

Liberty 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 Liberty 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.



Liberty 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.Liberty.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 Liberty 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 Liberty County

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MISSION

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

VISION

Liberty 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 Liberty County’s public health system, Liberty 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 Liberty County. This process culminated in the development of Liberty 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 Liberty 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 Liberty County. This process culminated in the development of Liberty 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

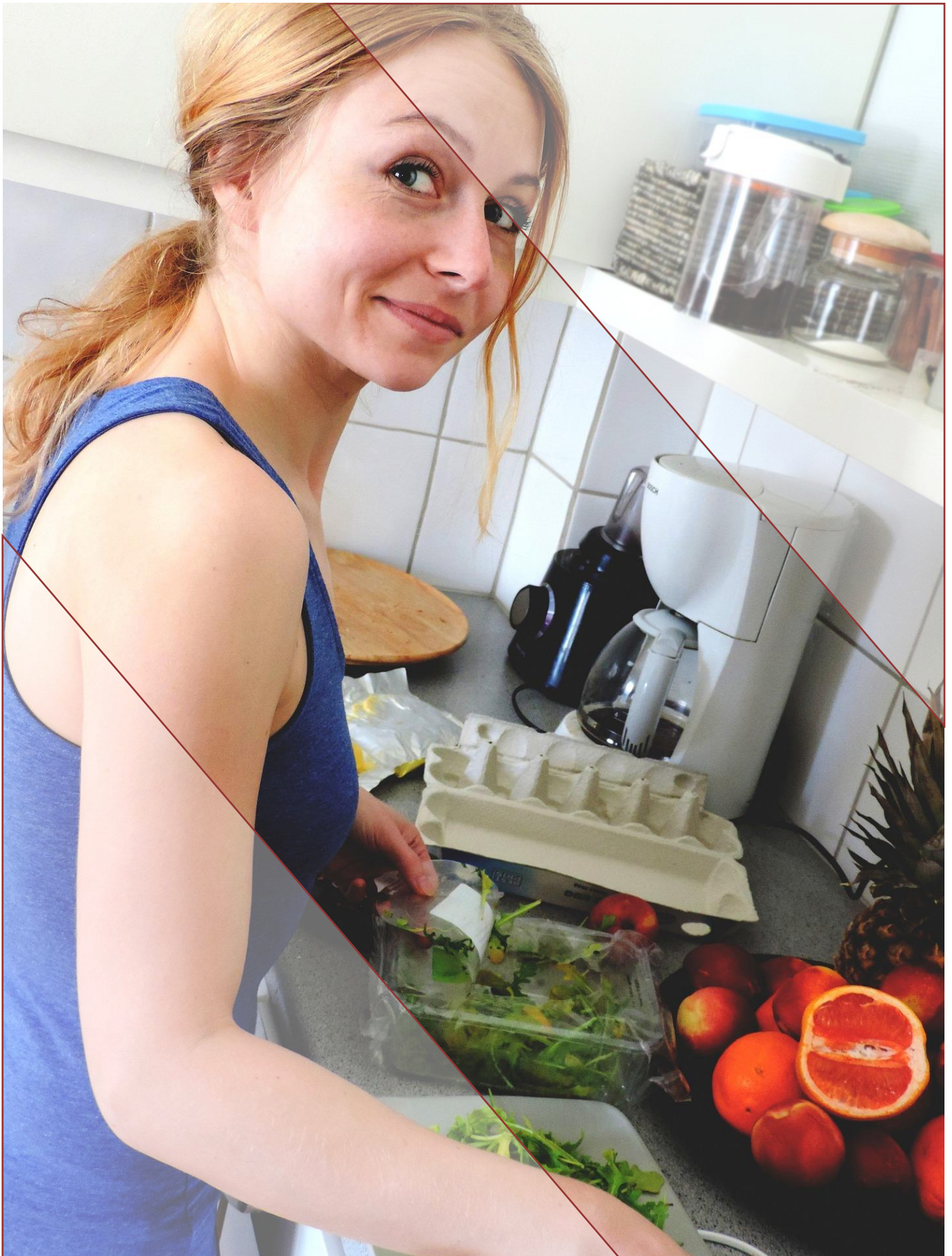
With the priority health areas determined, the CHIP Steering Committee created priority area taskforces and tasked them with identifying impactful goals for each of the two priority health areas. Proposed goals were presented by taskforce Chairs to the CHIP Steering Committee for approval. Once priority 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 Liberty 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.





