



Southern Regional
Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT



2022-2024 REPORT

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Executive Summary



Southern Regional Medical Center is a licensed 331-bed acute care hospital in Riverdale, Georgia, that has proudly served the community for more than 50 years, as it opened in April of 1971. Since 2016, the hospital has been a member of Prime Healthcare – an award-winning health system operating 45 hospitals and more than 300 outpatient locations in 14 states. It is one of the nation’s leading health systems and is dedicated to providing the highest quality healthcare. Southern Regional is one of Prime Healthcare’s fourteen 501(c)(3) not-for-profit public charities under the Prime Healthcare Foundation.

The hospital provides primary and specialty care services which include: Emergency Services (with more than 45,000 patients/year); Senior Care – Acute Care for the Elderly Unit and Senior Behavioral Health; The Center for Bariatrics & Healthy Weight; Heart and Vascular; Advanced Imaging; Laboratory; Neurosurgery; Orthopedics; Rehabilitation; Sleep Diagnostic Center; Surgery (including Robotic Surgery); Wound Care; and Women’s Health Services – Breast Health, 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 a Primary Stroke Center from the American Heart Association.

The community that Southern Regional serves is Atlanta’s “southern crescent” with an area population nearing 600,000. The hospital’s Primary Service Area (PSA) encompasses multiple municipalities that are highly diverse and are challenged with a lower-than-average median family income, an above-average unemployment rate, and above-average percentage of uninsured or under-insured residents.

As a not-for-profit organization, Southern Regional is dedicated to improving the health and well-being of its communities by blending a passion for healing with advanced medical technology to deliver the best possible care to patients. In 2020, the hospital provided an estimated \$87.5 million dollars in the delivery of charity and uncompensated medical care.

To assure a thorough understanding of the community’s needs and in accordance with the Patient Protection and Affordable Care Act (PPACA) requirement of tax-exempt hospitals, Southern Regional is required to conduct a Community Health Needs Assessment (CHNA) every three years.

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

The Committees

A *Hospital Steering Committee* comprised of senior leadership identified criteria to be used as a guide in the development and implementation of the CHNA process to assure alignment with Southern Regional’s Mission and Values; Strategic Plan for Future Growth; readiness and capacity to respond to the CHNA strategic plans.

The *CHNA Key Stakeholders Committee* was comprised of community leaders who represent the broad interests of the communities served by the hospital and facilities it operates. These key community leaders provided special knowledge of overall community needs and challenges; public health issues; and insight into the under-served, hard-to-reach, and vulnerable populations in the southern crescent communities. They participated in the CHNA process by reviewing and assessing the compiled data and results of the CHNA community survey; assessing the needs of the community; and reviewing the availability of community resources. Their collective input determined the prioritization of the health needs of the community and the 2022-2024 CHNA Strategic Implementation Plan. (The CHNA Key Stakeholders Committee of leaders and their organizations are listed on page 27.)

Southern Regional’s Business Development and Marketing Communications Office, with a collective background of more than 40 years of experience in the industry, conducted the data analysis, facilitated the CHNA Key Stakeholders Committee session, and provided overall project oversight.

Data Collection

The CHNA report is based on reported quantitative data (demographics, mortality and morbidity rates, disease prevalence, health care resource data, etc.); input from residents and staff through a CHNA survey and interviews; and input from key community leaders. Data from government and social agencies provided a strong framework and a comprehensive review for the 2022-2024 CHNA. The determination of the appropriate geographic service area was based on the hospital’s Primary Service Area (PSA) representing annual discharges from the hospital by zip codes. The PSA includes Clayton County and smaller portions of large surrounding metropolitan counties. Additionally, the broad interests of the community served, including medically under-served populations, low-income persons, minority groups, individuals with chronic disease health needs, and the physical location of the hospital in relation to those in need were taken into consideration. After a thorough review, Clayton County communities were determined to comprise the largest service area for data comparisons in this report. (The majority of Southern Regional’s 2020 discharged patient volume was comprised of Clayton County residents.)

Quantitative data was derived from a variety of sources, including: U.S. census, state and national health databases, county health rankings, and hospital utilization data. Collectively, the data and results of the CHNA survey were utilized to comprise the Community Health Profile presentation. (A complete list of data sources can be found at the end of this report.) It was this profile presentation and the input from the CHNA Key Stakeholders Committee that led to the development of the 2022-2024 Community Health Needs Assessment Implementation Strategy Plan. It is anticipated that this report will also be utilized by community agencies in developing additional programs to work collectively to meet the health needs of Clayton County and surrounding communities.

Community Input

A Community Health Needs Assessment Survey was conducted to assess the healthcare needs and desires of the community. The survey was offered to Southern Regional patients and visitors and was available on *allcounted.com* (online survey site) from July 15 to October 1, 2021. Additionally, Southern Regional staff members were randomly selected to respond to survey questions via individual interviews. These questions addressed a variety of the participant’s general healthcare determinants, as well as healthcare and wellness topics of interest. More than 200 surveys and interviews were completed, and the results were compiled and discussed with the CHNA Key Stakeholders Committee. (The survey top results are on pages 23 and 24.)

Hospital Prioritization of Needs

Information gathered from the Key Stakeholders Committee discussions, Hospital Steering Committee discussions, and the compilation and review of demographic, health, and hospital data was used to determine the priority health needs of the population. This information focused on the identified needs, priorities, and community resources currently available. The committees debated the merits and values of priorities, considered resources available to meet these needs, and developed four priorities of need, each of which is addressed separately in the Community Health Needs Assessment Implementation Strategy Plan (pages 29 – 32).

Board Adoption

The Board of Trustees adopted the 2022-2024 Community Health Needs Assessment Report and Implementation Strategy Plan on December 14, 2021. The members of the Board of Trustees included:

- Charlotte W. Dupré, President and Chief Executive Officer, Southern Regional Medical Center
- Vikram Mandadi, MD, Chief Medical Officer, Southern Regional Medical Center, and Interventional Cardiologist, Emory Southern Heart Specialists
- Richard Wright, MD, Chief of Medical Staff, Southern Regional Medical Center, and Internist, Med-South Associates
- Chief Landry Merkison, Clayton County Fire Chief and Director of Emergency Management
- The Honorable Joy Day, Mayor of Jonesboro, GA
- Lisa Wright Eichelberger, PhD, RN, Dean Emerita of The School of Nursing, Clayton State University
- Paul Harvey, MD, Internist, Med-South Associates
- Artie Jones, III, Director of Economic Development, City of College Park, GA
- The Honorable Valencia Seay, Georgia State Senator
- Ex-Officio: Paul Damron, Chief Financial Officer, Southern Regional Medical Center

Community Availability

Southern Regional Medical Center's 2022-2024 Community Health Needs Assessment is posted on the hospital's website, southernregional.org. Printed copies are available through Administration or the Business Development and Marketing Communications Office.

Service Area Demographic Analysis

Primary Service Area

Southern Regional Medical Center's Primary Service Area (PSA) is defined as the area from which at least 75% of the hospital'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 by zip code with the hospital's PSA encompassing thirteen (13) zip codes in Clayton, south Fulton, and Henry Counties. During calendar year 2020, there were 9,608 inpatient discharges recorded. The chart below reports out the 13 zip codes that account for nearly 76% of Southern Regional's inpatient discharges and, therefore, defines hospital's PSA. The chart shows population and growth statistics in each zip code as a reference point for future growth opportunities and readiness.

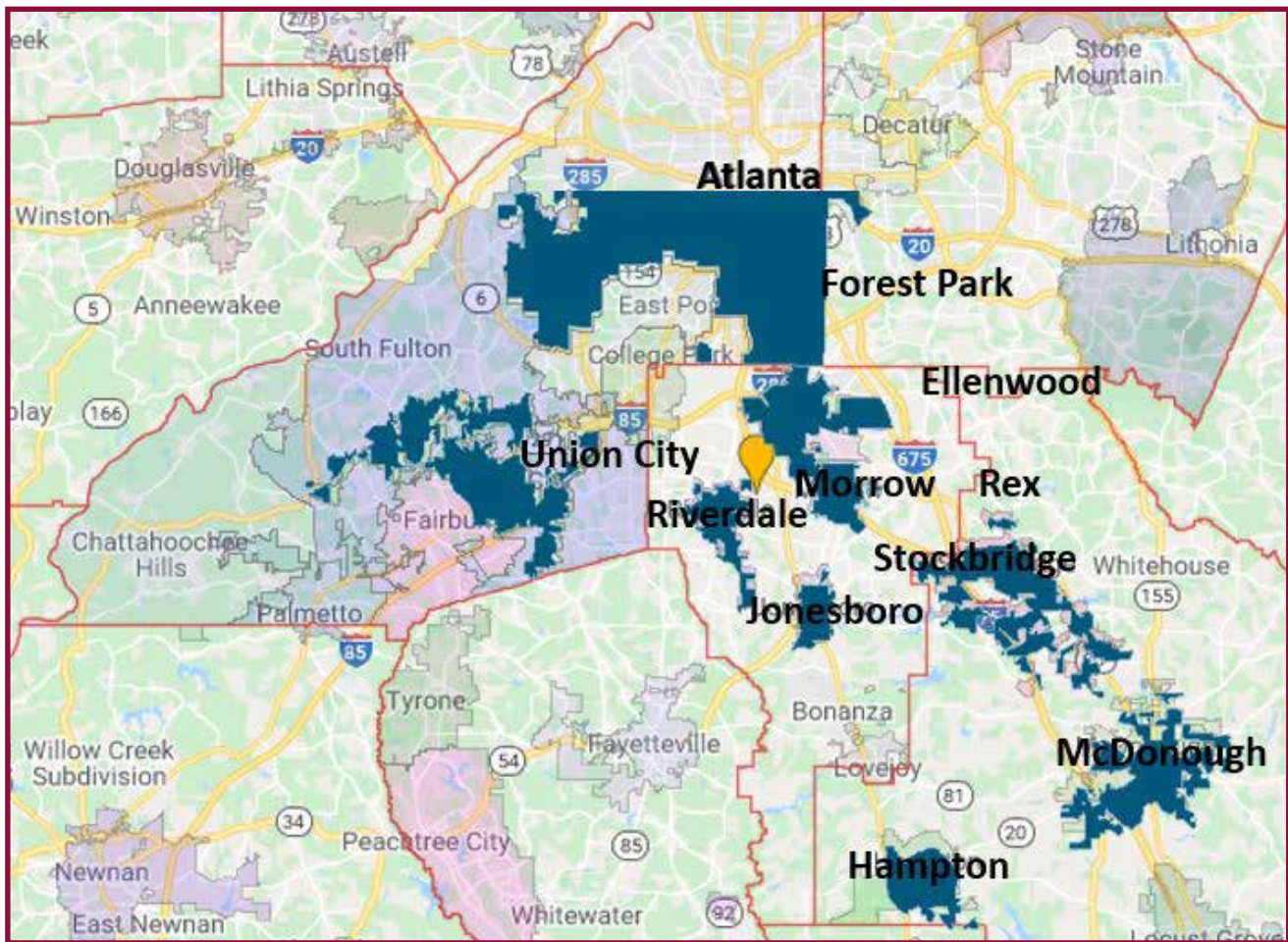
Zip Code	County	City, State	2020 Inpatient Discharges	% of Total 2020 Inpatient Discharges	2019 Population	2021 Population	2019-2021 Annual Rate
30274	Clayton	Riverdale, GA	1,269	13%	35,861	35,985	0.35%
30297	Clayton	Forest Park, GA	993	10%	28,966	31,071	7.27%
30236	Clayton	Jonesboro, GA	986	10%	51,199	52,354	2.26%
30349	Fulton	Atlanta, GA	861	9%	74,590	87,322	17.07%
30238	Clayton	Jonesboro, GA	707	7%	39,084	43,978	12.52%
30296	Clayton	Riverdale, GA	568	6%	28,169	29,072	3.21%
30260	Clayton	Morrow, GA	550	6%	25,368	26,325	3.77%
30228	Henry	Hampton, GA	263	3%	44,031	54,642	24.10%
30253	Henry	McDonough, GA	263	3%	53,958	66,419	23.09%
30281	Henry	Stockbridge, GA	261	3%	68,456	71,807	4.90%
30294	Clayton	Ellenwood, GA	196	2%	42,484	44,960	5.83%
30291	Fulton	Union City, GA	183	2%	21,639	25,201	16.46%
30273	Clayton	Rex, GA	163	1.5%	15,015	18,148	20.87%
TOTALS			7,263	75.5%	528,820	587,284	

SOURCES: Southern Regional Medical Center Discharge Data, 2020; US Postal Service, 2021; and the US Census Bureau, 2019

Due to Southern Regional Medical Center's location on the south side of a major metropolitan area in Georgia, the hospital's PSA includes a small portion of those surrounding counties which fall within Atlanta. However, since the hospital is centrally positioned in Clayton County, is the only hospital serving the county, and the majority of the hospital's inpatient volume originates in Clayton County, the efforts related to this report are focused on Clayton County.

