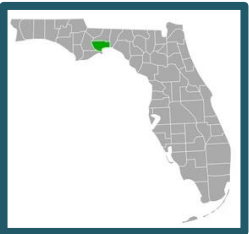




2023-2026



WAKULLA COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

2023-2026, PUBLISHED JUNE 2023

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Summary of the Wakulla County Community Health Improvement Plan 2023-2026

WAKULLA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) STRATEGIC PRIORITIES AND GOALS

Access to Healthcare Services

- Goal ACCESS1: Access to telehealth services
- Goal ACCESS2: Work with mobile health unit providers
- Goal ACCESS3: Support insurance enrollment efforts for individuals
- Goal ACCESS4: Improve community awareness of low-cost/no-cost health care services.

Mental Health Services

- Goal MHS1: Improve access to mental health providers
- Goal MHS2: Increase awareness of mental health resources/services.

Substance Abuse (including tobacco and vaping)

- Goal SA1: the use of tobacco and vaping products.
- Goal SA2: Increase access to substance abuse services.

Age friendly services

- Goal AGE1: Targeted age-appropriate services for vulnerable populations
- Goal AGE2: Improve food security across Wakulla County.

OVERVIEW OF THE WAKULLA COUNTY COMMUNITY HEALTH ASSESSMENT

In 2022, through the Community Health Assessment, the Florida Department of Health in Wakulla County launched a major initiative to better understand the health needs of the community and develop programs and policies to address these needs. This collaborative process had several overarching goals, including:

1. Complete a Community Health Assessment (CHA) to identify the county's strengths and challenges in improving the health of the community;
2. Develop a Community Health Improvement Plan (CHIP) that will serve as the foundation for improving the health of the county over the next three years;
3. Engage partners, organizations, and individuals in creating a vision for a healthy Wakulla County and making that vision a reality and;
4. Position the Florida Department of Health in Wakulla County to maintain accreditation.

Community partners forming the Wakulla Wellness Task Force (WWTF) utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide a comprehensive community health assessment that would inform the development of the community health improvement plan (CHIP).

The MAPP process yielded a wealth of data (see [2022 Wakulla County Community Health Assessment](#)) used to identify strategic priorities. In 2022, the health priority for Wakulla County was identified as Obesity.

OBESITY

Wakulla County has a significantly high overweight and obesity rate (74.5%). This rate has drastically increased over the past ten years, and Wakulla County is ranked 56th in the State for most obese. Obesity was selected as a health priority as it is the gateway to hypertension and Type 2 diabetes. More than 34% of adults in Wakulla County have been told they had hypertension, the leading cause of death in Wakulla effecting all races and ethnicities. Additionally, 13% of Wakulla County residents have been told they have diabetes.

Obesity, with its overwhelming prevalence is now recognized as a chronic disease by several organizations, including the American Medical Association and the Centers for Disease Control and Prevention (CDC).

Once someone has become obese, it has a significant impact on the health of an individual as they are more likely to develop additional chronic health conditions such as heart disease, cancer, hypertension, and Type 2 Diabetes.

The community adopted obesity, a chronic disease, as the 2022 health priority. Areas of continued focus are access to healthcare services, mental health services, substance abuse, and age-friendly services.

Community Health Improvement Planning Process

COMMUNITY HEALTH IMPROVEMENT PLANNING

In December 2022, the FDOH Wakulla engaged M13 Management Partners (M13 Partners), to assist with the development of the Community Health Improvement Plan (CHIP), using the following timeline:

WAKULLA COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

July 2022	Wakulla County Community Health Assessment published.
December 13, 2022	Kick-off Meeting with Project Sponsors
January 24, 2023	Wakulla Wellness Task Force CHIP Meeting #1
February 28, 2023	Wakulla Wellness Task Force CHIP Meeting #2
March 28, 2023	Wakulla Wellness Task Force CHIP Meeting #3
April 25, 2023	Wakulla Wellness Task Force CHIP Meeting #4
May 2023	Project Sponsor Review
June 2023	2023-2026 Wakulla County Community Health Improvement Plan Report published

A kick-off meeting was held with Project Sponsors, Tonya Hobby, Health Officer/Administrator for the Florida Department of Health – Wakulla & Taylor Counties, and Donna Clark, Operations Manager for the Florida Department of Health in Wakulla County. This meeting outlined the project timeline and meeting plans and helped set the stage for restarting the in-person meetings of the Wakulla Wellness Task Force to assist in the development of CHIP.

The CHIP project leveraged the existing work completed in the Community Health Assessment that used the Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. MAPP is a community-driven strategic planning process for improving community health by identifying strategic issues from four assessments and setting priorities and implementing initiatives to advance health (see figure below). This framework helps communities apply strategic thinking to prioritize community health issues and identify resources to address them. MAPP is an interactive process that can improve the efficiency, effectiveness and ultimately the performance of local public health systems.

