



Community Health Improvement Plan Annual Progress Report, 2019

Florida Department of Health in Taylor County

March 2019

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Introduction

The initial Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) for Taylor County were developed between 2011 and 2013 by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework, as developed by the National Association of County and City Health Officials. The development of these documents was funded, in part, by the Florida Department of Health in Taylor County.

A standardized agenda/minutes document was developed for use at the quarterly meetings during 2014 and 2015. The components of the agenda and minutes included the priority area, goal(s), objective(s), available data, a brief recap of the action discussed at the last meeting, and follow-up items.

In early 2017, the Florida Department of Health in Taylor County began a coordinated effort to draft a new Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Taylor County.

The CHD conducted an inventory of current data and past CHIP Board participants in order to begin a new planning process based on the National Association of County and City Health Officials' (NACCHO) community health planning process. CHD staff then reached out to community members who were once or currently managing Taylor County's Community Health Improvement process, as well as other members of the local public health system, including medical, government, nonprofit, private business and law enforcement entities.

Meeting once per month, the CHIP Board reviewed past data, collected additional data and began the process of drafting a new CHA designed to inform a new CHIP for implementation in 2018. Interest and participation in the Board grew over time, and soon the regular attendees of the meeting adopted a mission statement, vision statement, by-laws and even voted to explore incorporation as a nonprofit entity with the sole purpose of improving the health and wellbeing of Taylor County residents.

This document will serve as a progress review of the objectives and strategies that were developed and the activities that have been implemented during this reporting cycle.

While the CHIP is a community driven and collectively owned plan, the Florida Department of Health in Taylor County has provided significant leadership, resources, data throughout the process of implementing the most recent CHIP and drafting the new plan.

Overview of the Community Health Improvement Plan (CHIP)

The Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) for Taylor County were developed between 2011 and 2013 by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework, as developed by the National Association of County and City Health Officials. The development of these documents was funded, in part, by the Florida Department of Health in Taylor County.

Using the CHA, several participants in the MAPP process split into work groups to develop goals, strategies, objectives, and initial activities to address the community health priorities. The result of these activities was the Taylor County Community Health Improvement Plan (CHIP), which was finalized in June 2013. Work groups continued to meet and work on the activities toward meeting the objective(s) for the goals through 2016.

In early 2017, the Florida Department of Health in Taylor County contacted new and existing community partners in order to begin a coordinated effort to draft a new Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Taylor County. Although the CHIP Board (the organization governing the implementation of the 2013-2016 CHIP) opted to spend a vast majority of their time and resources on drafting an updated CHIP, the 2013-2016 CHIP remained in effect. In 2017, meetings of the CHIP Board went from quarterly to monthly, reflecting a significant increase in commitment from community partners.

The new CHA was completed in October 2018. This document informed the new Taylor County CHIP, which will cover 2019-2021. This new CHIP will be completed by August 2019 and implemented concurrently with the Taylor County Strategic Plan and the Taylor County Quality Improvement Plan, both of which are scheduled to be implemented over the same time frame (2019-2021). Because the new CHIP is still being drafted, this annual report will focus on the CHIP that is currently still in effect and its most recent updates.

The following pages include a summary of the most recent CHIP goals and objectives. Brand new priorities, goals, strategies and tactics will be included in the 2019 CHIP Annual Progress Report.

Original CHIP Goals and Objectives	2017 CHIP Goals and Objectives (May include no change)
Health Priority: Infectious Disease	Health Priority: Infectious Disease
Goal: Increase community-wide education and awareness	Goal: Increase community-wide education and awareness
<p>Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016.</p>	<p>Objective: Reduce the incidence of sexually transmitted infections (Gonorrhea and Chlamydia) by 10% among the residents of Taylor County, ages 15-19, by January 30, 2018.</p> <ul style="list-style-type: none"> • Gonorrhea <ul style="list-style-type: none"> ○ Cases: 2012 – 25 cases ○ Target: 2018 - 22 cases • Chlamydia <ul style="list-style-type: none"> ○ Cases: 2012 – 31 cases ○ Target: 2018 – 28 cases • Bacterial STDs <ul style="list-style-type: none"> ○ Cases: 2012 – 39 cases ○ Target: 2018 – 35 cases <p>Note: Bacterial STDs includes Chancroid, Chlamydia, Gonorrhea , Granuloma inguinale, LGV, Syphilis</p> <p>Monitoring Data Source:</p> <ul style="list-style-type: none"> • Locally collected data, as available • CHARTS by specific disease (Chlamydia and Gonorrhea for 15-19 year olds – Single Year Counts (annually) <p>Note: Data for this age group is not available for infectious syphilis.</p> <p>Recommended Strategies/Activities: Target activities to grades 6-9 for education to reduce the rate by the time they reach age 15</p>
Health Priority: Access to Health Care	Health Priority: Access to Health Care
Goal: Expand health care to Taylor County	Goal: Expand health care to Taylor County
<p>Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016. By consensus of the group, this objective was abandoned in 2014.</p>	

