INTRODUCTION
Between January and June 2016, Memorial Health University Medical Center and St. Joseph’s/Candler Health System jointly worked together to identify the health and social determinants of health needs in Chatham County. The three hospitals worked with the Coastal Georgia Indicators Coalition, Chatham County Safety Net Planning Council, J.C. Lewis Primary Health Centers and SJ/C’s Good Samaritan Clinic to collect primary and second data on health and social needs in at-risk populations and throughout the broader community. The findings were published in our report filed in December 2016. The entire report is available to the public and can be found on the Memorial Health website at this link http://www.memorialhealth.com/chna/?ekfrm=11821.

METHODS OF DETERMINING NEEDS
Using the findings of health and social needs identified through the Healthy Communities Institute data base and the Community Health Needs Assessment Survey, Memorial Health University Medical Center and collaborating partner, St. Joseph’s/Candler, met with key collaborators to evaluate findings and prioritize the needs that were identified. These key collaborators have members who represent the underserved and vulnerable populations of Chatham County. Their input was invaluable in finalizing the findings of the Community Health Needs Assessment.

The same process of determining significant community needs in 2013 was used again in 2016. A decision tree was used to determine if an indicator was or was not a community need. There were four determination types:

1. Secondary Data – Is the Chatham County indicator red or yellow? If yes, the indicator is a community need.
2. Secondary Data – Is the Chatham County value meeting the Healthy People 2020 target? If not, the indicator is a community need.
3. Primary Data – Did survey respondents identify additional needs? If so, they are a community need.
4. Primary Data – Did the community input process identify additional needs? If so, they are a community need.

The final list of needs was evaluated by Memorial Health University Medical Center to determine the significance of the need and MHUMC’s ability to address it, either individually or collectively. The needs not being addressed by Memorial Health can be found at the end of this document. All of the needs identified are being addressed by the community. In addition to the needs identified in the CHNA, Memorial Health may choose to address additional needs brought to the hospital’s attention by community organizations, agencies, or collaborative groups serving the health and social needs of the community.
<table>
<thead>
<tr>
<th>NEED IDENTIFIED:</th>
<th>Increase Access to Health Insurance for Adults and Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>Decrease the number of uninsured Adults and Children in Chatham County by 2019</td>
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<table>
<thead>
<tr>
<th>Initiative/Program/Service Population Target</th>
<th>Timeline</th>
<th>Action Steps/Responsible Party</th>
<th>Target Completion Date &amp; Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
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<tr>
<td>1. Partner with certified counselors for the Health Insurance Exchanges to provide uninsured with counseling on insurance options</td>
<td>January 2017 – December 2019</td>
<td>1. Continue partnering with certified financial counselors for the Health Insurance Exchange to patients and community members through Memorial’s financial assistance office.</td>
<td>Metrics: Increase number of insured adults and children by 5% in 2017.</td>
</tr>
</tbody>
</table>
| 2. Partner with the Chatham County Safety Net Planning Council to coordinate outreach and enrollment events for Medicaid, PeachCare for Kids, and ACA. | January – December 2017 | 2. Provide funding to sustain a Care Navigator Position. The Care Navigator will work with Memorial’s Emergency Department Clinical Resource Specialist to:  
- Coordinate outreach and enrollment events  
- Connect patients with primary care medical home and other care resources  
- Assist vulnerable populations in resolving issues and finding resources for care | |
| 4. Advocate for Affordable Insurance Options and Medicaid Expansion. | January – December 2017 | 4. Utilize our Government Relations resources to continue to advocate for affordable insurance options and expanded Medicaid coverage by leveraging our relationships with GHA, Premier, AHA, and America’s Essentials Hospitals. | |

Population Target: Disparate populations including geography, race/ethnicity, socio-economic status and insurance status
<table>
<thead>
<tr>
<th>NEED IDENTIFIED:</th>
<th>Lung and Bronchus Incidence Rate</th>
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</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>Contribute to interventions that support a decrease in lung cancer incidence by supporting smoking cessation and early lung cancer detection through the use of evidence based lung cancer screening and smoking cessation programs.</td>
</tr>
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</table>

