

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

Program Goals: Decrease number of uncontrolled diabetic patients by 10% by December 31, 2016. Increase participation in Diabetes Prevention Programs by 50% by December 31, 2016.						
Key Strategies and Activities <i>(What do you plan to do?)</i>	Target Group <i>(What population will the strategy/activity address?)</i>	Lead Role <i>(Who will be responsible for activity?)</i>	Time Line <i>(When will it occur?)</i>			Evaluation Indicator(s) <i>(How will you measure the strategy/activity success?)</i>
			Feb.-May	Jun.- Sept.	Oct.-Jan.	
Community Intervention(s):						
<i>1. Promote Awareness and Screening for individuals with diabetes and for individuals at risk for Type 2 Diabetes</i>						
1a. Implement Annual Diabetes Alert Day in 2016 also known as Health Emergency Response Officer Training (H.E.R.O)	1a. Law enforcement officers	1b. Columbus Regional Health, CHNA Diabetes Workgroup	X			Event date: April 26, 2016
1b. Faith Organization Intervention to be implemented in 6 faith organizations by the end of the year.	1b. Faith Organizations involved in Live Healthy Faith, partner organizations	1b. Live Healthy Faith-Subcommittee of Live Healthy Columbus	X	X	X	Building Blocks to Diabetes Management to be conducted at First African Baptist Church March 12, 2016
1c. Partner with 2 worksites, 2 faith organizations, 2 schools, 2 neighborhoods, and 5 clinical sites to promote screening and referral for diabetes programs.	1c. Worksites, faith organizations, schools, neighborhoods, and clinical sites in zip codes with high rates of Type 2 diabetes risk factors	1c.	X	X	X	Pre and Post Assessment discussion on Carbohydrates with Faculty at Clubview Elementary Family Fit Challenge targeting 1000 youth Provided nutrition information while touring Publix Supermarket and Diabetes Education to youth at Elizabeth Cauty Boys and Girls Club
Use Of Media:		Live Healthy Columbus				Save the Date draft has been created along with Diabetes Alert Day training cards
1a. Promote Diabetes Alert Day messages via social media, law enforcement newsletters news brief, e-mail list. Create earned media event to promote awareness of the day.						
1b. Promote media messaging and marketing specific to each faith organization. Market the screening dates at each organization's site. Create fliers, promotional items and specific messaging tailored for each community.						
1c. Promotion of events, hosting media liaisons at events, awareness campaigns and fliers, brochures. Messages about importance of screening put in doctors' offices, work with national campaign to promote screening.						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

Intervention 1 Community Partner(s): Columbus Regional Health Columbus State University Live Healthy Columbus West Central Georgia Health District Specific Endo's Specific Primary Care Specific Diabetes Educators						
Progress Monitoring/Evaluation:						
2. <i>Promote Participation in the Diabetes Prevention Program (DPP) for individuals with risk factors for diabetes or Pre-Diabetes</i>						
2a. Recruit, train, and get MOUs from Certified Diabetes Educators						
2b. Gather material for Diabetes Prevention Program (DPP)						
2c. Schedule DPP for worksites, faith organizations, schools, neighborhoods, and clinical sites.						Pilot DPP at Calvary Church
2d. Evaluate program participation and participant outcomes.						
Use of Media:						
Progress Monitoring/Evaluation:						
3. <i>Support quality improvement programs for providers to improve A1c control</i>						
3a. Recruit and train clinical champions in partner provider offices and pharmacies.						
3b. Create and implement marketing and media that promotes assertive language around treatment around compliance.						
3c. Evaluate program impact on quality quarterly.						
Use of Media:						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

Progress Monitoring and Evaluation:						
4. <i>Increase the use of Community Health Workers and Diabetes Educators in the community to support diabetes self-management programs</i>						
4a. Certify Community Health Workers						
4b. Meet with Diabetes Educators monthly						
4c. Deploy CHW's in community, clinical and educational settings.						
Use of Media:						
Progress Monitoring and Evaluation:						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

Budget

Project Title: CHNA DIABETES WORK GROUP

Budget for the Period of January 1, 2016- December 31, 2016

Category	REQUEST NARRATIVE	Source of Funding	TOTAL	In-Kind Value
Intervention #1				
	Diabetes Services Director 10 hrs per month x's ___ \$	In-Kind		
	STUDENT ASSISTANTS \$10,000	In-Kind		\$10,000
	Population Health Coordinator 10 hrs per month x's 12 months @ ___\$/hr	Paid % through CRH? In-Kind?		
	Live Healthy Columbus Executive Director @ ___ hrs per month @ ___\$/hr	West Central Health District		
	Columbus State University Health Science Assistant Professor 10 hrs per month x's 12 months @ ___\$/hr	In-Kind		
	Certified Diabetes Educators			
Staff	Clinical Diabetes Liaisons			
Travel	\$.55/mile x _____ miles each month = _____		0.00	

