Community Health Needs Assessment (CHNA) 2012-2013
Implementation Strategy 2013-2014

I. General Information

Contact Person: Jan Nichols, Director of Marketing

Date of Written Plan: September 13, 2013

Date Written Plan Was Adopted by Organization's Authorized Governing Body: September 16, 2013

Date Written Plan Was Required to Be Adopted: September 30, 2013

Authorizing Governing Body that Adopted the Written Plan: West Georgia Medical Center Board of Trustees

Was Written Plan Adopted by Authorized Governing Body by End of Tax Year in Which CHNA was Made Available to the Public? Yes

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: Not Applicable

II. List of Community Health Needs Identified in Written Report

The priorities that were identified in the Community Health Needs Assessment included:

Access to Care - Providers	Young Children (-0-5 years of age)	Access to Care – Transportation
Obesity	Diabetes	Alcohol and Drug Abuse
Cancer	Respiratory Disease	Sexual Abuse
Heart Disease and Stroke	Teen Lifestyle – alcohol, tobacco and drugs	Sexually Transmitted Diseases
Teen Pregnancy	Mental Health	

III. Health Needs Planned to Be Addressed By Facility

As a result of the prioritization and implementation planning process, the hospital is implementing a number of interventions to address the highest priority needs identified in the Community Health Needs Assessment. The goals and objectives identified to address community needs are organized into three key areas:

1. Access (including providers and transportation)
2. Chronic Diseases (including obesity, cancer, heart disease and stroke, diabetes and respiratory disease)
3. Healthy Youth (including teen pregnancy, young children, teen lifestyle, sexual abuse and sexually transmitted diseases)

IV. Health Needs Not to Be Addressed By Facility

There are two need areas that the hospital will not address including mental health and drug and alcohol abuse. At this time the hospital does not have quantitative data to address these needs directly, and they are beyond the mission and financial resources of the hospital.

Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas

Background and Rationale:

Access to care was the top priority identified through the CHNA. For the period 2006-2010, Troup County (21 percent) had a higher percentage of people living in poverty than Georgia (17 percent) and the U.S. (14 percent).

Over the next year, the hospital will evaluate the cost/benefit of operating a mobile health clinic, and implement the program if it is deemed feasible. The hospital has been and will continue its recruitment efforts for physicians and mid-level practitioners who will serve the uninsured and underinsured population of the community. The hospital has been and will continue its recruitment efforts for specialty providers.

The hospital will continue to provide care to uninsured and underinsured members of the community qualifying for such assistance through the Troup Cares medical clinic. Troup Cares exists to identify opportunities, seek solutions, and organize community resources to improve access to health services resulting in a healthier and more economically viable Troup County. Troup Cares operates a physician clinic and provides support to working individuals and their families who are uninsured or underinsured. Community members were not aware of available health care resources, particularly for the uninsured, low income, chronic disease and minority populations.

Community members reported a need for more specialized providers in the community. (see CHNA pages 71-81). During the community focus group meetings and key stakeholder interviews, it became apparent there is a need for a centralized community resources directory.

The hospital will collaborate with other community service providers to develop such a directory that can be distributed throughout the community, with special emphasis on reaching the low-income, uninsured, minority and chronic disease populations. The resource directory will also be posted on various community organizations' websites for easy access by the public.

