HANCOCK COUNTY

Community Based Participatory **SWOT Analysis**

Community—Clinical Linkages Strategy

THE HEALTHIEST COUNTY IN GEORGIA

Technical Report Prepared by

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with faculty and students from

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Center for PUBLIC HEALTH PRACTICE & RESEARCH GEORGIA SOUTHERN UNIVERSITY

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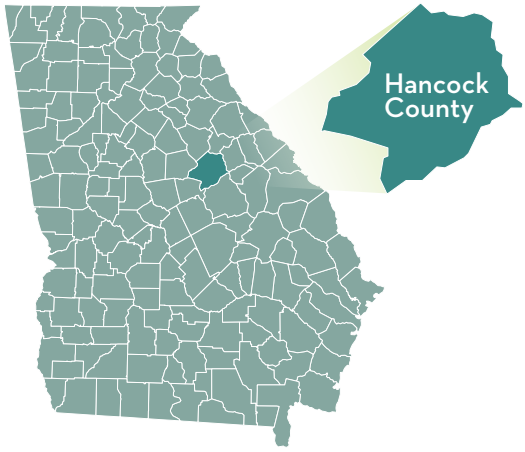
GEORGIA SOUTHERN UNIVERSITY COLLEGE OF BEHAVIORAL AND SOCIAL SCIENCES

Outline

Executive Summary

The North Central Health District (NCHD) was awarded a 2018 CDC Racial and Ethnic Approaches to Community Health (REACH) Grant to complete work in Hancock County with the African American priority population. The Center for Public Health Practice and Research (CPHPR) was contacted in spring of 2019 to assist with the planning and facilitation of three SWOT Workshops focused on community-clinical linkages, physical activity strategies, and nutrition strategies.



The Community-Clinical Linkages SWOT Workshop was held on April 24, 2019 at the Hancock County Youth Center in Sparta, Georgia. Attendees included 6 members of the CPHPR team, five members of the Hancock County REACH team, and 43 community members. 31 of the community members represented community organizations and 12 represented clinical organizations.

The REACH team was extremely successful in recruiting participants to the workshop and this strengthened both the data collection process and the quality of the data. They also hosted the workshop in a central location and provided a healthy lunch along with incentive gift cards. All of these factors greatly impacted the overall success of the workshop.

The workshop facilitation went smoothly and the community members were eager to participate and share their ideas.

The top three inputs in each SWOT category were:

Strengths

1. Community Health Programs
2. County Health Department
3. Churches

Weaknesses

1. Lack of Urgent Care
2. Lack of adequate housing and indoor plumbing
3. Lack of Industry

Opportunities

1. Bring in Navicent Urgent Care
2. Develop new local transportation options
3. Telehealth to triage patients

Threats

1. Not having a hospital
2. Lack of transportation
3. Access to healthy food

Treemaps, words clouds, and a synthesis matrix were developed to examine and better understand the collected data. The CPHPR team made some minor modifications to the data to ensure that the ideas were properly characterized to facilitate further consideration for taking action. This process helped to highlight the big ideas from the workshop and to see connections between them.

Purpose

The CPHPR team worked in partnership with the NCHD to complete a series of Strength, Weaknesses, Opportunities, and Threats (SWOT) Analysis Workshops designed to inform work towards achieving grant objectives for the District's CDC REACH Grant. This report will summarize the Community-Clinical Linkages SWOT Workshop and also provide an analysis of the collected data along with recommendations.

Methodology

The CPHPR team worked closely with the NCHD REACH team to plan and organize the workshop. The CPHPR team planned the agenda, synthesized the county data scan presentation, and facilitated the workshop. Recruitment, location logistics, and participant incentives were all led by the NCHD REACH Team.

The CPHPR team used the SWOT process described in NACCHO's "Developing a Local Health Department Strategic Plan: A How-To Guide" to guide the workshop. The CPHPR team gathered both public health and healthcare related county data and clinical community partner information and presented it to the group (see Summary of Data Scan; Appendix A). A brief group discussion followed to fill in any gaps and then the interactive SWOT process followed.

The workshop attendees were divided into four groups; one group for each of the SWOT categories. During the first round, groups were given about 20 minutes to introduce themselves to one another and then brainstorm ideas for their category. After that time passed, the sheets with the ideas were passed from one group to the next so ideas could be added. Each group was given a chance to brainstorm ideas for all four SWOT categories. By the time the sheets returned to their original contributing group, all four groups had viewed and added their input to them.

After the SWOT brainstorming process, each group was responsible for sharing the information gathered during the session. Each group introduced themselves to the larger audience and then shared the ideas from their category. After a brief break for lunch, all attendees were given four sets of three stickers to vote during the prioritization process. Each person could vote for the three ideas they thought were most important in each of the four SWOT categories: Strengths, Weaknesses, Opportunities, and Threats.

Data Analysis

Input from all participants was attained for strengths, weaknesses, opportunities, and threats, through two techniques – group discussions with subsequent report-outs to the bigger group, and a nominal voting technique where each participant was provided the opportunity to vote for their top three strengths, weaknesses, opportunities, and threats. All votes were tallied; this raw data is provided later in the report. Four treemaps and word clouds were created using this data to better visualize the relative importance of each suggestion based on vote counts. Minor modifications to this raw data were made, but only when it was logical to do so.

From this reclassified data, the themes/issues that received the highest votes were placed in a SWOT matrix. Plausible connections across the four categories were then created for possible consideration moving forward.

Summary Of Data Scan

The presentation to workshop participants focused on 1. describing community-clinical linkages, 2. detailing the health indicators for the county, 3. reviewing current assets, and 4. outlining the purpose of a SWOT analysis. The presentation can be found in Appendix A of this report.

Community-Clinical Linkages: The two-way nature of community-clinical linkages, opportunities for members of the community sector to enhance knowledge of disease and/or improve access to clinical providers and also opportunities for members of the clinical sector to refer patients to helpful community organizations, was described.

Health Indicators for Hancock County: Hancock County ranks 153 out of 159 counties in Georgia for health outcomes. The county has higher percentages of adult obesity, adult smoking, and adult uninsured then the state of Georgia. Access to healthcare has become increasingly more challenging since the closure of the county's hospital.

Current Assets: A summary of Hancock County's current inventory of clinical and community resources focused on healthcare was presented. This inventory was also presented in map form (see Appendix A).

SWOT Analysis Description: The last part of the presentation provided information on what a SWOT analysis is and what its components represent.

Hancock County REACH team

SWOT Analysis

The following questions were provided to stimulate thought on strengths, weaknesses, opportunities and threats of current and potential community-clinical linkages:

STRENGTHS

1. Internal perspective on Hancock County's assets with respect to health and health care.
2. What does Hancock County do well?
3. What assets already exist in the county that could be used to improve health?
4. What characteristics of Hancock County's citizens can be considered assets in improving health?

WEAKNESSES

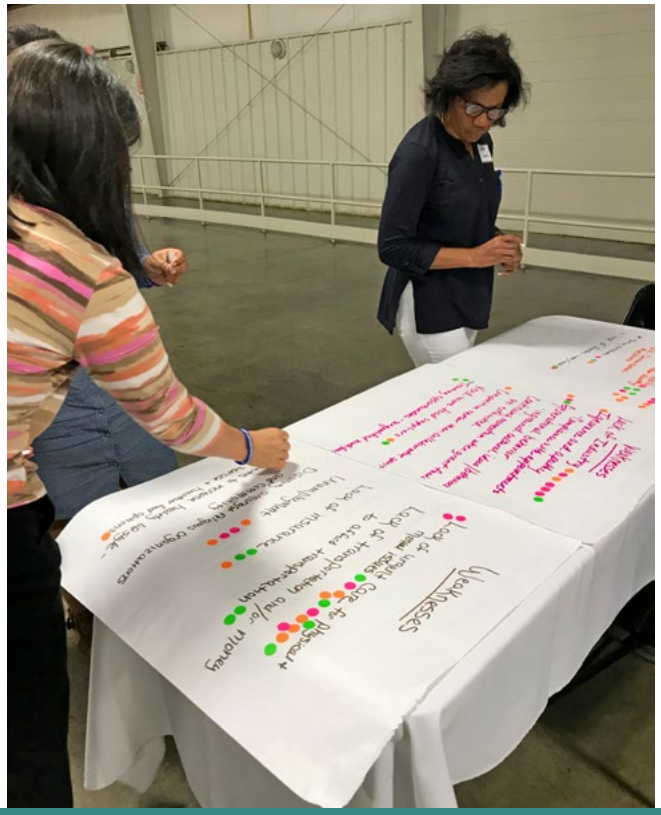
1. Internal perspective on Hancock County's liabilities with respect to health and health care.
2. What does Hancock County NOT do well?
3. What assets already lacking in the county that could be used to improve health?

OPPORTUNITIES

1. External perspective on Hancock County's possibilities with respect to health and health care.
2. Is there a possibility for growth of some existing assets?
3. Are there successful programs outside of the county that you could replicate?
4. Are there clinical resources outside of the county that could be brought to Hancock county citizens?

THREATS

1. External perspective on threats to Hancock County's mission to improve community health and health care.
2. Barriers? Language? Transportation?
3. Any looming harmful state or federal policy changes?