MAPP ASSESSMENTS

Achieving health equity requires collaboration, coordination, and collective action. Through this guided process, it can help communities develop a culture of continuous collaborative health

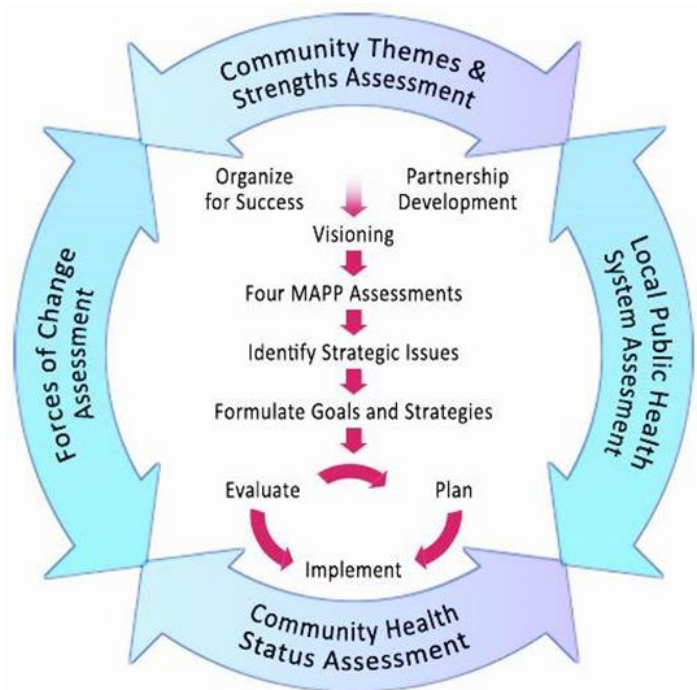
improvement.

Accomplishing health equity involves identifying, preventing, and reversing the effects of patterned decisions, policies, investments, rules, and laws that have caused social and economic inequities that affect people's abilities to live healthy lives.

A shared community vision provides an overarching goal for the community by the WWTF.

Subject matter experts from a diverse group of partners conducted the four types of assessments indicated by the MAPP process. The four assessments taken together contribute to a comprehensive view of health and quality of life in Wakulla County and constitute Wakulla's CHA.

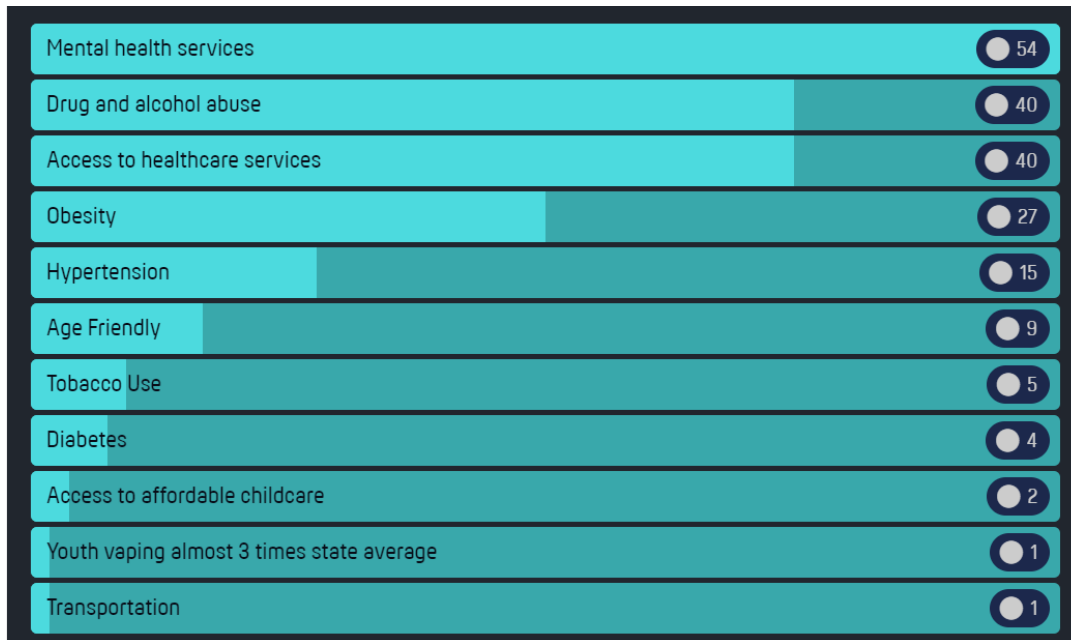
Individually, the assessments yielded in-depth analyses of factors and forces that impact population health. A comprehensive report of the four MAPP assessments are included as part of the [2022 Wakulla County Community Health Assessment](#).



IDENTIFYING STRATEGIC ISSUES

A critical component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies and implementation. These steps are also referred to as MAPP phases four through six. In January 2023, the WWTF kicked-off the process to identify strategic priorities. The process included the review of the community health status data, community themes and strengths findings from the community survey and focus groups. The WWTF discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose.

Multi-voting was utilized to prioritize the strategic issues with the following results:



The group re-convened in February 2023 to resume community health improvement planning efforts. Using the prioritization survey results as a guide, and feedback from the Project Sponsors, the final strategic priorities were re-framed to the following:

Strategic Priority Issue Areas Identified

- **Access to Healthcare Services**, to address:
 - Obesity
 - Hypertension
- **Mental Health Services**
- **Substance Abuse (including tobacco-use and vaping)**
- **Age-friendly services**, including:
 - Housing
 - Food insecurity

FORMULATE GOALS AND STRATEGIES

In April and May 2023, the WWTF and other community partners met to develop goals, identify strategies and write measurable objectives for each of the strategic priority areas. Individuals engaged in small group discussions to create goal statements, identify strategies, set objectives and build action plans for each strategic priority area. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, data source, and identification of a lead/co-lead for each initiative. These goals and strategies have been included in their own section - Wakulla County CHIP Goals, Strategies, Objectives and Related Resources.

ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Wakulla County CHIP action cycle is not only guided by the goals, strategies and objectives set through the MAPP process but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Wakulla County CHIP will be monitored and tracked by the WWTF and an annual CHIP review will be conducted. If appropriate, revisions to the CHIP and/or action plans will be made and documented.

