

Hancock County
Community Health Improvement Plan (CHIP)
2018 - 2022





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Community Health Improvement Plan Signature Page

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Record of Adoption and Changes

CHIP Adoption Date: April 11, 2018		
Date of Revision /Alteration	Initials of Staff Responsible	Description of Changes
September 5, 2018	JV	Added “Notes” section to page 4; adjusted formatting of the first strategy beneath Objective 1.1; adjusted formatting of document to prepare for printing.

Notes

The Hancock County Community Health Improvement Plan (CHIP) is a living document, meaning that it is an ongoing process and is subject to change throughout the course of implementation.

Throughout the document, you will find references to a number of appendices. To view an extended version of the CHIP complete with appendices, visit nchd52.org/HHIP.



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Preface

In July 2017, North Central Health District (NCHD), the district office presiding over 13 counties in central Georgia, received a grant in the amount \$75,000 from Healthcare Georgia Foundation (Foundation) to address health and healthcare outcomes in Hancock County, Georgia. NCHD was granted this money as part of *The Two Georgias Initiative*, an initiative seeking to reduce



11 individuals attended the inaugural HHIP meeting on July 27, 2017 at the Hancock County Youth Opportunity Center in Sparta.

the health and healthcare disparities experienced by residents of Georgia's rural counties. On July 27, 2017, members of the Hancock County community met at the Hancock County Youth Opportunity Center in Sparta, Georgia, to establish Hancock Health Improvement Partnership (HHIP). 11 individuals joined this initial meeting. Since then, the partnership has expanded to nearly 40 individuals and organizations.

From July 2017 to April 2018, HHIP partners met on a routine basis to identify and address specific priority areas related to health and health outcomes in the county. In December 2017, partners and community members participated in a prioritization workshop to identify three specific priority areas related to health and health outcomes in the county: Economic Development, Healthy Environments, and Literacy. After the identification of these three priority areas, partners collaborated to write objectives and strategies for each. These objectives and strategies form the foundation for HHIP's Hancock County Community Health Improvement Plan (CHIP), which was published in April 2018. This document reflects the diligence and collaboration of community members devoted to improving health in their county.



HHIP members and community residents met to identify priority areas for the Hancock County CHIP in December 2017.



In coming months and years, HHIP will strive to work together to implement the objectives and strategies written into the CHIP. HHIP’s goal is to improve health outcomes, promote health equity, and ultimately work together to become the healthiest county in Georgia.



HHIP members hosted a community meet and greet at the Sparta Hancock Public Library in September 2017.



HHIP Chair, Pastor Marben Bland, Vice-Chair, Ms. Annie Ingram, Secretary, Julia Vinton (Wristen), and NCHD QA/QI & Accreditation Coordinator, Miranda Helms, attended Healthcare Georgia Foundation’s Connections Conference in March 2018.



(Left) HHIP partners continue to meet in workgroups to implement the strategies written in the CHIP. Pictured: the HHIP Economic Development workgroup meeting at the Hancock County Health Department.



(Right) The HHIP Healthy Environments workgroup is looking forward to improving access to nutritious foods and opportunities for physical activity.



In March of 2018, Nathaniel Smith of Partnership for Southern Equity facilitated a community health equity training: Dinner and Discussion: A Conversation About Health Equity.



Part I. Context for Collaboration

Background & Purpose

Hancock County, Georgia, is home to 8,640 residents¹ spread out over 471.84 square miles² in north central Georgia. As a county with less than 35,000 population, Hancock County is classified as a rural county³ by the state of Georgia. 71.8% of Hancock County residents are Black or African American, 25.9% are White, 2.2% are Hispanic, 1.0% are Asian, and 0.5% of the population is American Indian or Alaska Native.⁴

34.7% of Hancock County residents live in poverty, including 48% of children⁵. The median household income is \$26,386.⁶ 12.2% of the population is fully employed and below the poverty line, and the county has an unemployment rate of 8.4%⁷. Primary employers in the county include the school system, the prison, and the county. 84.2% of Hancock County residents commute to work⁸; the average commute time for residents is thirty minutes.

The Human Resources & Services Administration of the U.S. Department of Health and Human Services has identified Hancock County as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA). There is no hospital, no emergency room, and no urgent care. Local health resources include the Hancock County Health Department, a federally qualified health center, two private clinics, and one dentist's office.

31% of adults in Hancock County are obese, and 28% of adults are physically inactive. Ischemic heart and vascular disease is leading cause of death in Hancock County, followed by cerebrovascular disease, mental and behavioral disorders, and malignant neoplasms of the trachea, bronchus and lungs. Lung, prostate, and breast cancers are the leading causes of cancer mortality in the county. 31% of Hancock County adults lack basic literacy skills⁹.

Alignment with *The Two Georgias Initiative*

Hancock Health Improvement Partnership (HHIP) was established out of a grant from Healthcare Georgia Foundation as part of *The Two Georgias Initiative* and aligns with *The Two Georgias Initiative* in purpose and design to expand access to quality health care and achieve greater health equity among rural Georgians. The Partnership was established to identify health

¹ U.S. Census Bureau, 2016

² U.S. Census Bureau, 2016

³ <https://oasis.state.ga.us/oasis/webquery/qryPopulation.aspx>

⁴ U.S. Census Bureau, 2016

⁵ <http://www.countyhealthrankings.org/app/georgia/2018/rankings/hancock/county/outcomes/overall/snapshot>

⁶ U.S. Census Bureau, 2016

⁷ Hancock County Health Status Report, 2017

⁸ Hancock County Health Status Report, 2017

⁹ Hancock County Health Status Report, 2017

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and healthcare priority areas related to health and health outcomes in Hancock County with the intent of writing a Community Health Improvement Plan for the county. HHIP serves all residents of Hancock County, Georgia.

North Central Health District (NCHD) received *The Two Georgias Initiative* grant from Healthcare Georgia Foundation on behalf of Hancock County and initiated the formation of the Hancock County partnership by engaging key community members and organizations in the establishment of HHIP. Miranda Helms of NCHD distributed letters to community members inviting them to the Partnership kick-off meeting, describing NCHD's acceptance of *The Two Georgias Initiative* grant from Healthcare Georgia Foundation and explaining the purpose of the grant. The first HHIP meeting took place July 27, 2017 at the Hancock County Youth Opportunity Center in Sparta, at which HHIP participants were informed of the grant deliverables, an HHIP leadership team and communication plan were established, and additional community partners were identified to join the Partnership. An HHIP Executive Committee was formed, and the Committee collaborated to decide upon mission and vision statements for the group. This information was presented by the Executive Committee to the Partnership at the first general partnership meeting, held August 23, 2017.

Mission, Vision, & Values

HHIP Executive Committee and Partnership members met to collaboratively decide upon the HHIP mission, vision, and values statements. The HHIP vision is, "Creating the healthiest county in Georgia," and the HHIP mission is, "To work together to become the healthiest county in Georgia." HHIP is grounded in the values of Health Equity, Respect, and Service.

Health Equity: We want the highest level of health for all Hancock County Citizens.

Respect: Everybody's opinion matters.

Service: We work to meet the needs of Hancock County.

Goals & Objectives for Building Hancock Health Improvement Partnership

When Hancock Health Improvement Partnership was established, the Partnership's goal was to identify health and healthcare priority areas related to health and health outcomes in the county with the ultimate intent of writing a community-driven Hancock County Community Health Improvement Plan (CHIP). The Partnership has fulfilled this initial goal and now intends to work towards the goal of implementing this Plan. As the Partnership moves forward in implementation, the purpose of HHIP will be to involve the community in accomplishing the objectives and strategies outlined in the CHIP. The Partnership will meet regularly to maintain vision, unity, and effectiveness in addressing health equity in the county and will work together towards achieving Partnership objectives.



The ultimate goal of HHIP and the Hancock County CHIP is to promote health equity in the county; thus, HHIP will devote time and resources to growing in knowledge and understanding about health equity and sharing this knowledge with the community throughout the implementation process. The strength of the partnership will increase through continuous learning, collaboration, and the Partnership's united goal of implementing our CHIP in working towards health equity for the county.

Part II. Collaborative Structure

Members of the Community Health Partnership

The Partnership began as a core group of Hancock County organizations including individuals from the Hancock County school system, faith-based community, County Commission, and various community initiatives. Eight organizations, represented by a total of 12 individuals, attended the kick-off meeting held July 27, 2017. Over the course of the past year, the Partnership has grown to include a diverse group of community members and organizations. To date, HHIP meetings have welcomed representatives from over 25 community organizations, and we are continuing to expand our reach to bring in members of the community who are not affiliated with a specific organization. Community members have been drawn in from Partnership contacts in local churches, at the health department, and community outreach. In the implementation of the Plan, both community partner organizations and community members will be an integral asset to Partnership efforts. Refer to Appendix A for a complete list of Partnership members.

Governance

HHIP is composed of an Executive Committee and general Partners. The Executive Committee is made up of ten individuals and is led by the HHIP Chair, Vice-Chair, and Secretary. Leadership roles were chosen by nomination and joint agreement of the Partnership. The HHIP Charter delineates the roles and responsibilities of the Executive Committee and Partnership members, as well as describes voting rules and responsibilities. Refer to Appendix B to view the HHIP Charter.

Roles & Responsibilities

The HHIP Charter describes the functional roles of the Executive Committee, Chair, Vice-Chair, and Secretary. The role of the Chair is to “represent the vision and the mission of the Partnership.” The Chairperson prepares for and leads Partnership meetings and ensures decisions and actions of the Partnership are in alignment with the Partnership vision, mission, and charter. The Vice-Chair is responsible for assisting the Chair in preparing for and leading meetings, as well as stepping in for the Chair when he or she is not available. The Secretary is

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responsible for maintaining a record of Partnership decisions and actions, giving notice of all Partnership meetings, and serving as the key spokesperson in internal and external HHIP correspondence.

The Charter describes elections and voting, membership roles and responsibilities, subcommittees, and voting structure. The HHIP voting policy as is written in the HHIP Charter is as follows: “Each partner organization or constituent group will be entitled to one vote. In situations of conflict resolution and disagreements, voting will be limited to members of the Executive Committee. Each organizational body within the Executive Committee will be entitled to one vote.” As a supplement to the Charter, a Communications Plan was developed to describe how Partnership information would be dispersed to Partners and throughout the community.

When the Partnership began, the Executive Committee met for supplemental meetings prior to each HHIP general monthly meeting. However, the Executive Committee made a collaborative decision that these meetings were not necessary unless the Committee had need to meet for a specific activity or discussion. Since that time, Partnership meetings have increased to two meetings each month. In the development of the CHIP, the Partnership has been divided into several workgroups, which met frequently to develop objectives and strategies for each priority area. Throughout the implementation phase, the Partnership will meet to report progress, activities, and needs.

Staffing

Miranda Helms, Quality Assurance, Quality Improvement, and Accreditation Coordinator for North Central Health District, oversees all Partnership planning and evaluation efforts. Julia Vinton (Wristen), Health Educator, North Central Health District, provides coordination support for the Partnership and leads all planning efforts.

Part III. Community Engagement

Inclusion Plan

Health equity work requires that all members of the community are engaged and heard. This requires specifically engaging community members who are experiencing health inequities and disparities in health outcomes. Throughout the development of the CHIP, HHIP has sought to engage the community in data collection, priority identification, and in the development of goals, objectives, and strategies. As the Partnership moves forward in implementing the CHIP, HHIP will continue to involve the community through promoting community involvement in the Partnership, involving the community in making decisions, and working towards the HHIP values statements of health equity, respect, and service.



Trust and cultural sensitivity are key components in the development and implementation of the CHIP in working towards health equity. The Partnership will establish trust with the community by maintaining an open mind, creating a safe space for community members to be heard, and making community perspectives and needs the foundations for making key decisions. The Partnership strives to work in cultural sensitivity, understanding that specific community norms and challenges play a key role in how the Partnership should address communicating with the public.

Communications Plan

When the Partnership was established, a Communications Plan was drafted to outline how HHIP would disseminate information internally to partnership members and externally to the community. Internally, Partnership members receive information primarily through email and in-person meetings, which is supplemented with the occasional use of telephone calls. Externally, community members receive information through the newspaper, flyers posted in the community, and the use of the internet and social media. Refer to Appendix C to review the HHIP Communications Plan.

Upon the publication of the Hancock County CHIP, the document will be disseminated to the Partnership and the Hancock County community through various communication methods. Hard copies of the CHIP will be distributed to Partners at a HHIP meeting and emailed to Partners who are not in attendance. For community reference, the CHIP will be posted on partner organization websites and hard copies of the CHIP will be distributed throughout the community.

Part IV. Community Health Needs Assessment

Community Needs, Barriers, & Challenges

Community needs, barriers, challenges, and assets play specific roles in the health status of Hancock County residents. In writing this Plan, multiple sources of data and information were utilized to identify priority areas and areas of need in Hancock County. North Central Health District published a Hancock County Community Health Assessment (CHA) in 2013 and a 2017 Health Status Report in working towards publishing a 2018 Hancock County CHA. Refer to Appendix E to view the 2017 Health Status Report. Both documents were utilized by partnership members as reference points. HHIP gathered community perspectives for the CHIP and assisted in the data collection for the forthcoming 2018 CHA by conducting a Community Themes and Strengths Assessment in the county. Refer to Appendix F to view the results of HHIP's Community Themes and Strengths Assessment.

A variety of socioeconomic factors impact the health of Hancock County residents, as Hancock is one of the poorest counties in Georgia. According to County Health Rankings, the county ranks 156 out of 159 Georgia counties on economic indicators such as education and poverty. 34.7% of Hancock County

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residents live in poverty, including 44% of children, and 49% of children live in single female family households. 12.2% of the population is fully employed and below the poverty line. The unemployment rate for the county is 8.4%. The median household income is \$24,925. Poverty can result in an increased risk of mortality, morbidity, poor health behaviors, and a lack of access to care, and adults and children in single-parent homes are at risk for adverse health outcomes and unhealthy behaviors. Responses to HHIP's Community Themes and Strengths Assessment revealed that nearly three-quarters of survey respondents disagree that Hancock County has economic opportunity. Focus group discussion submitted that the county is limited in employers, and many residents have to drive outside of the county for work. The newly revitalized Hancock County Chamber of Commerce presents itself as a key community asset and opportunity for economic growth and development in the county.

Hancock County has a Food Environment Index (FEI) of 3.4 out of 10, which is low in contrast to the FEI of the state of Georgia, which is 6.6. An FEI of 3.4 indicates that residents lack access to healthy foods and experience food insecurity. This reflects both county poverty levels and the fact that there is only one grocery store in the county. 31% of adults are obese, and 28% of adults in the county are physically inactive. A lack of health insurance coverage is a significant barrier to accessing needed health care, and 21% of adults in Hancock County lack health coverage. 22% of Hancock residents live in inadequate housing due to overcrowding, a lack of adequate kitchen or plumbing facilities, and high housing costs.

22% of adults are current smokers and 12% of adults report binge or heavy drinking, which is a risk factor for a number of adverse health outcomes. According to HHIP's Community Themes and Strengths Assessment, in which county residents were asked to indicate the top three risky behaviors of county residents, alcohol abuse, drug abuse, being overweight, poor eating habits, and a lack of exercise are the county's top five risky behaviors.

Ischemic Heart and Vascular Disease, Cerebrovascular Disease, and All Other Mental and Behavioral Disorders are the leading causes of death in Hancock County. Motor Vehicle Crashes are the leading cause of premature death in the county, followed by hypertension and heart disease. Pregnancy and childbirth is the leading cause of hospitalizations in the county. Lung, prostate, and breast cancers are the leading types of cancer in the county.

Community Assets

Refer to Appendix D for a list of Hancock County community assets.

Part V. Community Health Improvement Plan

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan (CHIP) is a long-term systematic effort to address a community's most important public health problems. This plan is based on the results of a community health assessment process, throughout which community partners examined community health issues through a lens of health equity and the social determinants of health. Community partners interested in working toward improving the health of Hancock County

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residents have utilized the development of the plan to identify local health issues, set priorities, and coordinate resources. This is toward the ultimate goal of achieving health equity and improving health outcomes in the realization of healthy people in healthy communities.

How will this plan be used?

The plan guides Hancock County community organizations, health care systems, public health departments, social service agencies, and other community partners in our collaborative work together. The Partnership will track progress toward completing each of the strategies and improving each of the health outcomes for the three identified priorities. The Partnership will report progress back to the community each year. While this is a long-term plan, it will also be refined and improved as the Partnership and community progresses towards accomplishing goals.

How was this plan developed?

Hancock Health Improvement Partnership facilitated the development of the Hancock County CHIP in collaboration with North Central Health District and community partners from across Hancock County. Refer to Appendix A for a complete list of community partners who participated in this planning process.

North Central Health District facilitated the publication of a 2013 Hancock County Community Health Assessment. Throughout the development of the CHIP, NCHD's Director of Epidemiology and Assessment, Amber Erickson, facilitated the publication of the 2018 Hancock County Community Health Assessment. Both documents were utilized by Hancock Health Improvement Partnership in discovering leading causes of death and hospitalizations, prevalent risky behaviors, and statistics for access to care in the county.

The "Community Themes and Strengths Assessment," of phase three in NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP)¹⁰ process was employed to gain insight into the quality of life in Hancock County, Georgia. One focus group was conducted among HHIP members evoking responses to thirteen specific questions regarding the quality of life in Hancock County, a paper survey with the same questions was distributed in the community, and an electronic version of this was targeted geographically to Hancock County residents.

HHIP Partners and Hancock County community members were invited to HHIP's Priorities Workshop meeting on December 6, 2017. Carla Cartwright and Jana Thomas from Porter Novelli facilitated conversation among workshop attendees and lead attendees in the identification of four specific priority areas, which were later narrowed down to three.

¹⁰ NACCHO MAPP process



HHIP Partners and Hancock County community members met routinely to write specific goals, objectives, and strategies for each priority area. Community needs, barriers, challenges, and assets were assessed by HHIP Partners in the development of objectives and strategies.

What are the Health Priorities for Hancock County, Georgia?

1. Economic Development
2. Healthy Environments
3. Literacy

Strategic Questions Identified by Partners for Hancock County Priorities

Economic Development:

- How can we promote equitable economic development?
- What is causing disparities in economic development and opportunity?
- How can we increase economic opportunity in the county?

Healthy Environments:

- What environmental changes can we make to support healthy behaviors?
- How can we encourage healthy behaviors through improving or providing access to healthy environments?
- What specific inequities can be addressed so that everyone has access to healthy environments?

Literacy:

- How can we support families, children, and/or adults in improving literacy and health literacy outcomes?
- How can we promote and encourage lifelong learning, skills, and behaviors that will ultimately improve literacy and health literacy outcomes?
- How can we provide everyone with accurate, accessible, and actionable health information?



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Priority #1: Economic Development

Achieving health equity in a community requires more than providing access to care. Economic factors such as poverty, employment, and income all serve as health equity indicators. Poverty, employment, and income all influence access to healthy food, healthcare, and the resources and opportunities necessary to develop healthy behaviors. Equitable Economic Development advances health equity.

In addressing Economic Development, we are addressing the following health equity indicators¹¹:

Poverty	Income	Transportation
Employment	Income inequality	

Vision: All Hancock County residents are equipped for and have access to gainful employment and opportunities for economic development.

Goal 1-A: Empower all Hancock County residents with the tools and resources needed to secure gainful employment by providing training, education, and business opportunities.

Objective 1.1: By 2019, conduct an evaluation of the Hancock County business community to assess current strengths and needs.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Survey community members to discover: <ul style="list-style-type: none"> Who owns downtown spaces? What are plans for the spaces? What are business owners willing or not willing to do with their spaces? Who is looking for a workspace or is interested in opening a space downtown? Utilize geospatial analysis to identify business locations, available space, etc.	<ul style="list-style-type: none"> Developed survey instrument Survey data, analysis, and report 	<ul style="list-style-type: none"> Sparta-Hancock Chamber of Commerce <u>Possible Collaborators:</u> <ul style="list-style-type: none"> Hancock Health Improvement Partnership

¹¹ Refer to Appendix G “Potential Categories of Health Equity Indicators – The Two Georgias Initiative” for a list of potential health equity indicators.



<p>Assess current business licenses to obtain information regarding actively operating businesses</p>	<ul style="list-style-type: none"> • Analysis of current business licenses
<p>Develop survey about community wants and needs for economic development in the county (offer survey both online and on paper at various locations in the community; utilize online targeted marketing to expand reach). Questions will include:</p> <ul style="list-style-type: none"> • What kinds of businesses are wanted or desired? • Do you own a small business? • Do you feel like a flea market would be a good addition to the community? Would you sell your items? <p>To incentivize participation, host giveaway with community survey.</p>	<p>Developed survey</p> <ul style="list-style-type: none"> • Survey data, analysis, and report

Objective 1.2: Develop a “business incubator”/makerspace in downtown Sparta by 2019.

<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
<p>Develop implementation plan for space</p> <ul style="list-style-type: none"> • Location, cost, equipment needs 	<ul style="list-style-type: none"> • Implementation plan 	<ul style="list-style-type: none"> • Sparta-Hancock Chamber of Commerce <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Hancock Health Improvement Partnership • UGA Small Business Association • Georgia Tech
<p>Market the incubator space</p>	<ul style="list-style-type: none"> • Marketing materials and campaigns 	
<p>Implement plan</p> <ul style="list-style-type: none"> • Secure space, materials, etc. 	<ul style="list-style-type: none"> • Space and materials to implement business incubator • Location and resources for Hancock County residents to make products to sell 	



Objective 1.3: Develop a plan for the implementation of a local flea market by 2019.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Develop implementation plan for flea market	<ul style="list-style-type: none"> Implementation plan 	<ul style="list-style-type: none"> Sparta-Hancock Chamber of Commerce
Market flea market	<ul style="list-style-type: none"> Marketing materials and campaigns 	<u>Possible Collaborators:</u> <ul style="list-style-type: none"> Hancock Health Improvement Partnership
Implement flea market	<ul style="list-style-type: none"> Space and materials to implement business incubator Location for Hancock County residents to sell products 	

Objective 1.4: Increase the number of small businesses in downtown Sparta, Hancock County by 10% by 2020.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Provide education to the community at large for small business start-up and expansion.	<ul style="list-style-type: none"> Number of educational opportunities offered 	<ul style="list-style-type: none"> Sparta-Hancock Chamber of Commerce <u>Possible Collaborators:</u> <ul style="list-style-type: none"> Hancock Health Improvement Partnership University of Georgia Department of Community Affairs Bank of Hancock County



<p>Achieve rural zone certification</p> <ul style="list-style-type: none"> • Develop plan for rural zone certification • Apply for rural zone certification 	<ul style="list-style-type: none"> • Developed plan • Completed application • Rural zone certification 	<ul style="list-style-type: none"> • Sparta-Hancock Chamber of Commerce <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Department of Community Affairs
<p>Use assessment from Objective 1.1 to develop a business revitalization plan in partnership with the Economic Development Strategy Team</p>	<ul style="list-style-type: none"> • Developed business revitalization program 	<ul style="list-style-type: none"> • Sparta-Hancock Chamber of Commerce <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Hancock Health Improvement Partnership
<p>Develop mini grant program for new small business owners in the county</p> <ul style="list-style-type: none"> • Grant 1-2 small business owner(s) a maximum of \$5,000 	<ul style="list-style-type: none"> • Established grant program 	<ul style="list-style-type: none"> • Hancock Health Improvement Partnership <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Sparta-Hancock Chamber of Commerce

<p>Objective 1.5: By 2020, promote and increase tourist activities in the county by 20%.</p>		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
<p>Assess the current availability of tourist activities in the county</p>	<ul style="list-style-type: none"> • Data/Report of county tourist activities 	<ul style="list-style-type: none"> • Hancock Health Improvement Partnership



<p>Produce video to promote county businesses, activities, and events to highlight the county.</p> <ul style="list-style-type: none"> • Post video on county and city web pages. • Market video on social media. 	<ul style="list-style-type: none"> • Produced and published promotional video 	<ul style="list-style-type: none"> • Sparta-Hancock Chamber of Commerce <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Hancock County • City of Sparta • Mayor of Sparta • Georgia College • Local Videographer
<p>Develop program for tour of homes and churches</p> <ul style="list-style-type: none"> • Collect maps, audiovisuals, and voice recorders 	<ul style="list-style-type: none"> • Developed tour of homes program and a tour of churches 	<ul style="list-style-type: none"> • Sparta Hancock County Historical Society • County historic preservation contact • Local churches and residents

<p>Objective 1.6: By 2021, increase transportation accessibility/opportunities to residents of the county by expanding the current transit and identifying transportation opportunities.</p>		
<p><i>Strategies</i></p>	<p><i>Performance Measures</i></p>	<p><i>Responsible for Implementation</i></p>
<p>Develop evaluation tool and conduct evaluation of the barriers, needs, and capacity of the current transportation system</p>	<ul style="list-style-type: none"> • Developed evaluation tool and data report/analysis of the evaluation 	<ul style="list-style-type: none"> • Hancock Health Improvement Partnership
<p>Collaborate with Hancock County Transit Authority and Department of Transportation to develop planning committee with key stakeholders</p>	<ul style="list-style-type: none"> • Established transportation committee 	<p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Hancock County Transit • Hancock County Churches



Priority #2: Healthy Environments & Housing

Social determinants of health are defined as the conditions of the places in which people live, work, play, and pray. The conditions that make up the social determinants of health can impact health outcomes in both positive and negative ways. Good health depends on having a home that is safe and free from physical hazards, having access to healthy food options, and being able to access opportunities for physical activity. In our priority area Healthy Environments and Housing, we are addressing the following health equity indicators:

Housing	Food Environment and Agriculture	Environmental Conditions
Food Security	Housing and Transit	School Environments
		Health Education

Vision: All Hancock County residents have access to physical activity opportunities, healthy foods, and adequate housing.

Goal 2-A: Empower all Hancock County residents with the resources, knowledge, and confidence they need to make healthy food choices.