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Objective A:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Implement a mobile health clinic	Investigate cost benefit and feasiblity of implementing mobile health clinic and determime roll out schedule if feasible	Mobile Van Coordinator	By Dec. 31, 2013	Feasibility study and decision made by Dec. 31, 2013
	Identify departments and physician practices to participate in mobile clinic	Mobile Van Coordinator	By Dec. 31, 2013	If implemented, outcomes measures will include:
	Obtain commitments to participate in mobile clinic	Mobile Van Coordinator	by March 31, 2014	# of people screened for financial eligibility
	Determine implementation budget	Mobile Van Coordinator	By April 30, 2014	# people connected to financial resources/insurance
	Identify locations	Mobile Van Coordinator	By April 30, 2014	# patients seen
				# visits to practice
	If deemed feasible, advertise mobile clinic "kickoff" events	Mobile Van Coordinator and Marketing Director	One month prior to launch no later than July 31, 2014	# people participating in the screenings
	Launch mobile clinics if deemed feasible	Mobile Van Coordinator	By July 31, 2014	# appointments made from screenings
				# immunizations given
				# referrals to specialists
				# shared appointments for chronic disease management
				# screening tests conducted
				# patients who attend chronic disease programs
				# inpatient admissions/readmissions
Objective B:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Recruit primary care and specialty physicians and selected mid-level practitioners	Recruit 3 primary care physicians	Physician Recruiter	By Oct. 31, 2014	# physicians recruited and placed
	Recruit 1 pediatrician	Physician Recruiter	By Oct. 31, 2014	# mid-level practitioners recruited and placed
	Recruit 1 surgical physician assistant	Physician Recruiter	By April 30, 2014	
	Recruit 1 dermatologist	Physician Recruiter	By Sept. 30, 2014	
	Recruit 1 endocrinologist	Physician Recruiter	By Sept. 30, 2014	
	Recruit 2 pulmonary critical care specialists	Physician Recruiter	By Sept. 30, 2014	
	Recruit 1 Radiation oncologist	Physician Recruiter	By Sept. 30, 2014	
	Recruit 1 primary care physician	Physician Recruiter	By Sept. 30, 2015	
	Recruit 1 otolaryngologist	Physician Recruiter	By Sept. 30, 2015	
	Recruit 1 urologist	Physician Recruiter	By Sept. 30, 2015	
	Recruit 1 rheumatologist	Physician Recruiter	By Sept. 30, 2015	

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Objective C:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Continue to identify and develop appropriate levels of care for uninsured persons	Continue to offer uncompensated care for needy individuals	Patient Financial Services Director	ongoing	$ cost associated with uncompensated care
	Continue to support and refer to Troup Cares medical clinic	Social Services Director	ongong	# persons served through Troup Cares
	Continue to improve Emergency Department triage services to ensure appropriate levels of care	Emergency Services Director	ongoing	# persons screened for financial assistance
				# of persons connected to financial resources/insurance
				decrease in ED utilization of ambulatory care sensitive conditions
Objective D:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Develop centralized community resource directory	Contract with community researcher to identify comprehensive resources, contact information and services provided	Marketing Director	Begin research April 2014	Community directory published by Fall 2014 (Q1, 2015)
	Publish Community Resource guide to be widely distributed throughout Troup County and to service providers	Marketing Director	Publish by Dec. 31, 2014	# guides distributed
	Create Community Resource tab on the West Georgia Health website	Marketing Director	Publish by Jan. 2015	# of hits to Community Resource tab on wghealth.org
	Seek agreements from service providers and other community organizations to provide links from their respective websites to the Community Resource section of wghealth.org	Marketing Director/Public Relations Specialist	Publish by Jan. 2015	

Goal 1: Access

Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

Background and Rationale:

Chronic Diseases, in particular Obesity, Cancer, Heart Disease and Stroke, and Respiratory ailments were identified as high priorities in the CHNA. The prevalence of adult obesity (27.3 percent) in Health District 4-0 was about equal to the State rate (27.6 percent), however, below the National rate (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Troup County had a higher prevalence of obesity (31 percent) compared to the Health District. (see CHNA pages 44-49).

