

# Community Health Improvement Plan



## Coalition for a Healthy Appling County



*Lead Agency*

Healthcare Georgia Foundation  
grantmaking for health



*Funder*



Georgia Department of Public Health  
Southeast Health District

Appling County Board of  
Health

*Fiscal Sponsor*

# Coalition for a Healthy Appling County

***The achievement of health equity is a focus of the Healthcare Georgia Foundation's Two Georgias Initiative. Understanding how to achieve health equity will happen through processes that may take years. The Coalition for a Healthy Appling County (CHAC) began that process through its participation in training on Health Equity in February 2018. The CHAC has just received the***



***summary of training reactions. The experience resulted in a group understanding of several things. First, to improve the health of this community, an investment must occur. The investment must be made by community leaders and the individuals who are underserved. The investment must be a partnership to***

***acknowledge the differences. Second, a review of history in the community, and shared perceptions of that history, resulted in the challenge of trying to figure out what the community can do next to address differences in opportunity for health improvement. The group set as one goal to support the leveraging of partnerships and cross sector collaboration to address the social determinants of health. Accomplishing this goal, will be the challenge for the duration of the Coalition. This first Community Health Improvement Plan (CHIP) for Appling County recaps past work, summarizes community needs assessment data and outlines short and long term goals and strategies, leveraging partnerships to improve the health of all citizens.***

***The goal of The Two Georgias Initiative— a new community investment from Healthcare Georgia Foundation— is to foster healthcare innovation by supporting local partnerships seeking to improve health and expand access to quality healthcare services in Georgia's rural communities.***

***"One's health should not be determined by their place of residence or their zip code."***

***- Healthcare Georgia Foundation***

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# Part 1: Context for Collaboration

## A. Background and Purpose

*The Coalition for a Healthy Appling County (CHAC) is a new community health partnership. It was established as a response to the Healthcare Georgia Foundation's The Two Georgias Initiative, which recognizes that health disparities exist between rural and urban communities in the state. It is also an inaugural effort by Share Health Southeast Georgia (SHSG) to shape health care in southeast Georgia in a positive manner, through support of and partnership with the Southeast Health District. Since Share Health Southeast Georgia (SHSG) is a new 501C3 organization, the nonprofit sought to develop the Appling County partnership to help achieve its mission and to establish a track record of financial/grant management. The Appling County Board of Health Department (ACBOH) agreed to serve as fiscal agent to support this endeavor.*

*Prior to the first meeting, a group of community partners met to discuss interest in applying for Two Georgias Initiative funding. Once the grant was awarded, SHSG called together a community coalition comprised of members of Appling County who reflected the types of attendees described in the orientation materials provided by the Healthcare Georgia Foundation. Representatives from SHSG, ACBOH and the County attended the orientation provided by Healthcare Georgia Foundation and then scheduled the inaugural meeting. The CHAC held its Kickoff meeting on September 27, 2017. There were 23 participants who attended from a range of sectors in the community. During that meeting, the group defined its Mission, Vision and Values.*

## B. Values and Principles

*Clay Gill, behavioral health professional, minister, trained facilitator, SHSG vice-chair and CHAC member, led the group through an exercise to develop a Values Statement. Participants were divided into 3 small groups and asked to brainstorm the Mission, Vision and Values. At the end of the session, a spokesperson reported out what each group had identified. The facilitator combined these responses and they were formally adopted at a later meeting. They have served as drivers for discussion and priority setting.*

### Values Statement

**“We value collaboration, accountability, communication, risk taking and inclusiveness.”**

## C. Alignment with The Two Georgias Initiative

*The CHAC seeks to align itself with the Two Georgias Initiative by establishing a partnership consisting of non-traditional membership discussing ways to address issues around health care that go beyond a focus on access to medical services but also to address the causes of poor health. Every CHAC meeting has included a discussion of socioeconomic factors, physical environment, and health behaviors and their impact on individual and community health status.*

## D. Vision and Mission

*At the same time the CHAC developed its Values statement, it also developed a Mission and Vision for Appling County.*

### Mission Statement

*To transform the Appling County community by ensuring access to healthcare, improving access to resources, engaging in strong collaborative alliances, and developing a universal message to communicate health for all.*

### Vision Statement

*The Coalition for a Healthy Appling County's vision for local public health is:*

- *A healthier Appling County*
- *Health Equity, so that all citizens can reach their full potential for good health*
- *Improved ranking in Georgia, reflecting a healthier community*
- *Promoting resources*
- *Improving access to healthcare through available transportation*
- *Improving access through strong and focused education*
- *Improving health outcomes through family involvement*
- *Addressing the barriers for improved health outcomes for those in poverty*

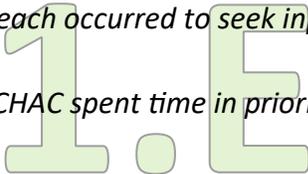


## E. Goals and Objectives for Building the CHIP

*There is much individual interest and group energy in the CHAC focused on improving health status. Harnessing that energy, maintaining that interest, and sustaining the group will be a challenge. The community is up to the task. This year the attention has been on developing a shared understanding of the health issues in the community and recognizing the county strengths and weaknesses compared to other communities.*

*To build the CHIP, the following has occurred:*

- *The CHAC was formed and governance structure established.*
- *There was presentation and discussion of data and health issues in Appling County.*
- *Outreach occurred to seek input on health issues from missing voices of the CHAC.*
- *The CHAC spent time in priority identification.*
- *The CHAC developed goals and strategies to address priorities.*



*To build the CHIP, the following should occur:*

- *Steering committee determines the meeting agenda.*
- *SHSG and ACBOH continue to support and guide the CHAC leadership.*
- *Partnership members accept goals of coalition and understand their roles in their achievement.*
- *Partnership members help develop and agree on CHIP measures of success and understand how they are being assessed. (Significant progress was made on the last two items at March 15, 2018 CHAC meeting.)*
- *The CHAC recruits more participants with “lived experience” and from the populations who need the services. (This effort is ongoing, and many of these individuals are already in attendance but choose not to identify themselves as representing particular groups.)*
- *Monthly meeting assessments continue, and results are shared.*
- *The final CHIP will be shared with all CHAC members so that implementation can begin.*

# Part 2: Collaborative Structure

## A. Members of the Community Health Partnership

*Prior to the CHAC kick-off meeting, individuals who had attended the original grant planning meeting, as well as several members of Share Health, county government, and individuals who had expressed interest were invited. The goal was to get representation from a variety of sectors in the community. SHSG wanted to attract non-health partners, such as members of the faith community, business, the Housing Authority, and civic organizations. At each meeting, some time is spent looking around the table and asking, “who is missing?” The Project Coordinator, as well as CHAC Members, reach out to invite anyone that is identified as a voice that is needed.*

*There is awareness that there are missing voices. A quick scan of demographic data in Appling county shows that the total population is 18,428. Slightly more than half are male; the remainder are female, but females dominate participation in the CHAC. Racial demographics indicate that 77.7% are White, 19% are African American, and 9.6% are Hispanic. There is a small CHAC membership that is African American, and continuous efforts are made to increase that number, including members themselves taking the initiative to recruit additional participants. In addition, during the focus group portion of the CHIP development, African Americans made up a large part of the audience, 100% in one case and 25% in two others. Efforts to reach the Hispanic community have not been successful. There was one participant recruited from the local Catholic Church and recommended by the church pastor. This individual has had some participation, but one individual cannot be the spokesperson for all in the community. Efforts at Hispanic outreach have revealed that the current political environment makes this a group that will be reluctant to come forward. The CHAC will continue to address issues, especially around language challenges, and to reach out to the population using newly identified strategies.*

*Other missing voices include farmers, healthcare providers, senior citizens, church members, and health transport providers. Additional outreach occurred through focus group development, and later some participants of focus groups joined the CHAC. During the implementation phase of the CHIP, as a goal or strategy impacts a certain group, the CHAC will take steps to reach these participants in their own space rather than inviting them to be a member of the CHAC.*

*The Coalition Membership Listing reflects the extent and diversity of the coalition. All members are asked to sign a “Partnership Commitment Form” which includes expectations such as a willingness to attend monthly meetings. Numerous individuals and groups have attended CHAC Meetings, but they are only included in the Coalition if they have signed the Commitment Form.*

## Partnership Member List

Race/ Ethnicity	Partner	Organization	Sector	City/Town	Email
WF	Angie Griffin Rebecca Ogden	Appling Co. Board of Health	PH	Baxley	Angela.Griffin@dph.ga.gov No email
WM	Jimmy Twiggs	Appling Co. EMS	HCP	Baxley	twiggs@appling-hospital.org
WF	Amy Rediger	Appling Co. Family Connections	CD	Baxley	acfamcon@gmail.com
WF WF	Dr. Scarlett Copeland Jennifer Summerall Julie Osborne	Appling County Board of Education	EDU	Baxley	Scarlett.Copeland@appling.k12.ga.us Jennifer.summerall@appling.k12.ga.us Julie.osborne@appling.k12.ga.us
WM	Lee Lewis	Appling County Government	GOVT	Baxley	manager@applingco.com
WF	Jennifer Murphy	Appling Healthcare System	HCP	Baxley	murphyj@appling-hospital.org
BF WF	Beatrice Payne Jennie Wren Denmark	East Georgia Healthcare System	HCP	Baxley	bpayne@eghc.org jwdenmark@eghc.org
WF	Bela Caldwell	Georgia Baptist Children's Homes and Family Ministries	CD	Baxley	bcaldwell@gbchfm.org
WF	Alyse Fandrich Tamara Spell	Pineland Behavioral Health/Developmental Disabilities	BH	Baxley	aefandrich@pinelandcsb.org tgriffin@pinelandcsb.org
WF	Peggy Miles	Z94 Radio Station	?	Baxley	peggy@wbzy94.com
WF	Samantha Craven	Baxley Kiwanis Club	CD	Baxley	scraven@communitybankga.com
WF	Gail Dixon	Appling Co. Sheriff's Office	GOVT	Baxley	gdixon@applingcoso.com
WM	Chad Kent	Appling Co. Department of Juvenile Justice	GOVT	Baxley	chadkent@djj.state.ga.us
WM	Joseph Livingston	Appling Co. Department of Juvenile Justice	GOVT	Baxley	josephlivingston@djj.state.ga.us
WF	Keri Crosby	Baxley-Appling Chamber of Commerce	BUS	Baxley	chamber@baxley.org
WF	Sara Waters	SNC Plant Hatch	BUS	Baxley	swaters@southernco.com
WF WF	Jodi Baxley Jana Yawn	Altamaha Homecare	PH	Baxley	jbaxleyahc@atc.cc jyawnahc@atc.cc

WF WF BF	Jennifer Crosby Linda Hunter Annie Martin	Agency on Aging	CD	Baxley	crosby@hogarc.org hunter@hogarc.org no email
WF	Becky Collins	UGA Extension	CD	Baxley	collinsb@uga.edu
BF	Brenda Harris	Temple of the Higher Calling	FBO	Baxley	brendaharris@templeofthehighercalling.org
WM	Jeremy Johnson	Southeast Health District	PH	Baxley	Jeremy.johnson@dph.ga.gov
WF	Ellen Carter	Appling County Schools Nutrition	EDU	Baxley	Ellen.carter@appling.k12.ga.us
WF	Stephanie Allen	Appling County Christian Academy	EDU FBO	Baxley	acastephanieallen@bellsouth.net
WF	Gail Seifert	Share Health Southeast Georgia	PH PH/I NP	Baxley	warechildrensinitiative@gmail.com
WF	Nan Marie Lott	Ten Mile Creek Baptist Church	FBO	Baxley	Nanmarielott07@gmail.com
BF BF	Jeanette Hayes Nadeen Sumner	CSI	CD	Baxley	Jc0825@outlook.com No email
WM WM	Clay Gill Dusty Arnold	Cord of Three Counseling Share Health SEGA (CG)	FBO BH NP PH PH/I NP	Baxley	cgill@cotcs.org darnold@cotcs.org
WM	Les Evans	Georgia Partnership of Telehealth	BUS	Baxley	Les.evans@gatelehealth.org
WF	Angie Patel	Concerted Services	CD	Baxley	apatel@concertedservices.org

**Sector Acronym Key**

People (P)  
 Community Developers (CD)  
 Business (BUS)  
 Education (EDU)  
 Government (GOVT)  
 Philanthropy/Investor (PH/I)  
 Faith-Based Organization (FBO)  
 Healthcare Provider (HCP)  
 Behavioral Health (BH)  
 Public Health (PH)  
 Health Insurance (HI)  
 Non-Profit (NP)

## The Coalition for a Healthy Appling County

### Partnership Commitment

The Coalition for a Healthy Appling County (CHAC) has been created to address the unmet health care needs that face the residents of Appling County. The work of the coalition is currently being funded by a grant to the Appling County Health Department from the Healthcare Georgia Foundation's Two Georgia's Initiative—a place based grantmaking program designed to achieve greater health equity among rural Georgians through the elimination of health disparities.

The work of the coalition will be accomplished through a participatory planning approach; meaning that all stakeholders' voices will be heard and respected, and that everyone has some role in decision-making. We are grateful for your participation. We believe that bringing a broader range of people to the planning process provides access to a broader range of perspectives and ideas.

Appling County community sectors currently involved in the Coalition include government, healthcare, education, law enforcement, mental health, business and industry, children and family, faith based, community, and media. As a representative of one of the community sectors, your participation will be a key to accomplishing our mission. Will you please indicate your commitment to the Coalition for a Healthy Appling County by signing below?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Mobile phone #

- ◆ The coalition will meet monthly through June 2018. I will attend the monthly meetings \_\_\_\_ Yes \_\_\_\_ No.
- ◆ If I am unable to attend CHAC monthly meetings, I will send an alternate representative from my organization. \_\_\_\_ Yes \_\_\_\_ No
- ◆ Based on your knowledge, expertise and interest, which of the following committees would you be willing to serve on? Communication \_\_\_\_ Community Outreach \_\_\_\_ Sustainability \_\_\_\_

*The Coalition for a Healthy Appling County is a project of the  
Appling County Health Department,  
Share Health Southeast Georgia and  
the Healthcare Georgia Foundation.*

## **B. Governance**

*Prior to the Kickoff Meeting, the SHSG and ACBOH determined the need for leadership from within the Coalition. To get the new Coalition started, the Coordinator recommended that Coalition members select a Steering Committee with key representatives from SHSG and ACBOH, the school system, and two from the community. During the Kickoff Meeting a steering committee was recruited and accepted.*

*Steering Committee representatives include:*

- *CHAC Co-chair: Lee Lewis, County Commissioner*
- *CHAC Co-chair: Angie Griffin, Nurse manager ACBOH*
- *School system: Dr. Scarlett Copeland, School Superintendent*
- *SHSG rep: Jennie Wren Denmark, CEO, East GA Healthcare Center (FQHC)*
- *At large community member: Brenda Harris, Temple of the Higher Calling*

*Currently this leadership structure is working well for the Coalition. It involves the representatives of the applicant organization, the fiscal agent, the school system (which accesses almost everyone in the community), and two at-large community representatives who have strong personal influence, one because of his position in government leadership and one because of her position as a community thought leader from a respected faith-based organization. All members indicated that if anyone truly wanted a leadership role, they would step away and let someone else assume the role. However, in the interests of getting the organization off the ground, they would serve as leadership in the first year. The Coalition members unanimously approved the Steering Committee selection.*

*At the Kickoff Meeting, participants self-selected into three subcommittees and selected a chair for each group. Those workgroups and respective chairs are:*

- *Outreach Committee: Brenda Harris*
- *Communication Committee: Peggy Miles*
- *Sustainability Committee: Gail Dixon*

*Following the Priority Setting meeting, the Coalition developed two workgroups, and each workgroup selected a chair. These workgroups may evolve as the CHIP evolves. Currently they are:*

- *Healthy Environment/Behavioral Health: Jennifer Crosby*
- *Access and Affordability/Transportation: Alyse Fandrich*

## C. Roles and Responsibilities

The **Steering Committee** mission is to provide leadership and work with the Coordinator to make decisions when the full Coalition is not meeting.

The **Outreach Committee** is responsible to ensure that the CHAC reaches out to a cross section of the community, including underserved and under-represented groups, to ensure that their needs and concerns are included in the development of the CHIP.

The **Communication Committee** recognizes the importance of sharing the work of the CHAC to garner community support, to reach the appropriate members of the community who need services, to encourage partnerships among member service providers, to report to the funders and stakeholders and to be accountable to ourselves and Appling county. The committee leads efforts to share the work of the committee in the most strategic ways possible.

The **Sustainability Committee** purpose is to maintain and advance the success of the CHAC over time and after funding from Healthcare Georgia Foundation ends.

The **Workgroups** are leading the Strategy identification for the CHIP development.

## D. Staffing

Currently there is a project coordinator and an administrative support person. The Coordinator works approximately half time and the Admin Support person 20% time. Share Health has contracted with these two individuals for their service.

As part of the awarded budget, Appling Board of Health contributes funding for a portion of staff salary to conduct project evaluation. The Coordinator, Administrative Support and Project Evaluator are the only official staff persons whose funding is supported with grant dollars. Jennie Wren Denmark, SHSG Board Member, has agreed to serve as the foundation's representative on the Steering Committee of the CHAC.

There has been no change to personnel identified in the grant who were on board at the time of grant submission. Dr. Rosemarie Parks, Derek Jones, Gail Seifert and Angie Griffin continue to participate in the Two Georgias Initiative through guidance, shared meetings, fiscal oversight, attendance at CHAC, where appropriate, technical assistance and report review. The Southeast Health District voluntarily shares other staff with various areas of expertise (e.g., health promotion, nutrition, communications, information technology, nursing) as needed during planning phases.