Health Priority: Maternal and Child Health	Health Priority: Maternal and Child Health
Goal: Improve birth outcomes in Taylor County	Goal: Improve birth outcomes in Taylor County
Objective: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.	<p>Objective: Reduce teen pregnancy for 13-17 year olds from a count of 15 in 2010 to less than 5 by June 30, 2018</p> <p>Monitoring Data Source:</p> <ul style="list-style-type: none"> • Locally collected data, as available • CHARTS – Birth Report (http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx) <p>Note: Data is available for ages 0-14 and ages 15-17. Data for 2013 indicated there were no births to residents 0-14 years of age.</p> <p>Recommended Strategies/Activities:</p> <ul style="list-style-type: none"> • Define and advocate for a comprehensive sexual health curriculum in Taylor County schools • Develop male youth mentoring program to compliment and complete other teen pregnancy strategies • Add pregnancy prevention (best choices) to drop out program • Refocus or expand outreach efforts to girls 10-13 that target the population with continually high pregnancies <p>Key Partners: Taylor County School Board, Taylor County government, Healthy Start Coalition, FDOH-Taylor</p>
	Health Priority: Healthy Lifestyles
	Goal: Improve the health of residents of Taylor County
	Objective: Increase the number of worksite wellness programs with more than 50 employees from 1 to 5 by June 30, 2018
	<p>Monitoring Data Source:</p> <ul style="list-style-type: none"> • Locally collected data, as available

	<ul style="list-style-type: none"> ○ Beginning number of worksite wellness programs ○ Quarterly number of worksite wellness programs ○ Content of worksite wellness programs ○ Frequency of courses/events offered by the worksite wellness program <ul style="list-style-type: none"> ● CDC Worksite Wellness ScoreCard <p>Potential Strategies/Activities:</p> <ul style="list-style-type: none"> ● Determine the number of employers with at least 50 employees – potential survey item ● Identify employers that do not have a worksite wellness program – potential survey item ● Provide assistance in developing worksite wellness programs ● Assess existing worksite wellness programs using the CDC ScoreCard ● Identify benefits to worksite wellness for use in marketing/communication plan <p>Key Partners: Taylor County Chamber of Commerce, United Way of the Big Bend, FDOH-Taylor, Capital City Bank, Taylor County government, Big Bend AHEC</p>
<p>Note: The community partners felt that there was a link between reducing the teen pregnancy rate and a reduction in the infectious disease rate for residents 15 – 17.</p>	

Summary of CHIP Annual Review Meeting

On March 19, 2019, a CHIP Board meeting was held to discuss the successes and challenges of 2017-2018. This was followed by a discussion regarding opportunities for improvement to determine if any changes to the current CHIP were needed. It was determined by the Board that due to improvements in data and current stalling of resources, the CHIP objectives would be reexamined for the upcoming cycle. It was also determined that increased participation (both number of partners and time spent in meetings) would be required to draft and execute this new assessment and plan.

Strategic Issue Area #1: Infectious Disease

This health priority focuses on the importance of monitoring STD's and provide targeted prevention and educational programs to affected populations. Even with the abundance of information on STD's, a large portion of the population in still believe and communicate false information.

In Taylor County, Gonorrhea, Chlamydia and Bacterial STD's have been identified as the primary focus of this priority. Gonorrhea can be spread by contact with the mouth, vagina, penis, or anus. Chlamydia is the most common sexually transmitted disease in the United States. Bacterial STD's were incorporated into this priority because it includes gonorrhea, syphilis, and chlamydia.

Goal: Increase community wide education and awareness

Strategy 1: Targeted activities for grades 6-9 for education to reduce the STD rate by age 15.

Strategy 2: Conduct a community meeting forum on STD's.

Strategy 3: Develop an outreach program to provide information to health care providers.

