



COMMUNITY HEALTH IMPROVEMENT PLAN

REVIEWED 2017

The Florida Department of Health in Taylor County spearheaded the 2013 Community Health Improvement Project. As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Taylor County Community Health Improvement Plan serves to guide Taylor County health care partners as they work together to address local health priorities.

Please note: The 2012 Community Health Assessment and 2013 Community Health Improvement Plan are incorporated by reference. Copies of the full text of these documents may be obtained at:

- Electronic Copies - <http://www.floridahealth.gov/chdTaylor/Index.htm>
- Hardcopies – contact the Florida Department of Health-Taylor at: 850 584-5087

List of Affiliated Organizations/Community Partners

Name	Organization
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Tonya Bell	Healthy Start Coalition, JMT
Lisa English	NFMC/Taylor Medical and Dental
Scott Mixon	GP
Debbie Basest	Capital City Bank
Geri Forbes	Doctors' Memorial Hospital
Ernestine Mitchell	Refuge House
Glenda Hamby	United Way
Tremmie Robertson	Disc Village
Kitty Wells	Capital City Youth Services
Joyce Fuller	Taylor County Recovery Center
Emily Ketring	Boy and Girls Club
Melody Cox	Board of County Commissions
Mona Gil de Gibaja	Partnership for Strong Families
Alan Hall	Department of Joinvile Justice
Paul Dyal	Taylor County School District
Kris Olson	Grants/Worksite Wellness, Taylor County School District
Pamela Zelinka	Department of Children and Families
Maija Teppola	Big Bend AHEC
Joyce Fuller	Taylor County Recovery Center, Owner

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Executive Summary/Overview:

The Taylor County Community Health Improvement Plan (CHIP) was finalized in June 2013. The CHIP was created using the MAPP process. The final product of this process was the Community Health Assessment in late 2012. With the CHA in hand, 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 results of their efforts were added to the CHIP as the initial action plans. The work groups have continued to meet and work on the activities that progress toward meeting the objective(s) for the goals.

Community health assessment (CHA) and community health improvement planning (CHIP) activities for Taylor County in 2013-2014 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded, in part, by the Florida Department of Health through grant funds to the Taylor County Health Department (HCHD) that originated from the U.S. Department of Health and Human Services in its efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success and Organizing for Success

Phase 2 - Visioning

Phase 3 - The Four MAPP Assessments

Community Health Status Assessment (CHSA)

Local Public Health System Assessment (LPHSA)

Community Themes and Strengths Assessment (CTSA)

Forces of Change Assessment (FCA)

Phase 4 – Identify Strategic Issues (CHIP activity)

Phase 5 – Formulate Goals and Strategies (CHIP activity)

Phase 6 – Action Cycle (Program Planning, Implementation and Evaluation)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTSA allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Collectively, the results of the four assessments provide input to the community in order to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation and ongoing evaluation to improve community health (Phase 6).

2011-2012 Summary of Assessments

Community Health Status Assessment

- Individuals living below poverty were higher in Taylor County compared to the averages of Florida and the US with a rate of 18%
- 26.4% of Taylor County children live below the poverty rate
- Taylor County unemployment rate is above the state average at 11.3%
- Over 40% meet moderate physical activity levels while 36.8% engage in no leisure time physical activity, and 31.3% identified with being sedentary
- More than 40% report being overweight with a BMI of more than 25, and approximately 32% of adults report being obese (BMI >30), which is more than double the Healthy People 2010 Goal
- Approximately 28% of adults currently smoke, and more than 60% of current smokers reported trying to quit in the past year
- Taylor County is higher than the state average in all categories; more than 25% of Taylor County adults age 18-25 reported using marijuana in the past month; more than 33% of youth reported using alcohol in the past month, with 18.3% reporting binge drinking during the past month
- There were 71.4 incidents per 100,000 for unintentional injuries as compared to the 45.3 state rate and 34.8 incidents per 100,000 of vehicle crashes compared to the 18.3 state rate
- Approximately 70% of adults did not receive a flu shot last year
- Approximately 25% of Taylor adults reported not having medical insurance of any kind; the numbers of licensed dentists, licensed family practitioners, and hospital beds are significantly lower than the state average