The following chart is a visual representation of the Coalition structure:

Title	Name	Role	Applying County Health Care Consumer
Staff	Mary Kate Pung	Project Coordinator	
	Leslie Lanier	Administrative Support	
Evaluator	Trevor Thomas	Evaluation	
CHAC Steering committee	Lee Lewis, County Manager	CHAC Co-Chair	Yes
	Angela Griffin, Nurse Manager, ACBOH	CHAC Co-Chair	Yes
	Dr. Scarlett Copeland, AC School Superintendent	School Representative	Yes
	Brenda Harris, Temple of the Higher Calling	Faith -based Representative	Yes
	Jennie Wren Denmark, CEO, East GA Healthcare Center	Share Health Representative	
Outreach committee	Brenda Harris	Outreach description	Yes
Communication committee	Peggy Miles, radio station	Communications description	Yes
Sustainability committee	Gail Dixon, Sheriff's dept	Sustainability description	Yes
Healthy Environment workgroup	Jennifer Crosby	Exercise opportunities, Healthy eating options, Behavioral health	Yes
Access/Affordability, Transportation workgroup	Alyse Fandrich	Access, transportation, awareness of services, etc.	
Grant admin key personnel	Dr. Rosemarie Parks	SEHD Health Director	
	Derek Jones	SEHD Program Manager, Grant contact	
	Gail Seifert	SHSG Chair	
	Clay Gill	SHSG Vice Chair	
	Dr. Josh McCarthy	SHSG Upcoming Chair	
Key informants	Pastor Steve Statum	Ministerial Alliance Chair	Yes
	Participants in focus groups	39	Yes

# Part 3: Community Engagement

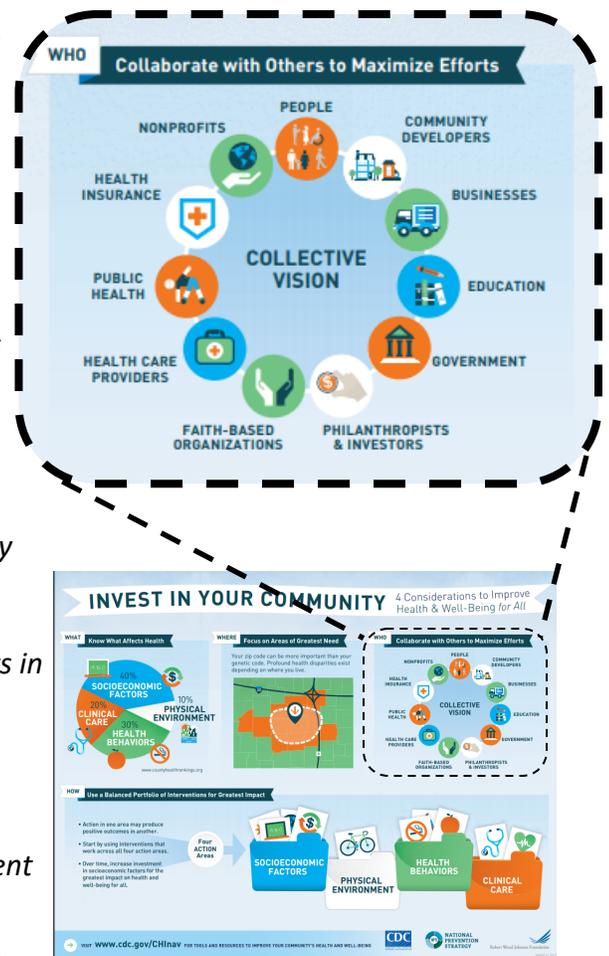
## A. Inclusion Strategies

Membership in the Coalition has evolved over time and has been a combination of “all are welcome” and deliberative invitations to strategically identified missing persons. Initially, all individuals who had participated in the development of the 2016 Applying Healthcare System Community Health Needs Assessment (CHNA) were invited to the grant planning meeting. This healthcare provider-oriented group formed the beginnings of the coalition for purposes of the grant application.

After several stakeholders attended the Orientation Session for the Two Georgias Initiative, the group, along with the newly hired Project Coordinator, reviewed the CDC document “Invest in Your Community” and systematically assessed the collaborative, to identify members of each group for the CHAC.

Conveners noted that the original group included representatives from public health, healthcare providers, nonprofits, government and education. Missing were community members, especially low income or uninsured, persons of color, non-English native speakers, faith-based representatives, businesses and health insurance providers. Since the original meeting, members of all the “missing groups” have been invited to join the CHAC, and this has improved the cross-sectional representation of coalition members. Some of the new members have only attended one meeting; some have returned each time, even with guests. We continue to extend outreach and value the importance of as many types of voices as possible to assist in plan development.

There is more to community engagement than involving members in the Coalition. For this reason, the CHAC conducted a series of community based focus groups in November and December to obtain information from individuals who are impacted by health disparities, who may not be able to attend meetings, who represent missing voices, and who experience some of the poorest health outcomes. The CHAC identified individuals who should be heard in a focus group, and the CHAC members helped to arrange them. Four focus groups reaching 39 individuals from a cross section of the community occurred. The groups reflected a broad population base in age, gender, ethnicity, insurance access, and socioeconomic status. They included a senior citizens group, a group of



persons with disabilities at the housing authority, members of a predominantly African American Church, and all school counselors in the local school system. In addition, the leader of the Ministerial Alliance provided valuable insight into who is needy in the community. This individual offered to serve as a liaison for the Alliance and indicated the possibility of speaking to this group as the CHIP comes together. Several of the focus group participants have joined the CHAC. For those who have not, their input provides valuable guidance to the priorities the CHAC has chosen for its efforts. Results are discussed in Part 4.

The Coalition strives to create an atmosphere of openness so that all may speak freely. There is opportunity for verbal, written, face-to-face and anonymous, input. At the end of every other CHAC meeting, participants can provide comments regarding the process and content via a meeting evaluation form. Meeting changes are based on the results of these evaluations. The efforts are to allow a “safe space” for individuals of all backgrounds. The Health Equity training, held on February 19, 2018, instilled in participants a heightened awareness of the importance of recognizing that others may come from a different life experience and therefore have different views. The group may need to develop a conflict management process to deal with the inevitability of disagreement as the Coalition grows.

The Coalition has tried to be inclusive to date. In future meetings, it may be important to promote more work, and frequent meetings, among subgroups and utilize the entire Coalition less frequently but for more information and priority sharing. To add cross sectors of the community who are missing, the group is growing. Eventually the size may be unmanageable. This is not bad news—the more engagement, the better. The growth may require alternate strategies to accomplish work efficiently and effectively.

One example of this is that the group has been meeting on a regular basis at a standard time and location. This has proved effective at retaining membership. During the Health Equity training, speakers identified this as a potential barrier for people who are unable to come during the day. Another strategy may be to consider some meetings in the evening or at another location. The downside of this is that sectors of the community who are committed may then not be able to participate. Therefore, the Coalition members will have to weigh information needed, voices who should have input, and the best strategies and locations to ensure all have access.

Thus far, effort has focused primarily on internal communication among CHAC members to promote clear understanding of its mission and goals, and to formalize partnerships. Continued emphasis on quality and varied communication methods will ensure engagement of partners



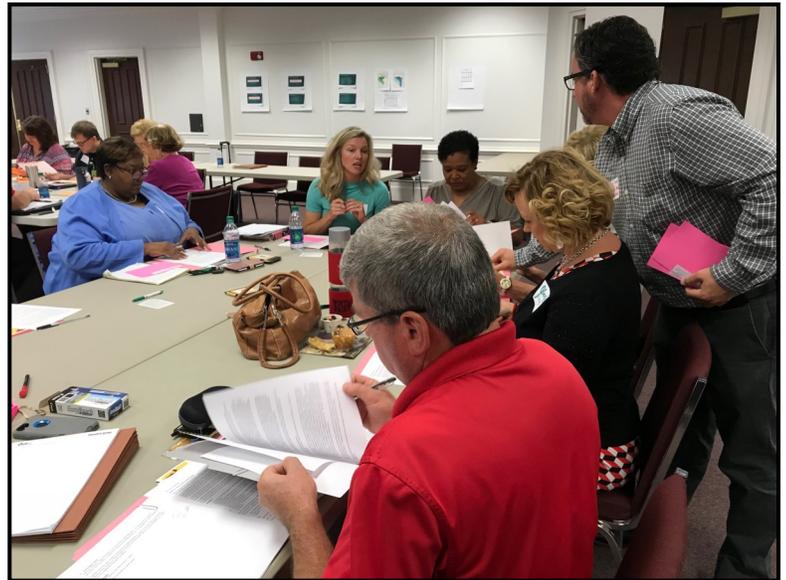
## B. Communications Plan

*CHAC members also recognize the importance of getting the word out about its goals and accomplishments. Since none of the goals and objectives can be accomplished alone, there is a need to raise awareness of the work with the community through communications. The awareness must include health equity and eliminating health disparities.*

*There is a Communications committee, and the chair has extensive media experience. The SEHD shares its media development resources with the Coalition as well. Depending on the message, different individuals may need to be the spokespersons. This will be especially important to consider as the CHAC moves forward in the implementation phase. A communications*

*plan draft is attached. The CHAC has not developed a Community Health Partnership Statement as an introduction to key audiences. This is an excellent way to introduce the work of the group to the community. One goal of the Communications Committee should be to facilitate development of a CHAC Statement followed by presentation content.*

*Once the content has been identified, members can volunteer to provide the information to community*



*and stakeholders in Appling County. Subsequent to the development of the statement, the CHAC communications committee will lead the coalition in developing a branding campaign so that all future CHAC materials and information are recognizable as they are disseminated in the community.*

*The greatest communication challenge may be how to explain the importance of achieving health equity and eliminating health disparities. The Organization's Mission, Vision and Values can form the basis for the presentation. In addition, a review of data around disparities, along with the County Health Rankings, can serve to document the importance of the community working together to improve health outcomes. This is one area for possible technical assistance from the Healthcare GA Foundation. The Health Equity training was beneficial, but during priority setting exercises the group struggled with how to present this message to certain audiences.*

# COMMUNICATION PLAN

## Coalition for a Healthy Appling County (CHAC)

Audiences	Desired Outcome	Key Messages	Methods	Frequency	Communicator
<p><b>Audiences</b> List the specific audiences you will target in your communications plan.</p>	<p><b>Desired Outcome</b> Why is it important to target this audience? What is the desired outcome of this communications?</p>	<p><b>Key Messages</b> Determine the top 2 or 3 impactful points to help gain support of this audience. What do you want them to do?</p>	<p><b>Methods</b> Identify the best method for getting your message to the target audience.</p>	<p><b>Frequency</b> Decide how often you need to push your messages to sustain engagement.</p>	<p><b>Communicator</b> Who carries credibility with your audience to deliver your message?</p>
<p><b>Audience #1:</b> City and County Government</p>	<p>Awareness; Desire for action</p>	<p>Healthcare status in county is poor; group is working to improve it. CHAC would like to align with any health improvement programs going on or being developed; County and city could align with initiatives of CHAC.</p>	<p>Newspaper article; presentation to county commissioners</p>	<p>Annually</p>	<p>County Commissioner and CHAC Chair</p>
<p><b>Audience # 2:</b> Medical Community</p>	<p>Awareness of CHAC</p>	<p>Increase understanding of health equity and its importance. Utilize volunteer help. Share resources.</p>	<p>Share through hospital staff? Providers on CHAC</p>	<p>Introductory meeting; Invite to special events</p>	<p>Hospital representative</p>
<p><b>Audience # 3:</b> Civic Groups</p>	<p>Awareness of CHAC</p>	<p>Increase understanding of health equity and its importance to economic development. Utilize volunteer help. Share resources</p>	<p>Presentations at civic group meetings</p>	<p>Annually</p>	<p>CHAC members who are in civic groups; steering committee</p>

<p><b>Audience #4:</b></p>	<p>Community-General Public</p>	<p>Awareness of CHAC</p>	<p>Importance of increased physical activity and opportunities. Importance of increased consumption of healthy fruits and vegetables. Need to decrease stigma around mental health. Knowledge of location of service information for increased access.</p>	<p>Newspaper article; Radio story; Info regarding special events</p>	<p>Intro article; radio announcement; Quarterly announcements of activities? (Or more frequently if happen more often.)</p>	<p>Communication chairperson; Chair of each committee or initiatives</p>
<p><b>Audience #5</b></p>	<p>Target Population for Health Equity Improvement</p>	<p>Awareness of programs which may assist them</p>	<p>Event or program availability.</p>	<p>Church network; TV; Social media; Websites; Key informants; Bulletin boards</p>	<p>As event occurs; As program is developed; Monthly if ongoing (with success stories)</p>	<p>Initiator of program (i.e. healthy physical activity leader, cooking class leader, etc.); Member of community who is respected by target population</p>
<p><b>Audience #6</b></p>	<p>State, National leaders</p>	<p>Awareness of program; sharing and adoption of successful strategies; increased funding</p>	<p>Program purpose, processes, goals and outcomes.</p>	<p>Reporting to HGF</p>	<p>Facebook; reports; TA from HGF</p>	<p>Healthcare Georgia Foundation</p>

# Part 4: Community Health Needs Assessment

## A. Community Health Needs, Problems, and Threats

### Data Boot Camp

The first step in developing the Community Health Needs Assessment was to share with the CHAC a snapshot of information already available. This included providing a data snapshot of Appling County, highlighting information from the Appling Healthcare System's Community Health Needs Assessment from 2016, and the health concerns identified by the pre-grant application workgroup. Because Two Georgias Initiative's focus is achievement of health equity, the planning committee chose to utilize the County Health Rankings report for Appling County as the organizing principle for sharing and discussing data.



The CHAC adapted a process utilized by a local Family Connection program called "Data Boot Camp" to highlight the information. The goals of Data Boot Camp were:

- To create in all participants shared understanding of available and applicable health data;
- To identify voices missing from the table who could assist in improving our understanding of certain health challenges; To identify key resource persons who could facilitate connection to the missing voices through recruitment of participants to follow-up focus group.

Data Boot Camp participants discussed issues categorized under the headings of Health Behaviors, Clinical Care, Social and Economic Factors, Physical Environment, Community, and Housing. These were based on the County Health Rankings reports, which coincide with the CDC recommendations for using a balanced portfolio of interventions to improve health and well-being for all.

## **Appling County Snapshot**

With a population of 18,540, Appling County lies in Southeast Georgia's coastal plain. The county has three towns. Baxley, the county seat, has a population of 4,400 followed by Graham with 291 residents and Surrency with 201. Approximately 99% of the county's population is rural. State Highway 121, known as the Wiregrass Trail, travels through Appling and connects it to Charlton County near the Florida line, and Augusta, 128 miles to the north. The Altamaha River, designated a Bioserve in 1991 by the Nature Conservancy, and listed as one of the 75 "Last Great Places" in the world, courses through the county, providing boating, fishing, bird watching, camping, swimming and other recreational activities to residents. The largest employers are forestry and energy, followed by agriculture, manufacturing and retail services. Just outside of Baxley is Plant Hatch, one of Georgia Power's two nuclear facilities and the first in Georgia. It employs approximately 850 people. Walmart opened a store approximately five years ago and has contributed to job growth. Other large employers include county government, the public school system, the health care sector, and Interfor, a timber company which is the fifth largest employer in the county.



The faith-based community has a huge influence in Appling County where there are over 100 churches. The churches operate a "one call system" which is said to be one of the best ways to provide information about anything to everyone.

The County Health Rankings follow. These helped to shape the groups thinking about social determinants of health and health equity. Each group had specific instructions to identify which health problems, categorized by Health Behaviors, Clinical Care, Physical Environment and Social and Economic Factors were most important. They were questioned about which missing voices were not at the table and how the group could reach out to them.

All participants rotated through all sections. Each section was led by a facilitator from Southeast Health District. Responses were collected by index card and notes taken by table facilitators. Discussion guides are available upon request. Summaries of all responses are available upon request.

### **Selected Appling County Population Data**

Total population: 18,428

Gender: Male- 50.2% Female- 49.8%

Race: White- 77.7% Black- 19.4%

Ethnicity: Hispanic/Latino- 9.6%

County Health Ranking: 133/159

### **Selected Appling County Population Facts**

Language other than English spoken in home: 9.2%

Persons with disability: 13.10%

Total in labor force: 53.7%

Median household income: \$37,135

Free and reduced lunch eligibility: 73.01%

Land area: 507.08 sq. miles

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

## Appling (AP)

	Appling County	Error Margin	Top U.S. Performers	Georgia	Rank (of 159)
<b>Health Outcomes</b>					<b>130</b>
<b>Length of Life</b>					<b>141</b>
Premature death	11,300	9,600-12,900	5,300	7,500	
<b>Quality of Life</b>					<b>100</b>
Poor or fair health **	21%	20-22%	12%	19%	
Poor physical health days **	4.3	4.2-4.5	3.0	3.8	
Poor mental health days **	4.2	4.0-4.4	3.1	3.8	
Low birthweight	11%	9-12%	6%	10%	
<b>Health Factors</b>					<b>103</b>
<b>Health Behaviors</b>					<b>116</b>
Adult smoking **	20%	19-21%	14%	18%	
Adult obesity	35%	28-42%	26%	30%	
Food environment index	7.4		8.6	5.8	
Physical inactivity	26%	20-33%	20%	24%	
Access to exercise opportunities	26%		91%	77%	
Excessive drinking **	15%	14-15%	13%	15%	
Alcohol-impaired driving deaths	26%	15-38%	13%	23%	
Sexually transmitted infections	269.7		145.1	570.8	
Teen births	72	63-80	15	32	
<b>Clinical Care</b>					<b>153</b>
Uninsured	19%	17-21%	6%	16%	
Primary care physicians	1,680:1		1,030:1	1,520:1	
Dentists	9,210:1		1,280:1	1,980:1	
Mental health providers	2,630:1		330:1	830:1	
Preventable hospital stays	88	72-104	35	50	
Diabetes monitoring	77%	67-88%	91%	85%	
Mammography screening	55%	44-66%	71%	62%	
<b>Social &amp; Economic Factors</b>					<b>87</b>
High school graduation	87%		95%	80%	
Some college	37%	32-43%	72%	62%	
Unemployment	6.4%		3.2%	5.4%	
Children in poverty	32%	23-41%	12%	23%	
Income inequality	5.0	4.1-5.8	3.7	5.0	
Children in single-parent households	40%	30-50%	20%	38%	
Social associations	14.1		22.1	8.9	
Violent crime	161		62	374	
Injury deaths	74	57-94	55	61	
<b>Physical Environment</b>					<b>11</b>
Air pollution - particulate matter **	9.2		6.7	10.1	
Drinking water violations	No				
Severe housing problems	11%	8-14%	9%	18%	
Driving alone to work	82%	79-86%	72%	80%	
Long commute - driving alone	23%	18-27%	15%	40%	

