Community Health Improvement Plan

(aka Community Wellness Improvement Plan)

Update and Report of Progress

October 2018 – December 2019

Florida Department of Health in Wakulla County

January 2020

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Revisions:

Date of Change	Description	Reason	Person Making Change

Introduction

The Wakulla County CWIP is a community-driven and collectively owned health improvement plan between community partners and the Florida Department of Health in Wakulla County (DOH-Wakulla). DOH-Wakulla is responsible for providing administrative support, tracking and collecting data, facilitating of meetings, management of process and preparing any reports.

The Wakulla Wellness Task Force (WWTF) is comprised of various faith-based organizations, local and state agencies, university representation, businesses, community members, healthcare providers and non-profits. The WWTF meets monthly except for July and December to provide updates on activities related to community issue areas. Oversight and guidance are provided by the Executive Council (steering group) that meets quarterly to review processes and discuss long-range needs. Sign-in sheets and meeting minutes are developed and maintained by staff of DOH-Wakulla.

Originally, the CWIP for Wakulla County was approved by the Wakulla Wellness Task Force and by leadership of DOH-Wakulla in October 2018. The CWIP's timeframe was October 2018 to September 2023. This report reflects the progress made in the early portion of the first year of implementation, October 2018 through December 2019 and updates to the CWIP.

The timeframe has been adjusted to better align with the Florida Department of Health annual reporting cycle. Updates and annual reports are due each March 31 to the State Health Office.

Updating of the CHA and CWIP occurs annually; however, a larger collection of data for an updated CHA is planned for the year prior to the end of the CWIP 5-year cycle. The current CHA will complete a 5-year cycle in 2022 and CWIP will complete the 5-year cycle in 2023. A new CHA is planned for completion in 2022 with the updated information being used for the continued review and update of the CWIP in the fall. Implementation of the new CWIP would then begin in January 2023.

Overview of the Community Health Improvement Plan (CHIP)

After some discussion, members of the Wakulla Wellness Task Force (Appendix A) felt that using the title of Community Health Improvement Plan did not convey the vision of Wakulla County. To aid in communicating the local needs and issues using the plan, it was decided the CHIP would be titled Community Wellness Improvement Plan or use the abbreviation CWIP.

In the late spring of 2016, the Wakulla Wellness Task Force (hereinafter referred to as WWTF) began the process of conducting a Community Health Assessment (CHA) to determine the health issues to inform the priorities for the next five years. The WWTF selected the Mobilizing Action through Planning and Partnerships (MAPP) model to guide the effort.

WWTF members and special invited participants asked to provide feedback or ask questions regarding the data. Opportunities were provided for the community at-large to ask questions, provide feedback or comment on the CHA. With little to no outside input, the members of the WWTF moved forward with the creation of the CWIP (CHIP). The CHA was completed in June 2017. This document is available on the FDOH Wakulla website - http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/wakulla-county/index.html.

Data contained in the Community Health Status Assessment is updated annually. This data is used to track progress and identify additional community issue areas for consideration by the WWTF. Community issue areas are selected following data review, discussion for understanding and use of a selection tool to ensure a data-driven decision that is tempered by community norms and resources.

After a brief summer break, activities began to determine the priorities from the five issue areas/social determinants of health (neighborhood & built environment, social & community context, economic stability, education, and health and health care). Ultimately, the WWTF determined that without securing the basics needs (food, clothing and shelter - Maslow's Hierarchy of Needs), people are less likely to focus on their health or accessing health care.

STRATEGIC ISSUE AREA - 2017	***GOAL***
Healthy Living – Food Insecurity	*Food security for all Wakulla County residents*
Living Healthy – Health Literacy & Promotion	*An informed community about the impact of health on quality of life and life expectancy*
Living Health – Building Capacity for Health Promotion	*Informed community on the economic and social impacts of wellness to the community*

Summary of CHIP Annual Review

At the time of the first required annual report, the CWIP was approximately 6 months old. The WWTF conducts monthly meetings using an agenda developed using the objectives and strategies developed for the CWIP. Meeting minutes are maintained that capture discussion regarding previous action items, items to review or for discussion, along with progress notes that contain successes, challenges or barriers to moving forward and next steps. This information is used to monitor progress and identify data or material needs.

Using updated community health assessment data, the Wakulla Wellness Task Force (WWTF) reviewed data from FLHealth CHARTS and the County Health Rankings (Robert Wood Johnson Foundation/University of Wisconsin) during monthly meetings from August to November 2019. This was two months longer than originally planned; however, the discussion among the task force members and the knowledge gain proved beneficial in reviewing the current goals, objectives and strategies and the development of revised goals, objectives and strategies in some areas. Following the data review, the WWTF completed a selection matrix to score top issue areas.

The selection matrix was provided to the task force members prior to the November meeting to review and make notes to be used for the meeting. Based on the data reviewed, 63 potential issue areas were identified. Instructions were provided on completing the selection matrix - identify a specific area or focus for the issue area, determine the level of community support for activities to address the specific area and the ability and willingness of task force members to impact in the community. Additional criteria/questions were added to help guide discussions –

- Requires action by an elected group (i.e., Board of County Commissioners, Legislature, etc.)
- Resources available (what level of existing resources could be used to impact this specific area

The numeric values for each item was added to determine the top issue areas. The top issues were then further reviewed and scored to determine issues to be modified, eliminated, or added (Appendix D).

Top Issue Areas to be Added:

1. Food Insecurity – Nutritional Deficiencies for residents 65+
2. Living Well (formerly Health Literacy & Promotion) – Vulnerable population, probable Alzheimer's in the 65+ population, safety and care
3. Living Well (formerly Health Literacy & Promotion) – Community education/awareness related to cancer, diabetes, mental health, dental care ages 5 and older
4. Community Awareness and Safety (formerly Building Capacity) - Physical activity ages 20+ using existing local Recreation & Parks facilities
5. Youth Tobacco Use, including Vaping – Community education/awareness

Three additional issue areas were identified as potential internal Department of Health-Wakulla projects. These were

- Poverty – less than 185% of poverty level
- Vulnerable Population – Eligible for WIC and being served
- HIV/AIDS – education and outreach to community

Organizations and residents of Wakulla County are generous in providing resources for specific activities. The CWIP (aka, CHIP) has three distinct challenges: 1) limited funding for implementation of CWIP, 2) maximize use of specific activity resources for the greatest impact on the issues identified and 3) minimizing the fragmentation of resources without losing community engagement.

Community issue committees (CIC) were developed and launched in January 2020. The CICs will consist of 5-7 individuals, including a committee lead. CIC leads will identify potential community members to assist in planning and implementation of activities. Members of these groups do not have to attend the monthly Task Force meeting; however, they are welcome and encouraged to come.

Each CIC lead was provided a sheet that provides guidance for reporting information (Committee Notes template) and a set of data for that issue area. The small groups are to meet outside of the monthly Task Force meeting. The format of the meeting is up to the group – face-to-face, phone conference call, video chat, or even email strings. Current Task Force members that are not on the committees will remain members of the Task Force-at-Large and/or members of the Executive Council. Each month (or at least quarterly), the leader will use the Committee Notes to provide a brief summary of their meetings (who participated, topic for discussion, summary of discussion and next steps planned). Also, the CIC lead may present topics for discussion among the larger group or items may need to be referred to the Executive Council for consideration.

Potential members were identified based on the organization and skills or knowledge the member may possess. Not all groups have a leader identified; however, these community issue committee starting time has been delayed. As other information has become available, it appears some issues may work better to be added as an activity or a second phase to another CIC.

Strategic Issue Area #1: Healthy Living – Food Insecurity in Our Community

Food insecurity does not mean that there are no grocery stores, or you live too far from a store or that there is not time to shop or cook. It merely speaks to the lack of food access based on financial and other resources for an active, healthy life.

In 2017, the U.S. Department of Agriculture (USDA) estimated 118 percent of American households were food insecure at least some time. In 2015, USDA economic research service published that households with children experienced food insecurity at a higher rate than those without children, 16.6% compared to 10.9%.

