

OKEECHOBEE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2012



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OKEECHOBEE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

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EXECUTIVE SUMMARY

The Okeechobee County Community Health Advisory Team (CHAT) was charged with the development of the Community Health Improvement Plan (CHIP) for Okeechobee County. The CHAT came together to better understand the current and emerging public health needs of Okeechobee County and to outline a plan for community health improvement. The process of assessing, prioritizing and planning to address the needs in the community was facilitated by the Health Council of Southeast Florida. The product of this process is the CHIP, a model for strategic health improvement in the community. The CHAT met during June –September 2012 to create the Plan for Okeechobee County. The CHAT worked in the months previous to extensively review the data contained in the Community Health Assessment in preparation for the development of the CHIP. The health priorities addressed in this plan emerged from the review of the data and the input and discussions of the CHAT. It is important to note that the qualitative data reflects the sentiments of other key stakeholders, including consumers and providers.

Top Health Priorities

- Obesity (including childhood and adult obesity and associated comorbidities)
- Teen High Risk Behavior

The CHAT worked to identify the root causes of the top health priorities in an effort to ensure the CHIP plans for action to address the priorities in an appropriate and effective manner. The Plan that follows details the goals, objectives and action strategies that were developed to address the community's health priorities.

Okeechobee County's CHIP is the product of much collaboration, brainstorming, review and discussion by many dedicated individuals. It is a thorough and executable plan that can be used in the community's health planning activities in the coming years. We hope that you will review this plan and consider how you can play a part in the achievement of a healthier Okeechobee County.

ACKNOWLEDGEMENTS

The 2012 Okeechobee County CHIP is the product of much input, discussion, collaboration and participation by a broad spectrum of stakeholders in the local public health system. These individuals, as advocates for their agencies, the populations they serve and the health of Okeechobee County as a whole, came together around the commitment to improve and enhance services for the betterment of the entire Okeechobee County community. Their participation brought tremendous value to the community health improvement planning process.

The Health Council of Southeast Florida wishes to extend our appreciation and thanks to all the organizations that participated and contributed to this comprehensive body of work. The commitment and collective efforts of these individuals, agencies and organizations will enable strides to be made towards improving access to health care on behalf of the residents of Okeechobee County. Special recognition is due to the dedicated members of the Okeechobee County Community Health Advisory Team (CHAT) whose ongoing input and participation in this assessment and planning process resulted in a thorough and executable plan with a focus on creating a healthier Okeechobee County.

CHAT Participating Organizations:

211 Palm Beach/Treasure Coast	New Horizons
CASTLE	Okeechobee County Health Department
Catholic Charities	Okeechobee County School Board
Department of Children & Families (Circuit 19)	Okeechobee County School District
Department of Health	Economic Council of Okeechobee
Economic Opportunities Council of IRC	Okeechobee Senior Services
Everglades AHEC	Quit Doc Research and Education Foundation
FAU, Christine E. Lynn College of Nursing	Shared Services Network
Florida Community Health Center	Raulerson Hospital
Hospice of Okeechobee	Treasure Coast Food Bank
Indian River State College (Dixon Hendry Campus)	Your Aging Resource Center
Lake Okeechobee Rural Health Network	

We are grateful to the Okeechobee County Health Department for the assistance, guidance and funding support for this process.

INTRODUCTION

The Okeechobee County Health Department contracted with the Health Council of Southeast Florida to lead and facilitate the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes. The completion of the CHA and the CHIP are pre-requisites for public health department accreditation. Additionally, carrying out these processes allows community health policymakers, planners and stakeholders to have an appraisal of the health of the community.

A CHIP is a long term systematic effort and set of actions that community partners take to improve health. The development of the CHIP was a collaborative effort and uses data from the Community Health Assessment (CHA) to identify priority issues and to aid in defining, developing and implementing strategies and actions for health promoting activities and plans. The goal of the Okeechobee County CHIP is have a workable, relevant, appropriate and actionable document that will help improve the health status of the community.

CAPACITY, COLLABORATION AND CONTINUED INVOLVEMENT

Essential ingredients in the achievement of the goals outlined in this plan are collaboration and commitment of the community. Strengthening partnerships, increasing collaboration and garnering support from a broad spectrum of individuals in the community and in local public health system will facilitate putting this plan into action.

Collaboration among the community partners will: increase opportunities for linkages and information sharing, build capacity, lessen the effects of working in silos, help reduce duplication of services and efforts and increase the reach and impact of programs.

When developing and implementing a Community Health Improvement Plan it is important to understand that processes such as these are often most effective and garner the most support when they are done with a community, rather than to a community.

The continued support and involvement of the Okeechobee County community will be an extremely valuable asset to the health improvement process.

"There is no power for change greater than a community discovering what it cares about."

-- Margaret J. Wheatley

OKEECHOBEE COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN TIMELINE

May 2011	Okeechobee County Health Department contracted with Health Council of Southeast Florida (HCSEF) to facilitate Community Health Assessment process
August 2011	Local Public Health System Assessment (LPHSA) with external stakeholders
October 2011	Finalized Community Health Assessment (CHA)
February 2012	Invitations sent to potential Community Health Advisory Team (CHAT) members
March 2012	First meeting of the CHAT, introduction to the plan and process and review Part I of the quantitative data
April 2012	Second meeting of the CHAT and review of Part II of the quantitative data
May 2012	Third meeting of the Okeechobee CHIP Council, review of the qualitative data and the LPHSA; a begin prioritization process
June 2012	Fourth meeting of the CHAT, data recap and continuation of prioritization of health issues
August 2012	Fifth meeting of the CHAT root causes analysis and inventory of community resources
August 2012	Invited additional individuals to participate in process as a result of the selected priorities
September 2012	Sixth meeting of the CHAT, begin setting goals, detailing objectives and action steps
September 2012	CHIP deliverable
October 2012	Seventh meeting of CHAT to refine actions steps, assign leads and detail priority workplans
2012-2015	<i>Implementation of Plan</i>

OKEECHOBEE COUNTY SNAPSHOT

Demographic and Socioeconomic Profile

- Okeechobee County's population, 39,996, accounts for .21% of Florida's total population.
- The population is projected to increase 9.33% by 2020.
- Greatest population growth (%) is between 2010-2020 is projected to occur in 55-59, 60-64 and 65-69 age groups
- There is a lesser percentage of Blacks or African Americans and a greater percentage of Mexicans residing in Okeechobee than in Florida as whole.
- The population gender breakdown was 46.4% females and 53.6% males in 2010.
- Children under age 18 years of age represent the largest segment of the population in poverty.
- The per capita income for Okeechobee was \$18,713, over a third less than the state of Florida.
- In the 2009/2010 school year the graduation rate in the county was 71.7% compared to 80.7% in Florida
- Over a quarter (28.9%) of the population (25 and over) did not graduate from high school
- The unemployment rate in the county was 12.7% in 2010, more than a percent higher than the state of Florida and more than 3% percent greater than the United States.
- The largest proportions of the population are employed in 'health care and social assistance', 'retail trade', 'construction', and 'agriculture, forestry, fishing, hunting and mining'.
- The number of food stamp clients and food stamps issuance in the county has increased considerably between 2008 and 2011.

