



# Community Health Improvement Plan Progress Report, 2016

Florida Department of Health in  
Baker County

*July 2016*

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## **Introduction**

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This is the annual review report for the 2012 – 2016 Baker County Community Health Improvement Plan. The activities and collaborative efforts of the Florida Department of Health in Baker County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Baker County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

## **Overview of the Community Health Improvement Plan (CHIP)**

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In 2011, the Department of Health in Baker County convened the CHIP Planning Team. The Planning Team facilitated the CHIP process through using the National Association of City and County Health Official's Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. Subject matter experts from across a diverse group of partners conducted the four assessments suggested by the MAPP process. Individually, the assessment yielded in-depth analyses of factors and forces that impact population health. Taken together, the assessment findings contribute to a comprehensive view of health and quality of life in Baker County.

Whereas, the Strategic Plan focuses on improving the quality of life at the community level with an emphasis on processes, functions, key implications, change agents; key leveraging points, and core strategies. The Community Health Improvement Plan is designed to focus specifically on the health related priorities, goals and objectives. The Community Health Improvement Plan focuses on four strategic issue areas: Health Protection, Chronic Disease Prevention, Access to Care and Health Finance and Infrastructure. See Table below for Strategic Issue Areas with their goals, developed by a workgroup of subject matter experts.

<b>STRATEGIC ISSUE AREA</b>	<b>GOAL</b>
<b>Health Protection and Promotion</b>	<ol style="list-style-type: none"><li>1. <i>Protect the Population from health threats</i></li><li>2. <i>Reduce chronic disease morbidity and mortality</i></li><li>3. <i>Improve maternal and child health</i></li></ol>
<b>Financial and Business Excellence</b>	<ol style="list-style-type: none"><li>1. <i>Maximize funding to accomplish public health mission</i></li><li>2. <i>Optimize communications</i></li></ol>
<b>Service to Customers and Community</b>	<ol style="list-style-type: none"><li>1. <i>Assure access to care</i></li><li>2. <i>Promote an integrated public health System</i></li></ol>
<b>Workforce Development</b>	<ol style="list-style-type: none"><li>1. <i>Attract, recruit, retain a competent credentialed workforce</i></li><li>2. <i>Ensure partnerships, systems and processes to support the future workforce</i></li></ol>

## **Summary of CHIP Annual Review Meeting**

Data from varies sources including the Community Health Assessment, County Healthy Rankings, Florida Community Health Assessment Resource Tool Sets (CHARTS), Behavioral Risk Factor Surveys, Employee Satisfaction Results, the County Performance Snapshot and the Agency Strategic Plan, and results of activities conducted are utilized to determine progress or barriers to achieving the goals of the Baker County Community Health Improvement Plan. Any barriers are discussed and quality improvement projects are initiated when needed to overcome identified barriers. The Community Health Improvement Plan Progress Report is an annual detailed summary reports indicating the achievements for the year.

The DOH-Baker Strategic Planning Council, made up of executive management, program directors, representatives from community organizations and community members oversaw the development of the Plan in 2011. The team reviewed key findings from the DOH-Baker Community Health Assessment and had a facilitated discussion to determine the current status of each objective, the processes, used in achieving objectives, and the agency strengths, weaknesses, opportunities and threats (SWOT) based on the findings. They considered information management, workforce development, communication and financial stability in their discussion.

This section further defines each of the designated Strategic Issue Areas discussed in the CHIP Annual Review Meeting. For each Strategic Issue Area, a brief description of the strategic issue area along with key objectives, indicators, current data, target and current status is provided.

### **Strategic Issue Area #1: Health Protection and Promotion**

The goal of Health Protection and Promotion is to promote healthy activities and lifestyles to prevent disease and improve the quality of life by protecting the population from health threats, reducing chronic disease morbidity and mortality, and improving maternal and child health.

#### **Goal 1: Protect the Population from Health Threats**

*Strategy 1: Prevent and control infectious disease.*

*Key Partners:* FDOH Baker County Health Department Health Education, Medical Clinic; Healthy Baker, Inc.; Baker County Tobacco Free Partnership; local newspapers; Healthy Start; FDOH Baker County Dental Clinic; Northeast Florida AHEC; American Heart Association

##### **Why this is important to our agency:**

By reducing disease burdens and health inequities the quality of life in Baker County will be greatly impacted. Through monitoring and preventing the spread of communicable disease and focusing on prevention and intervention will result in maximum impact of the health of all residents.

