

Calhoun County

COMMUNITY HEALTH IMPROVEMENT PLAN

December 2022—2025



Submitted by:



FROM THE HEALTH OFFICER

Dear Community Partners and Residents,

It has been three years since we responded to a call for action to improve the health of Calhoun County through development of the Community Health Improvement Plan. Since we issued the report in 2019, we have seen major gains in critical health outcomes.

The opportunity to further improve the health of our residents continues.



Calhoun County remains committed to improving the overall quality of life for residents. Over the next three years, we plan to improve our *Health for a Lifetime*. The objective is to address obesity by lifespan, ranging from the prenatal period to older adults, focusing on a comprehensive approach to obesity prevention and treatment during each lifespan category. The partnerships will align programs and policies with the larger movement to create a more effective synergy of efforts to change the health outcomes by addressing obesity within community.

As you read through this report, I urge you to find a place in your local community to connect and actively make a difference where families live, work, play and learn. Please visit our website at www.calhoun.floridahealth.gov where you will find specific opportunities and tools to learn more about creating a culture of health.

Thank you to our community partners for participating and providing valuable insights to collaboratively improve public health across Calhoun County. We hope you find this community health improvement plan informative and useful as we work together on specific issues, programs, campaigns, and achievements that impact our community.

Sincerely,

Rachel Bryant, Health Officer
Florida Department of Health in Calhoun County

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MISSION

To promote, protect, and improve the health of all people in Calhoun County.

VISION

Calhoun County will be among the healthiest in the nation—a vibrant, well served community enjoyed by all, supported by a diverse and highly collaborative network of partners.

VALUES

Innovation, Collaboration, Accountability, Responsiveness, and Excellence.



COMMUNITY HEALTH IMPROVEMENT PPROCESS

To drive health improvement and enhance the performance of Calhoun County’s public health system, Calhoun County, assembled a diverse group of partners across public and private sectors to create a practical roadmap that enables and informs meaningful action. A collaborative process was deployed to promote inclusion and foster shared ownership of an actionable plan, which included performing assessments of the community’s health, identifying priority health areas, and defining goals and objectives for advancing the health of Calhoun County. This process culminated in the development of Calhoun County Community Health Improvement Plan (CHIP), which serves as a three-year blueprint for driving efficient and targeted collective action to enhance public health.

The Process

In an effort to drive health improvement and enhance the performance of Calhoun County’s public health system, leadership across the County assembled a diverse group of partners from various organizations to create a practical roadmap that enables and informs meaningful action. This collaborative process was deployed to promote inclusion and foster shared ownership of an actionable plan, which included compiling an assessment of the County’s health, identifying priority health areas, and defining goals and objectives for advancing the health of Calhoun County. This process culminated in the development of Calhoun County’s Community Health Improvement Plan (CHIP), which serves as a three-year blueprint for driving efficient and targeted collective action to enhance public health.

The 2022-2025 CHIP sets priorities in two critical areas:

1. Obesity
2. Health Equity

With the priority health areas determined, the CHIP Steering Committee created priority area taskforces and tasked them with identifying impactful goals for each of the two priority health areas. Proposed goals were presented by taskforce Chairs to the CHIP Steering Committee for approval. Once priority area goals were aligned, the taskforces gathered to define specific, measurable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE) objectives for each priority area’s goal. After a series of meetings, the CHIP Steering Committee reached consensus on goals and objectives for each priority area that will ultimately outline the path forward for enhancing the health of Calhoun County.

Implementation of the CHIP

Taskforce partners will track and report metrics toward implementation of the CHIP over the course of the three-year plan. This includes meeting quarterly to discuss progress and identification of actionable

solutions or revisions to increase the effectiveness of the CHIP. Taskforces will recommend enhancements to the plan to the CHIP Steering Committee who will, at a minimum, meet twice per year to monitor progress and once per year to revise the plan. The process of collective monitoring, status reporting and continuous improvement will ensure the plan remains relevant and effective. A new and improved website has been developed to provide information around the 2022-2025 CHIP as well as previous iterations of the CHIP.





CALHOUN COUNTY

Calhoun County is a rural, sparsely populated county in Northwest Florida. The scarcity of population contributes to many barriers to improving health outcomes including lack of access to health care, lack of mental health resources and lack of available options to promote healthy behaviors. Without public transportation available in the county, those without transportation have great difficulty utilizing opportunities outside their local neighborhood, especially accessing health care. Often those without transportation must rely on friends or family to take them to a health care provider or pay a service to bring them to their health care provider, drug store or other essential functions. Additionally, the availability of healthy food choices is severely limited with only one grocery-store option in the county. Compounding these barriers is the lack of insurance, the poverty level, and education level.



Calhoun County encompasses 567 square miles in the Panhandle of Northwest Florida.

Calhoun County is bordered by Jackson County (north), Gulf County (south), Bay County (west), and Liberty County (east). The Apalachicola River runs along the county’s eastern border. The county seat and largest city is Blountstown.

The county’s population comprised an estimated 14,324 residents, less than 0.1% of the estimated population for the State as a whole.