Wakulla County CHIP Goals, Strategies, Objectives and Related Resources

The Wakulla County 2023-2026 focuses on four strategic priority areas. For each priority issue, at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring, and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability metrics, and progress reporting mechanisms as well as background on any related strategies and programs and notations of health disparity and equity concerns.

Since this is a 3-year plan, the goals, strategies, objectives, and related resources, may change as variables in the environment shift. These strategies, objectives, and related resources should be flexible to allow for updates and pivots, as necessary, to better align strategies and objectives to improving the strategic health issue identified.

The Appendix includes the action plan template, to be updated regularly to reflect progress towards achieving objectives and goals.

Florida Department of Health – Wakulla County
 Wakulla Wellness Task Force
 – Community Health Improvement Plan –

Strategic Priority: Access to Healthcare Services (ACCESS)
Goal #1 Access: Access to telehealth services
ACCESS#1 Strategies: Identify reliable internet hot spots from 6 locations to 10 by partnering with local health providers, library, etc. to offer telehealth stations.
Objective ACCESS1.1: By June 30, 2024, increase locations with internet service hot spots from 6 to 10 available in the community. Alignment: See below Baseline: No current baseline. Target: 10 hotspots in the community where coverage was improved for telehealth services.
Objective ACCESS1.2: By June 30, 2025, create and roll-out marketing plan on accessing telehealth in the community. Alignment: CHA, SHIP (Social and Economic Conditions Impacting Health) Baseline: N/A Target: Utilization metric (need to define) of telehealth services at hotspot locations
LEAD: Wakulla Wellness Task Force
Support: TMH, HCA, TCC, Wakulla Library, Sheriff's Department (point of contact)
Action Cycle:
<ol style="list-style-type: none"> 1. What are steps to accomplishing this? <ol style="list-style-type: none"> a. Create model for controlled environment where individuals can access telehealth options.. b. Identify locations/space c. Identify internet service providers for connectivity needs d. Identify equipment needed to support services e. Identify providers/services/vendors to provide telehealth services f. Funding/grants to support equipment, space and other expenses 2. What would success look like by 12/31/2023? <ol style="list-style-type: none"> a. Identify locations/areas to host services 3. What would success look like by 12/31/2024? <ol style="list-style-type: none"> a. Soft launch through scheduling times, event dates b. Identify/apply for grants to support any needed equipment 4. What would success look like by 12/31/2025? <ol style="list-style-type: none"> a. Advertised locations, hosting telehealth services with reliable internet 5. What would success look like by 12/31/2026? <ol style="list-style-type: none"> a. Fully operational locations, hosting telehealth services with reliable internet with identifiable designated space.
Goal #2 Access: Identify mobile health unit providers
ACCESS#2 Strategies: Deliver health care services to underserved areas through mobile health units.
Objective ACCESS2.1: Identify mobile health unit providers and the services 0 to 2 that are provided and in which communities by December 31, 2023. Alignment: See below Baseline: No current directory of mobile health providers. Target: Matrix of mobile health unit providers by services and locations.
Objective ACCESS2.2: By September 30, 2024, increase the identification of underserved populations/geographic areas from 0 to 2 for mobile health services. Alignment: See below Baseline: Inventory of current populations/geographies served by mobile units. Target: Add 2 underserved populations/geographic areas to areas served.

LEAD: Wakulla Wellness Task Force
Support: Transportation resources
Action Cycle:
<ol style="list-style-type: none"> 1. What are steps to accomplishing this? <ol style="list-style-type: none"> a. Generate more awareness of services/resources b. Invite mobile health providers to all community events c. Marketing through magnets and other advertising 2. What would success look like by 12/31/2023? <ol style="list-style-type: none"> a. Identify vendors willing to provide mobile services in Wakulla County 3. What would success look like by 12/31/2024? <ol style="list-style-type: none"> a. Finalize negotiations with mobile health provider b. Apply for grants/identify funding to support services 4. What would success look like through 12/31/2026? <ol style="list-style-type: none"> a. Operational mobile unit for the county

Goal #3 Access: Support insurance enrollment efforts for individuals.
ACCESS#3 Strategies: Use Navigators to help people enroll in health insurance coverage.
Objective ACCESS3.1: By December 31, 2024, increase the number of individuals enrolled in coverage with Navigator support by 10%.
Alignment: See below
Baseline: Last calendar year contacts/enrollments of Navigators.
Target: 20% growth in contacts/enrollments by Navigators.
LEAD: Big Bend AHEC
Support: Faith-based organizations, Broward County, Urban League, Career Source
Action Cycle:
<ol style="list-style-type: none"> 1. What are steps to accomplishing this? <ol style="list-style-type: none"> a. Generate awareness of existing Insurance Navigators and Big Bend AHEC services. b. Attendance at more health fairs and events sponsored by local health systems 2. What would success look like by 12/31/2023? <ol style="list-style-type: none"> a. Generate awareness of Navigators and Big Bend AHEC 3. What would success look like by 12/31/2024? <ol style="list-style-type: none"> a. Increase the number of individuals enrolling by 20-30% 4. What would success look like through 12/31/2026? <ol style="list-style-type: none"> a. Continue enrollment to improve rates of insured to 50-60%

Goal #4 Access: Improve community awareness of low-cost/no-cost health care services.
ACCESS#4 Strategies: Create directory of organizations providing low-cost/no-cost health services, including preventive health screenings and health education classes.
Objective ACCESS4.1: By December 31, 2025, implement a community wide platform for health services and health education classes and coordinate communication to community and faith-based organizations from 0 to 1.
Alignment: See below
Baseline: N/A
Target: Maintained directory and scheduled communications to community and faith-based organizations to continue distribution of health service and health education information.
LEAD: Wakulla Wellness Task Force
Support: Community as a whole
Objective ACCESS4.2: By June 30, 2026, increase from 0 to 1 a community wellness fair
Alignment: CHA, SHIP (Social and Economic Conditions Impacting Health, Maternal and Child Health, Mental Well-being and Substance Abuse Prevention)
Baseline: N/A

Target: Maintained directory and scheduled communications to community and faith-based organizations to continue distribution of health service and health education information.

