



JEFFERSON  
COUNTY  
2014

## 2013-2017 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) UPDATE

**July 29, 2014**

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

- Electronic Copies available at [www.healthyjefferson.com](http://www.healthyjefferson.com)
- Hardcopy available for review at RJ Bailar Public Library (Jefferson County Public Library)

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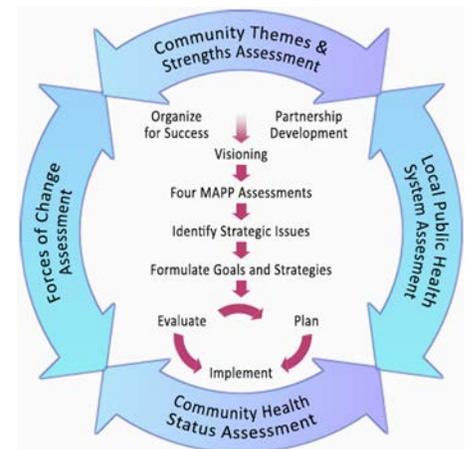
**Executive Summary/Overview:**

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

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

The MAPP process consists of six phases:

- Phase 1 - Organizing for Success and Organizing for Success
- Phase 2 - Visioning
- Phase 3 - The Four MAPP Assessments
  - Community Health Status Assessment (CHSA)
  - Local Public Health System Assessment (LPHSA)
  - Community Themes and Strengths Assessment (CTSA)
  - Forces of Change Assessment (FCA)
- Phase 4 – Identify Strategic Issues (CHIP activity)
- Phase 5 – Formulate Goals and Strategies (CHIP activity)
- Phase 6 – Action Cycle (Program Planning, Implementation and Evaluation)



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

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

The key findings from each of the four MAPP assessments are used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Madison County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment include:

<p style="text-align: center;"><b><u>Community Health Status Profile</u></b></p> <ul style="list-style-type: none"> <li>○ High poverty levels</li> <li>○ Low County Health Ranking outcomes</li> <li>○ Chronic diseases and risks increasing             <ul style="list-style-type: none"> <li>○ High percentage of population that are overweight, obesity, and have diabetes</li> </ul> </li> <li>○ Sexually Transmitted Diseases increasing</li> <li>○ High birth rates among teens</li> <li>○ High percentage of deaths/injuries from unintentional injuries             <ul style="list-style-type: none"> <li>○ High rate of alcohol related motor vehicle crashes and deaths</li> <li>○ High rate of child passengers injured/killed in motor vehicle crashes</li> </ul> </li> <li>○ Access to and coordination of health care services</li> <li>○ Limited health care providers</li> <li>○ High tobacco consumption</li> </ul>	<p style="text-align: center;"><b><u>Forces of Change Assessment</u></b></p> <ul style="list-style-type: none"> <li>○ Limited health literacy</li> <li>○ High unemployment/lack of jobs</li> <li>○ High poverty levels</li> <li>○ Access to and coordination of health care services</li> <li>○ Chronic diseases and risks increasing             <ul style="list-style-type: none"> <li>○ High percentage of population that are overweight, obesity, and have diabetes</li> </ul> </li> <li>○ Sexually Transmitted Diseases increasing</li> <li>○ High poverty levels</li> <li>○ Lack of transportation</li> </ul>
<p style="text-align: center;"><b><u>Local Public Health System Assessment</u></b></p> <ul style="list-style-type: none"> <li>○ ES #3: Inform, Educate, And Empower People about Health Issues</li> <li>○ ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems</li> <li>○ ES # 10: Research for New Insights and Innovative Solutions to Health Problems</li> </ul>	<p style="text-align: center;"><b><u>Community Themes &amp; Strengths Assessment</u></b></p> <ul style="list-style-type: none"> <li>○ Access to and coordination of health care services</li> <li>○ Limited health insurance</li> <li>○ High usage of Emergency Room</li> <li>○ Limited Dental care/usage</li> <li>○ Limited health care awareness</li> <li>○ High self-report of chronic illness</li> <li>○ Low self-report of personal health</li> </ul>

## 2014 CHIP Update

### Overview of Process

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



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

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

### Update Overview

As part of the process, some health priorities and goals were combined to provide a clear roadmap for improving the health of the community.