The median age of the population is 41.9 years old; children (i.e., individuals ages 17 and under) make up one-fifth (20%) of the population and adults ages 65 and older comprise 16%. Males make up 55% of the population while women are 45%.^{hic} and Socio-Economic Characteristics

Demographics Numerous factors are associated with the health of a community including the availability of resources and services (e.g., safe green space, access to healthy foods, transportation options) as well as who lives in the community. While individual characteristics such as age, gender, race, and ethnicity

have an impact on a person's health, the distribution of these characteristics across a community is also important and can affect the number and types of services and resources available.

The population has shifted from the last assessment in 2016 in which 84% of the county residents were identified as White to 77.3% in 2020. People of color make up 23% of the overall populations, with African American (13.3%) being the largest race, followed by Hispanics (6%) and the remainder are American Indian or not displayed below due to insufficient representation within the population.

Key findings:

- Calhoun County includes a significantly high overweight and obesity rate (70.2%) which is the gateway to hypertension (35.5%), and Type 2 Diabetes (13.2%)
- The highest proportions of obesity, 50%, are among the African American population.
- Adults who are obese are significantly higher than the State of Florida in all age groups.
- In 2010, 27% of middle and high school students were overweight or obese while in 2019, 45% were.
- Food insecurity is highest among children in school from kindergarten to 12th grade.
- The elderly, which is defined as a resident at least 65 years old, are 16% of the population, and 30% of them are obese.
- Cancer and heart disease affect all ethnicities in Calhoun County.
- The U.S. Census identifies individuals with a household income of up to 200% of the poverty level as low income. Calhoun County's percentage is 42.6%. In addition, the percent of the population below the poverty level within the County is 16.3%.



THE CONNECTION

Social Determinates of Health, Personal Behaviors, and Health Outcomes

Poor health outcomes, higher rates of disease and overall higher total deaths are the result of a complex interaction of multiple factors. Inadequate access to quality healthcare contributes to 10% of poor health and premature death while unhealthy behaviors account for 40% of illnesses and premature death in the United States. Smoking, unhealthy dietary practices, physical inactivity, and excessive alcohol consumption are the biggest contributors to chronic disease, premature deaths and disability in Oklahoma and our nation.

Altering these unhealthy personal behaviors will dramatically improve Calhoun County's health status but people do not make health decisions and behavior choices in isolation.

Personal health decisions are made within a larger and complex set of social and physical surroundings, including the people around them; the places they live, work, learn, play, and gather; the options available to them; and practices of their peers. Even healthiest of intentions may be quite limited in the choices they are able to make. How a person interacts with their social and physical surroundings is shaped by one's individual and socioeconomic characteristics such as gender, race/ethnicity, educational attainment, income level, housing condition, and geographic attributes. For example, people with lower educational attainment are more likely to struggle to support themselves and their families due to unstable employment and low income. They typically spend a significant portion of their income to pay for housing, which takes away money for nutritious food for them and their family. Living in a low-income neighborhood that has high crime rates and lacks access to safe places for physical activity, to affordable and healthy food, and to affordable high-quality healthcare contributes to high stress levels, tobacco and alcohol addiction, physical inactivity, unhealthy diet, and delays in seeking preventive care and medical treatment. These unhealthy behaviors may lead to heart disease, stroke, cancer, diabetes, depression and many other health and social problems.

Many Calhoun residents experience very poor health outcomes. **Calhoun County ranks 60th in deaths due to cardiovascular disease, 47th in deaths due to cancer, and 54th for premature death** among the 67 counties in Florida. When looking specifically at deaths due to heart disease and cancer, Florida exceeds the national average.

Inadequate access to quality healthcare contributes to 10% of poor health and premature death while unhealthy behaviors account for 40% of illnesses and premature death in the United States.

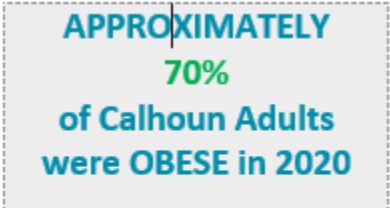
those with the

OBESITY

Obesity is associated with an increased risk of many chronic medical conditions, including type 2 diabetes, cardiovascular disease, stroke, cancer, and asthma, as well as reduced life expectancy.¹

Across the nation, 32% of the adult population are considered obese compared to 28% of adults in Florida. Overall, Florida has approximately 5 million adults that are obese.

Calhoun County has **doubled** the overweight and obesity rate to 70.2% in the past ten years. The county remains one of the most obese counties in Florida, ranking 44th in the State according to Florida Charts. Additionally, 45% of Calhoun County’s children ages 10-17 are overweight or obese compared to the national average of 32.%.



That is 7 out of every 10 adults.

The low income 2-to-5-year-old population within the county also has a high obesity rate. More than 35% of adults have been told they had hypertension and over 12% have been told they have diabetes. The elderly account for 16% of the population and 30% of them are obese.

