordable home financing, including down-payment assistance and first-time homebuyer assistance. Funding will also be sought to develop and expand housing counseling and education services to advise the low-income population of housing options (rental and purchase) available to them and how to maintain and protect their investment after housing is obtained.

Child Development (Head Start/Early Head Start)

Head Start/Early Head Start meets many of the identified needs for childcare and child growth and development. The center-based program design allows parents in our predominantly rural service area the opportunity to seek and maintain employment, attend job training, improve parenting skills, and further their education. These opportunities form the foundation for attainment of personal and family self-sufficiency.

Demographics for the 18-county Head Start/Early Head Start service area indicate that 7,538 children under the age of five (5) live below the poverty level and are income eligible for Head Start/Early Head Start services. This number represents more than one-third (33.%) of all children in the area under the age of five (5) which is 23,054. If all of the approximately 12,906 available Pre-K and Private Day Care slots within the service area were filled with children ages 0-5, a total of 8,365 children ages 0-5 in the service area would remain unserved.

Head Start Child Development Centers (CDCs) open to parents and children at 8:00 each weekday morning. Of those responding to the applicable community survey question, 17.58% indicated a need for child development services beginning before 7:30 a.m.

CDCs close to parents and children at 3:00 p.m. each weekday. Of those responding to the applicable survey question, 33.59% indicated a need for child development services beyond 3:00 p.m.

Community survey respondents ranked *child care* and *before/after-school programs* fourth and ninth highest among a list of 27 potential community needs. 41.17% of Community survey respondents indicate that they pay less than \$50 per week for child care and 23.52% indicate that they have to pay over \$100 per week. Twenty of the Agency's 21 Child Development Centers are licensed (excludes Sumter due to a recent move), providing the opportunity at these centers for the Agency to seek funding opportunities to provide free day care outside of Head Start school hours for older siblings of Head Start participants.

Approximately one in ten community survey respondents indicated that they did not have access to reliable transportation. As a center-based program in a rural area, we provide transportation to and from the CDCs in all counties except Dougherty, Early, Miller, and Seminole through a fleet of buses.

The need for fathers to take a more responsible, active, and significant role in the lives of their children has long been identified locally among families of Head Start children as a need. A significant increase over the last assessment (36.27%) of community survey respondents who identified themselves as single parents indicated that the other parent (usually the father) was not an active part of their child's life. The Head Start program is continually seeking avenues to foster involvement by fathers and males in the lives of children.

Our Male involvement program is designed to support and help fathers and other male figures to be actively involved in the education of their child/children in the Head Start/Early Head Start program. Our program focus is to increase the father's emotional and academic support to their child/children.

In 2015, our program implemented the Strong Fathers Strong Families curriculum in an effort to supplement our current male involvement program activities. The curriculum is designed to assist the fathers or male figures with having an impact on the education of their children while gaining a sense of awareness and accomplishment.

The monthly activities include science, math and reading activities, and parent/child social activities. Use of the curriculum has strengthened the bond between father figures and our program staff which is evident by the increase of males volunteering in the centers and serving on various program committees over the past three years.

SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC.
COMMUNITY ASSESSMENT

Conducted 2026

Attachment A • Survey Instrument

SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC.
COMMUNITY ASSESSMENT SURVEY FORM

The purpose of this survey is to find out what services YOU feel are most needed in your community. Your answers will assist Southwest Georgia Community Action Council in identifying community needs and planning and developing services to meet those needs. Do not put your name on this form. Please answer all questions that you feel comfortable answering.

County You Live In: _____ Sex: ☐ Male ☐ Female
Age: _____ Race: _____ Ethnicity: Hispanic/Latino _____ Not Hispanic/Latino _____
Last Grade Completed or Degree Obtained: _____

SECTION I: Community Services

What do you feel are the top three service needs in your community? Put a check mark in the box beside the three services you feel are most needed. Please read through the entire list before you make your decision. Remember to choose only three.

