

# GULF COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2016-2019

*To enhance health for all generations in Gulf County*

# Gulf County Community Health Improvement Plan

## Lead Project Staff:

**Marsha Lindeman, ARNP, MSN**

Florida Department of Health in Gulf County (DOH-Gulf) Administrator

**Sarah Hinds, MPH**

DOH-Gulf Operations Manager and Management Consultant  
Project Lead Facilitator and CHIP Plan Creator

**Deanna Simmons**

DOH-Gulf Government Operations Consultant  
Project Assistant and Facilitator

## CHIP Steering Committee:

<b>Jessie Pippin</b> DOH-Gulf CHOICES Program Coordinator	<b>Ann Wing</b> Big Bend Community Based Care
<b>Kari Williams</b> DOH-Gulf Tobacco Prevention Program	<b>Meg Norwood</b> Sacred Heart Health System
<b>David Walker</b> DOH-Franklin Operations Manager and Management Consultant	<b>Shelton Ceasar</b> DOH-Gulf CHOICES Program Educator
<b>Melanie Taylor</b> UF/IFAS	<b>MaryJim Montgomery</b> Sacred Heart Hospital on the Gulf
<b>Pam Jones</b> Gulf Coast State College	<b>Suzy Nadler</b> Bay, Franklin, Gulf Healthy Start Coalition
<b>Amory Harris</b> Sacred Heart My Gulf Care	<b>Jordan Miles, LCSW</b> Gulf County Schools
<b>Shelby Richards</b> DOH-Gulf Healthy Start/Healthy Families	<b>Amy Barnes</b> Gulf County School Coordinator
<b>Jason Flowers</b> North Florida Child Development	<b>Stephanie Cash</b> DOH-Gulf
<b>Talitha Robinson</b> DOH-Gulf/Franklin Closing the Gap	<b>Deborah Mobley</b> Life Management Center
<b>Robert Thompson</b> PanCare of Florida, Inc.	<b>Mike Hill</b> PanCare of Florida, Inc.
<b>James Lewis</b> Big Bend Area Health Education Center	<b>Samantha Jones</b> Department of Juvenile Justice
<b>Valerie Murphy</b> Community Care Center – Gulf	<b>Sandy McCroan</b> DOH-Bay/Gulf WIC

**Implementation Members:**

**Mental Health/Substance Abuse Subcommittee:**

<b>Team Member</b>	<b>Organization</b>
Jake Richards	Port St. Joe Police Department
Anthony Croom Jr.	Bureau of Alcohol, Tobacco and Firearms
Steven Brightwell	Mark4Ministries
DT Simmons	DOH-Gulf/Franklin
Matt Herring	Port St. Joe Policy Department
Suzy Nadler	Bay, Franklin, Gulf Healthy Start Coalition
Valerie Murphy	Community Care Center Gulf County
Ann Wing	Big Bend Community Based Care (CBC)
Lisa Andencamp	Big Bend CBC/ME
James Wiley	Oak Grove Church
Jordan Miles	Gulf County Schools
Sarah Hinds	DOH-Gulf
Amy Driggers	DOH-Gulf School Health
Stephanie Cash	DOH-Gulf/Franklin Healthy Start/Healthy Families
Kari Williams	DOH-Gulf Tobacco Prevention Program
Deborah Mobley	Life Management Center
James Lewis	Big Bend Area Health Education Center
Samantha Jones	Department of Juvenile Justice
Jessie Pippin	DOH-Gulf/Franklin Choices Program
Pam Jones	Gulf Coast State College
Martha Weimorts	Gulf County Schools

**Access to Care Subcommittee:**

<b>Team member</b>	<b>Organization</b>
Mary Jim Montgomery	Sacred Heart on the Gulf
James Lewis	Big Bend Area Health Education Center
Meg Norwood	Sacred Heart
Holly Rish	NHC Home Health Care
Mike Hill	PanCare of Florida, Inc.
Robert Thompson	PanCare of Florida, Inc.
Suzy Nadler	Bay, Franklin, Gulf Healthy Start Coalition
Katrina Saunders	Wewa Medical Center

### Healthy Weight Subcommittee:

<b>Team Member</b>	<b>Organization</b>
Alma Pugh	FDOH Gulf/Franklin Closing the Gap
Amory Harris	Sacred Heart My Gulf Care
Amy Driggers	DOH-Gulf School Health
Amy Lee	DOH-Gulf/Franklin Health Educator
Antoinette Batson	Healthy Start
April Wisdom	Tyndall AFB Health Promotion Department
Betsy Wood	Outreach & workforce Pub Health FSU
Brittney Beauchamp	DOH Nurse- Lactation Consultant
DT Simmons	Chip/Cha Healthy Babies
Jason Flowers	North Florida Child Development Center
Jordan Linton	Gulf County District Schools
Sarah Hinds	DOH-Gulf
Amy Driggers	DOH-Gulf School Health
Stephanie Cash	DOH-Gulf/Franklin Healthy Start/Healthy Families
Kari Williams	DOH-Gulf Tobacco Prevention Program
Deborah Mobley	Life Management Center
James Lewis	Big Bend Area Health Education Center
Samantha Jones	Dept of Juvenile Justice
Pam Jones	Gulf Coast State College
Martha Weimorts	Gulf County Schools

## Table of Contents

Topic	Page
Executive Summary	6
Health Priorities and Recommendations	6
Gulf County CHIP Vision	6
Introduction	7
The Process	7
Data Resources Utilized	9
Identifying Health Priorities	10
The CHA to CHIP Transition	11
Goals	11
Engaging the Community	12
About the Current Plan	14
Goals, Objectives, Strategies and Tactics	15
CHIP Next Steps	19
Alignment with National and State Initiatives	20
Work Plans of Health Priorities	21
What Works for Health – Scientific Evidence	27

# Community Health Improvement Plan

## Gulf County, Florida

### Executive Summary

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

Building a healthier Gulf County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Gulf County residents.