Raw Data

Vote tallies for each of the four categories are presented below.

Strengths	Votes	Rank
Community Health Programs	13	1
Public Health Dept*	12	2
Church	10	3
Family Connections*	5	4
Rec Dept*	5	4
Law Enforcement	4	5
FQHC	4	5
Senior Center Hancock County Transit	3	6
Golden Harvest Helping Hands	3	6
Nutrition Classes in School	3	6
Community/Family	2	7
Collaboration with City/State/County Govt	2	7
Weekend Pantry Pack Homeless Program	1	8
Pharmacy	1	8
Two SNF's	0	
Oconee Fall Line College	0	
911	0	
Environmental Health	0	
Dentist	0	
Second Shiloh Association	0	
4H	0	

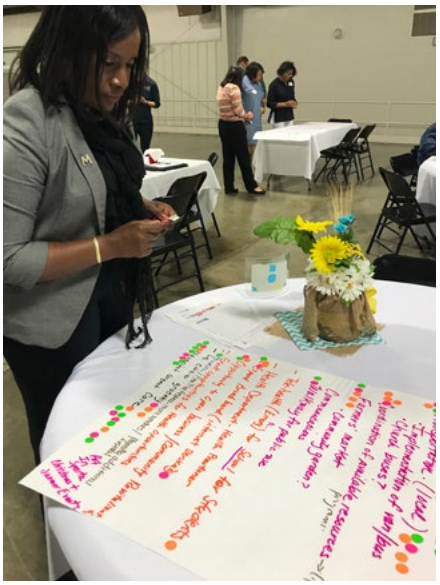
Weaknesses	Votes	Rank
Lack of Urgent Care*	20	1
Housing/Indoor Plumbing	11	2
Lack of Industry*	9	3
Broadband*	7	4
Unemployment	5	5
Lack of Transportation*	4	6
Lack of Insurance	4	6
Opportunities for healthier living/eating	4	6
Drug Problem	3	7
Generational Behavior	3	7
Lack of Funds	2	8
Need more food suppliers	2	8
Training opportunities (unqualified workforce)	2	8
Ignorance/Apathy/Compliance Issues	1	9
Competition over Collaboration	1	9
Disunity amongst religious org.	0	
Media-Communication*	0	
Exhausted Grant Funding	0	

Opportunities	Votes	Rank
Navicent Urgent Care	23	1
Transportation (Local)	12	2
Telehealth to triage patients	9	3
Expand Broadband	9	3
Farmer's Market	6	4
Coordination of Available Resources	5	5
Large Chain Grocery*	5	5
Opportunity to open businesses*	4	6
Walkway for Public Use*	2	7
Telehealth for school students	2	7
Grants for Health Opportunities	2	7
Increase number of health practitioners	1	8
Tourism/Festivals*	1	8
Communications	0	

Threats	Votes	Rank
Not having a hospital	20	1
Lack of Transportation*	14	2
Food Access*	8	3
Poor Housing	8	3
Financial Literacy	8	3
No Broadband*	5	4
Isolation among citizens	5	4
Lack of openness to change to exterior influences	4	5
3 Major Health issues (cardio, diabetes, cancer)	3	6
Lack of Industry*	3	6
Aging Population*	2	7
Lack of Dialysis Center	2	7
Adaptation to change that outside communities embrace	2	7
Funding for Healthcare	1	8
Lack of Awareness of Health Resources	1	8
Multi-Emergency Response Time	0	

*Indicates comment or idea that appeared in two or more of the three SWOT sessions.

SWOT Quotes



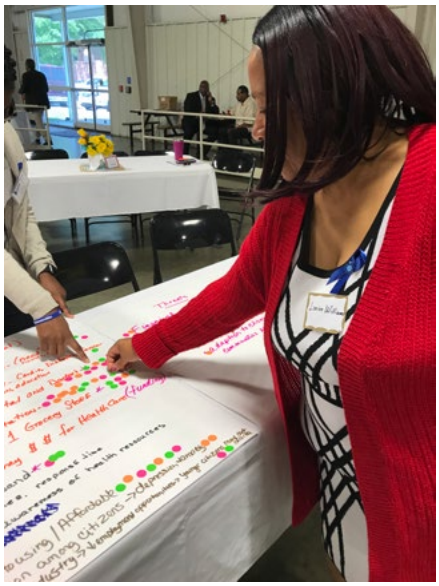
"We do have really good healthcare facilities, that's definitely a strength."

"The staffing, the amount of trucks, and response times —that our major issues for clinical care."

"We just can't seem to keep physicians here. They don't want to live where there is nothing."

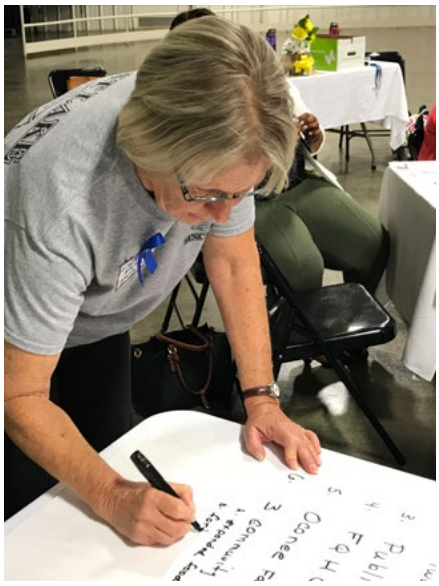
"A lot of the homes are substandard. Roofs coming in. Sewage problems. Roaches everywhere."

"We can't even get broadband where I live, at my house."



"The internet and phone lines used to go down everyday."

"Hancock County has a lot of improvements to make but we have some strengths."



SWOT Data Treemaps

Treemaps were created from the vote tallies, using Clinical and Community as categories for classification (Figures 1-4). Blue represents the participant input that was most pertinent to community resources, and green represents the participant input that was most pertinent to clinical resources. This clinical/community split provides an additional perspective on the participants' priorities. The size of each box correlates to the number of votes each piece of input received. Ideas that did not receive any votes are not included.

Figure 1. Strengths Treemap

The Strengths Treemap illustrates that SWOT participants voted more often for assets we categorized as community related. Eleven assets are categorized as community strengths and three are categorized as clinical strengths.

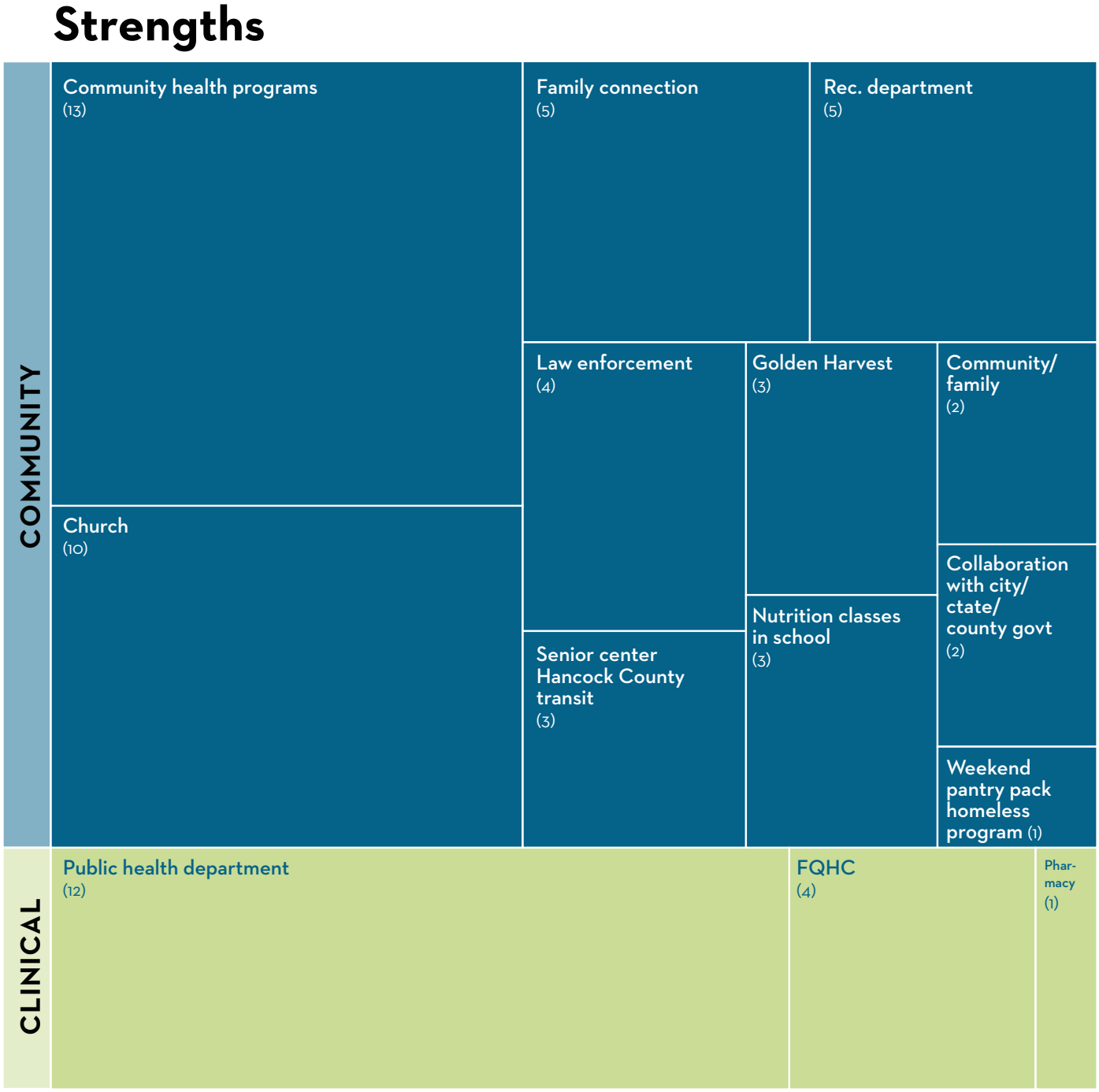


Figure 2. Weaknesses Treemap

The Weaknesses Treemap illustrates that SWOT participants voted more often for weaknesses we categorized as community related. Thirteen weakness are categorized as community weaknesses and five are categorized as clinical weaknesses.