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<tr>
<td>Goal:</td>
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</tr>
<tr>
<td>1.</td>
<td>Expand participation in the 350-LUNG screening program in eligible populations in Bryan, Effingham, and Chatham counties.</td>
<td>January 2017 – December 2019</td>
<td>1. Increase community education and awareness of lung cancer screening through outreach events (health fairs, speaking engagements, etc.) and advertising.</td>
<td>1. Increase the number of lung screening participants by 10%.</td>
</tr>
<tr>
<td>2.</td>
<td>Identify and refer cancer patients that actively smoke to smoking cessation or counseling programs.</td>
<td>January 2017 – December 2019</td>
<td>2. Increase the number of cancer patients (all cancer patient types) referred to the Georgia Quit Line and Hypnotherapy programs.</td>
<td>2. Number of patients referred and enrolled in the programs.</td>
</tr>
<tr>
<td>3.</td>
<td>Continue to provide diagnosed patients with care navigation, supportive services, and palliative care.</td>
<td>January 2017 – December 2019</td>
<td>3. Provide supportive services to individuals living with lung cancer. 4. Re-establish the palliative care program.</td>
<td>3. Number of patients following up at the Anderson Cancer Institute. 4. New provider identified and program started first quarter of the year. 5. Number of Palliative Care consults.</td>
</tr>
</tbody>
</table>

Population Target: Disparate populations including geography. | Responsibility: Community Resource Liaison, Marketing Project Manager, ACI, Director of Operations |
**NEED IDENTIFIED:** Affordable Medications  
**Objective:** Partner with MedBank, Low-Cost Medication Providers, and the Memorial Health Foundation to improve access to affordable medications.

<table>
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<tr>
<td><strong>Goal</strong></td>
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</tbody>
</table>
| 1. Increase utilization of community FQHCs, MedBank and drug discount programs, as well as referrals to pharmaceutical patient assistance programs; provision of in-house medication assistance as needed. | January 2017 – December 2019 | 1. Provide MedBank referrals to patients prior to discharge, coordinate appointments to FQHCs prior to discharge.  
2. Partner with low cost medication providers and provide information to patients regarding low cost options for medications.  
3. Utilize Memorial’s patient assistance funds to obtain medications for patients who do not qualify for MedBank services, have special needs, or simply can’t afford low cost options.  
4. Continue to provide MedBank with a quarterly cash contribution for operations in 2017. Funding for 2018 and 2019 will be dependent on the availability of Memorial resources.  
5. Provide a Memorial Team Leader to serve on the MedBank Board of Directors and continue to provide in-kind support for MedBank fundraising events. | 1. Direct MedBank referrals of 100 patients per year and complete an annual evaluation report including number of medications obtained and the average wholesale value of each medication.  
2. Provide an annual evaluation report with the number of referrals to low cost providers and patient assistance funds.  
3. Annual Charitable Donation  
4. Board Service Hours |
| 2. Support MedBank, Inc. operations with an annual cash contribution and other in-kind services to ensure medication assistance services are available to community. | January – December 2017 | Responsibility: Director of Public Policy and Director of Social Programs. |
### NEED IDENTIFIED: HIV/HCV Rates

**Objective:** Increase early detection of HIV and HCV for timely linkage to care and improved health outcomes

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<tr>
<td>2. Complete 15,000 HIV tests by integrating HIV testing into the routine consent/triage process.</td>
<td></td>
<td>2. Following CDC guidelines, integrate HIV testing into the routine consent/triage processes to identify eligible patients for screening.</td>
<td>2. Number of HIV tests completed by December of 2017.</td>
</tr>
<tr>
<td>3. Develop the HIV Reflex qRNA Testing Protocol.</td>
<td></td>
<td>3. Develop HIV Reflex qRNA Testing Protocol to ensure all positive 4th gen HIV tests with an indeterminate differential will be automatically reflexed to qRNA testing.</td>
<td>3. Implemented protocol by December of 2017.</td>
</tr>
</tbody>
</table>