Local Public Health System Assessment

- ES#10: Research for new insights and innovative solutions to health problems
- ES#9: Evaluate effectiveness, accessibility and quality of personal and population-based health services
- ES#8: Assure a component of public and personal health care workforce
- ES#4: Mobilize community partnerships to identify and solve health problems
- ES#5 Develop policies and plans that support individual and community health efforts

Community Themes & Strengths Assessment

Strengths

- Doctor's Memorial Hospital
- FQHC (Federally Qualified Health Center)
- Florida Department of Health – Taylor County
- Whole Child Connection
- Medical office/clinics
- TOP (Teen Outreach Program)
- TAP (Teenage Parent)
- Appalachian Mental Health
- Brehon Institute
- Churches
- DISC Village

- Florida Therapy
- Healthy Start and Healthy Start Coalition
- VA Clinic
- Boys & Girls Club of North Central Florida

Opportunities for Improvement

- Access & affordability of healthy foods
- Breaking poverty
- Changing rules in healthcare practice
- Cultural-family traditions
- Education
- Fear of confidentiality
- Government funding
- Lack of community participation
- Lack of jobs
- Low income
- Medicaid – increasing demands – expansion reject
- Parental involvement
- Political agenda
- Public education/info/awareness
- Quality of life
- Transportation

Forces of Change Assessment

- Economic conditions
- Maternal & Child health
- Chronic disease
- Obesity
- Access to care
- Social/Mental Health
- Infectious Disease
- Health Screening

2013 CHIP Update

Overview of Process

The CHIP is a living document and an on-going process. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

During the summer of 2014, a review of the progress was conducted to identify successes, challenges/barriers, and recommendations for changes to the CHIP. The Florida Department of Health in Taylor took the lead in gathering information to create a draft annual report which was provided to community partners for input. To guide the collection of community partner input, a survey was developed (see **Appendix 1**). Input from the partners was then added to the draft annual report and the final draft was provided to the partners for final review and comment before creating the updated CHIP.

In addition, data sources were identified to assist the workgroups with monitoring progress and determining when the objective was met. The results of this evaluation of progress are included in the annual report with recommendations for changes and are included as **Appendix 2**.

Update Overview

As part of the process, some health priorities and goals were combined to provide a clear roadmap for improving the health of the community and others were abandoned to allow for the creation of objectives that reflect the community's health priorities.

Goals, Strategies, and Objectives – Updated

Modifications made to the CHIP using input from community partners are provided in the table below.

Original CHIP Goals and Objectives	2014 Update CHIP Goals and Objectives
Health Priority: Infectious Disease	Health Priority: Infectious Disease
Goal: Increase community-wide education and awareness	Goal: Increase community-wide education and awareness
Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016.	<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

	<ul style="list-style-type: none"> ○ 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>Lead Organization:</p> <p>Recommended Strategies/Activities:</p> <ul style="list-style-type: none"> • Target activities to grades 6-9 for education to reduce the rate by the time they reach age 15
Health Priority: Access to Health Care	Health Priority: Access to Health Care
Goal: Expand health care to the residents of Taylor County	Goal: Expand health care to the residents of Taylor County
Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016.	<p>Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016.</p> <p>By consensus of the group, this objective was abandoned.</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>Lead Organization:</p> <p>Recommended Strategies/Activities:</p>

	<ul style="list-style-type: none"> • Add pregnancy prevention (best choices) to drop out program
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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.

New Priorities from Community Health Assessment data

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 ## to ## by June 30, 2018

(Note: ## will be replaced based on data gathered on total number of employers with ≥ 50 employees and total number that do not have a worksite wellness program.)

