



# Jackson County Community Health Improvement Plan

December 2019-December 2024

A look at the health and  
well-being of Jackson  
County residents.

Prepared by



Health Planning Council of  
Northeast Florida, Inc.

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## EXECUTIVE SUMMARY

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The Jackson County Community Health Partnership, hereafter referred to as Community Health Improvement (CHIP) group, has worked together to better understand the current and future health needs of the Jackson County community since March 2013. The CHIP group, with guidance from the Health Planning Council of Northeast Florida (HPCNEF), developed this Community Health Improvement Plan (CHIP) as part of ongoing efforts to improve health in Jackson County.

The Florida Department of Health in Jackson County (DOH-Jackson), in partnership with HPCNEF, championed a Community Health Improvement Plan (CHIP) to identify and prioritize health issues in Jackson County, using a nationally recognized approach called Mobilizing for Action through Planning and Partnerships (MAPP). The CHIP uses information from the Community Health Assessment (CHA) which includes quantitative (e.g., disease incidence rates and mortality rates) and qualitative data (e.g., community input) to assess the health status of the community and determine which health issues will be the focus of health planning efforts for the next three to five years.

The CHIP group decided the 2019 CHIP would focus on the following priority health issues after reviewing and discussing the data collected through the CHA process:

- Chronic disease related to lifestyle and behavior
- Behavioral/mental health
- Healthcare Access

The purpose of the CHIP process is to create goals, objectives, and strategies targeting the priority health issues identified in the CHA. To improve implementation and evaluation of the goals in this plan, the CHIP group decided to utilize a balanced scorecard approach, which identifies goals, objectives, and strategies and sets measurable targets to move the CHIP process forward.

The targets and measures outlined in the CHIP Action Plans at the end of this document were carefully selected through collaborative and inclusive workgroups for each health issue. Additionally, many of the targets align with the national Healthy People 2020 initiative and with goals and objectives from the Florida State Health Improvement Plan. These national and statewide initiatives provide evidence-based benchmarks to track and monitor health, as well as best practices to guide health promotion and disease prevention efforts, which will ultimately help improve health outcomes in Jackson County.

During the next steps of the MAPP health planning cycle, the CHIP group will continue to work together to address the three priority health issues outlined above. The CHIP group will plan for action, implement strategies, and evaluate progress. As a living document, the *2019 Jackson County Community Health Improvement Plan* is flexible and can accommodate changes or updates as needed. The CHIP group will reassess and update the CHIP Action Plans and the Community Health Assessment annually to best address the needs of the local community.

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## ACKNOWLEDGEMENTS

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With valuable input from Jackson County's community stakeholders and leaders, the 2019 Jackson County CHIP became a decisive community call to action. DOH-Jackson and HPCNEF would like to extend gratitude to the organizations and individuals that dedicated their valuable time to make sure that the CHIP goals, objectives, and strategies aligned best with the needs of the local community. DOH-Jackson and HPCNEF would also like to thank the organizations involved with implementing the CHIP action plan; through cooperation and leadership, Jackson County will make strides towards its desired health outcomes.

### CHIP Contributors & Participants:

- Jackson Hospital
- PanCare
- Big Bend AHEC
- JTrans (Jackson County Transportation, Inc. of FL)
- Project Hope Life Management Center
- Big Bend Community-Based Healthcare
- CARE
- UF/IFAS Jackson County Extension Service
- Children's Medical Services
- Jackson County Housing Department
- Gulf Coast Sexual Assault
- Jackson County Community Development
- Covenant Care
- Chipola Healthy Start
- ELC of Northeast Florida
- North Florida Inland Long Term Recovery
- Big Bend Behavioral
- Marianna District AME Churches
- FEMA
- Life Management Center
- 90 Works/Veterans Assistance
- Panhandle Area Health Network

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# USING THE COMMUNITY HEALTH IMPROVEMENT PLAN

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The creation of a CHIP for Jackson County serves as a reminder for how the collaboration between government officials, community leaders, public health professionals, and community advocates, as well as many other Jackson County participants, can build public health infrastructure, aid and guide planning, and ultimately improve the health outcomes of Jackson County. There are several suggested ways to use this CHIP to improve the well-being and quality of life for the Jackson County community:

## Community Resident

- Use this CHIP to compare individual health with that of Jackson County's community health data
- Be an advocate in the community to support healthy lifestyles and behaviors
- Volunteer! Share your resources, time, funding with your community
- Understand the top health priorities facing Jackson County



## Health Care Professional

- Understand the top health priorities facing Jackson County
- Inform your patients/clients on available resources in the community listed in the CHIP
- Be a resource for the community whether it be expertise, funding, time, or support

## Faith-based Organization

- Understand the top health priorities facing Jackson County
- Use this plan to improve the overall health (mind, body, and spirit) of members in your community
- Identify opportunities for your community or members to be able to support and encourage participation in public health projects.

## Government Official

- Understand the top health priorities facing Jackson County
- Participate in community efforts as laid out in the CHIP strategies
- Engage with other government officials to inform and promote your community's health

## Educators

- Understand the top health priorities facing Jackson County
- Be a resource for the community whether it be expertise, funding, time, or support
- Engage the support of leaders, teachers, students, and parents

## Public Health Professionals

- Understand the top health priorities facing Jackson County
- Recognize how the Jackson County community compares with peer counties, Florida, and the U.S. population as a whole
- Be a resource for the community whether it be expertise, funding, time, or support

## Employers

- Understand the top health priorities facing Jackson County
- Inform and educate your team/staff on the importance of employee wellness and productivity

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# REVIEW OF JACKSON COUNTY'S COMMUNITY HEALTH ASSESSMENT

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DOH-Jackson maintains strong and enduring relationships with multiple health and social services providers throughout the community. DOH-Jackson invited the ongoing CHIP group to act as a platform and steering committee for the Jackson County Community Health Assessment (CHA) process, which began in October 29, 2019.

Community health assessments intend to answer questions about community health status and needs, including: “How healthy are our community residents?” and “What does the health status of our community look like?” An underlying goal of the Jackson County community health assessment was to ensure a truly community-driven process by empowering community members, organizations, and stakeholders to help facilitate change through collaboration, coordination, and communication.

## The MAPP Process

DOH-Jackson and HPCNEF completed the CHA using the Mobilizing for Action through Planning and Partnerships (MAPP) process, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC). The MAPP process is a community-driven, participatory process intended to bring together not only health care providers, but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community health. By participating in the MAPP process, community stakeholders gain a higher understanding and awareness of their community and local health issues.

FIGURE 1. THE MAPP ROADMAP



## MAPP Assessments

The MAPP process consists of four assessments:

1. The Forces of Change Assessment identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
2. The Local Public Health System Assessment which focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?"
3. The Community Themes and Strengths Assessment provides an understanding of the health issues that residents feel are important, including quality of life.
4. The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered here include, "How healthy are our residents?" and "What does the health status of our community look like?"

Detailed information on all of the MAPP assessments can be found in the *2019 Jackson County Community Health Assessment*, which is available on the Florida Department of Health in Jackson County's website at <http://jackson.floridahealth.gov/>. A brief summary of each assessment is provided below.

FIGURE 2. THE MAPP PROCESS





## Forces of Change Assessment

The Forces of Change Assessment identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. The assessment answers two primary questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” CHIP group members identified the following as forces, trends, or factors in several categories that may have a significant impact on health in Jackson County.

Some political forces include:

- The upcoming presidential election
- Political will to address health issues at the local level
- Little trust in elected officials

Some economic forces include:

- High rates of poverty
- Lack of affordable housing opportunities
- Lack of jobs and increasing unemployment

Some social forces include:

- Increase in mental health issues
- Culture that is resistant to change
- Lack of health insurance coverage

Some technological forces include:

- Increasing technology requirements (electronic health records, meaningful use, etc.)
- Increased pervasiveness and reliance on evolving technology in day-to-day society (social media, online blogs, texting, smart phones, Skype)
- New technologies driving the need for technology competency within the workforce and among consumers
- Increasing cost of healthcare due to technology

Some ethical/legal forces include:

- Implementation of Patient Protection and Affordable Care Act
- Lack of Medicaid expansion in the state of Florida following the Affordable Care Act
- Higher rates of medical malpractice

For the full comprehensive list of the Jackson County forces of change, please refer to the 2019 Jackson County CHA.

## Community Strengths & Themes Assessment

The Community Strengths and Themes Assessment generates direct feedback from community residents regarding observations of their own health, community health, and access to healthcare services. Themes and issues identified during this phase often offer insight into information discovered through other MAPP assessments.

