



toward a healthier camden county

Camden County Health Improvement Plan

And Community Health Needs Assessment

2014 - 2018









# TABLE OF CONTENTS

[Community Health Needs Assessment Supporters 5](#_Toc386353869)

[Community Health Improvement Planning Participants 6](#_Toc386353870)

[Elected/Public Officials Who Provided Support/Input 7](#_Toc386353871)

[Invited Plan Reviewers 7](#_Toc386353872)

[Board of Health/Steering Committee Members 8](#_Toc386353873)

[Executive Summary 10](#_Toc386353874)

[A Roadmap for Action 10](#_Toc386353875)

[The Process: Planning for a Healthier Community 10](#_Toc386353876)

[Looking Forward: Implementation and Evaluation of the Plan 11](#_Toc386353877)

[An Invitation to the Community 12](#_Toc386353878)

[Camden County Community Health Improvement Plan 13](#_Toc386353879)

[Introduction 13](#_Toc386353880)

[Planning Theory and Design 13](#_Toc386353881)

[MAPP Themes Guided Planning 16](#_Toc386353882)

[The Process 17](#_Toc386353883)

[The First Phase: Community Health Needs Assessment 17](#_Toc386353884)

[The Second Phase: Community Health Improvement Planning](#_Toc386353885) [and Priority Setting 19](#_Toc386353886)

[The Third Phase: Implementation and Evaluation 22](#_Toc386353887)

[The Fourth Phase: The Action Cycle - Logic Models and Leadership for Implementation of the Five-Year Plan 23](#_Toc386353888)

[Next Steps for Public Health 23](#_Toc386353889)

[A Vision for a Healthier Camden County 24](#_Toc386353890)

[Camden County Health Planning Values 24](#_Toc386353891)

[Problem Statements and Goals Identified](#_Toc386353892)[Through the Collaborative Process 25](#_Toc386353893)

[Alignment with National Goals 27](#_Toc386353894)

[Problem Statement: Camden residents face barriers in access to medical,](#_Toc386353896) [dental, and mental health care 29](#_Toc386353897)

[Goal #1: Increase the proportion of Camden residents who have access to primary care, dental care, and mental health care. 33](#_Toc386353898)

[Goal #2: Increase the proportion of Camden residents who have health insurance coverage. 36](#_Toc386353899)

[Goal #3: Improve access to care and services for special populations. 38](#_Toc386353900)

[Problem Statement: The high level of obesity in Camden increases risks to health. 40](#_Toc386353901)

[Goal #1: Reduce the percentage of Camden County adults who are obese. 44](#_Toc386353902)

[Goal #2: Decrease the proportion of Camden residents who are physically inactive. 47](#_Toc386353903)

[Goal #3: Increase access to healthy foods and information about nutrition. 49](#_Toc386353904)

[Goal #4: Decrease the prevalence of diabetes and hypertension among Camden residents. 52](#_Toc386353905)

[Problem Statement: Camden’s most vulnerable populations are at](#_Toc386353906) [risk because of poverty and other social factors that affect their well-being. 54](#_Toc386353907)

[Goal #1: Parents know about effective care and nurturing of children. 58](#_Toc386353908)

[Goal #2: All children live in safe homes. 61](#_Toc386353909)

[Goal #3: Reduce the rate of teen pregnancy. 63](#_Toc386353910)

[Goal #4: Increase affordable and safe housing alternatives for low-income families and persons with special needs. 65](#_Toc386353911)

[Problem Statement: Raise the proportion of Camden residents who have](#_Toc386353912) [at least a high school diploma and both basic literary and health literacy skills. 67](#_Toc386353913)

[Goal #1: Build a community in which all residents are high school graduates, thereby increasing the opportunity for higher education and health literacy. 69](#_Toc386353915)

[Goal #2: Implement a community health literacy campaign that is](#_Toc386353916) [part of a larger campaign for literacy. 71](#_Toc386353917)

[Goal #3: Work collaboratively across all types of organizations to recruit and retain jobs that include benefits and enable residents to move out of poverty. 73](#_Toc386353918)

[Problem Statement: According to County Health Rankings, in 2013,](#_Toc386353919) [17% of Camden adults binge drink. 75](#_Toc386353920)

[Goal #1: Prevent/delay initiation of drinking among people under 21. 78](#_Toc386353921)

[Goal #2: Decrease the number of Camden residents who binge drink. 80](#_Toc386353922)

[Problem #3: Decrease the number of deaths/injuries of Camden residents 82](#_Toc386353923)

[related to driving under the influence. 82](#_Toc386353924)

[Problem Statement: Safety issues and risk-taking affect the health of Camden County residents. 84](#_Toc386353925)

[Goal #1: Reduce violence in Camden County, including reducing family violence and the number of](#_Toc386353926) [criminal acts. 87](#_Toc386353927)

[Goal #2: Increase the use of vehicle seat belts and child safety seats. 89](#_Toc386353928)

[Goal #3: Prevent initiation of drug abuse that causes poor judgment and links to violence and injury. 91](#_Toc386353929)

[Goal #4: Reduce the incidence of sexually transmitted diseases. 92](#_Toc386353930)

[Problem Statement: County Health Rankings reports that 22% of Camden residents smoke. 94](#_Toc386353931)

[Goal #1: Prevent initiation of smoking/tobacco/nicotine among youth. 96](#_Toc386353932)

[Goal #2: Decrease the total number of people who smoke/use tobacco or nicotine. 98](#_Toc386353933)

[References 100](#_Toc386353934)

## Community Health Needs Assessment Supporters

August 18 – October 31, 2013

Conducted by College of Coastal Georgia – Camden County Health Department

*With the Support of the Following Organizations and*

*Community Members and Students:*

Camden County Board of Education and Camden High School

Camden Community Alliance and Resources

Camden Physicians

Camden County Development Authority

Camden Pharmacies

City of St. Mary’s

City of Kingsland

Eddie Rhone and the NAACP

City of Woodbine

Coastal Medical Access Project

Steve Howard and the Camden County Board of Commissioners

Jones Hooks, Jekyll Island Authority

Southeast Georgia Health System

Camden County Board of Health

Kingsland Winn-Dixie

The Tribune-Georgian

Members of the Focus Groups in Woodbine and St. Mary’s, Whose Names Remain Confidential in Keeping with Institutional Review Board Guidance

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## 

## Community Health Improvement Planning Participants

December 2013 – May 15, 2014

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Rachel Baldwin, Camden County School System

Shawnie Sahaden, Camden County Public Service Authority

Carlene Taylor, Lighthorse Health Care

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*Camden County Board of Commissioners and County Administrator Steve Howard*

Commissioner Willis R. Keene, Jr., District 1

Commissioner Chuck Clark, District 2

Commissioner Jimmy Starline, District 3

Commissioner Gary Blount, District 4

Commissioner Tony Sheppard, District 5

*Other Public Officials*

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## Invited Plan Reviewers

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Bianca Booker, Camden County School System

Bridget Wenum, Camden County CASA

Sabrina Brown, Georgia Department of Labor

Calvin Bell, Camden County Schools

Carlene Taylor, Lighthorse Healthcare

Clainetta Jefferson, U.S. Navy

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Susan Lottinville, City of Kingsland

Lynn Roth, Lighthorse Healthcare

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Shantay Gibbs, United Way of Camden County

Shuntey Strachan, Camden County Schools

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## Board of Health/Steering Committee Members

*Board of Health Members*

Willis R. Keene, Jr., County Commissioner

Elaine Smiley, R.N., Camden County Board of Education;

William T. DeLoughy, Mayor, City of St. Marys

William Sloan, Consumer Advocate

Sujay Patel, M.D.

Robin Braswell, Consumer Advocate

Maggie Williams, Advocate for the County's Needy,

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*Public Health Leaders*

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Todd A. Driver, Environmental Health District Director, Coastal Health District

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*Community Representative*

Celenda Perry, Executive Director, Camden Community Alliance and Resources

# Executive Summary

## A Roadmap for Action

Between August and December 2013, Camden County Health Department, a division of Coastal Health District, worked collaboratively with community agencies, individuals, and civic and elected leaders to understand more about the community and its health status through a comprehensive community health needs assessment. With the assessment in hand, a broad-based coalition of community groups, mediated by Camden Community Alliance and Resources, used the insights from the assessment and their knowledge of needs gained through experience with the clients and communities they serve, to begin the process of building a roadmap for a healthier Camden County. The plan that follows represents findings from public and survey data (See the results section of the Community Health Needs Assessment), input from focus groups, broad outreach to civic and elected officials for input, and a focused effort with dozens of partners to identify resources, activities, and objectives to improve the health of the community. The result is a dynamic Community Health Improvement Plan (CHIP) that is intended to be a guide for action and a foundation for future efforts at health improvement.

## The Process: Planning for a Healthier Community

A team from Public Health shared the Community Health Needs Assessment (CHNA) with collaborative members in January 2014. The Community Health Improvement Planning steps were as follows:

* After learning more about the CHNA, in January 2014, Camden Community Alliance and Resources members were asked to make suggestions about a vision for a healthier community and were invited to discuss and recommend goals to improve community health.
* Using the goals derived from the January session, in late January and February 2014, a “digital meeting” was held using Survey Monkey to provide opportunity for additional input and selection of the preferred vision and priority goals.
* These goals, as prioritized by collaborative participants with consideration of the CHNA findings, were grouped together to reflect seven broad-based problem statements that reflect priority order of public concerns. The problem statements reflect awareness that social determinants of health must be addressed in order for change to take place.
* In February 2014 at the collaborative meeting, collaborative members reviewed the vision, problem statements, and goals and set to work to build a plan through identification of activities and resources/inputs, establishment of benchmarks for outputs, and identification of potential outcomes and the desired longer term impacts of implementation of the identified goals. During March 2014, this work was used to create logic models for each goal recommended.
* The draft Community Health Improvement Plan was built using logic models to demonstrate the relationships among partners/resources, outputs, outcomes, and long-term impacts. This document was widely circulated to all participants and invited community stakeholders in late March and April for feedback and commentary. Feedback helped refine the goals, and new activities and partners were added.
* In April, the plan was reviewed and final input was obtained from the Steering Committee, comprised of Board of Health, Public Health, and Community leaders.
* Beginning in June 2014, a Community Health Coalition of stakeholders will begin the process of implementing the CHIP and will create more formal timelines and assigned responsibilities and set up a schedule for performance review.

The plan to address these problems and to meet identified goals is expansive and rich in content, both in the efforts to build on existing, proven activities and in ideas and activities yet to be implemented. The plan effectively captures current, evidence-based best practices, recommends resources for best practices for new activities, and builds on those practices by setting performance targets for the future. Some new ideas/plans/activities do not yet have funding or assigned responsibility, but collectively, the broader goals, outputs and outcomes reflect shared responsibility of those groups and individuals who are listed as resources, as well as commitment and belief by collaborative members that this plan can be carried out over the next five years. The success of the Community Health Improvement Plan, therefore, depends in great part on the community itself and on those who came together to help create the plan.

This plan is not a static document. It must be reviewed and revised at least annually to determine successes and new realities and areas where additional efforts are needed. It is also important to note that this plan is largely based on social determinants of health and, therefore, reflects the broader concerns of community members. The plan is, in reality, a self-directed community plan for improved health – not just a public health plan, though public health will take a leadership role in implementation and further engagement of community partners.

## Looking Forward: Implementation and Evaluation of the Plan

The goal of the ongoing Community Health Improvement planning process is to create a document to be used by the community, in partnership with Public Health, as a roadmap and foundation for cultural, environmental, and social change that leads to health improvement. Camden County Public Health Department is now establishing a Community Health Coalition to share the plan with the wider community, to fully engage participants, to review and revise activities and responsible parties as needed, and to monitor outputs and outcomes. The plan will be reviewed at least annually, though the Leadership group will meet more often. Goals of the Community Health Coalition for the next five years include the following:

* Hold regular meetings of stakeholders;
* Work to ensure sustainability and viability of the mission of community health improvement;
* Continue the effort to research and make training available to community partners on evidence-based best practices to both improve health and to assure effectiveness of the plan;
* Work collaboratively across all sectors, including the business sector, to address the socio-economic barriers to good health;
* Work with the elected officials, schools, and the media to ensure that community health is considered as an important factor in policymaking; and
* Educate and communicate the message of good health across all sectors.

## An Invitation to the Community

While a core group of volunteers has already stepped up, others are invited and encouraged to take an active role in the ongoing implementation process. The contact for plan implementation and evaluation is Lori Bishop, 882-8515, Extension 15, [lbishop@dhr.state.ga.us](mailto:lbishop@dhr.state.ga.us).

# Camden County Community Health Improvement Plan

## Introduction

Good health is essential to quality of life and to the well-being of the larger community. Healthier communities and economically vibrant communities are often one and the same. In Georgia in 2011, the top ten most economically successful counties also placed in the top fifth of Georgia’s health rankings (Hayslett, 2012). While Public Health must take a leadership role in ensuring healthy communities, health improvement is not a solitary task. Key to improvement is engaging partners throughout the community in identifying and tackling challenges, including the social determinants of health, and finding resources to improve health outcomes for all citizens.

Since mid-2013, Coastal Health District has begun a broad-based effort to engage the community, its leaders, and its citizens in identifying problems and setting goals as part of planning to improve the health of the community. A comprehensive Community Health Needs Assessment (CHNA) was conducted in Fall 2013 with the support of faculty and students at the College of Coastal Georgia and results shared with the community beginning in November 2013 (See the results section of the Community Health Needs Assessment). Outreach to community groups, elected officials, and individual citizens continued through April 2014 to build awareness of community concerns – health issues, economic issues, and social issues – in order to educate and engage community partners in setting goals to create a plan of action for a healthier community.

## Planning Theory and Design

The Community Health Improvement Plan design employs a theory known as the Socio-Ecological Model, which helps explain that many factors influence the health of an individual. This model recognizes the relationship that exists between the individual and his or her environment. While the individual may be responsible for making lifestyle choices that lead to good health, the ability to make these choices and changes also depends on other factors like the culture, the physical environment, schools, the workplace and other organizations, health care institutions, and public policy. When the community works together to address the socio-ecological determinants of health change is more likely to occur (See illustration below).



The Socio-Ecological framework is illustrated in the chart at left (McLeroy, K. R., Steckler, & Bibeau, 1988).

The collaborative effort employed for CHIP development embraced the socio-ecological model for health promotion by identifying participants and resources, many of whom are already engaged in components of the plan, to identify additional resources and partners and to establish both measurable outputs and longer term outcomes that can improve community health.