Primary Service Area Map

The map below depicts the PSA and the location of Southern Regional Medical Center in relation to the areas served based on the hospital's 2020 inpatient discharges.



SOURCES: Southern Regional Medical Center Discharge Data, 2020; and Google Maps

Population Data

In 2020, Clayton County had a culturally diverse population of 297,595 – the charts below reflect the most recent Clayton County population and race/ethnicity statistics. It is pertinent to note that Clayton County is the 6th largest county in the state and that between 2010 to 2020, the county realized an overall population growth of 14.5%.

Population Statistics	Count
2010 Population	259,877
2015 Population	272,720
2020 Population	297,595
2010 – 2015 Annual Rate	4.94%
2015 – 2020 Annual Rate	9.12%
2020 Male Population	46.82%
2020 Female Population	53.18%
2020 Median Age	33

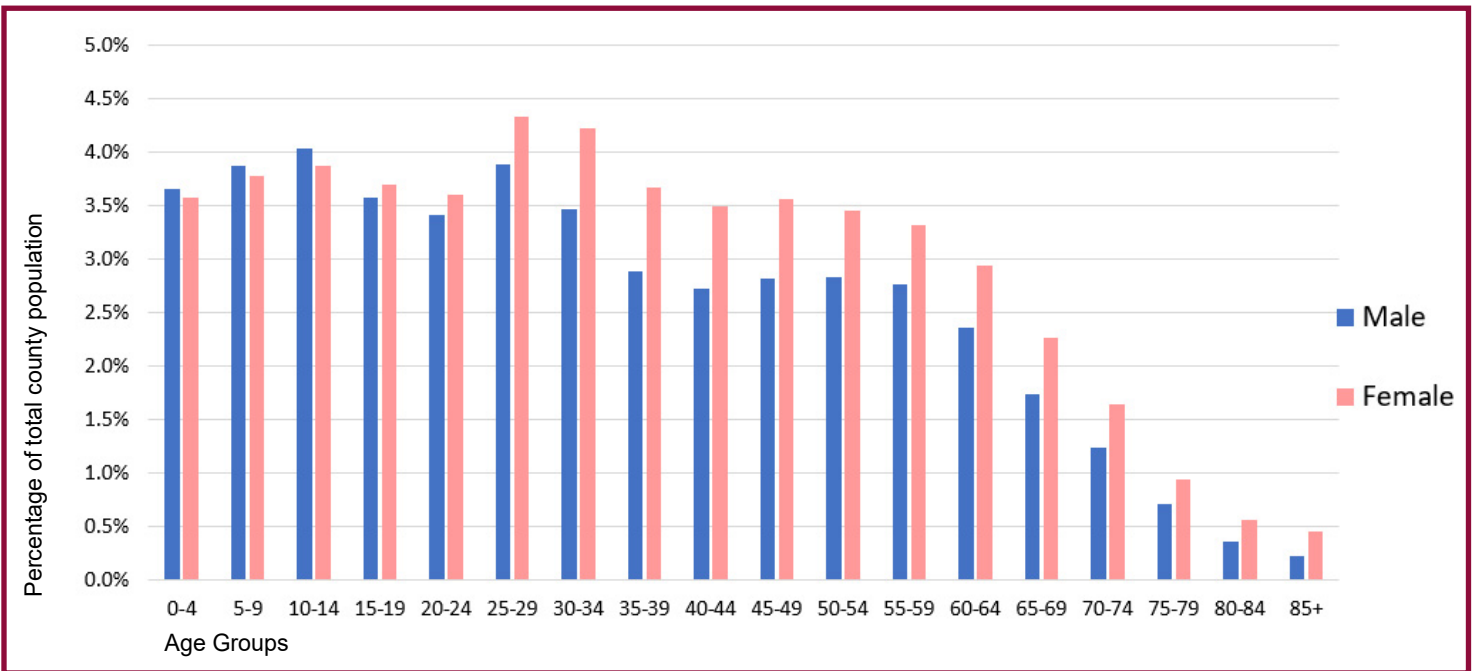
Racial & Ethnicity Characteristics	Percentage
Black Alone	72.8%
White Alone	19.1%
Hispanic or Latino	13.4%
Asian Alone	5.0%
Two or More Races	2.4%
American Indian / Alaska Native Alone	0.6%
Native Hawaiian / Other Pacific Islander Alone	0.1%

SOURCE: US Census, 2020

SOURCES: Online Analytical Statical Information System, 2020; World Population Review, 2020; and US Census, 2020

2020 Population by Age and Sex

Population data by age and sex in Clayton County is outlined below. As in previous years, females account for a greater percentage of the population, and notably the largest percentage of females fall within the 25-35 age range.



SOURCE: Online Analytical Statical Information System, 2020;

State Health Ranking

America’s Health Rankings (AHR) is 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 outcome ranks. 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 2021, Georgia ranked 39th out of the 50 states on the overall health ranking. AHR reported the following factors for the state of Georgia as compared to all other states as noted in the chart below.

2021 Georgia Health Rankings Compared Nationally	
NOTE: Rank is based on 50 states with #1 indicating the highest/best care	
Overall Clinical Care	48th
Avoided Care Due to Cost (percentage of adults who reported a time in the past 12 months when they needed to see a doctor but could not because of costs)	49th
Preventable Hospitalizations (based on discharges following hospitalization for diabetes short- or long-term complications OR uncontrolled diabetes without complications OR with lower-extremity amputation; COPD; angina without a procedure; asthma; hypertension; heart failure; dehydration; bacterial pneumonia; or UTI per 100,000 population)	48th
Low Birthweight (percentage of infants weighing less than 5 lbs, 8 oz at birth)	47th
Non-Medical Drug Use (percentage of adults reported using prescription drugs non-medically or illicit drugs – excluding cannabis)	46th
Mental Distress (percentage of adults reporting their mental health was not good 14 or more days in the past 30 days)	36th
Multiple Chronic Conditions (percentage of adults who had 3 or more of the following chronic conditions: arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease (heart disease, heart attack or stroke), cancer (excluding skin), depression and diabetes)	31st

SOURCE: America’s Health Rankings: United Health Foundation, 2021

County Health Ranking

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation releases the County Health Rankings and Roadmaps report 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 factors rank and a health outcomes 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 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:** *Length of Life (50%)* and *Quality of Life (50%)*

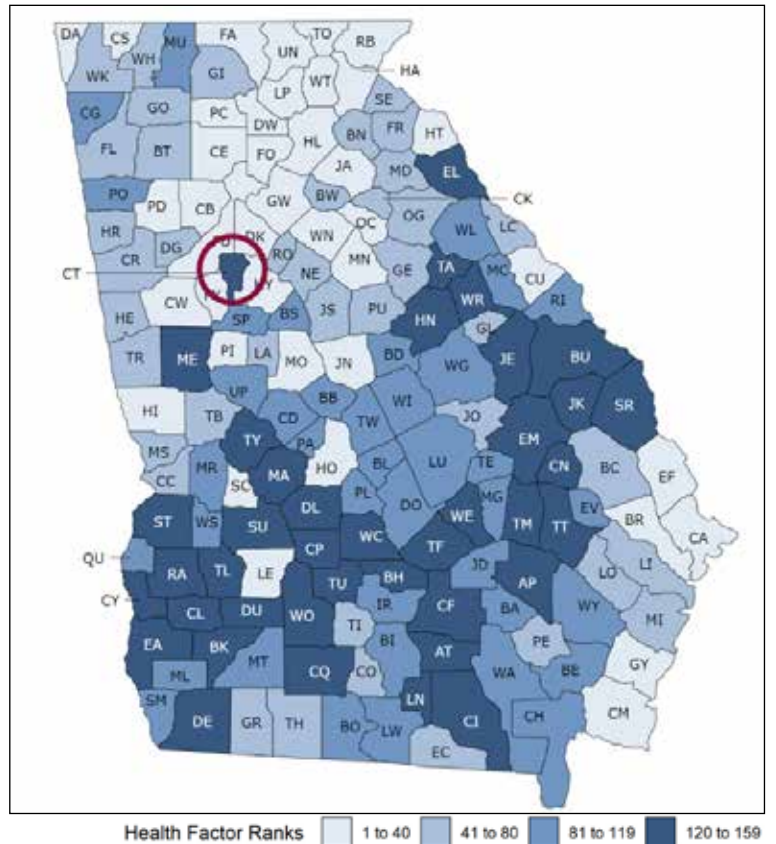
Health Factors Rank:

4 Types of Factors

Health Factors Ranking is based on four factors that include: health behaviors, clinical care, social/economic, and physical environment.

A lower ranking indicates an overall better health factor for that particular county. The 2020 County Health Rankings indicates that Southern Regional's PSA counties were ranked the following in comparison to the other 159 Georgia counties on health factors:

- **Clayton County – 125**
- Fulton County – 27
- Henry County – 20



SOURCE: County Health Rankings and Roadmaps, 2020

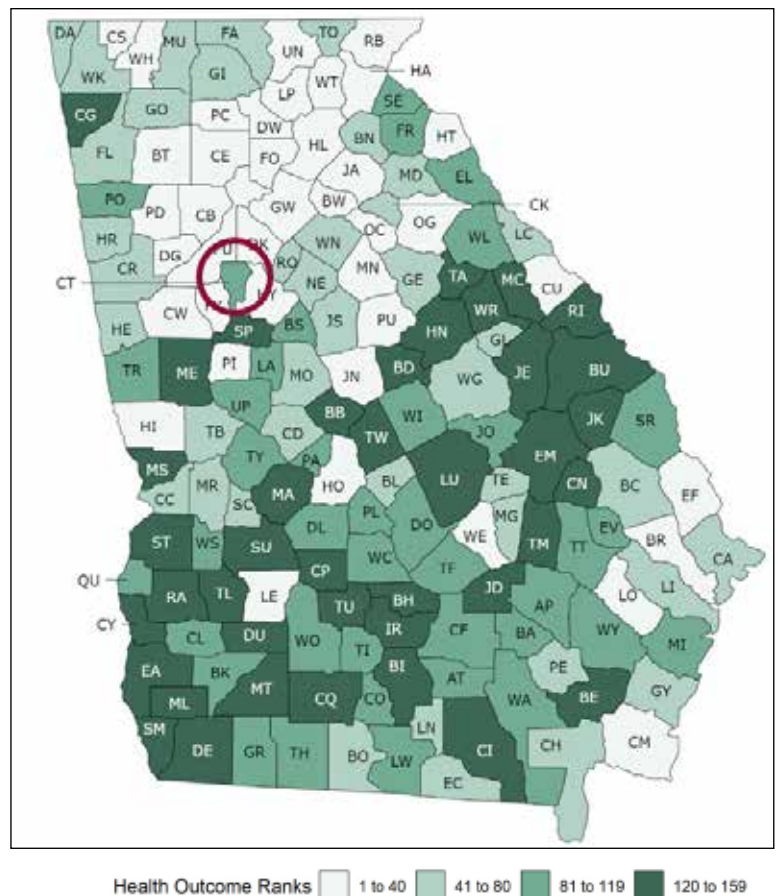
Health Outcomes Rank:

Mortality and Morbidity Factors

Health Outcomes Ranking 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 2020, the Southern Regional PSA counties were ranked the following in comparison to the other 159 Georgia counties on health outcomes:

- **Clayton County – 89**
- Fulton County – 13
- Henry County – 38



SOURCE: County Health Rankings and Roadmaps, 2020

Morbidity

In 2020, the leading causes of visits to the Emergency Department (ED) in Clayton County were noted as unintentional injuries, followed by chronic lower respiratory diseases. Septicemia led the causes of hospitalization followed by diseases of the heart (including hypertension). In 2019 and 2020, the diagnosis of COVID-19 was added to both causes. The top causes for ED visits and hospitalizations are noted below.