Objective 2.1: By 2019, increase the proportion of convenience stores in the county offering fruits and/or vegetables by 20%.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Lobby local convenience stores to sell fruits or vegetables <ul style="list-style-type: none"> • Collect data to support justification and lobby to Dollar General to become a Marketplace • Gather baseline data: How many stores are in the county? HealthMPowers has established agreements with three. • Work with HealthMPowers to write report 	<ul style="list-style-type: none"> • Data collected and report • The number of convenience stores selling fruits or vegetables • The number of convenience stores with health promotional materials 	<ul style="list-style-type: none"> • Hancock Health Improvement Partnership • HealthMPowers
Establish MOUs with county convenience stores to sell fruits and veggies and post health education materials	<ul style="list-style-type: none"> • The number of Established MOUs • Health education materials 	



Promote the purchase of fruits and vegetables sold at convenience stores through advertisements and campaigns	
Partner with farmers and grocery stores in the county to provide convenience stores with fruits or vegetables for pilot test of program	<ul style="list-style-type: none"> The number of Established MOUs
Plan and establish a farmers' market in the community	<ul style="list-style-type: none"> Plan for county farmers' market Implementation of county farmers' market

Objective 2.2: Increase the number of active and maintained gardens in the community by 50% each year.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Seek additional funding for gardens and fruit trees	<ul style="list-style-type: none"> Funding applications 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Plant or improve community gardens at various locations in Hancock County <ul style="list-style-type: none"> Senior Citizens Center Helping Hands Food Bank Housing Authority 	<ul style="list-style-type: none"> The number of community gardens planted The number of maintained community gardens 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership <u>Possible Collaborators:</u> <ul style="list-style-type: none"> Hancock County 4-H North Central Health District Community Members
Establish a program to provide community members with supplies and education to plant their own gardens	<ul style="list-style-type: none"> The number of community members provided with supplies to plant their own gardens 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership



Partner with schools and community spaces to plant fruit trees.	<ul style="list-style-type: none"> The number of new fruit trees planted in the county 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Purchase fruit trees for community members to plant at their properties.	<ul style="list-style-type: none"> The number of fruit trees purchased 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Provide gardening education to community members	<ul style="list-style-type: none"> Materials Number of education opportunities 	<ul style="list-style-type: none"> University of Georgia Elm Street Gardens Community Members
Partner with the prison and county jail to provide garden maintenance as a community service opportunity to inmates	<ul style="list-style-type: none"> Established MOU 	<ul style="list-style-type: none"> Hancock State Prison Hancock County Sheriff's Office

Objective 2.3: By 2020, increase the availability of nutrition education opportunities by 30%.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Gather baseline data for the amount of nutrition education opportunities provided in the county	<ul style="list-style-type: none"> Database of education and participation 	<ul style="list-style-type: none"> HealthMPowers UGA SNAP-Ed FVSU WIC North Central Health District
Provide nutrition label education	<ul style="list-style-type: none"> The number of nutrition label education classes offered 	<ul style="list-style-type: none"> HealthMPowers North Central Health District
Partner with Helping Hands Food Bank to offer nutrition education at grocery pick-up	<ul style="list-style-type: none"> The number of food recipients who receive nutrition education 	<ul style="list-style-type: none"> Helping Hands



Increase the number of families who enroll in and complete new and existing nutrition education programs by offering the incentive of a take-home food/cooking basket	<ul style="list-style-type: none"> The number of new families who enroll in and complete the program The number of families who receive take-home food/cooking baskets 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Conduct healthy cooking/food demonstrations in Hancock County schools	<ul style="list-style-type: none"> The number of cooking/food demonstrations offered 	<ul style="list-style-type: none"> North Central Health District Nutritionist

Goal 2-B. Empower all Hancock County residents with the confidence and knowledge to lead happier, healthier, more active lives by providing access to physical activity opportunities.

Objective 2.4: Increase the availability of outdoor opportunities for physical activity in the county.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Capture the current availability and current capacity of current county resources	<ul style="list-style-type: none"> Report revealing the current availability and capacity of current county resources 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Support research and seek funding for playground equipment and play spaces to be placed within communities in the county.	<ul style="list-style-type: none"> The amount of funding secured The amount of playground equipment purchased 	<u>Possible Collaborators:</u> <ul style="list-style-type: none"> Hancock County Churches
Collaborate with churches in the county to utilize land and space for recreation <ul style="list-style-type: none"> Establish MOUs or joint use agreements 	<ul style="list-style-type: none"> Established MOUs 	



Objective 2.5: Increase the availability of opportunities for physical activity in the school setting.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
<p>Support research and seek funding for playground equipment and play spaces to be placed at the elementary school. Establish a joint use agreement for the school and community.</p>	<ul style="list-style-type: none"> • The amount of funding secured • The amount of playground equipment purchased • Joint use agreement established 	<ul style="list-style-type: none"> • Hancock County Schools <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> • Hancock Health Improvement Partnership • North Central Health District • SWAH Fitness • HealthMPowers
<p>Enhance resources for Hancock County Schools PE teachers</p> <ul style="list-style-type: none"> • Curriculum & Resources • Continuing Education • Equipment 	<ul style="list-style-type: none"> • Amount of acquired resources 	
<p>Establish before and after school exercise clubs and opportunities</p> <ul style="list-style-type: none"> • Conduct youth focus groups to gather interests • Sports, walking, running, dance, etc. clubs • Provide fitness classes in the gym • Support renewal of the Dawg Walk program at the elementary school and support funding for the implementation of the Dawg Walk program at the middle school. 	<ul style="list-style-type: none"> • The number of new exercise clubs available • The number of fitness classes offered in the gym 	
<p>Incorporate physical activity breaks in the classroom; gather pledges from teachers.</p>	<ul style="list-style-type: none"> • The number of teachers who sign the pledge/the number of classrooms participating. 	



Objective 2.6: Increase the availability of opportunities to participate in group sports.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Survey each community to discover what sports they would be interested in participating in (flag football, softball, baseball, etc.) and promote interest in group teams. <ul style="list-style-type: none"> Youth focus groups 	<ul style="list-style-type: none"> Developed survey Survey results 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Conduct a needs assessment and cost analysis for an expansion of Hancock County Parks and Recreation	<ul style="list-style-type: none"> Needs assessment and cost analysis report 	<ul style="list-style-type: none"> Hancock County Parks and Recreation
Expand the variety of sports offered through the recreation department <ul style="list-style-type: none"> Re-establish travel sports leagues Sponsor sports camps and summer clinics with the recreation department Establish a year-round recreation calendar Develop partnership with other county rec departments 	<ul style="list-style-type: none"> Number of new sports offered Number of summer programs offered Calendar 	<ul style="list-style-type: none"> Hancock County Parks and Recreation
Establish church sports teams/leagues	<ul style="list-style-type: none"> The number of churches with sports teams 	<ul style="list-style-type: none"> Hancock County Churches
Build strong relationship with the Board of Education and the County <ul style="list-style-type: none"> MOUs Liability, Policies, joint use agreements 	<ul style="list-style-type: none"> Established MOUs 	<ul style="list-style-type: none"> North Central Health District
Provide mini-grants to local organizations for maintenance/repair of recreation equipment	<ul style="list-style-type: none"> Developed maintenance fund 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership



Objective 2.7: Increase physical activity opportunities for Hancock County senior citizens.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Open Hancock County Youth Opportunity Center to provide indoor walking space for senior citizens.	<ul style="list-style-type: none"> Hours opened for walking 	<ul style="list-style-type: none"> Hancock County Commissioners
Develop lit outdoor walking trail behind the Youth Opportunity Center.	<ul style="list-style-type: none"> Established lit walking trail 	<ul style="list-style-type: none"> Hancock County Board of Education

Goal 2-C. Empower all Hancock County residents with the tools, resources, and support needed to promote and maintain safe and healthy home environments.

Objective 2.8: By 2019, conduct an evaluation of the present housing situation in Hancock County.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Evaluate community housing strengths and needs	<ul style="list-style-type: none"> Developed report 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Explore potential for growth of housing in the county		

Objective 2.9: Improve the quality of housing through establishing a home repair partnership with other organizations by 2020.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Establish a home repair partnership/partner with existing home repair partnership	<ul style="list-style-type: none"> Established home repair partnership 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership
Explore relationships with Habitat for Humanity, Overview, and similar organizations	<ul style="list-style-type: none"> Systematic review of available opportunities 	



Objective 2.10: By 2019, provide training and education on affordable housing opportunities, loans, grants, etc.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Provide education on affordable housing opportunities, grants, loans etc. (What opportunities do banks have available in accordance with USDA grants, loans, etc.?)	<ul style="list-style-type: none"> • Number of educational opportunities offered 	<ul style="list-style-type: none"> • Bank of Hancock County • USDA
Provide education on how to be more energy efficient	<ul style="list-style-type: none"> • Number of educational opportunities offered 	<ul style="list-style-type: none"> • Georgia Power • Washington EMC • Rayle EMC
Partner with ACE Hardware to do basic home repair trainings (How to do small repairs, fix drains, etc.)	<ul style="list-style-type: none"> • Number of trainings offered 	<ul style="list-style-type: none"> • ACE Hardware • Local Contractors

Objective 2.11: Eliminate housing-related health hazards by increasing the number of health education opportunities provided to the community.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Educate community regarding dangers of home-based hazards	<ul style="list-style-type: none"> • Number of educational opportunities offered 	<ul style="list-style-type: none"> • North Central Health District Healthy Homes
Provide lead- and hazard-testing services to at-risk families	<ul style="list-style-type: none"> • Number of families receiving services 	



Priority #3: Literacy

Literacy, or a lack thereof, can greatly impact an individual's health and wellbeing. Higher education levels have been linked to lower rates of obesity, smoking, and premature death, while a lack of basic literacy and health literacy skills reduces an individual's ability to achieve the highest level of health. Literacy is a key factor in addressing and achieving health equity. In our identification of priority three, "Literacy," we are attempting to address the following health equity indicators:

- Academic Achievement
- Language and Literacy
- Early Childhood Education and Development
- Health Education

Vision: All Hancock County residents possess the literacy skills necessary to live healthy lives in their families, schools, workplaces, and communities.

Goal 3-A. Empower all Hancock County residents with the tools and resources they need to excel in reading, writing, and speaking proficiently and effectively by increasing the quality, availability, and effectiveness of family, educational and community-based resources and programs designed to promote literacy.

Objective 3.1: By 2020, 75% of parents are actively involved in student learning in the schools.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Collect a baseline measurement of parent involvement and engagement in student learning in the schools. <ul style="list-style-type: none"> • Utilize rosters, PTSO sign-ins, Communities in Schools tracking 	<ul style="list-style-type: none"> • Database of parent participation 	<ul style="list-style-type: none"> • Communities in Schools • Hancock County Schools Principals
Promote parent involvement at non-holiday parent events (parent meetings, opportunities to volunteer, etc.) <ul style="list-style-type: none"> • Utilize electronic methods such as email and social media 	<ul style="list-style-type: none"> • Meeting evaluations and parent comments and suggestions 	<ul style="list-style-type: none"> • Hancock County Schools Family Engagement
Provide evidence-based parent education and parent training to promote parent involvement in the learning process	<ul style="list-style-type: none"> • Number of parent learning sessions held 	<ul style="list-style-type: none"> • Hancock County Schools Family Engagement
Increase the number of parents who use the parent portal <ul style="list-style-type: none"> • Train parents to access portal 	<ul style="list-style-type: none"> • Number of hits on the parent portal 	<ul style="list-style-type: none"> • Hancock County Schools Tech Director • Hancock County Schools Student Information Systems Coordinator



<ul style="list-style-type: none"> • Provide space for parents to access 		
Provide Talk With Me Baby training to parents, caregivers, and early childhood educators	<ul style="list-style-type: none"> • The number of Talk With Me Baby sessions offered in the community. • The number of community members who receive Talk With Me Baby training. 	<ul style="list-style-type: none"> • Hancock County Health Department <u>Possible Collaborators:</u> <ul style="list-style-type: none"> • Head Start

Objective 3.2: By 2020, average monthly Head Start attendance rates of children enrolled in Head Start will increase to 85%.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Extend Head Start hours	<ul style="list-style-type: none"> • New Head Start hours 	<ul style="list-style-type: none"> • Head Start
Promote and implement home-based Head Start Program	<ul style="list-style-type: none"> • Development of home-based program 	<u>Possible Collaborators:</u> <ul style="list-style-type: none"> • Hancock Health Improvement Partnership
Assess transportation barriers	<ul style="list-style-type: none"> • Report describing transportation barriers for Head Start parents and students 	

Objective 3.3: Increase access to books and evidence-based literacy support programs.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Increase enrollment in Ferst Foundation's literacy program <ul style="list-style-type: none"> • Provide funding to support enrollment • Develop an "Adopt a Child" campaign 	<ul style="list-style-type: none"> • Number of new children enrolled in Ferst Foundation literacy program 	<ul style="list-style-type: none"> • Family Connection-Communities in Schools
Plant Little Free Libraries throughout the county <ul style="list-style-type: none"> • Apply for funding 	<ul style="list-style-type: none"> • Supplemental funding received • Number of Little Free Libraries stationed throughout neighborhood • Number of people using the free libraries 	<ul style="list-style-type: none"> • Hancock Health Improvement Partnership
Pursue the planning and development of a mobile library	<ul style="list-style-type: none"> • Developed plan for mobile library • Implemented mobile library 	<ul style="list-style-type: none"> • Hancock County Library



Increase the number of students enrolled in the county's summer program for school-aged youth in order to increase student access to reading and literacy portion of the camp	<ul style="list-style-type: none"> The number of students enrolled in the summer program 	<ul style="list-style-type: none"> Family Connection-Communities in Schools County Commissioners Hancock Health Improvement Partnership
Develop mini-grant program for Hancock County school teachers to implement new evidence-based reading and literacy resources in the classroom.	<ul style="list-style-type: none"> Developed mini-grant program The number of teachers who apply for and receive funding 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership Hancock County Board of Education
Provide funding support to Family Connection-Communities in Schools	<ul style="list-style-type: none"> Increase in literacy levels for targeted student population 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership

Objective 3.4: Increase the proportion of adults with a GED or a high school diploma by 5% by 2021.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Build awareness of GED programs and education through an awareness campaign	<ul style="list-style-type: none"> Developed marketing materials 	<ul style="list-style-type: none"> Oconee Fall Line Technical College WIOA Program
Increase the amount of individuals enrolled in the GED and WIOA programs	<ul style="list-style-type: none"> The amount of new individuals enrolled in the GED and WIOA programs 	<ul style="list-style-type: none"> Oconee Fall Line Technical College WIOA Program
Implement evidence-based programs to keep high school students motivated	<ul style="list-style-type: none"> The number of evidence-based programs implemented 	<ul style="list-style-type: none"> Hancock Central High School

Objective 3.5: By 2022, increase the availability of literacy resources to the adult population.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Increase reading opportunities <ul style="list-style-type: none"> Book clubs Community plays 	<ul style="list-style-type: none"> The number of book clubs, reading opportunities, etc. 	<ul style="list-style-type: none"> Hancock Health Improvement Partnership <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> Hancock County Library
Increase continuing education opportunities <ul style="list-style-type: none"> Opportunities for personal development Finances Internet use 	<ul style="list-style-type: none"> The number of courses available 	<ul style="list-style-type: none"> Oconee Fall Line Technical College <p><u>Possible Collaborators:</u></p> <ul style="list-style-type: none"> Hancock County Library Bank of Hancock County



Objective 3.6: By 2020, plan and implement a community-wide literacy awareness campaign.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Plan a Hancock County day focused on academics <ul style="list-style-type: none"> • Invite past community members 	<ul style="list-style-type: none"> • Implemented events • Number of participants 	<ul style="list-style-type: none"> • Hancock Health Improvement Partnership

Goal 3-B. Empower all Hancock County residents with the tools and resources they need to have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Objective 3.6: By 2019, increase the number of health providers who participate in health literacy and/or cultural competency trainings offered in the county by 20%.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Increase opportunities for telehealth and in-person trainings	<ul style="list-style-type: none"> • Number of trainings available 	<ul style="list-style-type: none"> • Hancock County Health Department

Objective 3.7: By 2020, increase the number of community members who participate in health literacy and/or cultural competency trainings offered in the county by 20%.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Increase opportunities for telehealth and in-person trainings	<ul style="list-style-type: none"> • Number of trainings available 	<ul style="list-style-type: none"> • Hancock County Health Department
Partner with churches to promote health education	<ul style="list-style-type: none"> • Number of churches involved 	

Objective 3.8: Increase the availability of educational materials and events promoting health literacy.		
<i>Strategies</i>	<i>Performance Measures</i>	<i>Responsible for Implementation</i>
Provide and promote health education opportunities to community members <ul style="list-style-type: none"> • SNAP-Ed 	<ul style="list-style-type: none"> • Number of health education opportunities 	<ul style="list-style-type: none"> • Hancock County Health Department • HealthMPowers • UGA SNAP-Ed



<ul style="list-style-type: none"> • Provide and promote community health education classes 		
<p>Disperse materials promoting health literacy throughout the community</p> <ul style="list-style-type: none"> • Develop and distribute materials breaking down medical terminology • Disperse health materials and information through Head Start and school parent meetings • Work with Hancock County Schools to implement elementary school health education • Promote health information via church bulletins, posters, or bulletin boards in churches, schools, and community 	<ul style="list-style-type: none"> • Health literacy materials created • Amount of health literacy materials dispersed in the county 	<ul style="list-style-type: none"> • Hancock County Health Department • Community Health Care Systems • Hancock County Schools • Hancock County Churches
<p>Host community health fairs in diverse areas of the county</p>	<ul style="list-style-type: none"> • Number of health fairs hosted in the county 	<ul style="list-style-type: none"> • Hancock County Health Department • Community Health Care Systems



Part VI. Evaluation, Continuous Learning, and Improvement

HHIP has developed an evaluation plan to accompany the CHIP in addition to logic models for each priority area. This plan outlines measurable outcomes and details how the SMART objectives listed in the CHIP will be carried out. Amber Erickson, NCHD's Director of Epidemiology and Assessment, and Miranda Helms, NCHD's QA/QI & Accreditation Coordinator, serve as internal evaluators for HHIP and will be responsible for providing the Partnership with a formal evaluation report on an annual basis, in addition to conducting biyearly evaluation meetings.

The findings of the report will describe strengths, gaps, and opportunities for improvement as it relates to the goals, objectives, and strategies written into the CHIP. The partnership will use the evaluation report as a tool to make adjustments/ improvements to the implementation of the CHIP. HHIP's CHIP is considered a living document, and as such, will be updated on an annual basis in accordance with evaluation findings. Refer to Appendix H to review HHIP's Evaluation Plan.

Part VII. Sustainability Plan

Hancock Health Improvement Partnership plans to pursue Partnership sustainability through continued partner and community involvement, the continuous evaluation and improvement of Partnership efforts, and shared vision and strategy for addressing community priorities.

During Phase II Implementation, each of the priority area workgroups will develop a workplan to accompany the CHIP. These work plans will have detailed tasks with specified timeframes for completion that will be used to document the work of the partnership towards reaching the partnership's goals, objectives, and desired outcomes. The whole partnership will continue meeting on at least a bi-monthly basis; workgroups will meet more frequently based on the identified strategies. Each workgroup will be required to provide updates to the whole partnership at partnership meetings to ensure all partners are informed of the work being done in the community and are able to assist in identifying barriers, gaps, and opportunities for improvement. After each meeting, NCHD conducts post-meeting evaluations, and will continue to do so in Phase II Implementation in order to gauge Partner satisfaction with HHIP efforts. As the Partnership moves forward in implementing the Plan, HHIP's internal evaluators will play a role in the continuous evaluation and improvement of CHIP objectives and activities.

In order to sustain Partnership growth, HHIP will continue community outreach and the development of linkages and relationships with potential community partners. HHIP will additionally continue to seek funding opportunities to sustain partnership initiatives.

Community Health Improvement Plan

Edited September 5, 2018



Appendices



Hancock Health Improvement Partnership

Appendix A: Members of Hancock Health Improvement Partnership

Partner	Organization	Sector
A'Keti Mayweather	SWAH Fitness	Fitness
Alma C. Brown	Community Member	Local Resident
Anita Barkin	North Central Health District	Public Health
Annie Ingram	Hancock County Board of Education	School System
Belinda Richmond	Retired DFCS	Social Services
Bill Rodriguez	Rooms U Love	Business/Economic Development
Camesha Grant	Community Health Care Systems	Health Care
Carolyn Minter	Work Source Georgia	Business/Economic Development
Chandra Hart	Hancock Central Middle School	School System
Connie Gross	Community Member	Local Resident
Denita Hike	Ocmulgee Judicial Circuit	Legal Services
Ginger Chastine	Fort Valley State University	University Extension
Gloria B. Cooper	Hancock County Commissioners	Government Agency
Gloria Blalock-Kitchen	Dancing Into Life	Faith Based
Jennine DeLane	UGA SNAP-Ed	University Extension
Joan Barksdale	Primecare	Health Care
Julia Vinton (Wristen)	North Central Health District	Public Health
LaTunya Goodwin	Hancock County Chamber of Commerce	Business/Economic Development
Linton Ingram	Hancock County School District	School System
Lois Clark	Hancock County Head Start	School System
Marben Bland	Hall Chapel AME Church & Mitchell Chapel AME church	Faith Based
Mayreather Willis	Hancock County School District	School System
Miranda Helms	North Central Health District	Public Health
Nyademor Wiley	Hancock County Health Department	Public Health
Olive Shinholster	Second Beulah Church (Health Ministry)	Faith Based
Patrick Graney	M.E. Lewis Elementary School (PE)	School System



Hancock Health Improvement Partnership

Rakyah Washington	Hancock County Library	Cultural/Arts
Randie Gray	Hancock County 4-H	Recreation/Sports
Regina Butts	Family Connection	School System/Social Services
Regina Jackson	HealthMPowers	Public Health
Rhunette Lewis	Second Beulah Baptist Church	Faith Based
Sheba Warren	Hancock County School District (Nurse)	Health Care; School System
Shirley Tucker	Hancock County Health Department	Public Health
Shonda Cooper	Providence Healthcare	Health Care
Sistie Hudson	Hancock County Commissioners	Government Agency
Tarneshia Maddox	MIA Food Bank	Social Services
Terrell Reid	Communities in Schools	Social Services
Terry L. Nelson	Hancock County School District	School System
Toccara McClain	Hancock County Head Start	School System
Trelanie Neville	CareSource	Health Care



Appendix B: Hancock Health Improvement Plan Charter



Hancock Health Improvement Partnership

(478) 550-2483 • HancockHIP@gmail.com • @HancockHIP

Hancock Health Improvement Partnership (HHIP) Charter

Article I - Hancock Health Improvement Partnership

The name of this partnership shall be Hancock Health Improvement Partnership (HHIP).

Article II - Mission and Vision

Section I. Mission

To work together to become the healthiest county in Georgia.

Section II. Vision

Creating the healthiest county in Georgia.

Section III. Value Statements

- Health Equity: We want the highest level of health for all Hancock County Citizens.
- Respect: Everybody's opinion matters.
- Service: We work to meet the needs of Hancock County.

Section IV. Purpose

To work together to implement the 2018 to 2022 Hancock County Community Health Improvement Plan (CHIP) to promote health equity and improve health outcomes in Hancock county.

Article III - HHIP Structure

Section I. Executive Committee

The HHIP Executive Committee is composed of a Chair, Vice-Chair and Secretary, as well as eight (8) general Executive Committee members. Each Subcommittee workgroup will have one Chairperson; each workgroup Chair will hold a place on the HHIP Executive Committee.

Section II. Roles of the Executive Committee

1. Work together to pursue the mission of HHIP.
2. Represent the interests of HHIP and partner organizations in meeting the needs of the community.
3. Develop plans that respond to community needs and maximize community resources.
4. Clarify the vision, mission, values, and roles of HHIP.
5. Ensure alignment of HHIP work with purpose and mission.
6. Ensure accountability of HHIP work and resources.
7. Collaborate with North Central Health District (NCHD) staff as *The Two Georgias Initiative* grantee and fiscal agent to ensure that the Partnership is meeting grant deliverables.

Section III. Functional Roles

1. Chair: The Chairperson shall represent the vision and the mission of the Partnership. The Chairperson shall work with the Vice Chair and Secretary to prepare for and lead Partnership meetings and ensure decisions and actions of the Partnership are in alignment with the Partnership vision, mission, and Charter.
2. Vice Chair: The Vice-Chairperson shall take on the responsibilities of the Chair when he/she is not present. The Vice-Chairperson will assist the Chairperson in preparation for and leading of Partnership meetings.
3. Secretary: The Secretary shall maintain an accurate record of Partnership actions and decisions with responsibilities noted, shall give notice of all Partnership meetings, and shall serve as the key spokesperson in internal and external communication and correspondence.
4. Evaluators: Internal Evaluators will be responsible for developing and implementing an Evaluation Plan for HHIP's Community Health Improvement Plan.

Section IV. Elections

- Elections for Functional Roles will occur yearly.
- Any vacancies will be filled as soon as possible by a vote of Executive Committee members.
- Executive Committee members will sign an Executive Committee Membership Agreement to commit to one (1) year of service.

Article IV. Membership

Section I. General Membership

HHIP Membership is open to Hancock County public or nonprofit organizations, private business owners, government agencies, faith-based organizations, community groups, civic groups, community members and all county residents.

Section II. Membership Responsibilities

- Members are responsible for providing representation at a minimum of 50% of HHIP meetings, events, and activities and actively participating in group collaboration and planning.
- Members are responsible for serving on a minimum of one HHIP Subcommittee.

Section III. Membership Roster

- Executive Committee Members
- Internal Partnership Members
- External Partnership Contacts

Section IV. Membership Resignation

Members who serve on the Executive Committee must submit a written resignation to the partnership.

Article V - Subcommittees

1. Community Health Improvement Plan (CHIP) Priority Subcommittees
 - A. Economic Development
 - B. Healthy Environments
 - C. Literacy
2. Awareness and Outreach Subcommittee

Article VI - Meetings

Section I. Scheduling

Meetings will be held every other month on the fourth Wednesday of that month immediately following the Hancock County Family Connection EC-HEED meeting. Meetings will begin at 11:00am. Subcommittee workgroup meetings will take place on a bimonthly or as needed basis during the months in which there is no HHIP general meeting. Executive Committee meetings will take place as needed.

Section II. Venue

Partnership members will be notified of meeting location at least one (1) week prior to the meeting. Bimonthly Partnership meetings will generally take place at:

Hancock Central Middle School
11311 GA Hwy 15 North
Sparta, GA 31087

Section III. Attendance

Meetings may be attended by Partnership members in person or by conference call.

Section IV. Supplementary and Emergency Meetings

The Chair may call supplementary or emergency meetings provided Partnership members are notified in advance. The Secretary will inform Partnership members of supplementary meetings.

Article VII - Procedural Policies

Section I. Voting Structure

- Each partner organization or constituent group will be entitled to one vote.
- In situations of conflict resolution and disagreements, voting will be limited to members of the Executive Committee. Each organizational body within the Executive Committee will be entitled to one vote.

Section III. Decision Making

All Partnership business shall be conducted based on the philosophy of mutual respect. Partners should strive to reach a consensus. When a consensus is not reached, simple majority rules will apply. Executive Committee and Partner members are entitled to one vote per organizational or constituent body. Voting may occur in person or via conference calls or email.

Revised September 2018

Article VIII. Amending the Bylaws

Amendments of these bylaws may be made at any meeting of the Executive Committee by majority rule, provided a copy of the proposed amendment is distributed to Committee members a minimum of seven (7) days prior to that meeting, and the proposed amendment is attached to the written notice for that meeting.