Healthy People 2020 offers the following theoretical support (and the chart at left) for use of the social determinants model: “Healthy People 2020 highlights the importance of addressing the social determinants of health by including ‘Create social and physical environments that promote good health for all’ as one of the four overarching goals for the decade.” This emphasis is shared by the World Health Organization, whose Commission on Social Determinants of Health in 2008 published the report, ‘Closing the gap in a generation: Health equity through action on the social determinants of health.’ The emphasis is also shared by other U.S. health initiatives such as the National Partnership for Action to End Health Disparities and the National Prevention and Health Promotion Strategy” (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39).



The model at right, recommended by NACCHO for development of a Community Health Improvement Plan, is a good representation of the process employed by the Coastal Health District. Based on community input, the plan represents the strategy and overall accountability for goals, though some specific responsibilities are not yet adopted and specific tasks have not yet been assigned (except where indicated to specific parties). Indicators have been set. In the next phase, beginning in June 2014, a Community Health Coalition for Camden County will continue work with problem statements to ensure accountability and implementation of strategies and monitoring of performance indicators.

J.S. Durch, L.A. Bailey, & M.A. Stoto, eds. *Improving Health in the Community*, Washington, DC: National Academy Press, 1997.

The format for the plan itself is the use of a logic model, which has proven in other public efforts, according to Miller, Simeone, and Carnevale, to be

invaluable in focusing disparate participants on a common performance target for which they were jointly accountable, an analytical tool with which to forge some degree of political and organization consensus . . . . The tool eventually became a vehicle for developing a community of stakeholders focused on the desired end-result – a key link in tying budget, community, and evaluation . . . . (2001, p. 2).

## MAPP Themes Guided Planning

Coastal Health District and Camden County Health Department elected to use as guidance for the Community Health Improvement Process (CHIP) five themes from the Mobilizing for Action through Planning and Partnerships (MAPP). The Public Health Team focused on key advantages of the MAPP process:

1. *Create a healthy community and a better quality of life.* Public Health leaders recognize that the presence of health services does not singlehandedly ensure a healthy community. Economic factors and social factors need to be a part of the planning effort, and any plan must build on community strengths. Findings from the broad-based Community Health Needs Assessment (CHNA) were widely publicized, and individuals, elected officials, and organizations were engaged in developing community goals that recognize the links between good health and other factors including jobs, insurance status, poverty, recreation, the environment, and social concerns including drug and alcohol abuse and family issues like child abuse.
2. *Increase the visibility of Public Health within the community.* The community survey and publicity surrounding the survey provided a kick-off for efforts to increase the visibility of the role of Coastal Health District and Camden County Health Department. Once the assessment was complete, data and analysis were shared with individuals, elected officials, and organizations who were asked to engage in developing a CHIP with goals that recognize the links between good health and other factors. Data was shared with local media, placed in the public library, made accessible on the county Public Health website and on the College of Coastal Georgia website, and provided in digital form to community leaders. Other organizations including Camden Family Connections, local governments in Camden County, the Board of Health, and the Public Service Authority shared the data with their members. Local Public Health and District Public Health staff were in all instances engaged in the assessment and planning processes.
3. *Anticipate and manage change.* Not every approach in this health improvement process worked the first time. When online surveys were inadequate for collecting data for the needs assessment, paper surveys were provided and additional outreach conducted with community organizations. Participants in the process also changed over the course of the work, and new collaborators were included as needs changed. It is important to note that the collaborative approach used in this effort brought into view perspectives that had not previously been recognized or addressed, driving changes in Public Health focus and resource allocation. In addition to the CNHA, external forces, like reduced state budgets and changing trends, have also caused Coastal Health District to reevaluate its role in service delivery and population health. Change is our only constant, but having a plan of action allows Public Health to embrace and lead for change.
4. *Create a stronger Public Health infrastructure*. The Community Health Improvement Process provided tremendous opportunity not only to educate the community about Public Health, but also to identify partners with similar goals. This collaborative approach and sharing of information and resources effectively reduces overlap in services and makes the department’s efforts more efficient and effective. The engagement of local elected officials has also reinforced the role of Public Health in meeting community needs that would otherwise not be met. In addition, the planning process has created a much stronger foundation for strategic planning.
5. *Engage the community and create community ownership for Public Health issues.* Participation in the needs assessment, followed by widespread data sharing has had a tremendous influence on community perspectives on health care. County officials and representatives from city governments were provided an overview of findings to help engage them in public health issues, which have not always been considered as matters of local government concern. While different sections of the data were of varying relevance to different audiences, the compilation of economic and social data with health data was eye-opening to interests ranging from teen pregnancy educators to the business community, hospital leadership, and elected officials. Discovering, for example, the population most likely to smoke or binge drink or those most often using the emergency room for primary care provided insights into issues that are community concerns, not just Public Health concerns. The collaborative approach helped achieve buy-in from community stakeholders willing to partner with Public Health to address these issues.

## The Process

### *The First Phase: Community Health Needs Assessment*

The Community Health Needs Assessment (See the results section of the Community Health Needs Assessment), conducted between September 1 and October 31, 2013, was composed of four pillars:

* The use of public data including demographic, economic, community resources, and health data to provide a standard of comparison for local survey data. Resources included Centers for Disease Control, the Agency for Healthcare Research and Quality, Georgia’s On-Line Statistical Information System (OASIS), data from Coastal Health District, the U.S. Census, the Bureau of Labor, University of Wisconsin County Health Rankings, Georgia Bureau of Investigation, Georgia Department of Highway Safety, Georgia Department of Natural Resources, and numerous other public resources;
* A survey that included 377 residents of Camden County (95% confidence level with a margin of error of plus/minus 5) that included demographic, economic, community resources, social and health concerns, and health data and both close-ended and open-ended questions about issues that faced respondents and their families and the larger community. Both online and paper surveys were used to ensure access to diverse populations;
* Information gleaned from two focus groups (open to the public) of invited leaders and interested citizens who commented on the survey results, offering perspective on issues that might have been overlooked or misunderstood; and
* Data analysis to identify trends and special populations affected by health issues and health risks, and comparison of local data with state and national data.

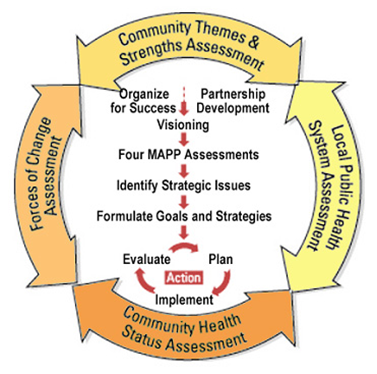
The data gained through this process allowed the collaborative to begin to:

* Identify community strengths and needs;
* Understand more fully the health status of the community;
* Learn more about the perception of the public about the public health system and where residents receive services and where they perceive barriers to care or good health;
* Identify public policy and technological changes that could improve the health status of the community.

The Community Health Needs Assessment reports were widely disseminated. Links were provided through media contacts and posted on the county and district Public Health websites, digitized copies were e-mailed to community leaders, and community group members were provided flash drives with a copy of the CHNA, as well as an executive summary and alternative visual comparison of the county with state and federal health outcomes based on the University of Wisconsin’s County Health Rankings. Bound copies were placed in local libraries. Elected officials were briefed on the results of the CHNA and invited to participate in discussion of goal-setting as part of the Community Health Improvement Plan. Other community groups were provided an overview of the CHNA and links or PDFs. Included with the information about the CHNA was an invitation to participate in building a Community Health Improvement Plan.

### *The Second Phase: Community Health Improvement Planning* *and Priority Setting*

Using a modified MAPP Framework, the six phases were followed to complete the CHIP: organizing, visioning, completing assessments, identifying strategic issues, setting goals/identifying strategies, and preparing for the action cycle by setting performance indicators.

Camden Community Alliance and Resources, already engaged in planning for major concerns like teenage alcohol use and teen pregnancy, volunteered to serve as the key community collaborative for visioning and goal-setting. A broad-based coalition that is well-established, the collaborative includes educators, health professionals, social service organizations, public health, state agency representatives, law enforcement, business people, and interested citizen volunteers. CCAR’s website describes the organization as follows:

Camden Community Alliance & Resources, Inc. is Camden County’s official planning agency for improving the lives of families and children. We are a non-profit 501(c)3 collaborative organization that serves as a liaison between children and families of Camden County and health organizations, policy changers, faith communities, businesses and other organizations that want to make a difference in the lives of these individuals by providing a direct service to the community that will meet local needs, build capacities of local organizations, plan strength-based strategies to develop the community or evaluate community progress. CCAR provides opportunities and support for other organizations to facilitate resource development and implementation.



We have been a vital part of St. Marys for a number of years. We were founded to serve a growing segment of our community in need of inaccessible services. We have continued to grow with the help of our donors and volunteers that make our mission possible. Through all these years our purpose still remains the same: bring services to those in need (http://www.camdenfamilies.org/who\_we\_are/mission.html).

Local nonprofits engaged in the Collaborative include VA Readjustment Services Center, Camden County School System, Camden County Public Service Authority, Lighthorse Health Care, NAACP, Department of Family and Children Services, Gateway (Behavioral Health), Department of Juvenile Justice, Navy-Marine Corp Relief Society, Camden County Health Department, Coastal Regional Commission, Area Agency on Aging, Kingsland Police Department, Gateway, VIV, Camden County Children’s Advocacy Center, Fleet and Family Support Centers, Innovative Prevention Education, United Way, Youth Villages, Camden County CASA, Georgia Department of Labor, U.S. Navy, Kidspeace, and Southeast Georgia Health System.

A team from Public Health shared the CHNA results with collaborative members in January 2014. The Community Health Improvement Plan steps were as follows:

* In January 2014, collaborative members were asked to make suggestions about a vision for a healthier community, and, after learning more about the CHNA, were invited to select community goals to improve community health.
* In late January and early February 2014, a “digital meeting” was held using Survey Monkey. Collaborative participants were invited to select a vision statement and goals from the list of goals suggested at the January meeting.
* Once goals were determined, the goals were grouped together under problem statements that reflected priority order of public concerns, based on the participants’ ranking of goals. The problem statements reflect awareness that social determinants of health must be addressed in order for change to take place.
* In February 2014 at the collaborative meeting, collaborative members reviewed the vision, problem statements, and goals and set to work to build activities, identify resources/inputs for activities, establish benchmarks for outputs, and identify potential outcomes and the longer term impacts of implementation of the identified goals. During March 2014, this work was used to create logic models for each goal recommended.
* The draft CHIP with partners/resources, outputs, outcomes, and long-term impacts was widely circulated to all participants and invited community stakeholders in late March to hear feedback and commentary. Feedback helped refine the goals and some new activities and partners were added.
* With input from the community, the CHIP was further revised and the draft document shared with Steering Committee members in late March for a final review. The Steering Committee included community stakeholders, Camden County Public Health leaders, and Coastal Health District staff. Final input was invited and the plan updated to reflect those changes.
* Public health staff further reviewed the plan with technical advisors in April. Final changes were made to the document, the CHIP was published on the Public Health website for community input, and plans made for final Board of Health adoption at the next quarterly meeting in Summer 2014.

The illustration below describes the process as one with increasing focus, based on needs, resources, and community partnerships.

|  |  |  |  |
| --- | --- | --- | --- |
| Broad-based community input from survey/focus groups/community meetings | Priorities/partner identification set by community partners that create vision and broad goals and identify outputs and outcomes  Clarity/Specificity | Goals/partnerships refined by a steering committee with knowledge of resources and insights from data collection | Using budget information and community priorities, Public Health uses community, collaborative, steering committee input to formalize strategic plan and set performance goals |
|  | C:\Users\mwickersham\Downloads\dreamstimefree_108970.jpg |  |  |

* (© Jenny Solomon | Dreamstime Stock Photos, http://www.dreamstime.com/abstract-background-stock-photo-imagefree108970)

The cycle illustrated below indicates the CHIP process is both iterative and cyclical.



### *The Third Phase: Implementation and Evaluation*

The goal of the ongoing Community Health Improvement planning process is to create a document to be used by the community, in partnership with Public Health, as a roadmap and foundation for cultural, environmental, and social change that leads to health improvement. Camden County Public Health Department is now establishing a Community Health Coalition to share the plan with the wider community, to fully engage participants, to review and revise activities and responsible parties as needed, and to monitor outputs and outcomes. The plan will be reviewed at least annually, though the Coalition will meet more often. While a core group of volunteers has already stepped up, others are invited and encouraged to take an active role in this process. The contact for plan implementation and evaluation is Lori Bishop, 882-8515, Extension 15, [lbishop@dhr.state.ga.us](mailto:lbishop@dhr.state.ga.us).

### *The Fourth Phase: The Action Cycle - Logic Models and Leadership for Implementation of the Five-Year Plan*

Recommendations for policy changes were also identified by the collaborative. The result was a “preliminary” logic model that was then vetted by community partners, volunteer reviewers of the draft plan, and local Public Health, before going to the CHIP Steering Committee for consideration, review and recommendations. The steering committee included local and district Public Health staff, county Board of Health members, and local leaders and elected officials. These recommendations were incorporated into the final plan.

The resulting Community Health Improvement Plan is intended to serve as a roadmap for a healthier Camden County. At the Steering Committee meeting held in April 2014, a group of citizens agreed to come together to form a Community Health Coalition to guide implementation of the plan and to seek commitment and follow-through from the partners identified through the collaborative process. With their guidance, improved health can be achieved through:

* alignment of local goals with state and federal goals;
* reducing overlap to improve the efficiency and effectiveness of limited resources;
* assigning responsibility to specific groups/organizations/individuals;
* ensuring the use of evidence-based strategies;
* periodic review of the plan to ensure that it meets current needs; and
* monitoring of performance standards that allow for measuring change.

## Next Steps for Public Health

In the phase that follows the Community Health Improvement Planning process, Public Health will engage in both “external” and “internal” strategic planning to further align goals with resources, to ensure that performance standards are appropriate for the population, to measure progress on performance indicators, and to build a more detailed five year time line for implementation of the CHIP.

The Community Health Improvement Plan provides a framework that ensures that Public Health and its community partners are creating goals and setting performance standards for performing the Ten Essential Public Health Services (www.apha.org):

* Monitor health status to identify community health problems.
* Diagnose and investigate health problems and health hazards in the community.
* Inform, educate, and empower people about health issues.
* Mobilize community partnerships to identify and solve health problems.
* Develop policies and plans that support individual and community health efforts.
* Enforce laws and regulations that protect health and ensure safety.
* Link people to needed personal health services and assure the provision of health care when unavailable.
* Assure a competent public health and personal health care workforce.
* Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
* Research for new insights and innovative solutions to health problems.

On the following pages are logic models in which major social determinant issues are identified with their related goals, inputs, activities, outputs, outcomes, and long- term impacts. Each of these problem statements and goals were derived from a collaborative approach, which was the basis for the Camden County Community Health Improvement Plan.