There is not currently a public transportation system for residents of Okeechobee County

Health Status Profile

Maternal & Child Health Indicators

- The percentage of mothers who received adequate prenatal care increased from 2007 to 2009.

- The rate of live births in Okeechobee exceeded Florida in the years 2007 to 2009.
- The birth rate to mothers age 14-18 in the County was 47.7 per 1,000, FL was 22.1 per 1,000 (2009)
- The birth rate to mothers age 15-19, 75 per 1,000 was double the rate in Florida as a whole.

Mental and Behavioral Health Indicators

- Sixty percent of adults between 18 and 44 years of age have been tested for HIV.
- Over 60% of the population reported taking measures to prevent pregnancy.
- In Okeechobee 85.6% of adults report 'good mental health' (Florida 90.3%)
- In 2010 there were 261 ER visits with mental health as principal diagnosis (1-1.5% of discharges)
- "Psychoses" was the 5th most common diagnosis related group in 2010 (~2% discharges)
- Nearly a half of high school students in Okeechobee reported using alcohol in past 30 days

Hospital Utilization Indicators

- The leading causes of chronic disease hospitalizations in Okeechobee County were asthma, congestive heart failure, diabetes, and hypertension.
- In 2010 there 16,833 emergency visits to Raulerson Hospital by Okeechobee residents

Morbidity and Mortality Indicators

- Okeechobee County has the 10th highest death rates due to coronary heart disease in the state of Florida.
- Over one-third of the population (38.1%) in the county is considered to be obese. The percentage of obesity is greater than that of Florida and the United States. The county ranked the 8th highest in rates of obesity among Florida counties
- In Okeechobee 48.5% of males and 34.5% of females have been diagnosed with hypertension; 71.7% of males and 84.5% of females (adults) with hypertension report currently taking high blood pressure medicine

- In 2010 there were 209 Gonorrhea, Chlamydia and Infectious Syphilis (2010) 209 cases, a rate of 525.7 per 100,000 up from 270.6 per 100,000 in 2001
- The rate of hospitalizations from or with Diabetes was 4973 per 100,000- the highest county in the state
- Deaths due to heart disease, malignant neoplasms, and chronic lower respiratory disease are more prevalent in the older population; however, unintentional injuries, suicide, homicide and influenza/pneumonia are causes of death in the younger age groups.
- Death rates due to cancer, coronary heart disease and unintentional injuries in Okeechobee are higher than rates for Florida as a whole.
- The age-adjusted unintentional injury death rate in Okeechobee was 81.5 per 100,000, nearly double that of Florida as a whole
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Health Resource Availability and Access Profile

- Okeechobee County's hospital is Raulerson Hospital, a 100 bed facility that offers a range of inpatient and outpatient services.
- Okeechobee Healthcare Facility is the only nursing home in the county.
- There are four licensed, home health agencies located in the county.
- There is a recognized shortage of primary, dental and mental health care providers in Okeechobee County, particularly for low-income, migrant farm workers.
- An estimated 31% of Okeechobee's population is uninsured, compared to approximately 24% of Florida's population.
- In 2010 68.6% of adults in the county (64.7% males, 73.3% females) report having any type of health insurance coverage
- The safety net health care providers in the county consist of the Okeechobee Health Department and the Florida Community Health Centers: Dr. Fred Brown Children's Health Centers, the Lakeshore Medical for adults and the Lakeshore Pediatrics Annex.

Community Perspective

The Local Public Health System Assessment (Okeechobee County)

Major strengths:

- Maintaining and regularly contributing to population health registries to report identified health events registries (e.g., disease and immunizations registries).
- Identifying, diagnosing and analyzing public health threats and emergencies.
- Integrating local governmental public health entities (e.g., the Okeechobee County Health Department, a local health planning council, etc.) to improve access to healthcare.
- Identifying the personal health service needs of populations who may experience barriers to personal health services.

Opportunities for improvement:

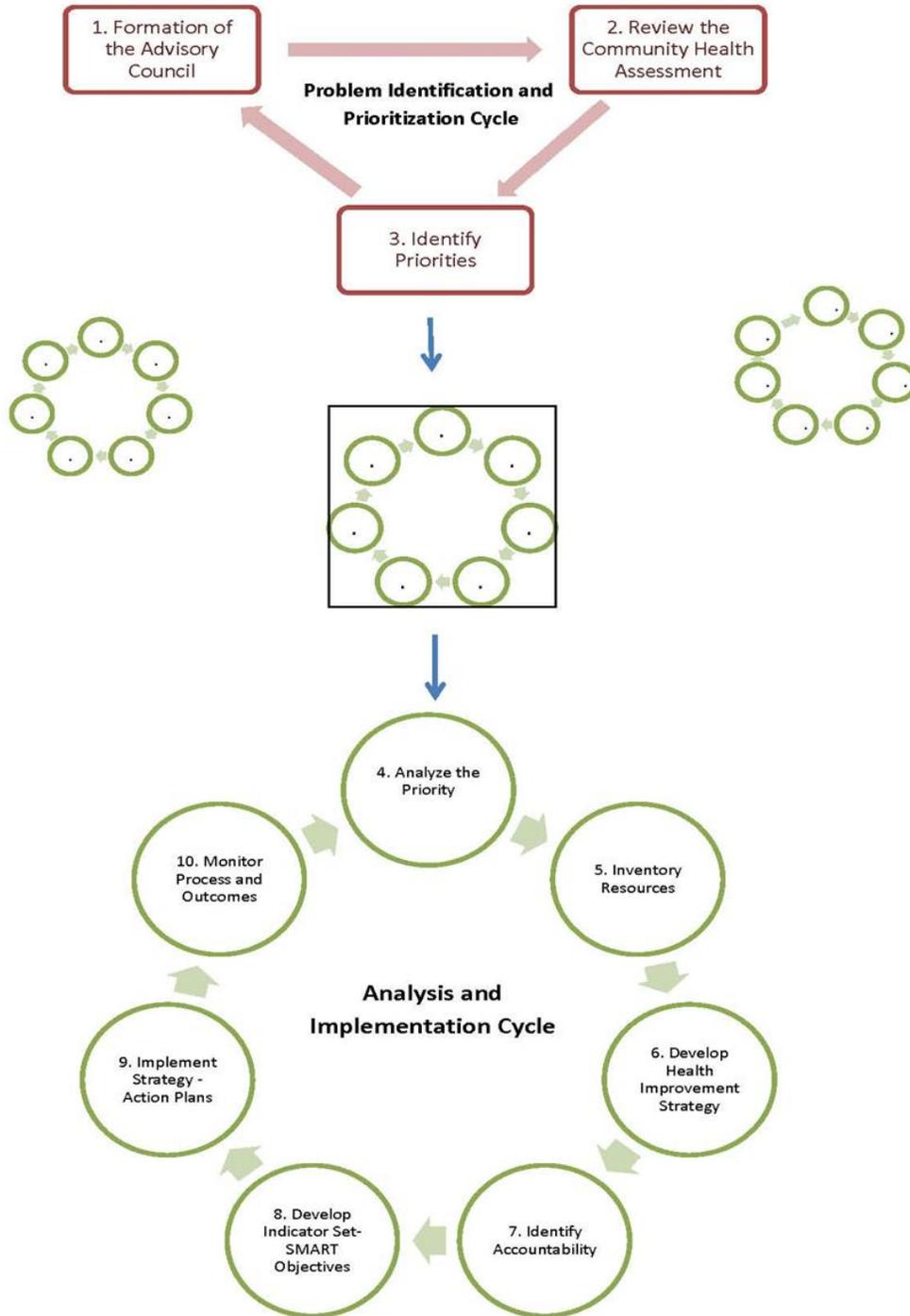
- Promoting community-wide use of the health assessment and community health profile data for systems-wide strategic planning for health improvement.
- Increasing access to geo-coded health data and using computer-generated graphics to identify trends and compare data.
- Assessing health promotion and education activities which emphasize collaboration among system partners including businesses, diverse groups and citizens.
- Strengthening the volunteer network through retention, recruitment and promotion related activities.
- Assuring linkage to needed personal services to patient populations with barriers to care. (e. g. populations with limited English proficiency, the uninsured, underinsured, homeless and disabled patient populations).
- Providing transportation services for those with special needs.

Key Informant Interviews and Focus Groups

- The cost of healthcare and lack of health insurance is viewed as one of the main barriers to accessing timely healthcare services.
- There are perceived shortages of specialists and primary care providers (internists, pediatricians, obstetricians/gynecologists, dentists, and mental health professionals in particular).
- Individuals reported that accessing dental care in their community was more difficult than any other type of care.

- People would like to go to health centers in their own neighborhoods, rather than having to travel outside of the county for certain services.
- Residents find the healthcare system challenging to navigate as they struggle to locate reliable resources and timely information.
- Participants with limited English proficiency find that communication and cultural sensitivity can interfere with the quality of care they receive.
- People reported a need for “one-stop shopping” health centers, where primary care providers and specialists could offer better coordinated care.

OKEECHOBEE COUNTY COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT FRAMEWORK



Adapted from Institute of Medicine's Community Health Improvement Process

THE FRAMEWORK: A COMMUNITY HEALTH IMPROVEMENT MODEL

The Okeechobee County Health Department contracted with the Health Council of Southeast Florida to facilitate the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes.

Problem Identification and Prioritization

Step 1: The Health Council of Southeast Florida worked with the Okeechobee County Health Department to identify invitees to participate on the Okeechobee County Community Health Advisory Team (CHAT). A focus, while developing the list, was to ensure that there was representation from a broad array of local public health system stakeholders.

The Health Council led the community through the Local Public Health System Assessment (LPHSA), an instrument developed by the Centers for Disease Control (CDC). The tool was completed in two parts; one part was completed by a large group of stakeholders in the local public health system at a meeting in August 2011, the second portion was completed by the Health Department staff. HCSEF worked with the Health Department to compile a list of stakeholders in the local public health system to invite to participate in the assessment.

Step 2: The CHAT met three times between March and June 2012. These meetings consisted of review and discussion related to the quantitative data and qualitative data contained in the CHA. The quantitative data in the CHA consisted of demographic and socioeconomic indicators, indicators related to health status including: maternal and child health, behavioral health, oral health, morbidity and mortality as well as data related to health resource availability and access including: hospital and nursing home utilization data, provider supply, health professional shortage areas and underserved populations, health insurance coverage and the safety net in the community. The qualitative data consisted of information from the focus groups, the key informant interviews and the LPHSA report.

Analysis and Implementation

Step 3: In June 2012, the CHAT and process transitioned into work on the Community Health Improvement Plan (CHIP). A nominal group exercise was facilitated with the group to develop a list of issues and priorities.

The entire list of the priorities identified through the brainstorming exercise was presented to the group along with a data recap for each of the mentioned priorities. The group consolidated the issues into 12 priorities: 'Awareness of Services', 'Built Environment', 'Disaster Preparedness/ Emergency Management', 'Education', 'Health Literacy', 'Mental Health/Substance Abuse – Adult', 'Obesity/Diabetes/Hypertension', 'Recruitment of Health Professionals', 'Teen High Risk Behavior', 'Transportation', 'Uninsured/Inappropriate Use of ED' and 'Unintentional Injuries'. A multi-voting exercise was facilitated to establish a ranking of the priorities. The top six priorities were separated and ranked further on a Likert scale (1-10) based on the following parameters: magnitude, consequences, feasibility and timeframe. The ranking was as follows:

1. Obesity/Diabetes / Hypertension
2. Teen High Risk Behavior (including alcohol use and substance abuse, recreation and school-based programming, STDS/STIs, teen pregnancy)
3. Mental Health / Substance Abuse - Adult
4. Education
5. Transportation
6. Uninsured/ Inappropriate use of ED

After some discussion, the CHAT elected to move forward with the top two priorities, Obesity/Diabetes/Hypertension and Teen High Risk Behavior for the CHIP.

Steps 4 and 5: HCSEF staff facilitated a Root Cause Analysis exercise with the group to identify the 'root causes' of the selected health priorities. The information derived from this exercise was used to develop the goals. There was also discussion about current activities and resources in the community related to the selected priorities.

Steps 6 -8: The CHAT worked to developed detailed objectives, key activities and action steps, lead roles for the priorities. In October 2012, the CHAT worked to further refine the objectives and actions steps laid out in the CHIP, to assign lead individuals and agencies to champion the cause in the community and to detail workplans for the priorities. As the objectives and action steps were further outlined and refined, there was an emphasis placed on crafting S.M.A.R.T objectives. There was and continues to be an effort to honor existing efforts and to not

duplicate, so if there are current and ongoing activities in the community, the strategies devised were related to the linkage to those activities.