In data from Feeding American for 2017, Wakulla County had a food insecurity rate of 13.5%. The estimated program eligibility among food insecure people was 44% above and 56% below SNAP (i.e., Supplemental Nutrition Assistance Program) or other nutrition programs threshold of 200% poverty. The 2019 federal poverty level (FPL) income numbers used to calculate eligibility for Medicaid and Children's Health Insurance Program (CHIP). Some examples of the FPL are

- $12,490 for individuals
- $16,910 for a family of 2
- $21,330 for a family of 3
- $25,750 for a family of 4

Goal: Food security for all Wakulla County residents

Strategy 1: Collaborate with community partners to implement actions to address food insecurity and promote healthy behaviors among children

Lessons Learned:

- Need to secure sustainable resources (i.e., funding, food sources)
- Need a secure, climate-controlled location to store items
- Need a documented process that can be used to review pre and post event planning and manage future activities efficiently

Strategy 2: Identify methods for incorporating health decisions into core academic class materials/lesson plans

Strategy 3: Sustain and/or expand current local food bank efforts

Lessons Learned:

- Gathering information that is not available through electronic means is a challenge; volunteers potentially are needed to visit locations throughout the county to speak in person with those managing small rural food pantries
- Having a secure food resource and list that can be used to explain the goal of the CWIP to the food pantries and the benefits of a collaborative partnership

Key Partners:

Faith-based organizations	Civic organizations	Local Businesses
WWTF Executive Council	School District	Board of County Commissioners
University of Florida – Institute for Food and Agricultural Science		

Why this is important to our community:					
Studies have shown that children who are hungry are at an increased risk of poor academic performance, and behavioral issues. Recent evidence indicates this lack of nutrition causes health problems later in life. Adding health decisions into math, science, and other lessons will increase the students' understanding of nutritional information and should guide their decision-making process. Wakulla County also has an aging population whose nutrition is essential to health and can help avoid hospital visits or stays. Clearly, having food available to families of all sizes and ages will help with the quality of life and life expectancy of the residents.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status***
By June 2023, 100% of schools in the district will have a weekend and/or holiday food insecurity program for children.	# of activities planned # of activities conducted Data Source: Report from team members and documented in minutes.	100%	90% of annual planned opportunities or activities		In December 2018 and March 2019, food bags were delivered to students identified by guidance counselors, teachers, school resource officer or principals. Students received 2 food bags with various food items, focusing on easy use and nutritional value. The number of students increased from December (185) to March (224). Through a collaborative partnership with Operation Wakulla, a 501(c)3, this objective is moving toward developing a structure that would allow for sustainability and greater community engagement.
By June 2023, incorporate health decisions into core academic class materials or lesson plans that support Wakulla School District Wellness Program and HealthierUS School Challenge	# of activities planned # of changes implemented Data Source: Report from team members and documented in minutes.	100%	90% of annual planned opportunities or activities		It was reported by representatives for the School District that this objective has been met. The status for this objective is moved to sustainability and will no longer be reported.
By June 2023, develop a foodbank sustainability network to address gaps in services and increase utilization of food resources in the community	# of activities planned # of activities conducted # of changes implemented Data Source: Report from team members and documented in minutes.	10%	90% of annual planned opportunities or activities		Some work has been completed toward identifying local foodbanks. This has proved challenging because many of the foodbanks are maintained by small rural churches that are not usually staffed during the week. These churches often focus solely on their congregation.

* Status indicators are as follows:

= Little to no movement towards objective target

= some progress towards meeting the objective target

= reached or surpassed objective target

Strategic Issue Area #2: Living Healthy – Health Literacy & Promotion

Health literacy means more than being able to read pamphlets and successfully make appointments. The World Health Organization describes health literacy as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health."

Goal: An informed community about the impact of health on quality of life and life expectancy

Strategy 1: Raise community's awareness of health choices (behaviors, breastfeeding, etc.) and their impact on chronic and infectious diseases

Lessons Learned:

- Schedule was too aggressive.
- Materials with local data take longer to develop
- Limited opportunities to disseminate information (i.e.,1 weekly newspaper, no local radio)
- Challenges of using social media, including local skills

Strategy 2: Organize events that offer health monitoring services and education, such as blood pressure checks, etc.)

Lessons Learned:

- Need to include broader population in development of activities
- Group structure or teams might help increase interest/participation
- Seek collaborative community partnerships

Strategy 3: Provide education on benefits of immunizations for all ages

Lesson Learned: this should have been included with Strategy 1 above

Key Partners

Faith-based organizations	Civic organizations
WWTF Executive Council	

Why this is important to our community:					
Health literacy means more than being able to read a pamphlet and successfully make appointments. Health literacy empowers an individual to take action to improve the quality of his/her r life and life expectancy. It can help individuals understand the short- **and long-term** costs of their decisions to continue with unhealthy behaviors.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
Increase community's awareness of health behaviors and their impact on chronic diseases by providing "Wellness in Our Community" activities to inform and educate individuals	# planned # of activities conducted Data Source: Report from team members and documented in minutes.	1.5	10.0		It has been determined that this area was overly aggressive in the initial plan.
Decrease the overall number of residents with diabetes that report using tobacco and/or alcohol by 2%, as reported in the BRFSS or Florida Youth Surveys	# planned # of activities conducted Data Source: Report from team members and documented in minutes.				Data has been received from Division of Community Health that provided a comparison between diabetes only, diabetes and tobacco use, diabetes and alcohol

* Status indicators are as follows:

= Little to no movement towards objective target

= some progress towards meeting the objective target

= reached or surpassed objective target

Strategic Issue Area #3: Living Health – Building Capacity for Health Promotion

Sustainable community wellness involves integrating health promotion into the building blocks of financial and human resource planning, knowledge management, partnership building, and capacity for effective implementation. It requires leadership to advocate and mobilize actions to incorporate health related policies and infrastructure into many areas of decision-making in both the private and public sectors.

Before health promotion can be integrated into the various building blocks provided above, there is a need to inform and educate community leadership, policymakers and businesses on health behaviors and their impact on social and economic issues.

Goal**:** Informed community on the economic and social impacts of wellness to the community

Strategy 1: Provide "Wellness in Our Community" data to inform and educate community leadership, policymakers and businesses on health behaviors and their impact on social and economic issues

Lessons Learned:

- Link to Health Literacy and Promotion to better educate the businesses and organizations

Strategy 2: Provide information to civic and faith-based organizations on wellness and its benefit to the community

Lessons Learned:

- Link to Health Literacy and Promotion to better educate the businesses and organizations

Strategy 3: Collaborate with Wakulla School District to provide adults with training in mental health "first aid"

Lesson Learned:

- Offering free training to the community does not ensure success
- Health care issues identified by the WWTF do not translate to actionable events for the community

Key Partners

Faith-based organizations	Civic organizations
WWTF Executive Council	School District
Local government – recreation, building, etc.	Wakulla County Sheriff's Department

Why this is important to our community:					
The social and economic growth and sustainability of a community is driven by several areas, education, cost of living, access to health care, and recreational opportunities. Without the support of leadership and policymakers or business, access to services can be limited or disappear.					
Objective	**Indicator**	**Current Level**	**Target**	**Status**	**Explanation of Status**
By December 2023, increase the number of local government or business policies or procedures that include health promotion into financial and human resource planning, knowledge management, partnership building, or capacity for effective implementation by 2%					It has been determined that this area was overly aggressive in the initial plan.

* 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

Dedicating time for WWTF members to review and discuss the data has increased the level of engagement. With this new level of engagement, a change in the structure and process has been implemented to increase community awareness and involvement in activities related to the areas identified by the community. An overall revision has been made to better align the local process with the reporting requirements of the Florida Department of Health and National Public Health Accreditation. DOH-Wakulla staff continue to assist with capturing of meetings, topics discussed, activities, and providing data monitoring and analysis.

Strategic Issue Area #1: Food Insecurity and Nutrition

Goal: Food security for all residents of Wakulla County.

Strategy 1: Support/Expand programs to increase availability of food

Objective 1: By June 30, 2023, develop a food resource network to address food insecurity of families and seniors with 50% of the known food banks or pantries participating regularly in events to increase availability and utilization of food resources in the community.

