



Gulf County

2013 Community Health Improvement Plan Report



Contributors

The Gulf County Community team was led by Marsha Lindeman and Sarah Hinds.



Prepared
by:
Quad R,
LLC

Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Profile Report 2012 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

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

For more information, contact Sarah Hinds at the Gulf County Health Department: phone (850) 850 227-1276 x 205 or email sarah_hinds@doh.state.fl.us.

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Gulf County Community Health Improvement Plan

EXECUTIVE SUMMARY

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, 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 partners identified three key issues – *Chronic Disease, Healthy Weight, and Tobacco Use* - and developed recommendations and action steps. It is recommended the Community Health Action Plans be incorporated into the work of the Florida Department of Health in Gulf County, existing community groups, and health care partners.

Health Priority: Chronic Disease

GOAL: Reduce diabetes among adults in Gulf County.

Objective 1: Reduce the diabetes age-adjusted death rate among adults in Gulf County by 1% from 45.4 to 44.4 by August 31, 2016.

Strategy 1: Establish healthy alternatives for food choices in local food markets by setting up program(s) in local grocery stores.

Strategy 2: Establish support group for families of individuals who have 1). Died with a diagnosis of diabetes, and 2) Been diagnosed with diabetes.

Health Priority: Healthy Weight

GOAL: Increase Gulf County adults who are at a healthy weight.

Objective: By September 30, 2015, increase the number adults who are at a healthy weight in Gulf County by 2% from 31.4% to 33.4%.

Strategy 1: Pilot Worksite Wellness program for employer with greater than 50 employees with 50% of employees participating.

Strategy 2: Implement a Community Walking program.

Health Priority: Tobacco Use

GOAL: Reduce tobacco rates among youth populations (9-12th grade) in Gulf County.

Objective: By September 30, 2015, implement High School Tobacco Education Program targeting 80% of participating students in one High School elective class.

INTRODUCTION

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

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

community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.



The Florida Department of Health in Gulf County, working with community health partners, initiated community-wide strategic planning for improving community health utilizing the *Mobilizing for Action*

through Planning and Partnerships (MAPP) model. MAPP was developed by the *National Association of County and City Health Officials* (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement plan is designed to use existing resources

wisely, consider unique local conditions and needs, and form effective partnerships for action.

METHODOLOGY

The Florida Department of Health in Gulf County and community health partners met together for the purpose of evaluating the health status of the citizens of the Gulf County area in order to develop health improvement interventions. The goal of these partners was to develop and implement comprehensive, community-based health promotion and wellness programs in the Gulf County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

The NACCHO MAPP model for community health planning was used, which provides a strategic approach to community health improvement. This model utilizes six distinct phases:

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



The ***Community Health Status Assessment*** provided a “snapshot in time” of the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions. Gulf County Health Department conducted a Community Health Status Profile in 2011. Data from the 2010 U.S. Census, U.S.

Bureau of Labor Statistics, and the Florida Department of Health, Legislative Office of Economic and Demographic Research, Department of Children and Families, Department of Law Enforcement, and Agency for Health Care Administration was utilized in the *Community Health Status Assessment*. Major findings from the ***Community Health Status Assessment*** included:

- The population of 7,661 residents had an median wage of \$28,544.
- Gulf County's population was 77.3% White and 25% Black/African American.
- The percent of adults with hypertension in Gulf County is higher than State-wide—particularly for those ages 18-44 (117% the State rate).
- The Gulf County rate of alcohol-related vehicle crash deaths is 455% the State rate.
- The percent of adult residents who smoke tobacco is 132.6% the State rate.
- Gulf County is in the 3rd Quartile State-wide for the incidence of child abuse, with a County rate higher than the State rate.
- Unintentional injuries are the cause of death with the greatest difference than State-wide, with a three year rate that is 163% the State-wide rate.
- Gulf County has a higher three-year rate, as compared to the state, for births to mothers ages 10 to 18 (15.8%) and mothers ages 15 to 19 (47.4%) per 1,000. In addition, births to unwed mothers are higher in Gulf County (58.5%) as compared to the state (47.3%).
- The teen birth rate is higher than State-wide, with Gulf County in the 4th Quartile. The percent of women with adequate prenatal care is lower than State-wide.
- The incidence of low birth weight babies nearly doubled from 2008 to 2009, placing Gulf County in the 3rd Quartile.
- The County has 4,352 people with incomes under 200% FPL (low income)—35% of its population. Nearly 70% of children qualify for subsidized school lunches.



- The Medicaid enrollment per 100,000 population is only slightly higher than the State-wide rate, even though the poverty rate for children under age 18 is 75% higher than State-wide.

Community perceptions of the health care system are a critical part of the MAPP process. **Community Themes and Strengths** were assessed in July - August 2012 by 316 Gulf County residents who responded to an online or hard copy survey.

Perceptions of the quality and accessibility of healthcare in Gulf County were assessed. Survey results indicated residents were concerned with:

- More/better doctors/specialists
- Affordable healthcare/insurance
- Low crime/safe neighborhoods
- Access to health care
- Good jobs and healthy economy

Community health partners participated in the **Forces of Change Assessment** workshop on September 2011 in order to identify what is occurring or might occur that impacts the health of the community and local public health system.



Data from the **2012 County Health Rankings**, compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were reviewed by community partners throughout the MAPP process. In addition, community health partners reviewed the **10 Essential Public Health Services** rankings from the **Local Public Health Performance Standards Program**.



Goals & Strategies

As part of the Gulf County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) a Strategic Priorities and Goals workshop was conducted on July 31, 2012. Twenty-seven community health partners participated in the workshop and identified four community health themes for Gulf County.

BACKGROUND



As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Gulf County, Quad R, LLC was contracted by the Gulf County Health Department to facilitate the Strategic Priorities & Goals workshop on July 31, 2012.

The purpose of this workshop was to identify health priorities which are impacting Gulf County residents and to develop goal statements and strategies for each priority.

A total of 27 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Gulf County. The list of workshop participants can be found in Appendix 1.

METHODS



Three weeks prior to the scheduled Strategic Priorities & Goals workshop, community health partners were contacted by e-mail from the Gulf County Health Department regarding the date, time, and purpose of the workshop. One week prior to the workshop, community health partners were provided the agenda. The email and agenda can be found in Appendix 1.

The participants were welcomed to the workshop by the Gulf County Health Department Health Education Program Manager, Ms. Sarah Hinds. Participants introduced themselves. After reviewing the agenda, the workshop facilitator then asked participants to examine the *Gulf County 2011 Assessment of Health Care Services – Key Points* which was provided at the beginning of the session. In addition, key facts from the U.S. 2010 Census about the demographics and social characteristics of Gulf County were displayed.

Participants reviewed the data individually and identified key health issues and/or needs for Gulf County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national forces that may affect the context in which the community and its public health system operate within Gulf County.

Participants were then divided randomly into four groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each workgroup worked collaboratively to group their issues and identify a label for the theme or category.

Large sheets were posted around the room and the participants were re-assigned to one of five breakout groups. One group reviewed all the themes and

categories and re-assembled them into a master list of community health issues. Two groups worked independently to create a list of the *Resources* available in Gulf County to address community health issues and concerns. Two groups separately identified the *Barriers/Challenges* to impacting community health issues and concerns in Gulf County. Appendix 3 contains the list of *Resources* and *Barriers/Challenges*.



The two lists for the *Resources* and *Barriers/Challenges* were combined. The five breakout groups individually reviewed the *Priority Health Issues*, *Resources*, and *Barriers/Challenges* revised as needed. Each group worked to ensure the *Priority Health Issues* were distinct categories. Five health issues were identified:

- Economic and Community Well – Being Go Together
- Increased Awareness of community health and social services resources available in Gulf County.
- Increase access to care
- Mental Health
- Substance Abuse

The issues of Mental Health and Substance Abuse were combined into one Priority Issue of *Social/Mental Health*. Workshop participants were self-selected into one of the four health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants.



Each workgroup was then tasked with developing a *Goal Statement* and *Strategies* for their health issue. Once each workgroup had at least 2 strategies for the health issue, the participants reviewed the work for each issue. Participants provided feedback and added additional strategies as needed. In

addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP.

Workgroups were then provided the *Goal & Strategies* template on a large easel chart paper (see Appendix 4). Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The workgroups also identified the ways in which "success" could be measured for each strategy. The goals and strategies developed during the workshop are found on the following pages. The priority issues included:

- Economic Health
- Health & Social Service Resources
- Access to Healthcare
- Social/Mental Health

GOALS & STRATEGIES

Gulf County Community Health Project – Strategic Priorities & Goals				
Priority Issue	Goal	Strategy	Implementation	Evaluation
Economic Health	Gulf County will strengthen its competitive environment to conduct business, encourage economic growth and create jobs.	<p>1. Speak w/ one voice.</p> <p>1.1. Develop communication on approach and tactics regarding the role and inter-relationship of community health and economic well-being.</p> <p>1.2. Create value proposition regarding Gulf County health, social and education infrastructure.</p> <p>1.3. Distribute/communicate value position to site consultants, business prospects, employers, government/ political representatives and partner organizations engaged in job creation.</p> <p>1.4. Incorporate value prop or other info into Economic Development Council's strategic plan.</p>	<p>TIMELINE 6 months</p> <p>LEAD & TEAM MEMBERS</p> <ul style="list-style-type: none"> • Economic Development Council • Chamber of Commerce • Florida Great Northwest (research) • Gulf Healthcare Trust Fund Committee • Opportunity Florida • Florida Association of Counties - Gulf representation • Small County Coalition <p>RESOURCES</p> <ul style="list-style-type: none"> • Research • Marketing expertise-value property development 	<ul style="list-style-type: none"> • Output is measure/ qualitative. • Web hits on Gulf web site. • Mailings.