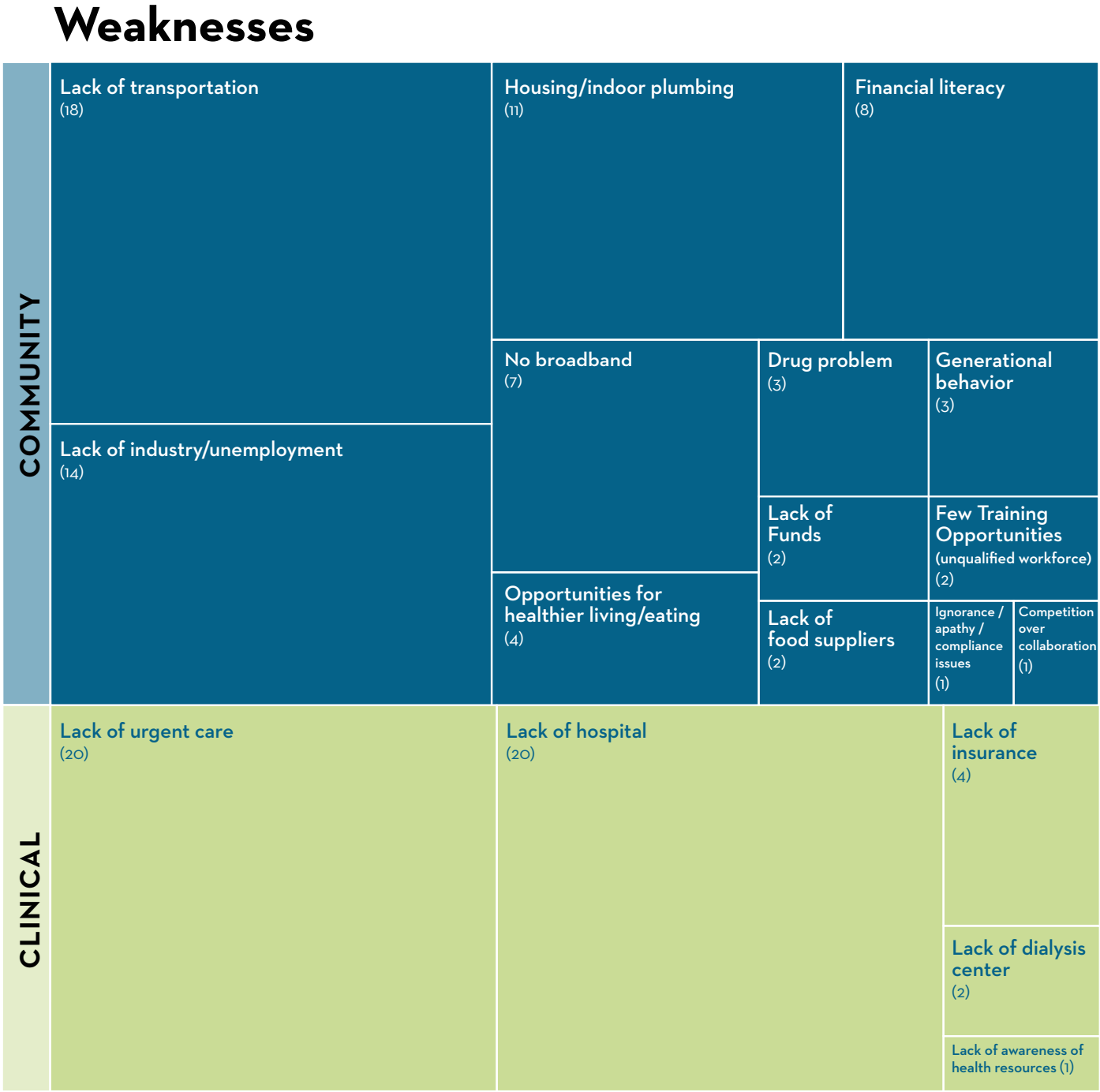


Figure 3. Opportunities Treemap

The Opportunities Treemap illustrates that SWOT participants voted more often for opportunities we categorized as community related. However, this map differs from the both the Strengths and Weaknesses maps in that the colors are almost half and half indicating a large number of votes were cast for both categories. Nine opportunities are categorized as community opportunities and three are categorized as clinical opportunities.

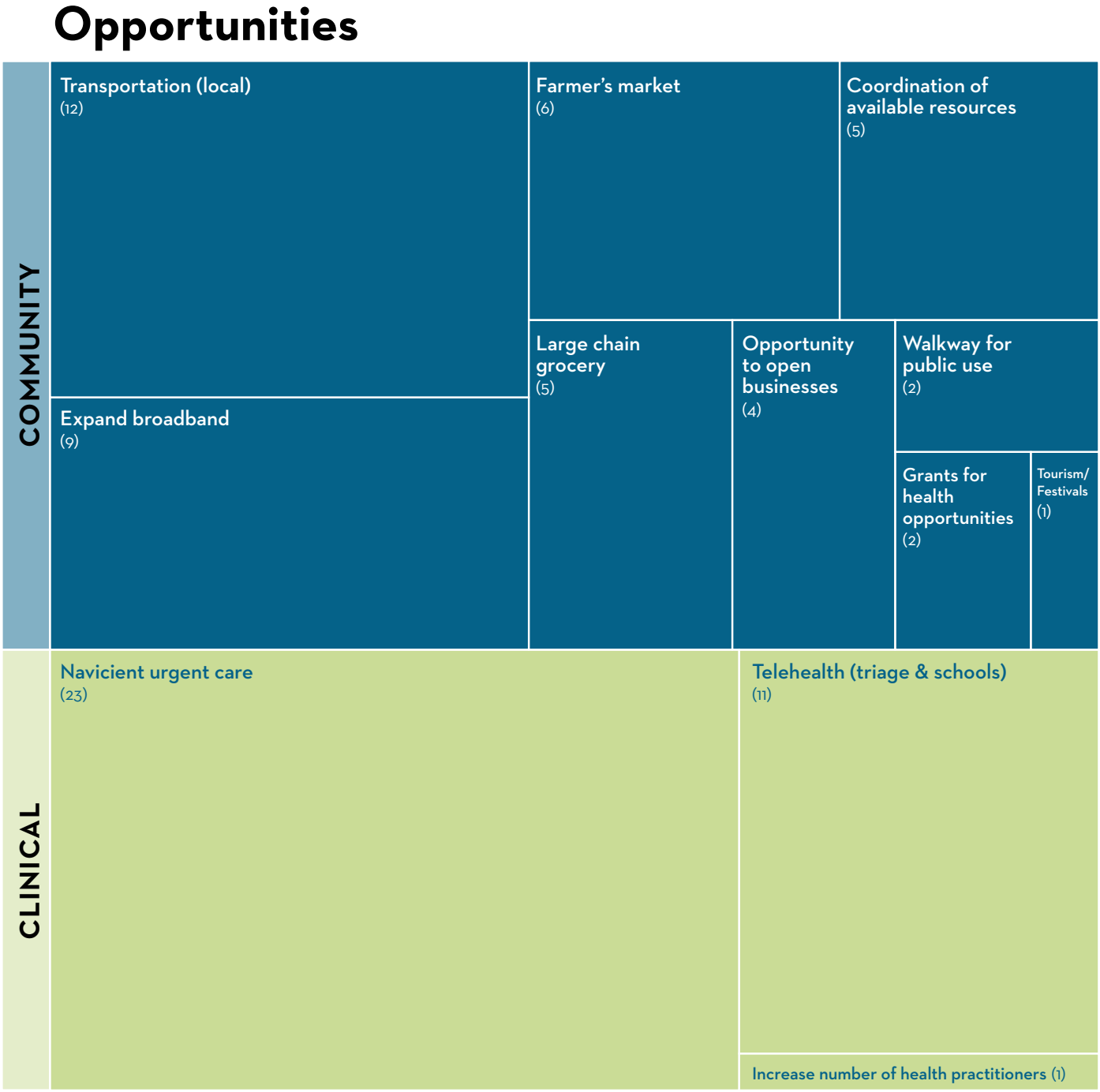
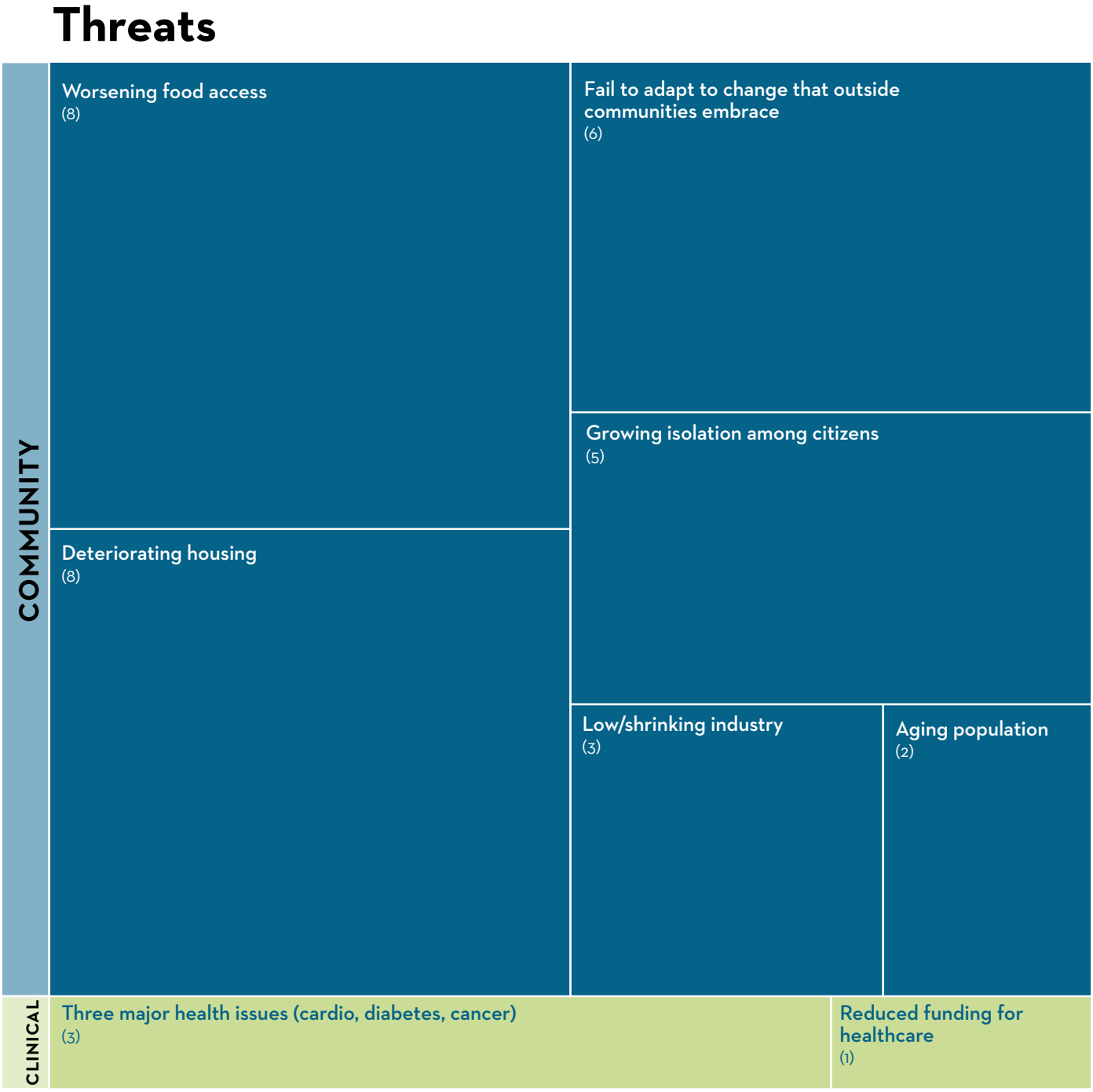