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

Supplies/Incentives			0.00	
Training			0.00	
Media			0.00	
Intervention #2	0.00		0.00	
Staff				
Travel				
Supplies/Incentives			0.00	
Training			0.00	
Media			0.00	
Intervention #3	0.00		0.00	
Staff			0.00	
Travel			0.00	
Supplies/Incentives			0.00	
Training				
Media			0.00	
Intervention #4	0.00		0.00	
Staff				
Travel				
Supplies/Incentives				
Training			0.00	
Media				
Total Budgeted Expenditures		\$	0.00	

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

Monthly Reporting Form

Thank you for submitting a reporting form for EACH activity performed during the month. It helps us keep up with the progress you are making to enable us to ensure the youth get the recognition they deserve.

Grantees must supply monthly reporting forms as well as receipts and expense information by the **5th of each month following activity.**

1. Group Name: CHNA Diabetes Work Group
2. Date of activity: ____/____/____
3. Type of activity : Please indicate in the box to the left of the activity name.

	Planning meeting for (<i>name of event or activity:</i>)		Diversity Involvement Activity (<i>activity directly aimed at recruiting underserved</i>)
	Live Healthy Workplace Event		DPP Session #
	Live Healthy Kids Event		Media Event (earned or paid media)
	Live Healthy Faith Event		
	Live Healthy Home Event		
	Training (<i>for community</i>)		
	Training (<i>for clinicians</i>)		
	Training (<i>for workgroup</i>)		
	Health Fair for faith organization, school, community organization, hospital		
	Involvement in community effort (<i>Alert Day, Diabetes Awareness Month</i>)		
	Other:		

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

4. **Event Description**

○ Name of Event : _____

○ What happened?

○ Where?

○ Who conducted the activity?

5. Who was your target population? _____ # of attendees?

6. Did any media coverage result from this event?

If yes, describe the coverage and the focus of coverage (add photos if possible):

7. List all of the organizations (other than CHNA group) participating in the program/activity:

a) Org./group name _____ - Contact Name: _____

b) Org./group name _____ - Contact Name: _____

8. Describe the barriers (*what didn't work*): _____

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- DIABETES**

9. Describe how you know the event/program/activity was a success (*what worked*):

10. Any additional feedback/ comments on activity:

Thank you for submitting a reporting form for EACH activity performed during the month. It helps us keep up with the progress you are making to enable us to ensure the youth get the recognition they deserve.

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- **CANCER****

Program Goals: Offer 20% more cancer screening opportunities for the Columbus Community by December 31, 2016. Increase compliance of cancer program utilization by 15% by December 31, 2016. Decrease tobacco use and tobacco exposure by 10% by December 31, 2016.						
Key Strategies and Activities <i>(What do you plan to do?)</i>	Target Group <i>(What population will the strategy/activity address?)</i>	Lead Role <i>(Who will be responsible for activity?)</i>	Time Line <i>(When will it occur?)</i>			Evaluation Indicator(s) <i>(How will you measure the strategy/activity success?)</i>
			Feb.-May	Jun.- Sept.	Oct.-Jan.	
Community Intervention(s): 1. <u>Increase awareness of monthly cancer-related national campaigns</u>						
1a. Implement media plan focusing on cancer-related national campaigns for each month.	1a. Tailored messaged dependent on cancer risk. Cervical, lung, breast, ovarian- women, prostate, testicular, breast, lung, etc.-male	1b. Columbus Regional Health, CHNA Cancer Workgroup, Live Healthy Columbus Executive Board, Columbus Regional Media Department	X	X	X	1a. Media Plan Developed, # earned media placements, # of tailored messages for varied audiences, # of placements in physician (primary care) offices
1b. Faith Organization Intervention to be implemented in 6 faith organizations by the end of the year.	1b. Faith Organizations involved in Live Healthy Faith, partner organizations	1b. Live Healthy Faith- Subcommittee of Live Healthy Columbus, <i>Community Health Workers to distribute Cancer educational materials, materials for each month's campaign.</i>	X	X	X	1b.Documentation of material placement (photos), # of partner faith organizations committed to participating in the education.
1c. Partner with 2 worksites, 2 faith organizations, 2 schools, 2 neighborhoods, and 5 clinical sites to conduct education for cancer prevention.	1c. Worksites, faith organizations, schools, neighborhoods, and clinical sites in zip codes with high rates of cancer risk factors	1c. CHNA Cancer Workgroup, Physicians	X	X	X	1c. Pre/post implementation evaluations
Use Of Media: 1a. Promote Cancer Awareness during each cancer awareness month						March-Colorectal Kits will be given to at risk populations via Mobile Unit in seven locations throughout Muscogee County
1b. Promote media messaging and marketing specific to each faith organization. Market the screening dates at each organization's site. Create fliers, promotional items and specific messaging tailored for each community.						Colorectal Flyers have been disseminated by JBACC, WCGCC, LHC, LHF to community
1c. Promotion of events, hosting media liaisons at events, awareness campaigns and fliers, brochures. Messages about importance of prevention put in doctors' offices, work with national campaign to gain material.						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- **CANCER****