Priority Issue	Goal	Strategy	Implementation	Evaluation
Economic Health (continued)	Gulf County will strengthen its competitive environment to conduct business, encourage economic growth and create jobs. (continued)	<p>2. Leverage Gulf County designations (e.g. Rural Areas of Critical Economic Concern (RACEC), Enterprise Zone) to maximize funding and incentives available to fund development of needed community resources.</p> <p>2.1. Identify and research all rules and requirements for Rural Areas of Critical Economic Concern (RACEC) , Economic Zone and Florida incentive programs.</p> <p>2.2. Identify priority community needs and match to specific program.</p> <p>2.3. Prepare applications.</p> <p>2.4. Advocate for funding.</p>	<p>TIMELINE: Activity A: 3 months Activity B: 1 year Activity C: 3 years (ongoing) Activity D: Ongoing</p> <p>LEAD & TEAM MEMBERS</p> <ul style="list-style-type: none"> • Workforce Development Board (Kim Bodine) • Economic Development Council • Opportunity Florida - 3 months • Gulf County HealthCare Trust Committee • Gulf Coast State College (Loretta Coston) - 1 year <p>RESOURCES To be determined</p>	<ul style="list-style-type: none"> • Site consultant visits. • Document \$250,000 in new economic \$\$ associated with application.

Priority Issue	Goal	Strategy	Implementation	Evaluation
Health & Social Services Resources	Increase awareness of community health, spiritual, and social services available in Gulf County.	1. Build quality of life resource directory.	<p>TIMELINE: December 2012</p> <p>LEAD & TEAM MEMBERS</p> <ul style="list-style-type: none"> • Ashley Fights (lead) • 6 County Health Departments • Sacred Heart Health System • Emergency Management • Ministers groups • Gulf city and county governments <p>RESOURCES</p> <ul style="list-style-type: none"> • Current list • Web space • Sacred Heart Health System • Gulf County Health Department 	To be determined

Priority Issue	Goal	Strategy	Implementation	Evaluation
Health & Social Services Resources (continued)	Increase awareness of community health, spiritual, and social services available in Gulf County. (continued)	2. Build media campaign to promote quality of life resource directory.	TIMELINE: January 2013 – December 2013 LEAD & TEAM MEMBERS See Strategy 1 lead and team members RESOURCES <ul style="list-style-type: none"> • Local cable network • Local newspaper • Churches • Senior Center • Medical providers • Library • Department of Children & Families • Workforce • WIC • North Florida Child Development • Grocery stores • Public housing 	<ul style="list-style-type: none"> • Number of directions handed out. • Number of views on website(s). • Utilize current patient satisfaction surveys. • On website survey how they heard about us and if it was helpful. • Averaging 10 views on website a month, over a year time frame. • Increase to 75% of Gulf County Health Department survey respondents who are aware of community preventive care programs. • Decrease to 4% in the Gulf County Health Department survey stated they are not aware of resources on mental health. • Decrease to 60% stated on Gulf County Health Department survey they are not aware of substances resources.

Priority Issue	Goal	Strategy	Implementation	Evaluation
Access to Healthcare	All people living in our communities will have access to high quality, affordable healthcare services.	<p>1. Develop a comprehensive communication plan to increase public awareness and promote proper utilization of services.</p> <p>1.1. Identify and implement engagement strategies for preventive care, lifestyle and chronic disease management. (public outreach and education)</p> <p>1.2. Create access portal strategy to meet community residents at work, faith, home, etc.</p>	<p>TIMELINE: Develop plan: 12 months Implement plan: Following 2 years</p> <p>LEAD & TEAM MEMBERS To be determined</p> <p>RESOURCES All communication channels</p>	The percentage of residents who could not see a physician due to cost will lower at least to the state level within 3 years according to the community health assessment.
		<p>2. Strengthen communication, coordination and collaboration among healthcare providers and partner service agencies.</p> <p>2.1. Promote navigation services among providers to better serve clients/patients.</p> <p>2.2. Launch referral trading mechanism.</p>	<p>TIMELINE: 12 months</p> <p>LEAD & TEAM MEMBERS All healthcare and community service providers</p> <p>RESOURCES To be determined</p>	<ul style="list-style-type: none"> • The electronic referral platform (care scope) will include at least 10 organizations within the next 3 years. • The number of avoidable hospitalizations will decrease at least to the state level within 3 years. • The percentage of low-activity emergency room visits will decrease by 5 % over the next 3 years.

Priority Issue	Goal	Strategy	Implementation	Evaluation
Access to Healthcare (continued)	All people living in our communities will have access to high quality, affordable healthcare services. (continued)	<p>3. Increase capacity</p> <p>3.1. More primary and specialty care providers</p> <p>3.2. Maximize available funding sources</p>	<p>TIMELINE: 12 – 24 months</p> <p>LEAD & TEAM MEMBERS</p> <ul style="list-style-type: none"> • Sacred Heart • Gulf County Health Department • Gulf County Health Department <p>RESOURCES To be determined</p>	<ul style="list-style-type: none"> • Percentage of residents who could not see a physician due to cost will at least be at the state level within 3 years (see community health assessment). • The number of patients having to travel outside the county for specialty care will decrease by 10 % over the next 3 years.
Social/Mental Health	Improve social/mental health in Gulf County.	<p>1. Create an inventory of mental health resources available to community organizations.</p>	<p>TIMELINE: To be determined</p> <p>LEAD & TEAM MEMBERS To be determined</p> <p>RESOURCES Mental health providers</p>	To be determined
		<p>2. Increase capacity of mental health services.</p>	<p>TIMELINE To be determined</p> <p>LEAD & TEAM MEMBERS</p> <ul style="list-style-type: none"> • Community leaders • Faith-based organizations • Schools • Law enforcement • Health organizations <p>RESOURCES To be determined</p>	<ul style="list-style-type: none"> • Increase capacity by 10%. • Implement & analyze data for awareness of mental health services survey. <ul style="list-style-type: none"> ○ 55% of survey respondents indicate they are aware of mental health resources.

Priority Issue	Goal	Strategy	Implementation	Evaluation
Social/Mental Health (continued)	Improve social/mental health in Gulf County. (continued)	3. Create an inventory of substance abuse resources available to community organizations.	TIMELINE: To be determined LEAD & TEAM MEMBERS <ul style="list-style-type: none"> • Law enforcement • Heath, faith • School • Community organizations • Citizens • See mental health groups RESOURCES <ul style="list-style-type: none"> • Media • Campaign • Partnerships • Providers 	To be determined
		4. Increase capacity of substance abuse services.	TIMELINE: To be determined LEAD & TEAM MEMBERS To be determined RESOURCES To be determined	<ul style="list-style-type: none"> • Increase capacity by 10%. • Increase substance abuse services. • Create an inventory of substance abuse resources available to community organizations.

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SUMMARY/KEY FINDINGS



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

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

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

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

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



ACTION PLAN

(PROGRAM PLANNING,
IMPLEMENTATION, AND
EVALUATION)

As part of the Gulf County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) two CHIP workshops were conducted on May 14 and 28, 2013. Sixteen community health partners participated in these workshops and developed the Action Plans for community health improvement.

BACKGROUND

Community Health Improvement Team members met to develop the **Community Health Improvement Plan**, which involved creating an action plan that focused on program planning, implementation, and evaluation. Two four-hour workshops were held in Port St. Joe, Florida on May 14 and 28, 2013. The sessions were facilitated by Quad R, LLC and session logistics were coordinated with the Florida Department of Health in Gulf County. Appendices 2 and 3 contain the email invitation, agenda, and list of workshop participants for both workshops.

METHODS

There were 16 community health partners representing a diverse collection of public and private agencies in Gulf County at the May 14th workshop held at the Gulf Coast State College - Gulf/Franklin Campus in Port St. Joe, Florida. The workshop participants were welcomed by the Florida Department of Health in Gulf County Administrator, Marsha Lindeman. After participants introduced themselves and the organization they



represented, the facilitator reviewed the workshop agenda. Participants were provided folders containing Health Issue data for Gulf County. The facilitator reminded workshop members that the data was to serve as the foundation of the Action Plan efforts. This data included:

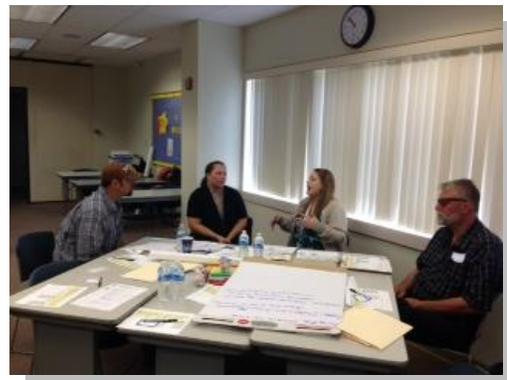
- Florida Department of Health CHARTS – Gulf County Health Status Summary (accessed April 15, 2013)
- 2013 County Health Rankings (Florida Big Bend, Florida Public Health Institute)
- Florida Legislature, Office of Economic and Demographic Research – Gulf County Summary (accessed April 15, 2013)
- Gulf CHARTS Pregnancy & Young Child Profile (accessed April 15, 2013)
- Gulf CHARTS School-aged Child & Adolescent Profile (accessed April 15, 2013)

- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report
- Florida Department of Law Enforcement January-December 2011 Crime in Gulf County Summary
- Gulf County Quick Facts, US Census Report (accessed April 15, 2013)
- Florida Youth Tobacco Survey (FYTS) 2012 – Gulf County at a Glance
- Gulf County: Specialty and Flavored Tobacco Trends Among Youths (Ages 11-17) from the Florida Youth Tobacco Survey (Florida Department of Health)

The four health goals and strategies from the July 2012 **Goals & Strategies** workshop was also provided to the participants. These four health issues were:

- Economic Health
- Health & Social Service Resources
- Access to Healthcare
- Social/Mental Health

After reviewing the goals and strategies, each participant self-selected into one of the four health issues and identified two “Do-able” activities for that health issue on the easel chart sheets



provided. The participants were reminded to review the data to determine what activities could be measured and could be accomplished by 2016 with the current resources in Gulf County. The participants then reviewed each health issue and added “Do-able” activities. This work is located in Appendix 2.

The workshop participants were instructed to review the information on each health, issue in conjunction with the data, and vote for the most “Do-able” activities for each health issue. Next, the participants used a multi-voting technique to prioritize the health issues. This technique allows the participants to narrow the list of health issues using the criteria of “Most Do-able” and “Most Achieve-able” within the parameters of the resources and timeline.

Three health issues emerged from this process:

- Chronic Disease
- Obesity
- Tobacco

The facilitator reviewed the information regarding goals and SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) Objectives provided on the agenda. Workshop participants self-selected into one of the five health issues. Each team developed a goal and SMART objectives for their health issues. Workshop participants reviewed the goal and SMART objective for each health issue and provided feedback. The goals and SMART objectives were further refined by each team. The results from this first CHIP workshop can be found in Appendix 2.



