SUWANNEE COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN 2018-2023

Revised June 2019

Florida HEALTH
Suwannee County

WellFlorida Council
Working Together for Healthy Communities

HEALTHY SUWANNEE

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Suwannee Community Health Improvement Plan 2018-2023

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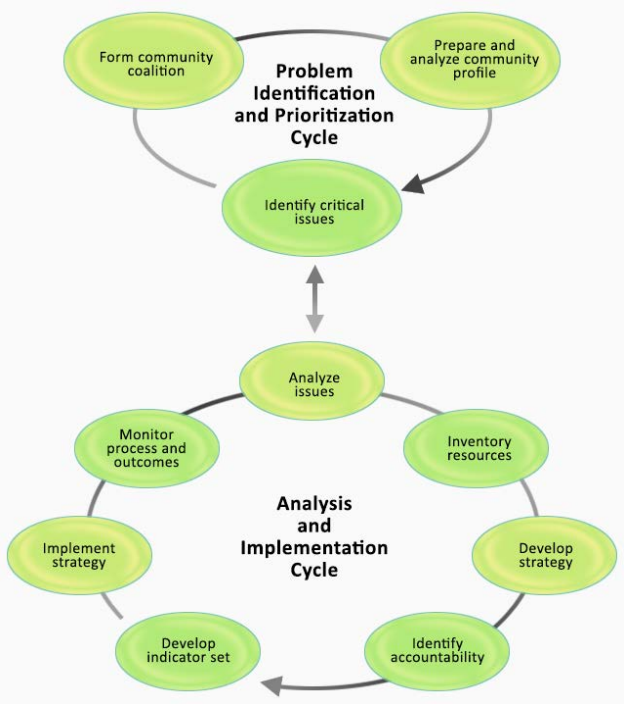
Overview of Community Health Improvement Planning

COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine's (IOM) 1997 publication *Improving Health in the Community,* the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community's health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention's (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997



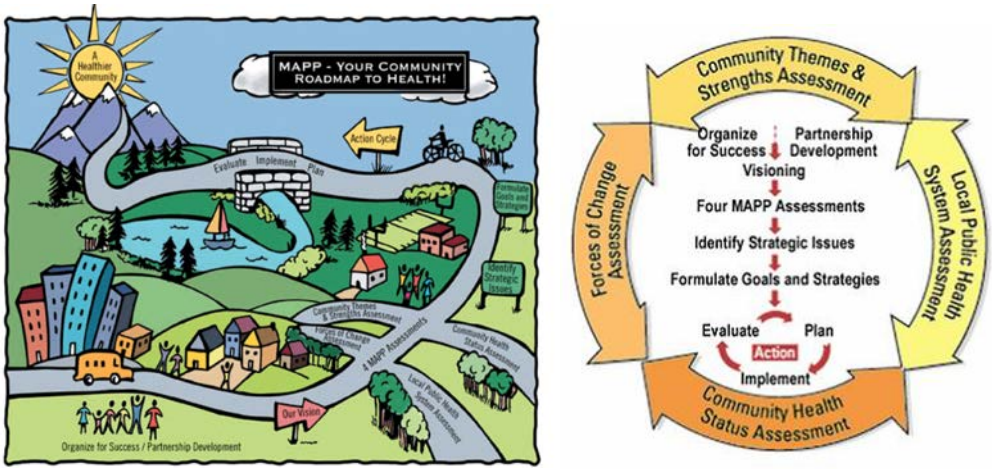
J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) Improving Health in the Community, Washington, DC: National Academy Press. Retrieved: https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main

NACCHO and the CDC's vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."
At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment

The findings from four MAPP assessments inform the detection of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues are documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

FIGURE 2: MOBILIZING FOR PLANNING THROUGH PLANNING AND PARTNERSHIPS (MAPP)



National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved June 21, 2018, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool "to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status." The community health improvement plan is described as a "long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process." Further, the

community health improvement process "involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process." Public Health Accreditation Board (December 2013). *PHAB Standards and Measures.* Retrieved June 21, 2018, http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf

THE ROLE OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL DETERMINANTS OF HEALTH (SDOH)

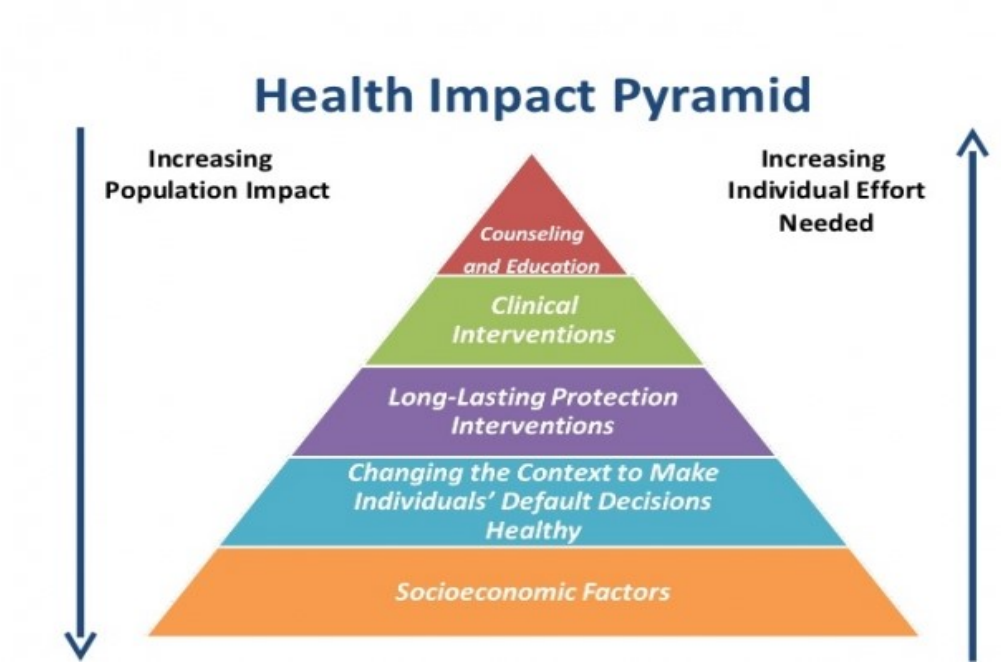
Healthy People 2020: Social Determinants of Health," Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, accessed June 21, 2018, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social determinants of health (SDOH) include the "conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health,