Behaviors such as consumption of calorie-rich foods, diets high in fat, physical inactivity, and excessive alcohol consumption in addition to genetics, stress, and poor emotional health contribute to a person’s risk for obesity. Furthermore, obesity increases a person’s risk of serious health conditions including

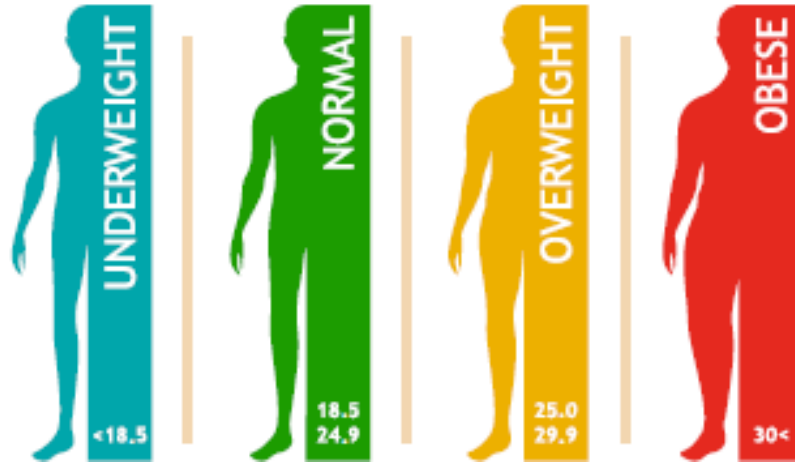
hypertension, type 2 diabetes, heart disease, stroke, sleep apnea and breathing problems, some cancers, and mental illness such as depression and anxiety.

Determining Obesity

Body Mass Index

The measurement of overweight and obesity most used is Body Mass Index (BMI). BMI measures the weight to height ratio of both adults and children but does not measure body fat directly. Having a high BMI can indicate high body fat that may lead to health problems. A person is overweight or obese if their weight is higher than what is a healthy weight for a given height.





BMI Limitations

While BMI is easy to use and can provide some indication of a person’s weight status, it is inherently limited. For example, it is possible for a very lean and muscular individual with little body fat to weigh more than others of the same height due to the weight of increased muscle. As a result, some individuals who have a healthy amount of fat tissue would be inaccurately categorized as overweight or obese using BMI measurements. Body composition instruments such as skin calipers to measure skinfold thickness, bod pods, and DEXA machines are more precise at measuring the ratio of fat versus lean tissue, but are more costly, not widely available, and require training to use.

Adult BMI

In adults, a BMI of 25 to 29.9 is overweight and a BMI of 30 or greater is obese. In contrast, below 18.5 is underweight and 18.5 to 24.9 is normal.

| BMI | Weight Status |
|--------------|-----------------------|
| Below 18.5 | Underweight |
| 18.5 - 24.9 | Normal/Healthy Weight |
| 24.0 - 29.9 | Overweight |
| 30.0 & Above | Obese |

$$\text{BMI} = \frac{\text{Weight (lb)} \times 703}{(\text{Height In Inches})^2}$$

Adults may calculate BMI using a table such as the one below. To calculate BMI, find the appropriate height in the left-hand column labeled “Height”. Move across to the right until you find the appropriate weight. The number at the top of the column is the BMI at that height and weight. For example, a person who is 64 inches tall and weighs 128 pounds has a BMI of 22. This person is of normal weight. In contrast, a person who is 64 inches tall and weighs 151 pounds has a BMI of 26 and is overweight.

