



2013 COMMUNITY HEALTH RESPONSE PLAN

For Hughston Hospital

Columbus, Georgia



In June 2012, Columbus Regional Healthcare System, consisting of The Medical Center ("TMC"), Doctors Hospital and Hughston Hospital, along with St. Francis Hospital, commissioned an assessment of the community's health status. In response to that assessment, this Community Health Response Plan was developed specifically for Columbus Regional Healthcare System.

Mission and Vision

All three (3) hospitals and the other affiliated entities of Columbus Regional Healthcare System ("CRHS") share a common Mission and Vision. This Mission and Vision guide every decision and action of the leadership within all entities of CRHS.

Mission: The mission of Columbus Regional Healthcare System is to promote the health and healing of our patients.

Vision: To become nationally recognized for our clinical outcomes and world famous service.

Introduction

Columbus Regional Healthcare System is located in Columbus, Georgia, and was established in 1986 as a not-for-profit health services organization. Prior to that, it was known as The Medical Center, serving its community with roots tracing back as far as 1836. Columbus Regional Healthcare System has grown to become this community's pillar of strength and stability, providing a comprehensive network of health and wellness services that touch lives across the region through medical advancements and compassionate care. Rich with history and an established community presence, CRHS is the region's most vertically integrated provider of healthcare.

Hughston Hospital was acquired by Columbus Regional Healthcare System in 2008, and is located in North Columbus. While licensed as a general acute care hospital, Hughston Hospital has traditionally focused on orthopedic, spine and physical rehabilitation services. In fact, many will comment that Hughston Hospital was the nation's first hospital designed specifically to treat patients with musculoskeletal injuries or disorders. Today, the 100-bed, private room, general acute care hospital is nationally recognized for its outstanding clinical outcomes and customer service.

Services provided by Hughston Hospital include, but are not limited to, joint replacement, reconstructive trauma, rehabilitation, hand and upper extremity, spine treatment, and radiologic

and diagnostic treatment. With 12 orthopedic surgeons, two neurosurgeons, and a host of other physicians providing direct and supportive care/services, along with 343 employees on staff, Hughston Hospital provides, on average annually, 2,543 admissions and 5,290 outpatient visits.

CRHS's three hospitals are complimented by other programs operated through Columbus Regional Healthcare System including, but not limited to, a joint venture in the ownership and operation of two (2) free-standing imaging centers; two (2) urgent care centers operated under the name MyCare Urgent Care; three (3) retail pharmacy locations operated under the name MyCare Pharmacy; a joint-ventured, full-service home health agency operated under the name of Regional Home Health; and a management services agreement for the continuing care retirement center known as Spring Harbor.

Annually, CRHS provides multiple levels of funding to support community health awareness and healthy community programs. Through this support, health and fitness education programs for children, resources for the homeless, and health and safety services for the community are provided. Additionally, dedicated funding is provided to "Safe Kids Columbus". That program's aim is prevention of accidental injuries and deaths in children age 14 and under in TMC's service region. This is a partnership of community members, local healthcare facilities and the local health department, along with nearly 250 volunteers representing a united community. The Columbus Regional Medical Foundation is also committed to providing support to improve the health of current and future generations in CRHS's service areas. Foundation grants have been awarded in the past that benefited breast cancer patients, United Way's 10-year plan to end homelessness, cancer research and development, and technological advances that provided care to the smallest patients in TMC's NICU.