The specific goals, objectives, strategies and action steps are outlined in the Strategies and Action Steps section of this plan.

Steps 9-10: The remaining two steps, the Implementation and Monitoring of the process and outcomes will be carried out through during term of the Community Health Improvement Plan 2012-2015.

THE COMMUNITY HEALTH IMPROVEMENT PLAN

The Okeechobee County CHIP was designed by stakeholders in the local public health system, many of whom will be involved with implementation. The Plan defines specific goals, strategic objectives, measures and resources for the selected priorities.

The Plan focuses on the top two health priorities that were selected by the CHAT. There were several other health indicators that emerged as well, and though they are not addressed herein, they are nonetheless important and, if possible, should be considered during future health planning activities in the community.

A few themes emerged that are woven through the planning for all selected priorities. The importance of identifying and reaching underserved populations in an effort to reduce disparities was stressed as well as addressing health planning and health improvement activities in a culturally competent manner. There were suggestions to frame the issues from a positive perspective and to celebrate successes.

Approach

The intervention strategies in the CHIP attempt to:

- Address the underlying causes of the identified health priorities
- Utilize data to identify priorities and to measure the impact of interventions
- Outline approaches that are relevant and realistic in the community given the available time and resources
- Devise an action plan that can have a wide-reaching community-wide impact
- Detail measurable objectives to evaluate progress
- Engage a broad range of community stakeholders
- Support ongoing efforts in the community
- Implement evidence-supported models for community health improvement
- Include interventions that encourage beneficial behavior modification
- Focus on improving health factors and health outcomes in the community

Descriptions of evidence supported programs related to the selected priorities are provided. It is recommended that strategies detailed in this CHIP are modeled after these or other evidence-supported programs.

An important element to any process is continued evaluation. This allows for monitoring of progression toward outcome goals and allows for adjustments to be made, if necessary. Evaluation throughout the course of this Plan will also help guide future planning activities in the community.

STRATEGIC PRIORITIES AND ACTION PLANS

This section of the report presents the culmination of the perspective, input and effort of the community in this improvement planning process.

The sections below detail, for each of the two priorities that are addressed in this CHIP: goals, specific objectives, strategies, action steps, and evaluation methods.

The goal is a broad, general statement about a desired outcome. It represents the destination the community hopes to reach with regard to the priority.

The objectives are more specific and detail what the community hopes to achieve and by when. Whenever feasible, the objectives in this plan are S.M.A.R.T., meaning they are: specific, measurable, achievable, relevant and realistic and time-bound.

The strategies detailed in the plan represent ways to achieve the objectives and the action steps provide more detail and specific steps to outline how the strategies should be approached.¹

When relevant, the formulation of the objectives were informed based on review of the State (Florida) Health Improvement Plan (SHIP), the National Prevention Strategy and Healthy People 2020.

The information in this plan aims to lay a solid foundation and provide direction for the community health improvement planning efforts in the community. This CHIP is a 'living document' and can be adapted throughout the planning cycle to meet the emerging needs of the community.

The goals, objectives and strategies as outlined in this CHIP do not necessitate policy changes in order to accomplish and reach stated goals.

¹ Guide and Template for Comprehensive health Improvement Planning, Version 2.1, Planning & Workforce Development Section, Connecticut Department of Public Health, 2009

Obesity/Diabetes/Hypertension in Okeechobee County – Why Address It?

During the past two decades our nation has experienced a considerable increase in the percentage of overweight and obese children and adults. In Okeechobee County the rate of obese adults (BMI ≥ 30) is approximated to be 38.1%.² This rate is the 8th highest among Florida's counties and higher than Florida as a whole (27.2%) This rate is of significant concern in the community, particularly due to the projections that the trend of overweight and obesity will continue to increase.

Obesity has serious health consequences. Research has shown that being overweight or obese can increase one's risk for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast, and colon), Hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility).³

The comorbidities of obesity are also a concern and will be a focus of the county's CHIP. The rate of hospitalizations in the Okeechobee from or with diabetes is 4973 per 100,000, highest among Florida's counties. The rate in Florida is 3009.4 per 100,000. Diabetes is a lifelong (chronic) disease in which there are high levels of sugar in the blood. There are many short term and long term complications and consequences of the disease including coma, eye problems, feet and skin problems, trouble controlling blood pressure and cholesterol, nerve damage, kidney damage and death.⁴

Another co-morbidity of diabetes, hypertension, is also of concern in the county. Hypertension is a term to describe high blood pressure. When blood pressure is not well controlled it can lead to internal bleeding chronic kidney disease, heart attack and heart failure, poor blood supply to the legs, stroke and vision problems. In Okeechobee 48.5% of males and 34.5% of females have been diagnosed with hypertension, both of these rates are higher than in Florida as a whole.

² Behavioral Risk Factor Surveillance Survey, 2010

³ NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf

⁴ US National Library of Medicine – PubMed Health

There are also economic consequences coupled with overweight and obesity and the often-associated comorbidities. There are costs related to the prevention, diagnosis and treatment of many of the associated conditions and co-morbidities. Additionally, there indirect costs from decreased productivity and missed work as well as costs associated with loss of future income due to premature death.⁵

There are several factors that play a role in overweight and obesity making it a complex issue to address. Health behaviors including diet and exercise, the environment, genes, certain health conditions and medications all are believed to play a part in causing overweight and obesity.⁵