2020 Clayton County Emergency Department Visits	
Count	Diagnosis of Emergency Room Visit
12,135	Unintentional Injuries
2,302	Chronic Lower Respiratory Diseases (CLRD)
1,735	Essential (Primary) Hypertension and Hypertensive Renal Disease
1,391	Influenza and Pneumonia
1,276	Anemias
1,267	Diseases of Heart
1,039	Diabetes Mellitus
984	COVID-19
760	Inflammatory Diseases of Female Pelvic Organs
759	Assault (Homicide)
553	Acute Bronchitis and Bronchiolitis
283	Cholelithiasis and Other Disorders of Gallbladder
247	Infections of Kidney
226	In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior
219	Hernia
171	Certain Conditions Originating in the Perinatal Period
165	Cerebrovascular Diseases
137	Nephritis, Nephrotic Syndrome and Nephrosis

2020 Clayton County Hospital Stays	
Count	Diagnosis for Inpatient Admission
2,795	Septicemia
1,960	Diseases of Heart
946	Unintentional Injuries
732	Diabetes Mellitus
717	Anemias
708	COVID-19
652	Cerebrovascular Diseases
543	Malignant Neoplasms
328	Chronic Lower Respiratory Diseases (CLRD)
327	Nephritis, Nephrotic Syndrome and Nephrosis
286	Influenza and Pneumonia
204	In Situ Neoplasms, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior
165	Cholelithiasis and Other Disorders of Gallbladder
94	Peptic Ulcer
92	Hernia
88	Congenital Malformations, Deformations and Chromosomal Abnormalities
77	Essential (Primary) Hypertension and Hypertensive Renal Disease
77	Certain Conditions Originating in the Perinatal Period
75	Diseases of Appendix

SOURCE: Online Analytical Statistical Information System (OASIS),
NCHS Rankable Causes, 2020

Mortality

The leading causes of death in the U.S. in 2020 were heart disease, cancer, COVID-19, unintentional injuries, stroke, chronic respiratory disease, Alzheimer’s disease, diabetes, influenza and pneumonia, kidney disease and suicide as reported by the Centers for Disease Control and Prevention (CDC) /National Center for Health Statistics. For the most part, the state of Georgia and Clayton County’s top leading causes of death aligned with the U.S. causes.

2020 Leading Causes of Death in Georgia	
Deaths	Diagnostic Cause of Death
21,114	Diseases of the Heart
17,826	Malignant Neoplasms
9,446	COVID-19
5,512	Unintentional Injuries
4,826	Chronic Lower Respiratory Disease
4,823	Cerebrovascular Diseases
4,780	Alzheimer’s Disease
2,834	Diabetes Mellitus
2,135	Nephritis, Nephrotic Syndrome and Nephrosis
1,842	Septicemia
1,576	Influenza and Pneumonia
1,488	Intentional Self-Harm (Suicide)
1,410	Essential (Primary) Hypertension and Hypertensive Renal Disease
1,175	Parkinson’s Disease
1,091	Assault (Homicide)

SOURCE: Online Analytical Statistical Information System (OASIS),
NCHS Rankable Causes, 2020

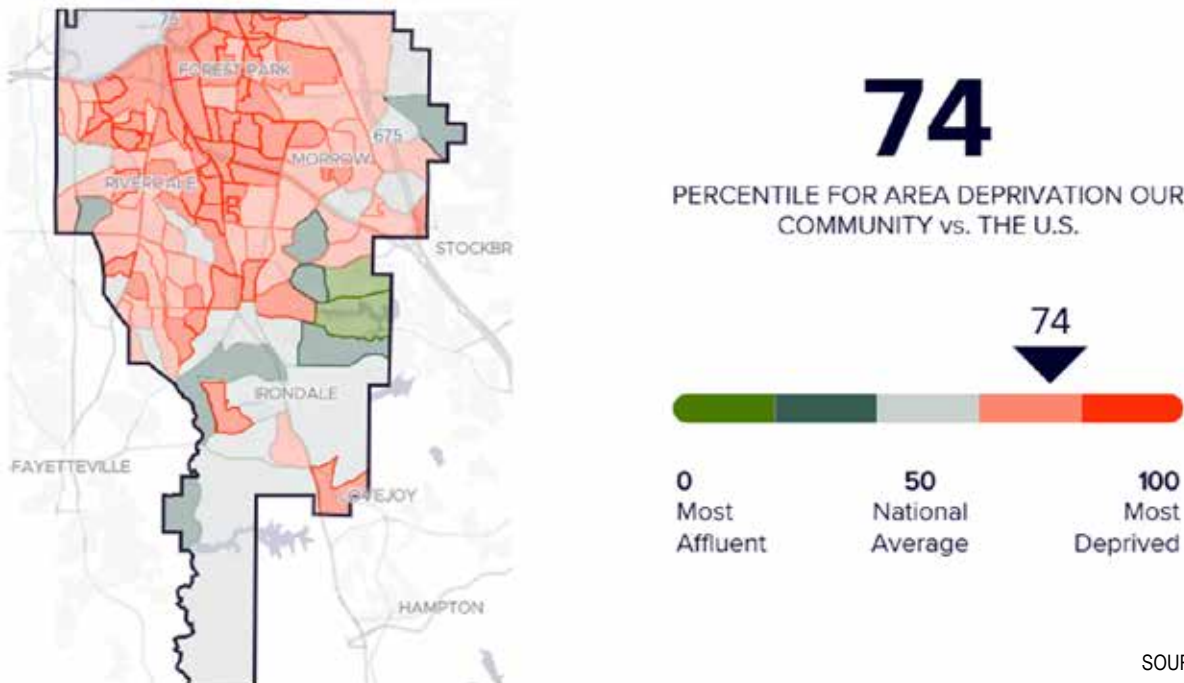
The top 10 leading causes of premature death in Clayton County changed between 2018 and 2020 with the most prevalent change being the emergence of COVID-19 and it becoming the fifth cause of premature death in the county (see chart below). Premature death rates are determined by Years of Potential Life Lost (YPLL) due to deaths that occur per 100,000 population at less than 75 years of age. YPLL is calculated by multiplying the number of deaths occurring at each age by the number of remaining years of life up to a selected age limit. Because deaths of younger people are often preventable, the premature mortality rate is a measure that gives more weight to the death of younger people than to older people.

2020 Leading Causes of Premature Death in Clayton County	
1.	Diseases of Heart
2.	Unintentional Injuries
3.	Malignant Neoplasms
4.	Assault (Homicide)
5.	COVID-19
6.	Intentional Self-Harm (Suicide)
7.	Certain Conditions Originating in the Perinatal Period
8.	Nephritis, Nephrotic Syndrome and Nephrosis
9.	Diabetes Mellitus
10.	Cerebrovascular Diseases

SOURCE: Online Analytical Statistical Information System (OASIS), NCHS Rankable Causes, 2020

Community Commons Area Deprivation Index

Community Commons is a data repository and tool combining efforts and programs that inspire communities to change and improve. The Area Deprivation Index (ADI) measures social vulnerability by combining 17 indicators of socioeconomic status (e.g. income, employment, education, housing conditions). It has been linked to health outcomes such as 30-day rehospitalization rates; reduction in cardiovascular disease and cancer deaths; cervical cancer incidence; and all-cause mortality. These disparities may contribute to unique health challenges for those living in the most deprived areas and are depicted below for Clayton County.



SOURCE: BroadStreet, 2021

Health Needs of the Community

Social Determinants of Health

Social Determinants of Health (SDOH)

Research shows that at-risk communities face greater challenges dealing with and overcoming preventable conditions based on socioeconomic factors, race/minority, and lack of access to quality care – all of which are often impacted by poverty level, unemployment, and lack of health insurance. Social Determinants of Health (SDOH) assess these factors as they relate to where an individual lives and works. According to the Center for Disease Control and Prevention (CDC), social determinants include economic stability, education access and quality, health care access and quality, neighborhood and build environment, and social and community context.



Southern Regional's PSA is noted as an at-risk population with a higher deprivation score as it relates to overall health, lower levels of education, lack of health insurance, and lower income status.

Economic Stability

Data shows that 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. The income disparity for Clayton County is significant when compared to surrounding counties and the state of Georgia as noted in the chart below. Reflective of this difference, Clayton County has higher poverty and unemployment rates in comparison to the rest of the nation (*as noted in The Healthiest Communities Rankings: US News & World Report, 2021*):

- Clayton County Poverty Rate: 18.6% vs. National Median Rate: 14.2%
- Clayton County Unemployment Rate: 4.4% vs. National Median Rate: 3.7%

This disparity is also reflected in the homeownership rate which was noted at 49.5% in 2020 in comparison to the national average of 72.9%.