~~Strategy 2: Identify methods for incorporating health decisions into core academic class materials/lesson plans~~

Activity 1: Create a process to provide food to school students during holiday breaks (i.e., Winter and Spring) that includes collaboration with community partners – Lead: Denise Colangelo, Operation Wakulla, a 501(c)3

Activity 2: Partner with the county food resources to support future goals which includes increase of foods to distribute, more distribution dates, increased clients and additional services – Lead: Pending

Activity 3: Expand community events that provide food products, such as self-serve food pantries at local sites (i.e., library, community center) or scheduled events in Farm Share and Second Harvest in Census County Division (CCD) – Lead: Marva & Clyde Preston, Grace Embraced Ministry, a 501(c)3

Activity 4: Adopt an evidence-based approach to reduce the number of nutritional deficiency death for residents 65+ - Lead: Pending

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
By June 30, 2023, develop a food resource network to address food insecurity of families and seniors with 50% of the known food banks or pantries participating regularly in events to increase availability and utilization of food resources in the community.	By June 2023, 100% of schools in the district will have a weekend and/or holiday food insecurity program for children.			50% participation by food banks and/or pantries	Using new guidance, one objective has been developed with unique activities to address the food insecurity of various ages.
	By June 2023, incorporate health decisions into core academic class materials or lesson plans that support Wakulla School District Wellness Program and HealthierUS School Challenge		COMPLETE		This strategy is being removed. Representatives of the School District indicated that this had been completed.

Strategic Issue Area #2: Long, Healthy Lifestyles

Goal: Increase the number of residents living past age 75

Strategy 1: Educate and support the community on ways to live a long, healthy life

Objective 1. By December 31, 2023, decrease the overall number of residents with diabetes that reporting using tobacco and/or alcohol by 2%, as reported in the BRFSS

Objective 2: By June 30, 2023, increase the number of local government or businesses that incorporate health promotion into financial and human resource planning, knowledge management, partnership building in their policies and procedures to 25%

Activity 2.1: Provide information to local government or businesses on the impact of healthy behaviors on chronic diseases, life expectancy and the benefits of immunizations – Lead: Pauline Hoffman, Clinical Manager, Tallahassee Memorial Hospital

Objective 3: By December 31,2023 increase by 2% adults (20+) indicating they are physically active

Activity 3.1: Support/Expand opportunities for adults (20+) to participate in individual physical activities or group sports – Lead: Pending

Strategy 2: ~~Organize events that offer health monitoring services and education, such as, blood pressure checks, etc.)~~

~~Strategy 3: Provide education on benefits of immunizations for all ages~~

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
By June 30, 2023, increase the number of local government or businesses that incorporate health promotion into financial and human resource planning, knowledge management, partnership building, or capacity for effective implementation to policies and	Increase community's awareness of health behaviors and their impact on chronic diseases by providing "Wellness in Our Community" activities to inform and educate individuals	US Census data shows a total of 447 employer establishments, 2017	Unknown	112 busine sses	This is an on-going objective; revisions will be moved to activities for this objective.

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
procedures to 25%.					
By December 31, 2023 increase by 2% adults (20+) indicating they are physically active.		BRFSS data (3-year cycle)			This objective is being added to address rates of obesity & overweight, increased diabetes and inactivity among adults
	Decrease the overall number of residents with diabetes that report using tobacco and/or alcohol by 2%, as reported in the BRFSS	BRFSS data (3-year cycle)			

Strategic Issue Area #3: Community Safety and Quality of Care

Goal: Community safety and quality care for all residents

Strategy 1: Ensure the safety of residents with Alzheimer's and other types of dementia and access to skilled care.

Objective 1: By December 31,2020, develop and begin implementation of a community campaign to increase awareness of Alzheimer's and other types of dementia

Activity 1: Increase community awareness of Alzheimer's and other types of dementia – Lead: Christine Lepore, Dementia Education Specialist

Objective 2: By January 31, 2023, offer local training and education related to safety and care of residents with Alzheimer's and other types of dementia

Activity 2.1: Support/Expand opportunities for training and education related to deliver of care services to residents living with challenges because of dementia or mental health – Lead: Pending

Activity 2.2: Work with local educational institutions to develop career and/or business opportunities related to care of people living with dementia – Lead: Pending

Strategy 3~~: Collaborate with Wakulla School District to provide adults with training in mental health "first aid" *Key Partners*~~

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
By January 31, 2023, offer local training and education related to mental health and/or geriatric care services.					
By December 31, 2020, develop and begin implementation of a community educational campaign to increase awareness of Alzheimer's and other forms of dementia					
	By December 2023, increase the number of local government or business policies or procedures that incorporate health promotion into financial and human resource planning, knowledge management, partnership building, or capacity for effective implementation by 2%				This objective is being combined with educational and outreach activities for Long, Healthy Life
	Strategy 3: Collaborate with Wakulla School District to provide adults with training in mental health "first aid"		0%		This objective is being removed due to lack of community interest at this time. It could return as an activity later.

Accomplishments

The first CHA/CHIP (2012-2017) completed for Wakulla County was extremely difficult to implement because of a lack of community understanding and buy-in. Multiple revisions were made to get it back on track. With the need to create a new CHA came the opportunity to fully engage the community.

DOH-Wakulla is fortunate to have a consistent group of community partners who worked through the 2016 CHA data and identified priorities. However, as they began to create an implementation plan, they realized they lacked data to monitor process and in some cases the ability to impact. With this realization, they went back to the data and identified new or revised priorities that were more realistic. The WWTF developed goals, strategies, objectives, and more importantly, determined how to implement activities to address the new 2018 -2023 CWIP.

The 2019 annual review and update has provided another opportunity for the community to use data to drive decisions and to recognize that having a root cause is important to progress. This group is now more willing to ask "why" or say "we don't that know yet."

For this writer, o**ur greatest resource and accomplishment continues to be a community that is engaged, actively working and owning their Community Wellness Improvement Plan.** It is not perfect, but to see the growth of this group is very rewarding.

With the review of the activities completed between October 2018 and December 2019, along with the data, the WWTF members have provided the feedback that lead to the revisions (pages 13-17).

Goal	Objective	Accomplishment
1. Food Security for all Wakulla residents	By June 2023, 100% of schools in the district will have a weekend and/or holiday food insecurity program for children.	Working together with the WWTF, approximately 180 (2018 December Holiday – 16 days) and 225 (2019 Spring Break – 10 days) students in pre-K, elementary, and middle schools received two food bags to assist with breakfast, lunch/dinner and snacks over the holiday when they were unable to get free breakfast or lunch at their school. Efforts have proved successful because the community at all levels – faith-based, civic organizations, private citizens, governmental entities, and business have participated and contributed time, materials, and funds to fill these food bags. For December 2019, efforts were expanded to include a collaborative relationship with a local 501(c)3 to collect and manage monetary donations. Additional efforts included streamlining the list of foods to focus on higher protein content and kid-friendly items and working with other groups. It is hoped that this will contribute to a more efficient and effective use of local resources for long-term sustainability.

Goal	Objective	Accomplishment

How it's important for our community: Though helping to feed hungry children is wonderful, addressing the socioeconomics that contribute to residents experiencing food insecurity will take longer to impact – numbers growing for those needing services. The effects of Hurricane Michael are still being found as families are struggling with employment (many were self-employed) and housing.

With low unemployment, this provides an opportunity to educate the community on the need for career development and employment. Some families are working part-time because of other needs and others are working full-time making just enough to disqualify them for benefits, but not enough to support their family. This type of gap is one of the reasons for the food bags. Families receiving government benefits (i.e., SNAP, TANIFF, etc.) have limited means, but families working just above the eligibility criteria need to depend on food banks, churches and other resources.

Goal	Objective	Accomplishment
2. An informed community about the impact of health on quality of life and life expectancy	Increase community's awareness of health behaviors and their impact on chronic diseases by providing "Wellness in Our Community" activities to inform and educate individuals	Initial flyers with local data were well received and were circulated at meetings and events. After completing the annual review of progress, it was determined that the original plan was too aggressive and needs modification.

How it's important for our community: Health literacy is about having the ability to use the information that individuals receive to make decisions about their health. The Wellness Task Force members wanted to focus on "wellness" instead of just health care. Their thought was this could be a positive approach to helping members of the community make better choices.

We are bombarded with all sorts of messaging about being active, eating healthy, and other topics related to individual health. The goal of the Wellness in Our Community flyers is to provide information on a specific topic related to a chronic disease with what the CWIP hopes to accomplish and what an individual reading the flyer can do to help. This increases community awareness and hopefully guide decision making, thus increasing healthy behaviors.