Intervention 1 Community Partner(s): Columbus Regional Health Columbus State University Live Healthy Columbus West Central Georgia Health District West Central Georgia Cancer Coalition John B. Amos Cancer Center Specific Primary Care Specific Community Health Workers						
Progress Monitoring/Evaluation:						
2. <i>Increase comprehensive screening opportunities</i>						
2a. Recruit, train, and get MOUs from Community Health Workers and other appropriate training sources (oncologists, health educators, tobacco experts).						
2b. Gather material for cancer education, screening, and cessation opportunities.						
2c. Schedule training sessions, screenings, tobacco cessation classes for worksites, faith organizations, schools, neighborhoods, and clinical sites.						
2d. Evaluate program participation and participant outcomes.						
Use of Media: Promote the program to the public. Promote the tobacco cessation quit line. Offer up cancer services to tailored audiences.						
Progress Monitoring/Evaluation:						
3. <i>Increase clinical compliance for current patients</i>						
3a. Certify Community Health Workers						
3b. Meet with CHWs monthly						
3c. Deploy CHW's in community, clinical and educational settings.						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- **CANCER****

Use of Media:						
Progress Monitoring and Evaluation:						
4. <i>Increase clinical compliance for current patients</i>						
4a. Identify barriers to current care through research (surveys, phone calls, current screenings).						
4b. Develop individual compliance plans and case managers.						
4c. Ask CHW's to assist with compliance with attending appointments, etc.						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- CANCER**

Budget

Project Title: CHNA CANCER WORK GROUP

Budget for the Period of January 1, 2016- December 31, 2016

Category	REQUEST NARRATIVE	Source of Funding	TOTAL	In-Kind Value
Intervention #1				
	Cancer Services Director 10 hrs per month x's ___\$	In-Kind		
	STUDENT ASSISTANTS \$10,000	In-Kind		\$10,000
	Population Health Coordinator 10 hrs per month x's 12 months @ ___\$/hr	Paid % through CRH? In-Kind?		
	Live Healthy Columbus Executive Director @ ___ hrs per month @ ___\$/hr	West Central Health District		
	Columbus State University Health Science Assistant Professor 10 hrs per month x's 12 months @ ___\$/hr	In-Kind		
	Certified Cancer Educators			
Staff	Clinical Cancer Liaisons			
Travel	\$.55/mile x _____ miles each month = _____		0.00	
Supplies/Incentives			0.00	

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- CANCER**

Training			0.00	
Media			0.00	
Intervention #2	0.00		0.00	
Staff				
Travel				
Supplies/Incentives			0.00	
Training			0.00	
Media			0.00	
Intervention #3		0.00	0.00	
Staff			0.00	
Travel			0.00	
Supplies/Incentives			0.00	
Training				
Media			0.00	
Intervention #4		0.00	0.00	
Staff				
Travel				
Supplies/Incentives				
Training			0.00	
Media				
Total Budgeted Expenditures		\$	0.00	

Monthly Reporting Form

12/9/2015

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- CANCER**

Thank you for submitting a reporting form for EACH activity performed during the month. It helps us keep up with the progress you are making to enable us to ensure the youth get the recognition they deserve.

Grantees must supply monthly reporting forms as well as receipts and expense information by the **5th of each month following activity.**

1. Group Name: CHNA Cancer Work Group
2. Date of activity: ____/____/____
3. Type of activity : Please indicate in the box to the left of the activity name.

	Planning meeting for (<i>name of event or activity:</i> _____)		Diversity Involvement Activity (<i>activity directly aimed at recruiting underserved</i>)
	Live Healthy Workplace Event		Student Recruitment Activity (<i>Tobacco education celebration, club sign up activity</i>)
	Live Healthy Kids Event		Cessation Session #
	Live Healthy Faith Event		Media Event (earned or paid media)
	Live Healthy Home Event		
	Training (<i>for community</i>)		
	Training (<i>for clinicians</i>)		
	Training (<i>for workgroup</i>)		
	Health Fair for faith organization, school, community organization, hospital		
	Involvement in community effort (<i>Cancer Awareness Month</i>)		
	Other:		

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- CANCER**

4. Event Description

○ Name of Event : _____

○ What happened?