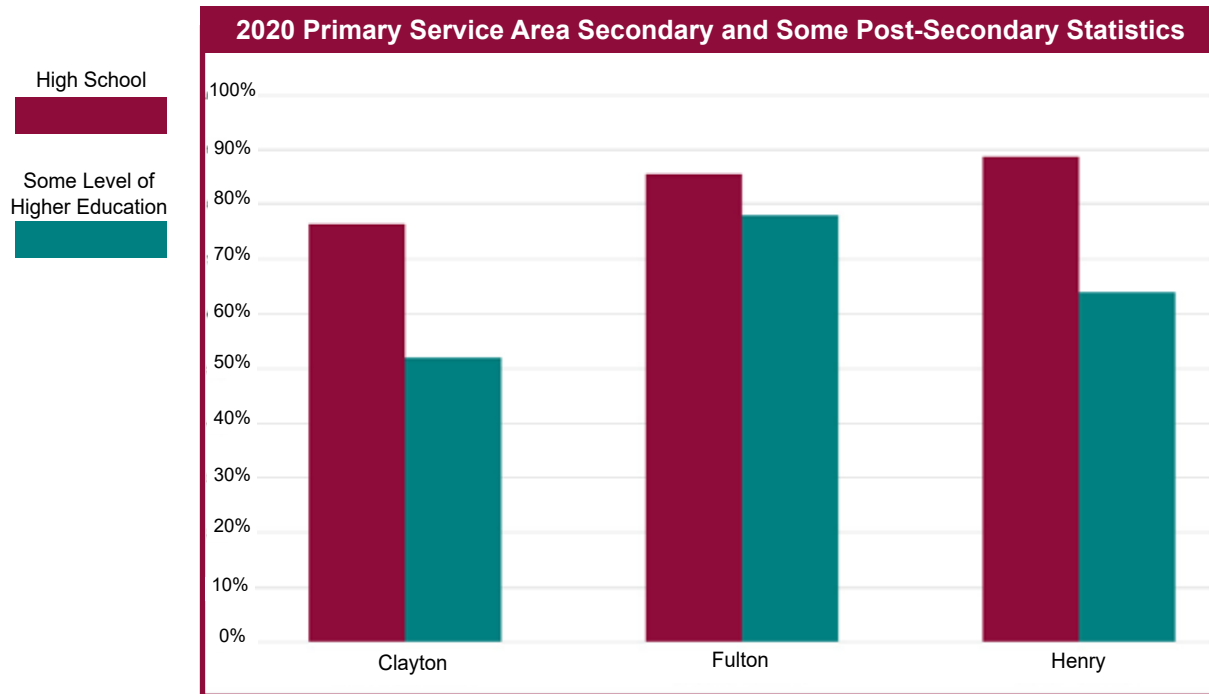
Household Income Statistics	
Location	Median Household Income
Clayton County	\$49,370
Fulton County	\$71,504
Henry County	\$69,620
Georgia	\$62,800
United States	\$67,340

SOURCE: US Census, 2020 - Small Area Income and Poverty Estimates (SAIPE)

Education Access and Quality

A recent study (*Education, Race/Ethnicity, and Causes of Premature Mortality Among Middle-Aged Adults in 4 U.S. Urban Communities, published March 11, 2020*), determined that depending on race/ethnicity, education, and place of residence, Americans experience up to 30-year differences in life expectancy at birth. Despite national initiatives and local interventions to address these disparities, life expectancy rates are worsening, especially among middle-aged adults. Premature mortality is still most prevalent among the demographic group of black men, but it has been rising among middle-aged (45–54) persons, and in white men with low education.

The Clayton County Public Schools continues to focus initiatives on improving high school graduation and has realized a gain over the past three years in graduation rates. According to the 2020 College and Career Ready Performance Index, Georgia’s state high school graduation rate is 83.8% and Clayton County’s graduation rate is 76.6%. Unfortunately, Clayton County has a lower percentage of adults ages 25-44 with some post-secondary education as compared to surrounding communities that comprise Southern Regional’s PSA. The 2021 County Health Rankings reported the following percentage of residents with some level of post-secondary education: Clayton County at 52%; Fulton County at 78%; and Henry County at 64%.



SOURCE: US Census: ACS 1-Year Estimate Data Profile, 2020

Health Care Access and Quality

According to the most recent U.S. Census, the number of uninsured individuals in Clayton County is double the national average — 18.9% in Clayton County in comparison to 9.2% in the U.S. It needs to be noted that between 2018 and 2019, the percentage of uninsured residents in Clayton County grew by 18.9% (based on the most recent U.S. Census) and the assumption for 2020 and 2021 is that the percentage of uninsured residents in the county grew. According to the Kaiser Family Foundation, for the third year in a row, the number of uninsured increased noting that the U.S. uninsured rate increased by 10.9%. The trend in uninsured individuals revealed that the majority of uninsured were non-elderly adults in working families with low incomes.

Compared to individuals who have health coverage, the uninsured are more likely to skip preventive services and forgo routine healthcare visits altogether. The results can become severe with patients presenting in the hospital with multiple and higher medical acuity levels, especially in regards to preventable or chronic conditions like high blood pressure, high cholesterol, high blood sugar, colon cancer, or (among women) an abnormal pap smear or mammogram diagnosis.

2019 Clayton County Healthcare Insurance Statistics	
Healthcare Coverage	Percentage
Uninsured	18.9%
Medicaid	22.5%
Medicare	7.43%
Employer Provided Insurance	36.7%
Private Insurance (non-group)	12.5%
Military/VA Insurance	1.97%

SOURCE: US Census, 2019

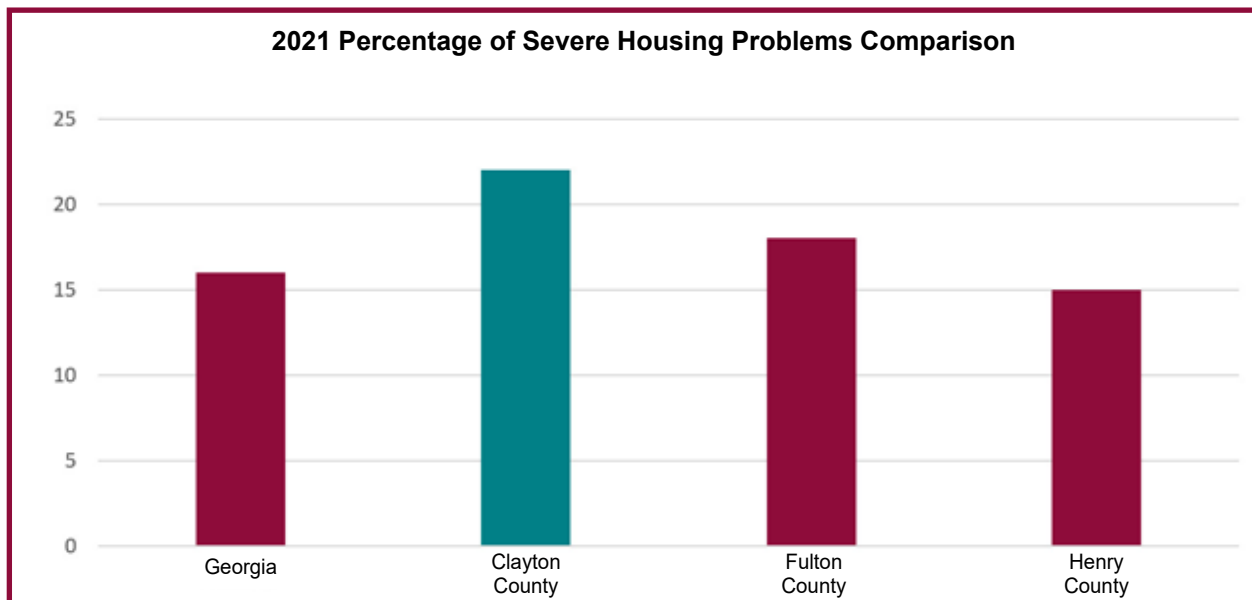
2021 Southern Regional Medical Center Uninsured Patient Percentages	
Uninsured ED Visits	40%
Uninsured Inpatient Stays	17%

SOURCE: Southern Regional Medical Center Patient Volume Data, 2021

Neighborhood and Build Environment

In accordance with Healthy People 2030 (U.S. Department of Health and Human Services national objectives), a key focus on improving health and safety is creating healthy, engaging communities where people live, work, learn, and play. Unfortunately, racial/ethnic minorities and people with low incomes are more likely to live in places that are at-risk based on higher rates of violence, unsafe air or water, and other health and safety risks.

One SDOH component includes homeownership rates in the community. In Clayton County, the 2020 homeownership rate was 48.7% in comparison to the national average of 64.1%. Additionally, in 2021, the county overcrowded household rate was reported to be 3.4% compared to 2.3% in Georgia; and the county eviction rate was 8.9% in comparison to the state rate of 4.7%.



SOURCE: County Health Rankings, 2021

Social and Community Context

Relationships and interactions with family, friends, co-workers, and neighbors can have a major impact on the health and well-being of the people living within that community. Developing positive relationships among those who interact and having access to social and community support can help reduce the impact of negative factors. However, many face challenges and dangers they cannot control — unsafe neighborhoods, discrimination, single-family homes, financial struggles — which can negatively impact an individual’s health and safety throughout life.

According to the 2021 County Health Rankings, in Southern Regional’s PSA, Clayton County was noted with the highest number of children in single-parent households at 45%, as compared to Fulton County at 37% and Henry County at 29%.

Although Fulton County recorded the highest rate of violent crimes within the hospital’s PSA, Clayton County was ranked second. Note: The violent crime rate is determined by the number of violent crimes reported per 100,000 population (2021 County Health Rankings). Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Fulton County reported rates of 763/100,000 population; Clayton County reported 632/100,000 population; and Henry County reported rates of 176/100,000 population. Fayette County, which abuts Clayton County, reported some of the lowest violent crime offenses with only 73/100,000 population.

Improvement of SDOH factors have a direct bearing on the overall health of the communities Southern Regional serves. Assuring all residents have access to appropriate levels of care, health screenings, and preventive measures; access to primary care and specialty physicians; and assurance of the continuity of care management, all correlate to improving the community’s overall health.

Access to Care

The National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine) defines access to health care as the “timely use of personal health services to achieve the best possible health outcomes.” This definition is based on the fact that many individuals face barriers that prevent or limit their ability to receive the health care services they need, which in turn increases the individual’s risk for poor health outcomes and health disparities. Some of the obstacles include issues like lack of health insurance, language-related barriers, disabilities, geographic and transportation-related barriers, and a shortage of primary care providers.

Access to care remains a challenge in Clayton County in comparison with Fulton and Henry Counties, as well as in the state and nation, and the impact of a world-wide pandemic has created additional challenges. Low-income areas — whether urban or rural — have long faced physician shortages, and Georgia ranks in the bottom quarter of U.S. states when measuring physicians per capita. These shortages have only been exacerbated by the COVID-19 pandemic with many communities seeing the early retirement of some long-term physicians.

KIDS COUNT Data Center 2021 data reported the mental health toll caused by the pandemic, with more than 30% of adults with children in Georgia reporting they’ve experienced anxiety, and more than 20% reporting feeling down, depressed, or hopeless. According to the National Institutes of Health, 1 in 5 American adults, or roughly 52 million people, struggle with mental illness – and less than half receive treatment. Statistics are consistent in Georgia with more than 2 million of the state’s 10.7 million residents living with mental illness. Georgia ranks 27th in comparison to the 50 states and DC in prevalence of mental illness in adults, which is an improvement from the 2021 ranking of 37th. However, Georgia ranks 48th in access to mental health care providers and services.

A critical step in reducing health disparities is expanding access to healthcare services. Part of the solution is affordable health insurance, but the community’s economic, social, cultural, and geographic barriers to health care need to be addressed; as well as attracting and growing the number of physicians who serve the community. The lack of Primary Care physicians and Mental Healthcare providers continue to be a barrier for access to care within Clayton County. The charts below compare these healthcare provider statistics.

2021 Primary Care Physician Statistic Comparison	
Georgia	1 physician to 1,508 patients
Clayton County	1 physician to 3,811 patients
Fulton County	1 physician to 904 patients
Henry County	1 physician to 2,056 patients

2021 Mental Healthcare Provider Statistic Comparison	
Georgia	1 clinician to 691 patients
Clayton County	1 clinician to 1,484 patients
Fulton County	1 clinician to 407 patients
Henry County	1 clinician to 668 patients

SOURCE: County Health Rankings and Roadmaps, 2021

Health Outcomes

The CDC acknowledges that factors leading to poor health in communities include high rates of such conditions and diseases like diabetes, heart disease, high blood pressure, cancer, COPD/asthma, HIV, obesity, physical inactivity, as well as the lack of maintaining appropriate vaccinations. These factors are also included as part of the 20 Health Condition Priorities denoted by Healthy People 2030. Healthy People is an initiative by the Office of Disease and Health Promotion, U.S. Department of Health and Human Services, that develops science-based, 10-year measurable public health objectives and tools to track our overall progress toward achieving them. The objective of Healthy People 2030 is to develop a plan of action that sets national goals and measurable objectives to guide evidence-based policies, programs, and other actions to improve the health and well-being of Americans.