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| A Vision for a Healthier Camden County A community in which all families lead happy, healthy productive lives. |
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## Camden County Health Planning Values

* Access to health care and services for all
* Education as the critical path to good health and good jobs
* Economic good health fosters a healthier community
* Empowering and enabling citizens to move out of poverty

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| **Problem Statements and Goals Identified****Through the Collaborative Process** |
| Problem Statement: Camden residents face barriers in access to medical, dental, and mental health care. |
| * Goal #1: Increase the proportion of residents who have access to primary care, dental care, and mental health care. * Goal #2: Increase the proportion of residents who have health insurance. * Goal #3: Improve access to care and services for special populations. |
| Problem Statement: The high level of obesity in Camden increases risks to health. |
| * Goal #1: Reduce the proportion of residents who are obese. * Goal #2: Decrease the proportion of residents who are physically inactive. * Goal #3: Increase access to healthy foods and information about nutrition. * Goal #4: Reduce the prevalence of diabetes and hypertension. |
| Problem Statement: Camden’s most vulnerable populations are at risk because of poverty and other social factors that affect their well-being. |
| * Goal #1: Parents know about effective care and nurturing of children. * Goal #2: All children live in safe homes. * Goal #2: Reduce the rate of teen pregnancy. * Goal #4: Increase affordable and safe housing alternatives for low-income families and residents with special needs. |
| Problem Statement: Increase the proportion of Camden residents who have at least a high school diploma and both basic literacy and health literacy skills. |
| * Goal #1: Build a community in which all residents are high school graduates, thereby increasing opportunities for higher education and health literacy. * Goal #2: Implement a community health literacy campaign that is part of a larger campaign for literacy. * Goal #3: Work collaboratively across all types of organizations to recruit and retain jobs that include benefits and enable residents to move out of poverty. |

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| Problem Statement: According to County Health Rankings, 17% of Camden adults binge drink. |
| * Goal #1: Prevent/delay initiation of drinking among people under 21. * Goal #2: Decrease the percentage of Camden residents who binge drink. * Goal #3: Reduce the number of deaths/injuries of Camden residents related to driving under the influence. |
| Problem Statement: Safety issues and risk taking affect the health and well-being of Camden families. |
| * Goal #1: Reduce violence in Camden County, including family violence and criminal acts. * Goal #2: Reduce risky behaviors associated with motor vehicle and boating accidents. * Goal #3: Prevent initiation of drug abuse that causes poor judgment and links to violence and injury. * Goal #4: Reduce the incidence of sexually transmitted diseases. |
| Problem Statement: County Health Rankings reports that 22% of Camden residents smoke. |
| * Goal #1: Prevent initiation of smoking/tobacco use among youth. * Goal #2: Decrease the total number of people who smoke/use tobacco. |
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## Alignment with National Goals

It is important to note the alignment of the Camden County Health Improvement Plan with the overarching goals of Healthy People 2020 (http://www.healthypeople.gov/2020/about/default.aspx).

**Crosswalk between Healthy People 2020 Goals and** **Camden County CHIP Goals**

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| **Healthy People 2020 Overarching Goals** | **Camden County Health Improvement Plan** |
| Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death. | * Reduce risky behaviors associated with motor vehicle and boating accidents. Decrease the percentage of Camden County adults who are obese. * Decrease the proportion of Camden residents who are physically inactive. * Reduce the prevalence of diabetes and hypertension. * Prevent initiation of smoking/tobacco use among youth. * Decrease the total number of people who smoke/use tobacco * Prevent/delay initiation of drinking among people under 21. * Decrease the percentage of Camden residents who binge drink. * Reduce drug abuse that causes poor judgment and links to violence and injury. |
| Achieve health equity, eliminate disparities, and improve the health of all groups. | * Increase access to healthy foods and information about nutrition. * Increase the proportion of Camden residents who have at least a high school diploma. * Implement a community health literacy campaign that is part of a larger campaign for literacy. * Work collaboratively across all types of organizations to recruit and retain good jobs that offer insurance benefits. * Increase the proportion of residents who have health insurance. * Increase the proportion of Camden residents who have access to a primary care provider. * Improve access to care and services for special populations. |
| Create social and physical environments that promote good health for all. | * Reduce violence in Camden County, including family violence and criminal acts. * All children live in safe homes. * Increase affordable and safe housing alternatives for low-income families and persons with special needs. |
| Promote quality of life, healthy development, and healthy behaviors across all life stages. | * Parents know about the need for prenatal care and effective care and nurturing of children. * Reduce the rate of teen pregnancy. * Reduce the incidence of sexually transmitted diseases. |

## Problem Statement: Camden residents face barriers in access to medical, dental, and mental health care.

Camden County ranks 109th in population to physician ratio in the Georgia. According to County Health Rankings, in 2013, Camden County had a population-physician ratio of 2,304: 1, compared to 1,611:1 for Georgia. County Health Rankings 2013 reports that 14% of Camden residents had not seen a doctor in the past two years due to cost. The proportion of Camden residents without insurance in 2013, according to County Health Rankings, was 17%. Of CHNA survey respondents, 5% depend on the Emergency Room for primary care, but the number is likely higher, since uninsured residents were underrepresented in the survey sample. One limitation identified by focus group members is that some doctors do not accept Medicaid or new Medicaid patients, effectively limiting access.

The ratio of residents to mental health providers is 25,347:1 compared to the Georgia ratio of 3,504:1, evidence of a shortage as described by focus group recipients. Collaborative members and focus groups also expressed concern about lack of mental health access and continuity between physical and mental health services.

Camden County has a dentist-population ratio of 3092:1, compared to the Georgia rate of 2249:1. Of survey respondents, about a quarter had not seen a dentist in the past two years. The fact that some dentists have not elected to join insurance networks also limits access, according to focus group members. Survey results indicate a direct correlation between dentist visits and higher income. Of survey respondents, 5% identified dentistry as a gap in care in Camden County.

Georgia has a shortage of Public Health nurses. In 2012, 20% of public health nursing jobs were vacant. According to *Georgia Health News*, between 2003 and 2011, the state lost almost 400 public health nurses at the same time the population grew by 1.5 million. The American Public Health Association, according to the article, recommends one public health registered nurse per 5,000 people. Pay is significantly lower than in the private sector, which makes the positions difficult to fill, since need is high in other sectors http://www.georgiahealthnews.com/2012/08/public-health-nurses-vital-georgia/).

Camden focus group members identified transportation as a barrier to access to health services. The major barriers to accessing health services in Camden identified by survey respondents were the following: cost of prescription medications, finding an office or clinic open during non-work hours, finding free or reduced cost health services, inability to pay for services, lack of available appointments, and lack of a regular medical provider. The following gaps in care were identified by survey respondents: free care for people who can’t afford it, doctor who provides specialty services, primary care physicians, and mental health services.

Special populations may require additional support to increase access. Camden has 846 residents who receive SSI or SSI Disability. Of survey respondents, 11% say that they need assistance with activities of daily living. The proportion of 65 and older Camden residents grew from 6.8 to 9.7 percent between 2004 and 2011. Because Camden County is home to Kings Bay Submarine Base, veterans and their families are another important sector with special needs.

According to Healthy People 2020, “Access to health care impacts overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; [and] life expectancy” (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1). Healthy People 2020 has established national goals to “increase the proportion of persons with a usual primary care provider to 83.9%,” to reduce the proportion of persons who have delays in accessing care to 9%, and to increase to 100% the proportion of persons who have medical insurance by 2020 (<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=1>).

**Best Practice Resources/Recommendations:** According to The National Outreach Guidelines for Underserved Populations, outreach is key to improving quality of life. The following represent best practices in outreach and are included in activities/recommendations for this problem statement:

* facilitating access to quality health care and social services,
* bringing linguistically and culturally responsive health care directly to the community, and
* increasing the community’s awareness of the presence of underserved populations (<http://www.enrollamerica.org/best-practices-in-outreach-and-enrollment-for-health-centers/>.

**Rationale:** Improved access to health services can improve health outcomes for Camden citizens.

**Assumptions:**

* Primary care delivered in hospital emergency rooms is expensive and does not foster improved outcomes.
* Having a medical home through which all care can be coordinated can improve quality of care for patients and reduce costs.
* Lack of transportation for medical services can limit access to services.
* Primary care/dental care professional shortages limit access.
* Access to mental health services can improve outcomes.
* Lack of insurance coverage limits access.
* Persons whose care is covered by Medicaid may have more challenges in getting access to care.
* Continuity of care is essential for saving money and improving quality.
* **Goal #1:**  Increase the proportion of Camden residents who have access to primary care, dental care, and mental health care.
  + According to County Health Rankings, in 2013, 14% of Camden residents had not seen a doctor in the last two years due to cost.
  + According to County Health Rankings, in 2013, the population to provider ratio for mental health was 25,347:1 compared to 3,504:1 for Georgia.
  + According to County Health Rankings, in 2013 Camden’s population-dentist ratio was 3,092:1, compared to 2,249:1 for the entire state.
  + *Camden Primary Performance Indicator:* Using County Health Rankings as the benchmark, by 2018, decrease from 14% to 10% the proportion of Camden residents who have not seen a doctor due to cost.
  + *Camden Primary Performance Indicator:* Using County Health Rankings as the benchmark, by 2018, reduce by 50% the population to mental health provider ratio in Camden County.
  + *Camden Primary Performance Indicator:* Using County Health Rankings as the benchmark, by 2018, the population to dentist ratio will be equivalent to that of the state average.
* **Goal #2:**  Increase the proportion of Camden families that have health insurance.
  + According to County Health Rankings, 17% of Camden residents are uninsured.
  + *Camden Primary Performance Indicator*: Using County Health Rankings data for benchmarking, by 2018, decrease to 10% the proportion of residents who do not have health insurance coverage.
* **Goal #3**: Improve access to care and services for special populations.
  + *Camden Primary Performance Indicator*: Using County Health Rankings data for benchmarking, by 2018, decrease to 10% the proportion of residents who do not have health insurance coverage.
  + *Camden Primary Performance Indicator*: By 2018, the percentage of persons accessing WIC, immunizations, and other preventive services at Camden’s Public Health clinics will increase by 10% over 2013 (1966 WIC participants in January 2014).
  + *Camden Primary Performance Indicator*: By 2018, Camden will have a Federally Qualified Health Center that will accept all-comers, including those with special needs and without insurance coverage.

### Goal #1: Increase the proportion of Camden residents who have access to primary care, dental care, and mental health care.

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| Planned Work | | | Intended Results | | |
| Increase the proportion of Camden residents who have access to primary care, dental care, and mental health care. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Southeast Georgia Health System/Discharge planners and ER  Gateway/Other Behavioral Health Providers  Federally Qualified Health Center (proposed expansion of McKinney Center in Waycross)  Community Case Management Programs, including Community Care, Area Agency on Aging, SOURCE  School system  Public Health  Media  College of Coastal Georgia and other nursing programs in the region | Public health, SGHS, Gateway, nonprofits will encourage sign-up for insurance, assist in access to Navigators  Community forums led by trained laypersons/navigators in churches to discuss primary care  School nurses will make referrals to available providers  Information provided through hospital, nonprofits/Public Health  “Frequent fliers” to Emergency Room identified by hospitals with referrals to physicians (SGHS)  Hospital will track/trend inappropriate ER visits  Recruitment of primary care providers/mid-levels (SGHS, Chamber)  Recruitment of dentists willing to accept Medicaid/insurance (Chamber)  Recruitment/retention of mental health professionals by health system (Gateway, Chamber, SGHS)  Expand clinical experiences in public health for student nurses (CCGA, technical colleges, Public Health)  Work to reduce the shortage of Public Health Nurses by offering incentives and/or raising pay that make the jobs more competitive with the private sector (state policy)  Develop other core behavioral health providers (Gateway, health system)  FQHC implementation  Case Management through Community Care, Source, other programs and through nonprofits to link those without regular provider to primary care providers  Increase number of offices/clinics that are available after normal office hours (SGHS, other providers) | Reach out to 500 uninsured individuals to encourage them to sign up for insurance  Conduct 1 community forum per month  Make 4 referrals per month to providers  Provide 100 pamphlets  Distribute 5 frequent fliers per month  Create and distribute monthly report to ER and hospital officials  Recruit 3 primary care providers per year  Recruit 5 dentists per year who are willing to accept Medicaid/insurance  Recruit 3 mental health professionals per year  Establish a committed partnerships with 3 clinical entities per year  Provide 2 trainings to nurses per month and offer part time positions  Recruit 3 other core behavioral health providers  Develop a strategic plan for implementing a FQHC  Refer 25 individuals without regular providers to primary care physicians  Have 3 offices/clinics available after normal office hours | More patients will seek primary care first  Fewer patients will use the ER inappropriately  More doctors, dentists, and mental health providers will accept Medicaid and other insurance on the Exchange  More clinics open after hours  New providers attracted to the community, leading to greater access | Less waste and redundancy in care provided as tests are not repeated, due to primary care coordination  Improved access to primary care  Improved continuity of care for better outcomes  Increase patient awareness of cost of care and appropriate care |

Policy changes needed:

* State could revisit implementing assignment to primary care provider and authorization for specialty care/ER care;
* Medicaid implements higher co-payments for inappropriate ER use to encourage primary care;
* More clinics open after hours;
* Retain short-term increases in pay to encourage providers to accept Medicaid patients;
* New incentives to attract nurses to work in public health;
* Enhanced local effort to attract primary care physicians and dentists; and
* Nursing schools ensure clinical experience in public health setting.

### Goal #2: Increase the proportion of Camden residents who have health insurance coverage.

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| Planned Work | | | Intended Results | | |
| Increase the proportion of Camden residents who have health insurance coverage. | **Resources/**  **Inputs**  Resources essential to conduct this effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Southeast Georgia Health System  Community non-profit organizations including churches, Area Agency on Aging,  Chamber of Commerce  ACA Navigators  Department of Family and Children Services  Public Health  Proposed FQHC for Camden  Libraries  Medicaid managed care plans  Camden Community Alliance and Resources | Case managers/nurses at DFCS/nonprofits/Public Health will provide resources about insurance coverage to all uninsured clients  Community groups/Public Health will engage with Navigators during 2014 and 2015  Local media outlets will publish articles/run public service announcements about insurance options  Public Health and nonprofit websites will include link to navigators/ agencies that can help link uninsured to insurance  Emergency room referrals to navigators/case managers/insurance resources (SGHC)  Those not eligible for exchange, access available services through CMAP, Public Health, and, if realized, FQHC | Develop 100 pamphlets and distribute to uninsured clients per month  Engage 25 ACA Navigators  Disseminate 4 press releases per month  Add links to each website and update monthly  Make 4 referrals per week  Inform 20 clients about available services weekly | Increased knowledge of insurance options, access to free/affordable care  Increase number of persons whose primary source of care is a doctor’s office/clinic (CHNA data 2013 to be updated)  More people will have insurance coverage and access to health care (County Health Rankings and CHNA) | More appropriate use of ER, thereby providing cost savings to hospitals  More money for other purposes for agencies that help clients pay for meds/dental services  Consistent care that leads to improved care  Better patient education  Less stress on families without coverage  More preventive care for the newly insured  Better health outcomes for Camden residents  Fewer hospitalizations  Fewer persons with mental illness in jail  More people can purchase necessary medications |

Policy changes needed:

* Make Medicaid sustainable/dependable for families, that is, create eligibility for longer or set period of time rather than month to month (state policy);
* Expand Medicaid to 138% of FPL;
* Expansion of FQHC into Camden County; and
* Telehealth in schools for improved access.

