North Central Health District Community Health Improvement Plan (CHIP) 2016-2020

Georgia Department of Public Health

North Central Health District

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Community Health Improvement Plan
Signature Page

This plan has been approved and adopted by the following
CHIP Steering Committee members and NCHD staff:

Date 7/18/18

Anita Barkin, MSN, NP-C, DrPH
Deputy District Health Director
North Central Health District

Date 7/23/18

Amber Erickson, MPH
Director of Epidemiology and Assessment
North Central Health District

Date 7/18/18

Elbert McQueen
Senior Vice President, Post Acute Services and Physician Relations
Navicent Health

Date 7/18/18

Katherine McLeod
Chief Executive Officer
First Choice Primary Care

Date 7/23/18

Karen Middleton
Chief Executive Officer
Chief of Resident Initiatives/Facilities Director
Macon-Bibb County Housing Authority

Community Health Improvement Plan

Record of Adoption & Changes

CHIP Adoption Date: 12/29/2015		
Date of Revision/ Alteration	Initials of Staff Responsible	Description of Changes
12/15/2016	MGH	Page #11 changed wording from "Number of placed that have adopted a breastfeeding policy" to "Number of places that have adopted a breastfeeding policy" to fix typo.
12/15/2016	MGH	Page #14 changed Objective 3.2 from "By 2020, reduce teen pregnancy by 5%" to "By 2020, reduce teen pregnancy by 10%. This was a result of the 2016 CHIP meeting. Partners and the NCHD adolescent health coordinator felt that this was too low of a goal and that as a community we could reduce teen pregnancy rates by more than 5%.
12/15/2016	MGH	Page #11 changed wording for Objective 1.3 from "By 2020, increase the number of traditionally non-health policies that include components to promote health" to "By 2020, 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."
12/15/2016	MGH	Deleted performance measure "Number of policies incorporating components that promote health" because of the difficulty to establish a baseline of the number of policies that currently incorporate components that promote health.
06/04/2018	MGH	Pg. 3 changed signature page to include member of NCHD staff and the CHIP Steering Committee.

06/04/2018	MGH	Reformatted entire document to match NCHD brand guidelines.
06/04/2018	MGH	Pg. 11 added in section for Plan Implementation.
06/04/2018	MGH	Pg. 25 added in Attachment D: CHIP Workgroup and Steering Committee Roles and Responsibilities.
06/04/2018	MGH	Pg.28 added in Attachment E: CHIP Workplan
06/04/2018	MGH	Pf.12 added in strategy for objective 1.1 for PIO/Marketing initiatives to promote physical activity.
06/04/2018	MGH	Pg.12-14, updated objectives 1.2, 2.1, 2.2, and 2.3 dates to reflect 2020.
06/04/2018	MGH	Pg. 21-25 updated Meeting Attendance Roster
06/04/2018	MGH	Pg. 13 updated Objective 2.1 to include strategy to establish faith-based partnerships.
06/04/2018	MGH	Pg. 15 updated objective 2.3 to read "providers and partners"; and added in a strategy for engaging the faith-based community.

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Introduction

What is a Community Health Improvement Plan?

A community health improvement plan is a long-term, systematic effort to address the community's most important public health problems. The plan is based on the results of a community health assessment process. Community partners interested in working toward improving the health of North Central Health District residents use the plan to identify local health issues, set priorities and coordinate resources. All of this is toward the goal of creating healthy people in healthy communities.

How Will This Plan Be Used?

The plan guides North Central Health District community organizations, health care systems, public health departments, social service agencies, and other community partners in our collaborative work together. We will track our progress toward completing each of the strategies and improving each of the health outcomes for the three health priorities. We will report progress back to the community each year. While this is a long-term plan, it will also be refined and improved as we work with it.

How Was This Plan Developed?

The North Central Health District Community Health Improvement Plan core partner, United Way of Central Georgia, facilitated the development of the plan in collaboration with many community partners from across the North Central Health District. See **Appendix A** for a complete list of community partners who participated in this planning process.

North Central Health District's Community Health Assessments took place during 2012 and 2013. (See www.northcentralhealthdistrict.org/accreditation for 13 Community Health Assessments reflecting our 13-county population). Other recent Community Health Needs Assessments considered in developing the North Central Health District Community Health Improvement Plan include Houston Medical Center and Medical Center of Central Georgia, which were completed in 2012.

The core partner then facilitated a prioritization process with two parallel components - one for community partners and one for community residents. Both groups provided feedback on which health findings were most important to address.