The hospital and community believe obesity contributes to other health issues such as heart disease, stroke, and diabetes and for this reason rated obesity as a priority health need. In Troup County, the overall cancer death rate was higher than Georgia or the U.S. rates. Both lung cancer incidence rates and death rates were higher than Georgia or U.S. rates. Both male and female colon and rectum cancer incidence rates were higher in Troup County than in the State or U.S. Colon and rectum cancer death rates were higher than the U.S. rates and slightly lower than the State rate. The breast cancer incidence rate in Troup County was slightly higher than that of Georgia or the U.S. The female breast cancer death rate in Troup County was slightly higher than the Georgia and the U.S. rate. Troup County had lower incidence rates for prostate cancer than the State, but higher than the U.S. Troup County had slightly higher death rates for prostate cancer than that of Georgia or the U.S. Modifiable risk factors for cancer include tobacco smoke, poor diet, infections, physical inactivity, obesity, heavy alcohol use, stress, occupational hazards, environmental pollution, sunlight and radiation. (see CHNA pages 24-32).

Heart disease was the second leading cause of death and stroke was the third leading cause of death of Troup County residents for the years 2006-2010. The Troup County heart disease death rate was higher than the Georgia rate. Troup County had a higher stroke death rate than the U.S. and Georgia. Modifiable risk factors include tobacco smoke, high blood cholesterol, high blood pressure, physical inactivity, overweight and obesity, poor nutrition, diabetes, stress, alcohol use and illegal drug use (see CHNA pages 33-36). The diabetes incidence rate in Troup County (12.2 percent) was higher than the health district rate (11.4 percent), higher than the State rate (9.5 percent) and higher than the U.S. rate (8.1 percent). (see CHNA pages 42-43).

The hospital will continue to offer a number of community education, screening and disease management programs and continue to enhance those programs to focus on prevention and health and better manage patients over time. Employee wellness initiatives both through the health system and extended into the community through Wellness at Work initiatives are designed to address obesity and other risk factors associated with chronic diseases.

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Objective A:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Increase employee engagement in Vitality (Employee Wellness) Program at West Georgia Health	Offer annual biometrics screening to employees and spouses covered by WGH insurance plan	Benefits Manager	Ongoing	#participants completing biometrics screenings
	Implement ideas generated through Wellness Champs program	Benefits Manager	Ongoing	# participants achieving Gold Status in Vitality program by Dec. 31, 2014.
	Implement quarterly Lunch and Learn wellness programs	Benefits Manager	Begin January 2014 - then ongoing	# pounds lost in employee weight loss challenge
	Encourage/expand participation in quarterly employee weight loss challenges	Employee Health/Workers Comp Manager	Ongoing	# employees participating in onsite fitness activities (walking clubs, exercise classes, fitness room)
	Encourage/expand selections of Living Lean menu items in the WGH cafeteria	Food/Nutrition Services Manager	Ongoing	total discounted dollars from living lean menu items sold
Objective B:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Implement community-wide Wellness at Work Initiative in collaboration with LaGrange-Troup County Chamber of Commerce, Troup Co. Center for Strategic Planning & Public Health	Present plan to respective governing boards for approval and determine budget and funding sources	Healthy Troup Committee members	Complete by Dec. 2013	plan presented by target date
	If plan is determined feasible, adopted and approved for funding, create HealthyTroup.org website with database capabilities	WGH Marketing Director	Complete by Dec. 2013	funding commitments received from designated community partners
	Develop survey for participating businesses, seeking input from HR leaders at local large businesses/industries	Healthy Troup Committee members	Complete by Dec. 2013	# employers participating
	Develop program parameters to determine point system for year-long recognition program	Healthy Troup Committee members	Complete by January 2014	# employees participating
	Launch program at a LaGrange-Troup County Chamber meeting in early 2014 (contingent on securing partnership funding)	Chamber of Commerce Director	Complete by March, 2014	# employers with smoke free campuses
	If plan is determined feasible, adopted and approved for funding, market and promote program and associated sanctioned activities	WGH Marketing Director and committee members	Begin by March 31, 2014 - then ongoing	