Areas to Explore    Areas of Strength

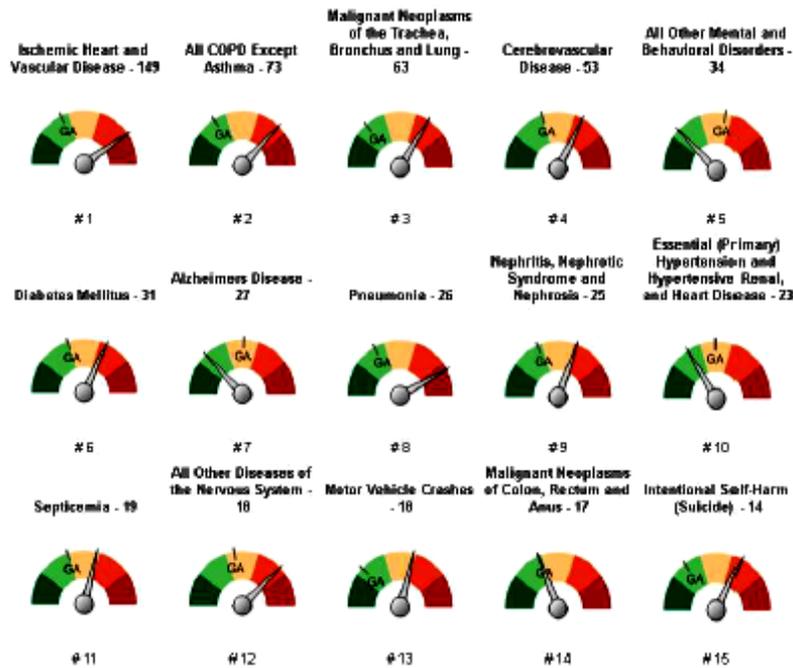
^ 10th/90th percentile, i.e., only 10% are better.  
 Note: Blank values reflect unreliable or missing data  
 \*\* Data should not be compared with prior years

2018

Coalition for a Healthy Appling County

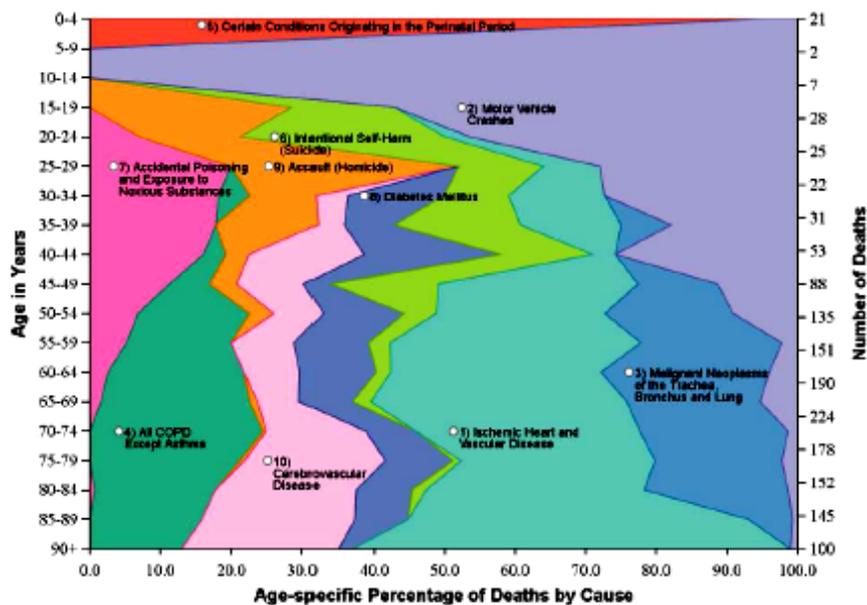
# Data Boot Camp Priority Review

## Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Appling County, 2012 - 2016



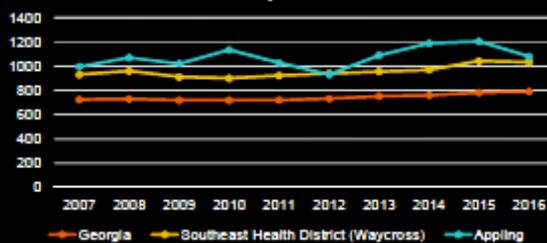
### Lifespan Histogram of Mortality, Southeast Health District (Waycross), GA, 2016

Based on the Top 10 Causes\* of Years of Potential Life Lost (YPLL)

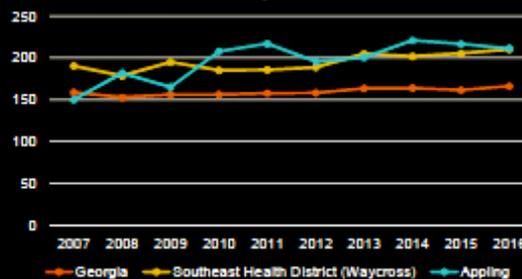


\*Using Georgia Reportable Causes

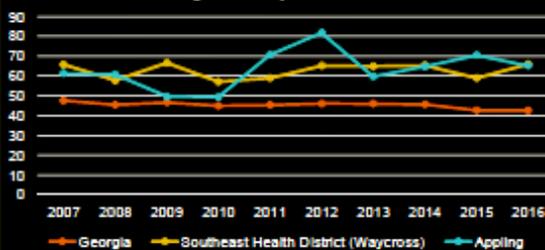
Death Rates, All Causes by Year and Place of Residence



Death Rates, All Cancers by Year and Place of Residence



Death Rates, Lung Cancers by Year and Place of Residence



# County Health Rankings

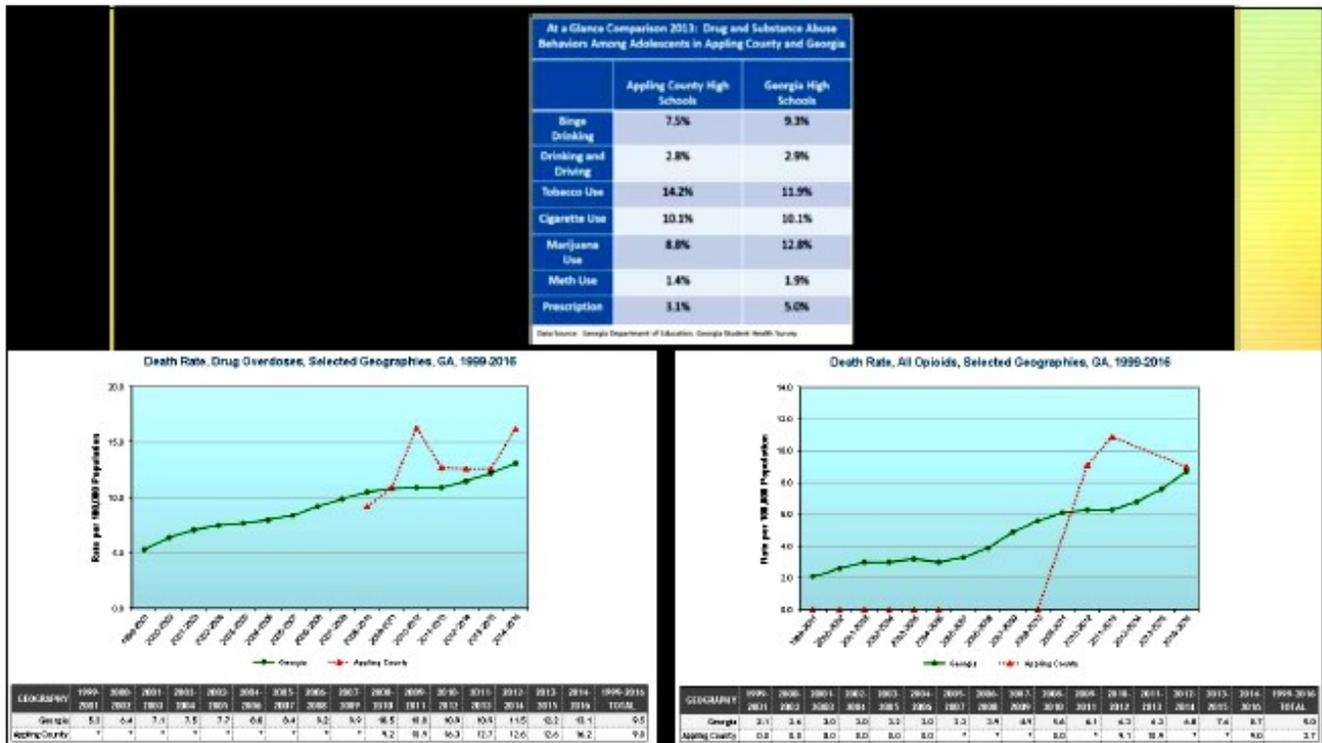
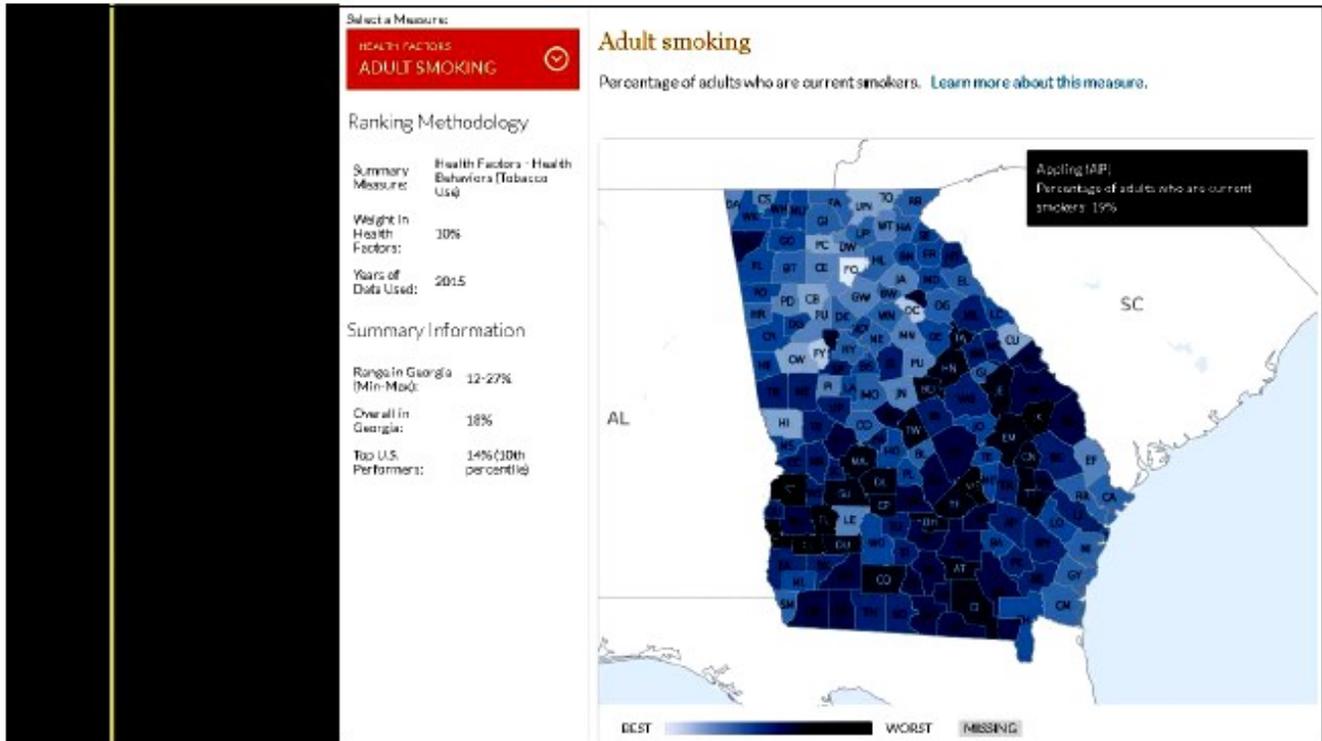
## Appling (AP)

	Appling County	Error Margin	Top U.S. Performers*	Georgia	Rank (of 150)
<b>Health Outcomes</b>					
Length of Life					133
Premature death	11,400	9,700-13,100	5,200	7,300	149
Quality of Life					92
Fear or fair health**	19%	15-20%	12%	17%	
Year physical health days**	4.3	4.1-4.5	3.0	3.7	
Days mental health days**	0.1	0-0.2	0.0	0.1	
Low birthweight	11%	9-12%	6%	9%	
<b>Health Factors</b>					
300					
<b>Health Behaviors</b>					
Adult smoking**	19%	15-19%	14%	28%	
Adult obesity	35%	28-40%	26%	30%	
Food environment index	5.6	5.4	5.4	6.5	
Physical inactivity	24%	19%	19%	23%	
Access to exercise opportunities	20%	12%	12%	17%	
Excessive drinking**	12%	14-16%	12%	17%	
Alcohol-impaired driving deaths	23%	12-37%	17%	23%	
Sexually transmitted infections	346.8	143.3	143.3	510.9	
Teen births	01	72-90	17	22	
<b>Clinical Care</b>					
150					
Uninsured	21%	19-22%	6%	28%	
Primary care physicians	1,400.1	1,080.1	1,080.1	1,580.1	
Dentists	0,200.1	1,320.1	1,320.1	0,000.1	
Mental health providers	0,000.1	280.1	280.1	0,000.1	
Preventable hospital stays	91	77-106	36	52	
Diabetes monitoring	77%	67-86%	62%	85%	
Mammography screening	35%	44-66%	72%	62%	
<b>Social &amp; Economic Factors</b>					
85					
High school graduation	87%	89%	89%	80%	
Some college	24%	22-40%	22%	42%	
Unemployment	7.1%	3.8%	3.8%	5.3%	
Children in poverty	34%	28-43%	12%	23%	
Income inequality	5.1	4.2-6.1	3.7	5.0	
Children in single-parent households	44%	33-55%	22%	37%	
Social associations	14.6	22.8	22.8	8.9	
Violent crime	141	40	40	370	
Injury deaths	62	65-100	53	59	
<b>Physical Environment</b>					
7					
Air pollution - particulate matter**	0.2	6.7	0.1	0.1	
Drinking water violations	No				
Severe housing problems	11%	6-14%	9%	18%	
Driving alone to work	81%	76-85%	72%	80%	
Long commute - driving alone	23%	15-28%	15%	23%	

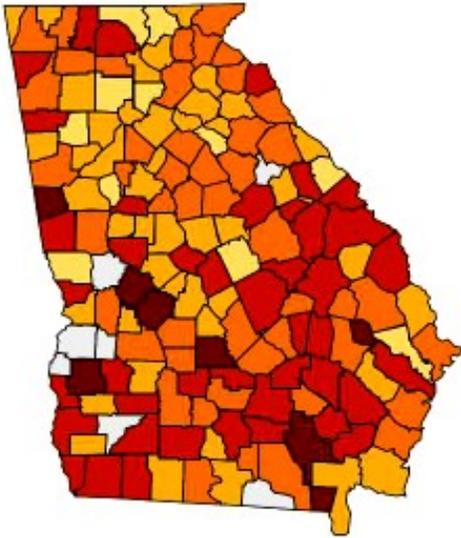
## Health behaviors

Health is about more than what happens at the doctor's office. The places where we live, learn, work and play, the choices we make, and the opportunities we have all matter to our physical, mental and social well-being.

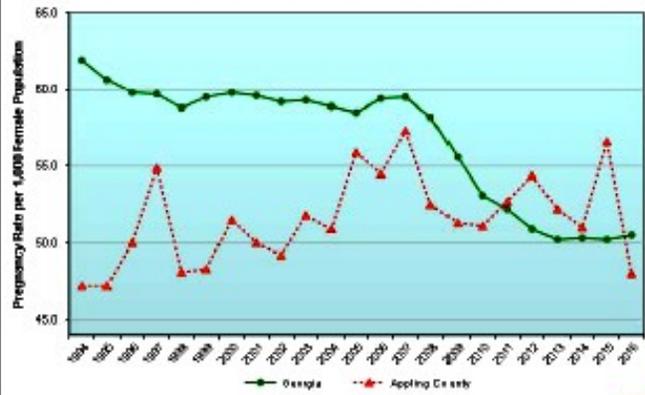
- Tobacco use is the leading cause of preventable death in the United States. It affects not only those who choose to use it, but also people who live and work around tobacco.
- The environments where we live, learn, work and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and person choices, shape health and risk of overweight and obesity.
- When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends and communities. Prescription drug misuse and illicit drug use also have substantial health, economic and social consequences.
- Unplanned pregnancies and sexually transmitted infections, often the result of risky sexual behavior, have lasting effects on health and well-being, especially for adolescents.