LEAD: Wakulla Wellness Task Force

Support: Big Bend AHEC, 211 Big Bend

Action Cycle:

1. What are steps to accomplishing this?
 - a. Identify workgroup to focus on this effort.
 - b. Research local health plans/benefits at no cost (ie, transportation, first aid items, etc.)
 - c. Identifying providers and resources in the community
 - d. Create/update directory of services to include all community health and social services providers that is easy to search.
2. What would success look like by 12/31/2023?
 - a. Develop plan for venue.
3. What would success look like by 12/31/2024?
 - a. Attendance of vendors and community.
 - b. Confirm vendors.
4. What would success look like through 12/31/2025?
 - a. Participate in events to distribute directory and educational information.
5. What would success look like through 12/31/2026?
 - b. Increase medical services throughout the county.

Strategic Priority: Mental Health Services (MHS)

Goal #1 MHS: Improve access to mental health services

MHS#1 Strategies: Provide crisis intervention training in schools, Senior Centers, Sheriff's office, etc.

Objective MHS1.1: By December 31, 2024, increase from 0 to 4 annually trainings to target audiences, including Veterans, Seniors, and Adults.

Alignment: See below

Baseline: Number of individuals trained in crisis intervention in the last calendar year.

Target: 10% growth in number of individuals trained in crisis intervention by 12/31/2024 and 15% growth over prior year by 12/31/2025

LEAD: Apalachee Center, Apalachee MRT

Support: TMH, HCA, local health providers (CCYS, A Time to Change, Community Wellness, Camelot Community Care, Bright Futures MH), VA; Big Bend AHEC.

Action Cycle:

1. What are steps to accomplishing this?
 - a. Transportation services
 - b. Education on safe families and creating stable environments.
2. What would success look like by 12/31/2025?
 - a. IOP or Mental Health facility in Wakulla County

MHS#1A Strategies: Add providers through outreach to retired and/or out of state providers for limited services.

Objective MHS1A.1: By December 31, 2026, increase the number of meetings, annually, from 0 to 1 to help understand the license requirements and barriers to "activating" retired mental health providers to provide services.

Alignment: See below

Baseline: N/A

Target: Document of barriers to "activate" mental health providers to support needs of community.

LEAD: Wakulla Wellness Task Force

Support: Community mental health and social services organizations

Action Cycle:

3. What are steps to accomplishing this?
 - a. Explore license requirements and barriers to "activating" retired mental health providers to provide services.
4. What would success look like by 12/31/2023?
 - a. Identify a legislative leader to discuss initiative.
 - b. Research license requirements and barriers as well as what other, similar states have in place for mental health provider license/practice requirements.
5. What would success look like by 12/31/2024?
 - a. Work with professional licensing organizations for mental health providers for assistance
6. What would success look like through 12/31/2026?
 - a. TBD based on buy-in and support from legislature and/or professional organizations

Goal #2 MHS: Increase awareness of mental health resources/services.
MHS#2 Strategies: Reduce barriers to mental health care access, health education
<p>Objective MHS2.1: Establish directory (baseline) of provider organizations/agencies in Wakulla County from 0 to 10 providing mental and behavioral health services by June 30, 2024.</p> <p>Alignment: See below</p> <p>Baseline: N/A</p> <p>Target: Directory of provider organizations/agencies in Wakulla County providing mental and behavioral health services.</p>
<p>Objective MHS2.2: By June 30, 2024, establish a base directory of health services offered virtually that includes information and services on Substance Abuse, Mental Health, Age Friendly Services, and Access to Healthcare.</p> <p>Alignment: See below</p> <p>Baseline: Directory of provider organizations/agencies in Wakulla County providing mental and behavioral health services.</p> <p>Target: Different views of the resources by location/area, services available, ages served, types of services and other filters, to ensure individuals can quickly locate what they need and reach out.</p>
<p>Objective MHS2.3: By December 31, 2024, identify and distribute on a regular basis, the directory of mental health providers and services in Wakulla County, from 0 to 500.</p> <p>Alignment: See below</p> <p>Baseline: N/A</p> <p>Target: Regular distribution of resource guide to defined community organizations, faith-based organizations, employers, etc.</p>
LEAD: Wakulla Wellness Task Force sub-committee
Support: Which organizations/individuals are needed to support this initiative?
Action Cycle:
<ol style="list-style-type: none"> 1. What are steps to accomplishing this? <ol style="list-style-type: none"> a. Identify providers to include in database. b. Build directory/database. c. Engage community through community events. d. Provide education. 2. What would success look like by 12/31/2023? <ol style="list-style-type: none"> a. Create task force. b. Identify key resources. 3. What would success look like by 12/31/2024? <ol style="list-style-type: none"> a. Start planning community events focused on mental health awareness. 4. What would success look like through 12/31/2026? <ol style="list-style-type: none"> a. Improved knowledge of and access to mental health services