**Responsibility:** CME Administrator, Emergency Department Triage, Drs. Bonzo Reddick, Desh Nepal, and Jay Goldstein.
<table>
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<tbody>
<tr>
<td>Goal</td>
<td></td>
<td>January 2017 – December 2019</td>
<td>1. Development and implement a monthly physical activity program for underserved, obese children enrolled in the Children's Wellness Program.। 4. Develop the program evaluation criteria.। 5. Complete physical assessments for enrollment in the program.। 6. Market the program to pediatric patients in the Children's Wellness Program.। 7. Enroll pediatric patients in the program.। 8. Evaluate the program results after the first year and adjust the program content and requirements as needed.</td>
<td>1. Complete program development with participants enrolled by the first quarter of 2017.। 2. Begin physical activity programs by the second quarter.। 3. Target enrollment of 10 children with a minimum of five participants monthly.</td>
</tr>
<tr>
<td>Population Target: Underserved obese children enrolled in the Children's Wellness program.</td>
<td></td>
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</tbody>
</table>

Objective: Increase exercise opportunities for obese children
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<tr>
<td>Goal</td>
<td></td>
<td>January 2017 – December 2019</td>
<td>1. Provide the educational oversight structure for a Psychiatric Residency using the existing Memorial Health Graduate Medical Education oversight committee including the Designated Institutional Officer (DIO). 2. Serve as a Primary Participating Site, providing rotations for Psychiatry Residents including non-psychiatric primary care training. 3. Provide Family Medicine practice rotations to help with integrative care. 4. Participate in the self-study committee with Gateway Behavioral Health and advocate for State program development funding.</td>
<td>1. ACGME Approval</td>
</tr>
<tr>
<td>1. Partner with Gateway Behavioral Health to develop a Psychiatric Residency in Savannah.</td>
<td>Underserved mental health patients.</td>
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</tbody>
</table>

Responsibility: Graduate Medical Education, Designated Institutional Officer.
NEEDS IDENTIFIED WHICH MHUMC WILL NOT ADDRESS DIRECTLY
MHUMC provides many community benefit programs that address the health and social determinants of health throughout Chatham County and the surrounding communities. Chatham County is fortunate to have a large number of safety net organizations working individually and collectively to provide services, programs, and support for residents. Some of the needs identified in the assessment will not be addressed by MHUMC for the following reasons:

1. MHUMC is currently addressing the need and with no plans to expand services
2. Other providers or community organizations are addressing the need
3. The identified need is beyond the scope of MHUMC programs and services

<table>
<thead>
<tr>
<th>NEED IDENTIFIED</th>
<th>REASON THE NEED IS NOT ADDRESSED</th>
<th>OTHER PROVIDER(S) ADDRESSING THE NEED</th>
</tr>
</thead>
</table>
| Affordable Dental Care        | Other providers/community organizations are addressing the need  
• MHUMC connects patients to available providers through Case Management and the Clinical Resource Specialist Program in the Emergency Department. In addition the MHUMC NurseOne Call Center provides information about affordable dental care providers in the community.  
• A MHUMC Team Leader serves on the Board of Directors for the J.C. Lewis Health Center’s, Peter Brassler Dental Clinic. J.C. Lewis is a federally qualified health center and primary service provider for most of the area’s homeless population. | • Curtis V. Cooper Primary Care  
• J.C. Lewis’ Peter Brassler Dental Clinic (homeless population)  
• The Children’s Free Dental Clinic |
| Breast Cancer Incidence Rate  | MHUMC is currently addressing the need with no plans for expansion.  
• MHUMC has been a strong partner with Susan G. Komen for the Cure for many years to promote breast cancer awareness, prevention, and early detection. MHUMC is the presenting sponsor for the Race for a Cure. | • Susan G. Komen Foundation |
### NEED IDENTIFIED

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Reason the Need is Not Addressed</th>
<th>Other Provider(s) Addressing the Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rate due to Colorectal Cancer</td>
<td>Other providers/community organizations are addressing the need.</td>
<td>St. Joseph’s/Candler Health System</td>
</tr>
<tr>
<td>Opioid Abuse</td>
<td>Other providers/community organizations are addressing the need.</td>
<td>Gateway Behavioral Health, Recovery Place of Savannah</td>
</tr>
<tr>
<td>Economy</td>
<td>Other providers/community organizations are addressing the need.</td>
<td>Coastal Georgia Community Indicators Coalition, Housing Authority of Savannah, SJ/C Mary’s Community Center and Good Samaritan Clinics, Step-Up Savannah, Union Mission, Youth Futures Authority</td>
</tr>
<tr>
<td>Education Needs</td>
<td>Other providers/community organizations are addressing the need.</td>
<td>Coastal Georgia Indicators Coalition</td>
</tr>
<tr>
<td>Quality of Life Needs</td>
<td>Other providers/community organizations are addressing the need.</td>
<td>Coastal Georgia Indicators Coalition, Healthy Savannah</td>
</tr>
</tbody>
</table>

- **NEED IDENTIFIED**
  - Susan G. Komen provides MHUMC with annual funding for free mammograms for Chatham County Health Department patients without insurance coverage for mammograms.
  - Additionally, MHUMC supports and provides many community awareness events and educational programs.