LIBERTY COUNTY

Liberty County is a rural, sparsely populated county in Northwest Florida. The scarcity of population contributes to many difficulties 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 who are without other means of transportation have great difficulty accessing health care. Often those without transportation must rely on friends or family to take them to a health care provider or pay an individual 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. In addition to these barriers is the lack of insurance, the poverty level and education level. Liberty County encompasses 843 square miles in the Panhandle of Northwest Florida. Liberty County is bordered by Gadsden County (northeast), Wakulla County (east), Leon County (east), Franklin County (south), Gulf County (southwest), Calhoun County (west), and Jackson County (northwest). The Apalachicola River runs along the county's western border. The largest city is Bristol. The county's population is comprised of an estimated 8,333 residents, less than 0.1% of the estimated population for the State of Florida.

The median age of the population is 40.6 years old; children (individuals ages 17 and under) make up less than one-fifth (17%) of the population and adults ages 65 and older comprise 13%. Males make up 59% of the population while women are 41%.

Demographic and Socio-Economic Characteristics

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.

Population and Age Distribution

Every age group across Liberty County is like those of the State with the exception of those who are 15 to 34 and 45 to 64 exceeding the State average.

Race and Ethnicity

The population has shifted from the last assessment in 2016 in which 78% of the county residents were identified as White to 75% in 2020. People of color make up 25% of the overall populations, with African American (13.7%) being the largest race, followed by Hispanics (4.6%) and the remainder are either American Indian, Asian, or some other race or combination of races.

Key findings:

- Liberty County has an unemployment rate of 8.2%
- Low-income residents with limited access to healthy food is 25.7%
- Seniors with limited or uncertain access to healthy food is 30.5%

- 34.6% of children at school in have low access to healthy food
- Households receiving cash public assistance or food stamps in Liberty County is at 26.5% in 2020
- Liberty's rate of obese children from two to five years of age has significantly increased from 11% to 19% in seven years.
- The amount spent on housing and transportation is 62.6% of income.
 - This expenditure has increased by 6.7% in 10 years and is over double the economic standard of 30%. In addition, 77 cents are spent on transportation for every dollar spent on housing.
- The number of residents identified as low income is significantly high at 47.2%.
- There are no family practice physicians, physicians, or a specialty of family practice in Liberty County



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 Liberty 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 the 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.

Liberty County includes a significantly **high obesity rate (71%)** which is the gateway to **hypertension (35.7%), Type 2 Diabetes (9.7%), and Chronic Lower Respiratory Disease (CLRD)**. When looking specifically at deaths due to heart disease and cancer, Florida exceeds the national average.

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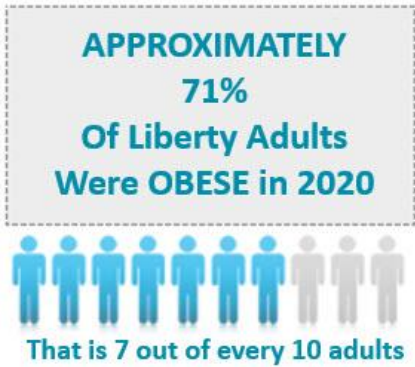
those with the

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.

Liberty County obesity rate is at 71% and has declined over the last ten years². The County ranks 38th in the State according to Florida Charts. Additionally, 38.1% of Liberty County’s children ages 10-17 are overweight or obese compared to the national average of 32.%.



- The proportion of infants and toddlers (0-5yrs) that are obese is atypical. The low income 2-to-5-year-old population within the county also has a high obesity rate of 19%, compared to 17% in the State.

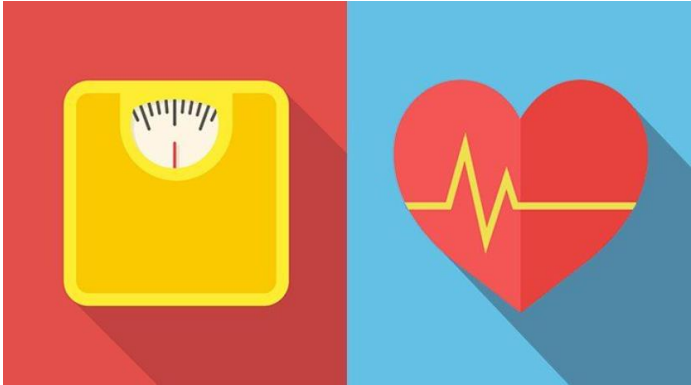
More than 35% of adults have been told they had hypertension and over 9.7% have been told they have diabetes. The elderly account for 13% of the population and 34.6% of them are obese.