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
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<p>By 2020 decrease the age adjusted death rate-37.7 for diabetes to 19 per 100,000.</p>	<p>The number of persons with diabetes receiving formal diabetes education (as indicated by DSME class participation); Health Indicator factors from Florida CHARTS for the percent of population affected by diabetes and the age adjusted hospitalization rates and death rates for diabetes.</p>	<p>2014-22.2</p>	<p>2014-31.7 2016-25.7 2020-13.7</p>		<p>According to Florida CHARTS, the 3 year rolling age adjusted death rate for Baker County (per 100,000 population) in 2013-15 was 22.2. While this is still higher than the state rate of 19.5, it has improved from the 2012-2014 rates of 24.1 for Baker County.</p> <p>Indicators suggest that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020.</p> <p><b>Status, ongoing.</b></p>
<p>By 2020 increase the % of women 40+ who received a mammogram- 47.8% in the past year by 14.2%.</p>	<p>Health Indicator factors from Florida CHARTS for the percent of women 40+ who receive a mammogram.</p>	<p>47.8%</p>	<p>Increase by 2% per year  2014- 49.74% 2016- 51.76% 2020- 60.67%</p>		<ul style="list-style-type: none"> <li>The % of Women 40 years of age and older in Baker County who received a mammogram in the past year was 56.9% in 2002; 55.2% in 2007; and 47.8% in 2010. (Compared to Florida at 65.3% in 2002; 64.92% in 2007; and 61.9% in 2010.) <i>Most current data as of July 2016 report.</i></li> <li>In 2013, the % of Women 40 to 74 in Baker County who received a mammogram in the past year was 45.8% compared to Florida at 57.5%.</li> <li>The % of Women 40 years of age and older in Baker County who received a clinical breast exam in the past year was 55.9% in 2007; 52.6% in 2010; and 41.5% in 2013. (Compared to Florida at 66.1% in 2007; 63.2% in 2010; and 58.8% in 2013.) There has been a slight decline in County data regarding the 3 year age adjusted Breast Cancer Death Rate and Incident Rate.</li> <li>The 3 year Age Adjusted Breast Cancer Incident rates (per 100,000 population) for Baker County</li> </ul>

					<p>was 117.6 for 2009-2011; 146.2 for 2010-2012 and 117.7 for 2011-2013 (Compared to Florida at 100.3 for 2009-2011; 90.4 for 2010-2012; and 79.0 for 2011-2013).</p> <ul style="list-style-type: none"> <li>The 3 year Age Adjusted Breast Cancer Death rates (per 100,000 population) for Baker County was 24.7 for 2011-2013; 39.8 for 2012-2014; and 35.3 for 2013-2015. (Compared to Florida at 20.4 for 2011-2013; 20.2 for 2012-2014; and 19.8 for 2013-2015).</li> </ul> <p>The completion date for this activity is planned for 2020.</p> <p><b>Status, ongoing.</b></p>
By 2020 decrease the age-adjusted incident rate- 90.8 for lung cancer to 64 per 100,000	Health Indicator factors from Florida CHARTS for the age-adjusted incident rate for lung cancer.	171.6	Decrease by 4 per year 2014-82.8 2016-74.8 2020-58.8		<p>2014-2015 Tobacco cessation classes increased by 30% in Baker County. The 3-year-rolling age adjusted death rate for 2013-2015 was 54.0 per 100,000 (which is an improvement from 2012-2014 when the rate was 72.0 per 100,000). The age-adjusted incident rate for lung cancer for 2011-2013 was 171.6 per 100,000 which was an increase from the 2010-2012 rate of 151.3 per 100,000.</p> <p>The completion date is planned for 2020.</p> <p><b>Status, ongoing.</b></p>
By 2020 decrease the age-adjusted death rate- 126.81 for coronary heart disease to 100.8 per 100,000.	Health Indicator factors from Florida CHARTS for the age-adjusted death rate for coronary heart disease.	120.4	Decrease by 4 per year 2014-118.8 2016-110.8 2020-94.8		<p>The age-adjusted death rate for coronary heart disease for 2013-2015 was 120.4 2011-2013 was 117.6 per 100,000 indicating that it was better than the goal of 118.8 by 2014, however, the 2013-2015 rate indicated an increase to 120.4 per 100,000.</p> <p>The completion date is planned for 2020.</p>

