



COMMUNITY HEALTH IMPROVEMENT PLAN

2013

The Florida Department of Health in Taylor County spearheaded the 2013 Community Health Improvement Project. As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Taylor County Community Health Improvement Plan serves to guide Taylor County health care partners as they work together to address local health priorities.

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Contributors

The Taylor County Community Health Improvement Project team was led Deidra Dunnell and Steve Tullos.

Acknowledgements

This report is a direct result of the many individuals, organizations and agencies engaged in improving the health and quality of life in Taylor County.

PREPARED BY



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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Taylor County Community Health Improvement Plan 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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EXECUTIVE SUMMARY

Building a healthier Taylor County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Taylor County residents. The 2013 Community Health Improvement Project was composed of representatives from diverse sectors of the community including education, government, health care, business, not-for-profit agencies, and citizens.

The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, educational, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Key Issues and Recommendations

The Taylor County Community Health Improvement Plan participants identified three key issues – Infectious Disease, Access to Health Care, and Maternal and Child Health - and developed recommendations and action steps. Participants

recommended the Community Health Action Plans be incorporated into the work of the Florida Department of Health in Taylor County, existing community groups, and health care partners.

Health Issue: Infectious Disease

Goal: Reduce the incidence of sexually transmitted infections (STIs) among the residents of Taylor County, ages 15-24.

Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016.

Strategy: Increase awareness for infectious diseases, specifically STI's, in Taylor County residents, ages 15-24, by increasing the distribution of print materials by January 30, 2016.

Health Issue: Access to Healthcare

Goal: Expand health care to the residents of Taylor County.

Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016.

Health Issue: Maternal and Child Health

Goal: Improve birth outcomes in Taylor County.

Objective: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.

Strategy 1: Define and advocate for a comprehensive sexual health curriculum in school.

Strategy 2: Develop male youth mentoring program to compliment and complete other teen pregnancy strategies.

INTRODUCTION

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health. Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.



The Taylor County Community Health Improvement Plan participants initiated community-wide strategic planning for improving community health utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that impact the health of residents in Taylor County.

METHODOLOGY

The Taylor County Community Health Improvement Project was organized for the purpose of conducting periodic extensive evaluations of the health status of the citizens of the Taylor County area in order to develop interventions. The goal of the project was to develop and implement comprehensive, community-based health



promotion and wellness programs in the Taylor County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

This project used NACCHO's MAPP model for community health planning, which provided a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Phases 1-3 of the MAPP model are reported in the Taylor County Community Health Assessment. This report provides documentation regarding Phases 4-6.

IDENTIFYING STRATEGIC ISSUES & FORMULATING GOALS AND STRATEGIES



BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Taylor County, Quad R, LLC was contracted by the Florida Department of Health in Taylor County to facilitate the Strategic Priorities & Goals workshop on March 4, 2013. The purpose of this workshop was to identify health priorities which are impacting Taylor County residents and to develop goal statements and strategies for each priority.

A total of 21 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Taylor County. The list of participants is included at the end of this report.

METHODS

Two weeks prior to the scheduled Strategic Priorities & Goals workshop, community health partners were contacted by e-mail from the Florida Department of Health in Taylor County regarding the date, time, and purpose of the workshop. One week prior to the workshop, community health partners were provided the agenda and a follow up letter further explaining the purpose and importance of the meeting. The email is included at the end of this report.

The participants were welcomed to the workshop by the Florida Department of Health in Taylor County Administrator, Steve Tullos. Participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for Taylor County. The agenda can be found at the end of this report. This data included:

- Florida Department of Health in Taylor County Community Health Status Profile – Executive Summary
- U.S. Census Quick Facts for Taylor County
- Florida Department of Health CHARTS – Taylor County Health Summary
- Florida Department of Health in Taylor County Forces of Change

The eight health themes from the 2012 *Forces of Change* workshop were posted on large flipchart sheets. These health themes included:

- Economic conditions
- Maternal & Child health
- Chronic disease
- Obesity
- Access to care
- Social/Mental Health
- Infectious Disease
- Health screening

Workshop participants self-assigned to one of the eight health themes or issues, and were asked to identify two “Do-able” activities to address and/or improve that health issue and two “Barriers” that would block activities to address and/or improve that health issue. Workshop participants reviewed each of the eight health issues and provided additional “Do-able” activities and “Barriers.” This work can be found in the Appendix.



After reviewing all eight health issues, participants were asked if there were any additional health issues. There was some discussion regarding the *Social/Mental Health* issue as to whether it should be broken down into two issues – *Social Health* to include Elderly care, Crime/Violence, and

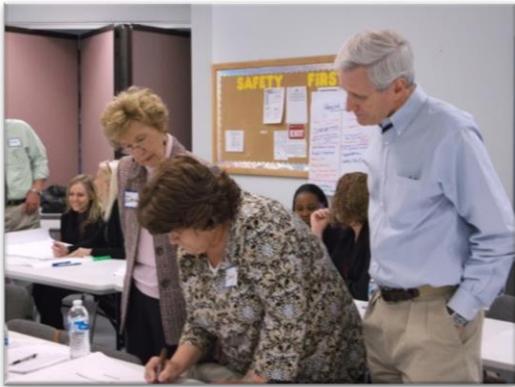
Drug abuse and *Mental Health*. The participants decided to leave it as one health issue because of the interdependencies of the specific priorities.

Workshop participants self-selected into one of the eight health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants. Workgroups were then provided the Goal & Strategies template on a large easel chart paper. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue and identified Barriers/Challenges from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the Goal & Strategies



template. In addition, the workgroup identified factors associated with the Implementation of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Once each workgroup had at least 2 strategies for the health issue, the participants



reviewed the work for each issue.

Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the Goal & Strategies template for their health issue. The results of the groups' efforts are found at the end of this report. The goals and strategies developed during the workshop are found on the following pages.

GOALS & STRATEGIES

Priority Issue: Access to Care		
Goal: Better access to all care for everyone.		
Strategy	Barriers	Implementation
Increase awareness for expanded healthcare coverage (Medicaid 133 and others).	<ul style="list-style-type: none"> • Lack of information • Buy – in from local leaders and surrounding community • Harder to get appointments with provider • Provisions from local government • Flexibility with Medicaid • Rural community 	<p>Timeline January 2014</p> <p>Lead & Team Members State and federal government – local Programs –hospital and medical practitioners</p> <p>Resources Funding Care providers More education</p>
Additional coverage of rural specialty care through telemedicine.	<ul style="list-style-type: none"> • AHCA – lack of support (DORS support) • Reimbursement from different payers • Funding from grants • Rules and regulations 	<p>Timeline January 2015</p> <p>Lead & Team Members Hospital – healthcare leaders Advocacy groups</p> <p>Resources Grant at state and local Specialty grants</p>

Priority Issue: Access to Care (continued)		
Goal: Better access to all care for everyone.		
Strategy	Barriers	Implementation
<p>Advance idea of medical and dental mobile units.</p> <p>Advance public transportation opportunities/ availability/ education.</p>	<ul style="list-style-type: none"> • Cost of buses • Liability • Lack of practitioners • 1 public transportation system for whole county • Lack of education/ expenses 	<p>Timeline 2 years</p> <p>Lead & Team Members Florida Department of Health in Taylor County Department of Transportation University of Florida Dental Association Collaboration with successful best practice counties</p> <p>Resources Local transportation board Recognition of resources</p>
<p>Open a clinic for Taylor County for after- hours/ weekends.</p> <p>Improve the quality of medical providers via long-term training.</p>	<ul style="list-style-type: none"> • Funding • Location • Employees 	<p>Timeline 2-3 years funding 5 years → clinic</p> <p>Lead & Team Members Doctor's Memorial Hospital Grant writer – Melody Cox</p> <p>Resources Medical clinics</p>

Priority Issue: Access to Care (continued)		
Goal: Better access to all care for everyone.		
Strategy	Barriers	Implementation
<p>Offer a comprehensive school health program and implement an on-site ARNP (increase parent permission).</p> <p>Recruit and retain quality medical providers in community.</p>	<ul style="list-style-type: none"> • Funding • Space • School liability • Rural community 	<p>Timeline 2 years</p> <p>Lead & Team Members Florida Department of Health in Taylor County School district</p> <p>Resources Grant writer Doctor's Memorial Hospital</p>

Priority Issue: Chronic Disease		
Goal: All persons living in Taylor County will have access to a program of prevention, education and intervention services for chronic disease.		
Strategy	Barriers	Implementation
Provide comprehensive health screenings for all of Taylor County's citizens.	<ul style="list-style-type: none"> • Funding • Collaboration of providers • Lack of education of availability of services • Transportation 	<p>Timeline Within one year</p> <p>Lead & Team Members Local providers (Hospital, physicians, Florida Department of Health in Taylor County, LQAC) BCC – Melody to write grants</p> <p>Resources Quarterly database listing updates & meetings Big Bend & Taylor senior center (vans)</p>
Provide comprehensive education, prevention and treatment programs of chronic disease for citizens in Taylor County.	<ul style="list-style-type: none"> • Funding • Provider resistance • Lack of continued education for providers (service agencies) • Transportation • Lack of chronic disease network for healthcare providers 	<p>Timeline Within 18 months</p> <p>Lead & Team Members Florida Department of Health in Taylor County</p> <p>Resources Skilled representatives</p>

Priority Issue: Chronic Disease (continued)		
Goal: All persons living in Taylor County will have access to a program of prevention, education and intervention services for chronic disease.		
Strategy	Barriers	Implementation
Incorporate schools & increase health education. <ul style="list-style-type: none"> • Comprehensive program as part of decrease. 	<ul style="list-style-type: none"> • Lack of social service agencies • Funding 	<p>Timeline 2015</p> <p>Lead & Team Members Taylor County schools Florida Department of Health in Taylor County & School health</p> <p>Resources Prevention University health programs</p>
Create a chronic disease program network for healthcare providers, as a resource.	<ul style="list-style-type: none"> • Funding • Workers without proper credentials <ul style="list-style-type: none"> ○ Counselors ○ Nurses ○ Dietitians • Location/ office 	<p>Timeline 2015</p> <p>Lead & Team Members Doctor's Memorial Hospital Doctor's offices</p> <p>Resources Big Bend 211 Whole Child Florida Department of Health in Taylor County</p>