- | | |
|--|---|
| ☐ Job Training & Placement | ☐ Health Screenings |
| ☐ Literacy Education/GED Classes | ☐ Budget/Money Management Counseling |
| ☐ English/Spanish Classes | ☐ Energy Conservation Counseling |
| ☐ Parenting Classes | ☐ Home Weatherization/Restoration/Repair Services |
| ☐ Child Care | ☐ Housing Counseling/Education Services |
| ☐ Before/After-School Programs | ☐ First Time Home Buyer Assistance |
| ☐ Head Start/Preschool Services | ☐ Affordable Housing |
| ☐ Teen Pregnancy Prevention | ☐ Utility/Rent/Security Deposit Payment Assistance |
| ☐ Youth Mentoring/Citizenship Development | ☐ Homeless Prevention Services & Shelters |
| ☐ Summer Youth Programs | ☐ Emergency Food Pantries |
| ☐ Elderly Daycare/Caregiver Assistance | ☐ Domestic Abuse Shelters |
| ☐ Meals on Wheels | ☐ Substance Abuse Prevention/Treatment Services |
| ☐ Transportation | ☐ Other: _____ |

Do you have reliable transportation or access to reliable transportation? ☐ YES ☐ NO
Do you have health care insurance coverage? ☐ YES ☐ NO

SECTION II: Housing

What do you feel are the top three affordable housing issues for low-income households in your community? Put a check mark in the box beside the three issues you feel are most important. Please read through the entire list before you make your decision. Remember to choose only three.

- | |
|--|
| ☐ bad locations or blighted areas |
| ☐ housing in poor condition/not enough energy efficient homes |
| ☐ building code enforcement too lenient |
| ☐ rental prices too high |
| ☐ rent increases too much if income increases |
| ☐ not enough decent affordable housing available |
| ☐ no new low-income homes underway |
| ☐ not enough Public Housing |
| ☐ public Housing DEPOSIT too high |
| ☐ need for first-time home buyer/down-payment assistance |
| ☐ too difficult to get housing loans or do not understand loan options |
| ☐ need for housing counseling on budgeting, down-payment, upkeep, financing options |
| ☐ other: _____ |

SECTION III: Child Development

If you do not have children living in your home, skip Section III and go to Section IV (Family Income).

1. How many children living in your home are five (5) years old and under? 1 2 3 4 5 Other: _____
2. Have you had a child attend Head Start or Early Head Start? ☐ YES ☐ NO
3. Other than you or your spouse, during working hours who takes care of your preschoolers age 5 years and under?
☐ private day care ☐ church
☐ relative ☐ friend
☐ Head Start ☐ Pre-K ☐ Other (specify) _____
4. Do you have to pay your caretaker? ☐ YES ☐ NO
If so, what do you pay per week?
☐ \$50 or less ☐ \$51 - \$100 ☐ more than \$100
5. Are you a single parent? ☐ YES ☐ NO
6. If you are a single parent, is the other parent involved in your child's life? ☐ YES ☐ NO
7. What times of the day do you need child care services? (*check one begin time and one end time*)
Begin time: ☐ before 7:30 a.m. **End time:** ☐ 3:00 p.m. or before
 ☐ 7:30 a.m. or after ☐ after 3:00 p.m.
8. Do you need help in providing for the nutritional needs of your child? ☐ YES ☐ NO
9. Do you need help obtaining medical, dental, or psychological services for your family? ☐ YES ☐ NO
10. Check the boxes next to the services that your household utilizes at least once per year:
☐ Doctor/Dentist ☐ Department of Labor ☐ Social Security Office ☐ Cooperative Extension Service
☐ DFCS ☐ Health Department ☐ Mental Health ☐ Babies Can't Wait
11. If you have children with any special problems such as those listed below, check all boxes that apply:
☐ speech impairment ☐ hearing impairment ☐ visual impairment ☐ physically disabled
☐ chronic illness (diabetes, heart, asthma, sickle cell anemia, etc.) ☐ other
12. If your children receive any special services from community agencies to address a special condition, list the agencies and services provided.
Agency: _____ Services: _____
Agency: _____ Services: _____