The second workshop was held on May 28, 2013 at the Florida Department of Health in Gulf County in Port St. Joe, Florida. There were 13 community health partners representing a diverse collection of public and private agencies in Gulf County. The workshop participants were welcomed by the Gulf County Health Department Administrator, Marsha Lindeman. After participants introduced themselves

and the organization they represented, the facilitator reviewed the workshop agenda and provided the Action Plans developed in the May 14th CHIP Workshop 1. Data folders were provided to those participants who either did not attend the May 14th workshop or did not bring their data folder. Appendix 3 contains the email invitation, agenda, and list of participants for this workshop.

Participants reviewed the three Action Plans developed in the previous workshop. The workshop members self-selected into one of the three Action Plan issues. The facilitator focused each workgroup's efforts on refining and completing the Action plan template for these three health issues. Activities were delineated for each SMART objective. Evaluation measures were identified for each activity and the final evaluation was linked

back to the baseline measure for the SMART objective. In addition, the participants identified lead roles, community resources, and target date(s) for completion for each activity contained in the Action Plan.

Each Action Plan contained the following components:

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

It should be noted that each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan. The teams decided either there were no policy changes required or needed policy changes would emerge through the activities within the Action Plan and would be addressed and added to the Action Plan. A presentation with the evaluation measure of “Approval Obtained” was identified for these specific Action Plans with identified policy changes.

The final product is presented on the following pages.

Priority Issue: Chronic Disease							
Goal: Reduce diabetes among adults in Gulf County.							
Objective: Reduce the diabetes age-adjusted death rate among adults in Gulf County by 1% from 45.4 to 44.4 by August 31, 2016.							
Strategy 1: Establish healthy alternatives for food choices in local food markets by setting up program(s) in local grocery stores.							
Baseline Measure/Source:							
Diabetes							
Diabetes age-adjusted death rate ⁷	2009-11	Per 100,000	4	45.4	19.5	No Trend ↔	65.8
Diabetes age-adjusted hospitalization rate ⁸	2009-11	Per 100,000	3	2608.9	2260.3	Worse ↑	
Adults with diagnosed diabetes ⁸	2010	Percent	1	7.6	10.4		
Florida CHARTS 2013							
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results		
1. Form committee.	<ul style="list-style-type: none"> • Big Bend AHEC • Community Civic Groups • Florida Department of Health in Gulf County • Sacred Heart Hospital on the Gulf • Gulf Coast State College culinary program • IFAS representative • Healthy Start 	August 30, 2013.		Committee formed.			

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
2. Review and revise Action Plan as needed.	Committee	September 30, 2013		Action Plan revised.	
3. Research evidence-based programs for “healthy alternatives for food choices in local food markets by setting up food carts in local grocery stores” to include: a. Rural community b. Program materials c. Implementation plan d. Marketing strategy e. Cost f. Evaluation measures g. Grocery store partner program h. Staffing needs i. Incentives j. Funding Note: Talk to Mary Prouty at Glades CHD regarding cooking demonstrations used for RWJF project.	Task Force	December 30, 2013		Research completed.	
4. Establish selection criteria for program(s) to include items a-j in Step 3.	Task Force	December 30, 2013		Selection criteria established.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Research funding opportunities for program to include: a. Local b. State c. Federal d. Private or in-kind	Task Force	December 30, 2013		Funding opportunities identified.	
6. Write and submit funding applications.	Task Force	February 28, 2014		Applications submitted.	
7. Select program(s) for project using selection criteria.	Task Force	January 30, 2014		Program(s) selected.	
8. Modify program(s) for use in Gulf County.	Task Force	March 30, 2014		Program(s) modified.	
9. Develop implementation plan for project.	Task Force	March 30, 2014		Implementation plan developed.	
10. Identify grocery store partners to include: a. Meeting with point-of-contact for store b. Meeting materials c. Speaker(s) d. Checklist for needs for program e. Assessment of current shopping patterns (e.g., peak times, standard purchases, purchases of healthy food choices, demographics, etc.)	Task Force	March 30, 2014		<ul style="list-style-type: none"> • Grocery stores identified. • Checklist for program needs developed. • Shopping assessment developed. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Schedule meeting(s) with grocery store partners.	Task Force	March 30, 2014		Meetings scheduled.	
12. Meet with grocery store partners to include: a. Memorandum of Agreement (MOA) for program to include: i. Use of store for program ii. Program needs checklist iii. Shopping patterns assessment (Store may have some of this data) iv. Other evaluation measures	Task Force	June 30, 2014		<ul style="list-style-type: none"> • Meetings conducted. • MOA completed. • Program needs checklist completed. • Shopping patterns assessment completed. • Other evaluation measures conducted. 	
13. Collect data to establish a baseline for: a. Program needs checklist b. Shopping patterns assessment c. Other evaluation measures	Task Force	August 30, 2014		Data collected.	
14. Analyze and summarize data.	Task Force	September 30, 2014		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
15. Modify program(s) as needed based on: a. Store meeting b. Data collection in Step 14.	Task Force	October 30, 2014		Program(s) modified.	
16. Modify implementation plan based on: a. Store meeting b. Data collection in Step 14.	Task Force	October 30, 2014		Implementation plan modified.	
17. Initiate implementation plan to include: a. Schedule b. Location c. Staffing d. Program materials e. Marketing f. Incentives g. Evaluation tools h. Handouts	Task Force	January 30, 2015		<ul style="list-style-type: none"> • Implementation plan started. • Data collected per program. • Marketing strategy implementation. 	
18. Collect data after each program/food demonstration to include: a. Feedback from participants b. Demographics of participants c. Store data	Task Force	TBD		Data collected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
19. Analyze and summarize data after each program/food demonstration.	Task Force	TBD		Data summarized.	
20. Modify program based on data summary in Step 19.	Task Force	TBD		Program modified as needed.	
21. Modify implementation plan based on data summary in Step 19.	Task Force	TBD		Implementation plan modified as needed.	
22. Repeat Steps 18-21 through program schedule.	Task Force	TBD		See evaluation measures for each step.	
23. Analyze and summarize data across program.	Task Force	June 30, 2016		Program data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
24. Evaluate and compare to baseline.	Task Force	August 30, 2016		<ul style="list-style-type: none"> Established healthy alternatives for food choices in local food markets by setting up program(s) in local grocery stores. Reduced the diabetes age-adjusted death rate among adults in Gulf County by 1% by August 31, 2016 from 45.4 to 44.4. 	
25. Determine Next Steps	Task Force	August 30, 2016		Next Steps determined.	

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Priority Issue: Chronic Disease							
Goal: Reduce diabetes among adults in Gulf County.							
Objective: Reduce the diabetes age-adjusted death rate among adults in Gulf County by 1% from 45.4 to 44.4 by August 31, 2016.							
Strategy 2: Establish support group for families of individuals who have 1). Died with a diagnosis of diabetes, and 2) Been diagnosed with diabetes.							
Baseline Measure/Source:							
Diabetes							
Diabetes age-adjusted death rate ⁷	2009-11	Per 100,000	4	45.4	19.5	No Trend ↔	65.8
Diabetes age-adjusted hospitalization rate ⁸	2009-11	Per 100,000	3	2608.9	2260.3	Worse ↑	
Adults with diagnosed diabetes ⁸	2010	Percent	1	7.6	10.4		
Florida CHARTS 2013							

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	<ul style="list-style-type: none"> • Big Bend AHEC • Community Civic Groups • Florida Department of Health in Gulf County • Sacred Heart Hospital on the Gulf • Healthy Start • Home Health 	August 30, 2013.		Committee formed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
2. Review and revise Action Plan as needed.	Committee	September 30, 2013		Action Plan revised.	
3. Research evidence-based programs for “support group for families of individuals who have 1). Died with a diagnosis of diabetes, and 2) Been diagnosed with diabetes” to include: a. Rural community b. Adults c. Program materials d. Implementation plan e. Marketing strategy f. Cost g. Evaluation measures h. Partner program i. Staffing needs j. Incentives k. Funding	Task Force	December 30, 2013		Research completed.	
4. Establish selection criteria for program(s) to include items a-k in Step 3.	Task Force	December 30, 2013		Selection criteria established.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation Measure	Evaluation
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	Community Resources	for Completion	Progress		Results
5. Research funding opportunities for program to include: a. Local b. State c. Federal d. Private or in-kind	Task Force	December 30, 2013			Funding opportunities identified.
6. Write and submit funding applications.	Task Force	February 28, 2014			Applications submitted.
7. Select program(s) for project using selection criteria.	Task Force	January 30, 2014			Program(s) selected.
8. Modify program(s) for use in Gulf County.	Task Force	March 30, 2014			Program(s) modified.
9. Develop implementation plan for project to include: a. Schedule b. Location c. Administration d. Volunteers/staffing e. Program materials f. Referral partners g. Marketing h. Handouts i. Evaluation tools j. Incentives k. Budget l. Possible meeting & logistics with partners	Task Force	March 30, 2014			Implementation plan developed.

Key Activities	Lead Role &	Target Date	Status of	Evaluation Measure	Evaluation
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	Community Resources	for Completion	Progress		Results
10. Initiate implementation plan.	Task Force	June 30, 2014		<ul style="list-style-type: none"> • Implementation plan started. • Data collected from evaluation tools. 	
11. Analyze and summarize data.	Task Force	January 30, 2015		Data summarized.	
12. Modify program(s) as needed based on data summary in Step 11.	Task Force	March 30, 2015		Program(s) modified.	
13. Modify implementation plan based on data summary in Step 11.	Task Force	March 30, 2015		Implementation plan modified.	
14. Initiate implementation plan.	Task Force	April 30, 2015		<ul style="list-style-type: none"> • Implementation plan started. • Data collected from evaluation tools. 	
15. Analyze and summarize data across program.	Task Force	June 30, 2016		Program data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
16. Evaluate and compare to baseline.	Task Force	August 30, 2016		<ul style="list-style-type: none"> Establish support group for families of individuals who have 1). Died with a diagnosis of diabetes, and 2) Been diagnosed with diabetes. Reduced the diabetes age-adjusted death rate among adults in Gulf County by 1% by August 31, 2016 from 45.4 to 44.4. 	
17. Determine Next Steps	Task Force	August 30, 2016		Next Steps determined.	

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Priority Issue: Healthy Weight

Goal: Increase Gulf County adults who are at a healthy weight.

Objective: By September 30, 2015, increase the number adults who are at a healthy weight in Gulf County by 2% from 31.4% to 33.4%.

Strategy 1: Pilot Worksite Wellness program for employer with greater than 50 employees with 50% of employees participating.

Baseline Measure/Source:

- 43.8% of adults reported being overweight.
 - 53.2% of men reported being overweight.
 - 24.2% of women reported being overweight.
- 23.2% of adults reported being obese.
 - 21.3% of men reported being obese.
 - 26.9% of women reported being obese.

	COUNTY						STATE		
	2002		2007		2010		2002	2007	2010
	Percent	Qrt	Percent	Qrt	Percent	Qrt	Percent	Percent	Percent
Adults who are overweight	32.5	1	39.5	4	43.2	4	37.5	38.0	37.8
	(27.4-38.0)		(31.0-48.5)		(34.8-51.5)		(36.2-38.7)	(36.8-39.2)	(36.5-39.0)
Adults who are overweight or obese	63.7	3	65.8	3	66.4	2	57.9	62.1	65.0
	(57.3-69.5)		(57.8-72.8)		(58.5-74.2)		(56.6-59.2)	(60.8-63.2)	(63.8-66.2)
Adults who have a healthy weight (BMI from 18.5 to 24.9)	34.3	3	31.8	3	31.4	3	39.9	35.6	33.4
	(28.4-40.5)		(24.9-39.5)		(23.6-39.1)		(38.6-41.2)	(34.4-36.8)	(32.1-34.5)

(2010 BRFSS)

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form Task Force.	<ul style="list-style-type: none"> • My Gulf Care • Gulf County Health Department • Employers with over 50 employees • Chamber of Commerce • Sacred Heart Hospital on the Gulf 	August 30, 2013		Task Force formed.	
2. Review and revise Action Plan as needed.	Task Force.	September 30, 2013		Action Plan revised as needed.	
3. Identify eligible employers with more than 50 employees.	Task Force	October 30, 2013		Gulf County employers with more than 50 employees identified.	
4. Review health claims data individual employers.	<ul style="list-style-type: none"> • Task Force • HR/Claims • Insurance Carriers 	December 30, 2013		Health claims data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Develop employee survey to assess: a. Program need b. Employee interest c. Specific topics d. Motivation and/or behavior change incentives e. Current weight f. Demographic data	Task Force	March 30, 2014		Employee survey developed.	
6. Develop implementation plan for employee survey to include: a. Schedule b. Location c. Employer permission d. Printing e. Administration f. Data collection g. Cost	Task Force	March 30, 2014		Employee survey implementation plan developed.	
7. Initiate Employee survey implementation plan.	Task Force	April 30, 2014		Employee survey implementation plan started. Data collected. Implementation data recorded.	
8. Analyze and summarize data.	Task Forces	May 30, 2014		Employee survey data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Research evidence-based programs for worksite employee wellness programs to include: <ul style="list-style-type: none"> a. Rural community b. Employers with less than 50 employees c. Program materials d. Implementation plan e. Marketing strategy f. Cost g. Evaluation measures h. Other items as identified in Step 8. 	Task Force	July 30, 2014		Research completed.	
10. Establish selection criteria for program(s) to include items a-g in Step 9.	Task Force	July 30, 2014		Selection criteria established.	
11. Select program(s) using selection criteria.	Task Force	August 30, 2014		Program(s) selected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Develop implementation plan for onsite Employee Wellness program to include: <ul style="list-style-type: none"> a. Schedule b. Program(s) c. Materials d. Evaluation tools e. Cost f. Incentives 	Task Force	October 30, 2014		Onsite Employee Wellness program implementation plan developed.	
13. Identify pilot site.	Task Force	October 30, 2014		Pilot site confirmed.	
14. Develop presentation to employer/employees at pilot site to include: <ul style="list-style-type: none"> a. Date/time b. Multi-media needs c. Speaker(s) d. Handouts e. Incentives f. Feedback form 	Task Force	October 30, 2014		Presentation developed.	
15. Schedule presentation to employer/employees at pilot site.	Task Force	October 30, 2014		Presentation scheduled.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
16. Deliver presentation to employer/employees at pilot site.	Task Force	November 30, 2014		Presentation delivered. Sign-in sheet information. Approval to pilot program. Completed feedback forms.	
17. Modify program(s) based on feedback from presentation.	Task Force	January 30, 2015		Program(s) modified.	
18. Modify implementation plan based on feedback from presentation.	Task Force	January 30, 2015		Implementation plan modified.	
19. Begin implementation plan to pilot onsite Employee Wellness program.	Task Force	March 30, 2015		Implementation plan initiated. Data collected through evaluation measures. 50% of employees participating in program.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
20. Analyze and summarize data.	Task Force	TBD		Data summarized.	
21. Evaluate impact of program.	Task Force	TBD		Using BRFSS 2010 as baseline measure.	
22. Determine Next Steps.	Task Force	TBD		Next Steps determined.	

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Priority Issue: Healthy Weight

Goal: Increase Gulf County adults who are at a healthy weight.

Objective: By September 30, 2015, increase the number adults who are at a healthy weight in Gulf County by 2% from 31.4% to 33.4%.

Strategy 2: Implement a Community Walking program.

Baseline Measure/Source:

- 43.8% of adults reported being overweight.
 - 53.2% of men reported being overweight.
 - 24.2% of women reported being overweight.
- 23.2% of adults reported being obese.
 - 21.3% of men reported being obese.
 - 26.9% of women reported being obese.

	COUNTY						STATE		
	2002		2007		2010		2002	2007	2010
	Percent	Qrt	Percent	Qrt	Percent	Qrt	Percent	Percent	Percent
Adults who are overweight	32.5	1	39.5	4	43.2	4	37.5	38.0	37.8
	(27.4-38.0)		(31.0-48.5)		(34.8-51.5)		(36.2-38.7)	(36.8-39.2)	(36.5-39.0)
Adults who are overweight or obese	63.7	3	65.8	3	66.4	2	57.9	62.1	65.0
	(57.3-69.5)		(57.8-72.8)		(58.5-74.2)		(56.6-59.2)	(60.8-63.2)	(63.8-66.2)
Adults who have a healthy weight (BMI from 18.5 to 24.9)	34.3	3	31.8	3	31.4	3	39.9	35.6	33.4
	(28.4-40.5)		(24.9-39.5)		(23.6-39.1)		(38.6-41.2)	(34.4-36.8)	(32.1-34.5)

(2010 BRFSS)

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form Task Force.	<ul style="list-style-type: none"> • My Gulf Care • Health Department • Sacred Heart Health System • Faith-based organizations • Recreation Department • Community Centers 	September 30, 2013		Task Force formed.	
2. Review and revise Action Plan as needed.	Task Force	October 30, 2013		Action plan revised.	
3. Develop assessment tool for Gulf County walking paths and resources to include: <ul style="list-style-type: none"> a. Location b. Point of contact c. Facilities available (develop a checklist) d. Programs available e. Cost f. Resources available (develop a checklist) g. Hours of operation h. Discounts i. Data collected or measures used 	Task Force	November 30, 2013		Assessment tool developed.	
Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
4. Research evidence-based program on community walking programs to include: a. Rural community b. Adults c. Cost d. Incentives e. Materials f. Marketing g. Implementation plan h. Evaluation tools	Task Force	January 30, 2015		Research completed.	
5. Assess current walking paths and resources available including indoor activity options for Gulf County.	Task Force	January 30, 2015		Assessment completed.	
6. Analyze and summarize data from Step 5.	Task Forces	February 28, 2015		Data summarized.	
7. Establish selection criteria for program(s) to include items a-h in Step 4 and data from Community walking paths and resources assessment.	Task Force	January 30, 2015		Selection criteria established.	
8. Select program(s) using selection criteria.	Task Force	March 30, 2015		Program(s) selected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Modify program(s) for Gulf County Community Walking program if needed.	Task Force	May 30, 2015		Program(s) modified.	
10. Develop implementation plan for Gulf County Community Walking program to include: a. Schedule b. Program(s) c. Materials d. Evaluation tools e. Cost f. Incentives g. Marketing h. Printed materials i. Instructor training	Task Force	August 30, 2015		Gulf County Community Walking program implementation plan developed.	
11. Begin implementation plan for Gulf County Community Walking program.	Task Force	September 30, 2015		Implementation plan initiated. Data collected through evaluation measures.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Analyze and summarize data.	Task Force	TBD		Data summarized.	
13. Evaluate impact of program.	Task Force	TBD		Using BRFSS 2010 as baseline measure.	
14. Determine Next Steps.	Task Force	TBD		Next Steps determined.	

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Priority Issue: Tobacco Use					
Goal: Reduce tobacco rates among youth populations (9-12 th grade) in Gulf County.					
Objective: By September 30, 2015, implement High School Tobacco Education Program targeting 80% of participating students in one High School elective class.					
Baseline Measure/Source:					
<ul style="list-style-type: none"> • Smoked cigarettes on one or more of the past 30 days 42.8% • Smoked cigars on one or more of the past 30 days 38.7% • Used smokeless tobacco on one or more of the past 30 days 32.0% • Used any form of tobacco on one or more of the past 30 days 48.8% • Taught about tobacco use in any classes this year 52.4% • Served as an active member of SWAT 4.8% 					
(2012 Florida Youth Tobacco Survey)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	<ul style="list-style-type: none"> • Healthy Start • Tobacco Free Partnership of Gulf County • Department Juvenile Justice • Health Department • Teachers • Students Working Against Tobacco • Youth/advisors 	October 30, 2013		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	December 30, 2014		Action Plan revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research evidence-based programs for High School course to include: <ul style="list-style-type: none"> a. Rural community b. High School students c. Curriculum d. Printed materials e. Instructor training f. Instructor materials g. Marketing/media h. Formal presentation to School Board and/or parents i. Parental permission j. Evaluation tools k. Costs l. Funding opportunities 	Committee	March 30, 2014		Research completed.	
4. Establish selection criteria for program to include items a-k in Step 3.	Committee	March 30, 2014		Selection criteria established.	
5. Select program(s) based on selection criteria.	Committee	April 30, 2014			

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Modify program(s) for use in Gulf County high school as elective course.	Committee	June 30, 2014		Program(s) modified.	
7. Develop implementation plan to include: a. Schedule – Fall 2015 delivery b. Location c. Instructor training d. Printed materials e. Presentation to School Board f. Marketing g. Parental permission forms h. Evaluation measures i. Sponsors j. Incentives	Committee	June 30, 2014		Implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Schedule presentation for School Board to include: <ul style="list-style-type: none"> a. Date/time b. Location c. Multi-media needs d. Presentation e. Handouts f. Speaker(s) g. Sponsors h. Feedback tool 	Committee	June 30, 2014		Presentation scheduled.	
9. Deliver presentation.	Committee	July 30, 2014		Presentation delivered. Minutes from meeting. Sign in sheet of meeting members. School Board approval received. Feedback data collected.	
10. Summarize feedback from School Board meeting.	Committee	August 30, 2014		Feedback summarized.	
11. Modify program(s) based on School Board feedback, if needed.	Committee	September 30, 2014		Program(s) modified, if needed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Modify implementation plan based on School Board feedback, if needed.	Committee	September 30, 2014		Implementation plan modified, if needed.	
13. Repeat Steps 8-12 if School Board approval not obtained in Step 9.	Committee	TBD		See specific evaluation for Steps 8-12.	
14. Begin implementation plan for Fall 2015 program.	Committee	Summer 2015		Implementation plan initiated. Activities tracked in Action Plan. Data collected for evaluation tools.	
15. Analyze and summarize data.	Committee	January 30, 2016		Data summarized.	
16. Evaluate and compare to baseline.	Committee	February 28, 2016		Implemented High School Tobacco Education Program targeting 80% of participating students in one High School elective class.	
17. Evaluate for impact on FYTS results.	Committee	February 28, 2016		Indicators from 2012 FYTS are compared to indicators from 2016 FYTS.	
18. Determine Next Steps	Committee	March 30, 2016		Next Steps determined.	

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ACTION PLAN LINKAGES

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

The Gulf County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Gulf County. Through the integrated efforts of the health department and community partners, the desired health outcomes can be addressed in a systematic and accountable manner.

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



Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Gulf County Strategic Plan, and is informed by the Community Health Assessment. The CHIP plan can serve as the guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.

The CHIP plan is aligned with the following:

- **Florida Department of Health’s State Health Improvement Plan 2012-2015**

Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.

http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf

- **Healthy People 2020**

This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.

<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>

- **National Prevention and Health Strategies 2011**

Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.

<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

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

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>GOAL: Increase Gulf County adults who are at a healthy weight.</p> <p>Objective: By September 30, 2015, increase the number adults who are at a healthy weight in Gulf County by 2% from 31.4% to 33.4%.</p> <p><u>Strategy 1:</u> Pilot Worksite Wellness program for employer with greater than 50 employees with 50% of employees participating.</p> <p><u>Strategy 2:</u> Implement a Community Walking program.</p>	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Support programs to ensure that employees have tools and resources needed to balance work and personal life and provide support and training to help them recognize co-workers in distress and respond accordingly.
					Identify and address barriers to the dissemination and use of reliable health information.

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>GOAL: Reduce diabetes among adults in Gulf County.</p> <p>Objective 1: Reduce the diabetes age-adjusted death rate among adults in Gulf County by 1% from 45.4 to 44.4 by August 31, 2016.</p> <p><u>Strategy 1:</u> Establish healthy alternatives for food choices in local food markets by setting up program(s) in local grocery stores.</p> <p><u>Strategy 2:</u> Establish support group for families of individuals who have 1). Died with a diagnosis of diabetes, and 2) Been diagnosed with diabetes.</p>	Goal CD3	Reduce chronic disease morbidity and mortality.	D-2	(Developmental) Reduce the death rate among persons with diabetes.	Provide easy-to-use information about mental and emotional well-being for consumers, especially groups that experience unique stressors (e.g., U.S. Armed Forces, firefighters, police officers, and other emergency response workers).
					Improve and expand the use of existing food and nutrition systems to track changes in eating patterns and conduct research to identify effective approaches.
					Identify, pilot, and support strategies to reduce cardiovascular disease, including improving screening and treatment for high blood pressure and cholesterol.

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>GOAL: Increase Gulf County adults who are at a healthy weight.</p> <p>Objective: By September 30, 2015, increase the number adults who are at a healthy weight in Gulf County by 2% from 31.4% to 33.4%.</p> <p><u>Strategy 1:</u> Pilot Worksites Wellness program for employer with greater than 50 employees with 50% of employees participating.</p> <p><u>Strategy 2:</u> Implement a Community Walking program.</p>	Goal CD3	Reduce chronic disease morbidity and mortality.	NWS-7	(Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.	Provide information, tools, and expertise to help Americans understand and apply the Dietary Guidelines for Americans (e.g., MyPlate).
			NWS-11	(Developmental) Prevent inappropriate weight gain in youth and adults.	Implement programs and regulations to increase access to healthy food and eliminate food insecurity (e.g., Healthy, Hunger-Free Kids Act and USDA HealthierUS School Challenge).
					Support initiatives to increase the availability of healthy and affordable foods in underserved urban, rural, and frontier communities.

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>GOAL: Reduce tobacco rates among youth populations (9-12th grade) in Gulf County.</p> <p>Objective: By September 30, 2015, implement High School Tobacco Education Program targeting 80% of participating students in one High School elective class.</p>	Goal CD4	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.	Tobacco Use Goal	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	Support states, tribes, and communities to implement tobacco control interventions and policies.
					Promote utilization of smoking cessation benefits by federal employees, Medicare and Medicaid beneficiaries, and active duty and military retirees.
					Make cessation services more accessible and available by implementing applicable provisions of the Affordable Care Act, including in government health care delivery sites.
					Research tobacco use and the effectiveness of tobacco control interventions.

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
<p>GOAL: Increase Gulf County adults who are at a healthy weight.</p> <p>GOAL: Reduce tobacco rates among youth populations (9-12th grade) in Gulf County.</p> <p>GOAL: Reduce diabetes among adults in Gulf County.</p>	Goal CR1	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Environmental Health Goal	Promote health for all through a healthy environment.	Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space.
					Support and expand cross-sector activities to enhance access to high-quality education, jobs, economic opportunity, and opportunities for healthy living (e.g., access to parks, grocery stores, and safe neighborhoods).
			Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Coordinate investments in transportation, housing, environmental protection, and community infrastructure to promote sustainable and healthy communities.

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
<p>GOAL: Increase Gulf County adults who are at a healthy weight.</p> <p>GOAL: Reduce diabetes among adults in Gulf County.</p>	Goal CR2	Build and revitalize communities so people can live healthy lives.	Social Determinants Goal	Create social and physical environments that promote good health for all.	Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable, and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, and develop green facilities and buildings).

Alignment					
Gulf County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
GOAL: Increase Gulf County adults who are at a healthy weight. GOAL: Reduce tobacco rates among youth populations (9-12th grade) in Gulf County. GOAL: Reduce diabetes among adults in Gulf County.	Goal CR3	Provide equal access to culturally and linguistically competent care.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
					Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.

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Community Health Improvement Plan: Next Steps

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

The Gulf County Community Health Improvement Team developed three action plans for the key health issues of *Diabetes*, *Tobacco* and *Healthy Weight*.



These action plans:

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

The Gulf County Community Health Improvement Committee will work with other community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of 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.

Appendices

Appendix 1: Goals & Strategies Workshop– July 31, 2012

Email to workshop participants

From: Marsha_Lindeman@DOH.STATE.FL.US [mailto:Marsha_Lindeman@DOH.STATE.FL.US]
Sent: Monday, July 23, 2012 1:56 PM
Subject: RE: GULF COUNTY HEALTH DEPARTMENT - SAVE THE DATE!
Importance: High

We have just received the Agenda for our Gulf County Needs Assessment **Strategic Planning** session scheduled for next Tuesday, July 31st. Working with a DOH consultant, we will provide an Executive Overview of all the community health assessment information that has been gathered in a variety of settings over the past year. You'll be able to clearly see what opportunities and challenges Gulf County faces as we work toward healthier people, healthier families, healthier workforces.

With this information, you'll be asked to identify Strategic Priorities and Goals for improving the health of Gulf County. Please try to find the time on your calendars for this important work. Lunch will be served.

Thank you so much, Marsha Lindeman

Marsha Player Lindeman
Administrator, Gulf County Health Department
Interim Administrator, Franklin County Health Department

When: Tuesday, July 31, 2012 10:00 AM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Gulf County Health Department Conference Room

SAVE THE DATE!

The Gulf County Health Department needs your help! We are in the final stages of our Community Health Improvement Project, and need your assistance in the next phase of the process where we identify the most important issues facing the community and develop goals to address these priority issues. We will host a workshop on July 31, from 10:00am-3:00pm at The Gulf County Health Department. During this session, we will review all the data and reports generated in the Community Health Improvement process, identify health priorities which impact Gulf County residents, and develop goals & strategies for each priority.

Your experience and expertise is vital to this process! Please join us on July 31, 10:00am-3:00pm at The Gulf County Health Department. A working lunch will be provided during this workshop. Please click "Accept" to this email or RSVP to

Jessie Hayes (850)227-1276 ext. 158 by July 27, and let us know if you have any dietary restrictions.

Thank you!

Workshop participants

Gulf County Community Health Improvement Project - Strategic Priorities with Goal Statements & Strategies July 31, 2012 Sign-In Sheet

Name/Title	Organization
Denise Barton – VP Business Development	Sacred Heart Hospital
Kim Bodine	Gulf Coast Workforce Board
Marie Clark – Business Manager	Gulf County Health Department
Loretta Costin	Gulf Coast State College
Deborah Crosby	Gulf County School District
Amy Driggers	Gulf County Health Department
Ashley Fights – Navigator	Sacred Heart Hospital
Rhonda Gay	Gulf County Health Department
Ben Guthrie – Emergency Management Coordinator	Gulf County Emergency Management Services
Edward S. Hand – Senior Health Services Administration	Department of Corrections
Jessie Hayes	Gulf County Health Department
Janice Hicks – Business Manager	Franklin County Health Department
Marshall Nelson – Emergency Management Director	Gulf County Emergency Management Services
Debbie Maulding – Care Manager	Sacred Heart Hospital
Lesia McDaniel	Gulf County Health Department
Julie McKinney	Gulf County Health Department
Fred Meschino	-----
Melody Meschino	-----
Meg Norwood – Project Manager	Sacred Heart Hospital
Sharon Owens	BFG Healthy Start
Jared Padgett	Second Chance of Northwest Florida
Paulina Pendarvis – Physician & Volunteer Advocate	Sacred Heart Hospital
Judy Romiti	Healthy Start - Gulf County Health Department
Diana Taunton	Healthy Start - Gulf County Health Department
Jessie Wagner	Gulf County Health Department
Sarah Hinds	Gulf County Health Department
Ellie Tullis	Franklin County Health Department

Workshop Agenda



Gulf County Community Health Improvement Project: *Strategic Priorities with Goal Statements & Strategies*

July 31, 2012 Agenda

July 31, Tuesday – 10:00am-2:00pm
Gulf County Health Department
2475 Garrison Avenue
Port Saint Joe, Florida

- | | |
|--------------------------|---|
| 10:00am - 10:15am | Introductions
Workshop Logistics Review |
| 10:15am – 11:00am | Workgroup Assignments <ul style="list-style-type: none">• Participants will be assigned to a workgroup to review the Priority Issues from the <i>Gulf County Assessment of Health Care Services – September 2011 Report</i>• Each workgroup will:<ul style="list-style-type: none">• Prioritize the Issues• Group Issues that Overlap |
| 11:00am – 11:15am | Workgroup Round-Robin Review <ul style="list-style-type: none">• Workgroups will review results of other workgroups |
| 11:15am-11:45am | Strategic Planning <ul style="list-style-type: none">- Individuals will self-assign into an “Issue” workgroup- Each workgroup will identify a <i>GOAL</i> statement for their issue(s)- Each workgroup will identify <i>BARRIERS</i> to the achievement of the <i>GOAL(s)</i>, such as insufficient resources, lack of community support, legal or policy impediments, or technological difficulties |
| 11:45am – 12:15pm | Break – Working Lunch |
| 12:15pm – 12:30pm | Workgroup Round-Robin Review <ul style="list-style-type: none">• Workgroups will review results of other workgroups & provide feedback |
| 12:30pm – 1:00pm | Strategic Planning (continued) <ul style="list-style-type: none">• Workgroups will develop strategy statements related to each goal for their Issue(s) |
| 1:00pm-1:15pm | Workgroup Round-Robin Review <ul style="list-style-type: none">• Workgroups will review results of other workgroups & provide feedback |
| 1:15pm-1:45pm | Strategic Planning (continued) <ul style="list-style-type: none">• Workgroups will finalize the Strategy statements for each goal based on review/feedback |

1:45pm-2:00pm

Workshop Summary & Next Steps
Gulf County Community Health Improvement Project:
Strategic Priorities with Goal Statements & Strategies

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

Goals

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

Example:

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

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

Strategies

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

Example:

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

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

Strategies:

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

For more information:

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

WORKSHOP SUMMARY NOTES

Challenges for Priorities & Goals

- Community awareness of resources. (across all groups)
- Recognition of needs based on problem areas. (cultural, economic)
- Focused education for access to resources
- Collaborative research (what worked or not)
- Acceptance of change
- How to tap into volunteer resources
- Perception of stigma of utilizing resources
- Lack of engagement
- Low level of responsibility
- Limited local resources
- Geographically challenged
- Cultural changes/challenges
- Low connectivity among providers (awareness)
- Lack of disposable income
- No reliable trusted resource repository
- Generational education
- Transportation
- Literacy programs
- Lack of healthy food choices(+ cost)
- Lack of nutrition education
- Ownership of your personal health
- Marketing (effective)
- Youth education

Community Resources – Strategic Priorities & Goals

- FQHC/DOH medical and dental clinics
- Patient assistance program (medication)
- Mental health provider
- Women’s center
- Healthy start program
- School health program
- Tobacco prevention program
- Teen outreach programs
- Great partnerships with local hospital, county gov., faith based community, private MDS, business community
- GCHD staff
- Senior citizens
- Sacred Heart Hospital Volunteers
 - Patient navigator
 - Chronic Disease education
 - Specialty Care
- Gulf CHD
 - Sliding fee medical- dental- behavioral
 - Healthy start services
 - WIC
 - Women’s center
 - School health
 - TOPS program
 - R X assistance program
 - 340 B program
 - Insulin program
 - In – house pediatrician
- Private pediatrician
- DCF office
- Gulf ARC –Gulf transportation
- Library
- Senior center – meals on wheels
- Catholic charities
- Head start
- WIG center- food pantry
- UMC care center
- EMS
- Home health
- EOC
- Gulf coast state college/ workforce
- Comprehensive school health program
- Strong interagency partnerships
- Good GCHD dental program
- EDA/chamber/port – job matching services

- CARE – life mgt.- goodwill
- Healthy start- WIC – head start
- Grants – DuPont- summer program
- Domestic violence counseling
- Fishes’s loaves feeding (elderly)

Income

- Target low- income with systems to help enroll in programs.
- Discounted fee service development continued for people who do not qualify for Medicaid.
- Recognize providers cannot remain in an area where they cannot be adequately paid for services.

GOAL: Gulf County will strengthen its competitive environment to conduct business, encourage economic growth and create jobs.		
STRATEGY	BARRIERS	IMPLEMENTATION
<p>Speak w/ one voice:</p> <p>A. Develop communication on approach and tactics regarding the role and inter-relationship of community health and economic well-being.</p> <p>B. Create value proposition regarding Gulf County health, social and education infrastructure.</p> <p>C. Distribute/ communicate value position to site consultants, business prospects, employers, government/ political representatives and partner organizations engaged in job creation.</p> <p>D. Incorporate value prop or other info into EDO's strategic plan.</p>	<p>If another organization/enmity felt we were in their "turf"</p>	<p>TIMELINE: 6 months</p> <p>LEAD & TEAM MEMBERS: EDO/Chambers FGNW(research) Gulf Trust fund Committee Opportunity Florida FAC/ Gulf rep Small County Coalition</p> <p>RESOURCES: Research Marketing expertise- value prop development</p>
<p>Leverage Gulf County designations (e.g. RACEC, Enterprise Zone) to maximize \$\$ and incentives available to fund development of needed community resources.</p> <p>A. Identify and Research all rules and requirements for RACEC, EZ and Florida incentive programs. (3 months)</p> <p>B. Identify priority community needs and match to specific program. (1 year)</p> <p>C. Prepare applications</p> <p>D. Advocate for funding. (ongoing)</p>		<p>TIMELINE: 3 months B 1 year C 3 years (ongoing)</p> <p>LEAD & TEAM MEMBERS: Workforce Board (Kim) EDC Opp FL-3 mos Trust fund or HE Department (Loretta Coston) - 1 yr</p> <p>RESOURCES</p>

Priority Issue: Economic and Community Well – Being Go Together**Notes:**

- Lack of economic infrastructure.
- Population race majority is white.
- Race and Ethnicity
- Jobs- Economic Development

Goal Statement: Gulf County will strengthen its competitive environment to conduct business, encourage economic growth and create jobs.

Strategies:

1. Speak with one voice: Develop communication approach tactics regarding the role and inter- relationship of community health and economic well-being.
2. Leverage Gulf County economic designations (e.g. Race, Enterprise Zone) to maximize \$\$ and incentives available to fund development of needed community resources.
3. Create and distribute value proposition regarding Gulf County health, social and educational infrastructure. Focus message to site consultants, business prospects, employers, government and partner orgs engaged in job creation.
4. Develop a comprehensive growth plan to promote Gulf County economic development.
5. Build collaboration of employment education program. (Interview skills, computer skills, resume building, communication/social building skills). Identify key players from all different disciplines.

Goal Statement: To increase awareness of community health, spiritual, and social services available in Gulf County.

STRATEGY	BARRIERS	IMPLEMENTATION
Build quality of life resource directory	Locating resources Keeping it up to date Distribution/geographically challenged ownership	<p>TIMELINE: Dec. 2012</p> <p>LEAD & TEAM MEMBERS Ashley Fights(lead) 6CHD-SHHS-Kim Emergency Management Ministers groups Gulf city and city governments</p> <p>RESOURCES Current list Web space (SHH6 & GCHD)</p>
Build media campaign to promote quality of life resource directory.	Funding Addressing different populations needs; i.e., age (no paper/cable), social economic	<p>TIMELINE Jan. 2013 – December 2013</p> <p>LEAD & TEAM MEMBERS See above lead and team members</p> <p>RESOURCES Local cable network Local newspaper Churches Senior Center Medical providers Library DCF Workforce WIC North Florida Child Development Grocery stores Public housing</p>

GOAL: All people living in our communities will have access to high quality, affordable healthcare services.		
STRATEGY	BARRIERS	IMPLEMENTATION
Develop a comprehensive communication plan to increase public awareness and promote proper utilization of services. <ul style="list-style-type: none"> ○ Identify and implement engagement strategies for preventive care, lifestyle and chronic disease management. (public outreach and education) ○ Create access portal strategy to meet community residents at work, faith, home, etc. 	<ol style="list-style-type: none"> 1. Lack of communication among providers 2. Limited resources <ul style="list-style-type: none"> - Time - Money - Man power 3. Need to provide information on wide variety of communication channels (more money) 4. Client's comprehension of goals and willingness to change behaviors 	TIMELINE Develop plan: 12 months Implement plan: following 2 years LEAD & TEAM MEMBERS RESOURCES All communication channels
Strengthen communication, coordination and collaboration among healthcare providers and partner service agencies. <ul style="list-style-type: none"> ○ Promote navigation services among providers to better serve clients/patients. ○ Launch referral trading mechanism 	<ol style="list-style-type: none"> 1. Lack of communication among provider's 2. Potential territorial/ competition threat 3. HIPAA compliance 4. Geographical challenges 	TIMELINE 12 months LEAD & TEAM MEMBERS All healthcare and community service providers RESOURCES
Increase capacity <ul style="list-style-type: none"> ○ More primary and specialty care providers ○ Maximize available funding sources 	<ol style="list-style-type: none"> 1. Lack of funding or economic desirability 2. Time and manpower necessary to apply for grants 	TIMELINE 12 – 24 months LEAD & TEAM MEMBERS Sacred Heart GCHD AND FCHD RESOURCES

Priority Issue: Increase access to care

Notes:

- Family planning health programs
 - Teen birth increased from 16 – 17 %
 - Women and children in poverty all races
 - Poverty across all age group and uninsured
 - Low birth rate
 - Smoking
 - Drugs
 - ↑ efforts to prevent teen pregnancy since teen birth and poverty are highly related
 - Parenting classes to help stress mental health of parents
 - Gulf County ranked 3rd for all infant deaths
- Ability, Resources, and understanding to access appropriate healthcare
 - Preventive care appears to be a challenge
 - Planning approach
 - Not enough routine healthcare services available (both medical and dental)
 - Providers don't come and stay due to low salaries
 - Insurance
 - Continue discounted fee services
 - Connective, communication, collaboration among provider's community at large
 - ↓ state rate for Medicaid enrollment
 - Linkage to medical care services
 - Lacking patients unable to access programs
- Awareness to local resources and how to access
 - Navigation and resource directory
 - Community resource respiratory
 - Core services
 - 98% survey respondents indicated they had visited an ER
 - Needed infrastructure build
 - Inadequate primary care resources
 - Any interventional implementation plan must involve and engage the entire community and maximize \$\$\$ resources to cover core services

GOAL: Improve overall mental health in Gulf County		
STRATEGY	BARRIERS	IMPLEMENTATION
Create an inventory of mental health resources available to community organizations	No reliable trusted resources repository Limited mental health providers	TIMELINE LEAD & TEAM MEMBERS RESOURCES Mental health providers Community leaders Faith-based organizations Schools Law enforcement Washington improvement group Health organizations
Increase capacity of mental health services	Limited mental health providers \$\$\$ Narrowly defined mental health provider and services Lack of understanding of health alternative mental solutions Stigma	TIMELINE LEAD & TEAM MEMBERS RESOURCES

Priority Issue: Mental Health
<p>Notes:</p> <p>Stress and Mental health Prevention and Education</p> <ul style="list-style-type: none"> ○ Too much stress ○ Mental health - access to care/services ○ Domestic abuse is an outcome of ? causes ○ Time management issues ○ No/limited mental health resources or self- medication and economic means ○ 3rd quartile Gulf County child abuse ○ Domestic violence ? rates not high enough
<p>Goal Statement: Improve overall mental health in Gulf County</p> <p>Strategies:</p> <ol style="list-style-type: none"> 1. Inventory awareness of mental health resources in all community organizations 2. Increase capacity of mental health services.

Goal Statement: Reduce overall substance abuse in Gulf County		
STRATEGY	BARRIERS	IMPLEMENTATION
Create an inventory of mental health resources available to community organizations	No reliable trusted resources repository Limited mental health providers	TIMELINE LEAD & TEAM MEMBERS Law enforcement Health, faith School Community organizations Citizens Recovering See mental RESOURCES Media Campaign Partnerships Providers
Increase capacity of mental health services	Limited mental health providers \$\$\$ Narrowly defined mental health provider and services Lack of understanding of health alternative mental solutions. Stigma	TIMELINE LEAD & TEAM MEMBERS RESOURCES

Priority Issue: Substance Abuse
Notes: <ul style="list-style-type: none"> • Develop creative and effective campaigns to decrease all substance use • Gulf County student drug use • Drug use is high • RX misuse • Substance abuse awareness • Excessive alcohol use.
Goal Statement: Reduce overall substance abuse in Gulf County
Strategies: <ul style="list-style-type: none"> • Pursuing grant funding options for substance prevention abuse in Gulf County. • Establish community taskforce (e.g. law enforcement, health, church, school, e t members) who will champion and guide this effort. • Identify baseline date of use by type of substance, age and social method. Identify most effective interventions for specific drug use.

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Appendix 2: CHIP Workshop 1 – May 14, 2013

Email to workshop participants

SAVE THE DATES ~ SAVE THE DATES ~ SAVE THE DATES

Dear Community Health Partners:

The Florida Department of Health in Gulf County **needs your help!**

We are in the final stage of our Community Health Improvement Planning and have an aggressive timeframe for completion. We will be working on the Community Health Action Plan for improving the health of community residents. Your experience and expertise is a critical!

Background: The Community Health Assessment and the Community Health Improvement Plan follow the NACCHO (National Association of County and City Health Officials) MAPP (Mobilizing for Action through Partnership and Planning) process to examine the community health status of Gulf County. See Website - <http://www.naccho.org/topics/infrastructure/mapp/>

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

PLEASE SAVE THESE DATES

(Your attendance is essential at both sessions):

May 14 (Tuesday) CHIP Session 1 9:00am-1:00pm EST

May 28 (Tuesday) CHIP Session 2 9:00am-1:00pm EST

All workshops will be held at:

Gulf Coast State College Gulf/Franklin Campus,
3800 Garrison Ave, Port St Joe, FL 32456
Building A, Room 113

A working lunch will be provided at both sessions.

For more information and to RSVP, contact Sarah Hinds at sarah_hinds@doh.state.fl.us or call (850) 850-227-1276 x205.

Thank you in advance. We look forward to working with you on this valuable project!



CHIP Workshop 1 Participants

**Florida Department of Health in Gulf County
Community Health Improvement Project
CHIP Session 1
May 14, 2013 Sign-In Sheet**

Name/Title	Organization
David Walker	Florida Department of Health in Franklin County
Gwen Allen	Florida Department of Health in Gulf County
Sarah Hinds, Health Education Program Manager	Florida Department of Health in Gulf County
Marsha Lindeman, Administrator	Florida Department of Health in Gulf County
Julie McKinney	Florida Department of Health in Gulf County
Jessie Pippin, Tobacco Specialist	Florida Department of Health in Gulf County
Marshall Nelson, Emergency Management Director	Gulf County Emergency Management
Rachel Long	My GulfCare
Debbie Maulding, Care Manager	My GulfCare
Ashley Fights, Patient Advocate	Sacred Heart Medical
Paulina Pendarvis	Sacred Heart Medical
Jon Cupp	2 nd Chance
Jared Padgett	2 nd Chance
My Norwood	Sacred Heart Medical
Ron Sharpe, Director of Resources	United Way

CHIP Workshop 1 Agenda



Community Health Improvement Plan 2013

Tuesday – 9:00am-1:00pm

Florida Department of Health in Gulf County

Gulf Coast State College - Gulf/Franklin Campus, Building A, Room 113

3800 Garrison Ave, Port St Joe, FL 32456

**May 14,
2013
Agenda**

9:00am – 9:15am	Introductions Workshop Logistics Review
9:15am – 10:00am	Workgroup Assignments Participants will be assigned to a workgroup to prioritize issues. <ul style="list-style-type: none">• Review Strategic Priorities & Goals from 2012 workshop• Identify <i>Do-able</i> activities – Which Issues/Goals can be <u>realistically</u> impacted in the next 2 years?<ul style="list-style-type: none">• Review Community Health data to ensure suggested <i>Do-able</i> activities will impact the issue/health concern.
10:00am – 10:15am	Group Decision Making <ul style="list-style-type: none">• Issues/goals will be prioritized.• Top 2 - 4 issues/goals will be selected for development in the Community Health Improvement Plan.
10:15am – 10:45am	Goal & SMART Objectives for each Health Issue <ul style="list-style-type: none">• Participants will work together to develop a <i>Goal</i> and <i>SMART Objective</i> for their issue.
10:45am - 11:30am	Baseline Data <ul style="list-style-type: none">• Participants will self-select into an issue and work together to identify the <i>Baseline Data</i> and <i>Data Source</i> associated with their issue.
11:30am -11:45am	Group Review of Goal & SMART Objectives <ul style="list-style-type: none">• Groups will review each other's work and provide feedback• <i>Baseline Data</i> and <i>Data Source</i> will be reviewed to ensure alignment with <i>GOAL</i> and <i>OBJECTIVE</i>.
11:45am-12:15pm	Working Lunch (Lunch provided & networking)
12:15pm – 12:45pm	Goal & SMART Objectives <ul style="list-style-type: none">• Participants will review each other's work and provide feedback.• Feedback will be used to refine <i>Goal</i>, <i>SMART Objective(s)</i>, and <i>Baseline Data</i>.

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

CHIP:

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

GOAL:

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

Example:

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

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

S-M-A-R-T Objectives

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

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

Achievable outcomes are feasible, reasonable and actionable.

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

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

Example:

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

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

Objective:

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

CHIP Workshop 1 Summary Notes

Resources:

People/Agencies/Processes/Laws/Products/Things/Local/Regional/State/Federal/Attitudes/Behaviors/Culture

- SWAT (Students Working Against Tobacco)
- AHEC (health education consumption)
- Florida Quit Line
- Tobacco Prevention specialist
- Life Management
- Behavioral Hospital (Bay?)
- Women's Centers
- Healthy Start
- TOPS (Teen Outreach Program)
- GCHD (Gulf County Health Department)
- Support groups
- My Gulf Care
- School fitness
- Health screenings
- Health outreach
- CHIP group
- CACAF
- PAP (RX assistant program)
- PCP/dentist/specialist
- Center Call Service (United Way)
- Hospital and Medical group
- One Stop Health clinic
- Grants

Barriers/Challenges:

People/Agencies/Processes/Laws/Products/Things/Local/Regional/State/Federal/Attitudes/Behaviors/Cultures

- Transportation
- Cultural acceptance of tobacco
- Agenda driven versus best practice
- Funding
- Underserved by Umbrella Services
- Bias toward collaboration (unwilling)
- Mission creep of agencies
- High dropout rate
- Tourist based economy is potentially volatile
- Agency communication of services (awareness)
- Lack of mental health providers
- Lack of insurance
- Willingness to use resources
- Education
- Lack of policy to prevent smoking in common occupied areas (housing)
- Medicaid restrictions for dental care

Chronic Disease
Goal: Reduce the incidence of Diabetes in Gulf County.
Objective: <ul style="list-style-type: none"> • Implement healthy meal demonstrations in local food markets (grocery, dollar, farmer's market) by August 2014. • Pre-post surveys, follow up interviews. • Florida charts.
Activities: <ul style="list-style-type: none"> • Leverage local culinary college program; leverage students demoing healthy cooking.
Objective: <ul style="list-style-type: none"> • Develop referral process for diabetic self-management group by January 2014. • Newsletter, include recipes survey – may be sent to those known diabetic.
Activities: <ul style="list-style-type: none"> • Quality improvement process for County Health Department and hospital. • Develop referral process in quality improvement meetings at Health Department, hospitals, and physicians' offices. • ↑ What does this mean?(Sticky note).
Goal: Reduce the mortality rate among Diabetics in Gulf County.
Activities: <ul style="list-style-type: none"> • Increase education/awareness of importance of medical home for diabetic care needs (media, Faith-based, etc.).*√ • Increase education/awareness of diabetic screenings/self-assessment. • Support group for patients and caregivers.√√ • Nutritional counseling including meal planning (who?). • Increase diabetic/healthy food marketing/availability. • Cooking classes/potluck → hospitals, churches, and community centers. • Incorporate Gulf County School culinary program with school age students.*√
Chronic Diseases: <ul style="list-style-type: none"> • Pulmonary disease • Heart disease(6) • Stroke(2) • Chronic heart failure • Respiratory disease(3) • Asthma(5) • Children and adults diabetes (12) • Chronic disease • Hypertension • Lung cancer(4) • Hospitalizations due to Coronary heart disease • COPD • Diabetes hospitalization rate(4)

- Stroke hospital rate
- Potentially avoidable hospitalization

Obesity

Goal:

Reduce the percentage of Gulf County residents who are Overweight/Obese.

Objectives:

- Create and pilot a program for worksite wellness targeting employers with greater than 750 employees that will coordinate wellness activities, 50% of employers participating by September 2015. (We don't have too many large employers)(Sticky note). No baseline currently → survey of eligible employers, % of who offers wellness. (Baseline data for goal will be Florida Charts)(Sticky note).
- Create a community working program using pedometer and online/paper journals to track activity with incentives/prizes/group events.(Who In community, what about youth?)(Sticky note).
- Compare participant achievement of guidelines to County (40.1%) → ↑ %of adults meeting guidelines by 5% (45%). (We need to think about how we will be able to sustain participation for this.)(Sticky notes).
- Implemented by September 2014, measured by September 2015.

Goal:

Reduce the percentage of Gulf County residents who are Overweight/Obese.

Activities:

- Worksite wellness programs.*√
- Community exercise program (zumba/free).*√
- Physician-monitored weight programs.
- Faith-based nutritional education.
- Implement Wii/video activity games in a summer program (WIG).
- Afterschool program fitness activities.
- Bucket gardens at food distribution places.√
- Walking programs (worksite/community) cooking classes/how to show healthier.√

Obesity – Related:

- Fast food restaurant
- Limited access to recreational facilities
- Obesity in children and adults(19)
- Limited healthy food
- Healthy eating (lack of)(2)
- Not enough servings of fruit and vegetables(2)
- Physical inactivity's(7)
- Adults not engaging in leisure time

Tobacco
Goal: Reduce Tobacco rates among youth populations in Gulf County.
Objective: <ul style="list-style-type: none"> • By 6/30/2014, establish 1 students working against tobacco (SWAT) elementary club. Baseline: Florida Youth Tobacco Survey, ATACS (Tobacco for Tobacco free Florida). • By 6/30/2014, implement 1 tobacco education program in Gulf County high schools. Baseline: ATACS, pre-post surveys, Florida Youth Tobacco Survey.
Goal: Reduce Tobacco rates among youth and adult populations in Gulf County.
Activities: <ul style="list-style-type: none"> • Expand SWAT to elementary/younger students.*√√ • Mentorship program with one-on-one or small group middle and elementary. • Zero tolerance for sports team participation.√ • Faith-based programs for both youth and adults that address healthy lifestyles. • Smoking education program for Sr. Spirit program. SHHG.√ • Smoking education program/curriculum for all school aged groups (grades).*
Substance Abuse/Tobacco: <ul style="list-style-type: none"> • Middle school tobacco use(5) • Adult tobacco use(4) • Substance abuse teens(4) • Adult substance abuse • Excessive drinking(4) • Smoking during pregnancy(6) • Flavored tobacco use • Tobacco use(4) • Substance abuse(4)

Accidental Safety/Death:

- Driving safety
- Motor vehicle crash death rate(2)
- Safe(not safe) driving
- Violent death
- Riding with someone who had been drinking
- Middle school and high school ↓ use of seatbelts
- Injuries related to death
- Near drowning(2)
- Water safety
- Increase in crime(2)
- Criminal homicide
- Burglary
- Larceny
- Aggravated assault

Poverty Uninsured:

- Adults without health insurance(6)
- Adults with health insurance
- High school graduation rate(3)
- Early learning – “children in school readiness programs”(2)
- Poverty/uninsured(2)
- Residents below poverty
- Healthcare facilities
- Youth depression – hurting themselves
- Poverty in school age children
- Access to care
- Total hospital beds(2)

Mental Health:

Mental health(2)

Sexual Health/Family Planning:

- Healthy pregnancy rate
- Premature births(8)
- Pregnancy health
- Sexually transmitted diseases(9)
- Teen birth rate(6)
- Sexual activity
- Preventative measures – family planning
- Death from SUID (sudden unexpected infant death)(2)

Screening:

- Breast cancer(8)
- Diabetes screening
- Lack of mammograms(2)
- Cancer screening – prostate
- Cancer screening – colorectal
- Cancer screening
- Oral health(3)
- Poor dental care(2)
- Lack of flu shots(5)
- Women’s health
- Breast feeding mothers(2)
- Child health
- Adults who had cholesterol checked in the last 5 years

Appendix 2: CHIP Workshop 2 – May 28, 2013

Email to workshop participants

Hello!

Attached please find the work developed at the May 14th workshop for our Community Health Improvement Project (CHIP). These 3 Action Plans will be further refined at our May 28 workshop.

Before we meet on May 28, please review the Action Plan on which you worked during our last session. Please begin to fill in the details for the Baseline Measure/Source, Activities, Lead Role & Community Resources, and Evaluation Measures. We will share the results of this pre-work in our session and finalize the Action Plans.

Remember to bring your data folder, in case we need additional information.

DATE: May 28, 2013 (Tuesday)

LOCATION: Gulf Coast State College - Gulf/Franklin Campus, Building A, Room 113
3800 Garrison Ave, Port St Joe, FL 32456

TIME: 9:00am-1:00pm

If you have any dietary restrictions, let Sarah Hinds know (sarah_hinds@doh.state.fl.us), as we will have a working lunch.

Thank you again for all your hard work. Your continued support and dedication to this project makes us successful. See you May 28th!

CHIP Workshop 2 Participants

**Florida Department of Health in Gulf County
Community Health Improvement Project
CHIP Session 2
May 28, 2013 Sign-In Sheet**

Name/Title	Organization
Kelly Faircloth	Department of Juvenile Justice
David Walker	Florida Department of Health in Franklin County
Gwen Allen	Florida Department of Health in Gulf County
Sarah Hinds, Health Education Program Manager	Florida Department of Health in Gulf County
Marsha Lindeman, Administrator	Florida Department of Health in Gulf County
Jessie Pippin, Tobacco Specialist	Florida Department of Health in Gulf County
Loretta Costin	Gulf Coast State College
Marshall Nelson, Emergency Management Director	Gulf County Emergency Management
Rachel Long	My GulfCare
Ashley Fights, Patient Advocate	Sacred Heart Medical
Paulina Pendarvis	Sacred Heart Medical
Jon Cupp	2 nd Chance
Jared Padgett	2 nd Chance
My Norwood	Sacred Heart Medical

CHIP Workshop 2 Agenda



Community Health Improvement Plan 2013

Tuesday – 9:00am-1:00pm

Florida Department of Health in Gulf County

Gulf Coast State College - Gulf/Franklin Campus, Building A, Room 113

3800 Garrison Ave, Port St Joe, FL 32456

**May 28,
2013
Agenda**

9:00am – 9:15am	Introductions Workshop Logistics Review
9:15am - 9:45am	Workgroup Assignments Participants will be self-assigned to an Action Plan workgroup and review & refine the <i>GOAL</i> and <i>OBJECTIVE</i> . Workgroups will also identify the baseline data and source for each <i>OBJECTIVE</i> .
9:45am – 10:00am	Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback.
10:00am – 10:45am	ACTIVITIES for Action Plan <ul style="list-style-type: none">• Each workgroup will identify the <i>ACTIVITIES</i> for each <i>OBJECTIVE</i> in their Action Plan.
10:45pm-11:00pm	Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback.
11:00am – 11:45am	Action Plan Completion <ul style="list-style-type: none">• For each <i>OBJECTIVE</i> in their Action plan, workgroups will identify:<ul style="list-style-type: none">• Lead Role & Community Resources• Target Date for Completion• Evaluation Measure.• <u>NOTE</u> – the Action Plan will end with measuring against the baseline measure to determine impact/success
11:45am-12:15pm	Working Lunch (Lunch provided & networking)
12:15pm – 12:30pm	Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback.
12:30pm – 12:45pm	Action Plan Final Revision <ul style="list-style-type: none">• Based on feedback, workgroups will finalize their Action Plan(s).
12:45pm – 1:00pm	Community Health Improvement Plan Workshop Summary Next Steps

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

CHIP:

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

GOAL:

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

Example:

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

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

S-M-A-R-T Objectives

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

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

Achievable outcomes are feasible, reasonable and actionable.

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

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

Example:

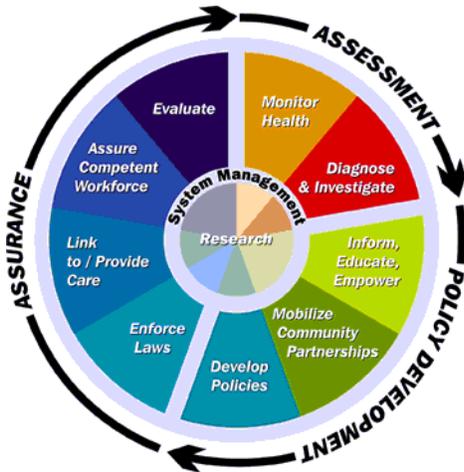
Strategic issue: Access to population-based and personal health care services

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

Objective:

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

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

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

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

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