Community surveys, focus groups and key stakeholder interviews provided the information needed to complete the Community Strengths and Themes Assessment. The Health Planning Council of Northeast Florida (HPCNEF) conducted 2 focus groups and 25 key stakeholder interviews with the cooperation of the Florida Department of Health in Jackson County. The CHIP group asked community members and

stakeholders to participate in a survey on community health, healthcare services, and quality of life in Jackson County. A total of 123 community members and stakeholders in Jackson County took the community survey. Surveys and focus groups intended to ascertain opinions of community stakeholders with knowledge of the community or influence in the county. The findings provided qualitative information, revealing community sentiments regarding healthcare services in Jackson County.

## Focus Groups

Focus group participants were asked to fill out a survey with questions about their demographics, insurance status, quality of life, health status, and more. A total of 32 participants in attendance at the focus groups filled out the demographic survey. The majority of participants were between the ages of 26-36 and 40-54, female, white, and had at least a 4-year College or Bachelor's degree or higher.

- Of the 32 participants, 78% were female and about 97% of participants were white.
- Over 70% of participants were between the ages of 26-36 and 40-54 (26-36=31% and 40-54=41%).
- Over 80% (84%) had an educational level of a 4-year College or Bachelor's degree or higher.

HPCNEF staff presented discussion questions about community and health needs in Jackson County during the focus groups for participants to answer aloud. The focus group discussions covered topics such as system's access to care, quality of care, safety networks, health needs and concerns, community closeness and pride, and the role of schools in health. Several themes and issues were discussed more frequently, extensively, and with more intensity than others throughout the duration of the focus groups. These themes, which came up in response to more than one question, include: lack of mental health and medical specialty care, substance abuse, issues related to mental health/behavioral health, and the rise of chronic diseases related to lifestyle behaviors. Focus group participants were asked to name the top health status concerns in Jackson County. According to focus group participants, some of the most significant health status concerns in Jackson County are mental and behavioral health, substance and alcohol abuse, domestic violence, chronic diseases related to lifestyle behaviors, and lack of providers/access/provider-patient communication.

## Community Survey

A total of 123 community members and stakeholders in Jackson County took the community survey. Not all respondents answered every question on the survey. Sixty five percent of the 123 participants who responded to the question on gender were female (65.0%) and 80.0% (of 110 respondents) were white. Of the 79 people who responded to the question on age, more than almost 40% were over the age of 65. Most respondents resided in zip code area 32446 (Marianna) (34%) and 12% each in zip code area 32448 (Marianna, Alliance) and zip code area 32431 (Cottondale, Jacob City, Glass).

Respondents were asked to identify the three most important health problems in Jackson County. Among the top health problems identified were obesity, cancers, diabetes, high blood pressure, and heart disease/stroke. Almost half of the survey respondents (48.2%) stated that they disagree or strongly disagree with the statement "I have easy access to the medical specialists in Jackson County". When asked about adequate health and wellness activities 45% agreed or strongly agreed that health and wellness activities are adequate.

## Interviews with Key Stakeholders

A total of 25 interviews in person and over the phone were conducted by DOH-Jackson in partnership with Melisa Reddick, PhD during the months of August and September 2018. The key stakeholders were

suggested and initially contacted by the Florida Department of Health in Jackson County and Dr. Melisa Reddick. Key stakeholders include but were not limited to governmental representatives, health care providers, health care consumers, and representatives of local community organizations. On average, each interview lasted between fifteen and thirty minutes. Topics addressed during the interviews included the interviewee's overall perspective on the most important health care needs and issues in Jackson County, opinions of important health issues that affect county residents, and impressions of specific health services available in the county and the accessibility of these services. The following issues were identified by key stakeholders:

- Behavioral Health/Mental Health/Substance Abuse: Key stakeholders felt that there were numerous issues related to behavioral health/mental health and substance abuse within Jackson County. Most interviewees felt that a lack of mental health providers and resources is a major factor contributing to this problem.
- Chronic diseases (specifically obesity) and unhealthy lifestyle behaviors: Key stakeholders also felt that unhealthy lifestyle behaviors including smoking, obesity/overweight, poor diet, high stress levels, and lack of physical activity contributes to many chronic diseases in Jackson County. Many believed that an emphasis on disease prevention and education is the key to addressing this issue.
- Access to health care: Social determinants of health and geography of where residents live in the county are important factors affecting access to health care. Low-income populations, the elderly, and children have more issues accessing health care services as well as achieving optimal health outcomes.
- Health Insurance: Key stakeholders repeatedly noted that health insurance is an issue in Jackson County. Many residents cannot afford health insurance and would benefit from an affordable plan that is adjusted to their low or fixed income.
- Transportation: Transportation is an important factor that relates to accessing health care. Many individuals are dependent on a transportation system that takes them to and from health care services as well as other activities. Some key stakeholders also mentioned that it is important to include not only municipal areas in the transportation system but also rural locations.

## Local Public Health Systems Assessment

The Local Public Health System Assessment (LPHSA) is a tool from the National Public Health Performance Standards Program used to answer the question: "What are the components, activities, competencies, and capacities of our local public health system?" Public health systems include "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."<sup>1</sup> The *10 Essential Public Health Services* are key public health activities to be undertaken in all communities,<sup>2</sup> and are as follows:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.

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<sup>1</sup> U.S. Centers for Disease Control and Prevention. (2015). *National Public Health Performance Standards (NPHPS)*. Retrieved from CDC.gov: <http://www.cdc.gov/nphps/>

<sup>2</sup> U.S. Centers for Disease Control and Prevention. (2015). *National Public Health Performance Standards (NPHPS)*.

## 10. Research for new insights and innovative solutions to health problems.

Key health system stakeholders in Jackson County answered questions about the local public health system via four in person meetings in order to determine how the local public health system performs in each of the 10 Essential Public Health Services. Participants answered questions about each essential service and scored each service using recommended scoring levels provided in the assessment instrument. Strengths and gaps in the county's healthcare safety net and public health system were identified in this way and were subsequently considered during the remainder of the planning process.

Jackson County performs best in essential services 2: *Diagnose and Investigate*, 3: *Educate/Empower* and 6: *Enforce Laws* and scores worst in 8: *Assure Workforce*, 9: *Evaluate Services*, and 10: *Research/Innovations*.

## Community Health Status Assessment

According to the Florida MAPP Field Guide, the Community Health Status Assessment is intended to answer the questions:

- “How healthy are our residents?”
- “What does the health status of our community look like?”
- “What are the strengths and risks in our community that contribute to health?”<sup>3</sup>

