ST. JOSEPH'S / CANDLER
Community Health Implementation Plan

Introduction

St. Joseph's/Candler Health System (SJ/C) is the only faith-based, locally operated, not-for-profit system in historic Savannah, GA. Formed on April 1, 1997, SJ/C has a presence and reputation in the Chatham County Community. SJ/C offers healthcare services across the entire continuum of care, including a wide variety of community outreach and education efforts.

St. Joseph's/Candler conducted the Community Health Needs Assessment (CHNA) during the Fall and Winter of 2024. Many community organizations worked collaboratively with SJ/C to provide better coordination with existing resources and data. In May of 2025, the Board of Trustee reviewed and adopted the 2025 Community Health Needs Assessment.

Identified Needs

Below, are five priorities St. Joseph's/Candler (SJ/C) identified through the Community Health Needs Assessment (CHNA) and will address in the next three years:

1. Improve chronic disease management for diabetes, hypertension, and high cholesterol among the un/underinsured patients receiving care through SJ/C.
2. Decrease the number of un/underinsured SJ/C patients without primary care.
3. Provide prenatal education and wrap around services to un/underinsured expectant mothers in Chatham County.
4. Facilitate nutrition education programs and nutrition services within Chatham County for vulnerable populations.
5. Promote physical activity and a healthy lifestyle for Chatham County residents.

YEAR 1:
OBJECTIVES AND GOALS FOR FY 26

Objective 1: Improve chronic disease management for diabetes, hypertension, and high cholesterol among the un/underinsured patients receiving care through SJ/C.

GOAL 1A: COMMUNITY CLINICS

1.	Determine the number of referrals in a 12 month period for those with an A1C of 9 or greater (or sudden jumps in A1C). Prediabetes determined as 5.8–6.4.
2.	Track the number of referrals to Community Nurse Educator and Pharm D for diabetes education.
3.	Determine the number of patients referred to Pharm D or Community Nurse Educator for medication management and education related to hypertension.
4.	Determine the number of patients with high cholesterol referred to Community Nurse Educator for cholesterol education.

GOAL 1B: COMMUNITY CENTERS

1.	Determine the baseline of completed referrals from SJ/C clinics to Community Nurse Educator. Referrals will be for managing diabetes, hypertension, or cholesterol.
2.	Establish a baseline of participants who had a decrease in their A1C.

Objective 2: Decrease the number of un/underinsured SJ/C patients without primary care.

GOAL 2A: ED TO MEDICAL HOME PROGRAM

1. Obtain and utilize 52 appointment slots across St. Mary's and Good Samaritan (community clinics) for FY 26.
2. Determine the percentage of patients that kept their appointments with community clinics in FY 26.

GOAL 2B: COMMUNITY CENTERS

1. Determine the number of clients that apply for Medicaid (exclude Pregnancy Medicaid) in FY 26.
2. Determine the percentage of clients that were approved for Medicaid in FY 26.

GOAL 2C: RCA

1. Determine the number of patients that applied for Medicaid while inpatient at the hospital.
2. Determine the percentage of patients that were approved for Medicaid while in patient at the hospital.

Objective 3: Provide prenatal education and wrap around services to un/underinsured expectant mothers in Chatham County.

GOALS 3A: COMMUNITY CENTERS

1.	Provide six (6) prenatal education programs throughout the year.
2.	Determine the number of patients that applied for Pregnancy Medicaid.

GOAL 3B: MOTHER BABY UNIT

1.	Develop a relationship with the Department of Public Health to assist with WIC applications before leaving the hospital.
2.	Determine the encounters with lactation specialists.

Objective 4: Facilitate nutrition education programs and nutrition services within Chatham County for vulnerable populations.

GOAL 4A: COMMUNITY CENTERS

1.	Offer a nutrition program once a quarter.
2.	Determine the number of clients that applied for SNAP benefits in FY 26.

Objective 5: Promote physical activity and a healthy lifestyle.

GOAL 5A: COMMUNITY CENTERS

1.	Establish a chair yoga program.
2.	Report on the improvement of participants after the program.