Appendix C: Communications Plan



COMMUNICATION PLAN

Target Audience	Deliverable / Description / Key Messages	Objective	Type	Delivery Method	Delivery Frequency	Responsible for Message Delivery
Internal						
Executive Committee (EC) & Partnership Members						
Ensure Executive Committee (EC) and Partnership members accurately and reliably receive meeting times and locations, meeting summaries, meeting agendas, CHA and CHIP documents, and other relevant updates and materials as needed. Effective communication among Executive Committee and Partnership members is essential for maintaining a strong Partnership foundation, evoking unity and mutual goals and objectives among members, and creating an open forum for member discussion and input. Ensure members have a voice in HHIP communication, planning, and decision making.	General Communication EC and Partnership Meeting Dates EC and Partnership Meeting Agendas EC and Partnership Meeting Notes HHIP Documents; Charter, Mission, Vision, & Value Statements Event Planning Meeting Evaluations	Provide avenue for EC & Partnership members to bring questions, comments, and concerns to each other. Ensure EC & Partnership members are notified of EC and HHIP meetings in advance. Ensure EC & Partnership members are notified of topics to be discussed at EC and HHIP meetings prior to EC and HHIP meetings. Allow EC members to add to or edit agendas as needed. Provide EC & Partnership members notes from EC and/or HHIP meetings in order to document meeting topics of discussion. Inform absent members of meeting happenings. Provide EC & Partnership access to relevant HHIP documents; Ensure EC & Partnership members are aware of HHIP Charter and Bylaws, Mission, Vision, and Values Statements. Ensure EC & Partnership members have a voice and role in the planning, implementation, and marketing of HHIP meetings and events. Gather feedback from EC & Partnership members in response to the planning and implementation of EC and HHIP meetings.	Information; Feedback Information Information Information Document Sharing Document Sharing Document Sharing Activites Planning Feedback	EC & Partnership Meetings; Email; Phone Email; Phone Email; HHIP Google Drive; Printed Copy at Meetings Email; HHIP Google Drive HHIP Google Drive; Printed Copy in HHIP Binder EC & Partnership Meetings; Email; Phone EC & Partnership Meetings; Survey Monkey	As needed Prior to each EC and HHIP meeting Prior to each EC and HHIP meeting After each EC and HHIP meeting Share Charter, Mission, Vision, and Value Statements with all members once finalized; Disperse other documents as needed As needed After each EC and HHIP meeting	Executive Committee & Partnership Members Secretary Chair; Vice-Chair; Secretary Secretary Secretary Secretary Secretary

	Contact Information	Ensure EC & Partnership members have access to EC and Partner contact information.	Information	Partner Directory (HHIP Google Drive); Healthcare Georgia Directory	As needed; Contact information is always available on Google Drive.	Secretary
	Data	Keep EC & Partnership members informed of Hancock Co. data and results of surveys and assessment.	Data; Information	Meeting Presentations; Email; HHIP Google Drive	As needed; Data is always available on Google Drive.	Amber Erickson, NCHD; Secretary
External						
Community Members						
Inform community members of HHIP initiatives, events, and activities. Increase awareness of HHIP and build community support, participation, and partnership. Gather information, community support, and participation in the creation and implementation of the Hancock County CHIP.	HHIP Mission, Vision, & Values	Ensure accurate information is communicated regarding the mission, vision, values, and purpose of HHIP	Awareness	Flyers; HHIP Facebook	On-going	Secretary
	HHIP Event and Community Round Table Information	Promote and gain involvement of community in HHIP events and community round tables	Information	Flyers; HHIP Facebook; Sparta Ishmaelite; Word of Mouth	Prior to events and community round tables	Secretary
	Community Themes and Strengths Assessments	Gather data from the community	Data	In-person; focus groups	On-going	HHIP Members
	Community Health Assessment & Community Health Improvement Plan	Educate and inform community of Hancock County data and Community Health Improvement Plan.	Awareness; Information; Data	In-person; community round tables; HHIP Facebook	During CHIP process and when CHIP is completed	Secretary
		Provide respectful and culturally appropriate information to members of Hancock Co. faith community leaders; Promote and gain involvement of faith community in HHIP activities and CHIP planning	Awareness; Information; Partnership & Collaboration	Letters; Community Meetings	As needed	Executive Committee & Partnership Members; Pastor Marben Bland
Clergy		Promote and gain involvement of business community in HHIP activities and CHIP planning	Awareness; Information; Partnership & Collaboration	In-Person Interactions; Email; Flyers	As needed	Executive Committee & Partnership Members
		Utilize media outlets for promotion of events; Ensure accurate and reliable information is provided to newspaper and community members regarding HHIP events and information.	Awareness; Information; Marketing/Advertising	Email; In-Person Interactions	Prior to meetings and events	Secretary
Business Owners (Sandy's IGA, Webster's Pharmacy, Gas Stations, Restaurants, Etc.)		Promote and gain involvement of educational and health-based communities in HHIP activities and CHIP planning	Awareness; Information; Partnership & Collaboration	Email; In-Person Interactions	As needed	Executive Committee & Partnership Members
Media Outlets (Sparta Ishmaelite)	HHIP Mission, Vision, Values, & Purpose; Meeting and Event Information; Data and Community Perspectives					
Hancock County Schools, Local Healthcare Facilities, Nursing Homes, Senior Citizens' Center, etc.						

Elected Officials

Executive Committee & Partnership Members	As needed	Email; In-Person Interactions	Awareness; Information; Partnership & Collaboration	Promote and gain involvement of elected officials in HHIP activities and CHIP planning
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Appendix D: Community Assets



Hancock Health Improvement Partnership

Hancock County Community Assets

2017 Community Assets		Organization Name	Address	City	Phone	Key Contact	Email Address
School-Based Resources							
School-Based Health Clinics							
Family Centers Within Schools	Early Intervention Programs	Family Connection - Communities in Schools	11311 Hwy 15 North	Sparta	706-444-6652 Ext. 296	Regina Butts	rbutts@fccishancock.org
		Babies Can't Wait	201 2nd St.	Macon	Referrals: 478-751-6117 More Information: 478-745-9200		
Primary and Secondary Schools		Children 1st	201 2nd St.	Macon	478-751-6303		Child.Health-5-2@dph.ga.gov
		Children's Medical Services	201 2nd St.	Macon	478-751-6303		
		Hancock Central High School	11311 Hwy 15 N	Sparta	706-444-7009	Dr. Awanna Leslie, Principal	avleslie@hancock.k12.ga.us
		Hancock Central Middle School	11311 Hwy 15 N	Sparta	706-444-6652	Anthony Webb, Principal	awebb@hancock.k12.ga.us
		Hancock County Board of Education	11213 Hwy 15 N	Sparta	706-444-6621	Annie Ingram, Chair	aingram@hancock.k12.ga.us
		Hancock County Early Headstart & Headstart/Pre-K	Boland Street, Post Office Box 88 1100 Linton Rd	Sparta	706-444-6920	Dr. Angela Primus, Director	
		John Hancock Academy	1100 Linton Rd	Sparta	706-444-6470	Steve James, Headmaster	
		Marvin E. Lewis Sr. Elementary School	11145 Hwy 15 N	Sparta	706-444-7028	Dr. Norman Hart, Principal	nhart@hancock.k12.ga.us
		Early Head Start	79 Boland Cir.	Sparta	706-444-6920 Ext. 239	Dr. Angela Primus, Director	
		Head Start	11145 Hwy 15 N	Sparta	706-444-6920 Ext. 275	Dr. Angela Primus, Director	
Special Education Services		Hancock County Schools Special Education	11311 Hwy 15 N	Sparta	706-444-5775 ext. 284	Davina S. Wood, Special Education Director	
Disability Services		Georgia Department of Behavioral Health and Developmental Disabilities Region 2 Field Office	3405 Mike Padgett Highway, Building 3	Augusta	Intake: 706-792-7741 706-792-7733		
Alternative schools or programs for troubled youth, or youth with different educational needs	Food Programs	Kingdom Kare Service Center	732 Linton Rd.	Sparta			
		Oconee Center	75 Boland Circle	Sparta	706-444-7037		
Food Programs		Golden Harvest Food Bank	3310 Commerce Dr.	Augusta	707-736-1199		
		Helping Hands Food Bank	75 Old L.S. Ingram Road	Sparta	706-998-0335	Bobby Kent	kenth@bellsouth.net
Community Based Resources		Meals on Wheels of Baldwin County	P.O. Box 1425	Milledgeville	478-452-6068		
		Overview, Inc.	120 South Jefferson St.	Milledgeville	478-453-4111	Wanda Addeo (Executive Director)	waddeo@overviewinc.com
		Hancock County Head Start/Pre-K and Early Head Start	Boland Street, Post Office Box 88	Sparta	706-444-6920		
		Apostolic Faith Church	67 Apostolic Lane	Sparta			
Child Care Professionals		Archer Grove Baptist Church	447 Gaissett Church Rd. / P.O. Box 588	Sparta	706-444-8005		
Faith-Based Organizations		Brown's Chapel AME Church	2691 Brown's Chapel Rd. / P.O. Box 743	Sparta	706-444-8196		
		Culverton Baptist Church	P.O. Box 447	Sparta			
		Darlen Baptist Church	12547 Linton Road South	Sparta			
		Fellowship Baptist Church	P.O. Box 149	Sparta			
		Hall Chapel AME Church	3924 Glen Ford Rd.	Sparta			Pastor Marben Bland
		Hickory Grove Baptist Church	4933 Hickory Grove Church Rd.	Sparta	706-444-5880		

Hosley Memorial CME Church	187 Ghattis St. / P.O. Box 362	Sparta	706-444-6422	
Hunts Chapel AME	900 Hunts Chapel Rd. / P.O. Box 384	Sparta	706-444-9937	
Jones Chapel AME Church	1425 Cars Station Road	Sparta	706-444-6744	
Kingdom Hall of Jehovah's Witness	P.O. Box 606	Sparta		
Macedonia Baptist Church	8522 E. Broad St. / P.O. Box 435	Sparta	706-444-5907	
Millrock Baptist Church	23477 Highway 16	Sparta		Pastor Marben Bland
Mitchell Chapel AME Church	P.O. Box 751	Sparta		
Mt. Zion Baptist Church	16644 Ga Hwy 15 / P.O. Box 721	Sparta	706-444-7212	
Nazareth Baptist Church	1282 C. Boone Rd.	Sparta		
New Beulah Baptist Church	18343 Hwy 22 / P.O. Box 334	Sparta	706-444-6256	
			706-444-5510	
New Green Spring AME	2244 Ga Hwy 22 / P.O. Box 222	Sparta		
			706-444-7872	
New Hope Powelton	216 Rabun Rd. / P.O. Box 116	Sparta		
New Vision Promise Ministries	P.O. Box 592	Sparta		
Northside Church of Christ	611 Gilbert Road	Sparta	706-444-5005	
Pearson Chapel AME Church	3406 Pearson Chapel Rd. / P.O. Box 303	Sparta	706-444-0094	
			706-444-5108	
Pierce Memorial United Methodist Church	21 Boland St.	Sparta		
Powell Grove Baptist Church	156 Powell Grove Rd.	Sparta	706-444-8016	
Power of God Holiness Church	P.O. Box 369	Sparta		
			706-444-6448	
Second Beulah Baptist Church	3014 Beulah Hwy	Sparta		
Second Mineral Springs Baptist Church	P.O. Box 521	Sparta		
Second Shiloh Association	P.O. Box 721	Sparta		
St. Galilee Baptist Church	7223 Ga Hwy 15 / P.O. Box 336	Sparta	706-444-6000	
Trinity CME Church	2080 Youngblood Rd.	Sparta	706-444-9633	
			706-444-6447	
Union Baptist Church	5425 Powelton Church Rd. / P.O. Box 697	Sparta		
Warren Chapel AME Church	78 Warren Rd. / P.O. Box 321	Sparta	706-444-0900	
Sparta-Hancock County Historical Society	526 Court Street	Sparta		
Oconee Center	75 Boland Circle	Sparta	706-444-1037	
Overview, Inc.	120 South Jefferson St.	Milledgeville	478-453-4111	Wanda Addeo (Executive Director)
Betty Hill Senior Center	330 Water Works Rd.	Sparta	706-444-7532	
Circle of Love Center, Inc.	P.O. Box 641	Greensboro	706-453-7135	
Crisis Line & Safe House of Central Georgia	915 Hill Park Ste 100-C	Macon	478-745-9292	
New Beginning (Oconee Center Behavioral Health)	75 Boland Circle	Sparta	706-444-1037	
Libraries, Books and Toys	8984 E. Broad Street	Sparta	706-444-5389	Rakayah Washington
	P.O. Box 1327	Madison	888-565-0177	info@ferstfoundation.org
Respite Care				
Hancock County Transit	330 Water Works Rd.	Sparta		
Youth service organizations- Boy and Girl Scouts, YMCA, Big Brothers/Big Sisters, mentoring programs etc.	2720 Riverside Dr. #123	Macon	478-745-3984	
	4335 Confederate Way	Macon	478-743-9386	
Central Georgia Council (Boy Scouts of America)				
Future Doctors of Hancock County				
Girl Scouts of Historic Georgia			1-888-689-1912	
Hancock County 4-H	12534 Augusta Hwy	Sparta	706-444-7573	Randle Gray

Government Based Resources	Hancock County Youth Opportunity Center	12560 Augusta Hwy	Sparta	706-444-5746 ext. 2001	Cindy Tucker
Department of Human Services	Hancock County DFCS	12744 Broad Street	Sparta	706-444-1203	Ollivette Long, Director
Medicaid / SCHIP Health Insurance Financial Assistance	CareSource Hancock County DFCS DFCS Welfare Hancock County DFCS TANF	600 Galleria Parkway Ste 400 12744 Broad Street 12744 Broad Street 12744 Broad Street	Atlanta Sparta Sparta Sparta	678-214-7500 706-444-1203 706-444-1203 706-444-1203	Ollivette Long, Director Ollivette Long, Director Ollivette Long, Director Ollivette Long, Director
Food: Women, Infants, and Children Program; Food Stamps	Overview, Inc. Hancock County DFCS SNAP Hancock County Health Department WIC	120 South Jefferson St. 12744 Broad Street 516 Boland Street	Milledgeville Sparta Sparta	706-444-1203 706-444-6616	Ollivette Long, Director
Housing Law Enforcement	Sparta Housing Authority Hancock County Sheriff's Office Sparta Police Department Georgia Department of Juvenile Justice	52 Dyer Dr. 67 Spring Court 365 Spring St.	Sparta Sparta Sparta	706-444-0650 706-444-6471 706-444-7555	Rita Rhodes Tomlyn (Terrel) Primus, Sheriff
Legal Services	Georgia Legal Aid Hancock County Clerk of Courts Hancock County Magistrate Court Hancock County Probate Court Hitchcock & Hitchcock Law Office of Barbara S. Boyer	12630 Broad St. Ste 5 12630 Broad St. Ste 3 12630 Broad St. Ste 6 12557 Broad St. 12345 Linton Rd. South	Sparta Sparta Sparta Sparta Sparta	1-800-334-6865 or 404-527-8763 706-444-6644 706-444-6234 706-444-5343 706-444-5747 478-737-9314	
	Ocmulgee District Attorney Ocmulgee Judicial Circuit	121 N. Wilkinson St. Suite 305 P.O. Box 728	Milledgeville Madison	706-484-2987	474-288-7090 Stephen A. Bradley Judge William Prior
	Ocmulgee Juvenile Court Ocmulgee Public Defender Parks and Recreation	P.O. Box 1810 2630 Broad St. 266 Fairmont Road	Milledgeville Sparta Sparta	478-445-7060 478-445-8100 706-444-5746	Judge Phillip Spivey GB Moore III Larry Horton
Health Care Resources	Community Health Care Systems Omar Akhras, MD	675 Hamilton St. 446 Spring St.	Sparta Sparta	706-444-5241 706-444-6521	
Specialty care providers including child maltreatment, dental, developmental disabilities, physical therapy, occupational therapy, speech and language services	Donna A. Benton (Physical Therapy)	446 Spring St.	Sparta	706-444-9200	
In-Home Health Care Providers Dermatology Internal Medicine	Patrice D. Boddie, MD	310 Parkway Dr.	Sparta	706-444-5527	
Dental	Alfred B. Peters, DMD (Sparta Dental Associates)	12900 Broad Street	Sparta	706-444-6886	
Regional healthcare services - providing care across a region of a state or geographic area e.g. federally qualified health center, hospital etc.	Leroy Justice DDS PC (Sparta Dental Associates)	12900 Broad Street	Sparta	706-444-6886	
Rehabilitation and Skilled Nursing Centers	Community Health Care Systems Providence Healthcare Sparta Health and Rehabilitation	675 Hamilton St. 60 Providence St. 11742 Highway 22	Sparta Sparta Sparta	706-444-5241 706-444-7640 706-444-6057	
Visiting nurses In-home health Care Providers Hospice and Palliative Care Providers	Providence Health Care	60 Providence St.	Sparta	706-444-7640	

Discharge Coordinators								
Mental Health Providers								
Complementary and Alternative Health Providers								
Public Health Clinics	Hancock County Health Department	516 Boland Street	Sparta	706-444-6616				
Free Medical Clinics								
Transient Medical Services								
Pharmacies	Webster's Pharmacy	12707 Broad St.	Sparta	706-444-5296			websterspharmacy@bellsouth.net	
Other								
	University of Georgia Hancock County Extension	12534 Augusta Hwy	Sparta	706-444-7573				
	Oconee Fall Line Technical College Hancock County Center	10571 Highway 15	Sparta	706-444-1253				
	Fort Valley State University Extension	12877 Broad St.	Sparta	478-235-8456	Ginger Chastine		chastineg@fvsu.edu	



Appendix E: 2017 Hancock County Health Status Report

Hancock County

Health Status Report

Hancock Health Improvement Partnership and North Central Health District



POPULATION OVERVIEW

2016 POPULATION

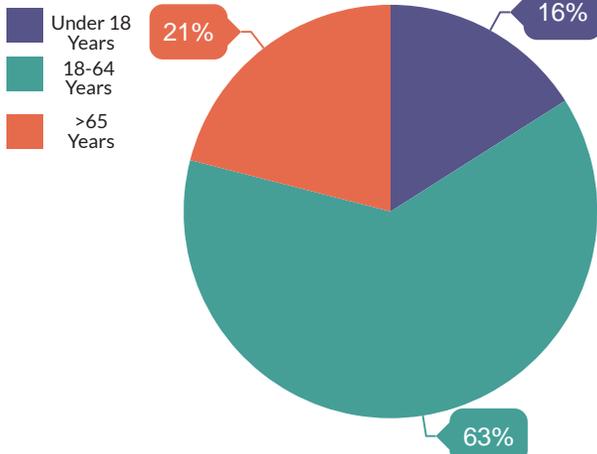
8,640

Number of Total Households **3,341**

9% Decrease in population size over last 5 years.

49% Single Female Family Household with Children

AGEDISTRIBUTION



Hancock County has an ageing population, with a 10% decrease in those under 18 years and a 24% increase in those over 65 years over the last 5 years.

RACE/ETHNICITY



White (24.49%) Black (73.47%) Hispanic (2.04%)

EDUCATION

2015 Graduation Rate

97.2%

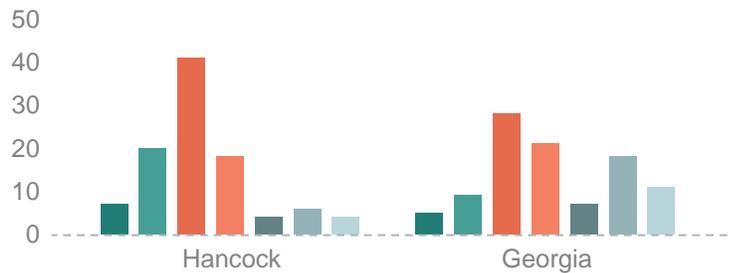


2003 Literacy Rate

31% Lack basic literacy skills

Hancock County has a lower educational attainment than the state of Georgia.

EDUCATIONAL ATTAINMENT



■ Less than 9th Grade
 ■ 9th to 12th grade, no diploma
 ■ High school graduate
 ■ Some college, no degree
 ■ Associate's degree
 ■ Bachelor's degree
 ■ Graduate/Professional degree

HANCOCK COUNTY

Median Income

\$24,925

Unemployment

8.4%

Population in Poverty

30%

Children in Poverty

49%

POVERTY AND RACE

White



Black



Other



Fully Employed, Below Poverty

12.2%

Commute to Work

84.2%

Top Industries

**Education,
Transportation,
Retail**

GEORGIA

Median Income

\$49,620

Unemployment

5.4%

Population in Poverty

18%

Children in Poverty

26%

POVERTY AND RACE

White



Black



Other



Fully Employed, Below Poverty

4.3%

Commute to Work

79.6%

Top Industries

**Education,
Retail,
Manufacturing**

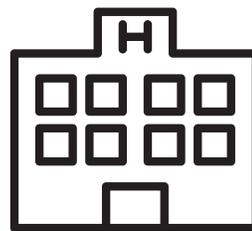
Hancock County is one of the poorest counties in the state of Georgia.

ACCESS TO CARE

21%
of Adults do not have Health Coverage



6%
of Children do not have Health Coverage



27%
of Hospital Stays are Preventable

Hancock County is identified as a Health Professional Shortage Area and a Medically Underserved Area by the Health Resources & Services Administration of the U.S. Department of Health & Human Services.

Ratio of Population to Provider	Primary Care	4,250:1
	Dentists	8,550:1
	Mental Health Providers	4,280:1
	Other Primary Care Providers	4,276:1
Facilities	Hospitals	0
	Urgent Care	0
	Federally-Qualified Health Centers	1
	Public Health Department	1
	Private Clinic	2
	Dentist Office	1

HEALTH BEHAVIORS

OBESITY

31%
of Adults are Obese



Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m². Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

*Information on childhood obesity is unavailable.

ACCESS TO HEALTHY FOODS

There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options.

Food Environment Index ranges from 0 (worst) to 10 (best) and equally weighs 2 indicators: limited access to healthy foods and food insecurity.

HANCOCK COUNTY

3.4



GEORGIA

6.6

PHYSICAL ACTIVITY



28%
of Adults are Physically Inactive

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States, and caused more than 5.3 million of the 57 million deaths that occurred worldwide in 2008.

SMOKING



22%
of Adults are
current smokers

Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.

EXCESSIVE DRINKING

12%
of Adults report
binge or heavy
drinking

Binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.

LEADING CAUSES

MORTALITY

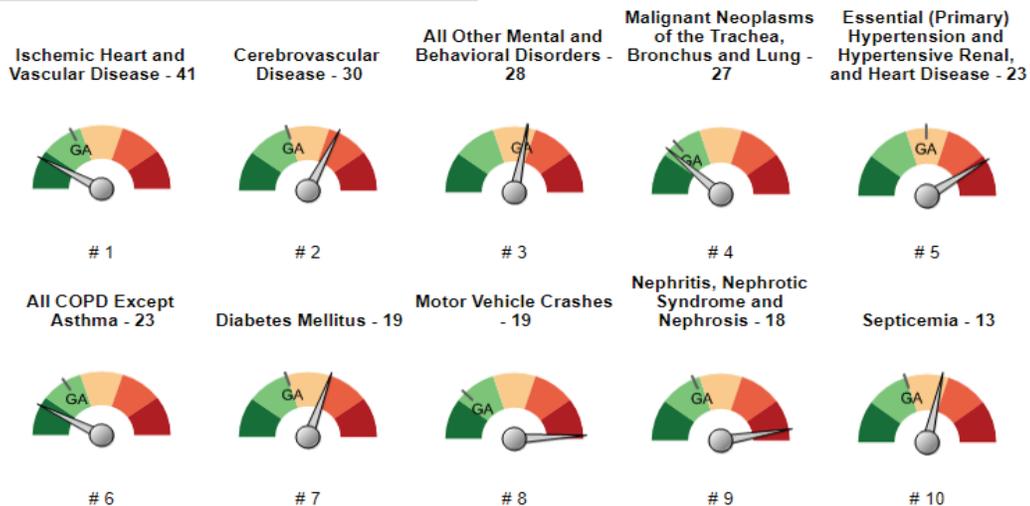
County Comparison with Georgia

Cause	Selected Geography Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Cerebrovascular Disease	2	4
All Other Mental and Behavioral Disorders	3	5
Malignant Neoplasms of the Trachea, Bronchus and Lung	4	2
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	5	7
All COPD Except Asthma	6	3
Diabetes Mellitus	7	8
Motor Vehicle Crashes	8	14
Nephritis, Nephrotic Syndrome and Nephrosis	9	9
Septicemia	10	11

To interpret the Dials: Green=Good, Red=Bad.

The number next to the cause name is the total deaths for the 5 year period. Underneath each dial is the Rank based on the number of events. In sum, the dials show:

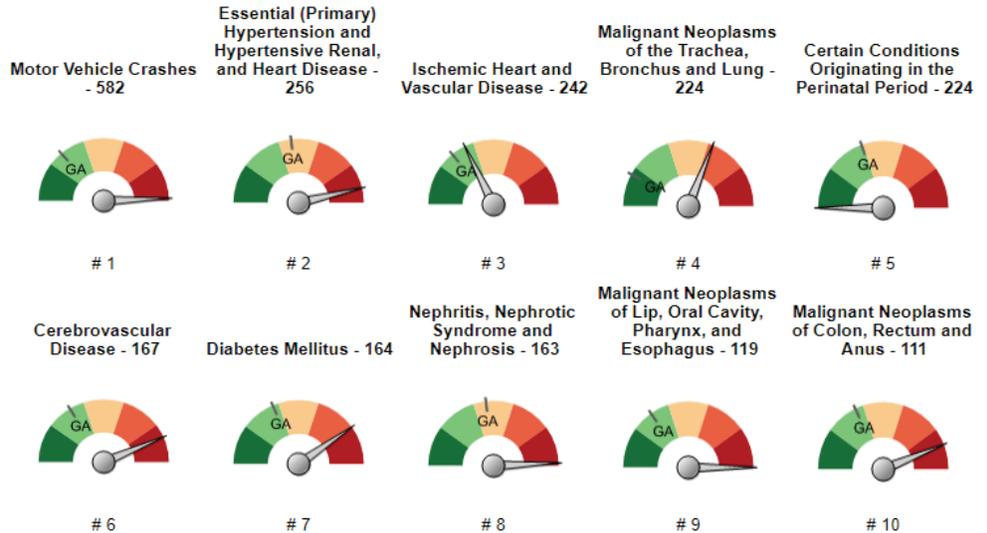
- Rank within County
- Number of total events (deaths)
- How a county compares against the state
- How a county compares against all other counties.



PREMATURE DEATH

County Comparison with Georgia

Cause	Selected Geography Rank	Georgia Rank
Motor Vehicle Crashes	1	2
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	2	8
Ischemic Heart and Vascular Disease	3	1
Malignant Neoplasms of the Trachea, Bronchus and Lung	4	6
Certain Conditions Originating in the Perinatal Period	5	3
Cerebrovascular Disease	6	9
Diabetes Mellitus	7	10
Nephritis, Nephrotic Syndrome and Nephrosis	8	18
Malignant Neoplasms of Lip, Oral Cavity, Pharynx, and Esophagus	9	30
Malignant Neoplasms of Colon, Rectum and Anus	10	15



To interpret the Dials: Green=Good, Red=Bad.