- **REASON THE NEED IS NOT ADDRESSED**
  - Death Rate due to Colorectal Cancer
  - Opioid Abuse
  - Economy
    - Unemployment
    - Severe Housing Problems
    - People Living Below Poverty Level
    - Chatham County Income Per Capita
  - Education Needs
    - Engaging Students, Parents and Community in Student Education
    - Reading on Grade Level
    - Student-to-Teacher Ratio
    - School Discipline
  - Quality of Life Needs
    - Violent Crime Rate

- **OTHER PROVIDER(S) ADDRESSING THE NEED**
  - St. Joseph’s/Candler Health System
  - Gateway Behavioral Health, Recovery Place of Savannah
  - Coastal Georgia Community Indicators Coalition, Housing Authority of Savannah, SJ/C Mary’s Community Center and Good Samaritan Clinics, Step-Up Savannah, Union Mission, Youth Futures Authority
  - Coastal Georgia Indicators Coalition
  - Healthy Savannah
Memorial Health University Medical Center
2016 Implementation Plan

<table>
<thead>
<tr>
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<th>REASON THE NEED IS NOT ADDRESSED</th>
<th>OTHER PROVIDER(S) ADDRESSING THE NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workers commuting by Public Transportation</td>
<td>• MHUMC actively partners with Coastal Georgia Indicators Coalition through the Community Blueprint process to address the identified education concerns. Information regarding process toward the goals can be found at <a href="http://www.coastalgaindicators.org">www.coastalgaindicators.org</a>.</td>
<td></td>
</tr>
<tr>
<td>• Miles of Safe, Pedestrian-Friendly Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recidivism Rate for Juvenile and Adult Offenders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Support</td>
<td>Other providers/community organizations are addressing the need.</td>
<td>• Georgia Legal Aid</td>
</tr>
</tbody>
</table>

KEY COLLABORATIVES IN CHATHAM COUNTY

United Way of the Coastal Empire
www.uwce.org
The mission of United Way of the Coastal Empire (UWCE) is to improve lives by mobilizing the caring power of communities. Through partnerships, long-term planning and wise investment of donor contributions, United Way supports community programs and services within four impact areas.

Four Impact Areas
- Education & Youth Development
- Economic Independence
- Health & Wellness
- Basic Human Needs

Coastal Georgia Indicators Coalition
http://www.uwce.org/our-work/community-indicators/
Over the past few years there has been a growing awareness of the need to integrate community indicators and performance measurement efforts at the community level. The intention is to better assess the position and progress of the communities’ quality of life and to better engage the communities’ citizens and stakeholders. The sponsors of the Coastal Georgia Indicators Coalition have a shared responsibility for assessment, planning, evaluation, and accountability for policy change and systems change over time.

Chatham County Safety Net Planning Council (CCSNPC)
www.chathamsafetynet.org
The CCSNPC serves as a countywide planning group for healthcare. It was created in 2004 to improve the efficiency and effectiveness of the local healthcare delivery system, to advise regarding healthcare trends, and to assist the County Commission in
meeting the healthcare needs of uninsured and underinsured constituents. Since 2006, the Council has provided an annual evaluation to assess needs and trends and to identify key existing resources and gaps in the Community’s healthcare delivery system. This evaluation is based on voluntary submission of data from the provider partners and the information is publicly available data among the Chatham County population and policies affecting healthcare.

The CCSNPC Provider Network is composed of both primary care providers and other agencies which support the delivery of healthcare.