Prioritization Process for Community Partners

During August 2014, we participated in a Population Health Roundtable meeting convened by United Way of Central Georgia with 65 community partners, although about 80 were invited from across North Central Health District **(see Appendix A for participant list).** The purpose of this regional conversation was to provide education and awareness to ascertain cross-sector interest in a collaborative approach to addressing our high priority community health issues.

United Way of Central Georgia facilitated and invited community partners to vote on which of the health issues identified in North Central Health District's Community Health Assessment, and Houston Medical Center and Medical Center of Central Georgia's Community Needs Assessments should be health priorities for the Central Georgia area. The top health issues selected were:

- Access to Health Services

- Arthritis, Osteoporosis and Chronic Back Conditions
- Cancer
- Chronic Kidney Disease
- Diabetes
- Heart Disease and Stroke
- Injury and Violence Prevention
- Maternal, Infant and Child Health
- Mental Health and Mental Disorders
- Nutrition, Physical Activity and Weight Status
- Oral Health
- Sexually Transmitted Disease
- Tobacco Use

The criteria used to identify the top priorities included:

- Impact of problem
- Availability of effective evidence-based solutions
- Cost and/or return on investment
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem
- Size of problem (e.g., number of individuals affected)

Prioritization Process for Community Residents

The "Community Strengths and Themes Assessment," of phase three in the MAPP process was employed to gain insight upon the quality of life in North Central Health District. This was done through interviewing key informants from each of the 13 counties, whom are individuals within a particular facet of the community that are considered to have a valued opinion in reference to the designated population. Each key informant was presented with a preselected set of questions either through an interview or a focus group setting. The results of the assessment have provided the North Central Health District with a comprehensive summary of community perceived views on the current state of health in the region.

Interns from Mercer University and Fort Valley State University's Master's in Public Health programs conducted 201 key informant interviews, in-person, during the summer of 2013 and 2014. Based on this community feedback, the top health priorities identified were:

- Education/Prevention
- Access/Transportation to quality health services
- Mental Health
- Obesity
- Substance Abuse

Priority Selection

For the final step in the prioritization process, North Central Health District looked at the results from both residents and community partners – keeping in mind the data from the community

assessments – and selected three health priorities based on National Association of County and City Official's (NACCHO) prioritization tool called "Control and Influence" (see Table 1 below). This tool helps to understand where control lies, where assistance is needed, where you can influence only, and what to stay away from. To be successful, our priorities should focus on issues in which we have control and knowledge.

Table 1: Control and Influence of Health Priorities, North Central Health District

	Control	No Control
Knowledge	• Education/Prevention • Access • Transportation • Obesity – Diabetes – Heart Disease/Stroke – Nutrition/Physical Activity/Weight Status • Maternal, Infant and Child Health • Sexually Transmitted Diseases • Tobacco Use • Injury Prevention • Oral Health	• Violence Prevention • Arthritis, Osteoporosis/Chronic Back Conditions • Cancer
No Knowledge		• Mental Health • Substance Abuse • Chronic Kidney Disease

The prioritization results revealed that the most commonly discussed health priorities were consistent with actual health statistics. One overarching theme that emerged from our prioritization process is that several health priorities are interrelated and are difficult to separate from one another. For example, with mental health you could think about mental health and substance abuse together because the two are often present together. You could also think about access to quality health services as a major issue related to mental health. This recognition that the key health findings were very much interrelated with one another helped guide the selection of the health priorities for North Central Health District.

In addition, after the Population Health Roundtable meeting facilitated by United Way of Central Georgia, a steering committee was formed and identified as the Central Georgia Community Health Partnership. This Partnership has identified a shared mission and vision statement that will be central to all three priorities selected for the North Central Health District Community Health Improvement plan.

- **Mission Statement**: To create and sustain an environment that is conducive to improved health and wellness for central Georgia communities by leveraging access to resources, education and inspiring healthy choices.

What are the Health Priorities for North Central Health District?

1. Chronic Disease - Focus on Obesity
2. Access to Quality Healthcare and Preventive Services
3. Maternal, Infant & Child Health

Strategic Questions Identified by Partners for North Central Health District Health Priorities

Education and Prevention of Chronic Diseases

- What are the actual causes of chronic disease, and what specific inequities can be addressed so that all North Central Health District residents live and work in places that support healthy behaviors?
- What policies, systems and environmental changes can we make to support healthy behaviors?
- How can we educate communities to support chronic disease prevention?
- How can we encourage healthy lifestyles through daily events?