Monitoring Data Source:

- Locally collected data, as available
 - 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
- CDC Worksite Wellness ScoreCard

Lead Organization (Contact): United Way (Glenda Hamby)

Potential Strategies/Activities:

- 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

Alignment with State and National Priorities

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Infectious Disease	Health Protection				
<p>Goal: Increase community-wide education and awareness</p> <p>Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-19, by January 30, 2018.</p> <p>Strategy 1: Target activities to grades 6-9 for education to reduce the rate by the time they reach age 15.</p> <p>Strategy 2: Track Florida CHARTS by specific disease, Bacterial STDs, Chlamydia, Gonorrhea for 15-19 year olds –</p>	Goal HP1	Prevent and control infectious disease.	HIV-1	(Developmental) Reduce new HIV diagnoses among adolescents and adults.	Promote and disseminate national screening recommendations for HIV and other STIs.
			HIV-2	(Developmental) Reduce new (incident) HIV infections among adolescents and adults.	Support states, tribes, and communities to implement evidence-based sexual health education.
			HIV-8	Reduce prenatally acquired HIV and AIDS cases.	Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of HIV/STIs and teen pregnancy.
			HIV-9	(Developmental) Increase the proportion of new HIV infections diagnosed before progression to AIDS.	
			HIV-10	(Developmental) Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards.	Encourage HIV testing and treatment, align programs to better identify people living with HIV, and link those who test positive to care.
			HIV-14	Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.	
			STD-2	(Developmental) Reduce Chlamydia rates among females aged 15 to	Promote and disseminate national screening recommendations for HIV and other STIs.

Alignment					
Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Infectious Disease	Health Protection				
Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-19, by January 30, 2018. (continued)	Chronic Disease				
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Identify and address barriers to the dissemination and use of reliable health information.
Single Year Counts (annually)			STD-9	(Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.	

Alignment

Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Maternal and Child Health	Community Redevelopment and Partnerships				
<p>Goal: Improve birth outcomes in Taylor County.</p> <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>Strategy 1: Add pregnancy prevention (best choices) to drop out program; Define and advocate for a comprehensive sexual health curriculum in school.</p> <p>Strategy 2: Develop male youth mentoring program to compliment and complete other teen pregnancy strategies.</p>	Goal AC5	Reduce maternal and infant morbidity and mortality.	Maternal, Infant, and Child Health Goal	Improve the health and well-being of women, infants, children, and families.	Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.

Alignment

Taylor County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Issue: Healthy Lifestyles					
<p>Goal: Improve the health of residents of Taylor County</p> <p>Objective: Increase the number of worksite wellness programs with more than 50 employees from ## to ## by June 30, 2018</p>	<p>CD 1 Healthy Weight</p> <p>Goal CD3: Chronic disease</p> <p>Goal CD4: Tobacco use and second-hand smoke exposure</p>	<p>Strategy CD1.3: Healthful food</p> <p>Strategy CD2.1: Healthy behaviors</p> <p>Strategy CD2.2: Employee wellness programs</p> <p>Strategy CD3.1: Chronic disease self-management education</p>	<p>Healthy People 2020 NWS-8</p> <p>Healthy People 2020 NWS-9</p> <p>Healthy People 2020 PA-1</p>	<p>Increase the proportion of adults who are at a healthy weight.</p> <p>Reduce the proportion of adults that are obese.</p> <p>Reduce the proportion of adults who engage in no leisure time physical activity.</p>	<p>CDC Winnable Battle: Nutrition, Physical Activity, and Obesity</p>

Potential Policy Implications

Within the state of Florida, there are numerous policies which can be used to impact health issues within Taylor County. The table below and on the following pages summarized those policies most relevant to the issues identified in this Community Health Assessment.

Chronic Disease & Mortality			
Health Risk Factors	Florida Law	Description	Changes (as needed)
Cancer (e.g., lung, prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of Cluster/Outbreak	
	FS 385.202	Requires Providers to Report to Florida Cancer Registry	
	FS 385.103	Chronic Disease Community Intervention Programs	
	FS 385.206	Hematology-Oncology Care Center Program	
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS 385.103	Chronic Disease Community Intervention Program	
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Program	
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Program	
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership	
	FS 385.204	Insulin; Purchase, Distribution; Penalty for Fraudulent Application for and Obtaining of Insulin	
	FS 385.103	Chronic Disease Community Intervention Program	
Unintentional Injuries	FS 385.103	Chronic Disease Community Intervention Program	