Figure 4. Threats Treemap

The Threats Treemap illustrates that SWOT participants voted more often for threats we categorized as community related. Six threats are categorized as community threats and two are categorized as clinical threats.

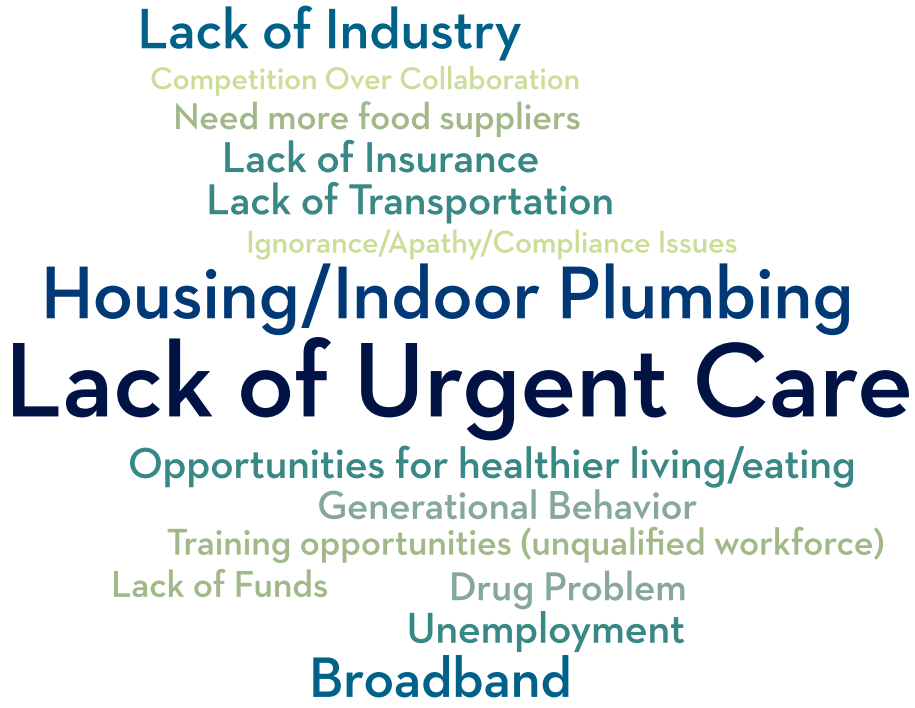


SWOT Word Clouds

Word Clouds were developed based on the on the number of votes each piece of input received during the SWOT. The larger words had the most votes and smaller words indicate proportionately fewer votes. Words of similar size also appear in the same color.

Strengths

Weaknesses



Opportunities

Telehealth to triage patients
Farmer's Market
Expand Broadband
Telehealth for school students
Increase number of health practitioners
Tourism/Festivals
Navicent Urgent Care
Transportation (Local)
Opportunity to open businesses
Large Chain Grocery
Coordination of Available Resources
Walkway for Public Use
Grants for Health Opportunities

Threats

Lack of openness to change to exterior influences
No Broadband
Lack of Industry
Funding for Healthcare
Lack of Dialysis Center
Lack of Transportation
Adaptation to change that outside communities embrace
Not having a hospital
Aging Population
Food Access
Poor Housing
Financial Literacy
Lack of Awareness of Health Resources
Isolation among citizens

SWOT Synthesis Matrix

From the raw data, minor modifications were made when it made sense to do so in attempting to synthesize. For example, there were cases where overlap between SWOT categories occurred for any given issue. In these cases, we classified where most appropriate and eliminated from the secondary category. For example, *Lack of industry and Lack of transportation* appeared as both weaknesses and threats. Given that these are both characteristics of Hancock county as it is in the present, they are more appropriately classified as weaknesses. Additionally, some issues that were identified only as threats were more properly classified as weaknesses that are internal/inherent to the county. For example, *Lack of openness to change* describes the current situation in Hancock county rather than a possible external or future event that could threaten the county's clinical offerings. Finally, combination of some items for future analysis made sense. For example, telehealth appeared twice – for patient triage and for students in school. While these may well be separate initiatives, for thinking about connections of opportunities to the other three categories, combining them helped to simplify things.

Using this modified data, big ideas, as identified through the group voting process were created and placed in a SWOT matrix (Figure 5). Finally, plausible connections of these big ideas were proposed only as possible recommendations for future work (Figure 6).