### Goal #3: Improve access to care and services for special populations.

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| Planned Work | | | Intended Results | | |
| Improve access to care and services for special populations. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Coastal Regional Coaches  Jacksonville Vet Center  St. Marys VA Outpatient Clinic  Local physicians  Gateway/Other Behavioral Health Providers  FQHC (if funded)  Churches  Medicaid  Health benefits managers  Southeast Georgia Health System  School nurses  Volunteers  Law enforcement agencies  Area Agency on Aging,  Medicaid waiver programs  Public Health  Southeast Georgia Behavioral Health Coalition  Camden Community Alliance and Resources  Southeast Georgia Suicide Prevention Coalition  Southeast Georgia Veterans Coalition | Law enforcement will collect and trend data of persons jailed with a diagnosis of mental illness  PeachCare and transportation providers coordinate with media on talking points about transportation, access to providers  Vet Center Jacksonville, VA Outpatient Clinic will coordinate care across spectrum for veterans/families  Law enforcement will provide access to mental health consults in jail; consider telepsychiatry in jails (if available, affordable)  School nurses will make referrals for appropriate services including mental health  Increased training for school nurses on psychiatric issues (Gateway, CCAR)  Telepsychiatry available in schools (pending funding)  Elderly/disabled/persons with chronic diseases will have access to appropriate case management/disease management (CCSP, SOURCE, other waiver programs, AAA)  Implement system of volunteer lay people to visit churches to provide information about health resources, answer questions, take blood pressures, etc. (pending funding) | Distribute monthly report  Conduct 4 media briefings monthly  Conduct weekly meetings to coordinate care across units  Have 4 mental health consults per week  Make 4 patient referrals for appropriate services  Offer 6 trainings per year  Available in 4 schools per district  Increase case management staff  At least 25 lay people will be trained to serve as health navigators in churches in the community (pending receipt of grant funds) | Persons with mental illness will be able to access care  Persons with chronic disease will better understand how to care for themselves  Churches will serve in a health informational role to expand outreach  Hospitals will make appropriate referrals  Proposed FQHC will allow for integration of care with Gateway and other mental health providers  Transportation will be available to those who need it  Veterans will find resources for care within community  Aging population will be able to access disease management support | Mental health is no longer taboo for discussion  All citizens know how to access needed resources  Persons with disabilities fully access health care in the community  Volunteers support good health by expanding outreach |

Policy changes needed:

* Fully implement drug, mental health, trauma, and accountability courts;
* Provide vouchers for Coastal Regional Coaches for those who cannot afford even minimal fees;
* Add adult day health program that provides nursing services;
* Train lay people to work with elderly/disabled/mentally ill in navigator role as volunteers, outreach to churches and disenfranchised;
* Provide access to detox services for uninsured and underinsured; and
* Promote sober transitional housing for relapse prevention and recovery.

## Problem Statement: The high level of obesity in Camden increases risks to health.

According to County Health Rankings, 29% of Camden citizens are obese. Of Camden survey respondents, 47% of residents report that they are overweight, 52% say that they do not eat a healthy diet, and 29% say that they “seldom or never” exercise. Healthy People 2020 reports that nationally, almost 82% of adults do not get adequate exercise and that one in three adults and one in six children and adolescents are obese. Obesity related conditions include heart disease, stroke, and Type 2 diabetes. Obesity is also associated with some cancers and complications during pregnancy. According to the Center for Nutrition Policy and Promotion, diet‐linked diseases account for an estimated $250 billion each year in increased medical costs and lost productivity.

Heart disease is the number one cause of non-accidental death in Camden, according to public health data. Hypertension is also a major health problem among residents. Nearly 17% of Community Health Needs Assessment respondents report hypertension, which may indicate lack of awareness, since the percentage is likely higher. According to the CDC, the rate of hypertension for non-institutionalized adults was nearly 32% in 2010 (<http://www.cdc.gov/nchs/fastats/hyprtens.htm>). In Camden, in 2010, there were 120.2/100,000 hypertension discharges for African-Americans.

According to County Health Rankings, 11% of the population has diabetes. Public Health reports the following discharge rates for per 100,000 in 2010: 130 for white females; 260 for black males; and 231 for black females.

County Health Rankings reports that 47% of Camden restaurants are fast food restaurants, that 11% of the population does not have ready access to healthy foods, and that Camden has fewer parks than surrounding other area counties. Focus group participants expressed concern that residents cannot readily access healthy foods. Access to safe parks in neighborhoods and to safe places for riding bikes can increase opportunities for exercise. Camden County Schools participate in the state-mandated FitnessGram® program, in which student progress in physical fitness is measured each year. Department of Education standards require only one quarter of physical education in high school. Middle schools average almost 4 hours per week, and some teachers are incorporating physical activity into teaching other subjects.

**Best Practice Resources and Recommendations:**

*Obesity* - From the Centers for Disease Control and Prevention: “CDC’s *MMWR* report ‘[Recommended Community Strategies and Measurements to Prevent Obesity in the United States](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm)’ contains 24 recommended obesity prevention strategies focusing on environmental- and policy-level changes that can be implemented by local governments and school districts to promote healthy eating and active living. A detailed [*Implementation and Measurement Guide* Adobe PDF file](http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf) was developed by the Division of Nutrition, Physical Activity, and Obesity to assist local governments, states, and policy makers with implementing these obesity prevention strategies and reporting on the associated measurements. The guide includes measurement data protocols, a listing of useful resources, and examples of communities that successfully implemented each obesity prevention strategy” <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/index.htm#ag>.

*Active lifestyles* - Leadership Strategies for Healthy Communities reports the following in its best-practice recommendations on increasing activity: “An increasing body of evidence suggests that children who live in communities with open spaces—such as parks, ball fields, nature centers, picnic areas and campgrounds—are more physically active than those living in areas with fewer recreation facilities. One study . . . found that the people with the greatest access were 43 percent more likely to exercise for 30 minutes on most days compared with those with poorer access . . . . A 2006 study of more than 1,500 teenage girls found that they achieved 35 additional minutes of physical activity weekly for each park that was within a half mile of their homes. . . . [T]he results of a 2007 study of low-income areas found that people who live within one mile of a park exercised at a rate 38 percent higher than those who lived farther away, and were four times as likely to visit a park at least once a week (<http://www.leadershipforhealthycommunities.org/action-strategies-toolkitmenu-122/open-spaces-parks-a-rec-toolkitmenu-129?task=view&id=298>).

*Diabetes, hypertension and heart disease* - Best practice recommendations for systemic change from the American Heart Association include the following: “identifying all patients eligible for management; monitoring at the practice/population level; increasing patient and provider awareness; providing an effective diagnosis and treatment guideline; systematic follow-up of patients for initiation and intensification of therapy; clarifying roles of healthcare providers to implement a team approach; reducing barriers for patients to receive and adhere to medications as well as to implementing lifestyle modifications; leveraging the electronic medical record systems being established throughout the us to support each of these steps” http://hyper.ahajournals.org/content/early/2013/11/14/HYP.0000000000000003.full.pdf.

**Rationale:** Obesity is associated with increased risk of premature mortality and chronic disease.

**Assumptions:**

* Regular exercise can help people lose weight.
* Nutrition education and support groups can encourage weight loss.
* Elementary school children whose weight is normal are less likely to be obese as adults.
* Ready access to affordable fresh foods and healthy foods can reduce caloric intake and reduce obesity.
* Access to parks, walking and bike trails, and other recreation can increase exercise opportunities.
* **Goal #1:** Reduce the percentage of Camden County adults who are obese.
  + Healthy People 2020 reports that in 2009 only 31% of adults were at a healthy weight. The U.S. target for 2020 is 34%.
  + County Health Rankings reported in 2013 that 29% of Camden adults are obese.
  + *Camden Primary Performance Indicator:* Using County Health Rankings data for benchmarking, Camden seeks to reduce the proportion of obese adults from 29% to 25% by 2018.
* **Goal #2:** Decrease the proportion of Camden residents who are physically inactive.
  + County Health Rankings reported in 2013 that 24% of Camden residents are physically inactive. CHNA survey data indicates that 29% never exercise. Healthy People 2020 reports that, nationally, in 2008 over 36% of adults did not exercise.
  + County Health Rankings reports that there are fewer parks per capita in Camden than the mean for the state. Collaborative members urged the development of “active-play” neighborhood parks and walking trails to enhance the county’s excellent fitness center programming.
  + *Camden Primary Performance Indicator*: By 2018, add at least one biking/walking trail that is accessible to the community.
  + *Camden Primary Performance Indicator:* By 2018, each apartment complex and homeowners’ association will have an accessible, safe playground within walking distance.
  + *Camden Primary Performance Indicator*: Using County Health Rankings data as the benchmark, by 2018, Camden will reduce the proportion of citizens who are physically inactive from 24% to 20%.
  + *Camden Primary Performance Indicator:* Using school data for benchmarking, between 2014 and 2018, establish a trend of increasing the percentage of students in Camden who demonstrate physical fitness on the FitnessGram® test that is mandated by the State of Georgia for all students.
* **Goal #3:** Increase access to healthy foods and information about nutrition.
  + According to County Health Rankings, 47% of Camden restaurants are fast-food outlets with few choices for healthy meals. County Health Rankings also reports that 11% of Camden residents are low-income and do not live close to a grocery store.
  + *Camden Primary Performance Indicator:* By 2018, there will be at least one farmers’ market that accepts EBT cards.
  + *Camden Primary Performance Indicator:* By 2018, there will be at least 10 community gardens.
  + *Camden Primary Performance Indicator:* Nutrition education will be offered by Public Health and its partners at least annually beginning in 2014.
* **Goal #4:** Decrease the prevalence of diabetes and hypertension among Camden residents.
  + *Camden Primary Performance Indicator:* By 2018, using OASIS data for benchmarking, reduce from 11% to 10% the proportion of residents with diabetes.
  + *Camden Primary Performance Indicator:* By 2018, using OASIS data for benchmarking, reduce by 10% hospital discharges for hypertension.

### Goal #1: Reduce the percentage of Camden County adults who are obese.

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| Planned Work | | | Intended Results | | |
| Reduce the percentage of Camden County residents who are obese. | Resources/Inputs  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  WIC  Parent-teacher organizations  Camden County Public Service Authority - Department of Leisure Services  Home Owners’ Associations,  Apartment Complexes  Hospital  Community volunteers with interest in wellness/nutrition  4-H  Girl Scouts  Grant funding to pay for BP cuffs, scales, training for FD and laypersons  Medical providers  Housing Authority  Schools  Local governments  Coastal Area on Aging  CMAP  Elected officials/local celebrities  Coastal Georgia Community Action Authority  Fire departments  Grocery stores  Chamber of Commerce | Create awareness of link between obesity and chronic disease through education at health fairs, FQHC, case management entities, 4-H, YMCA, other nonprofits  WIC consults with new mothers  Camden fitness center will track/trend participation  School will track/trend FitnessGram® results  Health fairs with BP, cholesterol checks, weight, blood sugar screens (SGHS, other providers, fitness centers)  Community food and fitness events  Classes offered by Leisure Services on nutrition, exercise  Help clarify what obesity is (people do not realize that they are obese) through media (Public Health, CCAR media, Public Service Authority)  County provides wellness incentives for employees  Create competition with other cities and counties (need partner)  Engage local “celebrities” in weight loss effort, “biggest loser” type contest  Continue to enforce nutrition policies in school system  Chamber of Commerce promotes healthy workplace initiatives  Food distribution sites offer weigh-in and nurse consults (CGCAA)  Classes in which children teach parents what they’ve learned (4-H, Girl Scouts)  Weight/scales available at fire departments  Health laypersons who visit churches to check blood pressure/provide nutrition materials (need partner to create materials)  Grocery stores will conduct healthy cooking demonstrations | Have monthly health fairs and distribute 100 pamphlets  Conduct 4 consultations with new mothers weekly  Distribute monthly report  FitnessGram results distributed to school officials and parents  At least 2 community wellness events are held annually providing these services  Develop partnerships among famer’s markets and gyms  Offer 4 classes per month  Disseminate 4 press releases per month  Provide 1 incentive per month  Conduct monthly meetings with surrounding counties; develop partnerships  Recruit 2 celebrities per week to participate  Discuss in monthly meetings and distribute report to school officials  Distribute workplace initiatives  Offer weigh-in and nurse consults twice a week  Offer one class per week  Provide 2 weight/scales at each fire department  At least 25 churches are visited each year about layperson to talk about nutrition and do blood pressure checks (pending grant funding)  Conduct 1 health cooking demonstrations at a different grocery store weekly | Individuals will distinguish between healthy and unhealthy foods  Persons who lose weight more likely to exercise, further improving health  Individuals will recognize and address weight problems  Children will influence parents  Churches will take leadership role in improving health status of members  Changes in eating habits | Healthier community  More active community  Community has culture of good health/fitness  Less chronic disease  More children are active |

Policy changes needed:

* School policies continue to decrease the accessibility of high-fat, high sugar snack availability and appropriate classroom snacks and policies are enforced within schools;
* Changes in government food assistance programs to encourage healthy eating;
* Businesses offer incentives for healthy behaviors, modeling themselves after county’s wellness plan; and
* State should reevaluate the requirement of only 1 quarter of physical education for high school students.