Chronic Disease & Mortality			
Health Risk Factors	Florida Law	Description	Changes (as needed)
	FAC 64B-7.001	Pain Management Clinic Registration Requirements	
	FAC 64K-100 (1,2,3,4, 5, 6, 7)	Establishment of Florida's Prescription Drug Monitoring Program	
	FS Title XXIX, Chapter 397	Substance Abuse Services	
	FS 316.613	Child restraint requirements	
	FS 316.614	Safety belt usage	
	FS 327.35	Boating under the influence; penalties; "designated drivers"	
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Program	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
Arboviral Diseases	FS 388	Control of Arthropods in Florida	
Tuberculosis	FS 392	Tuberculosis Control	
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD (e.g., Hepatitis A)	
	FS 381.0072	Food Service Protection	
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
		Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities for the Care of Mildly-ill Children Requirements for Compulsory Immunizations for Admittance and Attendance	
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools, including Exemptions	
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
	FS Title XXIX, Chapter 384	STIs; Department Requirements	
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-200(2,3,4,6)	Outlines with Respect to HIV the Definitions, Confidentiality, Testing Requirements, and Registration of HIV Testing Programs	
	FS 381.004	HIV Testing	

Maternal & Child Health			
Health Risk Factors	Florida Laws	Description	Changes
Birth Rates	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Infant Mortality	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Teen Pregnancy	FAC 64F-23.001	Informed Consent – Abortion	
	FS 63.053 and 63.054	Unmarried Father Registry	
	FS Title XXIX, Chapter 390	Termination of Pregnancies	
	Florida Constitution, Article X, Section 22	Parental Notice of Termination of Minor's Pregnancy	
	FS Title XXIX, Chapter 384.31	STI: Testing of Pregnant Women; Duty of the Attendant	

Maternal & Child Health			
Health Risk Factors	Florida Laws	Description	Changes
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services	

Health Resource Availability (Access & Resources)			
Health Risk Factors	Florida Laws	Description	Changes
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FAC 64F-16.006	Sliding Fee Scale	
	FS 296.31	Veterans Nursing Home of Florida Act	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education and Prevention Program	
	FL Constitution, Article IX, Section 1	Public Schools, Education of All Students	
	FS Title XLVIII	K-20 Education Code (FS 1007 – Access)	
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent and Retired Senior Volunteer Services to High-Risk and Handicapped Children	
	FS Title XXX, Chapter 409	Social and Economic Assistance, Part I)	
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs, Alzheimer's Disease Services	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
	FS Title XXIX, Chapter 394	Mental Health	
Disability	FS Title XXX, Chapter 410	Aging and Adult Services	
	FS Title XXX, Chapter 430	Elderly Affairs	
	FS Title XXIX, Chapter 393	Developmental Disability	
Crime	FS Title XLVI	Crimes in Florida	
	FAC 64B-7.002	Pain Clinic/Physician Disciplinary Guidelines	
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads or Blanks for Controlled Substance Prescribing	
	FAC 64B-21.504.001	School Psychology Disciplinary Guidelines	
	FS 767.04	Dog owner's liability for damages to person bitten (e.g., PEP)	
Suicide	FAC 64K-100 (1,2,3,4,5,6,7)	Establishment of Florida's Prescription Drug Monitoring Program – In Response to Overdose/Suicide Rates	
	FS 406.11	Examinations, Investigations, and Autopsies	
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
	FS 1003.455	Physical education; assessment	
Alcohol Use	FS Title XXXIV	Alcoholic Beverages and Tobacco Regulations	
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Act: FDOH shall regulate all facilities that DBPR does not with respect to this Act	
	FL Constitution, Article X, Section 20	Workplaces without Tobacco Smoke	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
	FS Title XXXIV, Chapter 569	Tobacco Product Regulation	

Appendix 1: CHIP End of Year Survey (example of template)

Organization: _____

Name of Person Completing Survey: _____

Reporting Time Period: **July 1, 2013 to June 30, 2014**

Objective 1: **Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016.**

Success:

Challenges/Barriers:

Recommendations to current CHIP:

Activities Planned for Next Time Period:

Objective 2: **Provide mobile unit to visit identified locations monthly beginning September 1, 2016.**

Success:

Challenges/Barriers:

Recommendations to current CHIP:

Activities Planned for Next Time Period:

Objective 3: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.

