

Vision:

“To have healthy Communities in Nassau County that support optimal health and quality of life through collaboration, strong leadership, policy and environmental change, and resident empowerment.”

*Community
Health
Improvement Plan
2016-2018*

Nassau County, Florida

Partnership for a Healthier Nassau



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Partners

Included below is a list of community partners who assisted in the Health Assessment and the formation of the new CHIP. This list is not meant to be exclusive. Our gratitude goes to our many community partners, local residents, non-profit organizations, health care professionals, school representatives, and many other community members who lent their support to this assessment and continued the community's health vision.

Ackerman Cancer Center

Angel Watch Home Care

Baptist Medical Center Nassau

Barnabas Center

Community Advocates*

Family Support Services of Northeast Florida

Florida Department of Health

Florida Psychological Associates

Guardian ad Litem Program

Nassau County Tax Collector

Micah's Place Domestic Violence

McArthur YMCA of Nassau County

Nassau Alcohol and Crime Drug Abatement Coalition

Nassau County Sheriff's Office

Nassau County Homeless Coalition

Nassau County School District

Nassau County Council on Aging

Nassau County TRANSIT

Nassau Department of Children and Families

Northeast Florida Healthy Start Coalition

Starting Point Behavioral Health

University of Florida/IFAS Family Program

Welcome Homecare

Partnership for a Healthier Nassau Vision:

"To have healthy Communities in Nassau County that support optimal health and quality of life through collaboration, strong leadership, policy and environmental change, and resident empowerment".

The Team

The Community Health Status Assessment was created by the Partnership for Healthier Nassau (PHN) Steering Committee which is administratively supported by the Florida Department of Health in Nassau County. The Community Health Improvement Plan and its guiding team of the PHN Steering committee is facilitated by health department staff.

Special thanks to the team leads for giving of their time to invest in facilitating community meetings, pulling and reviewing data and meeting first hand with the many faces of Nassau County to hear their wants and needs in support of improved community health. The professionals leading the subcommittee efforts are listed below:

Four Assessments	Leaders
Community Themes and Strengths	Helen Ridley, Dawna Cornelissen and Amanda Thein
Community Health Status Assessment	Kerrie Albert, Catherine Drew and Pam Jett
Local Public Health System Assessment	Mary Snyder, Judy Ward, Kim Clemons and Chris Compton
Forces of Change	Eugenia Ngo Seidel and Kim Clemons



Community members at CHIP meeting on Feb 24th, 2016.

EXECUTIVE SUMMARY

The Partnership for a Healthier Nassau (PHN) presents the 2016-2018 Community Health Improvement Plan (CHIP). The plan is a collaborative effort involving private, public, and community resource entities.

Since 2011 the Nassau County Community Health Improvement Planning (CHIP) group, comprised of community experts, healthcare leaders, public health professionals, non-profit partners, and faith-based members, has worked together to better understand the current and future health needs of the Nassau County community. The effort has been led by the PHN Steering Committee, a group of twelve dedicated community professionals with guidance from the Florida Department of Health in Nassau County. This team with extensive community input developed the CHIP to improve health in Nassau County.

Community partners met in September 2016 for a presentation of the most recent Community Health Assessment (CHA) for Nassau County. The findings were presented and the partners brainstormed to prioritize the top areas of health concern. After reviewing and discussing updated health data and community input gathered during the CHA process, the Nassau Partnership for a Healthier Nassau group decided the following priority health issues would be addressed and targeted for improvement through this CHIP:

- *Access to Care*
- *Behavioral Health*
- *Transportation*

This plan provides a summary of the former CHIP and details new initiatives with goals, objectives and strategies targeting the three issues. Actions implemented will be monitored and assessed by the PHN Steering committee quarterly.

As a living document, the *Nassau County Community Health Improvement Plan 2016-2018* is flexible and can accommodate changes or updates as needed. The Nassau PHN CHIP group will re-assess and update annually to best address the needs of the local community.

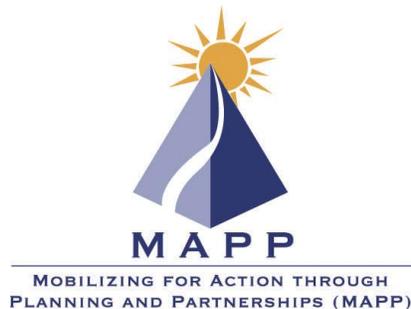
This document strives to:

- Help one understand the top health priorities in Nassau County
- Educate the community on resources and actions to improve health
- Start a conversation about health concerns and identify new solutions
- Encourage community partnership and shared expertise
- Recognize how Nassau County compares with peer counties, Florida and the U.S. population
- Inform patients/clients about resources available in our community

HOW WAS THE NASSAU COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPED?

The beginning of the 2016 CHIP process occurred with the Community Health Assessment (CHA) “launch” meeting on March 25, 2015. The existing CHIP was dated years 2012-2015 and planning was needed to effectively reassess the health of the county and update the CHIP for the years 2016-2018. This March meeting was facilitated by the Partnership for a Healthier Nassau Steering committee and was critical as it supported the garnering of engagement behind the *Mobilizing for Action through Planning and Partnerships* (MAPP) process. The meeting was hosted by Honorable John Drew, Nassau County Tax Collector who was effective with fostering excitement about “working collaboratively for improved health”.

The Partnership for a Healthier Nassau Steering Committee is pictured aside with Honorable John Drew, Facilitator for the 2015 Nassau CHA – CHIP process.



OVERVIEW OF THE CHIP PROCESS

The Community Health Improvement Plan was developed following the guidelines of the MAPP framework. Guidelines were developed by the National Association of County and City Health Officials (NACCHO). The MAPP process is a community-driven strategic planning process aimed at improving community health. The process includes several instruments to gauge community health; the beliefs of community members, the framework currently in use, and outside forces that influence decision making efforts of the community.

Phases 1-4 of the Mobilizing for Action through Planning and Partnerships (MAPP) process involve visioning, collecting and analyzing data, and gathering community input in order to determine which health issues will become the strategic focus of health planning in the community for the next three to

five years. A CHIP is formulated in Phases 5) Goals and Strategies and 6) Action Cycle of the MAPP process. In Phase 5 the community creates broad goal statements addressing the identified health issues. Phase 6 involves planning, implementation and evaluation. During Phase 6 the community creates an action plan which provides details on how goals and strategies will be achieved.

In early 2015 the PHN Steering committee completed planning for the repeat of the MAPP process. This Community Health Assessment was first completed in 2010-11 in Nassau County to support the effort in the creation of the first Community Health Improvement Plan (CHIP) for years 2012-2015. During the kick off meeting project goals and outcomes were presented. The MAPP Model was presented by Mary von Mohr, CHIP Facilitator for the purposes of baseline knowledge.

This included what is MAPP, the benefits of MAPP and partner expectations. Information that was presented included the following five items.

- Community-driven planning tool
- Goal: Improve community health
- Facilitated by public health leaders
- Strategic thinking to prioritize public health issues and identify resources to address them
- Improve the efficiency, effectiveness, and ultimately the performance of our local public health system

The MAPP overview included a review of the Six Phases:

1. Organize for Success and Partnership Development

2. Visioning

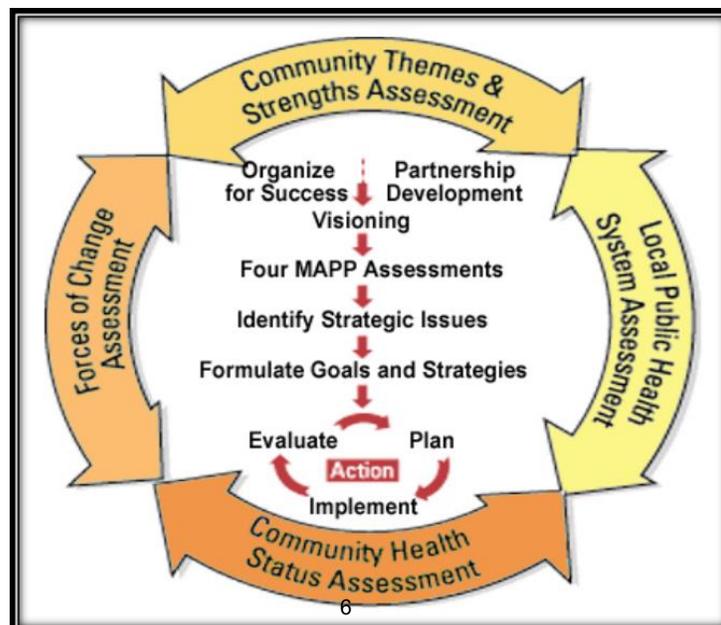
3. Four MAPP Assessments

4. Identify Strategic Issues

5. Formulate Goals and Strategies

6. Action Cycle

Community health assessments are designed to answer questions about community health status and needs, including: “How health are our community residents?” and “What does the health status of our community look like?” We additionally desired to facilitate new partnerships supporting community health.