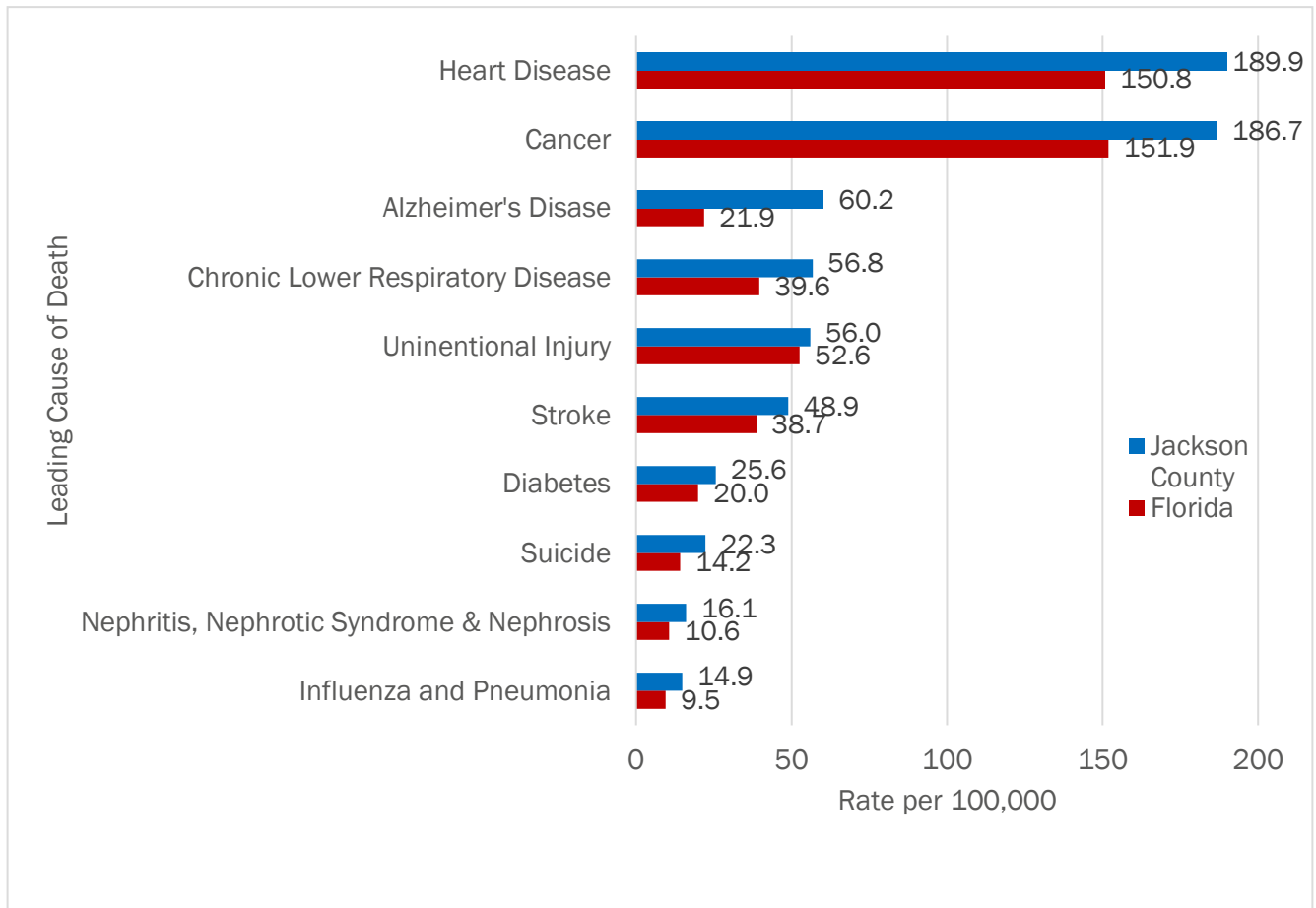
To answer these questions, HPCNEF staff collected, analyzed, and reviewed secondary data describing population health in Jackson County and compared that data to other known time periods and geographies.

Mortality rates are key indicators of the state of health of a community. Figure 3 shows the top ten causes of death in Jackson County and the state of Florida (per 100,000). Heart disease and cancer are the two leading causes of death in both Florida and Jackson County, and Alzheimer's disease is third leading cause of death on the list for Jackson County, whereas unintentional injury ranks third in Florida. Jackson County has a higher mortality rate for all top 10 leading causes of death when compared to Florida's rates.

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<sup>3</sup> National Association of County and City Health Officials. (n.d.). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP: A User's Handbook*. Washington, DC.

FIGURE 3. LEADING CAUSES OF DEATH, JACKSON COUNTY & FLORIDA, 2015-17



Data Source: Florida Health CHARTS, Leading Causes of Death

## Identifying Priority Health Issues

### Top Health Issues Identified by Community Surveys

The CHIP group distributed a survey throughout Jackson County giving community members and stakeholders a chance to voice their opinions on the health status and health needs of Jackson County residents. A total of 123 community surveys were collected. The community survey respondents identified the following as the top health issues in Jackson County:

1. Obesity
2. Chronic diseases
3. Alcohol/drug abuse
4. Mental Health/Behavioral Health

### Top Health Issues Identified by Focus Groups

Approximately 32 community members and stakeholders attended community focus groups held in Jackson County during the month of April 2019. Through a discussion of community health and health needs, focus group participants identified the following as the top health issues in Jackson County:

1. Mental health/behavioral health
2. Alcohol/substance abuse
3. Domestic violence
4. Chronic diseases related to lifestyle behaviors
5. Lack of providers/access/provider-patient communication

## Health Priorities Identified by the CHIP group

To select health priorities, the CHIP group reviewed key findings from the four MAPP assessments in a preliminary results meeting on April 11, 2019. The CHIP group discussed quantitative data (e.g., disease mortality rates, health behaviors, factors in the physical environment, quality of life indicators) and the top health issues identified through focus groups and community surveys. Then, attendees provided feedback by answering the following question via an electronic polling system: “Of all the issues discussed today, which do you think is the most important?”

The meeting attendees voted for the following priority issues to be addressed and targeted for improvement in the CHIP:

1. Chronic Disease and Lifestyle Behaviors
2. Behavioral Health
3. Healthcare Access

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## DESCRIPTION OF PRIORITY HEALTH ISSUES

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### Chronic Disease and Lifestyle Behaviors

Lifestyle Behaviors – including poor diet, lack of exercise, tobacco use, and excessive alcohol use – are a key contributor to the development of heart disease, cancer, stroke, and diabetes<sup>4</sup>, all of which are leading causes of death in Jackson County. The Chronic Disease and Lifestyle Behavior priority health area focuses on Obesity, Poor Nutrition/Unhealthy Eating, Weight Management, Physical Activity, Health Education, and Screenings. Key data related to lifestyle in Jackson County is presented below.

### Obesity & Physical Activity

According to the CDC, more than one-third (about 40%) of U.S. adults are obese.<sup>5</sup> Obesity is associated with many health and chronic conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and certain types of cancer.

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance System Survey (BRFSS) in 1986. BRFSS uses a statewide telephone survey to make population-based estimates of the prevalence of various health conditions and related risky behaviors. The 2016 BRFSS provides counties with rich data on a variety of issues related to health status, health care access, lifestyle, chronic illnesses, and disease prevention practice. According to the 2016 BRFSS, almost 34% of Jackson County adults are obese, which is higher than the state average of 27%. Other key findings related to obesity and physical activity are presented below.

Physical Activity & Obesity	Jackson County	Florida
Adults who are obese	33.8%	27.4%
Adults who are overweight or obese	65.4%	63.2%
Adults who are overweight	31.5%	35.8%

<sup>4</sup> U.S. Centers for Disease Control and Prevention. (2015, August 26). *Chronic Disease Overview*. Retrieved 2016, from CDC.gov: <http://www.cdc.gov/chronicdisease/overview/>

<sup>5</sup> U.S. Centers for Disease Control & Prevention. (2019, June). *Adult Obesity Facts*. Retrieved from CDC.gov: <http://www.cdc.gov/obesity/data/adult.html>

Adults who have a healthy weight	32.0%	34.5%
Adults who are sedentary	42.6%	29.8%
Adults who are inactive or insufficiently active	64.7%	56.7%
Adults who meet aerobic recommendations	37.6%	44.8%
Adults who meet muscle strengthening recommendations	26.2%	38.2%

## Nutrition & the Food Environment

According to 2013 BRFSS data, only 15% of adults in Jackson County consume five or more servings of fruits and vegetables per day.

Nutrition	Jackson County	Florida
Adults who consumed 5 or more servings of fruits or vegetables per day	15.1%	18.3%
Adults who consumed 2 or more servings of vegetables per day	35.7%	40.3%

## Tobacco Use

Tobacco is the largest cause of preventable morbidity and mortality in the United States.<sup>6</sup> Smoking harms nearly every organ of the body, causing many diseases and affecting the overall health of smokers. Approximately 24% of adults in Jackson County are current smokers, significantly greater than the state rate of 15.5% of adults. Key BRFSS findings related to tobacco use are presented in the table below.