					<i>Status, ongoing.</i>
By 2020 decrease the age-adjusted death rate- 55.22 for strokes to 33.8 per 100,000.	Health Indicator factors from Florida CHARTS for the age-adjusted death rate for strokes.	37.6	Decrease by 3 per year  2014-49.2 2016-43.2 2020-31.2		The age-adjusted death rate for strokes has continued to decline. In 2012-2014 the rate was 49.4 per 100,000 and decreased to 37.6 per 100,000.  Indicators suggest that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020. <b><i>Status, ongoing.</i></b>
By 2020 decrease the % of adults diagnosed- 36.6% with high-blood cholesterol to 13.5%	Health Indicator factors from Florida CHARTS for the % of adults diagnosed with high-blood cholesterol.	29.9%	Decrease by 2.89% per year  2014- 30.82% 2016- 25.04% 2020- 13.48%		There has been a decrease from 36.6% (2010) of adults who have been diagnosed with high-blood cholesterol to 29.96% in 2013. This is the most current data as of the July 2016 report.  Indicators suggest that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020. <b><i>Status, ongoing.</i></b>
By 2020 decrease the age adjusted death rate 81.54 for CLRD-Chronic Lower Respiratory Diseases.	Health Indicator factors from Florida CHARTS for the age adjusted death rate for CLRD.	66.7	Decrease by 6 per year  2014- 69.50 2016- 57.50 2020- 33.50		The age-adjusted death rate for CLRD for 2012-2014 was 64.2 per 100,000 which is better than the goal of 69.50 by 2014 however the rate for 2013-2015 was 66.7. Indicators suggest that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020. <b><i>Status, ongoing.</i></b>

*Strategy 2: Prevent and reduce illness, injury and death related to environmental factors.*

**Key Partners:** FDOH Baker County Health Department; Healthy Baker, Inc.; FDOH Baker County Health Department Health Education; Medical Clinic, Healthy Start; local newspapers; Department of Transportation; WIC

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Improve safety and security of its residents by decreasing unintentional injury age adjusted death rate from 50.46 in 2010 to 36 per 100,000 by 2020.	Health Indicator factors from Florida CHARTS for the age adjusted death rate for unintentional injuries	46.0	Decrease by 2 per year  2014-46.40 2016-42.40 2020-34.40		<p>According to Florida CHARTS, the 3 year rolling age adjusted death rate for unintentional injuries in Baker County (per 100,000 population) in 2013-2015 was 46.0. This shows a slight increase from the 2012-2014 rate of 45.4 for Baker County. The 2013-2015 rate is just slightly higher than the state's rate of 42.1.</p> <p>Indicators suggest that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020.</p> <p><b><i>Status, ongoing.</i></b></p>

*Strategy 3: Minimize loss of life, illness, and injury from natural or man-made disasters.*

**Key Partners:** FDOH Baker County Health Department; Healthy Baker, Inc.; FDOH Baker County Health Department Health Education; FDOH Baker County Health Department Environmental Health; local newspapers; Department of Transportation

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Improve environmental health through increased green spaces, improved water quality, access to recreation activities, planning of land use, and increased wildfire awareness.	# of community, school and/or family gardens, disaster preparedness, and interviews with environmental health	5+school gardens; bike trails, walking trials and other activities.	2014:+3		<b>This objective has been achieved.</b>

## **Goal 2: Reduce Chronic Disease Morbidity and Mortality**

*Strategy 1: Increase the proportion of adults and children who are at a healthy weight.*

**Key Partners:** FDOH Baker County Health Department Health Education, Medical Clinic; Healthy Baker, Inc.; local newspapers; Baker County School District; Baker County Farmer's Market; WIC; Healthy Start; local churches; local food bank; North Florida Community Action Agency

