Southern Regional Medical Center

Community
HEALTH NEEDS ASSESSMENT

2019-2021 REPORT

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Introduction

Southern Regional Medical Center is a licensed 331-bed acute care hospital located in Riverdale, Georgia. A member of the Prime Healthcare Foundation, the hospital has proudly provided the healthcare needs of its community since 1971. The facility provides primary and specialty care services which include: Emergency Services (with estimated 60,000 patients/year), Senior Care (Acute Care for the Elderly); Senior Behavioral Health; Bariatrics & Healthy Weight; Heart and Vascular; Advanced Imaging; Laboratory; Orthopedics; Rehabilitation; Sleep Diagnostic Center; Surgery (including Robotic Surgery); Wound Care; Women's Health Services; Labor and Delivery/Mother-Baby and Level III Neonatal Intensive Care. Southern Regional is accredited as a certified Chest Pain Center from the American College of Cardiology and an Advanced Primary Stroke Center from the American Heart Association.

The community that Southern Regional serves is Atlanta's "Southern Crescent" with an area population nearing 500,000. The hospital's Primary Service Area encompasses multiple municipalities in a highly diverse area that suffers from an above average unemployment rate and lack of insurance.

As a not-for-profit organization, Southern Regional is dedicated to improving the health and well-being of the surrounding community by blending a passion for healing with advanced medical technology to deliver the best possible care to patients. The hospital provides an estimated $16.5 million dollars in uncompensated medical services (charity care) to the community-at-large annually.

To have a thorough understanding of the needs of the community it serves and in accordance with the Patient Protection and Affordable Care Act (PPACA) requirement of tax-exempt hospitals, Southern Regional conducts a Community Health Needs Assessment (CHNA) every three years. The CHNA report is based on reported quantitative data (e.g. demographics data, mortality rates, morbidity data, disease prevalence rates, health care resource data, etc.) as well as input from community leaders who represent the broad interests of the community served by the hospital facilities. These individuals offer special knowledge of public health issues, data related to underserved, hard-to-reach populations, and vulnerable populations in the southern crescent communities. Data from government and social agencies provided a strong framework and a comprehensive review for the 2019 CHNA.

Results from this CHNA has provided a guide for the development of community benefit programs and hospital implementation strategies for the next three years. It is anticipated that this report will also be utilized by community agencies in developing their programs to meet the health needs of Clayton County and surrounding areas. Yauger Market Strategies, a healthcare consulting firm, was contracted by Southern Regional Medical Center to conduct the data analysis, session facilitation, and provide project oversight. Yauger Market Strategies has over 30 years' experience working with hospitals throughout the United States.

This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act (PPACA) requiring that nonprofit hospitals conduct CHNAs every three years

Assessment Process

Hospital Steering Committee

A comprehensive CHNA process performed by Southern Regional Medical Center included collection of primary and secondary data. To prepare, a hospital steering committee comprised of senior leadership identified criteria to be used as a guide in the development and implementation of needs identified in the CHNA process.

- Alignment with the Hospital's Mission and Values
- Alignment with the Hospital's Strategic Plan
- Community input and priorities
- Readiness and capacity

The committee's selection of the appropriate geographic service area was based on the hospital's Primary Service Area (PSA) representing zip codes that accounted for 75% of annual discharges from the facility. The Primary Service Area includes small portions of large surrounding metropolitan counties. After taking the broad interests of the community served, including medically underserved populations, low-income persons, minority groups, individuals with chronic disease needs, and the physical location of the hospital in relation to those in need were taken into consideration, Clayton County was selected as the community for inclusion in this report.

Identifying and Engaging Community Leaders and Participants

The CHNA committee of community leaders and organizations (committee members are listed on page 27) was identified and convened to engaged in discussions to provide their insight on community needs from their perspective. These community stakeholders are individuals who represent key interests, such as invested in or interested in the work of the hospital; special knowledge of health issues; importance to the success of the hospital CHNA project; and formal or informal leaders of the community. These leaders, partners, and representatives who participated in the CHNA process were asked to: review and assess the needs of the community; review available and inadequate community resources; and prioritize the health needs of the community.

Community Health Profile

A Community Health Profile was developed to reflect prominent health issues and concerns, as well as the health socioeconomic needs of Clayton County and its service area. Throughout 2018, Southern Regional Medical Center personnel assessed participants who attended community events where the hospital was a participant or sponsor. Participants were queried on their assessment of major health concerns and health socioeconomic needs of Clayton County and the surrounding communities. Their responses revealed the continuation of concerns with access to preventive health services and access to services for those struggling with mental health issues.

Secondary data inclusion, including health data, was derived from a variety of sources, such as: vital records, state and national health status data from a variety of sources, and hospital utilization data. Topics that rose to the forefront were:

- Access to preventive health services
- Underlying causes of health problems
- Major acute and chronic diseases of the population

Collectively, all of the data and indicators were utilized to comprise the Community Health Profile.

Hospital Prioritization of Needs

Information gathered from the community stakeholder discussions, hospital leadership team discussions, and the compilation and review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. A written report of the observations, comments, and priorities was developed. The committee reviewed this information which focused on the identified needs, priorities, and community resources currently available. The committee debated the merits or values of priorities, considering the resources available to meet these needs. From this information and discussion, the hospital developed three priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy Plan (pages 29 – 32).

Board Adoption

The Board of Trustees adopted this Community Health Needs Assessment on August 20, 2019.

Community Availability

Southern Regional Medical Center's Community Health Needs Assessment is clearly posted on the hospital website, including this 2019 board-adopted version. When desired, paper copies are made available in Administration.

Service Area Demographic Analysis

Primary Service Area Definition

The community served by Southern Regional Medical Center, or the Primary Service Area (PSA), is defined as the area from which at least 75% of Southern Regional's inpatient admissions originate. This definition is consistent with Stark law physician recruitment regulations. (Stark Law is Section 1877 of the Social Security Act (42 U.S.C. 1395nn), also known as the physician self-referral law.)

Demographic information is provided at the zip code level with the hospital's PSA encompassing twelve (12) zip codes in Clayton, south Fulton, south DeKalb, and Henry counties. During calendar year 2018, there were 12,557 inpatient discharges recorded. As seen in the chart below, 12 zip codes account for 76% of Southern Regional's inpatient discharges and, therefore, define Southern Regional's PSA. Population and growth statistics are provided.

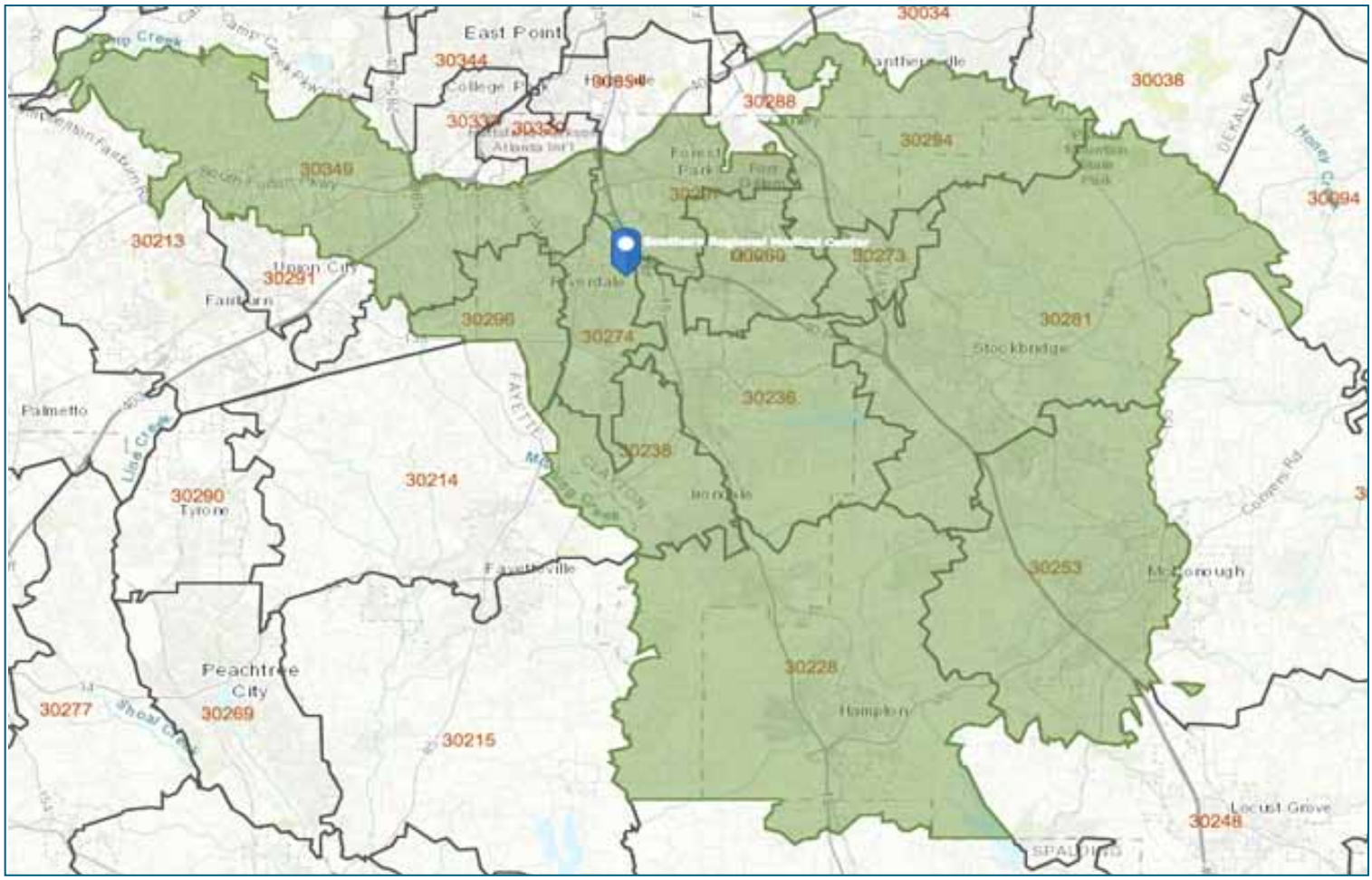
Zip	County	City, State	2018 Discharges	Total %	Cum. %	2018 Population	2023 Population	2018-2023 Annual Rate
30274	Clayton	Riverdale, GA	1718	14%	14%	33,333	34,971	0.96%
30236	Clayton	Jonesboro, GA	1373	11%	25%	44,493	46,712	0.98%
30297	Clayton	Forest Park, GA	1213	10%	34%	31,208	32,931	1.08%
30349	Fulton	Atlanta, GA	1143	9%	43%	75,250	80,065	1.25%
30238	Clayton	Jonesboro, GA	938	7%	51%	41,791	44,346	1.19%
30260	Clayton	Morrow, GA	752	6%	57%	27,407	29,099	1.21%
30296	Clayton	Riverdale, GA	753	6%	63%	26,819	28,102	0.87%
30228	Henry	Hampton, GA	486	4%	67%	44,317	48,913	1.99%
30281	Henry	Stockbridge, GA	381	3%	70%	69,251	73,460	1.19%
30253	Henry	McDonough, GA	354	3%	73%	56,235	61,694	1.87%
30294	Clayton, Henry, and DeKalb	Ellenwood, GA	256	2%	75%	43,293	45,545	1.02%
30273	Clayton	Rex, GA	236	2%	76%	15,973	17,075	1.34%
						509,370	542,913	1.28%

SOURCE: Internal Southern Regional Medical Center Data and ESRI Population Statistics

As Southern Regional Medical Center is located on the south side of a major metropolitan area in Georgia, the hospital's PSA includes small portions of those surrounding counties which fall within Atlanta. Since the hospital is centrally positioned in Clayton County and is the only hospital serving that county, most of the hospitals' inpatient volume originates in Clayton County. Clayton County was selected by the committee as the area upon which Southern Regional should focus efforts related to this report.