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Objective C:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Decrease late stage breast cancer diagnosis	Continue to offer the Paint the Town Pink event	Director of Oncology Services & Cancer Care Navigator	Late September of each year	# participants
	Partner with West Central Georgia Cancer Coalition to provide clinical breast exams at Paint the Town Pink and other appropriate events and provide vouchers for uninsured and low income women to receive screening mammograms at the WGH Women's Health Center	Director of Oncology Services & Cancer Care Navigator	Ongoing	# people receiving a screening
				# of women scheduled for mammograms
	Continue to partner with HOPE for a Day Walk organization to raise money and awareness	Director of Oncology Services & Cancer Care Navigator	Late September of each year	# people walking
				# dollars raised
				# of vouchers given
	Evaluate Breast Cancer Risk Assessment products and seek funding options for implementation	Marketing Director and Director of Oncology Services	By Jan. 31, 2014	
Objective D:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Decrease late stage lung cancer diagnosis	Secure physician champion to implement lung CT screening program with new physicians	Director of Oncology Services	Achieve by September 2015	# pulmonologist(s) recruited to practice at West Georgia Health
	Offer smoking cessation classes	Pulmonary Medicine Director	ongoing	# physicians/offices participating in program
				# people receiving a screening
				# people referred for follow up
				# people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4
				# people participating in smoking cessation classes
				# smoking cessation class participants who quit

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Objective E:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Decrease late stage colon cancer diagnosis	Work with primary care physicians to establish screening initiative	Director of Oncology Services and WG Physicians Operations Manager	Set by March 2014	local primary care physician(s) recruited to participate in program
				# people referred for follow up
	Expand the Scope it Out awareness and screening program	Marketing Director and Oncology Services Director	March of each year	# people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4
				# people participating in screening
				# people referred for follow up
	Evaluate Colon Cancer Risk Assessment products and seek funding options for implementation	Marketing Director	By Jan. 31, 2014	
Objective F:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Decrease late stage prostate cancer diagnosis	Work with Superstar Football camp organizers to redesign program	Marketing Director and Oncology Services Director	Redesign by June 2014	program redesigned
	Continue to offer low-cost screening program every September	Oncology Services Director	September of each year	# people receiving a screening
				# people referred for follow up
				# people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4

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Objective G:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Continue to offer and/or participate in community & business health fairs and other screening events	Living Well health fair at LaGrange Mall	WGH Public Relations Specialist	annual - Spring each year	# events
	Troup Family Expo	WGH Public Relations Specialist	annual - Spring each year	# people who were screened
	Bringing the Ages Together health event	WGH Public Relations Specialist	annual -- Aug/Sept each year	# people referred for follow up after screenings
	Superstar Football Camp	Marketing Director/WGH Public Relations Specialist	annual -- currently in June but may change dates	
	Kia Manfacturing Plant	WGH Public Relations Specialist/WGH Worx Director	semi-annually	
	WalMart Distribution Center	WGH Public Relations Specialist/WGH Worx Director	annual	
	Mobis Health Fair	WGH Public Relations Specialist/WGH Worx Director	annual	
Objective H:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Improve diabetes management though education, nutrition and support services	Promote participation and physician referrals for Diabetes Self-Management program	WGH Food/Nutrition Services Director	Ongoing	# participants in DMST program
	Promote participation in monthly Diabetes Support Group meetings	WGH Food/Nutrition Services Director	Ongoing	# participants in Diabetes Support Group
				# of participants at community and worksite health fairs
				decrease in blood glucose levels of DMST program participants
	If WGH Mobile Van Clinics are deemed feasible, offer educational sessions in conjuction with WGH Mobile Van clinics	WGH Food/Nutrition Services Director	Beginning in July 2014 then ongoing	
	Evaluate Diabetes Risk Assessment products and seek funding options for implementation.	Marketing Director	By Jan. 31, 2014	

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Objective I:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Improve management of Congestive Heart Failure through Project Red	Standardize inpatient teaching materials and post discharge care plan for CHF patients to address medications, diet, activities, restrictions, follow up care, etc. to ensure	RN, QI Coordinator	Ongoing	Decrease in CHF readmissions
	Identify barriers to follow up care and make appropriate referrals	Case Manager	Ongoing	Improve # of patients keeping follow-up appointments within 10 days post discharge
				# people referred for follow up
Objective J:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Increase stroke awareness	Promote awareness of signs and symptoms of stroke via health fairs, screenings and advertising	RN, QI Coordinator/Marketing Director/Public Relations Specialist	Ongoing	# of events
				# people receiving a screening
				# people referred for follow up
	Evaluate Stroke Risk Assessment products and seek funding options for implementation.	Marketing Director	By Jan. 31, 2014	