SECTION IV: Family Income

1. What is your total **YEARLY** family income:
☐ less than \$20,000 ☐ \$20,000 - \$29,999 ☐ \$30,000 - \$39,999
☐ \$40,000 - \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 and above
2. What is the source of your family income? (*check all that apply*)
☐ full-time work ☐ part-time work ☐ migrant ☐ seasonal ☐ social security
☐ retirement (other than social security) ☐ public assistance (SSI, TANF, unemployment, etc.)

Thank you for taking time to help us gain a better understanding of the needs within your community.

SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC.
FORMULARIO PARA EVALUAR SERVICIOS DE AYUDA EN LA COMUNIDAD

El propósito de esta inspección es de averiguar qué servicio USTED más necesita en su comunidad. Su respuesta nos ayudara Southwest Georgia Community Action Council y conociendo necesidades y planeando y desarrollando servicios para encontrar esas necesidades. No ponga su nombre en esta forma. Por favor conteste todas las preguntas que se sienta más cómodo contestario.

La comunicad que usted vive: _____ Sexo: ☐ Masculino ☐ Feminino

Edad: _____ Raza: _____ Ultimo grado completado o grado obtenido: _____

SECCIÓN I: Servicio a la Comunidad

¿Cuales servicios siente usted que son las tres primeras necesidades más necesitadas en su comunidad? Ponga una marca en el lado de los tres servicios que usted se siente que es más necesitado. Lea por favor la lista entera antes que tome su decisión. Recuerde de escoger solo tres.

- | | |
|--|---|
| ☐ El trabajo que entrena y colocación | ☐ Detección de salud |
| ☐ Educación de capacidad de leer y escribir/clases de GED | ☐ Como manejar su dinero |
| ☐ Clase de Ingles/Español | ☐ Consejos de coma conservar energía |
| ☐ Clase de cuidar los niños | ☐ Restauración/Servicio de reparación |
| ☐ Lugar para cuidar a los niños | ☐ A cosejar casa propia/servicio de rearación |
| ☐ Antes/Después programas de escuela | ☐ Ayuda a comprar casa paraprimer vez |
| ☐ Head Start/Servicios de jardín | ☐ Vivienda razonable |
| ☐ Prevención de embarazo de jóvenes | ☐ Utilidad/Renta/Ayuda de pago de depósito de seguridad |
| ☐ Mentores para jóvenes/desarrollo de ciudadanía | ☐ Servicio para prevención sin hogar |
| ☐ Programa de verano para la juventud | ☐ Despensas de alimento de emergencia |
| ☐ Ayuda para los de edad avanzada | ☐ El abuso domestic se refugia |
| ☐ Servicio de comida a domicilio | ☐ Prevención de abuso de sustancia/servicio de tratamiento |
| ☐ Transportación | ☐ Otro: _____ |

¿Usted tiene transportación seguro de auto o tiene acceso a transportación seguro? ☐ SI ☐ NO

¿Usted tiene cobertura seguro medicó? ☐ SI ☐ NO

SECCIÓN II: Vivienda

¿Qué crees que son los tres problemas de vivienda asequible para familia que ingresos en tu comunidad? Marca en el cuadro al lado de las tres cuestiones que crees que son mas importante. Por favor lee toda la lista antes de tomar su decision. Recuerde de elegir solo tres.