Key Partners: Taylor County School Board, Boys and Girls Club, Doctor's Memorial Hospital; Federally Qualified Health Center, Florida Department of Health-Taylor, local pediatricians

Why this is important to our community:					
One of the main barriers to improving community-wide health outcomes is in the lack of understanding of the negative impacts of risky behavior. Causes include, but are not limit to, poverty and low health literacy. These social determinants disproportionately affect low income groups.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Reduce the incidence of sexually transmitted infections (Gonorrhea and Chlamydia) by 10% among the residents of Taylor County, ages 15-19, by January 30, 2018.	Cases of Gonorrhea, Chlamydia, Bacterial STDs in the population ages 15-19 and the execution of evidence based sexual education programs in Taylor County schools	Gonorrhea – 5 cases Chlamydia – 29 cases Bacterial STDs – 35 cases <i>Data is from 2017 Florida CHARTS</i>	Gonorrhea – 5 cases Chlamydia – 28 cases Bacterial STDs – 35 cases		Current levels of Gonorrhea, Chlamydia, and Bacterial STDs in the population ages 15-19 are at or just below target. Grant funding for an evidence based sexual

					education program was obtained by FDOH-Taylor and implemented through September 2018. Although funding ended, FDOH-Jefferson will continue to serve Taylor County students.
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Strategic Issue Area #2: Maternal and Child Health

While the Taylor County CHIP Board endorses abstinence based education programs for teens, limited local funding has been made available for promoting abstinence. The high rate of teen pregnancies continues to be a cause of concern for Taylor County residents, businesses and service providers.

Goal: Improve Birth Outcomes in Taylor County

Strategy 1: Define and advocate for a comprehensive sexual health curriculum in school.

Strategy 2: Develop male youth mentoring program to compliment and complete other teen pregnancy strategies.

Strategy 3: Add pregnancy prevention (best choices) to drop out program.

Strategy 4: Refocus or expand outreach efforts to girls 10-13 that target the population with continually high pregnancies.

Key Partners: Taylor County School Board, Taylor County government, Healthy Start Coalition, Florida Department of Health-Taylor

Why this is important to our community:					
The long term health consequences of teen pregnancy to both mother and child are well documented. In a rural county, 15 pregnancies (2010 data) is a large number with life-long health risks and costs.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Reduce teen pregnancy for children aged 13-17 from a count of 15 in 2010 to less than 10 by June 30, 2018	Births to Mother’s Age 13 – 17 and segmented by race and/or ethnicity	County Rate of 13 births to mothers age 10-17 <i>Data is from 2017 CHARTS</i>	3 total births among 10-17 year olds in 2016		Staff at FDOH-Taylor identified, applied for and received grant funding that allowed the identification of an abstinence based sexual education curriculum, which was approved by Taylor County

					<p>Schools. This funding ended in September 2018, but services will continue through DOH-Jefferson in the Taylor County Schools.</p> <p>Research of male youth mentoring programs is ongoing.</p> <p>Data shows that most teen pregnancies occur within a population that does not want to address the issue. There is currently no entity that can, or will, take ownership of this strategy as most feel this situation is a parental responsibility.</p>
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Strategic Issue Area #3: Healthy Lifestyles

Data from Behavioral Risk Factor Surveillance Survey (BRFSS) indicated that 51.5% of adults reported they were inactive at work in 2002. This percentage grew in 2007 to 62.0%. In searching for potentially related data, BRFSS also indicated that adults who had poor physical health on 14 or more of the past 30 days was 18.3% in 2007, rose to 19.6% in 2010 (at the time of the data gathering for the most recent community health needs assessment), and returned to the 2007 rate in 2013.

Unfortunately, data for adults reporting being inactive at work was not available for 2018 at the time of drafting the CHA. This data is significant, given the potential loss of productive time for both employers and employees, increase in health care costs (out-of-pocket or co-pay), worksite safety and impact on strategies to improve the health of residents in Taylor County.