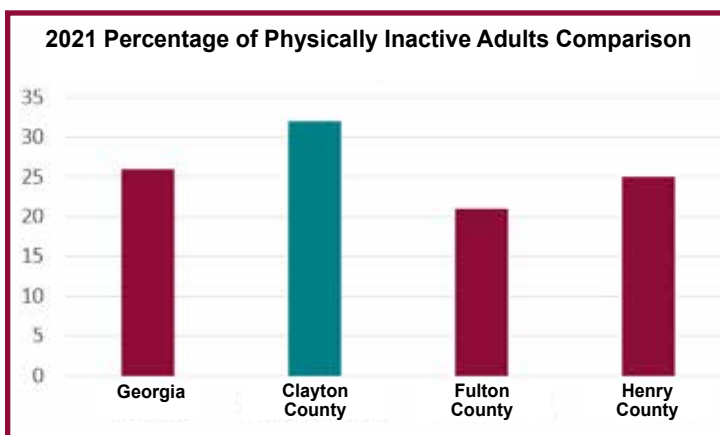
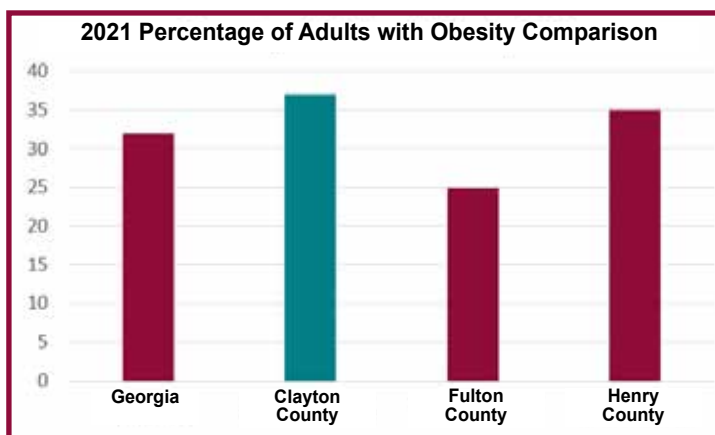
Clayton County falls behind on a number of these health condition factors, with the exception of excessive alcohol consumption, as compared to the state and national percentages as noted in the graph below.

2021 Clayton County Leading Health Condition Factors Comparison			
Category	Clayton County	Georgia	United States
Obesity	37%	32%	30%
Lack of Physical Activity	32%	26%	23%
Adult Smoking	19%	16%	17%
Excessive Alcohol Consumption	13%	17%	19%
Low Birthweight	12%	10%	8.3%
Mammogram Screenings	37%	41%	42%
Flu Vaccination	43%	46%	47.7%
Fully Vaccinated: COVID-19 (as of 1/1/22)	49%	61%	62.9%

SOURCES: County Health Rankings and Roadmaps, 2021; and CDC and Georgia Department of Health COVID-19 Vaccination data, 2022

Obesity and Lack of Physical Activity

Obesity continues to be a challenge in Southern Regional’s PSA with the highest prevalence in Clayton County and, going hand-in-hand is the high percentage of residents reporting a lack of physical activity – another unhealthy lifestyle that leads to reduced life expectancy. County Health Rankings and Roadmaps 2021 data reports a higher percentage of obese residents at 37% of Clayton County’s adult population as obese compared to 32% of the adult population in Georgia and 30% in the U.S. And, subsequently, a higher percentage in the lack of physical activity in Clayton County, which was reported at 32% as compared to Georgia at 26% and the U.S. at 23%. Over the past 3 years, both of these unhealthy lifestyle choices have continued to grow, placing Clayton County in the lead nationally, regionally, and locally. Both obesity and lack of physical activity are correlated to higher percentages of citizens with diabetes, high blood pressure, heart disease, and stroke.



SOURCE: County Health Rankings and Roadmaps, 2021

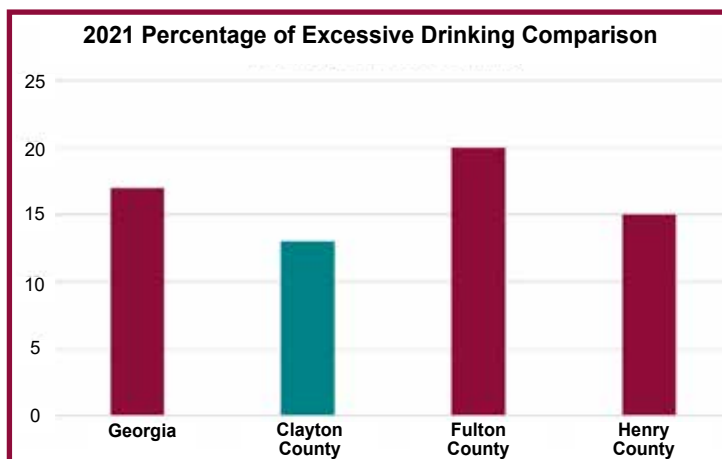
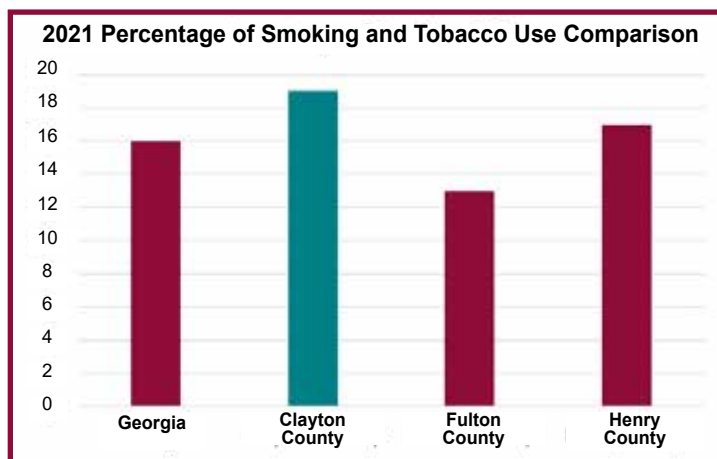
Smoking and Alcohol Use

Healthy People 2030 has selected tobacco use and drug and alcohol use as two leading preventable Health Behaviors that lead to unhealthy lifestyles and a reduction in life expectancy in the U.S. The Smoking and Tobacco Use category in Clayton County is at a higher percentage in comparison to the country, the state and the other two counties in the hospital's PSA, as noted: **Clayton County – 19%**; Fulton County – 13%; Henry County – 17%; Georgia – 16%; and in the United States – 17%. According to the 2021 America's Health Rankings, smoking is the leading cause of preventable death and disease in the U.S. and is responsible for more than 480,000 deaths every year. Smoking damages nearly every organ and is associated with heart disease; stroke; respiratory diseases (like COPD); diabetes, and multiple types of cancers.

However, Clayton County ranks comparably lower in the percentage of adults who engage in Excessive Drinking, which is a positive for the county.

- **Clayton County – 13%**
- Fulton County – 20%
- Henry County – 15%
- Georgia – 17%
- United States – 19%

Excessive drinking comes with both short- and long-term risks. Short-term risks include unintentional injuries (like falls, drowning, burns, and motor vehicle accidents); violence; and alcohol poisoning. Long-term risks can have a greater implications on overall health by impacting high blood pressure; heart disease; stroke; liver disease; specific cancers; memory issues; and alcohol dependency.



SOURCE: County Health Rankings and Roadmaps, 2021

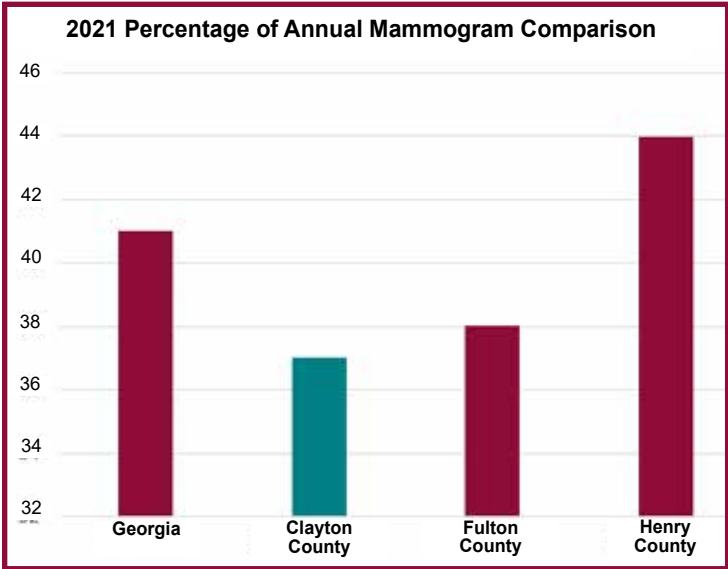
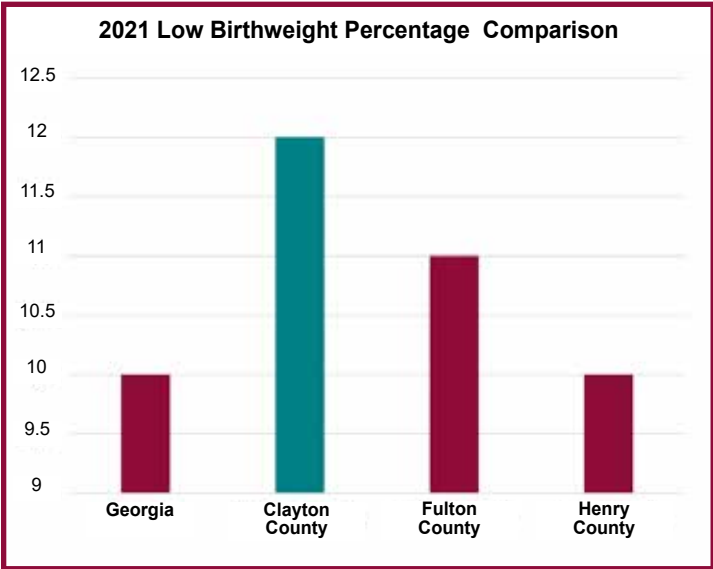
Women's Health: Low Birthweight and Mammograms

Low birthweight in infants is categorized in two ways – moderately low birthweight infants (between 3.3 pounds and 5.8 pounds at birth) and very low birthweight infants (less than 3.3 pounds at birth). Although infants born with a very low birthweight account for the majority of health challenges in tiny newborns, all infants born in the low birthweight category are at an increased risk of infant mortality and countless short- and long-term health complications. Infants born with a low birthrate can face a host of health conditions including heart problems, breathing problems, bleeding in the brain, intestinal disorders, and retinopathy. As these children grow, they have a higher propensity of facing Type 2 diabetes, heart disease, high blood pressure, obesity, and learning and behavioral problems later in life.

According to the 2021 America's Health Rankings, "the average hospital cost for a low birthweight infant is estimated to be \$27,200 and \$76,700 for a very low birthweight infant, compared with \$3,200 for a normal weight newborn. Very low birthweight infant care accounts for 30% of all newborn health care costs, with an annual cost of approximately \$13.4 billion in neonatal intensive care unit hospitalizations. Low birthweight and very low birthweight infants who survive to adulthood often experience serious physical and mental morbidities, significantly increasing the costs of hospitalization throughout their lifespan."

The March of Dimes notes two main causes of low birthweight: preterm birth and fetal growth restriction which leads to a newborn not being the weight they should be before birth. Risk factors that can increase the chances of having a low birthweight baby include being pregnant with multiples (twins, triplets), a mother’s chronic health conditions; lack of prenatal care and unhealthy lifestyle choices such as smoking and alcohol consumption. Of course, maintaining regular prenatal care checkups to track a baby’s development can reduce the risk of having a baby with low birthweight. The low birthweight rate in Clayton County is a bit higher, at 12%, when compared to the national rate of 8.3% (approximately 1 in 12 babies) and the state rate of 10%.