⁵ <http://www.cdc.gov/obesity/adult/causes/index.html>

GOALS	OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	LEAD
GOAL 1.1 Contribute to a decrease in the percent of children, adolescents, and adults in Okeechobee County who are overweight or obese or have related co-morbidities.	Decrease the percentage of adults in the county who are overweight or obese from 73.6% to 66.2% by 2015. Consistent with HP 2020 target of reducing obese adults by 10% - HP2020 NWS- 9 Aligned with FL SHIP Objective CD2.2.1 to decrease percentage of overweight adults	<i>County-level data from the Behavioral Risk Factor Surveillance Survey</i>	Promote community-wide campaigns: Let's Go, Let's Move and a chronic disease prevention program modeled after the National Diabetes Prevention Program (see below for description of evidence-supported campaigns)	Identify individual / agency to champion the campaign in the community	Brian Sell, Okeechobee County Health Department Tom Jones, Florida Community Health Centers
	Decrease the percentage of youth in the community who are overweight or obese by 10% by 2015. Consistent with HP 2020 target of reducing obese children and adolescents by 10% - HP2020 NWS- 10.4 Aligned with CDC Winnable Battle: Nutrition, Physical Activity and Obesity to reduce child and adolescent obesity Aligned with FL SHIP Objective C2.3.4 to decrease percentage of overweight adolescents	<i>Data gathered in the schools</i>		Research evidence-supported community programs	Erin Hess, Okeechobee County Health Department
	Decrease the percentage of adults in Okeechobee County with diagnosed hypertension from 42.1% to 37.9% by 2015 Consistent with HP 2020 target of reducing adults with diagnosed hypertension by 10% - HP2020 HDS-5	<i>County-level data from the Behavioral Risk Factor Surveillance Survey</i>		Develop slogan for campaign	Brian Sell, Okeechobee County Health Department Jeanne Bunten, Department of Children and Families Wayne Cunningham
	Decrease the rate of hospitalizations from or with diabetes from 4973 per 100,000 to 4476 per 100,000 by 2015. Aligned with HP2020 targets for diabetes indicators HP2020 D-1 – D-16	<i>Florida Agency for Health Care Administration (primary or secondary diagnosis) ICD-9-CM Code(s): 250.00-250.93</i>		Garner support from the community including faith-based organization. <ul style="list-style-type: none"> ○ Okeechobee Ministerial Association ○ Okeechobee Intercity Alliance 	Rosalind Brown, Okeechobee County Health Department Candice Pope, QuitDoc Sandy Perry Father Edward Weiss, Okeechobee Ministerial Association

GOALS	OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	LEAD	
	<p>By January 2013 be prepared to implement a community wide evidence-supported campaign</p> <p> <i>Aligned with FL SHIP Strategic Area – Chronic Disease Prevention – Strategy CD2.1 and Obj. CD2.1.1. to implement initiatives that promote healthy behaviors such as obtaining a healthy weight</i></p>	<p><i>Plan to implement campaign</i></p>	Kick off campaign at annual Health and Safety Expo in January		Sharon Vinson, Shared Services Network	
Promote on website and in schools, newspapers, emails, radio, lobbies of FCHC, WIC and supermarkets			Brian Sell, Okeechobee County Health Department			
Create 5-2-1-0, Let's Go Big O marketing plan			Wayne Cunningham			
Include a unified "Tip of the Month" awareness component to be messaged across the county, including on the morning announcements, business marquis and church bulletins			Erin Hess and Paula Smith, Okeechobee County Health Department			
Look into opportunities to provide education regarding nutrition			Rosalind Brown, Okeechobee County Health Department			
<p>GOAL 1.2</p> <p>Increase access to healthy food in the community</p>	<p>By September 1, 2013 plans will be in place to add one community or school garden in Okeechobee County</p> <p> <i>Aligned with FL SHIP Strategy CD2.1 to collaborate to implement initiatives to promote healthy behaviors</i></p>	<p><i>Addition of one new community garden</i></p>	<p>Collaborate / join forces with community gardening program already in the county's schools</p> <p> <i>Aligned with FL SHIP Strategy CD2.1 to collaborate to implement initiatives to promote healthy behaviors</i></p>	<p>Identify individual/organization in community to champion the process</p>	<p>Paula Smith, Okeechobee County Health Department</p> <p>Dan Colbert</p>	
	<p>By December 2013 work with Treasure Coast Food Bank to enhance their efforts to expand services in the community</p> <p> <i>Aligned with FL SHIP Strategy CD1.3 to increase availability of healthful food</i></p>		<p><i>Start of collaboration with Treasure Coast Food Bank and involvement with expansion services</i></p>	<p>Collaborate with the Treasure Coast Food Bank</p>	<p>Identify key stakeholders in the community</p>	<p>Sharon Vinson, Shared Services Network</p> <p>Erin Hess, Okeechobee County Health Department</p>
					<p>Contact and collaborate with local growers and farmers</p>	<p>Krista Garofalo, Treasure Coast Food Bank</p>

GOALS	OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	LEAD
				Support programs using mobile vans to transport foods	Krista Garofalo, Treasure Coast Food Bank
GOAL 1.3 Promote physical activity in the community	By December 31, 2012 a county-wide resource directory to inform residents of resources within the community to enable them to be more active will be developed.	<i>Completion of resource directory</i>	Enhance the already existing Summer Activity Guide	Identify in individual/agency in the community to champion project	Sharon Vinson, Shared Services Network Albie Scoggins, Okeechobee County Parks and Recreation
				Collaborate with county on summer activity guide	Sharon Vinson, Shared Services Network
				Involve the municipalities	Sharon Vinson, Shared Services Network
	By July 1, 2013, launch a website to promote a healthier Okeechobee. <i>The website will include information on opportunities to be active in the community.</i>	<i>Launch of website</i>	Research models of other communities that have developed similar website resources	Identify in individual/agency in the community to champion project	Okeechobee County Health Department
				Collaborate with 2-1-1	Paige Woodward, 2-1-1
	By January 2013 be prepared to implement a community wide evidence-supported campaign to encourage the residents of Okeechobee County to become more active. <i>(see below for description of evidence-supported campaigns)*</i>  <i>Aligned with FL SHIP Strategic Area – Chronic Disease Prevention – Strategy CD2.1 and Obj. CD2.1.1. to implement initiatives that promote healthy behaviors such as obtaining a healthy weight</i>	<i>Plan for implementation</i>	Research evidence-supported campaigns and models used in other communities	Explore opportunities to implement worksite programs	Rosalind Brown, Okeechobee County Health Department
Encourage the formation of “Walking Groups” and the planning of walking events and organized walking activities  <i>Aligned with FL SHIP Strategy CR2.2 to increase access to and participation in physical activity</i>			Identify individual / agency to champion the campaign in the community	Erin Hess, Okeechobee County Health Department Albie Scoggins, Okeechobee County Parks and Recreation	

GOALS	OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	LEAD
	<p>Decrease the percentage of adults in Okeechobee who report being sedentary from 35.3% to 31.8% by 2015.</p> <p> Consistent with HP 2020 targets of 10% improvement on physical activity- HP2020 – PA-1</p>	<p><i>County-level data from the Behavioral Risk Factor Surveillance Survey, or if not available, by administration of survey within county</i></p>	<p>Kick off community-wide campaign at annual Health and Safety Expo in January</p> <p>Promote on website and in schools, newspapers, emails, radio, lobbies of FCHC, WIC and in supermarkets</p>	<p>Identify individual / agency to champion the campaign in the community</p> <p>Research evidence-supported community programs</p> <p>Develop slogan for campaign</p> <p>Garner support from the community including faith-based organization. <ul style="list-style-type: none"> o Okeechobee Ministerial Association o Okeechobee Intercity Alliance </p>	<p>Florida Community Health Centers, Inc.</p> <p>Okeechobee County Health Department</p> <p>Erin Hess, Okeechobee County Health Department</p> <p>Brian Sell, Okeechobee County Health Department</p> <p>Jeanne Bunten, Department of Children and Families</p> <p>Wayne Cunningham</p> <p>Rosalind Brown, Okeechobee County Health Department</p> <p>Candice Pope, QuitDoc Sandy Perry</p> <p>Father Edward Weiss, Okeechobee Ministerial Association</p>

EVIDENCE-SUPPORTED INITIATIVES AND CAMPAIGNS

Let's Go!