### Goals, Strategies, and Objectives – Updated

The table below provides the original CHIP Priority Issues, Goals and Objectives in the first column (shaded gray) and the modified or added CHIP Priority Issues, Goals, Objectives, Monitoring Data Source, and Lead Organization in the second column (shaded green). Additional information is also included regarding addition of activities for the updated objectives.

Table 1

Original CHIP Goals and Objectives	2014 Update to CHIP Goals and Objectives																		
<p><b>Priority Issue:</b> Education &amp; Outreach</p>	<p><b>Priority Issue:</b> Chronic Disease (Note: formerly Education &amp; Outreach, which was reassigned to an strategy/activity for each area)</p>																		
<p><b>Goal:</b> Improve Health Outreach and Education in Jefferson County.</p>	<p><b>Goal:</b> Improve life expectancy for residents of Jefferson County</p>																		
<p><b>Objective:</b> Increase by 5% the number of adults who had a medical check-up in the past year from 67.7% to 72.7% by December 31, 2016.</p>	<p><b>Objective:</b> Improve overall county health ranking for health factors from 47 to 40 by December 31, 2017</p> <p><b>Monitoring Data Source:</b> County Health Rankings &amp; Roadmaps (Robert Wood Johnson Foundation Program – University of Wisconsin Population Health Institute) available annually.</p> <p><b>Lead Organization:</b> (Note: the original objective was abandoned based on data showing adults with insurance (82.6%) and a personal physician (89.6%).)</p> <p><b>Objective:</b> Modify the prevalence of high risk behaviors (diabetes, overweight &amp; obesity, poor diet, physical inactivity, and excessive alcohol use) that contribute to cardiovascular disease from ## to ## for each contributing behavior. (A Committee Meeting is scheduled for October 23, 2014 to discuss the overall objective so that the measure can be selected.)</p> <table border="1" data-bbox="792 1121 1398 1356"> <thead> <tr> <th>Factors</th> <th>Beginning Count</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Diabetes</td> <td>460 (2012)</td> <td></td> </tr> <tr> <td>Overweight - adults</td> <td>33.2% (2010)</td> <td></td> </tr> <tr> <td>Obese - adults</td> <td>36.3% (2010)</td> <td></td> </tr> <tr> <td>Binge Drinking - adults</td> <td>13.2% (2010)</td> <td></td> </tr> <tr> <td>Sedentary - adults</td> <td>26.4% (2007)</td> <td></td> </tr> </tbody> </table> <p><b>Monitoring Data Source:</b> Behavioral Risk Factor Surveillance Survey – available every 3 years.</p> <p><b>Note:</b> Coronary Health Disease Hospitalizations were 54 in both 2011 and 2012.</p> <p><b>Lead Organization:</b></p>	Factors	Beginning Count	Target	Diabetes	460 (2012)		Overweight - adults	33.2% (2010)		Obese - adults	36.3% (2010)		Binge Drinking - adults	13.2% (2010)		Sedentary - adults	26.4% (2007)	
Factors	Beginning Count	Target																	
Diabetes	460 (2012)																		
Overweight - adults	33.2% (2010)																		
Obese - adults	36.3% (2010)																		
Binge Drinking - adults	13.2% (2010)																		
Sedentary - adults	26.4% (2007)																		
<p><b>Objective:</b> Increase by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9% by 12/31/16.</p>	<p><b>Objective:</b> Feedback from the community partners indicated that this objective should be removed and resources used to focus on other objectives. However, it is recommended that this data continue to be monitored for sustainability.</p>																		