Goal: Improve the Health of Residents in Taylor County

Strategy 1: Identification of employers in Taylor County with 50 or more employees

Strategy 2: Develop consistent messaging to be used to encourage worksite wellness programs

Strategy 3: Develop a worksite wellness policy to assist employers with implementation of a worksite wellness program

Key Partners: Taylor County Chamber of Commerce, United Way of the Big Bend, Florida Department of Health-Taylor, Capital City Bank, Taylor County government, Big Bend AHEC

Why this is important to our community:					
The long term health consequences of overweight and obesity are well documented and continue to be problematic within the community.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Increase the number of worksite wellness programs with more than 50 employees from 1 to 5 by June 30, 2018.	Locally collected data for number of employers with over 50 employees, number of employers offering worksite wellness program, number of employers offering incentives for	2	5		In 2017, CHD and AHEC staff worked with large employers (Georgia Pacific, Camlocker/American Aluminum) to institute a smoking cessation program. This data is very difficult to collect as a proper definition of “worksite wellness program”

	employee participation in a wellness program (gym, etc.)				has not been established. Many feel that these programs are reactive instead of proactive.
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* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Revisions

In early 2017, the community partners who make up the CHIP Board met to review the current CHIP and determine if the priorities, strategies and goals should be revised. In this meeting, it was determined that, due to the age of the CHA and CHIP, Taylor County would benefit from a new assessment of its health and a new plan to address the county's health issues.

At the direction of the CHIP Board, CHD staff conducted an inventory of current data and past CHIP Board participants in order to begin a new planning process based on recommendations from the National Association of County and City Health Officials' (NACCHO). CHD staff then reached out to current and prospective community partners who could contribute to a new Community Health Improvement process. These community partners included members of the medical, government, nonprofit, private business and law enforcement communities.

Meeting once per month, the CHIP Board reviewed past data, collected additional data and began the process of drafting a new CHA designed to inform a new CHIP for implementation sometime in 2018. Interest and participation in the Board grew over time, and soon regular attendees of the meeting adopted a mission statement, vision statement, by-laws and even voted to explore incorporation as a nonprofit entity with the sole purpose of improving the health and wellbeing of Taylor County residents.

In early 2018, The Board voted to rename themselves the Taylor County Health Council.

The Taylor County Health Council decided in 2017 to be responsible for coordinating resources among Taylor County Public Health System providers in order to meet the goals of the CHIP between 2018-2021. Additionally, the Council decided to provide health related data (such as Health Impact Assessments) to local decision makers in real time, regardless of whether that data is directly related to goals contained in the CHIP.

Community partners and FDOH-Taylor spent much of 2017 conducting research for a new CHA that will serve as the guiding document for the new CHIP. Unfortunately, the CHD lead resigned and the Taylor County Health Council's movement was stalled. In January 2019, a replacement was implemented, and the council continued, but had a large gap of progress unfilled. The CHA document was completed before the resignation in October 2018; however, the CHIP was never updated. This document will be updated in 2019.

Accomplishments

While progress toward goals established in the most recent Taylor County CHIP (outlined below) has been made in 2017, the most exciting days are still ahead. 2017 was a year of strategy and process reexamination, goal setting and assessment.

The CHIP Board decided to organize itself into a more cohesive, collaborative and effective Council, allocating a significant portion of time and resources to community health improvement. New and old partners have been brought to the table in order to complete a brand new Community Health Assessment and Community Health Improvement Plan for implementation from 2018-2020.

The Taylor County Health Council, as it is now called, plans to improve the health and wellbeing of all Taylor County residents by analyzing and addressing pressing health issues in our community.

Goal	Objective	Accomplishment
Increase community-wide education and awareness	Reduce the incidence of sexually transmitted infections (Gonorrhea and Chlamydia) by 10% among the residents of Taylor County, ages 15-19, by January 30, 2018.	In late 2016, the Florida Department of Health in Taylor County applied for and received grant funding to provide an comprehensive, abstinence based education program in Taylor County Schools. The curriculum was approved by the Taylor County School Board and classes were provided to hundreds of students in Middle School and High School throughout 2017.
How it's important for our community: Taylor County Schools, parents and students have benefited from increased education and awareness of the consequences of risky behavior. The Florida Department of Health in Taylor County has been overwhelmed by the support of the entire community for this new program.		

Goal	Objective	Accomplishment
Improve birth outcomes in Taylor County	Reduce teen pregnancy for children aged 13-17 from a count of 15 in 2010 to less than 10 by June 30, 2018	In 2016, there were only 3 births to females aged 10-17 in Taylor County. This number far exceeds our goal of less than 10 by mid 2018.
How it's important for our community: The long term health consequences of teen pregnancy to both mother and child are well documented. In a rural county, 15 pregnancies (2010 data) is a large number with life-long health risks and costs.		