Tobacco Use	Jackson County	Florida
Adult current smokers who tried to quit smoking at least once in the past year	63.5%	62.1%
Adults who are current smokers	24.0%	15.5%
Adults who are former smokers (currently quit smoking)	26.5%	26.5%
Adults who have never smoked	49.5%	58.0%

## Chronic Lower Respiratory Disease

In 2017, chronic lower respiratory disease (CLRD) was the fourth leading cause of death in the United States.<sup>7</sup> Sixteen million Americans reported having chronic obstructive pulmonary disease (COPD), a group of diseases that cause breathing-related problems, including emphysema, chronic bronchitis, and some cases of asthma. Tobacco use is a key risk factor for development of COPD, but exposure to air pollutants in the home/workplace, secondhand smoke, genetic factors, and respiratory infections are also causes.<sup>8</sup>

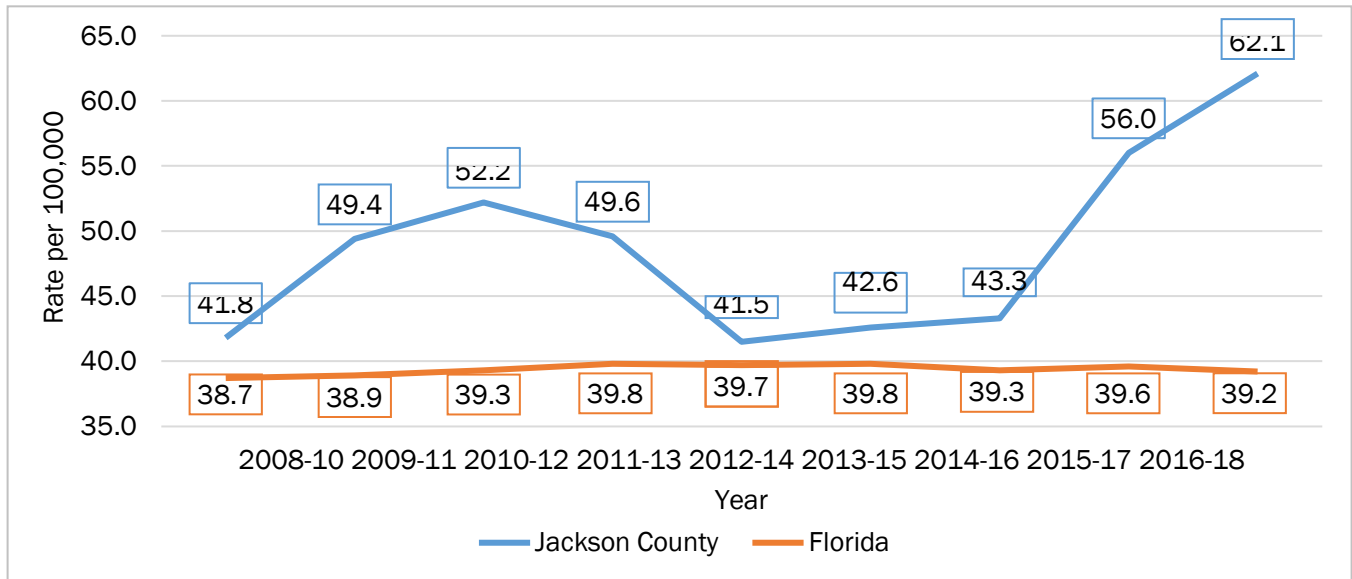
Jackson County has had consistently higher chronic lower respiratory disease mortality rates than the state of Florida. Figure 4 shows the latest decade of available data in 3-year rolling rates.

<sup>6</sup> U.S. Centers for Disease Control and Prevention. (2015, July). Tobacco Use. Retrieved from The Community Guide. <http://www.thecommunityguide.org/tobacco/index.html>

<sup>7</sup> U.S. Centers for Disease Control and Prevention. (2019, December). Leading Causes of Death. Retrieved from CDC.gov: <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>8</sup> U.S. Center for Disease Control and Prevention. (2015, March 12). *Chronic Obstructive Pulmonary Disease (COPD)*. Retrieved from CDC.gov: <http://www.cdc.gov/copd/>

FIGURE 4. CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2018

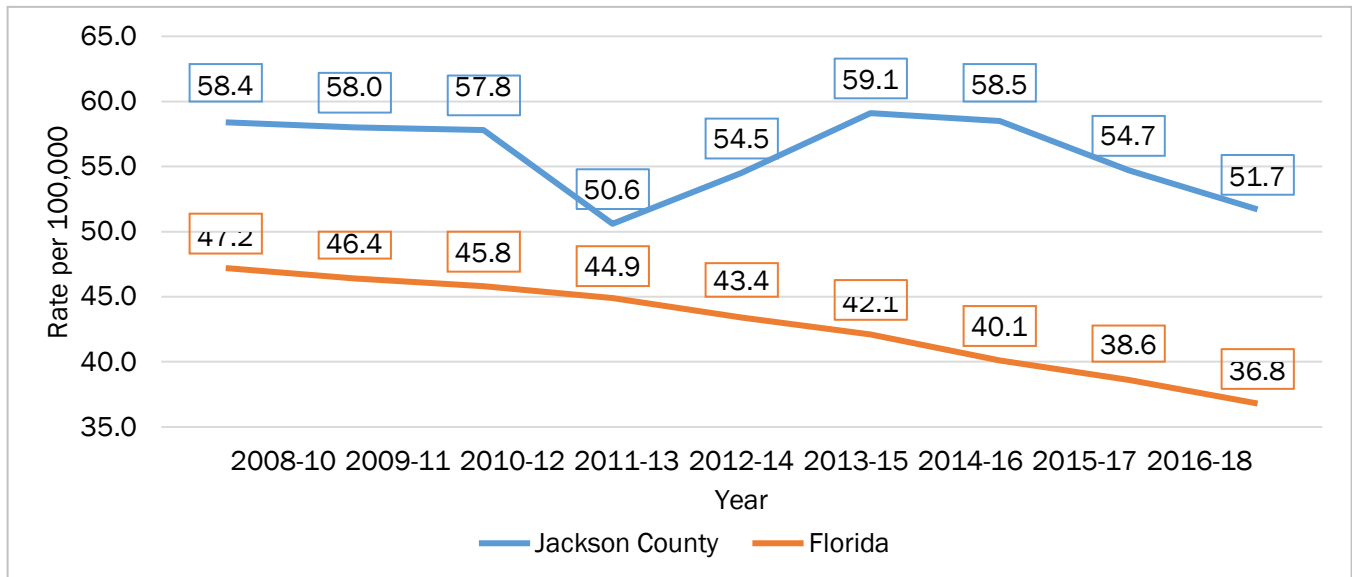


Data Source: Florida CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

### Lung Cancer

Lung cancer deaths are the most common type of cancer deaths among both Florida and Jackson County residents. Jackson County has a higher lung cancer mortality rate than the state of Florida, though both rates have been declining steadily (Figure 5).

FIGURE 5. LUNG CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2018



Data Source: Florida CHARTS, Lung Cancer Deaths

### Cancer Screenings

According to the Center for Disease Control and Prevention, cancer screening tests are a way to detect cancers at an early stage when treatments are likely to be most effective. 2016 BRFSS data shows that only 75% of Jackson County female residents aged 50 to 74 took advantage of a mammogram within the past two years, compared to 82% at the state level. Key BRFSS findings related to cancer screenings use are presented in the table below.



Cancer Screening	Jackson County	Florida
Women 21 to 65 who had a Pap test in the past three years	76.0%	78.8%
Women 18 years of age and older who received a Pap test in the past year	46.8%	48.4%
Women 50 to 74 who has a mammogram in the past two years	75.4%	81.7%
Adults 50 years of age and older who have ever received a sigmoidoscopy or colonoscopy	66.8%	69.2%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	66.6%	67.3%
Adults ages 50 years and older who have ever had a blood stool test	32.9%	36.0%

Data Source: Florida CHARTS, Cancer Screenings

## Improving Disease Prevention & Lifestyle Behaviors

In order to better lifestyle behaviors/choices and improve chronic disease rates, as well as increase cancer screenings, the CHIP group agreed to implement several community health programming initiatives. See the CHIP Action Plans at the end of this document for detailed goals, objectives, and strategies for addressing Chronic Diseases related to Lifestyle Behaviors in Jackson County.

## Behavioral Health

According to the World Health Organization, “mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”<sup>9</sup> Social, economic, psychological, and biological factors all play a role in determining mental health.<sup>10</sup>

## Suicide

Suicide occurs when a person ends his or her own life, and it is the 10<sup>th</sup> leading cause of death among Americans in 2017.<sup>11</sup> Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure.<sup>12</sup> People who survive suicide attempts can also have depression and other mental health problems.<sup>13</sup> Jackson County’s suicide death rate increased from 12.4 deaths per 100,000 population in 2010-2012 to 14.2 deaths per 100,000 in 2016-2018 (Figure 6).