Primary Service Area Map

The map below depicts the PSA and the location of Southern Regional Medical Center in relation to the areas served.



SOURCE: ESRI Mapping and Business Analyst Online

Population Data

In 2018, Clayton County had a population of 278,566. In the year 2023, the population is projected to increase to 294,102 reflecting an annual 1.09% growth rate.

Statistic	Count
2000 Population	236,517
2010 Population	259,424
2018 Population	278,566
2023 Population	294,102
2000 – 2010 Annual Rate	0.93%
2010 – 2018 Annual Rate	0.87%
2018 – 2023 Annual Rate	1.09%
2018 Male Population	48.1 %
2018 Female Population	51.9%
2018 Median Age	32.8

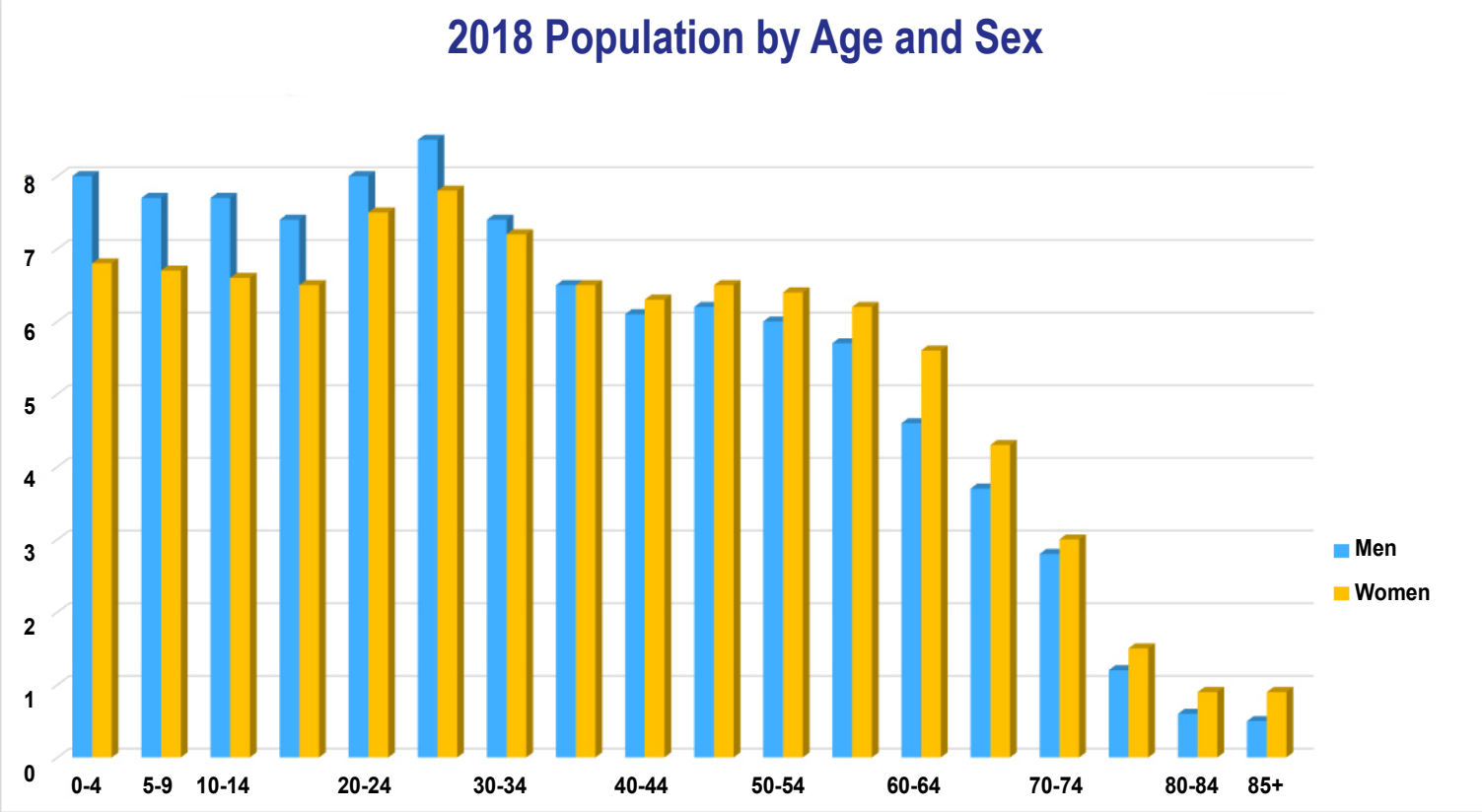
SOURCE: ESRI Demographic Data / US Census

The chart below depicts the 2018 race characteristics of Clayton County.

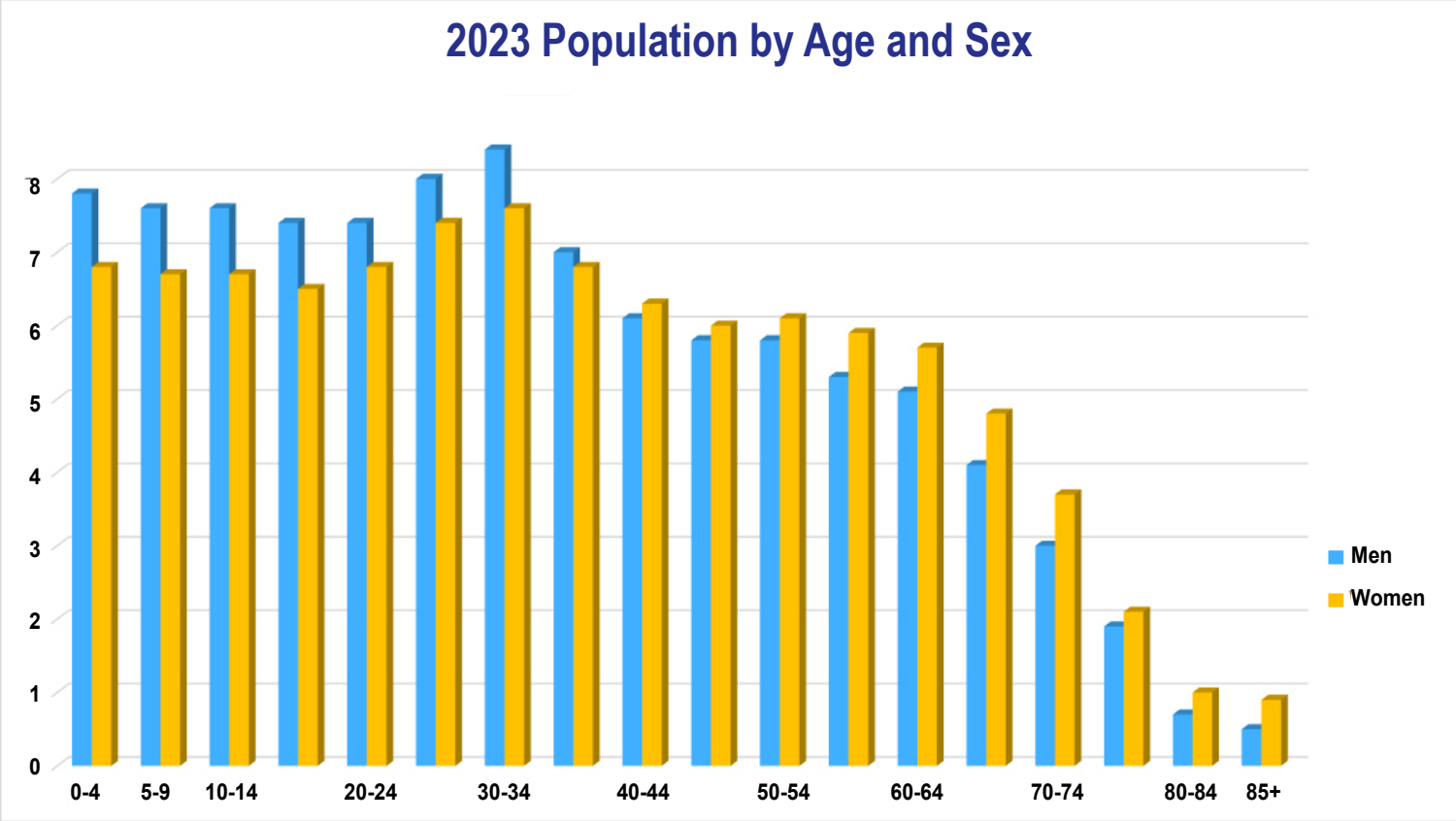
Characteristics	Count
Black Alone	70.3%
White Alone	14.1%
Hispanic Origin (Any Race)	13.1%
Other Race	6.8%
Asian Alone	5.5%
Two or More Races	2.9%
American Indian / Alaska Native Alone	0.3%
Pacific Islander Alone	0.1%

SOURCE: ESRI Demographic Data / US Census

Population by age and sex are outlined in the next two charts.
Note that the number of persons aged 65+ shows to be increasing through 2023.



SOURCE: ESRI Demographic Data / US Census



SOURCE: ESRI Demographic Data / US Census

Household Data

Total households in Clayton County are expected to increase through 2023 at a rate of 1.085, similar to the population growth projected for the area. US income disparity increased over the past 45 years due to real median family income falling while the top tier of income distribution experienced growth. Counties with greater income disparity have higher rates of obesity, imprisonment, violence, and chronic stress as well as less social cohesion and trust. Research shows those with a higher self-reported health status have lower rates of mortality from all causes than those with lower self-reported health status. The sub-population with the highest proportion reporting very good or excellent health is white adults without disabilities. Additionally, a greater proportion of men report good or better health compared with women. Most developed European nations and Canada have Gini indices between 0.22 and 0.38, while the United States Gini index has stayed between 0.45 and 0.48 since the mid-1990s. (Note: The Gini Index is a statistical measure of distribution used since 1912 as a gauge of economic inequality, measuring income distribution or, less commonly, wealth distribution among a population.)