Goal	Objective	Accomplishment
Improve the health of Taylor County residents	Increase the number of worksite wellness programs with more than 50 employees from 1 to 5 by June 30, 2018.	In 2017, FDOH staff worked with management of the largest employer in Taylor County to implement a smoking cessation program. The campus of this business is now nonsmoking.
How it's important for our community: The long term health consequences of poor health decisions, such as smoking, are well documented and continue to be problematic within the community.		

Goal	Objective	Accomplishment
Increase community-wide education and awareness	Become a more efficient and effective organization that improves the health and wellbeing of Taylor County residents.	In early 2017, the CHIP Board decided to begin the process of drafting a new Community Health Assessment and Community Health Improvement Plan for Taylor County. The Board renamed itself the "Taylor County Health Council" and has met more frequently to complete the new CHA and CHIP for implementation beginning in 2018 and 2019 respectfully. The Council saw an increase in participation and interest throughout the community in 2017.
How it's important for our community: In small communities with limited resources, it is essential that public health system members communicate and collaborate effectively to address health issues.		

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is intended to be a living document that guidance decisions that work together to improve the health of the community overall.

We will evaluate progress on an ongoing basis through monthly Taylor County Health Council meetings in which discussion among community partners is facilitated by FDOH-Taylor staff. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year.

A new CHA will be completed and implemented in 2018, with the CHIP following in 2019 and remain in effect through 2021.

Appendices



**Taylor County Community Health Improvement Plan Board
Quarterly Community Partner Meeting/Annual Review of CHIP**

Date: March 19, 2019 - **Time:** 9:30 a.m.

Florida Department of Health-Taylor Community Conference Room

AGENDA

Welcome and Introductions

- Introductions by Community Partners

Community Partner Announcements

- Event and other updates by Community Partners

Review of CHIP Goals, Objectives and Progress

- Reducing the incidence of STI's in Taylor County
- Reducing Teen Pregnancy in Taylor County
- Increasing Worksite Wellness Programs in Taylor County

Discussion of Future Projects, Recap of Decisions

- Review of overall effectiveness
- Drafting an updated CHA/CHIP

Final Comments and Adjourn

- Next Meeting Scheduled



**Taylor County Community Health Improvement Plan Board
Quarterly Community Partner Meeting/Annual Review of CHIP**

Date: March 19, 2019 - **Time:** 9:30 a.m.

Florida Department of Health-Taylor Community Conference Room

MINUTES

Meeting called to order at 10:30am by Martine Young (DOH Staff)

Topic	Notes
Welcome and Introductions	Kristie Lutz, FDOH Anthony Jones, Big Bend AHEC Tonya Bell, Healthy Start JMT Martine Young, FDOH
Community Partner Announcements	<ul style="list-style-type: none"> • FDOH-Taylor’s tobacco prevention program will be hosting a Touch a Truck on March 23. • AHEC’s partnership with mental health institutes has been delayed. They have begun partnership with Big Bend Technical College to implement cessation services to staff and students. • Healthy Start JMT will be hosting a Children’s Fun Festival in April. Their Shared Services meeting for Taylor County will be held on Monday, March 25. • Martine Young discussed the newly released County Health Rankings data.
Health Priority: Infectious Disease Goal: Increase community-wide education and awareness	
Objective: Reduce the incidence of sexually transmitted infections (Gonorrhea and Chlamydia) by 10% among the residents of Taylor County, ages 15-19, by January 30, 2018.	<ul style="list-style-type: none"> • The grant funding obtained by FDOH-Taylor for an evidence based sexual risk avoidance program ended in September 2018; however, FDOH-Jefferson will be servicing youth through their program.