functioning, and quality of life outcomes and risks".
(http://www.who.int/social_determinants/sdh_definition/en/ About Social Determinants of Health," World Health Organization, accessed June 21, 2018). The SDOH include factors such as socioeconomic status, education, neighborhood and physical environment, employment and social networks as well as access to health care. Addressing social determinants of health is important for improving health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape individuals' ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address the SDOH are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 4: HEALTH IMPACT PYRAMID



Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved June 21, 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/

Suwannee Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Suwannee CHIP is a continuation of the community health assessment process using the MAPP model. Community health assessment work began in August 2017, wrapped up in January 2018 and soon after launched into the CHIP process, or MAPP phases 4 through 6, i.e., identifying strategic issues, formulating goals and strategies and implementation. Led by the Florida Department of Health in Suwannee County and members of the Suwannee Health Advisory Group (SHAG), the strong commitment to better understand the health status and health needs of the community followed by impactful action and accountability are the hallmarks of the Suwannee CHIP process. Enhancements to the 2018 CHIP include an emphasis on the social determinants of health and health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of policy and environmental change strategies; and direct involvement of key community partners and citizens in identifying, formulating and implementing solutions. LHIP members are responsible for developing the CHIP, identifying and including community partner agencies and citizens for inclusion in implementation efforts, and assuring accountability to the community for health improvement actions. A list of SHAG members can be found in the Appendix.

To refine and reconfirm the strategic issues and potential strategies that emerged from the community health needs assessment process, at their April 10th meeting the LHIP reviewed the data and key findings from the four MAPP assessments; specifically, these included community health status data, local public health system capacity, community themes and strengths findings from the community survey, and forces of change issues. Please see below for a brief review of these key findings and refer to two companion documents, the Suwannee County Community Health Needs Assessment 2018 and Suwannee County Technical Appendix for extensive data reporting. After the SHAG's review, discussion, and identification of common themes, members participated in a facilitated consensus workshop process to identify the final strategic priorities. Towards developing an implementation-ready CHIP, the SHAG set a timeline of activities including a sequence of online work via surveys and email correspondence, proposed conference calls and in-person meetings.

SHAG members conducted three in-person work sessions (April 10, May 29 and July 12, 2018) to formulate a plan to address the five strategic priorities with goals, strategies, objectives and accountability measures. In addition to in-person deliberations and consensus-building, the SHAG members utilized an online survey application to develop goal statements, identify strategies, and construct objectives. The WellFlorida Council provided technical and administrative assistance as well as facilitation for the SHAG work sessions.

At the May 29 and July 12, 2018 workshops, SHAG members dissected the proposed goal statements, enhanced and added strategies and refined the objectives collected via the online survey. Discussions were enriched by referring to findings and data in the Community Health Assessment and Technical Appendix documents, supplemental information provided by subject matter experts, and prioritization by consensus.

In selecting the final goals and objectives, SHAG members considered the magnitude of the health problems, the immediacy of the need, impact on vulnerable and priority populations, the potential contribution to elimination of health disparities, and the likelihood that the identified issues could be substantially and positively impacted through collaborative local efforts.

In February 2019, the SHAG met and discussed the current plan, goals, data sources, baselines, targets, achievability of objectives, shifting priorities, as well as rebranding the group to be more of a community-driven group. The revisions to the Goals, Strategies, and Objectives are found in the Appendix. Additionally, the group defined health and a healthy community as:

A healthy community is one that has awareness and access to be able to make healthy choices

With this definition in mind, the group decided to change their name from the Suwannee Health Advisory Group (SHAG) to **Healthy Suwannee** as it better supports the definition of a healthy community as well as the purpose and role of the group.

KEY ASSESSMENT FINDINGS

Data and findings from the community health assessment informed the selection of the strategic priorities in this Suwannee CHIP. Through the completion of the four MAPP assessments, multiple data sets from a variety of sources, including both primary and secondary data, generated a wealth of data. These data were reviewed, analyzed and discussed to identify common themes across assessments, persistent health problems, health and quality of life issues that have worsened, and timely opportunities. The key findings that emerged are highlighted below.

SOCIAL DETERMINANTS OF HEATH

As described above, the SDOH have been shown to have impacts on overall health. In addition, the SDOH can reduce health disparities that are often rooted in social and economic disadvantages. Data show Suwannee County has continuing challenges with the following SDOH-related issues:

- Generational poverty
- Limited employment opportunities
- Lack of affordable housing
- Low health literacy

HEALTH STATUS

Disease and death rates are the most direct measures of health and well-being in a community. In Suwannee County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. While Suwannee County is similar to Florida in many health indicators, some differences exist. In Suwannee County, the leading causes of death rates that are higher than state rates include the first six conditions listed below.