Characteristic	Count
2000 Households	82,243
2010 Households	90,633
2018 Total Households	96,996
2023 Total Households	102,352
2000 – 2010 Annual Rate	0.98%
2010 – 2018 Annual Rate	0.83%
2018 – 2023 Annual Rate	1.08%
2018 Average Household Size	2.83

SOURCE: ESRI Demographic Data / US Census

Health Rankings

Health Ranking

America's Health Rankings (AHR) offers a national health analysis that provides a historical and comprehensive evaluation of each state's health, environmental, and socioeconomic data. AHR methodology for comparing the health of each state uses a ranking system from 1 to 50 with a state's overall rank based on a combination of determinant ranks and outcomes rank. Therefore, a state ranked #1 on the metric indicates that it has the healthiest population in the nation. Consequently, a state ranked #50 on the metric has the least healthy population in the nation. In 2018, Georgia ranked 39th out of the 50 states on an overall health ranking. AHR reported the following for the state of Georgia:

Strengths:

- High meningococcal immunization coverage among adolescents
- Low prevalence of excessive drinking
- Low prevalence of frequent physical distress

Challenges:

- Low immunization coverage among children
- High prevalence of low birth weight
- High percentage of uninsured population

Other notable Georgia state ranking highlights include: An increase in adult obesity by 13% over the last six (6) years (from 28.0% to 31.6%). A significant increase in occupational fatalities by 68% (from 3.1 to 5.2 deaths per 100,000 workers) over the past four (4) years. A 3% increase in cancer deaths (from 190.5 to 195.5 deaths per 100,000 population) in the past eight (8) years and a 10% increase in premature deaths – lost before age 75 per 100,000 population (from 7,624 to 8,391) in the past four (4) years.

AHR uses the following model in developing county rankings.

Georgia's Health Rankings		
	2016	2018
Determinants	43	44
Outcomes	37	35
Overall	41	39

County Health Ranking

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation releases the County Health Rankings and Roadmaps annually. This report provides an overview of the health of each individual state and each of its counties. The report ranks the health of each county in comparison to the health of the other counties in the state. Georgia has 159 counties therefore the counties are ranked on a scale of 1 to 159. County Health Rankings include two primary rankings; a health outcomes rank and a health status rank. The rankings are based on data at the county level, which is derived from a variety of national and state data sources, based on the following:

Health Outcomes: ***Length of Life (50%)*** and ***Quality of Life (50%)***

Health Factors: ***Health Behaviors (30%):*** Tobacco Use / Diet & Exercise / Alcohol & Drug Use / Sexual Activity

Clinical Care (20%): Access to Care / Quality of Care

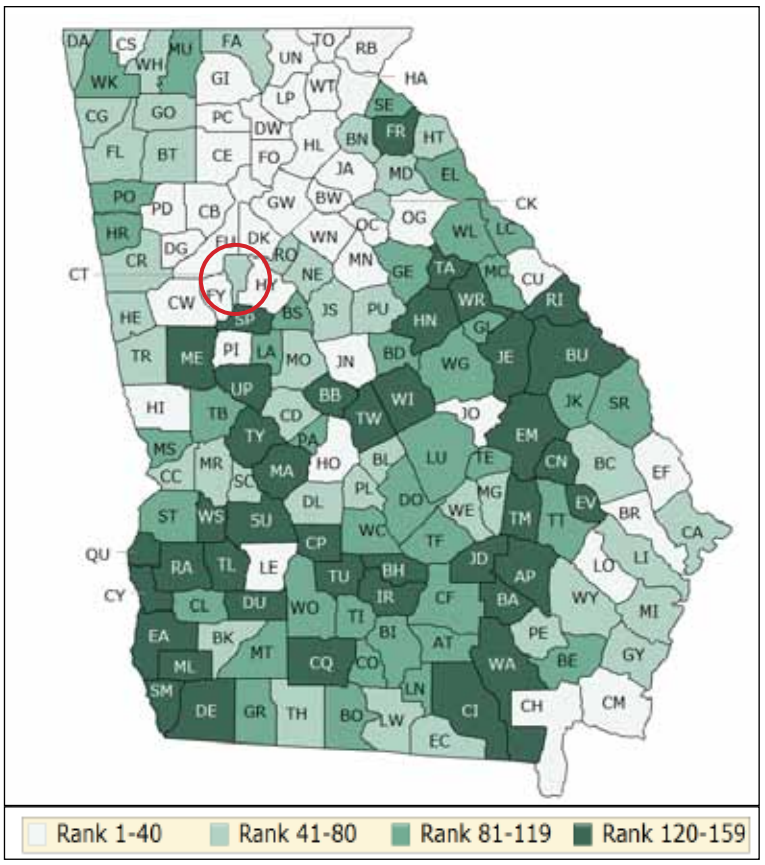
Social and Economic Factors (40%): Education / Employment / Income / Family & Social Support / Community Safety

Physical Environment (10%): Air & Water Quality / Housing & Transit

Health Outcomes Rank

The Health Outcomes Rank is based on mortality and morbidity factors measuring both the length of life of the population in the county and the quality of life of the population in the county. Again, a lower ranking indicates better health outcomes in a county. In 2018, the Southern Regional PSA counties were ranked the following in comparison to other Georgia counties on health outcomes:

- **Clayton County – 59**
- DeKalb County – 18
- Fulton County – 14
- Henry County – 22

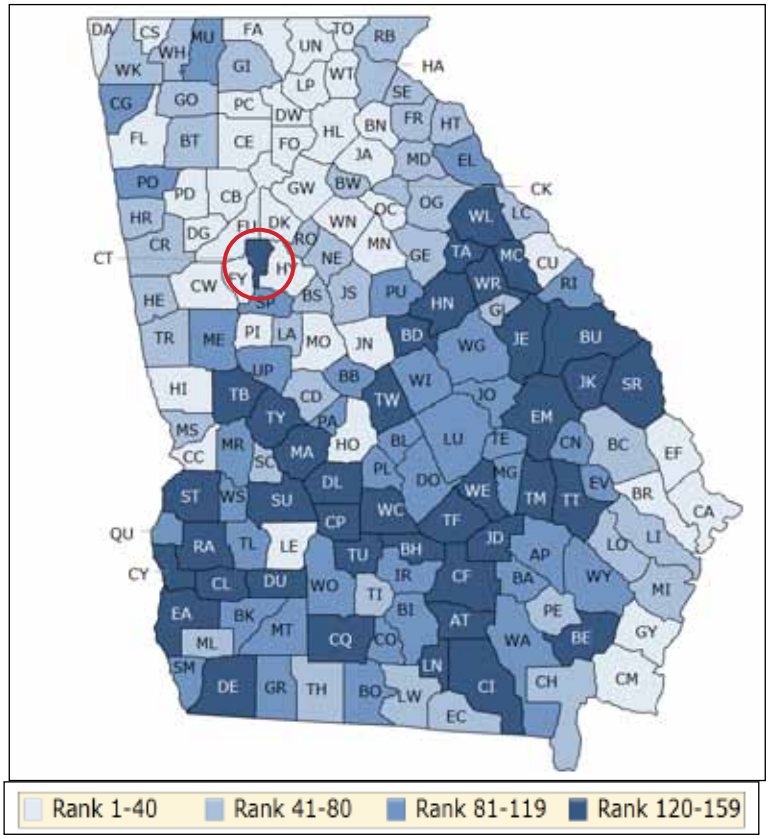


SOURCE: County Health Rankings and Roadmaps

Health Factors Rank

The Health Factors Rank is based on four types of factors – health behaviors, clinical care, social/ economic, and physical environment. A lower ranking indicates better health factors in a county. The 2018 County Health Rankings indicates that Southern Regional's PSA counties were ranked the following in comparison to other Georgia counties on health outcomes:

- **Clayton County – 131**
- DeKalb County – 24
- Fulton County – 19
- Henry County – 20



SOURCE: County Health Rankings and Roadmaps

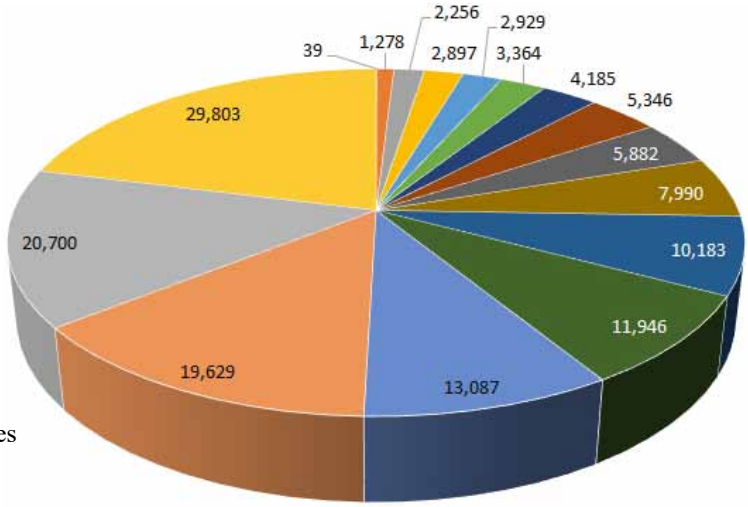
Morbidity

Emergency Department Visits and Hospitalizations

Nearly half of the hospital's Emergency Department visits within the Primary Service Area were for non-emergent conditions. "Other Unintentional Injuries" refer to injuries that fall outside of the following areas: motor vehicle crashes (MVC), falls, accidental shooting, drowning, fire and smoke exposure, poisoning and suffocation between 2015 and 2017. (Source: Clayton County Department of Public Health)

2015 – 2017 Top Causes of Clayton County Emergency Room Visits

ED Visits	Diseases
29,803	Diseases of the Musculoskeletal System and Connective Tissue
20,700	All Other Unintentional Injury
19,629	All Other Diseases of the Genitourinary System
13,087	Motor Vehicle Crashes
11,946	Pregnancy, Childbirth and the Puerperium
10,183	Falls
7,990	All Other Diseases of the Nervous System
5,882	All Other Mental and Behavioral Disorders
5,346	Essential (Primary) Hypertension and Hypertensive Conditions
4,185	Anemias
3,364	Other Endocrine, Nutritional, Metabolic Diseases
2,929	All COPD except Asthma
2,897	Diabetes Mellitus
2,256	Assault (Homicide)
1,278	Mental and Behavioral Disorders due to Psychoactive Substance Use
39	Alzheimer's Disease

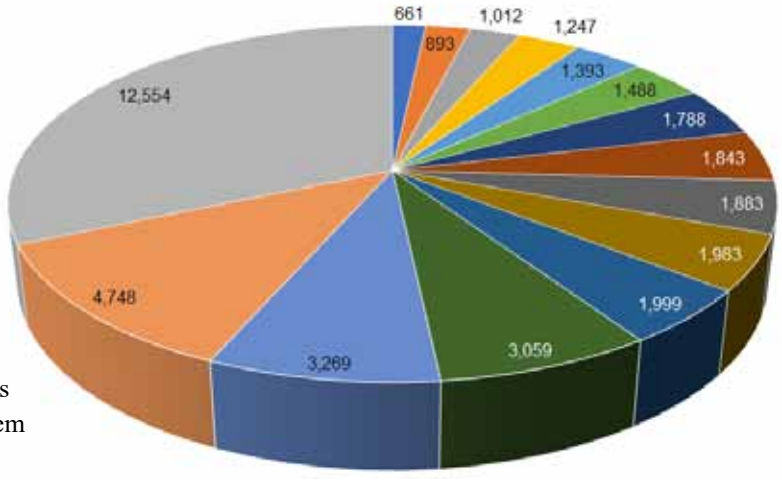


SOURCE: Online Analytical Statistical Information System (OASIS)

As with Emergency Room visits, nearly half of Southern Regional's hospitalizations were for non-emergent conditions.