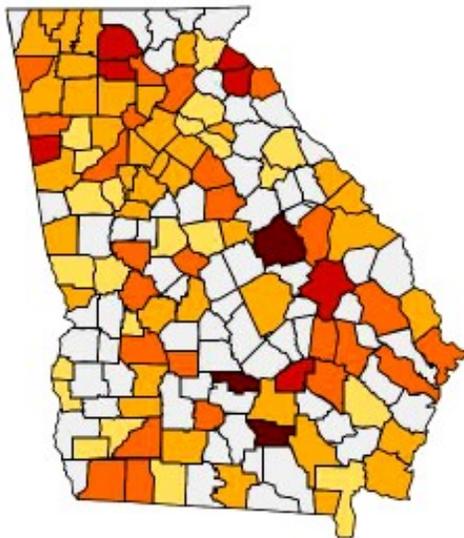
Pregnancy Rate by County of Residence, 10-19 Years of Age, 2016



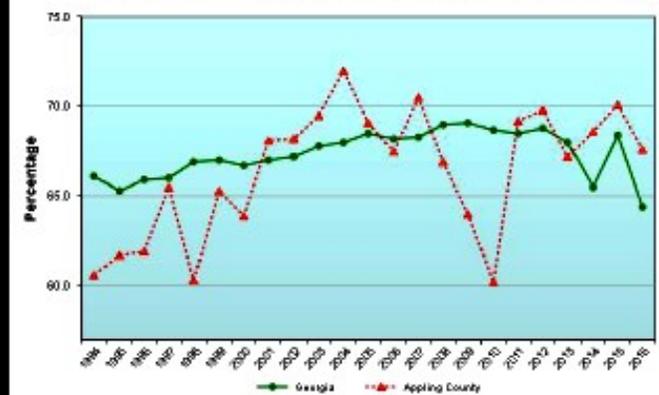
Pregnancy Rate, Selected Geographies, GA, 1994-2016



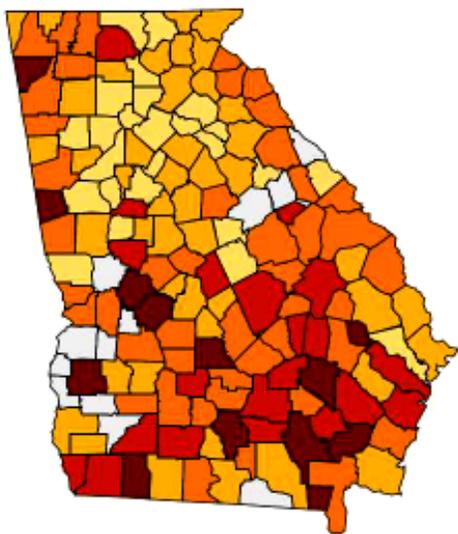
Percent of Repeat Pregnancies by County of Residence, 10-19 Years of Age, 2016



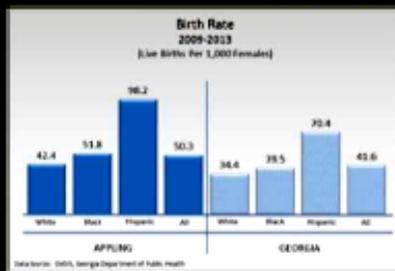
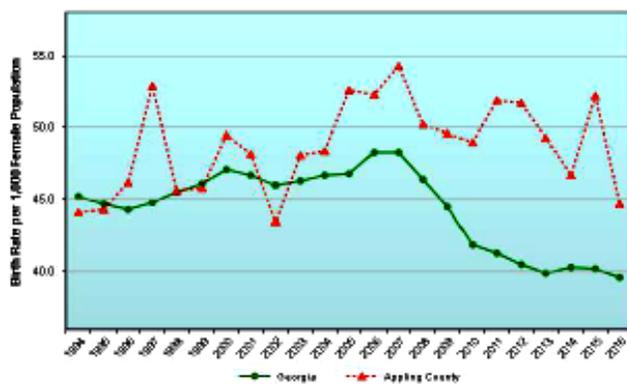
Percent Repeat Pregnancies, Selected Geographies, GA, 1994-2016



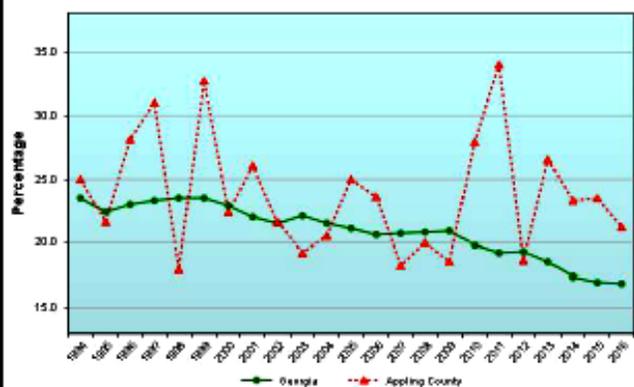
Birth Rate by County of Residence, 10-19 Years of Age, 2016



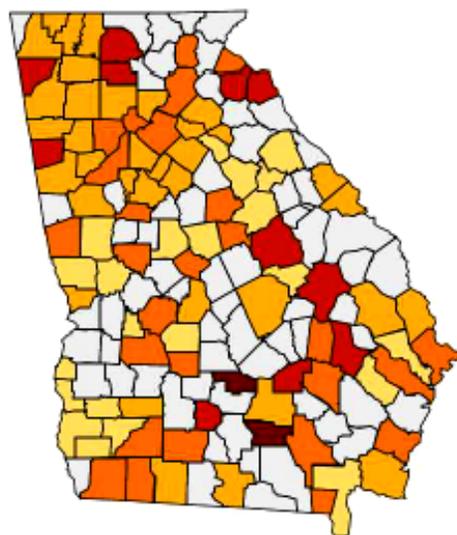
Birth Rate, Selected Geographies, GA, 1994-2016

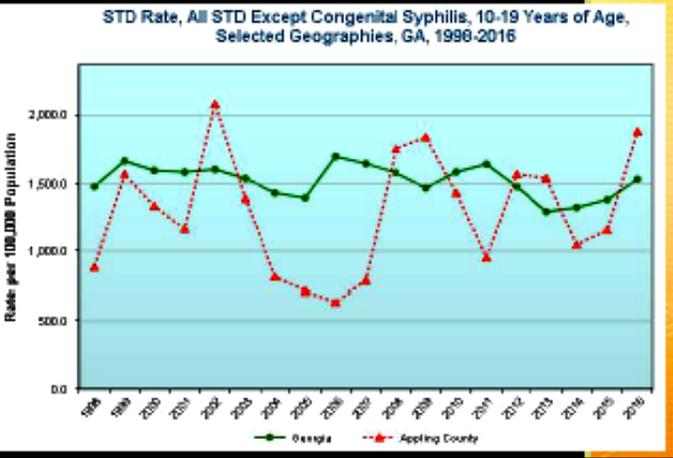
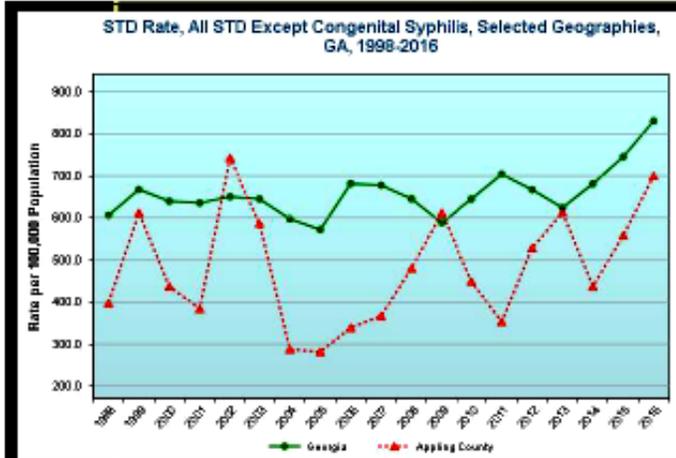
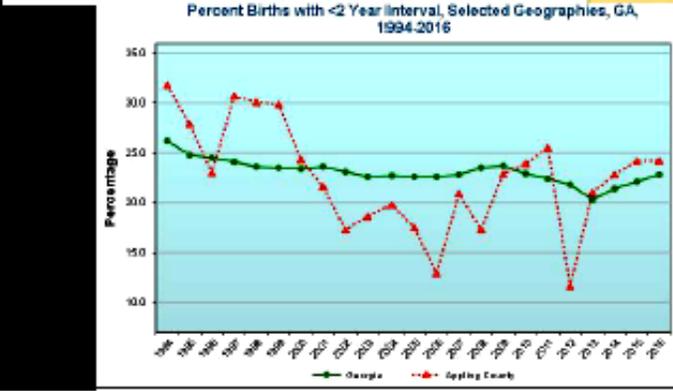
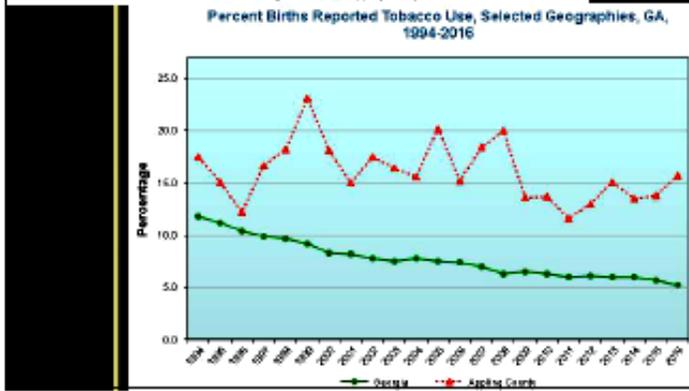
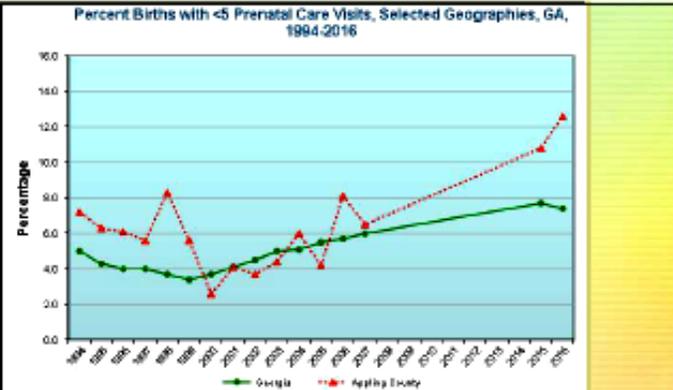
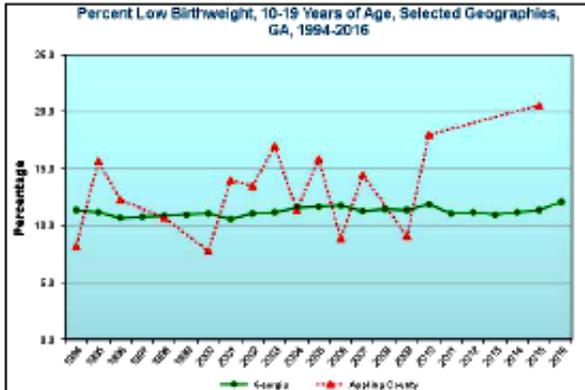


Percent of Repeat Births, 10-19 Years of Age, Selected Geographies, GA, 1994-2016



Percent of Repeat Births by County of Residence, 10-19 Years of Age, 2016





Select a Measure:  
**HEALTH FACTORS**  
**ADULT OBESITY**

### Adult obesity

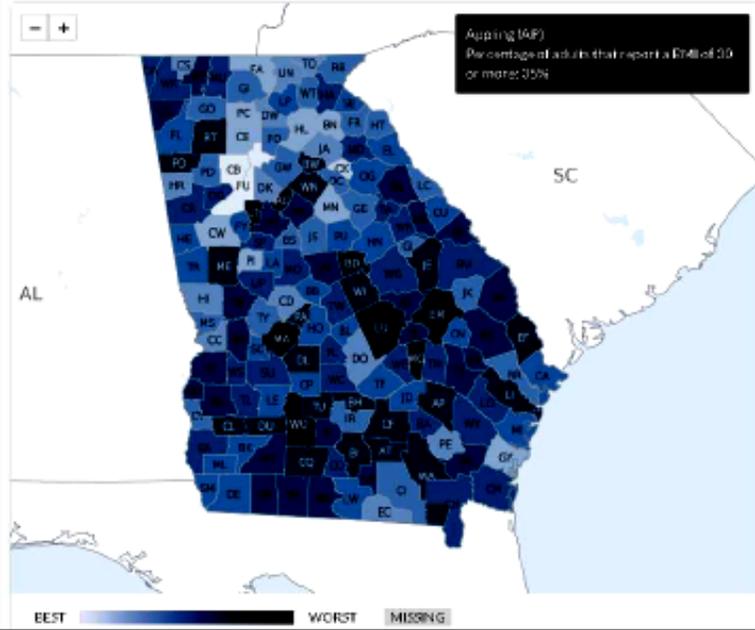
Percentage of adults that report a BMI of 30 or more.

#### Ranking Methodology

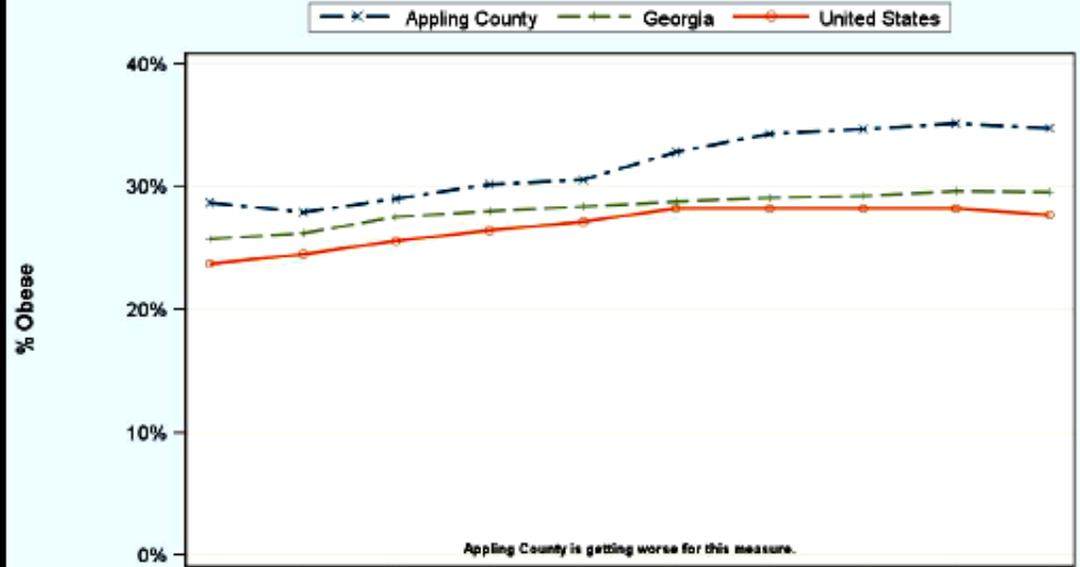
Summary Measure: Health Factors - Health Behaviors (Diet and Exercise)  
 Weight in Health Factors: 55%  
 Years of Data Used: 2013

#### Summary Information

Rank in Georgia (Min-Max): 23-28th  
 Overall in Georgia: 30th  
 Top U.S. Performer: 26th (10th percentile)



Adult obesity in Appling County, GA  
 County, State and National Trends

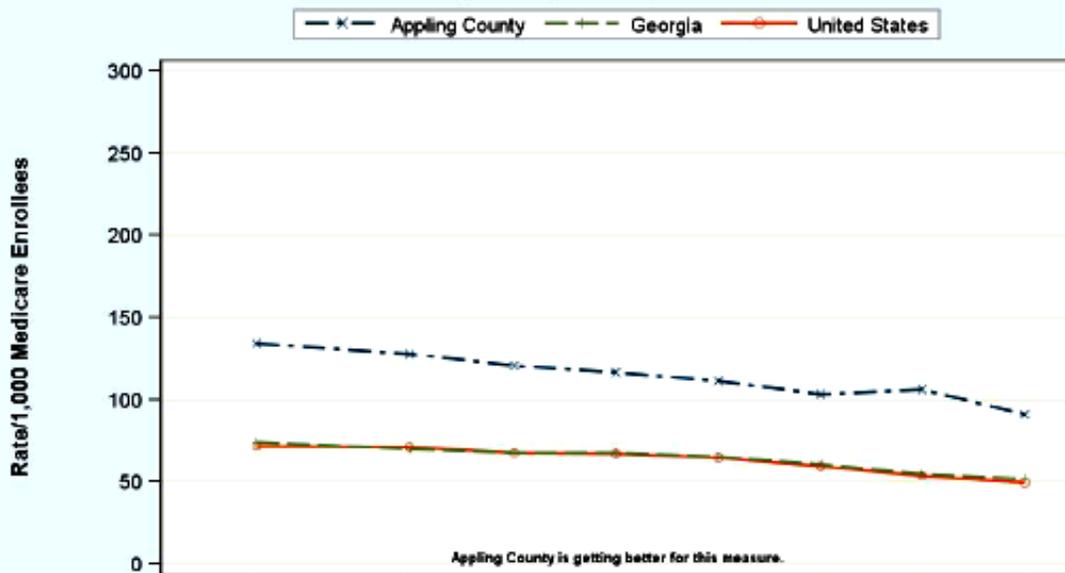


3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
United States	24%	24%	26%	26%	27%	28%	28%	28%	29%	28%
Georgia	26%	26%	28%	28%	28%	29%	29%	29%	30%	30%
Appling County	28%	28%	29%	30%	31%	33%	34%	35%	35%	35%

## Clinical care

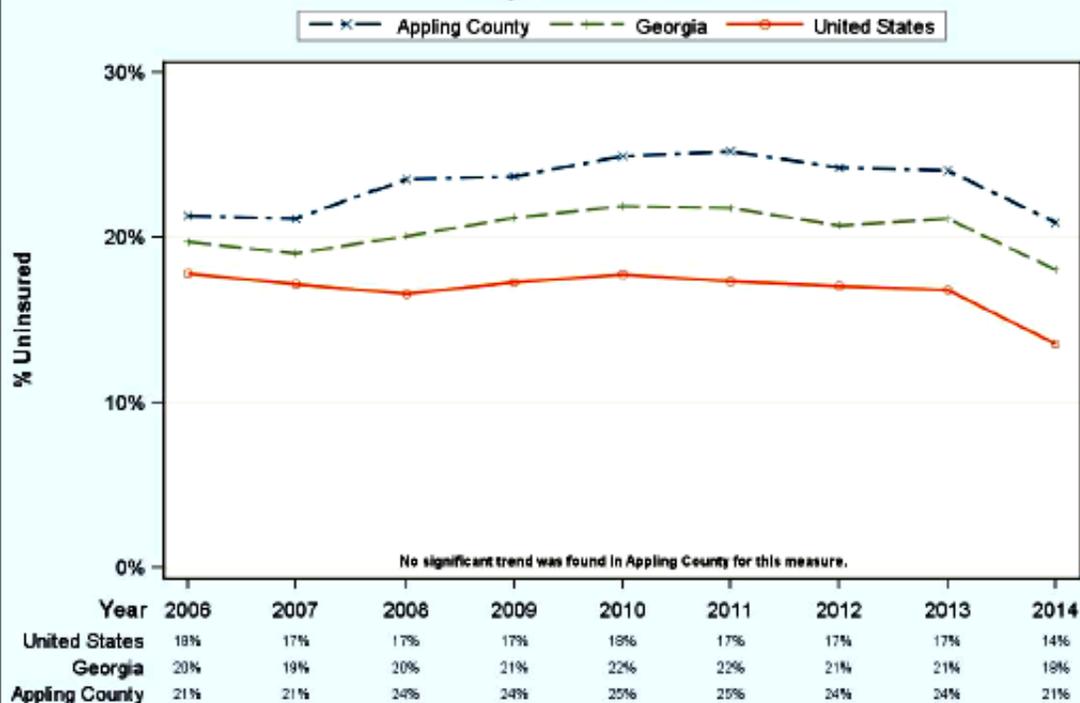
- Access to affordable quality health care is important to physical, social and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own. It is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively proximity to patients.
- High quality health care is timely, safe, effective and affordable- the right care for the right person at the right time. High quality care in outpatient and inpatient settings can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care.