○ Where?

○ Who conducted the activity?

5. Who was your target population? _____ # of attendees?

6. Did any media coverage result from this event?

If yes, describe the coverage and the focus of coverage (add photos if possible):

7. List all of the organizations (other than CHNA group) participating in the program/activity:

c) Org./group name _____ - Contact Name: _____

d) Org./group name _____ - Contact Name: _____

8. Describe the barriers (*what didn't work*): _____

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- CANCER**

9. Describe how you know the event/program/activity was a success (*what worked*):

10. Any additional feedback/ comments on activity:

Thank you for submitting a reporting form for EACH activity performed during the month. It helps us keep up with the progress you are making to enable us to ensure the youth get the recognition they deserve.

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- STROKE**

Program Goals: Increase # of patients arriving to ER by EMS instead of personal vehicles by 10% by December 31, 2016.						
Key Strategies and Activities (What do you plan to do?)	Target Group (What population will the strategy/activity address?)	Lead Role (Who will be responsible for activity?)	Time Line (When will it occur?)			Evaluation Indicator(s) (How will you measure the strategy/activity success?)
			Feb.-May	Jun.- Sept.	Oct.-Jan.	
Community Intervention(s):						
1. <i>Increase education and signs and symptoms of stroke: "BE FAST" (Balance, Eyes, Face, Arms, Speech, Time) with emphasis on TIME</i>						
1a. Implement media plan focusing on arrival mode via EMS vs Private/Taxi	1a. People at risk for Stroke in Columbus, Current Patients, nursing facilities, doctors' offices, low-ses population.	1b. Columbus Regional Health, CHNA Stroke Workgroup, Columbus Regional Media Department	X	X	X	1a. Media Plan Developed, # earned media placements, # of tailored messages for varied audiences, # of placements in physician (primary care) offices Stroke Commercial, Billboards (8) throughout community Stroke presentation for Senior Servants 25 ppl
1b. Faith Organization Intervention to be implemented in 6 faith organizations by the end of the year.	1b. Faith Organizations involved in Live Healthy Faith, partner organizations	1b. Live Healthy Faith-Subcommittee of Live Healthy Columbus, <i>Community Health Workers to distribute BE FAST educational materials, materials about the T in Time.</i>	X	X	X	1b. Documentation of material placement (photos), # of partner faith organizations committed to participating in the education.
1c. Partner with 2 worksites, 2 faith organizations, 2 schools, 2 neighborhoods, and 5 clinical sites to conduct education for stroke prevention.	1c. Worksites, faith organizations, schools, neighborhoods, and clinical sites in zip codes with high rates of Stroke risk factors	1c. CHNA Stroke Workgroup, Physicians	X	X	X	1c. Pre/post implementation evaluations Parkwood Nursing Home education to Nurses February 11, 2016 (20 nurses) Diabetes Alert Day April 26, 2016(31 participants) Conducted BP checks at AFLAC health fair; 1 abnormal BP 183/129 was referred to ETC
Use Of Media: 1a. Promote Stroke Awareness during STROKE awareness month	Populations identified from CHNA	Columbus Regional Health				Provided Stroke Awareness education to RVRC AAA Sr.s at Wellness Fair 5-06-16 (83 ppl) , Education seminar to Farley on Stroke Signs and Symptoms 5-11-16, Stroke education to Spring Harbor 5-19-16(27 ppl), CHNA Presentation to Leadership 5-20-16 (70ppl), Stroke Team meeting 5-24-16(22ppl), Stroke education at Cooper Creek Senior Picnic 5-26-16(120ppl)
1b. Promote media messaging and marketing specific to each faith organization. Market the screening dates at each organization's site. Create fliers, promotional items and specific messaging tailored for each community.	Populations Identified from CHNA	Columbus Regional Health				Stroke billboard displayed in Phenix City (February) Stroke Commercial, Billboards (8) throughout community
1c. Promotion of events, hosting media liaisons at events, awareness campaigns and fliers, brochures. Messages about importance of signs and symptoms put in doctors' offices, work with national campaign to gain material.						Stroke awareness promotions located throughout CRH referencing importance of time.