### Goal #2: Decrease the proportion of Camden residents who are physically inactive.

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| Planned Work | | | Intended Results | | |
| Decrease the proportion of Camden residents who are physically inactive. | **Resources/ Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  Law enforcement  City/county government  Leisure Services (PSA)  WIC  Parent-teacher organizations  Hospital/volunteers  4-H  Girl Scouts/Boy Scouts  Grant funding/donations  Construction companies  Bicycle shop  Volunteers  Housing Authority  Schools  School nurses  CMAP  Coastal Georgia Community Action Authority | Leisure Services will identify opportunities for more active playgrounds (Public Service Authority)  Conduct a walkability and bikeability assessment in a 2-mile radius of each school campus (see grant funding from Department of Transportation – CCAR interested in project)  Leisure services will identify more opportunities for adult physical activity (not team based) (Public Service Authority)  City/county governments will identify and plan for areas where sidewalks are needed for biking/walking (Local governments)  County fitness center will track/trend attendance  Schools will encourage and track/trend participation in high school physical education (or sports) beyond minimum of one quarter  More teachers will include physical activity in learning  After-school programs will include some form of physical activity  Community fitness event  Churches offer exercise classes or group walk and talk time for adults/children  Schools will track and trend average BMI for comparison to national norms for age group | Identify 3 opportunities per month  Conduct 3 assessments per month  Identify 3 opportunities per month and inform 20-30 adults  Conduct 3 assessments per month  Report on findings in monthly meetings  Distribute quarterly report  25 teachers will develop and implement curriculum in schools  3 after-school programs per week will include physical activity  Camden County will have at least 1 community-wide fitness/health event per year  Offer once a week  Distribute quarterly report to school board officials and parents | County has fewer overweight individuals  Years of potential life lost decreases  Rates of hypertension, diabetes decrease | Community engagement  Culture of physical fitness  Healthier community  More productive workforce |

Policy changes needed:

* All new housing developments/apartment complexes require consideration of sidewalks;
* Make playground/play areas a requirement for new housing developments/apartments;
* Local governments identify (including signage and promotion) preferable walking and bicycle riding routes to schools;
* Provide more neighborhood-based parks and recreation spaces; and
* Promote youth fitness as an option to and in conjunction with youth sports.

### Goal #3: Increase access to healthy foods and information about nutrition.

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| Planned Work | | | Intended Results | | |
| Increase access to healthy foods and information about nutrition. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  WIC  Parent-teacher organizations  Hospital  Community volunteers with interest in wellness/nutrition  4-H  Businesses/Chamber  Girl Scouts/Boy Scouts  Medical providers  Housing Authority  Schools  Community gardens  CMAP  Coastal Georgia Community Action Authority  Fire departments  Grocery stores  College of Coastal Georgia Culinary Program  Grant funds for training laypersons to visit churches | Nutrition classes offered at least annually (Public Health and community partners)  WIC consults with new mothers  Health fairs will offer nutrition information (SGHS, other providers, Gateway)  Community food and fitness event to promote wellness  Have Farmer’s Market (seasonal) that accepts EBT cards  Community gardens will offer seasonal produce in gardens or contribute to Farmers Market (need partner)  Continue to enforce policies that remove sugary, high-fat snacks from schools, including classroom snacks  Food distribution sites offer weigh-in and nurse consults (CGCAA)  4-H, Scouts offer nutrition education  BP cuffs/scales available at fire departments (fire departments)  Health laypersons visit churches to check blood pressure/take weights, offer nutrition classes (Pending grant for equipment/training)  Grocery stores will conduct healthy cooking demonstrations (Grocery Stores)  Schools will trend BMI from FitnessGram® data for trending (Schools)  More businesses will provide incentives for healthy eating habits/exercise (Chamber)  Businesses will change out unhealthy snacks for healthy snacks (Chamber) | Provide 4 consultations per week to new mothers  Conduct 4 times a year  At least 1 community-wide wellness event is held annually (need partner, Public Service Authority)  Recruit 1 farmer’s market per month  Increase marketing of community gardens  Review policies monthly  Offer twice a week  Offer twice a month; develop curriculum  Provide 2 BP cuffs/scales at fire departments  At least 25 churches are visited each year about layperson to talk about nutrition and do blood pressure checks, cooking demonstrations (pending grant funding)  Conduct one healthy cooking demonstration per month  Distribute quarterly reports to parents and school officials  Recruit 2 business per month who will provide incentives  Healthy snacks are available for employees | Individuals will distinguish between healthy and unhealthy foods  Healthy foods, including fresh fruits and vegetables, are available and accessible  Persons who lose weight more likely to exercise, further improving health  Individuals will recognize and address weight problems  Children will influence parents  Churches will take leadership role in improving health status of members  Changes in eating habits  Businesses encourage healthy habits | Healthier community  More active community  Community has culture of good health/fitness  Less chronic disease  More children are active  More productive workforce |

Policy changes needed:

* Continue to evaluate policies on school and classroom snacks; and
* Remove unhealthy alternatives from business vending machines and replace with better alternatives.

### Goal #4: Decrease the prevalence of diabetes and hypertension among Camden residents.

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| Planned Work | | | Intended Results | | |
| Decrease the prevalence of diabetes among Camden residents. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  WIC  Hospital  Medical providers  CMAP  Churches  Fire departments  Grant for blood pressure cuffs, training of laypersons  Case managers  Community Care, SOURCE, other waiver programs  FQHC – if implemented  Coastal Georgia Community Action Authority | Nutrition classes available (Public Health, partners)  WIC consults with new mothers  Diabetes support group available (SGHS)  Diabetes screening available at no or low cost at Health Department  Blood sugar screenings and blood pressure checks available (SGHS, other providers, Gateway)  Food distribution sites offer diabetes screenings (CGCAA)  Blood pressure cuffs/scales available at fire departments 24/7  Food distribution sites offer blood pressure screenings, weigh-ins  Most at-risk can be provided blood pressure cuffs at little or no cost in returning for reporting blood pressure (pending funding)  Lay persons will visit churches to do BP checks and talk about need to diabetes screening (pending funding) | Offer classes annually  Conduct 4 consultations with new mothers per month  Offer support groups per month  Diabetes screenings available at least 2 times/year in community (SGHS, Public Health)  Conduct annually at community health fairs  One distribution site per month  Have 2 BP cuffs/scales at fire departments  Offer BP screenings and weigh-ins monthly  Hypertension education available at least quarterly in community (SGHS, Public Health, other providers)  At least 25 churches are visited each year by layperson to check blood pressures, discuss nutrition (pending grant funding) | Pre-diabetics increase awareness  Diabetics better manage disease through better nutrition and exercise  Churches will take leadership role in improving health status of members  Hypertensives more aware of need to monitor blood pressure  Persons with hypertension better manage disease through better nutrition and exercise  Churches will take leadership role in improving health status of members  Reduce long-term disability  Reduce number of strokes | Healthier community  More active community  Less chronic disease  More productive workforce  Lower health care costs |

Policy changes needed:

* Provide case managers for high risk, non-compliant patients; and
* Implement diabetes and hypertension screening at community based organizations.

## Problem Statement: Camden’s most vulnerable populations\* are at risk because of poverty and other social factors that affect their well-being.

\*Vulnerable populations are, for purposes of this problem, defined as children at risk of abuse or neglect, people in poverty, aged with need for assistance, persons with mental health problems, teen mothers and children born to teen parents, persons with mental or physical disabilities, and persons who live in substandard housing.

Social determinants of healthy are increasingly recognized as key factors to health promotion and prevention. Healthy People 2020 highlights “the importance of addressing the social determinants of health by including ‘Create social and physical environments that promote good health for all’ as one of the four overarching goals for the decade. This emphasis is shared by the World Health Organization, whose Commission on Social Determinants of Health in 2008 published the report, ‘Closing the gap in a generation: Health equity through action on the social determinants of health.’ The emphasis is also shared by other U.S. health initiatives such as the National Partnership for Action to End Health Disparities and the National Prevention and Health Promotion Strategy” (<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>).

According to Family Connection Partnership, the rate of child abuse in Camden County was 7.3/1000 in 2012, which translates to 107 substantiated incidents of child abuse/neglect. The CDC reports that one of seven children will experience some sort of abuse in their lifetimes (<http://www.cdc.gov/violenceprevention/pdf/cm-data-sheet--2013.pdf>). Of the Camden CHNA survey respondents who identified a social problem, 11% expressed concern about child abuse and neglect. Camden County’s child mortality rate, according to County Health Rankings, was 51.6 in 2013 with 28 deaths of children under 18.

In the State of Georgia, the rate of abuse of girls was slightly higher than that of boys, 7.7 versus 7.4. Of all substantiated cases, almost 73% were for neglect. Nearly 21% of children who were abused had a drug abuser as caregiver. Children with disabilities are more likely to be abused (Child Maltreatment Report 2012).

Children who live in single parent households are more likely to be in poverty and, according to Office on Child Abuse and Neglect researchers, are

• 77 percent greater risk of being physically abused

• 87 percent greater risk of being harmed by physical neglect

• 165 percent greater risk of experiencing notable physical neglect

• 74 percent greater risk of suffering from emotional neglect

• 80 percent greater risk of suffering serious injury as a result of abuse

* 120 percent greater risk of experiencing some type of maltreatment overall (<https://www.childwelfare.gov/pubs/usermanuals/foundation/foundatione.cfm>).

Between 2007 and 2011, nearly 27% of Camden families with children lived in homes with annual incomes less than 150% of the Federal Poverty Level (Kids Count Database). County Health Rankings reports that in 2013, 55% of children were eligible for free lunch. Focus group members who discussed the Community Health Needs Assessment expressed concerns about a growing trend among parents not to have their children immunized, thereby putting themselves and other children at risk. Lack of access to affordable dental care for children may also have life-long ramifications to Camden children without access. In 2011, 287 young people had contact with the Department of Juvenile Justice. Over 20% of Camden children lived in poverty in 2011 (USDA Economic Research).

According to the National Campaign to Prevent Teen Pregnancy, teen mothers are more likely to have low birthweight babies and twice as likely to abuse or neglect their children. The children of teen mothers also fare poorly: sons are twice as likely to go to prison that children of older mothers, daughters three times more likely be teenage mothers, and children of teen mothers are more likely to repeat a grade or drop out of school before graduation (<http://www.thenationalcampaign.org/why-it-matters/pdf/child_well-being.pdf>).

“Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and mental health” (Kreiger and Higgins 2002, Abstract). From 2007 – 2011, Camden had 398 households without adequate plumbing.

**Best Practice Resources and Recommendations:** According to FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the following are evidence-based best-practices in child abuse prevention: home visits, parent education/support, and skills-based training for children. Details about successful programs/models are available at <http://friendsnrc.org/joomdocs/eb_prog_direct.pdf>. The federal Office of Justice Programs makes available best practices for juvenile justice prevention programs at <http://www.ojjdp.gov/mpg/>. According to the National Campaign to Prevent Teen and Unplanned Pregnancy reports that best-practice programs can: “delay teen sexual activity, improve contraceptive use among sexually active teens; and/or prevent teen pregnancy. Evidence-based effective interventions are available at <http://thenationalcampaign.org/sites/default/files/resource-primary-download/Briefly_Effective_Interventions.pdf>. Successful programs that have attacked housing disparities can be found at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1257572/>.

**Rationales:** Healthy and stable homes produce healthier children.

**Assumptions:**

* Community awareness of child abuse/neglect will increase reporting and allow for intervention and support.
* Community partnerships are essential to address the multi-faceted needs of families who face the challenges of poverty and other social issues, including drug and alcohol abuse.
* Research indicates that parents who have knowledge of parenting and the stages of child development and who have access to support in times of emotional stress are less likely to abuse their children.
* Identification of and greater collaboration among service providers can improve functionality of existing resources.
* Drug and alcohol abuse in the home place children at higher risk of abuse.
* **Goal #1:** Parents know about effective care and nurturing of children.
  + In 2013, according to County Health Rankings, 8.6% babies born to Camden mothers were considered to be low birthweight babies, a risk factor for other problems.
  + In 2013, according to County Health Rankings, the infant mortality rate in Camden was 575/1000 with 24 deaths.
  + *Camden Primary Performance Indicator:* By 2018, using County Health Rankings for benchmarking, Camden will reduce from 8.6% to 7.8% the proportion of low birthweight babies.
  + *Camden Primary Performance Indicator:* Between 2014 and 2018, using County Health Rankings for benchmarking, Camden will see a decline in the infant mortality rate.
* **Goal #2:** All children live in safe homes**.**
  + In 2013, according to County Health Rankings, 30% of children lived in single family households. According to data from the Administration on Children, Youth and Families *2012 Child Maltreatment Report*, the rate of child victims in Georgia in 2012 was 7.2/1000; Camden’s rate was 7.3/1000.
  + *Camden Primary Performance Indicator*: Using the Child Maltreatment Report for benchmarking, by 2018, reduce the rate of substantiated child abuse in Camden from 7.2/1000 to 6.8/1000 or lower.
* **Goal #3:** Reduce the rate of teen pregnancy.
  + The Healthy People 2020 target for adolescent births (15 – 17) is 36.2/1000.
  + According to County Health Rankings, the teen birthrate (ages 15-19) for Camden County was 54/1000, higher than that of Georgia at 50/1000 and of the U.S. national benchmark of 21/1000.
  + *Camden Primary Performance Indicator:* By 2018, using County Health Rankings for benchmarking, reduce from 54/1000 to 40/1000 births to teenage mothers.
* **Goal #4:** Increase affordable and safe housing alternatives for low-income families and persons with special needs.
  + County Health Rankings reports that the percentage of households in Camden with housing costs representing at least 30% of household income was 34% in 2013, compared to 36% for all of Georgia. According to The Urban Institute, in 2012 for every 100 extremely low income households, there were only 23 affordable/available rental units (http://www.urban.org/housingaffordability).
  + Camden Public Health reported 150 blood tests showing high lead blood levels in 2012.
  + *Camden Primary Performance Indicator:* By 2018, using Urban Institute data for benchmarking, increase the availability of housing units for extremely low-income renters above the 2012 level of 23 available and affordable rental units per 100 households.
  + *Camden Primary Performance Indicator:* Using Public Health data for benchmarking, by 2018, reduce to zero the number of blood tests showing high lead blood levels.