Our Commitment to Excellence

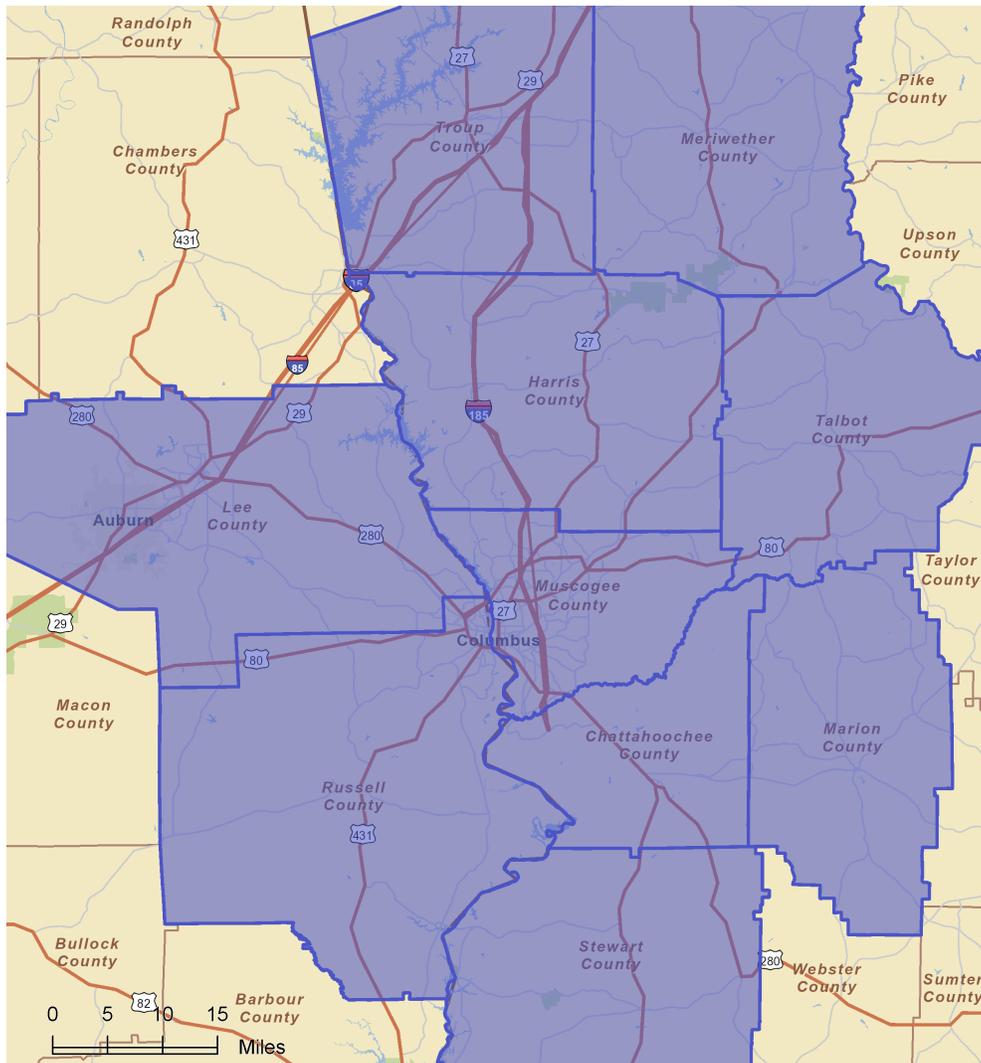
The overall approach of CRHS is to integrate the key strengths and mission of the organization with the identified unmet needs of the community served. In doing so, it is our belief that we will achieve and sustain an effective community response plan tailored to the specific needs in our service area.

The primary goal of CRHS's Community Response Plan is to respond to identified community needs, increase access to care, and improve the health status especially for the most vulnerable and underserved populations in our community. As part of the integrated healthcare delivery system known as Columbus Regional Healthcare System; The Medical Center, Doctors Hospital, and Hughston Hospital share their community needs assessment plans of response and direct care activities as a whole. Additionally, CRHS intends to lead, by example, within the healthcare community.

CRHS has implemented leadership accountability and an organizational structure for ongoing planning, budgeting, implementation and evaluation of our community response activities, which are incorporated into our multi-year strategic planning processes.

The Community Health Assessment Process

CRHS's Community Response "Service Area" (SA), represented by Muscogee County, reports a 2010 population of 189,885 residents, with a racial make-up consisting of the following top three ethnicities: 46.3% White, 45.5% African American, and 6.9% Hispanic or Latino (2010 Census Bureau). The SA is noted to have a significantly higher percentage of chronic disease conditions relating to diabetes, heart disease, stroke, and cancer when compared with both state and national levels. These conditions have necessitated the development, operation and maintenance of community-focused services by a multitude of providers in the SA.