Figure 5. SWOT Matrix

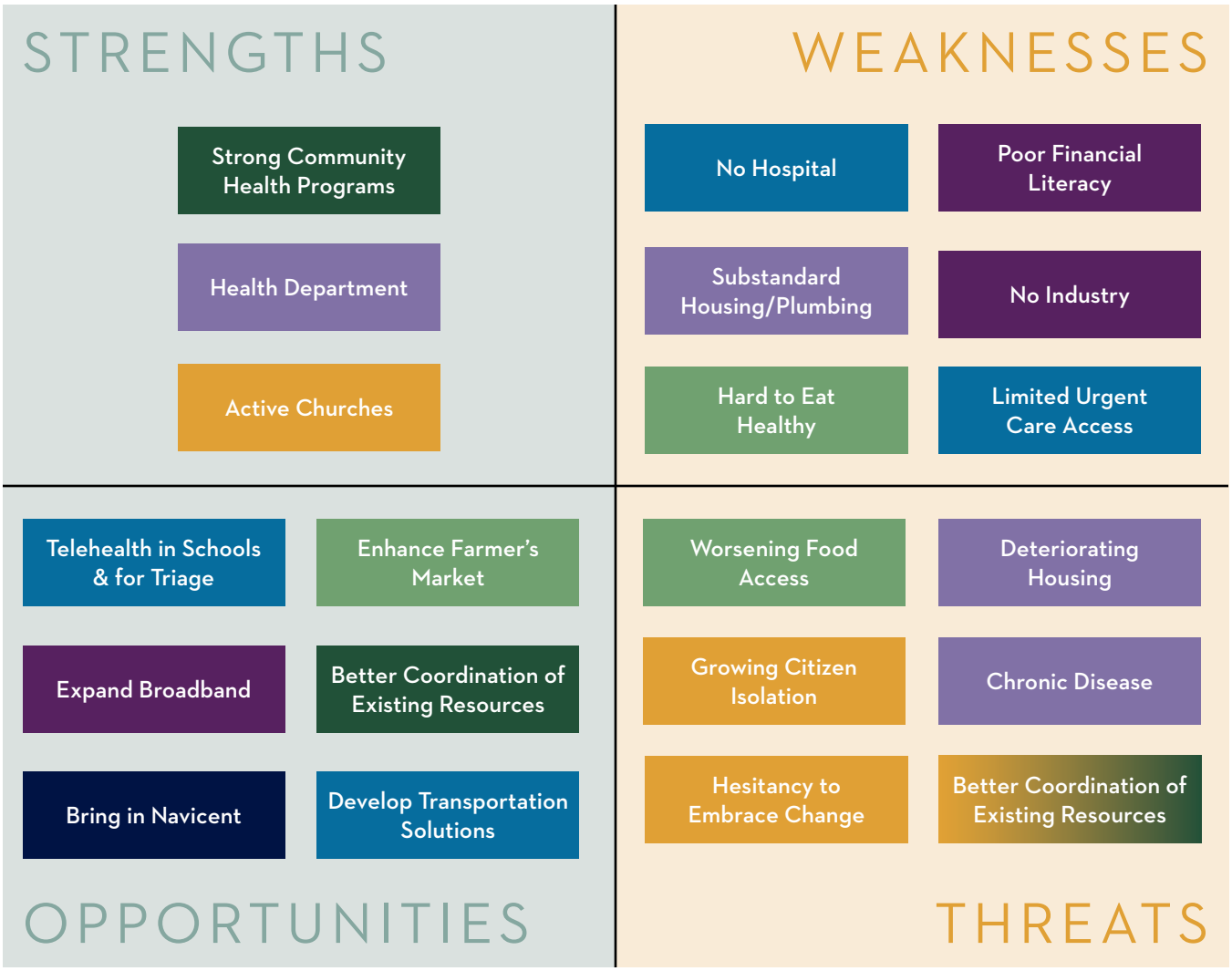


Figure 6. **Plausible SWOT Strategic Connections**

PLAUSIBLE

- » **Leverage Strong Community Health Programs to find better ways to coordinate existing clinical/public health assets, especially for the elderly**
- » **Enhance Farmer's Market offerings to make it easier to eat healthy and to mitigate worsening access to food**
- » **Leverage active church congregations to fight growing social isolation and nurture readiness for change in the community**
- » **Seek ways for health department to address growing rate of chronic diseases**
- » **Seek ways for health department and housing authority to educate residents on public health issues, such as the hazards of lead poisoning**
- » **Implement creative transportation solutions to mitigate lack of hospital and inadequate urgent care**
- » **Seek ways to bring telehealth and broadband industry reps together to consider ways to develop mutually beneficial solutions**
- » **Recognize that improved economy can improve overall health: seek broadband improvements as a means of attracting industry and increase financial literacy training of citizens**
- » **Negotiate to bring Navicent Health System into the county**

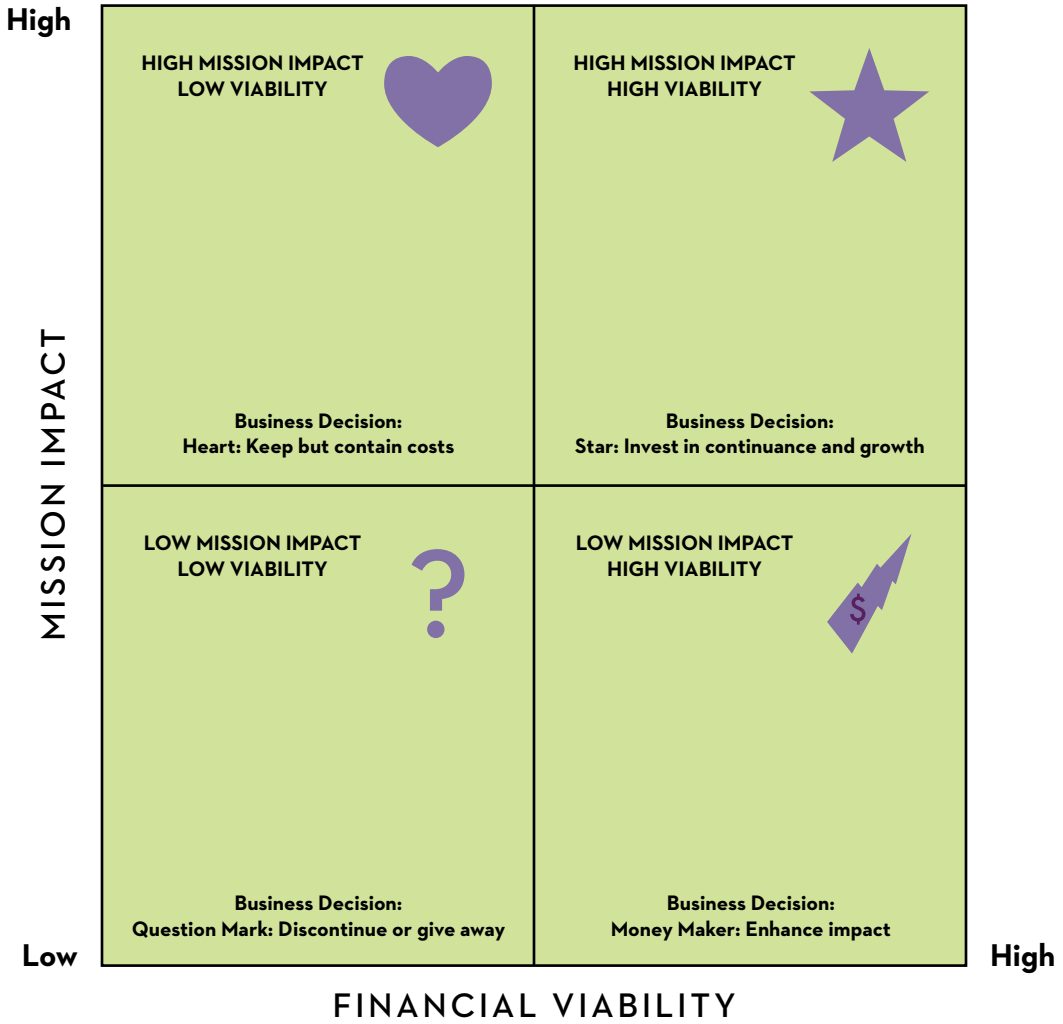
CHALLENGING

Recommendations

After reviewing the data collected during the workshop, the CPHPR team has the following recommendations for moving forward:

1. Compare the SWOT data discussed above with the NCHD Community-Clinical Linkages REACH Work Plan. Focus on the highly ranked issues and the plausible connections suggested above but be sure to review all the data. If there are emerging issues that came from the SWOT that are not included in the Work Plan, examine these issues using a prioritization process. We suggest a matrix such as the Dual Bottom Line Matrix that focuses on viability and mission impact. Funding is a big factor in executing these ideas and the matrix will help determine which issues are both viable and make an impact to the program mission.

CompassPoint's Dual Bottom Line Matrix



(Masoka, CompassPoint, 2005)

*Zimmerman, S., & Bell, J. (2014). The matrix map: A powerful tool for mission-focused nonprofits. *Non Profit News for Nonprofit Organizations| Nonprofit Quarterly.*

2. Develop measurable objectives to add to the Work Plan based on the prioritization matrix.
3. Create workgroups. All of the strengths listed are potential partners moving forward. Here are some potential partner groups that came from the SWOT based on the plausible connections mentioned above:

Ideas	Potential Partners
Leverage strong community health programs to find better ways to coordinate existing clinical/public health assets, especially for the aging population.	County Health Department Health District Family Connections Senior Center/Transport FQHC City/County/State Government
Enhance Farmer's Market offerings to make it easier to eat healthy and to mitigate worsening access to food.	City/County/State Government Sparta Mushrooms
Leverage active church congregations to fight growing social isolation and nurture readiness for change in the community.	Local Churches Family Connections
Seek ways for health department to address growing rate of chronic diseases.	County Health Department Health District HHIP
Seek ways for health department and housing authority to educate residents on public health issues, such as the hazards of lead poisoning.	City/County/State Government County Health Department Health District
Implement creative transportation solutions to mitigate lack of hospital and inadequate urgent care.	Senior Center/Transport FQHC
Seek ways to bring telehealth and broadband industry reps together to consider ways to develop mutually beneficial solutions.	HHIP City/County/State Government Georgia Department of Public Health
Recognize that improved economy can improve overall health: seek broadband improvements as a means of attracting industry and increase financial literacy training of citizens.	City/County/State Government Chamber of Commerce HHIP
Negotiate to bring Navicent Health System into the county.	City/County/State Government Chamber of Commerce HHIP