BODY MASS INDEX TABLE

| BMI | Normal | | | | | Overweight | | | | | Obese | | | | | Extreme Obesity | | | | | | | | | | | | | | | | | | | | | |
|-----------------|----------------------|-----|-----|-----|-----|------------|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | |
| Height (inches) | Body Weight (pounds) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 148 | 153 | 158 | 162 | 167 | 172 | 177 | 181 | 185 | 191 | 196 | 201 | 205 | 210 | 215 | 220 | 224 | 229 | 234 | 239 | 244 | 248 | 253 | 258 | |
| 59 | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 173 | 178 | 183 | 188 | 193 | 198 | 203 | 208 | 212 | 217 | 222 | 227 | 232 | 237 | 242 | 247 | 252 | 257 | 262 | 267 | |
| 60 | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 164 | 169 | 174 | 179 | 184 | 189 | 194 | 199 | 204 | 209 | 215 | 220 | 225 | 230 | 235 | 240 | 245 | 250 | 255 | 261 | 266 | 271 | 276 | |
| 61 | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 | 196 | 202 | 207 | 213 | 218 | 224 | 229 | 235 | 240 | 246 | 251 | 256 | 262 | 267 | 273 | 278 | 284 | 289 | 295 |
| 62 | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 | 196 | 202 | 207 | 213 | 218 | 224 | 229 | 235 | 240 | 246 | 251 | 256 | 262 | 267 | 273 | 278 | 284 | 289 | 295 | |
| 63 | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 175 | 180 | 186 | 191 | 197 | 203 | 208 | 214 | 220 | 225 | 231 | 237 | 242 | 248 | 254 | 259 | 265 | 270 | 276 | 282 | 287 | 293 | 299 | 304 | |
| 64 | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 180 | 186 | 192 | 197 | 204 | 209 | 215 | 221 | 227 | 232 | 238 | 244 | 250 | 256 | 262 | 267 | 273 | 279 | 285 | 291 | 296 | 302 | 308 | 314 | |
| 65 | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 186 | 192 | 198 | 204 | 210 | 216 | 222 | 228 | 234 | 240 | 246 | 252 | 258 | 264 | 270 | 276 | 282 | 288 | 294 | 300 | 306 | 312 | 318 | 324 | |
| 66 | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 185 | 192 | 198 | 204 | 210 | 216 | 223 | 229 | 235 | 241 | 247 | 253 | 260 | 266 | 272 | 278 | 284 | 291 | 297 | 303 | 309 | 315 | 322 | 328 | 334 | |
| 67 | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 | 204 | 211 | 217 | 223 | 230 | 236 | 242 | 249 | 255 | 261 | 268 | 274 | 280 | 287 | 293 | 299 | 306 | 312 | 319 | 325 | 331 | 338 | 344 | |
| 68 | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 203 | 210 | 216 | 223 | 230 | 236 | 243 | 249 | 256 | 262 | 269 | 276 | 282 | 289 | 295 | 302 | 308 | 315 | 322 | 328 | 335 | 341 | 348 | 354 | |
| 69 | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 209 | 216 | 223 | 230 | 236 | 243 | 250 | 257 | 263 | 270 | 277 | 284 | 291 | 297 | 304 | 311 | 318 | 324 | 331 | 338 | 345 | 351 | 358 | 365 | |
| 70 | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 216 | 222 | 229 | 236 | 243 | 250 | 257 | 264 | 271 | 278 | 285 | 292 | 299 | 306 | 313 | 320 | 327 | 334 | 341 | 348 | 355 | 362 | 369 | 376 | |
| 71 | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 222 | 229 | 236 | 243 | 250 | 257 | 265 | 272 | 279 | 286 | 293 | 301 | 308 | 315 | 322 | 329 | 336 | 343 | 351 | 358 | 365 | 372 | 379 | 386 | |
| 72 | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 228 | 235 | 242 | 250 | 258 | 265 | 272 | 279 | 287 | 294 | 302 | 309 | 316 | 324 | 331 | 338 | 346 | 353 | 361 | 368 | 375 | 383 | 390 | 397 | |
| 73 | 144 | 151 | 159 | 166 | 174 | 182 | 189 | 197 | 204 | 212 | 219 | 227 | 235 | 242 | 250 | 257 | 265 | 272 | 280 | 288 | 295 | 302 | 310 | 318 | 325 | 333 | 340 | 348 | 355 | 363 | 371 | 378 | 386 | 393 | 401 | 408 | |
| 74 | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 241 | 249 | 256 | 264 | 272 | 280 | 287 | 295 | 303 | 311 | 319 | 326 | 334 | 342 | 350 | 358 | 365 | 373 | 381 | 389 | 396 | 404 | 412 | 420 | |
| 75 | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 279 | 287 | 295 | 303 | 311 | 319 | 327 | 335 | 343 | 351 | 359 | 367 | 375 | 383 | 391 | 399 | 407 | 415 | 423 | 431 | |
| 76 | 156 | 164 | 172 | 180 | 189 | 197 | 205 | 213 | 221 | 230 | 238 | 246 | 254 | 263 | 271 | 279 | 287 | 295 | 304 | 312 | 320 | 328 | 336 | 344 | 353 | 361 | 369 | 377 | 385 | 394 | 402 | 410 | 418 | 426 | 435 | 443 | |

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

BMI Children and Adolescents

For children and adolescents, BMI is calculated differently than with adults. Age and sex growth charts are used to determine BMI. This is due to the body fat changes with age and the sex-specific body fat differences in boys and girls.



Across the nation obesity is one of the leading causes of preventable life of years lost among adult Americans. However, obesity impacts humans across the lifecycle. Calhoun County, as well as many counties across the nation, has seen a steady increase in rates of obesity over the past two decades.