*The diagram above displays the six phases in the middle and the four assessments in the outer circle.

While engaging community members for the upcoming CHA-CHIP process we started by reviewing previous work. It was important to share past highlights which were the result of the previous CHA and CHIP and encompassed over four years of work.

Community Health Improvement Plan 2012-2015 Final Report: Success Story

There were five strategy areas identified for the Nassau CHIP 2012-2015:

- Access to Care
- Behavioral Health,
- Chronic Disease Prevention
- Injury and Violence
- Maternal/Child Health

Action items and objectives were developed for each of the strategy areas. The 2012-15 CHIP action plan can be found at the Partnership for a Healthier Nassau Initiative Center on the Northeast Florida Counts data website

(www.nefloridacounts.org). Current available data was reviewed to demonstrate the impact of the work on improving the health of the community.

Access to Care: Barnabas, Coalition for the Reduction & Elimination of Ethnic Disparities in Health (CREED), the Council on Aging, and Nassau Transit took lead roles in the area of **Access to Care**. Of the five strategy areas, Access to Care had the most implementation obstacles. Funding was not able to be secured for additional health services through a Federally Qualified Health Center or transportation projects. Expansion of health care services funded by grants to the Barnabas Center was accomplished.

The Community Resource Guide was another highlight from work done in the **Access to Care** area. The Guide is available to all residents and has become an invaluable tool for system partners working in various sectors of Nassau County. Another resource guide was developed specific to Behavioral Health Services and recently, a Worksite Wellness Resource Guide has been deployed. To access these resource guides, go to <http://nassau.floridahealth.gov/> under “Popular Programs and Services.”

Behavioral Health: As part of a second CHIP strategy area, **Behavioral Health**, Nassau Alcohol Crime & Drug Abatement Coalition (NACDAC) developed the Behavioral Health Resource Guide. Behavioral Health objectives were to increase mental health resource utilization, decrease youth suicide, and reduce drug-related emergency room visits and reported crimes. Activities to address these objectives include securing a Climate Transformation Grant through a NACDAC/Nassau Schools partnership, providing PQR (suicide prevention) and Mental Health First Aid trainings (Starting Point Behavioral Health & NACDAC) and promoting Prescription Rx Drop-off Boxes for on-going disposal of unused medicines.

Chronic Disease Prevention: In the third strategy area of **Chronic Disease Prevention**, more CHIP successes occurred in objectives related to reducing county rates of high blood pressure, high cholesterol and diabetes. Walking Groups were started, including a “Walk with Me” activity developed through a partnership between UF/IFAS Extension and the YMCA. Nutrition and self-management

classes were offered to employees of the Nassau County School District and community members through funding from a Cancer Control Grant, Baptist Medical Center and Barnabas. Currently, regular promotion of physical activity events in the area are dispersed through our Nassau County Health Improvement Coalition list serve.

Chronic Disease Prevention activities were developed related to Tobacco Cessation/Prevention and Worksite Wellness. One aim was to reduce tobacco use from a 2010 level of a 19.3% occurrence in Nassau adults through an active Tobacco Free Nassau Partnership, local Students Working Against Tobacco (SWAT) programs, youth citation classes and corporate partners like CVS. The Worksite Wellness Resource Guide also addressed Chronic Disease prevention and was developed as part of the Nassau County Worksite Wellness Initiative. The program also utilized ACHIEVE Grant dollars to hire a coach to work with local companies on employee *health promotion*.

Injury and Violence: The **Injury and Violence** strategies focused on reducing motor vehicle accidents, domestic violence and child abuse. Community partners with these activities included Nassau County Traffic Safety team, AmeriCorps, the Sheriff's Office, Fernandina Beach Police, Micah's Place, the Nassau County School District, Family Support Services, local newspapers, and area businesses. Efforts included promotion of Distracted Driving programs across the community and events for Child Abuse Prevention Month and Domestic Violence Awareness Month.

Maternal and Child Health: Finally, in the fifth area of **Maternal Child Health**, activities focused on infant mortality and teen pregnancy prevention. This area utilized the work of Nassau Healthy Start and the Northeast Florida Healthy Start Coalition with local schools, community events, health department, teens, parents and the Teen Leadership Council. An Infant Mortality Taskforce was created along with a Teen Pregnancy Prevention workgroup.

The Partnership for a Healthier Nassau Community Health Improvement Plan was developed and implemented with broad-based, multi sector support from individuals and organizations. The work was monitored by a Steering Committee which shared progress reports with decision makers including the Nassau Board of County Commissioners, community coalitions and the public at large. A mid-cycle Progress Report was released in September 2014.

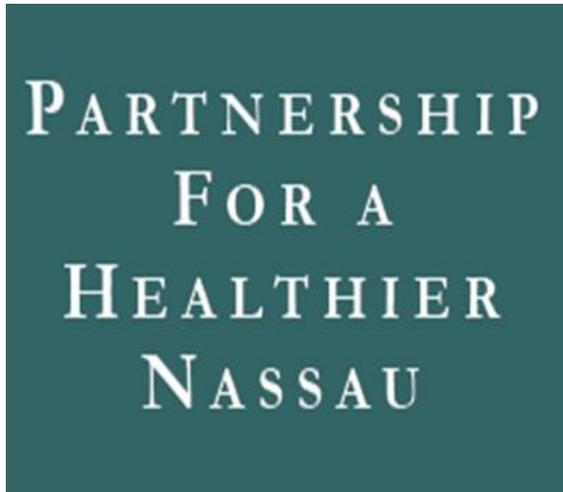
Going forward in 2015, the last year of the three-year plan, the Steering Committee began work on the second cycle of the Community Health Improvement Plan for 2016-18.

Using the Mobilizing for Action through Planning and Partnership (MAPP) model, four assessments were completed in 2015—Community Health Status Assessment (including Health Status Indicators), Local Public Health System Assessment, Community Themes & Strengths Assessment and Forces of Change Assessment. Summaries of the MAPP assessments and community meetings can be found at the Partnership for a Healthier Nassau Initiative Center on the Northeast Florida Counts data website.

Moving forward the Partnership for a Healthier Nassau continued with the same vision statement carried from the previous CHIP work:

“Our vision is to have healthy communities in Nassau County that support optimal health and quality of life through collaboration, strong leadership, policy and environmental change, and resident empowerment.”

How to Identify the Nassau CHIP



Attendees at our March 2015 meeting with goals to accomplish – increased networking, partnering, and work efforts to create an updated CHA. This work to lead us to the creation of a revised CHIP and support of a healthier Nassau County community.

NASSAU MAPP COMMITTEE ASSESSMENTS - 2015 Findings

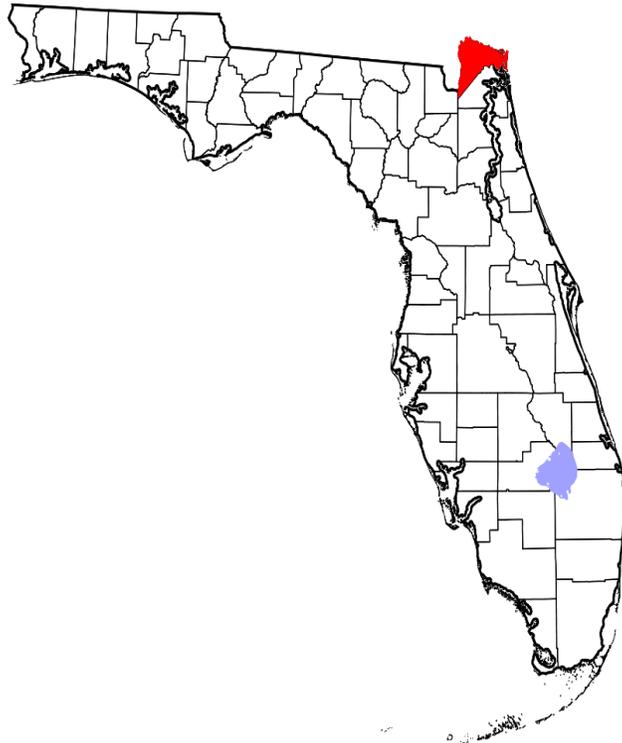
Strategic Issues:

- Access to Care
- Behavioral Health
- Transportation

<p>COMMUNITY THEMES & STRENGTHS ASSESSMENT Covers issues residents feel are important. Revolves around community involvement via: Focus groups, community dialogue or surveys</p> <p><u>FINDINGS:</u></p> <ul style="list-style-type: none"> • Lack of Transportation • Large Aging Population • Lack of Mental Health Services • Lack of Affordable Housing • Lack of Medicaid Providers 	<p>FORCES OF CHANGE ASSESSMENT Focuses on identifying forces that affect the context in which the community operates. Conduct brainstorming work session. Develop list of forces of change: events, trends, factors. Identify impacts, threats, opportunities</p> <p><u>FINDINGS:</u> Summary Trends include</p> <ul style="list-style-type: none"> • Family Structure * Community/Language • Health * Dissemination of • Housing Information/Resources • Food Security * Senior Population • Transportation * Sexual Assault/ • Cost of Living Domestic Violence
<p>LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT Focuses on all the organizations and entities that contribute to the public’s health. Discuss Essential Services. Complete computerized instrument Review results generated by CDC to improve LPHS and identify challenges/opportunities</p> <p><u>FINDINGS:</u></p> <p>Highest Capacity in:</p> <ul style="list-style-type: none"> • Diagnosing & Investigating • Enforcing Laws • Monitoring Health Status <p>Lowest Capacity in:</p> <ul style="list-style-type: none"> • Innovation/Research, • Linking to Health Services • Mobilizing Partnerships 	<p>COMMUNITY HEALTH STATUS ASSESSMENT Identifies priority community health and quality of life issues. Access existing health status data Organize/present data creating a health profile Produce written report of Community Health</p> <p><u>FINDINGS:</u></p> <ul style="list-style-type: none"> • Cancer and heart disease are top two major causes of death • Death rate due to unintentional injury is highest among surrounding counties • Domestic Violence has continued to increase since 2012 • Death rate due to drug poisoning is highest among surrounding counties 20/100,000 • Driving under the influence, although going down is still high • Age adjusted death rate due to suicide is in the red zone (highest 75%) • Repeat births to teen mothers (18-19) is going up and is high • Approximately 25% of residents are without health insurance

Community Overview

Nassau County is located in Northeast Florida and has a population of 76,935 (Source: US Census 2015). The county is bordered to the north by Georgia, has a total area of 726 square miles of which is 649 land and 77 square miles of water. The historic city of Fernandina Beach is located on Amelia Island, the county's one inhabited island. While on the island one can enjoy the Atlantic Ocean and 13 miles of shoreline on the Atlantic Ocean. While traveling West one encounters central Nassau County and Yulee Florida which is an active center of economic growth. Yulee is the exchange for Interstate 95. Further West one finds the towns of Callahan, Hilliard and Bryceville. In these more rural areas of the county you will find nature, farmland, quiet marshes and unique communities.



- Nassau County has 90% of its population identified as White or Caucasian. There is a noted growth in minority populations, especially the Hispanic population at 4.5%.
- The median household income is \$54,116 with 10.8 % of persons living in poverty. Educational attainment of high school graduation or higher is 89%.
- Persons without health insurance is 15.1% and the county has an estimated 8,661 Veterans.
- Nassau County has 35,681 housing units.
- The county has an estimated 5,688 number of companies for employment.

Source: U.S. Census Quick Facts

Nassau MAPP-CHIP Process timeline:

Commitment and Visioning— March 2015

Four Assessments— April- September 2015

Identify Strategic Issues— February 2016

Formulate Goals and Strategies— Summer/Fall 2016

Action Cycle (1-3 Projects) — January 2017

Mobilizing for Action through Planning and Partnership (MAPP)

Team leads volunteered to facilitate the four assessments and the process commenced with the sub-committees conducting the community wide assessments. After completion of the four MAPP assessments in late August, 2015 the PHN Steering committee once again began to meet to review the assessments. In April 2016 the findings of the assessments were accepted and would be presented again for the larger Partnership for a Healthier Nassau’s meeting held to prioritize the strategic issues.

Strategic priorities were selected at the February 2016 meeting facilitated by Teresa Rowe. At this meeting, participants volunteered to join workgroups charged with preparing goals, strategies, and action steps to implement a Community Health Improvement Plan.

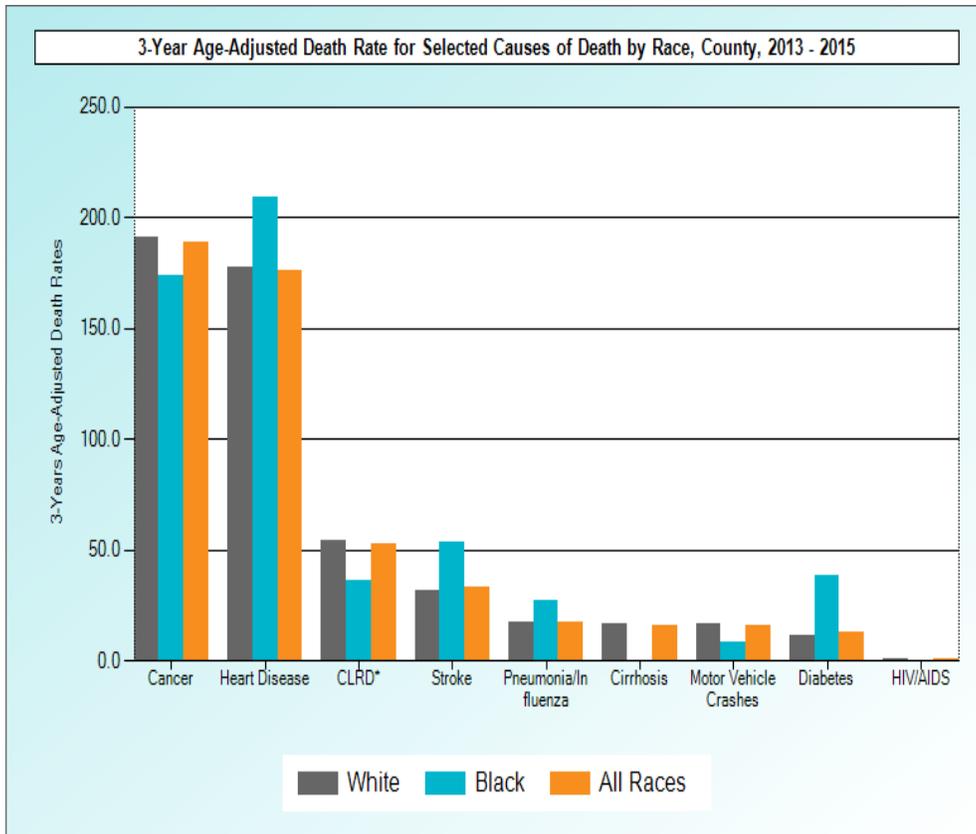
FOUR ASSESSMENTS

The Community Health Assessment report is available at www.flhealthnassau.gov

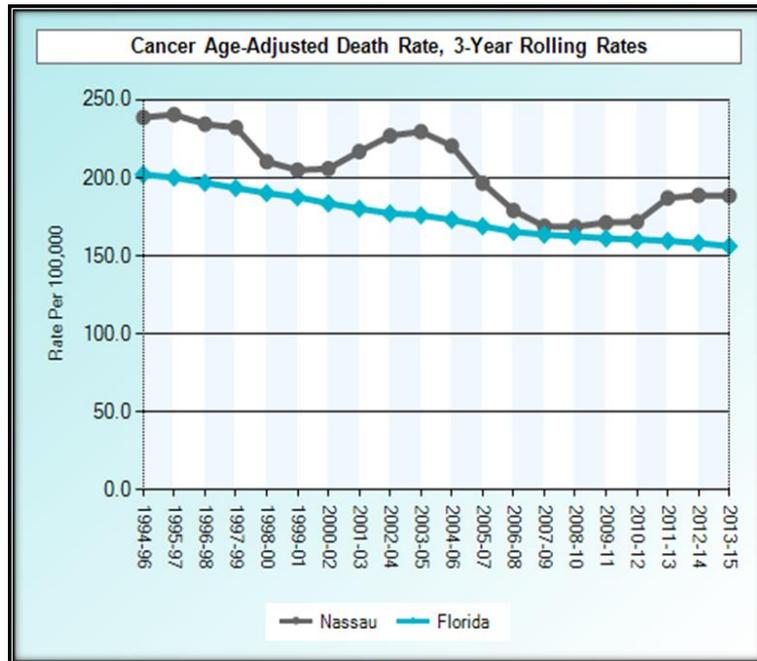
COMMUNITY HEALTH STATUS ASSESSMENT

The **Community Health Assessment** provides a visual presentation of Nassau County demographics and health profile. This assessment identifies priority health and quality of life issues. Questions answered here include, “How health are our residents?” and “What does the health status of our community look like?” The assessment looks at indicators gathered by the subcommittee taken from Florida CHARTS, recent census data, and NEFloridaCounts. The subcommittee which prepared the report consisted of Kerrie Albert Nassau Alcohol Crime and Drug Abatement Coalition, Dr. Catherine Drew, Florida Psychological Associates, and Pam Jett, the Florida Department of Health.

Highlights and key findings of the report indicate that the five major causes of death in Nassau County are cancer, heart disease, Chronic Lower Respiratory Disease (*CLRD), stroke, and pneumonia/Influenza.



Nassau County & State of Florida Major Causes of Death (per 100,000 population) Yrs. 2013-2015



- **Cancer** - Cancer rates for Nassau County continue to exceed the state 188.5/156.1 for the past time period of 2013-2015. Nassau County has seen an increase in cancer since 2010 when the rate was at low of 168.6 and close to the state rate of 162.5. The trend shows an increase in prevalence in cancer incidence in Nassau County.
- **Heart Disease** – Heart disease exceed the state 176.0/153.6. Nassau County has seen an increase in heart disease since 2010 when the rate was at a low of 160.7. As noted from causes of death - heart disease affects the African American population at a higher prevalence.
- **Chronic Lower Respiratory Disease** - Chronic lower respiratory diseases are diseases that affect the lungs. The deadliest of these is chronic obstructive pulmonary disease (COPD), which makes it hard to breathe. Cigarette smoking is the main cause of COPD. If you smoke, you are 12 times as likely to die of COPD as men who have never smoked. Emphysema and chronic bronchitis also are strongly associated with lung cancer. Persons who are Caucasian die at a higher rate from CLRD in Nassau County.

Morbidity and Mortality – Chronic Disease

- Aids and HIV rates are low

Although cancer and death rates are trending down, still in the red at 493.3/100,000. Breast and Lung Cancer are the two highest forms of cancer in the Nassau.

Injury and Violence

- Death rate due to unintentional injury is increasing and is in the yellow, while violent crime and assaults are declining and in the green.
- Both direct services for domestic violence has increased dramatically over the past three years.

Social and Behavioral Health

- Death rate due to drug poisoning is trending down, but still in the red.
- Teen binge drinking and DUI arrests are both in the yellow trending down.
- Age Adjusted rate for suicide is trending down, but still in the red. (highest in comparison with neighboring counties).

Maternal and Child Health

- Infant mortality, babies with low birthweight, teen births and pre-term births are all trending down and in the green.
- Repeat births to mothers 18-19 are trending up and are in the yellow.

Health Resource

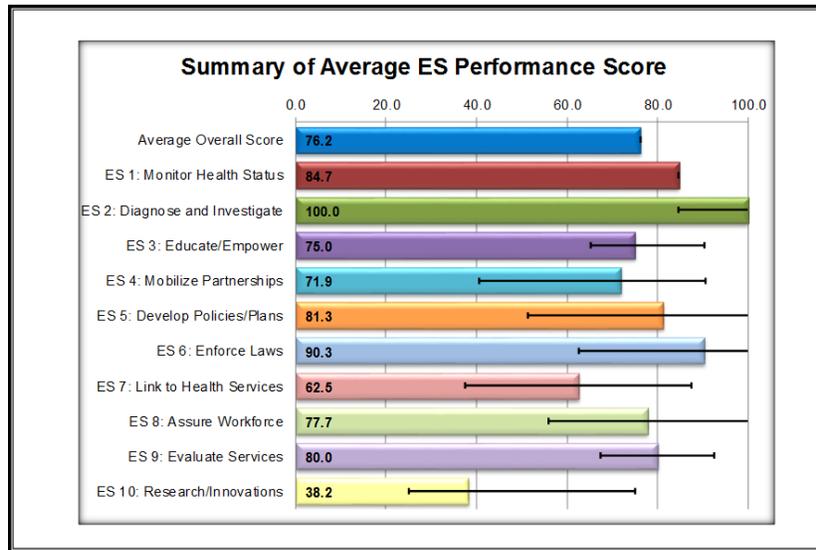
- Hilliard-Callahan is a federally-designated Health Professional Shortage area.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The **Local Public Health System Assessment** focused on all of the organizations and entities that contribute to the public's health. 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?"

As part of the 2015-16 MAPP process, the Local Public Health System Assessment (LPHSA) was conducted through a series of seven community meetings held from April to June 2015 in Nassau County. The team was led by Kim Clemons, Nassau School District and Eugenia Ngo-Seidel, Florida Department of Health, Nassau. Using interactive audience polling technology, the team used the National Public Health Performance Standards (NPHPS) local instrument which measures the capacity of the entire system, not just the public health department. Persons were invited where they were deemed to have direct knowledge and participating roles in the performance of the essential public health service. The results were entered into a CDC data base for analysis.

Summary of Average Scores:



The bar graph above shows the Summary of Average Essential Service (ES) Performance Score. This table demonstrates the three highest performance areas are ES2: Diagnose & Investigate, ES6: Enforce Laws and ES1: Monitor Health Status. The three lowest performance areas are ES10: Research/Innovations, ES4: Mobilize Partnerships and ES3: Educate/Empower.

Summary: In addition to quantifiable benchmarking, the LPHSA team, through the Assessment discussions, identified actionable “take-aways” for the Essential Services.

1 -Monitor Health Status – assure involvement & input from subgroups (e.g. LEP); data drives action

2 -Diagnose & Investigate – increase timely provider reporting & surveillance

3 -Educate & Empower – underutilization of social media/alternative news sources; subpopulation lack of awareness of information or services.

4 -Mobilize Partnerships – Need to increase involvement of decision makers, Westside residents, Limited English Proficiency, homeless, employers/economic development.

5 – Develop Policies/Plans – Learn from drills to modify existing plans

6 – Enforce Laws – assess existing processes to review laws
7 – Link to Health Services – address key barriers include transportation & language (consider common points of service)
8 – Assure Workforce – increase surge capacity through retirees and faith-based volunteers
9 – Evaluate Services
10 – Research/Innovations – increase sharing best practices and use of interns

The LPHSA Team presented its findings at the September 17, 2015 Community Meeting.

*Participating Organizations - Barnabas, Nassau County School District, Tax Collector, Florida Psychological Associates, Council on Aging, Baptist Medical Center-Nassau, Starting Point Behavioral Health, Health Planning Council, Florida Community Prevention, Nassau County Growth Management, University of North Florida, Tobacco Free Nassau Partnership, Nassau County Health Improvement Coalition and FDOH Nassau divisions (WIC, Epidemiology, Clinical Services, Healthy Start, Environmental Health)

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The *Community Themes and Strengths Assessment* provides a deep understanding of the issues residents feel are important by answering the questions, "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

To reach a broad group of persons the committee members decided to specifically hold focus groups and have a town hall meeting. Four focus group meetings were held and a Town Hall meeting convened on May 21, 2015. The committee decided they wanted to again reach out to the underrepresented persons who commonly do not access health care and or have equity issues with getting the care needed. Throughout the assessment process members of the CTAS committee provided input in their field of expertise. As they learned more about the MAPP process they also chose to partner with the Community Health Needs Assessment (CHNA) group from the Duval County Health Department to facilitate one of the focus groups. The focus groups targeted included seniors (65+), young adults/teens (14-18), low socioeconomic status (SES) (200% of the federal poverty level), lesbian/gay/bisexual/transgender (LGBT), and people of color. Unfortunately, no one attended the low SES or LGBT focus groups. However, a short focus group was held at a community soup kitchen in order to replace the low SES focus group that no one attended.

Primary Data Survey Results

Key Findings showed the following:

Lack of Transportation
Large Geographical differences – lack of health services on Westside and Central County
Aging Population with unique health needs
Limited response from Minority groups
Lack of Mental Health Services
Lack of Affordable Housing
Lack of Specialty Medical Providers

*for detailed narrative comments see the Appendix

Four comments to the Question #29 **“What do you think would improve the quality of life in Nassau County?”**

*“Not forgetting people”
A column in local paper on the front page titled, “who to call when you need help”*

*“Working together – not against”
“More doctors and more transportation”*

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment (FOCA) was conducted through one large community meeting held on May 27th, 2015 from 9:00-11:30 at a County building in Yulee Florida. Yulee Florida is centrally located in Nassau County and was chosen to increase accessibility for all persons to attend. The team was led by a committee of five persons; Meg McAlpine, University of Florida Extension office, Mary Snyder, Baptist Medical Center Nassau, Judy Ward, RN, community member, Chris Compton and Lisa Rozier both of Family Support Services of NE FL.

The goal of this large meeting was to gather information from the public that include trends, events and factors that are or will influence the health and quality of life of our community and the work of our local public health system. Two primary questions addressed during this brainstorming session:

1. What is occurring or might occur that affects the health of our community?
2. What specific threats or opportunities are generated by these occurrences?

This meeting was attended by over 35 attendees representing our school systems, churches, health care providers, nonprofit agencies, state government system, behavioral health care providers, insurance companies, and interested community members both English Speaking and Non-English Speaking. This interactive session allowed for brainstorming amongst the attendees and a chance to voice ideas on what they perceived would affect the health and quality of life in the community.

The Forces of Change community meeting members considered and discussed the following forces to include:

- **Trends are patterns over time** such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community’s large ethnic population, an urban setting or the jurisdiction’s proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a nature disaster or the passage of new legislation.

Themes and Trends Identified include:

Family Structure
Health
Housing
Food Security
Transportation
Cost of Living
Community / Language
Dissemination of Information / Community Resources
Senior Population
Sexual Assault / Domestic Violence

COMMUNITY HEALTH IMPROVEMENT PLAN

The Partnership for a Healthier Nassau met September 17, 2015 to review the findings of the four assessments. Teresa Rowe, RN a trained facilitator from the Florida Department of Health in Nassau County led the attendees in a brainstorming session on the Strategic areas identified. From the review of data and findings three major strategic priorities were identified. Those issues are: Access to Care, Behavioral Health, and Transportation. Attendees then broke up to work in small groups and identify additional needs/gaps or goals to address in each of the health areas.

Workgroups were formed to review the data and determine goals, objectives and action steps that would be implemented to improve the health status of Nassau County citizens. The workgroups worked over a six-month period on consensus to develop goals where objectives could be met through the support of the public health providers and resources within the community.

Access to Care

Access to Care workgroup members chose their unique Vision: To Improve Access to Care for Minority and Underserved Groups.

Committee members included Mary Snyder, John Bowls, Zayda Serrano, Teresa Rowe, Arridean Albertie, Jennett Baker, Danielle Lean and Mary von Mohr. These persons represented the Barnabas organization, Baptist Medical Center Nassau, Samaritan Clinic, Interfaith Health Ministry, private medical service providers, the Coalition for the Reduction Elimination of Ethnic Disparities in Health (CREED), local faith-based minority population representatives and the Florida Department of Health. This group reviewed the summary findings and brainstormed specific strategies. Once strategies were proposed

members worked to draft goals, objectives and action steps. The group then evaluated and prioritized the strategies which resulted in two major goals related to access for care.

Goal 1: Educate target populations regarding health resources

ACTION STEP #1 - Create an annual community wide health fair in West Nassau

ACTION STEP #2 - Establish Interfaith Health Ministry (IHM)

ACTION STEP #3 - Assure written information is available in community locations accessible to high risk populations.

Goal 2: Expand Access to Care in West Nassau and high risk populations

ACTION STEP #1 - Research use of telemedicine

ACTION STEP #2 - Expand Barnabas primary care services in Callahan

ACTION STEP #3 - Establish West Nassau health team to assess and establish health needs and services.

ACTION STEP #4 - Create a health team to implement and promote Nassau county men's health campaign



The Access to Care Committee at work.



Team Leads: Mary Snyder, Baptist Medical Center Nassau and John Bowls, Barnabas.

Behavioral Health and Substance Abuse

The Behavioral Health committee created their own vision: To Improve the Mental Health of Nassau County. Members include Dr. Catherine Drew, Susan Woodford, Valerie Ray, Renae Lewin, Diane Hall, Clete Deller, Stephanie Basey, and Mary von Mohr. These persons represent private mental health providers, Nassau County School System, Baptist Medical Center Nassau, local community coalitions for the prevention of crime as it relates to alcohol and drug use, and health department social service staff. Committee members reviewed the CHA data to create goals and action steps.

Goal 1: Increase awareness and provide education to the community, providers and law enforcement.

Action Step #1 - Increase community awareness of Programs & Services

1. Mental health first aid
2. Training to law enforcement
3. Peer training through BHS Collaborative

Action Step #2 - Promote services through the use of PSA's, written literature and social media.

1. Promotion of services and providers through BHS Collaborative
2. Promotion of mental health care through Facebook, local movie theatre, businesses and schools.

Goal 2: Create an ongoing Nassau BHS Collaborative which will pull data, monitor trends, share and make recommendations.

Action Step #1 - Create an organized entity BHS Collaborative.

1. Invite community partners to participate.
2. Conduct research and collect data.
3. Assess for high risk areas and gaps in care.
4. Create supporting "couch" for issues
5. Monitor data
6. Share data
7. Make recommendations for improvement



Transportation

As the CHIP was being created the transportation issue was already being addressed by another entity, the Nassau County Transit Strategy Working Group. This established group had scheduled meetings to complete a full Nassau County transit assessment. This would allow for feedback to review how to determine what was needed in this area. Several PHN Steering committee members attended meetings to share their ideas with the work group on expressed transportation needs. General ideas included creating additional bus stops and increasing the frequency of stops across the county. Separately promotion of the NassauTRANSIT system was needed.

Goal: To improve the social determinants of health by reducing transportation barriers.

Strategy - Support the County Plan for expanded transportation by collaboration and generation of ideas.

Objective – By December 31, 2018 increase the trips on NassauTRANSIT by 10% through advocating and promoting existing transit system.

Action 1.1 – Promote NassauTRANSIT services in the hospital and to county medical providers through meetings and provision of brochures.

Action 1.2 – Partner with NassauTRANSIT lead to create route pick-up and drop-off markers at locations.

Action 1.3 – Promote NassauTRANSIT services through churches, social service organizations, and other businesses.

Action 1.4 – Complete assessments in each community on the need for transportation to guide planning and expansion of services.

Coordinating Partners: Nassau County Transit Strategy Working Group (NCTSWG) and Nassau County Council on Aging



PHN Steering members working to mark needed bus stops on the city/town maps.

Example of Assessment delivered in May 2016:
 NASSAU TRANSPORTATION "MINI" NEEDS ASSESSMENT

Date: _____

1. Do you work for a business that serves Nassau County residents?	YES	NO
2. Are you aware of persons who cannot access services due to no transportation?	YES	NO
3. Do you feel that public transportation needs to be available on the weekends?	YES	NO
4. Is there a need for extended hour transportation beyond 5:00 PM?	YES	NO
5. Do you know of churches who transport persons?	YES	NO
6. Are you aware of the location of the NassauTRANSIT bus stops?	YES	NO
7. How would you change our transportation system locally? Tell us below:		



COMMUNITY HEALTH IMPROVEMENT PLAN

GOALS AND OBJECTIVES

Strategic Issue Area: ACCESS TO CARE

<p><u>Goal 1: Educate target populations regarding health resources.</u></p>
<p>Objective: By December 31, 2018 increase participation at the Westside Health Fair by 20%.</p>
<p>Strategy 1 – Create an annual community wide health fair in West Nassau</p>
<p>Action: 1.1 Selected date Saturday May 21, 2016 (year one)</p>
<p>Action: 1.2 Seek Community Partners and implement event</p>
<p>Action: 1.3 Evaluate success and look for opportunities for improvement for following years</p>
<p>Objective: By December 31, 2018 increase health ministry in churches from a baseline of 0 to 6 churches.</p>
<p>Strategy 2 - Establish an Interfaith Health Ministry (IHM) with a mission to: Strengthen each church’s efforts to minister to the health needs of their members and the greater community. Address health and health care in a holistic way, attending to body, mind, and spirit. Create a bridge between Medicine and Religion on a community-wide basis.</p>
<p>Action: 1.1 Organize a list of churches and names of church representatives to Kick off meeting.</p>
<p>Action: 1.2 Facilitate IHM launch meeting and support infrastructure of IHM to provide in church health education.</p>
<p>Objective: By December 31, 2018 disseminate over 800 Resource cards to high risk populations.</p>
<p>Strategy 3 - Assure written information is available in community locations accessible to high risk populations.</p>
<p>Action: 1.1 Create “Easy to Read” Resource Card for Emergency assistance in Nassau County available in both Spanish and English.</p>
<p>Action: 1.2 Obtain funding to print resource cards</p>
<p>Action: 1.3 Create and implement a distribution plan to reach target groups</p>
<p>Action: 1.4 Disseminate Resource Cards</p>
<p><u>Goal 2: Expand Access to Care in West Nassau and high risk populations</u></p>
<p>Objective: By December 31, 2018 have a solid plan of how and where implementation would start to serve medically underserved persons living in Nassau County.</p>
<p>Strategy 1 - Research use of telemedicine</p>
<p>Action: 1.1 Gather current data on use of telehealth within Nassau FDOH dental program and assess benefits and challenges.</p>
<p>Action: 1.2 Research other counties that are using Telemedicine and collect project details.</p>
<p>Action: 1.3 Explore requirements for expanded care and where telehealth would be most beneficial for Rural based clients.</p>
<p>Strategy 2 - Expand Barnabas primary care services in Callahan in collaboration with the FDOH</p>

Nassau County Health Department
Action: 1.1 Complete agreement for Barnabas to provide expanded primary health care in Callahan Clinic setting
Objective: By December 31, 2018 create a Westside Resource guide which will direct families to needed health care.
Strategy 3 - Establish West Nassau health team to assess and establish health needs and services.
Action: 1.1 Identify a group of health professionals to work collaboratively assessing the health needs and services available on the Westside of the county.
Action 1.2 Complete assessment and compile a strategic approach to address the unmet needs
Coordinating Partners: Barnabas, Access to Health Care subcommittee, Baptist Medical Center, Florida Department of Health

Strategic Issue Area: Behavioral Health and Substance Abuse

Goal 1 – Increase awareness and provide education to the Community, Providers, and Law Enforcement
Objective: By December 31, 2018 have over 300 persons trained in Mental Health First Aid
Strategies for 2016-2018
Action: 1.1 Train 300 persons in Youth Mental Health First Aid & Mental Health First Aid
Action 1.2 Schedule law enforcement training and provide training
Action 1.3 Increase promotion of services, and highlight celebration of new services through the use of PSA’s, written literature, and social media by 10%
Action 1.4 Utilize data from collaborative to identify training needs for referring professionals
Action 1.5 Implement training needs for referring professionals
Action 1.6 Create a strategic plan to continue increasing awareness around behavioral health
Goal 2 - Create a Sustainable Behavioral Health Professional Collaborative
Objective: By December 31, 2018 develop a new sustainable Behavioral Health Collaborative which will professionally support the providers of behavioral health services in Nassau County.
Strategies for 2016
Action 1.1 Establish Collaborative vision and mission
Action 1.2 Produce visual tool that defines structure of Collaborative including branding, logo
Action 1.3 Convene regularly scheduled Collaborative meetings
Action 1.4 Launch survey monkey needs assessment
Action 1.5 Select areas of high risk and gaps
Strategies for 2017
Action 1.1 Produce Collaborative needs assessment
Action 1.2 Develop strategic plan for Collaborative
Action 1.3 Continue regularly scheduled Collaborative meetings
Strategies for 2018
Action 1.1 Share data with providers and community

Action 1.2 Monitor trends

Action 1.3 Continue to implement Behavioral Health Strategic Plan for continued improvement

Coordinating Partners: Behavioral Health Collaborative, Florida Psychological, NACDAC, Starting Point

Strategic Issue Area: Transportation

Goal: To improve the social determinants of health by reducing transportation barriers.

Strategy - Support the County Plan for expanded transportation by collaboration and generation of ideas.

Objective – By December 31, 2018 increase the percentage of riders on NassauTRANSIT by 10% through advocating and promoting existing transit system.

Action 1.1 – Promote NassauTRANSIT services in the hospital and to county medical providers through meetings and provision of brochures.

Action 1.2 – Partner with NassauTRANSIT lead to create route pick-up and drop-off markers at locations.

Action 1.3 – Promote NassauTRANSIT services through churches, social service organizations,

Coordinating Partners: Nassau County Transit Strategy Working Group (NCTSWG)

Nassau County Council on Aging

Key Terms

Age-Adjusted Rate (AAR) and Age-Adjusted Death Rate (AADR)

A rate of morbidity or mortality in a population that is statistically modified to eliminate the effect of age differences in a population.

Behavioral Risk Factor Surveillance System (BRFSS)

A telephone (landline and cellphone) survey that collects data on health-related risk behaviors, chronic health conditions, and use of preventive services from U.S. residents 18 years of age and older.

Built Environment

Human-made surroundings in which people live, work, and play.

Communicable Diseases

Diseases that spread from one person to another or from an animal to a person. The spread often happens by airborne virus or bacteria, but also through blood or other bodily fluid.

Incidence

The number of newly diagnosed cases of a disease.

Incidence Rate

An estimate of the number of new cases of disease in a population.

Morbidity

A term used to refer to an illness or illnesses in a population.

Mortality

A term used to refer to death or deaths in a population.

Mortality Rate (Death Rate)

A measure of the frequency of death in a defined population during a specified interval of time.

Per Capita

For each person

Percent

A ratio "out of 100." Example: 75% means 75 out of 100.

Preterm

A birth occurring before 37 weeks of pregnancy.

Prevalence

The total proportion of disease within a population.

Rate

Occurrence of a disease within a population in a given time period expressed as a ratio. Example: 5.0 per 100,000 means 5 cases for every 100,000 people.

Risk Factor

Any characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

Socioeconomic Status

Social standing or class of an individual or group often measured as a combination of education, income, and occupation.

Trimester

A full-term pregnancy is 40 weeks. Pregnancy is divided into three trimesters: first trimester (0 to 13 weeks), second trimester (14 to 26 weeks), and third trimester (27 to 40 weeks).

Weighting

A correction technique applied to survey results (i.e. BRFSS) that assigns an adjustment weight to each respondent. This weight corrects for under-representation or over-representation of a population subgroup so that reliable conclusions can be made from the data.

SENIORS FOCUS GROUP

The focus group for seniors was conducted by the CHNA. It was held on May 22, 2015 at the Nassau County Council on Aging senior center in Hilliard. Focus group findings:

Question One: What are the most significant health status concerns or unhealthy behaviors in this community?

- Obesity
- Cancer
- Substance abuse
- Food access
- Senior abuse
- Mental illness
- High blood pressure
- No place for elders to participate in physical activities
- Expensive living conditions
- No A/C

Question Two: What are the main reasons why these concerns or behaviors are present?

- Lack of money
- Under insured
- Lack of transportation

Question Three: Which particular health care services are most difficult to access?

- Specialist
- Neurology
- Physical therapy

Question Four: What are the principle access barriers for these services?

- Transportation
- Money

Question Five: Is there a population or subgroup of the community that is affected more by these health status issues or is confronted with more difficulties when trying to access care?

- Elderly
- Rural populations

Question Six: Which community health need comes to mind as the most significant?

- Diabetes
- Transportation
- Social services

Question Seven: If you could create any type of health program(s) for this community, what would it/they be?

- Centralized health care
- Mobile care
- transportation issues
- Recreational / physical activities

Question Eight: Are you satisfied with the quality of life in your community?

- No, not enough programs for the elderly
 - Physical activity
 - Social activity
 - Transportation
 - Food access

RACIAL MINORITY FOCUS GROUP

The focus group for racial minorities was held on 5/27 at the Peck Center in Fernandina Beach. Focus group findings:

Question One: What are the most significant health status concerns or unhealthy behaviors in this community?

- Unsafe home remedies used by Latino population
- A need for education on community resources
 - Translation assistance at CVS
 - Over-the-counter medication education

Question Two: What are the main reasons why these concerns or behaviors are present?

- Hispanics:
 - Language barrier
 - Fear of authority
 - Different culture
 - Some understand more than they speak
- African Americans:
 - Some don't get email or buy paper
 - Need to bring the message/information to them
 - Low turnout at community outreach events
 - Community wants to see outcome, change, results, etc.
 - After the report
 - Agencies must use data to make changes
 - Key stakeholders must implement changes

- Key stakeholders must know what they can/need to do

Question Three: Which particular health care services are most difficult to access?

- Mental health services
- Vision services
 - More awareness about free eye exams through CW Vision
- Rehab/Physical therapy services

Question Four: What are the principle access barriers for these services?

- Lack of insurance
- Language barrier
- Different cultures
- Parents are unaware of resources for kids before they reach school age
- Transportation
 - Current transportation isn't designed for those with 9-5 jobs and it is too unreliable to use for traveling to and from work

Question Five: Is there a population or subgroup of the community that is affected more by these health status issues or is confronted with more difficulties when trying to access care?

- Below 200% of poverty level
- Latinos
- Undocumented immigrants
 - No rights
 - Children suffer
- Disabled
- No insurance
- Pregnant women

Question Six: Which community health need comes to mind as the most significant?

- Spanish speaking health professionals and/or translation services
- More and more reliable transportation
- Lack of affordable housing
 - Multiple families in one home
 - Can create unsafe situations, especially for children

Question Seven: If you could create any type of health program(s) for this community, what would it/they be?

- A way to incorporate the Latino community in decision-making processes
- Health information available in Spanish
- Utilizing the rec center to have regular talks about health issues

- How to be self-sufficient
- How to eat right
- Culturally competent, not condescending
- A GED program in Spanish

Question Eight: Are you satisfied with the quality of life in your community?

- Hard for this group to answer because they are not in need

LOW SES FOCUS GROUP

The focus group for low SES individuals was conducted on 6/30 at Gracie’s Kitchen in Yulee. Focus group findings:

Question One: What are the most significant health status concerns or unhealthy behaviors in this community?

- Cancer
- Diabetes

Question Two: What are the main reasons why these concerns or behaviors are present?

- Transportation
- Smoking tobacco
- Poor eating habits

Question Three: Which particular health care services are most difficult to access?

- Lack of Medicaid providers
- Lack of specialists
- Lack of rehabilitative services

Question Four: What are the principle access barriers for these services?

- Lack of insurance
- Lack of money
- Lack of transportation

Question Five: Is there a population or subgroup of the community that is affected more by these health status issues or is confronted with more difficulties when trying to access care?

- Lower SES communities

Question Six: Which community health need comes to mind as the most significant?

- Dental services
- More affordable health services

Question Seven: If you could create any type of health program(s) for this community, what would it/they be?

- Free health clinic
- Mobile health unit

Question Eight: Are you satisfied with the quality of life in your community?

- No
 - No follow through from community leaders and elected officials

TEEN FOCUS GROUP

Two small focus groups for teens were conducted. One focus group was held with Hilliard High School's Teens for Change group on 5/13. The other focus group was conducted at a meeting of 4H teen camp counselors. Focus group findings:

This was conducted at the Hilliard Middle Senior High School Teens for Change Meeting with two youth females and then with 4-H teens (2 Females, 6 Males).

1. What are the most significant health status concerns or unhealthy behaviors in this community?
 - littering
 - tobacco use
 - alcohol use
 - peer pressure
2. What are the main reasons why these concerns or behaviors are present?
 - people don't care, inconsiderate of the environment
 - Peer pressure
 - Lack of supervision and parental support/encouragement
 - Lack of punishment
3. Which particular health care services are most difficult to access?
 - ambulances, dental care, mental health care, doctors in Hilliard and hospitals that are accessible
4. What are the principal access barriers for these services? What gets in the way of seeking or receiving care?
 - money, not being able to drive, lack of public transportation, lack of insurance
5. Is there a population or subgroup of the community that is affected more by these health status issues or is confronted with more difficulties when trying to access care?

- no, not that they know of
- elderly and those in poor health

6. So, we have discussed a number of community health needs. Which come to mind as the most significant?
 - Lack of resources, causing people to travel to Jacksonville
 - Alcoholism
 - Cancer (possibly due to number of individuals who smoke)
 - Unhealthy living in general
7. If you could create any type of health program(s) for this community, what would it/they be?
 - Anything to help the community
 - Use those who have experienced consequences from poor health behaviors to provide programs to youth
8. Final question: are you satisfied with the quality of life in your community? If not, why not?
 - Westside of Nassau County doesn't offer many resources for individuals to keep healthy (pool, biking or hiking trails) but overall they are pleased with quality of life in community
 - Youth live somewhat isolated in rural community which causes them to find creative outlets for their energy
 - Look forward to living where there are more opportunities after high school graduation

A summary of survey and focus group Key Findings showed the following needs:

- Lack of Transportation
- Large Geographical differences – lack of health services on Westside and Central County
- Aging Population with unique health needs
- Limited response from Minority groups
- Lack of Mental Health Services
- Lack of Affordable Housing
- Lack of Specialty Medical Providers

Community Themes and Strengths - Nassau 2015

The Partnership for a Healthier Nassau needs your help to better understand the health of our community. Please fill out this survey to tell us about health services and the quality of life in Nassau County. The survey results will go into a Health Needs Assessment which will be made available to the public at a future date.

This survey is completely voluntary. It should take 5-10 minutes to complete. Your individual answers will not be shared in the report. All individual responders will remain anonymous. If you have any questions about this survey, please contact Dawna Cornelissen at (904) 261-0701 or dcornelissen@nassaucountycoa.org.

1. What is the name of the City/Town where you live?

2. What is your zip code?

3. How old are you?

- Under 14
- 14-18
- 19-25
- 26-39
- 40-54
- 55-64
- 65-74
- 75+

4. What is your gender?

- Female
- Male
- Other:

Other (please specify)

5. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic American
- White / Caucasian
- Other:

Other (please specify)

6. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- German
- French
- Other:

Other (please specify)

7. What is the highest level of education you have completed?

- Did not attend school
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- Graduated from high school
- 1 year of college
- 2 years of college
- 3 years of college
- Graduated from college
- Some graduate school
- Completed graduate school
- Post-graduate studies

8. Which of the following categories best describes your employment status?

- Employed, working full-time (over 32 hours)
- Employed, working part-time (Less than 32 hours)
- Employed and a Student
- Not employed, looking for work
- Not employed, NOT looking for work
- Self-Employed
- Retired
- Disabled, not able to work
- Student
- Other:

Other (please specify)

9. What is your approximate average household income?

- Less than 10,000
- \$10,000-\$19,999
- \$20,000- \$29,999
- \$30,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 or more

10. How do you rate your overall health?

- Excellent
- Good
- Neutral
- Fair
- Poor

11. How much physical activity do you get each week?

- 0 Hours
- 1 Hour
- 2 Hours
- More than 3 hours

12. Do you have trouble paying for utilities? (water, electric, internet, etc.)

- Yes
- No
- Sometimes

13. Do you have easy access to healthy food options, such as fresh fruit and vegetables?

- Yes
- No
- Sometimes

14. Do you currently experience discrimination in Nassau County based on any of the following factors?

	Yes	No
Age	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>
Ethnicity	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>

15. How difficult is it for YOU to obtain the following services in your community?

	Very Difficult	Difficult	Neutral	Easy	Very Easy
Alternative Therapy (Herbals, Acupuncture, etc.)	<input type="radio"/>				
Dental/Oral	<input type="radio"/>				
Emergency Room Care	<input type="radio"/>				
Family Planning/ Birth Control	<input type="radio"/>				
Lab Work	<input type="radio"/>				
Mammograms	<input type="radio"/>				
Medical Supplies	<input type="radio"/>				
Mental Health Counseling	<input type="radio"/>				
Physical/ Rehabilitative Therapy	<input type="radio"/>				
Prescriptions	<input type="radio"/>				
Preventative Care (Wellness Checks, Physicals, etc.)	<input type="radio"/>				
Primary Care	<input type="radio"/>				
Specialty Doctor Care	<input type="radio"/>				
Substance Abuse Services	<input type="radio"/>				
Vision Care	<input type="radio"/>				
X Rays/ Imaging	<input type="radio"/>				

16. What keeps YOU from getting the health care you need?

- Can't Afford Doctor/ Hospital Visits
- Can't find Doctors that Accept my Insurance
- Don't know What Types of Services are Available
- Lack of Evening and Weekend Services
- Lack of Transportation
- Long Waits for Appointments
- No Health Insurance
- Other:

Other (please specify)

17. Where do you get your prescription medications?

- Buy Over-the-Counter Medications
- Don't take Medications
- Drug/Grocery Store
- Go without Medications
- Hospital Emergency Room
- Mail Order
- Outside the Country
- Use Family or Friend's Medication
- Use Herbal Remedies
- Use leftover Medications
- Other:

Other (please specify)

18. How do you receive health insurance?

- Affordable Care Act/ Obamacare
- Employer/ Spouse's Employer/ parent's Employer
- I Don't have Health Insurance
- Medicaid
- Medicare
- Private Health Insurance
- Other:

Other (please specify)

19. Where would you go if you or one of your family members were sick and needed a Doctor's advice about your or their health?

- Emergency Room
- Local Health Department
- Nowhere - I Don't Go Anywhere When I am Sick
- Primary Care Doctor
- Urgent Care Center
- Other:

Other (please specify)

20. Where is your Primary Care Doctor located?

- Bryceville
- Callahan
- Camden County
- Duval County
- Fernandina Beach
- Hilliard
- Yulee
- Other:

Other (please specify)

21. How often do you receive a wellness check (Physical/ Annual Exam)?

- Every 6 Months
- Every Year
- Every Two Years
- Other:

Other (please specify)

22. Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Less than 7 days	More than 7 days	Everyday
Feeling sad or empty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less ability to think or concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less interest in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping More or Less than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts of Death or suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss or gain when not dieting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. If you felt bothered by any of the previous problems, what did you do?

- See a Doctor
- See a Counselor
- Attend a Support Group
- Call a Hotline
- Talk to a Friend or Family Member
- Nothing
- Other (please specify)

24. Do you have difficulty completing any of the following tasks?

	Very Difficult	Difficult	Neutral	Easy	Very Easy
Bathing	<input type="radio"/>				
Driving or Navigating Public Transit	<input type="radio"/>				
Feeding Yourself	<input type="radio"/>				
Grooming Yourself	<input type="radio"/>				
Housework and basic Home Maintenance	<input type="radio"/>				
Managing Medications	<input type="radio"/>				
Moving from Bed to Wheelchair	<input type="radio"/>				
Prepping Meals	<input type="radio"/>				
Putting on Clothes	<input type="radio"/>				
Shopping	<input type="radio"/>				
Using the Telephone and Other Communications Devices	<input type="radio"/>				
Using the Toilet	<input type="radio"/>				
Walking	<input type="radio"/>				

25. Rate the following social services you believe are most important to a healthy Community?

	Very Important	Important	Neutral	Somewhat Important	Not Important
Access to Healthcare Services	<input type="radio"/>				
Churches/ Places of Worship	<input type="radio"/>				
Clean and Healthy Environment	<input type="radio"/>				
Educational opportunities	<input type="radio"/>				
Housing	<input type="radio"/>				
Low Crime/Safe neighborhoods	<input type="radio"/>				
Parks and Recreation	<input type="radio"/>				
Public Transportaion	<input type="radio"/>				
Quality Day Care Centers	<input type="radio"/>				
Quality Jobs	<input type="radio"/>				
Volunteer Opportunities	<input type="radio"/>				

26. What Health items listed below do you believe are important in Nassau County?

- Abuse/Neglect (Child, Elder, Disabled, etc.)
- Alzheimer's/Dementia
- Asthma
- Cancer
- Contagious Diseases (Flu, Pneumonia, TB, etc.)
- Dental
- Developmental Disabilities
- Diabetes
- Domestic Violence/Sexual Assault
- Driving Under the Influence (DUI)
- Dropping out of School
- End of Life Care (Nursing Homes, Hospice, etc.)
- Environmentally Induced (Wells, Drinking Water, Septic Systems, etc.)
- Heart Disease and Stroke

- High Blood Pressure
- HIV-AIDS/Sexually Transmitted Diseases
- Homelessness
- Infant Health/Mortality
- Lack of Exercise
- Maternal Health
- Mental Health
- Motor Vehical Accidents
- Not Getting Immunization Shots
- Obesity
- Physical Disabilities
- Respiratory/Lung Diseases (COPD, Emphysema, etc.)
- Substance Abuse (Alcohol, Drugs, Pills, etc.)
- Teen Pregnancy
- Tobacco Use
- Underage Drinking
- Unemployment
- Unlicensed Driving
- Unsafe/Unprotected Sex

27. How do you rate the quality of heath services in Nassau County?

- Excellent
- Good
- Neutral
- Fair
- Poor

28. What do you think would help make Nassau County a healthier community?

29. What do you think would improve the quality of life in Nassau County?

Next Steps for the Nassau CHIP:

Before us lies the challenge to keep mobilizing community members to further work towards creating a Healthier Nassau County. We are stronger when working together. We owe it to ourselves and to future generations to develop a strong and dynamic community strategy that will offer solutions, provide valuable information and data, preserve assets, build healthy environments, and maximize partnerships. The Steering committee will facilitate implementation of the CHIP but we welcome your help. Join us in this effort! Your knowledge, skills and abilities would be appreciated and valued.

For more information, contact the Florida Department of Health at 904-530-6800.

In Good Health – the Partnership for a Healthier Nassau Steering Committee