Access to Quality Healthcare and Preventive Services

- What specific inequities can be addressed so that North Central Health District residents have fair and just access to health?
    - These may include transportation, health insurance, health literacy, and job skills.
- What cultural competency needs can be addressed so that North Central Health District residents have fair and just access to health?
    - These may include culture of poverty training, training on LGBTQ inequities, language translation services, and cultural competency education/training around African American, Asian, and Latino communities.

Maternal, Infant, and Child Health

- What is causing poor maternal, infant, and child health?
- How can we support mothers and babies to live healthy lifestyles?

Action Plan Development

Working collaboratively with the Central Georgia Community Health Partnership, the core partners developed action plans for the three priorities during several community meetings. The action plans include measurable objectives, improvement strategies, and performance measure with measurable and time-framed targets. The action plan is location on pages 12-18 of this document.

Plan Implementation

NCHD's Community Health Improvement Plan is implemented by all internal and external partners/stakeholders through NCHD's 13-county district. In 2016 and 2017, NCHD held annual CHIP meetings where all internal and external partners/stakeholders met to discuss working being done towards reaching the CHIP's goals and objectives. In 2017, the CHIP partnership identified an opportunity for improvement to improve the plan's implementation and external partnership participation by establishing a CHIP Steering Committee; which is made up of NCHD staff and external partners. The Steering Committee now serves as the driving force of the CHIP and the implementation of the CHIP. Through collaborative decision making, the Steering Committee decided to move towards a bi-annual meeting schedule; rather than only meeting once a year. The Steering Committee also decided to restructure the CHIP partnership to include three work-group; one for each of the three priority areas of the CHIP. Starting in Spring 2018 the CHIP partnership meetings were redesigned to allow the three workgroups to meet and collaborate twice a year; with additional workgroup meetings scheduled as required. See **Attachment D:** CHIP Workgroup and Steering Committee Roles & Responsibilities for more details.

Also, in 2018, NCHD began utilizing a CHIP Workplan to track work completed year-over-year towards achieving the CHIP goals and objectives. The CHIP Workplan directly correlates with the plan's goals, objectives, and strategies and provides:

- information of work completed each year,
- goals, objectives, and strategies progress through identified coding
    - 0-not started, 0.5-in progress, or 1-complete, and
- goals, objectives, and strategies linkage to other plans through identified coding for other plans and Public Health 3.0
    - SP (Strategic Plan)

See **Attachment E: CHIP Workplan** for more details.

2016 - 2020 North Central Health District Community Health Improvement Plan Action Plan

Guiding Principle: The aim of North Central Health District's Community Health Improvement Plan is to reduce health disparities and to achieve health equity.

Priority #1: Chronic Disease- Focus on Obesity

Vision: All North Central Health District residents will live, learn, work, and play in healthy environments.

Goal 1-A: Reduce burden of chronic diseases caused by obesity among all North Central Health District residents.

<table>
<tr><td colspan="3">Objective 1.1: By 2020 increase by 5% the percent of adults and children in the North Central Health District who meet or exceed physical activity guidelines for health.</td></tr>
<tr><td>Strategies:
Increase access and enhance quality of existing programs that promote physical activity among youth. (Action steps could be 1) Enhancing Safe Routes to School program, 2) ensure all elementary schools have implemented the Power up for 30 program)
Increase access to local school facilities, fields, basketball courts, community recreational facilities, parks, playgrounds, etc. by establishing new joint-use agreements and improving adherence to existing joint-use agreements.
Increase public information/marketing of importance and benefits of physical activity</td><td>Performance Measures:
Number of programs available
Number of facilities providing access
Number of marketing campaigns</td><td>Responsible for Implementation:

NCHD Health Promotions

Possible collaborators:
County Boards of Health
County Chambers of Commerce
Family Connections
Hospitals
Housing Authorities
Parks and Recreation
Private Physicians/Providers
School Systems
United Way</td></tr>
<tr><td colspan="3">Objective 1.2: By 2020, increase the number of North Central Health District-area workplaces that have family supportive breastfeeding by 5%.</td></tr>
</table>

Strategies:	Performance Measures:	Responsible for Implementation:
• Develop mother friendly worksite breastfeeding policy template. • Promote mother friendly worksite policies among small business, hospitality industries, and employers of hourly wage earners. Note: FLSA rules exist that require employers to provide time and location. Raise awareness. • Increased sensitivity for breastfeeding in the workplace through employee/employer training, flexibility in work schedules, etc. • Increase awareness of breastfeeding benefits across the entire community through media and community wide campaigns.	• Template created • Number of placed that have adopted a breastfeeding policy • Number of campaigns conducted	NCHD WIC Possible collaborators: • County Boards of Health • County Chambers of Commerce • Day Cares • Healthy Start • Housing Authority • Private Businesses • School Systems

Goal 1-B: Health is considered in all local policies.