The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

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

### Health Priorities and Recommendations

Gulf County Community Health Improvement Partners have identified three key health priorities – ***Mental Health/Substance Abuse, Access to Care, and Healthy Weight*** – and developed recommendations and action steps based on evidence-based practices. It is recommended for the Community Health Action Plans to be incorporated into the work of the Florida Department of Health in Gulf County, existing community groups, and health care partners.

### Gulf County CHIP Vision

The Community Health Improvement Plan (CHIP) Steering Committee’s vision for Gulf County is **“To enhance health for all generations in Gulf County.”**

## Introduction

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process.

A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

## The Process

Gulf County selected the Mobilizing for Action through Planning and Partnerships (MAPP) process for community planning because of its strength in bringing together diverse interests to collaboratively determine the most effective way to improve community health.



Picture: MAPP Roadmap to Health

MAPP is a strategic approach to community health improvement. Using MAPP, Gulf County seeks to create an optimal environment for health by identifying and using resources wisely, taking into account our unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP method of community planning was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC).

MAPP employs four assessments, which offer critical insights into challenges and opportunities throughout the community.

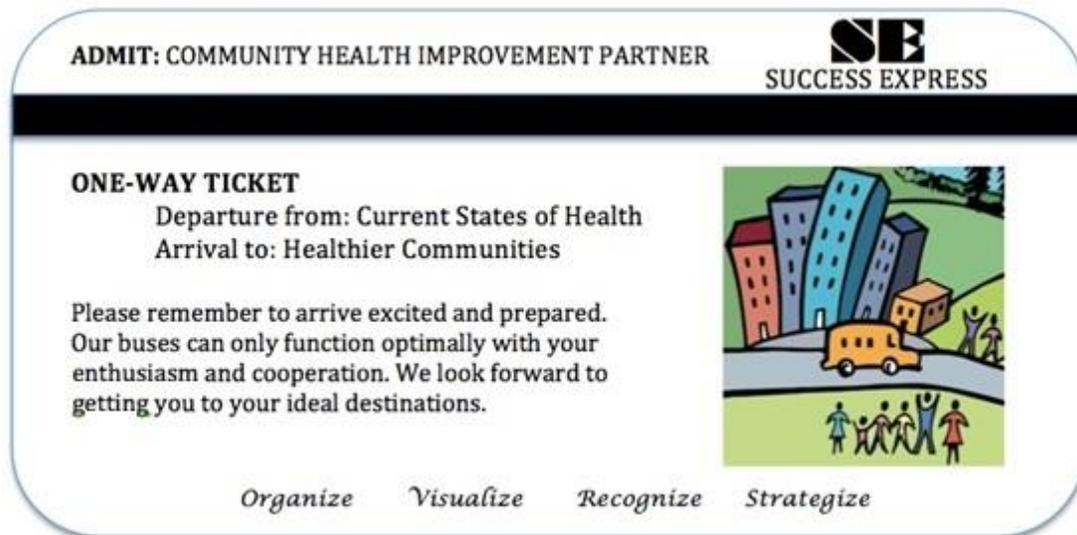
- The Community Strengths and Themes Assessment provides an understanding of the issues residents feel are important by answering the questions *“What is important to our community?”*, *“How is quality of life perceived in our community?”* and *“What assets do we have that can be used to improve community health?”*
- The Local Public Health System Performance Assessment is a comprehensive assessment of the organizations and entities that contribute to the public’s health. The Local Public Health System Performance Assessment addresses the questions *“What are the activities, competencies, and capacities of our local health system?”* and *“How are Essential Services being provided to our community?”*
- The Community Health Status Assessment identifies priority issues related to community health and quality of life. Questions answered during this phase include *“How healthy are our residents?”* and *“What does the health status of our community look like?”*
- The Forces of Change Assessment focuses on the identification of forces such as legislation, technology and other issues that affect the context in which the community and its public health system operates. This answers the questions *“What is occurring or might occur that affects the health of our community or the local health system?”* and *“What specific threats or opportunities are generated by these occurrences?”*

The assessment process included CHIP meetings and workshops which occurred between June and December 2015. Each assessment was conducted and described in a written report and the findings of all the assessments were summarized in the 2015-16 Community Health Profile. Each assessment was reviewed by partners involved in each workshop. For example, the Local Public Health System Performance report was reviewed by the same community members who were involved in the assessment.

The summaries of the assessment reports are available in the 2015-2016 Community Health Assessment Report.

Additionally during this timeframe, a community survey was distributed both on-line and in paper format to provide information about perceptions of health of the community, its residents, and the health care system. CHIP partners helped to disseminate the surveys, collecting 240 completed surveys from residents. The survey response report can also be found in the 2015-2016 Community Health Assessment Report.