10-County Service Area ©2012 Esri www.esri.com/ba 800-447-9778

A formal community health needs assessment was completed in August 2012 by the independent research firm Professional Research Consultants, Inc (PRC). This assessment consisted of a systematic, data-driven approach to determining the health status, behaviors and needs of the residents of Muscogee County, Georgia. A community health needs assessment provides

information that allows communities to identify issues of greatest concern. The goal of CRHS's sponsored community health assessment was threefold: to identify needs that if addressed could lead to improved health status, increased life spans, and elevated overall quality of life; to reduce health disparities; and to increase accessibility to preventive services for all residents of Muscogee County, GA. The Patient Protection and Affordable Care Act ("Act") was enacted by Congress in 2010. That "Act" put into place comprehensive health insurance reforms that could enhance the access to care for many Americans. A requirement of the "Act" calls for non-profit hospitals to complete a community health needs assessment every three years in an effort to enhance the quality of health care. In accordance with those guidelines, the following report summarizes the findings of the most recently completed health assessment, and identifies and outlines an implementation plan to speak to those needs CRHS can reasonably help address.

CRHS's Community Health Response Plan has an implementation plan with the following components:

- Research Methodology
- Survey Findings/Priority areas identification
- 3-year strategy for implementation
- CRHS's Community Health Needs Action Plan
- CRHS's Programs and Services Addressing Community Health Needs

Recognizing the need for continued assessment and ongoing evaluation to ensure desired results and improved health status in the community, CRHS's Community Benefit Plan will evolve. This evolution will be evaluated by and shared widely with the community's stakeholders through publication of this plan and the findings of the assessment on the internet site of CRHS and through other media outlets, as well as sharing the report upon request in an electronic format or paper format.

Research Methodology

The Community Health Assessment incorporates primary data collected by PRC, and publicly available secondary data consisting of qualitative and quantitative data, in order to reflect a more complete assessment of the health status in the community. The primary data from PRC is reflective of a population-based telephone survey with random sampling of residents in the community segmented by varying zip codes for ease of geographical identification. Those telephone surveys included landline supplemented with cell phone numbers. PRC recommended these survey findings be generalized to individuals versus households. To quantify individual experiences and behaviors, the Behavioral Risk Factor Surveillance System (BRFSS) was used by PRC which allowed for randomized sampling within the household. BRFSS is the national telephonic health survey system established by the CDC. Specifically, the BRFSS addresses such issues as medical conditions, access to care, and injury control. PRC then combined their

customized community health survey findings reflective of general health status, primary care, access to healthcare services, use of alcohol and tobacco, disease screening, nutrition and physical fitness, just to name a few, with the BRFSS to complete their primary research.

Secondary data consisting of vital statistics and other readily available public health data was mined from various state and local sources including but not limited to: the Georgia Department of Public Health, the Centers for Disease Control and Prevention, and the National Center for Health Statistics.

The qualitative data in the Community Health Assessment came through input from key representatives in the community consisting of physicians, other health professionals, community leaders, business leaders, social service leaders, faith-based members and school district representatives. Focus groups provided the forum for this data collection and were arranged in advance to promote active participation. Opportunities for collective as well as individual input were provided and used in the overall assessment report drafted.

The final report generated by PRC produced an analysis of the survey findings, segmented by geographic and key demographic variables, comparisons of the SA to state and national benchmarks where available, and comparisons with Healthy People 2020 targets as applicable.

Identification and Prioritizing Community Health Needs

The process for identifying and prioritizing the community health needs in CRHS’s SA included in-depth interviews and focus group forums from the key representatives noted above along with other community stakeholders, business and resource leaders, clinicians, social service providers, and CRHS senior leadership.