“Let’s Go is a nationally recognized childhood obesity prevention program based in Maine. We focus on creating healthy places to help children and families eat healthy and be active. We work in six different settings to reach families where they live, study, work and play to reinforce the importance of healthy living. The 5-2-1-0 message (5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity and 0 sugary drinks, more water and low fat milk a day) is used across the settings to remind families of these recommendations for healthy eating and active living”.⁶⁾

Let's Move!

“Let’s Move is a comprehensive initiative, launched by the First Lady, dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies with common sense, *Let's Move!* is about: putting children on the path to a healthy future during their earliest months and years; giving parents helpful information and fostering environments that support healthy choices; providing healthier foods in our schools; ensuring that every family has access to healthy, affordable food; and, helping kids become more physically active.

Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. [The community’s] involvement is key to ensuring a healthy future for our children”.⁷

National Diabetes Prevention Program

The CDC-led National Diabetes Prevention Program is “designed to bring to communities evidence-based lifestyle change programs for preventing type 2 diabetes. It is based on the

⁶ www.lets-go.org

⁷ www.letsmove.gov

Diabetes Prevention Program research study led by the National Institutes of Health and supported by Centers for Disease Control and Prevention. The lifestyle program in this study showed that making modest behavior changes, such as improving food choices and increasing physical activity to at least 150 minutes per week, helped participants lose 5 to 7 percent of their body weight. These lifestyle changes reduced the risk of developing Type 2 diabetes by 58 percent in people at high risk for diabetes. People with pre-diabetes are more likely to develop heart disease and stroke.

Participants work with a lifestyle coach in a group setting to receive a 1-year lifestyle change program that includes 16 core sessions (usually 1 per week) and 6 post-core sessions (1 per month). The National Diabetes Prevention Program encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of type 2 diabetes among people with pre-diabetes in the United States.

The inaugural partners of the National Diabetes Prevention Program were the Y (also known as YMCA of the USA) and UnitedHealth Group (UHG). These partner organizations were instrumental in starting up the national program and continue to expand the reach of evidence-based lifestyle programs. CDC is enthusiastic about other organizations becoming involved in the National Diabetes Prevention Program”.⁸

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Okeechobee, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy

⁸ www.cdc.gov

COMMUNITY RESOURCES

2-1-1 Palm Beach / Treasure Coast

“2-1-1 is a *helpline and crisisline* service of 211 Palm Beach/Treasure Coast, providing crisis intervention, information, assessment and referral to community services.”

“As a 501(c) 3 non-profit agency, 211 Palm Beach/Treasure Coast is into its fifth decade of providing a team of specially trained paid and volunteer staff to assist callers with crisis intervention, information, assessment and referral to community services, 24 hours a day, 365 days a year.

Additionally, 211 Palm Beach/Treasure Coast collects and maintains information on community health and human services and makes this information available via its hotlines, helplines, printed directories, and on the web. Services are provided at no cost to anyone regardless of race, age, religion, national origin, sexual orientation, or disability.”⁹

Florida Community Health Center

“Since 1976, Florida Community Health Centers Inc. (FCHC) has been considered a leader in Florida’s primary and preventive health care services. Comprehensive primary health care services are provided through a network of health centers surrounding Lake Okeechobee in South-Central Florida.

FCHC has service delivery sites in the cities of Clewiston, Indiantown, Okeechobee, Fort Pierce, Port St. Lucie, Pahokee and Moore Haven with FCHC’s Corporate Office centrally located in West Palm Beach, Florida.

FCHC is a private, non-profit, tax exempt 501(c) 3, consumer directed corporation which is designated as a Federally Qualified Health Center (FQHC), and is accredited by The Joint Commission (TJC).”¹⁰

⁹ <http://www.211palmbeach.org/index.cfm>

¹⁰ <http://www.fhcinc.org/>

Your Aging Resource Center: Area Agency on Aging

The Area Agency on Aging of Palm Beach / Treasure Coast, Inc. is a dynamic non-profit organization dedicated to serving the needs of all seniors and their caregivers in Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties. Part of a nationwide network, The Area Agency on Aging provides information on aging issues, advocacy, one-on-one assistance and a host of services that help seniors maintain their independence and dignity.”

Their mission “is to advocate, plan and promote the independence, dignity, and well-being of seniors and their caregivers in a manner that embraces diversity and reflects the communities [they] serve.”¹¹

Oakview Baptist Church

“Oakview began as a mission of the First Baptist Church of Clewiston, Florida and has grown rapidly over the past 20 years.

[They] believe in building families of faith. [They] are a loving and caring congregation whose desire is to minister to the entire person - physically and spiritually.”¹²

Raulerson Hospital

Raulerson Hospital is the sole hospital in Okeechobee County. The hospital has 100 beds and provides the following services:

- Cardiopulmonary Services
- Company Care
- Diagnostic Imaging and Services
- Emergency Care
- Outpatient Services
- Physical Medicine and Rehabilitation
- Sleep Disorders Laboratory
- Surgical Services ¹³

¹¹ <http://www.myanswersonaging.org/content.asp?id=4>

¹² http://www.oakviewbaptist.com/index.php?option=com_content&view=article&id=1&Itemid=3

The hospital received “national recognition from The Joint Commission, the leading regulatory and accreditation organization for hospitals. Only 405 facilities in the United States were listed as top performers in key quality measures for 2010” ¹⁴

Okeechobee Health & Safety Expo

The Okeechobee Health & Safety Expo is an annual event in the county that is held in January at the Okeechobee Agri Civic Center. In past years there have been over 2,000 attendees. The Expo provides an avenue to get health-related information the community.

Other Community Resources:

- ***Okeechobee Ministerial Association***
- ***Okeechobee Intercity Alliance***
- ***Shared Services Network***
- ***Agri Civic Center***

¹³ <http://raulersonhospital.com/our-services/index.dot>

¹⁴ <http://raulersonhospital.com/about/ceo-message.dot>

Teen High Risk Behavior in Okeechobee County – Why Address It?