Appendices

a. Agenda

Hancock County Community-Clinical Linkages Assessment Workshop

Hancock County Youth Opportunity Center
Wednesday, April 24th, 2019, 10am-1pm

I. WELCOME

II. Introduction: Community-Clinical REACH Strategy

III. Hancock County Data Scan Presentation

IV. Group Discussion

V. BREAK

VI. SWOT Analysis Process

a. Strengths

b. Weaknesses

c. Opportunities

d. Threats

VII. LUNCH

VIII. Prioritization

IX. Next Steps and Close

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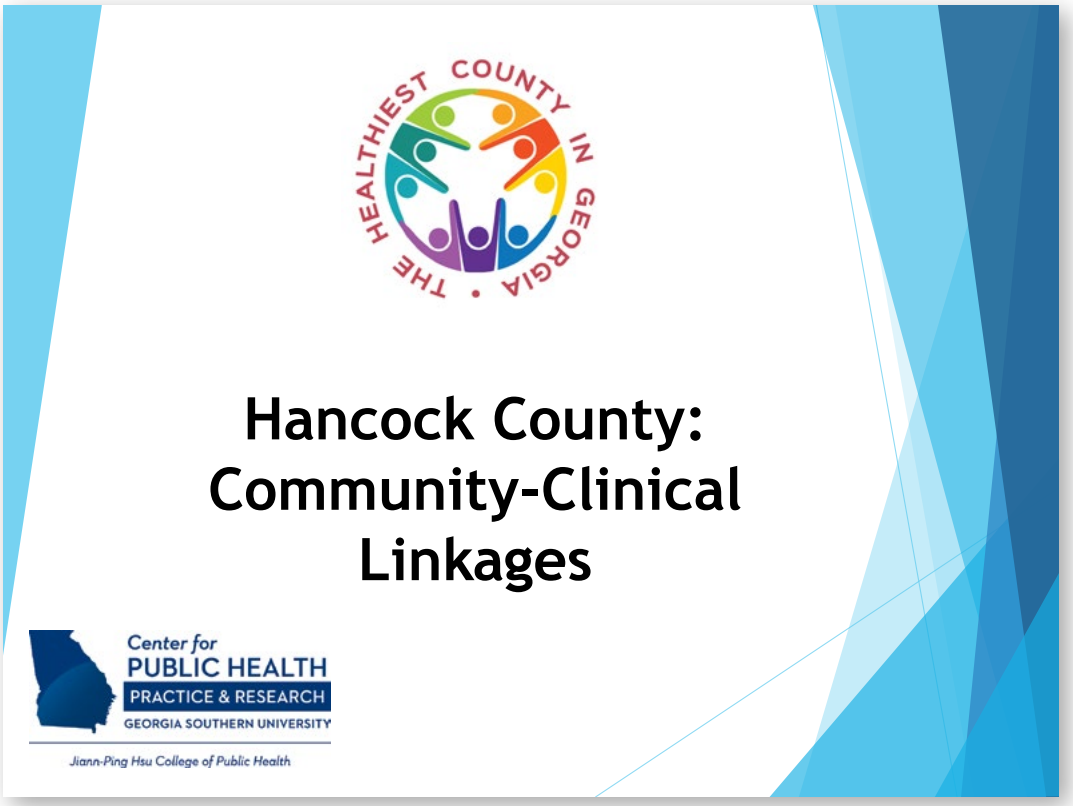
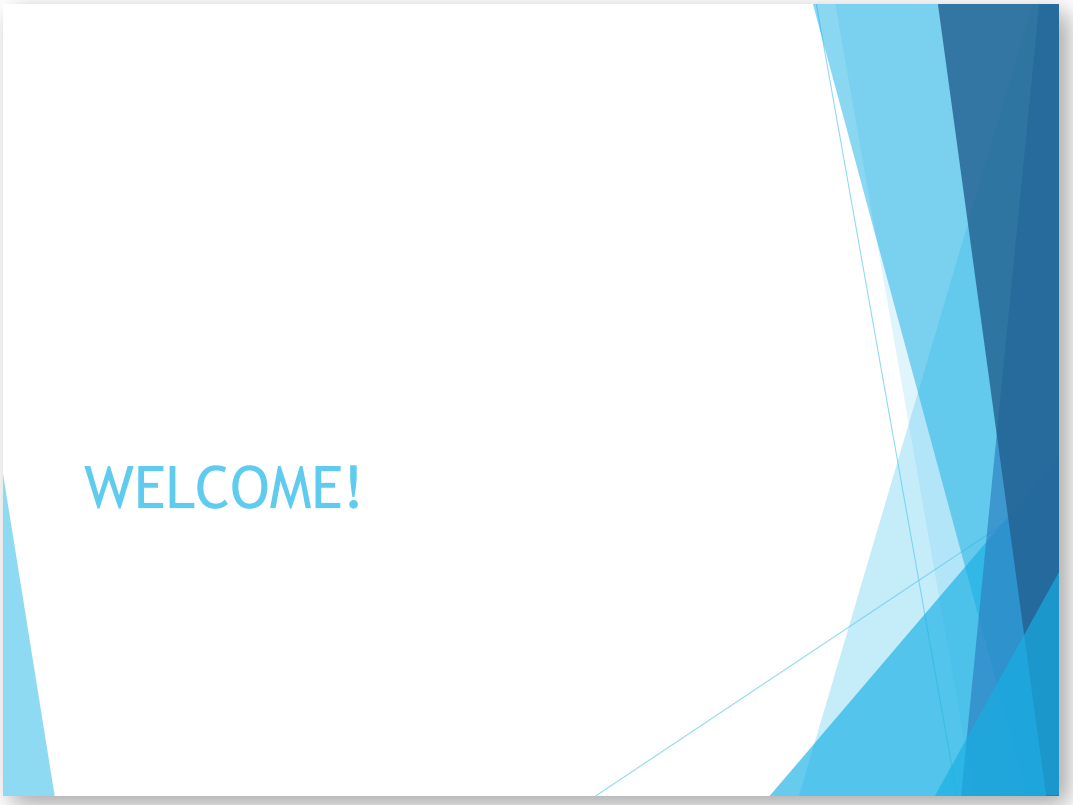
b. Power Point Presentation Slides





What are Community-Clinical Linkages?

- Connections between community and clinical sectors to improve population health.
- A community sector is comprised of organizations that provide services, programs, and/or resources to community members in non-healthcare settings.
- A clinical sector is comprised of organizations that provide services, programs, and/or resources directly related to medical diagnoses and/or treatment of community members.
- Research has provided evidence that health measures like blood pressure, HbA1C and health behavior measures like diet and exercise, can be improved via interventions developed around clinical community linkages.

(CDC, 2016)

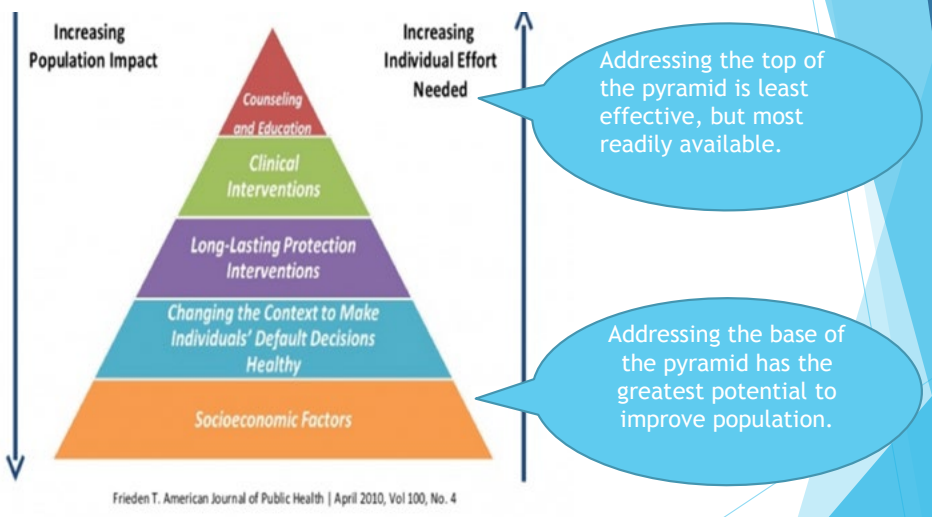
Examples

Community-Clinical Linkages Stakeholder Examples	
Community Partners	**Clinical Partners**
Community Centers (Example: *A local recreation center offers cooking classes*)	**Hospitals** (Example: *A hospital works with a community partner to organize a health fair for all residents*)
University Programming (Example: *Extension programs offer nutrition or physical activity programs*)	**Pharmacies** (Example: *A local pharmacy offers nutrition counselors while individuals wait for prescriptions to be filled*)
Faith-Based Communities (Example: *Faith-based groups offer spiritually-centered stress reduction programs*)	**Primary Care Practices** (Example: *Local doctors work with a community partner to create a prescription pad referral program*)
Nonprofit Organizations (Example: *YMCA nutrition programs offer guidance on menu selection*)	**Health Care Specialists** (Example: *Health educators provide cultural competency training for health care providers*)
Public Libraries (Example: *Libraries offer nutritionist-led classes or collaborative learning sessions about food labels*)	**Clinical Training or Advocacy Groups** (Example: *Local public health chapters offer capacity-building trainings and resources for physicians, nurses, and other clinicians*)
Farmers Markets (Example: *Local WIC agencies work with special coupons or incentive programs to provide healthy foods to communities that lack access to grocery stores and fresh food*)	**Medical Schools** (Example: *Medical students partner with a local church to offer blood pressure screening and counseling sessions*)

Introduction to the Community-Clinical Linkage Strategy

- Collaborate with partners to increase referrals and access to community-based health programs for the priority populations:
  - Promote the use of appropriate and locally available programs for individuals in the priority population(s) (e.g., Diabetes Prevention Program, Chronic Disease Self-Management Program, tobacco cessation services, Food Nutrition Education Programs, Special Supplemental Nutrition Program for Women, Infants, and Children, access to food banks, and assistance with housing or job training).
  - Expand the use of health professionals such as Community Health Workers, patient navigators, and, pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs.