Objective 1.3: By 2020, 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.		
Strategies: • Educate decision makers regarding the benefits of taking a health approach to all policies	Performance Measures: • Number of local officials and leaders reached	Responsible for Implementation: NCHD Executive Leadership Team Possible collaborators: • County Boards of Health • County Chambers of Commerce • Housing Authorities

Priority #2: Access to Quality Health Care and Preventive Services

Vision: All North Central Health District residents have fair and equitable access to health care and preventive health services.

Goal 2-A: Increase access to quality health services for the underserved.

Objective 2.1: By 2020, increase the number of underserved persons who have a medical home.		
Strategies: • Define primary provider availability. • Explore opportunities to reach underserved populations through telemedicine/paramedicine. • Work with hospitals and social service agencies to disseminate information to at-risk populations regarding access points to care. • Collaborate with the faith-based community to provide education, training, and resources to congregations	Performance Measures: • Number of primary care providers in underserved communities who have open practices and will accept various payer plans including Medicare/Medicaid. • Number of people served by virtual visits. • Number of faith-based partnerships established.	Responsible for Implementation: NCHD Nursing Possible collaborators: • County Chambers of Commerce • Churches • Housing Authorities • Hospitals • Group Practices • School Systems • United Way

Goal 2-B: Increase the capacity of social support networks

Objective 2.2: By 2020, increase the number of providers who participated in cultural competency training.		
Strategies: • Incorporate cultural competency training into work force development for health and human service providers • Initiate discussions with institutions of higher education about incorporating cultural competency training into health and human services curriculum. Assess increased availability of translation and	Performance Measures: • Conduct baseline survey for number of health and human service organizations that provide cultural competency training for their staff. • Number of educational institutions that include cultural competency training in their health provider curriculum • Conduct survey to determine number of	Responsible for Implementation: NCHD Workforce Development Possible collaborators: • Colleges/Universities • County Chambers of Commerce • Family Connections • Housing Authorities • Region IV Public Health Training Center • School Systems • United Way

interpretation services.	organizations providing translation and interpretation services.	
Objective 2.3: By 2020, increase the number of providers and partners who are aware of and refer patients/clients to social support agencies.		
Strategies: • Through partner collaboration develop marketing information channels for provider awareness including website/apps.	Performance Measures: • Number of food vouchers, transportation vouchers, and agency referrals.	Responsible for Implementation: NCHD PIO/Marketing Coordinator Possible collaborations: • County Chambers of Commerce • Housing Authority • Hospital Marketing Department • Private Physicians/Providers • United Way
Objective 2.4: By 2020, increase the number of individuals who have the financial capacity to access primary and specialty care.		
Strategies: • Identify individuals eligible for Medicaid, or other programs offering financial assistance. • Engage in strategic community/economic development initiatives.	Performance Measures: • Number of patients served • Number of community/economic groups with public health representation.	Responsible for Implementation: NCHD Nursing Possible collaborators: • County Boards of Health • County Chambers of Commerce • Family Connections • Hospitals • Housing Authorities

		• NCHD Business Office • Parks and Recreation • Private Physicians/Providers • School Systems • United Way

Priority #3: Maternal, Infant, and Child Health

Vision: All North Central Health District mothers, infants, and children will have the opportunity to live healthy lives.

Goal 3-A: Improve the health of mothers, infants, and children before, during, and after pregnancy.