Success:

Challenges/Barriers:

Recommendations to current CHIP:

Activities Planned for Next Time Period:

TAYLOR COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



2013 - 2016

Annual Evaluation Report of Progress with Recommendations

This report is intended to provide a brief summary to the successes, challenges/barriers, and recommendations for implementation of the 2013 – 2016 Taylor County Community Health Improvement Plan, prepared by the

Florida Department of Health-Taylor County and facilitated by Quad R (contractor).

TAYLOR COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

ANNUAL EVALUATION REPORT OF PROGRESS WITH RECOMMENDATIONS

Introduction:

Building a healthier Taylor County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Taylor County residents. The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address health issues, roles, and common goals and objectives throughout the community. The plan is used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), is utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Taylor County identified three key issues

- Infectious Disease
- Access to Health Care, and
- Maternal and Child Health

The CHIP is a living document and an ongoing process. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

In August and September 2014, a review of the progress was conducted to identify successes, challenges/barriers, and recommendations for changes to the CHIP. The Florida Department of Health in Taylor took the lead in gathering information to create this annual evaluation report from community partner input. To guide the collection of community partner input, a survey was developed (see **Appendix 1**). Input from the partners was then added to the annual evaluation report, which will be used in creating an updated CHIP.

Infectious Disease

The Mayo Clinic website (www.mayoclinic.org) defines infectious diseases as disorders caused by organisms – such as bacteria, viruses, fungi or parasites. Some infectious diseases can be passed from person to person and some are transmitted by bites from insects or animals. While others are acquired by ingesting contaminated food or water or being exposed to organisms in the environment.

The Centers for Disease Control and Prevention (CDC) has reported that 85% of the most prevalent infectious diseases in the United States are sexually transmitted. About 12 million new STD infections occur in the United States each year. One in four occurs in someone between the ages of 16 and 19. Almost 65% of all STD infections affect people under the age of 25.

Using the 2012 Forces of Change health themes (based on the analysis of available data), infectious disease was identified as a priority for the 2013 Community Health Improvement. From 2011 to 2012, Taylor County saw an increased in the total Gonorrhea, Chlamydia & Infectious Syphilis from 83 to 146, respectively.

Goal: Increase community-wide education and awareness

Strategy:

Increase awareness for infectious diseases, specifically STI's, in Taylor County residents, ages 15-24, by increasing the distribution of print materials by January 30, 2016.

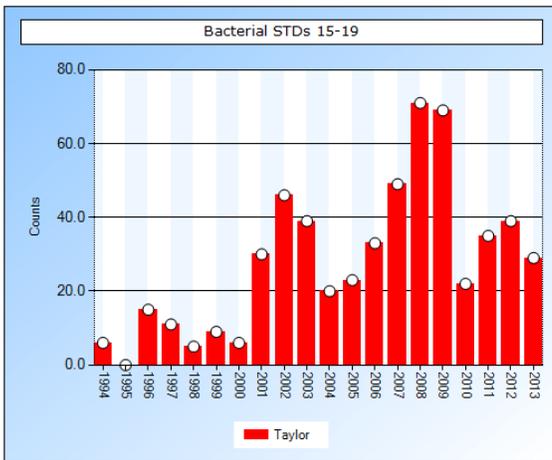
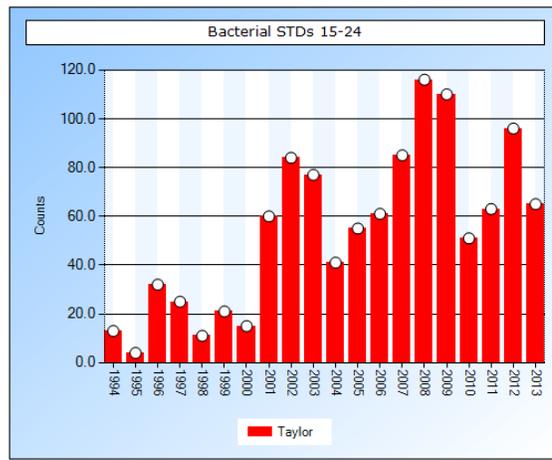
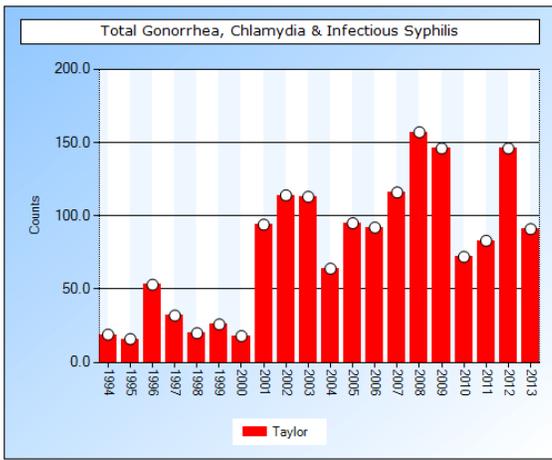
Objective: Reduce the incidence of sexually transmitted infections by 10% among the residents of Taylor County, ages 15-24, by January 30, 2016.