With the citizens working with leaders, policymakers and businesses to implement programs or policies that will have a health impact (sidewalks, lighting in subdivisions, breastfeeding stations for customers and employees, employee wellness activities, etc.), there should be an increase in productivity and reduction in costs.

Conclusion

DOH-Wakulla, as a government agency, struggles with how to facilitate and manage the community health improvement plan process with limited resources for community selected priorities outside of its ability to impact (i.e., food, clothing & shelter). The solution is the **community** engaged with its **community** health improvement plan. Early efforts to implement the CHIP were exhausting with priorities that seemed more individual driven than data or community, low community participation, lack of engagement by community partner.

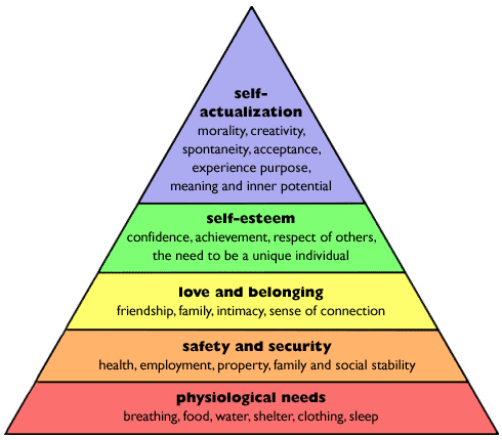
Then, with the creation of the new community health assessment and use of the data to guide the community partners selecting priorities and work through the development of goals, strategies, and objectives, there is an atmosphere of empowerment from the community partners. The WWTF members began to talk about what it would take to begin impacting the priorities they selected. These were not always long-term and perhaps not even sustainable, but it was a start. For that, we are thankful.

As the WWTF members became engaged, this change had a cascading effect on DOH-Wakulla. DOH-Wakulla continues working to find a balance that supports community implementation activities and meets its responsibility of maintaining a continuous health improvement process. The focus of DOH-Wakulla is to facilitate and manage the process, tracks and collects data and prepares needed reports.

Progress is reviewed through monthly meetings of community partners and compilation of data regarding implementation and monitoring of health outcome data as it becomes available. Annual reviews and revisions are based on input from partners and create CHIP annual reports each year to meet the reporting requirement of March. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

Organizations and residents of Wakulla County are generous in providing resources for specific activities. The CWIP (aka, CHIP) has three distinct challenges: 1) limited funding for implementation of CWIP, 2) maximize use of specific activity resources for the greatest impact on the issues identified and 3) minimizing the fragmentation of resources without losing community engagement.

By our working together there should be a significant impact on the community's health, improving where residents live, work and play and realizing the vision of a healthier Wakulla County over time. Maslow's Hierarchy of Needs was a founding element to the creation of the 2018-2023 CWIP and continues to guide our efforts – everyone needs food, clothing and shelter.



Appendices

Appendix A: Comprehensive List of Community Partners

Wakulla Wellness Task Force Community Partners CHIP Coordinators: Laura Ethridge, ASQ-CQIA and Grace Keith, B.S. Special Ed.	
Executive Council Members	**Organizations Represented**
Quincee Messersmith	Wakulla County Board of County Commissioners
Daniel Lily	Wakulla County School Board
Samantha Kennedy	University of Florida - Institute of Food and Agricultural Sciences
Judy Harris	St. Marks Powder Plant
Ray Johnson	Wakulla County Sherriff's Office
Clyde Preston	Grace Embraced Ministry
Marva Preston	Grace Embraced Ministry
Pauline Hoffman	Tallahassee Memorial Hospital
Denise Coangelo	Christ Church Anglican / Operation Wakulla
Tonya Hobby	Florida Department of Health – Wakulla County
Task Force Members	**Organizations Represented**
Amy Marcelja	Authentic Life Church
Jennifer Nagy	Wakulla County Sheriff's Office, Emergency Management
Donna Clark	Florida Department of Health-Wakulla County, Sexual Risk Avoidance
Robin Hawkins	Christ Church Anglican
Lisa McCloudy	Sodexo – Wakulla County Schools
Paula Pendarvis	North Florida Medical Center
Thomas Risk	Florida Department of Health – Leon County
Patty Taylor	Wakulla Board of County Commissioners
Stephanie Weems	Big Bend 211
Atari Ross-Simmons	Tallahassee Community College – Wakulla County Campus
Juanise Hoover	Wakulla County resident
Kitty Culkin	Wakulla County resident
Brent Crouch	Light House Health Plan
Christine Lepore	Operation Santa
Dykibra Gaskin	Florida Department of Health – Leon County, WIC
Scott Stephens	Tallahassee Community College – SPARK Program
Emily Kohler	Big Bend Area Health Education Council
Traci Bourgeois	Florida Department of Health – Wakulla County, Tobacco
Sandra Porras-Gutierres	Florida Department of Children and Families
Joseph Cantin	Florida Department of Children and Families – Leon County
Kyle Root	WellFlorida Council
Janie Edward	Big Ben Area Health Education Council

Appendix B: Annual CHIP Review Community Meeting Sign-In Sheets

Wakulla Wellness Task Force

PLEASE PLACE YOUR INITIALS NEXT TO YOUR NAME/AGENCY

Name	Agency	7/23/19 8:30 am	8/27/19 8:30 am	9/24/19 8:30 am
Traci Bourgeois	FDOH-Wakulla		TB	
Donna Clark	FDOH-Wakulla		DC	DC
Denise Coangelo	Christ Church Anglican		DAC	DAC
Laura Ethridge	Consultant	LE	LE	LE
Kim Feinberg	Refuge House			
Judy Harris	St. Marks Powder	J	JH	JH
Robin Hawkins	Christ Church Anglican			
Pauline Hoffman	TMH Wakulla	PH	PH	PH
Tonya Hobby	FDOH-Wakulla		TH	TH
Juanise Hoover	RWC		JH	JH
Grace Keith	FDOH-Wakulla	GRK	GRK	GRK
Samantha Kennedy	UF/IFAS			
~~Emily~~ Kohler	Big Bend AHEC	EK		EK
~~Belinda McElroy~~ Lisa McCloudy	WCSB / SODEXO		LM	BM
Quincee Messersmith	Wakulla BOCC	QM	QM	QM
Marva Preston	Grace Embraced Ministry			MAP
Clyde Preston	Grace Embraced Ministry			CEP
Thomas Risk	DOH-Leon			
~~Atari Simmons-Ross~~ Desiree Gorman	TCC Wakulla		DG	DG
Rhonda Sapp	Operation Wakulla			
Patty Taylor	Wakulla BOCC			
Ray Johnson	WCSO		RJ	RJ
Stephanie Weems	CACAA	SRW	SRW	SRW

IF YOU ARE A GUEST - PLEASE SIGN IN ON THE BACK OF THIS SHEET

Pauline Pendarvis N.FL Med Ctr PP

Liz Neighbors FDOH EN

Kitty Culkin

Name	Agency	7/23/19 8:30 am	8/27/19 8:30 am	9/24/19 8:30 am
Desiree Gorman	TCC Wakulla	Dle		
SHAWN KRUEGER	FDOH-LEON	SK		
Kathy Culkin	—		KC	KC
Micah Brown	FDOH-Wakulla			MB
Kyle Root	Safe Routes to School			KCR

Wakulla Wellness Task Force

October 22, 2019

Name	Agency	Signature
Traci Bourgeois	FDOH Wakulla	Traci Bourgeois
Donna Clark	FDOH Wakulla	Donna Clark
Denise Coangelo	Operation Wakulla	Denise Colangelo
Kitty Culkin	Wakulla County	Kitty Culkin
Laura Ethridge	Consultant	LE
Kim Fienberg	Refuge House	
Desiree Gorman	TCC	
Judy Harris	St. Marks Powder Plant	
Pauline Hoffman	TMH	Pauline Hoffman
Tonya Hobby	FDOH Wakulla	
Juanise Hoover	Republican Women's Club	
Ray Johnson	WCSO	
Grace Keith	FDOH Wakulla	
Samantha Kennedy	UF/IFAS	
Emily Kohler	BB AHEC	
Shawn Krueger	FDOH Leon	
Lisa McCloudy	Sodexo	
Belinda McElroy	WCSB	Belinda McElroy
Quincee Messersmith	WBOCC	
Paulina Pendarvis	NFLMC	

Name	Agency	Signature
Clyde Preston	Grace Embraced Ministry	Clyde Preston
Marva Preston	Grace Embraced Ministry	Marva Preston
Thomas Risk	FDOH Leon	
Kyle Root	Safe Routes to School	
Rhonda Sapp	Operation Wakulla	
Patty Taylor	WBOCC	
Stephanie Weems	CACAA	
Christine M Lepore	Operation Santa	
Sandy Porras Gutierrez	DCF.	