Objective 3.1: By 2020, reduce infant mortality rates by 5%.		
Strategies: • Preconception education and care with an emphasis on breastfeeding • Promote "baby spacing" (reproductive life planning) • Reduce tobacco usage among pregnant women, discourage 2nd hand smoke exposure for families, and add e-cigarettes to tobacco screening questions • Promote healthy pre-pregnancy BMIs to include waist circumference education and monitoring • Increase education of inductions/elective C-sections among physicians and patients.	Performance Measures: • Infant mortality rate per 1,000 live births • Percentage of low birth weight infants • Percentage of premature births (<37 weeks)	Responsible for Implementation: NCHD Women's Health and Babies Can't Wait programs Possible collaborators: • Dentists/Dental Programs • Early Head Start • Faith Based Health Ministries • Family Advancement Ministries • Family Connection (if benchmarks align by county) • Family Nurse Partnership Program • First Steps (Houston, Bibb, Baldwin) • Healthy Start GA • Local Health Departments (clinical, health promotions, ID, WIC, etc.) • Medicaid • Parents as Teachers Program • Primary Care Providers

		• Private OBGYN's • United Way
Objective 3.2: By 2020, reduce teen pregnancy by 10%.		
Strategies: • Introduce evidence-based comprehensive teen pregnancy prevention curriculum • Increase marketing of services available for women's health and support through available avenues • Educate on contraceptives, especially LARCs (long acting reversible contraceptives)	Performance Measures: • Birthrate per 1,000 teens ages 10-19 • Number of LARCs inserted in teens	Responsible for Implementation: NCHD Adolescent health program Possible collaborators: • Communities in Schools Program • Faith-based Health Ministries • Family Connection • FQHCs • Health Promotion Program and MPH Students • Healthy Start • Local Boys and Girls clubs • Local Health Department • Local Ob/Gyns and Primary Care Physicians • Mentors Project • School Systems • University Greek System/Sororities and Fraternities

Alignment with National Goals

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

Crosswalk between Healthy People 2020 Goals and North Central Health District CHIP Goals

Healthy People 2020 Overarching Goals	North Central Health District Community Health Improvement Plan
Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.	• Decrease the proportion of North Central Health District residents who are physically inactive. • Increasing the amount of facilities that promote the availability of drinking water.

Achieve health equity, eliminate disparities, and improve the health of all groups.	• Increase access to healthy foods and information about nutrition. • Increase the proportion of residents who have health insurance or qualify for financial assistance. • Increase the proportion of North Central Health District residents who have access to a primary care provider. • Improve access to care and services for special populations. • Improving coordination of care and case management follow through
Create social and physical environments that promote good health for all.	• Increasing the number of settings with policies that promote/support physical activity • Work collaboratively across all types of organizations to develop mother friendly worksite breastfeeding policies. • Enhancing the physical environment in multiple settings to create opportunities for physical activity. • Increase access to healthy foods
Promote quality of life, healthy development, and healthy behaviors across all life stages.	• Parents know about the need for prenatal care and effective care and nurturing of children. • Reduce the rate of teen pregnancy and repeat teen pregnancy. • Improving postpartum mother and infant health.

Appendices

Appendix A: Population Health Roundtable Participants

Name	Agency/Organization
Sandra Carson Nicole Gaither	Area Agency on Aging
Steve Corkery	Bibb County Board of Education
Tracey Blalock, RN, MSN Cyndey Busbee Dr. Monique Davis-Smith Dr. Tejas Gandhi Sheila Henderson Mande'-Kan Mendes Charles Krauss Dr. David Mathis Dr. Stephen Mayfield Roz McMillan Dr. Kalambur Panchapakesan Marty Plevak Dr. Ninfa Saunders Dr. Fady Wanna Viashali Whisler Dr. Candi Nobles-James Dr. Ivan Allen	Central Georgia Health System
Sam Macfie	
Josh Lovett	College Hill Corridor
Fred Ammons Katie Smoak	Community Healthworks
Sr. Catherin Brown Sr. Elizabeth	Daybreak
Katherine McLeod	First Choice Primary Care
Dr. Chris Allers	Georgia Center for Non Profits
Dana Rollins	Houston County Board of Education
Dr. Malinda Hartley	Houston County Health System
Denise Sharpe	Houston County Volunteer Health Clinic
Rabbi Larry Schlesinger	Macon-Bibb County Commission, District 2
June Parker	Macon Housing Authority