The number next to the cause name is the total deaths for the 5 year period. Underneath each dial is the Rank based on the number of events. In sum, the dials show:

- Rank within County
- Number of total events (deaths)
- How a county compares against the state
- How a county compares against all other counties.

HOSPITALIZATIONS

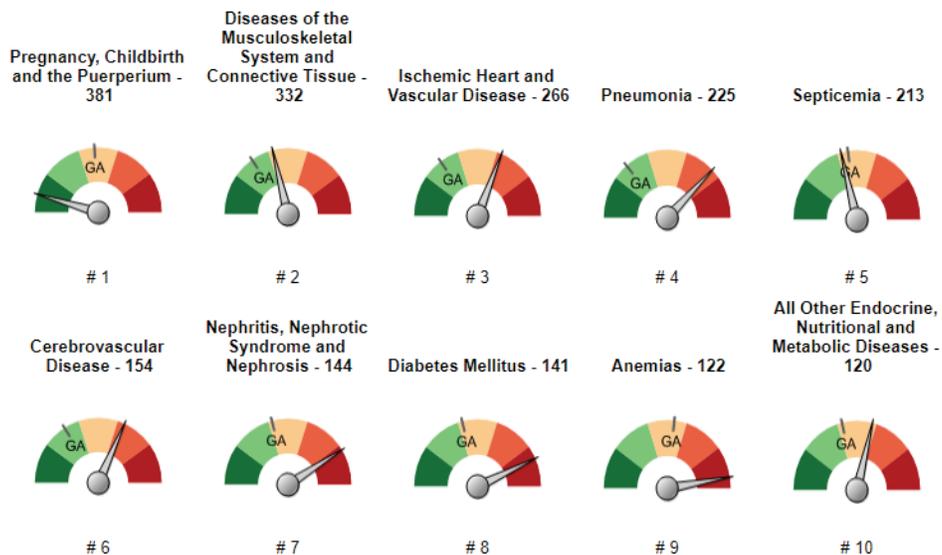
County Comparison with Georgia

Cause	Selected Geography Rank	Georgia Rank
Pregnancy, Childbirth and the Puerperium	1	1
Diseases of the Musculoskeletal System and Connective Tissue	2	2
Ischemic Heart and Vascular Disease	3	5
Pneumonia	4	6
Septicemia	5	4
Cerebrovascular Disease	6	7
Nephritis, Nephrotic Syndrome and Nephrosis	7	13
Diabetes Mellitus	8	11
Anemias	9	15
All Other Endocrine, Nutritional and Metabolic Diseases	10	10

To interpret the Dials: Green=Good, Red=Bad.

The number next to the cause name is the total deaths for the 5 year period. Underneath each dial is the Rank based on the number of events. In sum, the dials show:

- Rank within County
- Number of total events (hospitalizations)
- How a county compares against the state
- How a county compares against all other counties.



EMERGENCY DEPARTMENT VISITS

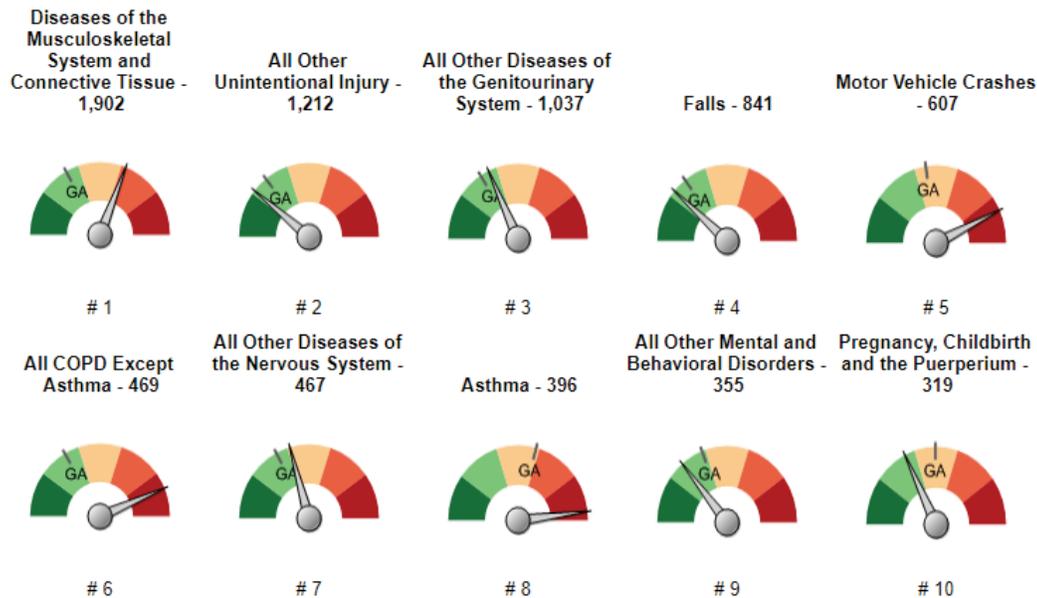
County Comparison with Georgia

Cause	Selected Geography Rank	Georgia Rank
Diseases of the Musculoskeletal System and Connective Tissue	1	2
All Other Unintentional Injury	2	1
All Other Diseases of the Genitourinary System	3	3
Falls	4	4
Motor Vehicle Crashes	5	5
All COPD Except Asthma	6	10
All Other Diseases of the Nervous System	7	6
Asthma	8	9
All Other Mental and Behavioral Disorders	9	8
Pregnancy, Childbirth and the Puerperium	10	7

To interpret the Dials: Green=Good, Red=Bad.

The number next to the cause name is the total deaths for the 5 year period. Underneath each dial is the Rank based on the number of events. In sum, the dials show:

- Rank within County
- Number of total events (visits)
- How a county compares against the state
- How a county compares against all other counties.



CARDIOVASCULAR DISEASE

277

deaths associated with cardiovascular disease per 100,000 population from 2012-2016, with black males and females having a higher risk than their white counterparts.

18%
of all
Hospitalizations
are due to Heart
Disease



4%
of all Emergency
Room Visits are
due to Heart
Disease

Cardiovascular disease (CVD) is the leading cause of death, hospitalization, and years of potential life lost in the district and it is the leading cause of disability in the U.S. The cost of CVD in the U.S. is estimated at \$444 billion, and treatment accounts for \$1 for every \$6 spent on health care. CVD includes all diseases of the heart and blood vessels; such as obstructive heart disease, stroke, high blood pressure, hypertension, atherosclerosis, and aortic aneurysms. Risk factors of CVD include high cholesterol, high blood pressure, diabetes, and behavior and lifestyle choices such as tobacco use, diet, physical activity, obesity, and alcohol. Family history of CVD can also make an individual more susceptible.

CANCER

161 deaths associated with cancer per 100,000 population from 2012-2016, with black males and white females having a higher risk than their counterparts.

3%
of all
Hospitalizations
are due to
Cancer

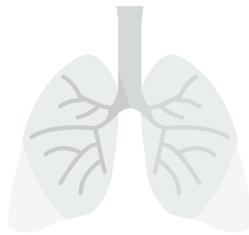


Lung, Prostate, and Breast Cancers
are the leading
causes of cancer
in Hancock
County

Cancer is a disease in which cells divide abnormally without control and can invade adjacent tissues. The cells can also metastasize and spread to other parts of the body through the blood and lymphatic system. Nearly 2/3 of cancer deaths are associated with behavioral factors such as tobacco use, diet, obesity, and lack of physical activity.

RESPIRATORY DISEASE

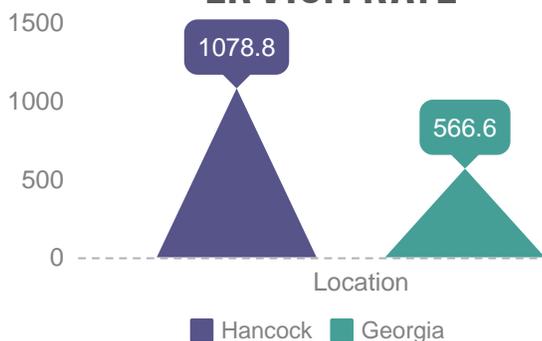
13%
of all
Hospitalizations
are due to
Respiratory
Disease



13%
of all Emergency
Room Visits are
due to
Respiratory
Disease

ASTHMA

ASTHMA RELATED ER VISIT RATE



Asthma related ER visits occur at a higher rate in Hancock County when compared to the state. Youth (1-12 years) have the highest rates, with Black youth having higher rates of asthma er visits than compared to white youth.

Asthma is a chronic respiratory disease that affects the lungs. It causes recurring incidents of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by medication and by staying away from environmental triggers that can cause an attack. Common asthma triggers include tobacco smoke, dust mites, pollution, cockroaches, pets, and mold.

PNEUMONIA

30 deaths associated with pneumonia per 100,000 population from 2012-2016, with the deaths only affecting those over 65 years.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages and is caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. There are vaccines available that prevent pneumonia.

DIABETES

Diabetes mellitus is a disease characterized by high blood sugar levels. It is the result of the body's inability to produce and/or use insulin made by the pancreas. It can cause serious health complications including heart disease, blindness, kidney failure, and lower extremity amputations. Risk factors which contribute to the development of adult onset diabetes (type 2) include older age, obesity, genetics, history of pregnancy related diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity.

88%

Medicare enrollees ages 65-75 that receive HbA1c monitoring.

Black females have the highest Diabetes related ER visit rates and Black males have the highest Diabetes related hospitalization rates.

DIABETES RELATED ER VISIT RATE



SEXUALLY TRANSMITTED DISEASES

CHLAMYDIA

12TH HIGHEST

Rate of Chlamydia out of the the 159 counties in Georgia

Black males and females have higher rates of Chlamydia in Hancock County.

GONORRHEA

42ND HIGHEST

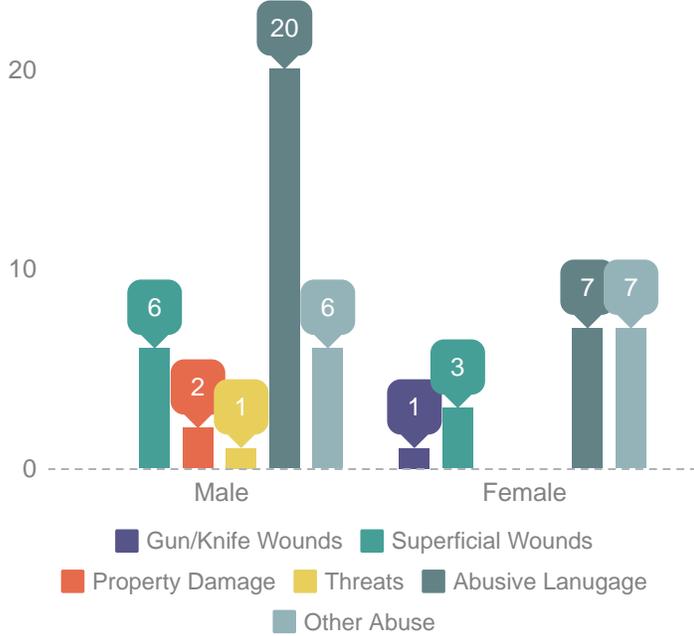
Rate of Gonorrhea out of the the 159 counties in Georgia

Black males and females have higher rates of Gonorrhea in Hancock County.

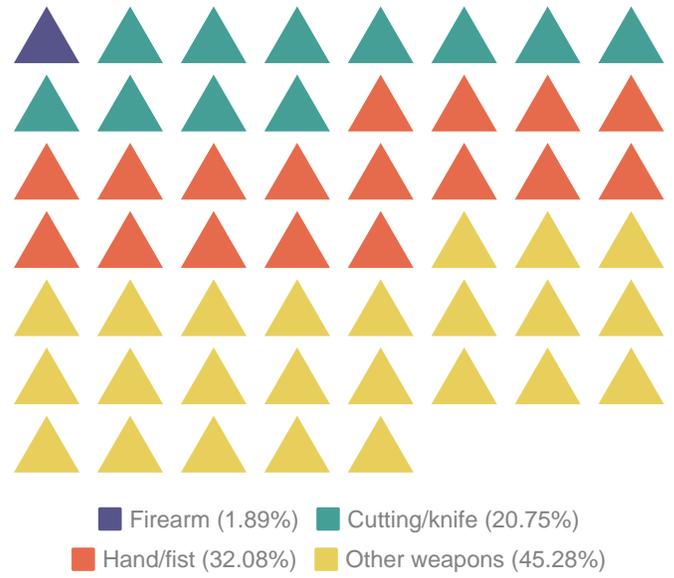
CRIME AND SAFETY

FAMILY VIOLENCE

ABUSE TYPE BY AGRESSOR GENDER

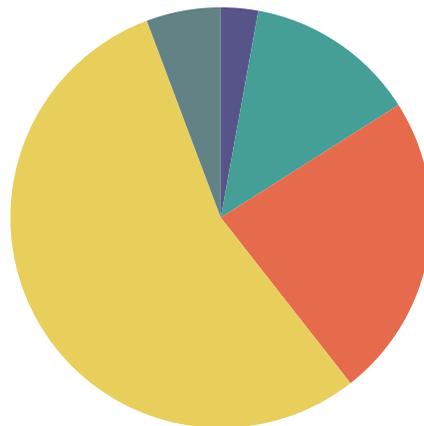


TYPE OF WEAPONS USED



CRIME

CRIMES BY TYPE OF OFFENSE



■ Robbery (2.86%)
 ■ Assault (13.14%)
 ■ Burglary (23.43%)
■ Larceny (54.86%)
 ■ Vehicle Theft (5.71%)

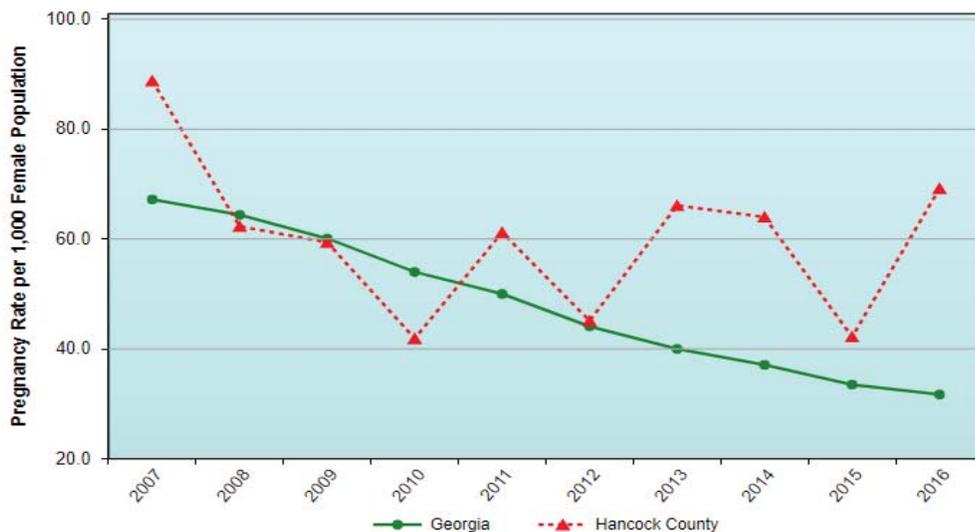
MATERNAL AND CHILD HEALTH



69

There are 69 teenage pregnancies for every 1,000 females aged 15-19 years old

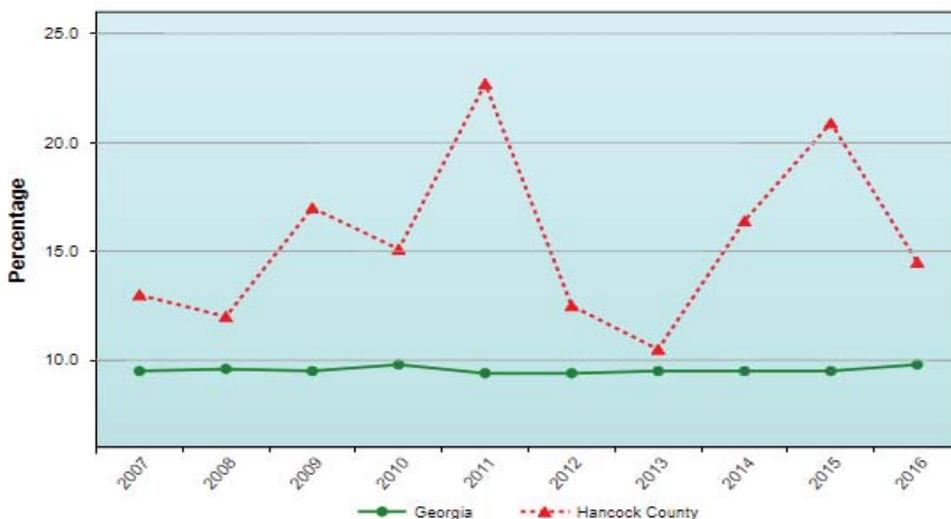
Pregnancy Rate, 15-19 Years of Age, Selected Geographies, GA, 2007-2016



15%

of Births have a Low Birthweight

Percent Low Birthweight, Selected Geographies, GA, 2007-2016



11

There are 11 infant deaths for every 1,000 Births



12%

of mothers who did NOT receive any type of Prenatal Care



24%

of Births occur Less than 2 Years Apart

MENTAL HEALTH



10%

of Medicaid-enrolled Adults in Hancock County have been diagnosed with depression.

*There may be other adults who may have the condition but not diagnosed.

4.3%

of Medicaid-enrolled Adults in Hancock County have had psychological services at least once during the year.

3%

of all Hospitalizations are due to Mental and Behavioral Disorders



3%

of all ER Visits are due to Mental and Behavioral Disorders

Sources:

<https://oasis.state.ga.us/>

<http://www.countyhealthrankings.org/>

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

<https://www.bls.gov/lau/>

<https://www.healthanalytics.gatech.edu/>

cdc.gov

<http://northcentralhealthdistrict.org/health-assessment-and-improvement/>

Created by Amber Erickson, Director of Epidemiology and Assessment, North Central Health District, Macon, GA

For additional information: <http://northcentralhealthdistrict.org/health-assessment-and-improvement/>



Appendix F: Hancock County Community Themes and Strengths Assessment



Hancock Health Improvement Partnership

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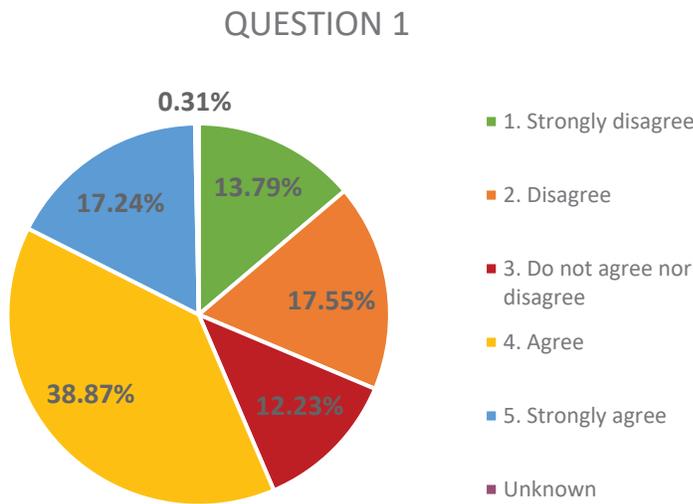
Hancock County, Georgia

Community Themes & Strengths Assessment

Data Summary

Graphs and percentages are representative of 319 surveys administered on paper and online between August and December 2017. Quotes and descriptions are representative of a focus group among 12 Hancock Health Improvement Partnership members. Demographic information is inclusive of a total of 331 assessment respondents including 319 survey participants and 12 focus group participants.

QUESTION ONE: I am satisfied with the quality of life in Hancock County. I feel safe, have a good sense of well-being, and can participate in my community.

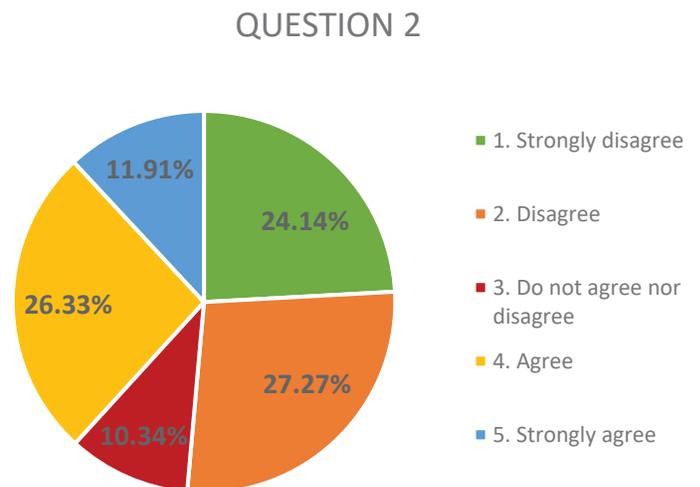


Over half of respondents indicated that they are satisfied with the quality of life in Hancock County. 56.11% of survey respondents indicated that they “Strongly agree” or “agree” that they are satisfied with the quality of life in Hancock County. 31.34% of respondents indicated that they “Strongly disagree” or “Disagree” that they are satisfied with the quality of life in the county. Focus group respondents stated, “I’m satisfied, but think we can have more,” and “I’m content, but feel like there are things to work out,” indicating feeling that there is room for improvement. In discussion, four primary categories of need were identified: activities within the county

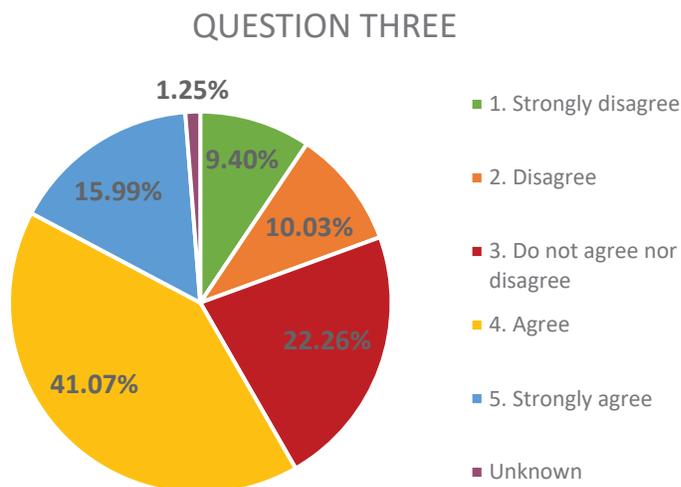
(i.e. for children), health resources, jobs and economic resources, and places to shop (i.e. grocery stores).

QUESTION TWO: I am happy with Hancock County’s health care system. Health care is affordable and accessible, and I am content with options for health care in Hancock County.

Over half (51.41%) of respondents indicated that they either “Strongly disagree” or “Disagree” that they are happy with Hancock County’s healthcare system, while 38.24% indicated that they “Strongly agree” or “Agree” that they are happy with Hancock County’s health care system. In a focus group discussion, respondents indicated a great need for an urgent care. There is no hospital and no full-time doctors. Local health resources include the health department, the FQHC, two private clinics and one dentist office. Several respondents indicated that they have to leave the county to visit their primary care doctor. There was a voiced need for prenatal care leading up to delivery within the county.



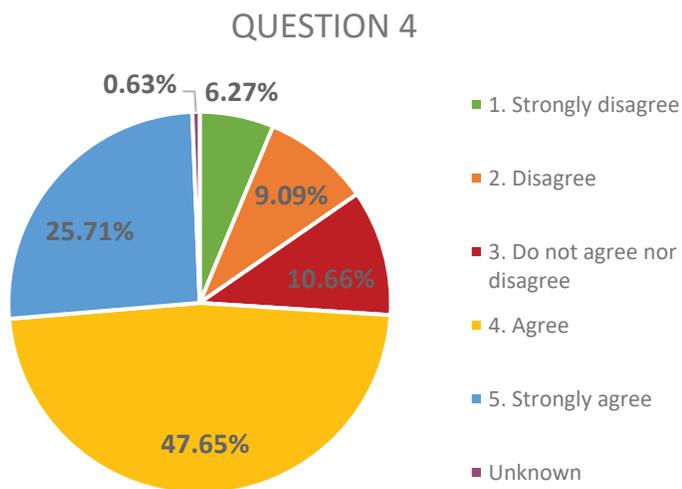
QUESTION THREE: Hancock County is a good place to raise children.



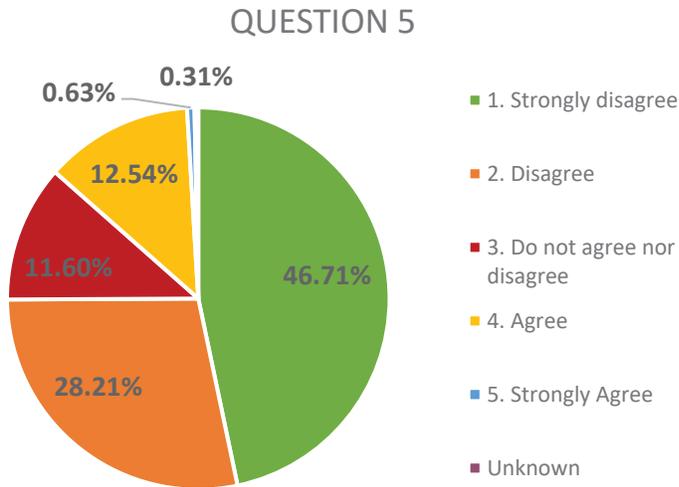
Over half of survey respondents (57.06%) indicated that they agree that Hancock County is a good place to raise children. In focus group discussion, respondents described that the community is a safe place, which contributes to a positive environment for children. One area for improvement identified in discussion is a need for more after school and extracurricular activities for children, particularly outside of Sparta.

QUESTION FOUR: Hancock County is a good place to grow old.

Nearly three-quarters (73.36%) of survey respondents indicated that Hancock County is a good place to grow old. In a focus group setting, respondents answered with an emphatic “yes.” Hancock County has a large senior citizen program with a senior citizen center. It was stated in discussion that when other counties decreased their budget for senior citizen programs, Hancock County increased it.



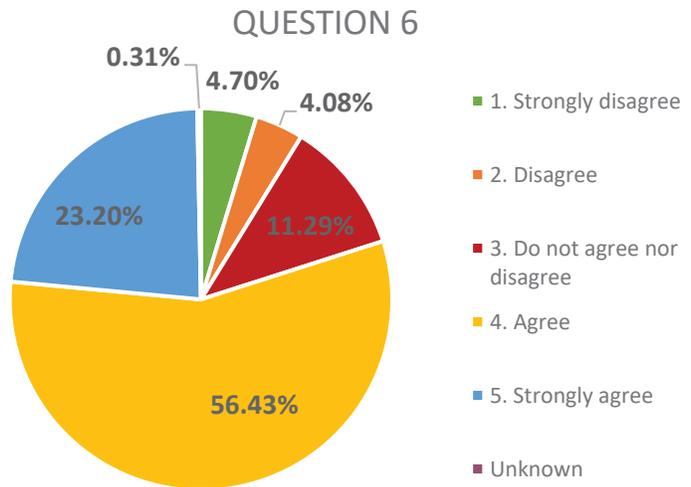
QUESTION FIVE: Hancock County has economic opportunity. There are opportunities for jobs, career growth, and education.