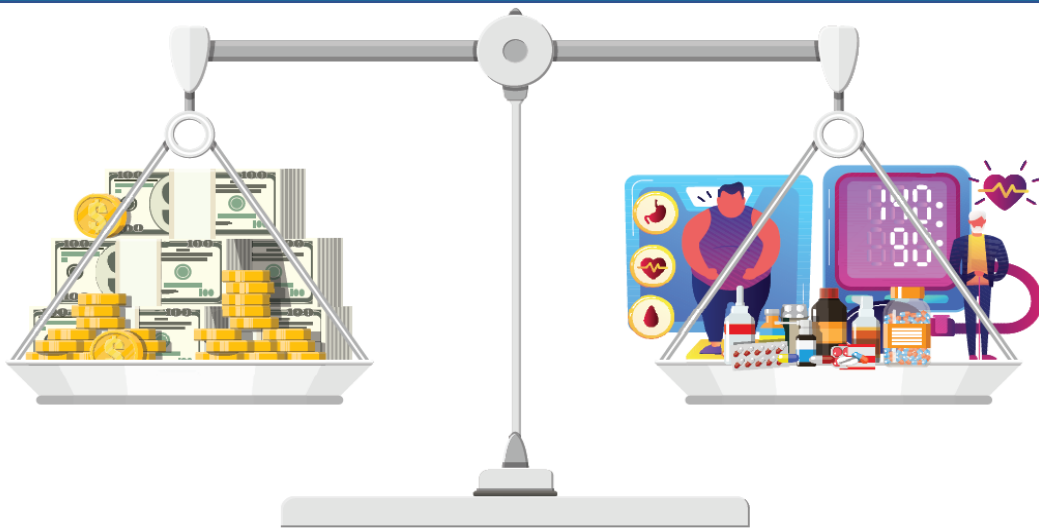
Scope of the Problem

Across the nation obesity is one of the leading causes of preventable life-years lost among adult Americans. However, obesity impacts humans across the lifecycle. At times, Calhoun County has seen its rate of increase surpass many other counties, consistently leaving Calhoun County as one of the most obese counties in the state. Future projections place Calhoun County on the path to becoming one of the most obese counties in the State by 2030 if the course is not altered through obesity prevention and reduction strategies.



Impacts

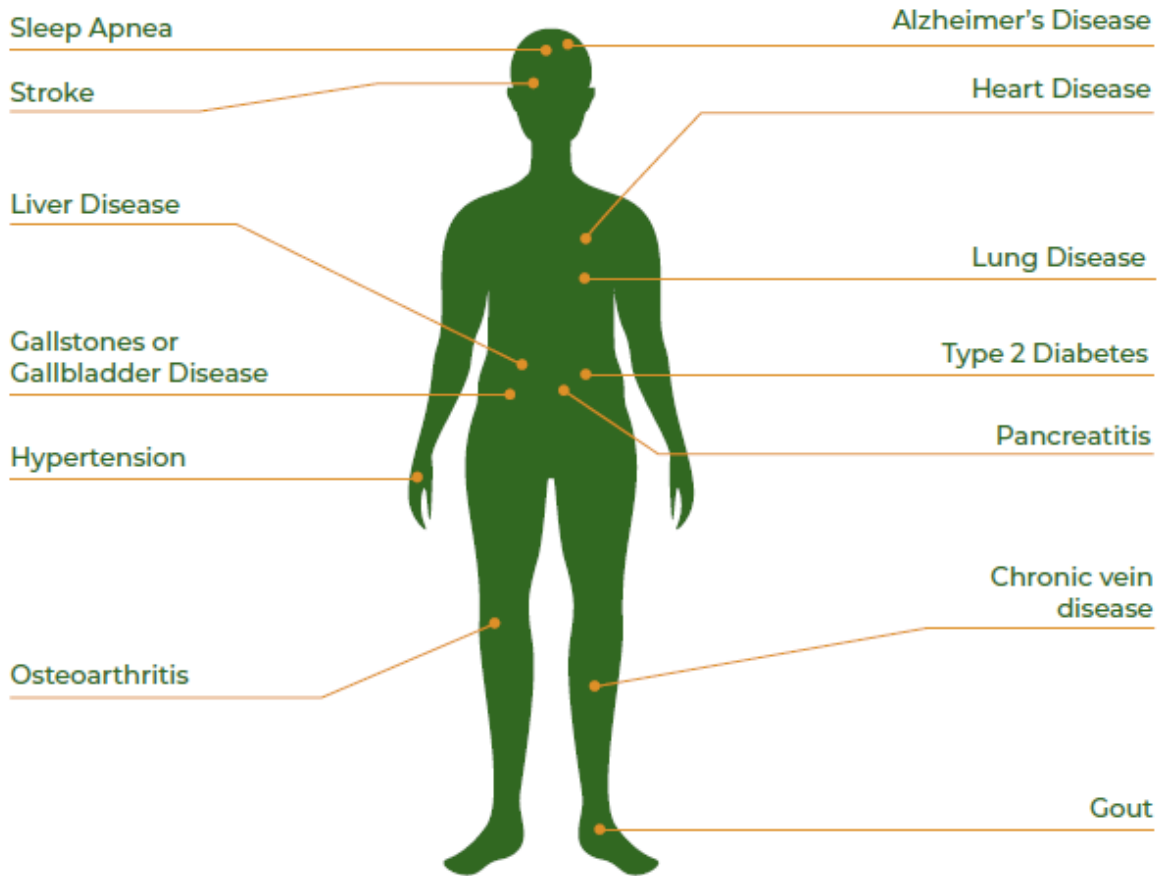
The impacts of obesity are serious and costly. According to the CDC, obesity is associated with poor mental health outcomes, reduced quality of life and an increased risk for developing chronic conditions such as hypertension, type 2 diabetes, heart disease, stroke, sleep apnea and breathing problems, some cancers, and mental illnesses such as depression and anxiety.