Priority Issue: Economic Conditions are below state and federal averages.		
Goal: Develop an economic plan to ensure an economical sustainable community.		
Strategy	Barriers	Implementation
<p>Improve educational system so all K-12 students are competitive in global workforce (Technical center to 16).</p> <p>Improve teaching curriculum in Taylor County to include economic development.</p>	<ul style="list-style-type: none"> • Funding • Community culture (especially in demand areas- science, tech, etc.) • School attendance • Potential resistance by school staff • Success and job skills courses 	<p>Timeline 5 years</p> <p>Lead & Team Members Educational leaders Department of Education Business and community leaders Department of Labor/Department of Education – develop curriculum</p> <p>Resources Chamber of Commerce Elected officials Schools Taylor Count Development Authority</p>
<p>Develop a broad economic base including manufacturing, tourism, retail services, and health care by advocating and educating employers on why to come to Taylor County.</p>	<ul style="list-style-type: none"> • Perceptions of the community against growth and change. • Workforce • Not in line for these jobs(ties to #1) 	<p>Timeline 5 year plan – ongoing</p> <p>Lead & Team Member Chamber of Commerce Taylor County Board of County Commissioners Taylor County Advocate School system</p> <p>Resources Elected officials School leaders Doctor’s Memorial Hospital Public health partners</p>

Priority Issue: Economic Conditions are below state and federal averages. (continued)		
Goal: Develop an economic plan to ensure an economical sustainable community.		
Strategy	Barriers	Implementation
Increase graduation rates in Taylor County to at or above state averages.	<ul style="list-style-type: none"> • Economic conditions • Lower educational skills/curriculum • Low testing • Lack of one-on-one help • Too much time spent on material instead of student • Lack of life skills • Funding • Lack of involvement by parents • Culture • Teen pregnancy • Sex education in school at early age 	<p>Timeline Now</p> <p>Lead & Team Members Schools Community leaders Educational advocate Parents Students Department of Education Early pregnancy intervention education</p> <p>Resources Government Industries Grants Local community</p>

Priority Issue: Health Screenings		
Goal: Increase the number of community members receiving annual health screenings to include birth, adults, and elderly.		
Strategy	Barriers	Implementation
Obtain mobile health/ dental units for Taylor County through an administrative collaborative agreement (Whole Child mobile unit).	<ul style="list-style-type: none"> • Cost/funding • Partnership creation (details, schedule, etc.) • Community buy- in • Stigma/perception • Location(s) • Marketing 	<p>Timeline Within a year</p> <p>Lead & Team Members Administrators Whole Child team Healthy Start Elected officials Jefferson, Madison, Taylor Counties</p> <p>Resources Funding Collaboration Marketing Local church</p>
Create annual county- wide health fair with all health providers/agencies participating to address health needs of all ages and gender and offer free screenings and transportation (as needed basis).	<ul style="list-style-type: none"> • Collaboration • Community buy-in/provider buy- in • Location/ venue • Funding • Lead agency – ownership of event • Marketing • Specialists participation • Incentives for screenings 	<p>Timeline 12 -24 months</p> <p>Lead & Team Members All healthcare providers (local and state) Specialists</p> <p>Resources Funding Collaboration Marketing specialists</p>

Priority Issue: Health Screenings (continued)		
Goal: Increase the number of community members receiving annual health screenings to include birth, adults, and elderly.		
Strategy	Barriers	Implementation
Advocate providers to donate services to at risk populations, even those not in schools.	<ul style="list-style-type: none"> • Participation • Funding for advocated, advertising • Collaboration 	<p>Timeline 6 months</p> <p>Lead & Team Members Selected health care providers Advocates</p> <p>Resources Funding Advocating</p>
Motivate community to participate in screenings.	<ul style="list-style-type: none"> • Lack of transportation • Funding • Education • Stigma • Fear • Advertising • Marketing 	<p>Timeline Ongoing</p> <p>Lead & Team Members Local Advocates Health care providers</p> <p>Resources Incentives Funding Marketing</p>

Priority Issue: Infectious Disease		
Goal: Increase community wide education/ awareness		
Strategy	Barriers	Implementation
Establish a mobile health unit by allocating the necessary resources.	<ul style="list-style-type: none"> • Funding • Local support/buy-in • Staffing • Current health leadership • Advocacy 	<p>Timeline 18 months</p> <p>Lead & Team Members Florida Department of Health Local government officials Providers</p> <p>Resources Florida Department of Health Local government</p>
Increase community awareness through education by marketing and community events.	<ul style="list-style-type: none"> • Health prioritization • Community participation • Education (lack of) • Funding • Lack of motivation 	<p>Timeline 1 year</p> <p>Lead & Team Members Florida Department of Health Doctor's Memorial Hospital Tallahassee Memorial Hospital Local providers Senior services</p> <p>Resources Health professionals Community participation</p>

Priority Issue: Infectious Disease (continued)		
Goal: Increase community wide education/ awareness		
Strategy	Barriers	Implementation
Obtain school board acceptance and approval.	<ul style="list-style-type: none"> • Local school board support • Parental involvement • Advocate to school board 	<p>Timeline 1 year</p> <p>Lead & Team Members School Board officials Parents Department of Education Florida Department of Health Students</p> <p>Resources School board Local data/statistics Funding (private) Florida Department of Health</p>
Provide education programs in schools with incentives for completion at other health facilities, such as nursing homes.	<ul style="list-style-type: none"> • Stigma • School board • Students buy-in • Parent buy-in • Screening/testing sites • Confidentiality • Funding 	<p>Timeline 2-3 years</p> <p>Lead & Team Members School Board Parents Professionals Coordinator</p> <p>Resources Funding Health professionals Lead agency</p>

Priority Issue: Infectious Disease (continued)		
Goal: Increase community wide education/ awareness		
Strategy	Barriers	Implementation
Increase availability of screening sites and hours of operation & offer STI tracking (asking about partners).	<ul style="list-style-type: none"> • Funding • Provider buy- in • Community buy-in • Mobile units to reduce transportation issues <ul style="list-style-type: none"> ○ Lack of drivers/ drug screenings • Staff 	<p>Timeline 18 – 24 months</p> <p>Lead & Team Members Healthcare agencies Drivers for mobile units Community members</p> <p>Resources Lead agency Funding Staff Mobile units Grant writer</p>

Priority Issue: Maternal & Child Health		
Goal: Reduce teen pregnancy rate in Taylor County.		
Strategy	Barriers	Implementation
Implement sexual health program in middle & high schools.	<ul style="list-style-type: none"> • School board • Parents • Instructor – Need the right person • Student interest/Buy-in 	<p>Timeline 2-3 years</p> <p>Lead & Team Members School Board Parents Elected officials Professors in community</p> <p>Resources Funding Collaboration Faith-based organizations</p>
Establish separate, ongoing Teen parent 101 class (One for male/ one for females) with local teen parents as instructors with a mentoring program.	<ul style="list-style-type: none"> • Coordinator – needs to be well known, respected in the community • Funding • Teens to lead program • Students interest/Buy-in 	<p>Timeline 12-24 years</p> <p>Lead & Team Members Coordinator Superintendent School Board Faith-based community Boys and Girls Club of North Central Florida Florida Department of Health in Taylor County</p> <p>Resources Funding People Using current benefit recipients as mentors</p>

Priority Issue: Maternal & Child Health (continued)		
Goal: Reduce teen pregnancy rate in Taylor County.		
Strategy	Barriers	Implementation
<p>Provide 5-year birth control implants at no cost to teens (females).</p> <p>Offer additional options to birth control.</p>	<ul style="list-style-type: none"> • Parents • Social norms • Religion • Funding, however they are much more cost effective than pregnancy & children • Side effects of birth control • Social stigma 	<p>Timeline 1 year</p> <p>Lead & Team Members Florida Department of Health in Taylor County Advocates</p> <p>Resources Funding & Advocacy Faith-based outreach</p>
<p>Improve pre-conception health by advocating and educating about Medicaid expansion/services.</p>	<ul style="list-style-type: none"> • Legislative choices • Funding • Lack of education about Pre-conception health and its importance 	<p>Timeline 2 years</p> <p>Lead & Team Members Florida Association of Healthy Start Coalitions Agency for Healthcare Administration</p> <p>Resources Personnel Advocacy Knowledge Lobbyist</p>

Priority Issue: Maternal & Child Health (continued)		
Goal: Reduce teen pregnancy rate in Taylor County.		
Strategy	Barriers	Implementation
Increase awareness and education surrounding family planning, baby spacing, pre-natal education importance.	<ul style="list-style-type: none"> • Utilization of existing resources • Lack of transportation • Systemic economic benefit directly tied to number of kids 	<p>Timeline Immediate with system reform and analysis change exceeding 2 years</p> <p>Lead & Team Members Healthy Start Florida Department of Health in Taylor County Community advocating Leaders of Department of Children & Families and Florida Department of Health</p> <p>Resources Programs available Inter-city funded shuttle available</p>
<p>Improve education through:</p> <ul style="list-style-type: none"> • Fatherhood involvement • Accountability • Whole families' togetherness on childhood outcomes • Mandatory class once paternity is established • Mandatory counseling – fatherhood 	<ul style="list-style-type: none"> • Male culture • Female culture (especially teenagers) • Inter-generational culture • Education early in schools/ lack of realism • Earlier and earlier pregnancies (including elementary school) 	<p>Timeline 2 years</p> <p>Lead & Team Members School Administration Faith-based community Department of Children & Families Strategic Plan</p> <p>Resources Fatherhood Initiative (if we had grant money) We know/recognize the problem</p>

Priority Issue: Maternal & Child Health (continued)		
Goal: To improve early infant care to all citizens.		
Strategy	Barriers	Implementation
Increase and promote breastfeeding.	<ul style="list-style-type: none"> • Culture • Lack of education and knowledge of benefits • Lack of support (family, community) • Lack of promotion by pediatricians 	<p>Timeline 1 year</p> <p>Lead & Team Members Healthy Start Whole Child Pediatricians</p> <p>Resources</p>
Increase local access to funding for early birth deliveries.		<p>Timeline 2-3 years</p> <p>Lead & Team Members Department of Mental Health Local government funding</p> <p>Resources</p>

Priority Issue: Obesity		
Goal: To improve early infant care to all citizens.		
Strategy	Barriers	Implementation
Increase education of nutrition, to adults by: <ul style="list-style-type: none"> • Utilizing mobile unit • Regulating food stamp purchases. 	<ul style="list-style-type: none"> • Time • Lack of interest • Restaurants →fast food • Access to fresh/ affordable food • Family traditions (deep south cooking) • Funding (socio-economics) 	<p>Timeline 2015</p> <p>Lead & Team Members Florida Department of Health in Taylor County Doctor’s Memorial Hospital Physicians</p> <p>Resources Business Churches Community Schools</p>
Increase physical activity among children through mandatory physical education in schools.	<ul style="list-style-type: none"> • Parents (time and transportation) • Finances • Safety/ poor lighting • Implementation • Public lack of motivation of educators 	<p>Timeline 2014</p> <p>Lead & Team Members Schools Boy & Girls town Boy & Girls scouts Churches</p> <p>Resources University sports programs (alumni, interns) Taylor dance workshop Gyms Community centers</p>