- Heart Disease
- Cancer
- Diabetes
- Unintentional Injuries
- Chronic Lower Respiratory Disease
- Influenza and Pneumonia
- Infant Mortality

HEALTH BEHAVIORS AND CONDITIONS THAT CONTRIBUTE TO POOR HEALTH OUTCOMES

Health behavior data pointed to serious challenges facing Suwannee County residents. The issues listed below require multi-faceted approaches to improve existing health problems with simultaneous primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions that were considered as priority health issues include the following:

- Teen pregnancy
- Mental health problems
- Oral health issues
- Overweight and obesity
- Late entry into prenatal care
- Drug and substance abuse
- Tobacco use
- Poor nutrition and food choices

GEOGRAPHIC, RACIAL AND ETHNIC DISPARITIES

Some disparities were found in the course of Suwannee County's community health assessment process and these preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include:

- Differences in poverty rates for children, adults and between Whites and Blacks by geography
- Differences in mortality rates among Whites, Blacks and Hispanics for Diabetes, higher death rates for Whites for Chronic Lower Respiratory Disease and Suicide.
- Low Birth Weight births among Blacks and lagging first trimester care rates among Blacks and Hispanics
- Incidence rates for four types of Cancer including Prostate, Brain, Esophagus and Ovarian Cancer that are higher among Blacks

HEALTH CARE RESOURCES AND UTILIZATION

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural communities like Suwannee County face many barriers in accessing health care

services. Utilization and health professional shortage data illuminated the depth of access to care issues in Suwannee County. The major issues fall into the three groups as listed below.

- Inappropriate use of Emergency Departments for routine primary, mental health, and dental care
- Lack of healthcare providers and services, specialty care physicians, and dentists
- Lack of affordable health insurance with sufficient coverage

COMMUNITY INFRASTRUCTURE AND ENVIRONMENT

Threats to the natural environment in Suwannee County emerged as pressing concerns including the degradation of natural resources, encroachment on agricultural land and impacts from natural disasters. Also, in the forefront of community concerns are Suwannee County residents' lack of full understanding, sense of urgency, and engagement in addressing local health issues.

- Challenges in mobilizing partners and the community to address health issues
- Elections at state and local levels
- Threats to natural resources, the environment, the rural setting in Suwannee County and agricultural economy
- Need for better community health education and health information dissemination
- After effects from Hurricane Irma

Suwannee CHIP Goals, Strategies and Objectives

The Suwannee 2018-2023 CHIP focuses on five 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 work plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms (see Appendix).

Strategic Priority 1: Maternal and Child Health	
Goal 1.1: Improve the Health of Women and Babies	
Strategy 1.1.1: Improve access to health care services, resources, and education	
Objectives:	**Lead**
A. By January 31, 2019, an informational campaign will be launched to make the community aware of local obstetric and gynecological services available (2017 baseline = no campaign).	DOH-Suwannee Health Educator
B. By December 31, 2019 increase the percentage of babies receiving immunizations in their first 2 years by 5%.	DOH-Suwannee
C. By December 31, 2019 increase the percentage of women who receive prenatal care in their first trimester by 3% points from 69.2% to 72.2% (2017 baseline = 69.2% FLHealthCHARTS)	Pregnancy Care Centers
D. By December 31, 2019 increase breastfeeding initiation rates from 75.4% to 78.4% (Percent of WIC Children Ever Breastfed 2017 baseline = 75.4% March 2017)	Healthy Start and Pregnancy Care Centers
Strategic Priority 2: Healthy Behaviors	
Goal 2.1: Improve Mental Health	
Strategy 2.1.1: Improve access to services and resources, provide health education, institute policy change for efforts on tobacco cessation	
Objectives:	**Lead**
A. By December 31, 2021 decrease percentage of adult tobacco users by 3% points to 17% (County Health Rankings (RWJ) 2017 baseline = 20%).	SRAHEC
B. Locate one funding source for mental health services in Suwannee County by December 31, 2021 (2017 baseline= no additional funding source).	Meridian Behavioral Health
C. By January 1, 2022 partner with Meridian Behavioral Health to offer Mental Health First Aid Certification trainings with at least 50 people certified (2019 baseline = 0 certifications).	Meridian Behavioral Health

D. By January 1, 2022 partner with Meridian Behavioral Health to offer Mental Health First Aid Certifications trainings with at least two school staff/volunteers trained (2019 baseline = 0 persons certified).	Meridian Behavioral Health, Suwannee County Schools
Goal 2.2: Promote Teen Healthy Behavior	
Strategy 2.2.1: Engage teens and community in change, institute education and policy change	
Objectives:	**Lead**
A. By December 31, 2018 a task force on reproductive and sexual health education will be formed and hold its first meeting (2017 baseline = no task force).	DOH-Suwannee School Health Nurse
B. By June 1, 2019 the task force will collect additional data to identify top teen healthy behavior issues (2018 baseline = no county-specific data on teen behavior).	DOH- Suwannee Health Educator, Task Force
C. By December 31, 2019 the task force will identify evidence-based/best-practice to address the healthy behavior identified in June 2019.	DOH-Health Educator, Task Force
Goal 2.3: Prevent Injuries	
Strategy 2.3.1: Provide education, support policy change, focus on vehicle passenger safety	
Objectives:	**Lead**
A. By June 30, 2020 increase seat belt usage 25% among all drivers	
B. By December 31, 2021 reduce drownings by 30% (none in 2015-2017)	DOH-Suwannee Health Educator
C. By December 31, 2021 decrease the number accidental injury related deaths by 5% to 94 deaths or fewer (County Health Rankings (RWJ) 2017 baseline = 99 deaths).	DOH-Suwannee Health Educator
Strategic Priority 3: Chronic Health Conditions	
Goal 3.1: Promote Healthy Lifestyles and Life Choices	
Strategy 3.1.1: Implement primary prevention approaches to healthy lifestyles including policy change	
Objectives:	**Lead**
A. By December 31, 2019 increase the percentage of persons with diabetes that received self-management education by 2% points to 56.3% (BRFSS 2013 baseline = 54.3%)	UF IFAS
B. By December 31, 2019 implement healthy hikes program with a minimum of 3 per year (2017 baseline = 1 hike).	DOH-Suwannee Health Educator
C. By September 30, 2020 Increase physical activity for children 20% through school policy change (measurement: number of minutes in physical education class) (2017 baseline = 150 minutes).	Suwannee County Schools