Strategic Priority: Substance Abuse (including tobacco-use and vaping) (SA)
Goal #1 SA: Reduce the use of tobacco and vaping products.
SA#1 Strategies: Provide education on long term health effects of use of tobacco and vaping.
Objective SA1.1: By December 31, 2024, increase health education resources with youth involved organizations, i.e. FCA, faith based groups, from 0 to 10, to provide support in substance abuse education/awareness. Alignment: See below Baseline: Wakulla County smoking rates/vaping rates for youth in 2022 is 24.7% and 6.8% Target: Reduce smoking rates by 1% by December 31, 2024. Reduce vaping rates by 1% by December 31, 2024.
LEAD: Wakulla Wellness Task Force , Wakulla County Health Department, Big Bend AHEC
Support: Wakulla County Sheriff's Office, SWAT, (Guidance Counselors, FCA – Fellowship of Christian Athletes)
Action Cycle:
<ol style="list-style-type: none"> 1. What are steps to accomplishing this? <ol style="list-style-type: none"> a. Create a task force with school staff. b. Speaking with and educating parents/guardians c. Awareness of rate of citations for smoking/vaping in schools d. Create incentive/reward program. e. Implement program and engage children/youth. f. Continue measuring rate of citations for smoking/vaping in schools. 2. What would success look like by 12/31/2023? <ol style="list-style-type: none"> a. Establish task force. b. Develop education plan/content by age group/grade level for the next school year. 3. What would success look like by 12/31/2024? <ol style="list-style-type: none"> a. Regularly occurring events to educate parents/engage youth. 4. What would success look like through 12/31/2026? <ol style="list-style-type: none"> a. Re-evaluate and re-design education programs as needed. b. Reduction in citations for smoking/vaping in schools
Goal #2 SA: Increase access to substance abuse services.
SA#2 Strategies: Improve awareness of services.
Objective SA2.1: Establish directory (baseline) of 10 provider counseling organizations/agencies in Wakulla County providing substance abuse services by December 31, 2023. Alignment: See below Baseline: N/A Target: Directory of provider organizations/agencies in Wakulla County providing substance abuse services.
Objective SA2.2: By June 30, 2024, contact 5 substance abuse providers to identify barriers to patient access and develop coordinated plans to address (transportation, insurance coverage, etc.). Alignment: See below Baseline: N/A Target: Improved access to substance abuse services through coordinated removal of access barriers.
Objective SA2.3: By December 31, 2024, increase community symposiums from 0-2 annually that educates residents on substance abuse. Alignment: See below Baseline: Directory of provider organizations/agencies in Wakulla County providing

substance abuse services to partner with symposium.

Target: Two symposiums scheduled for community which includes community organizations, faith-based organizations, employers, etc.

LEAD: Wakulla Wellness Task Force , Wakulla County Sheriff's Office

Support: Mental health providers, substance abuse resources, school staff, DOH Wakulla, AHEC

Action Cycle:

5. What are steps to accomplishing this?
 - e. Identify providers to include in database.
 - f. Build directory/database.
 - g. Engage community through community events.
 - h. Provide education.
6. What would success look like by 12/31/2023?
 - c. Create a sub task force
 - d. Identify key resources.
7. What would success look like by 12/31/2024?
 - b. Start planning community events focused on substance abuse/mental health awareness.
8. What would success look like through 12/31/2026?
 - a. To have had at least 2 symposiums addressing the rates of substance abuse and/or ensure access to services to treat substance abuse

Strategic Priority: Age Friendly Services (AGE)

Goal #1 AGE: Targeted age-appropriate services for vulnerable populations.

AGE#1 Strategies: Increase awareness of available resources for in-person contact.

Objective AGE1.1: By December 31, 2023, create inventory of services oriented to serve specific age populations from 0 to 1.

Alignment: See below

Baseline: N/A

Target: Inventory of health and social services age-specific, with focus on vulnerable populations

Objective AGE1.2: By December 31, 2024, increase outreach program from 0 to 1 for Senior population to encourage use of services identified.

Alignment: See below

Baseline: N/A

Target: Outreach program staffed with student/adult volunteers, coordinated transportation, and increase utilization of Senior Center services.

LEAD: Wakulla Wellness Task Force , Wakulla County Health Department

Support: Schools, Senior Centers, Big Bend AHEC, Child Care Providers, Hospice, Home Health, Second Harvest, UF Extension

Action Cycle:

1. What are steps to accomplishing this?
 - a. Identify resources/build database.
 - b. Recruit community support
 - c. Generating awareness of services
 - d. Identify barriers to accessing services.
2. What would success look like by 12/31/2023?
 - a. Database of available resources
3. What would success look like by 12/31/2024?
4. What would success look like through 12/31/2026?

Goal #2 AGE Improve Food Security in Wakulla County

AGE#2 Strategies: Partner with local organizations to expand information about food resources in Wakulla County and develop partnerships to host mobile produce markets and CCFP snack/supper program enrollment.

Objective AGE 2.1: Increase the number of Mobile Produce Markets from 0 to 4 by September 1, 2024.

Alignment: See below

Baseline: 0

Target: 4 mobile produce markets by 9/1/2024 and increased the number of markets by 25% annually.

LEAD: Second Harvest of the Big Bend, Senior Center, Wakulla Wellness Task Force

Support: DOH, Organizations that serve seniors willing to host.

Action Cycle:

- a. Schedule mobile produce markets at the senior center in conjunction with nutrition education

Objective AGE 2.2 Increase the number of participating CCFP (centers in child care food programs) – breakfast, lunch, snack/After school program meals from 0 to 1.

Alignment: See below

Baseline: 0

Target: One program enrolled by 12/1/2024

LEAD: CCFP, Child Care and After School Programs

Support:: UF/IFAS Extension, Family Nutrition Program

Action Cycle:

- a. Build relationships with senior center and potential CCFP partners.
- b. Create a listing of afterschool programs that are active in Wakulla County, but not participating in the CCFP based on internet search, local newspaper ads, etc.

- c. FNP promotes the uses of CCFP and shares materials and outreach during childcare trainings.
- d. Prepare informational packet of CCFP materials.
- e. Mail or hand deliver materials to each potential site.
- f. Follow up with email and/or phone call to establish contact, answer questions and gauge interest in becoming part of the program.

What does success look like by 12/31/2023? At least one organization will have attended the potential contractor webinar part 1 and completed the initial application.

What does success look like by 12/31/2024? At least one organization has become a CCFP contractor and is actively serving meals to children in their care.

What would success look like through 12/31/2026? Garnered interest in the CCFP inspires one or more organizations to apply for and become part of the program.

Objective AGE 2.3: Compile information for the Wakulla resource directory with 0 – 10 food resources and locations in Wakulla County.

Alignment: See below

Baseline: 0

Target: One resource created by 7/1/2024

LEAD: Second Harvest of the Big Bend, Senior Center, CCFP

Support: UF/IFAS Extension, Child Cares, After School Programs, Food Pantries, Blessing Box Leads, Faith based organizations that do community feeding.

Action Cycle:

- a. Identify food resources that exist in the county. These include food pantries, church ministries, emergency food resources, farm share, school resources, etc.
- b. Collect contact information and food resource information to create resources that can be distributed throughout the county at local businesses, schools, government buildings, etc. in a format that draws attention and is easy to read and understand.
- c. Post this information on social media such as Wakulla Citizens FB page, Wakulla County FB page, etc.
- d. Participate in events like small business Saturday at Azalea Park to distribute resource information and engage interest.
- e. Create card containing above information that can go in the blessing boxes to point individuals to more food resources.

What does success look like by 12/31/2023?

Information for print resource is gathered and design started.

What does success look like by 12/31/2024?

Resource is completed and distributed throughout county.

What would success look like through 12/31/2026?

Resource is updated with current information and re-distributed throughout county.

Goal #3 AGE: Nutrition Education

Age#3 Strategies: Provide comprehensive nutrition education and policy, systems, and environmental support (PSE Strategies) to youth and seniors in Wakulla County.

Objective AGE 3.1: Organize and host a minimum of 4 senior nutrition education programs and to increase the baseline of youth nutrition education classes by 15% to improve awareness of healthy eating among the priority population by June 30th, 2024

Alignment: See below

Baseline: 0 senior nutrition education classes, 70 youth classes.

Target: 4 senior nutrition classes by June 30th, 2024 and increase of 15% for youth nutrition education.

Data Source: Free and Reduced Lunch Statistics, CCFP enrollment,

Background on Strategy: TBD

Source or evidence-base: Federal SNAP-ed Guidance

Health equity or disparity to be address: Limited resource youth, seniors, and families			
LEAD: UF/IFAS Extension, Family Nutrition Program, Second Harvest of the Big Bend, Senior Center, CCFP			
Support: Child Cares, After School Programs, Food Pantries, Blessing Box Leads, Faith based organizations that do community feeding.			
Action Cycle:			
Activity	Lead Person/ Org	Performance Measure	Resources Needed
Host 4 senior/adult education events in Wakulla County by June, 2024	SNAP-ed Coordinator, Second Harvest of the Big Bend	Participants will increase fruit or veg consumption by a minimum of 10%.	
Host 1 SNAP enrollment event in Wakulla County to increase food security among senior population.	SNAP Outreach Coordinator, Second Harvest of the Big Bend	SHBB will assist 10 seniors with enrolling in SNAP.	
UF/IFAS Extension, Family Nutrition Program will provide a minimum of 1, one-time class at each Wakulla County School in the 2023-24 school year	Nutrition Educator, UF/IFAS Extension, Family Nutrition Program	A minimum of 1 class will be scheduled at each school with a minimum of 15 students per school participating.	Connections to teachers willing to host, Connections to administrators
UF/IFAS Extension, Family Nutrition Program will provide a minimum of 1, 6 lesson nutrition education series at two Wakulla County schools in the 2023-24 school year.	Nutrition Educator, UF/IFAS Extension, Family Nutrition Program	Participants will increase fruit and vegetable consumption by a minimum of 10% as evidenced by pre and post surveys.	Connections to teachers willing to host

<p>UF/IFAS Extension, Family Nutrition Program will provide training, technical assistance, or material support on best nutrition practices to a minimum of two eligible childcare/ early learning centers in Wakulla County.</p>	<p>Regional Public Health Specialist, UF/IFAS Extension, Family Nutrition Program</p>	<p>Participating centers will enroll in GoNapsacc, complete a pre and post assessment and make a minimum of one change to a best practice.</p>	<p>Work with Ellen to connect to CCFP sites. Connections to eligible centers.</p>	<p>connect to eligible centers.</p>
<p>a.</p>				

Appendix

This Appendix includes the following sections:

- Wakulla Wellness Task Force Members and Meeting Attendance
- Wakulla County CHIP Implementation Action Plan Template

WAKULLA WELLNESS TASK FORCE COMMUNITY HEALTH IMPROVEMENT PLANNING COMMITTEE MEMBERS & MEETING ATTENDANCE

Name	Organization	1/24/2023	2/28/2023	3/28/2023	4/25/2023
Donna Clark	Florida Department of Health Wakulla	X	X	X	X
Tonya Hobby	Florida Department of Health Wakulla & Taylor	X	X	X	
Kayleen Pafford	Florida Department of Health Wakulla	X	X	X	X
Amy Bryan	Wakulla County School Board	X	X	X	X
Christine Lepore	Operation Wakulla	X	X	X	X
Emily Kohler	Big Bend AHEC	X	X	X	X
Dazzereli Grady	CCYS	X	X	X	X
Irvin Munoz	San Marcos Restaurant	X	X	X	X
Marina Mudryy	Wakulla County School Administration	X	X	X	
Elizabeth Neighbors	Florida Department of Health Wakulla	X	X		X
Sandi McDaniel	Wakulla County Senior Citizens Center	X	X		X
Lucy Gowdy	Wakulla County Sheriff's Office	X	X		X
Jennifer Castineria	Authentic Life Church	X	X		
Trina Thomas	ATTCCC	X	X		
Cyndi Goodwin	A Time to Change	X	X		
Barbara Wilson	Palaver Tree	X	X		
Jennifer Nagy	Wakulla County Sheriff's Office	X	X		
Chelsea Marshall-Hirvela	UF/FFAS		X		X
Elaine Gary	Waypoint Realty	X			
Eleen MacMichael	FDOH - Tallahassee	X			
Quincee Messersmith	Wakulla Board of County Commissioners	X			
Terrance Watts	Department of Children and Families	X			
Robyn Drummond	Wakulla Library	X			
Lauren Johnson	Florida Department of Health Wakulla	X			
Elizabeth Hughes	Wakulla Board of County Commissioners	X			
Diane Coon	Palaver Tree	X			
Pam Pilkinter	Wakulla Pregnancy Center	X			
Pat Mauver	Ride On Commuter Service	X			
Herb Donaldson	Palaver Tree	X			
Lacey Weslager	Yoga Flow with Lacey	X	X		
Melcher Munoz	San Marcos Restaurant	X	X		
Ethan Aufdembrink	Department of Children and Families		X		
Kinsey Miller	Wakulla Board of County Commissioners		X		
Andrew Rindle	Citizen		X		
Jason Simmons	DC 7		X		
Audrey Shubeck	Department of Children and Families		X		
Brad Hall	Department of Children and Families		X		
Ray Johnson	Wakulla County Sheriff's Office			X	
Kara Walker	Big Bend Hospice			X	
Kelli Spears	Visiting Angels			X	
Samantha Kennedy	UF IFAS				X
Cristina Martin	Florida Department of Health Wakulla				X
Patricia Battles	Department of Children and Families				X
Jessica Young	Palaver Tree				X

Wakulla Wellness Task Force Community Health Improvement Plan (CHIP) Action Plan

ACCESS TO HEALTHCARE SERVICES

Goal 1:

Access to Healthcare Services – Access to Telehealth Services-

Objective	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
By June 30, 2024, increase locations with internet service hot spots from 0 to 5 available in the community	CHIP Steering Committee	TEAM	ECBP-D07 HC/HIT-R01 HC/HIT-R01 HC/HIT-07 HC/HIT-D08 HC/HIT-D09 hC/HIT-D10 HC/HIT-05	SEC1 SEC2 SEC3 SEC4
By June 30, 2025, create and roll-out marketing plan on accessing telehealth in the community	CHIP Steering Committee	Team	ECBP-D07 HC/HIT-R01 HC/HIT-R01 HC/HIT-07 HC/HIT-D08 HC/HIT-D09 hC/HIT-D10 HC/HIT-05	SEC2 SEC3 SEC4

Goal 2:

Access to Healthcare – Identify Mobile Health unit providers

Objective	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
Identify mobile health unit providers and the services 0 to 2 that are currently provided and in which communities by October 31, 2023.	CHIP Steering Committee	Team	AHS-04 HC/HIT -06 AHS-R02	SEC2 SEC3 SEC4
By September 30, 2024, increase the identification of underserved populations/geographic areas from 0 - 2 for mobile health services..	CHIP Steering Committee	Team	AHS-R03	SEC2 SEC3 SEC4

Goal 3

Access to Healthcare Support Insurance Enrollment Efforts

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
By December 31, 2024, increase the number of individuals enrolled in coverage with Navigator support by 10%.	Big Bend AHEC	Lead of Access to Healthare sub group	AHS-01 AHS-02 AHS-Ro3	SEC2 SEC3 SEC4

Goal 4

Access to Healthcare Improve Community Awareness of low cost/no cost health care services

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
By December 31, 2025, implement a community wide platform for health services and health education classes and coordinate communication to community and faith-based organizations from 0 to 1.	Big Bend AHEC	Emily	AHS-01 AHS-02 AHS-R03 TU-16 DH-01	SEC2 SEC3 SEC4
By June 30, 2026, increase from 0-1 a community wellness fair	Wakulla Wellness Task Force	Team	AHS-05 AHS-06 AHS-04 AHS-08 AHS-07MHMD-04 OH-08 MICH08 HOSCD HIV02	SEC2 SEC3 SEC4

MENTAL HEALTH SERVICES

Goal 1:

Mental Health Services – Improve Access

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
By December 31, 2024, increase from 0 to 4 annually trainings to target audiences, including Veterans, Seniors, and Adults.	Apalachee Center?	Lead of Mental Health Services sub group	MHMD-07 MHMD-08 AH-R09 ECBP-D07	MW1 MW2 MW3 SEC1
By December 31, 2026, increase the number of trainings from 0 to 1 to help understand the license requirements and barriers to “activating” retired mental health providers to provide services.	WCHD	TBA	MHMD-07 MHMD-08 AH-R09 ECBP-D07 ECBP-D08	MW1.1 MW1.2 MW1.3 SEC1 SEC2

Goal 2:

Mental Health Services – increased Awareness of Mental Health Resources/Services

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
Establish directory (baseline) of provider organizations/agencies in Wakulla County from 0 to 20 providing mental and behavioral health services by December 31, 2023.	Wakulla Wellness Task Force	Kayleen Pafford	MHMD-07 MHMD-08 AH-R09 ECBP-D07 ECBP-D08	ISV1 MW1 MW2 MW3 MS4 SEC2 SEC3
By June 30, 2024, use the base directory to add 5 different views of information by location/area of the County, services available, ages served, types of services, etc.	Wakulla Wellness Task Force	Kayleen Pafford	MHMD-07 MHMD-08 AH-R09 ECBP-D07 ECBP-D08	MW1 MW2 MW3 MS4 SEC2 SEC3
By December 31, 2024, identify and distribute on a regular basis, the directory of mental health providers and services in Wakulla County, from 0 to 500.	Wakulla Wellness Task Force	Kayleen Pafford	MHMD-07 MHMD-08 AH-R09 ECBP-D07 ECBP-D08	MW1 MW2 MW3 MS4 SEC2 SEC3

SUBSTANCE ABUSE

Goal 1:

Substance Abuse – Reduce use of tobacco and vaping products

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
By December 31, 2024, increase health education resources with youth involved organizations, i.e. FCA, faith based groups, from 0 -10, to provide support in substance abuse.education/awareness	Wakulla Wellness Task Force	Lead for sub group	TU-11 TU-14 TU-01 TU-02 TU-03 TU-16 TU-18 TU-17 TU-06 TU08 TU-07 TU-10 TU-05 TU-04	MW1 MW2 MW3 MW4 SEC1 SEC2 SEC3 SEC4

Goal 2:

Substance Abuse – Increase Access to Substance Abuse Services

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
Establish directory (baseline) of 10 provider counseling organizations/agencies in Wakulla County providing substance abuse services by December 31, 2023.	Wakulla County Sheriff's Office (WCSO) and Wakulla Wellness Task Force	Team	SU-07 SU-08 SU-18 SU-01 SU-15 SU-05 SU-06 IVP-20 IVP-24 LGBT-07 LGBT-D03 ECBP-D07	MW1 MW2 MW3 MW4 SEC1 SEC2 SEC3 SEC4
By June 30, 2024, contact 5 substance abuse providers to identify barriers to patient access and develop coordinated plans to address (transportation, insurance coverage, etc.).	Wakulla County Sheriff's Office (WCSO)	Lead of Substance Abuse sub group	ECBP-D07 AHS-01 TU-16	MW1 MW2 MW3 MW4 SEC1 SEC2 SEC3 SEC4

By December 31, 2024, increase community symposiums from 0-2 annually that educates residents on substance abuse..	Wakulla County Sheriff's Office (WCSO)	Lead of Substance Abuse sub group	SU-01 SU-15 SU-D01 SU-D03 MHMD-07 MHMD-04 MHMD-01 MHMD-02 LGBT-06 LGBT-D02	MW1 MW2 MW3 MW4 SEC1 SEC2 SEC3 SEC4
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AGE FRIENDLY SERVICES (AGE)

Goal 1:

Age Friendly Services (AGE) – Targeted age-appropriate services for vulnerable populations

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
By December 31, 2023, create inventory of services oriented to serve specific age populations from 0 - 1	and Wakulla Wellness Task Force and Senior Citizens Center (SCC)	Director at Sr. Center	OA-01 OA-04 OA-05 DIA-01 IVP-08 OA-02 HC/HIT-R01 HC/HIT-04	ISV2 SEC2 SEC3 SEC4 TED2 TED3 AD1 AD2 AD3 AD4 CD1 CD2 CD4 CD5 CD6
By December 31, 2024, increase outreach program from 0-1 for Senior population to encourage use of services identified.	and Wakulla Wellness Task Force; Senior Citizens Center (SCC)	Director at Sr. Center	OA-01 OA-04 OA-05 DIA-01 IVP-08 OA-02 HC/HIT-R01 HC/HIT-04 D-06 HC/HIT-05	SEC2 SEC3 SEC4 TED1 TED2 TED4 AD1 AD2 AD3 CD1 CD2 CD4 CD5 CD6

Goal 2:

Age Friendly Services – Improve food security across Wakulla County

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
Increase the number of Mobile Produce Markets from 0 to 4 by September 1, 2024.	Second Harvest of the Big Bend	Director	MICH-12 ECBP-D05 D-D01 AH-R03	CD6
Increase the number of participating CCFP (centers in child care food programs) - snack/After school program meals from 0 to 1.	CCFP	Director	AH-R03 AH-04 OA-05 EH-Do1 AH-01 NWS-04 ECBP-D2 AH-R06	CD6
Compile information for the Wakulla resource directory with 0 – 10 food resources and locations in Wakulla County.	Second Harvest of the Big Bend	Director	MICH-12 ECBP-D05 D-D01 AH-R03 AH-04 OQ-05	SEC6 CD6

Goal 3:

Age Friendly Services – Nutrition Education

	Lead Entity and Unit	Lead Point Person	HP 2030 Alignment	SHIIP Alignment
Organize and host a minimum of 4 senior nutrition education [programs and to increase the baseline of youth nutrition education classes by 15% to improve awareness of healthy eating among the priority population by June 30 th , 2024	UF/IFAS Extension Office	IFAS director	EH-Do1 AH-01 AH-04 AH-R03 NWS-04 ECBP-D2 AH-R06	CD6 SEC6