2015 – 2017 Top Causes of Clayton County Hospitalizations

Hospital Stays	Diseases
12,554	Pregnancy, Childbirth and the Puerperium
4,748	Septicemia
3,269	Diseases of the Musculoskeletal System and Connective Tissue
3,059	All Other Mental and Behavioral Disorders
1,999	Ischemic Heart and Vascular Disease
1,983	Cerebrovascular Disease
1,883	Diabetes Mellitus
1,843	Anemias
1,788	All Other Diseases of the Nervous System
1,488	All Other Endocrine, Nutritional and Metabolic Diseases
1,393	Nephritis, Nephrotic Syndrome and Nephrosis
1,247	All Other Diseases of the Genitourinary System
1,012	Pneumonia
893	Falls
661	All COPD except Asthma



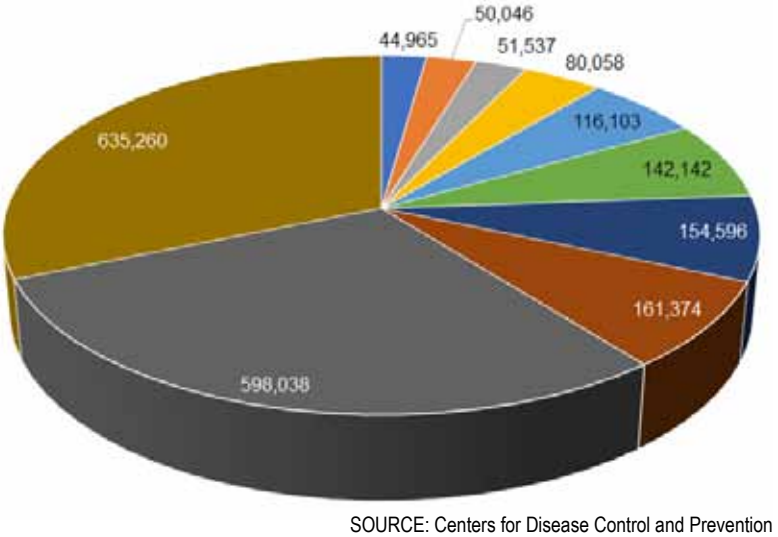
SOURCE: Online Analytical Statistical Information System (OASIS)

Mortality

The leading causes of death in the U.S. in 2016 were heart disease, cancer, chronic respiratory disease, accidents, stroke, Alzheimer's disease, diabetes, influenza and pneumonia. Heart disease and cancer rates were significantly higher than other diseases both nationally and in the state of Georgia.

2016 Leading Causes of Death in the United States

Death Rate	Diseases
635,260	Diseases of the Heart
598,038	Malignant Neoplasms
161,374	Unintentional Injuries
154,596	Chronic Lower Respiratory Diseases
142,142	Cerebrovascular Diseases
116,103	Alzheimer's Disease
80,058	Diabetes Mellitus
51,537	Influenza and Pneumonia
50,046	Nephritis, Nephrotic Syndrome and Nephrosis
44,965	Suicide

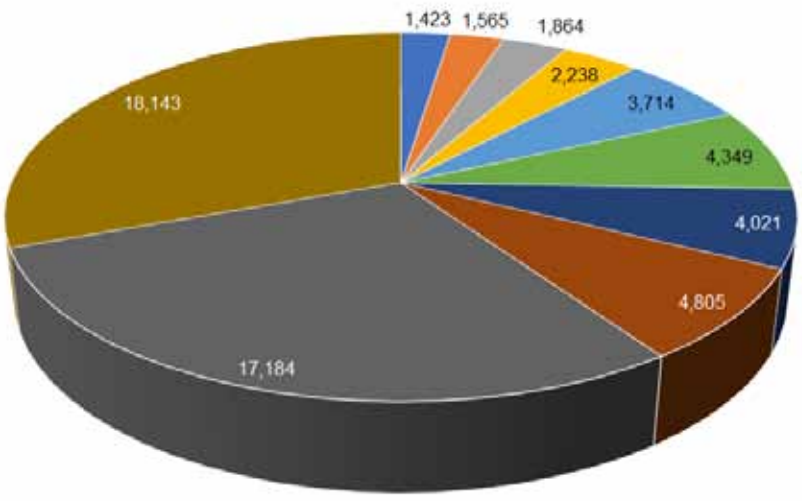


SOURCE: Centers for Disease Control and Prevention

Cancer and heart disease were also leading causes of death in the state of Georgia in 2016 as seen in the chart below.

2016 Leading Causes of Death in Georgia

Death Rate	Diseases
18,143	Diseases of the Heart
17,184	Malignant Neoplasms
4,805	Chronic Lower Respiratory Diseases
4,349	Stroke
4,021	Unintentional Injuries
3,714	Alzheimer's Disease
2,238	Diabetes Mellitus
1,864	Nephritis, Nephrotic Syndrome and Nephrosis
1,565	Septicemia
1,423	Influenza and Pneumonia



SOURCE: : Online Analytical Statistical Information System (OASIS)

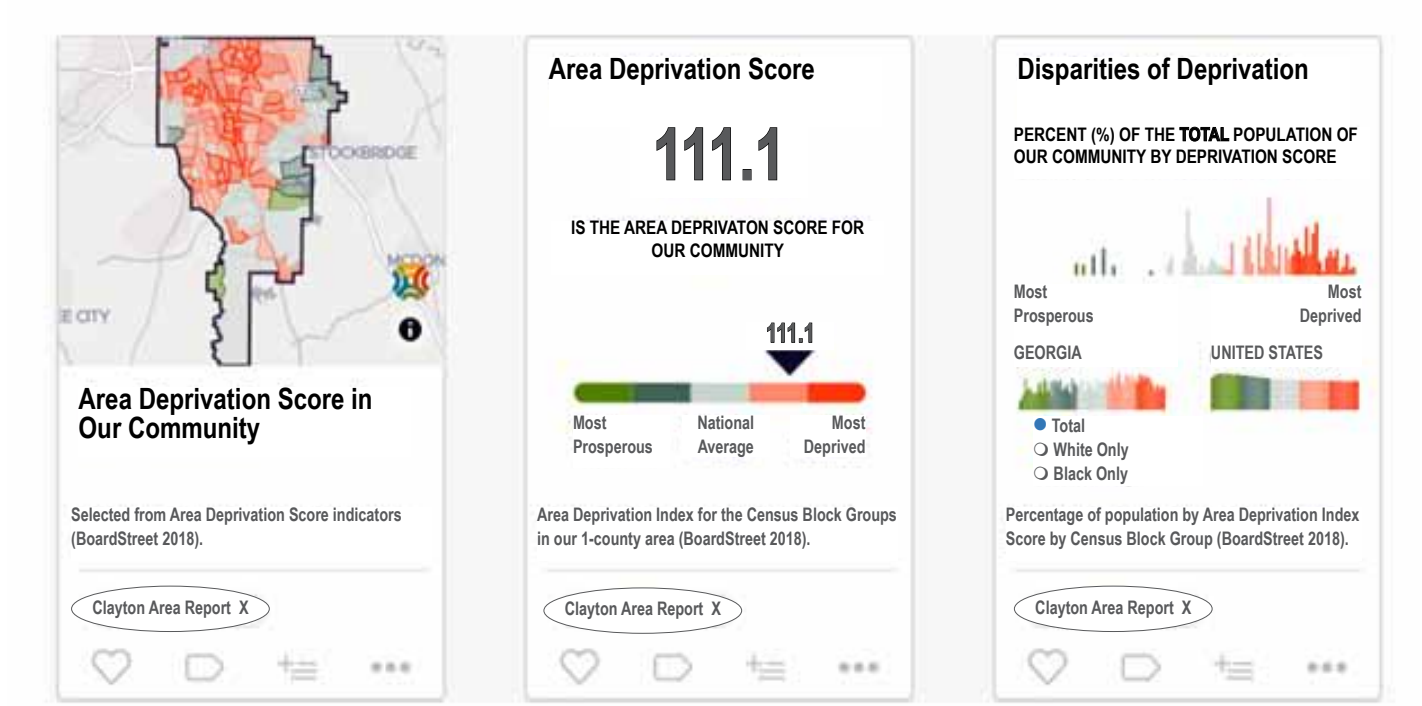
The leading causes of death in Clayton County do not reflect the same percentages and factors found in the state and national data. Unfortunately, many of the causes of premature death in Clayton County are related to preventable causes as noted below.

2018 Leading Causes of Premature Death in Primary Service Area
1. Assault (Homicide)
2. Motor Vehicle Crashes
3. Ischemic Heart and Vascular Disease
4. Certain Conditions Originating from the Perinatal Period
5. Essential (Primary) Hypertension and Hypertensive Renal, Heart Disease
6. All Other Diseases of the Nervous System
7. Intentional Self-Harm (Suicide)
8. Diabetes Mellitus
9. Accidental Poisoning and Exposure to Noxious Substances
10. Cerebrovascular Disease

SOURCE: Online Analytical Statistical Information System (OASIS)

Community Commons Area Deprivation Index

Community Commons is a data repository and tools that combine efforts and programs that inspire change to improve communities. This index provides public access to thousands of meaningful data layers that allow mapping and reporting to thoroughly explore the overall health of a specific community. The Area Deprivation Index (ADI) measures social vulnerability. ADI combines 17 indicators of socioeconomic status (e.g. income, employment, education, housing conditions) which have been directly linked to health outcomes like: 30-day re-hospitalization rates, cardiovascular disease death, cervical cancer incidence, cancer deaths, and all-cause mortality. Disparities in the ADI may contribute to unique health challenges for individuals living in the most deprived areas.