*Picture below: CHIP participants received “Success Express” tickets to begin the MAPP Process.*



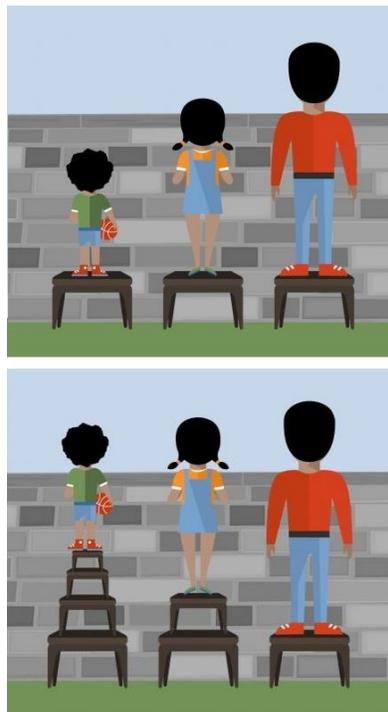
### **Data Resources Utilized**

Data sources included: Florida CHARTS, Florida Department of Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Florida Department of Children and Families, U.S. Department of Health & Human Services, Feeding America, USDA Economic Research Service, Florida Department of Law Enforcement, US Census Bureau, Federal Bureau of Labor and Statistics, and U.S. Department of Housing and Urban Development. Between the months of August through November 2015, small committee meetings were held to review and assess the data. In these small committee meetings, over 140 health indicators for Gulf County were compared and contrasted to those for the state and surrounding counties. In addition, the committee members also compared local data to previous years' data from Gulf County, highlighting improvements and statistical trends.

## Identifying Health Priorities

The last workshop conducted as part of the assessment process was the Community Health Status Assessment Workshop, which began with an in-depth review of data collected and analyzed throughout the process, including specific health status indicators and results of a Community Health Status Assessment Survey. The data review was followed by a ranking decision matrix and ended with selection of health priorities based on the following criteria:

- Broad applicability of solution set
- Timeframe require to support efforts
- Alignment with vision (To enhance health for all generations in Gulf County)
- Community support for the problem
- Resource availability to address the problem
- Potential to reduce health disparities



*Picture above: Health Equality vs. Equity, Source: County Health Rankings Florida Health Gaps Report*

The potential to reduce health disparities became an important area of focus for partners. The above picture was utilized to understand health equality vs. health equity. Giving everyone a fair chance to be healthy does not necessarily mean offering everyone the same resources to be healthy, but rather offering people specific resources necessary for their good health. Consider three children of different heights. Offering them all the same size bench to stand on would mean that shorter children do not have a fair chance to see over the wall. Offering each child a bench to stand on that is the right size for their height gives all children a fair chance to see over the wall.

Attendees were able to discuss the issues and then vote based on their ranking of relevant factors. As a result, the top priority health issues identified for Gulf County were Mental Health/Substance Abuse, Access to Care and Healthy Weight. Workshop documentation can be found in Attachment A of this plan.

### **The CHA to CHIP Transition**

The CHIP Steering Committee reviewed the priorities, the rationale for including them and the votes of the community members. Using quality planning techniques and National Association of County and City Health Officials (NACCHO) framework models, the Steering Committee selected Goals and supporting objectives for each health priority in April 2016. They then discussed strategic approaches that could be employed to achieve the goals, keeping in mind best practices to improve health equity. In subsequent meetings, which included members of the Steering Committee and other community representatives, the goals, objectives, performance measures and implementation plans were developed. Healthy Priority Subcommittee groups continue to meet regularly to continue progress of strategies and tactics.

### **Goals**

Selection of the Strategic Goals was done within the context of the work done by the University of Wisconsin through County Health Rankings and Roadmaps. The summary of the literature describing the factors affecting health outcomes is displayed in a chart on the website [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

The model is comprised of three major components:

- Health Outcomes – This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality/Length of Life) and how healthy people are when they are alive (Morbidity/Quality of Life).
- Health Factors – The factors influencing health outcomes are organized into four categories and weighted based on their relative effect on health outcomes. The analysis indicates that the factors and their relative contributions are:
  - Physical Environment: 10%
  - Social and Economic Factors: 40%
  - Clinical Care: 20%
  - Health Behaviors: 30%

The *Physical Environment* includes environmental quality and the built environment. The category *Social and Economic Factors* includes education, employment, income, family and social support, and community safety. *Clinical Care* is defined as access to care and quality of care. *Health Behaviors* includes tobacco use, diet, exercise, alcohol use and sexual activity.

A Gulf County detailed report of County Health Rankings Health Factors can be found in Attachment B.

- Programs and Policies – Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization). As illustrated, Health Outcomes are improved when Policies & Programs are in place to improve Health Factors.

The selection of the goals for the CHIP was done with an eye to the relative importance of the influence of the various factors described above, tempered by the community perspective on needs, and policy-changing potential.

**The goals selected for the Gulf County CHIP are:**

- To increase awareness of mental health services
- To reduce alcohol consumption among youth and adults in Franklin County
- To reduce substance abuse
- To increase access to health resources
- To Improve the healthy weight of youth and adults

For Gulf County, the selection of Health Priority goals addresses factors of *Clinical Care, Health Behaviors, and support statistics of Social and Economic Factors.*

Expanding on CHIP goals is being developed in a county-wide collaboration with the Florida Department of Health in Gulf County, which has organized other community partners into working groups to address the social determinants of health. The CHIP is integrated into this community fabric and planning process. The partners included in the community-wide strategic planning process include representatives from the school district, law enforcement, child care, child abuse prevention, substance abuse treatment and prevention, mental health, community service providers and juvenile justice.