Wakulla Wellness Task Force

November 19, 2019

Name	Agency	Email (IF YOU ARE NEW OR YOUR EMAIL ADDRESS HAS CHANGED)	Signature
Traci Bourgeois	FDOH Wakulla		
Donna Clark	FDOH Wakulla		Liz Neighbors (fill in)
Denise Coangelo	Operation Wakulla		Denise Colangelo
Kitty Culkin	Wakulla County		Christine Lepore
Laura Ethridge	Consultant		LE
Kim Fienberg	Refuge House		
Desiree Gorman	TCC		Desiree Gorman
Judy Harris	St. Marks Powder Plant		Judy Harris
Pauline Hoffman	TMH		
Tonya Hobby	FDOH Wakulla		
Juanise Hoover	Republican Women's Club		Juanise Hoover
Ray Johnson	WCSO		Ray
Grace Keith	FDOH Wakulla		Grace Keith
Samantha Kennedy	UF/IFAS		Samantha Kennedy
Emily Kohler	BB AHEC		Emily Kohler
Shawn Krueger	FDOH Leon		
Lisa McCloudy	Sodexo		
Belinda McElroy	WCSB		

Name	Agency	Email (IF YOU ARE NEW OR YOUR EMAIL ADDRESS HAS CHANGED)	Signature
Quincee Messersmith	WBOCC		
Paulina Pendarvis	NFLMC		
Clyde Preston	Grace Embraced Ministry		Clyde E Preston
Marva Preston	Grace Embraced Ministry		Marva A Preston
Thomas Risk	FDOH Leon		
Kyle Root	Safe Routes to School		
Rhonda Sapp	Operation Wakulla		Rhonda Sapp
Patty Taylor	WBOCC		
Stephanie Weems	CACAA		
Jennifer Nagy	WCSO EM		Jennifer N. Nagy
Sandy Porras Gutierrez	DCF		
Christinelepore111@gmail.com		412.526.0552 OperationSanta/Wakulla	Christine M Lepore

Appendix C: Annual CHIP Review Community Meeting Minutes

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Topic	Lead	Administrative Actions	General Notes – 8/27/2019
Welcome & Introductions	Tonya Hobby		Attendees: Tonya Hobby, Ray Johnson, Stephanie Weems, Grace Keith, Juanise Hoover, Traci Bourgeois, Denise Coangelo, Pauline Hoffman, Judy Harris, Desiree Gorman, Donna Clark, Laura Ethridge, Lisa McCloudy New participant: Kitty Culkin
Review & Approval of Minutes	Grace Keith		Data review – no minutes

Community Partners' Announcements

- Desiree Gorman: TCC is holding an ACT/SAT workshop on 9/28 from 9 am-12 noon. Register using EventBrite.
- Donna Clark: Compass Program is working with several local faith-based programs and neighboring counties.
- Juanise Hoover: The WCSO will be presenting information about the ICE program at the Republican Women's Club on September 19th at the Wakulla Environmental Institute at 6pm. It will be advertised on the radio and in the paper.
- Denise Coangelo: Operation Santa distribution date is 12/7.
- Traci Bourgeois: The Tobacco Prevention Program will be participating on the Coastal Clean Up on 9/21.
- Grace Keith: A new diabetes class (DEEP) will be held starting on 9/9 at 6:30 pm. Hepatitis A is on the rise across the state and we now have several cases in the county. Handouts provided for the class and Hep A precautions and vaccines.
- Ray Johnson: Will be at WCSB meeting with the Attorney General on 9/17 at 9 am to discuss vaping.

Topic	Facilitator		
National Health Observances	Laura Ethridge	**September Health Observances** • Childhood Obesity Awareness Month • National HIV/AIDS and Aging Awareness Day – 9/18 • *Sexual Health Awareness • **Suicide Prevention Week – 9/9-15 • ***World Rabies Day – 9/28 • ****World Heart Day – 9/29	*Sexual Health is general health of the physical organs, emotions and behaviors associated with sex. **There have already been student suicides reported in Leon County. ***Racoons are not friendly! DO NOT feed them! ****Some providers offer free CPR classes to commemorate this observance

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Executive Council	Laura Ethridge	The Executive Council members voted to meet quarterly on the 3rd Thursday. Time of meeting is scheduled for 9-10 am but is subject to change. Executive Council members will receive more information prior to the November 18.

Review Guidance

- How many activities did we plan in 2018-2019 (October - September)?
- How many activities did we complete in 2018-2019 (October - September)?
- What impact did these activities have on the priority, goal or objective?

Note: Activities is defined as those individual steps planned and completed (i.e., #1 collect food, #2 determine the number of students, #3 assemble food bags, #4 sort food bags, #5 deliver food bags, etc.)

Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem** (Scale of 1 to 4)
Demographics		• Laura explained the difference between County Health Ranking data and Florida Charts data. • She also reminded everyone that all data is pre-Hurricane Michael.	
County Health Ranking Data		• County Health ranking data is different from Florida Charts. Florida Charts uses numbers of people/conditions/diseases per 100,000 which does not apply to our county. County Health Rankings are more “local” and use numbers/percentages based on local population.	

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem** (Scale of 1 to 4)
		• Exercise caution when looking at rankings and comparing them to other counties as we may not know the reasons behind the rankings. • Any data from 2018 is "provisional" and has not yet been verified, although most of the data will usually be found valid.	
Demographics		• Growth is slow but consistent. Laura set up information so that we can see our data compared to neighboring counties. • More growth is occurring in the 18 year old and less in older ages category. • The African American population is showing a slight decline while the White population is showing a slight increase. The Hispanic population is also growing slowly. The is also slight increase in "Other" races, i.e., Asian, etc. • Reminder – Hispanic is an ethnicity – NOT a race. • The community is aging – knowing this helps with knowing health needs, activity planning and messaging.	
Health Outcomes		• Some of the data may be considered "Generational" meaning that changes in health outcomes may not be seen for one to two generations. • Wakulla is ranked 13th out of 67 counties. • Health Equity versus Health Equality was explained. Health Equality is giving everyone the same services, Health Equity is giving them the services they need, where they need them, i.e. meeting the needs where and as they exist.	

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem** (Scale of 1 to 4)
		• The 2017 Community Health Assessment looked some populations by zip codes: Crawfordville, Sopchoppy, Panacea, and St. Marks.	
Length of Life		Wakulla is ranked 22nd out of 67 counties.	
Premature Death		• This category links premature death to years of potential life lost. • Highest deaths occur in the 45-74 year range. • 2010-2019 show an upward trend of people dying at younger ages. We need to use this information to find out WHY. • Slightly more than 50% of deaths are considered premature.	
Years of Potential Life Lost		From 2015-2017, 7600 YEARS of potential life were lost before the age of 75 years.	
Quality of Life		• This information is self-reported every three years through the Behavioral Risk Factor Surveillance System (BRFSS). The information is gathered by zip codes via phone calls. This information is also for adults 18 years of age and up. The accuracy can be affected by individuals' perceptions of health behaviors, memory and cultural influences. • Information for residents under the age of 18 is based on the Youth Tobacco Surveillance System (YBRFSS), these are completed in the schools. • Wakulla is ranked 10th out of 67 counties.	
Poor or fair health		17% reported fair health	
Poor physical health days		3.9 days reported as poor	
Poor mental health days		3.8 days reported as poor	

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: **Green** *– Positive Direction* **Yellow** *– No Trend* **Red** *– Negative Direction*

Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem** (Scale of 1 to 4)
Low birthweight		7% - low birth weight is considered less than 5 ½ pounds (2500 grams)	
Births		• 26 births – a slight decrease. This indicates that our county growth increase may be due to people moving in as opposed to increased births. • Wakulla has a low teen birth rate, caution is to be used when looking at ages since 17 or 18 can be living independently or in college – not a "high school" teen. • Married vs. non-married, age of mother and number of births holds interesting and potentially meaningful information. This can be discussed later.	
BREAK: Judy Harris led everyone in a stretch break!			
CWIP: Health Literacy & Promotion Activities • Raise community awareness of health choices • Event that offer health monitoring • Benefits of immunizations for all ages		• 10-12 activities were planned, 4 were completed. • Walking programs didn't work as summer temperatures have been so uncomfortable, Walk with A Doc didn't work as Wakulla County has no doctor/representative for the program. • We did receive the blood pressure cuffs and will provide them to the school health coaches for their school's walking programs. • Brochures for Health Literacy and Promotion were thought to have little impact.	
Diseases		These are the more common diseases, the list can be changed and added to as needed.	
Asthma		• Adults reported 129 Emergency Room visits due to asthma • Over ¼ of middle and high school students have been diagnosed with asthma.	