Eli Morgan	Macon Promise Neighborhood
Linda Morris	Macon Telegraph
Dr. Lynn Denny Cile Lind	Macon Volunteer Clinic
Jack Schwartz	Medcen Foundation
Nancy Peed	Medical Center of Peach County
Dr. Rebecca Corbey Dr. Donna Ingram Ms. Teri Miller Dr. Darrell Thompson Mr. Chris Tsavatewa	Middle Georgia State College
Amber Erickson Ashton Harris Karen Ebey-Tessendorf	North Central Health District
Dr. Jimmie Smith	Mercer University/North Central Health District
Nancy White	Macon-Bibb County Health Department, North Central Health District
Joy Knight	Houston County Health Department, North Central Health District
Jean Aycock	Oconee Regional Health Systems
Robbo Hatcher	One Macon
Karen Lambert	Peyton Anderson Foundation
Pam Douglas Alan Horton	Putnam General Hospital
Col Shari Silverman Lt Col Jennifer Trinkle	Robins Air Force Base Medical Center - 78th Medical Group
Shannon Harvey	Rivers Edge Behavioral Center
Rob Morton	Secure Health Plans
Rachel Heller Jill Vanderhoek	Susan G. Komen Foundation - Central Georgia Chapter
Tammie Collins George McCanless	United Way of Central Georgia
Raabia Budhwani Latoya Jones	White House Council Strong Cities, Strong Comm/HUD

Appendix B: CHIP Meeting Attendees

Name	Organization	County	7/23/15	10/27/15	08/18/2016	07/25/2017	05/09/2018
Carol Babcock	Navicent Health, Paaliative Care, Population & Community Health	Bibb			x		
Anita Barkin	NCHD	All	X	x	x	x	
Adam Bedgood	Putnam General Hospital	Putnam	X	x			
Carla Belcher	Community Health Care System		x				
Laurice Bentley	NCHD	All		x		x	x
Sabrian Bone	NCHD	All	x				
Ronnie Boone	NCHD	All				x	
Tiffany Borel	NCHD	All					x
Brandon Brown	Mentors Project	Bibb	x				
Elaine Brya							
Regina Butts	Family Connections		x				
RaToya Carr	Navicent	Bibb			x		
Stacy Carr	Navicent Health School Nurse/Macon-Bibb Board of Health	Bibb			x		
Imani Carrion	NCHD	All					x
Megan Chapman	NCHD	All			x	x	x
Kimiko Cheeley	Navicent	Bibb				x	
Carla Coley	NCHD	All	x				x
Tammie Collins	United Way	Bibb (Working In 14 Central Georgia Counties)	x	x			
Alyson Cozart	Coliseum Health System	Bibb				x	
Steve Daugherty	Coliseum Health System	Bibb, Houston, Peach, Jones, Crawford, Monroe		x			
Pat D'errico	Coliseum Health System	Bibb, Houston, Peach, Jones, Crawford, Monroe	x				

Marcus Early	Central Georgia Technical College	Bibb, Baldwin, Houston	x				
Karen Ebey-Tessendorf	NCHD	All	X	x	x		
Latosha Elbert	Heart of GA Healthy Start	Twiggs				x	
Amber Erickson	NCHD	All	x	x	x		
Taylor Esposito	NCHD	All			x		
Antonia Fields	NCHD/WIC	All				x	
Kay Floyd	Monroe County Hospital	Monroe	X	x			
Roy Gilbreath	Navicent	Bibb			x		
David Gowan	Bibb County School District/Macon-Bibb Board of Health	Bibb			x		
Mary Haeg	Macon Volunteer Clinic and United Way	Bibb	x				
Miranda Helms	NCHD	All			x	x	x
Andie Harman	First Choice Primary Care	Bibb	X				
Wendy Harris	Baldwin County Health Department (NCHD)	Baldwin	x	x			
Shannon Hart	Twiggs County Board of Health	Twiggs		x			
David Harvey	NCHD	All	X	x			
Shannon Harvey	River Edge Behavioral Health	Bibb	x				
Michael Hokanson	NCHD	All					x
Carmen Hughey	United Way	Bibb (Working In 14 Central Georgia Counties)					
Marcy Hunt-Harris	Monroe County Board of Education	Monroe	X	x	x	x	
Stephanie Hyman	Bibb County Health Department (NCHD)	Bibb	x	x	x		
Nancy Jeffery	NCHD	All	X	x	x		
Alysia Johnson	NCHD	All					x
Bill Johnson	NCHD	All			x	x	