D. By September 30, 2020 decrease percentage of adults who report physical inactivity by 5% points to 24% (County Health Rankings (RWJ) 2017 baseline = 29%).	DOH-Suwannee Health Educator
E. By December 31, 2021 decrease adult obesity by 3% points to 30% (County Health Rankings (RWJ) 2017 baseline = 33%).	DOH-Suwannee Health Educator
Strategic Priority 4: Access to Health Care Services	
Goal 4.1: Improve Access to Health Care Services	
Strategy 4.1.1: Eliminate barriers to health care services	
Objectives:	**Lead**
A. By October 31, 2018 increase dental clinic days at DOH-Suwannee to 2 per week (2017 baseline = one day)	DOH-Suwannee Dental and Admin
B. By December 31, 2020 reduce avoidable ER visits by Suwannee County residents by 2% to 543 or less (2017 baseline data = 555 preventable hospitalizations under 65 from all conditions FLHealthCHARTS)	United Way, DOH-Suwannee Health Educator
C. by June 30, 2022 provide a health literacy program to Suwannee County residents (2017 baseline = no health literacy program)	DOH-Suwannee Health Educator
D. By June 30, 2021 increase the percentage of adults who had a medical checkup in the last year by 3% points to 77.2% (2016 BRFSS baseline = 74.2%).	Shepherds Hands, DOH-Suwanee Health Educator
Strategic Priority 5: Community Engagement	
Goal 5.1: Mobilize the Community to Address Health Issues	
Strategy 5.1.1: Increase community participation	
Objectives:	**Lead**
A. Beginning in June 30, 2019 increase the number of resource providers/vendors at each health-related community events by 10% each consecutive year (baseline to be established 2018)	DOH-Suwannee Health Educator
B. By June 30, 2019, increase the number of Healthy Suwannee members by 4 to 21 (2018 baseline = 17 members in attendance)	DOH-Suwannee Health Educator
C. By July 1, 2019 create a community health improvement (Healthy Suwannee) website to share Community Health Improvement Plan initiatives, events, and data (2017 baseline = no website).	Do Good Media
D. By December 31, 2019 develop, coordinate, and host 1 community health summit (2017 baseline = no health summit)	DOH-Suwannee Administrator
E. By December 31, 2022 increase community participation in community health-related events by 30% percent (baseline to be established in 2019)	DOH-Suwannee Health Educator
Strategy 5.1.2: Improve built environment to encourage access to physical activity	

Objective:	Lead
A. December 31, 2022 identify grant or other funding sources to link Live Oak trails with Branford trails to form an extensive scenic route for bicyclers and visitors (2017 baselines = no additional funding, trails not linked).	Suwannee County Parks and Recreation

Suwannee CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies and objectives in the Suwannee CHIP align with several state and national initiatives. These include the Florida Department of Health's State Health Improvement Plan for 2017-2021, Healthy People 2020, the U.S. Department of Health and Human Services (HHS) Surgeon General's Office National Prevention Strategy 2017, and HHS Office of Minority Health National Stakeholder Strategy for Achieving Health Equity. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Suwannee County residents.

Suwannee County CHIP Objectives	• **HP 2020 =** Healthy People 2020 • **Florida SHIP =** Florida State Health Improvement Plan, 2017 – 2021 • **NPS =** National Prevention Strategy • **NSS Health Equity =** National Stakeholder Strategy for Achieving Healthy Equity • **SP =** DOH-Suwannee Strategic Plan FY2019-2023
Strategic Priority: Reproductive and Sexual Health	
Increase breastfeeding initiation rates from 74% to 77% by December 31, 2019	**HP 2020: MICH 21** (21.1-21.5), MICH 23 **SP:** 2.1.A
By December 31, 2019 increase the percentage of women who receive prenatal care in their first trimester by 5%	**HP 2020: MICH 10.1**, MICH 10, MICH 10.2 **NPS**: Reproductive and Sexual Health **SP:** 2.3.B
By December 31, 2019 increase the percentage of babies receiving immunizations in their first 2 years by 5%.	**HP2020:** ID 7 (7.1-7.10), IID 8, IID 9 **Florida SHIP** IM 2.1.1
By January 31, 2019, launch an informational campaign to make the community aware of local obstetric and gynecological services available.	**HP 2020:** FP 12 **NPS**: Reproductive and Sexual Health **SP:** 2.3
Strategic Priority: Healthy Behaviors	
Decrease percentage of adult tobacco users by 3% by December 31, 2021	**HP 2020: TU 1** (1.1-1.3), TU 2 (2.1-2.4), TU 4, TU 5 **SP:** 3.1.A
Locate one funding source for mental health services in Suwannee County by December 31, 2021	**Florida SHIP** HE 3.5.1, HE 3.5.2 **NPS**: Mental and Emotional Well-Being