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem** (Scale of 1 to 4)
Cancer		• Breast: 2 deaths in 2017 • Cervical: 1 death in 2017 – is the HPV vaccine being used more, are women being tested more? Receiving early diagnosis and treatment? • Colorectal: 5 deaths in 2017 – data is not gender specific • Lung: 19 deaths in 2017 • Tobacco-related (but not Lung): 36 deaths in 2017– showing an increase and it may be that vaping is leading to an increase • Oral: 1 death in 2017 – dentists should be checking for signs of oral cancer • Melanoma: 1 death in 2017, 10 incidents were reported in 2016 – time will tell if these were diagnosed and treated in time to avoid further incidents or death • Pancreatic: 6 deaths in 2017 – this is an increase • Prostate: 2 death in 2017, 22 incidents were reported in 2016 - time will tell if these were diagnosed and treated in time to avoid further incidents or death, more testing is being encouraged for early diagnosis and treatment.	
End of 8/27/2019 Meeting			

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Topic	Lead	Administrative Actions	General Notes – 9/24/2019
Welcome & Introductions	Tonya Hobby		Donna Clark, Denise Coangelo, Laura Ethridge, Judy Harris, Paulin Hoffman, Tonya Hobby, Juanise Hoover, Grace Keith, Emily Kohler, Belinda McElroy, Quincee Messersmith, Marva Preston, Clyde Preston, Desiree Gorman, Ray Johnson, Stephanie Weems, Paulina Pendarvis, Liz Neighbors, Kitty Culkin, Micah Brown, Kyle Root
Review & Approval of Minutes	Grace Keith		Data review – no minutes

Community Partners' Announcements

- Desiree Gorman – TCC will offer ACT and SAT prep classes, October 24th is World Polio Day
- Emily Kohler – Big Bend AHEC is offering Mental Health First Aid
- Ray Johnson – October 12th is Hazardous Waste Disposal at Trice Lane County Facility – sharps are being taken, October 26th is Drug Take Back Day at WCSO – sharps are being taken
- Kyle Root – any needs for pedestrians and /or bikes, please advise
- Belinda McElroy – Keith Deltano is presenting to all grades and parents about bullying.
- Marva Preston – Operation Santa will host a ribbon cutting ceremony at the new location - 23 Azalea Drive on October 11 from 11:30 to noon. Gift distribution will take place on December 7th at that location. Farm Share distribution will also be scheduled that day, location TBA.

Topic	Facilitator		
National Health Observances	Laura Ethridge	**October Health Observances** • National Breast Cancer Awareness Month • National Dental Hygiene Day – Oct. 1 • Domestic Violence Awareness Month • National Bullying Prevention Month • Sudden Infant Death Syndrome Awareness Month • Sudden Cardiac Arrest Awareness Month	• FDLE defines **Domestic Violence** based on the relationship of the victim to offender. Designated relationships are: spouse, parent, child, sibling, other family (I.e., grandparent, cousin, aunt, uncle, etc.), co-habitant, and other (where victim and offender had a child together – never married nor lived together. • Mayo Clinic defines **Sudden Cardiac Arrest** as the sudden, unexpected loss of heart function, breathing and consciousness.

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

		• Red Ribbon Week – Oct. 23 – 31 • National Check Your Meds Day – Oct. 21	

Annual Review and Update of Community Wellness Improvement Plan

Health Topic	Trend	Discussion of Community Health Assessment Data	Degree of Problem (Scale of 1 to 4)
Cardiovascular		• We are now beginning to get the 2018 information for Cardiovascular disease. Coronary heart disease decreased however, deaths due to coronary heart disease has increased. • More congestive heart failure patients are going to the ER. • Deaths due to heart attacks nearly doubled. 2018 death rates are trending that more men than women are dying.	
Liver – Cirrhosis		Numbers are low for chronic liver disease and cirrhosis.	
Diabetes & Diabetes monitoring		• These numbers were discontinued in the County Health Ranking. • 84% of people with diabetes are monitoring their disease. This is from the BRFSS so it's self-reported. It dropped slightly but is still consistent. • FL Charts reports that hospitalizations increased to almost 1000 2017. Fewer amputations, kidney disease is not changing but visits to the ER have increased to 74 in 2017.	
HIV-AIDS		• Unchanged from 2017-2018. There were 3 HIV cases, but AIDs cases increased. This could be due to people moving into the area. • It's important to remember that our population is mobile, and many are on medication. People living with HIV decreased but again, these people may have moved out of the County.	

		• Transmission types include men with men, IV drug use, couples with one partner with HIV/AIDs and other heterosexual sexual relationships.	
Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Stroke		• Women's rates have decreased however are showing a slow increase, men's rates have doubled in year, more whites than blacks. • Sleep apnea is becoming a major problem and is considered an undiagnosed cause of stroke.	
Substance Diseases		• Alcoholic liver disease is low, only 1 death. • Opioid prescriptions have decreased due to fewer pills dispensed per prescription, fewer prescriptions and other regulation changes in place, etc. ER visits due to overdoses have increased. • The data is difficult to study as so many people in the county have prescriptions.	
Health Factors		• 2019 – Wakulla County was ranked 35th, in 2018 the County was ranked 30th in the state. • Caution should be used when interpreting this change, other counties may have increased in one area which caused the difference. It's not necessarily anything our population has done "wrong." Only a few counties stay at the top where most of the others fluctuate.	
Health Behaviors			
Smoking – Adults		17-18% adult smokers – this does not include vaping. Self-reported information shows a decrease in smoking. However, this may be because of e-cigarette use.	

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Smoking – Youth		• The Florida Youth Tobacco Survey occurs every 2 years. 1.2% of students who used tobacco on school grounds in the last 30 days has decreased. • Students using electronic or other delivery systems has nearly doubled. Youth are using flavored tobacco products. Students who have tried any tobacco product or delivery system has increased to 50%.	
Obesity – Adults		These measurements are based on BMI which doesn't account for age or muscle mass. The numbers are remaining consistent at about 1/3rd the population.	
Obesity – Youth			
Food Environment Index		The measurement is based on a 0-10 scale with 0 being the worst. Wakulla County is doing well at 8.	
BREAK: Judy Harris led everyone in a stretch break!			
Food & Nutrition		Healthy foods within a certain distance factored in a 7.7. It's unclear if the stores being accessed are grocery stores or more the "dollar" stores.	
CWIP: Food Insecurity Activities • Winter & Spring Break Food Bags • Health decision incorporated into core academic classes • Food Bank sustainability		• Planned and held 2 activities in 2018, December and Spring Break Food Drives, currently working with Operation Wakulla raising money for peanut butter for December 2019 food drive. • School Health and Wellness meetings have introduced the health in academics and some schools have adopted the lessons into the classrooms. These are coming from UF/IFAS.	

		• Still working on food bank sustainability by creating a list of food banks that are faith and/or community based. Will hold a food bank "meet and greet" at a later date. • The food and blankets were well received and made a big impact. • Peanut butter money is being collected by Operation Santa. A deadline needs to be set for collection. December break backpack packing will be on December 14th. The deadline for peanut butter funding deadline is November 15th. This will allow time to purchase and possibly match peanut butter from other entities. Solicitation letters are available • and will be distributed before the end of this meeting. Will try to keep the food list more streamlined - more soups, crackers, tuna, etc. Estimating 300 kids will be served which means at least 600 jars of peanut butter will be needed. Will need to have consistent sizes and expiration dates.	
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Physical inactivity		Runs about 30% - close to the obesity levels.	
Access to exercise opportunities		We have access to opportunities but not much utilization. This is self-reported by over-20 age groups that they have no time for exercise.	
Excessive Drinking		Binge and/or heavy drinking is slightly lower than sister counties at 25%. Data is self-reported.	
Alcohol-impaired driving deaths		Decreased from 53% to around 40% This information is from law enforcement agencies.	
Motor Vehicle Crashes		• FL Charts lists 432 crashes in 2017 with 302 injuries with no deaths.	