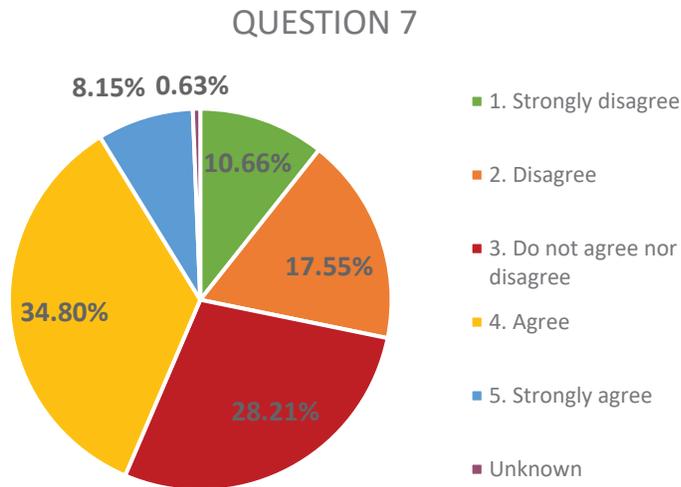
74.92% of respondents indicated that they disagree that Hancock County has economic opportunity, while 13.17% of respondents indicated that they agree the county has economic opportunity. Focus group discussion submitted that Hancock County does have affordable housing, but is limited in employers. Many residents have to drive outside of the county for work. There are not a lot of locally owned businesses. Respondents indicated a desire for the county to encourage and support small business.

QUESTION SIX: Hancock County is a safe place to live.

79.63% of survey respondents identified Hancock County as a safe place to live. In a focus group, one respondent stated, “Yes; it is a safe community. No concerns around safety.”



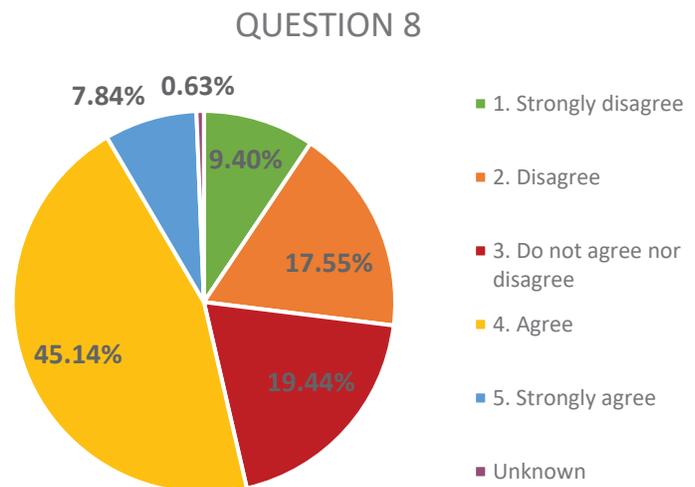
QUESTION SEVEN: The Hancock County community provides support for individuals and families in times of need.



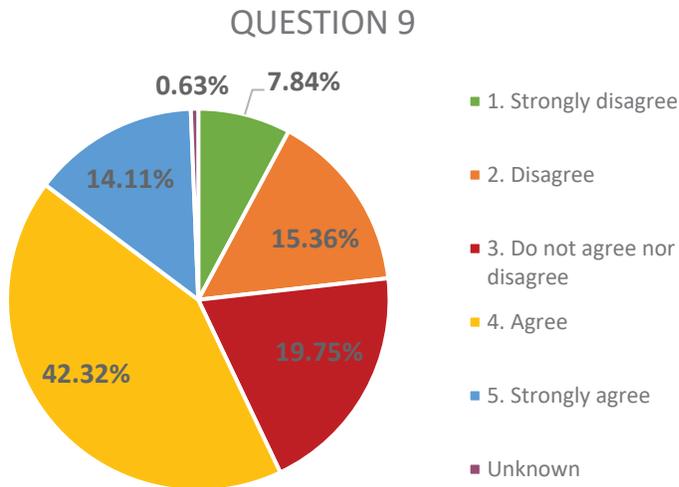
42.95% of survey respondents responded that they “Strongly agree” or “Agree” that the Hancock County community provides support for individuals and families in times of need. In focus group discussion, the faith-based community was noted as a strong support system. Additional resources include counselors in the school and at the prison, as well as rescue and fire personnel. DFCS and Helping Hands provide food and financial support to those in need. Family Connection – Communities in Schools has a resource guide available with community resources listed.

QUESTION EIGHT: All people and groups in Hancock County have the opportunity to contribute to and participate in Hancock County’s quality of life.

26.95% of survey respondents indicated that they “Strongly disagree” or “Disagree,” while 52.98% indicated that they “Strongly agree” or “Agree.” In focus group discussion, the barriers of communication and awareness were brought up. It was stated that there is a gap in communication because not everyone has access to the internet or social media, not everyone reads the newspaper, and not everyone has access to a radio or television. Because of this, people do not always know about opportunities to contribute. Suggested ways to improve included more news and outlets of communication.

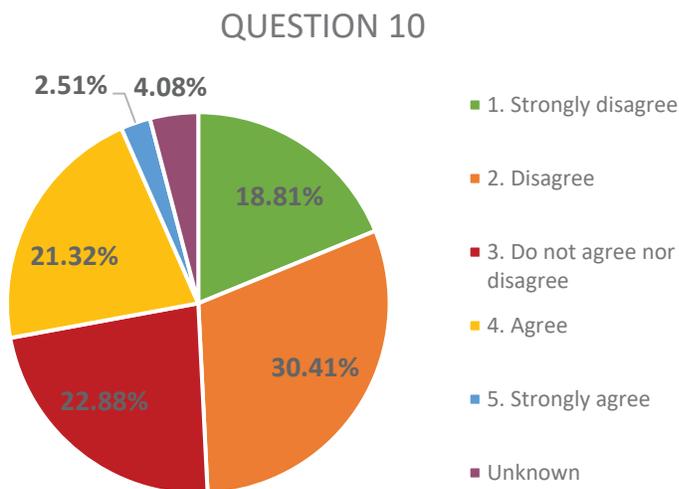


QUESTION NINE: All residents in my community believe that they can make Hancock County a better place to live.



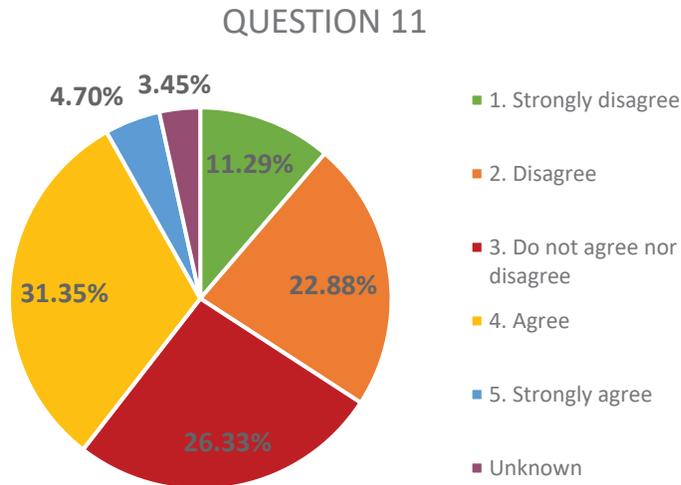
56.43% of survey respondents indicated that they “Strongly agree” or “Agree” that all residents in their community believe they can make Hancock County a better place to live. In focus group discussion, participants brought up that there is some division between specific groups in the community. Individuals submitted that because of this division, people do not realize that they can make a difference.

QUESTION TEN: There are a variety of resources available in Hancock County.



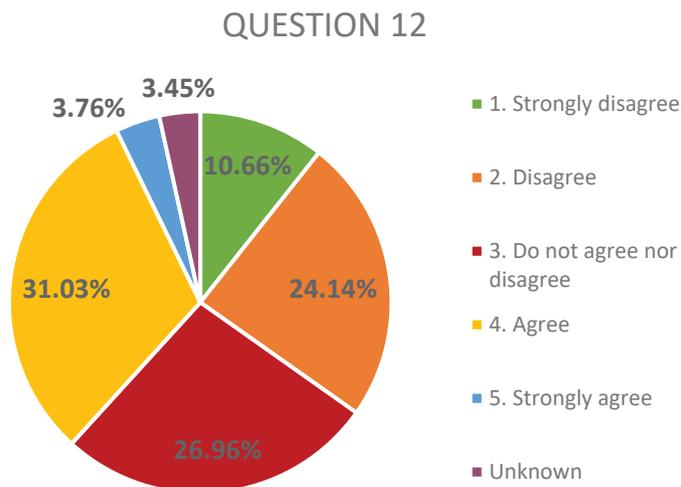
23.83% of survey respondents indicated that they “Strongly agree” or “Agree” that there are a variety of resources available in Hancock County, while 49.22% of survey respondents indicated that they “Strongly disagree” or “Disagree” that a variety of resources are available in the county. In focus group discussion, the topics of water access and safety, Wi-Fi access, medical facilities, transportation, and miscellaneous health resources were discussed, among others. The need for an urgent care was stated as the highest and best opportunity.

QUESTION ELEVEN: My community members trust and respect each other and can work together.



36.05% of survey respondents responded that they either “Strongly agree” or “Agree” that community members trust and respect each other and can work together, while 26.33% responded that they “Do not agree nor disagree,” and 34.17% indicated that they “Strongly disagree” or “Disagree.” In focus group discussion, participants described that community members generally come together for the common good of the community and that members generally trust each other. However, participants indicated feelings that, “We’re not at where we need to be.”

QUESTION TWELVE: My community has an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments.



34.79% of survey respondents indicated that they “Strongly agree” or “Agree” that their community has an active sense of civic responsibility and engagement. Focus group discussion submitted that the community does participate in voting and has an approximate 50% voting rate. However, very few community members attend county commission or board meetings. Individuals would like to see more involvement from the community.

TOP SIX RISKY BEHAVIORS

- 1. ALCOHOL ABUSE**
 - 2. DRUG ABUSE**
 - 3. BEING OVERWEIGHT**
 - 4. POOR EATING HABITS**
 - 5. LACK OF EXERCISE**
 - 6. DROPPING OUT OF SCHOOL**
-

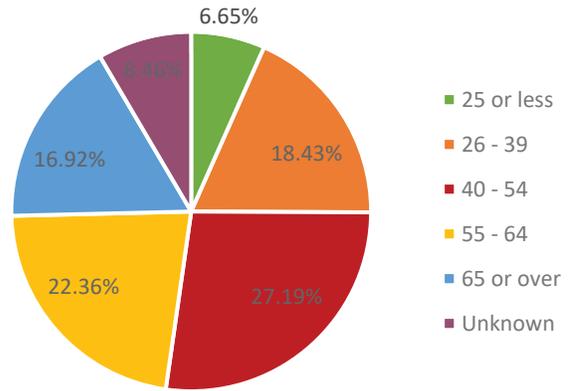


DEMOGRAPHIC DATA

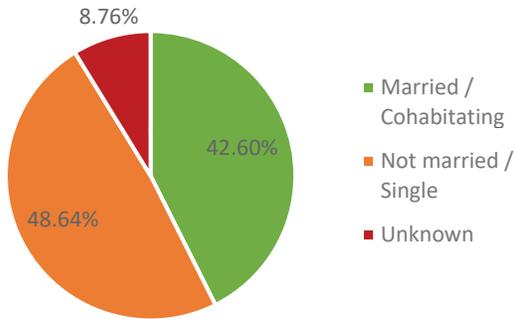
ZIP CODE

83.99% of participants are residents of the **31087** zip code. **7.55%** live in other zip codes, and **8.46%** remain unknown.

AGE



MARITAL STATUS



SEX

FEMALE: 54.38%
MALE: 11.18%
UNKNOWN: 34.44%

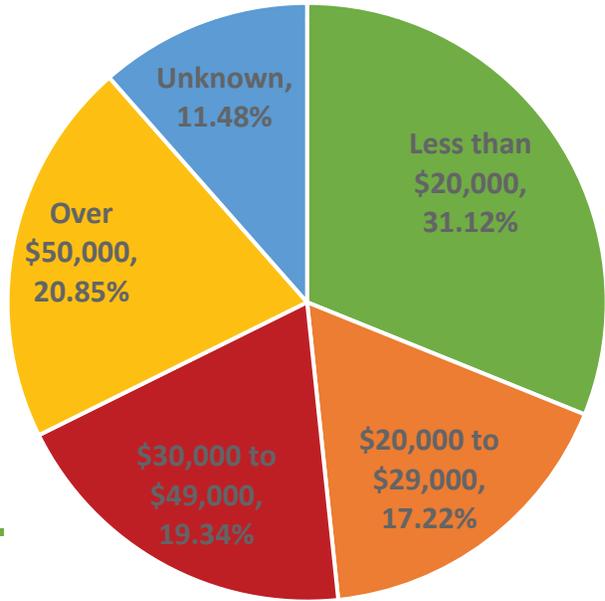
RACE or ETHNICITY

African American / Black	72.51%
White / Caucasian	15.11%
Asian / Pacific Islander	0.30%
Hispanic / Latino	0.30%
Native American	0.30%
Other	1.81%
Unknown	9.67%

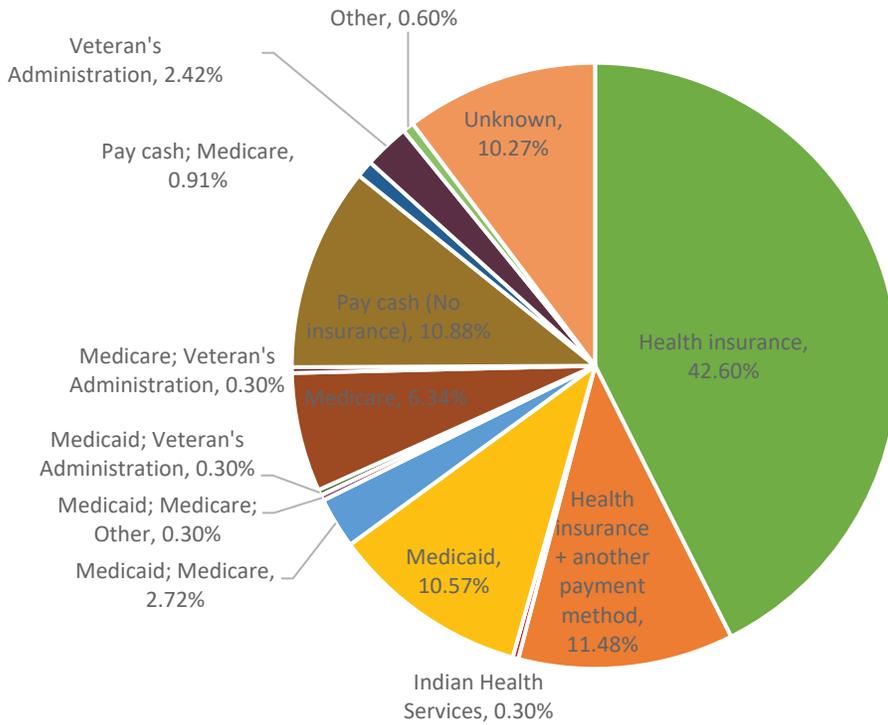
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INCOME

EDUCATION	
Less than high school	2.72%
High school diploma or GED	32.63%
College degree or higher	25.38%
Other	2.72%
<i>Unknown</i>	36.56%



HEALTHCARE PAYMENT METHODS



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Appendix G: Potential Categories of Health Equity Indicators – *The Two Georgias Initiative*

Potential Categories of Health Equity Indicators– The Two Georgias Initiative

1. Economic Factors
 - a. Poverty
 - b. Employment
 - c. Income
 - d. Income inequality
 - e. Housing and transportation affordability
 - f. Child care accessibility
 - g. Food security
2. Education Factors
 - a. Academic achievement
 - b. Language and literacy
 - c. Early childhood education and development
 - d. Infrastructure and capacity
 - e. School environments
 - f. Health education
3. Social Factors
 - a. Social cohesion/collective efficacy/social capital
 - b. Civic participation/engagement/governance
 - c. Social mobility
 - d. Discrimination
 - e. Incarceration
 - f. Segregation
 - g. Family/social support
4. Health and Health Care
 - a. Health care utilization & access
 - b. Health care infrastructure
 - c. Quality of care
 - d. Provider training
 - e. Public health
5. Neighborhood & Built Environment
 - a. Food environment and agriculture
 - b. Housing and transit (community-level factors)
 - c. Safety, crime, violence, and policing
 - d. Environmental conditions
 - e. Other amenities
6. Health Behaviors
 - a. Tobacco Use
 - b. Diet and exercise
 - c. Alcohol and drug use
 - d. Sexual activity
7. Health Outcomes
 - a. Life expectancy
 - b. Quality of life
 - c. Mental health
 - d. Health conditions (morbidity/mortality)
 - e. Infant/child health

Sources:

- a. Healthy People 2020
- b. County Health Rankings
- c. National Equity Atlas
- d. Prevention Institute
- e. Commonwealth Fund
- f. Bay Area Regional Health Inequities Initiative
- g. National Committee for Vital and Health Statistics
- h. Metro Atlanta Equity Atlas

Considerations:

- sensitivity of indicators to change
- availability of data and/or cost of data collection
- possible comparisons & unit of analysis

Determinants of Health

Major and Minor Indicator Categories	Indicator	Source(s)
Economic Factors		
Poverty	Persons in poverty	ag
	Children in poverty	ab
	Households below poverty line, change in % 2000-2010	h
	Neighborhood poverty	c
	Poverty	c
	Working Poor	c
	Population receiving misc. government benefits	f
	Proportion of X population in poverty (among Black, Foreign-born, Hispanic, and white populations, and overall)	h
	Among total population living in poverty, percent by race	h
Employment	Children 0-17 years living with ≥1 parent employed year round, full time	a
	Total employment (by race, sex, industry, etc.)	fh
	Unemployment	bcfgh
	Workplace safety (composite measure)	d
	Commute time/job accessibility	cg
	Youth not working or in school	c
	Education levels & job requirements	c
	Job training and wait lists	g
	Annual employer payroll change, and industry share of total	h
	Average company size, by paid employees	h
	Employer establishments, total count and by industry	h
Income	Local wealth (composite measure)/ total community income	dg
	Income growth	c
	Job and wage growth	ch
	Job and GDP growth	c
	Employed people making a wage below area living wage	f
	High earnings (more than \$3,333 per month)	h
	Low paying jobs (below \$1250 per month)	h
	Net worth	g
	Wages: Median, average, median household income, overall and by industry	ch
	Wages: \$15/hr	c
	Income below \$40k per year	h
	Income greater than \$200k per year	h
	Commuter income, all modes and by different modes of travel	h
Income Inequality	Income Inequality/distribution	bfg
	Change in income distribution	f
	Gini Index	cdf
	95/20 ratio	c
Housing & Transportation	Proportion HH that experience housing cost burden	a
	Proportion HH that spend >30% of income on housing	afg
	Proportion HH earning <200% poverty, spend >30% income on housing	a
	Proportion all HH spend >50% of income on housing	afg

Major and Minor Indicator Categories	Indicator	Source(s)
	Proportion renter HH that spend >50% income on housing	a
	Home ownership, change in	ch
	Housing burden (high cost)	c
	Multiple: public housing units, qualified pop, etc.	f
	Housing index	d
	Car access, workers with auto access	ch
	Multi-vehicle households	h
	Vehicles per household	h
	Zero vehicle households	h
	Affordability of transportation and housing (index)	dh
	Median home price	g
	Median contract rent, and change in (2000-2010)	h
	Median home value, and change in (2000-2010, 2009-2011)	h
	Low income housing inventory	h
	Median rent + utilities	h
	Median rental rates	h
	Median utilities cost	h
	Ownership costs as a percentage of income	h
	Rent as a percent of income	h
	Utilities share of total rent cost	h
Housing unit change rate (e.g., % growth in # of housing units)	h	
Housing unit change, count	h	
Child Care Accessibility	% families say it's hard to find the child care needed	d
	# after school slots per 100 low-income children	f
	# subsidized licensed center/family child care slots/100 low-income youth	f
Food Security	Very low food security among children, past 12 mo (% HH)	a
	Households with food insecurity, past 12 mo	ag
	Ability to afford enough food	f
	% foregoing meals from poverty subgroup	f
Education Factors		
Academic Achievement	High school graduation/rate	abfgh
	Proportion HS completers enrolled in college the following October	a
	Some college	b
	Graduated bachelor degree	fh
	Academic achievement (composite)	d
	Math attainment	g
	Adequate yearly progress	h
	Hope eligibility, overall and by household income	h
Subpar English language arts, reading scores	h	
Language/ Literacy	Language and literacy	a
Early Childhood	Early childhood education and development	af
Infrastructure & capacity	Funding for early education	g
	Child care	g
	Teachers per student in public schools, student-teacher ratio	gh
	Number of public school teachers	h
	Educational attainment of teachers with a PhD	h
School Environment	School poverty	c

Major and Minor Indicator Categories	Indicator	Source(s)
	School environment index	d
Health Education	Schools providing health education (numerous topics)	a
	Schools with nurse-to-student ratio of at least 1:750 (overall and by school-high, middle, elementary)	a
	% college/university students receiving information (numerous topics)	a
	Students receiving formal sex education (various topics)	a
Social Factors		
Social Cohesion/ Collective Efficacy/ Social Capital	Social cohesion/inclusiveness	ag
	Collective efficacy	d
	Community readiness (composite)	d
	Residents who trust their neighbors	g
	Neighborhood connections (resiliency)	g
Civic Participation/ Engagement/ Governance	Persons eligible to participate in elections who are registered to vote	afg
	Persons eligible to participate in elections, who are registered, and report voting in most recent Nov election/ % who vote	ag
	Civic engagement	d
	# community organizations/1000 residents	f
	Public meeting attendance	g
	Stakeholder engagement for developing regulations	g
	Public trust in government	g
Social Mobility	Open data	g
	% residents from traditionally marginalized communities in positions of influence	d
Discrimination	Residential mobility	g
	Discrimination	a
	Community trauma (composite)	d
Incarceration	Racism, various: hiring, retention, promotion; criminal sentencing	f
	Proportion children ever lived with parent who has served time in jail or prison	a
	Incarceration	df
Segregation/ Inclusiveness	Index of dissimilarity	d
	Diversity index	f
	Perceived racial inclusiveness	g
Family/Social support	Children in single parent households	b
	Social associations	b
	Family/social support	d
Health and Health Care		
Health Care Access and Utilization	Health insurance coverage	g
	Lack of health/prescription drug insurance	abe
	Payment for health care services (govt vs private insurance, self-pay)	f
	% persons unable to obtain or delaying needed medical care, dental care, or prescription medications (factors combined and separate) tests or tx	af
	% persons with a usual primary care provider	a
	Adults without a usual source of care	ae
	% patients that can access a place they call their "medical care home" within two weeks' time	d
	Adults who went without care because of cost, past yr	e
	Adults without a dental visit, past yr	e

Major and Minor Indicator Categories	Indicator	Source(s)
	At-risk adults w/o routine doc visit, past 2 yrs	e
	Adults without age-/ gender- appropriate cancer screenings	e
	Adults without age-appropriate vaccines	e
	Children without a medical home	e
	Children without medical and dental preventive visit, past yr	e
	Children ages 19-35 mo without all recommended vaccines	e
	Individuals <65 with high out-of-pocket medical costs vs. annual HH income	e
	Preventable hospital stays	bg
	Unnecessary emergency department visits	f
Health Care Infrastructure	Hospital care (charity care provided)	g
	Overall emergency department wait time exceeds recommended time frame, by level, 1-5	a
	Family planning clinics	a
	Primary care physicians	b
	Dentists	b
	Mental health providers	b
	Community-based organizations providing primary prevention services	a
Quality of Care	% pregnant women receiving early & adequate prenatal care	a
	Diabetes monitoring	b
	Mammography screening	b
	Patient satisfaction with medical encounters as a measure of culturally and linguistically appropriate care	d
	Elderly patients who received a high-risk prescription drug	e
Provider Training	Schools with course content in counseling for health promotion/ disease prevention (and other population health topics): % MD-granting medical schools % DO-granting medical schools	a
	Programs with course content in counseling for health promotion/disease prevention (among numerous other population health topics): % undergrad nursing program % nurse practitioner program % physician assistant program % pharmacist program % dentist training	a
	% Health professions educ programs w/ inter-professional educ experiences	a
	# medical schools that integrate healthcare disparities and community learning throughout entire curriculum and training	d
Public Health	Investment in prevention	g
	Public health capacity	g
Neighborhood & Built Environment		
Food Environment and Agriculture	Access to healthy foods	a
	Retail/food environment index/food store availability	bdfgh
	Density of fast food stores	f
	Alcohol outlet density	df
	Density of tobacco outlets	f
	Food deserts	g
	Food safety	g
	Value of production (market value of crops)	g

Major and Minor Indicator Categories	Indicator	Source(s)
Housing and Transit (Community Level Factors)	Occupied housing units with moderate or severe physical problems	a
	Severe housing problems	b
	Household type (family structure/living arrangement)	f
	Household size	h
	Driving alone to work	bh
	Long commute - driving alone	b
	Commuter travel time, all modes and by different modes of travel	h
	Daily vehicle miles traveled (aggregate and by car)	h
	Commuting workforce (employed outside the home)	h
	Workforce traveling in personal vehicles	h
	Commuting mode choice (carpooling, driving alone, public transit)	h
	Mobility and transportation (index)	d
	Traffic proximity/volume by average income/racial makeup of community	g
	Traffic density	g
	Transportation funding by mode	g
	Bike lanes and paths (linear miles)	gh
	Accessibility to transit (location of transit stops)	g
	Linear walking distance to heavy rail stations, bus stops	h
	Public transit score	g
	Trends in public funding for housing	g
	Overcrowding (median # persons living in HH)	g
	Health & safety violation	g
	Median age of house	g
	Single family detached unit prevalence	h
	High density housing	h
	Aging infrastructure (e.g., % of homes older than 70 years)	h
	Developing neighborhoods (new construction, under 10 years old)	h
	Owner occupied housing	h
	Renter occupied housing	h
	Abandoned under contract rentals	h
	Foreclosures, change in rates (2008-2010, 2010-2012)	h
	Housing occupancy rates	h
Housing unit vacancy, rate	h	
Vacancy rate change	h	
Vacant homes for rent	h	
Vacant homes for sale	h	
Vacant sold homes	h	
Safety, Crime, Violence & Policing	Public perceptions of safety/access in neighborhood	fg
	Broken window index	f
	Persons residing within 1-hr of a trauma center	a
	Violent crime	bg
	Gun violence	g
	Injury deaths	b
	Safe place to walk w/in 10 min of home	d
	Community safety scorecard	d
	Crime reports rate by type (violent and/or property)	f
	Domestic violence and death, domestic sexual abuse, spousal abuse	Fgh
# abused or neglected children, child abuse rate	gh	