- | |
|--|
| ☐ ubicaciones malas o zonas destrozadas |
| ☐ vivienda en mal estado/casas sin suficiente energía eficiente |
| ☐ edificio demasiado indulgente al código de ejecución |
| ☐ precios de alquiler demasiado altos |
| ☐ alquiler aumenta demasiado sin aumentos de ingresos |
| ☐ no hay suficientes vivienda con buenos precios disponibles |
| ☐ no nuevo hogares con bajos ingresos en marcha |
| ☐ no hay suficientes viviendas públicas |
| ☐ deposito de vivienda pública demasiado alto |
| ☐ necesidad para comprador de casa de primera vez/asistente de pago inicial |
| ☐ muy difícil de obtener préstamos para vivienda ya que no entienden las opciones de préstamo |
| ☐ necesidad de orientación sobre presupuesto/prepago/maintenimiento/opciones de financiación |
| ☐ Otro: _____ |

SECCIÓN III: Desarrollos de los Niños

Si usted no tiene niños que viven en la casa, sáltese sección III y vaya a la sección IV (Ingresos de la Familia).

1. ¿Cuántos niños viven en su casa, tiene 5 y abajo? 1 2 3 4 5 Otro: ____
2. ¿Tenía usted niños que atendían a Head Start? ☐ SI ☐ NO
3. ¿A parte de usted y su cónyuge, durante horas que trabaja quien cuide a su hijo (a) de pequeño bajo de 5 años?
☐ guardería privada ☐ iglesia
☐ pariente ☐ amigo
☐ Head Start ☐ Pre-K ☐ otro (especifique) _____
4. ¿Tienes que pagar para que te cuiden tus hijos?
¿Cuanto pagas por semana? ☐ SI ☐ NO
☐ \$50/o menos ☐ \$51 - \$100 ☐ más de \$100
5. ¿Usted es padre/madre soltera? ☐ SI ☐ NO
6. Si usted es una padre/madre soltera, ¿Esta el padre/madre involucrando se con su hija(o)? ☐ SI ☐ NO
7. ¿A qué hora del día usted necesita servicios de guardería? (*marque hora de comienzo y terminación*)
Empezando: ☐ antes 7:30 a.m. **Tiempo final:** ☐ antes 3:00 p.m.
☐ 7:30 a.m. o después ☐ 3:00 p.m. o después
8. ¿Necesita ayuda nutricional su niño (a)? ☐ SI ☐ NO
9. ¿Necesita ayuda de servicio medico/dental/o psicológico para usted o su familia? ☐ SI ☐ NO
10. Chequee las cajas a los servicios que su familia ha utilizado una vez por año:
☐ Doctores/Dentista ☐ Departamento de Labor ☐ Oficina de Número Social ☐ Servicio Cooperativo de Extensión
☐ DFCS ☐ Departamento de Salud ☐ Salud Mental ☐ Los Bebés No Pueden Esperar
11. Si tiene niños con problemas especiales como los que se mencionan abajo, verifique todas las cajas que le aplican a él:
☐ problema de hablar ☐ problema de escuchar ☐ problema visual ☐ incapacite físicamente
☐ enfermedad crónica (la diabetes/corazón/el asma/anemia, etc.) ☐ otro
12. ¿Que agencia le ayuda a usted y su familia?
Agencia: _____ Servicio: _____
Agencia: _____ Servicio: _____

