



Community Health Improvement Plan Annual Report for August 31, 2019- September 1, 2020

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DISTRICT 4 PUBLIC HEALTH

Contents

Introduction 3

 Background Information 3

 Process for Monitoring and Revision 3

 Community Context 3

Progress on CHIP Priority Areas 3

 Priority 1 - Poverty 4

 Priority 2 - Obesity 5

 Priority 3 – Access to Care and Preventative Services 6

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Introduction

Background Information

District 4's CHIP was developed alongside our community partners between April 2018 and July 2018. Several public meetings were held and were attended by community members from all 12 counties (see CHIP for detailed description). During those meetings, the top 3 priorities for the district were determined, a plan was developed to address those issues, and it was agreed that all involved would work together as one community to get the work done.

Process for Monitoring and Revision

The CHIP will be reviewed and revised annually, during this time the CHIP Steering Committee will identify areas that are no longer feasible (due to changing partnerships, funding, or circumstances), at that time they will either be altered to fit the current situation or will be replaced with a more feasible goal. The goals and strategies that are working will be reviewed to ensure that they are on schedule to be completed in the time allotted.

The CHIP will be monitored by the Accreditation Coordinator through the VMSG Dashboard. This cloud-based dashboard is used to track various plans and projects and can be used by outside partners as well. Anyone responsible for implementation of a goal or strategy will get an email reminder on a monthly basis, in which they will be instructed to go to the website and update their progress.

Community Context

In the first year of the CHIP, District 4 experienced a shift in our relationship with Mercer University, necessitating the removal of several strategies that were originally planned to be carried out by Mercer MPH students.

In year 2 of the CHIP, we experienced the worst global pandemic in 100 years, COVID-19. This pandemic is still ongoing as of this publication. In addition to the COVID-19 pandemic, we also lost our District Health Director. These 2 events are both disruptive (to say the least) on their own, and the combination of the 2 has brought many projects from a run to a walk, so to speak.

Despite these major setbacks, we are still moving forward, albeit a little slower. The progress detailed in this report is a reflection of the setbacks we have experienced this year. We are setting ourselves up for success next year by planning ahead and laying the groundwork for projects that will be completed.

Community partners have also had their worlds turned upside down but are also moving forward with some amazing work. We are so proud to be a part of such a resilient community.

Progress on CHIP Priority Areas

Priority 1: Poverty

About this Priority

District 4's vision for addressing poverty in our community is that we will foster a collaborative approach to poverty reduction through the utilization of existing assets as well as community outreach and education.

Goal 1A: Address poverty throughout District 4.

Objective 1.1: Measure and increase capacity in all 12 counties, to create a district-wide network of community partners by FY22.

Our intervention strategies include:

- Use asset lists to analyze poverty-centered resources.
- Identify gaps in poverty-centered services.
- Conduct poverty simulations and trainings.

Objective 1.2: By FY22, develop, implement, and evaluate a poverty reduction plan

Our intervention strategies include:

- Using best practices models, develop a plan that addresses poverty.
- Implement the plan on a local level through local Family Connection Collaboratives.
- Evaluate the plan (Process Evaluation).
- Reduce the number of people living below the poverty line in District 4.

Progress

We are rethinking the county-level assessments. This idea is good in theory, but until we get enough real buy-in from our community partners, and enough ownership of completing the objectives. We do have some work that is being done in the counties, we just need to formalize the agreement with those partners and allow them to access the dashboard to track their progress.

Next Steps

The next step, to be completed by December 31, 2020, is to partner with Circles of LaGrange to analyze the asset lists and find the gaps in poverty-centered resources.

Once the assets and gaps are identified, our goal is to work with Circles to train members of all 12 Family Connection Collaboratives in poverty simulations, so that they can disseminate that information into their communities. We have several counties that are working with world-renowned poverty expert, Dr. Donna Beegle, which is something we also need to formalize as soon as possible.

Priority 2: Obesity

About this Priority

The vision for this priority is that District 4 will support obesity prevention and offer broad opportunities for all populations, regardless of socioeconomic status, to lead healthy, productive lives.

Goal 2A: Create an environment that is conducive to healthy behaviors, thus reducing the prevalence of obesity and its related maladies in District 4.

Objective 2.1: By FY21, increase the number of schools in District 4 that participate in the Georgia SHAPE program by 50%.

Our intervention strategies include:

- Reach out to State DPH for trainings and funding
- Gain buy-in from County Boards of Health.
- Gain buy-in from local school boards and principals

Objective 2.2: By FY21, increase the accessibility of existing WIC farmers markets to residents of all 12 counties.