### Goal #1: Parents know about effective care and nurturing of children.

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| Planned Work | | | Intended Results | | |
| Parents know about effective care and nurturing of children. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  School system/school nurses  Day care providers  Faith-based providers  Churches  Missions for Camden, Faith in Action  Camden County Family Violence Task Force  Ob/Gyn referrals to social service providers/Public Health for pre-natal education  DFCS  Grant funding for in-home visits  SGHS  Mandated reporters  Parent-teacher organizations  Babies Can’t Wait  Camden Community Alliance and Resources  Workforce Investment Act Provider (Paxen)  Camden County Attendance Panel  Local Interagency Planning Team  Department of Juvenile Justice  Governor’s Office for Children and Families | In-school or after-school programs for teen moms still in school (CareNet, other partners needed)  DFCS makes recommendation to visit Public Health when aware of teen pregnancy or pregnancies in at-risk families (DFCS, Public Health)  Continue Care Net’s “Earn While You Learn” program  In-home visits for new mothers in at-risk families (dependent on grant funding)  Free parenting classes by faith-based groups, churches (need to identify partners)  Clear referral processes for at-risk families to parenting classes, financial management, nutrition classes offered by Public Health/community partners (Community Health Coalition, SGHS, Gateway)  Public Health follows positive pregnancy tests to offer services, counseling  Increased use of training for mandatory reporters (available online through Governor’s Office for Children and Families)  All new mothers receive information on community resources for parenting classes while in the hospital (SGHS)  Parent-teacher organizations host annual meeting on helping children succeed in school (School system)  Offer peer mentorship programs for young or abusive parents (DFCS)  Workforce Investment Act Camden provider offers incentives for high school completion, GED or work skills to at risk youth and young adults (Paxen)  Children and families referred to attendance panel, Local Interagency Planning Team, or Children in Need of Services (CHINS) committee for prevention services  Increase access to first trimester prenatal care through referrals, health promotion, pregnancy testing (Public Health, community partners)  Community wide “Back to Sleep” campaign (SGHS, Public Health) | Enroll 15 teen moms per school  DFCS creates and distributes quarterly report to Public Health  Recruit 10 participants per month  Conduct 4 visits per month  At least one no-cost or low-cost parenting class available at all times in Camden County (faith-based groups, nonprofits, DFCS, community partners)  At-risk families receive at least one home visit after birth of baby (dependent on grant funds)  After every positive test provide a consultation  Offer 2 trainings per month  Distribute materials to mothers  Each school parent-teacher organization will offer at least one annual event on helping children succeed in school (schools)  Enroll 10-15 parents twice a year  Develop plan for incentives  Refer 10 children and families per month  Refer 20 clients per month  Conduct annually | Fewer children in single parent families (County Health Rankings)  Mandatory reporters better trained  Parenting classes available for all teens and at-risk families throughout the year  Family violence reduced  Less child abuse | More agencies collaborating for effective outcomes  Fewer cases of child abuse  Healthier children  Higher graduation rate  More students with on-time graduation rates  Lower rate of child abuse |

Policy changes needed:

* Mandatory parenting classes for persons reported for child abuse/neglect (not just referrals);
* Resources for parenting provided to at-risk families while in the hospital;
* Peer Mentorship Program;
* Establish and publicize a help line;
* Families with history of child abuse/neglect have mandatory in-home visits after birth of new baby;
* Offer GED testing subsidies for civic engagement; and
* Employers subsidize tech school and Georgia Virtual Technical Connection courses that lead to certificates, diplomas, or degrees.

### Goal #2: All children live in safe homes.

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| Planned Work | | | Intended Results | | |
| All children live in safe homes. | **Resources/Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  DFCS  Camden Community Alliance and Resources  Community organizations that work with family violence, including Task Force Against Family Violence  Georgia Commission on Family Violence  Georgia Bureau of Investigation/local law enforcement  CareNet  Mandatory reporters  SGHS  Churches  Social service organizations like Salvation Army  Schools  Safe Harbor Children’s Center  CASA  Georgia Office for Children and Families Mandatory Reporter Training  Babies Can’t Wait  Georgia Department of Early Care and Learning  Head Start | DFCS requires parenting classes for families with reported child abuse/neglect  Community resource list given to parents when abuse/neglect suspected but not substantiated (DFCS)  GBI/local law enforcement handles criminal cases, but also makes referrals to community resources (Community Health Coalition makes connections)  Include link to resource material for social supports on Family Connection web pages (CCAR)  Churches/social service organizations provide family counseling (churches, partners)  Churches/social service organizations publicize counseling options, train on mandated reporting protocols (churches, Faithworks, child advocacy groups, domestic violence groups)  Online training for mandatory reporters (Georgia Office for Children and Families)  CareNet continues to offer “learn to earn” classes for at-risk mothers  Increase access to first trimester prenatal care (prompt referrals, ready access to pregnancy tests) (Public Health)  Community wide Back to Sleep campaign (Public Health, SGHS, community partners) | Parenting classes available on a regular basis (PH/community partners/schools)  Resource list of community organizations readily available for law enforcement, hospital, DFCS, social service organizations annually (CCAR and partners)  Make 10 referrals per month  Add link to website and update quarterly  Offer counseling once a week  Conduct monthly trainings  Establish trainings for new hires and current employees  Offer monthly classes  Make 15 referrals per month  Conduct campaign annually | Fewer children in single parent homes (County Health Rankings)  Fewer children in foster care (Administration on Children and Families)  Fewer substantiated cases of child abuse/neglect (Administration on Children and Families)  Improved reporting of child abuse/neglect  More people are made aware of how to report child abuse/neglect | Higher graduation rates  More intact families  Higher family incomes  Healthier families  Lower crime rate  More collaboration between medical providers and social service agencies |

Policy changes needed:

* Provide a continuum of care among social service providers; and
* Provide affordable and safer housing for families.

### Goal #3: Reduce the rate of teen pregnancy.

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| Planned Work | | | Intended Results | | |
| Reduce the rate of teen pregnancy. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  (Changes that will occur in organizations, community, or systems due to effort) |
| Schools  School nurses  Churches  Public Health  Physicians, including pediatricians/OB-GYNs  Parents  Sex education curriculum in Camden Schools  Law enforcement – CHAMPS program  Teen mothers  CareNet Peer Counseling Program  DFCS  United Way | Offer age-appropriate sex education in schools (already in curriculum)  Teen parenting classes offered by local agencies (CareNet, other partners?)  After-school programs provide counseling (YMCA)  Peer mentor programs (CareNet)  Parental training on signs that a child is sexually active (Schools)  Focus on at-risk youth (DFCS)  School nurses offer classes  Teen mothers invited to talk to student groups about challenges of teen pregnancy  Public Health/community partners work with teens who have had a pregnancy to reduce chances of a second pregnancy  Public Health tracks age of teen births for trending  Outreach to older teens about free/low cost birth control  DFCS makes referrals to Public Health/community partners for education and counseling  Increase parent involvement with schools, particularly during middle school and high school years (schools, United Way) | All middle and high school continue age-appropriate sex education, teen pregnancy (schools)  Offer classes monthly to teen parenting classes  Offer 3 after-school programs  Offer 2 peer mentor programs  Offer monthly parental training  Develop a strategic plan on recruiting at-risk youth  Offer monthly classes  Offer monthly discussions after school  Develop a program and enroll 10-15 committed teens per year  Create and distribute quarterly report  Conduct 4 health fairs per year  Refer 10-15 clients per month  Recruit 20-40 parents | Teen birthrate decreased (County Health Rankings data)  Teen birth rate among minors decreased (OASIS)  Students stay in school longer  (graduation rate)  Fewer low birth weight babies  (OASIS)  Fewer children in poverty  (Kids Count)  Reduce rate of child abuse/neglect | More high school graduates get better jobs, change cycle  Fewer children born to single mothers  Lower cost to system if parents are mature and working  Healthier babies |

Policy changes needed:

* Offer substantive and collaborative andragogical parent involvement opportunities; and
* Offer new Navy recruits sex education.

### Goal #4: Increase affordable and safe housing alternatives for low-income families and persons with special needs.

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| Planned Work | | | Intended Results | | |
| Increase safe and affordable housing alternatives for  low-income families and persons with special needs. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Developers  Financial institutions/lenders  Habitat for Humanity  Chamber of Commerce  Department of Community Affairs  Department of Housing and Urban Development  City/county home inspectors, code enforcement  Local governments  Coastal Regional Commission  Law enforcement  Coastal Georgia Community Action Authority (CGCAA)  Churches  Social service organizations  Volunteers | More affordable housing starts (developers, Department of Community Affairs, Housing and Urban Development)  Habitat, through its Brush with Kindness program, make physical improvements to substandard housing (Habitat)  Local governments identify abandoned homes and take action before they become blighted (local governments)  Home inspections to identify substandard housing and refer to community agencies, when appropriate (local governments)  CGCAA provides financial counseling to home buyers, provides weatherization services  Link persons who live in homes without adequate insulation and moisture barriers to CGCAA | Develop a partnership among housing developers and banks  Recruit 20-35 volunteers  Identify 3 homes per month  Conduct 5 home inspections per month  Financial counseling is provided before customers purchase homes  Refer 20 individuals to CGCAA per month | Fewer people live in substandard homes  Neighborhoods are more stable when housing is decent  Families have access to safe and affordable housing  More permanent residents who become a part of the community | Crime is reduced and more people venture out of their homes to use local parks, thus healthier community  Fewer abandoned, neglected homes  More pride in community |

Policy changes needed:

* Redraft local ordinances to promote affordable infill development;
* Develop local planning ordinances to reduce setbacks and encourage affordable cottage development; and
* More aggressive inspections of abandoned homes.

## Problem Statement: Raise the proportion of Camden residents who have at least a high school diploma and both basic literary and health literacy skills.

Under the new federally-mandated formula for setting the graduation rate that took place in 2012, Camden’s graduation rate was 75%, according to County Health Rankings. Of respondents to the Community Health Needs Assessment survey, those with lower educational levels were much more likely to report poor or fair health status than those with higher educational levels. The unemployment rate for Camden County was 9.7% in late 2013. Focus group respondents indicated that many jobs pay low wages and do not offer benefits.

**Best Practice Resources/Recommendations:** Evidence-based best practice ideas are available at the National Dropout Prevention Center/Network at <http://www.dropoutprevention.org/customized-seminars/effective-strategies-increasing-graduation-rates>. To improve health literacy, the CDC recommends that all materials be “accurate, accessible, and actionable” (<http://www.cdc.gov/healthliteracy/developmaterials/index.html>). To enhance health literacy, low literacy materials must be available at the source of care delivery.

**Rationale:** Higher education levels are associated with higher incomes and better health.

**Assumptions:**

* More education is related to ability to get better jobs that can lift people from poverty and help families with better understanding of practices that lead to good health.
* Increasing the proportion of Camden County residents who complete high school will provide more opportunities for post-secondary education and job placement.
* Persons with higher educational levels are more likely to report good or excellent health status.
* Health literacy can be a part of an overall literacy program.
* **Goal #1:** Increase the proportion of Camden residents who have at least a high school diploma and some post-secondary education.
  + Camden’s high school graduation rate was 75% in 2013.
  + *Camden Primary Performance Indicator:* Using County Health Rankings for benchmarking, by 2018, increase the high school graduation rate from 75% to 85%.
* **Goal #2:** Implement a community health literacy campaign that is part of a larger campaign for literacy.
  + In 2003, the most recent year for literacy statistics, 13% of the Camden population lacked basic literacy skills (https://nces.ed.gov/naal/estimates/).
  + *Camden Primary Performance Indicator:* By 2018, increase the literacy rate to 97% of the population.
* **Goal #3:** Work collaboratively across all types of organizations to recruit and retain good jobs that offer benefits and enable residents to move out of poverty.
  + In late 2013, the unemployment rate in Camden County was 9.7%. In 2013, according to County Health Rankings, 17% of the population was uninsured.
  + *Camden Primary Performance Indicator*: Using County Health Rankings for benchmarking, by 2018, reduce to 10% the percentage of population that is uninsured.
  + *Camden Primary Performance Indicator:* Using Bureau of Labor Statistics for benchmarking, the unemployment rate in Camden County will decrease from 9.7% in late 2013 to 7.5% in 2018 (Bureau of Labor Statistics)

### Goal #1: Build a community in which all residents are high school graduates, thereby increasing the opportunity for higher education and health literacy.

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| Planned Work | | | Intended Results | | |
| Build a community in which all residents are high school graduates, thereby increasing the opportunities for higher education and health literacy. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short and Long-term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Coastal Pines Technical College  College of Coastal Georgia  Adult Literacy Center at Camden Center  Coastal Workforce Services  Head Start  TANF  Department of Labor  Kings Bay Career Center  Camden Re-entry Program  Goodwill Service Center  Salvation Army, St. Marys  Missions for Camden, Faith in Action  Wellcare of Georgia GED Benefits Program  Teachers/school counselors/principals | Publicize Wellcare’s offer to pay for GED for members of the health plan (Wellcare, media)  High schools will track college/tech school admission rate (high school)  Teachers/school counselors identify students are risk for referral to tutoring, resources  To encourage college enrollment, work with Coastal Pines and CCGA to encourage joint enrollment (schools, colleges)  Literacy programs will include components of health literacy (Coastal Pines Tech)  Outreach to parents of Head Start, TANF participants, DOL unemployed and job-seekers, county incarcerated with information about Camden Re-entry Program, Salvation Army, Goodwill, and faith-based supports | At least 20 Wellcare Patients will complete their GEDs through the Wellcare program (Wellcare data)  Create and distribute report annually  Refer students quarterly  At least 30 Camden County students will experience college through joint enrollment or the opportunity to take college classes (College of Coastal Georgia, Coastal Pines Technical College)  Restructure literacy programs as needed annually  Conduct 5 outreach events per year | More students graduating from high school (County Health Rankings)  Increased population with technical skills  More potential employers attracted to Camden County  More students furthering their education after high school (school data)  Greater numbers of Camden residents successfully completing GED exams (GED Testing Program, Coastal Pines Technical College, Wellcare) | More collaboration among communities, schools  More educated workforce, ready for work  More educated people, healthier community  Improved literacy increases health literacy |

Policy changes needed:

* College of Coastal Georgia and Coastal Pines Technical College should develop articulation agreements to define short and long-term training options that create a “step-wise” process for individuals to transition from GED or high school diploma to Technical Certificates of Credit to Career Diplomas to Associate degrees and Bachelors’ degrees. Also align Valdosta State and Brenau, if possible;
* Define parameters for parents utilizing Head Start services to simultaneously be enrolled in earning educational credits. Provide access to both direct and online instruction, but link service to achievement of the parent;
* Increase service incentives for TANF recipients and DOL clients receiving unemployment benefits to be enrolled in earning educational credentials. Provide access to both direct and online instruction but link service to achievement of the parent; and
* Reduce sentencing and increased limited probation for offenders and recently paroled offenders to be simultaneously enrolled in earning educational credentials during their incarceration. Provide access to both direct and online instruction but link service to achievement of the person who is incarcerated or paroled.