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
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Improved nutrition and physical fitness. Benchmarks-5 school gardens, 1 community garden, and 10 family gardens.	# of community, school and family gardens.	5+school gardens; community garden (established but unsuccessful); 10+ family gardens.	2014:+3		More than 5 school gardens are currently operating in the schools. A community garden was established but was unsuccessful. Over 10 families participated in the raised garden beds. Farmer's Market has been established. Nutritional newsletter is sent out on an ongoing basis.  <b>This objective has been achieved.</b>
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*Strategy 2: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.*

**Key Partners:** FDOH Baker County Health Department Health Education; Baker County Tobacco Free Partnership; Baker County School District; FDOH Baker County Medical Clinic, and Dental Clinic; Northeast Florida AHEC; Healthy Baker, Inc.; local newspapers; Baker County Sheriff's Office

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
By 2020 Reduce the % of High School youth who use tobacco products from 36.8% to 20.8%.	Florida Youth Tobacco Survey	30.6	Decrease by 2% per year  2014- 32.8% 2016- 28.8% 2020- 20.8%		The % of High School youth who use tobacco products in 2014 was 30.6% which is better than the goal of 32.8% by 2014. This is the most current data as of the July 2016 report.  Indicators suggest that that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020. <b>Status, ongoing.</b>

### **Goal 3: Improve Maternal and Child Health**

*Strategy 1: Meet special health care needs of children.*

**Key Partners:** FDOH Baker County Health Department Health Education, Medical Clinic; Healthy Baker, Inc.; Baker County School District; local newspapers; Healthy Start; WIC

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Decrease births for 15 to 19 year olds from 65.7 in 2010 to 37 per 1,000 by 2020.	Health Indicator factors from Florida CHARTS for births by mothers ages 15-19.	41.6	Decrease 3 per year 2014-57.7 2016-49.7 2020-33.7		<p>Teen birth rates for 15 to 19 year olds have decreased from 47.4 in 2012-2014 to 41.6 per 1,000 in 2013-2015 which is better than the goal set for 2016.</p> <p>Indicators suggest that that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020.</p> <p><b><i>Status, ongoing.</i></b></p>

*Strategy 2: Reduce infant mortality.*

**Key Partners:** FDOH Baker County Health Department Health Education, Medical Clinic; Healthy Baker, Inc.; Baker County School District; local newspapers; Healthy Start; WIC

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Decrease births for 15 to 19 year olds from 65.7 in 2010 to 37 per 1,000 by 2020.	Health Indicator factors from Florida CHARTS for infant mortality rates and births by mothers ages 15-19.	41.6	Decrease 3 per year 2014-57.7 2016-49.7 2020-33.7		<p>Baker County Infant Mortality Task Force is active and meets on a regular basis. Infant death rates per 1,000 live births for 2013-2015 was 10.5 which indicates a slight increase from the 2012-2014 rate which was 9.5. Teen birth rates for 15 to 19 year olds have decreased from 47.4 in 2012-2014 to 41.6 per 1,000 in 2013-2015 which is better than the goal 2016.</p> <p>Indicators suggest that that we are currently on schedule for meeting the goal and objectives. The completion date is planned for 2020.</p> <p><b><i>Status, ongoing.</i></b></p>

## **Strategic Issue Area #2: Financial and Business Excellence**

The goal of Financial and Business Excellence is to maximize funding to accomplish the public health mission and optimize communications to best meet the public health needs of the community.

### **Goal 1: Maximize funding to accomplish the public health mission**

*Strategy 1: Maximize Medicaid and other third party revenue to help county health departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.*

*Key Partners:* FDOH Baker County Health Department, FDOH Baker County Medical Clinic; Healthy Baker, Inc.

#### **Why this is important to our agency:**

The Florida Department of Health in Baker County believes that effective communication and technology by health care and public health professionals can result in improved health care quality. It is essential that public health agencies provide excellent service while meeting fiduciary responsibilities on behalf of the public to maintain trust and ensure the public health care needs of the community is met.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
By 2020 the # of Medicaid/Medicare will increase by 10% to increase access to health care.	Billing Audit; Florida CHARTS Medicaid Enrollment	20751.70	2014:+3.3%		This objective has been achieved.

## **Strategic Issue Area #3: Service to Customers and Community**

The goal of Service to Customers and Community is to promote an integrated public health system and assure access to health care to reduce poor health outcomes and high health care costs associated with limited access to quality health care services.