The following table represents the prioritization of the areas of opportunity specific to CRHS’s service area:

Areas of Opportunity	Needed Resources
Diabetes Mellitus	Education and Access
Lung Cancer and Tobacco Use	Resources, Screenings, Impact Awareness, Cessation Support and Education
Access to Health Services	Uninsured/Underinsured, Network of Physicians, Access and Availability
Heart Disease and Stroke	Awareness, Education and Affordability
Injury and Violence Prevalence	Awareness and Prevention
Sexually Transmitted Diseases	Education, Awareness and Family Involvement
Obesity and Related Diseases	Physical Activity, Education and Nutrition
Kidney Disease	Prevention, Education Awareness and Treatment Services

Nutrition	Nutrition Awareness, Availability and Affordability
Education on Health Services and Options	Awareness, Available Community Resources
Mental Health Treatment	Treatment Facilities, Education, Awareness
Coordination of Care	Case Management and Network of Physicians
HIV	Awareness and Education on Safe Behaviors
Homelessness	Food, Shelter and Healthcare

At first glance the above list of fourteen (14) priority community health needs would appear to be a daunting task to tackle. That is why CRHS must, and has, engaged other health care and social services organizations to assist in addressing these health and safety needs. Indeed, it is not CRHS's sole responsibility to resolve these needs but rather CRHS must play a leadership role in helping to coordinate care and services so as to conserve the limited fiscal resources of the state and federal governments, while reducing duplication of services and while also being a primary provider of services as feasible. Consequently, CRHS has selected nine (9) of the identified fourteen (14) priority areas upon which to focus its efforts and has split those nine (9) amongst its three hospitals for primary responsibility to implement the action plans accordingly, recognizing that coordination amongst its 3 hospitals and sharing of resources will be required to be supremely effective: The Medical Center shall primarily coordinate strategies to deal with diabetes, lung cancer, access to care, and heart disease and stroke; Doctors Hospital shall primarily coordinate strategies to address the challenges of injury and violence prevalence, sexually transmitted diseases (STDs), and kidney disease; and Hughston Hospital shall primarily coordinate strategies to address the challenges of childhood obesity and separately, nutrition.

Of the five (5) remaining priority areas, CRHS still will develop and offer its services to help address these needs, along with other social service agencies and healthcare providers in the community. Specifically, the case managers of CRHS provide daily resources to community members on health services and options; additionally, the financial services department provides individuals with applications and support in filing for health insurance coverage or to secure coverage under the Muscogee County Indigent Care Program. For Mental Health Treatment service needs, CRHS has recently developed an agreement with The Bradley Center, a local addiction and mental health services provider, to provide 24/7 on-site assessment and stabilization of those with mental health needs who present to CRHS Emergency Trauma Center (ETC). Through this early intervention and the recently opened Crisis Stabilization Unit within TMC, CRHS is able to play an integral role through assessment and prioritization of those with mental health needs. The Coordination of Care needs are being addressed through the recently instituted CRHS Population Health Programs Coordinator role, whose job it is to reduce duplication amongst healthcare providers so that limited resources can be spread to reach more individuals in need. The HIV needs in the community are being addressed in the primary care practices operated by CRHS's affiliated entity Columbus Regional Physician Group, through the

Family Practice Clinic, the Outpatient Clinic associated with the Muscogee County Indigent Care Program, and through coordination with the local Health Department. And finally, the needs of the Homeless are being supported by CRHS's appointment of one of its leaders to serve on the board of a local non-profit whose focus is to end homelessness. Therefore, as demonstrated in this part of the report, while the five remaining areas of opportunity will have more limited focus by CRHS necessarily, they are nonetheless being addressed by CRHS in many meaningful ways.

Survey Findings

Development of this Community Health Response Plan relies on S.M.A.R.T. - Specific, Measurable, Achievable, Realistic, and Time specific action steps. Use of the S.M.A.R.T. approach will support the process of ongoing evaluation through easier identification of areas that need modification and can reasonably be expected to be impacted by CRHS's efforts.

Initiative #1

Childhood Obesity. According to the CDC, body mass index (BMI) is a measure used to determine childhood obesity, and overweight and is calculated using a child's weight and height. While BMI does not measure body fat directly, it is viewed as a reasonable predictor of a child's propensity to body fatness (cdc.gov). Overweight occurs when the BMI is between the 85th and 95th percentile with obesity occurring with a 95% or greater BMI for children of the same age and sex.

Childhood obesity is known to increase the risk for high blood pressure and high cholesterol, thereby increasing the risk for cardiovascular diseases, asthma, impaired glucose tolerance, joint discomfort, gastrointestinal problems, and a host of psychosocial related concerns.