Priority Issue: Obesity (continued)		
Goal: To improve early infant care to all citizens.		
Strategy	Barriers	Implementation
Increase physical activity among adults by providing more free services i.e. YMCA and promotion of Silver Sneakers (Medicare provider).	<ul style="list-style-type: none"> • Lack of education/ educators • Lack of facilities (i.e., jogging, walking, bike trails) • Funding • Motivation to exercise • Culture 	<p>Timeline 2014</p> <p>Lead & Team Members Community leaders Health care community</p> <p>Resources Sports complexes Personal trainers Gyms</p>
Promote wellness checks through: <ul style="list-style-type: none"> • Professional requirements • Education requirements 	<ul style="list-style-type: none"> • Funding • Motivation • Embarrassment • Non- compliance 	<p>Timeline 2014</p> <p>Lead & Team Members Community leaders Business leaders</p> <p>Resources Florida Department of Health in Taylor County Entire health community Education</p>

Priority Issue: Obesity (continued)		
Goal: To improve early infant care to all citizens.		
Strategy	Barriers	Implementation
Increase social and lifestyle changes.	<ul style="list-style-type: none"> • Socio economic • Locally grown farm products • Physical activity • Funding • Gym membership fees 	<p>Timeline 1 year</p> <p>Lead & Team Members Families Healthcare providers Pediatricians</p> <p>Resources</p>
Promote exclusive breastfeeding.	<ul style="list-style-type: none"> • Pediatrics misinformation • Culture (misinformation) • Working moms single parenting • Teen moms • Education (lack thereof) 	<p>Timeline</p> <p>Lead & Team Members</p> <p>Resources</p>

Priority Issue: Lack of Social/Mental Health Services/Education		
Goal: Increase access to services to all citizens.		
Strategy	Barriers	Implementation
Establish more local services for mental health.	<ul style="list-style-type: none"> • Providers locally in community • Transportation • Need mental health providers in place • Community support • Stigma to receiving services 	<p>Timeline 2 years</p> <p>Lead & Team Members Local government officials Qualified licensed provider Physician Already involved local mental health professionals Client advocating for service Community support</p> <p>Resources Government funding Local government support</p>
Provide more access to services in school system and community.	<ul style="list-style-type: none"> • Funding • Lack of mobile services • Lack of priority in school system and community • Advocacy • Transportation • Culture • Stigma • Qualified provider • Insurance requirements • Too much government regulation 	<p>Timeline 2 years</p> <p>Lead & Team Members Qualified professionals School Board official Department of Education involvement Parental involvement Federally Qualified Health Center</p> <p>Resources Funding (state/ local) Community advocacy Parental coalition</p>

Priority Issue: Lack of Social/Mental Health Services/Education (continued)		
Goal: Increase access to services to all citizens.		
Strategy	Barriers	Implementation
<p>Increase coping skills and family planning.</p> <p>Decrease substance abuse, drinking, smoking during pregnancy.</p>	<ul style="list-style-type: none"> • Lack of services/support from family – in home services over extended • No stigma attached to that • No prenatal child abuse law/Department of Children and Families 	<p>Timeline 2 years</p> <p>Lead & Team Members In home service providers Family Planning providers Agency for Healthcare Administration Department of Children & Families Florida Department of Health in Taylor County</p> <p>Resources Some services available need increase of funding Review legislature</p>
<p>Promote available social/mental health services in the community through all local media outlets, community health fairs, home with kids school age, etc., with explanation of confidentiality.</p>	<ul style="list-style-type: none"> • Funding • Stigma (lack of education) • Positive activities for young people 	<p>Timeline 2014</p> <p>Lead & Team Members Community leader School personnel Health care professionals</p> <p>Resources Media outlets Apalachee Mental Health (available services) Big Bend 211 Refuge House</p>

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SUMMARY/KEY FINDINGS

The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Taylor County public health system.



Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Taylor County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. The *Economic Conditions*, *Health Screenings*, and *Access to Care* were identified as key priority health issues.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Taylor County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Taylor County and the state of Florida also present the need to address language and cultural barriers. *Social/Mental Health* is a priority issue which impacts the health of Taylor County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for all public health services. *Obesity, Infectious Diseases, Chronic Disease, and Maternal & Child Health* are priority issues which impact and are impacted by the other health issues identified in the workshop.

In summary, these strategic priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Taylor County community. These strategic priorities and goals impact multiple sectors of the Taylor County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.

EMAIL TO COMMUNITY HEALTH PARTNERS

From: Deidra_Dunnell@doh.state.fl.us [mailto:Deidra_Dunnell@doh.state.fl.us]

Sent: Monday, February 18, 2013 4:57 PM

Subject: Community Identified Strategic Priorities/Strategies/Goals Workshop

Hello

The Florida Department of Health in Taylor County needs your help! We are in the final stages of our Community Health Improvement Planning Project, and need your assistance in the next phase of the process where we identify the most important issues facing the community and develop goals to address these priority issues. We will host a workshop on March 4, from 9:00am-1:00pm at the Florida Department of Health in Taylor County in Perry, FL. During this session, we will review all the data and reports generated in the Community Health Improvement process, identify health priorities which impact Taylor County residents, and develop goals & strategies for each priority.

Please join us on March 4 - your experience and expertise is vital to this process. A working lunch will be provided during this workshop. Please RSVP to Deidra Dunnell at deidra_dunnell@doh.state.fl.us by **February 27**, and let us know if you have any dietary restrictions.

Date: March 4, 2013 – Monday

Time: 9:00am-1:00pm

Location: Florida Department of Health in Taylor County

1215 N. Peacock Ave

Perry, FL 32347

Thank you in advance. We are looking forward to your valuable input at this workshop.

Deidra Dunnell, MPA

Teen Outreach Facilitator

Florida Department of Health in Taylor County

1215 N. Peacock Ave

Perry, FL 32347

850-584-5087 ext.150

850-584-8653 (fax)

WORKSHOP PARTICIPANTS

Name/Title	Organization
Dan Simmons	Buckeye
Debbie Bassett	Capital City Bank
Melissa Tompkins, Health Administrator	Chemring Ordnance
Dodi Dhein	DISC Village, Inc. (Prevention)
Heidi Dhein	DISC Village, Inc. (Prevention)
Carol Perdomo	DISC Village, Inc. (Prevention)
Jim Leis	Doctor's Memorial Hospital
Morgan Rockey, Client Relation Coordinator	Florida Department of Children & Families
Deidra Dunnell	Florida Department of Health in Taylor County
Kristie Lutz	Florida Department of Health in Taylor County
Linda Murphy, Care Coordinator	Florida Department of Health in Taylor County
Steve Tullos, Administrator	Florida Department of Health in Taylor County
Amy Ellison	Healthcare Workforce Network
Donna Hagan, Executive Director	Healthy Start Coalition - JMT
Tonja Bell, Community Health Educator	Healthy Start Coalition - JMT
Lisa English, Center Manager	NFMC/Taylor Medical & Dental Center
Ernestine Mitchell, SART Coordinator	Refuge House
Teresa Sanders, Case Manager	Suwannee River Economic Council
Robin Collins, Teacher	Taylor Pre-K
Sandy MacDonald, Coordinator	Taylor Pre-K
Glenda G. Hamby	United Way

WORKSHOP AGENDA



Florida Department of Health in
Taylor County Improvement Project:
*Strategic Priorities with
Goal Statements & Strategies*

March 4, 2013 Agenda

March 4, Monday – 9:00am-1:00pm

Florida Department of Health in Taylor County
1215 N. Peacock Ave
Perry, FL 32347

9:00am - 9:15am

**Introductions
Workshop Logistics Review**

9:15am – 9:45am

Workgroup Assignments

- Participants will be assigned to a workgroup to review the Priority Issues from the *Florida Department of Health in Taylor County Forces of Change – 2012 Report*
- Each workgroup will:
 - Prioritize the Issues
 - Group Issues that Overlap
- Participants will use nominal group technique to vote on the priority issues

9:45am-10:30am

Strategic Planning

- Individuals will self-assign into an “Issue” workgroup
- Each workgroup will identify a *GOAL* statement for their issue(s)
- Each workgroup will identify *BARRIERS* to the achievement of the *GOAL(s)*, such as insufficient resources, lack of community support, legal or policy impediments, or technological difficulties

10:30am – 10:45am

Workgroup Round-Robin Review

- Workgroups will review results of other workgroups & provide feedback

10:45am – 11:30am

Strategic Planning (continued)

- Workgroups will develop strategy statements related to each goal for their Issue(s)

11:30pm-11:45pm

Workgroup Round-Robin Review

- Workgroups will review results of other workgroups & provide feedback

11:45am-12:15pm

Working Lunch Break

12:30pm-12:45pm

Strategic Planning (continued)

- Workgroups will finalize the Strategy statements for each goal based on review/feedback

12:45pm-1:00pm

Workshop Summary & Next Steps

KEY TERMS: Goals and strategies provide a connection between the current reality (what the public health system and the community’s health looks like now) and the vision (what the public health system and community’s health will look like in the future).

Goals

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example: Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to affordable quality health care.

Strategies

- Patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.
- Broad statements that set a direction & communicate how the community will move in that direction.
- Lead to coordinated action by addressing the complexity of seemingly complicated problems, in providing a focus for future action.
- Emphasize action which serves a critical role in linking planning to implementation.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategies:

1. Establish a community ombudsman program for city and private services.
2. Strengthen coordination among local public health system partners to eliminate gaps in service and improve referral mechanisms among providers (i.e., between mental health and primary care).
3. Increase awareness of available services through the development of an online directory of area public health and health care organizations.
4. Develop the capacity to provide culturally and linguistically appropriate services.
5. Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

For more information: http://www.doh.state.fl.us/compass/Resources/FieldGuide/2008_Version/6Goals.pdf

Action Plan (Program planning, implementation, and evaluation)

BACKGROUND

Community Health Improvement Project participants met for two workshop sessions to develop the Community Health Improvement Plan, which involved identifying strategic issues, formulating goals and strategies, and creating an action plan that focused on program planning, implementation, and evaluation. The four-hour workshop sessions were held at the Department of Health in Taylor County in Perry, Florida on April 5 and April 12, 2013. The email invitations, agendas, and workshop participants are included at the end of this report.



METHODS

At the CHIP session 1, there were 11 participants representing both public and private organizations in Taylor County. Workshop participants were assigned to teams and reviewed data from the following sources:

- 2010 Florida Department of Health Behavioral Risk Surveillance Survey – Taylor County
- Taylor County Health Rankings and Roadmap 2010-2013
- Florida Department of Health CHARTS 2012 Summary data

In addition, the March 4, 2013 Strategic Priorities and Goals were reviewed by participants. These included the eight issues on:

- Access to Care
- Chronic Disease

- Economic Conditions
- Health Screenings
- Infectious Disease
- Maternal/Child Health
- Obesity
- Social/Mental Health

Using this information, the workshop participants were asked to vote on the 3 “Most Do-able” Health Issues from the eight identified at the March 4th workshop. Using a multi-voting technique, participants prioritized the issues. This group decision-making technique is used to reduce a long list of items to a manageable number by means of a structured series of votes. Workshop participants narrowed the list of eight to:

- Access to Care
- Infectious Disease
- Maternal/Child Health



The facilitator then asked the participants to form teams of 3-4 members and to select one of the health issues. Each issue was placed on an easel chart sheet, and the teams identified 2-3 “Do-able Activities.” The teams reviewed each of the three health issues and added “Do-able Activities” to each easel chart. After reviewing the list of activities, each team developed a goal and SMART (Smart, Measurable, Achievable, Realistic, and Time-bound) objective. The teams also identified the baseline data and source for the SMART objective and revised the objective as needed to reflect the “measurable” requirement.