<b>Priority Issue: Obesity</b>	<b>Priority Issue: Obesity</b>
<b>Goal:</b> Decrease rate of obesity in Jefferson County	<b>Goal:</b> Decrease rate of obesity in Jefferson County
<b>Objective:</b> Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015.	<b>Objective:</b> Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015.  <b>Monitoring Data Source:</b> <b>Lead Organization:</b>
<b>Objective:</b> Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015	<b>Objective:</b> Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015  <b>Monitoring Data Source:</b> Florida CHARTS, Behavioral Risk Factor Surveillance Survey – available every 3 years.  <b>Lead Organization:</b>  <b>Recommended Activities:</b> Classes, Demonstrations
<b>Priority Issue: Teen Pregnancy</b>	<b>Priority Issue: Teen Pregnancy</b>
<b>Goal:</b> Decrease the rate of teen pregnancy	<b>Goal:</b> Decrease the rate of teen pregnancy
<b>Objective:</b> Provide Evidence-Based program(s) focused on youth development and life skills to 50% of all middle and high school students by June 30, 2015.	<b>Objective:</b> Maintain births to mothers age 15-17 at a rate of 10 or less by September 30, 2016.  <b>Monitoring Data Source:</b> Florida CHARTS, births to mothers, single year rate.  <b>Lead Organization:</b>  <b>Objective:</b> Provide Evidence-Based program(s) focused on youth development and life skills to 50% of middle school students by June 30, 2015.  <b>Monitoring Data Source:</b>  <b>Lead Organization:</b>  <b>Objective:</b> Provide Evidence-Based program(s) focused on youth development and life skills to 50% of high school students by June 30, 2015.  <b>Monitoring Data Source:</b>  <b>Lead Organization:</b>  <b>Objective:</b> Provide Evidence-Based program(s) focused on youth development and life skills to 50% of elementary school students by June 30, 2015.  <b>Monitoring Data Source:</b>  <b>Lead Organization:</b>

### **Alignment with State and National Priorities**

The CHIP plan is aligned with the following:

- Florida Department of Health’s State Health Improvement Plan 2012-2015 Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.  
[http://www.doh.state.fl.us/Planning\\_eval/Strategic\\_Planning/SHIP/FloridaSHIP2012-2015.pdf](http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf)
- Healthy People 2020  
This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.  
<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>
- National Prevention and Health Strategies 2011  
Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.  
<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

The tables on the following pages identify the linkages between the Jefferson County CHIP and each of the above referenced plans.

Table 2		Alignment			
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p><b>Goal: Decrease rate of obesity in Jefferson County.</b></p> <p><b>Objective 1:</b> Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 24.6% by August 31, 2015.</p> <p><b>Objective 2:</b> Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.</p> <p><b>Strategy 1:</b> Implement a Physician Outreach Campaign.</p> <p><b>Strategy 2:</b> Provide outreach and education regarding importance of healthy weight to adults in Jefferson.</p>	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.  Identify and address barriers to the dissemination and use of reliable health information.

Table 2 Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	<b>Community Redevelopment and Partnerships</b>				
<p><b>Goal: Decrease rate of obesity in Jefferson County.</b>  <b>Objective 1:</b> Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 24.6% by August 31, 2015.  <b>Objective 2:</b> Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.  <b>Strategy 1:</b> Implement a Physician Outreach Campaign.  <b>Strategy 2:</b> Provide outreach and education regarding importance of healthy weight to adults in Jefferson.</p>	Goal CR1	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Coordinate investments in transportation, housing, environmental protection, and community infrastructure to promote sustainable and healthy communities.
	Goal CR2	Build and revitalize communities so people can live healthy lives.	Social Determinants Goal	Create social and physical environments that promote good health for all.	Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable, and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, and develop green facilities and buildings).

Table 2 Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
<p><b>Goal: Improve Health Outreach and Education in Jefferson County.</b></p> <p><b>Objective 1:</b> Increase by 5% the number of adults who had a medical check-up in the past year from 67.7% to 72.7% by December 31, 2016.</p> <p><b>Objective 2:</b> Increase by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9% by 12/31/16.</p>	Goal CR3	Provide equal access to culturally and linguistically competent care.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
					Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.

Table 2 Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		Access to Health Services		
<p><b>Goal: Decrease the rate of Teen Pregnancy.</b></p> <p><b>Objective 1:</b> Provide Evidence-Based program(s) focused on youth development and life skills to 50% of all middle and high school students by June 30, 2015.</p> <p><b>Objective 2:</b> Provide Making A Difference (M.A.D.) focused on youth development and like skills to 50% of elementary students by June 30, 2015.</p>	Goal AC5	Reduce maternal and infant morbidity and mortality.	Maternal, Infant, and Child Health Goal	Improve the health and well-being of women, infants, children, and families.	Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.