SECCIÓN IV: Ingresos de la Familia

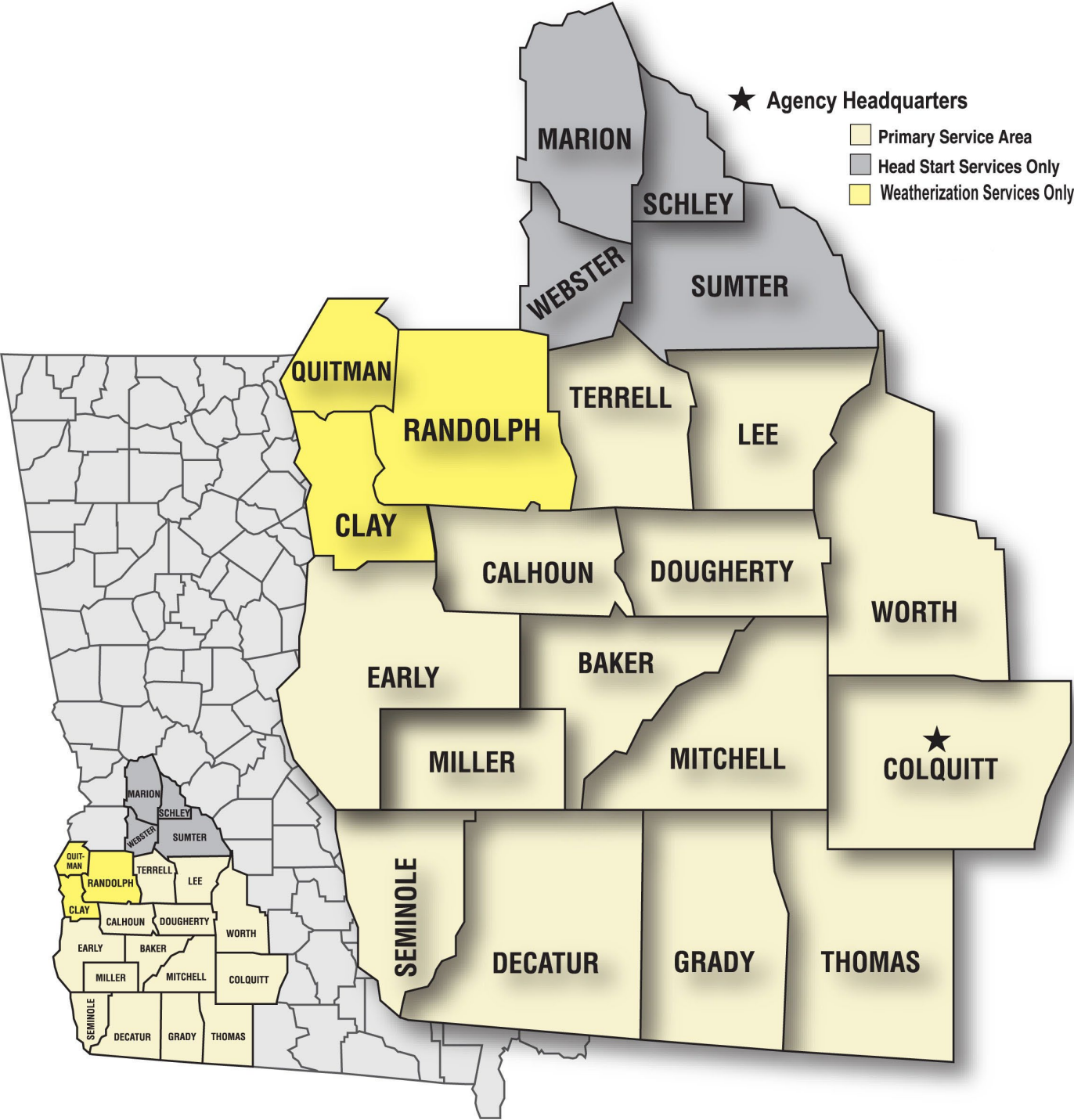
1. ¿Lo que gana su familia **ANUALMENTE**?
☐ menos que \$20,000 ☐ \$20,000 - \$29,999 ☐ \$30,000 - \$39,999
☐ \$40,000 - \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 y mas
2. ¿Que es la fuente de sus ingresos familiares?
☐ jornada completa ☐ media jornada ☐ emigrante ☐ estacional ☐ seguro social
☐ jubilación (fuera de seguro social) ☐ asistencia pública (ssi, tanf, desempleo, etc.)

Gracias, por tomar su tiempo a ayudarnos a entender las necesidades dentro de su comunidad.

SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC.
COMMUNITY ASSESSMENT

Conducted 2026

Attachment B • Service Area Map



SOUTHWEST GEORGIA COMMUNITY ACTION COUNCIL, INC. COMMUNITY ASSESSMENT PLAN

Revised 11/25

This plan has been developed as a guide in conducting Agency-wide Community Assessments (CA). The intent of this plan is to provide clarity for both those organizing the CA and those participating in administering the CA. The plan should be used as a checklist when conducting CA activities and should be updated as necessary to reflect refinement to the CA process.