Monitoring Data Source: CHARTS (managed by FDOH)

Lead Organization (Contact):

Successes:

- Total Gonorrhea, Chlamydia & Infectious Syphilis (for all ages) dropped from 146 in 2012 to 91 in 2013. (Source: Florida CHARTS, Single Year Data – see graph below)
- Bacterial STDs for ages 15-24 dropped from 96 in 2012 to 65 in 2013. (Source: Florida CHARTS, Single Year Data – see graph below)
- Bacterial STDs for ages 15-19 dropped from 39 in 2012 to 29 in 2013, which is a 74.4% decrease in a single year
- Participated in community events (i.e., Show Your Love)
- Began TOP program in local schools



Challenges/Barriers:

- Identification of sustainable funding.
- Community participation – stigma
- Data that indicates an increase in awareness of STIs among resident ages 15-24

Recommendations:

- Adding language to clarify the goal, strategy, and objective. For example: Increase community-wide education and awareness related to infectious disease in Taylor County or Increase community-wide awareness of how Gonorrhea, Chlamydia & Infectious Syphilis are transmitted.
- Gather data to determine the baseline to be used for monitoring impact of activities on the objective

Access to Health Care

A review of the Health People 2020 website provides a brief overview regarding access to health care, which follows:

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services means the timely use of personal health services to achieve the best health outcomes (Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. *Access to health care in America*. Millman J, editor. Washington: National Academies Press; 1993). It requires 3 distinct steps:

- Gaining entry into the health care system
- Accessing a health care location where needed services are provided
- Finding a health care provider with whom the patient can communicate and trust

Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability (Local information added: There was a slight decrease in adults indicating they have a personal doctor from 80.2% (2007) to 79.4% (2010))
- High Cost (Local information added: There was a 4.7% increase in adult who reported they could not see a doctor at least once in the past year due to cost from 2007 to 2010.)
- Lack of insurance coverage (Local information added: In 2010, adults that indicated they had health care insurance was 70.6%. This was a drop from 79.0% in 2007)

Note: Local information added is from CHARTS, 2007 Behavioral Risk Factor Surveillance Survey (BRFSS).

Goal: Expand health care to the residents of Taylor County.

Strategy: None identified

Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016.

Monitoring Data Source:

Lead Organization (Contact):

Successes:

- DMH clinic in Steinhatchee
- Possible funding through Episcopal Diocese out of Jacksonville that could be utilized by several counties
- Medicaid will pay for travel
- Completed initial research to determine to cost, liability, and staffing.

- Limited transportation service available through Big Bend Transit

Challenges/Barriers:

- Cost of a Mobile Medical Unit
 - 40' Mobile Medical Unit on a step van with an all-aluminum body and a wheelchair access lift with 2 exam rooms with exam tables, sinks, lavatory area and waiting area - \$264,518 - does not include any options or accessories (i.e., X-ray apron)
 - 34' Mobile Medical Unit on a bus platform with seating with seatbelts, removable tables, galley area, sinks, lavatory area and waiting area - \$146,331.00 – does not include any options or accessories (i.e., X-ray apron)
- Cost of maintenance of Mobile Medical Unit
 - Limited availability of vendors that provide required maintenance for specialty vehicles.
 - Limited availability of vendors that provide required maintenance for mobile medical equipment.
- Require significant financial subsidy to operate
- Liability for practitioners within the mobile health unit
- Medicaid will pay travel, but only 12 trips and does not cover children
- HMOs are bidding for travel and sometimes that is not the best option