**Potential Policy Implications**

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

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

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

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

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

<b>Communicable Diseases</b>			
Health Risk Factors	Florida Law	Description	Changes
		Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools, including Exemptions	
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FS Title XXIX, Chapter 384	STIs; Department Requirements	
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-200(2,3,4,6)	Outlines with Respect to HIV the Definitions, Confidentiality, Testing Requirements, and Registration of HIV Testing Programs	
	FS 381.004	HIV Testing	

<b>Maternal &amp; Child Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
Birth Rates	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Infant Mortality	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters	

<b>Maternal &amp; Child Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
		Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Teen Pregnancy	FAC 64F-23.001	Informed Consent – Abortion	
	FS 63.053 and 63.054	Unmarried Father Registry	
	FS Title XXIX, Chapter 390	Termination of Pregnancies	
	Florida Constitution, Article X, Section 22	Parental Notice of Termination of Minor’s Pregnancy	
	FS Title XXIX, Chapter 384.31	STI: Testing of Pregnant Women; Duty of the Attendant	
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children’s Medical Services	

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

<b>Social &amp; Mental Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education and Prevention Program	
	FL Constitution, Article IX, Section 1	Public Schools, Education of All Students	
	FS Title XLVIII	K-20 Education Code (FS 1007 – Access)	
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent and Retired Senior Volunteer Services to High-Risk and Handicapped Children	
	FS Title XXX, Chapter 409	Social and Economic Assistance, Part I)	
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs, Alzheimer’s Disease Services	
	FS Title XXIX, Chapter 394	Mental Health	
Disability	FS Title XXX, Chapter 410	Aging and Adult Services	
	FS Title XXX, Chapter 430	Elderly Affairs	
	FS Title XXIX, Chapter 393	Developmental Disability	
Crime	FS Title XLVI	Crimes in Florida	
	FAC 64B-7.002	Pain Clinic/Physician Disciplinary Guidelines	
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads or Blanks for Controlled Substance Prescribing	
	FAC 64B-21.504.001	School Psychology Disciplinary Guidelines	
	FS 767.04	Dog owner’s liability for damages to person bitten (e.g., PEP)	
Suicide	FAC 64K-100 (1,2,3,4,5,6,7)	Establishment of Florida’s Prescription Drug Monitoring	

<b>Social &amp; Mental Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
		Program – In Response to Overdose/Suicide Rates	
	FS 406.11	Examinations, Investigations, and Autopsies	
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
	FS 1003.455	Physical education; assessment	
Alcohol Use	FS Title XXXIV	Alcoholic Beverages and Tobacco Regulations	
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Act: FDOH shall regulate all facilities that DBPR does not with respect to this Act	
	FL Constitution, Article X, Section 20	Workplaces without Tobacco Smoke	
	FS Title XXXIV, Chapter 569	Tobacco Product Regulation	

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**Appendix I**

Community Health Improvement Plan Activities Survey

1. Organization: \_\_\_\_\_
2. County: \_\_\_\_\_
3. Your Name: \_\_\_\_\_
4. Reporting Time Period: \_\_\_\_\_
5. Objective: \_\_\_\_\_
6. Success (# of classes, # of participants at ea. Class): \_\_\_\_\_
7. Challenges/Barriers: \_\_\_\_\_
8. Activities planned for next time: \_\_\_\_\_

# 2013-2017 JEFFERSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE APPENDIX 2



WACISSA RIVER

2014

## Annual Report of Progress with Recommendations

This report is intended to provide a brief summary to the successes, challenges/barriers, and recommendations for implementation of the 2013 Jefferson County Community Health Improvement Plan, prepared by the Jefferson County Health Profile Team facilitated by Quad R (a contractor).