**Engaging the Community**

Community ownership is a fundamental component of community health assessment and health improvement planning. Community participation leads to the collective thinking and commitment required for implementation of effective, sustainable solutions to complex problems. Broad community participation is essential because a wide range of organizations and individuals contribute to the public’s health.

Creating a healthy community and strong local public health systems require a high level of mutual understanding and collaboration. Gulf County is working to strengthen and expand community connections and provide access to the collective wisdom necessary to addressing community concerns.

The process resulting in the 2016 Community Health Improvement Plan began in April of 2016 and concluded in August of 2016. It has been characterized by several key features:

- Inlusiveness: multiple stakeholders were included throughout the process
- Comprehensiveness: many dimensions of health were addressed
- Local Ownership: the process linked expertise and experience to generate a sustainable plan that includes community ownership and responsibility

The partners who have participated in the assessment and planning process have agreed to participate in the implementation plan. Specific community members have agreed to conduct the activities described in the work plan. In addition, many members have agreed to support the CHIP implementation through participation on one or more of the implementation oversight committees.



Pictured Above: CHIP Steering Committee Partners during the April 2016 workshop.

## **About the Current Plan**

The Gulf County Community Health Improvement Plan includes goals and objectives in 1 - 3 year intervals with work plans that are intended to be updated periodically. The goals, strategies and objectives are aligned with national initiatives such as Healthy People 2020 and the Florida State Health Improvement Plan (SHIP). The specific alignments are indicated by reference in the Goals and Objectives section. The format used for the Goals and Objectives are also aligned with the Florida SHIP and use the same format as the state plan. The objectives include quantifiable performance measures based primarily on data included in the community health assessment.

Establishing the performance measures for the objectives was done using two methods. Some measures were thought to be relatively responsive to the local efforts described in the work plan and were given two year intervals (following the time frames used by the Florida Department of Health). Other objectives, particularly those in the goal related to Access to Care, are thought to be more influenced by external influences at the state and federal level and are projected in one and three year time intervals.

Monitoring the CHIP will be done by the groups established in the CHIP. The Gulf County Health Department (DOH-Gulf) will assemble the performance measures described in the objectives in the spring of each year or when they are available and submit them to the three committees for review. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges and needs. Leadership (Steering Committee) of the three committees will meet at least quarterly. At the December meeting of each group, the goals, strategies and objectives will be reviewed and adjusted as needed.

The sustainability of the CHIP was discussed during meetings and was an important consideration in plan development. The work plan includes activities that community partners have agreed to conduct. The agreements are based on the mission and resources of each agency and built on evidence-informed best practices. The activities included in the plan include a reference to the best practice and ability to support the activity and ongoing needs. If a program is an event, the date is given or the effective starting date is provided for programs and initiatives. If it is expected to be sustainable in the long term (at least the next two years), the activity effective date is given in the time frame. Work plans for each Strategy are still in progress as of August 2016.

The community members identified as “responsible” are making a good faith statement of intent and will be using their existing resources to establish, expand initiate or maintain a program or service. The hope and expectation, in many cases, is that the inclusion of the activity in this community plan will document the community support for this activity and lead to additional/external funding.

## **Gulf County Health Priorities Goals, Objectives, Strategies & Tactics**

### **Mental Health/Substance Abuse**

#### *Related Research, Data and statistics:*

- Average number of adult poor mental health days in Gulf County (last 30 days- Count): 7.5 vs. State: 5.1.
- Youth Blacking out from drinking alcohol (Percentage): 24.8% vs. State: 18.9%
- Youth alcohol consumption in the past 30 days (Percentage): 26.0% vs. State: 20.5%
- More than 1 in 5 of the general population respondents and 15% of the vulnerable population respondents feel that mental health is one of the most important health issues in the county. (Community Survey, 2015)
- 37% of both general and vulnerable population respondents indicated that they think mental health services are difficult to obtain within Gulf County. (Community Survey, 2015)
- 30% of the general population respondents and 26% of vulnerable respondents did not know where to go to receive mental health care. (Community Survey, 2015)

#### *Goal:*

1. Reduce alcohol consumption among youth.
2. Increase awareness of mental health services in Gulf County

#### *Objectives:*

1. By April 6, 2018, youth who report consuming alcohol in the past 30 days will decrease from 26% to 23%.
2. By April 6, 2018, the percentage of the general Gulf County population who are aware of mental health resources will increase from 60% to 65%.

## *Strategies & Tactics for Mental Health/Substance Abuse:*

### ***Youth Alcohol Prevention***

**Strategy 1: Provide information to youth about the dangers and consequences of using alcohol.**

Tactic A: Provide distracted driving assemblies to both high schools, which will increase awareness of the dangers/consequences of driving while under the influences of alcohol.

Tactic B: Bring in guest speakers/educators to teach alcohol prevention curriculum/programs.

**Strategy 2: Build the skills of parents and other adults to talk with their children about the dangers of alcohol.**

Tactic A: Provide workshops for parents to attend to help share alcohol prevention messages with youth.