Michael Jonson	NCHD	All				X	x
Beth Jones	Houston Healthcare	Houston	x				
Chevonnia Jones	Navicent	All			x		
Charles Krauss	Medical Center	Bibb, Houston, Peach, Jones, Crawford, Monroe	x		x	x	
Shelton Land	United Way	Bibb (Working In 14 Central Georgia Counties)	x				
Amy Leazes	NCHD	All	X	X			
Jim Lidstone	Georgia College and State University Live Healthy Baldwin	Baldwin	X	x			
Tunisia Love	Unknown	Unknown				x	
Dana Lynch	Monroe County Extensions	Monroe		x			
Kenya McCant	NCHD/WIC	All				x	
Judy McChargue	NCHD	All					x
Katherine McLeod	First Choice Primary Care	Bibb	x	x			x
Rosalind McMillan	United Way	Bibb (Working In 14 Central Georgia Counties)	x				
Trisha McNair	Baldwin Health Department	Baldwin			x		x
Elbert McQueen	Navicent Health	Bibb, Houston, Peach, Jones, Crawford, Monroe		x	x	x	x
Karen Middleton	Macon-Bibb Housing Authority	Bibb					x
Dawana Mincey	Central Georgia Healthy Start	Twiggs					x
Beverlyn Ming	Macon-Bibb County Health Department	Bibb				X	x
Bronwen Morgan	Family Connections	Monroe, Bibb	x				
Chrystal Morgan	NCHD	All					x

Donna Nash	Monroe County Hospital	Monroe		x			
Jacquelynn Nelson	Baldwin County Board of Education/Board County Board of Health	Baldwin				x	
Loretta Nix	Houston County Health Department (NCHD)	Houston		x			
June O'Neal	Mentor's Project	Bibb		x			
Arnita Owens	Central Georgia Medical Reserve Corp	All					x
Michelle Owens	Washington County Health Department (NCHD)	Washington	x				
Sharon Pettis	Houston County Health Department	Houston					x
Edna Primas-Harrell	Navicent	Bibb			x		
Meredith Ransom	Ethica Health						x
Gurleen Roberts	NCHD	All	X	x			
Dana Rollins	Houston County Board of Eudcation	Houston			x	x	
Daisy Ross	United Way	Bibb (Working In 14 Central Georgia Counties)	x	x			
Dale Sayler	Navicent	Bibb			x	x	
Lynn Shaw	Wilkinson County Health Department (NCHD)	Wilkinson	x				
Chris Sikes	Houston County Health Department (NCHD)	Houston/Twiggs				x	x
Shari Silverman	Robins Air Force Base	Houston	x				
Amy Sims	Crawford County Health Department (NCHD)	Crawford	x				
Betsy Smith	Mercer University	Bibb			x		
Gina Smith	Monroe County Board of Health	Monroe				x	
Jimmie Smith	NCHD/Mercer	All	X				
Terri Smith	Hope Center/NCHD	All			x		

Brittney Stewart	Houston County Health Department	All			x		x
Marsha Stone	NCHD	All					x
Alyson Stuckart	NCHD	All	x				
April Tapley	Tender Care	All	x	x			
Keishon Thomas	UGA Extension	All		x		x	
Audra Tidwell	First Choice Primary Care	Bibb/Houston			x		
Chris Tsavatewa	Macon Bibb Board of Health	Bibb		x			
Shirley Tucker	Hancock County Health Department	Hancock				X	x
Margaret Turner	South Central Health District	Twiggs, Wilkinson	x	x			
Margie Tyson	Jones County Board of Commerce	Jones	x				
Robert Walker	Macon Bibb Recreations	Bibb	x				
Kim Warren	NCHD	All					x
Nancy White	Bibb County Health Department (NCHD)	Bibb		x	x		
Lisa Wiles	NCHD	All			x		x
Nyademor Wiley	Hancock County Health Department (NCHD)	Hancock	X	x		X	x
James (Jimmy) Williams	Houston County Emergency Management Agency	Houston				x	
John Williams	Wilkinson County Board of Health	Wilkinson					x
Tracy Willis	Monroe County Health Department (NCHD)	Monroe	x				
Stephanie Wright	NCHD	All		x	x		

Appendix C: Community Health Improvement Plan Resources

Resources

National Network of Public Health Institutes (NNPHI)

The NNPHI offers a variety of tools and resources- including presentations, samples and guides- on many accreditation topic areas.

http://www.nnphi.org

National Association of County & City Health Officials (NACCHO)

NACCHO offers several Accreditation tools. This plan specifically utilized the tools for Community Health Improvement Planning (CHIP).

http://www.naccho.org/topics/infrastructure/CHAIP/chip.cfm

NACCHO's Tip Sheet for Prioritizing Issues in a Community Health Improvement Process was utilized in the development of this plan.

http://www.naccho.org/topics/infrastructure/CHAIP/upload/Final-Issue-Prioritization-Resource-Sheet.pdf

NACCHO's Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure

https://www.naccho.org/uploads/downloadable-resources/Public-Health-3.0-White-Paper.pdf

Additional Resources will be added to this list as they are made available.