Major and Minor Indicator Categories	Indicator	Source(s)
	Traffic accidents	g
	Cyclists involved in traffic accidents	g
	Funding for police departments	g
	Lethal force use by police	g
	Sentencing (life, death, incarceration, inmate release, probation)	h
	Family violence arrests	h
	Convictions, numerous (e.g., arson, assault, burglary, various drugs, larceny, murder, rape, robbery, vehicle theft)	h
	Juvenile justice (age of consent violations, drug crimes, property crimes, public order, sexual assault, traffic crime, weapon crime, violent crime)	h
	Juvenile crime demographics (e.g., age under 13, race/ethnicity, gender, percent served)	h
Environmental Conditions	# days Air Quality Index >100/ air quality	ag
	Water quality	ag
	% trips to work by bicycling/ walking/ mass transit	ag
	% person who telecommute	a
	# airborne toxic emission, various sources (in tons)	a
	% persons receiving safe drinking water from community systems	a
	# waterborne disease outbreaks in community water systems/contaminants in drinking water	af
	Exposure to heavy metals (adults, children)	a
	Exposure to toxins (various)	a
	Exposure to pesticides (various)	a
	Indoor allergen levels (various causes)	a
	Homes with radon mitigation/ resistant technologies	a
	Schools w/ toxin plans (various)	a
	School inspections (lead, bacteria)	a
	Air pollution-particulate matter	bh
	Drinking water violations	b
	Air pollution exposure	c
	Air pollution unequal burden	c
	Pollution burden score (index)	d
	Peak concentration of CO, lead, NOx, SO2, PM10, PM2.5	f
	Impervious surfaces (e.g., % ground covered with)	g
	Other Amenities	Ground level ozone
Air pollution sites		h
Land pollution sites		h
Water pollution sites		h
Physical activity index		d
Opportunities for engagement with arts, music and culture (index)		d
Per capita dollars spent for park space per city/ neighborhood		d
Complete/livable communities (index)		d
Access to exercise opportunities		b
Availability of key public services		f
Availability of key retail services		f
Availability of theaters, arenas, meeting halls, public rooms	f	
% pop live within ½ mile of park, beach, open space	f	
Walkability score	g	

Major and Minor Indicator Categories	Indicator	Source(s)
	Broadband cost and speed	g
	Distribution of parks and green space	h

Health Behaviors/Outcomes

Major and Minor Indicator Categories	Indicator	Source(s)
Health Behaviors		
Tobacco Use	Adult tobacco use (various products)	abeh
	Adolescent tobacco use past 30 days (various)	a
	Child tobacco use, past 12 mo (various)	a
	Young adults initiating tobacco use, past 12 mo (various)	a
	Adult smoker cessation attempts, past 12 mo	a
	Adolescent smoker cessation attempts, past 12 mo	a
	SHS exposure (various settings)	a
Diet and Exercise	Mean daily intake, fruits & vegetables, whole grains, solid fats, added sugars, sodium, calcium	a
	Adequate fresh food intake	ag
	% adults who eat 5 servings F&V/day	ag
	Adults engaging in regular physical activity (various levels/amounts/types)	a
	Adults meeting aerobic physical activity and muscle-strengthening objectives	a
	Adolescents meeting federal physical activity guidelines (overall, aerobic, muscle strength)	a
	Walking/biking for transportation (various ages, distances)	af
	Physical inactivity	ab
	Physical activity	g
Alcohol and Drug Use	Excessive drinking	b
	Alcohol impaired driving deaths	b
	Substance abuse	g
Sexual Activity	Intended pregnancy	a
	Unintended pregnancy	a
	Adolescent/teen pregnancy	ah
	Pregnancies conceived within 18 months of a previous birth (females 15–44 years)	a
	Adolescent sexual activity	a
	Contraceptive use (numerous measures)	a
	Teen births	b
Health Outcomes		
Life Expectancy	Expected years of life free of activity limitation, at birth and at age 65	a
	Expected years of life free of disability, at birth and at age 65	a
	Expected years of life in good or better health, at birth and at age 65	a
	Life expectancy at birth	ag
	Life expectancy at age 65	a
	Premature death	b
	Life expectancy by zip code	d
Quality of Life	Activity limitation, all ages	a
	Activity limitation, age 65+	a
	Functional status	g
	Disability, all ages	a
	Disability, age 65+	a
	Health status, all ages	a
	Health status, age 65+	a

Major and Minor Indicator Categories	Indicator	Source(s)
	Adults report good or better physical health	a
	Adults report good or better mental health	a
	Activity limitations among persons with asthma	a
	Missed school/work among persons with asthma	a
	Poor or fair health	bg
	Poor physical health days	b
	Poor mental health days	b
	Adults with poor health-related quality of life	e
	Self-reported well-being	g
	Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	e
	Adults who have lost 6+ teeth because of tooth decay, infection or gum disease	e
Mental Health	Depression	g
	Suicidal thoughts	g
	Suicide attempts	g
Health Conditions (morbidity and mortality)	Heart disease/stroke morbidity, mortality, risk factors	a
	Healthy weight among adults	a
	Overweight/obesity (various age categories)	abcegh
	Asthma deaths, hospitalizations, ER visits	ah
	COPD deaths, hospitalizations	a
	Sexually transmitted infections (various)	abh
	Asthma	c
	Diabetes, prevalence in adult population	ch
	Breast cancer deaths per 100k female pop	e
	CRC deaths per 100k pop	e
HIV infections	h	
Injury from Violence & Accidents	Injury deaths and hospitalizations (various kinds)	a
	Poisoning deaths and hospitalizations	a
	Motor vehicle crash deaths and hospitalizations	a
	Pedestrian deaths and hospitalizations	a
	Pedal cyclists deaths and hospitalizations	a
	Residential fire deaths	a
Infant/Child Health	Infant/child/maternal mortality	a
	Low/very low birthweight infants	ab
	Infant mortality, per 1000 live births	e



Appendix H: Hancock County CHIP Evaluation Plan

TWO GEORGIAS INITIATIVE EVALUATION
SITE EVALUATION PLAN
2018-2022

v. 07.30.2018

PARTNERSHIP NAME	Hancock Health Improvement Partnership (HHIP)
LOCAL EVALUATOR	Miranda Helms, QA/QI & Accreditation Coordinator, North Central Health District Amber Erickson, MPH, Director, Epidemiology and Assessment, North Central Health District
DATE SUBMITTED	April 11, 2018

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Evaluation Plan Overview

This evaluation plan describes the overall approach for the evaluation of Hancock Health Improvement Partnership's (HHIP) Community Health Improvement Plan (CHIP) 2018-2022. This document includes details on what will be evaluated, who will conduct the evaluations, how the evaluations will be done, why the evaluations are being conducted, and how the key findings will likely be used to promote Health Equity in Hancock County, Georgia. The evaluation plan is a living document which may change over the four-year implementation of the CHIP to document the successful/unsuccessful implementation of strategies and the program(s) effectiveness/ineffectiveness in meeting the CHIP goals and objectives. The key findings documented in this plan will describe HHIP's strengths, weaknesses, and opportunities for improvement in implementing the CHIP. These findings will be used to inform decisions about future program development and/or improvements.

The evaluation plan is divided into three sections to align with the CHIP's three priority areas: economic development, healthy environments, and literacy. For each priority area section of the evaluation plan there are six subsections:

1. **Identifying Stakeholders:** a list of individuals, organizations, businesses, and/or populations that are the consumers of the evaluation results. The stakeholders in this plan are assigned to four stakeholder categories:
 - *Implementer Stakeholder:* is involved in making the policy or program.
 - *Partner Stakeholder:* actively supports the policy or program.
 - *Participant Stakeholder:* is served by or affected by the policy or program.
 - *Decision-Maker Stakeholder:* can take action or make decisions about the policy or program.
2. **Evaluation Purpose and Questions:** describes the evaluation purpose, process, how and when the evaluation plan will be implemented/used, and the specific process and outcomes questions used to conduct the evaluation.
3. **Program Logic Model:** a systematic and visual way to present the relationships among the resources available to operate the program, the activities conducted, the expected outputs/products of the activities, and the desired short, medium and long-term outcomes, changes or results for the program.
4. **Evaluation Design, Methods, and Data Collection Strategies:** listed in the evaluation questions from the purpose and questions section to describe the procedures used to answer the question(s); to include data collection methods, sampling plans, measures or indicators, and specific timeframes.
5. **Analyzing and Interpreting Evaluation Findings:** the organization, analysis and interpretation of the evaluation findings used to answer the evaluation questions.
6. **Using and Disseminating Your Findings:** a description of how the evaluation findings will be used to influence future decision/strategies, resources, program/policy changes, etc.; and the method used to disseminate these findings to the community, targeted audience and/or stakeholders.

Priority Area #1: Economic Development

Section 1: Stakeholders for Economic Development

Hancock Health Improvement Partnership (HHIP) has many types of stakeholders to include: implementer, partner, participant, and decision-maker stakeholders. The below chart lists all HHIP stakeholders for Priority Area #1: Economic Development and provides a description of what stakeholders want to learn from the evaluation of Priority #1.

Implementer Stakeholders	What do they want to learn from the evaluation?
Hancock Health Improvement Partnership	1. Did the partnership conduct an evaluation of the county business community to assess current strengths and needs?
Hancock County Historical Preservation Society	2. Was a business incubator/makerspace developed?
Hancock County Chamber of Commerce	3. Was a plan for the implementation of a local flea market developed? 4. Did the number of small businesses in downtown Sparta, GA increase? 5. Did the number of tourist activities in the county increase? 6. Did transportation accessibility/opportunities increase?
Partner Stakeholders	What do they want to learn from the evaluation?
Hancock County Transit	1. Did the development of a business incubator and local flea market increase access for citizens to buy and sell products locally?
City of Sparta	2. Did establishing a small business mini grant program increase the number of small business owners in the county?
Hancock County Churches	3. Has tourism to the county increased? 4. Has the increase in transportation accessibility/opportunities reduced barriers to citizens?
Participant Stakeholders	What do they want to learn from the evaluation?
Hancock County Residents	1. Did access to buy and sell products locally increase for Hancock County Citizens? 2. Did tourist activity opportunities increase? 3. Have transportation resources increased for Hancock County Citizens?
Decision Maker Stakeholders	What do they want to learn from the evaluation?
City of Sparta, GA	

Hancock County Chamber of Commerce	<ol style="list-style-type: none"> 1. Did the development of a business incubator and local flea market; and increased tourism activities increase tax revenues for the county? 2. Did increasing transportation accessibility/opportunities increase revenues for Hancock County Transit?
Hancock County Planning & Zoning	
Hancock County Transit	
Hancock County Chamber of Commerce	
Healthcare Georgia Foundation	<ol style="list-style-type: none"> 1. Did the partnership utilize the funding opportunity to make meaningful impact towards achieving health equity in the county?

Section 2: Evaluation Purpose and Questions

Evaluation Purpose

How and when will the evaluation be used?

The purpose of this evaluation is to understand whether the economic development strategies identified by HHIP are being implemented as planned and whether the strategies are having an intended and meaningful impact in improving economic development in the county. This evaluation will also assess if the strategies are improving Health Equity for all Hancock County Citizens by addressing the following health equity indicators: employment, income, income inequality, poverty, and transportation. The information gathered through this evaluation will help improve, alter and/or adjust the implementation of the economic development strategies identified in the CHIP; and will serve as a mechanism to foster accountability for the strategy’s ‘responsible party(s)’ and the partnership. Lastly, this evaluation will be used to justify and support future economic development funding opportunities the partnership may pursue.

Evaluation Questions

The below chart includes the overarching questions around economic development processes, objectives, goals and outcomes.

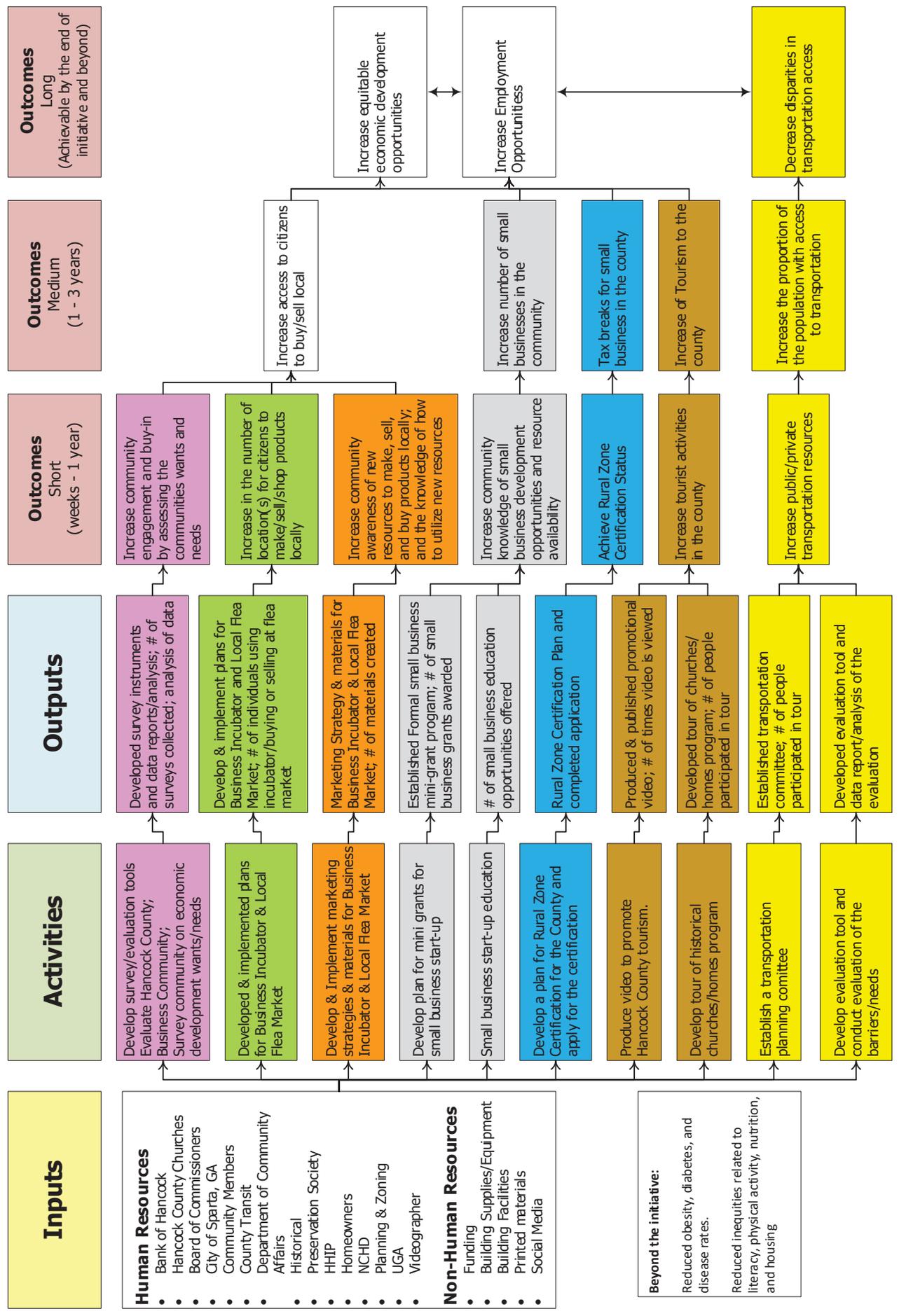
Process Questions	Related Indicator(s)
<ol style="list-style-type: none"> 1. Was the HHIP CHIP for Priority #1, Economic Development, implemented as planned? <ul style="list-style-type: none"> • Was an evaluation of the Hancock County business community completed to assess the current strengths and needs for economic development? (i.e.: who owns downtown spaces, what are building owners plans for spaces, who in the community is seeking a storefront, number of current business license holders, etc.) Was the data collected analyzed and reported to stakeholders? • Was a citizen survey conducted to determine their wants/needs/desires for economic development in the county? Was the data collected analyzed and reported to stakeholders? • Was a community wide evaluation of transportation barriers and needs completed? Was the data collected analyzed and reported to stakeholders? 	<ul style="list-style-type: none"> • Person in poverty/households below poverty line • Unemployment rate • Median household income

<ul style="list-style-type: none"> • Did the Hancock County Chamber of Commerce develop a plan for and open a business incubator/makers-space in downtown Sparta, GA? • Did the Hancock County Chamber of Commerce develop a plan for and open a local flea market? • Were small business education opportunities provided to the community? • Was a video promoting tourism to Hancock County developed? • Was a tour of historic churches/homes program developed? • Were marketing strategies and materials developed to promote the business incubator, local flea market, and tour of historical churches/homes? • Was a plan for rural zone certification drafted, and was an application for certification submitted? • Was a transportation planning committee established; if yes, was a transportation action plan developed? • Was a small business mini-grant program developed? 	<ul style="list-style-type: none"> • Income Inequality/distribution
<p>2. In what ways are community members who experience barriers because of poor economic development engaged in <i>The Two Georgias Initiative</i> and HHIP?</p>	
<p>3. What barriers did implementers face in the planning, implementation, and evaluation of objectives and strategies for Priority #1, Economic Development?</p>	
<p>4. What strengths or assets aided/facilitated implementers in the planning, implementation, and evaluation of objectives and strategies for Priority #1, Economic Development?</p>	
<p>Outcome Questions</p>	
<p>1. What were the impacts of establishing a business incubator/makers-space and a local flea market?</p>	<ul style="list-style-type: none"> • Person in poverty/households below poverty line
<p>2. Did marketing activities of the flea market and incubator space increase community awareness about new community resources?</p>	<ul style="list-style-type: none"> • Unemployment rate
<p>3. Has the number of small businesses in Hancock County increased?</p>	<ul style="list-style-type: none"> • Median household income
<p>4. What are the results of the tour of historical churches and homes program?</p>	
<p>5. What are the benefits and results of the county obtaining rural zone certification?</p>	<ul style="list-style-type: none"> • Income Inequality/distribution
<p>6. Has the unemployment rate for the county decreased and the median household income for the county increased?</p>	
<p>7. Has access to transportation increased?</p>	

Section 3: Priority #1 Economic Development Program Logic Model

Section 3: Priority #1 Economic Development Program Logic Model

Context (expected facilitators barriers): Amber Erickson/Miranda Helms will serve as evaluators. Expected barriers include securing funding to support the startup of flea market/makers space and increase public transit.



Section 4: Evaluation Design, Methods, and Data Collection Strategies

Each question listed in Section 2: Evaluation Purpose and Questions is provided in the below table with a description of the data collection methods, sampling plan, measures/indicators, and timing. This section describes the procedures used to answer the questions.

Partnership Evaluation Methods				
PROCESS EVALUATION QUESTIONS				
Evaluation Question	Data Collection Methods	Sampling Plan	Measures/Indicators	Timing
Was the HHIP CHIP for Priority #1, Economic Development, implemented as planned?	<ul style="list-style-type: none"> Document review Internal program records Qualitative interviews Surveys 	<ul style="list-style-type: none"> All surveys, survey data, and reports All sign-in rosters Purposeful sampling: 2-3 program implementers Purposeful sampling: 5-8 program participants 	<ul style="list-style-type: none"> Number of survey responses received Number of program participants Number of activities implemented Description of how activities were implemented 	At the end of each year of implementation
In what ways are community members who experience barriers because of poor economic development engaged in <i>The Two Georgias Initiative</i> and HHIP?	<ul style="list-style-type: none"> Document review Internal program records Observation Qualitative interviews 	<ul style="list-style-type: none"> All surveys, survey data, and reports All sign-in rosters Purposeful sampling: qualitative interviews with 2-3 strategy implementers and 5-8 program participants 	<ul style="list-style-type: none"> Number of survey responses received Number of program participants Characteristics of program participants/population served Number of people from priority population engaged Description of how participants were selected and engaged 	Twice a year
What barriers did implementers face in the planning, implementation, and evaluation of objectives and strategies for Priority #1, Economic Development?	<ul style="list-style-type: none"> Focus groups Observation Qualitative interviews 	<ul style="list-style-type: none"> Purposeful sampling: Implementers for each objective 	<ul style="list-style-type: none"> Descriptions of perceived barriers and ideas/solutions to overcome barriers 	Twice a year

Outcomes EVALUATION QUESTIONS				
Evaluation Question	Data Collection Methods	Sampling Plan	Measures/Indicators	Timing
What strengths or assets aided/facilitated implementers in the planning, implementation, and evaluation of objectives and strategies for Priority #1, Economic Development?	<ul style="list-style-type: none"> Focus groups Observation Qualitative interviews 	<ul style="list-style-type: none"> Purposeful sampling: Implementers for each objective 	<ul style="list-style-type: none"> Description of perceived/strengths or assets and plan to continue incorporating strengths 	Twice a year
What were the impacts of establishing a business incubator/makers-space and a local flea market?	<ul style="list-style-type: none"> Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters All customer satisfaction surveys Purposeful sampling: 3-5 program participants 	<ul style="list-style-type: none"> Number of program participants Description of how program participants were impacted by the establishment of a business incubator/makers-space 	Twice a year
Did marketing activities of the flea market and incubator space increase community awareness about new community resources?	<ul style="list-style-type: none"> Document review Internal program records 	<ul style="list-style-type: none"> All marketing materials All sign-in rosters All customer satisfaction surveys 	<ul style="list-style-type: none"> Number of marketing materials How marketing materials are dispersed Number of program participants Description of how program participants were informed of new community resources 	Twice a year
Has the number of small businesses in Hancock County increased?	<ul style="list-style-type: none"> Document review Internal program records 	<ul style="list-style-type: none"> All new business licenses 	<ul style="list-style-type: none"> Number of new businesses 	At the end of each year of implementation
What are the results of the tour of historical churches and homes program?	<ul style="list-style-type: none"> Internal program records 	<ul style="list-style-type: none"> All customer satisfaction surveys All sign-in rosters All registration forms All invoices 	<ul style="list-style-type: none"> Number of program participants 	Twice a year
What are the benefits and results of the county obtaining rural zone certification?	<ul style="list-style-type: none"> Document review 	<ul style="list-style-type: none"> Rural zone certification County tax documentation 	<ul style="list-style-type: none"> Number of tax breaks 	At the end of each year of implementation

Has the unemployment rate for the county decreased and the median household income for the county increased?	<ul style="list-style-type: none"> Document review 	<ul style="list-style-type: none"> County Health Rankings U.S. Census Data Emory Initiative Evaluation Survey 	<ul style="list-style-type: none"> Increase in median household income 	At the end of each year of implementation
Has access to transportation increased?	<ul style="list-style-type: none"> Document review Focus groups Qualitative interviews 	<ul style="list-style-type: none"> Hancock County Transit documentation Purposeful sampling: key informant interviews and focus groups 	<ul style="list-style-type: none"> Number of new transportation possibilities 	At the end of each year of implementation

Section 5: Analyzing and Interpreting Evaluation Findings

Evaluation data often must first be organized, analyzed and interpreted before it can be useful. The below table describes the data sources used by HHIP and how the data will be organized, analyzed, and interpreted.

Data Source	Data organization, analysis and interpretation notes
Document review	Documents will be reviewed systematically to assess trends, significant data points, and community wants and needs. All document data and subsequent reports will be stored electronically in an online database.
Focus groups	Focus group discussions will be recorded, transcribed, and systematically reviewed for trends regarding barriers and facilitators to implementation.
Internal program records	Internal program records such as sign-in rosters, meeting evaluations, and customer satisfaction surveys will be systematically stored electronically in an online drive and reviewed to collect data on the number of program participants, the number of surveys received, details on program participant and customer satisfaction, etc.
Observations	Detailed information on implementer and participant behavior will be gathered during program implementation to gather information on the various processes of program delivery. Detailed notes will be taken and organized into a template for review and analysis.
Qualitative interviews	Qualitative interviews will be conducted to gather detailed descriptions of the perspectives and experiences of program implementers and participants. Interviews will be audio recorded, transcribed, and systematically reviewed for key points.

Surveys	Population surveys will be administered to gather detailed feedback on the perspectives, experiences and outcome of the initiatives strategies. All survey data and subsequent reports will be stored electronically in an online database.
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Section 6: Using and Disseminating Your Findings

HHIP will communicate and report the evaluation findings and information to the community at large, and to specific stakeholders in several ways. The below table includes the purpose of each report, how it will be shared with each stakeholder group, and how HHIP expects the stakeholder to use it.

Stakeholders	What is the best way to share information with this group?
Hancock Health Improvement Partnership	HHIP members will receive a written report and in-person presentation to partnership members with complete evaluation findings. The HHIP priority workgroups will provide regular updates on all of the CHIP economic development strategies and the status of implementation. HHIP will use this information to revise the CHIP on an annual basis; and as a resource and documentation in applying for future funding.
Hancock County Historical Preservation Society/Hancock Churches	HHIP will provide all partners with written and in-person presentation with complete evaluation findings for all of the economic development strategies on an annual basis. Hancock County will use this information for future planning to sustain economic development through the CHIP strategies and plan for future initiatives in the county.
Hancock County Chamber of Commerce	
Hancock County Transit	
City of Sparta/County Planning & Zoning	HHIP will publish an annual written evaluation report that provides the evaluation findings of all HHIP CHIP Priorities and Strategies on an annual basis. The report will be tailored to meet the needs, preferences, and literacy capacity of the population. This report will be made to the public via printed copies available at the public library, or electronically upon request.
Hancock County Citizens	

Priority Area #2: Healthy Environments

Section 1: Stakeholders for Healthy Environments

Hancock Health Improvement Partnership (HHIP) has many types of stakeholders to include: implementer, partner, participant, and decision-maker stakeholders. The below chart lists all HHIP stakeholders for Priority Area #2: Healthy Environments; and provides a description of what each stakeholder wants to learn from the evaluation of Priority #2: Healthy Environments.