By January 1, 2022 partner with Meridian Behavioral Health to offer Mental Health First Aid Certifications trainings with at least two school staff/volunteers trained	**HP 2020:** EMC 4, MHMD 6 **Florida SHIP** HE 3.5.1, HE 3.5.2 **NPS**: Mental and Emotional Well-Being
By January 1, 2022 partner with Meridian Behavioral Health to offer Mental Health First Aid Certifications trainings with at least two school staff/volunteers trained (2019 baseline = 0 persons certified).	**HP 2020:** MHMD 5, MHMD 9, MHMD 12, ECBP 10.3 **Florida SHIP** HE 3.5.1, HE 3.5.2 **NPS**: Mental and Emotional Well-Being **SP:** 1.2.D
A task force on reproductive and sexual health education will be formed and hold its first meeting by December 31, 2018	**HP 2020:** FP 12 **NPS**: Reproductive and Sexual Health **SP:** 1.1
By June 1, 2019 the task force will collect additional data to identify top teen healthy behavior issues (2018 baseline = no county-specific data on teen behavior). By December 31, 2019 the task force will identify evidence-based/best-practice to address the healthy behavior identified in June 2019.	**HP 2020**: **HC/HIT 13,** EMC 4, EMC 4.3, ECBP 2, ECBP 3, ECBP 3.3 **NPS**: Reproductive and Sexual Health **SP:** 1.1
Decrease the number accidental injury related deaths by 5% by December 31, 2021.	**HP 2020:** IVP 11, IVP 13 **Florida SHIP** ISV 1.1.1, ISV 1.1.2, ISV 1.2.1, ISV 1.2.2 **NPS**: Injury and Violence Free Living **SP:** 3.2
Reduce drownings by 30% by December 31, 2021	**HP 2020: IVP 25** **Florida SHIP** ISV 1.4.1, 1.4.2 **NPS**: Injury and Violence Free Living **SP:** 3.2.A
Increase seat belt usage 25% among all drivers by June 30, 2020	**HP 2020: IVP 15** **Florida SHIP** ISV 1.1.1, ISV 1.1.2, ISV 1.2.1, ISV 1.2.2 **NPS**: Injury and Violence Free Living **SP:** 3.2.B, 3.2.C
Strategic Priority: Chronic Health Conditions	
Decrease adult obesity by 3% by December 31, 2021	**HP 2020**: **NWS 9, NWS 8,** NWS 11, NWS 11.5, PA 2.2 **Florida SHIP** HW 1.1.5 **NPS**: Healthy Eating and Active Living
By September 30, 2020 decrease percentage of adults who report physical inactivity by 5% points to 24%	**HP 2020: A 2** (2.1-2.4), **HP 2020**: PA 1, PA 2, PA 2.1, PA 2.2, PA 2.3, PA 2.4, PA 10, **PA 15, PA 15.1**,

	NPS: Active Living
By December 31, 2019 increase the percentage of persons with diabetes that received self-management education by 2% points to 56.3%	**HP 2020:** D 14, D 13, D 5, D 6, D 7, **OA 4** **Florida SHIP** CD1.1.2, CD 1.3.3
By December 31, 2019 implement healthy hikes program with a minimum of 3 per year	**HP 2020**: PA 12 **NPS**: Active Living **SP:** 3.1
By September 30, 2020 Increase physical activity for children 20% through school policy change (measurement: number of minutes in physical education class)	**HP 2020:** PA 4, PA 9, PA 10, PA 15 **NPS**: Active Living **SP:** 3.1
Strategic Priority: Access to Health Care Services	
By October 31, 2018 increase dental clinic days at DOH-Suwannee to 2 per week	**HP 2020**: OH 3, OH 7, OH 8, OH 10, OH 14, OH 17, AHS 6.1, AHS 6.3
By December 31, 2020 reduce avoidable ER visits by Suwannee County residents by 2% to 543 or less	**HP 2020: MPS 5** (5.1-5.4), MPS 5 (5.1-5.4), OA 11
by June 30, 2022 provide a health literacy program to Suwannee County residents	**HP 2020:** HC/HIT 1 **SP:** 1.2
By June 30, 2021 increase the percentage of adults who had a medical checkup in the last year by 3% points to 77.2%	**HP 2020:** AHS 3, AHS 5 (5.1-5.4), AHS 6 (6.1-6.4) **NSS Health Equity**: Goal 3 Health System and Life Experience
Strategic Priority: Community Engagement	
Increase the number of resource providers/vendors at each health-related community events by 10% each consecutive year beginning in June 30, 2019	**NSS Health Equity**: Goal 3 Health System and Life Experience
Identify grant or other funding sources to link Live Oak trails with Branford trails to form an extensive scenic route for bicyclers by December 31, 2022.	**NSS Health Equity**: Goal 2 Leadership
By June 30, 2019, increase the number of Healthy Suwannee members by 4	**NSS Health Equity**: Goal 3 Health System and Life Experience
Increase community participation by both adults and youth in community health-related events by 30% percent by December 31, 2022 (baseline to be established in 2019)	**HP 2020**: ECBP 10, OA 6 **Florida SHIP**, Goal HE 2 **NSS Health Equity**: Goal 1 Awareness

By July 1, 2019 create a community health improvement (Healthy Suwannee) website to share Community Health Improvement Plan initiatives, events, and data (2017 baseline = no website).	**Florida SHIP:** HE2.2 **NSS Health Equity**: Goal 1 Awareness, Goal 3 Health System and Life Expectance, Goal 5 Data, Research, and Evaluation
Develop, coordinate, and host 1 community health summit by December 31, 2019	**Florida SHIP**, Goal HE 2 **NSS Health Equity**: Goal 1 Awareness, Goal 4 Cultural and Linguistic Competency

Appendix

This Appendix includes the following sections:

- Steering Committee Member List
- Healthy Suwannee Member List
- Revision Tracking
- Suwannee CHIP Implementation Template
- Health Improvement Strategic Plan Tracking System