Potential Sources of Information:

- U.S. Census Bureau
- Population Reference Bureau
- Georgia County Guide
- Georgia Department of Community Affairs
- Georgia Statistics System (University of Georgia)
- University of Georgia
- Georgia Department of Early Care and Learning
- Georgia Department of Labor
- Georgia Department of Education
- Georgia Governor's Office of Student Achievement
- Georgia School Council Institute
- Georgia Department of Public Health – Online Analytical Statistical Information System (OASIS)
- Georgia Family Connection Partnership – Kids Count
- National Low Income Housing Coalition/LIHIS
- Corporation for Enterprise Development
- County Chambers of Commerce
- Child Care Resource and Referral Agency of Southwest Georgia at Albany (former Stepping Stones)
- Child Care Resource and Referral Agency of West Georgia at Americus
- Child Care Resource and Referral Agency of West Georgia at Columbus
- Quality Care for Children
- Georgia DHS – Office of Facilities & Support Services
- Southwest Georgia Regional Commission
- Middle Flint Regional Commission
- National Community Action Partnership
- In-house demographic & statistics compilation maintained by Agency Planner
- Community Survey (survey instrument developed in-house)
- Any additional sources as deemed appropriate

Community Survey:

In preparing for and conducting the community assessment survey, follow these steps:

- Use the prior survey instrument, refine the prior survey instrument, or develop a new instrument. (*Provide an opportunity for Board input into the development of the survey instrument. Decide if the survey should be made available in multiple languages.*)
- Set a goal for number of survey responses.
- Distribute survey instruments to all sectors of the community including, but not limited to, the following public, private, and low-income populations:
 - ▶ Head Start clients

- ▶ NSC clients and other Agency clients such as housing clients
- ▶ senior citizens
- ▶ elected officials (*provide self-addressed stamped envelope*)
- ▶ CAC staff
- ▶ area social service representatives including DFCS, Mental Health, school systems, Public Health, Council on Aging, Department of Labor, and any others (*provide self-addressed stamped envelope*)
- ▶ CAC Board members
- ▶ local Chambers of Commerce
- ▶ Family Connection
- ▶ LIHEAP clients or clients of other agency-administered temporary programs
- ▶ Housing Authority clients
- ▶ Focus groups
- ▶ Community forums
- ▶ Faith based community
- ▶ Education community

Responsibilities:

<u>Responsibility</u>	<u>Responsible Person</u>
Updating CA Plan	Planner w/ input from Head Start Family & Community Partnership Specialist, Board of Directors
Demographic Data Compilation	Planner
Narrative	Planner
Survey Instrument Design	Planner w/ input from Mgt Team & Board of Directors
Timeline Development	Planner w/ input from Management Team
Analysis	Planner
Charts, Tables, & Graphs	Planner
Survey Distribution and Collection	Planner, Management Team, Head Start Family & Community Partnership Specialist, NSC Managers, CDC Managers
Survey Results Tabulation	Planner in coordination with Executive Secretary and Head Start Family & Community Partnership Specialist

Timeline:

Full CA is administered every three (3) years with annual review and (if necessary) updates.

2nd Year

Fall: Begin preparations for CA administration. Review CA plan. Review and revise survey instrument in time for distribution to Head Start CDCs during the following school year.

3rd Year

March 15: Resume preparations for CA administration no later than this date. This will include updating CA plan and compiling demographic data.

Note: Request approval of CA plan and survey instrument by the Policy Council and CAC Board of Directors no later than March.

April 15: Mail, e-mail, or hand deliver survey instrument to elected officials, social service representatives, area chambers, CAC Board members, and any others appropriate for mailing.

April 15: Distribute survey instrument to NSCs and CDCs by this date.

May 15: Completed surveys due back to Planner.

June 30: CA completed on or before this date.

July: Present completed CA to Policy Council and CAC Board of Directors.