**Preventable hospital stays in Appling County, GA**  
**Preventable Hospital Stays: County, State and National Trends**



Year(s)	2006-2007	2008	2009	2010	2011	2012	2013	2014
United States	72	71	68	67	65	58	54	50
Georgia	74	70	68	68	65	61	55	52
Applying County	134	128	121	117	111	103	106	81

### Uninsured in Appling County, GA County, State and National Trends



Select a Measure:

HEALTH FACTORS  
**DIABETES  
MONITORING**

### Diabetes monitoring

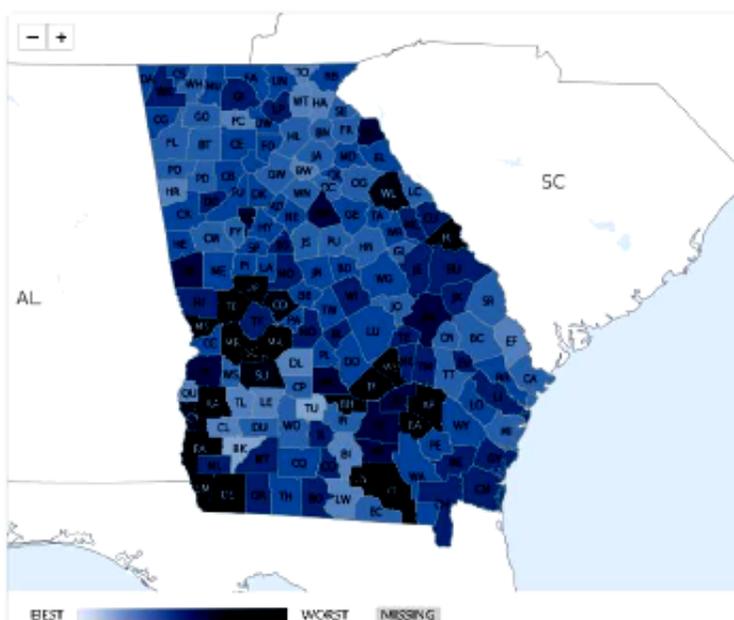
Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.

#### Ranking Methodology

Summary Measure: Health Factors - Clinical Care Quality of Care  
Weight in Health Factors: 2.5%  
Years of Data Used: 2014

#### Summary Information

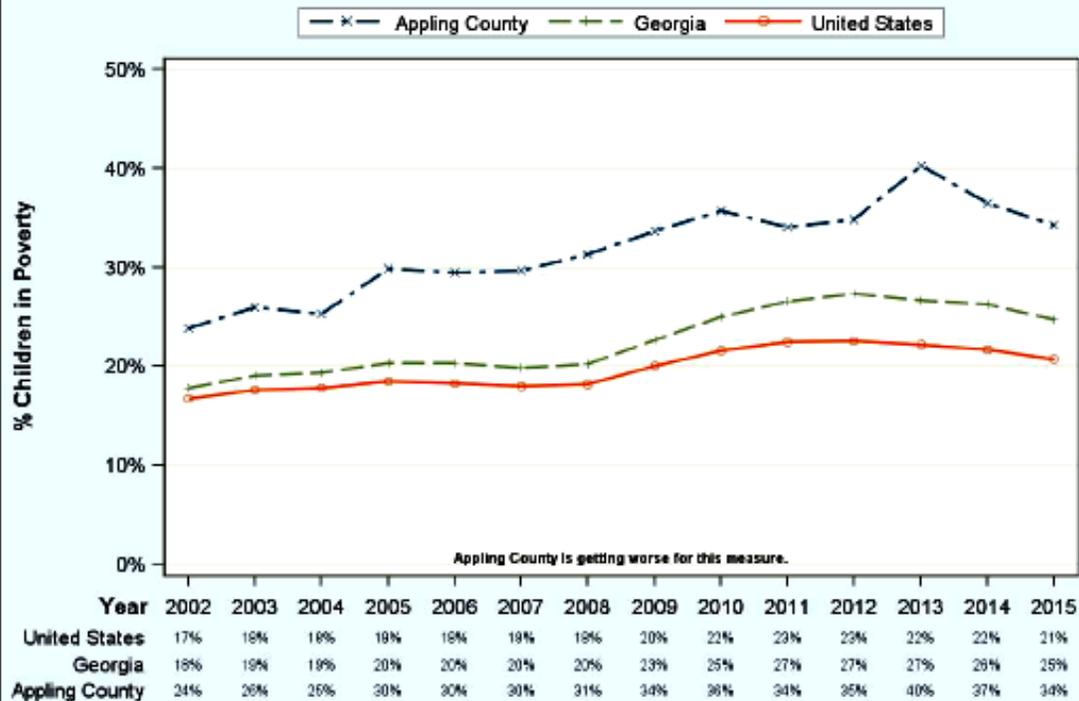
Range in Georgia (4th-92nd): 67-92%  
Overall in Georgia: 85%  
Top U.S. Performers: 91% (90th percentile)



## Social and Economic Factors

- Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are considered.
- As income increases or decreases, so does health. Employment provides income that shapes choices about housing, education, child care, food, medical care and more. Employment also often includes benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices and the ability to accumulate savings and assets that can cushion in times of economic distress.
- People with greater social support, less isolation and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital.
- Unintentional injuries such as traffic crashes, falls and poisonings are the fourth leading cause of death in the US and the leading cause of death for those ages 1-44. Unintentional injuries and violence affect health and quality of life in the short and long term, for those directly and indirectly affected.

Children in poverty in Appling County, GA  
County, State and National Trends



Select a Measure:

HEALTH FACTORS  
**CHILDREN IN POVERTY**

### Children in poverty

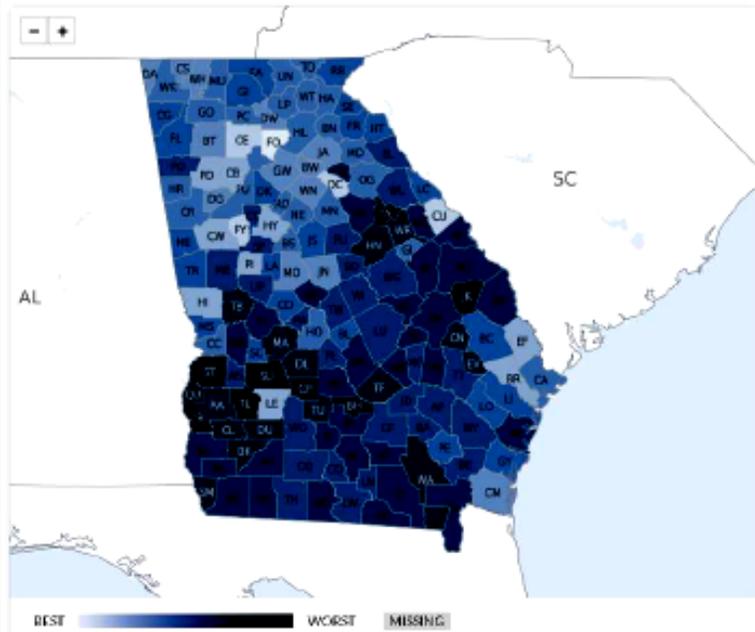
Percentage of children under age 18 in poverty.

#### Ranking Methodology

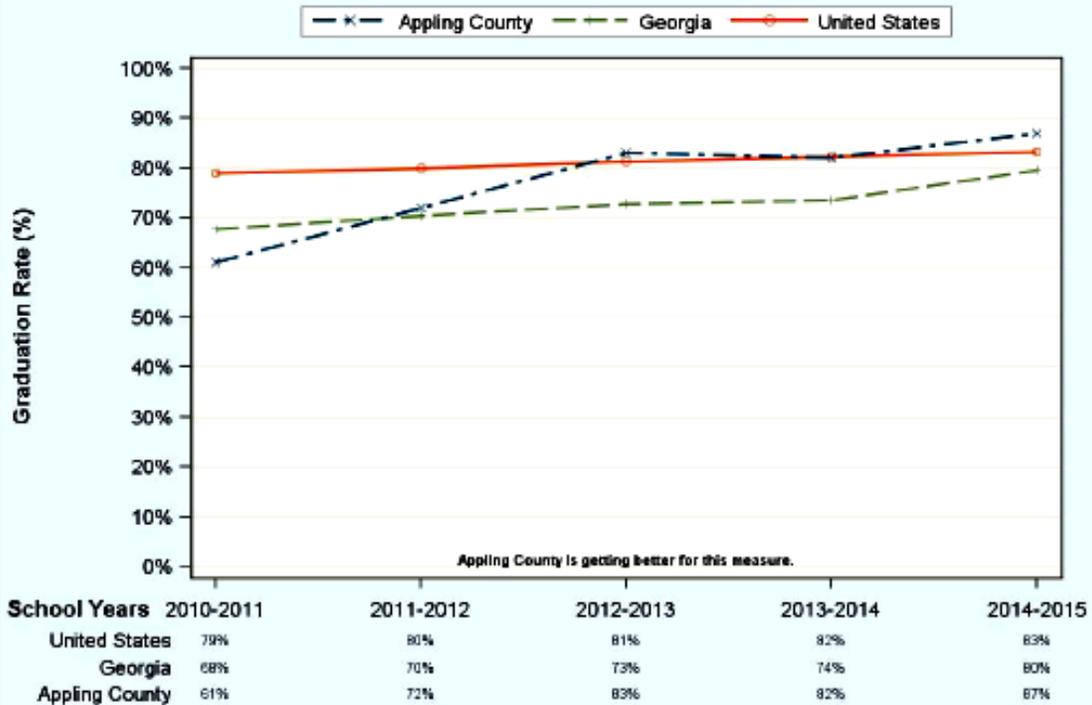
Summary Measure: Health Factors - Social & Economic Factors (Income)  
 Weight In Health Factors: 7.5%  
 Years of Data Used: 2015

#### Summary Information

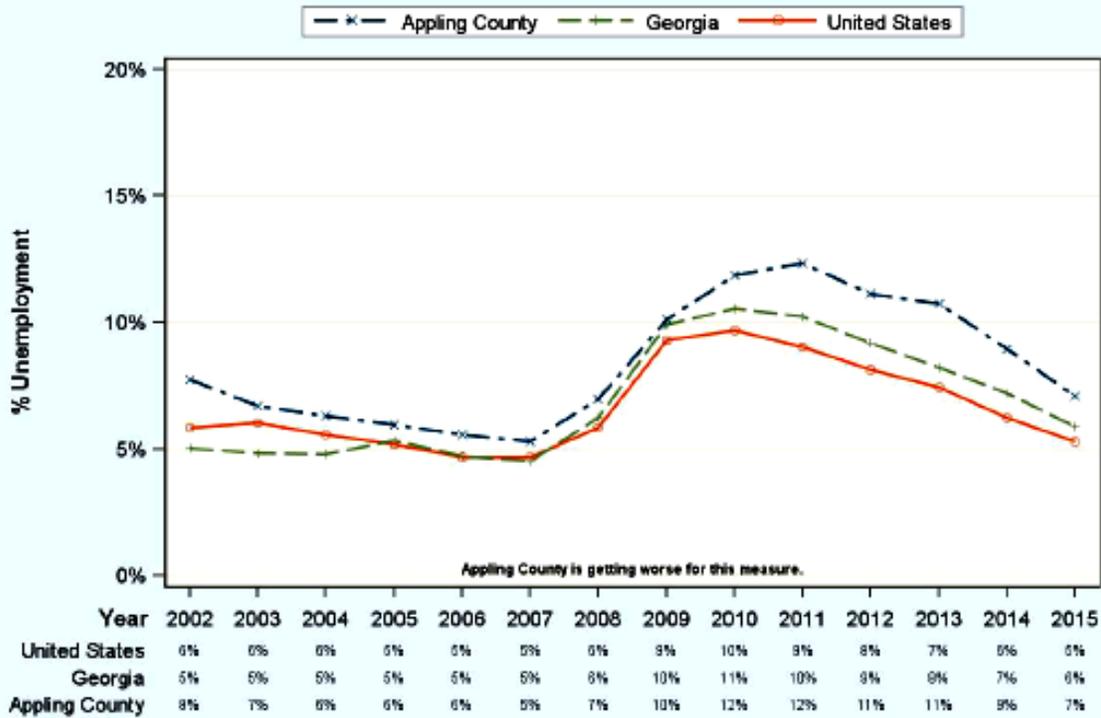
Range in Georgia (Min-Max): 7-56%  
 Overall in Georgia: 25%  
 Top U.S. Performers: 12% (50th percentile)



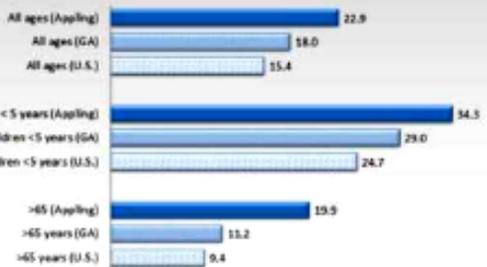
### High school graduation in Appling County, GA County, State and National Trends



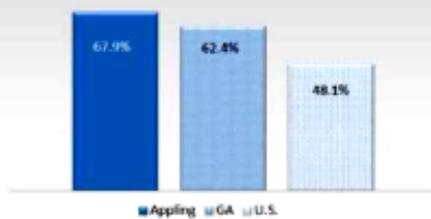
### Unemployment rate in Appling County, GA County, State and National Trends



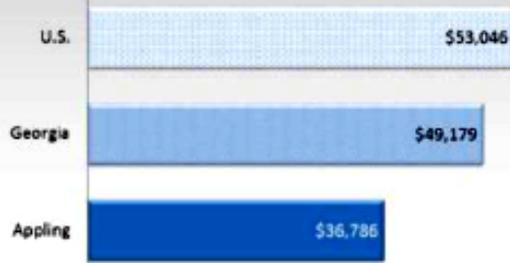
### Percentage of People Whose Income Was Below Poverty Level in Last 12 months – 2009-2013



### Students Eligible for Free or Reduced Price Lunch 2014

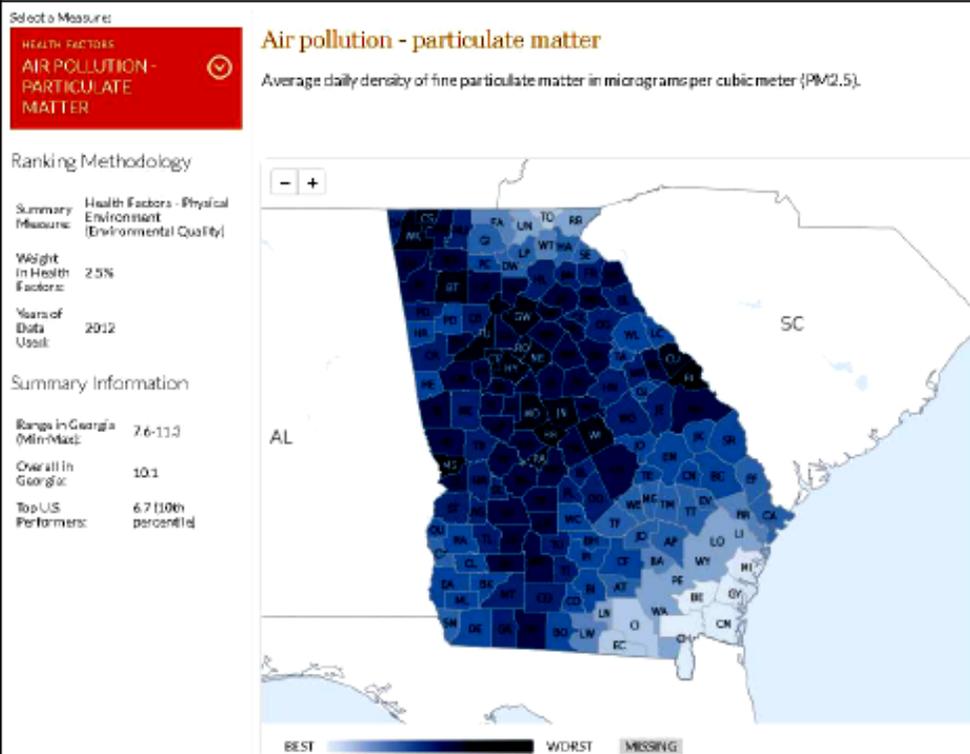


### Median Household Income, 2009-2013



## Physical Environment, Community, & Housing

- Clean air and safe water are prerequisites for health. Poor air or water quality is especially a problem to vulnerable populations such as children, the elderly and those with chronic health conditions.
- Housing options and transit systems shape where we live and how we get to where we need to go. This also affects our ability to be healthy and access health care.



Select a Measure:

HEALTH FACTORS

SEVERE HOUSING PROBLEMS



## Severe housing problems

Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

### Ranking Methodology

Summary Measure: Health Factors - Physical Environment (Housing and Transit)

Weight in Health Factors: 2%

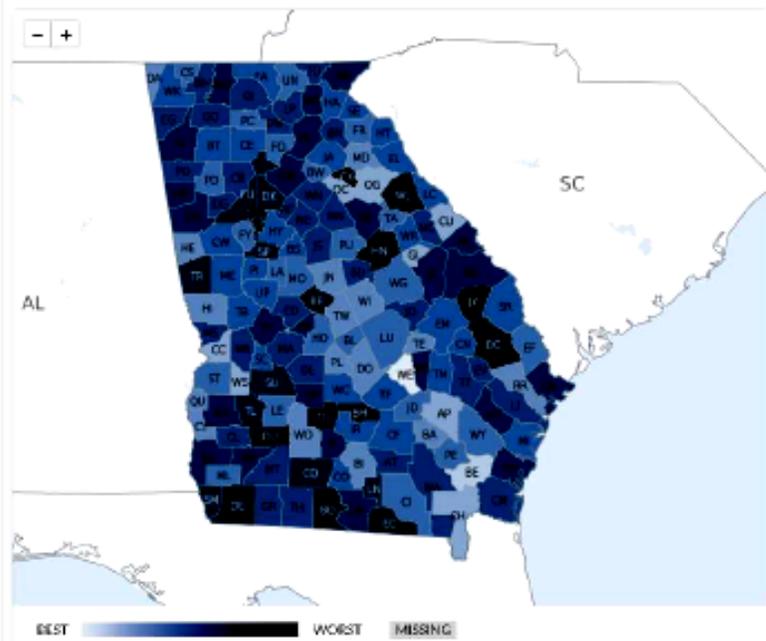
Years of Data Used: 2009-2013

### Summary Information

Range in Georgia (Min-Max): 6-26%

Overall in Georgia: 18%

Top U.S. Performers: 9% (10th percentile)



# Questions?

## **Focus Groups**

The Data Boot Camp process resulted in identification of several key “missing voices,” and contact persons were chosen to coordinate groups. Written remarks on the cards collected during the Boot Camp exercise revealed that CHAC members felt the most important people to hear from were senior citizens, individuals with disabilities or people with high health needs, those living in poverty, teens, and the Ministerial Alliance. With the assistance of CHAC members, four focus groups occurred. Similar questions regarding access, perception of health, and community needs were asked of all groups except school counselors. School counselor questions focused on teen pregnancy issues. A list of focus group discussion questions and summary responses is available upon request. Focus groups were held with:

1. Housing authority residents (5)
2. School counselors (12)
3. Senior Citizen group members (12)
4. Church members of predominantly African American church with health ministry (10)

### **Focus Groups Themes: Food for Thought**

#### **Housing Authority**

There were five participants in the Housing Authority Focus group. All had worked for most of their lives. Most were senior citizens, and all identified themselves as having one or more disabilities. The overwhelming feeling was that people in Appling County are not healthy. There were expressions such as “There are a lot of senior citizens who feel lost, lonely, thrown away. They need something to do, a social event once a month., visiting nurses to assess their state. If I didn’t have my little dog, I’d be crazy.”