# 2013-2017 JEFFERSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE

## ANNUAL REPORT OF PROGRESS WITH RECOMMENDATIONS

### Introduction:

Building a healthier Jefferson County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Jefferson County residents. The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health. The Florida Department of Health in Jefferson County (FDOH-Jefferson) contracted with Quad R to assist with the community health assessment process. Quad R facilitated the overall assessment and community engagement processes, and FDOH-Jefferson provided expertise on local health status data. This combined effort identified three strategic health issues for the community.

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

During the development of the Community Health Assessment, eight issues were identified:

Eight health issues were identified:

- Chronic, Infectious, Preventable, Controllable Diseases
- Limited Educational Resources
- Unsafe Practices
- Poor Health Behaviors and Healthy Lifestyle Choices
- Limited Healthcare/Limited Access
- Maternal/Child Health
- Breaking the Cycle
- Accountability

The Jefferson County Community Health Committee (Committee) identified three key issues

- Education & Outreach,
- Obesity, and
- Teen Pregnancy

The Committee developed recommendations and action steps. The Committee recommended the Community Health Action Plans be incorporated into the work of the FDOH-Jefferson, existing community groups, and health care partners.

Over the past twelve months, the FDOH-Jefferson, community groups and health care partners have been working on the objectives in the CHIP using the strategies identified. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for change, and the modification to the original CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

## Education & Outreach

**Description:** In 2001 Jefferson County was designated as a medically underserved area. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Access to healthcare services is an important determinant and continues to be a focus for Jefferson County. The Florida Department of Health in Jefferson County has been the recipient of low income pool funds from August 2008 until present.

BRFSS data for adults with any type of healthcare insurance coverage was 82.6% (2010); this was an increase over the 2007 data of 3.7%. In addition, data for adults who have a personal doctor increased from 82.1% in 2007 to 89.6% in 2010.

**Goal:** Improve Health Outreach and Education in Jefferson County.

**Strategy:** None provided in the CHIP.

**Objective:** Increase by 5% the number of adults who had a medical check-up in the past year from 67.7% to 72.7% by December 31, 2016.

**Note:** When CHARTS was searched on 7/7/2014, CHARTS indicated that the percent of “Adults who had a medical checkup in the past year” was 71.0% in 2007 and 67.7% in 2010. This was a 3.3% drop in 3 years. Though this data is nearly 4 years old, determining the root cause(s) of the drop may help in developing effective strategies.

### Lead Organization (Organizational Contact):

**Data Source:** Florida Department of Health, Bureau of Epidemiology, Behavioral Risk Factor Surveillance Survey (BRFSS) – administered every 3 years

**Successes:** Low Income Pool funds were used to hire a full-time ARNP, and to expand clinic hours in order to provide care after 5:00pm one night per week at the Health Department.

**Challenges/Barriers:** Lack of data about which type of individuals have not received a checkup.

**Recommendations:** Considering the number of adults with health insurance, and available sliding fee scale appointments at the Health Department, it seems more analysis is needed before implementing actions.

**Modifications to CHIP:** After reviewing the available data related to this objective provided in the description, the CHIP Community Partners (CCP) decided to abandon this objective. The topic heading of education and outreach should be incorporated as a strategy for each objective in the CHIP.

The CCP recommended the addition of an objective related to Cardiovascular Disease

- a. Goal focusing on something like reducing the risk or incidence of heart disease among adults in Jefferson County
- b. Group discussed creating second objective targeting minorities

A brief review of data provides the following information to be considered when finalizing the addition of the goal and the creation of objective(s).

Minorities make up approximately 37.9% of the population of Jefferson County (Black 35.8; Other 2.1). According to Florida CHARTS, the resident death county has remained static for cardiovascular disease deaths (see table below).

**Resident Death Counts by Year by Residence County  
113 Causes of Death=Cardiovascular Diseases (I00-I99)**

	Death Counts											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
All Races	62	49	50	44	42	44	39	44	52	37	38	501
White	33	27	25	21	24	31	24	23	31	22	26	287
Black	62	49	49	44	41	44	39	43	52	37	38	498

However, the CDC website shows the key factors for heart disease are high blood pressure, high LDL cholesterol, and smoking. About half of Americans (49%) have at least one of these three risk factors (CDC. [Million Hearts: strategies to reduce the prevalence of leading cardiovascular disease risk factors](#). United States, 2011. *MMWR*2011;60(36):1248–51).