Tactic B: Produce a media campaign about the dangers of alcohol consumption.

**Strategy 3: Reduce the access of alcohol in the community.**

Tactic A: Increase awareness of the Tipline on underage sales.

### ***Mental Health Awareness***

**Strategy 1: Provide information to the community about mental health services available**

Tactic A: Create a Mental Health Services Resource Guide

Tactic B: Bring in guest speakers/educators to teach about mental health resources available.

**Strategy 2: Decrease stigmatization of Mental Health Illness in Gulf County**

Tactic A: Host Mental Health First Aid Trainings for Adults and/or Youth

Tactic B: Produce a media campaign about mental health illness

## Access to Care

### *Related Research, Data and statistics:*

- Primary Care Access per 100,000 population, Florida: 77.1 vs. Gulf: 31.8
- Diabetes Deaths per 100,000, Florida: 19.6 vs. Gulf: 38.5
- Medicaid Birth Rate, Florida: 50.9 vs. Gulf: 62.3
- Admitted Emergency Department Visits for Dental, 184.5 vs. Gulf 145.4

### *Goal:*

Increase Access to Pre-Diabetes and Diabetes Prevention and Management Resources

### *Objectives:*

1. Decrease Emergency Department visits for diabetes related primary care concerns by 10% by calendar year 2019. (Source: - Sacred Heart, Need Baseline Data)
2. By the end of 2019, increase prediabetes and diabetes prevention education classes by 10% or more. (Source: CHIP – PanCare, Sacred Heart, North Florida Medical Center –Need Baseline Data)
3. By the end of 2019, increase diabetes self-management education classes by 10% or more. (Source: CHIP – PanCare, Sacred Heart, North Florida Medical Center –Need Baseline Data)

### *Strategies and Tactics (To Be Determined)*

Access to Pre-Diabetes, Diabetes Prevention and Diabetes Management Resources

#### **Strategy 1: Create more opportunities for the community to receive free health access and resources**

Tactic A: Host and participate in free health fairs.

Tactic B: Start diabetes self-management classes throughout county.

Tactic C: Start diabetes prevention and pre-diabetes classes throughout county

## Healthy Weight

### *Research, Data and statistics:*

- 38.5 % of 1<sup>st</sup>, 3<sup>rd</sup>, & 6<sup>th</sup> graders in Gulf County are overweight or obese.
- Adults overweight 33.3%
- Adults obese 33.3%
- Diet of 5 servings of Fruit and Veggie consumption for adults is 7.9%
- Babies of WIC moms every initiating breastfeeding is 66%
- Grocery store access is significantly lower than state 10.2%
- Gulf County has a significantly higher rate of heart disease, diabetes and cholesterol mortality rates than the state of Florida.

### *Goal:*

Improve the Healthy weight of youth and adults in Gulf County

### *Objectives:*

1. Increase breastfeeding initiation from 66% in September 2015 to 68% in September 2016
2. Increase the percent of children with healthy weight in first, third and sixth graders from 61% in fall of 2015 to 63% in spring of 2017
3. Increase access to free health screenings for adults to four or more events per year.

### *Strategies & Tactics for Healthy Weight:*

#### ***Increase Breastfeeding***

##### **Strategy 1: Build the skills of mothers enrolled in WIC to increase breastfeeding initiation.**

Tactic A: Increase participation to WIC.

Tactic B: Increase participation of WIC breastfeeding classes.

Tactic C: Start a WIC campaign

##### **Strategy 2: Increase opportunities in Gulf County for breastfeeding.**

Tactic A: Work with Gulf County employers to incorporated breastfeeding friendly policies.

## ***Child Healthy Weight***

### **Strategy 1: Provide information to youth about healthy eating and physical activity.**

Tactic A: Implement an evidence based toolkit in elementary schools (5-2-1-0 & 4-H extension)

Tactic B: Bring in guest speakers/educators to teach healthy eating and physical activity (Calvin Prior)

### **Strategy 2: Build the skills of parents and other adults to talk with children about healthy eating and physical activity standards.**

Tactic A: Provide workshops for parents to attend with information about healthy eating and physical activity.

Tactic B: Encourage Daycare providers to implement healthy eating and physical activity standards (Lets Move! Child Care Campaign).

Tactic C: Implement parent activities of the evidence based toolkits at Daycares, Elementary, Middle and High schools (Let's Move! Child Care and 5-2-1-0).

## ***Adult Healthy Weight***

### **Strategy 1: Provide information to adults about healthy eating and physical activity.**

Tactic A: Implement evidence based healthy cooking curriculum to faith based organizations (Body N Soul, Closing the Gap).

Tactic B: Partner with faith based organizations to implement fitness and health challenges.

All risk factor health data reviewed is available in Attachment E.

## **CHIP Next Steps**

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

## Alignment with National and State Initiatives

The references included in the Goals and Objectives section refer to the initiatives listed below.