Implementer Stakeholders	What do they want to learn from the evaluation?
HHIP	<ol style="list-style-type: none"> 1. Did the proportion of convenience stores in the county offering fruits and/or vegetables increase? 2. Did the number of active and maintained gardens in the community increase? 3. Did the availability of nutrition and education opportunities increase? 4. Did the availability of outdoor opportunities for physical activity in the county increase? 5. Did the availability of physical activity in the school setting increase? 6. Did the availability of opportunities to participate in group sports increase? 7. Did physical activity opportunities for Hancock County senior citizens increase? 8. Was an evaluation of the present housing situation in Hancock County conducted? 9. Was the quality of housing improved through establishing a home repair partnership with other organization? 10. Was training and education provided to the community on affordable housing opportunities, loans, grants, etc.? 11. Was housing-related health hazards education opportunities provided to the community?
HealthMPowers	
North Central Health District	
Ft. Valley State University	
Elm Street Gardens	
Hancock County Schools	
Hancock County State Prison	
Hancock County Sheriff Office	
Helping Hands	
Hancock County Parks and Recreation	
Hancock County Board of Commissioners	
Partner Stakeholders	What do they want to learn from the evaluation?
Hancock County 4-H	<ol style="list-style-type: none"> 1. Did the proportion of convenience stores in the county offering fruits and/or vegetables increase? 2. Did the number of active and maintained gardens in the community increase? 3. Did the availability of nutrition and education opportunities increase? 4. Did the availability of outdoor opportunities for physical activity in the county increase? 5. Did the availability of physical activity in the school setting increase? 6. Did the availability of opportunities to participate in group sports increase?
Hancock County Churches	
SWAH Fitness	
Bank of Hancock County	
USDA	

Georgia Power	7. Did physical activity opportunities for Hancock County senior citizens increase?
Washington EMC	8. Was an evaluation of the present housing situation in Hancock County conducted?
Rayle EMC	9. Was the quality of housing improved through establishing a home repair partnership with other organization?
Ace Hardware	10. Was training and education provided to the community on affordable housing opportunities, loans, grants, etc.?
WIC	11. Was housing-related health hazards education opportunities provided to the community?
UGA	
HHIP	
Participant Stakeholders	What do they want to learn from the evaluation?
Hancock County Citizens	<ol style="list-style-type: none"> 1. Did access to nutrition education and fruits and vegetables increase for Hancock County Citizens? 2. Did access to physical activities in the county increase for Hancock County Citizens; to include in the school setting; and for senior citizens? 3. Has the quality of housing in Hancock County improved?
Decision Maker Stakeholders	What do they want to learn from the evaluation?
HHIP	<ol style="list-style-type: none"> 1. Did increasing access to fruits and vegetables in the county through convince stores and/or community gardens improve the county food environment index score? 2. Did increasing access to fruits, vegetables, and physical activity opportunities improve the overall health of Hancock county citizens? 3. Did implementing home repair workshops, opportunities for home repair, and education opportunities improve the overall quality of housing for Hancock County citizens?
Healthcare Georgia Foundation	Did the partnership utilize the funding opportunity to make meaningful impact towards achieving health equity in the county?

Section 2: Evaluation Purpose and Questions

Evaluation Purpose

How and when will we use our evaluation?

The purpose of this evaluation is to understand whether the healthy environment strategies identified by HHIP are being implemented as planned and whether the strategies are having an intended impact in health environments in the county. The information gathered through this evaluation will help improve, alter and/or adjust the implementation of the healthy environment strategies identified in the Community Health Improvement Plan (CHIP.) This evaluation will also serve as a mechanism to foster accountability for the strategies ‘responsible parties’ and the partnership. Lastly, this evaluation will be used to justify and support future funding opportunities the partnership may pursue.

Evaluation Questions

The below chart includes the overarching questions around healthy environment processes, objectives, goals and outcomes.

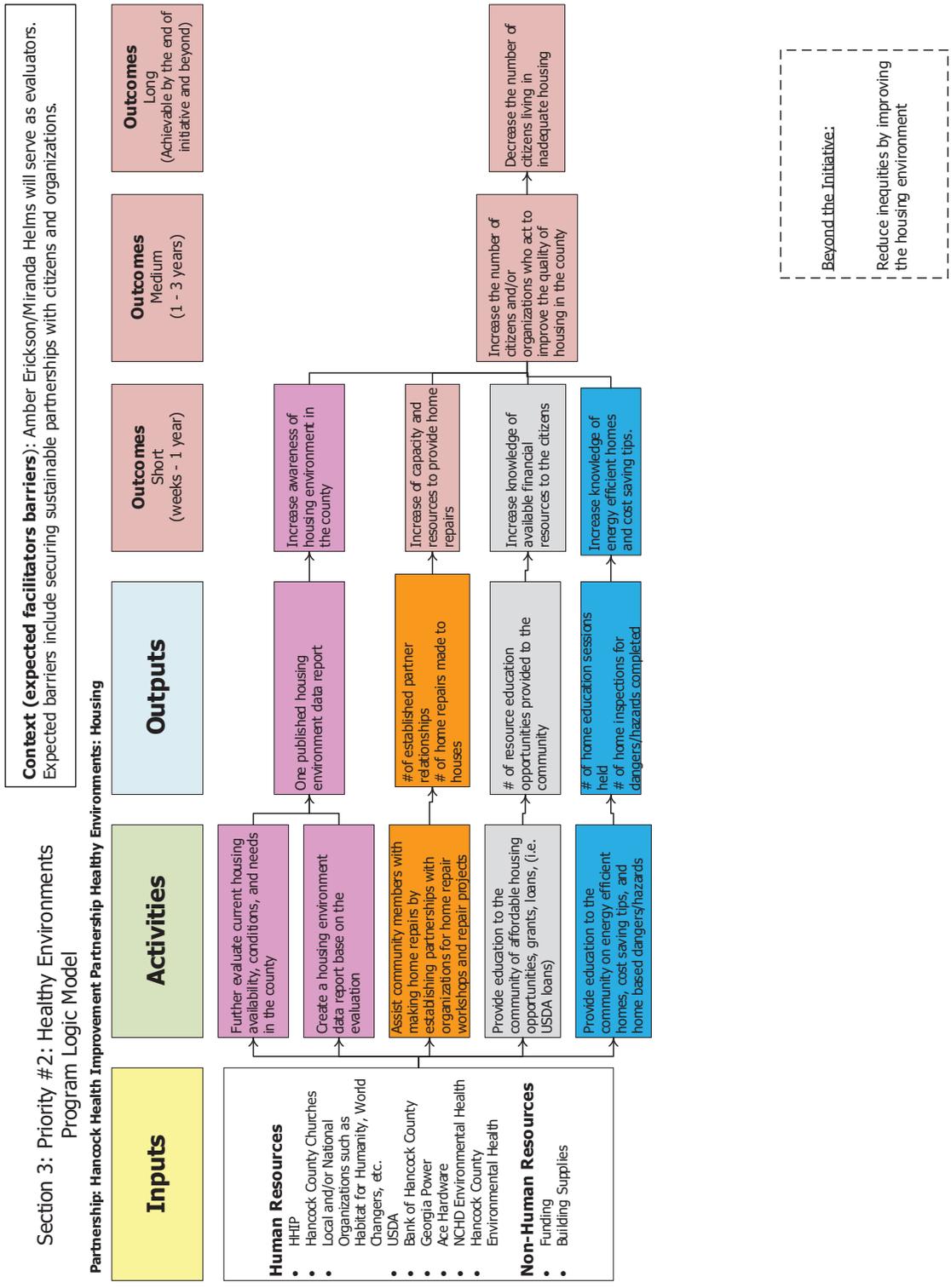
Process Questions <i>(Ex. In what ways are people experiencing the targeted health disparity engaged in the initiative?)</i>	Related Indicator(s)
<p>1. Was the HHIP CHIP, Priority #2 Healthy Environments, implemented as planned?</p> <ul style="list-style-type: none"> • Were MOUs established with local convenience stores to offer fruits and vegetables for purchase? Was an advertising/marketing campaign done to promote the purchase of fruits and vegetables at local grocery/convenience stores? • Was a program established to provide community members with the education and resources to plant fruit trees/raised gardens at their homes? • Were partnerships for public community gardens established to plant and maintain the gardens? • Was a farmer’s market established? • Were health education/nutrition opportunities offered to the community? • Did the partnership seek funding to support more playgrounds in the county? • Did the partnership support Hancock County PE teachers with curriculum and equipment resources? • Did the number of physical activity opportunities increase in the county? • Were citizens offered education on home-health hazards, home repairs, and/or affordable housing opportunities? • Did the partnership assess healthy environment barriers experienced in the community? 	<ul style="list-style-type: none"> • Median number of persons living in house/overcrowding • Mean daily intake of fruits and vegetables • % of adults/adolescents participating in physical activity. • # of schools providing health education • School environment index
<p>In what ways are community members who experience barriers because of unhealthy environments engaged in the Two Georgias Initiative and HHIP?</p>	
<p>What barriers did implementers face in the planning, implementation, and evaluation of objectives and strategies for Priority #2, Healthy Environments?</p>	
<p>What strengths or assets aided/facilitated implementers in the planning, implementation, and evaluation of objectives and strategies for Priority #2, Healthy Environments?</p>	
<p>Outcome Questions <i>(Ex. Did the proportion of uninsured children and adults in the priority population decrease at a faster rate than in the population as a whole?)</i></p>	<p>Related Indicator(s)</p>
<p>1. Has the proportion of convenience stores in the county offering fruits and/or vegetables increased, creating more access to fruits and vegetables in the county?</p>	

<p>2. Has the number of public/private community gardens increased, creating more access to fruits and vegetables in the county?</p>	<ul style="list-style-type: none"> • Median number of persons living in house/overcrowding • Mean daily intake of fruits and vegetables • % of adults/adolescents participating in physical activity. • # of schools providing health education • School environment index
<p>3. Have nutrition education opportunities in the community increased, creating improved awareness and knowledge of the importance of eating fruits and vegetables?</p>	
<p>4. Has an increased availability of outdoor opportunities for physical activity in the county increased the number of citizens who participate in physical activities?</p> <ul style="list-style-type: none"> • Has an increase in physical activities opportunities in the school setting increased the number of adolescents who participate in physical activities? • Has an increase in opportunities to participate in group sports in the county increased the number of citizens who participate in physical activities? • Has an increase in physical activity opportunities for senior citizens increased the number of senior citizens who participate in physical activities? 	
<p>5. How was the evaluation of the present housing situation used to create opportunities for more equitable housing in the county?</p>	
<p>6. Has there been an increase in the number of residents who live in adequate housing?</p> <ul style="list-style-type: none"> • Have partnerships with home repair organizations increased the number of home repairs made in the county? • Have trainings and education on affordable housing opportunities, loans, grants, etc. to the community increased the number of citizen who utilize these resources? • Have housing-related health hazards health education opportunities increased the community's knowledge and awareness of housing-related health hazards? 	

Section 3: Priority #2: Healthy Environments Program Logic Model

Section 3: Priority #2: Healthy Environments
Program Logic Model

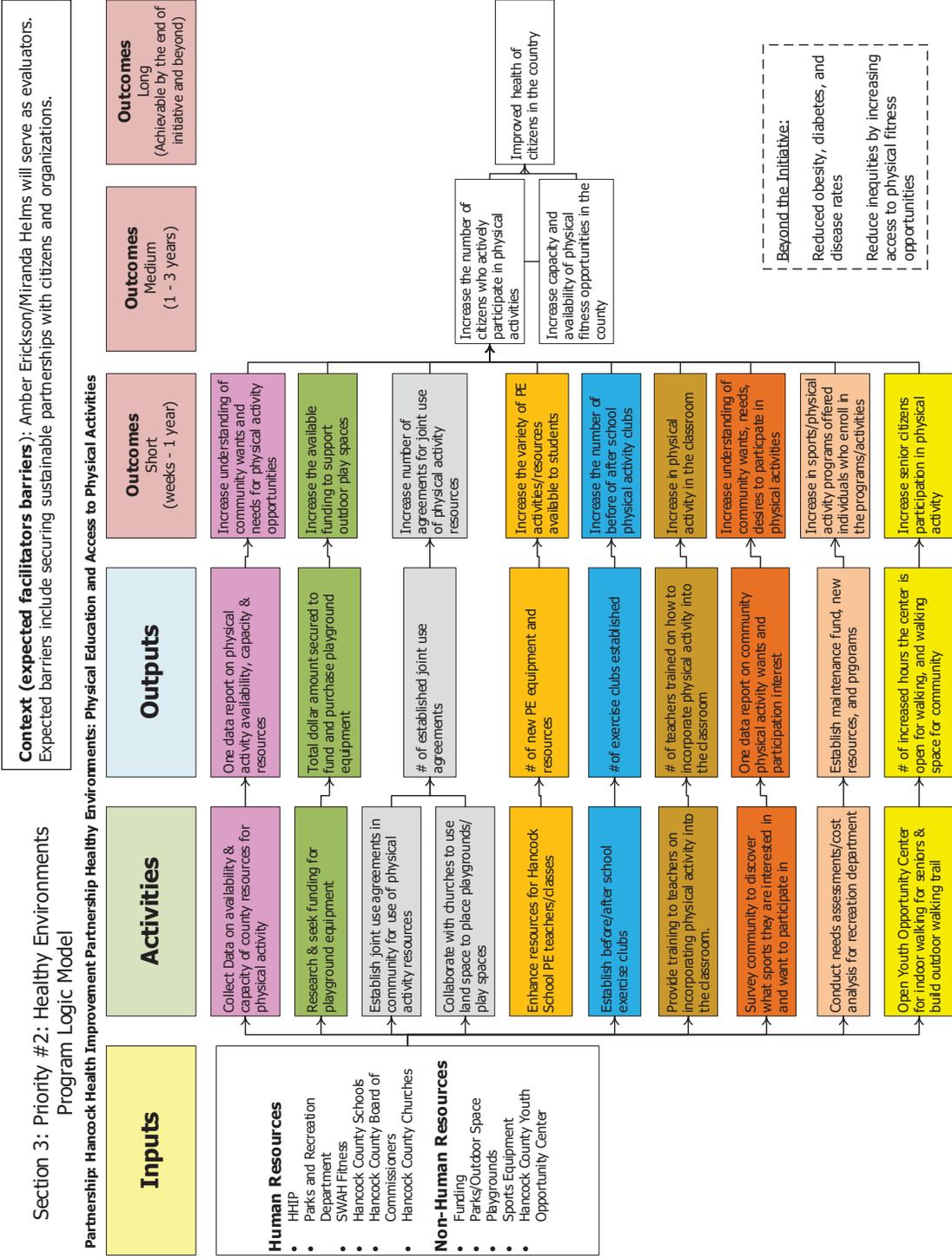
Partnership: Hancock Health Improvement Partnership Healthy Environments: Housing



Section 3: Priority #2: Healthy Environments Program Logic Model

Section 3: Priority #2: Healthy Environments Program Logic Model

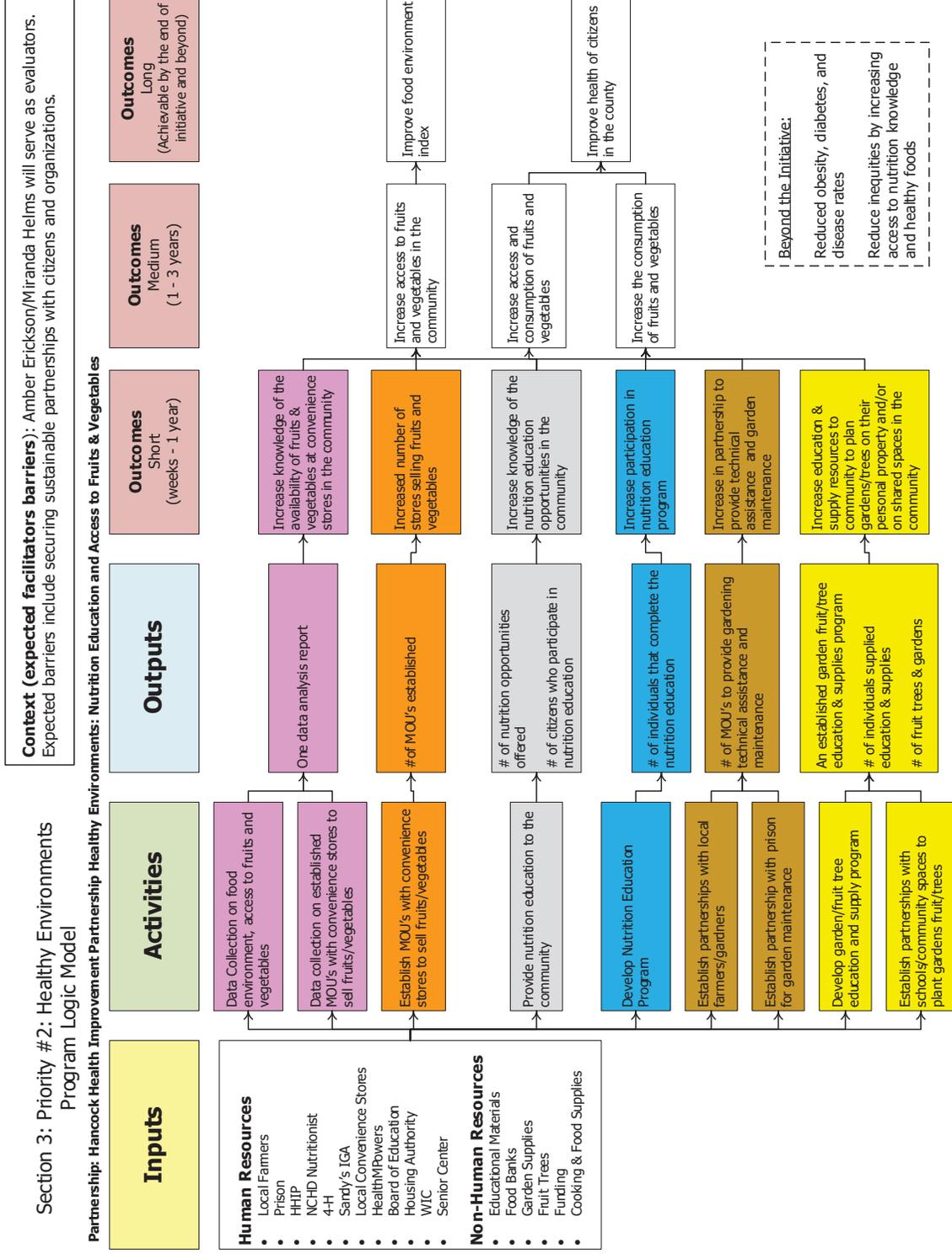
Partnership: Hancock Health Improvement Partnership Healthy Environments and Access to Physical Activities



Section 3: Priority #2: Healthy Environments Program Logic Model

Section 3: Priority #2: Healthy Environments
Program Logic Model

Partnership: Hancock Health Improvement Partnership Healthy Environments: Nutrition Education and Access to Fruits & Vegetables



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.

A. Partnership Evaluation Methods				
PROCESS EVALUATION QUESTIONS				
Evaluation Question	Data Collection Methods	Sampling Plan	Measures/Indicators	Timing
Was the HHIP CHIP, Priority #2 Healthy Environments, implemented as planned?	<ul style="list-style-type: none"> Document review Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All surveys, survey data, and reports All sign-in rosters Purposeful sampling: 2-3 program implementers Purposeful sampling: 5-8 program participants 	<ul style="list-style-type: none"> Number of survey responses received Number of program participants Number of activities implemented Description of how activities were implemented 	At the end of each year of implementation
In what ways are community members who experience barriers because of unhealthy environments engaged in <i>The Two Georgias Initiative</i> and HHIP?	<ul style="list-style-type: none"> Document review Internal program records Observation Qualitative interviews 	<ul style="list-style-type: none"> All surveys, survey data, and reports All sign-in rosters Purposeful sampling: qualitative interviews with 2-3 strategy implementers and 5-8 program participants 	<ul style="list-style-type: none"> Number of program participants Characteristics of program participants Number of people from priority population engaged How participants were selected and engaged 	Twice a year
What barriers did implementers face in the planning, implementation, and evaluation of objectives and strategies for Priority #2, Healthy Environments?	<ul style="list-style-type: none"> Focus groups Observation Qualitative interviews 	<ul style="list-style-type: none"> Purposeful sampling: Implementers for each objective 	<ul style="list-style-type: none"> Descriptions of perceived barriers and ideas/solutions to overcome barriers 	Twice a year

<p>Has an increased availability of outdoor opportunities for physical activity in the county increased the number of citizens who participate in physical activities?</p>	<ul style="list-style-type: none"> • Document review • Focus groups • Internal program records • Surveys 	<ul style="list-style-type: none"> • Meeting evaluations/post-tests • County health data • All sign-in rosters • Purposeful sampling: Focus groups with community members who participate in/use new physical activity opportunities 	<ul style="list-style-type: none"> • Number of people who utilize new physical activity opportunities • Description of perceived personal outcomes and effects of utilizing new physical activity opportunities 	<p>At the end of each year of implementation</p>
<p>Has an increase in physical activities opportunities in the school setting increased the number of adolescents who participate in physical activities?</p>	<ul style="list-style-type: none"> • Document review • Focus groups • Internal program records • Qualitative interviews 	<ul style="list-style-type: none"> • School health data • All signed pledges from teachers • Purposeful sampling: Teachers who have signed the pledge, P.E. teachers who have increased their resources, etc. • Purposeful sampling: focus groups with youth participants 	<ul style="list-style-type: none"> • The number of teachers who agreed to incorporate physical activity breaks • Description of perceived impact of increasing the availability of physical activity opportunities in the school setting • Description of perceived personal outcomes and effects of participating in new physical activity opportunities in the school setting • Increase/decrease in number of students who engage in physical activity 	<p>At the end of each year of implementation</p>
<p>Has an increase in opportunities to participate in group sports in the county increased the number of citizens who participate in physical activities?</p>	<ul style="list-style-type: none"> • Focus groups • Internal program records • Qualitative interviews • Focus groups 	<ul style="list-style-type: none"> • All sign-in rosters • Purposeful sampling: Qualitative interviews with strategy implementers • Purposeful sampling: Focus groups with program participants 	<ul style="list-style-type: none"> • The number of program participants • Description of perceived impact of increasing the availability of physical activity opportunities in the school setting • Description of perceived personal outcomes and 	<p>At the end of each year of implementation</p>

<p>Has an increase in physical activity opportunities for senior citizens increased the number of senior citizens who participate in physical activities?</p>	<ul style="list-style-type: none"> Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters Purposeful sampling: Qualitative interviews with 2-3 strategy implementers Purposeful sampling: Focus groups with 5-8 program participants 	<p>effects of participating in new physical activity opportunities in the school setting</p> <ul style="list-style-type: none"> The number of program participants Description of perceived impact of increasing the availability of physical activity opportunities for senior citizens Description of perceived personal outcomes and effects of participating in new physical activity opportunities for senior citizens 	<p>At the end of each year of implementation</p>
<p>How has the evaluation of the present housing situation been used to create opportunities for more equitable housing in the county?</p>	<ul style="list-style-type: none"> Document review Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All surveys, survey data, and reports Purposeful sampling: Interviews with 2-3 program implementers 	<ul style="list-style-type: none"> The number of survey responses received Description of perceived community impact of evaluating the present housing situation 	<p>At the end of each year of implementation</p>
<p>Have partnerships with home repair organizations increased the number of home repairs made in the county?</p>	<ul style="list-style-type: none"> Document review Focus groups Internal program records 	<ul style="list-style-type: none"> All home repair request forms All home repair completion forms Purposeful sampling: interviews with program participants 	<ul style="list-style-type: none"> Number of residents who received home repairs Description of perceived personal and community impact of establishing partnerships with home repair organizations 	<p>At the end of each year of implementation</p>
<p>Have trainings and education on affordable housing opportunities, loans, grants, etc. to the community</p>	<ul style="list-style-type: none"> Document review Focus groups Internal program records 	<ul style="list-style-type: none"> All sign-in rosters Purposeful sampling: qualitative interviews 	<ul style="list-style-type: none"> The number of program participants Description of perceived community impact of 	<p>At the end of each year of implementation</p>

<p>increased the number of citizens who utilized these resources?</p>	<ul style="list-style-type: none"> • Qualitative interviews 	<ul style="list-style-type: none"> • with strategy implementers • Meeting evaluations • Pre-/post-tests • Purposeful sampling: focus groups with education program participants 	<p>providing training and education on affordable housing opportunities, etc.</p> <ul style="list-style-type: none"> • Description of perceived personal impact/outcomes and effects of participating in training and education on affordable housing opportunities, etc. • Meeting feedback • Increase/decrease in pre-/post-test scores
<p>Have housing-related health hazards education opportunities increased the community's knowledge and awareness of housing-related health hazards?</p>	<ul style="list-style-type: none"> • Document review • Focus groups • Internal program records • Qualitative interviews 	<ul style="list-style-type: none"> • All sign-in rosters • Pre-/post-tests • Purposeful sampling: focus groups with education program participants • Meeting evaluations • Purposeful sampling: qualitative interviews with strategy implementers 	<p>At the end of each year of implementation</p> <ul style="list-style-type: none"> • The number of program participants • Increase/decrease in pre-/post-test scores • Meeting feedback • Description of perceived community impact of increasing the number of housing-related health hazards health education opportunities • Description of perceived personal impact/outcomes and effects of participating in housing-related health hazards health education opportunities

Section 5: Analyzing and Interpreting Evaluation Findings

Evaluation data often must first be organized, analyzed and interpreted before it can be useful. The below table describes the data sources used by HHIP and how the data will be organized, analyzed, and interpreted.

Data Source	Data organization, analysis and interpretation notes
Document review	Documents such as surveys, survey reports, and secondary data sources will be reviewed systematically to assess trends, significant data points, and community wants and needs. All survey data and subsequent reports will be stored electronically in an online database.
Focus groups	Focus group discussions will be recorded, transcribed, and systematically reviewed for trends regarding barriers and facilitators to implementation.
Internal program records	Internal program records such as sign-in rosters, meeting evaluations, and customer satisfaction surveys will be systematically stored electronically in an online drive and reviewed to collect data on the number of program participants, the number of surveys received, details on program participant and customer satisfaction, etc.
Surveys	Surveys will be utilized to assess the perspectives of community residents as it pertains to the affects and outcomes of Partnership initiatives.
Observations	Detailed information on implementer and participant behavior will be gathered during program implementation to gather information on the various processes of program delivery. Detailed notes will be taken and organized into a template for review and analysis.
Qualitative interviews	Qualitative interviews will be conducted to gather detailed descriptions of the perspectives and experiences of program implementers and participants. Interviews will be audio recorded, transcribed, and systematically reviewed for key points.

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?
HHIP	HHIP members will receive a written report and in-person presentation to partnership members with complete evaluation findings. The HHIP priority workgroups will provide regular updates on all of the CHIP healthy environment strategies and the status of implementation. HHIP will use this information to revise the CHIP on an annual basis; and as a resource and documentation in applying for future funding.

HealthMPowers	HHIP will provide all partners with written and in-person presentation with complete evaluation findings for all of the healthy environment strategies on an annual basis. Hancock County will use this information for future planning to sustain healthy environments created through the CHIP strategies and plan for future initiatives in the county.
North Central Health District	
Ft. Valley State University	
Elm Street Gardens	
Hancock County Schools	
Hancock County State Prison	
Hancock County Sheriff Office	
Helping Hands	
Hancock County Parks and Recreation	
Hancock County Board of Commissioners	
Hancock County 4-H	
Hancock County Churches	
SWAH Fitness	
Bank of Hancock County	
USDA	
Georgia Power	
Washington EMC	
Rayle EMC	

Ace Hardware	
WIC	
UGA	
Hancock County Citizens	HHIP will publish an annual written evaluation report that provides the evaluation findings of all HHIP CHIP Priorities and Strategies on an annual basis. The report will be tailored to meet the needs, preferences, and literacy capacity of the population. This report will be made to the public via printed copies available at the public library, or electronically upon request.