Recommendation:

- Discuss the feasibility of acquiring a mobile medical unit given the cost associated with the acquisition and maintenance
 - Identify a lead organization to seek funding for acquisition of the mobile unit
 - Discuss options for housing the vehicle, maintenance of the vehicle and specialized equipment, and staffing of mobile unit with personnel to provide billable services.
 - Identify a financial subsidy to operate
 - Determine who will handle billing for services
 - Identification of a driver
- Consider using any funds identified to provide local transportation or subsidize any existing transportation providers
- Consider abandoning this objective and identifying another from the other health issues (for example, Obesity or Chronic Disease) identified during the CHIP process.

Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the United States and their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system (Healthy People 2020).

According to the World Health Organization, about 16 million women 15-19 give birth each year or about 11% of all births worldwide. Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anemia, malaria, HIV and other sexually transmitted infections, postpartum hemorrhage and mental disorders, such as depression.

The risk of maternal and infant mortality and pregnancy-related compliances can be reduced by increasing access to quality preconception and inter-conception care.

Goal: Improve birth outcomes in Taylor County.

Strategy:

- Define and advocate for a comprehensive sexual health curriculum in school.
- Develop male youth mentoring program to compliment and complete other teen pregnancy strategies.

Objective: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.

Monitoring Data Source:

Lead Organization (Contact):

Successes:

- Teen parent program in place; located at the Taylor County High School/ITI (Robyn Collins)
- Began the evidence-based TOP program in local schools
- Initiated Healthy Lifestyle Choices curriculum in local schools for the second semester of the 2013-2014 school year. This program is also being used in the neighboring county of Wakulla

Challenges/Barriers:

- Sustainable funding
- Community participation/support – Teen Pregnancy Council, male mentoring, etc.
- Availability of data to track progress toward objective

Recommendations:

- Gather data to develop a baseline that can be used to monitor progress toward the goal
- Segment the data for births to mothers 15-19 year olds to identify data related to
 - A specific age
 - Marital Status within the age groups - married vs. unmarried

- Work with local faith-based organizations to develop programs for teens that support healthy lifestyle and decision making

Appendix 3: Annual Community Partners Meeting

Taylor County Community Health Improvement Plan Annual Community Partner Meeting Meeting Notes

Date: September 22, 2014

Time: 11:00 a.m. to 2:00 p.m.

Purpose: To review and evaluate the progress of the Community Health Improvement Plan and make revisions.

Time	Topic	Notes
11:00 – 11:15a.m.	Welcome and Introductions	<p>Roll Call:</p> <ul style="list-style-type: none"> • James Rachal – DOH Taylor, Environmental Health Director • Daniel Hoffmaster – Doctors Memorial Hospital • Lisa English – Taylor Medical & Dental, Center Manager • Donna Hagan – Healthy Start JMT, Executive Director • Kristie Lutz – Program Manager, DOH-Taylor • Kris Olson – Grants/Worksite Wellness, Taylor County School District • Glenda Hamby – United Way of the Big Bend • Joyce Fuller – Taylor County Recovery Center, Owner • Pad Juarez – DOH-Taylor, Interim Administrator • Laura Ethridge – DOH-Taylor, Accreditation Coordinator • Martine Young - DOH-Taylor, Tobacco & Chronic Disease Prevention • Geri Forbes – Doctors Memorial Hospital, CEO <p>• Pad opened the meeting and welcomed everyone. He explained the objectives of the meetings.</p>
11:15 – 11:30 a.m.	Opening Remarks	<ul style="list-style-type: none"> • Laura explained the processes that lead us to today's meeting.

		<ul style="list-style-type: none"> • CHA community health assessment; CHIP community health improvement plan. • Annually, the CHIP can be revised, updated, and talked about. Today, we will go through the CHIP and discuss improvements, challenges/barriers, and successes.
<p>Health Priority: Infectious Disease Goal: Increase community-wide education and awareness</p>		
<p>11:30 a.m. – 12:00 p.m.</p>	<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>	<ul style="list-style-type: none"> • Some successes and challenges have already been added to the report. • Donna Hagan explained some of the misunderstanding on how the data is skewed – because 100% of the population isn't being tested, it's hard to fully capture true rates in the community. • Full service clinics and DOE funding for school districts was discussed (Ksenia Zipper is the contact for these ideas). • Abstinence programs and youth knowledge of services offered by the HD were discussed. • Success with Wakulla County school district was discussed. Kris Olson got contact info in order to discuss with Wakulla County. • Joyce Fuller discussed the "Boys to Kings, and Girls to Queens" non-profit program. • The abstinence vs. birth control educational initiative was discussed. • Geri Forbes discussed a new provider, Dr. Katie Reid, who is with LPP and focuses on ages 12-17 as a key player to this objective. <p><u>Updates:</u></p> <ul style="list-style-type: none"> • Kris Olson, mentioned changing from 10% to a number • Glenda, mentioned lowering the age group to the lowest age group collected in data • Change the age to 15-19 <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Target 6-9 grades for education to reduce the rate by the time they reach age 15

		<ul style="list-style-type: none"> • Create a program and establish an audience in grades 6-9 • Check on data sources by age <p><u>Objective:</u></p> <ul style="list-style-type: none"> • By June 30, 2018...
<p>Health Priority: Access to Health Care Goal: Expand health care to the residents of Taylor County</p>		
12:00 – 1:00 p.m.	Objective: Provide mobile unit to visit identified locations monthly beginning September 1, 2016.	<ul style="list-style-type: none"> • Several barriers/challenges were discussed. • Removal and/or replacement of this objective were discussed. • Transportation was identified as the main issue behind this objective. <p><u>Successes</u></p> <ul style="list-style-type: none"> • there is now a DMH clinic in Steinhatchee • possible new funding through Episcopal Diocese out of Jacksonville that could be utilized by several counties • Medicaid will pay for travel <p><u>Barriers</u></p> <ul style="list-style-type: none"> • liability for practitioners within a mobile health unit • Medicaid will pay travel, but only 12 trips and does not cover children. • HMOs are bidding for travel and sometimes that isn't the best option. <p><i>It was determined that this objective should be abandoned</i></p>
<p>Health Priority: Maternal and Child Health Goal: Improve birth outcomes in Taylor County</p>		
1:00 – 1:30 p.m.	Objective: Reduce teen pregnancy rate for 15-19 year olds from 59.8 to state rate of 27.2 by December 31, 2016.	<p><u>Changes</u></p> <ul style="list-style-type: none"> • Dropping the age from 15-19 to 13-17 so as to not include young adults (18-19) whom have already graduated from high school and could be married with children. • Change to case number instead of percentage • Utilize trends over time instead of single numbers • Remove state rate. <p><u>Changed:</u></p>

		<ul style="list-style-type: none"> • Reduce teen pregnancy rate for 13-17 year olds by (# count) by June 30, 2018. <p><u>Successes:</u></p> <ul style="list-style-type: none"> • Teen Parent Program • TOP <p><u>Activity:</u></p> <ul style="list-style-type: none"> • There is a need for a community wide survey to better understand what works/doesn't work and what services are available to assist with this objective.
1:30 – 1:45 p.m.	Recap of Decisions	<p>New objective --- Overweight/Obesity rates</p> <p><u>Strategies</u></p> <ul style="list-style-type: none"> • Increase the number of worksite wellness programs to more than 50 employees as defined by ?? • Increase employer/employee participation • Reduce the % and/or number of obese residents • Community competition • Reaching school aged children (similar to quit smoking and pollution) • Statewide county challenge (Taylor didn't participate) <p><u>Possible New Objectives</u></p> <ul style="list-style-type: none"> • Increase the number of people that are at a healthy weight (this would encompass all strategies listed above) • All of this information will get organized and sent out for review. • New and updated data will be collected so objectives can be re-written with the revisions discussed today.
1:45 – 2:00 p.m.	Final Remarks and Adjourn	<p>Looking for a community lead (data collection, "herding cats", keeping things simple)</p> <p>RECAP</p> <ul style="list-style-type: none"> • Abandoned mobile unit • revised objectives • changing % to #

		<ul style="list-style-type: none">• better age groups• looking for trends• community wide survey• adding pregnancy prevention to drop out program• obesity/worksite wellness/chronic disease objective creation
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