In Muscogee County, the child total overweight prevalence was 27.9% which was comparable to the national rate, while the child obesity prevalence reported in at 15.7%, which was also comparable to the national rate. The Healthy People 2020 target is 14.6%.

Table 1. Childhood Obesity Initiative Timeline

Year	Strategy	Rationale and Expected Impact	Person Responsible	Due Date
2013	Measure of fitness	Identify obesity rate for one school partner and implement semi-annual fitness assessment via President's Challenge Tool	Wellness Coordinator	May 2013
	Partnership with one local school	Identify one local school willing to participate in evidence-based exercise and healthy food choice pilot program development to combat obesity. Implement and measure outcomes.	Population Health Programs Coordinator and the Wellness Coordinator	September 2013
	Advocate	Identify one school partner willing to implement a proposed pilot nutritional program change such as eliminating sugary drinks to combat childhood obesity	Population Health Programs Coordinator and Wellness Coordinator	September 2013
	Live Healthy Columbus	This program provides incentives to increase access to healthy foods and community-friendly walking and bike trails to promote healthier weight. The current CRHS Chief of Pediatrics is leading this initiative and is gaining broad community support. Continue to encourage his leadership of this initiative.	Coordinated by the CEO of Hughston Hospital with the Healthcare System Chief of Pediatrics	December 2013

2014	Measure of fitness	Continued collaboration for Measure of Fitness test with previously identified school partner via implementation of semi-annual fitness assessment via President's Challenge Tool	Wellness Coordinator	May 2014
	Healthy for Life	Propose school-based Health for Life program to one local school partner to evaluate the program's sustainability and impact	Population Health Programs Coordinator and Wellness Coordinator	September 2014
	Head Start Program Involvement	Identify one local Head Start Program partner willing to support and promote healthy food choice program and then work with them to implement appropriate educational elements for attendees as well as changing their own snack/food offerings to attendees.	Wellness Coordinator and Population Health Programs Coordinator	September 2014
	Local School Partnership	Identify one school partner willing to implement a proposed pilot nutritional program change such as eliminating sugary drinks to combat childhood obesity	Wellness Coordinator	September 2014
	Partnership with one local school	Identify one additional local school willing to participate in evidence-based exercise and healthy food choice pilot program development to combat obesity. Implement and measure outcomes.	Population Health Programs Coordinator and Wellness Coordinator	September 2014

	Live Healthy Columbus	This program provides incentives to increase access to healthy foods and community-friendly walking and bike trails to promote healthier weight. The current CRHS Chief of Pediatrics is leading this initiative and is gaining broad community support. Continue to encourage his leadership of this initiative.	Coordinated by the CEO of Hughston Hospital with the Healthcare System	December 2014
2015	Measure of Fitness	Continued collaboration for Measure of Fitness test with local school partner via implementation of semi-annual fitness assessment via President's Challenge Tool	Wellness Coordinator	May 2015
	Healthy for Life	Propose school-based Health for Life program to one additional local school partner to promote personal life span improvement and quality of life improvement	Population Health Programs Coordinator and Wellness Coordinator	September 2015
	Head Start Program Involvement	Identify one additional local Head Start Program partner willing to support and promote healthy food choice program and then work with them to implement appropriate educational elements for attendees as well as changing their own snack/food offerings to attendees.	Wellness Coordinator and Population Health Programs Coordinator	September 2015
	Local School Partnership	Identify one school partner willing to implement a proposed pilot nutritional program change such as eliminating sugary drinks to combat childhood obesity	Wellness Coordinator	September 2015

Initiative #2

Nutrition. The CDC notes fruits and vegetables, as part of a healthy diet, are important for optimal child growth and development, weight management, and chronic disease prevention. Supporting fruit and vegetable access, reduced price and availability are key factors that support increased consumption and thus improvement in nutrition.

Many factors influence decisions on food and nutrition to include social, physical and financial determinants. Increasing access to healthy food choices, educating and providing knowledge to make healthy food choices, and increasing availability while being price conscious will provide support in making healthier food choices that may have a positive impact in reducing risks for many health conditions.

The average recommended daily allowance of fruits and vegetables varies by age and gender; however, for adults it is 5 servings per day.