### **Goal 1: Assure access to health care**

*Strategy 1: Increase access to care for underserved populations.*

*Key Partners:* FDOH Baker County Health Department; FDOH Baker County Dental Clinic; Healthy Baker, Inc.; Baker County School District

<b>Why this is important to our agency:</b>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By 2020 increase the percentage of low income persons with access to dental care from 36.2% to 48.2%.	HMS dental care audit	Completed	2014- 39.2%		This objective has been achieved.

## **Goal 2: Promote an Integrated Public Health System**

*Strategy 1: Support local efforts to revitalize communities*

*Key Partners:* FDOH Baker County Health Department; Baker County Chamber of Commerce; Healthy Baker, Inc.; local newspapers

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Aligns to Healthy Baker's Strategic priorities to engage and empower local residents and businesses.	Interviews with Healthy Baker	Completed	Complete by December 31, 2013		This objective has been achieved.

#### **Strategic Issue Area #4: Workforce Development**

The Florida Department of Health in Baker County aims to achieve the goals of Workforce Development by attracting, recruiting, and retaining a competent and credentialed workforce as well as to ensure partnerships, systems and processes are in place to support the future workforce.

#### **Goal 1: Attract, recruit, and retain a competent and credentialed workforce.**

*Strategy 1: Implement a competency-based framework for recruitment and training.*

*Key Partners:* FDOH Baker County Health Department; Baker County Chamber of Commerce; Healthy Baker, Inc.; North Florida Health Corps AmeriCorps

<b>Why this is important to our agency:</b>					
<b>The Florida Department of Health in Baker County is committed to maintain a skilled public health workforce essential for protecting and improving the health and wellness of the public and responding to major health threats.</b>					
<b>Objective</b>	<b>Indicator</b>	<b>Current Level</b>	<b>Target</b>	<b>Status</b>	<b>Explanation of Status</b>
Enhance services/capacity through health industry workforce development. Establish baselines: Number of Internships; Number of Service Projects; Number of Bright Futures Volunteer Hours	Number of Internships; Number of Service Projects: Number of Bright Futures Volunteer Hours	Completed	2014: +2		AmeriCorps members, interns, and volunteers have been utilized to enhance services/capacity through health industry workforce development. Opportunities have been made available to increase skill development in staff. A QI workforce team and a QI plan have been developed.  <b>This objective has been achieved.</b>

#### **Goal 2: Ensure partnerships, systems and processes to support the future workforce.**

*Strategy 1: Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.*

*Key Partners:* FDOH Baker County Health Department; Baker County Chamber of Commerce; Healthy Baker, Inc.; North Florida Health Corps AmeriCorps

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Enhance collaborative services to expand capacity. Total partnership agreements.	Number of Partnership Agreements	Completed	2014: +2		AmeriCorps members, interns, and volunteers have been utilized to enhance services/capacity through health industry workforce development. Opportunities have been made available to increase skill development in staff. A QI workforce team and a QI plan have been

					developed.  <b>This objective has been achieved.</b>
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\* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

## Revisions

Revisions to the CHIP were made after careful review of the goals, objectives, strategies and measurements of the 2012-2016 CHIP. Recommended changes were made based on the following parameters:

- Availability of data to monitor progress – performance measures that had county-level data available were preferred
- Availability of resources
- Community readiness
- Evident progress
- Alignment of goals

This annual report is considered the final report for the 2012-2016 Baker County CHIP. The 2015 Community Health Assessment has been completed and will be used to create a new health improvement plan for 2017 and beyond.

The following Strategic Issue Objectives will be removed from the Community Health Improvement Plan due to objectives being achieved. (Different objectives related to the strategic issue area, goal and strategy may be added when the Community Health Improvement Plan is developed in 2016):

### Strategic Issue Area #1: Health Protection and Promotion

- Goal: Protect the population from health threats  
Strategy: Minimize loss of life, illness, and injury from natural or man-made disasters  
Objective: *Improve environmental health through increased green spaces, improved water quality, access to recreation activities, planning of land use, and increased wildfire awareness*
- Goal: Reduce chronic disease morbidity and mortality  
Strategy: Increase the proportion of adults and children who are at a healthy weight  
Objective: *Improved nutrition and physical fitness. Benchmarks-5 school gardens, 1 community garden, and 10 family gardens.*

### Strategic Issue Area #2: Financial and Business Excellence

- Goal: Maximize funding to accomplish the public health mission  
Strategy: Maximize Medicaid and other third party revenue to help county health

departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.