### Goal #2: Implement a community health literacy campaign that is part of a larger campaign for literacy.

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| Planned Work | | | Intended Results | | |
| Implement a community health literacy campaign  that is part of a larger campaign for literacy. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Wellcare of Georgia  Public libraries  Coastal Pines Technical College  Hospital  4-H Club  CMAP  College of Coastal Georgia  Camden Community Alliance and Resources  Public Health  Ferst Foundation – Camden: Childhood Literacy of Camden  Girl Scouts/Boy Scouts  School system  New FQHC (if funded) | Decrease number of dropouts who complete the GED through Wellcare or Coastal Pines Technical College (Wellcare data, Coastal Pines Data)  Coastal Pines Technical College will track and trend students in literacy programs  Ferst Foundation will provide one book on good health as part of its childhood literacy campaign  Public Health/hospitals will provide low literacy materials for health education  4-H will include some aspects of health education in educational activities  Libraries will maintain low-literacy materials on health education  Girl Scout/Boy Scout programs will include health education activities  Continue providing health education included in all schools according to state guidelines  Translators are available when necessary to ensure provider-patient communications | At least 20 students will complete GED through Wellcare program  Create and distribute quarterly report on students in literacy programs  Low literacy materials are available at public locations, including library, Public Health, hospital, and FQHC (Public Health and community partners, SGHS)  Add 3 components of health education in educational activities  Low literacy materials are available at public locations, including library, Public Health, hospital, and FQHC (Public Health and community partners, SGHS)  At least 20 residents will complete GED through Wellcare program by 2017 (Wellcare)  Add 2 health education activities in programs  Create and distribute report to state officials annually  Recruit 3 translators | Adults who earn a GED credential improve health status  Children engaged in healthy living activities will transfer information to their parents  Low literacy materials will make health education more accessible | More residents go on to graduate from secondary educational programs  More people enroll in post-secondary education  Healthier community  Culture fosters self-awareness, personal responsibility for health  Improved collaboration among agencies |

Policy changes needed:

* College of Coastal Georgia and Coastal Pines Technical College should develop agreements for literacy programs;
* Prepare and implement a strategic plan that defines the financial, human and organizational resources needed to achieve established priorities; and
* Establish relationships and communicate with policy makers at the local, state, and federal level to educate them on literacy issues and discuss and advocate for key policy positions.

### Goal #3: Work collaboratively across all types of organizations to recruit and retain jobs that include benefits and enable residents to move out of poverty.

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| Planned Work | | | Intended Results | | |
| Work collaboratively across all types of organizations to recruit and retain jobs that include benefits and enable residents to move out of poverty. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Coastal Pines Technical College  College of Coastal Georgia Center for Economic Analysis  Department of Labor  Chamber of Commerce/Economic Development Authority  Case managers/job coaches | Foster job placements through prisoner reentry programs (community partner needed)  Collect and trend data on enrollment at Coastal Pines Technical College    Chamber/Economic Development Authority joins with Health Coalition to collaborate on economic development  Social service organizations provide skills training and job coaching (Workforce Investment Act provider, social service providers – need partners)  Enhance public transportation for rides to work, consider vouchers when needed | Make 15 job placements per month  Distribute quarterly report  Develop partnership  Offer 2-3 skills training and job coaching monthly  Develop partnership; create transportation schedules | Better jobs mean income and benefits, access to health care | Healthier community  Lower crime rate as more people have jobs |

Policy changes needed:

* Reduce sentencing and increased limited probation for offenders and recently paroled offenders to be simultaneously enrolled in earning educational credentials during their incarceration. Provide access to both direct and online instruction but link service to achievement of the person who is incarcerated or paroled;
* Providing equitable salaries; and
* Ongoing professional learning.

## Problem Statement: According to County Health Rankings, in 2013, 17% of Camden adults binge drink.

Camden’s rate of binge drinking is higher than the surrounding counties and the rate for Georgia. The Camden Community Health Needs Assessment survey indicates that of those who binge drink, 5% of women and 3% of men do so several times a month, and 10% of women and 12% of men do so at least once a month. Binge drinking is defined by the Centers for Disease Control as follows: drinking four or more alcoholic beverages in a two-hour period for a woman and five or more alcoholic beverages in a two-hour period for a man.

HealthyPeople.gov reports that in 2005, “an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance abuse problems are considered unaware. . . .” Substance abuse issues are related to psychiatric disorders, teenage pregnancy, HIV/AIDs, STDs, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicides, and suicides.

According to National Institute on Alcohol Abuse and Alcoholism, in 2009, about 10.4 million young people between ages 12 and 20 drank alcohol. By 15, half of teens have had at least one drink and by 18, more than 70% of teens have had at least one drink. Youth drinking is associated with serious injury and death and the impaired judgment associated with teen drinking is associated with high risk behaviors. Alcohol may also affect brain development.

According to the National Institute on Alcohol and Alcoholism, populations at special risk of problems from alcohol include:

* People under 21 - NIAA says that while young people may drink less often, they are more likely to binge drink, which puts them at greater risk of injury.
* College students – NIAA says that about 80% of college students drink alcohol and many of them binge drink.
* Older adults – NIAA reports that older adults maybe more sensitive to alcohol and that alcohol may interfere with medications and may exacerbate chronic health conditions.
* Women – NIAA reports that women may be more susceptible to alcohol due to weight and may require less alcohol to become addicted. Pregnant women are advised not to drink.

**Best Practice Resources and Recommendations:** SAMHSA has a National Registry of Evidence-based Program and Practices related to substance abuse available online at <http://www.nrepp.samhsa.gov/ViewAll.aspx>.

**Rationale:** Reducing binge drinking can improve decision making, which result in fewer injuries and improved health outcomes.

**Assumptions:**

* Awareness of the risks of binge drinking can reduce consumption.
* Preventing initiation among young people will reduce adult alcohol use and dependence.
* Enforcement of laws can reduce underage drinking and drinking/boating while driving.
* **Goal #1**: Prevent/delay initiation of drinking among people under 21.
  + According to the 2013 Georgia Student Health Survey, 2.3% of 6th graders, 5.7% of 7th graders, 7% of 8th graders, 19% of 9th graders, 25.3% of 10th graders, 22.7% of 11th graders, and 26% of 12 graders had used alcohol in the past 30 days (Georgia Department of Education).
  + *Camden Primary Performance Indicator:* Using the Georgia School Health Survey for benchmarking, reduce by 2018 by 10% the 2013 percentage of students in each grade who have used alcohol in the past 30 days.
* **Goal #2**: Decrease the percentage of Camden residents who binge drink.
  + According to Healthy People 2020, in 2008 28.2% of adults ages 18 and over drank excessively in the last 30 days. The goal for Healthy People 2020 is to reduce binge drinking by 10% by 2020.
  + According to County Health Rankings, in 2013, 17% of Camden county residents reported binge drinking.
  + *Camden Primary Performance Indicator*: Using County Health Rankings as the benchmark, by 2018, reduce to 14% the proportion of Camden residents who binge drink.
* **Goal #3:** Reduce the number of deaths/injuries of Camden residents related to driving under the influence.
  + According to the CDC, about a third of all traffic-related deaths were due to alcohol impaired drivers. Of traffic deaths involving children, 17% were related to driving under the influence.
  + Between 2007 and 2011, motor vehicle accidents were the fifth leading cause of death of Camden residents. There were four DUI fatalities between 2007 and 2011 and motor vehicle accidents were the 9th leading cause for admission to the ER.
  + *Camden Primary Performance Indicator:* Using data from the Georgia Governor’s Office of Highway Safety for benchmarking, the number of DUI deaths between 2014 and 2018 will decline as compared to the period between 2007 and 2011.

### Goal #1: Prevent/delay initiation of drinking among people under 21.

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| Planned Work | | | Intended Results | | |
| Prevent/delay initiation of drinking among people under 21. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Law enforcement  CHAMPS program (law enforcement)  Public health  Schools  Parents  Scouts  4-H  Social service organizations that work with children  Stores that sell alcoholic beverages  Courts  Radio/billboards  Camden Community Alliance and Resources  Camden Public Service Authority - Camden Leisure Services  Youth Education Leadership Program  Local Interagency Planning Team  Children in Need of Service (CHINS) committee  Camden County Attendance Panel | Implement social norms campaign to demonstrate that the majority of teens don’t drink (CCAR and partners)  Schools, parents work with students use social norms efforts to demonstrate that most teens don’t drink (Schools, CCAR)  Law enforcement conducts compliance checks with stores by sending out young looking people to purchase alcohol; publicizing stores that broke the law  Law enforcement makes arrests of minors in possession of alcohol, according to Georgia law  Teens caught DUI will be prosecuted and lose licenses, within Georgia law  Law enforcement continues with CHAMPS program, targeting 5th and 8th graders  More alcohol-free community events(local government policies)  Virtualization exercise for driving under the influence for students (need funding, partners)  Testimonials  Campaign to discourage parents from “social hosting” (CCAR and partners) | Conduct formative research  100% of middle school students will participate in health education programs that include discussion of high risk behaviors like alcohol use (state curriculum)  Conduct monthly compliance checks  Create a program that will reduce the number of arrests  Create a program that will reduce teens prosecuted  100% of 8th graders will participate in CHAMPS program  Implement policy and renew annually  Conduct virtualizations for once students once a month  Recruit 5 individuals who would be willing to provide testimonials per year  Conduct campaign annually | Fewer teens starting drinking means fewer adults drinking  Fewer automobile accidents involving alcohol  Fewer deaths and injuries related to DUI  Fewer auto accidents | Risky behaviors reduced  Teens more likely to be active and engaged in community  The community social norm will be that teens do not drink alcoholic beverages  Fewer teen auto accidents |

Policy changes needed:

* Graduated license plates to identify teen drivers/new drivers;
* Parental notification required if student caught while drinking; and
* Administrative loss of license.

### Goal #2: Decrease the number of Camden residents who binge drink.

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| Planned Work | | | Intended Results | | |
| Decrease the number of Camden residents who binge drink.  Decrease the percentage of Camden adults  Who binge drink. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-term and Long-term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Law enforcement  Public health  Camden Community Alliance and Resources  Gateway/Other Behavioral Health Providers  DUI schools  Alcohol/drug abuse counselors  Medical community  Media  Bars  SafeRide Program  Radio/Billboards  Taxi companies | Virtualization demonstrations of drinking and drinking campaign at health fairs, hospital, community events  Bars limit sales to patrons who are obviously inebriated  Bars ask about designated drivers/call taxis for people who have had too much to drink  Social norms campaign that makes binge drinking unacceptable/deemed unhealthy  Testimonials of binge drinkers involved in accidents, etc.  Establish connection between drinking and risk taking through victims Long-Term Impacts board | Conduct virtualization demonstrations at each community event  Implement policy daily  Implement policy daily  Conduct campaign annually  Recruit 5-8 binge drinkers to provide testimonials  Presentation of findings to Camden residents at community forums | Fewer people with addictions  Fewer accidents  Less family violence | Less risky behavior  Less family violence  Healthier residents |

Policy changes needed:

* Local governments regularly conduct policy checklist for best community practices and set goals based on the assessment;
* Increase taxes on alcohol; and
* Regulate marketing of alcoholic beverages.

### Problem #3: Decrease the number of deaths/injuries of Camden residents related to driving under the influence.

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| Planned Work | | | Intended Results | | |
| Reduce the number of deaths/injuries of Camden residents  related to driving under the influence. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Law enforcement  DUI schools  Churches  Public health  Bars  Hospital/organization that can host drunk driving simulation  Victims of DUI accidents  Camden Community Alliance and Resources  Georgia Department of Natural Resources | Wider use of interlock devices for those with previous DUI conviction (law enforcement, courts)  Frequent road checks by law enforcement  Law enforcement will monitor and trend DUI arrests  Virtualization demonstrations of drinking and drinking for those arrested (need partner/funding)  Social norms campaign that makes binge drinking unacceptable/deemed unhealthy (CCAR and partners)  Establish victim impact panels to talk to offenders (DUI schools, others) | Conduct 4 site visits per month with previous DUI conviction  Conduct twice a month  Create and distribute report quarterly to law officials  Conduct twice a month at DUI schools  Conduct campaign annually  Conduct victim impact panels annually | Fewer needless accidents  Fewer people put at risk of injury, death | Fewer auto accidents  Fewer alcohol related injuries and deaths |

Policy changes needed:

* Link education, engineering, encouragement, and enforcement strategies;
* Increase taxes on alcohol;
* Regulate marketing of alcoholic beverages; and
* Conducting information and educational campaigns in support of effective policy measures.

## Problem Statement: Safety issues and risk-taking affect the health of Camden County residents.

County Health Rankings indicates that the rate of violent crime in Camden is 492/100,000, higher than the Georgia rate of 437/100,000. In 2012, there were 2 murders, 7 rapes, 23 robberies, 175 assaults, 343 burglaries, 1054 cases of larceny, and 44 vehicle thefts (Georgia Bureau of Investigation). There were 343 men and 192 women who were aggressors in domestic violence cases (Georgia Bureau of Investigation). According to the Department of Juvenile Justice, 287 children had interactions with the system.

Of 2011 fatalities from motor vehicle accidents, 40% were not restrained. The MVA crash death rate for Camden in 2013 was 19/100,000 compared with 16/100,000 for the state. The national benchmark, according to County Health Rankings, is 10/100,000. From 1999 – 2010, motor vehicle accidents were the leading cause of death from injury in Camden County. According to the Centers for Disease Control, “Adults age 18-34 are less likely to wear seat belts than adults 35 or older (CDC, 2010). Men are 10% less likely to wear seat belts than women (CDC, 2010). Adults who live in rural areas are 10% less likely to wear seat belts than adults who live in urban (78%) and suburban (87%) areas (CDC, 2010) (www.cdc.gov/motorvehiclesafety/seatbelts/facts/html).

According to the Georgia Drug and Narcotics Agency, during the first 8 months of 2013, there were 1.04 controlled substance prescriptions per capita for residents. According to the Georgia Department of Education 2013 High School Survey, almost 6% of 8th graders, 9% of 9th graders, 15% of 10th graders, 14% of 11th graders, and 18% of 12 graders used marijuana in the past 30 days. 176 students in grades 6 – 12 used some drug other than marijuana in the last 30 days.

**Best Practice Resources and Recommendations**: Safe Start: Promising Approaches Communities lists the following best practices in assisting children exposed to violence: “For all children, participation in high-quality early care and education programs can enhance physical, cognitive, and social development and promote readiness and capacity to succeed in school. For at-risk families, early identification of high-risk children and intervention by early education programs and schools, pediatric care and mental health programs, child welfare systems, and court and law enforcement agencies can prevent threats to healthy development by detecting and addressing emerging problems. For children and families already exposed to violence, intensive intervention programs delivered in the home and in the community can improve outcomes for children well into the adult years” <http://www.safestartcenter.org/sites/default/files/documents/publications/PDF_SSCImprovingOutcomes.pdf>.

For substance abusers, SAMHSA has a National Registry of Evidence-based Programs and Practices available online at <http://www.nrepp.samhsa.gov/ViewAll.aspx>.

“Click it or Ticket,” in place in Georgia, is a nationally recognized evidence-based best practice in self-belt safety. Healthy People 2020 recommends the following resource for best practices: <http://www.safety.fhwa.dot.gov/provencountermeasures/> in highway safety.

The Department of Health and Human Services recommends the following approaches to raise awareness and reduce toxic wastes that affect minority populations, though these strategies are appropriate for all communities with toxic waste issues: Strengthen the application of health and environmental statutes and policies; Identify and address, as appropriate, human health or environmental effects of policies . . . .; and Support and advance a “health in all policies” approach that protects and promotes the health and well-being of . . . populations and Indian tribes with disproportionately high and adverse environmental exposures” (<http://www.hhs.gov/environmentaljustice/strategy.html>).