A: Centers for Disease Control and Prevention. (2012.) The Community Guide. <http://www.thecommunityguide.org/index.html>

B: Centers for Disease Control. (2010-2015.) Winnable Battles. <http://www.cdc.gov/winnablebattles/>

D: Florida Department of Health. (2016.) Strategic Plan. [http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi5qMOowqfNAhUI5SYKHQMUDY8QFggcMAA&url=http%3A%2F%2Fwww.floridahealth.gov%2Fabout-the-department-of-health%2F\\_documents%2Fagency-strategic-plan-implementation-plan-ver1-2.pdf&usg=AFQjCNF2In\\_CMQ7uX\\_DRwC0vJOR48Kwy7A&bvm=bv.124272578,d.eWE](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi5qMOowqfNAhUI5SYKHQMUDY8QFggcMAA&url=http%3A%2F%2Fwww.floridahealth.gov%2Fabout-the-department-of-health%2F_documents%2Fagency-strategic-plan-implementation-plan-ver1-2.pdf&usg=AFQjCNF2In_CMQ7uX_DRwC0vJOR48Kwy7A&bvm=bv.124272578,d.eWE)

E: Florida Department of Health. (2016.) State Health Improvement Plan.

F: Healthy People 2020. (2012.) 2020 Topics and Objectives. <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

G: Public Health Accreditation Board. (2012.) Standards and Measures. <http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjk4ZH1wqfNAhWK1CYKH9EC1oQFggcMAA&url=http%3A%2F%2Fwww.phaboard.org%2Fwp-content%2Fuploads%2FSM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf&usg=AFQjCNFeGpMF-YQT6XGrK37EDpjXeR7paQ&bvm=bv.124272578,d.eWE>

H: Public Health Law. (2012.) Change Lab Solutions. <http://changelabsolutions.org/>

I: US Department of Health and Human Services. (2011.) Action Plan to Reduce Racial and Ethnic Health Disparities. <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>

J: US Department of Health and Human Services. (2011.) National Prevention Strategy. <http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>

*THE FOLLOWING PAGES INCLUDE  
CURRENT WORK PLANS BASED ON  
HEALTH PRIORITY STRATEGIES  
IDENTIFIED. CREATION OF WORK PLANS  
ARE IN PROGRESS.*

## Mental Health/Substance Abuse

**Objective 1: By April 6, 2018, the percentage of the general Gulf County population who are aware of mental health resources will increase from 60% to 65%.**

**Strategy 1: Provide information to the community about mental health services available**

**Tactic A: Create a Mental Health Services Resource Guide**

Action Item	Outputs of Action (What proof completes this action?)	Key Partners Involved to Complete Step	Date Complete	Actual Completion Date
<b>Research the community resource guide currently available.</b>	Jessie Pippin sends guide to CHIP group via e-mail and group forwards current guide to community partners	Jessie Pippin for first action CHIP Subcommittee for second action	June 8, 2016	
<b>Document what we already know (using bio sheets if available)</b>	Lists provided to Pam Jones	CHIP Partners to send provider information and any bio sheets that are available, Pam Jones will collect information.	June 12, 2016	
<b>Distribute survey to community to further identify providers</b>	Survey Monkey distributed and results collected	Deanna Simmons to complete	Survey Created: June 24, 2016, Survey results collected: July 15, 2016	
<b>Research Google Keyword linkages</b>	Have conversation with Jennifer Jenkins, Gulf County Tourist Development Council Director	Sarah Hinds to contact Jennifer Jenkins	June 9, 2016	June 9, 2016

<b>Creation of Guide</b>	Guide created in print and electronic format	Pam Jones lead, CHIP partners to provide assistance	July 31, 2016	
<b>Distribute new resource guide to public</b>	Websites, print, newspaper, rack card stands at organizations/businesses, social media outreach	CHIP Partners to provide guides to Faith-based communities, EMS, police, Gulf Coast State College, School District, Hospital, Community Resource Center (WIG), Early Childcare Education Organization, UF/IFAS Extension Office	August 1, 2016	

## Mental Health/Substance Abuse

**Objective 1:** By April 6, 2018, youth who report consuming alcohol in the past 30 days will decrease from 26% to 23%.

**Strategy 1:** Provide information to youth about the dangers and consequences of using alcohol.

**Tactic A:** Provide distracted driving assemblies to both high schools, which will increase awareness of the dangers/consequences of driving while under the influences of alcohol.

Action Item	Outputs of Action (What proof completes this action?)	Key Partners Involved to Complete Step	Date Complete	Actual Completion Date
<b>Research Distracted Driving Assembly Opportunities</b>	List of Vendors provided	Gulf County Sheriff's Department	April 15, 2016	April 15, 2016
<b>Set Dates for Distracted Driving Assemblies</b>	Approval confirmation from School Board (e-mail communications)	Gulf County Sheriff's Department	April 30, 2016	April 30, 2016
<b>Facilitate two Distracted Driving Assemblies (Port St. Joe and Wewahitchka Jr./Sr. High Schools)</b>	Event Activities Completed. Media Coverage Evidence. Surveys Returned with 50% increase in knowledge of the dangers of distracted driving and a 50% increase in motivation to choose and commit to driving safely behind the wheel and eliminating all other distractions.	Unite Corporation, DOH-Gulf, Gulf Schools, local media outlets	May 16-17, 2016	May 16-17, 2016
<b>Inform Community of Distracted Driving Assemblies</b>	Pictures of Event, Display Booth	DOH-Gulf Staff	May 21, 2016	May 21, 2016

## Healthy Weight

**Objective 1: Healthy Weight Opportunities for Babies**

**Strategy 1: Build the skills of mothers enrolled in WIC to increase breastfeeding initiation.**

**Tactic A: Increase participation to WIC.**

Action Item	Outputs of Action (What proof completes this action?)	Key Partners Involved to Complete Step	Date Complete	Actual Completion Date
<b>Establish Community Partner Network with organizations that provide income-based services</b>	Minutes, agendas, sign-in sheets, e-mail follow up conversations	North Florida Child Development, Florida Department of Health in Gulf County, Healthy Start/Healthy Families, WIC, OB/GYN Offices	Start Date is June 7, 2016. Completion date is aimed for July 1, 2016.	
<b>Utilize standardized WIC referral form</b>	Referral form and supplemental documents sent via e-mail	Sandy McCroan	June 8, 2016	June 8, 2016
<b>Establish referral collection system</b>	Organizations will have a formal written process in place. Boxes/Binders strategically located for WIC referral collection.	North Florida Child Development, Florida Department of Health in Gulf County, Healthy Start/Healthy Families, WIC, OB/GYN Offices	August 1, 2016	

## Healthy Weight

**Objective 2: OBJ 2: Healthy Weight Opportunities from little kids to 1<sup>st</sup>, 3<sup>rd</sup>, 6<sup>th</sup> grade students**

**Strategy 2. Build the skills of parents and other adults to talk with children about healthy eating and physical activity standards.**

**Tactic A: Provide workshops for parents to attend with information about healthy eating and physical activity.**

Action Item	Outputs of Action (What proof completes this action?)	Key Partners Involved to Complete Step	Date Complete	Actual Completion Date
<b>Partner with organizations to seek workshop opportunities or identify already existing parent events.</b>	E-mail confirmations, meetings with partners (sign-in sheets, agendas), calendars provided	Name of organization and CHIP Partner outreach support Gulf County Library (Jason Flowers), Gulf County Schools (Sarah Hinds), Faith-Based organizations (Closing the Gap Grantees Adult Community Groups (All CHIP Partners) PSJ Garden Club (Melanie Talyor)	June 27, 2016	
<b>Identify weekly workshops available for the 1<sup>st</sup> 8 weeks</b>	Schedule created with list of workshops/events	Closing the Gap, UF/IFAS, Sacred Heart (MyGulfCare), North Florida Child Development	June 30, 2016	
<b>Create a shared calendar for the public</b>	Electronic and Print format	Jason Flowers, Melanie Taylor, Sarah Hinds	July 1, 2016	
<b>Distribute Final Calendar</b>	Websites, social media, local organizations and businesses, Chamber of Commerce, local media	Jason Flowers, Melanie Taylor, Sarah Hinds	July 5, 2016	

## What Works for Health – County Health Rankings

*What Works for Health* provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health. The following lists includes strategies backed by scientific evidence which align with the selected health priorities and can be used during the CHIP Implementation process. To review electronically, hit click the blue topic of interest.

### Mental Health/Substance Abuse

#### [Mass media campaigns against alcohol-impaired driving](#)

Scientifically Supported

Use mass media campaigns to persuade individuals to avoid drinking and driving or to prevent others from doing so; campaigns often focus on fear of arrest or injury to self, others, or property

Alcohol and Drug Use

#### [Multi-component community interventions against alcohol-impaired driving](#)

Scientifically Supported

Work to reduce alcohol-impaired driving via sobriety checkpoints, responsible beverage service training, education and awareness activities, and other efforts

Alcohol and Drug Use

#### [Community policing](#)

Scientifically Supported

Implement a policing philosophy based on community partnership, organizational transformation, and problem solving techniques to proactively address public safety issues

Community Safety

#### [Drug courts](#)

Scientifically Supported

Use specialized courts to offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration

Community Safety · Alcohol and Drug Use

#### [Early childhood home visiting programs](#)

Scientifically Supported

Provide parents with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors

Community Safety · Family and Social Support

#### [Family treatment drug courts](#)

Scientifically Supported

Use specialized courts to work with parents involved in the child welfare system who may lose custody of their children due to substance abuse

Community Safety · Alcohol and Drug Use

#### [Functional Family Therapy \(FFT\)](#)

Scientifically Supported

Introduce a short-term family-based intervention therapy focused on strengths, protective factors and risk factors for youth with delinquency, violence, or substance abuse problems, and their families

Community Safety

#### [Mentoring programs: delinquency](#)

Scientifically Supported

Enlist mentors to develop relationships and spend time individually with at-risk mentees for an extended period; mentors have greater knowledge, skills, etc. than mentees

Alcohol and Drug Use · Community Safety

## Neighborhood watch

Scientifically Supported

Support the efforts of neighborhood residents to work together in preventing crime by reporting suspicious or potentially criminal behavior to local law enforcement

Community Safety

## Healthy Weight:

### Active recess

Scientifically Supported

Establish a break from the school day, typically before lunch, that involves planned, inclusive, actively supervised games or activities; also called semi-structured, or structured recess

Diet and Exercise

### Activity programs for older adults

Scientifically Supported

Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults

Diet and Exercise · Family and Social Support

### Breastfeeding promotion programs

Scientifically Supported

Engage health care professionals, lay health workers, and others to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding

Diet and Exercise

### Community fitness programs

Scientifically Supported

Offer exercise classes (e.g., yoga, Tai Chi, cycling, etc.) and fitness program support in community centers, senior centers, fitness, and community wellness centers

Diet and Exercise

### Community-based social support for physical activity

Scientifically Supported

Build, strengthen, and maintain social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system or a walking group)