FIGURE 6. SUICIDE (ALL MEANS) AGE-ADJUSTED DEATH RATE, ALL RACES, 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2010-2018

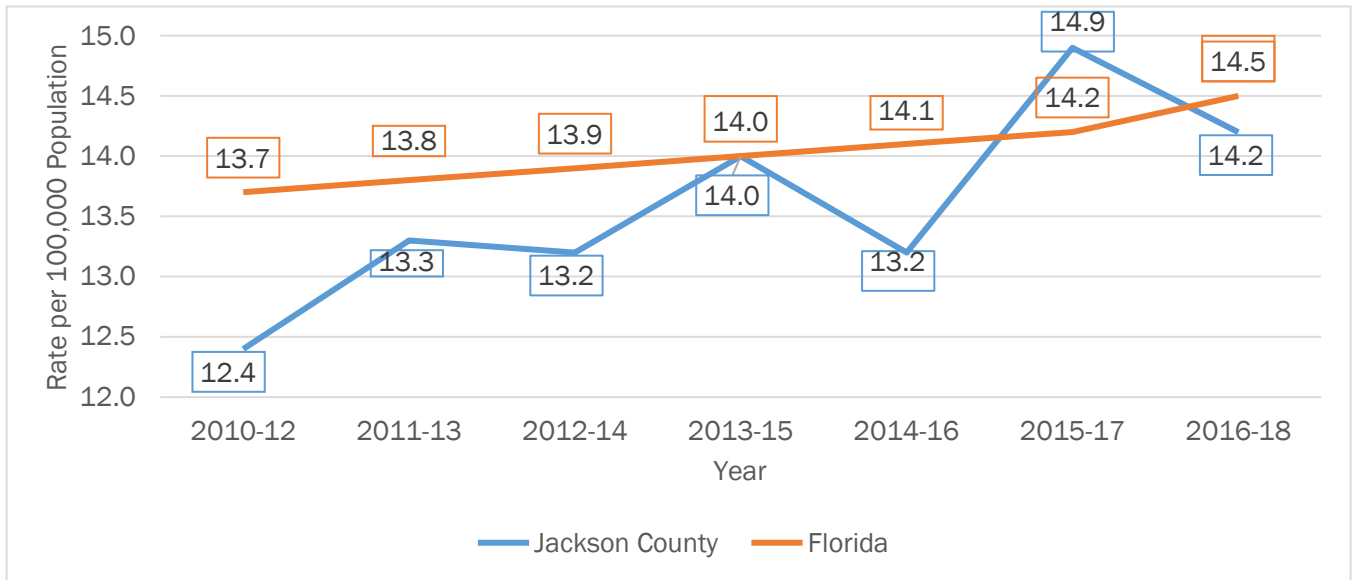
<sup>9</sup> World Health Organization (2014, August). *Mental health: strengthening our response, Fact sheet N°220*. Retrieved 2016, from WHO.int: <http://www.who.int/mediacentre/factsheets/fs220/en/>

<sup>10</sup> World Health Organization. (2014, August).

<sup>11</sup> U.S. Centers for Disease Control and Prevention. (2019, July). *Deaths. Final Data for 2017*. Retrieved from CDC.gov: <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>12</sup> U.S. Centers for Disease Control and Prevention. (2014, September). *Preventing Suicide*. Retrieved from CDC.gov: <http://www.cdc.gov/Features/PreventingSuicide/>

<sup>13</sup> Chapman AL, Dixon-Gordon KL. (2007) Emotional antecedents and consequences of deliberate self-harm and suicide attempts. *Suicide & Life Threatening Behavior*; 37(5):543-552.



Data Source: Florida CHARTS, Suicide Deaths

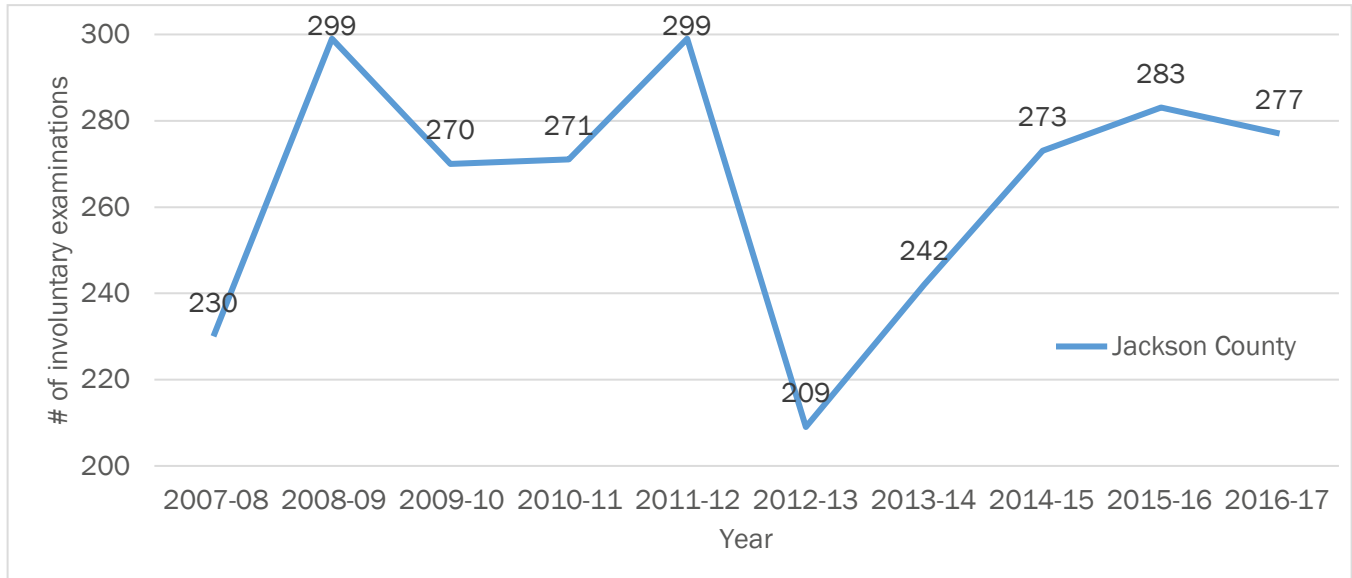
### Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the Florida Mental Health Act (also known as the “Baker Act”), a comprehensive revision of the state’s mental health laws. The Baker Act allows for voluntary and involuntary admissions for psychiatric care under specific circumstances. Involuntary initiations can be made by courts, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a threat to their own well-being or the well-being of others.<sup>14</sup>

Figure 7 illustrates the total number of reported involuntary exam initiations (i.e. Baker Acts) for Jackson County residents from 2007-2008 to 2016-2017. There is a general upward trend in involuntary exam initiations for Jackson County residents, especially from 2013-2013 to 2016-2017. From 2011-2012 to 2012-2013 involuntary examinations decreased by 30% before increasing again. Figure 7 shows no comparison to the state of Florida as data comparing state and county Baker Act rates is not readily available.

<sup>14</sup> Mental Health Program Office & Department of Mental Health Law & Policy. (2014). *2014 Baker Act User Reference Guide: The Florida Mental Health Act*. Tallahassee: Department of Children and Families, Mental Health Program; University of South Florida, Louis de la Parte Florida Mental.

FIGURE 7. TOTAL INVOLUNTARY EXAM INITIATIONS FOR JACKSON COUNTY RESIDENTS, 2007-2017

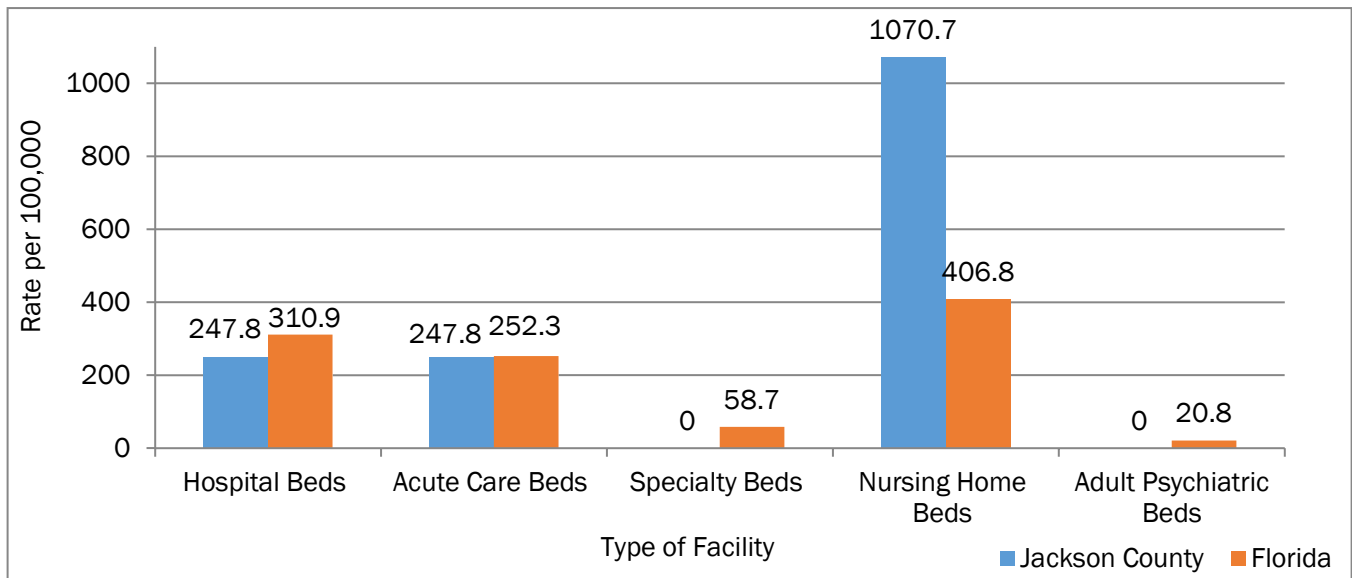


Data Source: Baker Act Reporting Center Fiscal Year 2016-17. University of South Florida.