*Objective: By 2020 the # of Medicaid/Medicare will increase by 10% to increase access to health care.*

- **Goal: Optimize Communications**

Strategy: Develop, implement and improve internal and external communication strategies and plans.

*Objective: Connect to Healthy Baker's Strategic goal to promote healthy living through increase outreach, education and advocacy.*

**Strategic Issue Area #3: Service to Customers and Community**

- **Goal: Assure access to health care**

Strategy: Increase access to care for underserved populations.

*Objective: By 2020 increase the percentage of low income persons with access to dental care from 36.2% to 48.2%.*

**Strategic Issue Area #4: Workforce Development**

- **Goal: Attract, recruit, and retain a competent and credentialed workforce.**

Strategy: Implement a competency-based framework for recruitment and training.

*Objective: Enhances services/capacity through health industry workforce development.*

*Establish baselines: Number of Internships; Number of Service Projects; Number of Bright Futures; Volunteer Hours*

- **Goal: Ensure partnerships, systems and processes to support the future workforce.**

Strategy: Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.

*Objective: Enhance collaborative services to expand capacity. Total partnership agreements.*

## **Accomplishments**

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Goal	Strategy	Accomplishment
1. Protect the Population from health threats- Prevent and control infectious disease.	1.1 By 2020 decrease the age adjusted death rate- 37.7 for diabetes to 19 per 100,000.	Clinical testing/health screenings were conducted on various dates and times to identify individuals with diabetes. Diabetes Self-Management Education (DSME) classes took place in January, May and September 2015 as well as January and May of 2016 and are scheduled for September 2016. A total of 74 unduplicated clients participated in the classes. Program review indicated that 100% of the participants indicated they were satisfied with the services; 79% of the participants increase their activity levels (goal was 30%); 67% of participants maintained or had improvements in their A1C levels (goal was 20%). 64% of DSME participants attended a minimum of 3 sessions. 60% of the participants stated that they were on Medicaid, Medicare or Uninsured. The age adjusted death rate for diabetes has consistently shown a decrease since activities were implemented for being 37.7 per 100,000 in 2010 to 22.2 per 100,000 in 2014.

**How it's important for our agency:** There is a great need to provide services to improve overall health outcomes within the County. With limited resources for health education prevention services, the DOH-Baker is

committed to providing programs that best serve those in need in the community. Baker County is a rural county with high rates of chronic diseases, cancer, obesity, strokes, heart disease, diabetes and respiratory disease. Community Wellness Activities are conducted to improve the overall health of the community by providing Health Screenings and Health Education awareness and prevention presentations throughout the community. To reduce the death rate of diabetic residents, clients are referred to Diabetes Self-Management Education (DSME) classes. DSME activities better addresses the health needs of the community increasing awareness, access to and reducing health care costs and overall morbidity rates.

2. Improve maternal and child health-Meet special health care needs of children.	Decrease births for 15 to 19 year olds from 65.7 in 2010 to 37 per 1,000 by 2020.	DOH-Baker surpassed the goals set for 2014 and 2016 by reducing births to teens aged 15-19 due to collaboration and partnerships with the Baker County School District, Healthy Education Department and the Healthy Start Program. Baker County Infant Mortality Task Force is active and meets on a regular basis. Abstinence Program and Teen Pregnancy Prevention Programs provided abstinence education and positive youth development education to teens in the local Middle and High School. Parenting classes were conducted by the Abstinence Program and the Healthy Start Program to work with caregivers to reduce teen births and repeat teen births. Teen birth rates decreased from 65.7 per 1,000 in 2010 to 41.6 per 1,000 in 2015.
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**How it's important for our agency:** Over the years, teen birth rates and STD rates in Baker County have exceeded the state rate. The impact of teen sexual activity is associated with negative consequences and has led to economic, educational and health disparities. Reducing teen births will result in greater health outcomes for our community.

## Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. We will conduct annual reviews and revisions based on input from partners. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Baker County.