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- **STROKE****

Intervention 1 Community Partner(s): Columbus Regional Health Columbus State University Live Healthy Columbus West Central Georgia Health District Specific Primary Care Specific Community Health Workers						
Progress Monitoring/Evaluation:						
2. <u>Implement and evaluate educational programs focusing on hypertension, previous stroke history, and other stroke risk factors.</u>						
2a. Recruit, train, and get MOUs from Community Health Workers and other appropriate training sources (Neuro, Cardio, etc.)						
2b. Gather material for Hypertension awareness, stroke signs and symptoms education						
2c. Schedule program for worksites, faith organizations, schools, neighborhoods, and clinical sites.						Beauty Shop program educated Barbers and Beauty Salons on recognizing signs and symptoms of stroke and how the position of the neck can affect onset. Dr. Valadi provided education to a total 35 salons and barber shops.
2d. Evaluate program participation and participant outcomes.						
Use of Media: Promote the program to the public Offer up services to tailored audiences.						
Progress Monitoring/Evaluation:						
3. <u>Increase the use of Community Health Workers in the community to support stroke awareness programs</u>						
4a. Certify Community Health Workers						
4b. Meet with CHWs monthly						
4c. Deploy CHW's in community, clinical and educational settings.						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- STROKE**

Use of Media:						
Progress Monitoring and Evaluation:						

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- STROKE**

Budget

Project Title: CHNA STROKE WORK GROUP

Budget for the Period of January 1, 2016- December 31, 2016

Category	REQUEST NARRATIVE	Source of Funding	TOTAL	In-Kind Value
Intervention #1				
	Stroke Services Director 10 hrs per month x's ___\$	In-Kind		
	STUDENT ASSISTANTS \$10,000	In-Kind		\$10,000
	Population Health Coordinator 10 hrs per month x's 12 months @ ___\$/hr	Paid % through CRH? In-Kind?		
	Live Healthy Columbus Executive Director @ ___ hrs per month @ ___\$/hr	West Central Health District		
	Columbus State University Health Science Assistant Professor 10 hrs per month x's 12 months @ ___\$/hr	In-Kind		
	Certified Stroke Educators			
Staff	Clinical Stroke Liaisons			
Travel	\$.55/mile x _____ miles each month = _____		0.00	
Supplies/Incentives			0.00	

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- STROKE**

Training			0.00	
Media			0.00	
Intervention #2	0.00		0.00	
Staff				
Travel				
Supplies/Incentives			0.00	
Training			0.00	
Media			0.00	
Intervention #3		0.00	0.00	
Staff			0.00	
Travel			0.00	
Supplies/Incentives			0.00	
Training				
Media			0.00	
Intervention #4		0.00	0.00	
Staff				
Travel				
Supplies/Incentives				
Training			0.00	
Media				
Total Budgeted Expenditures		\$	0.00	

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- STROKE**

Monthly Reporting Form

Thank you for submitting a reporting form for EACH activity performed during the month. It helps us keep up with the progress you are making to enable us to ensure the youth get the recognition they deserve.

Grantees must supply monthly reporting forms as well as receipts and expense information by the **5th of each month following activity.**

1. Group Name: CHNA Stroke Work Group
2. Date of activity: ____/____/____
3. Type of activity : Please indicate in the box to the left of the activity name.

	Planning meeting for (<i>name of event or activity:</i>)		Diversity Involvement Activity (<i>activity directly aimed at recruiting underserved</i>)
	Live Healthy Workplace Event		Educational Session #
	Live Healthy Kids Event		Media Event (earned or paid media)
	Live Healthy Faith Event		
	Live Healthy Home Event		
	Training (<i>for community</i>)		
	Training (<i>for clinicians</i>)		
	Training (<i>for workgroup</i>)		
	Health Fair for faith organization, school, community organization, hospital		
	Involvement in community effort (<i>ie. Stroke Awareness Month</i>)		
	Other:		

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019
YEAR 1 PLAN- STROKE**

4. Event Description

○ Name of Event : _____

○ What happened?

○ Where?

○ Who conducted the activity?

5. Who was your target population? _____ # of attendees?

6. Did any media coverage result from this event?

If yes, describe the coverage and the focus of coverage (add photos if possible):

7. List all of the organizations (other than CHNA group) participating in the program/activity:

e) Org./group name _____ - Contact Name: _____

f) Org./group name _____ - Contact Name: _____

8. Describe the barriers (*what didn't work*): _____

**Columbus Regional Health Community Health Needs Assessment Response Plan
2016-2019**

YEAR 1 PLAN- STROKE

9. Describe how you know the event/program/activity was a success (*what worked*):

10. Any additional feedback/ comments on activity:

Thank you for submitting a reporting form for EACH activity performed during the month. It helps us keep up with the progress you are making to enable us to ensure the youth get the recognition they deserve.