### Mental Health Services/Resources

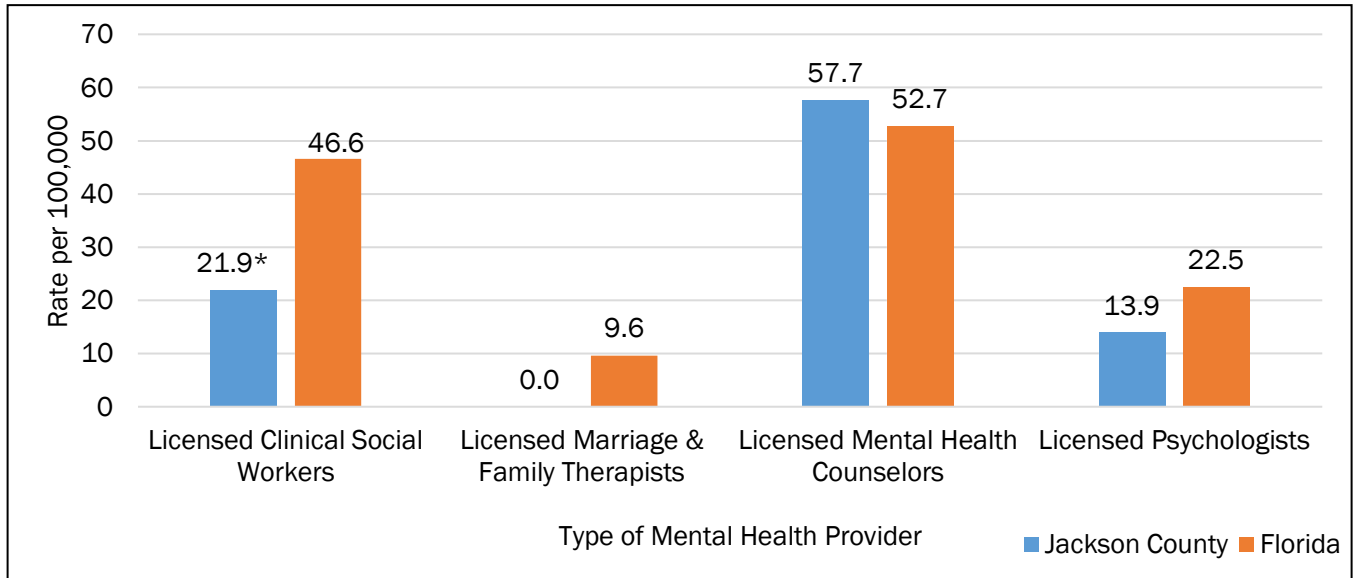
Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. Jackson County has a lower rate of total hospital beds and acute care beds per capita than Florida, and has no specialty beds or adult psychiatric beds (Figure 8). Jackson County has fewer licensed clinical social workers, licensed marriage & family therapists, and licensed psychologists per 100,000 people than Florida (Figure 9). The number of total licensed mental health professionals is also an indicator of the need for additional mental health resources in Jackson County.

FIGURE 8. HEALTH CARE FACILITY BEDS IN JACKSON COUNTY AND FLORIDA, 2016-18



Data Source: Florida Agency for Health Care Administration (AHCA)

FIGURE 9. TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, JACKSON COUNTY & FLORIDA, FY 2017/18



Data Source: FL Dept. of Health, Division of Medical Quality Assurance

\* indicates the county rate is statistically significantly different from the statewide rate

## Substance Misuse

### Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco and other drug use, and delinquent behaviors, as well as the risk and protective factors related to these behaviors. Key findings revealed:

- E-Cigarettes and Vaporizers are the most commonly used substances among Jackson County students, with usage rates of 18.6% for the past 30 days, compared to Florida’s rate of 13.7%
- After E-Cigarettes and Vaporizers, students reported alcohol (16.3% for past 30 day use) as the most commonly used substance. Florida’s prevalence rate is lower at 15.3%
- Any illicit drug is the next most commonly used substance type with a usage rate of 11.9% in the past 30 days versus 14.3% in Florida

### Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) “is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world.”<sup>15</sup> 2016 BRFSS key findings revealed:

- Among Jackson County’s population 24.0% are current smokers, compared to 15.5% of Floridians
- 6.6% of Jackson County’s population are current e-cigarette users, compared to 4.7% of Florida’s population

<sup>15</sup> Centers for Disease Control and Prevention (2014, May 16). *About BRFSS*. Retrieved from <https://www.cdc.gov/brfss/about/index.htm>

- 6.1% of Jackson County residents reported having used marijuana or hashish during the past 30 days, compared to 7.4% at the state level
- 11.8% of Jackson County residents engage in heavy or binge drinking compared to 17.5% at the state level

## Improving Behavioral Health

The CHIP workgroup's goal was to improve behavioral health in Jackson County so that adults, children and families are healthy participants living in their communities. See CHIP Action Plans at the end of this document for detailed goals, objectives, and strategies for addressing behavioral health issues in Jackson County.

## Health Care Access (including provider-patient communication)

### Health Care Access Shortages

#### *Federal Health Professional Shortage Designation*

The Human Health Resources and Services (HRSA) develops a shortage designation criteria to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (low-income or Medicaid eligible), or facilities (e.g. federally qualified health centers or state or federal prisons). The Internal Medicine Associates of Jackson Hospital are designated as a Rural Health Clinic for primary care, mental and dental health services. Jackson County is designated as a low-income population by HRSA due to a lack of primary care and dental services in Jackson County.<sup>16</sup>

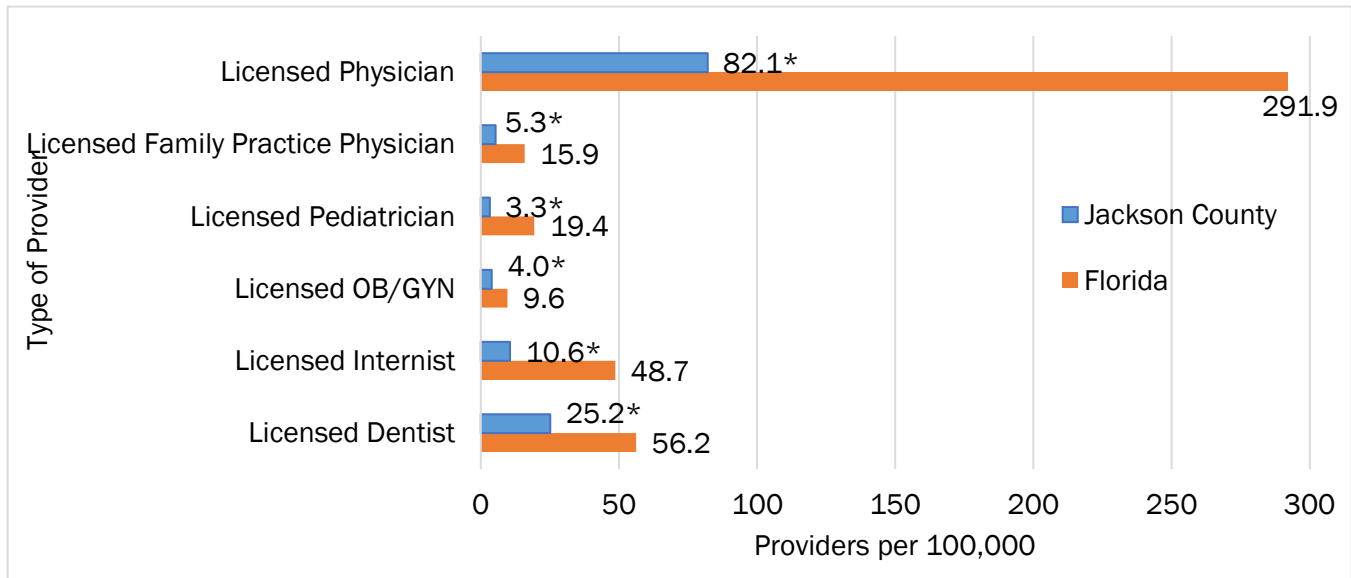
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<sup>16</sup>Health Resources and Services Administration (December 2019). HRSA Data Warehouse . Retrieved from <https://datawarehouse.hrsa.gov/tools/shortage-area/hpsa-find>

**Health Care Providers**

The number of total licensed providers in Jackson County compared to Florida provides insights into the health care access shortage areas in Jackson County. Jackson County has fewer licensed physicians, family practice physicians, pediatricians, OB/GYN, internists, and dentists per 100,000 than Florida (Figure 10). Also noteworthy is the lower coverage of mental health professionals and health care facility beds in Jackson County compared to Florida.