**“When I was healthy, I worked two jobs. I was active, I could go see family and friends, I would go out to eat or to the movies. I have not been inside of a movie theater in 10 years.”**

There were expressed issues of food insecurity, and participants were anxious to take any leftover refreshments provided, especially fresh fruit. Key points reflecting focus group themes follow.

- People are NOT healthy in Appling County
- Dental care is too expensive.
- Co-pays and deductibles are too high for someone on a fixed income.
- Transportation to medical appointments is a problem, especially if you must wait or go out of county for service.
- We don’t know how to access Meals On Wheels and other services; why do some get this, and others don’t?
- Some felt elderly did not get as much in benefits as young people, e.g. food stamps.
- Friends choose between food and buying diabetic supplies.
- Some were in “low places,” and reported that people with mental illness are treated badly.

## **School Counselors**

*There were 12 school counselors who participated in the focus group. The original intention had been to access high school students, but obtaining approval to do this proved to be difficult with the time available. So, counselors gathered a group to discuss their thoughts on why the teen pregnancy rate is so high in Appling County. This was thought to be a starting point to discuss this and other health issues of students. Key points reflecting focus group themes follow:*

- *Teen pregnancy is high.*
- *Teens have different influences today; they are looking for love.*
- *Teens need a place to go (movie, bowling alley); they need someone to talk to.*
- *Teen pregnancy is accepted. Grandmothers promote pregnancies on FB. Boys go to gender reveal parties. Nurses support the teen Mom at school; they get attention.*
- *We need to create a mentality that the girls should self-advocate. They need a goal of professionalism, not letting themselves get in a pregnancy situation.*
- *We need education about child care, cost of a baby, sex education, pregnancy prevention, home economics, and how to manage a home and budget.*

***“We need parent/teen classes; we need churches involved; we need community and medical providers to recognize this problem.”***

## **Church Group**

*There were ten participants in the church-based focus group. There were two males, and all were African American. The meeting took place immediately following a Sunday church service. Several of the participants were healthcare providers or worked in the health care system. This church has an active health ministry and continually looks for ways to impact the health of its church members and the community. Key points reflecting focus group themes follow.*

- *People are NOT healthy in Appling county*
- *Health issues are diabetes, high blood pressure, obesity, mental illness and cancer.*
- *People are unhealthy because they do not exercise, don't eat healthy, have no recreation, and there is pollution in the water.*
- *It can be expensive to get healthy foods at the grocery store.*
- *People go out of county to get health care; transportation is a problem.*
- *Even if you have insurance, the co-pay and deductible can be expensive.*
- *We need information about what is available; it needs to be in simple-to-understand wording.*
- *Some people go to East Georgia Healthcare because of the sliding fee scale.*
- *Exercise and good diet can help you stay healthy.*
- *We need education on healthy eating.*
- *Best way to reach out to the public is using the Chamber of Commerce, the newspaper, radio and speaking with churches.*
- *Need information on services for those who are homebound.*

***“My biggest concern about my health is that if I lose my job, what happens then? We will not be able to afford medication or pay for doctor visits/hospital visits. We will not be able to get glasses or dental care. We will only get the minimum if we file for indigent care at the hospital.”***

## **Senior Citizen Group**

*There were twelve participants in the senior citizen group, held at the Area Agency on Aging office. Participants included males and females and African Americans and whites. All were seniors. There was variation in their perception of whether people are healthy or not. Most recognized problems in the availability of services but felt that a rural community was more conducive to a healthy lifestyle than an urban setting. Several of the participants had recently moved to this area from cities in Florida and thus they had a different perspective. Several of the participants have since joined the CHAC. Key points reflecting focus group themes follow.*

***“They say when you get old you need your eyes, ears and teeth the most. And that is what Medicare does not cover. We need preventive care, that way we attack the root cause.”***

- *People are healthy in Appling county because it is rural and friendly and less stressful than an urban setting.*
- *We know we have poverty and drugs here, and churches give out food to help kids.*
- *Transportation is a problem.*
- *There are no sidewalks for walking; some people walk in Wal Mart, some at church social halls.*
- *People used to cook—now they don’t; they just get fast food.*
- *Many individuals go out of county for healthcare.*
- *Several mentioned telemedicine; no one reported using it.*
- *Biggest concerns about health: weight, blood pressure, joints, back, blood clear from cancer, staying stress free, support for caregivers.*
- *Need a way to access information about services.*
- *You can spread the word about services through the faith-based community’s “one call system.”*
- *There is air evacuation insurance for people living in Appling county, paid for by the county.*
- *We need to push the Farmers’ Market—seasonal, reasonable prices.*
- *Feel there should be more Meals on Wheels.*

## **Key Informants**

*One of the focus group recommendations was the ministerial alliance. For several reasons, the alliance chose not to host a focus group, but key informant interviews were held with two members of the alliance, and an additional member participated in one of the focus groups. The result was an interest in the work of the CHAC and request to stay informed of the process.*

### **Top Health Concerns for Appling County Based on Data Boot Camp and Focus Group Discussions:**

- People are sedentary and have poor diets resulting in bad health outcomes (diabetes, obesity, heart problems, etc.).
- Access to healthcare is a major issue for every population group, and most report that they travel out of town for services.
- County residents are often unaware of available resources or eligibility for those resources.
- Insurance is too expensive.
- There is a lack of public transportation.
- Community farmers' market should be open more often or longer.
- There is a teen pregnancy problem, and the issues surrounding it are complex and multifaceted.
- Access to dental care is limited due to a lack of insurance and dentists not accepting Medicaid.
- There are ongoing mental health issues which are not addressed.
- There is high poverty in Appling County.

## 4.A

### **Priority Setting Retreat**

Following the data review, data collection process and the identification of top health concerns, a summary of all information collected was shared at the CHAC group's Priority Setting Retreat. The Porter Novelli group facilitated the meeting and guided the group in narrowing down priorities. As a result of several group processes to highlight problems most conducive to change, the participants identified the following priorities:



- Healthy Environments (Physical Activity/Healthy Foods)
- Access (Transportation/Health Literacy/Affordability)

## **B. Community Assets**

One of the CHAC meetings involved identification of assets in the community, of which there are many. Some of the assets are not available to all. For such a small county with a limited population, the existence of this array of assets is an opportunity for partnership, expansion, and investment in the entirety of the community. Future strategies to address health concerns will include building on assets already in the community and looking at ways to make them more available to all.

## 4.B



<b>Asset Inventory Worksheet Appling County</b>		
<b>Individual Assets</b>		
<b>Citizen Assets</b>		
Citizen Associations (Grassroots)	24/7, Christians in Action, United Way, Appling Leads	
Neighborhood Associations		
Cultural Organizations		
Faith-based Organizations		
<b>Institutional Assets</b>		
Health Care Services	<b>Hospitals</b> <i>Appling Healthcare System</i> <b>Urgent Care Centers</b> <b>Private Physicians</b> <i>List obtained from ACHD</i> <b>Community Health Centers &amp; Free Clinics</b> <i>East GA Healthcare Center</i> <b>Public Health Departments</b> <i>Appling County Health Dept.</i> <b>Community Mental Health and Mental Health Providers</b> <i>Pineland Behavioral Health, Cord of Three, GA Baptist Counseling Center, School-based MH and BH services</i> <b>Substance Abuse Treatment and Recovery Providers</b> <i>Pineland Behavioral Health, Cord of Three, GA Baptist Counseling Center, School-based MH and BH services, AA, NA, and 24/7</i> <b>Nursing Homes, Rehabilitation, Home Health &amp; Hospice</b> <i>Appling Pavilion, Altamaha Home Care, Comfort Care Hospice</i>	And?
Cultural Assets	<b>Museums</b> <i>Native American Museum, Caroline Miller house</i> <b>Performing Arts Organizations</b> <i>Arts Council</i> <b>Historical Organizations</b> <i>Heritage Center</i> <b>Public Spaces</b> <i>Fine Arts Center, Water Works Park, Progressive Resource Center, Ernest J. Parker Track, Environmental Park at Middle School, Falling Rocks Park</i> <b>Community Events and Festivals</b> <i>Winter Wonderland, Back to School Give Away /Health Fair</i> <b>Media Organizations</b> <i>WBYZ, Baxley News Banner</i>	And?
Recreational Assets	<b>School-based athletics and Community Ed. Programs</b> <i>Yes, available</i> <b>Community Centers</b> <b>Parks and Public Recreation Programs</b> <i>Recreation Dept.</i> <b>Walking/biking trails &amp; Sidewalks</b> <i>Track at Altamaha Elementary, 4<sup>th</sup> District School and High School, Track across from ball fields on County Farm Road, Water Works Park, Falling Rocks, Track at Ernest J. Parker</i> <b>YMCA &amp; Non-profit Recreation and Fitness Orgs</b> <b>Private Membership Fitness Clubs</b> <i>Gene's, Anytime Fitness</i>	And?
Food System Assets	<b>Full-service Grocery Stores</b> <i>Walmart, Harvey's</i> <b>Community Gardens</b> <i>Senior Center (brand new)</i> <b>Farmer's Markets</b> <i>Yes</i> <b>Restaurants with healthy food choices</b> <b>Food-Related Organizations</b> <i>Food Bank, Meals on Wheels</i>	And?
Public Safety Assets	<b>Police and fire departments</b> <i>Baxley Police Department, Baxley Fire Department, County Fire Departments</i> <b>Environmental Protection Organizations</b>	And?
Employment Assets	<b>Major Employers</b> <i>Plant Hatch, Interfor, BOE, Walmart, Appling Health Care System</i> <b>Small Employers</b> <b>Self-Employed &amp; Startups</b> <b>Unemployment and Job-placement Services</b> <i>Job training unlimited, One Stop</i> <b>Chambers of Commerce and Business Associations</b> <i>Baxley-Appling County Chamber of Commerce</i>	And?
Transportation Assets	<b>Public Transportation Providers</b>	And?

	<p><b>Health Visit Transportation Providers</b> <i>G and E, Logisticare, DHS, Hospital Passenger Van</i></p> <p><b>Regional Transportation and Land Use Planning</b></p>	
Housing Assets	<p><b>Homeless Prevention and Housing Organizations</b> <i>Housing Authority</i></p> <p><b>Weatherization, Home Improvement, Concerted Services and Home Safety Programs</b></p> <p><b>Rental Housing Landlords and Developments</b></p>	And?
Educational Assets	<p><b>Childcare and Preschool Providers (0-5)</b> <i>Head Start; Appling Pre-K center, Altamaha and Fourth District have Pre-K classes</i></p> <p><b>K-12 School Districts</b> <i>Appling County BOE</i></p> <p><b>Colleges and Universities</b> <i>Coastal Pines Technical College</i></p> <p><b>Public Libraries</b> <i>Yes</i></p>	And?
Organizational Assets	<p><b>Informal groups and meetings</b></p> <p><b>Multi-sector Coalitions (i.e. Substance Abuse Prevention, Great Start, etc)</b></p> <p><b>Human Services Collaboratives</b> <i>Appling County Family Connections</i></p> <p><b>Local Charities, Grant-makers, Foundations</b></p> <p><b>Civic Groups</b> <i>Kiwanis, Lions Club, Progressive Club</i></p>	And?

# Part 5: Strategic Plan

## A. Definition of Success

*The Coalition for a Healthy Appling County envisions success as:*

- *A healthier Appling county*
- *Improved County Health Ranking in Georgia reflecting a healthier community*
- *Improving access to healthy eating options and physical activity opportunities through strong and focused education and health literacy*
- *Improving health outcomes through family involvement*
- *Addressing barriers for improved health outcomes for those in poverty*

## B. Priority Issues/Desired Outcomes

*Residents of Appling County over the age of 50 face numerous health issues including high rates of heart disease, COPD, cancer of the lung, trachea and bronchus. While screenings may impact some of these risk factors, disparities related to poverty, lack of insurance, lack of transportation, lack of awareness about the importance of screening and resulting limited access to healthcare make access to services a considerable challenge. County Health Rankings indicate that the county's unemployment rate is 6.4%, which is higher than the state's (5.4%). Thirty four percent of children live in poverty, compared to 25% statewide.*

*Contributing to this statistic, 44% of children live in single parent households compared to 37% statewide. Twenty-one percent of residents are uninsured.*

*Compared to the state, Appling county has a higher proportion of senior citizens (16.5% vs. 13.1%), fewer African Americans (18.7% vs. 31.1%, and a slightly higher proportion of Hispanics (9.6% vs. 9.4%).*

*Social factors which pose challenges for Appling County include a population reporting 37% college attendance compared to 62% statewide.*

*Appling County has significant social factor strengths, including a high school graduation rate of 87%, which surpasses the state of Georgia rate of 80%. Social associations are also higher (14.1%) than the state average of 8.9% and there is a low rate of severe housing problems (11% vs. 18% for the state).*

*While there are many issues of concern for both residents and the CHAC, the coalition is required to prioritize issues that are achievable. Given that 38% of the county population is obese, and the level rising, the CHAC prioritized this as a health outcome to address. According to County Health Rankings, only 26% of the population has access to exercise opportunities, which is below state (77%) norms. Similarly, it has been well established that dietary behaviors directly contribute to obesity, and food education and health literacy can improve decision-making related to health food consumption.*

*Additionally, as choices and behaviors related to diet and physical activity may be established at a young age, an additional priority identified was the development of seamless behavioral health services for children in schools. Appling county is a Mental Health Professional Shortage per HRSA area and there is a lack of behavioral health professionals. Through linkages of existing professionals to providers via telemedicine, services to the school aged population could be expanded.*

*Values that influence these decisions include support for education and sharing of resources, support for family involvement, an interest in addressing issues of poverty and strong social connections among members and groups in the community.*

## **C. Definition of Target Population(s)**

*Appling county population is comprised of 18521 (2017 estimates) individuals with 77.8% White and 19.3% Black. Around ten percent of residents are of Hispanic origin. The overall poverty rate is 20.6%. United States Census Bureau data indicates that significant disparities exist between black and white residents, with 19% of white residents in poverty compared to 32.4% of blacks and 29.7% of Hispanics.*

*Among the rural, medically underserved, are children living in poverty (often in single parent homes), low income senior citizens on fixed incomes, persons of color who tend to have lower incomes than whites, persons of limited English proficiency, persons who have physical and mental disabilities, and persons who are uninsured. These challenges are known to contribute to poorer decision making related to dietary behaviors and engagement in physical activity.*

## **D. Strategies**

*With the CHAC goals and objectives related to improving health in Appling County, numerous prioritization activities have focused on the problem of obesity in the county, the impact of poverty on food insecurity for many of our citizens, and the limited options for physical activity, particularly in the school system and in low income areas of the county. A review of the CDC evidence-based community strategies to prevent obesity in the US revealed the following selected strategies related to CHAC goals that address the Healthy Environments portion of our priorities.*

### **Goal 1: Empower all Appling county residents to eat a healthy diet**

*Strategy 1: Promote the availability of affordable healthy food and beverages*

- a. Support the establishment of a Gleaning Program in Appling county*
- b. Expand school-based education programs on healthy eating*
- c. Increase the reach of the (Expanded food Nutrition Education Program (EFNEP)*
- d. Promote Farmers Market*
- e. Support efforts of "Grow Appling" (community garden implementation at Concerted Services/Senior Center)*
- f. Develop communication campaign to inform citizens of availability of healthy fruits and vegetables and other resources for healthy eating*

### *Strategy 2: Encourage Breastfeeding*

- a. *Target businesses to promote breast feeding through adoption of breastfeeding policies*

### **Goal 2: Empower all Appling county residents to be physically active.**

#### *Strategy 1: Encourage physical activity or limit sedentary activity among children and youth*

- a. *Offer mini grants for school coaches to improve equipment availability for PE*
- b. *Promote after school opportunities for physical activity; involve local business via “free day” policy*
- c. *Work with local fitness and karate businesses to establish programs for autistic and special needs children*

#### *Strategy 2: Create safe communities that support physical activity*

- a. *Improve walking track on Northside, one of three public parks in Appling County.*

*The county is improving parks one at a time and has made significant improvements to the park close to the Senior Center and Concerted Services. There are two additional park areas with potential for development and Northside is most amenable to immediate improvements including possible playground inside the existing walking track, and workout equipment surrounding the walking track. The third park area will have substantial building renovation and will not be suitable for play area improvement until several years in the future.*

#### *Strategy 3: Encourage communities to organize for change*

- a. *Involve local county leadership in CHAC*
- b. *Develop communication campaign to inform community of all opportunities for physical activity, both free and fee-for-service*
- c. *Promote physical activity as a vehicle for socialization and family involvement*
- d. *Support policy to allow parents to walk with children at walking tracks on school campus*
- e. *Promote physical activity involving the river*
- f. *Involve CHAC members in facilitating linkages of existing senior citizen physical education programs to audiences in low income neighborhoods, housing authority, and churches*

### **Goal 3: Leverage partnerships to offer seamless behavioral health care to school children.**

#### *Strategy 1: Leverage partnerships to offer seamless behavioral health care to school children*

#### *Strategy 2: Promote telehealth at school-based clinics*

## **E. Logic Model**

*The Logic Model is included in the Evaluation Plan, located in Part 6 (p. 52).*

## **F. Implementation Plan**

*The CHAC developed a plan with four goals, 2 strategies per goal, and 15 objectives. To make this massive plan more achievable, they then engaged in a ranking system for Likelihood and Impact which resulted in a more manageable implementation plan. Some needs and priority items were set aside to be revisited at another time. For the first year, the goals and objectives deemed most likely to be accomplished and achieve*