Goal 2: Chronic Disease

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Objective K:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Reduce time from Acute Myocardial Infarction symptom onset to hospital presentation.	Promote awareness of signs and symptoms of AMI via health fairs, screenings, advertising, and the annual Heart Truth for Women Luncheon	Cardiovascular Medicine Director, CV Development RN, Marketing Director, Public Relations Specialist	ongoing	# minutes from symptom onset to hospital presentation
	Provide quarterly education sessions for regional EMS providers	Cardiovascular Medicine Director, CV Development RN, Emergency Department Director	ongoing	
	Offer discounted screening package to include coronary calcium screening, lipid panel, cardiac health risk assessment, EKG rhythm and ultrasound screen	Cardiovascular Medicine Director, CV Development RN, Radiology Department Director, Radiology Chief Tech	Offer by April 30, 2014	# screening participants
				# positives identified via the screening
	Evaluate Heart Risk Assessment products and seek funding options for implementation.	Marketing Director and Director of Cardiovascular Services	By Jan. 31, 2014	
Objective L:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Improve management of COPD patients	Multidisciplinary committee currently meeting to address readmissions	Pulmonary Medicine Director	ongoing	Decrease in COPD readmissions
	Standardize inpatient teaching materials and post discharge care plan for COPD patients to address medications, diet, activities, restrictions, follow up care, etc. to ensure constant, consistent messaging	Pulmonary Medicine Director	ongoing	Review proposed materials January 2014
				Finalize materials by April 2014
	Meet with COPD inpatients to screen for pulmonary rehabilitation participation	Pulmonary Medicine Director	ongoing	Increase # patients participating in Pulmonary Rehabilitation.

Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

Background and Rationale:

The teen birth rate in Troup County (69.3 per 1,000 females) was higher than both Georgia (49.7 per 1,000 females) and the U.S (34.3 per 1,000 females). The Black teen birth rate (96.6 per 1,000 females) was significantly higher than the White teen birth rate (51.7 per 1,000 females) in Troup County.

The young children population (0-5 years of age) is a very vulnerable population group with health needs that may be difficult to detect. The problem may be due in part to poor parenting and/or lack of parental education and teen pregnancy. The death rate due to fetal and infant conditions in Troup County (443.2 per 100,000 populations) was higher than the Georgia rate (381.7 per 100,000 populations). Black infant death rates were higher than White rates in both Troup County and Georgia.

Overall, rates of low birth weight were slightly higher in Troup County compared to the State. Low birth weight rates were significantly higher among Black babies. The percent of births to females with less than a twelfth-grade education was slightly lower (22.5 percent) among Troup County residents than Georgia residents at (23.1 percent). The Black percentage of births to mothers with less than a twelfth-grade education in Troup County (25.4 percent) was higher than the White percentage (20 percent). (see CHNA pages 50-58).

There is a lack of education in the community surrounding sexually transmitted diseases. The chlamydia rates in Troup County (541.4 per 100,000) were higher than the State rate (461.2 per 100,000). The gonorrhea rate in Troup County (146 per 100,000) was lower than the State rate (161.7 per 100,000) and higher than the U.S. rate (100.8 per 100,000). In 2010, Troup County nearly doubled the amount of syphilis cases (5 cases or 7.5 per 100,000 population). Troup County had a slightly lower HIV hospital discharge rate (31.9 per 100, 000) than Georgia (35.8 per 100,000). (see CHNA pages 65-70).