Some other medical conditions and lifestyles can also contribute to higher risk. These are:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

**Goal:** Improve Health Outreach and Education in Jefferson County.

**Strategy:** None provided in the CHIP.

**Objective:** Increase by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9% by 12/31/16.

**Lead Organization (Organizational Contact):** Early Learning Coalition, Morgan Evers

**Data Source:** Florida Department of Education, Office of Early Learning (Florida School Indicators Report) and available through Florida CHARTS

**Successes:**

- Since 2008, the school readiness for kindergarten entry has slowly climbed from 86.1 to 92.9 in 2010.

**Challenges/Barriers:** N/A

**Recommendations:** N/A

**Modifications to CHIP:** The CHIP Community Partners were uncertain whether focusing on readiness for school should be a focus area or if this energy could be funneled into a different objective because Jefferson is already ranked high in the state.

## Obesity

**Description:** The risk for a variety of chronic diseases and health concerns including type 2 Diabetes, heart disease, hypertension, certain cancers, stroke and high cholesterol are increased when residents are overweight/ obese.

**Goal:** Decrease rate of obesity in Jefferson County.

**Strategy:** None provided in CHIP

**Objective:** Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015.

**Lead Organization (Organizational Contact):**

Data Source: Florida Department of Health, Bureau of Epidemiology, Florida Youth Risk Behavior Survey

**Successes:** Partnership with Jefferson Schools, DOE, DOH

**Challenges/Barriers:** Implementing healthy behavior activities during school hours without impacting core academic time.

**Recommendation:**

- Identify data source for this objective.
- Consider modification of objective to align with accessible routinely data source.

Goal: Decrease rate of obesity in Jefferson County.

Strategy:

- Implement a Physician Outreach Campaign.
- Provide outreach and education regarding importance of healthy weight to adults in Jefferson.

Objective: Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.

Lead Organization (Organizational Contact):

Data Source: N/A

Successes: Flab to Fab classes at Monticello Fitness, Sole Mates and Bike Giveaway on the Monticello Bike Trail, Nutrition classes at the Senior Citizens Center, Diabetes Education classes at the Health Department.

Challenges/Barriers: No obvious correlation between the first strategy and the objective.

Recommendation: Include classes, demonstrations and other direct services as strategies.

## Teen Pregnancy

**Description:** Overall, teen (ages 10 to 19) birth rates in Jefferson County have declined from 26.6 in 2009 to 16.7 in 2011. However, teen birth rates in Jefferson County are slightly higher compared with state rate in 2011 of 15.2.

When teen birth rates are examined by race, Jefferson County White females ages 15 to 19 have a higher birth rate as compared to Jefferson County and Florida Black females. The birth rate for Jefferson County Black Females has decreased significantly from 2010 to 2011.

### **Re-peat births:**

In 2010: Count was 4

In 2011: Count was 0

In 2012: Count was 2

In 2013: Count was 3.

### **1<sup>st</sup> time births:**

2010: Count was 127

2011: Counts was 126

2012: Count was 139

2013: Count was 135

**Goal:** Decrease the rate of Teen Pregnancy.

**Strategy:** None provided in CHIP

**Objective:** Provide Evidence-Based program(s) focused on youth development and life skills to 50% of all middle and high school students by June 30, 2015.

**Lead Organization (Organizational Contact):** DOH Jefferson (Craig Wilson)

**Data Source:** Local data collection

**Successes:** N/A

**Challenges/Barriers:** N/A

**Recommendations:** N/A

- Change the objective to decrease Births to Mothers Age 15-19 (Pregnancy and Young Child Profile, Florida CHARTS). Merge with objective below.
- Include Evidence-based youth program(s) in strategies.

Goal: Decrease the rate of teen pregnancy.

Strategy: None provided in CHIP

Objective: Provide Making A Difference (M.A.D.) focused on youth development and life skills to 50% of elementary students by June 30, 2015.

Lead Organization (Organizational Contact):

Data Source: N/A

Successes: N/A

Challenges/Barriers: N/A

Recommendations: Merge with previous objective.