<ul style="list-style-type: none"> • Gonorrhea <ul style="list-style-type: none"> ○ Cases: 2012 – 4 cases ○ Cases: 2013 – 2 cases ○ Cases: 2014 – 2 cases ○ Cases: 2017 – 5 cases Target: 2018 – 5 cases • Chlamydia <ul style="list-style-type: none"> ○ Cases: 2012 – 31 cases ○ Cases: 2013 – 25 cases ○ Cases: 2014 – 19 cases ○ Cases: 2017 – 29 cases Target: 2018 – 28 cases • Bacterial STDs <ul style="list-style-type: none"> ○ Cases: 2012 – 39 cases ○ Cases: 2013 – 29 cases ○ Cases: 2014 – 23 cases ○ Cases: 2017 – 35 cases Target: 2018 – 35 cases <p><i>Note: Bacterial STDs includes Chancroid, Chlamydia, Gonorrhea, Granuloma inguinale, LGV, Syphilis</i></p>	<ul style="list-style-type: none"> • Ksena Zipperer, HIV/STD Prevention Education and Teen Pregnancy Prevention Coordinator from Department of Education, conducted a presentation at the Taylor County School Board meeting to help make school board members aware of the STI rates in Taylor County, especially among the youth. This presentation was instrumental in the school board approval of the evidence-based program to take place within the schools. • The former DOH-Taylor Director of Nursing provided information and education to local health care providers on the importance of testing and reporting STI’s. • AHEC questioned if the data represented new and/or repeated case numbers. FDOH-Taylor staff said they would find the answer and report back in April.
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<p>Health Priority: Maternal and Child Health Goal: Improve birth outcomes in Taylor County</p>	
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<p>Objective: Reduce teen pregnancy for 13-17 year olds from a count of 15 in 2010 to less than 10 by June 30, 2018</p> <p>Taylor County Births by Mother’s Age 13 – 17</p> <ul style="list-style-type: none"> • 2014 – 7* (White = 6; Black & Other = 1) • 2013 – 13 (White = 12; Black & Other = 1) • 2012 – 13 (White = 9; Black & Other = 4) • 2011 – 12 (White = 11; Black & Other = 1) • 2010 – 15 (White = 12; Black & Other = 3) 	<ul style="list-style-type: none"> • Grant funding for an evidence-based sexual risk avoidance program ended in September 2018; however, Jefferson County CHD will be servicing the youth through their program. • Per Kristie Lutz, Elevate Taylor has been effective with their male youth mentorship program. (There was not a representative available at the meeting to speak)
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*Provisional Data	
Health Priority: Healthy Lifestyles Goal: Improve the health of residents of Taylor County	
<p>Objective: Increase the number of worksite wellness programs with more than 50 employees from 1 to 5 by June 30, 2018.</p>	<ul style="list-style-type: none"> The council expressed that this has been a difficult strategic issue to track as there is not a clear definition of what the Taylor Health Council would consider a worksite wellness program. Several employers have implemented tobacco free worksites, but not much more is known. This data is also difficult to track as it must be self-reported directly to the council.
<p>Discussion of Future Projects, Recap of Decisions</p>	<p>Martine Young will be project lead/primary contact on drafting a new CHA and CHIP for Taylor County.</p> <p>CHIP Board will decide how to proceed at next meeting.</p>
<p>Final Comments and Adjourn</p> <ul style="list-style-type: none"> Next Meeting (date and time) 	<p>A doodle poll will be sent out to determine the April meeting.</p>

Community Partners Present:

Kristie Lutz
 Anthony Jones
 Martine Young
 Tonya Bell

**Taylor County Community Health Improvement Plan Board
Quarterly Community Partner Meeting/Annual Review of CHIP**

Date: March 6, 2017 - **Time:** 10:30 a.m. to 11:30 a.m.

Florida Department of Health-Taylor Community Conference Room

SIGN IN SHEET

(ACTUAL COPY ON NEXT PAGE)

Name	Organization or Community Representative	Email
Kristie Lutz	FDOH-Taylor	Kristie.lutz@flhealth.gov
A P Jones	Big Bend AHEC	ajones@bigbendahec.org
Tonya Bell	HSCJMT	tbell@healthystartjmt.org
Martine Young	FDOH-Taylor	Martine.young@flheath.gov



TAYLOR COUNTY HEALTH COUNCIL | MARCH 19, 2019 | 9:30 AM | THE FLORIDA DEPARTMENT OF HEALTH IN TAYLOR COUNTY

NAME	EMAIL	AGENCY
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Martine Young	Martine.Young@flhealth.gov	DOH-Taylor
Kristie Lutz	Kristie.lutz@flhealth.gov	DOH-Taylor
ANTHONY JONES	ajones@bigbandakec.org	BBATCC

Taylor County Community Health Improvement Plan Board

COMPREHENSIVE LIST OF COMMUNITY PARTNERS

Name	Organization or Community Representative	Email
Anthony Jones	Big Bend AHEC	ajones@bigbendahec.org
Benjamin Blue	Taylor County School Board	Benjamin.blue@taylor.k12.fl.us
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