STEERING COMMITTEE MEMBERS LIST

- Career Source North Florida - Anthony Jennings
- Cheek & Scott Drugs - Jeff Scott, Jay Harrison
- Christ Central Ministry - Wayne Godsmark
- City of Live Oak – Mayor Sonny Nobles
- Community Member – Maureen Menosky
- Daniels Funeral Home - Jordan Daniels
- Elder Options – Lauren Dean
- First Federal Bank of Florida - Heather Thompson, Stephanie McLendon
- Florida Department of Children and Families - Cheryl Twombly, Cindy Bishop, John Wisker
- Florida Department of Corrections - Julie Eveslage, Kelly Stephenson
- Love, Inc. – Lisa Kriehn
- Lutheran Services of Florida Health Systems - Lesley Hersey
- Melody Church - Heidi Hofer
- Meridian Behavioral Health Care - Karyn Elliott, Natasha Fredericks Klein, Pamela Hester, Sharon Simons
- Palms Medical Group - Anita Riels
- Pregnancy Care Center - Vickie Hicks
- Shands Live Oak - Denise Martin, Donna Ragan, Janis Watson
- Shands Medical Group – Amber Ingram, ARNP
- St. Luke's Episcopal Church - Father George Hinchliffe
- Suwannee Chamber - Jimmy Norris
- Suwannee Coalition - Carla Blalock
- Suwannee County Administration – Randy Harris, Mandy McDonald
- Suwannee County Board of County Commission - Clyde Fleming, Don Hale, Ricky Gamble, Ronald Richardson
- Suwannee County Extension Office - Katherine Allen, Bonnie Box
- Suwannee County Fire Rescue - James Sommers, Nathan Griffis
- Suwannee County Parks and Recreation Department - Greg Scott
- Suwannee County Schools - Joyce Warren, Juanita Torres, Michele Howard, Ted Roush
- Suwannee County Youth Advocacy – Mary Taylor, Steven Schneitman
- Suwannee River Economic Council - Frances Terry, Matt Pearson
- Suwannee River Regional Library - Betty Lawrence, Marlene Mitchell
- Suwannee Valley Electric Cooperative - Mike McWaters, De Smith
- Suwannee Valley Transit Authority – Larry Sessions, Teresa Fortner
- Town of Branford - Ken Saunders
- UF IFAS - Mike Swain
- United Way - Nancy Roberts
- Vivid Visions - Kathy White

HEALTHY SUWANNEE MEMBER LIST

- Another Way, Inc.
- Career Source North Florida
- Cheek & Scott Drugs
- Christ Central Ministry
- City of Live Oak
- City of Live Oak- Community Redevelopment Agency
- Daniels Funeral Home
- Do Good Media
- Elder Options
- First Federal Bank of Florida
- Florida Department of Children and Families
- Florida Department of Corrections
- Love, Inc.
- Florida Department of Health in Suwannee County
- Guardian Ad Litem
- Lutheran Services of Florida Health Systems
- Melody Church
- Meridian Behavioral Health Care
- Palms Medical Group
- Pregnancy Care Center
- Shands Live Oak
- Shands Medical Group
- St. Luke's Episcopal Church
- Suwannee Chamber
- Suwannee Coalition
- Suwannee County Administration
- Suwannee County Board of County Commission
- Suwannee County Extension Office
- Suwannee County Fire Rescue
- Suwannee County Parks and Recreation Department
- Suwannee County Schools
- Suwannee County Youth Advocacy
- Suwannee River Area Health Education Center (SRAHEC)
- Suwannee River Economic Council
- Suwannee River Regional Library
- Suwannee Valley 4 C's
- Suwannee Valley Electric Cooperative
- Suwannee Valley Transit Authority
- Tobacco Free Suwannee
- Town of Branford
- UF IFAS
- United Way
- Vivid Visions

REVISION TRACKING

Date	Revision	Page Number
May 30, 2019	Added community definition of health and healthy community	8
	Renamed hierarchy of Priority, Goal, Strategy, and Objective to align with Department of Health Strategic Plan hierarchy, added numbers and letters to better identify Priorities, Goals, Strategies, and Objectives.	11-14
	Priorities, Strategies, Objectives to align with Healthy Suwannee meeting February and April 2019. Reproductive and Sexual Health renamed: Maternal and Child Health Goal: Promote Healthy Relationships renamed to: Promote Teen Healthy Behavior and moved from Priority 1 to Priority 2: Healthy Behavior Priority 5: Community Engagement added Strategy: Improve built environment to encourage access to physical activity and moved objective related to extending Live Oak and Branford trails to this Strategy.	11-14, 16-18
	Assigned lead roles to objective and initiative implementation	11-14
	Identified baseline and target measures as well as data sources	11-14
	Updated (2019) Implementation Plan Template	23-25
	Health Improvement and Strategic Plan Tracking System	26-29

IMPLEMENTATION PLAN

Please select from the drop down menu which plan this is for:

Division/Office/CHD:
Bureau:
Reported by:
Last Update Reported:

Priority Area: Enter priority number and name as listed in plan:
Goal: Enter goal number and name as listed in plan:
Strategy: Enter strategy number and name as listed in plan:
Objective: Enter objective number and name as listed in plan:

INDICATORS

Description	Plan Beginning Baseline	Direction of Change	Unit of Measure	Reporting Frequency	Previous YTD	Current Measurement				Current YTD	Current Status	2019 Target	Plan Target	National Benchmark Figure	National Benchmark Source	Data Source	Measure Notes
						Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec								
Description of the measures, those things that are numerical in showing that success has been reached	Baseline set at beginning of plan	Direction in which measure should change	Unit of measurement for objective	Frequency in which data are available	Annual figure from 2018, if available	Non-cumulative numerical value for each quarter. Use provisional data for strategic plan objectives when final data is not available. Only use final data for SHIP objectives.				Year-to-date figure for 2019, if available. The sum of Q1-Q4 if measured quarterly.	Status of the indicator (Please see bottom of page for descriptions of selection choices)	Target expected to be reached by 12/31/2019	Target expected to be reached by the end of the plan	Figure set by a national organization, a standard states are expected to meet or strive for, if applicable	Source that set national benchmark figure (Example: Healthy People 2020), if	Data source used to collect and measure data	Any information helpful in knowing more about the measure. Include a comment about any provisional data.
		DROP DOWN MENU	DROP DOWN MENU	DROP DOWN MENU							DROP DOWN MENU						

SUB/PROCESS INDICATORS (INTERNAL USE ONLY)

Description	Baseline	Direction of Change	Unit of Measure	Reporting Frequency	Previous YTD	Current Measurement				Current YTD	Status	2019 Target	Plan Target	National Benchmark Figure	National Benchmark Source	Data Source	Measure Notes
						Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec								
This section is optional and is to list sub or process indicators for the objective. Indicators are those data that will adequately show measure of progress for the objective	Baseline set at beginning of plan	Direction in which measure should change	Direction in which measure should change	Frequency in which data are available	Annual figure from 2018, if available	Non-cumulative numerical value for each quarter				Year-to-date figure for 2019, if available. The sum of Q1-Q4 if measured quarterly.	Status of the indicator (Please see bottom of page for descriptions of selection choices)	Target expected to be reached by 12/31/2019	Target expected to be reached by the end of the plan	Figure set by a national organization, a standard states are expected to meet or strive for	Source that set national benchmark figure (Example: Healthy People 2020)	Data source used to collect and measure data	Any information helpful in knowing more about the measure
		DROP DOWN MENU	DROP DOWN MENU	DROP DOWN MENU							DROP DOWN MENU						

ACTIVITY 1

Activity Description	Person Responsible	Anticipated Completion Date	Activity Status	Activity Progress Notes
Activity/Intervention being carried out to address objective	Staff position responsible for carrying out or accountable for activity	Anticipated completion date of activity	Status of the indicator (Please see bottom of page for descriptions of selection choices)	Any notes about the progress of the activity
			DROP DOWN MENU	

ACTIVITY 1 - ACTION STEPS

Action Step Description	Action Status	Deliverables/Outputs of Action	Key Partners/Responsible Persons/Groups	Start Date	Finish/End Date
Description of the action needed in order to complete the activity (action plan)	Status of the indicator (Please see bottom of page for descriptions of selection choices)	Description of any products or results of the action	Names of internal and external individuals or groups who helped carry out the action	Actual start date of action described	Actual finish/end date of action described
	DROP DOWN MENU				

ACTIVITY 2				
Activity Description	**Person Responsible**	**Anticipated Completion Date**	**Activity Status**	**Activity Progress Notes**
Activity/intervention being carried out to address objective	Staff position responsible for carrying out or accountable for activity	Anticipated completion date of activity	(Please see bottom of page for descriptions of selection choices)	Any notes about the progress of the activity
			DROP DOWN MENU	

ACTIVITY 2 • ACTION STEPS					
Action Step Description	**Action Status**	**Deliverables/Outputs of Action**	**Key Partners/Responsible Persons/Groups**	**Start Date**	**Finish/End Date**
Description of the action needed in order to complete the activity (action plan)	Status of the indicator (Please see bottom of page for descriptions of selection choices)	Description of any products or results of the action	Names of those who helped carry out the action	Actual start date of action described	Actual finish/end date of action described
	DROP DOWN MENU				

QUARTER 1		
Activity Progress and Comments		
Contributing Partners	List of partners who contributed to the completion of the activities during the quarter.	
Partner Contributions	Any resources provided by partners (funding, meeting space, assistance, etc.,) during the quarter.	
Key Accomplishments	Description of any factors that contributed to the successful completion of the activities and any products or results due to the activities during the quarter.	
Barriers/Issues Encountered	Description of any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Plans to Overcome Barriers/Issues	Description of what was done to overcome any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Unanticipated Outcomes (optional)	Description of any unanticipated outcomes of the activities during the quarter.	

QUARTER 2		
Activity Progress and Comments		
Contributing Partners	List of partners who contributed to the completion of the activities during the quarter.	
Partner Contributions	Any resources provided by partners (funding, meeting space, assistance, etc.,) during the quarter.	
Key Accomplishments	Description of any factors that contributed to the successful completion of the activities and any products or results due to the activities during the quarter.	
Barriers/Issues Encountered	Description of any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Plans to Overcome Barriers/Issues	Description of what was done to overcome any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Unanticipated Outcomes (optional)	Description of any unanticipated outcomes of the activities during the quarter.	

QUARTER 3		
Activity Progress and Comments		
Contributing Partners	List of partners who contributed to the completion of the activities during the quarter.	
Partner Contributions	Any resources provided by partners (funding, meeting space, assistance, etc.,) during the quarter.	
Key Accomplishments	Description of any factors that contributed to the successful completion of the activities and any products or results due to the activities during the quarter.	
Barriers/Issues Encountered	Description of any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Plans to Overcome Barriers/Issues	Description of what was done to overcome any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Unanticipated Outcomes (optional)	Description of any unanticipated outcomes of the activities during the quarter.	

QUARTER 4		
Activity Progress and Comments		
Contributing Partners	List of partners who contributed to the completion of the activities during the quarter.	
Partner Contributions	Any resources provided by partners (funding, meeting space, assistance, etc.,) during the quarter.	
Key Accomplishments	Description of any factors that contributed to the successful completion of the activities and any products or results due to the activities during the quarter.	
Barriers/Issues Encountered	Description of any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Plans to Overcome Barriers/Issues	Description of what was done to overcome any barriers/issues/problems encountered during the completion of the activities during the quarter.	
Unanticipated Outcomes (optional)	Description of any unanticipated outcomes of the activities during the quarter.	