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.

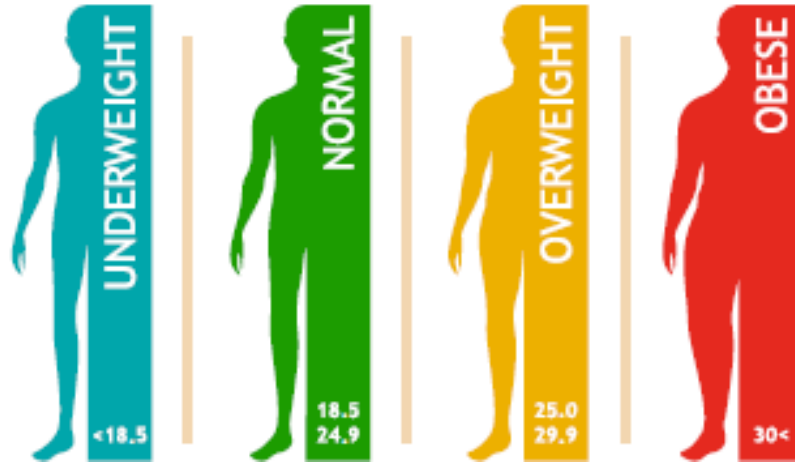
Determining Obesity

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.



1 Hruby A, Hu FB. The epidemiology of obesity: a big picture. *Pharmacoeconomics*. 2015;33(7):673-89.
2 Florida Charts. www.floridacharts.com



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. Liberty County, as well as many counties across the nation, has seen a steady increase in rates of obesity over the past two decades.

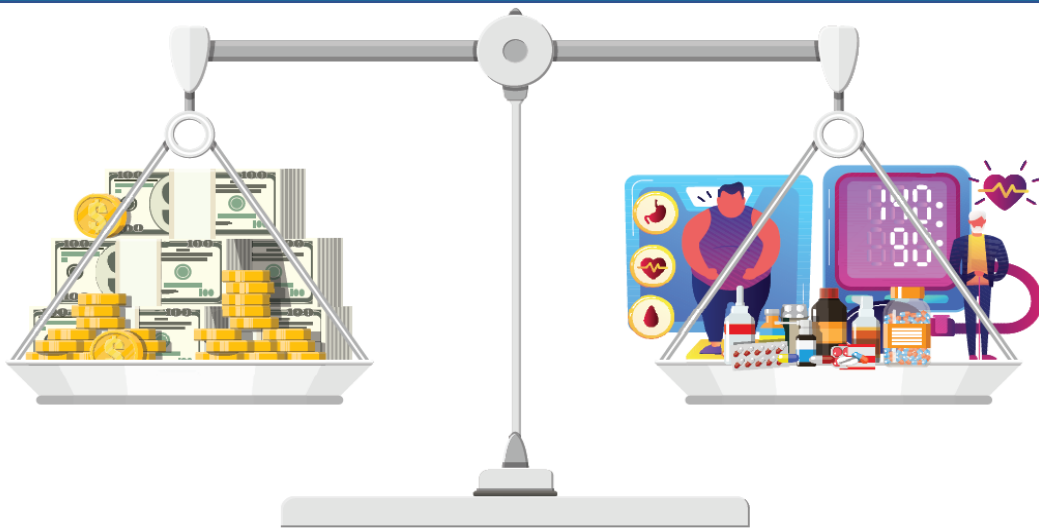
Scope of the Problem

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, Liberty County has seen its rate of increase surpass many other counties, consistently leaving Liberty County as one of the most obese counties in the state. Future projections place Liberty 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