Teams reviewed each other's work and modified the Goal and SMART Objective for each of the three health issues. After a working lunch, the teams were given an Action Plan template on an easel chart sheet. The teams transferred their Goal,



Objectives and Baseline data and source to the template. The teams were instructed to list the Activities needed to accomplish the Objective. There was much discussion among the teams regarding the Activities. The result of this session is found in Appendix 2.

The second CHIP Action Plan session was held on April 12. There were 11 participants representing both public and private organizations in Taylor County. Workshop participants were given the Action Plans they had developed at the April 5 CHIP session. Teams were asked to review the Goal, Objective, and Baseline data prior to identifying Activities. Several teams revised the information to reflect the baseline data and Do-able Activities identified at the April 5 CHIP session, and developed additional Strategies for each Objective. The facilitator worked with each of the three health issue groups to refine the Action Plan. Evaluation measures were created for activity in the action plans. In addition, the participants identified lead roles, community resources, and target date(s) for completion.

Several teams decided that additional Strategies were not realistic within the desired timeframe for completion of the Action Plan. These teams focused their efforts on developing Activities within their selected Objective. The facilitator continued to emphasize the need to break each Activity into a singular do-able action step. The session participants were reminded that the final Action Plan is a document which can be modified and changed as the Plan is implemented.

Each Action Plan contained the following components:

- Goals and Objectives for improving Taylor County Health Issues
- Performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Designation of accountable persons and organizations for implementing strategies
- Measurable health outcomes or indicators to monitor progress

It should be noted each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan.

Some of the teams decided there were no policy changes required, while other teams determined Taylor County School Board approval was needed for the Objective to be achieved. A presentation with the evaluation measure of “Approval Obtained” was identified for these specific Action Plans.

The final product is presented on the following pages.

Priority Issue: Infectious Diseases					
Goal: Reduce the incidence of sexually transmitted infections among the residents of Taylor County, ages 15-24					
Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016.					
Strategy 1: Increase awareness for infectious diseases, specifically STI's, in Taylor County residents, ages 15-24, by increasing the distribution of print materials by January 30, 2016.					
Baseline Measure/Source: Bacterial STIs in residents 15-24 years of age – Taylor County rate 3633.6, State rate 2662.9 (Florida CHARTS 2012).					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee known as the “Healthy Living Coalition”, by advocating for a community resource to provide the printed resources to their clients.	<ul style="list-style-type: none"> • Florida Department of Health in Taylor County • Little Pines Pediatrics • Premier Medial Plaza • Doctors Memorial Hospital Clinic • Chamber of Commerce • Local politicians • Local business owner • Teens • Parents 	April 30, 2014		<ul style="list-style-type: none"> • Healthy Living Coalition formed. • Meeting minutes. • Roster of participants. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
2. Review and revise the action plan as needed.	Healthy Living Coalition	May 30, 2014		Action Plan reviewed and revised as needed.	
3. Research evidence based programs for an outreach strategy to include: <ul style="list-style-type: none"> a. Non-traditional distribution sites (grocery store, public restrooms, and churches) b. Rural community c. Target audience 15-24 year olds d. Permission slip for parents if needed. e. Tool to gather data on existing STI resources f. Survey for 15-24 year olds on awareness/knowledge of STIs g. d. Public awareness campaign h. Printed materials i. Evaluation tool 	Healthy Living Coalition	July 1, 2014		Evidence-based programs researched.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Establish selection criteria for outreach strategy program(s) to include a-h in Step 3 above.	Healthy Living Coalition	July 1, 2014		Selection criteria established.	
5. Select outreach strategy program(s) using selection criteria.	Healthy Living Coalition	July 1, 2014		Program(s) selected.	
6. Modify outreach strategy program(s) for Taylor County 15-24 year olds to include: a. Non-traditional distribution sites (grocery store, public restrooms, and churches) b. Tool to gather data on existing STI resources c. Survey for 15-24 year olds on awareness/knowledge of STIs d. Public awareness campaign e. Printed materials f. Evaluation tool	Healthy Living Coalition	September 30, 2014		Outreach strategy program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop implementation plan to include logistics for: <ul style="list-style-type: none"> a. Gathering data on STI resources b. Administering STI awareness & knowledge survey of 15-24 year olds (before Public awareness campaign and after campaign) c. Public awareness campaign d. Printed materials 	Healthy Living Coalition	November 30, 2014		Implementation plan developed.	
8. Begin implementation plan.	Healthy Living Coalition	January 1, 2015		Implementation plan started.	
9. Prepare printed material on STI resources to include: <ul style="list-style-type: none"> a. Resource b. Location/Point of Contact c. Other relevant information 	Healthy Living Coalition	March 30, 2015		STI resources collected and printed material produced.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Collect pre-campaign survey data on STI awareness & knowledge among 15-24 year olds.	Healthy Living Coalition	March 30, 2015		Survey data collected.	
11. Implement Public awareness campaign.	Healthy Living Coalition	April 1, 2015		<ul style="list-style-type: none"> • Public awareness campaign implemented. • Data collected on: <ul style="list-style-type: none"> ○ Locations ○ Dates ○ Methods ○ Materials ○ Target group 	
12. Collect post-campaign survey data on STI awareness & knowledge among 15-24 year olds.	Healthy Living Coalition	June 30, 2015		Survey data collected.	
13. Analyze and summarize data collected.	Healthy Living Coalition	August 30, 2015		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
<p>14. Establish campaign effectiveness criteria to include:</p> <ul style="list-style-type: none"> a. Reach of campaign among 15-24 year olds b. Changes in STI awareness dimension c. Changes in STI knowledge dimension d. "Take home" message impact e. Impact of method and/or materials 	Healthy Living Coalition	August 30, 2015		Effectiveness criteria established.	
15. Evaluate effectiveness of Public awareness campaign based on effectiveness criteria.	Healthy Living Coalition	September 30, 2015.		Effectiveness of campaign evaluated.	
16. Evaluate and compare to goal.	Healthy Living Coalition	October 30, 2015		Increased awareness for infectious diseases, specifically STI's, in Taylor County residents, ages 15-24.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
17. Evaluate and compare to baseline.	Healthy Living Coalition	October 30, 2015		Bacterial STIs in residents 15-24 years of age decreased 10% from rate 3633.6 to 3270.3.	
18. Write white paper on goal, objective, strategy, and results.	Healthy Living Coalition	November 30, 2015.		White paper written.	
19. Submit and/or present white paper to targeted audiences.	Healthy Living Coalition	January 30, 2016		White paper submitted and/or presented.	
20. Determine Next Steps.	Healthy Living Coalition	January 30, 2016.		Next Steps determined.	

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Priority Issue: Access to Care

Goal: Expand health care to the residents of Taylor County.

Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016.

Baseline Measure/Source:

Adults who have a personal doctor – Taylor County 71.4%, State 81.7% (BRFSS 2010)

Taylor 2012 County Community Health Survey

- Nearly all (84.9%) of the survey respondents agreed they had *a doctor or clinic* where they went for their routine health care.
- Nearly two-thirds (64.7%) agreed that their *doctor's office or clinic was close to my house*.
- Over three-quarters (77.9%) agreed they had *a car or other transportation to easily get to the doctor's office or clinic*.
- Nearly half (48.5%) disagreed they used *public transportation to get to my doctor, clinic, or hospital*.
- Nearly three-quarters (73.9%) agreed with the statement *"I am or a family member am able to get health care."*
- Nearly two-thirds (65.9%) agreed they *have had a regular physical exam during the past year*.
- Over half (56.8%) of the survey respondents agreed they had a dentist they go to for their dental care.
- Slightly less than half (49.1%) of the survey respondents agreed they had a dental exam or cleaning in the last year, while over one-quarter (27.2%) disagreed with this statement.
- Nearly half (49.1%) of the survey respondents agreed that their dentist's office is close to my home, while 20.7% disagreed with this statement.
- Nearly two-thirds (61.3%) of the survey respondents agreed with the statement *"I or a family member received dental care during the past year."*
- Over one-third (44%) of the survey respondents disagreed with the statement *"I or a family member was unable to get dental care that was needed,"* while 26.3% agreed with the statement.
- Nearly two-thirds (62.8%) of the survey respondents agreed they knew where to get information on health care and staying healthy, while 21.6% indicated this statement was not applicable.
- Slightly over half (51.3%) of the survey respondents agreed they knew about programs in my community that can help me become healthier, while 22% indicated this statement was not applicable.
- Nearly half (47%) of the survey respondents agreed they knew where to get mental health services in my community, while 26.1% indicated this statement was not applicable and 20% disagreed with the statement.

- Nearly half (45.3%) agreed they knew where to go for substance abuse services in my community, while 28.4% indicated this statement was not applicable, and 20.3% disagreed with the statement.
- Over half (53.4%) of the survey respondents agreed they knew how to get end-of-life care or hospice care in my community, while 24.1% indicated this statement was not applicable.
- Over one-third (40.5%) of the survey respondents agreed with the statement “*I am satisfied with the level of health care available in my community,*” while 21.6% disagreed with this statement and 21.1% indicated the statement was not applicable.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none"> • Florida Department of Health (FDOH) • Department of Children and Families (DCF) • North Florida Workforce Development Board (NFWFDB) • Agency for Healthcare Administration (AHCA) • Federally Qualified Health Center (FQHC) • Transportation Board of Taylor County • Community Members 	January, 31 2014		<ul style="list-style-type: none"> • Committee formed. • Roster of committee member. • Meeting minutes. 	
2. Review and revise work plan as needed.	Committee	April 30, 2014		Work plan reviewed and revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research existing models for healthcare mobile units to include: a. Rural community b. Logistics c. Evaluation tool d. Public awareness campaign e. Handouts or materials f. Screening tools	Committee	July 31, 2014		Models researched.	
4. Establish selection criteria for healthcare mobile unit program to include: a. a-f in Step 3 b. Costs c. Partnerships d. Implementation plan	Committee	July 31, 2014		Selection criteria established.	
5. Select healthcare mobile unit program(s) based on selection criteria.	Committee	September 30, 2014		Program(s) selected.	
6. Modify program(s) for Taylor County.	Committee	October 30, 2014		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop implementation plan to include: <ul style="list-style-type: none"> a. Selecting locations b. Services c. Schedules d. Staffing e. Funding sources f. Acquiring mobile unit g. Evaluation tool h. Public awareness campaign i. Handouts or materials j. Screening tools. 	Committee	January 30, 2015		Implementation plan developed.	
8. Begin implementation plan.	Committee	March 30, 2015		Implementation plan started.	
9. Collect data on: <ul style="list-style-type: none"> a. Public awareness campaign b. Screening tool c. Evaluation 	Committee	Continual		Data collected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Develop logistics plan for 2016 Community Health Survey to include: a. Locations b. Survey method c. Dates d. Personnel e. Printing.	Committee Note: Use 2012 Survey logistics as a guide	November 30, 2015		2016 Community Health Survey logistics plan developed.	
11. Administer 2016 Community Health Survey using 2012 model.	Committee	March 30, 2016		2016 Community Health Survey administered.	
12. Analyze and summarize data from: a. Mobile healthcare unit reach b. Screening tool c. Evaluation d. Public awareness campaign e. 2016 Community Health Survey	Committee	June 30, 2016		Data summarized.	
13. Evaluate and compare to baseline.	Committee	September 30, 2016		See baseline measures at top of Action Plan.	
14. Determine Next Steps.	Committee	October 30, 2016		Next Steps determined.	

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Priority Issue: Maternal and Child Health					
Goal: Improve birth outcomes in Taylor County.					
Objective: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.					
Strategy 1: Define and advocate for a comprehensive sexual health curriculum in school. Note: This is already in works as the Department of Education (DOE) relationship is established.					
Baseline Measure/Source: Teen pregnancy rate, ages 15-19 – Taylor County 35 (count) 59.8 (rate), State 27.2 (rate) (Florida CHARTS 2012)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Establish a Teen Pregnancy Council.	<ul style="list-style-type: none"> • Healthy Start Coalition • Florida Department of Health in Taylor County • Department of Education (DOE) (Office of Healthy Students) 	September 30, 2013		<ul style="list-style-type: none"> • Teen Pregnancy Council established. • Meeting minutes. • Roster of participants. 	
2. Review and revise Action Plan.	Teen Pregnancy Council	October 30, 2013		Action Plan reviewed and revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research evidenced-based comprehensive sex health curricula to include: <ul style="list-style-type: none"> a. Rural community b. Training for instructors (curriculum, logistics, handouts, etc.) c. Curriculum d. Handouts/printed materials e. Instructor evaluation tool f. Program evaluation tool g. Parent permission forms h. Implementation plan i. Marketing/Media campaign 	Teen Pregnancy Council	January 31, 2014		Research completed.	
4. Establish selection criteria for program to include: <ul style="list-style-type: none"> a. Items a-i in Step 3. b. Cost/funding c. Impact/success 	Teen Pregnancy Council	January 31, 2013		Selection criteria established.	
5. Select program(s) based on selection criteria.	Teen Pregnancy Council	February 28, 2015		Program(s) selected.	
6. Modify program(s) for Taylor County.	Teen Pregnancy Council	March 30, 2015		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop implementation plan to include: <ul style="list-style-type: none"> a. Training for instructors (curriculum, logistics, handouts, etc.) b. Curriculum implementation based on fidelity standards c. Handouts/printed materials d. Instructor evaluation e. Participant recruitment f. Program evaluation tool g. Parent permission forms h. Logistics (schedule, location, etc.) i. Marketing campaign j. 2015 delivery plan k. 2016 delivery plan 	Teen Pregnancy Council	March 30, 2015		Implementation plan developed.	
8. Develop presentation for School Board to include: <ul style="list-style-type: none"> a. Multi-media needs b. Handouts c. Speaker(s) d. Location/date/time e. Evaluation form f. Memorandum of Agreement (MOA) 	Teen Pregnancy Council	March 30, 2015		Presentation developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Schedule School Board presentation.	Teen Pregnancy Council	March 30, 2015		School Board Presentation scheduled.	
10. Present at School Board.	Teen Pregnancy Council	April 30, 2015		<ul style="list-style-type: none"> • School Board presentation completed • Roster of participants • Meeting minutes • Evaluation form collected • Program approved • MOA signed 	
11. Based on feedback from School Board, modify: <ul style="list-style-type: none"> a. Curriculum/program b. Implementation plan c. Presentation, if need to re-present to School Board. 	Teen Pregnancy Council	May 30, 2015		Items modified if needed.	
12. Repeat Steps 9-11 as needed.	Teen Pregnancy Council	August 30, 2015		Record evaluation measures for each repeated step.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
13. Begin 2015 implementation plan to include: a. Marketing campaign. b. Training of instructors. c. Recruitment of participants. d. Program logistics (schedule, location, curriculum) e. Provide mentoring program to fidelity standards f. Collect data from instructors g. Collect data from participants	Teen Pregnancy Council	August 30, 2015		2015 Implementation plan started.	
14. Analyze and summarize data.	Teen Pregnancy Council	December 30, 2015		Data summarized.	
15. Modify curriculum based on data summary.	Teen Pregnancy Council	January 30, 2016		Curriculum modified.	
16. Modify implementation plan based on data summary.	Teen Pregnancy Council	January 30, 2016		Implementation plan modified.	
17. Repeat Steps 9-11 if needed.	Teen Pregnancy Council	March 30, 2016		Record evaluation measures for each repeated step.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
18. Begin 2016 implementation plan (see step 13).	Record evaluation measures for each repeated step.	April 30, 2016		2016 Implementation plan started.	
19. Analyze and summarize data.	Teen Pregnancy Council	October 30, 2016		Data summarized.	
20. Evaluate and compare to baseline.	Teen Pregnancy Council	November 30, 2016.		Reduced teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2.	
21. Determine Next Steps.	Teen Pregnancy Council	December 30, 2016.		Next Steps determined.	

Priority Issue: Maternal and Child Health					
Goal: Improve birth outcomes in Taylor County.					
Objective: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.					
Strategy 2: Develop male youth mentoring program to compliment and <u>complete</u> other teen pregnancy strategies.					
Baseline Measure/Source: Teen pregnancy rate, ages 15-19 – Taylor County 35 (count) 59.8 (rate), State 27.2 (rate) (Florida CHARTS 2012)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Expand existing Teen Pregnancy Council.	<ul style="list-style-type: none"> • Healthy Start Coalition • Men’s Ministry • Original Council members • Male mentors • Male role models 	September 30, 2014		Teen Pregnancy Council expanded. Meeting minutes. Roster of participants.	
2. Review and revise action plan as needed.	Teen Pregnancy Council	October 20, 2014		Action plan reviewed and revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research Male Mentoring evidence based programs to include: <ul style="list-style-type: none"> a. Rural community b. Training for Male Mentors (curriculum, logistics, handouts, etc.) c. Curriculum d. Handouts/printed materials e. Male mentor evaluation tool f. Program evaluation tool g. Parent permission forms h. Implementation plan i. Marketing/Media campaign 	Teen Pregnancy Council	December 30, 2014		Male Mentoring programs researched.	
4. Establish selection criteria for programs to include: <ul style="list-style-type: none"> a. Items a-i in Step 3 b. Cost/funding c. Impact/success 	Teen Pregnancy Council	December 30, 2014		Selection criteria established.	
5. Select program(s) based on selection criteria.	Teen Pregnancy Council	January 30, 2015		Program(s) selected.	
6. Modify program(s) for Taylor County.	Teen Pregnancy Council	March 30, 2015		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
<p>7. Develop implementation plan to include:</p> <ul style="list-style-type: none"> a. Training for Male Mentors (curriculum, logistics, handouts, etc.) b. Curriculum implementation based on fidelity standards c. Handouts/materials d. Male mentor evaluation tool e. Participant recruitment f. Program evaluation tool g. Parent permission forms h. Logistics (schedule, location, etc.) i. Marketing campaign j. 2015 delivery plan k. 2016 delivery plan 	Teen Pregnancy Council	March 30, 2015		Implementation plan developed.	
<p>8. Develop presentation for School Board to include:</p> <ul style="list-style-type: none"> a. Multi-media needs b. Handouts c. Speaker(s) d. Location/date/time e. Evaluation form f. Memorandum of Agreement (MOA) 	Teen Pregnancy Council	March 30, 2015		Presentation developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Schedule School Board presentation.	Teen Pregnancy Council	March 30, 2015		School Board Presentation scheduled.	
10. Present at School Board.	Teen Pregnancy Council	April 30, 2015		<ul style="list-style-type: none"> • School Board presentation completed • Roster of participants • Meeting minutes • Evaluation form collected • Program approved • MOA signed 	
11. Based on feedback from School Board, modify: <ul style="list-style-type: none"> a. Curriculum/program b. Implementation plan c. Presentation, if need to re-present to School Board. 	Teen Pregnancy Council	May 30, 2015		Items modified if needed.	
12. Repeat Steps 9-11 as needed.	Teen Pregnancy Council	August 30, 2015		Record evaluation measures for each repeated step.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
13. Begin 2015 implementation plan to include: a. Marketing campaign. b. Training of mentors. c. Recruitment of participants. d. Program logistics (schedule, location, curriculum) e. Provide mentoring program to fidelity standards f. Collect data from male mentors g. Collect data from participants	Teen Pregnancy Council	August 30, 2015		2015 Implementation plan started.	
14. Analyze and summarize data.	Teen Pregnancy Council	December 30, 2015		Data summarized.	
15. Modify curriculum based on data summary.	Teen Pregnancy Council	January 30, 2016		Curriculum modified.	
16. Modify implementation plan based on data summary.	Teen Pregnancy Council	January 30, 2016		Implementation plan modified.	
17. Repeat Steps 9-11 if needed.	Teen Pregnancy Council	March 30, 2016		Record evaluation measures for each repeated step.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
18. Begin 2016 implementation plan (see step 13).	Record evaluation measures for each repeated step.	April 30, 2016		2016 Implementation plan started.	
19. Analyze and summarize data.	Teen Pregnancy Council	October 30, 2016		Data summarized.	
20. Evaluate and compare to baseline.	Teen Pregnancy Council	November 30, 2016.		Reduced teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2.	
21. Determine Next Steps.	Teen Pregnancy Council	December 30, 2016.		Next Steps determined.	

ACTION PLAN LINKAGES

The Community Health Improvement Project planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create

and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.



The Taylor County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Taylor County. Through the integrated efforts of the health department and community partners, the desired health outcomes

can be addressed in a systematic and accountable manner.

This CHIP plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Taylor County residents and the larger Florida Department of Health community.

Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Taylor County Strategic Plan (not yet developed), and is informed by the Community Health Assessment. The CHIP plan can serve as the Taylor County 2013 Community Health Improvement Plan

guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.

The CHIP plan is aligned with the following:

- **Florida Department of Health's State Health Improvement Plan 2012-2015**
Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.
http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf
- **Healthy People 2020**
This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.
<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>
- **National Prevention and Health Strategies 2011**
Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.
<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

The tables on the following pages identify the linkages between the Taylor County CHIP and each of the above referenced plans.

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Infectious Disease	Health Protection				
Goal: Reduce the incidence of sexually transmitted infections (STIs) among the residents of Taylor County, ages 15-24. <u>Objective:</u> Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016. <u>Strategy:</u> Increase awareness for infectious diseases, specifically STI's, in Taylor County residents, ages 15-24, by increasing the distribution of print materials by January 30, 2016.	Goal HP1	Prevent and control infectious disease.	HIV-1	(Developmental) Reduce new HIV diagnoses among adolescents and adults.	Promote and disseminate national screening recommendations for HIV and other STIs.
			HIV-2	(Developmental) Reduce new (incident) HIV infections among adolescents and adults.	Support states, tribes, and communities to implement evidence-based sexual health education.
			HIV-8	Reduce perinatally acquired HIV and AIDS cases.	Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of HIV/STIs and teen pregnancy.
			HIV-9	(Developmental) Increase the proportion of new HIV infections diagnosed before progression to AIDS.	
			HIV-10	(Developmental) Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards.	Encourage HIV testing and treatment, align programs to better identify people living with HIV, and link those who test positive to care.
			HIV-14	Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.	
			STD-2	(Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.	Promote and disseminate national screening recommendations for HIV and other STIs.
			STD-9	(Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.	

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Infectious Disease	Health Protection				
Goal: Reduce the incidence of sexually transmitted infections (STIs) among the residents of Taylor County, ages 15-24 (continued)	Chronic Disease Prevention				
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Identify and address barriers to the dissemination and use of reliable health information.

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Access to Healthcare	Community Redevelopment and Partnerships				
Goal: Expand health care to the residents of Taylor County. <u>Objective:</u> Provide mobile unit to visit identified locations monthly beginning September 1, 2016.	Goal CR3	Provide equal access to culturally and linguistically competent care.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
					Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.
	Access to Care		Access to Health Services		
	Goal AC2	Improve access to primary care services for Floridians.	AHS-3	Increase the proportion of persons with a usual primary care provider.	Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.
AHS-5			Increase the proportion of persons who have a specific source of ongoing care.	Support delivery of clinical preventive services in various health care and out-of-home care settings, including Federally Qualified Health Centers; Bureau of Prisons, Department of Defense, and Veterans Affairs facilities; and among Medicare providers.	

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Access to Healthcare	Community Redevelopment and Partnerships				
Goal: Expand health care to the residents of Taylor County (continued).	Goal AC4	Enhance access to preventive, restorative and emergency oral health care.	AHS-6	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.	Educate clinicians, federal employees, and the public (especially those in underserved populations) about coverage improvements and elimination of cost-sharing for clinical preventive services as set forth in the Affordable Care Act.
			AHS-8	(Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.	
			AHS-9	(Developmental) Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.	

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Maternal and Child Health	Community Redevelopment and Partnerships				
Goal: Improve birth outcomes in Taylor County. <u>Objective:</u> Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016. <u>Strategy 1:</u> Define and advocate for a comprehensive sexual health curriculum in school. <u>Strategy 2:</u> Develop male youth mentoring program to compliment and complete other teen pregnancy strategies.	Goal AC5	Reduce maternal and infant morbidity and mortality.	Maternal, Infant, and Child Health Goal	Improve the health and well-being of women, infants, children, and families.	Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.

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Community Health Improvement Plan: Next Steps

Community Health Improvement Plans (CHIPs) are detailed work plans that guide communities through their action steps in order to address priorities that have been defined in the community health profile through community input and review of local health data.

The Taylor County community health partners developed three action plans for the key health issues of Infectious Disease, Access to Healthcare, and Maternal and Child Health. These action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the giving time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Taylor County Community Health Improvement Project participants will work with community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Taylor County residents. It is recommended that the participants review the implementation on an annual basis to update the information and to continually, and collaboratively, improve the health of Taylor County.

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APPENDICES

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APPENDIX 1 – STRATEGIC PRIORITIES & GOALS WORKSHOP

EMAIL TO COMMUNITY HEALTH PARTNERS

From: Deidra_Dunnell@doh.state.fl.us [mailto:Deidra_Dunnell@doh.state.fl.us]

Sent: Monday, February 18, 2013 4:57 PM

Subject: Community Identified Strategic Priorities/Strategies/Goals Workshop

Hello

The Florida Department of Health in Taylor County needs your help! We are in the final stages of our Community Health Improvement Planning Project, and need your assistance in the next phase of the process where we identify the most important issues facing the community and develop goals to address these priority issues. We will host a workshop on March 4, from 9:00am-1:00pm at the Florida Department of Health in Taylor County in Perry, FL. During this session, we will review all the data and reports generated in the Community Health Improvement process, identify health priorities which impact Taylor County residents, and develop goals & strategies for each priority.

Please join us on March 4 - your experience and expertise is vital to this process. A working lunch will be provided during this workshop. Please RSVP to Deidra Dunnell at deidra_dunnell@doh.state.fl.us by **February 27**, and let us know if you have any dietary restrictions.

Date: March 4, 2013 – Monday

Time: 9:00am-1:00pm

Location: Florida Department of Health-Taylor County

1215 N. Peacock Ave

Perry, FL 32347

Thank you in advance. We are looking forward to your valuable input at this workshop.

Deidra Dunnell, MPA

Teen Outreach Facilitator

Florida Department of Health in Taylor County

1215 N. Peacock Ave

Perry, FL 32347

850-584-5087 ext.150

850-584-8653 (fax)

WORKSHOP PARTICIPANTS

Name/Title	Organization
Dan Simmons	Buckeye
Debbie Bassett	Capital City Bank
Melissa Tompkins, Health Administrator	Chemring Ordnance
Dodi Dhein	DISC Village, Inc. (Prevention)
Heidi Dhein	DISC Village, Inc. (Prevention)
Carol Perdomo	DISC Village, Inc. (Prevention)
Jim Leis	Doctor's Memorial Hospital
Morgan Rockey, Client Relation Coordinator	Florida Department of Children & Families
Deidra Dunnell	Florida Department of Health in Taylor County
Kristie Lutz	Florida Department of Health in Taylor County
Linda Murphy, Care Coordinator	Florida Department of Health in Taylor County
Steve Tullos, Administrator	Florida Department of Health in Taylor County
Amy Ellison	Healthcare Workforce Network
Donna Hagan, Executive Director	Healthy Start Coalition - JMT
Tonja Bell, Community Health Educator	Healthy Start Coalition - JMT
Lisa English, Center Manager	NFMC/Taylor Medical & Dental Center
Ernestine Mitchell, SART Coordinator	Refuge House
Teresa Sanders, Case Manager	Suwannee River Economic Council
Robin Collins, Teacher	Taylor Pre-K
Sandy MacDonald, Coordinator	Taylor Pre-K
Glenda G. Hamby	United Way

WORKSHOP AGENDA



Florida Department of Health in
Taylor County Improvement Project:
*Strategic Priorities with
Goal Statements & Strategies*

March 4, 2013 Agenda

March 4, Monday – 9:00am-1:00pm
Florida Department of Health in Taylor County
1215 N. Peacock Ave
Perry, FL 32347

9:00am - 9:15am

**Introductions
Workshop Logistics Review**

9:15am – 9:45am

Workgroup Assignments

- Participants will be assigned to a workgroup to review the Priority Issues from the *Florida Department of Health in Taylor County Forces of Change – 2012 Report*
- Each workgroup will:
 - Prioritize the Issues
 - Group Issues that Overlap
- Participants will use nominal group technique to vote on the priority issues

9:45am-10:30am

Strategic Planning

- Individuals will self-assign into an “Issue” workgroup
- Each workgroup will identify a *GOAL* statement for their issue(s)
- Each workgroup will identify *BARRIERS* to the achievement of the *GOAL(s)*, such as insufficient resources, lack of community support, legal or policy impediments, or technological difficulties

10:30am – 10:45am

Workgroup Round-Robin Review

- Workgroups will review results of other workgroups & provide feedback

10:45am – 11:30am

Strategic Planning (continued)

- Workgroups will develop strategy statements related to each goal for their Issue(s)

11:30pm-11:45pm

Workgroup Round-Robin Review

- Workgroups will review results of other workgroups & provide feedback

11:45am-12:15pm

Working Lunch Break

12:30pm-12:45pm

Strategic Planning (continued)

- Workgroups will finalize the Strategy statements for each goal based on review/feedback

12:45pm-1:00pm

Workshop Summary & Next Steps

KEY TERMS: Goals and strategies provide a connection between the current reality (what the public health system and the community’s health looks like now) and the vision (what the public health system and community’s health will look like in the future).

Goals

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example: Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to affordable quality health care.

Strategies

- Patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.
- Broad statements that set a direction & communicate how the community will move in that direction.
- Lead to coordinated action by addressing the complexity of seemingly complicated problems, in providing a focus for future action.
- Emphasize action which serves a critical role in linking planning to implementation.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategies:

6. Establish a community ombudsman program for city and private services.
7. Strengthen coordination among local public health system partners to eliminate gaps in service and improve referral mechanisms among providers (i.e., between mental health and primary care).
8. Increase awareness of available services through the development of an online directory of area public health and health care organizations.
9. Develop the capacity to provide culturally and linguistically appropriate services.
10. Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

For more information: http://www.doh.state.fl.us/compass/Resources/FieldGuide/2008_Version/6Goals.pdf

SUMMARY NOTES

Access to Care	
Do	Barriers
Educate community (options for care)	Lack of providers
Medicaid 133	Medicaid issues
Healthcare changes	Political environment
Transportation	Appointment availability
Increase quality primary care physicians	Bureaucracy
Improve hospital perception	Choices between paying for medical or current needs of family
Advocate for Medicaid expansion	Location
Mobile unit (medical and dental)	Negative word of mouth is spread more
Affordable medicine	faster
More flexibility with medical hours/ medical services	Legislature
Mobile services	Funding
Home healthcare services	Drug companies
Federally qualified healthcare centers	Traditional work hours
Physicians/ providers	Employers and services
	Competition
	Rural community
	Rural community commute

Chronic Disease	
Do	Barriers
Prostate cancer Diabetes Change in perception ATOD education Add various screenings for chronic diseases Prevention programs in schools churches, business' etc. Increase access to physical activity and healthy food Tobacco education/ COPD Food stamp limitations (no sweets, sodas, etc.) Advocate for medical home – appropriately utilize LIP funds Educate on CMS services as early intervention Nutritional education Implement PE through school and community exercise programs Education (chronic disease) Community participation	Lack of early screening Health information Health insurance Dietary/ nutrition (lack of) Apathy – “It will never happen to me” Access to proper care Attitude Tobacco use Funding Legality / monitoring Culture – medical history Teachers / the hiring of Community involvement Vendors (gym, healthy marketing)