# F. Implementation Plan

Goal	Strategy	Objective	Performance Measure	Activity	Timeline	Lead Group or Org.
1) Empower all Applying County residents to eat a healthy diet.	1) Promote the availability of affordable healthy food and beverages.	a) Support the establishment of a Gleaning Program in Applying county (Gleaning is the act of collecting excess fresh foods from farms, gardens, farmer's markets, grocers, restaurants, state/county fairs, or any other sources to provide it to those in need)	Number participants	<ul style="list-style-type: none"> <li>-Utilize USDA recommendations</li> <li>-Share Society of St. Andrew Gleaning in GA info</li> <li>-Identify donors (Farmers Market, local farmers, community garden, restaurants and grocery stores)</li> <li>-Launch first gleaning event</li> <li>-Monitor participation</li> <li>-Expand participation</li> <li>-Plan for sustainability and maintenance</li> </ul>	<p>Year 1</p> <p>Year 2</p> <p>Year 3</p>	<p>Communication Committee</p> <p>Training Committee and PSE resources.</p>
		b) Expand school-based education programs on healthy eating		<ul style="list-style-type: none"> <li>-Purchase curriculum (Organ-wise Guys)</li> <li>-Implement and assess grade 2</li> <li>-"Make your drinks count"</li> <li>-Implement and assess, grade 5</li> <li>- "Make healthy choices", Implement and assess, grade 8</li> </ul>	<p>Year 1</p> <p>Year 2</p> <p>Year 3</p>	<p>Healthy Eating workgroup, Coop. Extension, ACBOE and Master Family Consumer Science (MFCS) trainers/ volunteers.</p>
		c) Expand Food and Nutrition Education Program (EFNEP) (Healthy Eating on a Budget)	1 new audience per year	-CHAC members reach out to housing authority, Head Start parents, churches, supported living to assist in scheduling	Year 1-3	Healthy Eating workgroup, Coop. Extension, CHAC members

# F. Implementation Plan

			d) Promote use of Farmers Market	# 1 site annually  # attendees  # producers who accept SNAP  # consumers	- Promote alternate sites, i.e. Food Truck to Housing authority -Host training for SNAP implementation at FM and with local farm stands. -Implement USDA Senior farmers market nutrition program. Implement USDA WIC Farmers market nutrition voucher program. =Implement "Wholesome Wave" to double SNAP dollars.	Year 1-3  Year 2  Year 3	Healthy Eating Workgroup, ACHD Chamber of Commerce.
			e) Support efforts of "Grow/Applying", community garden implementation at new Concerted Services/Senior Center	-Garden developed -# active plots (goal 24)  -#scholarship participants (goal 1/ year)	-Assist with gardener recruitment -Assist with gardener support to market produce -Assist with garden participation in gleaning efforts	Year1 Year 2 Year 3	Heart of Georgia RC AAA, CHAC, Concerted Services, Co. govt.
			f) Develop communication campaign to inform citizens of availability of health fruits and vegetables and other resources for healthy eating.		-Develop (bilingual) flyer with information, locations, hours, and willingness to locate in other sites.	Year 2	Outreach committee, Communication committee
2) Encourage Breastfeeding			a) Target businesses to promote breast feeding through adoption of breastfeeding policies.	5 businesses annually	-Adopt SEHD policy to fit Applying County -Develop signage for businesses to display identifying themselves as breastfeeding friendly -Acknowledge businesses in newspaper and public annually -Recruit county government -Recruit largest employer(s) Recruit other businesses	Year 1  Year 2  Year 3	SEHD, Healthy eating workgroup, CHAC members

## F. Implementation Plan

<p>2) Empower all Appling county residents to be physically active.</p>	<p>1) Encourage physical activity or limit sedentary activity among children and youth</p>	<p>a) Offer mini grants for school coaches to improve equipment availability for PE</p>	<p># responses</p>	<p>Issue RFP to coaches.</p>	<p>Year 1</p>	<p>Physical Activity Workgroup, mini-grant committee</p>
		<p>b) Promote after school opportunities for physical activity</p>	<p># businesses # youth participating</p>	<p>-Recruit local businesses to offer "one free day" policy -Recruit fitness and karate businesses to establish programs for autistic and special needs children</p>	<p>Year 2 Year 3</p>	<p>Physical Activity Workgroup</p>
	<p>2) Create safe communities that support physical activity</p>	<p>a) Improve walking tracks on Northside.</p>		<p>-Work with Rec. Dept. to add workout stations, children's play equipment -Promote afterschool activities</p>	<p>Year 1 Year 2 Year 3</p>	<p>Physical activity work group, Rec. Dept.</p>
	<p>3) Encourage Communities to organize for change</p>	<p>a) Involve local county leadership in CHAC</p>		<p>County manager remains an active and integral part of the CHAC</p>	<p>Year 1,2,3</p>	<p>Physical Activity work group, CHAC Steering committee</p>
		<p>b) Develop media campaign to promote areas to be physically active in the community</p>		<p>-Identify all areas, both free and fee-for-service</p>		<p>Physical Activity and Communication committee</p>
	<p>c) Promote physical activity as a vehicle for socialization and family involvement</p>			<p>Recruit multi-generational families Sponsor events for teens</p>		



# F. Implementation Plan

				<ul style="list-style-type: none"> <li>-Support policy of United Way developing 211 systems in Appling county/Southeast GA (does not exist currently)</li> <li>-Develop resources materials (written, web-based, and phone) for sources of healthy food options and physical activity options that address literacy issues of availability readability and comprehension for medically underserved.</li> </ul>		
	b) Assure knowledge of availability of resources among underserved community					
	c) Establish mini-grant process to fund community launched initiatives around CHIP			<ul style="list-style-type: none"> <li>-Identify 3rd partner to mini-grant committee</li> <li>-Develop criteria</li> <li>-Develop application form</li> <li>-Develop reporting requirements</li> <li>-Share due dates and review process</li> <li>-Award funds</li> </ul>	<p>Year 1</p> <p>Year 1,2,3</p>	<p>Mini-grant committee, Project coordinator</p>
	d) Address transportation issues			<ul style="list-style-type: none"> <li>-Activate the transportation committee</li> <li>-Identify available transit options, conduct needs assessment</li> <li>-Share ideas around transportation potential with CHAC for further development</li> </ul>	<p>Year 1</p> <p>Year 2</p>	<p>Transportation work group, Project coordinator</p>
	e) Partner with existing community groups who are involved in programs that may reinforce CHAC activities			<ul style="list-style-type: none"> <li>-Monitor community groups with goals in sync with CHAC, i.e. Chamber of Commerce, civic groups, etc.</li> <li>-Partner where appropriate</li> </ul>	<p>Years 1-3</p>	<p>CHAC steering committee, Chamber, School system, Recreation dept., health providers.</p>

## **Policy changes:**

*Each strategic priority/goal will have at least one policy initiative to be developed by the CHAC and promoted in the community as part of the communication plan. Each of these activities are expected to be implemented within one year. The actual timeline will be refined. These policy recommendations are examples. Actual priority recommendations will be determined as work on each strategy begins. CHAC coalition members would first be encouraged to adopt local policies within their agencies, as applicable.*

*Potential policy recommendations include:*

### **1. Health Disparities:**

- *Adopt local policies that focus on health equity (Need to research and identify).*
- *Promote inclusion of vulnerable populations in planning.*
- *Identify needed exceptions to policies which may exclude the most vulnerable.*

### **2. Healthy Environment, (Healthy Eating, Physical Activity):**

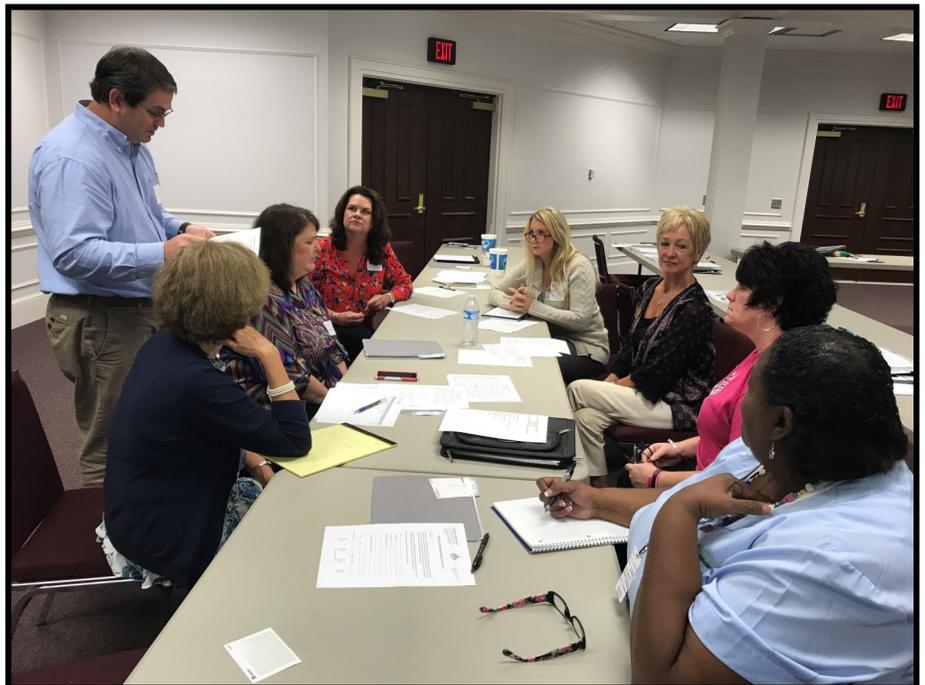
- *Support policies that increase consumption of healthy fruits and vegetables.*
- *Offer expanded hours/location of farmers' market.*
- *Support and encourage gleaning efforts.*
- *Support community garden establishment.*

### **3. Access/Affordability:**

- *Improve Medicaid transport to allow children to accompany mom.*
- *Establish transport system supported by business.*

### **4. Behavioral health:**

- *Support telemedicine efforts to increase behavioral health access.*



# Part 6: Two Georgias Initiative Evaluation | Site Evaluation Plan

<b>PARTNERSHIP NAME</b>	Coalition for a Healthy Appling County
<b>LOCAL EVALUATOR</b> <i>(this person will work with the Emory Evaluators to develop this plan)</i>	Trevor Thomas
<b>DATE SUBMITTED</b>	Draft: 24 August 2018

## Evaluation Plan Overview

This document will describe the overall approach that will be used to guide your evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, why the evaluation is being conducted, and how the findings will likely be used. Your plan may change over time, and successful implementation can help document program effectiveness, and inform decisions about future program development and/or needed improvements. The evaluation planning process is cyclical, not linear, and thus you will likely revise certain sections of the plan multiple times throughout the evaluation.

Your evaluation plan should complement your program logic model (section 3). A logic model is a systematic and visual way to present the perceived relationships among the resources you have to operate the program, the activities you plan to do, and the changes or results you hope to achieve.

The Emory evaluation team will work with you to develop your evaluation plan and logic model during monthly calls, at in-person and webinar trainings, and one-on-one as needed.

## Evaluation Plan Outline:

1. Identifying Stakeholders
2. Evaluation Purpose and Questions
3. Program Logic Model
4. Evaluation Design, Methods, and Data Collection Strategies
5. Analyzing and Interpreting Evaluation Findings
6. Using and Disseminating Your Findings

## Section 1. Identifying Stakeholders

Take some time to brainstorm who your stakeholders are before you create your evaluation plan. Each type of stakeholder will have a different perspective on your policy or program as well as what they want to learn from the evaluation. You can group stakeholders in any or all the four main categories, depending on your specific policy or program.

<p><b>Implementer Stakeholders</b> <i>Involved in making policy or program happen</i></p> <p>Share Health Southeast GA, Southeast Health District, Appling County Board of Health, Appling County Board of Education, Baxley-Appling Chamber of Commerce</p>	<p><b>What do they want to learn from the evaluation?</b></p> <p>Did the CHIP lead to implementation of goals? Did this result in improved health outcomes?</p>
<p><b>Partner Stakeholders</b> <i>Actively support policy or program</i></p> <p>Coalition for a Healthy Appling County members</p>	<p><b>What do they want to learn from the evaluation?</b></p> <p>Did the CHIP implementation lead to increased knowledge of healthier food choices, and increased rates of physical activity among residents of the county? Did this result in improved health outcomes?</p>
<p><b>Participant Stakeholders</b> <i>Served or affected by policy or program</i></p> <p>Appling county residents, especially under-served</p> <p>Note: under-served: people without insurance, people living in poverty, people with limited English proficiency, persons with low literacy, persons of color, persons living with disabilities, and some senior citizens.</p>	<p><b>What do they want to learn from the evaluation?</b></p> <p>Do policy changes make it easier for residents to learn about and access healthy foods?</p> <p>Are residents aware of available community resources related to Healthy Eating and Physical Activity?</p> <p>Have residents improved their knowledge of and access to healthy foods?</p> <p>Does the built environment facilitate physical activity?</p> <p>Has overall health status of residents improved?</p>
<p><b>Decision Maker Stakeholders</b> <i>In a position to do or decide something about policy/program</i></p> <p>Appling County government</p>	<p><b>What do they want to learn from the evaluation?</b></p> <p>Has the investment in the CHAC and policy and environment change resulted in improved health outcomes for our citizens?</p>

## Section 2. Evaluation Purpose and Questions

### Evaluation Purpose

Work with your core team to decide how and when you will use your evaluation. The ultimate purpose of program evaluation is to use the information to improve programs. The purpose(s) you identify early in the evaluation process should guide the use of the evaluation results. The evaluation results can be used to demonstrate the effectiveness of your program, identify ways to improve your program, modify program planning, demonstrate accountability, and justify funding.

### **How and when will we use our evaluation?**

The purpose of this evaluation is to ascertain the effectiveness of the Coalition of a Healthy Appling County in achieving its stated mission to transform the Appling County community by ensuring and/or improving access to resources to improve health and affect diet and exercise behavior, engaging in strong collaborative alliances to help citizens improve their knowledge of available services, reducing health disparities, and developing a universal message to communicate health for all.

In addition to outcome evaluation, process evaluation will also be used on an ongoing basis to focus on how well action steps are being implemented. Areas of process evaluation that the CHAC will monitor will include the following: number of participants, location(s) where services are provided, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

### Evaluation Questions

In this section, include the overarching questions about program processes (e.g., Were your program's activities put into place as originally intended?) as well as successes and outcomes (e.g., Is your program achieving the outcome objectives it intended to accomplish? Did it increase access to affordable transportation for those living outside of the county seat? Did your program create changes in the built environment to increase walkability in disadvantaged neighborhoods?) that the evaluation is designed to answer. Add rows for additional questions.

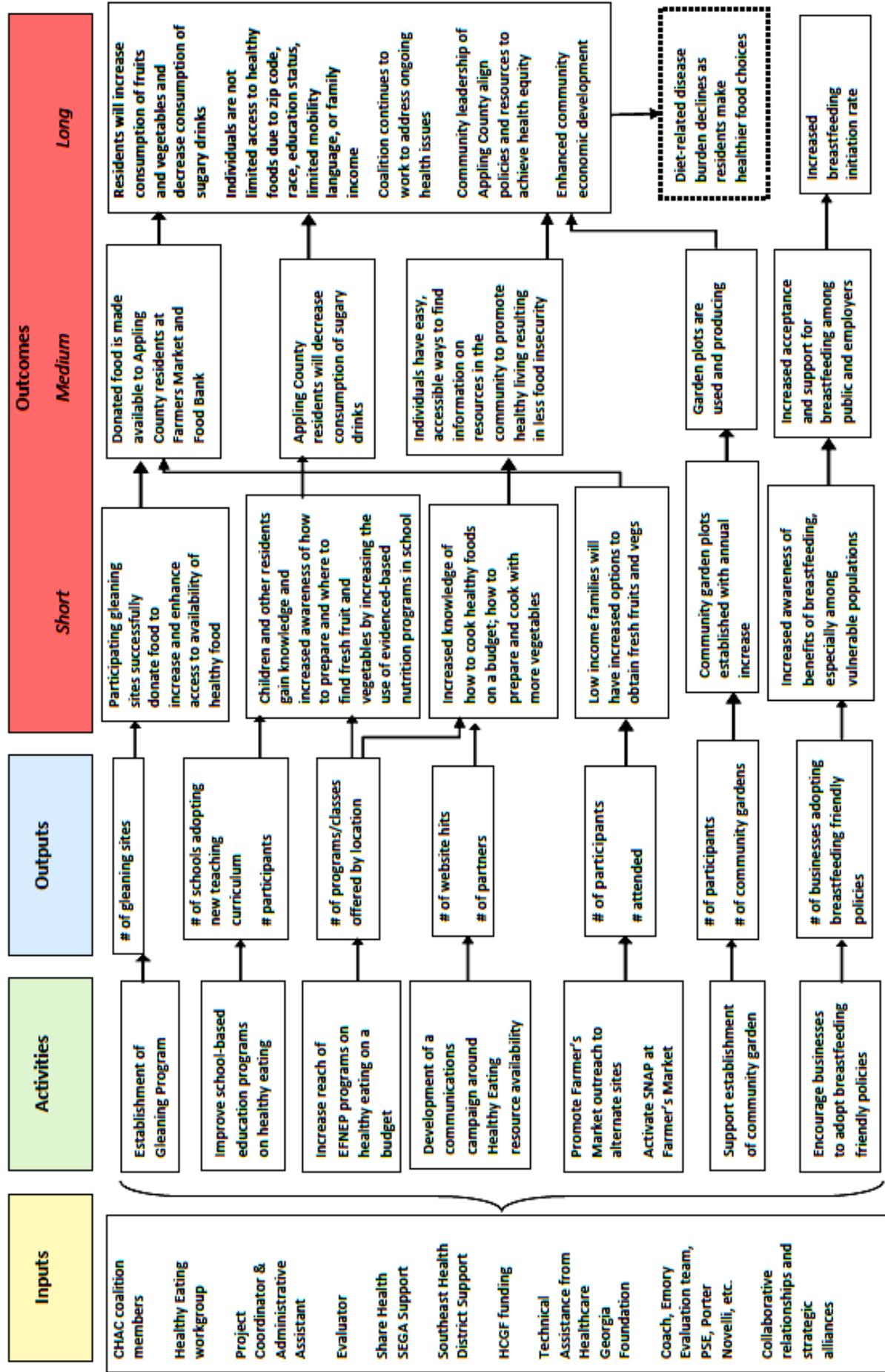
Process Questions	Related Indicator(s)
<ol style="list-style-type: none"> <li>1. Who did the initiatives reach in its first year of operation?               <ol style="list-style-type: none"> <li>a. What are the demographic characteristics of those served?</li> <li>b. To what extent did the program reach its target population?</li> <li>c. How many people did it reach overall and by service activity?</li> </ol> </li> <li>2. How well were the initiatives delivered and received?               <ol style="list-style-type: none"> <li>a. Are the proposed activities being carried out by the partners? If not, why not?</li> <li>b. What facilitated and created barriers to program delivery?</li> <li>c. In what ways, if any, could the program or partnership be improved?</li> <li>d. How satisfied are the program's beneficiaries with the services they received?</li> </ol> </li> </ol>	<p>Number of persons reached or participating</p> <p>Number of persons reached or participating</p> <p>Description of barriers, perceived facilitators, and solutions to overcome perceived barriers</p>