# AGENDA

Date: July 29, 2014

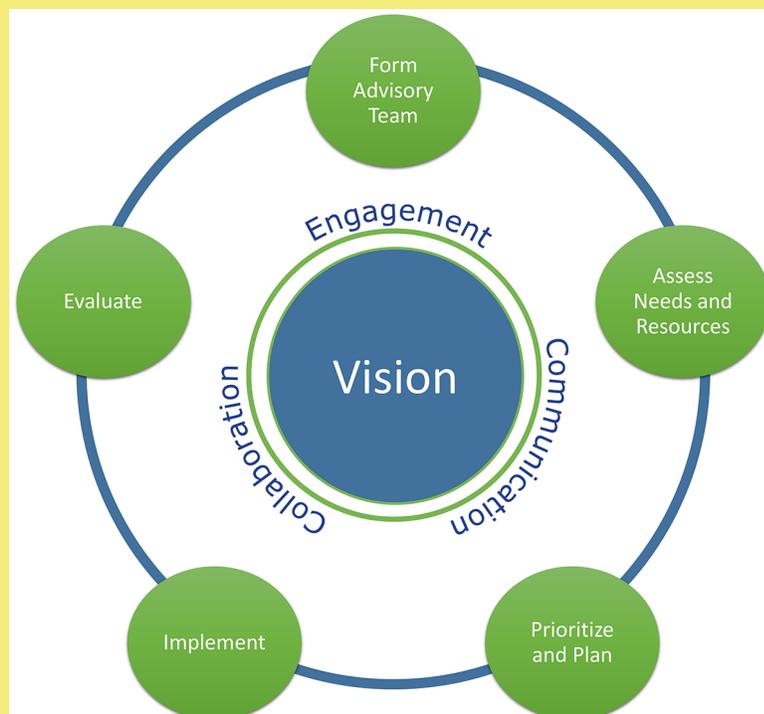
Time: 11:00 A.M. to 2:00 P.M.



## COMMUNITY HEALTH IMPROVEMENT PLAN MEETING

**Meeting Purpose:** To review and evaluate the progress of the Action Plan.

11:00 A.M.— 11:15 A.M.	Welcome and Introductions
11:15 A.M.— 11:30 A.M.	Opening Remarks
11:30 A.M.— 12:00 P.M.	Health Priority—Education and Outreach
12:00 P.M. — 1:00 P.M.	Working Lunch
	Health Priority—Obesity
1:00 P.M. — 1:30 P.M.	Health Priority—Teen Pregnancy
1:30 P.M. — 1:45 P.M.	Closing Remarks
1:45 P.M. — 2:00 P.M.	Meeting Adjourned



## Jefferson County CHIP Meeting: 7/29/2014

### 1. Education and Outreach

- a) Adults who have had a medical checkup:
  - a. no way to measure this, CHARTS does not reflect new data, no way to continue supporting it
  - b. Group noted that even if this data was available it is only renewed every 3 years and is “not an effective business model”
  - c. Group noted that this goal to improve education and outreach is a *strategy*, not an *objective*
- b) Would want to focus on monthly/quarterly data to track successful outcomes in objectives
- c) 2<sup>nd</sup> objective: group decided uncertain whether focusing on readiness for school should be a focus area or if this energy could be funneled into a different objective

### 2. Obesity

- a) Objective on middle school students getting moderate physical activity-
  - a. not a worthy goal, unclear what defines ‘moderate exercise’, no data available to monitor.
  - b. School-based objectives would require buy-in from administrators.
  - c. Have committee focus on putting data to goals and objectives etc.
  - d. Work objectives to support current programs, target Jefferson Arms apartments potentially
- b) Promote faith-based partnerships created with old CHIP strategies, rebuild partnerships and support churches that received equipment previously
- c) Focus on increasing exercise opportunities in objectives

### 3. Cardiovascular Disease

- a) Group proposed creating goal focusing on cardiovascular disease
  - a. Goal focusing on something like reducing the risk or incidence of heart disease among adults in Jefferson County
  - b. Group discussed creating second objective targeting minorities

### 4. Teen Pregnancy

- b) