# MADISON COUNTY
# COMMUNITY HEALTH IMPROVEMENT PLAN

A Collaborative Project between Madison County Memorial Hospital and the Department of Health in Madison County

February 2018

# Madison County Memorial Hospital Implementation Strategy for its 2017 Community Health Needs Assessment

## The Madison County Memorial Hospital and the Department of Health in Madison County collaborated on the development of the Community Health Improvement Plan.

**Madison County Memorial Hospital Mission**
To enhance the quality of life by continuously improving the health of the people of our community.

**Madison County Memorial Hospital Values**
Faith, Family, and Local History

**Department of Health Mission**
To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

**Department of Health Vision**
To be the healthiest state in the Nation

**Department of Health Values (ICARE)**
**I**nnovation: We search for creative solutions and manage resources wisely.
**C**ollaboration: We use teamwork to achieve common goals and solve problems.
**A**ccountability: We perform with integrity and respect.
**R**esponsiveness: We achieve our mission by serving our customers and engaging our partners.
**E**xcellence: We promote quality outcomes through learning and continuous performance improvement.

# Acknowledgements


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| --- |
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| Big Bend Area Health Education Coalition |
| Big Bend Community Based Care |
| City of Madison |
| Department of Children and Families |
| Department of Health in Madison County |
| DISC Village, Inc. |
| Florida State University |
| Healthy Start Coalition of Jefferson, Madison & Taylor Counties, Inc. |
| Lake Park of Madison |
| Madison Chamber of Commerce |
| Madison County Board of County Commissioners |
| Madison County Emergency Management Services |
| Madison County Memorial Hospital |
| Madison County School District |
| North Florida Community College |
| Saint Leo University |
| Senior Citizens Council of Madison County, Inc. |
| Sickle Cell Foundation |
| Tri-County Electric Co-Op, Inc. |
| United Methodist Cooperative Ministry |

# Table of Contents


| | Page |
|---|---|
| **Executive Summary** | 1 |
| Mobilizing Action Through Planning and Partnership Process | 1 |
| Community Themes and Strengths Assessment | 2 |
| Community Health Status Assessment | 2 |
| Local Public Health Assessment | 2 |
| Forces of Change Assessment | 2 |
| Community Health Improvement Process | 3 |
| Limitations | 3 |
| | |
| **Visioning Statement** | 4 |
| | |
| **Key Findings** | 7 |
| Demographics | 7 |
| Socioeconomic Factors | 7 |
| Health Equity | 7 |
| Leading Causes of Death | 7 |
| Reportable Diseases | 7 |
| Chronic Diseases | 8 |
| Maternal and Child Health | 8 |
| Injury and Violence | 8 |
| Social and Mental Health | 8 |
| | |
| **Priority Area Plans** | 9 |
| Reportable Diseases | 9 |
| Chronic Diseases | 9 |
| Maternal and Child Health | 9 |
| Injury and Violence | 10 |
| Social and Mental Health | 10 |
| | |
| **Community Health Improvement Plan Process** | 11 |
| Social and Mental Health Subcommittee | 11 |
| Maternal and Child Health Subcommittee | 11 |
| Chronic Disease Subcommittee | 12 |
| | |

# Table of Contents Continued


| | Page |
|---|---|
| **Goals, Strategies and Objectives** | 13 |
| Social and Mental Health | 13 |
| Maternal and Child Health | 13 |
| Chronic Diseases | 14 |
| Health Equity | 15 |
| | |
| **Action Plans** | 16 |
| Social and Mental Health | 16 |
| Maternal and Child Health | 18 |
| Chronic Diseases | 22 |
| Health Equity | 26 |
| | |
| **Appendices** | 28 |
| List of Appendices | 28 |
| Appendix 1 Social and Mental Health Subcommittee Agenda and Sign-in Sheets | 29 |
| Appendix 2 Maternal and Child Health Subcommittee Agenda and Sign-in Sheets | 31 |
| Appendix 3 Chronic Disease Subcommittee Agenda and Sign-in Sheets | 33 |
| | |

# Executive Summary

The Department of Health in Madison County and Madison County Memorial Hospital have collaborated to produce the 2018 Community Health Improvement Plan for Madison County. This meets the requirements for both entities to involve the community in a participatory process to plan health priorities for the next three years and monitor progress toward meeting those goals and strategies.

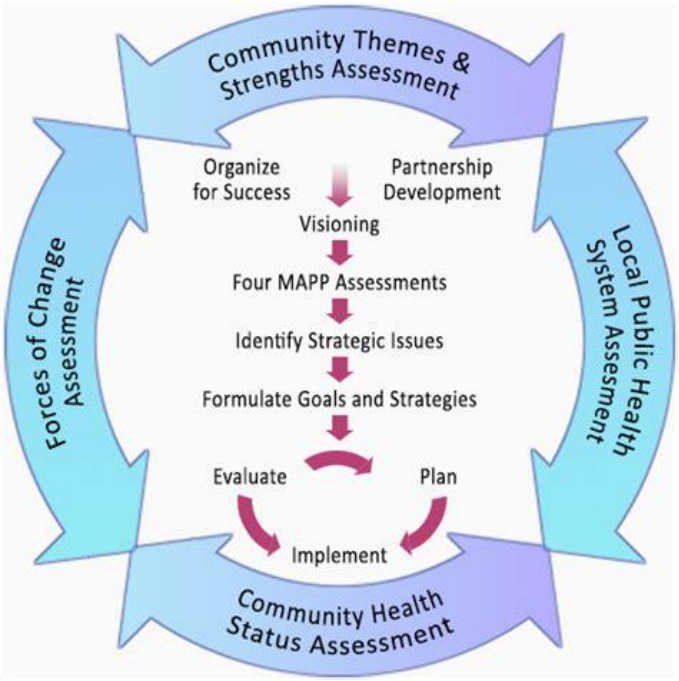
The recent Community Health Assessment (CHA) informed the Madison County community about demographic and population trends for the purposes of decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The purpose of the Community Health Improvement Plan is to identify long-term and short-term goals and strategies to address priority areas identified by the community health improvement team.

## Mobilizing for Action Through Planning and Partnerships (MAPP) Process

The Mobilizing for Action Through Planning and Partnership (MAPP) process has been used for both the Community Health Needs Assessment and the Community Health Improvement Plan. The CHIP is the continuation of the CHNA that began in June 2017. The CHA process included the four assessments as indicated below:

- The Community Themes and Strengths Assessment
- The Forces of Change Assessment
- The Community Health Status Assessment
- The Local Public Health Assessment

Figure 1. Representation of MAPP process



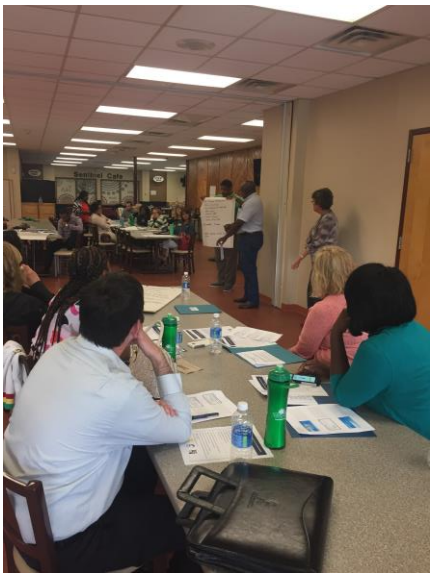
## Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment identifies issues that residents of the community deemed as the most important along with distinguishing any resources available to aid in improving the health of the community.

The Community Themes and Strengths Assessment was performed from July 2016 until March 2017 by direct solicitation of residents to complete a standardized survey. Residents were approached at county school board meetings, county commission meetings, community events, health fairs and at local establishments. Residents had the option to complete a printed survey or to access a survey monkey link to complete the survey on-line.

## Community Health Status Assessment

The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues.



The Health Summit to discuss the Community Health Status Assessment was held on June 7, 2017, at North Florida Community College, and was an all-day event. Community participants developed the Visioning Statement that is included in the assessment, listened to data presentation on health indicators, and broke into groups to discuss the major health indicator topic areas. At the end of the day, the group voted to choose the three priority areas to address in the Community Health Improvement Plan that will implemented January 2018.

## Local Public Health System Assessment

The Local Public Health System Assessment answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The assessment involves the use of a nationally recognized tool called the National Public Health Performance Standards Local Assessment Instrument.

The Local Public Health Assessment was divided into two parts, an external assessment and an internal assessment. The external assessment was held at Madison County Memorial Hospital on June 21, 2017. During that time, participants discussed Essential Public Health Services 3, 4, 5, 7, and 9. The internal assessment was held on August 9, 2017, at the Department of Health in Madison County. Essential Services 1, 2, 6, 8, and 10 were addressed.

## Forces of Change Assessment

The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system.

The Forces of Change Assessment was performed on August 22, 2017 at the Madison County Extension Office to identify community strengths, weaknesses, opportunities and threats in specific topic areas.

## Community Health Improvement Process

The Community Health Assessment process ended with identifying strategic issues (see Figure 1, page 8). The Community Health Improvement process will result in the formulation of goals and strategies, implementation of the goals and strategies, and evaluation of the progress toward accomplishing them. Progress will be reported quarterly. The revision of goals and strategies will be addressed annually, along with the annual progress report.

## Limitations

All data presented to CHA participants were current as of August 2017 and whenever possible, comparisons were made between Madison County and the state of Florida as a whole. Some trend lines presented three-year rolling rates to control for static trend lines and years where the rate was zero. Three-year rolling rates can give a more fluid view of the overall trend up or down.

It should be noted that qualitative data from the Community Themes and Strengths Assessment, and the Forces of Change Assessment were representative of the persons who participated in the assessment. Data may or may not be generalizable to the entire Madison County community.

All survey data, such as Behavioral Risk Factor Surveillance System (BRFSS) and Florida Youth Tobacco Survey (FYTS) were used as supplemental information to further inform the group about health indicators. These data can offer supporting or negating documentation of health indicators found in Florida CHARTS and other quantifiable sources.

Goals, strategies and objectives developed for the CHIP are community-wide strategies and do not pertain to any specific individual. All residents should consult with their primary care practitioner to develop a personalized health improvement plan.

# Visioning Statement

Visioning is a technique that is used to support a group of stakeholders in developing a shared vision of the future. It is a process that facilitates the direction of the planning process and creates the foundation for the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). Prior to beginning the data presentation on the health indicators in Madison County, a Themes and Strengths Visioning Assessment session was conducted. After a brief discussion about ideal qualities of health, the attendees were asked two significant questions, "What does a healthy community mean?" and, "What are the characteristics of a healthy Madison County?" The participants worked independently and collectively to identify common community themes and strengths and brainstormed to discuss and answer the above questions. Answers were self-recorded on a notecard and then placed on a sticky wall in the front of the auditorium. Once responses were compiled, the attendees conjoined as each reaction was read aloud and categorically placed. Accordingly, the community members envisioned a healthy Madison County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.

Creating the vision included participants conducting group discussions and creating several vision statements that reflected on the themes and key values examined throughout the summit. Although all of the statements varied, the priority key values were consistent in all of them. Each statement was presented and the community members voted to select the ideal vision statement for Madison County. After minor revisions, by a show of hands, the partners favored the adoption of, "*Working together to make Madison County healthy through education, dedication, unity, and support,*" as the new vision statement.

## Vision Statements

The vision statements developed by the five groups were:

- By 2022, Madison County will be a community that will have access to greater health resources through infrastructure development as a result of community collaboration and cooperation.
- To promote collaborative access to resources for a holistic, healthy community.
- Madison County will be a place where the citizens, businesses, and healthcare community unite to ensure the availability of resources to access what we need to be the physically, mentally, socially, emotionally, and spiritually healthy community we aspire to be.
- By 2022, Madison County will provide unparalleled health services through a synergistic approach to strong infrastructure, informative access, and unbiased collaboration that creates a unified standard of community health.
- Making Madison County healthy one life at a time through the collaboration of agencies to create overall health in the community.

## Working Together to Make Madison County Healthy through Education, Dedication, Unity, and Support

During the visioning session, members were asked to establish common themes and strengths of two significant questions: "What does a healthy community mean?" and "What are the characteristics of a healthy Madison County?" Based on the participants' ideas, a series of community-led, open-ended discussions were conducted, which identified three reoccurring themes:
We, the community, envision a healthy Madison County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.

Table 1. Visioning information by Category

(1) Access

| ***We desire Madison County to be a place where everyone:*** | ***We want to create a community that encompasses:*** |
|---|---|
| Has access to care for all populations | Health care resources (mental, physical, spiritual, and substance abuse help) |
| Has access to education, mental health services, and substance abuse treatment | Un-fragmented system of care |
| Has resources to meet the needs of residents: | Specialized health training |
| ▪ Health care | ▪ Comprehensive health care availability |
| ▪ Mental and social health | Local, affordable health care access with quality care |
| ▪ Transportation | Vibrant ancillary services – including rehabilitation and nursing homes |
| ▪ Education | Access to preventative resources and public health availability |
| ▪ Employment | Coordination of hospital and public health services |
| Knows what resources are available and where to find them | Healthy babies |
| Has healthy food options and access to grocery stores with affordable choices | ▪ Higher birth weights, lower body mass index (BMI), lower teen pregnancy, and lower STD rates |
| Has access to parks and recreational activities | Improved nutritional food options to support a healthy lifestyle |
| Has opportunities for residential activities | Safe built environments free from crime, drugs, and police brutality |
| Removes silos to allow everyone to support needs | Career and education opportunities |
| | Cooperation among residents |

| (2) Comprehensive, Collaborative Cooperation | |
|---|---|
| ***A healthy community is one that is:*** | |
| Knowledgeable of the concerns of its citizens | Able to provide quality healthcare |
| Able to identify health needs | Can react and/or provide timely services |
| Thriving – where everyone is moving forward (i.e. health, economics, and education) | Tailors community development of creative solutions to address the issues of citizens |
| Conducts monthly community town hall meetings to resolve issues | Reaches common goals together as a group |
| Puts positive words into successful actions | Increases faith based outreach and participation |
| Unified | |

| (3) Resource and Infrastructure Development | |
|---|---|
| ***We desire Madison County to be a place with improved infrastructure – medical facilities, businesses, and opportunities – that is more enticing for people to move here.***<br>***What does a healthy community look like?*** | |
| Residents thriving in all aspects of their lives to include physical, emotional, financial, and social well-being and health | A community with services such as hospitals, public health senior center, day care, and psychological counseling that meet the health and family needs |
| A healthy community is one that not only has jobs, but good paying jobs | Attractive environments for businesses and professionals |
| Well maintained roads, bridges, sewer systems, and water infrastructure | Access to good schools and colleges |
| Steady growth and planning | Progressive infrastructure |
| Adequate medical facilities | Controlled/low crime rates |

*To achieve optimal health activity, Madison County needs to:*

- Conduct root cause analyses to strategically create a better future
- Further develop resources (economic, health, education) to create a strong community
- Take ownership of social determinants of health

# Key Findings

The following significant data trends were presented at the Community Health Status Assessment. Detailed trends by priority area are available in the 2017 Madison County Community Health Assessment document.

## Demographics

- 2016 population statistics indicate Madison County had a slightly higher percentage of males (53%) than females (47%). The state of Florida had slightly more females than males.
- Madison County had a higher proportion of Black, non-Hispanic residents (39%) than the state of Florida (29%).
- Hispanics accounted for 8% of Madison County's population and 29% of the state's population.
- Madison County's population was slightly younger when compared to the state of Florida.
- Madison County residents were less likely to have a college degree (11.3%) when compared to the state of Florida (27.3%).

## Socioeconomics

- Madison County ranked 66 out of 67 counties for median household income in 2015. Madison County was identified as the poorest county in Florida in 2016.
- Approximately 20.5% of families in Madison County lived in poverty in 2015, compared to 12.0% for the state of Florida.
- About one-third of Madison County residents under age 18 lived in poverty in 2015 compared to 24% for Florida.

## Health Equity

- The Community Health Improvement Plan includes a section on health equity and some action steps toward achieving health equity in Madison County.
- The data show that Black, non-Hispanics are disproportionately affected in the areas of sexually transmitted diseases, chronic diseases, and most maternal and child health measures.
- Hispanics are disproportionately affected in the following maternal and child health measures: pregnancy intervals less than 18 months; births to mothers who are obese or overweight at the time of pregnancy; births to mothers ages 15-19; and, births to mothers who smoked during pregnancy. Hispanics were also disproportionately affected by motor vehicle crash injuries.

## Leading Causes of Death

- Heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, kidney diseases, unintentional injury, and diabetes are consistently among the leading causes of death in Madison County.

## Reportable Diseases

- Gonorrhea cases have increased for Madison County and have increased among females ages 15-19, a group where reproductive health issues can be affected.
- HIV cases have slightly decreased over time, while AIDS cases have increased. This may suggest issues with access to medical care, adherence to medications or other related medical issues. The percentage of Madison County residents with HIV/AIDS who had a suppressed viral load was lower when compared to the state.

- Madison County has experienced four cases of vaccine-preventable diseases since 2010, including pertussis (two cases) and varicella (two cases).

## Chronic Diseases

- Death rates for diabetes, hypertension, heart attack, cancers and tobacco-related cancers are higher for Madison County than for Florida.
- Madison County has a higher percentage of smokers than the state of Florida.
- Reported use of electronic cigarettes has dramatically increased in Madison County youth, from 4.8% om 2012 to 11.5% in 2016.

## Maternal and Child Health

- Madison County ranked fourth highest in the state for infant mortality rates in 2016.
- Most of the infant deaths in Madison County from 2010 to 2016 were linked to late entry to prenatal care, premature delivery, and low or very low birth weights.
- Percentages of very low birth weight and low birth weight have been consistently higher in Madison County than for Florida.
- Preterm births have been decreasing in Madison County since 2013.
- Breastfeeding initiation rates are lower for Madison County than Florida.
- Births to teen mothers increased in 2016.

## Injury and Violence

- Motor vehicle crash rates, alcohol-suspected vehicle crash rates, and alcohol-suspected vehicle crash injury rates were higher in Madison County, compared to Florida.
- During the period of 2010-2016, there were 12 drowning deaths, 22 deaths due to falls, eight deaths due to fires, and 17 deaths due to accidental poisoning in Madison County.
- During 2010-2016, there were eight homicide deaths.
- Aggravated assault rates have been consistently higher in Madison County compared to Florida.

## Social and Mental Health

- Reported domestic violence incidents have increased in Madison County since 2013.
- The suicide death rate was lower in Madison County than in Florida as a whole.
- Youth arrest rates increased significantly in 2016 in Madison County.

# Priority Area Plans

While all of the health indicators are important, the community participants were asked to choose three areas that would be addressed by the development of the 2018-2021 Community Health Improvement Plan. Participants voted during the Community Health Assessment and the areas chosen to address were Chronic Disease, Maternal and Child Health, and Social and Mental Health.

The individual community organizations will continue to address communicable diseases, environmental health, emergency planning and injury/violence both separately and as an integrated entity when applicable. Listed below are the goals and strategies for all of the priority areas that were developed by the CHA team members.

## *Reportable Infectious Diseases*

| | |
|---|---|
| ***Priority Areas*** | The priority area chosen by the group was HIV |
| ***Issue*** | The issue was defined to be 100% of the newly diagnosed cases affect the African American community |
| ***Goal*** | A reduction in the newly reported HIV cases of 25% by 2022 |
| ***Barriers*** | Lack of knowledge and education in the community. Accessing the community to provide the proper education and resources |
| ***Agencies Involved*** | Healthy Start, Big Bend Cares, Health Department, Neighborhood Health Services, health care providers, Big Bend Rural Health Network, Bond Community Health Center, Madison Correctional Institution, Madison County Sheriff's Office (Jail), churches, North Florida Community College, Madison County Memorial Hospital |
| ***Next Steps*** | The next steps to address this issue involves getting our boots on the ground and getting into the community |

## *Chronic Diseases*

| | |
|---|---|
| ***Priority Areas*** | COPD, Hypertension, CHF, Diabetes, Reduction in Nicotine Use |
| ***Issue*** | Decreased life expectancy due to chronic diseases |
| ***Goal*** | Reduce Chronic Disease Mortality by 10%. |
| ***Barriers*** | Access to primary care, educational level/literacy rate, access to specialty care, transportation, financial, no support system (family, personal support), lack of motivation |
| ***Agencies Involved*** | Health Department, Madison County Memorial Hospital, Big Bend AHEC, Big Bend Transit, Madison Shuttle, private physicians, Emergency Management Services, Department of Children and Families, County Extension Office, North Florida Community College, Senior Center |
| ***Next Steps*** | Work with local physicians to educate and engage the community. |

## *Maternal and Child Health*

| | |
|---|---|
| ***Priority Areas*** | Infant mortality |
| ***Issue*** | Low birth weight, breastfeeding, late entry to prenatal care, obesity during pregnancy |
| ***Goal*** | Be below the state average in infant mortality in five years. |
| ***Barriers*** | Lack of consistency in data collection, apathy, geographical isolation (lack of resource availability), No Regional Intensive Perinatal Care Center, Labor and Delivery, Intensive Care Units, or Obstetrical providers. |

| | |
|---|---|
| ***Agencies Involved*** | Healthy Start Coalition, Health Department, Brehon, Kids Inc. (limited), TMH OB providers. |
| ***Next Steps*** | Focus on gaps, social determinants of health, toxic stress, and how it is normalized, evaluate data from mothers and babies curriculum implemented and healthy start (stress reduction), focus on breastfeeding professional support, evidence-based intervention, healthy start redesign, Obstetric provider input. |

### *Injury and Violence*

| | |
|---|---|
| ***Priority Areas*** | Homicide |
| ***Issue*** | Lack of education, unemployment, lack of family cohesiveness, drug use, gun availability |
| ***Goal*** | Lower homicide rate by 50% in five years, improve graduation rates, establish mentoring programs for youth |
| ***Barriers*** | Lack of resources, funds, parks/playgrounds, slim tax base |
| ***Agencies Involved*** | City/county government, public assistance agencies, law enforcement, health department, school district, NFCC, St. Leo University |
| ***Next Steps*** | Engage community and partner agencies |

### *Social and Mental Health*

| | |
|---|---|
| ***Priority Areas*** | Mental health services |
| ***Issue*** | People do not know where to go for services |
| ***Goal*** | Establish a mental health service referral guide, establish joint primary care and behavioral care locations, establish strong community partnerships, utilize social media, utilize 211 app |
| ***Barriers*** | Limited number of behavioral health providers, lack of communication between partners, stigma, treatment cannot be forced on people |
| ***Agencies Involved*** | Apalachee Center, DISC Village, Law enforcement, Faith community, Madison County Memorial Hospital, Big Bend Transit |
| ***Next Steps*** | Communication, networking, presence at community events, school orientation |

All of the groups identified data tracking and analysis as an area where assistance was needed in order to meet goals.

# Community Health Improvement Plan Process

The Madison County Community Health Improvement Plan Steering Committee decided to alter the meeting process for this cycle. Three subcommittees were created to address the three priority areas of Social and Mental Health, Maternal and Child Health, and Chronic Diseases. These subcommittees met in January 2018 to develop long and short-term goals in their respective priority area, and to establish a meeting schedule for 2018.

## Social and Mental Health Subcommittee

The Social and Mental Health subcommittee met on January 16 in Tallahassee, Florida. Local providers and persons interested in social and mental health services in Madison County were present at the meeting.

The group reviewed the issues, barriers, suggested objectives and the list of agencies needed to address the issues that were developed at the Community Health Needs Assessment meeting. From there, the group developed the goals, strategies, objectives and action steps listed below.

Most of the subcommittee members were also participants of the Mental Health Council of the Big Bend and there was discussion around combining these meetings with those of the Council, which meets monthly. It was decided that meetings will be separate, with an objective to combine the groups at a later date.

Representatives from DOH-Madison met with Jay Reeve, PhD, President and Chief Executive Officer Apalachee Center, Inc., and the Chair of the Mental Health Council of the Big Bend. During the meeting, a partnership was established for survey development and implementation and the development of a resource guide.

### *Next Steps*

The subcommittee members agreed to meet quarterly to advance progress with short and long-term goals. The next meeting is scheduled for April 17, 2018. Representatives from the School District will attend and present issues to the subcommittee.

## Maternal and Child Health Subcommittee

The Maternal and Child Health subcommittee met on January 17 in Madison, Florida. Local providers and persons interested in maternal and child health services in Madison County were present at the meeting.

The group reviewed the issues, barriers, suggested objectives and the list of agencies needed to address the issues that were developed at the Community Health Needs Assessment meeting. From there, the group developed the goals, strategies, objectives and action steps listed below.

The subcommittee decided on a community education approach to increasing breastfeeding initiation rates that would operate in tandem with the clinic initiatives of DOH-Madison and the Healthy Start Coalition. It was decided to work with local businesses to establish breastfeeding sites on their premises and to purchase signage.

DOH-Madison staff met with Donna Hagan, CEO of the Healthy Start Coalition to refine the objectives and action steps listed below. The group also planned to work together to implement the research

project developed by FSU School of Nursing, and to ensure the continuation of preconceptual health classes for women of childbearing age.

### *Next Steps*

The sub-committee members agreed to meet quarterly to advance progress with short and long-term goals. The next meeting is scheduled for May 23, 2018.

## Chronic Disease Subcommittee

The Chronic Disease subcommittee met on January 18, 2018 in Monticello, Florida. Local providers and persons interested in chronic disease services in Madison County were present at the meeting.

The group reviewed the issues, barriers, suggested objectives and the list of agencies needed to address the issues that were developed at the Community Health Needs Assessment meeting. From there, the group developed the goals, strategies, objectives and action steps listed below.

The subcommittee decided to address healthy food options in businesses, a method that will complement the diabetes and hypertension work already taking place in the community. The group also decided that there should be group presentations on chronic diseases given to community groups to emphasize the need to change current health trends in the community.

### *Next Steps*

The sub-committee members agreed to meet quarterly to advance progress with short and long-term goals. The next meeting is scheduled for June 12, 2018.

# Goals, Strategies and Objectives

## I. Social and Mental Health

### *Three-Year Goal*

- Social and Mental Health providers will maintain a consistent presence in Madison County and will establish an effective linkage and referral system by December 31, 2021

### *Strategy*

- Partner with mental health providers and the Mental Health Council of the Big Bend to determine the needs of Madison County residents

### *Short-Term Objectives for Completion by December 31, 2018*

- Develop a mental health resource guide
- Utilize 211 Big Bend
- Work with Apalachee Mental Health and the Mental Health Resource Council to utilize existing surveys
- Establish a National Alliance on Mental Illness (NAMI) chapter
- Establish a work group with school system and mental health providers

## II. Maternal and Child Health

### *Three-Year Goal Late Entry to Care*

- Reduce late entry to care by 5% for Healthy Start and health department prenatal clients by December 31, 2021

### *Strategy Late Entry to Care*

- Partner with the Healthy Start Coalition and TMH Family Residency Program to analyze 2016 and 2017 data to determine where to make system improvements

### *Short-term Objectives for Late Entry to Care for Completion by December 31, 2018*

- Determine how many clients come into the health department for OB services only
- Partner with the pregnancy center in Madison to do a social campaign and train their volunteers on referrals
- Create an outreach campaign for women
- Examine the entry to care dates for pregnant women at the health department
- Be active in local daycares

### *Healthy Babies Workplan Three-Year Goal*

- Reduce late entry to care by 5% for Healthy Start and health department prenatal clients by December 31, 2021

### *Strategy Healthy Babies Workplan*

- Reduce racial disparity in infant mortality

### *Short-term Objectives for Healthy Babies Workplan for Completion by December 31, 2018*

- By September 30, 2018 increase percent of births with adequate prenatal care by 3%

### *Three-Year Goal Breastfeeding Initiation*

- Increase breastfeeding initiation by 10% for Healthy Start and health department prenatal clients by December 31, 2021

### *Strategy Breastfeeding Initiation*

- Use peer counseling and lactation consultants to educate pregnant women on the benefits and importance of breastfeeding

### *Short-term Objectives for Breastfeeding Initiation for Completion by December 31, 2018*

- Identify safe places to breastfeed in the community
- Buy signage and place in businesses and government offices that identify breastfeeding areas
- Develop a breastfeeding peer counseling program
- Extend prenatal appointments at the health department by 30 minutes for women in their third trimester to allow for time to meet with a lactation consultant
- Work with Tallahassee Memorial Hospital "Moms Own Milk" campaign

## III. Chronic Diseases

### *Three-year Goals Diabetes*

- Have a functional Diabetes Prevention Program
- Have a functional Diabetes Self-Management Education Program

### *Strategy Diabetes*

- Pursue funding and mentorships to establish and maintain a Diabetes Prevention Program (DPP) and a Diabetes Self-Management Education Program (DSME)

### *Short-term Objectives for Diabetes for Completion by December 31, 2018*

- Follow action plan for DSME and offer pilot class by the end of 2018
- Offer Diabetes Prevention pilot class by the end of 2018

### *Three-year Goal Cardiovascular Disease*

- Increase the number of healthy food options in at least two food establishments by December 31, 2021

### *Strategy Cardiovascular Disease*

- Partner with community agencies to educate the public and businesses on the importance of healthy food options

### *Short-term Objectives for Cardiovascular Disease for Completion by December 31, 2018*

- Identify healthy food options on restaurant menus
- Community health education and awareness presentations to civic groups, faith-based groups and local government

### *Three-year Goal Cancer*

- Partner with an agency to offer breast, prostate and colon cancer screenings at least annually by December 31, 2021

### *Strategy Cancer*

- Partner with an agency that provides cancer screening and treatment to offer services to residents

### *Short-term Objectives for Cancer for Completion by December 31, 2018*

- Modify tobacco cessation service referral process
- Community health education and awareness presentations to civic groups, faith-based groups and local government
- Partner with a mobile cancer screening unit

## IV. Health Equity

### *Three-year Goal*

- Establish shared understanding across all sectors in Madison County concerning information and issues surrounding Health Equity (HE), Cultural Competency/Sensitivity, and how Social Determinants of Health (SDOH) influence the health of Florida's residents and communities by December 31, 2021.

### *Strategy Health Equity*

- Offer training opportunities to CHD staff and to local partner agencies

### *Short-term Objectives for Cancer for Completion by December 31, 2018*

- Develop and implement a training program for CHD staff
- Incorporate health equity into community presentations
- Work with FSU School of Nursing and the Healthy Start Coalition to develop and implement a research study on pregnant women and support systems
- Preconceptual health education for women of childbearing age

# Action Plan - Social and Mental Health

| Three-Year Goal: Social and Mental Health providers will maintain a consistent presence in Madison County and will establish an effective linkage and referral system by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Partner with mental health providers and the Mental Health Council of the Big Bend to determine the needs of Madison County residents | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Develop a mental health resource guide | • Investigate the possibility of utilizing 211 Big Bend as the vehicle to establish and update a resource guide<br>• Invite a representative from 211 to the April 17, 2018 meeting | 12/31/2018 | United Way 211 Big Bend | • |
| • Create and distribute a survey to gather more information on accessing services (stigma, perception) | • Work with Apalachee Mental Health and the Mental Health Resource Council to utilize existing surveys. | 4/30/2018 | Madison CHD<br><br>Subcommittee | • |
| • Establish a National Alliance of Mental Illness (NAMI) chapter | • Add questions to survey to ascertain interest in establishing a chapter.<br>• Invite interested persons to July 2018 if there is enough interest | 2/1/2018<br><br>7/1/2018 | Madison CHD | • |
| • Establish a work group with school system and mental health providers | • Invite school system representatives, NFCC representatives to April 17, 2018 subcommittee meeting | 4/1/2018 | Madison CHD | • |

| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
|---|---|---|---|---|
| • Establish a work group with law enforcement and mental health providers | • Invite law enforcement representatives to July 2018 meeting | 7/1/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Establish a work group with domestic violence providers and mental health providers | • Invite domestic violence representatives to July 2018 meeting | 9/1/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |

# Action Plan – Maternal and Child Health

| Three-Year Goal: Reduce late entry to care by 5% for Healthy Start and health department prenatal clients by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Partner with the Healthy Start Coalition and TMH Family Residency Program to analyze 2016 and 2017 data to determine where to make system improvements | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Perform analysis to ensure that there is no systems issue that results in entry to prenatal care after the first trimester | • Determine how many clients come into the health department for OB services only<br>• Review charts for women receiving prenatal services in 2016 who were seen after the first trimester<br>• Review data with workgroup during May 2018 meeting | 4/30/2018 | Madison CHD<br><br>Healthy Start Coalition | • |
| • Partner with the pregnancy center in Madison to do a social campaign.<br>• Train their volunteers on referrals | • Meet with the pregnancy center staff to offer training<br>• Schedule and hold training | 12/31/2018 | Madison CHD<br><br>Healthy Start Coalition | • |
| • Create an outreach campaign for women | • Be active in local daycares | 12/31/2018 | Madison CHD<br><br>Healthy Start Coalition | • |

Madison County Memorial Hospital does offer radiology services that includes outpatient scheduled obstetric ultrasounds

Madison County Memorial Hospital does not have the personnel or financial resources to assist in this goal.

| Three-Year Goal: Reduce late entry to care by 5% for Healthy Start and health department prenatal clients by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Reduce racial disparity in infant mortality | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • By September 30, 2018 increase percent of births with adequate prenatal care by 3% | • Determine factors contributing to late or no prenatal care<br>• Partner with the Healthy Start Coalition and Florida State University to implement an IRB-approved research project to determine the social needs of pregnant women and women of childbearing age, with a primary focus on African American women<br>• Analyze CHD OB system of care to determine cause of late or no prenatal care.<br>• Conduct outreach to pregnant women and women of childbearing age, particularly African-American women<br>• Continue to identify community events to disseminate information on women's health topics, family planning and available services at CHD<br>• Attend a minimum of three community events each year<br>• Conduct door to door canvassing to disseminate information on | 9/30/2018 | Madison CHD<br><br>Healthy Start Coalition | • |

Madison County Memorial Hospital does not have the personnel or financial resources to assist in this goal.

| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
|---|---|---|---|---|
| | family planning, women's health topics and available services at CHD two times/year<br>• Work with CHD providers to incorporate preconception and inter-conception health messages into prenatal care, family planning, and STD office visits<br>• Work with MCHD and TMH OB Providers to refer smoking clients to cessation services/Quit Your Way | | | |

Madison County Memorial Hospital does offer radiology services that includes outpatient scheduled obstetric ultrasounds

Madison County Memorial Hospital does not have the personnel or financial resources to assist in this goal.

| Three-Year Goal: Increase breastfeeding initiation by 10% for Healthy Start and health department prenatal clients by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Use peer counseling and lactation consultants to educate pregnant women on the benefits and importance of breastfeeding | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Perform analysis on 2016-2017 prenatal and Healthy Start clients to determine if there were any clients advised not to breastfeed for medical reasons | • Review charts for women receiving prenatal services in 2016 and 2017 to determine how many initiated breastfeeding or were advised not to breastfeed<br>• Review data with workgroup during July 2018 meeting | 6/30/2018 | Madison CHD | • |
| • Extend prenatal appointments at the health department by 30 minutes for women in their third trimester to allow for time to meet with a lactation consultant | • Develop a breastfeeding peer counseling program<br>• Meet with TMH Family Residency staff to ascertain what messages they are giving to patients | 6/30/2018 | Madison CHD<br><br>TMH Family Residency Program<br><br>Healthy Start Coalition | • |
| • Identify safe places to breastfeed in the community | • Buy signage and place in businesses and government offices that identify breastfeeding areas<br>• Work with Tallahassee Memorial Hospital "Moms Own Milk" campaign | 12/31/2018 | Madison CHD<br><br>Subcommittee | • |

Madison County Memorial Hospital does not have the personnel or financial resources to assist in this goal.

# Action Plan – Chronic Diseases

| Three-Year Goal: Establish and Maintain an Accredited Diabetes Self-Management Education Program by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Pursue funding and mentorships to establish and maintain a Diabetes Prevention Program (DPP) and a Diabetes Self-Management Education Program (DSME) | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Implement Standards 1-7 of the ADA Guidance for Establishing an Accredited DSME by June 30, 2018 | • Ensure staff are adequately trained<br>• Develop curriculum and procedure manual<br>• Obtain the input of clinicians and potential participants<br>• Establish an advisory board | 6/30/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Pilot DSME class by December 31, 2018 | • Work with mentor to establish action plan for July 1 – December 31, 2018<br>• Implement Standards 8-9 | 12/31/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Seek Accreditation from the ADA | • Submit required documentation for review | 12/31/2020 | Madison CHD<br><br>Madison County Memorial Hospital | • |

| Three-Year Goal: Establish and Maintain an Accredited Diabetes Prevention Program by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Pursue funding and mentorships to establish and maintain a Diabetes Prevention Program (DPP) and a Diabetes Self-Management Education Program (DSME) | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Ensure all DPP pre-course requirements are in place | • Ensure staff are adequately trained<br>• Develop curriculum and procedure manual<br>• Obtain the input of clinicians and potential participants<br>• Establish an advisory board | 6/30/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Pilot DPP class by December 31, 2018 | • Ensure billing mechanism is in place | 12/31/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Seek Accreditation from the Centers | • Submit required documentation for review | 12/31/2020 | Madison CHD<br><br>Madison County Memorial Hospital | • |

| Three-Year Goal: Increase the number of heathy food options in at least two food establishments by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Partner with community agencies to educate the public and businesses on the importance of healthy food options | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Work with local restaurants and food vendors to identify healthy food options in their establishments | • Approach establishments to see which ones are willing to partner with us. | 6/30/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Community health education and awareness presentations to civic groups, faith-based groups and local government | • Develop a sample presentation that can be used in the different forums (PowerPoint, flyers, hand-outs, etc.)<br>• Ascertain which community partners want to co-present<br>• Schedule presentations with organizations | 6/30/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |

| Three-Year Goal: Partner with an agency to offer breast, prostate and colon cancer screenings at least annually by December 31, 2021 | | | | |
|---|---|---|---|---|
| Strategy: Partner with an agency that provides cancer screening and treatment to offer services to residents | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Modify tobacco cessation referral process | • Meet with Big Bend AHEC to discuss and revise procedure. | 1/23/2018 | Madison CHD | • Complete |
| • Community health education and awareness presentations to civic groups, faith-based groups and local government | • Develop a sample presentation that can be used in the different forums (PowerPoint, flyers, hand-outs, etc.)<br>• Ascertain which community partners want to co-present<br>• Schedule presentations with organizations | 6/30/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Partner with a mobile cancer screening unit or utilize hospital services | • Identify partners for all three types of cancer screening<br>• Madison County Memorial Hospital has a full-service laboratory and offers mammography and endoscopy services | 12/31/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |

# Action Plan – Health Equity

| Three-Year Goal: Establish shared understanding across all sectors in Madison County concerning information and issues surrounding Health Equity (HE), Cultural Competency/Sensitivity, and how Social Determinants of Health (SDOH) influence the health of Florida's residents and communities by December 31, 2021. | | | | |
|---|---|---|---|---|
| Strategy: Offer training opportunities to CHD staff and to local partner agencies | | | | |
| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
| • Develop and implement a training program for CHD staff | • Obtain suggested trainings from HQ and<br>• Require levels of training for all staff, depending on their role | 12/31/2018 | Madison CHD | • |
| • Incorporate health equity into community presentations | • Prior to educating the community on chronic diseases and maternal and child health, incorporate health equity into the presentations | 12/31/2018 | Madison CHD<br><br>Madison County Memorial Hospital | • |
| • Work with FSU School of Nursing and the Healthy Start Coalition to develop and implement a research study on pregnant women and support systems | • Assist with any IRB approval<br>• Work with partners to implement the project | 12/31/2018 | Madison CHD<br><br>Healthy Start Coalition<br><br>FSU | • |
| • Pre-conceptional health education for women of childbearing age | • Conduct outreach to pregnant women and women of childbearing age, particularly African-American women | 12/31/2018 | Madison CHD<br><br>Healthy Start Coalition | • |

| Short-Term Objectives | Action Steps | Due Date | Agency Responsible | Status |
|---|---|---|---|---|
| | • Continue to identify community events to disseminate information on women's health topics, family planning and available services at CHD<br>• Attend a minimum of three community events each year<br>• Conduct door to door canvassing to disseminate information on | | | |

# List of Appendices

Appendix 1 Social and Mental Health Subcommittee Meeting Agenda and Sign-in Sheet

Appendix 2 Maternal and Child Health Subcommittee Meeting Agenda and Sign-in Sheet

Appendix 3 Chronic Disease Subcommittee Meeting Agenda and Sign-in Sheet

# Appendix 1

**Florida Department of Health in Jefferson and Madison County**
**Social and Mental Health Workgroup Meeting**
**Capital Regional Medical Center**
**January 16, 2018 10:00 a.m. – 12:00 p.m.**

## AGENDA

**Purpose:**
Community partners meet to develop goals and objectives for the Social and Mental Health priority area.

| Topic | Lead |
|---|---|
| Welcome/Call to Order | Pam Beck/Chelsey McCoy |
| Sign In | Chelsey McCoy |
| Social and Mental Health Findings from Community Health Assessment | Pam Beck |
| Develop Short and Long Term goals | Pam Beck/Group |
| Develop a Meeting Schedule | Pam Beck/Group |
| Group Announcements | Group |
| Meeting Evaluation | Group |
| Adjourn | Chelsey McCoy |

**Florida Department of Health in Jefferson and Madison County**
**Social and Mental Health Workgroup Meeting**
**Capital Regional Medical Center**
**January 16, 2018 10:00 a.m. – 12:00 p.m.**

Madison County Memorial Hospital

| Name | Organization | Email |
|---|---|---|
| 1. Trista Agner | FDOH – Madison + Jefferson | Trista.Agner@flhealth.gov |
| 2. Kimberly Allbritton | FDOH Jeff/Mad | Kimberly.Allbritton@flhealth.gov |
| 3. Betsy Wood | FSU-MPH | betsywood100@gmail.com |
| 4. Beth Fulford | Honeylake Clinic | BFulford@honeylake.clinic |
| 5. Tammy Stevens | Madison County Memorial Hospital | tstevens@mcmh.us |
| 6. Sarah Bishop | Apalachee Center | sarahbi@apalacheecenter.org |
| 7. Kelli Mercer | CRMC | Kelli.mercer@hcahealthcare.com |
| 8. Terry Giles | DISC Village | Tgiles@discvillage.com |
| 9. Ashley Gaffney | DISC Village | agaffney@discvillage.com |
| 10. Cristin Dobrowolski | DISC Village | cdobrowolski@discvillage.com |
| 11. Amanda Wander | BBCBC | amanda.wander@bigbendcbc.org |
| 12. DAVID DANIELS | BBCBC | DAVID.DANIELS@BIGBENDCBC.ORG |
| 13. R. Weaver | United Way | rebecca@uwbb.org |
| 14. Chelsey McCoy | FDOH Jefferson/Madison | Chelseymccoy@flhealth.gov |
| 15. Pam Beck | FDOH Jefferson/Madison | Pam.Beck@flhealth.gov |
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# Appendix 2

**Florida Department of Health in Jefferson and Madison County**
**Maternal and Child Health Workgroup Meeting**
**Madison County Senior Citizens Center**
**January 17, 2018 10:00 a.m. – 11:00 a.m.**

## AGENDA

**Purpose:**
Community partners meet to develop goals and objectives for the Maternal and Child Health priority area.

| Topic | Lead |
|---|---|
| Welcome/Call to Order | Pam Beck/Chelsey McCoy |
| Sign In | Chelsey McCoy |
| Maternal and Child Health Findings from Community Health Assessment | Pam Beck |
| Develop Short and Long Term goals | Pam Beck/Group |
| Develop a Meeting Schedule | Pam Beck/Group |
| Group Announcements | Group |
| Meeting Evaluation | Group |
| Adjourn | Chelsey McCoy |

**Florida Department of Health in Jefferson and Madison County**
**Maternal and Child Health Workgroup Meeting**
**Madison County Senior Citizens Center**
**January 17, 2018 10:00 a.m. – 11:00 a.m.**

Madison County Memorial Hospital

| Name | Organization | Email |
|---|---|---|
| 1. Paula Roberts | 211 Big Bend - Help McGrow | proberts@211bigbend.org |
| 2. Pamela Blair | DOH | pamela.blair@flhealth.gov |
| 3. Kimberly Allbritton | DOH-Madison | Kimberly.Allbritton@flhealth.gov |
| 4. Shanetha Mitchell | DOH-Madison | Shanetha.Mitchell@flhealth.gov |
| 5. Leila C Rykard | DOH Madison | Leila.Rykard@FLHealth.gov |
| 6. A.P. Jones | Big Bend AHEC | ajones@bigbendahec.org |
| 7. Betsy Wood | FSU - Public Health Program | betsywood100@gmail.com |
| 8. Catherine Monismith | NFMC - Madison Med. Ctr. | cmonismith@nfmc.org |
| 9. Trista Agner | DOH - Madison | Trista.Agner@flhealth.gov |
| 10. Chelsey McCoy | FDOH Jefferson/Madison | Chelsey.mccoy@flhealth.gov |
| 11. Wynton Geary | Big Bend Rural Health Network | wgeary@bigbendahec.org |
| 12. Melissa Budesa | Big Bend Rural Health Network | mibmc@my.fsu.edu |
| 13. Tarre Stanley | Big Bend AHEC + BBRHN | tstanley@bigbendahec.org |
| 14. Quinn Douglas | Madison Extension | ddoug@ufl.edu |
| 15. Amy Eubanks | Big Bend CARES/Care Point | ceubanks@bigbendcares.org |
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# Appendix 3

**Florida Department of Health in Jefferson and Madison County**
**Chronic Disease Workgroup Meeting**
**Jefferson County IFAS Extension Office**
**January 18, 2018 10:00 a.m. – 11:00 a.m.**

## AGENDA

**Purpose:**
Community partners meet to develop goals and objectives for the Chronic Disease priority area.

| Topic | Lead |
|---|---|
| Welcome/Call to Order | Pam Beck/Chelsey McCoy |
| Sign In | Chelsey McCoy |
| Chronic Disease Findings from Community Health Assessment | Pam Beck |
| Develop Short and Long Term goals | Pam Beck/Group |
| Develop a Meeting Schedule | Pam Beck/Group |
| Diabetes Self-Management Education (DSME) Discussion | Pam Beck |
| Group Announcements | Group |
| Meeting Evaluation | Group |
| Adjourn | Chelsey McCoy |

**Florida Department of Health in Jefferson and Madison County**
**Chronic Disease Workgroup Meeting**
**Jefferson County IFAS Extension Office**
**January 18, 2018 10:00 a.m. – 11:00 a.m.**

| Name | Organization | Email |
|---|---|---|
| 1. Julianne Shoup | UF/IFAS Extension – Jefferson County | juliannes@ufl.edu |
| 2. Tammy Stevens | Madison County Memorial Hospital | tstevens@mcmh.us |
| 3. Trista Agner | FDOH- Jefferson | Trista.Agner@flhealth.gov |
| 4. Wynton Geary | Big Bend Rural Health Network | wgeary@bigbendahec.org |
| 5. Kimberly Allbritton | FDOH Jefferson/Madison | Kimberly.Allbritton@flhealth.gov |
| 6. Tonya Bell | Healthy Start Coalition of JMT | tbell@healthystartjmt.org |
| 7. Chelsey McCoy | FDOH Jefferson/Madison | Chelsey.mccoy@flhealth.gov |
| 8. Pam Beck | FDOH-Jeff/Madison | pam.beck@flhealth.gov |
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