Outcome Questions	Related Indicator(s)
<p>1. Has there been an increase in community and organizational policies that promote health equity?</p> <p>Targeted Policies:</p> <ul style="list-style-type: none"> <li>- Gleaning program</li> <li>- Resident use of school resources (track, fields, etc) to be physically active</li> <li>- Removal of sugary drink vending machines from school campuses and other public buildings</li> <li>- Physical activity requirements for students at every grade level</li> <li>- SNAP approval at Farmer's Markets</li> <li>- Expand school-based education programs on healthy eating</li> <li>- Increase the reach of the (Expanded food Nutrition Education Program (EFNEP)</li> <li>- Community gardens available to food insecure households</li> <li>- Breastfeeding friendly businesses</li> </ul>	<p>Number of responses from community surveys and interviews reporting new health equity policies</p> <p>Description of policies provided by partners, employers, and others</p>
<p>2. Has there been an increase in access to healthy and affordable foods (including fruits and vegetables) and decrease access to sugar-sweetened beverages and other less nutritious foods for residents in Appling County?</p> <ol style="list-style-type: none"> <li>a. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-Aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)?</li> <li>b. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.</li> <li>c. Which of these statements best describes healthy eating to you? (Select only one response.) <ol style="list-style-type: none"> <li>i. Eating fruits and vegetables; Avoiding "junk" food; Limiting sugary foods and drinks; Not eating very much</li> </ol> </li> <li>d. Why are you most likely to eat healthy foods? (Select only one response.) <ol style="list-style-type: none"> <li>i. I do not eat healthy foods; My friends are watching; I like how healthy foods taste; My family eats healthy foods; My doctor told me to; I want to look good; I want to be healthy; Some other reason</li> </ol> </li> <li>e. Where are you most likely to eat healthy foods? (Select only one response.) <ol style="list-style-type: none"> <li>i. I do not eat healthy foods; At home; At school; At a restaurant; Some other place</li> </ol> </li> </ol>	<p>Number of responses from community surveys and interviews</p> <p>Percent of persons who report an increase in activity in the last 30 days</p> <p>Description of policies provided by partners, employers, and others</p>
<p>3. Has there been an increase in access to safe, accessible, and affordable places for physical activity for residents in Appling County?</p> <ol style="list-style-type: none"> <li>a. During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</li> <li>b. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.) <ol style="list-style-type: none"> <li>i. 0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days</li> </ol> </li> <li>c. In an average week when you are in school, on how many days do you go to physical education (PE) classes? <ol style="list-style-type: none"> <li>i. 0 days; 1 day; 2 days; 3 days; 4 days; 5 days</li> </ol> </li> <li>d. Why are you most likely to exercise? (Select only one response.) <ol style="list-style-type: none"> <li>i. I do not exercise; My friends exercise; I enjoy exercise; My family exercises; My doctor told me to; I want to look good; I want to be healthy; Some other reason</li> </ol> </li> </ol>	<p>Number of responses from community surveys and interviews</p> <p>Description of project provided by partners, employers, and others</p> <p>Proportion of initiative components delivered to intended audience/community</p>

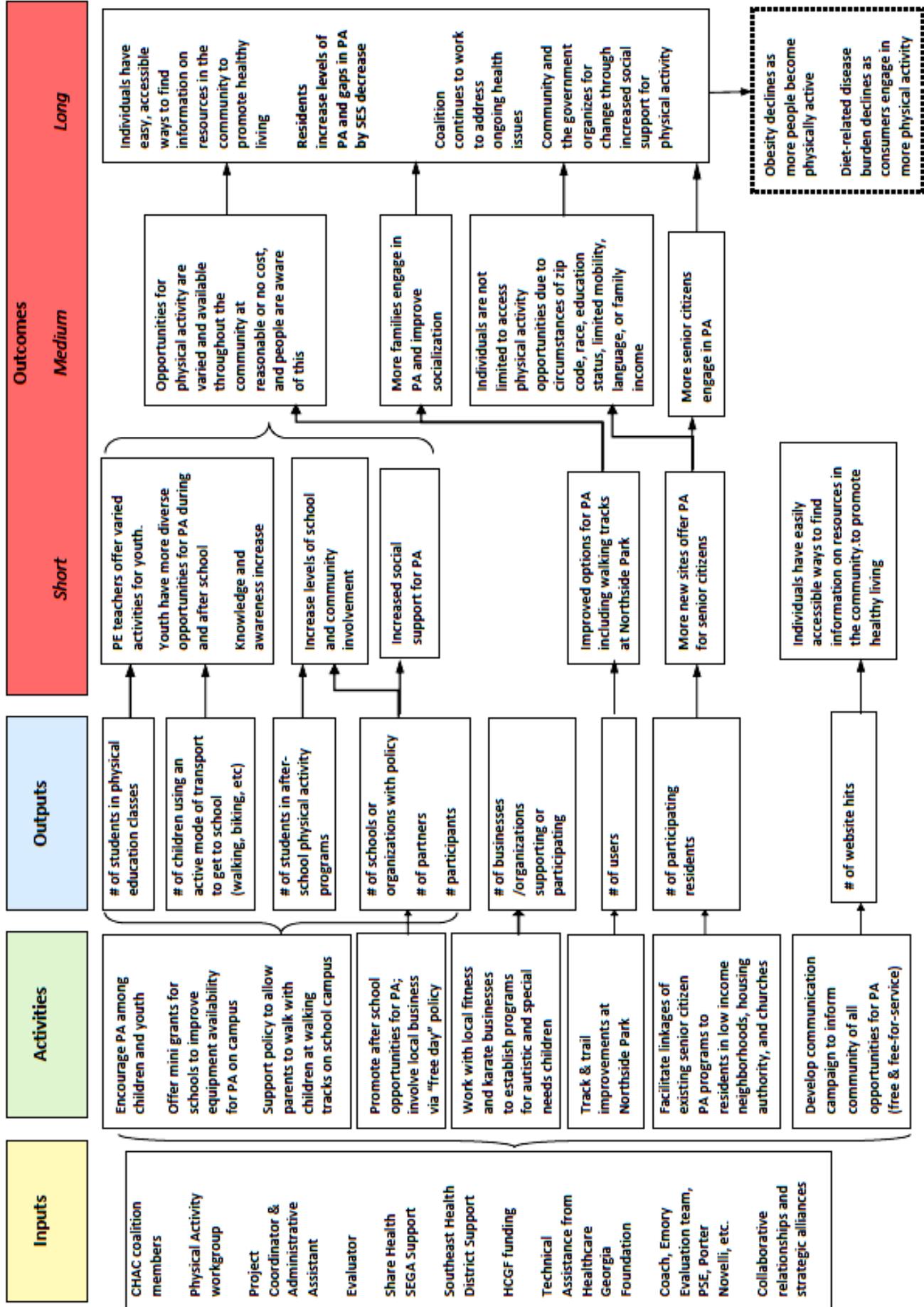
- e. Where are you most likely to exercise? (Select only one response.)
  - i. I do not exercise; At home; At school; At a fitness center; Some other place
- f. Who are you most likely to exercise with? (Select only one response.)
  - i. I do not exercise; My friends; Myself; Someone in my family; Someone else

Section 3: Program Logic Model

Program: Coalition for a Healthy Appling County Logic Model – Healthy Eating



**Program: Coalition for a Healthy Appling County Logic Model – Physical Activity**



**Section 4. Evaluation Design, Methods, and Data Collection Strategies**

For each evaluation question named in section 2, use this section to describe the procedures you will use to answer the question. Include your data collection methods, details on your sampling plan, measures or indicators, and timing. Definitions and examples are provided below in Part A. in Part B, describe your methods for each question.

<b>A. Definitions</b>				
<b>Evaluation Question</b>	<b>Data Collection Methods</b>	<b>Sampling Plan</b>	<b>Measures/Indicators</b>	<b>Timing</b>
Copy your evaluation questions from section 2 in the spaces provided in part B below.	Specific technique(s) for gathering evidence to answer the evaluation questions (e.g., survey, key informant interviews, observation).	Sampling frame (the persons, documents, or observations that provide information), sampling strategy and sample size.	A description of how program attributes or outcomes will be assessed or measured.	When the question will be assessed.
<b>B. Coalition Evaluation Methods</b>				
<b>PROCESS EVALUATION QUESTIONS</b>				
<b>Evaluation Question</b>	<b>Data Collection Methods</b>	<b>Sampling Plan</b>	<b>Measures/Indicators</b>	<b>Timing</b>
1. Who did the initiatives reach in its first year of operation? a. What are the demographic characteristics of those served? b. To what extent did the program reach its target population? c. How many people did it reach overall and by service activity?	Monitoring/tracking attendance forms  Review program documents	Community survey available on county web pages and social media  Participant sign-up forms in healthy eating classes	Number of persons reached or participating  Number of community garden plots	Post-implementation
2. How well were the initiatives delivered and received? a. Are the proposed activities being carried out by the partners? If not, why not? b. What facilitated and created barriers to program delivery? c. In what ways, if any, could the program or partnership be improved?	Focus group with partnership members and community residents  Key informant interviews  Community survey	Key informant interviews: 10-15 residents who live in and outside of the county seat.  Focus group: 5-8 formal and informal leaders of the Coalition and community  Community survey available on county web pages and social media	Number of persons reached or participating  Description of barriers to greater engagement, perceived facilitators, and solutions to overcome perceived barriers	Post-implementation

<p>d. How satisfied are the program's beneficiaries with the services they received?</p>		<p>Convenience sample survey Intercept survey Participant sign-up forms in healthy eating classes</p>		
OUTCOME EVALUATION QUESTIONS				
Evaluation Question	Data Collection Methods	Sampling Plan	Measures/Indicators	Timing
<p>1. Has there been an increase in community policies that promote health equity?</p> <p>Targeted Policies</p> <ul style="list-style-type: none"> <li>- Gleaning program</li> <li>- Resident use of school resources (track, fields, etc) to be physically active</li> <li>- Removal of sugary drink vending machines from school campuses and other public buildings</li> <li>- Physical activity requirements for students at every grade level</li> <li>- SNAP approval at Farmer's Markets</li> <li>- Expand school-based education programs on healthy eating</li> <li>- Increase the reach of the (Expanded food Nutrition Education Program (EFNEP)</li> <li>- Community gardens available to food insecure households</li> <li>- Breastfeeding friendly businesses</li> </ul>	<p>Focus group with partnership members and community residents</p> <p>Community survey</p> <p>Program documents</p>	<p>Focus group: 5-8 formal and informal leaders of the Coalition and community</p> <p>Community survey available on county web pages and social media</p>	<p>Review of qualitative and quantitative responses from interviews and community surveys reporting new policies related to health equity</p> <p>Description of policy changes</p>	<p>August 2019 then annually</p>
<p>2. Has there been an increase in access to healthy and affordable foods (including fruits and vegetables) and decrease access to sugar-sweetened</p>	<p>Focus group with partnership members and community residents</p>	<p>Focus group: 5-8 formal and informal leaders of the Coalition and community</p>	<p>Review of qualitative and quantitative responses from interviews and community surveys</p>	<p>Fall 2018 for pre-implementation then annually for</p>

<p>beverages and other less nutritious foods for residents in Appling County?</p> <p>a. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-Aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)?</p> <p>b. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.</p> <p>c. Which of these statements best describes healthy eating to you? (Select only one response.)</p> <ul style="list-style-type: none"> <li>i. Eating fruits and vegetables; Avoiding "junk" food; Limiting sugary foods and drinks; Not eating very much</li> <li>ii. Why are you most likely to eat healthy foods? (Select only one response.) <ul style="list-style-type: none"> <li>i. I do not eat healthy foods; My friends are watching; I like how healthy foods taste; My family eats healthy foods; My doctor told me to; I want to look good; I want to be healthy; Some other reason</li> <li>iii. Where are you most likely to eat healthy</li> </ul> </li> </ul>	<p>Community survey and Population-based survey with assistance from Emory</p> <p>School/community MOU or policy review</p> <p>Program document review</p>	<p>Community survey available on county web pages and social media and distributed to program participants for selected activities</p> <p>Review minutes from meetings</p>	<p>post-implementation</p>
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<p>foods? (Select only one response.)</p> <p>iv. I do not eat healthy foods; At home; At school; At a restaurant; Some other place</p>				
<p>a. Has there been an increase in access to safe, accessible, and affordable places for physical activity for residents in Appling County?</p> <p>b. During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p> <p>i. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)</p> <p>i. 0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days</p> <p>ii. In an average week when you are in school, on how many days do you go to physical education (PE) classes?</p>	<p>Focus group with partnership members and community residents</p> <p>Community survey</p> <p>School/community MOU or policy review</p> <p>Program document review</p>	<p>Focus group: 5-8 formal and informal leaders of the Coalition and community</p> <p>Community survey available on county web pages and social media</p> <p>Review minutes from meetings</p>	<p>Review of qualitative and quantitative responses from interviews and community surveys</p>	<p>August 2019 then annually</p>

- i. 0 days; 1 day; 2 days; 3 days; 4 days; 5 days
- iii. Why are you most likely to exercise? (Select only one response.)
  - i. I do not exercise; My friends exercise; I enjoy exercise; My family exercises; My doctor told me to; I want to look good; I want to be healthy; Some other reason
- iv. Where are you most likely to exercise? (Select only one response.)
  - i. I do not exercise; At home; At school; At a fitness center; Some other place
- v. Who are you most likely to exercise with? (Select only one response.)
  - i. I do not exercise; My friends; Myself; Someone in my family; Someone else

### Section 5. Analyzing and Interpreting Evaluation Findings

Evaluation data often must first be organized, analyzed and interpreted before it can be useful. Look at your list of data sources above and decide how you will use the data gathered to answer your evaluation questions. For example, will survey data be tabulated by hand or with a computer? Will any statistical techniques be used? How will narrative data be analyzed?

Data Source	Data organization, analysis and interpretation notes
Focus Group Review	Qualitative data/responses will be reviewed and amalgamated to show impressions, perceptions, and realities of participants as it relates to CHAC initiatives.
Key Informant Review	Qualitative data/responses will be reviewed and amalgamated to show impressions, perceptions, and realities of participants as it relates to CHAC initiatives.
Community Survey Responses and Population-Based and Program Participant Surveys	Data to be collected into survey platform, Typeform.com. Responses to be analyzed in Excel.
County Health Rankings	Rankings are available on an annual basis for many indicators and measures. Data to be reviewed annually.
OASIS	Many measures available on an annual basis (e.g., hospital discharge rates, mortality rates, YPLL) and will be downloaded and reviewed in Excel annually.
Current Population Survey and other U.S. Census files	Census data available every 10 years. Additionally, population estimates available every few years. All census data to be reviewed upon release in Excel.

### Section 6. Using and Disseminating Your Findings

The last step is to plan how you will use and communicate the evaluation information. Consider your stakeholders and the best ways to share useful information with each of them. This could include a written report, oral presentation, graphs or other visuals, etc. How might your stakeholders also use the findings? Also remember to share the evaluation information with any survey or interview respondents. Below, include the purpose of each report, how you share it with each stakeholder group, and how you expect they will use it. If possible, indicate the points in time when you think you will share findings with stakeholders.

Stakeholders	What is the best way to share information with this group?
CHAC	The Evaluator will share results of the evaluation with the CHAC members so that they can plan with whom to present this information, and to determine how to improve for subsequent years.

# Part 7: Sustainability Plan

## Community Health Equity Focus

*The Coalition for a Healthy Appling County (CHAC) must take specific steps to sustain the organization and its efforts. This is about more than simply maintaining funding for the CHIP implementation. It includes organizational structure, policy development, continued community assessment, and expansion of resources to replace Healthcare Georgia Foundation funding.*

*With respect to organizational structure, it will be important to maintain interest among partners, determine the best ways to communicate with the community, assess the leadership and governance of the CHAC, and monitor the environment. Strategies include:*

- Strengthen the CHAC leadership through increased involvement in decision making and implementation.*
- Obtain leadership and advocacy training for the CHAC membership.*
- Review the Mission, Vision and Values of the Coalition annually.*
- Review the governance structure annually; determine leadership term limits; develop a conflict management policy; and change governance structure as lessons are learned.*

*With respect to policy development, the CHAC plans to address policy issues for each of the strategies identified as priorities. These policies will enable the work of the CHAC to continue if the policies are in place. Sustainability is inherent to policy enactment.*

*Resource development may include monitoring grant funding websites for additional funding options and exploration of billing opportunities and fee generation where appropriate. Once the CHAC has developed some success stories, another option may be to seek resource donations from the CHAC participants and community partners, in terms of time, talent and treasure.*

*Further community assessment and asset mapping may result in additional funding opportunities as the CHAC as a partnership develops expertise in its work to achieve health equity.*

*Other sustainability options include:*

- Review which parts of the CHIP would benefit from involvement by persons of “lived experiences” and be sure to include them as appropriate.*

- *Determine a meeting schedule at the beginning of the year and end each meeting with an agreement for the next meeting date.*
- *Alternate locations for meetings to share the work of the partners, to reach out to vulnerable community members, and to keep the program based.*
- *Notify CHAC members of meetings through their preferred method: email, phone, or text.*
- *Continue to evaluate each meeting with attendees.*
- *Annually, review the prior year's goals and celebrate achievements. Adjust, renew and create goals for the following year.*
- *Identify lessons learned, and act upon them.*
- *Communicate the successes of the CHAC among its membership, with Appling County, with funders and other stakeholders.*
- *Leverage partnership to foster community ownership of the coalition and its initiatives.*
- *Apply for additional grants.*