OBESITY COST CALHOUN RESIDENTS

\$22 MILLION

ANNUALLY IN EXPENDITURES



4 BEHAVIORS



POOR DIET



TOBACCO USE



EXCESSIVE ALCOHOL USE



SEDENTARY LIFESTYLE

5 CHRONIC CONDITIONS



CARDIOVASCULAR DISEASE



CANCER



DIABETES



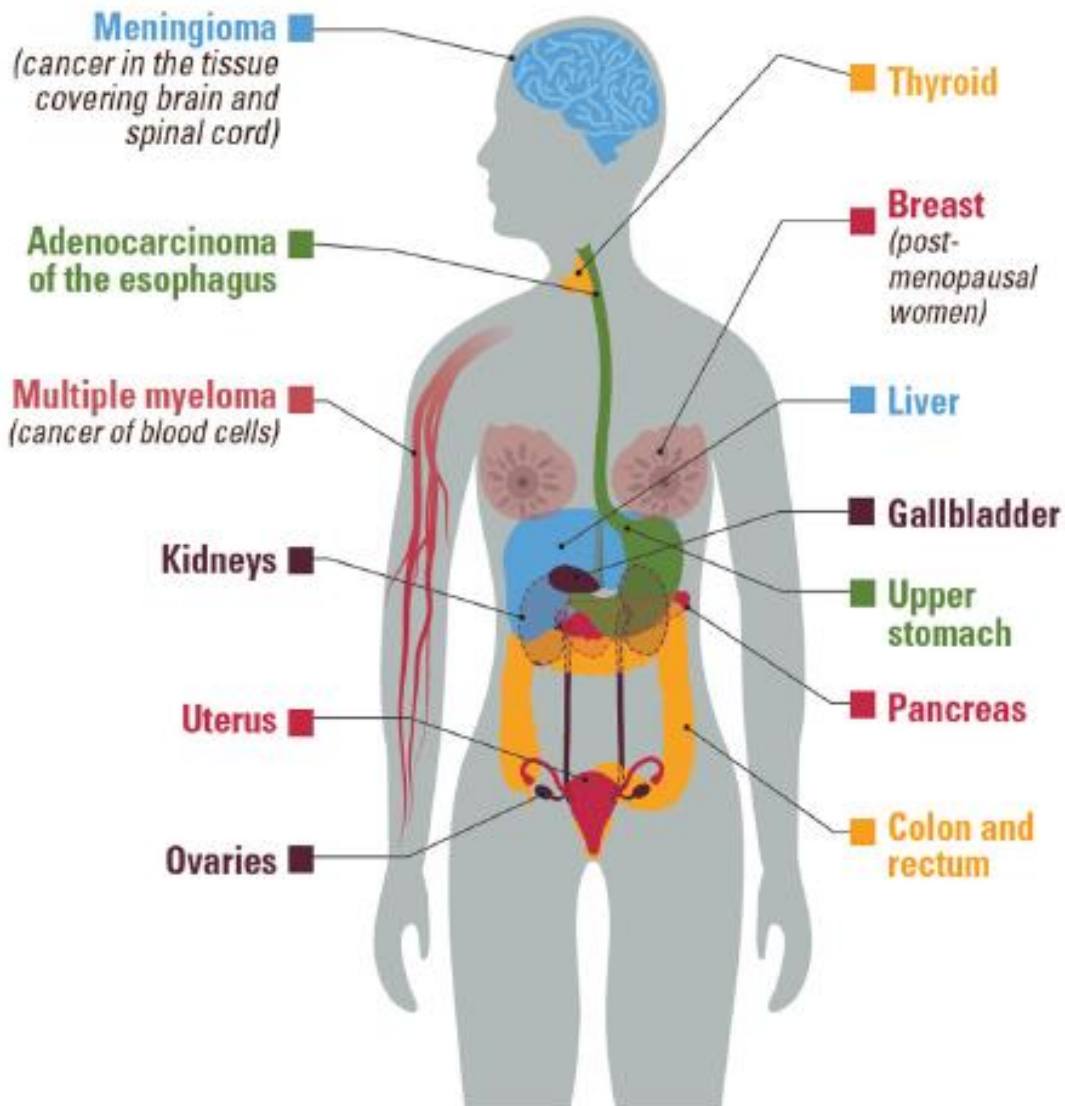
ALZHEIMER'S DISEASE



LUNG DISEASE

UNHEALTHY BEHAVIORS INFLUENCE FIVE CHRONIC DISEASE.

13 cancers are associated with overweight and obesity



Being overweight or obese increases the risk for developing certain types of cancer due to excess body fat and the impact it has on:

- ▶ Immune system function and inflammation
- ▶ Levels of certain hormones (insulin and estrogen)
- ▶ Regulation of cell growth
- ▶ Proteins that influence how the body uses hormones.

GOALS & OBJECTIVES



OBESITY

Core Measures

Promote Health for a Lifetime.

The objective is to address obesity by lifespan, ranging from the prenatal period to older adults, focusing on a comprehensive approach to obesity prevention and treatment during each lifespan category. The partnerships will align programs and policies with the larger movement to create a more effective synergy of efforts to change the health outcomes by addressing obesity within community.