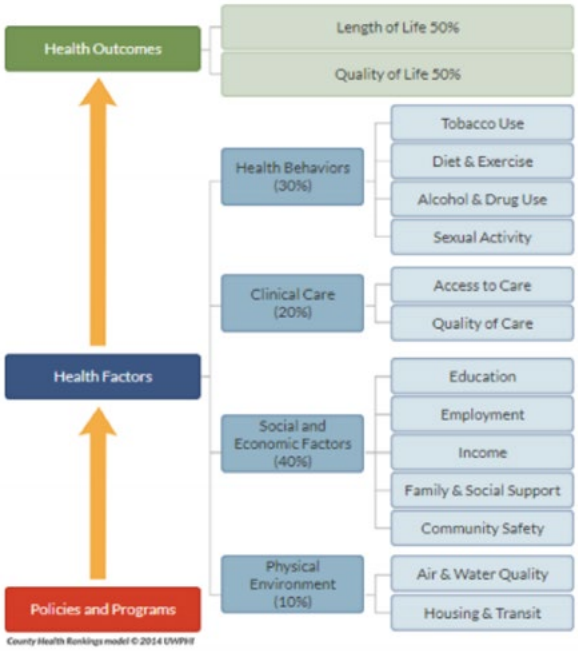
Health Impact Pyramid



Addressing the top of the pyramid is least effective, but most readily available.

Addressing the base of the pyramid has the greatest potential to improve population.

Determinants of Health



Hancock County, GA

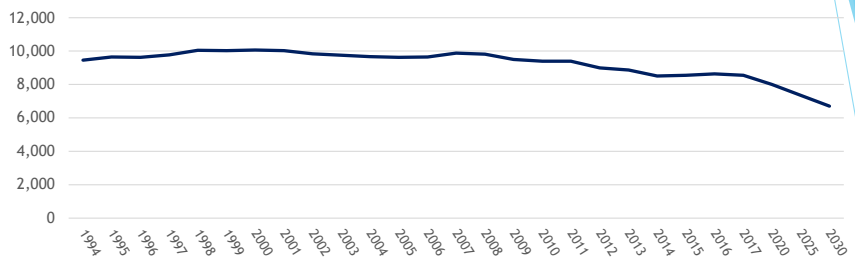
Source: hancockcountyga.gov/

Hancock County is the 135th most populated county out of 159 in the state of Georgia

Hancock County borders Baldwin County, Glascock County, Greene County, Putnam County, Taliaferro County, Warren County, and Washington County.

Data from https://datausa.io/profile/geo/hancock-county-ga/

Hancock County Population Past and Future



Hancock County has experienced a 9% decrease in population size over the last 7 years.

Source: Hancock CHIP 2018

Hancock County Population Demographics

Hancock County Demographics				
	County		Georgia	
	Population	Percent	Population	Percent
Population	8,640		10,310,371	
Below 18 Years of Age	1,408	16.3%	2,515,731	24.4%
65 and Older	1,814	21%	1,350,659	13.1%
Non-Hispanic African American	6,178	71.5%	3,206,525	31.1%
American Indian and Alaskan Native	43	0.5%	51,552	0.5%
Asian	86	1.0%	422,725	4.1%
Native Hawaiian/Pacific Islander	0	0%	10,310	0.1%
Hispanic	190	2.2%	969,175	9.4%
Non-Hispanic White	2,091	24.2%	5,505,738	53.4%
Not English Proficient	86	1%	309,311	3.0%
Female	3,897	45.1%	5,289,220	51.3%
Rural	5,322	61.6%	2,567,282	24.9%

Source: http://northcentralhealthdistrict.org/wp-content/uploads/2018/07/2018-County-health-rankings-Hancock-County.pdf

Cancer Prevalence

3% of all Hospitalizations are due to Cancer

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

- From 2012-2016, there were 161 deaths associated with cancer per 100,000 people in the County.
- African-American males and white females have a significantly higher risk than their counterparts
- Nearly 2/3 of cancer related deaths can be attributed to behavioral factors such as tobacco use, diet, obesity, and lack of physical activity. Many of these associated factors are prevalent within the County.

Source: Hancock CHIP 2018

Cardiovascular Disease Prevalence

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.

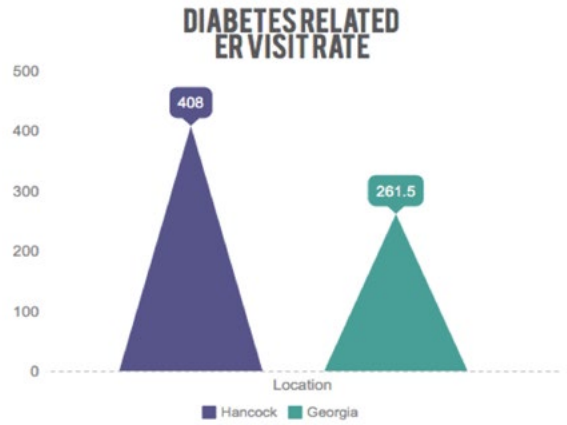
18% of all Hospitalizations are due to Heart Disease

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

- Cardiovascular disease is the leading cause of death, hospitalization, and years of potential life lost in the North Central Health District, as well as within the US.

Source: Hancock CHIP 2018

Diabetes



- Hancock County has reported significantly higher diabetes-related ER visits compared to the state of Georgia as a whole
- 88% of Medicare enrollees ages 65-75 receive regular HbA1C monitoring
- African-American females have the highest diabetes related ER visits while African-American males have the highest diabetes related hospitalization rates

Source: Hancock CHIP 2018

North Central Health District Health Behaviors

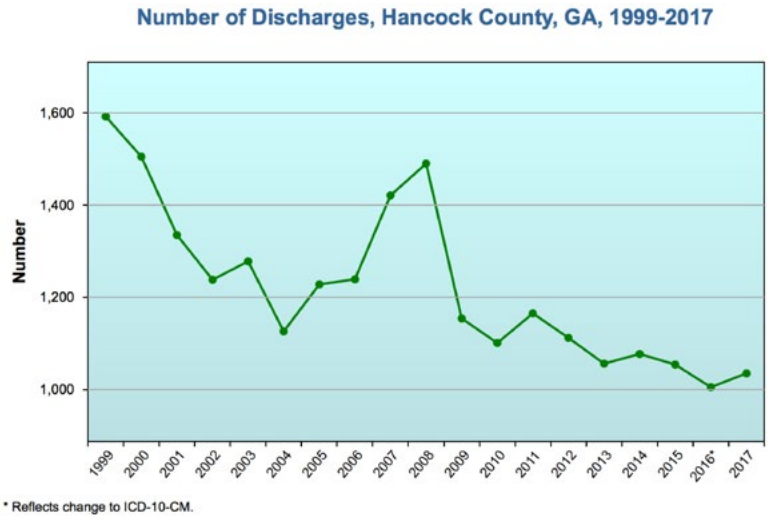
Behavior	Hancock	Georgia	County Rank
Excessive Drinking	11%	15%	1/13
Adult Uninsured	21%	16%	3/13
Adult Obesity	31%	30%	4/13
Adult Smoking	24%	18%	11/13
Food Environment Index	4.7	5.8	13/13

Source: http://northcentralhealthdistrict.org/wp-content/uploads/2018/07/2018-County-health-rankings-Hancock-County.pdf