**FIGURE 10. TOTAL LICENSED PROVIDERS, JACKSON COUNTY & FLORIDA, FY 2015/16 AND 2017/18**

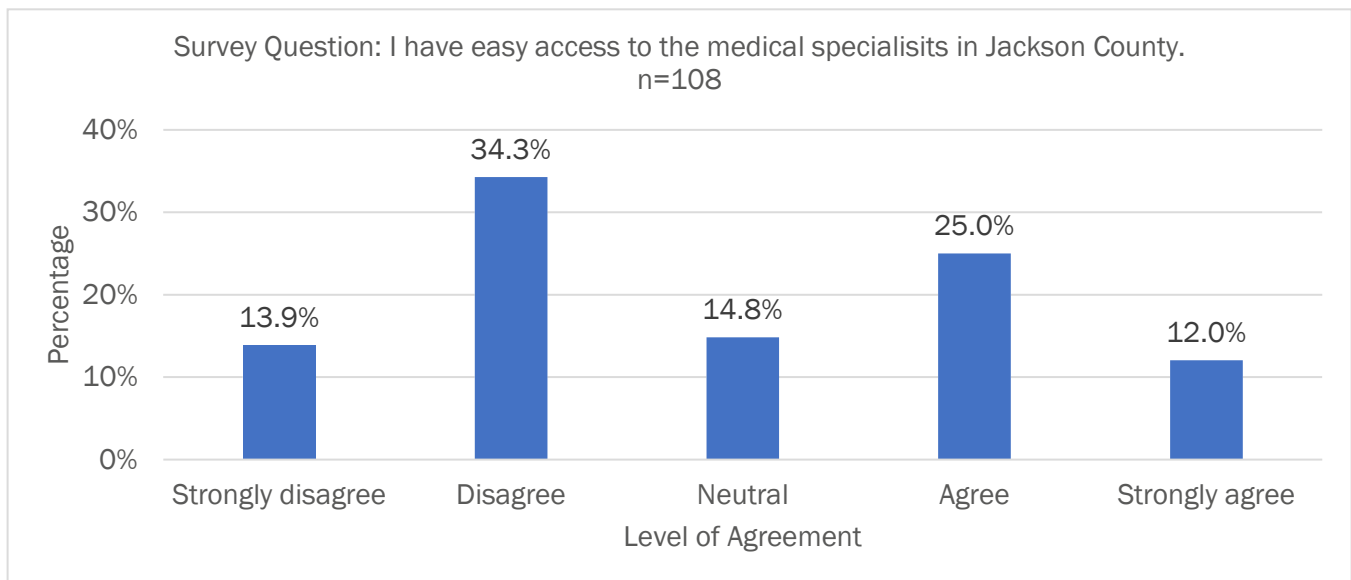


Data Source: FL Dept. of Health, Division of Medical Quality Assurance

**Health Care Access Gaps and Barriers from Community Survey**

DOH-Jackson asked community members and stakeholder to participate in a survey on community health, health care services, and quality of life in Jackson County. A total of 123 people completed the survey and of the 123 survey participants 108 answered the question, “I have easy access to the medical specialists in Jackson County” (Figure 11).

**FIGURE 11. HEALTH CARE ACCESS FROM COMMUNITY SURVEY RESPONDENTS**



Community input was also solicited through two focus groups held in Jackson County in the month of April 2019. Focus group participants were asked to list the health care services that are most difficult to access as well as the greatest barriers these individuals have to these services. When asked to list the health services most difficult to access, a lack of affordable mental health care was mentioned in both focus groups. Participants in both groups also mentioned a lack of medical specialty care such as urology, neurology, and psychiatry. Furthermore, participants reported a lack of access to dental care services. Participants were then asked what the greatest barriers to getting these services were. The barriers most commonly reported were funding and stigma. Other named barriers included transportation and resources, including adequately trained staff and the capacity of providers as well as lack of referrals.

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## OVERVIEW OF CHIP PROCESS

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Phases 1-4 of the Mobilizing for Action through Planning and Partnerships (MAPP) process involve visioning, collecting and analyzing data, and gathering community input in order to determine which health issues will become the strategic focus of health planning in the community for the next three to five years. A Community Health Improvement Plan (CHIP) is formulated primarily in Phases 5) Goals & Strategies and 6) Action Cycle of the MAPP process. In Phase 5, the community formulates broad goal statements addressing the previously identified health issues, as well as more specific strategies related to each goal. Phase 6 involves planning, implementation, and evaluation. During Phase 6, the community creates an action plan which provides details on how goals and strategies will be achieved.<sup>17</sup>

The CHIP group held meetings with the workgroup from October to December 2019. The workgroup covered all priority areas; Chronic Disease and Lifestyle Behaviors, Behavioral Health, and Healthcare Access. The workgroup began with a summary of the findings of the community health assessment and a recap of the health issues to be addressed in each workgroup. Next, HPCNEF facilitated a brief discussion of goals, objectives, and strategies; provided examples of each; and guided the group through the process of goal creation for each health issue.

Following the creation of broad, overarching goals, the workgroup developed objectives for each goal as well as strategies for each objective. In addition to generating strategies that could be used to achieve each goal, the workgroup brainstormed and described potential resources, lead persons/organizations, measures for tracking progress of a strategy, current performance levels, and targets for each strategy, detailed in the CHIP Action Plans included at the end of this document.

The goal of the CHIP is to not only outline health issues, future action steps, and strategies to improve the health of Jackson County, but also to align with already existing state and national objectives and other local programs, projects and organizations. The CHIP group made efforts to align Jackson County with state and national objectives by referring to the Florida State Health Improvement Plan and the Healthy People 2020 initiative. This alignment is illustrated in the CHIP Action Plans, using the symbols below:

- This symbol represents alignment with the National Healthy People 2020 initiative.
- ▲ This symbol represents alignment with the Florida State Health Improvement Plan.
- This symbol represents a policy based intervention.

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<sup>17</sup> National Association of County and City Health Officials. (n.d.). *Mobilizing for Action through Planning and Partnerships*. Retrieved March 2016, from NACCHO.org: <http://www.naccho.org/programs/public-health-infrastructure/mapp>

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# CHIP ACTION PLANS

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The Jackson County 2019-2024 CHIP focus on three priority health areas. The Action Plan includes priority issues that were chosen after reviewing and discussing the data collected through the CHA process. The health needs of the high-risk populations were identified and prioritized during this process. The CHIP top priority issues identified for the action plan are Chronic Disease Related to Lifestyle and Behavior, Behavioral/Mental Health, and Healthcare Access. Social determinants of health and health inequities were considered in prioritization with comprehensive review of secondary data during the 2019 Community Health Assessment. The reviewed data showed the most current challenges with Jackson County related to the identified priority issues. Health and healthcare access remain as high priority with the data to support the needs of high-risk populations in Jackson County. The strategic priorities, goals, objectives and activities align with several state initiatives. The shared priorities present opportunities for collective impact in improving health outcomes and health inequities.