SOURCE: Community Commons

Social Determinants of Health (SDOH)

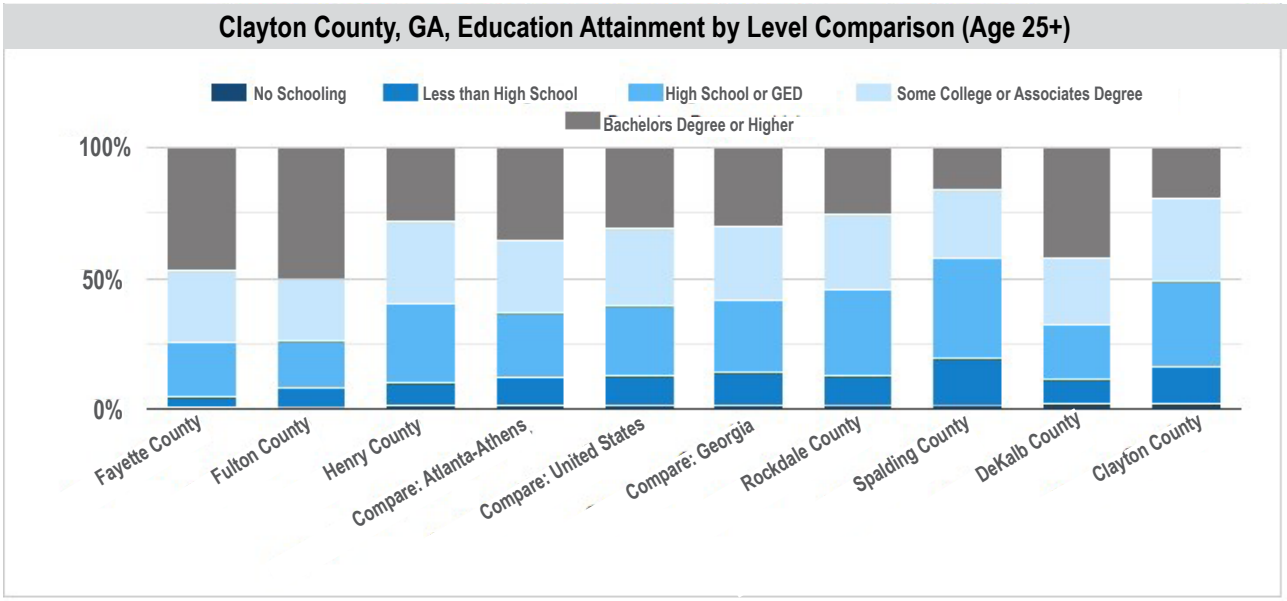
Studies show that at-risk populations fare worse with preventable conditions based on socioeconomic factors, race/minority, and lack of access to quality care which is often related to poverty, unemployment, and lack of health insurance. Social Determinants of Health (SDOH) involve assessing the circumstances in which an individual lives and works. According to the Center for Disease Control and Prevention, social determinants include housing, poverty, food security, working conditions, public safety, and others. SDOH factors are responsible for about 40% of all healthcare spending.

Southern Regional Medical Center serves an area that has a higher at-risk population as it relates to overall health. Among some of the specific factors contributing to the area's higher deprivation score are: lower levels of education, lack of health insurance, and lower income status.

Education

A college graduates' life expectancy is 5 years longer than those who do not complete high school. For those without a high school education, life expectancy has decreased since the 1990s. Individuals with more education are less likely to smoke, drink heavily, or be overweight or obese. Additionally, they are more likely to have a higher earning potential and better employment opportunities, allowing for access to healthier food, health insurance, medical care, and residing in safer neighborhoods.

Clayton County has a higher number of people who have not completed high school in comparison to both the national and state averages. There are also fewer college graduates than the national and state averages. Although the Clayton County School District is making significant strides in improving graduation rates, according to the 2018 College and Career Ready Performance Index, Georgia's state high school graduation rate is 82% and Clayton County's graduation rate is 72.3%.

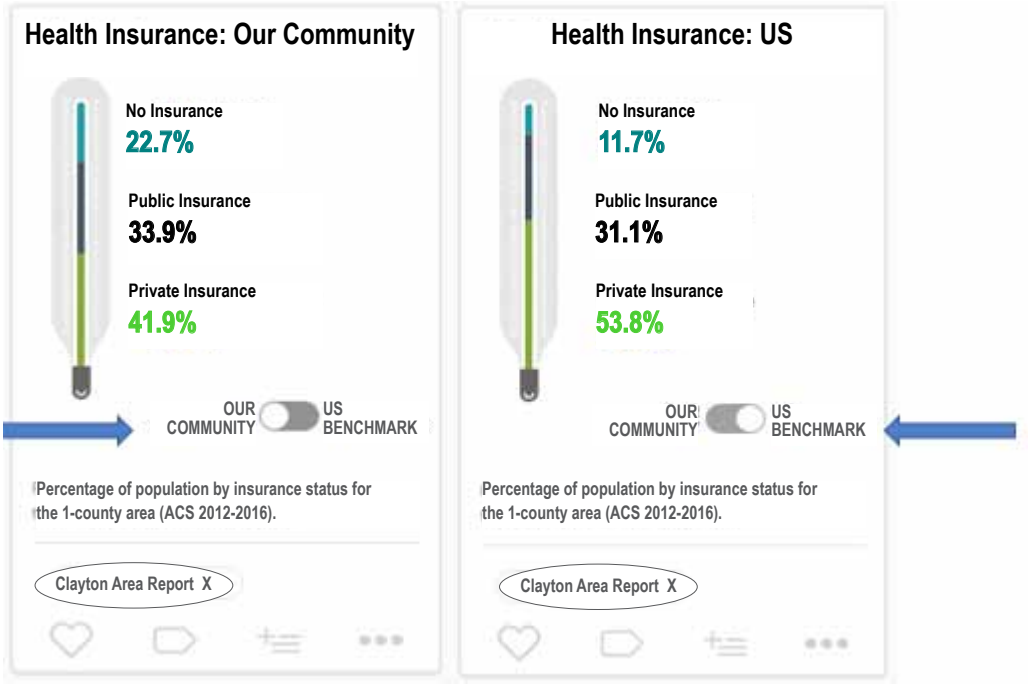


SOURCE: 2018 American Community Survey/Town Charts

Health Insurance

The number of individuals without health insurance in Clayton County is nearly twice the national average. According to the Kaiser Family Foundation, health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and, ultimately, their overall health. Uninsured people are far more likely to postpone health care or forgo care altogether. The consequences of these decisions can be severe, particularly when preventable conditions or chronic diseases go undetected.

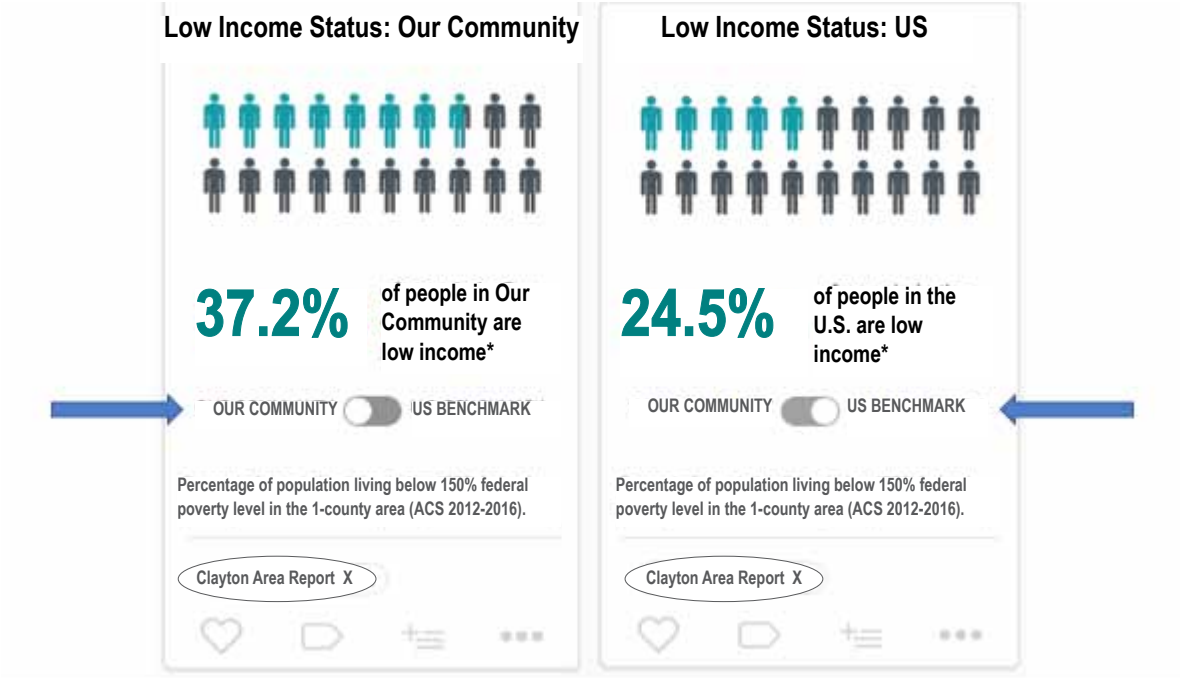
Compared to individuals who have health coverage, those without health insurance are more likely to skip preventive services and report that they do not have a regular source of health care. Uninsured adults are three times more likely to state that they have not visited a health professional's office or clinic for their own healthcare needs in the past year. They are also less likely to receive recommended screening tests such as blood pressure, cholesterol, blood sugar, colon cancer, or (among women) a pap smear and mammogram. Part of the reason for poor access among the uninsured is that half do not have a regular place to go when they are sick or need medical advice.



SOURCE: Community Commons

Income

Higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in their overall health. People with lower incomes have less money to spend taking care of themselves, whether it's paying for doctor visits, medication, or healthier foods. Additionally, the stress associated with living within a lower income – especially during childhood – increases those individuals' risk for heart disease, stroke, cancer, and diabetes.



SOURCE: Community Commons

Improvement of SDOH factors does have a direct bearing on the overall health of the community Southern Regional serves. Creating avenues for appropriate levels of care, access to screenings and preventive measures, access to primary care, and continuity of care management, all correlate to healthcare improvements — healthier citizens, lower healthcare costs and more efficient management and deployment of healthcare resources.

As an example, among the top causes of ER/hospital encounters were diagnoses such as asthma; essential (primary) hypertension and hypertensive; heart disease; renal disease; endocrine, metabolic, and nutritional diseases; COPD (Chronic Obstructive Pulmonary Disease); anemia; diabetes mellitus; pneumonia, and diseases of the genitourinary systems. These medical conditions meet the definition of Ambulatory Care Sensitive Conditions. They are all conditions that can be managed with quality outpatient or primary physician care, thereby potentially preventing the need for an emergency room visit or inpatient hospital encounter. Appropriate management of these conditions in an outpatient setting can also prevent further complications: a decrease illness severity, containment of costs, and an extended life expectancy. See chart below.

AMBULATORY CARE SENSITIVE CONDITIONS	
Bacterial Pneumonia	Hypertension
Dehydration	Adult Asthma
Pediatric Gastroenteritis	Pediatric Asthma
Urinary Tract Infection	Chronic Obstructive Pulmonary Disease (COPD)
Perforated Appendix	Diabetes Short-Term Complication
Low Birth Weight	Diabetes Long-Term Complication
Angina without Procedure	Uncontrolled Diabetes
Lower-Extremity Amputation among patients with Diabetes	

SOURCE: Centers for Medicare and Medicaid Services (CMS)

General Health Measures

Factors that negatively impact the health of a population include: obesity, cardiovascular/heart disease, cancer, respiratory diseases, diabetes, and mental health. These factors are included in The Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) survey and in America's Health Ranking as part of an effort to monitor those conditions that affect the leading causes of death. Survey participants are asked a series of questions designed to gauge the prevalence of various health behaviors and conditions. The survey is conducted using Random Digit Dialing techniques on both U.S. landline and cell phones of adults 18 years or older. While information is available based on income, information is not available based on race and ethnicity.

As previously mentioned, America's Health Rankings provides a methodology for comparing the health of each state by ranking them on a scale of 1 to 50. America's Health Rankings data is not available based on race, ethnicity, or income.

Where applicable, the focus areas and specific goals of Healthy People 2020 are highlighted. Healthy People is a Department of Health and Human Service initiative to cultivate health promotion and disease prevention across the U.S. In 2010, Healthy People established Healthy People 2020 (HP2020) – a 10-year program that tracks approximately 1,300 objectives organized into 42 topic areas, each of which represents an important public health area. In addition, HP2020 contains the Leading Health Indicators, a small focused set of 12 topics focused on 26 objectives identified to communicate and move action on high-priority health issues.

In Clayton County, both obesity and diabetes stand out as highly prevalent.

Category	Clayton County	Georgia	United States
Diabetes	11.50%	11.60%	9.80%
Obesity	36%	30.50%	28.90%
Lack of Physical Activity	28%	23.60%	32.60%
Inadequate Fruit and Vegetable Consumption	79%	75.7%	75.70%
Excessive Alcohol Consumption	10%	15.60%	24.70%

SOURCE: America's Health Rankings

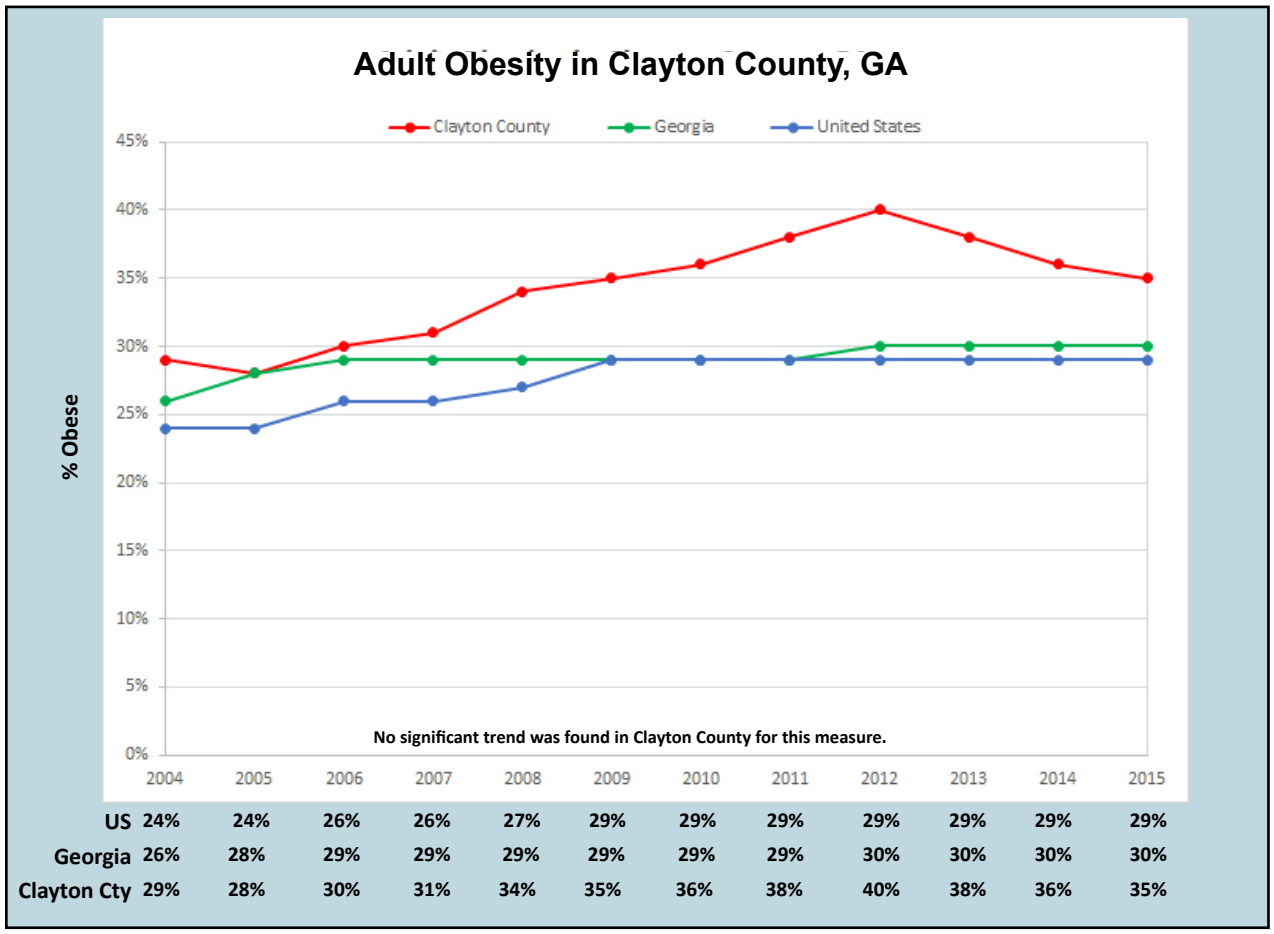
Obesity

Obesity is a major health concern across the country with nearly one out of every three adults considered obese. A negative factor in an individual's overall health, obesity can lead to such conditions as: heart disease, hypertension, stroke, Type 2 diabetes, cancer, and respiratory problems. Since 1990, obesity has steadily increased in the United States and in the state of Georgia with Georgian's outpacing the national average. America's Health Rankings 2018 ranks Georgia as 26th (tied with Pennsylvania) with 31.6% of adults falling into the obese category. Obesity is typically determined using multiple years of data from the BRFSS survey where respondents are asked to provide their height and weight which is used to classify individuals into one of four Body Mass Index (BMI) categories – underweight, normal weight, overweight, and obese. Individuals with a BMI greater than 30.0 fall into the obese range.

2018 Obesity Population		
Age	% Obese Adults in Georgia	% Obese Adults in the U.S.
18 – 44 years	28.5%	26.7%
45 – 64 years	37.3%	35.6%
65+ years	29.3%	28.5%

SOURCE: America's Health Rankings

Obesity continues to be a negative health factor in Southern Regional's PSA. County Healthy Rankings and Roadmaps 2018 data report indicates a higher percentage of obese residents than the state average noting: 36% of Clayton County's adult population in as obese compared to 30% of the adult population in Georgia. Over 3-year time span Clayton County's adult population obesity percentages continued to be greater than both the state and national percentages.



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
US	24%	24%	26%	26%	27%	29%	29%	29%	29%	29%	29%	29%
Georgia	26%	28%	29%	29%	29%	29%	29%	29%	30%	30%	30%	30%
Clayton Cty	29%	28%	30%	31%	34%	35%	36%	38%	40%	38%	36%	35%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
Note: Starting with the 2011 data, a new BRFSS methodology was introduced including cell phone users. Data from prior years should only be compared with caution.

SOURCE: : Online Analytical Statistical Information System (OASIS)

Diabetes

Diabetes Mellitus is a condition that occurs when the body is unable to absorb or respond appropriately to insulin. Diabetes impacts serious health issues including heart disease, high blood pressure, stroke, and other conditions. According to the Centers for Disease Control and Prevention, diabetes was the 7th leading cause of death in the U.S. in 2016 causing 80,058 deaths. In 2017, the Georgia Department of Public Health reported the 2,238 deaths due to diabetes in the state and 405 in Southern Regional's PSA. The 2018 America's Health Ranking ranks Georgia 38th in the nation for diabetes citing that 11.4% of the adult population has the chronic condition.

Poorly controlled diabetes leads to serious complications such as kidney disease, amputations, and blindness. Healthy People 2020 estimates the cost of medical care, disability, and premature death due to diabetes is $245 billion. One of HP2020 goals is to "Reduce the disease and economic burden of diabetes and improve the quality of life for all persons who have or are at risk for diabetes."

Smoking and Tobacco Use

Healthy People 2020 lists smoking as the leading cause of preventable death in the U.S., as it is responsible for an estimated 1 in 5 deaths per year. Tobacco use factors into a number of other diseases including respiratory disease, heart disease, stroke, and cancer. America's Health Rankings 2018 reported that 17.1% of U.S. adults smoke regularly which is improved from 21% in 2012. They also list Georgia as 30th out of 50 states in 2018 for the percentage of adult population that regularly smokes – this equates to 17.5% of adult Georgians who smoke. The 2018 County Health Rankings provides additional insight into the percentage of the adults in the Southern Regional PSA counties that smokes regularly as follows:

- **Clayton County – 20%**
- DeKalb County – 16%
- Fulton County – 15%
- Henry County – 17%

Healthy People 2020 established a goal to "Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure." HP2020 objectives to focuses on three key areas:

- Tobacco Use Prevalence: Implementation of policies to reduce tobacco use among youth and adults
- Health System Changes: Adopting policies and strategies to increase access, affordability, and use of smoking cessation services and treatments
- Social and Environmental Changes: Establishing policies to reduce exposure to secondhand smoke, increase the cost of tobacco, restrict tobacco advertising, and reduce illegal sales to minor

Cardiovascular/Heart Disease

Cardiovascular disease often progresses to heart attack, chest pain, and/or stroke. In 2017, the CDC reported that heart disease was the leading cause of death in the United States resulting in 647,457 deaths, with stroke noted as the 5th leading cause of death accounting for 146,383 deaths. For the state of Georgia, the 2017 CDC data reported 4,393 deaths from stroke and 18,143 deaths from heart disease. Additionally, America's Health Rankings 2018 report ranked Georgia 38th out of 50 states for cardiovascular deaths.

High blood pressure, high cholesterol, and smoking are the three key risk factors for heart disease and stroke. CDC statistics indicate that nearly 50% of Americans have at least one of these three risk factors. Additional cardiovascular risk factors include diabetes, obesity, lack of physical activity, poor diet, and excessive alcohol use.

National efforts have been implemented to improve cardiovascular health and quality of life through: prevention, detection, and treatment of heart disease and stroke risk factors; early identification and treatment of heart attacks and stroke; and prevention of repeat cardiovascular events. HP2020 statistics released in 2007 noted the following in the United States – 126.0 coronary heart disease deaths per 100,000 population and 42.2 stroke deaths per 100,000 population. A national objective of HP2020 is to decrease the coronary heart disease death rate to 100.8 deaths per 100,000 population and reduce the stroke death rate to 33.8 per 100,000 population by 2020. The chart below shows the trend of heart disease and stroke deaths in a quest to reach the HP2020 goal.

Coronary Heart Disease Deaths	**2015**	**2016**	**2017**
National Data (per 100,000 population)	97.2	94.3	92.9
Georgia (per 100,000 population)	77.9	75.6	73.1
Stroke Deaths			
National Data (per 100,000 population)	37.6	37.3	37.6
Georgia (per 100,000 population)	45.3	44.3	43.5

SOURCE: HealthyPeople.gov State-level Data
HDS-2 Coronary heart disease deaths and HDS-3 Stroke deaths
(age-adjusted, per 100,000 population)

Cancer

Cancer is a disease characterized by abnormal cells that divide uncontrollably and destroy body tissue. Nationally, cancer is the 2nd leading cause of death and it is also the 2nd leading cause of death in Georgia. In 2016, there were 598,038 deaths caused by cancer in the U.S. and 17,137 deaths in Georgia, while county data shows cancer deaths in the hospital's service area show:

- DeKalb County – 1,042 deaths
- Fulton County – 1,335 deaths
- **Clayton County – 361 deaths**
- Henry County – 308 deaths

According to the National Cancer Institute (NCI), in 2018, an estimated 1,735,350 new cases of cancer will be diagnosed in the United States and 609,640 people will die from the disease. The number of new cases of cancer (cancer incidence) is 439.2 per 100,000 men and women per year (data is based on 2011–2015 cases).

Lack of physical activity, poor nutrition, obesity, use of tobacco products, and ultraviolet light exposure are cancer risk factors. Cancer screenings are an effective way to identify certain types of cancer early in the disease progression for neoplasms such as colorectal cancer, cervical cancer, and breast cancer. The BRFSS survey asks questions designed to gauge the prevalence and effectiveness of cancer screenings. One of Healthy People 2020 goals is focused on the reduction of cancer prevalence – "Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer." HP2020 has identified 20 objectives to monitor trends in cancer incidence, mortality, and survival to assess the progress made toward decreasing the burden of cancer in the U.S.

The chart below shows the trend of overall cancer deaths and breast cancer deaths from HP2020 research.

Overall Cancer Deaths	**2015**	**2016**	**2017**
National Data (per 100,000 population)	158.5	155.8	152.5
Georgia (per 100,000 population)	163.0	160.2	154.9
Breast Cancer Deaths			
National Data (per 100,000 population)	20.3	20.1	19.9
Georgia (per 100,000 population)	21.3	21.7	21.8

SOURCE: HealthyPeople.gov State-level Data C-1 Overall cancer deaths and C-3 Female breast cancer deaths (age-adjusted, per 100,000 population)

An increased understanding of the strides achieved in the reduction of potentially preventable deaths should better equip state and regional targeted efforts for the prevention of premature deaths from cancer. See table below.

2015 Top 25 Ranking by State: All Cancer Types

State	All Cancer Deaths
Kentucky (per 100,000 population)	512.0
Delaware (per 100,000 population)	490.6
Pennsylvania (per 100,000 population)	483.1
New York (per 100,000 population)	482.0
New Jersey (per 100,000 population)	479.5
Louisiana (per 100,000 population)	477.5
Minnesota (per 100,000 population)	475.0
Iowa (per 100,000 population)	470.2
Arkansas (per 100,000 population)	470.1
Connecticut (per 100,000 population)	468.6
Illinois and Maine (per 100,000 population)	468.0
West Virginia (per 100,000 population)	467.7
New Hampshire (per 100,000 population)	466.4
Ohio (per 100,000 population)	460.8
North Carolina (per 100,000 population)	460.6
Tennessee (per 100,000 population)	459.8
Georgia (per 100,000 population)	**458.6**
Rhode Island (per 100,000 population)	458.0
Mississippi (per 100,000 population)	456.7
Wisconsin (per 100,000 population)	456.1
Nebraska (per 100,000 population)	456.1
Kansas (per 100,000 population)	452.9
Massachusetts and South Carolina (per 100,000 population)	452.8

SOURCE:CDC United States Cancer Statistics

Respiratory Disease

Conditions such as asthma, chronic obstructive pulmonary disease (COPD), lung cancer, pneumonia, and tuberculosis are classified as respiratory diseases. Asthma and COPD are chronic illnesses that have a significant impact on healthcare. HP2020 data notes that there are 23 million people suffering with asthma in the U.S. and that approximately 13.6 million adults have been diagnosed with COPD. Additionally, the data predicts that an equal number of individuals will be diagnosed with COPD in the next few years.

The financial burden of respiratory disease greatly impacts communities across the country by impacting health insurance rates, loss of employee productivity, and an increase in tax dollars spent on care. HP2020 lists the annual health care expenditure for asthma at an estimated $20.7 billion. In 2016, the CDC cited chronic lower respiratory disease as the 3rd leading cause of death in the United States (154,596 deaths). There were 4,805 deaths attributed to the disease in Georgia that year. Influenza/pneumonia was listed by the CDC as the 8th leading cause of death in the U.S. in 2016 (57,537 deaths). In that same period, influenza/pneumonia was the 10th leading cause of death in Georgia (1,423 deaths). In the most available data from the Georgia Department of Public Health (2015), the death total from respiratory disease in Southern Regional's PSA was recorded as follow per county:

- DeKalb County – 362
- Fulton County – 488
- Henry County – 197
- **Clayton County – 187**

Asthma is a predisposed condition – basically it's a combination of genetic factors that are worsened by environmental allergens. Genetics also plays a role in COPD, but in most cases it is a preventable condition, because it's prevalence is based on inhaling pollutants – like cigarettes, pipes, cigars, and second-hand smoke. Regardless, with appropriate treatment an individual suffering from either asthma or COPD can improve their quality of life. Initiatives like HP2020's goal of prevention, detection, treatment, and education will go a long way in decreasing the prevalence of chronic respiratory disease. The following HP2020 research chart shows the trend COPD cancer deaths.

COPD Deaths Among Adults (45+)	2015	2016	2017
National Data (per 100,000 population)	115.1	112.3	113.4
Georgia (per 100,000 population)	130.4	132.1	128.4

SOURCE: HealthyPeople.gov State-level Data RD-10 Reduce Deaths from COPD Among Adults (age-adjusted, per 100,000 population), 45+ years

Mental Health

Mental health involves an individual's emotional, psychological, and social well-being. It helps determine reactions to stress, interactions with others, and the choices an individual makes. Undoubtedly, mental health and physical health are intertwined, as mental health is essential to each person's overall state of well-being, and impacts their ability to engage in a productive life and contribution to their community.

Mental health disorders include: anxiety disorders, attention-deficit/hyperactivity disorders, autism, eating disorders, mood disorders, personality disorders, and schizophrenia. In 2018, the National Alliance on Mental Illness (NAMI) indicated that there were an estimated 11.2 million Americans struggling with serious mental illness conditions. The CDC listed suicide as the 10th leading cause of death in the U.S. in 2017 accounting for more than 47,173 deaths (up from 44,965 deaths in 2016). Additionally, the World Health Organization counts major depression as a condition that carries the heaviest burden of disability among mental and behavioral disorders.

In America's Health Rankings 2018, Georgia was ranked 26th out of 50 states for frequent mental distress. Mental Health disorders were significantly burdensome in Southern Regional's PSA which consumed large amounts of resources and contributed to higher healthcare costs. It also needs to be noted that the lack of local and regional facilities for mental health patients causes the over utilization of valuable Emergency Department bed space, often for numerous days.

Poor mental health days have continued to be a negative factor in the mental health outlook of Clayton County. In 2017, the Georgia Department of Public Health reported 3,059 discharges related to mental health disorders in Clayton County. 2017 data for County Healthy Rankings and Roadmaps indicates that adults who were surveyed regarding their last 30 days reported an average of 4.1 poor mental health days (compared to 3.7 days in DeKalb County, 3.6 days in Fulton County, and 3.8 days in Georgia). Thirteen percent of adults in Clayton County also reported experiencing 14 or more poor mental health days per month (compared to 12% in DeKalb County, 11% in Fulton County, and 11% in Georgia). In Mental Health America's (MHA) 2018 State of Mental Health in America, Depression Screen Results by state were reported as follows:

Depression Screen Results	Minimal Depression	Mild Depression	Moderate Depression	Moderately Severe Depression	Severe Depression
National Percentage	3.67%	12.19%	24.44%	30.49%	29.22%
Georgia Percentage	6.68%	11.15%	22.91%	29.08%	30.0%

SOURCE: Mental Health America's *2018 State of Mental Health in America*

Mental health providers account for those physicians, psychiatrists, psychiatric nurse practitioners, therapists and clinical social workers who see patients with mental health issues. In County Health Rankings and Roadmaps 2017, Georgia averages 1 (one) mental health worker per every 900 mental health patient population with surrounding counties ratios of mental health providers to population as follows:

- **Clayton County – 1 mental health provider per 1,880 mental health patient population**
- Cobb County – 1 mental health provider per 770 mental health patient population
- DeKalb County – 1 mental health provider per 400 mental health patient population
- Fulton County – 1 mental health provider per 520 mental health patient population
- Gwinnett County – 1 mental health provider per 1,160 mental health patient population
- Henry County – 1 mental health provider per 820 mental health patient population

In the 2018, State of Mental Health in America, MHA also ranked access to mental health care. A High Access Ranking (with #1 being the highest) indicates that a state provides relatively more access for mental health care based on measures that include: access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. Georgia ranked 43rd in access to mental health care nationwide.

Health Care Access

The Department of Health and Human Service's HRSA (Health Resources and Services Administration) is a federal agency designed to focus on improving access to health care services for uninsured, medically vulnerable, or isolated populations in the United States. The HRSA designates various areas around the county as Medically Underserved Areas (MUAs) or Medically Underserved Population (MUPs). MUAs are areas where a shortage of medical health services exists. MUPs are areas where populations reside that face barriers to medical care including economic barriers, cultural barriers, or linguistic barriers. MUA and MUP designated areas may include an entire county, a set of counties, or specific census tracts within a county. Portions of Southern Regional's service area are designated MUAs.

Access to quality health care services impacts the health of an individual – their overall physical, social and mental health – as well as the overall community. Barriers to services will delay individuals from receiving appropriate care and needed preventive services, places a financial burden on individuals as well as the community, and leads to hospitalizations that could have been prevented.

According to America's Health Rankings, the un-met health needs of the uninsured population in the United States is estimated to result in a 25% higher risk of mortality in comparison to the insured population and 18,000 excess deaths each year. According to America's Health Rankings 2018 data, Georgia ranked 47th out of 50 states for percentage of population lacking health insurance (note: this is based on a scale of 1 - 50 with #1 being the healthiest state with the most insured citizens.)

Access to primary care physicians is a challenge for the state of Georgia, but in Southern Regional's PSA access to providers remains at a critically high need. Although some progress has been made over the past three years, the percentage of primary care providers does not meet the current demands. Clayton County is a designated Health Professional Shortage Area (HPSA) especially as it relates to primary care healthcare providers. According to DATA USA, it is estimated that there are 31 primary care physicians per 100,000 population in Clayton County – Southern Regional's PSA – as compared to the state of Georgia with 66 medical providers per 100,000 population. Additionally, a number of the primary care physicians in Clayton County are at capacity making it challenging to add new patients to their care.

As reported under Mental Health services in this report, Clayton County has 1 mental health provider per 1,880 patients which is substantially fewer medical providers than the surrounding communities. It can take and average of three to four weeks for a new patient appointment with a mental health care provider. Even access to dental care is a challenge with Clayton County's dental provider ratio of 27 dentists per 100,000 population compared to Georgia ratio of 49 dental providers per 100,000 population.