Reduce adolescent obesity prevalence by 3% by 2025.

Reduce adult obesity prevalence by 1% by 2025.

ALL AGES

Childhood and Adolescent Obesity

By 2024, develop 1 health communication plan specifically tailored towards caregivers of pre-school and adolescents age children and nutrition and physical activity health behaviors. (ensuring at risk children are involved in the process)

By 2025, lower childhood obesity rates in children 2-5 years of age enrolled in the WIC program by offering nutritious food options, nutrition education, and nutrition counseling opportunities to WIC participants beginning during the prenatal period and extending through 5 years of age.

By 2025, offer 3 training courses in pediatric weight management to pediatric primary care practices.

Adult Obesity

By 2025, healthcare partners will conduct a total of 4 nutrition education classes for healthcare providers to increase their capacity to engage residents in obesity prevention and treatment.

By 2025, increase by 10% the number of participants in a fully recognized National Diabetes Lifestyle Change Program in Calhoun County.

By 2025, increase by 5% the number of people utilizing clinic food incentive referral programs to farmers markets.

By 2025, work collaboratively at the food bank level on incorporating Healthy Eating Research nutrition guidelines and cultural preferences among Calhoun County's food bank.

By 2025, work at the local level to support changes through policy and practice to build community support.



HEALTH EQUITY

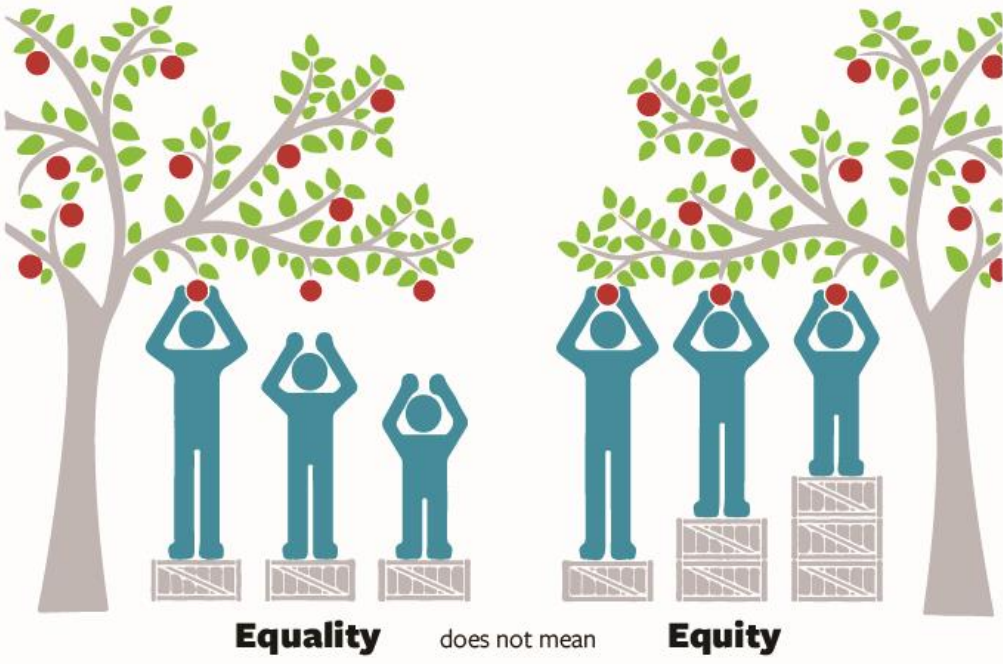
Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices,
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.

To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities.

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment. Within Calhoun County the health disparity is obesity among the African Americans and elderly.

- African Americans are the largest priority group at 23% of the population and in 2019, 50% of African Americans in Calhoun County were obese. In 2020, 45% of African American students were obese indicates that the trend is continuing upward.
- The elderly, which is defined as a resident at least 65 years old, are 16% of Calhoun County’s population. Approximately 30% of the elderly are obese and although we assume the elderly usually have good health insurance coverage, lack of public transportation and lack of certain types of doctors in Calhoun County can be problematic to this population.



Health Equity

Core Measures

Promote Health for a Lifetime.

The objective is to address obesity by lifespan, ranging from the prenatal period to older adults, focusing on a comprehensive approach to obesity prevention and treatment during each lifespan category including those identified with health inequities within Calhoun County. The partnerships will align programs and policies with the larger movement to create a more effective synergy of efforts to change the health outcomes by addressing obesity within community.

Reduce African American obesity prevalence by 3% by 2025.

Reduce Elderly obesity prevalence by 3% by 2025.

African Americans

By 2024, develop 4 health messages specifically tailored towards caregivers of adolescents age African American children on nutrition and physical activity health behaviors.

By 2025, increase African American screenings by 10% that contribute to chronic diseases such as diabetes, hypertension, and BMI to reduce behaviors.

By 2025, develop a local fruit and vegetable market for a walk/run in Blountstown.

Senior (65+) Obesity

By 2025, conduct an analysis on senior nutrition sites in Calhoun County to identify opportunities to increase nutrition education within meal sites.