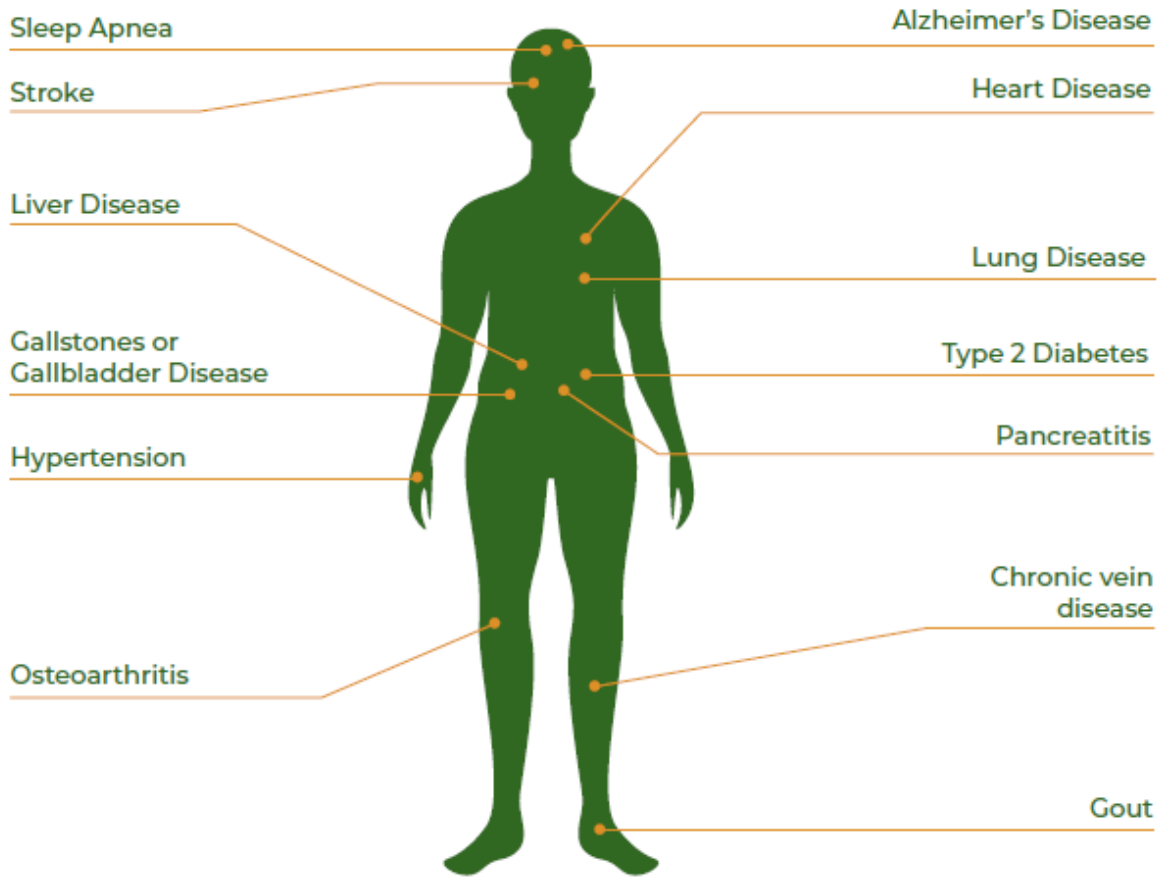
The impacts of obesity are serious and costly. According to the CDC, obesity is associated with poor mental health outcomes, reduced quality of life and an increased risk for developing chronic conditions such as hypertension, type 2 diabetes, heart disease, stroke, sleep apnea and breathing problems,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