The CDC recommends inclusion of the following best practices in STD prevention programs: “delivered by trained instructors, are age appropriate, and include components on skill-building, support of healthy behaviors in school environments, and involvement of parents, youth-serving organizations, and health organizations” (<http://www.cdc.gov/healthyyouth/sexualbehaviors/effective_programs.htm>).

**Rationale:** Education, reporting, and enforcement can reduce unnecessary injury and death due to violence and risky behaviors.

**Assumptions:**

* Providing a safe environment for reporting and offering alternative housing for stressed families can reduce harm from family violence.
* Wearing seatbelts saves lives.
* Drug abuse is a risky behavior that is linked to violence, illness, and injury.
* Education and resources about risky sexual behavior can reduce risk.
* **Goal #1:** Reduce violence in Camden County, including criminal acts and family violence.
  + Camden’s violent crime rate is higher than that of the state.
  + *Camden Primary Performance Indicator*: Using County Health Rankings for benchmarking, reduce violent crime to below the state rate by 2018.
* **Goal #2:** Reduce risky behaviors associated with motor vehicle and boating accidents.
  + 40% of deaths in 2011 motor vehicle accidents were unrestrained persons. In 2011 in Camden, there were 7 traffic fatalities, 333 injuries, and 828 crashes.
  + *Camden Primary Performance Indicator*: Using county data from the Governor’s Office of Highway Safety for benchmarking, between 2014 and 2018, the trend of injuries and fatalities from MVAs will decline over the period from 2007 to 2011.
* **Goal #3:** Prevent initiation of drug abuse that causes poor judgment and links to violence and injury.
  + *Camden Primary Performance Indicator:* Using the Georgia High School Survey for benchmarking, by 2018, decrease by 25% the percentage of students who used marijuana in the past 30 days.
  + *Camden Primary Performance Indicator*: Using the Georgia High School Survey for benchmarking, by 2018, decrease by 25% the 2013 percentage of students who used “other drugs” in the past 30 days.
* **Goal #4:** Reduce the incidence of sexually transmitted diseases.
  + According to Public Health, in 2010, there were 152 cases of sexually transmitted diseases.
  + *Camden Primary Performance Indicator:* Using Public Health data as the benchmark, by 2018, reduce by 20% the cases of sexually transmitted diseases.

### Goal #1: Reduce violence in Camden County, including reducing family violence and the number of

### criminal acts.

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| Planned Work | | | Intended Results | | |
| Reduce violence in Camden County, including reducing  family violence and the number of criminal acts. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-Term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Juvenile court  Gateway/Other Behavioral Health Providers  Prisoner re-entry work programs  Camden Community Alliance and Resources  Missions for Camden, Faith in Action  Schools  Georgia Office for Children and Families  Law enforcement  Family Violence Shelter  Georgia Family Violence Commission  Mandated reporters  Department of Juvenile Justice  Domestic Violence Task Force  Emergency Room  DFCS  Churches  Safe Harbor  Safe Harbor  Child Fatality Review Panel | Prisoner re-entry program in place to put more ex-cons to work and reduce chances of reoffending/becoming violent (identify community partners)  Schools/school counselors/school nurses identify and refer for treatment cases of family/school violence  Campaign to increase citizen reporting of crime to hotline; law enforcement track and trend (law enforcement, local governments)  In-school telepsychiatry/  telepsychology in place (schools)  Education available for mandatory reporters online (Georgia Office for Children and Families)  Change attitudes toward victims through information campaign (Family Violence organizations)  DFCS tracks and trends family violence, substantiated cases of child abuse for Camden  Use of testimonials from former abusers to community groups (Family Violence partners)  Referrals to drug abuse/alcohol abuse counseling for abusers (DFCS, Domestic Violence organizational partners)  Task Force on Family Violence, shelters provides education through media, to organizations to build awareness of family violence  Tracking and trending by local shelter | Conduct rehabilitation programs with 100 ex-cons  Refer 10-15 cases per month  Conduct campaigns annually  Implement in 3 schools per month  Develop curriculum materials; distribute education materials  Assess attitudes using surveys; conduct information campaign annually  Create and distribute report monthly  Recruit 5-10 individuals who will provide testimonials  Refer 10-15 clients per week  Distribute 4 press releases per month  Create and distribute monthly report | Fewer children in foster care/adoption system  Fewer single parent families  More people finding treatment and resources  Lower crime rate  Perception of community as safe  Increased awareness of Family Violence | Neighborhoods safer, more people likely to be aside, further reducing crime  More people working  Fewer people in poverty  Fewer cases of family violence |

Policy changes needed:

* Mandatory counseling, drug/alcohol abuse counseling, if applicable, for abusers; and
* Integrate behavioral health checks with physical health checks in school sports and activities.

### Goal #2: Increase the use of vehicle seat belts and child safety seats.

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| Planned Work | | | Intended Results | | |
| Increase the use of vehicle seat belts and child safety seats. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short-term and Long-term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Law enforcement  State Patrol  Education campaigns (Click It or Ticket and other)  WIC/Public Health  Fire departments  Governor’s Office of Highway Safety  Hospital  Safe Kids  Teen Maze | Fire departments provide seat safety checks  WIC provides training to mothers  Law enforcement enforces seat belt laws  Law enforcement monitors child safety seat usage  Continue seat belt education (Public Health, law enforcement, schools)  All new parents are required to have a safety seat installed before leaving the hospital | Conduct monthly  Conduct training weekly to mothers  Check 50-75 people at monthly checkpoints  Check 50-75 people at monthly checkpoints  Offer quarterly education classes  Law enforcement ensure safety seat is installed | Injuries and fatalities will not be related to failure to wear a seatbelt | Wearing a seat belt will be the social norm.  Automobile travel will be safer if all people use seatbelts. |

Policy changes needed:

* Training at all license renewals; and
* Provide inspection stations across the state for installing a child safety seat.

Policy recommendations from CDC:

* Make sure that seat belt laws apply to everyone in the car, not just those in the front seat;
* Ensure that fines for not wearing a seat belt are high enough to be effective; and
* Make sure that police and state troopers enforce all seat belt laws.

### Goal #3: Prevent initiation of drug abuse that causes poor judgment and links to violence and injury.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| . Planned Work | | | Intended Results | | |
| Prevent initiation of drug abuse that causes poor  judgment and links to violence and injury | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  Churches  Schools  School nurses  Parent-teacher organization  Teen Maze  4-H  Youth leaders, pastors  Parents  Law enforcement  CHAMPS program (law enforcement)  Safe Kids  Camden Community Alliance and Resources | Continue with state-mandated curriculum on risk behaviors for middle school students (schools)  Continue with CHAMPS, the Camden program from law enforcement on risky behaviors (schools, law enforcement0  Create the social norm that drug abuse is not socially acceptable; conduct social norms campaign (CCAR)  School counselors/nurses notify parents of suspected drug abuse (schools)  Department of Education tracks and trends marijuana, alcohol, and other drug use among students (HS Student Health Survey)  Conduct simulations of drug use and driving (schools, law enforcement, Teen Maze) | Create and distribute quarterly report  Distributer quarterly report on progress  Conduct social norms campaign annually  Notify parents weekly  Create and distribute quarterly report  Conduct 4 simulations per year | Students who do not use drugs are less likely to use as adults  Students who do not use drugs or more likely to finish school  Reduction in teen pregnancy rate  Reduction in motor vehicle accidents | Healthier students without long-term problems  Students who do not use drugs are less likely to engage in risky behaviors  Increase in graduation rates  Greater likelihood of attending post-secondary schools  More productive workforce  Healthier community |

### Goal #4: Reduce the incidence of sexually transmitted diseases.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Planned Work | | | Intended Results | | |
| Reduce the incidence of sexually transmitted diseases. | **Resources/**  **Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Public Health  W.I.S.E.  Schools  Hospital/Medical Providers  Parents  Parent-Teacher Organizations  Case managers at advocacy organizations  DFCS  Gateway/Other Behavioral Health Providers | Remove embarrassment from asking for condoms at Public Health  Provide ready access at Public Health to condoms for those who cannot afford them  Provide STD information to community-based case managers for sharing with clients  Educate WIC clients about STDs  DFCS provides education to its clients  Gateway provides education to clients  Provide sex education to middle and high school students (as mandated by state)  Provide education to parents about STDs | Distribute 3 condoms to every client in a secluded office  Distribute 3 condoms to every client  Provide 5 trainings a year to case managers  Educate each WIC client after lab work has been completed  Provide monthly education; distribute materials  Provide monthly education to clients  Offer 3 sex education classes  Offer annual class to parents | Less disease, less worry  Ease of obtaining condoms improves  Increased knowledge of STDs and risks | Students make better choices  Adults have ready access to condoms  Reduced health care costs |

Policy changes needed:

* Foster LGBTQ advocacy group;
* Improve STD surveillance, electronic health record case reporting, and integrated data systems; and
* Foster collaboration between public health and primary care to identify new ways to expand STD prevention services and quality of existing services.

## Problem Statement: County Health Rankings reports that 22% of Camden residents smoke.

The rate of smoking in Camden is higher among men and minorities. The Community Health Needs Assessment data illustrate a direct correlation between smoking and self-described poor/fair health status. HealthyPeople.gov reports that every year, 443,000 people die of smoking-related diseases. “Tobacco use is the single most preventable cause of disease, disability, and death in the United States, yet more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined” (HealthyPeople.gov). Tobacco use is related to cancer of the lung, bronchus, esophagus, and mouth, lung disease (including emphysema, and bronchitis), heart disease, premature and low birthweight babies, and still births. Secondhand smoke endangers children and may cause asthma attacks, respiratory infections, ear infections, and SIDS. Tobacco-related diseases cost the health care system over $200 billion each year, according to HealthyPeople.gov.

Cancer is the third major non-injury cause of death in Camden County.

**Best Practice Resources and Recommendations:** Proven prevention strategies can be found at the CDC Tobacco Control website at <http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm?source=govdelivery>.

**Rationale:** Reducing tobacco use can save lives and improve health.

**Assumptions:**

* Education about the risks of tobacco will reduce use.
* Preventing initiation will reduce long-term tobacco use.
* A cultural shift that makes tobacco unacceptable can reduce smoking.
* **Goal #1**: Prevent initiation of smoking/tobacco use among youth.
  + According to Healthy People 2020, 26% of adolescents in grades 9 through 12 used some form of tobacco in the past 30 days. The national target is 21%.
  + The 2013 Georgia Department of Education High School Student Survey indicates that nearly 10% of 9th graders, 15% of 10th graders, and over 17% of 11th and 12th graders have used tobacco in some form in the past 30 days (Georgia Department of Education Student Health Survey).
  + *Camden Primary Performance Indicator:* Using the GDOE survey for benchmarking, by 2018, reduce by 25% the proportion of high school students in grades 9 - 12 who have used tobacco in the last 30 days.
* **Goal #2**: Decrease the total number of people who smoke/use tobacco.
  + According to Healthy People 2020, almost 21% of Americans ages 18 and over smoke. The goal for Healthy People 2020 is to reduce smoking to 12% of adults by 2020.
  + According to County Health Rankings, in 2013, 22% of Camden adults smoked.
  + *Camden Primary Performance Indicator:* By 2018, using County Health Rankings for benchmarking, reduce to 15% the percentage of Camden County residents who smoke.

### Goal #1: Prevent initiation of smoking/tobacco/nicotine among youth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Planned Work | | Intended Outcomes | | |
| Prevent initiation of smoking/tobacco among youth. | **Resources/Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short and Long-term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Parents  School  Students  Public health  Law enforcement  Convenience stores, other places that sell cigarettes  Physicians/medical providers  Relay for Life  Physical education teachers  Funding for billboards, campaigns | Law enforcement upholds existing laws about tobacco purchase  Compliance checks at stores selling cigarettes (law enforcement)  Social norms campaign to make tobacco use uncool (CCAR)  Demonstration of lung from smoker (work with local providers, schools)  Testimonials from former smokers with lung disease (schools)  Increase “no smoking” areas where young people gather (local governments)  Continue CHAMPS training (law enforcement)  Schools continue with state mandated education on high-risk behaviors | Develop partnerships with stores  Conduct monthly compliance checks  Conduct campaign annually  Conduct 5 demonstrations per year  Recruit 5-7 former smokers to give testimonials  Designate 8-10 no smoking areas annually  Conduct CHAMPS training bi-monthly  Create and distribute trends report to school officials monthly | Healthier and more active students  Fewer younger students start smoking  Students will influence their parents to quit smoking  Younger students delay experimentation | Lower rate of lung disease  As fewer young people smoke, social norms will have more influence  Fewer “years of potential life lost” |

Policy changes needed:

* More smoking prohibited areas;
* Increase cigarette tax in Georgia to make cigarettes more expensive;
* Better enforcement of tobacco purchasing laws;
* More law enforcement compliance activities;
* Raise smoking age to 21; and
* Restrict E-nicotine delivery systems, align with tobacco and smoke free designated areas.

### Goal #2: Decrease the total number of people who smoke/use tobacco or nicotine.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Planned Work | | Intended Outcomes | | |
| Decrease the total number of people who smoke/use tobacco. | **Resources/Inputs**  Resources essential to conduct this program/effort including community partners | **Activities**  How we will accomplish our planned activities and who will be engaged. | **Outputs**  The amount of service delivered or number of people served | **Short and Long-term Outcomes**  Benefits to Participants, Often at Individual Level | **Long-Term Impacts**  Changes that will occur in organizations, community, or systems due to effort |
| Children of parents who smoke/use tobacco  Schools  Relay for Life  American Cancer Society  American Lung Association  Public health  Physicians/medical providers  Churches  Businesses | Schools continue mandatory education on health risks, including tobacco (part of curriculum)  Social norms campaign to make tobacco use uncool (community partner, American Lung Association, Cancer Society)  Demonstration of lung with cancer/smoker (sponsored by hospital, providers, etc.)  Testimonials from former smokers with lung disease (schools)  Increase “no smoking” areas (local governments, businesses)  More businesses have “no smoking” policies on premises and no hire policies for smokers (Chamber of Commerce) | Create and distribute annual reports on mandatory education  Conduct campaign annually  Conduct 5 demonstrations per year  Recruit 5 individuals who will provide testimonials  Designate 8-10 no smoking areas yearly  Implement 2-3 policies for no smoking | Healthier and more active adults  Fewer people start smoking  Students will influence their parents to quit smoking | Lower rate of lung disease  Fewer “years of potential life lost”  Social norms will influence adults |

Policy changes needed:

* Raise taxes on tobacco products;
* More smoke-free places;
* More businesses refuse to hire smokers;
* Limit number of tobacco retailers;
* Enforcement of existing laws on sales; and
* Limit access to e-nicotine delivery systems to adults.

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