Another health factor impacting women is appropriate, timely mammogram screenings. At the start of the COVID-19 pandemic, screening mammograms nearly came to a complete halt. A report in the *Journal of the National Cancer Institute* entitled, “Changes in Mammography Use by Women’s Characteristics During the First 5 Months of the COVID-19 Pandemic,” noted this nearly complete cessation of mammography in the United States in mid-March 2020. Although it is unclear if screening and diagnostic mammography volumes have recovered to prepandemic levels, the pandemic clearly has impacted the percentage of women having their routine mammograms. The study compared monthly screening and diagnostic mammography volumes before and during the pandemic by age, race and ethnicity, breast density, and family history of breast cancer. The conclusion drawn from this data was that: “despite a strong overall rebound in mammography volume by July 2020, the rebound lagged among Asian and Hispanic women, and a substantial cumulative deficit in missed mammograms accumulated, which may have important health consequences.” According to the 2021 County Health Rankings and Roadmaps report, there is a notable decline in women in Clayton County receiving mammograms. They reported the following percentages of women in Clayton County, by ethnicity, who received a mammogram as follows – Hispanic: 25%; Asian: 27%; Black: 37%; and White 38%.



SOURCE: County Health Rankings and Roadmaps, 2021

Vaccinations

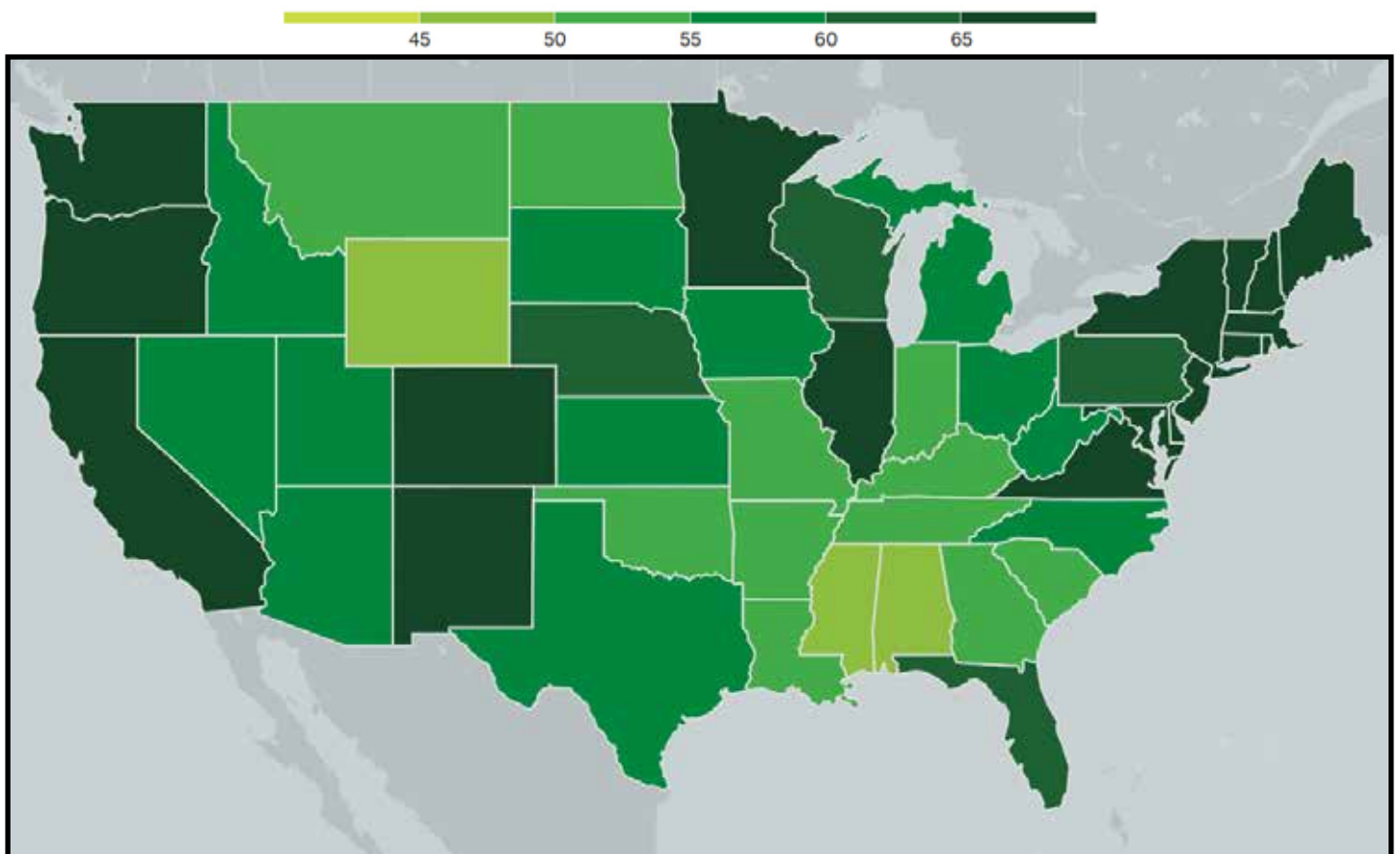
The CDC has long recommended vaccination for influenza (flu) to reduce the risk of illness, hospitalization, and death. With the onset of the worldwide COVID-19 pandemic, getting a flu vaccine became even more critical in 2021, because flu viruses and the virus that causes COVID-19 simultaneously spread across the country. The goal of increasing flu vaccination rates focused on preventing or reducing the severity of flu illness; and reducing outpatient illnesses, hospitalizations, and intensive care unit admissions in the hope of alleviating the stress on the U.S. healthcare system caused by COVID-19. The CDC reported for the 2020-2021 flu season, half (52.1%) of people greater than six (6) months of age were vaccinated, similar to coverage in the prior season. Flu vaccination coverage did increase for adults over the past three flu seasons (from 2018 through 2021) and has steadily increased for children.

Although Clayton County ranked just a bit lower in the percentage of adults who received the flu vaccine, the hospital's overall PSA vaccination rate was similar to the state and national rates.

- **Clayton County – 43%**
- Fulton County – 50%
- Henry County – 45%
- Georgia – 46%
- United States – 47.7%

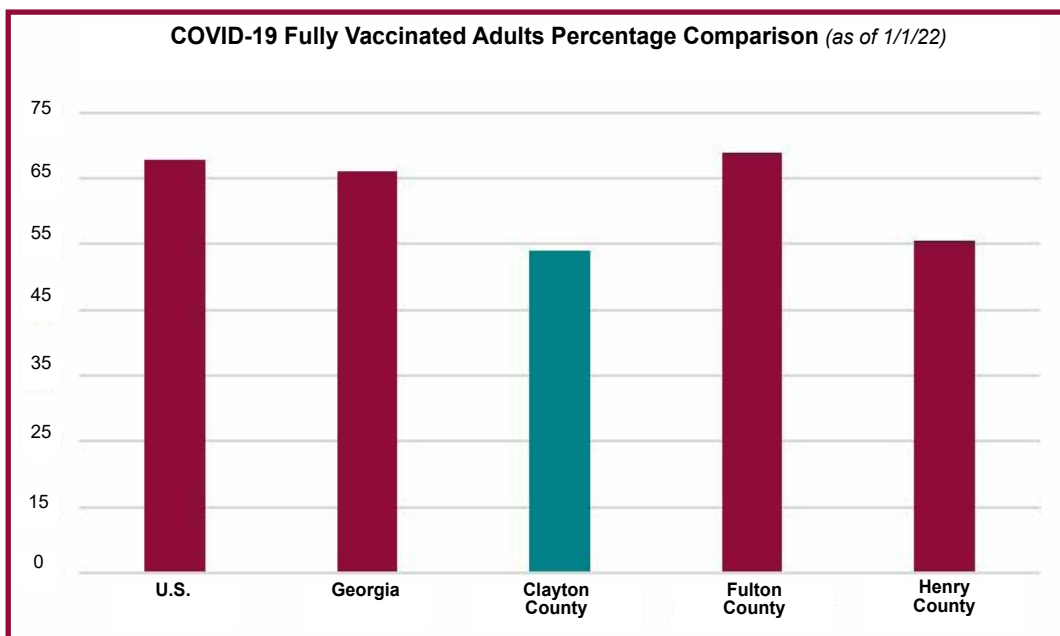
The novel virus, coronavirus or COVID-19, was first identified in December 2019 from an outbreak in Wuhan, China, and on January 30, 2020, The World Health Organization (WHO) declared the virus a *Public Health Emergency of International Concern*. Throughout 2020 and 2021, COVID-19 severely effected economic growth and supply chain management; and severely impacted and disrupted healthcare systems around the world. The hope of eradicating or lessening the virus' impact with the quick approvals and implementation of vaccines in 2021 were not realized as the virus continued to morph into new variants.

Regardless, like the flu vaccine, COVID-19 vaccines have proven to be effective in protecting people from the virus and/or reducing the severity of symptoms for those who are fully vaccinated but become infected. The map below shows the percentage of each state's adult population of COVID-19 fully vaccinated residents as of January 1, 2022, as reported by the CDC.



Unfortunately, at the end of 2021, Clayton County lagged behind the nation, state, and the other PSA counties in the percentage of adults fully vaccinated against COVID-19. Joint community efforts by the Clayton County Board of Commissioners and Clayton County Board of Health continue to work to increase the vaccination numbers in the county. Additionally, Clayton State University and Southern Regional Medical Center collaborated on and received a 2021 federal HRSA (Health Resources & Services Administration) grant focused on increasing the COVID-19 vaccination rates in Clayton County. The nearly \$1M initiative – *Clayton Calling the Shots: Get Out the VAX Initiative* – combines the collective resources and services of the Clayton Calling the Shots: Get Out the VAX team, Southern Regional’s leadership members, Clayton State University, Clayton County Health District, Clayton County Fire and Emergency Services, Clayton County Public School System, Clayton County Chamber of Commerce, Clayton County Association of Christian Ministers, Clayton County Senior Services, Clayton County Board of Health Comprehensive Facility, and local clinics. The initiative coordinates outreach efforts; manages mass vaccination sites; hosts pop-up events; helps citizens register for appointments; and arranges transportation to vaccination clinics throughout 2022.

The graph below depicts the percentage of adults who are fully vaccinated against COVID-19 as of January 1, 2022.



SOURCE: Centers for Disease Control and Prevention, 2022

Cardiovascular Diseases and Stroke

The compilation of the leading health behaviors and health factors within Southern Regional’s PSA not only negatively impact the overall health of the communities served, but often leads to individuals presenting in the hospital with higher acuity healthcare needs. These multidimensional health behaviors and unhealthy lifestyle choices become embedded into the framework of the community and create life-long implications for the well-being of the individuals and population. These health behaviors impact the community’s mortality and morbidity rates. As previously noted on page 9, the 2020 Health Outcomes Ranking, based on mortality and morbidity factors, ranked Clayton County 89th in the state in comparison to the 159 Georgia counties on health outcomes. (Note: a lower ranking indicates better health outcome.)