Implementations from Last Report

Southern Regional's Response to 2016 – 2019 Community Health Needs Assessment Report

The 2016-2019 Community Health Needs Assessment Steering Committee identified the following two focus areas from the last Report to address the community health needs:

#1 – Improve the mental health of the community

#2 – Improve access to care

Southern Regional responded accordingly:

Improve the mental health of the community

- **Geriatric Psychiatric Services** – In February 2019, Southern Regional opened a 16-bed Senior Behavioral Health Unit that provides short-term treatment to stabilize senior adults who are experiencing mental health issues requiring care beyond outpatient treatment. The unit offers: psychiatric assessment and treatment;
- management of medical conditions; medication management; dietary consultation; recreational therapy based on assessment; individual and group therapy led by recreational therapists; education for patients and families on diagnosis, treatment options, and medications; and discharge planning and financial counseling.
- **Mental Health Staffing** – Southern Regional added 24 full-time mental health support staff including RNs, Mental Health Workers and Certified Nurse Assistants for the sole purpose of caring for the mental health patients in the Senior Behavioral Health Unit. Additionally, the Emergency Department added 4 full-time RNS and 10 ED Techs (CNAs) dedicated to the care of mental health patients in the ED.
- **Emergency Department Psychiatric Area Upgrade** – In 2018, steps were taken to further ensure the safety of mental health patients in the ED. The bathrooms in the Psychiatric Rooms were completely remodeled to ensure continued patient safety needs were met. Low recliners replaced stretchers, cabinets secured, while medical equipment and computers were placed on mobile units to create a ligature resistant and safe environment.
- **County Crisis Stabilization Unit** – Beginning August 2017, Southern Regional leadership began facilitating meetings and conversation with key stakeholders, both locally and regionally, in a quest to secure future state funding for a Crisis Stabilization Unit in Clayton County. The unit would be managed and operated by Clayton County Board of Health and supported with state and county funding sources. Discussions continue with Clayton County, appropriate state agencies, local legislators and state legislators.

Improve access to care

- **Primary Care Physicians** – In 2018, Southern Regional employed a new PCP who is fluent in Spanish to meet the demand in the PSA marketplace. Dr. Cristian Carbuccia is located in the Medical Office Building adjacent to the hospital in Riverdale.
- **Specialty Physicians** – Southern Regional continued to expand specialty physician services as follows:
  - **General Surgery** opened a new General Surgery Practice in 2017 with Dr. Jinu Kamdar and Dr. Nidhi Khanna. Offices are on the Women's Center Terrace Level of the hospital in Riverdale as well as at The Physician Offices at Spivey Station in Jonesboro.
  - **Orthopedic Surgery** opened a new Orthopedic Practice in 2017 located in the Medical Office Building adjacent to the hospital in Riverdale with Dr. Robert Nelson.
- **Community Outreach** – Southern Regional continued to expand participation in community events. In 2018, the hospital participated in and/or supported more than 40 events reaching an estimated 4,100 residents in the Primary Service Area. This included providing everything from healthcare education to free blood pressure and free peripheral arterial disease checks.

- **Collaboration with Community Partners** – Southern Regional targeted outreach to partner in specific areas to expand awareness and access. New and re-newed partnerships include:
  - Alzheimer's Association
  - Alzheimer's Services Center
  - Amerigroup RealSolutions
  - Atlanta Regional Commission
  - Clayton County Board of Health Senior Services
  - Clayton County Board of Health's Healthier Generations Initiative
  - Clayton County Chamber of Commerce
  - Clayton County Fire and EMS
  - Clayton County Public School District and specific events at Riverdale Elementary School
  - Clayton State University
  - Fayette County Chamber of Commerce
  - Forest Park Fire and EMS
  - Generational Sources of Strength
  - LA Fitness, Morrow – hosting free Hernia Clinic sponsored by Southern Regional
  - National Black and Latino Council of Atlanta
  - Riverdale Fire Department
- **Build Community Awareness** – Through both community outreach efforts and a focus on social media venues Southern Regional is building followers and awareness on various healthcare initiatives, access to care, new endeavors, and general overall well-being. In June 2017, the hospital had a social media following of approximately 3,500 collectively on three forums – Facebook, Twitter and LinkedIn. As of the end of the year in 2018, Southern Regional's collective social media reach (again on Facebook, Twitter and LinkedIn) was more than 9,000 followers.

Key Stakeholder Participation

Community Health Needs Assessment Key Stakeholders

A key component in the community health needs assessment is a survey of community stakeholders completed using the focus group method. These stakeholders included a mix of internal and external representatives to Southern Regional Medical Center: pastors, public health officials, health care providers, social service agency representatives, government leaders, and board members. Due to their profession, tenure, and/or community involvement, community stakeholders offer diverse perspectives and information to the community health needs assessment. They are individuals at the front line in the community that can best identify un-met social and health needs of the community.

2019 Community Health Needs Assessment Committee

Facilitator	John Yauger	Strategy Consultant
Southern Regional Medical Center		
	Charlotte W. Dupré	President and CEO
	Vikram Mandadi, MD	Chief Medical Officer
	Letitia Royster, MD	Chief of Staff
	Kimberly Golden-Benner	Director of Marketing and Communications
Community Leaders		
	Dr. Morcease J. Beasley	Superintendent, Clayton County Public Schools
	Jada Dawkins	Chief of Communications, Clayton County Public Schools
	Keisha Dixon	Business Operations Director, Clayton County Board of Health
	Deputy Chief Anthony Grimaldi	Clayton County EMS
	Chief Sterling Jones	Riverdale Fire Department
	Michael Scott, DNP	Associate Dean, Clayton State University School of Nursing
	Jeremy Stratton	CEO, Clayton County Chamber of Commerce
Legislators		
	The Honorable Rhonda Burnough	State House of Representatives, District 77
	The Honorable Evelyn Winn-Dixon	Mayor of Riverdale
Healthcare Leaders		
	Timothy Brown, MD	OB/GYN, Southside Medical Center
	Cristian Carbuccia, MD	Internal Medicine, South Atlanta Primary Care/ Southern Regional Physician's Management Group
Religious Leaders		
	Pastor Margaret Taylor	New Covenant Disciples Ministry, Inc.

Participants were presented data related to the CHNA process, the Southern Regional market position analysis and data related to the state of the demographics and sociographic Clayton County area. The floor was then turned over to the participants who shared their thoughts and opinions related to how best to leverage Southern Regional in developing solutions to the healthcare challenges faced by the community. Open discussion was encouraged, with the objective that participants would increase their understanding of the data presented in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, health status, health behaviors, and access to health care. As the group discussed the health problems or health issues, the facilitator developed a list of current health challenges the community participants stated were important. At the end of the discussion priority issues were identified.

Once a draft of the Community Health Needs Assessment was completed, each member of the committee received a draft copy with an outline of the priorities and offered time to review and offer additional comments and suggestions.

Community Health Needs Assessment Committee Top Priorities

The majority of community stakeholder's discussion identified the following community healthcare and patient needs are listed below:

1. Continued challenges with access to Primary Care Physicians (PCP)
2. Obesity and Healthy Weight
3. Continued needs for residents struggling with mental health issues
4. Diabetes
5. Cardiovascular/Heart Disease
6. Women's Health Services, including Breast Cancer and early detection

Southern Regional Medical Center

2019-2021
IMPLEMENTATION STRATEGY PLAN

Implementation Strategy Plan

Southern Regional Medical Center's Steering Committee used the qualitative data and input from the key community stakeholders to guide the development of a strategic plan in response to the health needs of the communities served by the hospital. Taking into consideration the six areas of community need determined by the data from the 2019-2021 Community Health Needs Assessment and input from the key stakeholders. The three strategic initiatives are:

#1: Maintain and improve access to care for the community that is an underserved area.

#2: Increase access and participation in preventive services and education to targeted residents in this underserved area.

#3: Continue drive to increase mental health services by the County.

Priority	Strategy	Action	Evaluation
#1: Maintain and improve access to care for the community that is an underserved area.	Reduce shortage of healthcare providers within primary service area	• Recruit additional primary care physicians and clinicians (i.e.: NPs) and specific specialty physicians (such as: orthopedics, surgical breast oncology, neurosurgery) over the next 3 years in accordance with the hospital's Medical Staff Development Plan. • Continue to develop partnerships with academic institutions on externships, internships, and residency programs to fill specific service line needs. • Research and secure grant funding for NPs to provide home visit follow-ups to reduce re-admissions and continue improvements of ED throughput • Increase intentional marketing and digital efforts regarding PCP and specialists details to reach primary and secondary service areas.	• Number of physicians recruited, location of practice and clinics, as well as practice/clinic patient volume growth.
	Increase access to services and healthcare providers	• Improve ED access through ongoing efforts to increase throughput (reduction of wait times). • Work with existing agencies – WIC and CareSource – on processes and access for uninsured and under-insured; i.e.: on-site WIC office, increasing access to multitude of health services. • Continue to develop partnerships with federally-qualified health centers (FQHC).	• Record and monitor patients participation in programs for uninsured and under-insured. • Develop appropriate processes for partnerships with federally-qualified clinics and practices.
	Develop community partnerships to reduce barriers to appropriate care	• Increase community awareness of the support and resources available by collaborating and participating in community-wide events that reach the desired group of residents. • Develop Southern Regional sponsored/ supported activities and programs to reach desired population.	• Track participation at community-wide events and Southern Regional activities and programs.

Priority	Strategy	Action	Evaluation
#2: Increase access and participation in preventive services and education to targeted residents in this underserved area.	Maintain Chest Pain Center and Primary Stroke Center Accreditations	• Maintain accreditations • Nurse Practitioners (funded by previously noted grant requests) to collaborate with Clayton County Fire and EMS on compliance and continuity of care for these patients. • Provide educational offerings that address and identify heart risk factors – such as smoking, healthy weight, high blood pressure • Create targeted heart marketing campaign • Develop digital public service announcements targeted at informing at-risk population	• Annual review of accreditation. • Track participants in education offerings. • Development of two yearly focused digital announcements.
	Offer appropriate educational programming and services	• Solidify and build an awareness of The Center for Bariatrics and Healthy Weight, including seminars and support groups in response to healthy weight options. • Develop partnerships with resources that can offer continued education in appropriate service areas such as diabetes, caregivers support, eldercare, etc.	• Receive Bariatric Center accreditation: MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program) • Track participants at programs and activities.
	Ensure access to testing to preventative services through special programs	• Maintain and secure the Komen Grant to provide free mammography to un-insured and underinsured. • Expand offerings of free blood pressure and PAD (peripheral arterial disease) screenings at community events • Continue to develop appropriate support groups, educational programming supporting preventive service opportunities, such as healthy weight, diabetes, and tobacco education.	• Track Komen Grant mammogram recipients. • Track number of free screenings. • Track participants in educational programs and ongoing success.

Priority	Strategy	Action	Evaluation
#3: Continue drive to increase mental health services for the County.	Clayton County Crisis Stabilization Unit (CSU)	• Continue to work with local and regional legislators and appropriate government programs to secure funding for Clayton County CSU. • Work with Clayton County legislators to secure CSU SPLOST funding to be included on next ballot • Support development of CSU and coordinate continuity of patient care throughout process.	• Success of legislative funding. • Policies and procedures for patient referrals and transfers to CSU.
	Coordinate ED mental health care	• Expansion of Senior Behavioral Health service line as needed to support ED care and Acute Care for the Elderly Unit. • Continue to re-align CNA, Med Tech, and Sitter staffing to ensure care of mental health patients throughout hospital.	• Ensure staff development and recruitment to meet need.

Data Sources

America's Health Rankings
American Community Survey (2018)
Center for Diseases Control and Prevention
Community Commons Data Repository
County Health Rankings and Roadmaps
CMS (Centers for Medicare and Medicaid Services)
ESRI Demographic Data
ESRI Population Statistics
ESRI Mapping and Business Analyst Online
Healthy People 2020
Mental Health America's 2018 State of Mental Health America Report
OASIS (Online Analytical Statistical Information System)
U.S. Census (2017 Report)

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