Economics Conditions	
Do	Barriers
Public education campaigns Increase work force for seeking employment Economic development Promote vision 2060 Bring business into community to create jobs Focus on teen pregnancy prevention Tackle drug issue More job shadowing for high school students Parks and recreation Increase graduation rates and career development in schools More life skill development Median/ low income housing Improved tax structure to encourage investment Community improvement/ beautification to community to draw new businesses in to our community	Funding Lack of completed education Poor school system/ grade Appearance Lack of Taylor County support and incentives for business Good ole boy system Fear of competition Conservative school district and funding Enforcement / rehabilitation Community awareness liability Community support/ funding More business involvement and partnership Partnerships between schools and community Additional employment wages (higher/ increased) Reduced tax base Community support

Health Screening	
Do	Barriers
More “ Free” screenings for residents Add cancer & lung screenings Mental health More education and outreach Health mobile unit (reduce transportation issues) Whole child connections Senior citizen health screenings Infant developmental screenings Adult screenings Healthy Start Mobile health unit School requirements (yearly) Incentives for screening CMS awareness Focus on men’s screenings	Funding Community reception No local mobile unit Whole child mobile unit Transportation Funding for staff and personnel No screenings prior to attending/enrolling in school; grandparents rearing more children Transportation Apathy Fear Denial Funding Lack of knowledge Ignorance

Infectious Disease	
Do	Barriers
<p>Gonorrhea Chlamydia Education</p> <ul style="list-style-type: none"> - Flu - Childhood diseases - Info to media - Smart/ safe sex education <p>Increased parent guardian involvement Increase access to screening Sick people stay home Parent trainings at schools (early) Comprehensive sex education in schools (early) STDs with elderly Community partnerships develop with school “buy – in” Continued awareness Access to “cleaning/washing” hands in public areas Control spreading with masks</p>	<p>Education Mandatory testing for sexually active adults/teens Schools not allowing testing/lack of education Parental permission Getting word out Availability of flu shot Abstinence only education in schools Cultural/familial beliefs Funding No after-hours clinic No benefits (pay)/single parent Conservative DOE Not allowed in school systems Community support Stigma</p>

Maternal & Child Health	
Do	Barriers
Advocate for Medicaid expansion/educate consumers	Legislature
Advocate for fatherhood initiatives- male involvement	Culture
Teach consequences of Teen Pregnancy	Government control
“No reward system”, “Sanction through school”, “Economics”	Economics/\$
Prenatal	Hospital support
Local resources/Providers	Shuttle has designated areas
Provide transportation to appointments	School board/Lack of parental support
Mandatory school education	Abstinence only Education
Adoption education	Culture / Social stigmas
Programs to “ Break the cycle”	Funding
Faith community involvement	Conflict between secular education vs. Religious education
Link to secular resources	No local birth facility
ATOD education	Funding/ Participation
Nutrition education	
Local child support agency	
Open a birth facility	
A mentoring program/Support group	

Obesity	
Do	Barriers
<p>Education (schools)</p> <p>Increasing physical activities</p> <p>Food stamp limitations</p> <p>Portion sizes community wide</p> <p>Start early with nutrition education</p> <p>advocate for curriculum changes with DOE</p> <p>Promote breastfeeding & proper infant nutrition</p> <p>Community exercise program</p> <p>Promote healthy eating habits</p> <p>Different “approach” to education and awareness</p> <p>Healthy reward system in elementary education</p> <p>Culture and lifestyle</p> <ul style="list-style-type: none"> - Education - Culture- specified education <p>Children, Youth, Teens</p> <ul style="list-style-type: none"> - Electronics - Lack of physical activity <p>More direction from PCP</p> <p>School lunches</p> <p>Physical education</p> <ul style="list-style-type: none"> - Get more aggressive - Participation/ incentives 	<p>Funding</p> <p>Lack of time</p> <p>Legality/ monitoring</p> <p>Community buy – in</p> <p>Department of education</p> <p>Culture and pediatric provider</p> <p>Education and buy – in</p> <p>Funding/ facilities</p> <p>Breaking old habits</p> <p>Citizen buy – in</p> <p>School buy – in</p> <p>Parenting/ economics</p> <p>Parental involvement/ control</p> <p>Lack of time with parents</p>

Social / Mental Health	
Do	Barriers
<p>Awareness of services</p> <p>Schools - all students</p> <ul style="list-style-type: none"> • Coping skills • More than 1 counselor <p>More services offered</p> <p>More legislative support</p> <p>Promote 211 and keep current</p> <p>Telemental health (video conference)</p> <p>Aging populations</p> <p>Working parents</p> <p>Mental health / Social education</p> <p>Church ↔ service agencies</p> <p>Talk about it, in a positive manner</p> <p>Establishment of an ME</p> <p>Differentiate between social health, science, and mental health issues</p>	<p>Stigma</p> <p>Funding</p> <p>Parental support</p> <p>Providers</p> <p>Priority support/ Buy-in</p> <p>Educating population on what's available</p> <p>Legislation issues</p> <p>Lack of services</p> <p>Insurance requirements</p> <p>Transportation</p> <p>Without mental health providers, don't know what services will be funded</p> <p>Providers, lack of money , combination because of lack of education</p>

APPENDIX 2 – CHIP WORKSHOP 1

EMAIL TO COMMUNITY HEALTH PARTNERS – April 5

Workshop

Dear Community Health Partners:

The Department of Health in Taylor County needs your help! We are engaged in the Community Health Improvement Planning process and have an aggressive timeframe for completion. Your experience and expertise is a critical!

We will be meeting to develop a Community Health Improvement Plan (CHIP). A CHIP can be used by health departments, as well as other government, educational, or human service agencies, to coordinate efforts and target resources that promote health. A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

PLEASE PLAN TO ATTEND BOTH THESE WORKSHOPS:

Workshop 1 - Friday, April 5 from 9:00am-1:00pm Agenda is attached for this workshop.

Workshop 2 - Friday, April 12 from 9:00am-1:00pm

Both workshops will be held at the Department of Health in Taylor County (1215 North Peacock Avenue, Perry, FL 32347). Your attendance is required at both workshops. A working lunch will be provided during each workshop.

Please RSVP to Deidra Dunnell at deidra_dunnell@doh.state.fl.us by **March 29**, and let us know if you have any dietary restrictions.

Thank you in advance. We are looking forward to your valuable input at this workshop.

CHIP SESSION 1 AGENDA

Community Health Improvement Plan 2013
Friday – 9:00am-1:00pm
Florida Department of Health in Taylor County
1215 North Peacock Avenue
Perry, Florida



April 5 2013 Agenda

- | | |
|--------------------------|--|
| 9:00am – 9:15am | Introductions
Workshop Logistics Review |
| 9:15am - 10:15am | Workgroup Assignments
Participants will be self-assigned to one of the three Action Plans. <ul style="list-style-type: none">• Review/Refine Goal and SMART Objective.• Review/Refine Activities.<ul style="list-style-type: none">• Activities need to be step-by-step detail.• Activities end with final evaluation; results are compared to baseline to determine if Objective was met. |
| 10:15am – 10:45am | Group Review of Action Plan Work <ul style="list-style-type: none">• Workgroups review and provide comment on each Action Plan.<ul style="list-style-type: none">• Is the SMART Objective specific, measurable, achievable, realistic, time-bound?• Are the activities detailed and provide a step-by-step listing? Is any step left out? |
| 10:45am – 11:30am | Action Plan Development <ul style="list-style-type: none">• Workgroups continue to refine SMART Objective.• Workgroups continue to develop Activities. |
| 11:30am-11:45am | Group Review of Action Plan Work <ul style="list-style-type: none">• Workgroups review and provide comment on each Action Plan.<ul style="list-style-type: none">• Are the activities detailed and provide a step-by-step listing? Is any step left out? |
| 11:45am - 12:15pm | Lunch Break (Lunch provided & networking) |
| 12:15pm – 12:45pm | Action Plan Development |

- Workgroups provide detail on Lead Role & Community Resources, Target Date for Completion, and Evaluation Measure

**12:45pm – 1:00pm
Summary**

Community Health Improvement Plan Workshop

Next Steps

A Community Health Improvement Plan (CHIP) has been defined as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

CHIP SESSION 1 PARTICIPANTS

**Florida Department of Health in Taylor County Community
Health Improvement Project
April 5, 2013 Sign-In Sheet – CHIP Session 1**

Name/Title	Organization
Melissa Tompkins, Health Administrator	Chemring Ordnance
Mindy Virgille, MSW	DISC Village, Inc.
Heidi Dhein	DISC Village, Inc. (Prevention)
Mario Mena	DISC Village, Inc.
Laurie Rice	Doctor's Memorial Hospital
George Hinchliffe	Episcopal Diocese of Florida
Deidra Dunnell	Florida Department of Health in Taylor County
Craig Wilson	Florida Department of Health
Donna Hagan, Executive Director	Healthy Start Coalition - JMT
Tonja Bell, Community Health Educator	Healthy Start Coalition - JMT
Lisa English, Center Manager	NFMC/Taylor Medical & Dental Center

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CHIP WORKSHOP 1 SUMMARY NOTES

Priority Issue: Infectious Diseases					
Goal (Aim): Reduce the incidents of infectious diseases (HIV, Syphilis, Gonorrhea, and Chlamydia) among the community members, ages 15 – 24, Taylor County by August 2016.					
Objective:					
Baseline Data & Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Notes: Mindy N. De Forest, MSW, Heidi Dhein, MSW, Mario Meva, BSW intern, Kristie Lutz, TCHD, Martine Young, TCHD, Camye Edwards, BBC

Priority Issue: Infectious Disease					
Goal (Aim): Reduce the incidents of infectious diseases (HIV, Syphilis, Gonorrhea and Chlamydia) among the community members, ages 15 – 24 in Taylor County by August 2016.					
Objective: Implementing early education, grades 6 – 12, for infectious diseases prevention and awareness in schools, community clubs, and faith – based organizations by August 2016.					
Baseline Data & Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Search of an evidence – based, specific curriculum.					
Search for a source of funding (Identity and Secure).					
Create a proposal to gain school board approval, as well as faith – based organizations and community clubs.					
Educate the program facilitators to ensure fidelity of the curriculum.					