Diet and Exercise

### Competitive pricing for healthy foods

Scientifically Supported

Assign higher costs to non-nutritious foods relative to nutritious foods via incentives, subsidies, or price discounts for healthy foods and beverages or disincentives or price increases for unhealthy choices

Diet and Exercise

### Individually-adapted physical activity programs

Scientifically Supported

Teach behavioral skills that can help individuals incorporate physical activity into their daily routines

Diet and Exercise

### Mixed-use development

Scientifically Supported

Support a combination of land uses (e.g., residential, commercial, recreational) in development initiatives, often through zoning regulations

Housing and Transit · Diet and Exercise

## Multi-component obesity prevention interventions

Scientifically Supported

Combine educational, environmental, and behavioral activities that increase physical activity or improve nutrition (e.g., nutrition education, aerobic/strength training, dietary prescriptions, etc.) in various settings

Diet and Exercise

## Multi-component school-based obesity prevention interventions

Scientifically Supported

Deliver educational, behavioral, environmental, and other obesity prevention efforts (e.g., education classes, enhanced physical education, healthy food promotion, family outreach, etc.) in schools

Diet and Exercise

## Nutrition and physical activity interventions in preschool & child care

Scientifically Supported

Offer young children opportunities to eat healthy foods and engage in physical activity by providing fresh fruits and vegetables, incorporating physical activity into daily classroom routines, etc.

Diet and Exercise

## Physically active classrooms

Scientifically Supported

Incorporate physical activity breaks, classroom energizers, or moving activities into academic lessons, usually for elementary students

Diet and Exercise

## Places for physical activity

Scientifically Supported

Modify local environments to support physical activity, increase access to new or existing facilities for physical activity, or build new facilities

Diet and Exercise

## Point-of-decision prompts for physical activity

Scientifically Supported

Place motivational signs on or near stairwells, elevators, and escalators that encourage individuals to use stairs

Diet and Exercise

## Prescriptions for physical activity

Scientifically Supported

Provide prescriptions with individually tailored exercise plans, often accompanied by progress checks at office visits, counseling, activity logs, and exercise testing

Diet and Exercise

## Safe Routes to Schools

Scientifically Supported

Promote walking and biking to school through education, incentives, and environmental changes; often called SRTS

Housing and Transit · Diet and Exercise

## School breakfast programs

Scientifically Supported

Support programs to provide students with a nutritious breakfast in the cafeteria, from grab and go carts in hallways, or in classrooms

Education · Diet and Exercise

## School fruit & vegetable gardens

Scientifically Supported

Establish designated areas where students can garden with guidance, often with nutrition and food preparation lessons and opportunities for taste tasting and hands-on learning

Diet and Exercise

## School nutrition standards

Scientifically Supported

Regulate the quality of food that can be sold to students via the National School Lunch Program, à la carte options, vending machines, etc.

Diet and Exercise

## School-based physical education

Scientifically Supported

Expand or enhance school-based physical education (PE) by lengthening existing classes, increasing physical activity during class, adding new PE classes, etc.

Diet and Exercise

## Screen time interventions for children

Scientifically Supported

Encourage children to spend time away from TV and other screen media, often as part of a multi-faceted effort to increase physical activity and improve nutrition

Diet and Exercise

## Streetscape design

Scientifically Supported

Enhance streetscapes with greater sidewalk coverage and walkway connectivity, street crossing safety features, traffic calming measures, and other design elements; often via Complete Streets

Housing and Transit · Diet and Exercise

## Walking school buses

Scientifically Supported

Arrange active transportation with a fixed route, designated stops, and pick up times when children can walk to school with adult chaperones

Housing and Transit · Diet and Exercise

## Worksite obesity prevention interventions

Scientifically Supported

Use educational, environmental, and behavioral strategies to improve food choices and physical activity opportunities in worksite settings

Diet and Exercise

## Zoning regulations for land use policy

Scientifically Supported

Use zoning regulations to address aesthetics and safety of the physical environment, street continuity and connectivity, residential density and proximity to businesses, schools, and recreation

Housing and Transit · Diet and Exercise

## Access to Care

### Centering Pregnancy

Scientifically Supported

Provide prenatal care in a group setting, integrating health assessment, education, and support

Access to Care

### Community water fluoridation

Scientifically Supported

Adjust and monitor fluoride in public water supplies to reach and retain optimal fluoride concentrations

Access to Care

### Federally qualified health centers (FQHCs)

Scientifically Supported

Increase support for non-profit health care organizations that receive federal funding and deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay

Access to Care

### Medical homes

Scientifically Supported

Provide continuous, comprehensive, whole person primary care that uses a coordinated team of medical providers across the health care system

Quality of Care · Access to Care

### Mental health benefits legislation

Scientifically Supported

Regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders

Access to Care

### Nurse practitioner scope of practice

Scientifically Supported

Use regulation to extend nurse practitioner's (NP's) scope of practice to provide primary care to the full scope of their training and skills without physician oversight

Access to Care

### Rural training in medical education

Scientifically Supported

Expand medical school training and learning experiences focused on the skills necessary to practice successfully in rural areas

Access to Care

### School dental programs

Scientifically Supported

Provide sealants, fluoride treatment, screening, and other basic dental care on school grounds via partnerships with dental professionals

Access to Care

## Telemedicine

Scientifically Supported

Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth

Access to Care