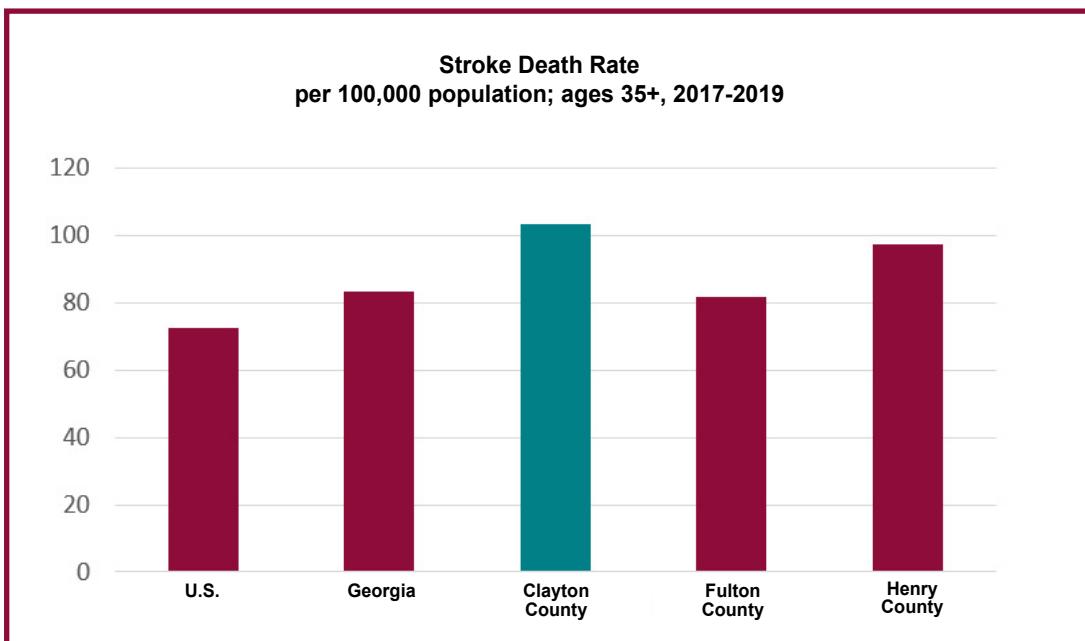
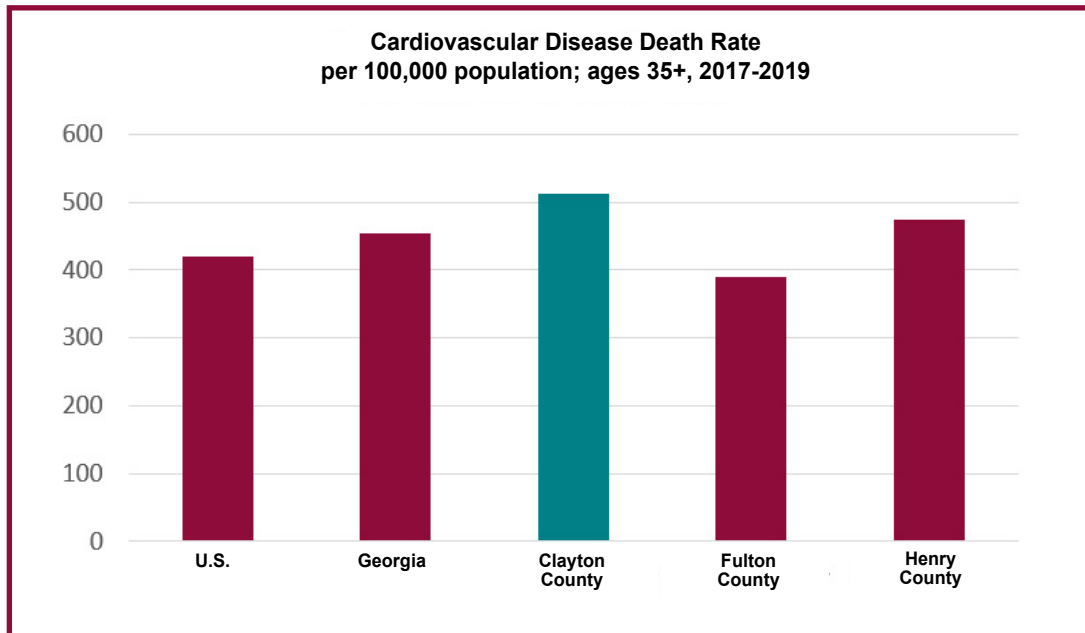
- Clayton County – 89
- Fulton County – 13
- Henry County – 38

This data shows that Clayton County has a much higher mortality and morbidity rate compared to Fulton and Henry Counties, which comprise Southern Regional’s PSA.

It is not surprising that in 2020, one of the leading cause of premature deaths in Clayton County was COVID-19. This is reflective of the county having one of the lowest rates of COVID-19 vaccination in the state. It is also not surprising that

the county death rate for cardiovascular disease and stroke were higher than average which is reflective of the higher rates of obesity and physical inactivity. In 2020, Georgia ranked 14th highest in the nation for heart disease mortality with 19,543 deaths as reported by the CDC.

The graphs below show the higher rates of both cardiovascular disease deaths and stroke deaths in Clayton County which reveal the negative impact of health behaviors and unhealthy lifestyle choices.



SOURCE: CDC Interactive Atlas on Heart and Stroke Disease, 2017-2019

Community Input

To assure the community provided input and insight into their healthcare needs, a Community Health Needs Assessment Survey was conducted from July 5 – October 1, 2021. The survey was offered in English and Spanish online at *allcounted.com*, as well as in person to patients and family members who visited the hospital during that time frame. Additionally, interviews were conducted with a selection of hospital staff members that reviewed the survey questions. The results of the survey and interview responses were presented and discussed by the Community Health Needs Assessment Key Stakeholders Committee to include in the development of the 2022-2024 CHNA Strategic Implementation Plan. Survey questions focused on understanding the health concerns and needs of the community.

Below is a summary of the key responses regarding their health challenges and healthcare needs:

Top Health Challenges

High blood pressure
Joint and back pain
Obesity
Diabetes
Mental health issues
Heart disease

Issues that Prevent Access to Care

No insurance
Unable to pay co-pays/deductibles
Language barriers
Transportation
Can't find a doctor
Don't know how to find a doctor

What Resources Would Improve the Health of Your Family and Neighbors

Free or affordable health screenings
Healthier food
Wellness services
Safe places to work and play
Mental health services
Job opportunities
Recreation facilities

Health Screenings and Services Needed

Blood pressure
Diabetes
Cholesterol
Weight loss
Exercise and physical activity
Cancer
Routine well checkups
Dental screenings
Nutrition
Mental health/depression

Below are responses to how community members feel about their own current health status.

My Health and Well-Being

Received COVID-19 vaccine
Receive flu shot every year
Exercise at least 3 times a week
Eat at least 5 servings of fruits and vegetables a day
Eat fast food more than once a week
Have access to a work wellness program
Smoke cigarettes

Screenings and Healthcare Received This Year

Blood pressure check
Physical exam
Cholesterol screening
Vision screening
Mammogram
Dental cleaning/checkup
Flu shot
Pap smear
Cardiovascular screening

2019 – 2021 Community Health Needs Assessment Implementation Strategic Plan

Southern Regional's 2019-2021 Community Health Needs Assessment Key Stakeholders Committee identified three priority areas to develop the 2019-2021 CHNA Strategic Plan to address community health needs. The three priorities were:

- #1 – Maintain and improve access to care for the community in underserved areas.
- #2 – Increase access and participation in preventative services and education to targeted residents in underserved areas.
- #3 – Continue to increase mental health services in Clayton County.

Although the onset of the COVID-19 worldwide pandemic impacted Southern Regional's ability to fully address each of these priorities, the hospital developed and implemented plans accordingly:

Maintain and improve access to care for the community in underserved areas

- **Recruitment of additional physicians** – In the past three years, Southern Regional worked diligently to recruit and support, and in some cases employ, physicians and clinicians in targeted areas of need.
 - **Bariatric Surgery** – Under the direction of Dr. Karleena Tuggle, bariatric and general surgeon, The Center for Bariatrics and Healthy Weight opened in 2018 in response to the obesity rate and healthy weight needs in the community. The Center is located in The Women's Center, Terrace Level, in the hospital.
 - **Breast Surgery** – In response to the need of a surgical breast oncologist for the community, Dr. Todd Tom, breast and general surgeon, joined the Southern Regional Physicians Management Group in 2021. Dr. Tom is the medical director of the hospital's Breast Health Clinic located at Spivey Station Medical Office Building in Jonesboro. Additionally, Dr. Tom sees patients for general surgery at the Surgery Offices at The Women's Center on the Terrace Level.
 - **Neurosurgery** – Southern Regional developed a partnership with Dr. Jerry Walters, neurosurgeon at Legacy Brain and Spine, to expand neuroscience services in Clayton County with an office in Riverdale.
 - **Orthopedic Surgery** – To meet the growing demands in orthopedic care, the hospital hired Dr. Mark Mudano, orthopedic surgeon, in 2021. He joined Dr. Robert Nelson in the Orthopedic Clinic located in the hospital's Surgery Offices on the Terrace Level in The Women's Center.
- **Improved access to care** – Southern Regional added a selection of options to cover high deductibles, co-pays and out-of-pocket healthcare expenses.
 - **MDsave** – The hospital partnered with MDsave in January 2021. MDsave is an online healthcare marketplace that provides patients a way to pay for their medical services up-front at discounted prices that are bundled together with related fees for imaging, laboratory, bariatric surgery, breast surgery, and general surgery options.
 - **CareCredit Program** – Southern Regional added CareCredit to its repertoire of payment options in the summer of 2021. CareCredit is a credit card program that offers the ability to pay overtime with promotional financing options for expenses of \$200 or more for high deductibles, co-pays and out-of-pocket expenses not covered by insurance
 - **Health Insurance Contracted** – Between 2019-2021, Southern Regional secured a health insurance contract with Cigna and a temporary agreement with Aetna. The hospital continues to actively negotiate with our insurance providers who represent the population within the PSA.

Increase access and participation in preventative services and education to targeted residents in underserved area

- **Access to Quality Preventive Services** – In spite of the pandemic, Southern Regional continued to work diligently to provide high-quality services based on the needs of the community.
 - **Chest Pain Center and Primary Stroke Center** – Southern Regional went through rigorous onsite review to evaluate, diagnose and treat patients experiencing a heart attack and patients suffering a stroke to receive re-accreditation for the Chest Pain Center with PCI and the Primary Stroke Center.

- **National Recognition for Quality Care** – During the 2019-2021 time span, the hospital repeatedly received national recognition for care including:
 - **Heart and Stroke Care Awards** – Recipient of a dozen awards in Gold Plus, Gold, and Silver categories.
 - **Top “Large” Hospital in Georgia** – In December 2020, *Georgia Trend* magazine ranked the Southern Regional #3 as a Georgia Top “Large” Hospital.
 - **Social Responsibility** – The Lown Hospitals Index for Social Responsibility ranked Southern Regional in the top 2.5% of all hospitals nationally earning the hospital an “A” grade in equity, value and outcomes.
- **Education Initiatives** – With the worldwide pandemic impacting the hospitals ability to host in person sessions for most of 2020 and 2021, health education and information was provided to the community predominately through Southern Regional’s social media venues.
 - **Social Media Efforts** – Southern Regional’s social media venues: Facebook, LinkedIn, and Twitter, realized a 22.5% growth in followers between 2019 - 2021; from 9,021 to 11,049.
 - **Social Media Results** – In support of heart and stroke education, a strategic social media campaign in 2020 resulted in: Facebook reach = 11,242 click; Twitter impressions = 10,363; and LinkedIn reach =1,638.
- **Grant Support** – Efforts were focused on seeking funding to support initiatives to increase participation to care.
 - **COVID-19 Vaccination Funding** – In 2021, Clayton State University and Southern Regional partnered on a grant and were awarded a nearly \$1M federal HRSA (Health Resources & Services Administration) grant focused on increasing COVID-19 vaccination rates through *Clayton County Clayton Calling the Shots: Get Out the Vax*
 - **Mammography Funding** – Unfortunately, Komen Grant and other supportive opportunities were halted due to the COVID-19 pandemic.

