National Association of County and City Health Officials

2013-2014 Accreditation Support Initiative (ASI)

Georgia Department of Public Health Coastal Health District

Camden, Glynn and McIntosh Counties

Community Health Assessment and Community Health Improvement Plan Dissemination Document

**Background**

The Coastal Health District personnel collaborated with community partners to conduct community health assessments (CHAs) and design community health improvement plans (CHIPs) in three targeted Georgia counties: Camden, Glynn, and McIntosh. The Coastal Health District provided leadership and technical assistance to these counties allowing key stakeholders to assist in designing the activities necessary to complete their required assessments, and strategize how to address common health care concerns systematically. Stakeholders included community citizens, academic institutions, elected officials, faith-based organizations, local health departments, and community- based organizations. Obtaining such a diverse group of stakeholders created a foundation for the CHAs and CHIPs to improve the health status and reduce safety concerns of residents. Both the CHAs and CHIPs were based on the crafted vision and goals the stakeholders believed would promote healthy living among county residents. This report details how the CHAs and CHIPs were distributed to partner organizations and the community, how input was solicited, and next steps for implementation.

**Community Health Needs Assessment**

Collaboration and communication were vital elements for the success of this initiative. The faculty and students at the College of Coastal Georgia was a community partner who maintained a role of facilitation through formal and informal communication of the CHAs. A county champion was responsible for all communications conducted within each county and then reported completion of activities to the Project Coordinator of the initiative. Findings were distributed to all county community partners through multiple outlets. An executive summary comprised of the demographics, education, health status, mortality, morbidity, health utilization, health information, risk factors, and environmental factors of each county was distributed to the community leaders by mail and email. In addition, presentations (see attachment of Camden CHA highlights) were made to each of the three County Boards of Health and additional organizations such as Camden Community Alliance and Resource members, Coastal Region Commission, Camden County Board of Commissioners, Coastal Community College, Glynn Family Connections, Glynn County Chamber of Commerce, Glynn County Joint Planning Authority, McIntosh Family Connections, Brunswick City Commissioners, McIntosh County Commissioners, Darien City Council, McIntosh Sustainable Environment and Economic Development, McIntosh Chamber of Commerce, McIntosh Rotary Club, and County Mayors.

Flash drives and portable document formats (PDFs) containing the process and results of the CHAs were provided to community leaders and members within each of the counties. Also, the URL links of the CHAs findings were placed on the county and district Public Health websites. Bound copies of the findings were made available to the local public libraries within each of the target counties. Elected officials were briefed on the results of the CHAs. After the CHAs were conducted, meetings regarding future actions with the county and municipal leadership were held.

 A press release of the CHAs findings were distributed through several media outlets including newspapers, Facebook, and radio and television stations. Press releases were also distributed at hospitals, grocery stores, medical offices, and county events. The Project Coordinator used emails, news releases, and radio public service announcements to engage community leaders and organizations in the process and advertise the surveys and focus groups. The community leaders in all counties were asked to assist in distribution of surveys and participate in a focus group to share their perceptions of the county’s health and safety concerns.

The purpose of the CHA survey was to obtain an exhaustive view of the health and safety problems county residents encounter allowing public health professionals to create solutions that would effectively address the identified concerns. The survey was comprised of five sections including demographics, health care usage, risk factors, perceptions of barriers to health care resources, and recommendations. Respondents were asked to answer 33-closed ended items and 2-open ended items on the survey. The self-reported survey was anonymous. The faculty and students of the College of Coastal Georgia offered the survey in several formats including paper-based, telephone-based, and web-based to ensure a representative sample of the population. In addition, a copy of the survey was available at the Coastal Health District office in Brunswick, Georgia. The surveys were distributed at county clinics, city halls, county events, county LinkedIn websites, faith-based organizations, and additional sites.

Four hundred respondents were sought from each county; however, 377 respondents completed the survey in Camden County and 251 respondents completed the survey in McIntosh County. Four-hundred and ninety-eight respondents completed the survey in Glynn County. Focus groups conducted were an additional method used to solicit input. The data collected at the focus groups will assist the Coastal Health District in prioritizing funding for programs that address the health needs of each county.

 The Project Coordinator served as the moderator for each focus group. Each focus group began with a presentation of the survey results then 7-15 questions were presented to the community leaders and members for discussion. Also, attendees were asked to conduct a form of community assets mapping by identifying health resources that could assist in decreasing health problems found in the county. A large number of individuals from the counties were invited to attend the focus groups; however, only 6-9 invited leaders and interested citizens attended each focus group. Two focus groups were held in Camden and one focus group was held in both Glynn and McIntosh Counties. At each focus group, attendees offered their perspective on issues to gain an exhaustive view of the community. Data analysis of the surveys and focus groups were conducted to identify trends and correlations. CHA findings were then disseminated to community partners. Currently, the findings continue to be distributed.

**Community Health Improvement Plan**

After the dissemination of the CHAs findings, invitations to participate in constructing the counties CHIPs were sent to county residents and partners from the Coastal Health District and Project Coordinator. The Project Coordinator was responsible for communicating the development of the CHIPs. The Project Coordinator emailed community members and organizations. In addition, a digital meeting was held using Survey Monkey to receive input and selection of the preferred vision and priority goals of the CHIPs from community participants and stakeholders. The feedback helped refined the problem statements, goals, and logic models of the CHIPs and new activities and partners were added. The drafts of the CHIPs integrated logic models to demonstrate the relationships between resources, activities, outputs, and outcomes. The drafts were widely circulated to all community participants and stakeholders.

After review of the drafts, final input was obtained from the Steering Committee which is comprised of the Board of Health, Public Health, and community leaders. The final draft of the CHIPs were distributed on flash drives, emailed as portable document formats (PDFs), and presented in PowerPoint format to community partners, the Board of Health, and elected officials in each of the respective county. The URL links of theCHIPs were placed on the county and district Public Health websites for community input. Press releases of the CHIPs were distributed as well.

**Next Steps**

Currently, the CHIPs are dynamic documents which effectively detail evidence-based practices and recommends resources and performance targets for activities. Some activities are unfunded; however, community partners share a belief and commitment that the proposed CHIPs can be implemented in the next five years. Additional modifications of the CHIPs will occur in the upcoming months to ensure successful implementation. The Coastal Health District will engage internal and external partners for strategic planning to further align goals with resources ensuring performance standards are appropriate for the targeted population and measure the progress of the performance indicators.

Beginning in June 2014, a Community Health Coalition of stakeholders in each county, led by the Coastal Health District, will begin the process of implementing the CHIPs and will create formal timelines, assign roles and responsibilities, and create a schedule for performance review. Quarterly meetings will occur with the coalitions to discuss and monitor progress. Goals established for the coalitions over the next five years include the following: 1) holding meetings with stakeholders; 2) working to ensure sustainability of the CHIPs mission; 3) providing trainings to community partners; and 4) collaborating with new partners and different sectors. Furthermore, the coalition will select five priorities based on community member’s rankings then monitor these priorities using a participatory mixed methods evaluation. This evaluation will be conducted by community members. Therefore, the success of implementing the CHIPs depend on the collective action of the community members and partners.