Key CCSNPC Health Care Providers
- Chatham C.A.R.E. Center – Chatham County Health Department Ryan White Clinic
- Curtis V. Cooper Primary Healthcare (CVCPHC) – Federally Qualified Health Center
- J.C. Lewis Primary Healthcare Center (JCLPHCC) – Federally Qualified Health Center
- MedBank Foundation – Prescription Assistance Program
- Memorial Health Emergency Department
- SJ/C Good Samaritan (GS) – Volunteer Medicine Clinic
- SJ/C St. Mary’s Health Center (SM) – Volunteer Medicine Clinic
- St. Joseph’s/Candler Health System Emergency Departments

Healthy Savannah, Inc.
www.healthysavannah.org
Healthy Savannah is dedicated to making Savannah a healthier place to live. Healthy Savannah leads and supports healthy lifestyles in Savannah by:
- Creating an environment that makes a healthy choice an easy choice,
- Building a collaborative network that identifies and shares resources,
- Collecting and disseminating information,
- Promoting best practices and implementing innovative programs, and
- Advocating for effective policies.

Step-Up Savannah, Inc.
www.stepupsavannah.org
Step Up Savannah, Inc., a collaborative of organizations, businesses, and government agencies, seeks to move families toward economic self-sufficiency.

Three Focus Areas
- Workforce development and jobs
- Wealth building and financial understanding
- Work supports
Chatham-Savannah Youth Futures Authority (YFA)  
www.youthfutures.com

The Chatham-Savannah Youth Futures Authority (YFA) is a state legislated authority serving as the collaborative for addressing issues relevant to children, youth and families in Chatham County. The collaborative is comprised of representatives from city, county and state government, the local board of education, more than 20 health and human service providers with a focus on children, youth and families, the United Way of the Coastal Empire, faith community, area businesses, and neighborhoods.

OTHER HEALTH PROVIDERS

Chatham County Health Department
Health care services and wellness programs for Adults, Children, and Women's Health are available through the Georgia Department of Public Health. Services include immunizations, eye, ear and dental screenings, tuberculosis skin testing, family planning, sexually transmitted disease services, HIV testing and counseling, child health check and sports physical, the Children First program, breastfeeding support, lead program, WIC, Babies Born Healthy, and a breast and cervical cancer program.

Curtis V. Cooper Primary Health Care, Inc.
Curtis V. Cooper Primary Health Care provides discounted services for qualifying patients. Services include adult medicine, pediatric health care, health education, gynecologic clinic (by referral), Medicaid screening, prenatal (pregnancy) services, family planning services (birth control, etc.), pharmacy services, dental services, nutrition services, laboratory services, radiology services.

Dental Care Treatment Sites
There are several dental care treatment sites in Chatham County serving uninsured clients. To find out more information about dental sites, please visit: http://www.chathamsafetynet.org/dental-care-treatment-sites/index.html

Gateway Behavioral Health Services
The Gateway Behavioral Health Services provides comprehensive community services for mental health, addictive diseases and developmental disabilities.

J.C. Lewis Primary Health Care Center
The J.C. Lewis Primary Health Care Center provides primary health care, physician services, medication assistance, medical case management, health promotion and disease prevention, optometry, podiatry, shelter and housing referrals, economic education and referral, nutritional education and planning, dietary supplementation, prisoner re-entry program, and behavioral health counseling.

Phoenix Clinic
The Phoenix Clinic provides Comprehensive Primary Health Care to persons living with HIV/AIDS. Services include primary health care, physician services, medication assistance through the AIDS Drug Assistance Program, housing case management, health
promotion and disease prevention, social service referrals, nutritional education and planning, dietary supplementation, housing programs, behavioral health counseling, and dental services.

**Recovery Place, Inc.**
Recovery Place provide a comprehensive array of cost-effective services including: detoxification, individual and family counseling, relapse prevention, dual diagnosis treatment, evening and morning outpatient programs, a day treatment, and a residential program.

**Prescription Assistance**
You can get prescription assistance from the City of Savannah, GeorgiaCares, MedBank, Medicare Prescription Drug Plan, NeedyMeds, PharmaCare, your doctor, or by purchasing generic medications. For more information on prescription assistance, please visit: [http://www.chathamsafetynet.org/prescription-assistance/index.html](http://www.chathamsafetynet.org/prescription-assistance/index.html)

*This information is provided with permission by the Chatham County Safety Net Planning Council.*

**OTHER SOCIAL SERVICES**
There are many other social service agencies serving Chatham County as well. The United Way 211 program assists residents in identifying available programs throughout the county. For a complete listing of the programs and services available in the 211 database, please visit: [http://www.referweb.net/uwce/](http://www.referweb.net/uwce/)