Teen lifestyle choices are detrimental to health. Comparing self-reported statistics for Georgia teen behaviors to the U.S. statistics, it appears that:

- Georgia teens report binge drinking at rates lower than the U.S. rates.
- Georgia teens report drinking and driving at rates lower than the U.S. rates.
- Georgia teens report cigarette smoking at rates lower than the U.S. rates.
- Georgia teens report drug usage at rates lower than the U.S. rates.

Although the above statistics are favorable for Georgia teens, the community members and hospital steering committee believed that teen lifestyle choices should be a priority item. Since the data was self-reported by the teens, there is a tendency for understatement of the actual measures. In addition, since no local data was available for this report, community comments provided a clear indication of unfavorable teen behaviors being a problem in Troup County. There was also no data directly associated with sexual abuse included in the report. However, the community members expressed that they believed that teen behavioral issues were related to sexual abuse. (see CHNA pages 59-62).

West Georgia Health's staff will collaborate with school officials, public health, and other community groups in identifying and implementing evidence-based programs to help teens.

Programs already in place, such as Teen Maze, First Steps, Boys & Girls Club, and Circles of Troup County will be evaluated for effectiveness and for potential changes.

The hospital will explore working with the Boys & Girls' Club, Boy Scouts & Girl Scouts, and other youth organizations to offer teen and pre-teen pregnancy prevention education. West Georgia Health will sponsor a free education class for ages 9-12 years to discuss pre-puberty and sex education.

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Objective A:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Ensure healthy teen births and decrease rebirths	Offer teen pregnancy classes to include education on prenatal care, newborn care, labor techniques and birth control following pregnancy.	Director of Women's Services/Labor & Delivery Nurse Manager	Ongoing	# people attending
	Develop relationships with middle/high school nurses and counselors to increase participation in these classes.	Director of Women's Services/Labor & Delivery Nurse Manager		increased understanding of how to and how not to get pregnant
	Market class to promote participation	Marketing Director/Public Relations Specialist	Prior to each event	increased understanding of birth control options
				increased understanding of newborn care
				intent to change risk behaviors
Objective B:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Increase awareness of teen-health related needs and issues	Identify evidenced-based curriculum to use for pre-puberty education program	Director of Women's Services/Labor & Delivery Nurse Manager	Identify by Dec. 31. 2013	# adults and children attending
	Recruit physicians, Physician Assistants and Nurse Practitioners to present	Director of Women's Services/Labor & Delivery Nurse Manager	Recruit by March 31, 2014	increase parent knowledge regarding how to talk to kids
	Secure locations and dates to offer pre-puberty education programs twice annually	Director of Women's Services/Labor & Delivery Nurse Manager	To begin between March - May 2014 and continuing semiannually	increased understanding of body changes (teens)
	Market class to promote participation	Marketing Director/Public Relations Specialist	Prior to each event	increased knowledge of sexually transmitted diseases (teens)

Goal 3: Healthy Youth

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Objective C:	Action Steps	Accountability	Timeframe	Impact will be measured and evaluated through these indicators:
Decrease youth risk behaviors	Continue participation in Teen Maze Program (Troup County Health Dept.) to discourage risky behaviors and encourage smart decision making.	Marketing Director/Public Relations Specialist	Annually each fall	# participants, increased knowledge of the consequence of risk behaviors, intent to change risk behaviors
				decrease in teen pregnancy rates
	Continue participation in Boys & Girls Club evidence-based programs that encourage smart decision-making, respecting their body, and raising self esteem	Marketing Director/Public Relations Specialist	Ongoing with new programs coming on board in March 2014	decrease in sexually transmitted diseases
				Pre- and post-tests of Boys and Girls Club programs
Objective D:	**Action Steps**	**Accountability**	**Timeframe**	**Impact will be measured and evaluated through these indicators:**
Ensure healthy starts for babies born in Troup County	Continue First Steps' Period of Purple Crying program	First Steps Program Coordinator	Ongoing	# parents screened
				increase parent knowledge of baby management strategies
				Decrease incidences of Shaken Baby Syndrome

Goal 3: Healthy Youth