Priority Area #3: Literacy

Section 1: Stakeholders for Literacy

Hancock Health Improvement Partnership (HHIP) has many types of stakeholders to include: implementer, partner, participant, and decision-maker stakeholders. The below chart lists all HHIP stakeholders for Priority Area #3: Literacy; and provides a description of what each stakeholder wants to learn from the evaluation of Priority #3.

Implementer Stakeholders	What do they want to learn from the evaluation?
Communities in School	<ul style="list-style-type: none"> Has parent involvement in student learning in the schools increased?
Hancock County Family Connections	<ul style="list-style-type: none"> Has the average monthly Head Start attendance rates of children enrolled in Head Start increased?
HHIP	<ul style="list-style-type: none"> Has access to books and evidence-based literacy support programs increased?
Hancock County Schools	<ul style="list-style-type: none"> Has the proportion of adults with a GED or high school diploma increased?
Hancock County Head Start	<ul style="list-style-type: none"> Has the availability of literacy resources to the adult population increased?
Hancock County Library	<ul style="list-style-type: none"> Has a community-wide literacy awareness campaign been planned and implemented? Have the number of health providers who participate in health literacy and/or cultural competency training increased?
Workforce Innovation and Opportunity Act (WIOA)	<ul style="list-style-type: none"> Has the number of community members who participate in health literacy and/or cultural competency training increased?
Hancock County Health Department	<ul style="list-style-type: none"> Has the availability of education materials and events promotion health literacy increased?
Partner Stakeholders	What do they want to learn from the evaluation?
Hancock County Board of Commissioners	<ol style="list-style-type: none"> Has access to literacy resources in the county increased?

Oconee Fall Line Technical College	2. Have literacy rates among school aged children improved? 3. Has the number of adults with a GED or high school diploma increased?
Bank of Hancock	
Hancock County Churches	
HealthMPowers	
Community Health Care Systems	
HHIP	
Participant Stakeholders	What do they want to learn from the evaluation?
Hancock County Citizens	1. Did access to literacy resources increase for Hancock County Citizens? 2. Did literacy rates for school aged children improve?
Decision Maker Stakeholders	What do they want to learn from the evaluation?
Hancock County Schools	1. Did the literacy strategies improve access to literacy resources in the county?
Hancock County Head Start	2. Did the literacy strategies have a meaningful impact in improving literacy rates among school aged children?
HHIP	3. Has there been an increase in the number of adults who have a GED or high school diploma?
Hancock County Library	
WOIA	
Healthcare Georgia Foundation	1. Did the partnership utilize the funding opportunity to make meaningful impact towards achieving health equity in the county?

Section 2: Evaluation Purpose and Questions

Evaluation Purpose

How and when will we use our evaluation?

The purpose of this evaluation is to understand whether the adult, child, and health literacy strategies identified by HHIP are being implemented as planned and whether the strategies are having an intended impact in improving literacy and health literacy rates in the county. The information gathered through this evaluation will help improve, alter and/or adjust the implementation of the literacy strategies identified in the Community Health Improvement Plan

(CHIP.) This evaluation will also serve as a mechanism to foster accountability for the strategies ‘responsible parties’ and the partnership. Lastly, this evaluation will be used to justify and support future funding opportunities the partnership may pursue.

Evaluation Questions

The below chart includes the overarching questions around literacy processes, objectives, goals and outcomes.

Process Questions	Related Indicator(s)
<ol style="list-style-type: none"> 1. Was the HHIP CHIP for Priority #3, Literacy, implemented as planned? <ul style="list-style-type: none"> • Was a baseline measurement of parent involvement and engagement in student learning in the schools collected? • Was evidence-based parent education and parent training to promote parent involvement in the learning process and parent involvement at non-holiday parent events provided? • Were Head Start hours extended? • Was a home-based Head Start program promoted and implemented? • Were transportation barriers to Head Start attendance assessed? • Did HHIP support an increase of enrollment in First Foundation's literacy program? • Were Little Free Libraries planted throughout the county? • Was the planning and development of a mobile library pursued? • Was the number of students enrolled in the county's summer program increased? • Was a mini-grant program for Hancock County school teachers established? • Did the Partnership support the efforts of Family Connection-Communities in Schools? • Was there an increase in health literacy and/or cultural competency trainings offered for health providers and community members in the county? 	<ul style="list-style-type: none"> • Decrease in high school dropout rate • Percent of students reading at or above 3rd grade level
<ol style="list-style-type: none"> 2. In what ways are adults and children in the community who are facing literacy barriers engaged in the Two Georgias Initiative and HHIP? 	
<ol style="list-style-type: none"> 3. What barriers did implementers face in the planning, implementation, and evaluation of objectives and strategies for Priority #3, Literacy? 	
<ol style="list-style-type: none"> 4. What strengths or assets aided/facilitated implementers in the planning, implementation, and evaluation of objectives and strategies for Priority #3, Literacy? 	
Outcome Questions	Related Indicator(s)
<ol style="list-style-type: none"> 1. Have parent involvement opportunities and trainings increased the number of parents involved in student learning? 	<ul style="list-style-type: none"> • Decrease in high school dropout rate
<ol style="list-style-type: none"> 2. Has increasing access to books and evidence-based literacy support programs improved the number of students who are reading at or above grade level? 	

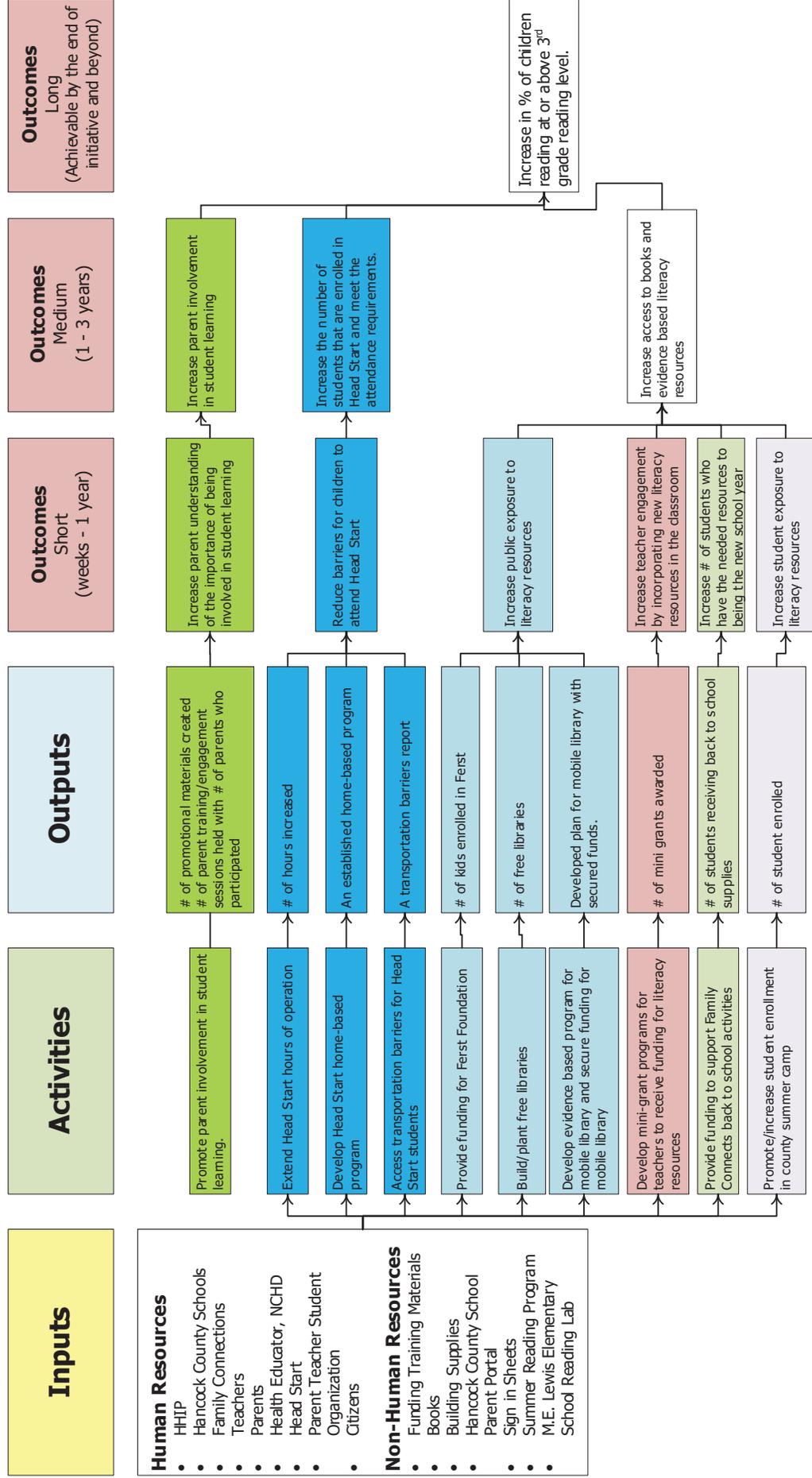
<p>3. Has the proportion of adults with a GED or high school diploma increased?</p>	<ul style="list-style-type: none"> Percent of students reading at or above 3rd grade level
<p>4. Has increasing the availability of literacy resources to the adult population increased the number of adults who are actively involved in improving their personal literacy skills?</p>	
<p>5. Did implementing a community-wide literacy awareness campaign increase the knowledge of the community for the importance and impact of being literate?</p>	
<p>6. Has increasing the number of health providers who participate in health literacy and/or cultural competency trainings offered in the county improved quality of care?</p>	
<p>7. Has increasing the number of community members who participate in health literacy and/or cultural competency trainings offered in the county increased patient knowledge and improved patient outcomes?</p>	

Section 3: Priority Area #3: Literacy Program Logic Model
Partnership: Hancock Health Improvement Partnership Literacy: Child Literacy

Section 3: Priority #3: Literacy Program Logic Model

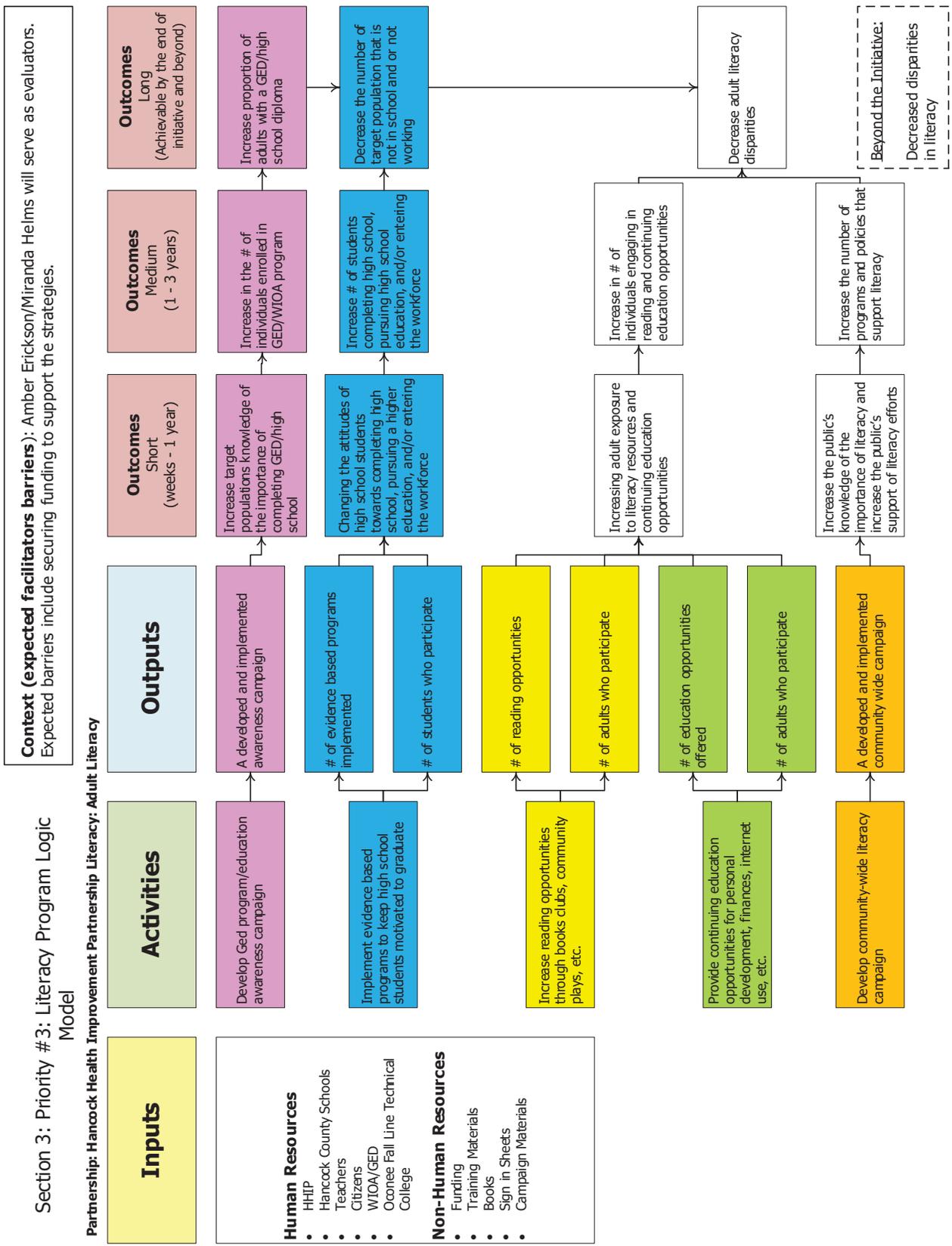
Partnership: Hancock Health Improvement Partnership Literacy: Child Literacy

Context (expected facilitators barriers): Amber Erickson/Miranda Helms will serve as evaluators. Expected barriers include securing funding to support the strategies.



Beyond the Initiative:
Decreased disparities in literacy

Section 3: Priority Area #3: Literacy Program Logic Model
 Partnership: Hancock Health Improvement Partnership Literacy: Adult Literacy



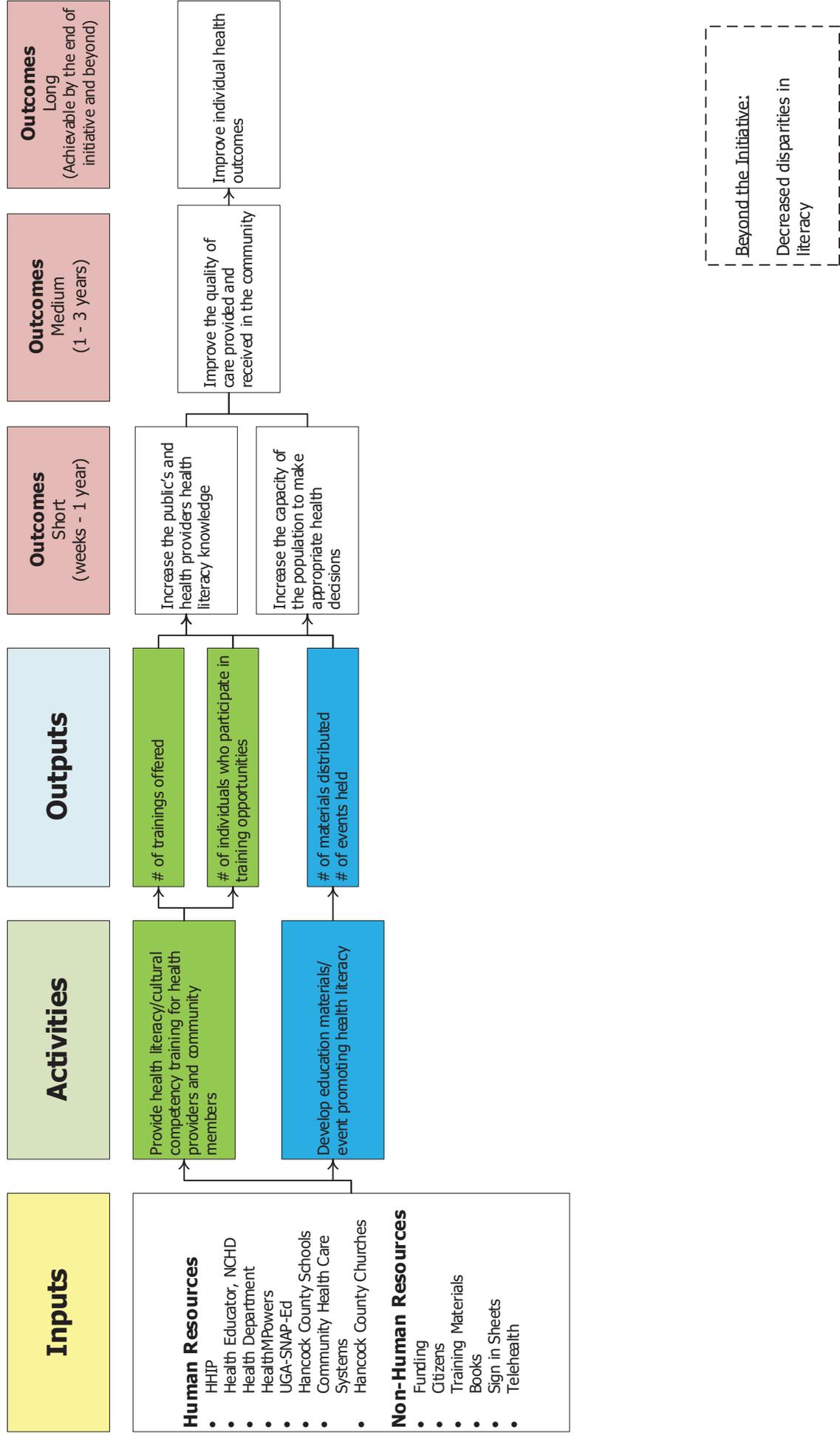
Section 3: Priority Area #3: Literacy Program Logic Model

Partnership: Hancock Health Improvement Partnership Literacy: Health Literacy

Section 3: Priority #3: Literacy Program Logic Model

Partnership: Hancock Health Improvement Partnership Literacy: Health Literacy

Context (expected facilitators barriers): Amber Erickson/Miranda Helms will serve as evaluators. Expected barriers include securing funding to support the strategies.



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.

Partnership Evaluation Methods				
PROCESS EVALUATION METHODS				
Evolution Question	Data Collection Methods	Sampling Plan	Measures/Indicators	Timing
Was the HHIP CHIP for Priority #3, Literacy, implemented as planned?	<ul style="list-style-type: none"> Document review Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters All educational and promotional materials developed and utilized All meeting evaluations Purposeful sampling: qualitative interviews with 2-3 strategy implementers and 5-8 program participants 	<ul style="list-style-type: none"> Number of activities/educational sessions/trainings/health fairs implemented Description of how activities were implemented Number of program participants 	At the end of each year of implementation
In what ways are adults and children in the community who are facing literacy barriers engaged in <i>The Two Georgias Initiative</i> and HHIP?	<ul style="list-style-type: none"> Internal program records Observation Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters Purposeful sampling: qualitative interviews with 2-3 strategy implementers and 5-8 program participants 	<ul style="list-style-type: none"> Characteristics of program participants/population served Number of people from priority population engaged Description of how participants were selected and engaged 	Annually
What barriers did implementers face in the planning, implementation, and evaluation of objectives and strategies for Priority #3, Literacy?	<ul style="list-style-type: none"> Focus groups Internal program records Qualitative interviews 	<ul style="list-style-type: none"> Purposeful sampling: qualitative interviews with 2-3 strategy implementers 	<ul style="list-style-type: none"> Descriptions of perceived barriers and ideas/solutions to overcome barriers 	Twice a year
What strengths or assets aided/facilitated implementers in the	<ul style="list-style-type: none"> Focus groups Observation 	<ul style="list-style-type: none"> Purposeful sampling: qualitative interviews 	<ul style="list-style-type: none"> Description of perceived/strengths or 	Twice a year

<p>planning, implementation, and evaluation of objectives and strategies for Priority #3, Literacy?</p>	<ul style="list-style-type: none"> Qualitative interviews 	<p>with 2-3 strategy implementers</p>	<p>assets and plan to continue incorporating strengths</p>	
<p>OUTCOME EVALUATION QUESTIONS</p>				
<p>Evaluation Question</p>	<p>Data Collection Methods</p>	<p>Sampling Plan</p>	<p>Measures/Indicators</p>	<p>Timing</p>
<p>Have parent involvement opportunities and trainings increased the number of parents involved in student learning?</p>	<ul style="list-style-type: none"> Document review Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters Database of parent participation Meeting evaluations Purposeful sampling: qualitative interviews with Hancock County Schools Family Engagement specialist, parents, and school staff who are affected 	<ul style="list-style-type: none"> Number of parents and community members who participate in non-holiday parent events, volunteering, and trainings Description of parents' comments and suggestions Number of hits on the parent portal 	<p>At the end of each year of implementation</p>
<p>Has increasing access to books and evidence-based literacy support programs improved the number of students who are reading at or above grade level?</p>	<ul style="list-style-type: none"> Document review Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All First Foundation enrollment paperwork All funding applications and grantee paperwork Hancock County Schools data 	<ul style="list-style-type: none"> Number of children enrolled in First Foundation program Number of teachers receiving funding and promoting new evidence-based programs Increase/decrease in the number of students who are reading at or above grade level 	<p>At the end of each year of implementation</p>
<p>Has the proportion of adults with a GED or high school diploma increased?</p>	<ul style="list-style-type: none"> Document review 	<ul style="list-style-type: none"> County Health Rankings U.S. Census Records Emory Initiative Evaluation Survey 	<ul style="list-style-type: none"> Percentage of adults with a GED/high school diploma 	<p>At the end of each year of implementation</p>
<p>Has increasing the availability of literacy resources to the adult</p>	<ul style="list-style-type: none"> Focus groups Internal program records 	<ul style="list-style-type: none"> All sign-in rosters All meeting evaluations 	<ul style="list-style-type: none"> Number of program participants 	<p>At the end of each year of implementation</p>

<p>population increased the number of adults who are actively involved in improving their personal literacy skills?</p>	<ul style="list-style-type: none"> Qualitative interviews 	<ul style="list-style-type: none"> Purposeful sampling: qualitative interviews with 2-3 program implementers and 5-8 program participants 	<ul style="list-style-type: none"> Descriptions of perceived personal and community impact of an increase in literacy resources 	<p>At the end of each year of implementation</p>
<p>Did implementing a community-wide literacy awareness campaign increase the knowledge of the community for the importance and impact of being literate?</p>	<ul style="list-style-type: none"> Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters Purposeful sampling: 2-3 program implementers and 5-8 program participants 	<ul style="list-style-type: none"> Description of perceived personal and community impact of a community-wide literacy awareness campaign 	<p>At the end of each year of implementation</p>
<p>Has increasing the number of health providers who participate in health literacy and/or cultural competency trainings offered in the county improved quality of care?</p>	<ul style="list-style-type: none"> Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters All pre-/post-tests Purposeful sampling: qualitative interviews with 2-3 providers and 2-3 patients 	<ul style="list-style-type: none"> Number of program participants Increase/decrease in pre-/post-test scores Description of perceived personal and community impact of increasing the number of health providers who participate in health literacy and/or cultural competency trainings 	<p>At the end of each year of implementation</p>
<p>Has increasing the number of community members who participate in health literacy and/or cultural competency trainings offered in the county increased patient knowledge and improved patient outcomes?</p>	<ul style="list-style-type: none"> Internal program records Qualitative interviews 	<ul style="list-style-type: none"> All sign-in rosters All pre-/post-tests Purposeful sampling: 5-8 program participants 	<ul style="list-style-type: none"> Number of program participants Increase/decrease in pre-/post-test scores Description of perceived personal and community impact of increasing the number of community members who participate in health literacy and/or cultural competency trainings 	<p>At the end of each year of implementation</p>

Section 5: Analyzing and Interpreting Evaluation Findings

Evaluation data often must first be organized, analyzed and interpreted before it can be useful. The below table describes the data sources used by HHIP and how the data will be organized, analyzed, and interpreted.

Data Source	Data organization, analysis and interpretation notes
Document review	Documents such reports, and secondary data sources will be reviewed systematically to assess trends, significant data points, and community wants and needs. All survey data and subsequent reports will be stored electronically in an online database.
Focus groups	Focus group discussions will be recorded, transcribed, and systematically reviewed for trends regarding barriers and facilitators to implementation.
Internal program records	Internal program records such as sign-in rosters, meeting evaluations, and customer satisfaction surveys will be systematically stored electronically in an online drive and reviewed to collect data on the number of program participants, the number of surveys received, details on program participant and customer satisfaction, etc.
Observations	Detailed information on implementer and participant behavior will be gathered during program implementation to gather information on the various processes of program delivery. Detailed notes will be taken and organized into a template for review and analysis.
Qualitative interviews	Qualitative interviews will be conducted to gather detailed descriptions of the perspectives and experiences of program implementers and participants. Interviews will be audio recorded, transcribed, and systematically reviewed for key points.
Surveys	Population surveys will be administered to gather detailed feedback on the perspectives, experiences and outcome of the initiatives strategies. All survey data and subsequent reports will be stored electronically in an online database.

Section 6: Using and Disseminating Your Findings

HHIP will communicate and report the evaluation findings and information to the community at large, and to specific stakeholders in several ways. The below table includes the purpose of each report, how it will be shared with each stakeholder group, and how HHIP expects the stakeholder to use it.

Stakeholders	What is the best way to share information with this group?
HHIP	HHIP members will receive a written report and in-person presentation to partnership members with complete evaluation findings. The HHIP priority workgroups will provide regular updates on all of the CHIP healthy environment strategies and the status of implementation. HHIP will use this information to revise the CHIP on an annual basis; and as a resource and documentation in applying for future funding.
Communities in School	

<p>Hancock County Family Connections</p>	<p>HHIP will provide all partners with written and in-person presentation with complete evaluation findings for all of the economic development strategies on an annual basis. Hancock County will use this information for future planning to sustain economic development through the CHIP strategies and plan for future initiatives in the county.</p>
<p>Hancock County Schools</p>	
<p>Hancock County Head Start</p>	
<p>Hancock County Library</p>	
<p>Workforce Innovation and Opportunity Act (WIOA)</p>	
<p>Hancock County Health Department</p>	
<p>Hancock County Board of Commissioners</p>	
<p>Oconee Fall Line Technical College</p>	
<p>Bank of Hancock</p>	
<p>Hancock County Churches</p>	
<p>HealthMPowers</p>	
<p>Community Health Care Systems</p>	
<p>Hancock County Citizens</p>	<p>HHIP will publish an annual written evaluation report that provides the evaluation findings of all HHIP CHIP Priorities and Strategies on an annual basis. The report will be tailored to meet the needs, preferences, and literacy capacity of the population. This report will be made to the public via printed copies available at the public library, or electronically upon request.</p>