By 2025, increase access to healthy foods within food deserts for seniors (65+).

By 2025, work to support changes to support health equity through policy and practice to build community support.

ACKNOWLEDGEMENTS

The Community Health Improvement Plan is a collaborate partnership of individuals, organizations, and agencies engaged in improving the health and quality of life in Calhoun County.

Amy Johnson, DOH Calhoun & Liberty

Aisha Chambers, Member, St Mary's Missionary Baptist Church

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APPENDICIES

- **Appendix A Obesity**
- **Appendix B Health Equity**



Obesity

| Goal 1: Reduce adolescent obesity prevalence by 3% by 2025. | | | | | | |
|---|----------------------|-------------------|-------------|-------------------------|--------------------|--------------------------|
| Objectives | Lead Entity and Unit | Lead Point Person | Data Source | Baseline Value | Target Value | Plan Alignment |
| By 2024, develop 1 health communication plan specifically tailored towards caregivers of pre-school and adolescents age children and nutrition and physical activity health behaviors. | FDOH Calhoun | TBC | FDOH | Zero | 1 | CHA, Healthy People 2030 |
| By 2025, lower childhood obesity rates in children 2-5 years of age enrolled in the WIC program by offering nutritious food options, nutrition education, and nutrition counseling opportunities to WIC participants beginning during the prenatal period and extending through 5 years of age. | WIC | TBC | WIC | Current number enrolled | 3% | CHA, Healthy People 2030 |
| By 2025, offer 3 training courses in pediatric weight management to pediatric primary care practices. | FDOH Calhoun | TBC | FDOH | Zero | 3 training courses | CHA, Healthy People 2030 |

| Goal 2: Reduce adult obesity prevalence by 1% by 2025. | | | | | | |
|---|----------------------|-------------------|-------------|-------------------------|--------------------------------------|--|
| Objectives | Lead Entity and Unit | Lead Point Person | Data Source | Baseline Value | Target Value | Plan Alignment |
| By 2025, healthcare partners will conduct a total of 4 nutrition education classes for healthcare providers to increase their capacity to engage residents in obesity prevention and treatment. | FDOH Calhoun | TBC | FDOH | Zero | 4 | CHA, Healthy People 2030 |
| By 2025, increase by 10% the number of participants in a fully recognized National Diabetes Lifestyle Change Program in Calhoun County. | Hospital | TBC | FDOH | Current number enrolled | 10% | CHA, Healthy People 2030 |
| By 2025, increase by 5% the number of people utilizing clinic food incentive referral programs to farmers markets. | FDOH Calhoun | TBC | FDOH | Zero | 5% | CHA, Healthy People 2030 |
| By 2025, work collaboratively at the food bank level on incorporating Healthy Eating Research nutrition guidelines and cultural preferences among Calhoun County's food bank. | FDOH Calhoun | TBC | FDOH | Zero | 3 nutritional meal plans implemented | CHA, Healthy People 2030 |
| By 2025, work at the local level to support changes through policy and practice to build community support. | FDOH Calhoun | TBC | FDOH | Zero | 1 policy | CHA, Health Equity Plan, Healthy People 2030 |

Health Equity

| Goal 1: Reduce African American obesity prevalence by 3% by 2025. | | | | | | |
|---|----------------------|-------------------|-------------|----------------|--------------|--|
| Objectives | Lead Entity and Unit | Lead Point Person | Data Source | Baseline Value | Target Value | Plan Alignment |
| By 2024, develop 4 health messages specifically tailored towards caregivers of adolescents age African American children on nutrition and physical activity health behaviors. | FDOH Calhoun | TBC | FDOH | Zero | 4 | CHA, Health Equity Plan, Healthy People 2030 |
| By 2025, increase African American screenings by 10% that contribute to chronic diseases such as diabetes, hypertension, and BMI to reduce behaviors. | FDOH Calhoun | TBC | FDOH | TBC | 10% | CHA, Health Equity Plan, Healthy People 2030 |
| By 2025, develop a local fruit and vegetable market for a walk/run in Blountstown. | FDOH Calhoun | TBC | FDOH | Zero | 1 | CHA, Health Equity Plan, Healthy People 2030 |

| Goal 2: Reduce elderly (senior 65+) obesity prevalence by 3% by 2025. | | | | | | |
|---|-----------------|------------|------------|------------|------------|--|
| Objectives | Objectives | Objectives | Objectives | Objectives | Objectives | Objectives |
| By 2025, conduct an analysis on senior nutrition sites in Calhoun County to identify opportunities to increase nutrition education within meal sites. | FDOH Calhoun | TBC | FDOH | Zero | 1 | CHA, Health Equity Plan, Healthy People 2030 |
| By 2025, increase access to healthy foods within food deserts for seniors (65+). | Meals on Wheels | TBC | FDOH | Zero | 1 | CHA, Health Equity Plan, Healthy People 2030 |
| By 2025, work to support changes to support health equity through policy and practice to build community support | FDOH Calhoun | TBC | FDOH | Zero | 1 | CHA, Health Equity Plan, Healthy People 2030 |