Teen high risk behavior, as defined for the purpose of this CHIP, is multi-faceted. It includes teen alcohol and substance use, sexually transmitted diseases and infections, teen pregnancy and (insufficient) recreation and school-based programming.

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. These included increased costs for health care and foster care, increased incarceration rates for children of teen parents, and increased drop-out rates and unemployment for the parents.¹⁵ The birth rate to mothers ages 14-18 in the County was 47.7 per 1,000, over double the rate in Florida and the birth rate to mothers ages 15-19 was 75 per 1,000 slightly more than double the rate in Florida as a whole.¹⁶

Sexually transmitted diseases and infections (STDs and STIs) are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.¹⁷ The rate of sexually transmitted diseases (chlamydia, gonorrhea and bacterial syphilis) was 525.7 per 100,000 in 2010, a rate that has increased from 270.6 per 100,000 in 2001.¹⁶

“Using alcohol and tobacco at a young age has negative health effects. While some teens will experiment and stop, or continue to use occasionally, without significant problems, others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.” In 2008, 49.3% of high school teens in Okeechobee County reported alcohol use in the past 30 days, 23.3% of middle school and high school students reported binge drinking in the past 30 days and 11.5% reported marijuana use.¹⁶

Early use of alcohol and drug use is “associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.”¹⁸

¹⁵ <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>

¹⁶ Florida Department of Health, Florida CHARTS

¹⁷ University of Wisconsin Population Health Institute. (2010). County Health Rankings 2010; retrieved from www.countyhealthrankings.org/health-factors/unsafe-sex

¹⁸ <http://aacap.org/page.wv?name=Teens:+Alcohol+and+Other+Drugs§ion=Facts+for+Families>

GOALS	OBJECTIVES	MEASURES	STRATEGIES AND ACTIONS STEPS	LEAD
<p>GOAL 2.1</p> <p>Contribute to a decrease in substance use and alcohol abuse in the community</p>	<p>Decrease the percentage youth (middle and high school) who report alcohol use in the past 30 days from 39.7% to 35.7% by 2015.</p> <p> Consistent with National Prevention Strategy key indicator target of 10% reduction related to youth alcohol use</p>	<p>Florida Youth Substance Abuse Survey (if available)</p>	<p>Identify an individual, agency or task force to champion the cause in the community</p>	<p>Substance Abuse Committee QuitDoc</p>
	<p>Decrease the percentage youth (middle and high school) who report marijuana or hashish use in the past 30 days from 11.5% to 10.6% by 2015.</p> <p> Consistent with National Prevention Strategy key indicator target of 7.5% reduction related to illicit drugs</p>		<p>Research evidence supported-campaigns regarding teen alcohol and substance abuse</p> <p> Aligned with FL SHIP Obj. CD2.1.1. to implement initiatives that promote healthy behaviors such as tobacco cessation</p>	<p>Substance Abuse Committee QuitDoc</p>
	<p>Decrease the percentage of youth (middle and high school) who report cigarette use in the past 30 days from 13.5% to 11.1% by 2015.</p> <p> Consistent with National Prevention Strategy key indicator target of 18% reduction related to youth cigarette use</p> <p> Aligned with Healthy People 2020 TU-2.2 to reduce tobacco use by adolescents in past 30 days</p>		<p>Link/ collaborate with Okeechobee County Police Department</p> <p>Link / collaborate with the schools and School Resource Office</p>	<p>Juvenile Justice Council</p> <p>Substance Abuse Committee</p>
<p>GOAL 2.2</p> <p>Contribute to a decrease in the rate of sexually transmitted diseases in the community</p>	<p>Decrease the rate of sexually transmitted disease (chlamydia, gonorrhea and infectious syphilis) in the community from 525.7 per 100,000 to 473.1 per 100,000 by 2015.</p> <p> Consistent with HP 2020 targets of 10% improvement for sexually transmitted diseases HP2020-STD-1 and STD-7</p> <p> Aligned with DOH Long Range Program Plan Objective 1c</p>	<p>Florida Department of Health, Bureau of STD Prevention and Control</p>	<p>Identify individual, agencies or task force to champion the cause in the community</p> <p>Continue to support and promote evidence-supported programs such the Teen Outreach Program (TOP)</p>	<p>Rosalind Brown, Okeechobee County Department of Health</p> <p>Florida Community Health Centers</p>

GOAL 2.3 Contribute to a decrease in the number of teenage pregnancies in the community	Decrease the rate of births to mothers aged 14-18 from 44.7 per 1,000 to 40.2 per 1,000 per year by 2015.  <i>Consistent with National Prevention Strategy 10% decrease in teenage pregnancy</i>  <i>Aligned with CDC Winnable Battle goal to reduce teenage pregnancy</i>  <i>Aligned with DOH Long Range Program Plan Objective 4c</i>  <i>Aligned with Healthy People 2020 target for 10% improvement in teenage pregnancies – HP2020 – FP-8, FP-9</i>	<i>Florida Vital Statistics Reporting System</i>	Identify an individual, agency or task force to champion the cause in the community	Teen Pregnancy Prevention (TPP) Task Force Members Rosalind Brown, Okeechobee County Department of Health Dr. Edward Weiss, Okeechobee Ministerial Association
			Link / collaborate with the Okeechobee Teen Pregnancy Prevention Task Force	CHAT Members
			Link / collaborate with the head school nurse	Paula Smith, Okeechobee County Department of Health CHAT Members
			Continue to support and promote evidence-supported programs such as the Teen Outreach Program (TOP)  <i>Aligned with CDC Winnable Battle goal to reduce teenage pregnancy - Component 1: Community Mobilization and Sustainability</i>	Teen Pregnancy Prevention (TPP) Task Force Members
GOAL 2.4 Increase/improve recreational and after school programming opportunities for youth and teenagers.	By December 31, 2013 have plans to implement an evidence supported campaign to increase availability of activities for youth in the county	<i>Report on plans to implement a campaign</i>	Identify an individual, agency or task force to champion the cause in the community	Teen Pregnancy Prevention (TPP) Task Force Members
			Link / collaborate with the School District	Teen Pregnancy Prevention (TPP) Task Force Members
			Link / collaborate with the county recreation Director	Albie Scoggins, Okeechobee County Parks and Recreation
	Increase the percentage of students in the county who report participating in extracurricular activities by 10% by 2015	<i>Florida Youth Substance Abuse Survey</i>	Investigate opportunities to garner feedback and input from youth and teenagers in the community	Teen Pregnancy Prevention (TPP) Task Force Members
GOAL 2.5	By July 1, 2013 appoint a task force to review sexual education in the community and to make recommendations for future	<i>Appointment and first meeting of the task force</i>	Identify key stakeholders in the community	CHAT Members