## DISEASE PREVENTION & LIFESTYLE BEHAVIORS

Priority Area: Chronic Diseases related to Lifestyle Behaviors					
Goal 1: Improve lifestyle choices to reduce chronic disease and illness through education, interventions, and technology. ▲■					
Objective 1.1: By Dec 31, 2024, increase participation in health education programming from 100 to 200. ▲■				Anticipated Completion Date:	31-Dec-24
Activities	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Increase diabetes-self-management referrals	DOH-Jackson, Healthcare Providers, Big Bend AHEC	DOH-Jackson	Number of referrals annually	15	30
Revitalize health councils	DOH-Jackson, Faith based Representatives	AME District Churches and DOH-Jackson	Number of health councils activated	0	30
Research implementation of Check-Change-Control Program	DOH-Jackson, Jackson Hospital	DOH-Jackson	Implementation of program	0	1
Increase tobacco cessation classes	DOH-Jackson, Big Bend AHEC, Big Bend Community based Care, Chipola Healthy Start	DOH-Jackson	Number of cessation classes held	12	16
Increase referrals for tobacco cessation for pregnant women and families	WIC, Jackson County Healthy Start, Big Bend AHEC, PanCare	DOH-Jackson (Tobacco)	Number of referrals annually	50	75
Increase the number of SCRIPT curriculum contacts	Jackson County Healthy Start, Healthcare Providers	Jackson County Healthy Start	Number of contacts made annually	24	48

Objective 1.2: By Dec 31, 2024, increase the percentage of adults who consume 5 or more servings of fruits and vegetables per day from 15.1% to 15.5%. ▲■				Anticipated Completion Date: 31-Dec-24	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Promote the health benefits of the consumption of fruits and vegetables	Farmers Markets, DOH-Jackson, Extension Office, Senior Citizen Program, Big Bend AHEC	UF/IFAS, DOH-Jackson	Number of events where promotion is provided	0	6
Educate families on healthy eating on a budget (SNAP-ED)	WIC, DOH-Jackson, Healthy Start, UF/IFAS	DOH-Jackson	Number of individuals educated per year	3,212	3,500
Objective 1.3: By Dec 31, 2024, increase participation among older adults in physical activity programs from 142 to 160. ▲■				Anticipated Completion Date: 31-Dec-24	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Promote Silver Sneakers Program	Health Insurance Carriers, Chipola Fitness, Senior Citizen Center	Jackson Hospital	Number of outreach events	1	2
Increase participation in Silver Sneakers Program	Health Insurance Carriers, Chipola Fitness, Senior Citizen Center	Jackson Hospital	Number of participants	142	160
Create exercise phablet	DOH-Jackson, Jackson County Senior Citizen, UF/IFAS	DOH-Jackson	Creation of phablet	0	1
Promotion of the use of public parks and recreation	DOH-Jackson, Jackson County Parks & Recycling	DOH-Jackson	Number of contacts initiated	0	1000

Objective 1.4: By Dec 31, 2022, create a partnership to research opportunities to create an after school youth program.				Anticipated Completion Date:	31-Dec-22
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Create partnership	DOH-Jackson, School Board, Board of County Commissioners, UF/IFAS	DOH-Jackson	Creation of partnership	0	1
Research funding opportunities	Robert Wood Johnson Foundation, Kellogg's Foundation, FEMA, Integrity Group, Board of County Commissioners, CDC	DOH-Jackson	Number of funding opportunities vetted	0	10
Objective 1.5: By Dec 31, 2024, increase the number of women aged 50 to 74 who had a mammogram in the past 2 years from 75.4% to 77.0%. ▲■				Anticipated Completion Date:	31-Dec-24
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Promote benefits of mammograms	March of Dimes, Susan B Komen, CDC, Jackson Hospital, FL breast and cervical early detection program, Big Bend AHEC	DOH-Jackson	Number of promotions annually	1	5
Provide education of (correlating) risk factors	CDC, DOH-Jackson, Jackson Hospital, Big Bend AHEC	Jackson Hospital/DOH-Jackson	Number of education materials distributed	0	1000
Objective 1.6: By Dec 31, 2024, increase the percentage of adults 50 years and older who have ever received a sigmoidoscopy or colonoscopy from 66.8% to 68.0%. ▲■				Anticipated Completion Date:	31-Dec-24
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Promote benefits of sigmoidoscopy/colonoscopy	CDC, DOH-Jackson, Jackson Hospital, Big Bend AHEC	DOH-Jackson	Number of promotions annually	0	4
Providing education of (correlating) risk factors	CDC, DOH-Jackson, Jackson Hospital, Big Bend AHEC	Jackson Hospital/DOH-Jackson	Number of education materials distributed	0	1000

## BEHAVIORAL HEALTH

Priority Area: Behavioral Health					
Goal 1: Increase awareness of and acceptability to seek help related to behavioral health. ▲■					
Objective 1.1: By Dec 31, 2024, increase the percentage of adults with good mental health for the past 30 days from 85.8% to 87.0%. ▲■				Anticipated Completion Date: 31-Dec-24	
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Create partnership with schools in Jackson County	DOH-Jackson, School Board, Florida Therapy, Big Bend, Big Bend AHEC, Life Management Center	PanCare	Partnership	0	1
Partner with DCF and utilize resources	SPARE, DCF, NAMI	Big Bend CBC	Number of resources obtained	0	2
Disseminate gathered resources to community	SPARE, DCF, NAMI	Big Bend CBC	Number of resources disseminated	500	700
Objective 1.2: By Dec 31, 2020, assess provider interest in participating in becoming a patient centered medical home service provider via survey. ▲■				Anticipated Completion Date: 31-Dec-20	
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Develop survey	CMS, Jackson Hospital, DOH-Jackson	CMS	survey developed	0	1
Conduct survey	CMS, Jackson Hospital, DOH-Jackson	CMS	surveys conducted	0	20
Evaluate survey results	CMS	CMS	survey analysis	0	1

Objective 1.3: By Dec 31, 2024, increase the number of mental health trainings offered from 1 to 4. ▲●				Anticipated Completion Date: 31-Dec-24	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Provide MHFA/Youth MHFA to childcare workers and First Responders	Big Bend, DCF, AHEC, DOH-Jackson, LTRG	Big Bend, AHEC	Number of trainings offered	1	2
Provide MHFA to the general public	Big Bend, DCF, AHEC, DOH-Jackson, LTRG	Big Bend, AHEC	Number of trainings offered	0	2
Objective 1.4: By Dec 31, 2020, increase behavioral health marketing strategies from 3 (radio, print, tv) to 5. ▲				Anticipated Completion Date: 31-Dec-20	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Identify targeted audience group (Youth/Older Adults)	CHIP workgroup	CHIP workgroup	identified audience group	0	2
Identify other marketing strategies for messaging	CHIP workgroup	CHIP workgroup	identified marketing strategies	3	5
Create or identify a message	CHIP workgroup	Big Bend, AHEC, LMC	messages created	0	2
Disseminate message	CHIP workgroup	CHIP workgroup	number of individuals reached (flyers passed out and social media views)	0	700/200

## HEALTHCARE ACCESS

Priority Area: Healthcare Access					
Goal 1: Increase access to services through creation of health resources to reduce barriers. ▲■					
Objective 1.1: By Dec 31, 2024, research opportunities to expand telehealth outside of schools from 0 to 1 program. ▲●				Anticipated Completion Date:	31-Dec-24
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Create a partnership	CHIP workgroup	PanCare	Creation of partnership	0	1
Explore funding opportunities	Robert Wood Johnson Foundation, grants.gov, USDA Distance Learning and Telemedicine, NIH	PanCare	Number of funding opportunities vetted	1	10
Objective 1.2: By Dec 31, 2024, increase ridership from 250 rides per day to 300 per day.				Anticipated Completion Date:	31-Dec-24
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Educate residents on transportation opportunities	JTrans, DOH-Jackson, Jackson Hospital, Medical Providers, Healthy Start	JTrans	Number of flyers distributed annually	60	1000
Distribute JTrans link to partner's websites	JTrans, DOH-Jackson, Jackson Hospital, Medical Providers, Healthy Start	JTrans	Number of websites with link	2	6
Explore Medicare transportation payment options	JTrans, DOH-Jackson, Jackson Hospital, Medical Providers, Healthy Start	JTrans	Number of medical insurers	1	5

Objective 1.3: By Dec 31, 2024, research funding sources and opportunities to increase healthcare access to uninsured and underinsured residents from 0 to 16. ▲■				Anticipated Completion Date:	31-Dec-24
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Create a partnership	CHIP workgroup	PanCare	Creation of partnership	0	1
Explore funding opportunities	Robert Wood Johnson Foundation, grants.gov, USDA Distance Learning and Telemedicine, NIH	PanCare	Number of funding opportunities vetted	0	10
Recruit healthcare providers/personnel with active licenses who are willing to provide services	DOH-Jackson, Jackson Hospital, Medical Providers, Healthy Start	DOH-Jackson	Number of contacts initiated annually	0	5

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