Continue to increase mental health services in Clayton County

- **Emergency Department** – Southern Regional renovated and updated the Emergency Department Psychiatric Area to accommodate patients and their needs in a safe and inviting environment.
- **Behavioral Health Care Process** – The hospital streamlined the intake process for mental health patients to provide quicker assessment and, ultimately, timely placement to the most appropriate care facility.
- **Legislative and Grant Funding Support** – Efforts were focused on seeking funding designated for the expansion of care and services for the growing population of mental health patients.
 - **Mental Health and Substance Abuse Support** – Southern Regional submitted a grant request to Senator Raphael Warnock for U.S. State Appropriations Funding of more than \$4M for a designated Mental Health and Substance Abuse Crisis Program, but was not awarded funding.
 - **Construction and Equipment Funding** – The hospital submitted a grant request to Senator Jon Ossoff for Health and Human Services Funding of Health Facilities Construction and Equipment. The more than \$1M was designated for a new Mental Health Services area adjacent to the Emergency Department to provide mental health patients with appropriate care space while awaiting placement and to improve the overall wait times in the Emergency Department. This grant request was still pending at the end of 2021.

Key Stakeholders Committee

Community Health Needs Assessment Key Stakeholders Committee

An integral component of the Community Health Needs Assessment process is the participation and discussion of findings with key community leaders. These stakeholders included a blend of internal and external representatives of Southern Regional Medical Center’s PSA: public health officials, health care providers, social service agency representatives, education leaders, government leaders, and religious leaders. Due to their profession, tenure, and/or community involvement, this committee offered diverse perspectives and information, as they are on the frontline of the communities served who can best identify unmet social and health needs of the community.

2022-2024 Key Stakeholders Committee

Facilitators		
Co-Facilitator	Kimberly Golden-Benner	Director of Business Development and Marketing, Southern Regional Medical Center
Co-Facilitator	Lindsey Peterson	Business Development and Marketing Coordinator, Southern Regional Medical Center
Southern Regional Medical Center		
	Charlotte W. Dupré	President and CEO
	Vikram Mandadi, MD	Chief Medical Officer
	Prince Nwachukwu	Director of Admitting Patient Access
Community Leaders		
	Morcease J. Beasley, EdD	Superintendent, Clayton County Public Schools
	Deputy Chief Zach Botkin	Deputy Chief Medical Officer, Clayton County Fire & EMS
	Carla Heath	Director of Business Operations, Clayton County Health District
	Rosalind Lett	Director, Clayton County Library System
	Captain Robert Maddux	Clayton County Police Department
	Deputy Chief Jeff Moss	Operations, Morrow Fire Department
	Ramon Stuart, PhD	President, Clayton State University
Legislators		
	The Honorable Rhonda Burnough	State House of Representatives, District 77
	The Honorable Joy Day	Mayor of Jonesboro
Healthcare Leaders		
	Paul Harvey, MD	Internist, Med-South Associates, Riverdale
	David Penn, MD	Vascular Interventional Radiologist, South Atlanta Vascular Institute, Stockbridge
Religious Leader		
	Pastor Gary Bowman	Lutheran Church of the Redeemer

Key Stakeholders Committee Process

The Community Health Needs Assessment Key Stakeholders Committee members were presented with the data findings, Southern Regional's current market position analysis, data related to the state demographics, and data relevant to the sociographic and economic state of Clayton County and southern crescent communities. Following the presentation, participants shared their thoughts and expressed their opinions and ideas to guide Southern Regional on how best to leverage the hospital and its resources in developing appropriate healthcare solutions in response to the community needs. 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 these healthcare topics, a list of relevant, ongoing health challenges rose to the top and were determined by the participants as most critical. By the end of the discussion, priority issues were identified and created the basis of the 2022-2024 CHNA Implementation Strategy Plan.

Upon completion of the Community Health Needs Assessment each member of the Key Stakeholders Committee received an advance copy which included the 2022-2024 CHNA Implementation Strategic Plan. Each member was provided time to review and offer additional comments and suggestions.

Key Stakeholders Committee Top Priorities

The community stakeholders discussion identified the following community healthcare and patient needs as listed below:

- Access to healthcare challenges, especially within the realm of access to Primary Care Physicians and Mental Health Providers.
- Continued challenges for residents who struggle with mental health issues.
- Staffing challenges, both clinical and non-clinical.
- Emergency Department challenges with mental health patients and non-emergent patients impacting ED throughput.
- Access to healthcare insurance coverage.
- Clear communications to communities regarding healthcare and well-being opportunities.
- Appropriate care for our vulnerable senior population.
- Continued appropriate care in clinical areas that have been impacted by higher than average morbidity and mortality rates.



Southern Regional Medical Center

2022-2024 CHNA

IMPLEMENTATION STRATEGY PLAN



CHNA Implementation Strategy Plan

From the CHNA Key Stakeholders Committee identification and discussion of community healthcare and patient needs, patterns of specific leading priorities repeatedly came up in conversation and guided the development of Southern Regional’s 2022-2024 CHNA Implementation Strategy Plan. In the end, four strategic initiatives were chosen and plans developed.

- **Maintain and improve access to health care in our community.**
- **Continue focus to increase mental health services for the county.**
- **Develop a communication network with all community partners to access and respond to healthcare needs and misconceptions, and link our community to appropriate services.**
- **Increase awareness of and participation in preventative healthcare services and education to our underserved residents.**

Priority	Strategy	Action	Evaluation
#1: Maintain and improve access to health care in our community	Reduce the shortage of healthcare providers within the hospital’s PSA	<ol style="list-style-type: none"> 1. Continue to recruit primary care physicians and clinicians (i.e. NPs) and specific specialty physicians as need is determined over the next 3 years in accordance with the hospital’s Medical Staff Development Plan. 2. Increase marketing and digital efforts to reach and recruit targeted physicians to move to and serve the community. 	<ul style="list-style-type: none"> • Number of physicians recruited, location of practice and clinics, as well as practice/clinic patient volume growth. • Number of established physicians relocating to community.
	Create a pipeline of new healthcare personnel through collegiate and secondary school initiatives	<ol style="list-style-type: none"> 1. Further develop partnerships with area higher education institutions to create training to hire initiatives to fill clinical and non-clinical positions. 2. Expand on RN Residency Program and Internship offerings providing onsite training for soon-to-be graduates. 3. Partner with Clayton County Public Schools to provide internship and externship opportunities for high-school students with goal to place students in open positions and/or encourage continuation of education in healthcare. 	<ul style="list-style-type: none"> • Number of clinical and non-clinical positions filled through collegiate and secondary school partnerships. • Number of BSN students participating in, graduating from, and hired through RN Residency Programs.
	Continue to expand appropriate healthcare services and work to expand access to healthcare coverage	<ol style="list-style-type: none"> 1. Expand physician clinic locations – possibly through development of Urgent Care Clinics – to broaden physician availability in communities served. 2. Continue to expand and secure healthcare insurance contracts (such as Humana which is a leading insurance provider in Clayton County). 3. Collaborate with key leaders to support and encourage legislative expansion of healthcare coverage for those in need. 	<ul style="list-style-type: none"> • Expansion of current physician clinics and establishment of new clinics in areas of need. • Securing healthcare insurance contracts with vendors that have high participation in PSA. • Statewide changes in healthcare coverage.

Priority	Strategy	Action	Evaluation
#2: Continue focus to increase mental health services for the county	Improve Emergency Department throughput efforts in relationship to mental health patients and their needs	<ol style="list-style-type: none"> 1. Continue to develop and adapt ED throughput efforts in response to mental health and pandemic surges. 2. Continue to submit grant requests for federal funding in support of Mental Health Stabilization unit / area adjacent to the hospital's Emergency Department. 3. Maintain and secure accreditations and certificates – Senior ED, Level III Trauma Center, Chest Pain Center, Stroke Center – to ensure defined areas available to move ED patients safely and efficiently through the process, reducing ED patient wait times. 	<ul style="list-style-type: none"> • Reduction of overall ED wait times. • Securing grant funding for mental health initiatives. • Securing ED accreditations and certificates for centers and programs.
	Collaborate with community partners to expand information on mental health care services and resources	<ol style="list-style-type: none"> 1. Develop partnership of resources and programs that offer continued education on appropriate services needed for those struggling with mental health issues. 2. Collaborate with stakeholders to develop comprehensive listing of mental health resources available in region and state. 3. Promote mental health resources and education through the hospitals digital and social media venues. 	<ul style="list-style-type: none"> • Development of digital mental health resources listing. • Monitor and track digital and social media efforts to measure expansion of traffic.
#3: Develop a community-wide network for communicating healthcare services and information	Collaborate with community partners to share information on healthcare services and healthcare events/ opportunities	<ol style="list-style-type: none"> 1. Develop team of key community partners and implement process to jointly communicate healthcare and wellness services and opportunities through all media venues available. 2. Create targeted healthcare and wellness campaigns through digital public service announcements targeted at informing at-risk population. 	<ul style="list-style-type: none"> • Monitor and track increase in participants requesting information and attending health and wellness events. • Monitor and track digital and social media traffic in response to targeted campaigns.
	Collaborate with community partners on targeted surveys to timely assess and respond to community healthcare needs	<ol style="list-style-type: none"> 1. Develop and implement digital surveys targeted at specific community groups through new collaborative partner communication venues. 2. Create appropriate responses to survey results; and communicate findings and implementation of initiatives in response to results. 	<ul style="list-style-type: none"> • Attain minimum 10% to 15% survey response rate (standard external response rate). • Monitor and track digital and social media traffic in response to surveys.

Priority	Strategy	Action	Evaluation
#4: Increase awareness of and participation in preventative healthcare services and education to our underserved residents	Establish a Residency Program at the hospital to provide additional healthcare outreach and educational opportunities to our residents.	<ol style="list-style-type: none"> 1. Work to develop a Southern Regional Internal Medicine Residency Program to address the need for more primary care physicians. 2. Collaborate with local and regional legislators to secure funding for the newly created Residency Program. 	<ul style="list-style-type: none"> • Establishment of Southern Regional Residency Program. • Number of physicians in the new Residency Program who choose to establish practices within PSA communities.
	Work to educate legislators on where they can assist in meeting the needs and challenges facing our underserved residents.	<ol style="list-style-type: none"> 1. Work with key community stakeholders to jointly educate and propose options and opportunities to assist underserved residents in PSA. 2. Communicate to Clayton County and southern crescent residents through newly developed joint communication process to encourage resident support of legislative efforts. 	<ul style="list-style-type: none"> • Success of legislative support for healthcare initiatives. • Monitor and track community digital and social media traffic in support of legislative initiatives.

Data Sources

- American Community Survey, 2019
- BroadStreet, 2015-2019, 2021
- Center for Disease Control and Prevention, 2018 and 2021
- Center for Disease Control and Prevention Interactive Atlas on Heart and Stroke Disease, 2017-2019
- Center for Research on Economics Sustainability and Trends (CREST), 2021
- Clayton County Public Schools, 2020
- Community Health Needs Assessment Implementation Strategy Plan, 2019-2021
- County Health Rankings, 2020, 2021
- Georgia Department of Education, 2020
- Georgia Department of Public Health, 2021
- Google Maps and Microsoft Excel Power Map
- Kaiser Family Foundation, 2021
- Mental Health America of Georgia – Ranking the States, 2021
- National Cancer Institute Incident Report, 2018
- National Institutes of Health, 2019
- Online Analytical Statistical Information System, 2020
- Southern Regional Medical Center Hospital Discharge Summary Report, 2020
- The Healthiest Communities Rankings from the *U.S. News & World Report*, 2021
- United States Census Bureau, 2019
- United States Postal Service, 2021
- World Population Review, 2019, 2020



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