<p>Provide effective sexual health education, especially for adolescents</p> <p><i>(National Prevention Strategy)</i></p> <p><i>Aligned with HP 2020 FP-12 goal of increasing percentage of adolescents who receive formal instruction on reproductive health topics</i></p>	<p>programming</p> <p><i>Aligned with HP2020 ECBP-2.7 to increase education in school related to the prevention of unintended pregnancy, HIV/AIDS, and STD infection</i></p>		<p>Continue to support and promote evidence-supported programs such as the Teen Outreach Program (TOP)</p>	<p>Teen Pregnancy Prevention (TPP) Task Force Members</p> <p>CHAT Members</p>
			<p>Investigate funding opportunities to support the cause</p>	<p>Okeechobee County Health Department</p>
<p>GOAL 2.6</p> <p>Address untreated mental disorders in teenagers.</p> <p><i>Aligned with HP2020 target to increase proportion of adults with mental disorders who receive treatment</i></p>	<p>By July 1, 2013 appoint a task force to investigate the underlying causes of untreated mental illness in the community</p>	<p><i>Appointment and first meeting of the task force</i></p>	<p>Identify key stakeholders in the community</p>	<p>CHAT Members</p>
			<p>Link / collaborate with New Horizons</p>	<p>Task Force, once appointed</p>
<p>Other suggested strategies: Improve/strengthen the 'family unit'; encourage family dinner time, reduce time children are home alone, encourage parental involvement</p>				

EVIDENCE-SUPPORTED INITIATIVES AND CAMPAIGNS

Evidence-based teen pregnancy prevention programs typically address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy.

Comprehensive Risk Reduction Interventions for Adolescents

Comprehensive risk reduction (CRR) interventions promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). These interventions may:

- Suggest a hierarchy of recommended behaviors that identifies abstinence as the best, or preferred method but also provides information about sexual risk reduction strategies
- Promote abstinence and sexual risk reduction without placing one approach above another
- Promote sexual risk reduction strategies, primarily or solely

The Community Preventive Services Task Force recommends group-based comprehensive risk reduction (CRR) interventions delivered to adolescents to promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). The recommendation is based on sufficient evidence of effectiveness in:

- Reducing a number of self-reported risk behaviors, including:
 - Engagement in any sexual activity
 - Frequency of sexual activity
 - Number of partners, and
 - Frequency of unprotected sexual activity
- Increasing the self-reported use of protection against pregnancy and STIs
- Reducing the incidence of self-reported or clinically-documented sexually transmitted infections.

There is limited direct evidence of effectiveness, however, for reducing pregnancy and HIV”.¹⁹

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Okeechobee County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources

¹⁹ <http://www.thecommunityguide.org/hiv/riskreduction.html>

including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

New Horizons – Treasure Coast and Okeechobee

“New Horizons of the Treasure Coast and Okeechobee [strives to provide] accessible, recovery-oriented behavioral health care services to improve the quality of life for individuals and families in [the] community.” Visions of New Horizons are to “meet individuals’ needs by providing evidence-based best practices delivered by compassionate professionals and to be recognized as the premier provider of advanced behavioral health services.”²⁰

Okeechobee Substance Abuse Coalition

“The Okeechobee Substance Abuse Coalition is comprised of parents, teachers, clergy, law enforcement, counselors, judges, and other concerned citizens who care about the welfare [of the youth in Okeechobee County] and are willing to help make a difference. [The] Coalition seeks to create a health community in which young people may grow up health, caring and responsible.”²¹

NOPE Task Force – Okeechobee County

Narcotics Overdose and Prevention Education (NOPE) is a not for profit organization whose mission includes “education, treatment support, support for families, and advocacy about drug use and abuse. In Okeechobee county education is available for students and for parents through program.”²²

²⁰ <http://www.nhtcinc.org/about-us.html>

²¹ www.okeechobeehope.org

²² www.nopetaskforce.org/chapter-okeechobee.php

CASTLE – Treasure Coast

CASTLE “serves as the model for a national network of child abuse prevention centers that span 107 locations in 27 states.” “The CASTLE is known for its steady leadership and quality programs.” “The CASTLE received national accreditation in 2003 from the Council on Accreditation.”

CASTLE serves: “families who are at risk for abusing or neglecting their children; families who have had a reported incident of abuse or neglect but who, with support and education, can eliminate further episodes of abuse; families with children 0-18; and families who live within the Treasure Coast and Okeechobee County.”²³

YMCA Treasure Coast

“The Y is a leading nonprofit committed to strengthening community through youth development, healthy living and social responsibility. The Y puts “Judeo-Christian principles into practice through programs to build healthy spirit, mind, and body for all.”

“All YMCA programs are tools to accomplish our mission. The Y core values are caring, honesty, respect and responsibility. Experience some of our programs like swim programs, gymnastics, child care, youth sports, cheerleading, and roller skating.”²⁴

Other Community Resources:

- ***Okeechobee Teen Pregnancy Prevention Task Force***
- ***Shared Services Network***

²³ <http://www.castletc.org/history>

²⁴ <http://www.ymcatreasurecoast.org/#>

USING THE PLAN AND NEXT STEPS

Okeechobee County has much to be proud of in terms of the health of the community; however there are always opportunities for improvement. The implementation of the CHIP will help strengthen the public health infrastructure, aid and guide planning, foster collaboration and capacity-building and ultimately promote the well-being and quality of life for Okeechobee County residents. Health improvement does not occur only at the governmental or agency level, but must be practiced in our homes, our schools, our workplaces and our faith based organizations. Below are some suggestions and strategies of ways that you can play a part in achieving a healthier community.

- Get the word out about the health priorities in the community and the CHIP
- Support programs, policies, initiatives and campaigns aimed to address the health priorities in the community
- Be an advocate in the community for healthy behaviors and for health
- Improvement
- Lead by example and practice healthy behaviors in your homes, workplaces and social circles
- Share your resources whether it be time, support, funding, or expertise to strengthen the health improvement efforts

The County Health Rankings & Roadmaps Take Action Center²⁵ provides detailed, specific suggestions for: community advocates, community leaders, community members, healthcare professionals, public health professionals, government officials, businesses, employers, grantmakers and educators on how to use the Plan.

²⁵ <http://www.countyhealthrankings.org/roadmaps/action-center>

GET INVOLVED

Community health improvement is improvement of the community and it is done largely by the community. To that, all stakeholders are invited to participate in the improving Okeechobee County's health.

For more information or to get involved in the County's health improvement activities, please contact:

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Okeechobee County Health Department
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Individual health is closely linked to community health -- the health of the community in which people live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community.

-Healthy People 2010: Understanding and Improving Health