Our intervention strategies include:

- Locate and begin communication with farmers who accept WIC vouchers.
- Identify locations for potential markets.
- Educate WIC participants about this service.
- Promote the program to Boards of Health
- Include Cooking Matters demonstrations in the farmers markets.

Goal 2B: Health is considered in all local policies.

Objective 2.3: By FY22, increase the number of local officials and leaders that receive education and information on the benefits of taking a health approach to traditionally non-health policies that include components to promote health from zero to 24.

Our intervention strategies include:

- Educate decision makers regarding the benefits of taking a health approach to all policies.

Goal 2C: Track obesity related goals and outcomes for each county. Measure progress based on increased participation.

Objective 2.4: By FY22, create an Obesity Workplan for each county based on their implementation of the obesity objectives. Track these plans in the VMSG Dashboard.

Our intervention strategies include:

- Include implemented CHIP obesity objectives in the obesity workplans.
- Assign a user to the VMSG dashboard from each county; have that user track progress in the dashboard.

Progress

We have reached out to the State DPH about District 4’s participation in the GA SHAPE program, and are scheduling BOH presentations to gain buy-in. WIC has continued to work with local farmers to participate in WIC farmers markets throughout the district. We have begun presenting to local organizations about Health in All Policies. Due to COVID, we will be doing this virtually for the foreseeable future.

Next Steps

Over the next year, the Chronic Disease Prevention Manager will be presenting to our Boards of Health about the GA SHAPE program as well as begin working on Obesity Workplans for our county-level partners. Our Worksite Wellness Coordinator will also be presenting virtually to local organizations about Health in All Policies. WIC will continue to expand the reach of the farmers markets.

Priority 3: Access to Care and Preventative Services

About this Priority

District 4’s vision is that all residents will have equitable access to healthcare and preventative services, including mental healthcare, substance abuse prevention and treatment, as well as standard medical care.

Goal 3A: Increase access to quality healthcare services for vulnerable populations and the underserved.

Objective 3.1: Measure and increase capacity in all 12 counties, to create a district-wide network of community partners that address access by FY21.

Our intervention strategies include:

- Conduct county-level assessments to identify gaps in services and assess information flow.
- Publish assessment results on District website and social media

- Conduct necessary trainings for community partners, based on assessment results; trainings may include cultural competency, leadership, grant writing, six sigma, telemedicine, best practices, and conflict resolution.

Goal 3B: Build capacity for health services using telehealth.

Objective 3.2: By FY22, increase capacity for health services using telemedicine by 20%.

Our intervention strategies include:

- Educate providers on the benefits of telehealth.
- Create peer-to-peer support system for those who use telehealth.
- Partner with State DPH for trainings and funding.
- ~~Conduct a conference or summit for providers to share best practices and learn more about telehealth.~~

Goal 3C: Build capacity for school-based health programs.

Objective 3.3: By FY22, increase the number of school systems that offer school-based health services by 20%.

Our intervention strategies include:

- Use assessment results to approach school systems regarding the implementation of school-based health services.
- Find existing (or create new) Youth Advisor Advocacy groups to build support.
- Garner support from PTA/PTO groups in individual schools.
- Present to BOH and Academic Section of GPHA

Goal 3D: Build capacity for evidence-based mental health and substance abuse services.

Objective 3.4: By FY22, implement a plan to increase mental health and substance abuse linkages and fill gaps in public health and allied services, which were identified in goal 3A.

Our intervention strategies include:

- Continue to partner with ACT coalition.
- Create, Implement, and Evaluate a Communication Plan for CHIP Coalition.
- Develop a workplan to bridge linkage gaps identified in goal 3A.

Progress

This year, District 4 participated in the planning of a school-based health center (SBHC) in Meriwether County. The SBHC will be located at Greenville High and Manchester High and will provide wrap-around services to students from all schools in the system, as well as their families, and the teachers. District 4 will handle the billing as well as have a satellite office at both clinics to provide services. As we progress, we will offer additional services as the needs become obvious. ACT continues to meet quarterly; the upcoming September meeting will take

place via Zoom. Telehealth has surely taken off this year with COVID-19 halting the majority of in-person visits. Unfortunately, we have not had the capacity to track this like we would want to, and neither has any community partner. We hope to gather more data on this and proceed as needed.

Next Steps

We will assist Meriwether County Schools in developing a Youth Advisory Board over the next year, as well as encourage them to get as much support as possible for the SBHC from their PTO. As ACT goes virtual, we will increase the frequency of the meetings to monthly for the foreseeable future to maintain engagement. By December 31, 2020 we will review our county asset lists and identify gaps in services related to access. We will post our findings on social media as well as our website.