Source: Hancock CHIP 2018

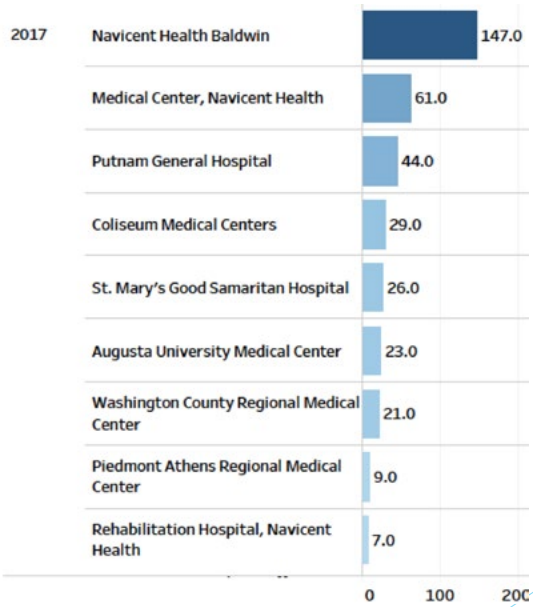
Clinical Care

Trends in Inpatient Utilization



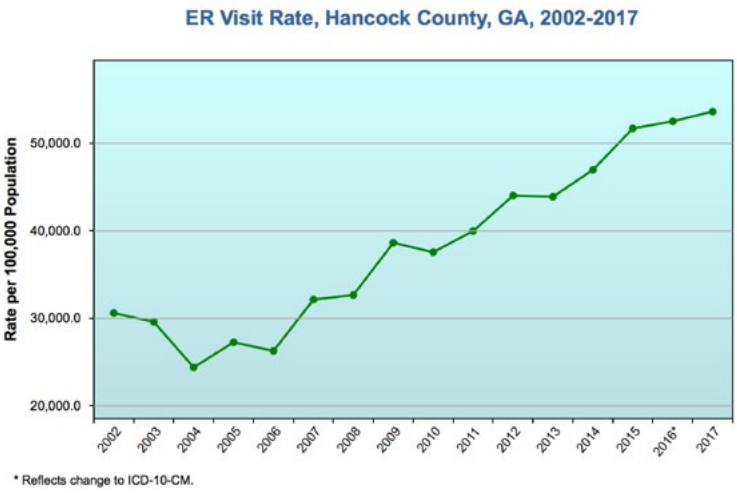
Data Source: Georgia Department of Community Health Online Analytical Statistical Information System.

Where Hancock County Residents Go for Inpatient Care



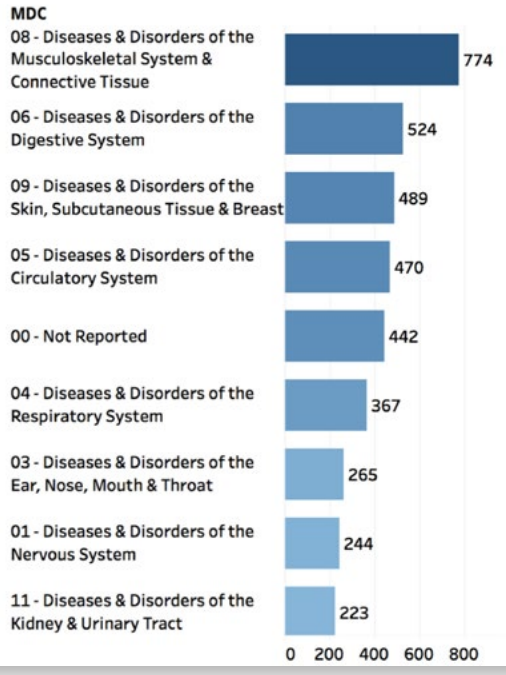
Data Source: Georgia GHA Hospital Data

Trends in Emergency Room Utilization



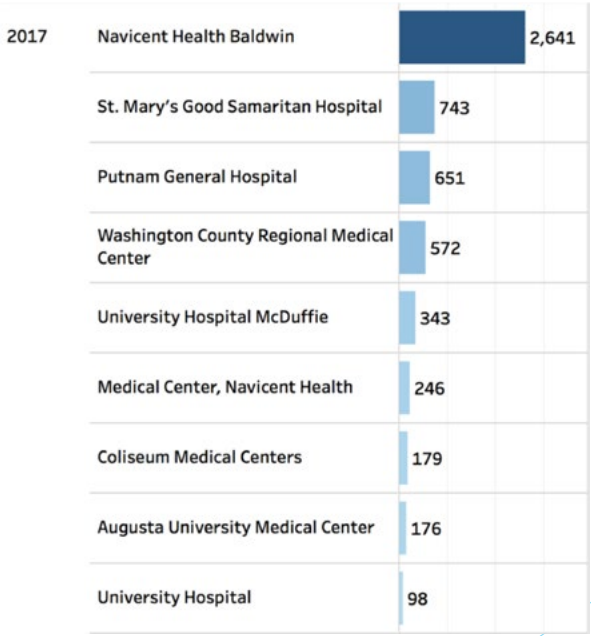
Data Source: Georgia Department of Community Health Online Analytical Statistical Information System.

Emergency Room Usage of Hancock County Residents



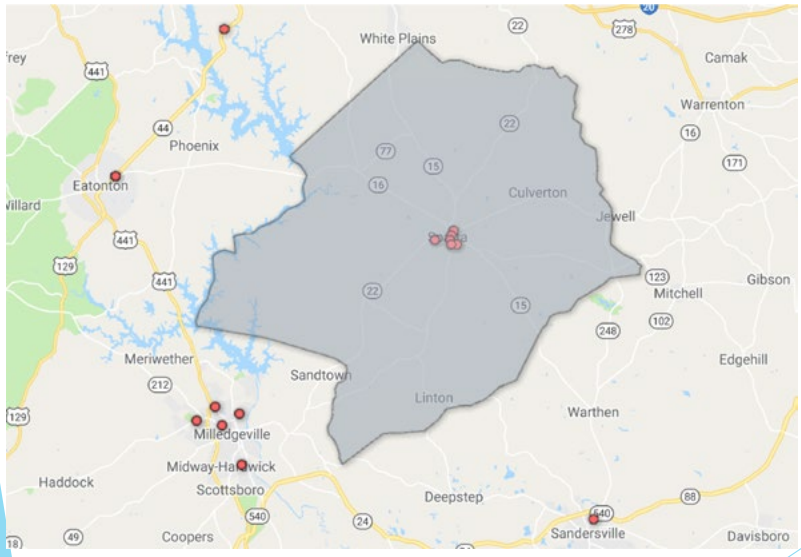
Data Source: Georgia GHA Hospital Data

Where Hancock County Residents Go for Outpatient Care



Data Source: Georgia GHA Hospital Data

Locations of Healthcare Providers



Access to Care within the County

- 21% of adults are uninsured within the county
- 6% of children are uninsured within the county
- In Hancock County, GA the age groups most likely to have health care coverage are 6-17 and 6-17, men and women, respectively.
- There are no hospitals available within the county, however there are two private clinics
- Hancock County is designated as a Health Professional Shortage Area and a Medically Underserved Area by the Health Resources & Services Administration of the US DHHS

Ratio of Population to Provider

Primary Care	4,250:1
Dentists	8,550:1
Mental Health Providers	4,280: 1
Other PCP's	4,276:1

Source: Hancock CHIP 2018

Source: datausa.io/profile/geo/hancock-county-ga/#health

Community Sector

Potential Key Community Sector Actors

	Inside County
Faith-Based	(~33)
Library	
Cultural	
Crisis Intervention	
Senior Center	
Pharmacy	
Counseling	
Government (Law, DFCS, Health Dept)	
University Extensions	
Home Health	

GROUP DISCUSSION

BREAK!

SWOT

- SWOT stands for:
  - **Strengths** *(what you do well)*
  - **Weaknesses** *(what you don't do well)*
  - **Opportunities** *(external factors you can take advantage of to allow your organization thrive)*
  - **Threats** *(external factors beyond your control that may place your organization's success at risk)*
- Strengths and weaknesses focus on internal assessments, whereas opportunities and threats focus on external assessments.
- A SWOT grid is a helpful way to summarize the results of your organization's SWOT.

Time for some Brainstorming…

SWOT Analysis

Strengths (Internal)

- Internal perspective on Hancock County's assets with respect to health and health care
- What does Hancock County do well?
- What assets already exist in the county that could be used to improve health?
- What characteristics of Hancock County's citizens can be considered assets in improving health?

Weaknesses (Internal)

- Internal perspective on Hancock County's liabilities with respect to health and health care
- What does Hancock County NOT do well?
- What assets already lacking in the county that could be used to improve health?

Opportunities (External)

- External perspective on Hancock County's possibilities with respect to health and health care
- Is there a possibility for growth of some existing assets?
- Are there successful programs outside of the county that you could replicate?
- Are there clinical resources outside of the county that could be brought to Hancock county citizens?

Threats (External)

- External perspective on threats to Hancock County's mission to improve community health and health care
- Barriers? Language? Transportation?
- Any looming harmful state or federal policy changes?

LUNCH BREAK

Prioritization

Group Exercise

- Time to review our SWOT and prioritize.

Next Steps

Where do you go from here?

How do you plan to use this information?

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Center for PUBLIC HEALTH PRACTICE & RESEARCH
GEORGIA SOUTHERN UNIVERSITY
Jiann-Ping Hsu College of Public Health

c. Attendance Sheets & Table

HANCOCK HEALTH
Improvement Partnership

WORKSHOP TITLE: Community Clinical Linkages **WORKSHOP DATE:** April 24, 2019

Sign-In Register
(Complete Requested Information)

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HANCOCK HEALTH
Improvement Partnership

WORKSHOP TITLE: Community Clinical Linkages **WORKSHOP DATE:** April 24, 2019

Sign-In Register
(Complete Requested Information)

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