		• In 2016, there were deaths associated with motor vehicle crashes. Of those crashes, alcohol was suspected in 33. Accidents are increasing as 319 is widened. • As of January of 2019, there were nearly 25,000 licensed drivers. There are some drivers that are over 90 years old.	
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Sexually transmitted infections		• These numbers are based on 100,000 people. We have chlamydia rates – on the increase in younger age groups, 15-17 year olds, 18-19 year olds and the biggest increase in the 20-24 year olds. • More females are showing up in the numbers, but this could be females are more likely to come in for testing and treatment. • Gonorrhea has doubled in the 25-34 year old range from 2016-2017. • There is also an increase in the 45-64 year olds. More females again than men. • Bacterial STIs – chlamydia, gonorrhea and syphilis combined - are also on the increase from 23-34 year olds and 45-64 year olds.	
Teen births			
Clinical Care		The County ranking is 42nd in the state.	
Income – Insurance			
Uninsured		• Only 12% of the population under the age of 65 is uninsured. These people are not on Medicare, Medicaid or have private insurance. This is a very low number. • People under the age of 65 with a disability are 13.4%.	
End of 9/24/2019 Meeting			

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Annual Review and Update of Community Wellness Improvement Plan		
Topic	**Lead**	**General Notes - 10/22/2019**
Welcome & Introductions	Tonya Hobby	Traci Bourgeois, Donna Clark, Denise Coangelo, Kitty Culkin, Laura Ethridge, Pauline Hoffman, Tonya Hobby, Grace Keith, Belinda McElroy, Clyde Preston, Marva Preston, Stephanie Weems, Sandra Porras-Gutierrez, Christina Lepore
Review & Approval of Minutes	Grace Keith	No minutes – data review
Special Announcements	Laura Ethridge	• November meeting has been rescheduled to November 19th at 8:30. The Executive Council meeting will be held on December 17th. No Task Force meeting in December. • The next meeting will include assigning each topic a color, discussing scoring, etc. Currently working on scoring criteria. • Jennifer Nagey has been invited to the November meeting to discuss Vulnerable Populations and Preparedness.

Community Partners' Announcements

- FarmShare distribution in Quincy on November 15th from 9-1.
- Sandra Porras-Gutierrez – Farm Share food distribution will be at the United Methodist Church on 10/25 at 2 pm. Had 115 families last Friday. Second Harvest will also have a food distribution in November.
- Traci Bourgeois – Stone Crab Festival will be in St. Marks on 10/26, Tobacco Free Partnership meeting will be on 12/10 at 4 pm at the Health Department.
- Donna Clark – 10/23 – Wear orange for bullying prevention awareness, 10/24 – wear purple for International Polio Day, 10/25 – Anti-Bullying event at COAST Charter School,
- Stephanie Weems – new Getting Ahead class in progress with 8 participants
- Liz Neighbors – DOH Community Health will be at the Story Walk on 10/26 – 5:30-8:30 pm
- Belinda McElroy – Wakulla County School Board had Brian Deltano hold anti-bullying presentations at all schools and for parents. 8 parents attended.
- Denise Coangelo – Operation Santa is still taking applications for families in need. Operation Santa needs monetary donations, also volunteers that help wrap gifts, help with interviews on Mondays, Wednesdays and Fridays. Currently have 55 families and 120 children. Would like to have more resources for families. Gift distribution day is on December 7th. Currently Operation Wakulla is still receiving donations for the Peanut Butter fund.
- Veteran's Day Parade – 11/9 – Hudson Park
- Mobile Mammogram/Vision Testing/Diabetes Testing – 11/9 – Panacea Moose Lodge

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: **Green** *– Positive Direction* **Yellow** *– No Trend* **Red** *– Negative Direction*

• Poverty Simulation in Pensacola at University of West Florida on 11/22 from 9-12 CST			
Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Medicaid & Medicare		• Not having insurance is not an issue for Wakulla County. • Much of the population over 65 years of age has Medicaid or Medicare. • 88.7% of the population is insured which is above the state average as of 2017. • 11-12% do not have any insurance, these people are the "working poor." This does not necessarily involve children as they have a different insurance programs just for children and youth. • About 3% are unemployed without insurance. The County is under 20% in all areas of residents who are uninsured.	
Health Care Providers			
Primary care physicians		• This information comes from the County Ranking Scales. Numbers are in ratios. The Taskforce's ability to impact this area is very slim. We are at 3rd place in the local area 6 counties. • We currently have 3,000-4,000 residents per each dentist. Health Care providers cap their number of patients either by insurance companies or self-imposed. • These numbers are slowly decreasing. This is good news, but it will be a slow process.	
Dentists			
Mental health providers			
Preventable hospital stays		• The numbers in these rates have changed from 1,000 to 100,000. ER visits due to dental issues are staying constant for age 5 and over. This issue will	

		be changed through education and providing consistent dental care. • Diabetes hospitalizations are up, however deaths and amputations have decreased. • Hospitalizations due to kidney issues have decreased. • ER visits due to diabetes crises have increased. • Kidney disease has increased in black population. Higher in people with diabetes.	
Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Mammography screening		30-40% range for 65-74 year olds, 50-60% for 67-69 year olds. This data is largely unusable for our purposes.	
Flu vaccinations		Medicare shows enrollees are at 31%. FL Shots records immunizations however not all physicians use it. This may be cause reported numbers to be lower than actual numbers.	
Social & Economic Factors		In County Health Rankings, we are #7 as compared to Leon County at #8.	
Education		• Graduation rates are in the high numbers at least 50% of the population has some college. • The Dept of Education in 2018-19 reported 5,059 students graduated which means we are at 87%. • Compared to other counties, we have a high rate of graduation for black students. • School readiness rates are good. 51% of young children took Pre-K Readiness tests in 2018. 71 toddlers in Early Steps (offered through Head Start	

		Program) preparing any child who may have developmental delays.	
Unemployment		Close to the national average of 3.5% in 2017.	
Children in poverty		Children under 18 years old in poverty in 2017 was 18%, the same as Leon County.	
Income inequality		Based on percentage.	
Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Children in single-parent households		Based on single parent households, fewer than other local area counties. There is an increase in the 2-parent households.	
Social associations		Based on 10,000 persons – in County Health Rankings, Wakulla was #10.	
Community Safety • Juvenile Arrests • Adult Arrests		• Violent crime reporting per 100,000 – face to face confrontation between a victim and a perpetrator including homicide, rape, robbery and aggravated assault. This does not include domestic violence. • Our numbers are decreasing. • Juveniles – Correlation between increased burglary and drug offenses. • Burglary was #1, narcotics - #2, simple assault - #3, misc. - #4. Arrests were decreased to 58 from 67 the previous year. • Department of Law Enforcement and Dept of Education data shows drug use, possession and alcohol use is up and is listed as the #1 issue, with bullying and fighting behind. • Tobacco use doubled and weapons increased from 0 to 12. Weapons include guns and knives with a 5" blade or longer.	