Drop Down Menu Options
Status
During the tracking of the objective or activity, select "On Track", "Not on Track", or "Decision Required":
On Track = Progress is exceeding expectations or is performing as expected at this point in time.
Not on Track = Progress is below expectations at this point in time.
Decision Required = At risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
At completion of the date on the objective, select "Completed" OR "Not Completed":
Completed = Completed or has been met and the target date has passed.
Not Completed = Not completed or has not been met and the target date has passed.

SHIP ACCOMPLISHMENTS
ACTIVITY 1

ACTIVITY 2

Template Updated: 02-01-2019

FLORIDA DEPARTMENT OF HEALTH Division of Public Health Statistics & Performance Management

Health Improvement and Strategic Plan Tracking System

Plan Review

Print

Suwannee CHD CHIP 2018-2022 Select Year: 2019

Priority 1: Reproductive and Sexual Health Edit

Goal 1.1 Improve the Health of Women and Babies Edit

Strategy 1.1.1 Provide access to health care services, resources, and education Edit

Objectives:

- 1.1.1.1 Launch an informational campaign to make the community aware of available local obstetric and gynecological services Edit
- 1.1.1.2 Increase breastfeeding initiation rates from 74% to 77% by December 31, 2019 Edit
- 1.1.1.3 Increase the percentage of 2 year olds fully immunized by 5% by December 31, 2019 Edit
- 1.1.1.4 Increase the percentage of women who receive prenatal care in their first timester from 70.8% to 75.8% by December 31, 2019 Edit
- 1.1.1.5 Reduce the teen birth rate by 3% from 26.5 to 25.7 by December 31, 2020 Edit

Goal 1.2 Promote Healthy Relationships Edit

Strategy 1.2.1 Education, community and teen engagement in change and policy change Edit

Objectives:

- 1.2.1.1 A Task Force on reproductive and sexual health education will be formed and holdits first meeting by December 31, 2018 Edit
- 1.2.1.2 The task force will recommend adoption of school policy on a comprehensive health education program by December 31, 2019 Edit
- 1.2.1.3 A comprehensive health education program will be implemented in the Suwannee County school system and community and faith-based schools by July 31, 2023 Edit

Priority 2: Healthy Behaviors Edit

Goal 2.1 Reduce Substance Abuse Edit

Strategy:

2.1.1 Improve access to services and resources, provide health education, policy change for funding to support expanded services Edit

Objectives:

- 2.1.1.1 Increase the availablity of mental health services by December 31, 2019 Edit
- 2.1.1.2 Increase the availablity of trained mental health professionals in Suwannee County Schools by December 31, 2020 Edit
- 2.1.1.3 Locate one funding source for mental health services in Suwannee County by December 31, 2021 Edit
- 2.1.1.4 Decrease the percentage of adult tobacco users by 3% points from 19.4% to 16.4% by December 31, 2021 Edit

Goal: 2.2 Prevent Injuries Edit

Strategy: 2.2.1 Education, enforcement, policy change, and focus on passenger safety Edit

Objectives:

- 2.2.1.1 Increase seatbelt usage amongst all drivers and passengers by June 30, 2020 Edit
- 2.2.1.2 Decrease the number of accidental injury deaths by 5% from 88 to 83 by December 31, 2021 Edit
- 2.2.1.3 Reduce drownings by 30%, from 3 to 2 or less by December 31, 2021 Edit

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Priority: 3 Chronic Health Conditions Edit

Goal: 3.1 Promote Healthy Lifestyles and Life Choices Edit

Strategy: 3.1.1 Primary prevention approaches to reduce impact of chronic diseases through education and access to services/resources for healthy lifestyles Edit

Objectives:

- 3.1.1.1 Implement Healthy Hikes program with a minimum of 3 hikes per year by December 31, 2019 Edit
- 3.1.1.2 Increase the percent of diabetics that received self-management education by 2% points from 54.3% to 56.3% by December 31, 2019 Edit
- 3.1.1.3 Increase physical activity in children by 20% from 150 minutes per week to 180 minutes per week by September 30, 2020 Edit
- 3.1.1.4 Increase the percent of adults who engage in regular physical activity by 15% points from 42.5% to 57.5% Edit
- 3.1.1.5 Decrease adult obesity by 3% points fom 40% to 37% by December 31, 2021 Edit

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Priority: 4 Acces to Health Care Services Edit

Goal: 4.1 Improve access to health care services Edit

Strategy:

4.1.1 Eliminate barriers to health care services-including dental and mental health- to include the use of technology to bring enhanced services to the area and better understand health care-seeking behavior Edit

Objectives:

- 4.1.1.1 Reduce avoidable ER visits by Suwannee County residents by 2% from 6,858 to 6,720 by December 31, 2020 Edit
- 4.1.1.2 Increase the percent of adults who have seen a primary care provider in the past 12 months by 6% points from 75.6% to 81% by June 30, 2021 Edit
- 4.1.1.3 Provide a health literacy program to Suwannee County residents by June 30, 2022 Edit
- 4.1.1.4 Implement adult dental services at DOH-Suwannee by December 31, 2023 Edit

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Priority 5 Community Engagement Edit

Goal 5.1 Mobilize the community to address health Edit

Strategy 5.1.1 Policy change, community engagement, youth engagement in addressing health issues Edit

Objectives:

- 5.1.1.1 Increase the number of resource providers/vendors at each community health-related event by 10% each year beginning June 2019 Edit
- 5.1.1.2 Increase the number of Suwannee Health Advisory Group (SHAG) members by 4 by June 30, 2019 Edit
- 5.1.1.3 Develop and host one community health summit by December 31, 2019 Edit
- 5.1.1.4 Identify grant/funding sources to link Live Oak trails with Branford trails to form an extensive scenic route for bicyclers by December 31, 2022 Edit
- 5.1.1.5 Increase community participation in community health-related events by 30% by December 31, 2022 Edit

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