OBESITY COST LIBERTY RESIDENTS

\$11 MILLION

ANNUALLY IN EXPENDITURES



4 BEHAVIORS



POOR DIET



TOBACCO USE



EXCESSIVE ALCOHOL USE



SEDENTARY LIFESTYLE

5 CHRONIC CONDITIONS



CARDIOVASCULAR DISEASE



CANCER



DIABETES



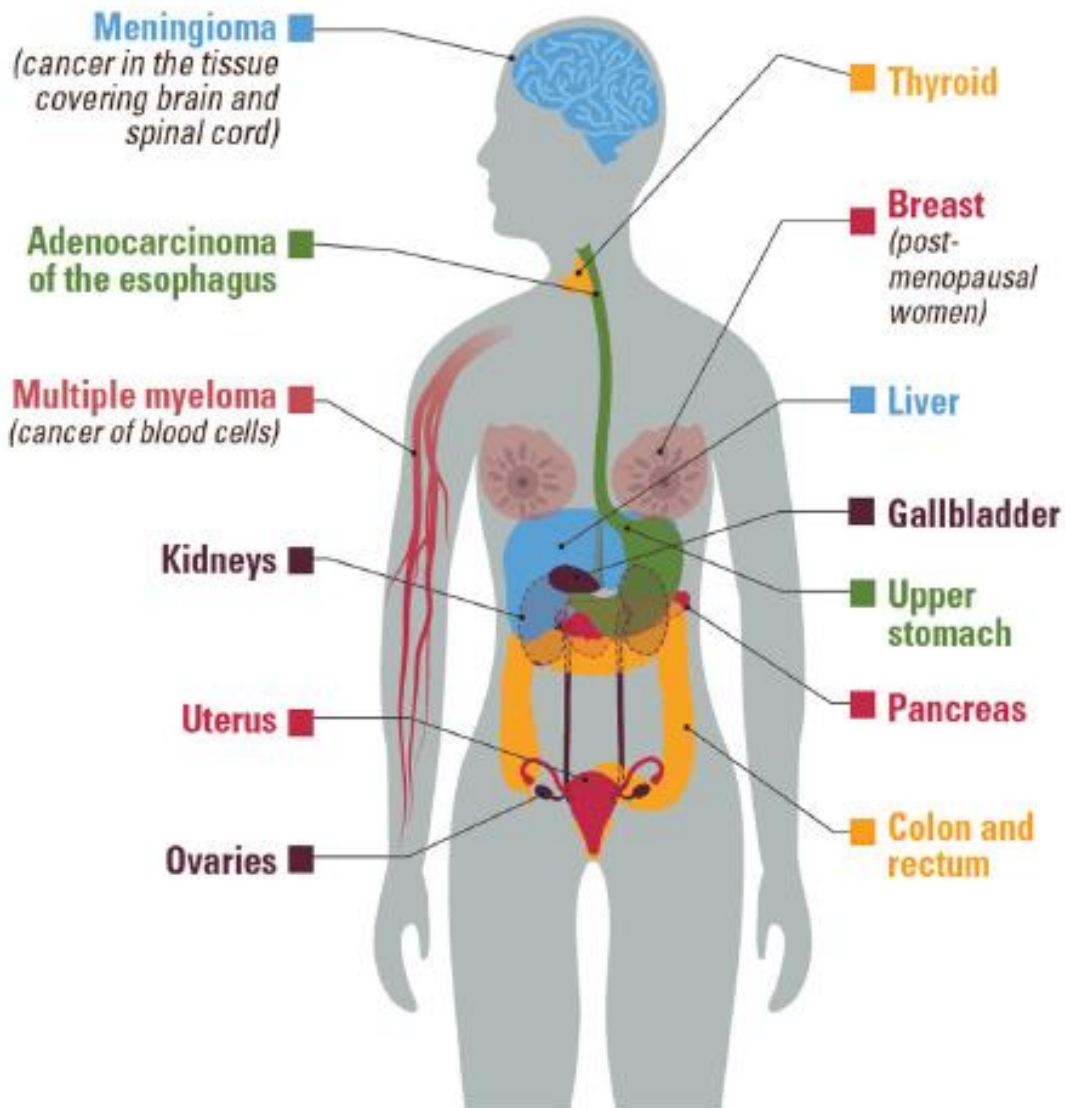
ALZHEIMER'S DISEASE



LUNG DISEASE

UNHEALTHY BEHAVIORS INFLUENCE FIVE CHRONIC DISEASES.

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

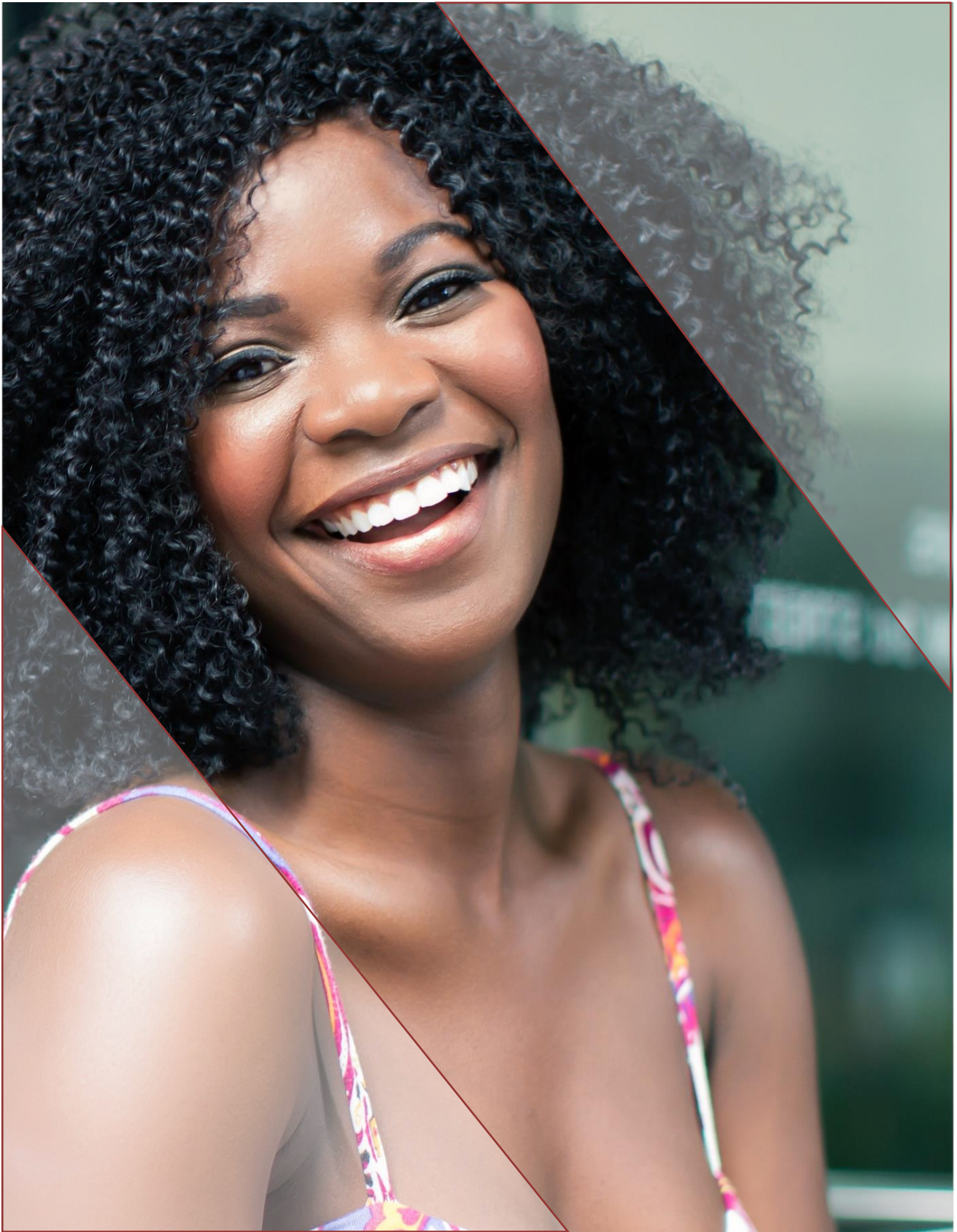
By 2025, healthcare partners will conduct a total of 4 nutrition education classes for healthcare providers to increase their capacity to engage residents in obesity prevention and treatment.

By 2025, increase by 10% the number of participants in a fully recognized National Diabetes Lifestyle Change Program in Liberty 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 Liberty County's food bank.

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



HEALTH EQUITY

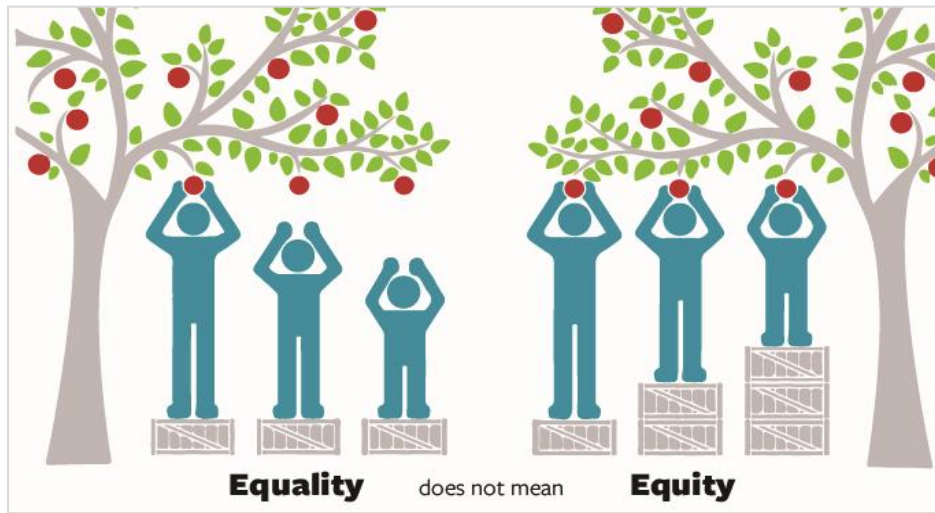
Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- 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 Liberty County the health disparity is obesity among the African Americans and elderly.

- African Americans are the largest priority group at 13.7% of the population and in 2019, approximately 65% of African Americans in Liberty County were obese. With 47.2% of Liberty County's residents classified as low income, those residents' ability to obtain healthy food and find doctors who can help them fight obesity and the diseases which can result from being obese an issue.
- The elderly, which is defined as a resident at least 65 years old, 35% were obese. Although we assume the elderly usually have good health insurance coverage, lack of public transportation and lack of certain types of doctors in Liberty 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 Liberty 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 Liberty 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 Liberty County.

Amy Johnson, DOH Calhoun & Liberty

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

Alex Cook, DOH Business Office

Bonnie Wertenberger, FSU Florida Center for Prevention Research, Prevention Program Director

Christine Jepsen, Calhoun Liberty Hospital CEO

Dustin Malphurs, Pastor, Rivertown Community Church

Emily Kohler, Tobacco Program Manager at Big Bend Area Health Education Center (AHEC)

Garrett Maneth, Director, Fusion Church

Heather Ellerbee, DOH Minority Health/Health Equity Liaison

James Wood, Calhoun Liberty Hospital

Janna Martin, Calhoun Liberty Hospital

Jamalynn Smith, DOH Liberty, Regional Operations Manager

Jessie Goolsby, Worker, Road Department

JoAnn Andrews, Ascendant Healthcare Partners, President

Jodi Speciale RN, DOH C/L, School Health Coordinator

Johnette Wahlquist, Gold Star Private Academy, Co-Founder

Kenneth Speights, Head of Mayhaw Community Association, MCA

Kim Adams, CNO & COO Calhoun Liberty Hospital

Kim Smith, Tobacco Prevention

Kristi Warren, Disability Resource Center

Kristine Miller, Ascendant Healthcare Partners, Operations Manager

Kristy Terry, Calhoun County Chamber of Commerce

Kyle Peddie, Superintendent, Liberty County Schools

Ladona Kelley, Calhoun County School District, Student and Family Liaison

Lakisha Patterson, Member, Prayer Chainers Mission of God Inc.

Laura Davis, Physician, TMH Partners

Lisa Taylor, Nursing Director, DOH Calhoun & Liberty

Madison Boggs, Community Liaison, Chipola Healthy Start

Mandy Fowler, Director of Instruction, Liberty County

Marissa Barfield, DOH C/L RN, Healthy Start

Megan Hoff, Health Equity, DOH Calhoun & Liberty

Missy Lee, DCF Circuit 14, Community Administrator

Rachel Bryant, DOH Health Officer

Robert Arnold, Innovative Charities

Sara Beck, Health Educator, DOH Calhoun & Liberty

Sean Golder, Pan Care of Florida, Inc., Regional Operations Manager

Stan Whittaker, Physician, Panhandle Rural Health

Stephanie Brogden, Safety Director- Alternative Education Calhoun County Schools

Terri Waldron, COO, CLECU

Tiffany Sapp, DOH C/L LPN, Snap-Ed and Healthiest Weight Florida

Vicki Bennett, Florida Center for Prevention Research FSU - STOP SV

Wendy Eubanks, Director, Calhoun County Public Library

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 Liberty	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 Liberty	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 Liberty	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 Liberty 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 Liberty	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 Liberty County's food bank.	FDOH Liberty	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 Liberty	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 Liberty	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 Liberty	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 Liberty	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 Liberty County to identify opportunities to increase nutrition education within meal sites.	FDOH Liberty	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 Liberty	TBC	FDOH	Zero	1	CHA, Health Equity Plan, Healthy People 2030