		• Adults – Larceny and theft went from 77 to 113, narcotics increased from 130 to 244. • Actual arrests for DUIs decreased as well as simple assault. Weapons violations increased to 13.	
Injury deaths		• Unintentional injuries resulting in deaths are based on County Health Rankings – 80, proportionally we are close to 49. • Includes balance issues, falls, some gun shot wounds, some auto accidents. These numbers have increased, especially in males – up to 20 and in females up to 8.	
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Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Suicides		• Decreased by 1 in 2017-2018, more males than females. • These numbers may not be accurate due to cause of death listed on death certificates. This may be because of insurance non-payment based on certain causes of death. • Ages of deaths – 19 to 25, 3 down to 0, 26 to 35 – 1, 36 to 45 – up to 3, 46 to 55 –1, 54 to 64 –1, 65 and up – 1. • Carefully review 26 to 35 year old age range due to stressors during that age range. Increasing rates in veterans and law enforcement.	
Unintentional Injury		• Looking at potential of life lost – highest is in the black population, it has nearly tripled in 2018. • Includes pedestrian accidents, bike accidents, slips, trips, falls, some types of car accidents, etc.	
CWIP: Building Capacity Activities			

• Leaders and policymaker education • Citizen education • Mental Health First Aid training for community			
Physical Environment		Ranked at 66	
Population living in a rural area		More than 60% of the population living in rural areas. Large percentage of the land mass includes state parks, national forest, etc.	
Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Air Pollution		2014 data – can be based on forest fires, controlled burns, automobiles, industry	
Drinking water violations		Water violations – Wakulla has had them, not uncommon to have violations and differences in reporting and requirements. This information is likely not to be usable.	
Housing		• Children living with grandparents – huge change from 2016 at 403 to 2017 at 622. 52% of grandparents are now responsible for their grandchildren. Many of these families are eligible for WIC if they have a child under the age of 5 years. They do not have to be female. • Numbers of women as the head of household has decreased. 64% of women head of households have children under the age of 5, 35.2% have children under the age of 18. This may affect food insecurity numbers. • 13% of housing had no kitchen or no plumbing • More than 80% of the housing in the county is owner occupied with less than 20% rental properties.	

		• More than 4000 housing units were built in 2010 or more recently. Of units occupied, 143 did not have a functioning kitchen and 59 were without plumbing. • There were more than 2100 housing units that were vacant. • These may include mobile homes sharing electricity, water, some may have generators, etc. Many may be older homes. These issues may be relatable to Building Capacity with certain inspections. We are missing other data relating to homeless, those living in tents, etc. These populations may only be identified through nuisance complaints regarding sanitation vermin, or environmental issues.	
Annual Review and Update of Community Wellness Improvement Plan			
Health Topic	**Trend**	**Discussion of Community Health Assessment Data**	**Degree of Problem (Scale of 1 to 4)**
Driving alone to work		Single driver, no passengers – 85%	
Long commute-driving alone		Considered to be more than 30 minutes – single driver, no passengers – 62%	
End of 10/22/2019 meeting			

Wakulla Wellness Task Force
DRAFT Meeting Agenda – 8/27/2019, 9/24/2019, 10/22/2019, 11/19/2019

Trend Legend: ***Green*** *– Positive Direction* ***Yellow*** *– No Trend* ***Red*** *– Negative Direction*

Topic	Lead	General Notes – 11/19/2019
Welcome & Introductions	Tonya Hobby	Liz Neighbors, Denise Coangelo, Christine Lepore, Kitty Culkin, Laura Ethridge, Desiree Gorman, Judy Harrison Juanise Hoover, Ray Johnson, Grace Keith, Samantha Kennedy, Emily Kohler, Shawn Krueger, Clyde Preston, Marva Preston, Rhonda Sapp, Jennifer Nagy, Sandy Porras Guiterrez
Review & Approval of Minutes	Grace Keith	No minutes – data review
Special Announcements	Laura Ethridge	• *10 Most Wanted Food items is a great opportunity for team building for your family, friends and coworkers. Consider creating a challenge to bring in the food items for collection!* • Met with Dr. Rachel Pienta @ IFAS/4H regarding collaboration for the peanut butter challenge. Outcome: 600 jars of peanut butter donated by the Florida Peanut Growers Association. These will need to be picked up in the Lake City area once Dr. Pienta receives notification that they are available. Monies raised to purchase peanut butter will be used to purchase additional peanut butter that can be used as part of the match for 4H. • The manager at Winn Dixie has agreed provide a box for donations of the 10 Most Wanted Food items, place shelf tags near items on the food donation list and decorate the Operation Santa tree with food pictures starting on **December 8th**. • Currently Operation Wakulla is holding $545.00 for WWTF from local donations. This money can be used for purchasing peanut butter and other food if needed. • Operation Wakulla's Operation Santa location will be open from **December 9-13** to receive food donations. *Volunteers are needed from 1-6 each day to staff the location and receive food donations. This could*

		be a great opportunity for civic groups or youth groups needing volunteer hours. We would like to have at least 2 people for each hour time block. • Monetary donations for the food items are due no later than **December 11**. This will give time to determine what is needed, purchase and add to the available food items. • Packing food bags will be **December 14**. • Food delivery assistance is needed on **December 16**. Depending on the number of students being served, at least 1 vehicle with driver and assistant is needed and would be most appreciated to help with food distribution. If you have a large vehicle and are available, please let us know. • There will be no general WWTF meeting in December but there will be an Executive Council Meeting. Agenda will be sent later via email. • Minutes will be completed and distributed via email and at the next meeting. The membership will vote at the January meeting whether to approve and adopt the minutes from August through November.

Community Partners' Announcements

- Shawn Kreuger – World AIDS Day is 12/1
- Rhonda Sapp – Operation Santa is now holding family adoptions, they need volunteers to adopt families, shop, wrap gifts and help with gift and Farm Share food distribution on 12/7. There will be a Bingo fundraiser at the VFW.
- Ray Johnson – Starting a new SAVE (Substance Abuse & Violence Education) class at Crawfordville Elementary, 12/6 is Medart Winter Festival and Christmas in Hudson Park from 4-8 pm, 12/7 – Panacea Boat Parade, 12/17 – Ultra Classic Bike Race, 12/18 – Sheriff Miller is reading at the Library
- Emily Kohler – offering free cessation classes
- Kitty Kulkin – offering free Creative writing classes at the Library and Senior Center
- Denise Coangelo – need volunteers for 12/7 Farm Share Distribution at Christ Church Anglican, monitoring the Winn Dixie tree and food box
- Marva Preston – Palaver Tree Theatre is creating a Wakulla Dance video, 11/20- Hospice is providing free lunch at Hudson Park
- Grace Keith – 2020 WWTF Meeting Dates:
    - January 28
    - February 25
    - March 24
    - April 28

- May 26
- June 23
- July 28 – No meeting
- August 25
- September 22
- October 27
- November 17
- December – No meeting

Annual Review and Update of Community Wellness Improvement Plan

Health Topic	Trend	Discussion of Community Health Assessment Data	Degree of Problem (Scale of 1 to 4)
Vulnerable Populations and Preparedness		• This data only deals with non-institutionalized populations. • This population may include residents with hearing and vision disabilities, financial difficulties that prevent them from having basic housing necessities, i.e. heat in winter, substance abuse issues, independent living difficulties. • Children through age 20 with severe emotional disturbances, hearing and vision, developmental disabilities, in medical foster care, CMS clients, substance abuse issues. • Elderly population is 65 years and up, vision and hearing issues are decreasing, Alzheimer's Disease is increasing, possibly because of better diagnoses procedures. • Jennifer Nagy (Wakulla County Emergency Management) – Best way to know about vulnerable population is through data sources much like the ones this data review has utilized, home health care agency's information, Meals on Wheels information,	

		transportation information, etc. Anything that impacts those vulnerable citizens such as extended power outages, hurricanes, etc, are what triggers Emergency Management involvement. Our population needing shelter for Special Needs are transported to Tallahassee since we are a coastal community. Anyone needing this service can register with Wakulla County Emergency Management. Registrants are reviewed to see the level of need and if they qualify for the program. The shelter here in the county does have a generator for general needs or minor electric-dependent needs. It is critical for planning needs that all residents needing special needs shelter and transportation are known to Emergency Management. Staffing of special needs shelters is very difficult. Public outreach is important to the program. Registration is also available at the state level and can be found on-line. Education is also important. Some residents have been registered by home health care, family members, etc. and are not aware of it. Plans are being made to call each person who is in the system and remind them that they are registered and will receive phone calls in time of emergencies to check on their well-being and find out what they may need. Currently there are 95 people who are registered. A very successful system being used by other counties is to send a birthday card that reminds the person to contact the Sheriff's Department or the Health Department if their needs have changed.	

		• Data Trends – participants reviewed 63 data items as to increases and decreases in the areas, if was there possible impact that the WWTF could affect, the level of community support, if a voting/legislative body is involved and possible resources. This allows WWTF set priorities for the upcoming year. Initial assignments were made as to who would be working with the different areas of expected priorities. This information will be shared at a later date.	