Infectious Diseases	
Goal : Reduce the incidents of infectious diseases, (ages 13 and up) cases the community members in Taylor County by 2015.	
Objectives	Baseline data:
<ol style="list-style-type: none"> 1. Implementing early education grades 6 – 12 for infectious diseases prevention and awareness in schools, by August 2016. 2. Increase county wide screenings for infectious diseases among community members ages 13 and up by May 2015, by 20%. 3. Increase awareness for infectious diseases services provided that is currently available in the community by increasing the distribution of print materials by 2014. 	FL CHARTS; CDC Funding Test for service If you don't test, you don't know True STI rates are unknown HIV, Chlamydia, Syphilis, Gonorrhea - STI

Infectious Diseases

- Full service clinic at the schools. (OB care, STI testing, etc.) – including requiring immunizations for STIs that are available.
- Testing of all 18–21 year old youth with accurate reflection of community needs/ results with referral for treatment.
- Co-locate Big Bend Cares and recruit community sites to test.
- Mobile health unit – increase awareness/outreach with STI testing and resources.
- Obtaining more federal grant dollars and assistance for community outreach and education (early education).
- Begin STI testing at 7th grade required immunizations.
- Require school health nurses to provide education to all 9th graders – through graduation.
- Promote PA of infectious diseases in our community through print and non-print media (through businesses, schools, health professionals, churches, community organizations, etc.). Let people know what is out there and how to identify.
- Educate youth on how to prevent infectious diseases.
- Incorporate drug abuse education with infectious disease education.

Priority Issue: Access to Care					
Goal (Aim): Expand access to care to the citizens of Taylor County.					
Objective: Provide mobile medical/ dental unit to visit specific, identified locations at least once monthly beginning July 1, 2015.					
Baseline Data & Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Notes: Tonya Bell, Amy Ellison, Joel Montgomery, Glenda Hamby, Steve Tullos, Lisa Edwards

Priority Issue: Access to Care					
Goal (Aim): Expand access to care to the citizens of Taylor County.					
Objective: Investigate transportation needs and services available in our community by July 1, 2014.					
Baseline Data & Source: Sources- Transportation Commission/Local Board					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Attend quarterly transportation board meeting.		5/31/13			
Create evaluation document.					
Make recommendation to CHIP group.					

Notes: CHIP – community health improvement plan

Access to Care	
Goal: Care to all community members	Objectives: <ol style="list-style-type: none"> 1. Extend hours of operation of current providers to include Saturday and Sunday afternoons (beginning January 1, 2014.) (with funding or shifting resources. 2. Provide mobile medical/ dental unit to visit specific, identified locations at least once monthly beginning January 1, 2014. (this is not a reality, especially within 9 months. 3. Investigate transportation needs/ services available in our community by July 1, 2014.
Baseline Data: <ol style="list-style-type: none"> 1. Who provide services on weekends? Only DMH and Little Pine 2. Transportation needs identified 	Sources: <ol style="list-style-type: none"> 1. FDOH/ CHARTS 2. ER usage/ DMH/ little pine pediatrics 3. AHCA 4. Transportation commission/ local board

Access to Care:

- Increase funding for patient navigation programs for all healthcare services/ needs. Community awareness of accessible – existing specialists (already orthopedic surgeons, pain management, urology, dermatology, ob gyn and cardiology offered).
- Hopefully, AHCA new laws will eliminate insurance issues, starting 2014. Need to concentrate on getting clients two services.
- Expand service hours of existing provider offices (i.e., clinics).
- Develop PA campaign of existing medical/ dental resources in the community.
- Increase after-hours transportation.
- Mobile medical unit to travel to large employment sites.
- Mobile dental unit.
- Increase # of DCF access/Medicaid partner sites.
- Utilize low income pool funding to employ eligibility specialists.
- Promote/educate FL health care exchanges (ACA).

Priority Issue: Maternal and Child Health					
Goal (Aim): Improve birth outcomes in Taylor County.					
Objective: Reduce teen pregnancy rate to or at below the FL state rate by 2015.					
Baseline Data & Source: Taylor County rate -69.7 State rate -32.9 Florida CHARTS					
Strategy: Define and advocate comprehensive sexual health curriculum in school (middle – school).					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Literature review.					
Select council to review curriculum.					
Meet with school administration / board to solicit support (educate on plan).					
Recruit participants.					

Notes: Deidra Dunnell, Taylor Health Department, Morgan Rockey, DCF, Donna Hagan, ED Healthy Start JMT and state, Melissa Tompkins, Chemring Ordinance (EMT), Geri Forbes, DMH hospital CEO

Priority Issue: Maternal and child Health					
Goal (Aim): Improve birth outcomes in Taylor County					
Objective: Reduce teen pregnancy rate to or at below the FL state rate by 2015.					
Baseline Data & Source: Taylor County rate-69.7; State rate- 32.9 Florida CHARTS					
Strategy: Develop male youth mentoring program.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Educate parents on importance of comprehensive sex education.					
Implement chosen program.					
Evaluate results.					
Present results to school board to advocate for institutionalization.					
Design program or do literature review.					
Implement and evaluate.					

Priority Issue: Maternal and Child Health					
Goal (Aim): Improve birth outcomes in Taylor County.					
Objective: Reduce teen pregnancy rate to or at below the FI state rate by 2015.					
Baseline Data & Source: Taylor County rate-69.7; State rate- 32.9 Florida CHARTS					
Strategy: Apply for MIECHV funding to reduce teen pregnancy division.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Federal funding – maternal, infant, early childhood, home visiting.					

Notes:

Maternal and Child Health	
Goal: Improve birth outcomes for women of child bearing age, include the teenage population, in Taylor County.	Objectives: Refer #0, #1 and #2
Baseline: - Teen pregnancy = 69.7 – Taylor, 32.9 state - Fetal death = 11.00- Taylor, 4.8 state	Source: FL DOH CHARTS
Birth outcomes: Infant mortality, fetal death rate, premature birth, low birth weight, teen pregnancy and time between pregnancies.	
Objectives: 1. Reduce teen pregnancy rate to or at below the FL state rate, by 2015. (realistic) 2. Reduce fetal death rate to at or below the FL state rate by 2016. (Currently 2 nd ↑ in state). (realistic)	Barriers: Would like to implement education in school; barriers form local school board.
Resources: Home visiting in – home programs apply for #1 and #2. (Extra funding just awarded to FL for in – home/ visiting programs).	

Maternal and Child Health

- Implement sexual health program in middle and high school and age appropriate younger grades. (Repeat from pg #1) even younger.
- Real commitment from school district and parents.
- Begin “smart choice” education in schools as early as possible.
- Making fathers accountable – once paternity is established begin mandatory weekly mentoring sessions.
- Promoter annual well woman exam public awareness campaign.
- Increase the access to birth control to men and women and increase education of BC.
- Pre – conception care and health education.
- More access to childcare for working parents.
- Develop MOA’s with MCO’s (MGD Care Org) and Healthy Start Coalitions to provide Choice Counseling to pregnant women – Medicaid partner.
- Targeted teen pregnancy prevention in middle school (fake babies, education, life skills).
- Engage faith–based community in prevention efforts for substance abuse alcohol prevention (offer youth programming).

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APPENDIX 3 – CHIP WORKSHOP 2

EMAIL TO COMMUNITY HEALTH PARTNERS – April 12, 2013

Dear Community Health Partners:

The Department of Health in Taylor County needs your help! We are engaged in the Community Health Improvement Planning process and have an aggressive timeframe for completion. Your experience and expertise is a critical!

We will be meeting to develop a Community Health Improvement Plan (CHIP). A CHIP can be used by health departments, as well as other government, educational, or human service agencies, to coordinate efforts and target resources that promote health. A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

PLEASE PLAN TO ATTEND THIS WORKSHOP:

Workshop - Friday, April 12 from 9:00am-1:00pm

The workshop will be held at the Department of Health in Taylor County (1215 North Peacock Avenue, Perry, FL 32347). A working lunch will be provided during each workshop.

Please RSVP to Deidra Dunnell at deidra_dunnell@doh.state.fl.us by **April 8**, and let us know if you have any dietary restrictions.

Thank you in advance. We are looking forward to your valuable input at this workshop.

CHIP WORKSHOP 2 AGENDA



Community Health Improvement Plan 2013

Friday – 9:00am-1:00pm

Florida Department of Health in Taylor County

1215 North Peacock Avenue

Perry, Florida

April 12, 2013

Agenda

- | | |
|--------------------------|--|
| 9:00am – 9:15am | Introductions
Workshop Logistics Review |
| 9:15am - 10:15am | Workgroup Assignments
Participants will be self-assigned to one of the three Action Plans. <ul style="list-style-type: none">• Review/Refine Goal and SMART Objective.• Review/Refine Activities.<ul style="list-style-type: none">• Activities need to be step-by-step detail.• Activities end with final evaluation; results are compared to baseline to determine if Objective was met. |
| 10:15am – 10:45am | Group Review of Action Plan Work <ul style="list-style-type: none">• Workgroups review and provide comment on each Action Plan.<ul style="list-style-type: none">• Is the SMART Objective specific, measurable, achievable, realistic, time-bound?• Are the activities detailed and provide a step-by-step listing? Is any step left out? |
| 10:45am – 11:30am | Action Plan Development <ul style="list-style-type: none">• Workgroups continue to refine SMART Objective.• Workgroups continue to develop Activities. |
| 11:30am-11:45am | Group Review of Action Plan Work <ul style="list-style-type: none">• Workgroups review and provide comment on each Action Plan.<ul style="list-style-type: none">• Are the activities detailed and provide a step-by-step listing? Is any step left out? |

- | | |
|-------------------------------------|---|
| 11:45am - 12:15pm | Lunch Break (Lunch provided & networking) |
| 12:15pm – 12:45pm | Action Plan Development <ul style="list-style-type: none"> • Workgroups provide detail on Lead Role & Community Resources, Target Date for Completion, and Evaluation Measure |
| 12:45pm – 1:00pm
Summary | Community Health Improvement Plan Workshop

Next Steps |

A Community Health Improvement Plan (CHIP) has been defined as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

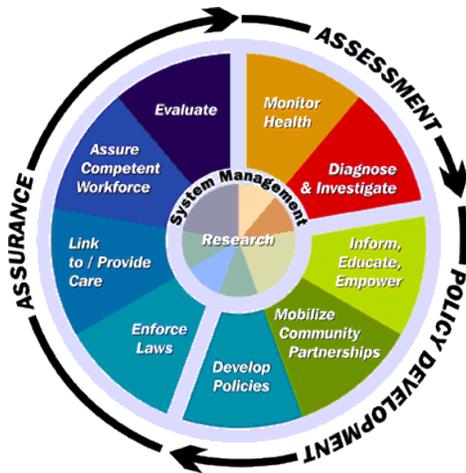
1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

CHIP WORKSHOP 2 PARTICIPANTS

**Florida Department of Health in Taylor County
Community Health Improvement Project
April 12, 2013 Sign-In Sheet – CHIP Session 2**

Name/Title	Organization
Melissa Tompkins, Health Administrator	Chemring Ordnance
Mindy Virgille, MSW	DISC Village, Inc.
Heidi Dhein	DISC Village, Inc. (Prevention)
Mario Mena	DISC Village, Inc.
Laurie Rice	Doctor's Memorial Hospital
George Hinchliffe	Episcopal Diocese of Florida
Deidra Dunnell	Florida Department of Health in Taylor County
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From:

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