In 2012 based on the results of the Community Health Assessment, only 42% of the adults reported eating five or more servings of fruits and/or vegetables per day. This is less favorable than the national findings of 48.8%.

Table 2. Nutrition Initiative Timeline

Year	Strategy	Rationale and Expected Impact	Person Responsible	Due Date
2013	Community Lecture Series	CRHS-employed dieticians to provide at least two (2) seminars annually on the best ways to ensure adherence to the nationally recommended guidelines for nutrition such as caloric intake, types of foods to eat, how to prepare foods for yourself and your children that are high in nutritional value and easy to prepare, how to prepare a grocery store shopping list, how to read nutritional labels and make informed decisions, etc.	Hughston Hospital's dietician with support from the other CRHS-employed Dieticians along with the Population Health Programs Coordinator	November 2013

	Partner with Food Bank	Annual donation to three (3) local food banks to support their outreach with a concomitant request that they ensure the appropriate number of types of fruits/vegetable choices in the meals “sponsored” by CRHS.	Community Outreach Director	December 2013
2014	Community Lecture Series	CRHS-employed dieticians to provide at least two (2) seminars annually on the best ways to ensure adherence to the nationally recommended guidelines for nutrition such as caloric intake, types of foods to eat, how to prepare foods for yourself and your children that are high in nutritional value and easy to prepare, how to prepare a grocery store shopping list, how to read nutritional labels and make informed decisions, etc.	Hughston Hospital’s dietician with support from the other CRHS-employed Dieticians along with the Population Health Programs Coordinator	November 2014
	Partner with Food Bank	Annual donation to three (3) local food banks to support their outreach with a concomitant request that they ensure the appropriate number of types of fruits/vegetable choices in the meals “sponsored” by CRHS.	Community Outreach Director	December 2014
2015	Community Lecture Series	CRHS-employed dieticians to provide at least two (2) seminars annually on the best ways to ensure adherence to the nationally recommended guidelines for nutrition such as caloric intake, types of foods to eat, how to prepare foods for yourself and your children that are high in nutritional value and easy to prepare, how to prepare a grocery store shopping list, how to read nutritional labels and make informed decisions, etc.	Hughston Hospital’s dietician with support from the other CRHS-employed Dieticians along with the Population Health Programs Coordinator	November 2015

Partner with Food Bank	Annual donation to three (3) local food banks to support their outreach with a concomitant request that they ensure the appropriate number of types of fruits/vegetable choices in the meals “sponsored” by CRHS.	Community Outreach Director	December 2015
------------------------	---	-----------------------------	---------------

SUMMARY

Providing a Community Benefit far in excess of the tax that would be paid on the income generated by Hughston Hospital since its acquisition and the other affiliates that when combined comprise Columbus Regional Healthcare System has been a part of Columbus Regional Healthcare System’s commitment for over twenty-five years. Nurturing existing relationships and forging new ones within our community, aimed at improving the residents’ quality of life is central to the Hughston Hospital’s mission. The physicians practicing medicine at Hughston Hospital join with the physicians practicing at CRHS’s other facilities, along with CRHS’s employees, volunteers, board and management are committed to the community and continue to endeavor to enhance the services and resources offered while continuously striving to bring forward innovative care delivery models and technologies. Hughston Hospital believes that by working in the community to target disease prevention as well as in providing disease management services it can and will make a difference. Hughston Hospital is pleased to present our 2013 Community Health Response Plan to the community along with our commitment to execute upon the various and numerous strategies outlined herein. By working together, with other social service and healthcare providers, and with the community at large, we expect to see material and sustainable improvements in the community’s health status.

APPENDIX

CRHS's Partial Inventory of Programs, Services, and Resources Available Either Through Hughston Hospital or one of the other affiliates of Columbus Regional Healthcare System to Respond to the Needs of our Community

1. SOURCE - **S**ervices **O**ptions **U**sing **R**esources in **C**ommunity **E**nvironments. A program funded by the state with Medicaid funds, that matches case workers with individuals having chronic diseases. The intent of the program is to assist the program's participants to avoid hospitalizations and emergency care by providing a case worker to ensure appropriate preventative care is sought/secured and to ensure the patient's plan of care is being followed in their home setting.
2. John B. Amos Cancer Center (JBACC) – This state-of-the-art center focuses on the holistic approach to treating cancer by focusing not only on the body but also on the mind and spirit. Clinical Research Trials are available that offer new drugs believed by the FDA and the drug's manufacturer to offer a promise to improve clinical outcomes and survival rates. In addition to Clinical Trials, JBACC offers state-of-the-art Radiation Oncology equipment designed to promote best practices and optimal clinical outcomes.
3. The Children's Hospital at The Medical Center. This is both an inpatient and an outpatient program. The inpatient program includes a dedicated pediatric inpatient unit, pediatric intensive care unit, and a new Pediatric Emergency Department to open in June 2013. The outpatient services of The Children's Hospital at The Medical Center is a combination of local physicians and other specialists who travel to town; both offer specialized clinics in areas such as pediatric neurology, pediatric oncology, pediatric ophthalmology, pediatric orthopedics and pediatric cardiology to name a few. 4. Recruitment of New Physicians and Specialists – this program aims to attract the best and brightest physicians to the Columbus, Georgia community for them to not only practice medicine, but also as the ideal place to live and raise a family. Over twenty-three (23) recruitments are underway as of 2013, all in response to identified community need.
5. New Technology – Columbus Regional is dedicated to obtaining and facilitating the use of the latest technologies. From the four-arm robot used in surgery, to the latest in endoscopic equipment that uses small incisions versus traditional open surgery, the technologies our community needs are at Columbus Regional. Additionally, CRHS is installing a new single platform electronic medical record (EMR) to compliment its internet-based imaging results (PACS) system and its robust telemedicine infrastructure, so our community residents' medical records and imaging results are available to the patient's treating physician whether they are in

Dallas, Texas or Columbus, Georgia. At Columbus Regional, the latest technologies are used to best ensure optimal clinical outcomes.

6. Muscogee County Indigent Care Program – provides healthcare coverage for individuals living in Muscogee County whose income is at or below 150% of Federal Poverty Level, and is funded by a tax assessment on Muscogee County residents.

7. Health Professional Education – numerous post-high school programs are affiliated by contract with the facilities of Columbus Regional Healthcare System to provide active clinical education sites to compliment the school classroom based experiences. The purpose of these programs in nursing, pharmacy, etc. is to increase the supply of caregivers.

8. Maternal-Fetal Medicine (MFM) Clinic and the Columbus Regional Physician Group OB/GYN Practice – these programs treat women without regard for their ability to pay, offering services to women of childbearing age and after childbearing age. The MFM clinic operates to manage high risk pregnancies and functions as an extension of the woman’s obstetrical physician’s practice.

9. Community Health Screenings and Education - offered throughout the year as a way to increase awareness of health topics and preventative medicine/lifestyles, to promote healthy behaviors and to encourage the early detection of illnesses and disease when intervention can be more successful and less costly.

10. Employee Giving Campaign – Columbus Regional Healthcare System employees are extremely generous and participate in both the organized annual giving campaign and in year-round fundraisers benefiting various community agencies as they serve the needs of our local and surrounding communities.

11. Healthy Living for Seniors – This program offers Yoga classes and the 'Silver Sneakers' program aimed at promoting active lifestyles and mind/body/spirit healthy activities and behaviors for our service areas’ senior citizens.

12. Local, State, and National Government Relations – CRHS seeks to be a valued resource to elected officials as they grapple with public policy issues and legislation that impacts the healthcare system and costs of those services for all Americans.

13. Survivorship Support Groups – these groups are organized by Columbus Regional Healthcare System throughout our many facilities to address the psychosocial needs of members in our community.

14. Programs for Expectant Mothers - to educate about, and monitor, healthy pregnancy.

15. Medication Education and Review - designed to provide community residents an opportunity to learn about medication interactions, effectiveness, and use as prescribed.

16. Stroke Education – these programs offered by CRHS seek to increase community awareness on the signs and symptoms of an active stroke along with the importance of timely response to mitigate the effects of a stroke, as well as to share disease-prevention strategies.