Appendix D: CHIP Workgroup and Steering Committee Roles & Responsibilities

WORKGROUP PURPOSE

The purpose of North Central Health District's (NCHD) Community Health Improvement Plan (CHIP) Workgroup is to address Central Georgia's most important public health problems (as defined in NCHD's CHIP) through community collaboration and alignment of resources.

WORKGROUP MEMBERSHIP

The CHIP Workgroup is led by NCHD's QA/QI & Accreditation Coordinator. Membership is open to all partners within NCHD's thirteen-county area (Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson) to include, but not limited to, representatives from: NCHD, County Health Departments, County Boards of Health, County Boards of Education, Healthcare Organizations, Non-profit Organizations, and Faith-based Organizations.

Roles & Responsibilities

CHIP Coordinator

The CHIP Coordinator role is assigned to NCHD's Quality Assurance, Quality Improvement and Accreditation Coordinator; who coordinates all activities, plans, and initiatives related to voluntary public health accreditation. The CHIP is one of these plans, therefore the role of CHIP coordinator will permanently be assigned to NCHD's QA/QI & Accreditation Coordinator. This position is currently held by Miranda G. Helms, Miranda.Helms@dph.ga.gov , 478-751-6036. The responsibilities of the CHIP Coordinator are to:

- Coordinate the development and maintenance of the CHIP with community partners.
- Coordinate CHIP Workgroup and CHIP Steering Committee meetings
- Serve as a member of the CHIP Steering Committee.
- Maintain the CHIP contact database and workgroup membership rosters.
- Provide input and/or strategic direction.

Steering Committee

The CHIP Steering Committee is comprised of 8-10 community partners that represent the thirteen counties served by NCHD. Steering Committee members either volunteered to serve or were recruited to serve on the Steering Committee. The Steering Committee should strive to be a multi-disciplined group to ensure cross-sector organizations throughout the thirteen county-area are represented. 2017 Steering Committee Members include:

- Anita Barkin, DrPH, MSN, APRN-C, Director of Nursing and Clinical Services, NCHD
- Marben Bland, Pastor, Hall Chapel AME and Mitchell Chapel AME, Sparta, GA
- Keisha Callins, MD, MPH, Chair and Assistant Professor, Mercer University School of Medicine, Department of Community Medicine
- Amber Erickson, MPH, Director Epidemiology and Assessment, NCHD
- Miranda Helms, QA/QI & Accreditation Coordinator, NCHD
- Marci Hunt-Harris, PhD, Director of Student Services, Monroe County Schools
- Katherine McLeod, Chief Executive Officer, First Choice Primary Care

- Elbert McQueen, Senior Vice President, Post-Acute Services and Physician Relations, Navicent Health

The roles and responsibilities of the steering committee are:

- Provide input and/or strategic direction.
- Serve as the executive leadership body for the CHIP Workgroup.
- Participate in Steering Committee meetings.
- Serve as the lead for Priority Workgroups.
- Review and provide feedback for CHIP revisions.

Priority Workgroup Members

The CHIP Workgroup is divided into three (3) workgroups; one for each of the three (3) priority areas in the plan:

1. Chronic Disease-Focus on Obesity
2. Access to Quality Healthcare and Preventative Services
3. Maternal, Infant, and Child Health

CHIP Workgroup Members up for the workgroup of their choice; which often aligns with their roles and responsibilities of their job functions/organization in which they are representing. Each CHIP Priority Workgroup should work to recruit additional group members to represent cross-sector organizations and representation from the thirteen (13) counties the CHIP represents.

The roles and responsibilities of the Priority Workgroups are to:

- Collaborate, strategize, and align resources to achieve the goals and objectives set forth in the CHIP.
- Provide input and/or strategic direction.
- Participate in Priority Workgroup meetings; minimum of twice a year.
- Review and provide feedback for CHIP revisions.
- Actively engage other community partners to encourage collaboration and participation in the CHIP Workgroup.

Appendix E: CHIP Workplan

Attachment E: CHIP Workplan is updated and maintained by Miranda Helms, QA/QI & Accreditation Coordinator, NCHD. Due to the size of this excel document it is not included in the plan; a request for the document may be sent to Miranda Helms at Miranda.Helms@dph.ga.gov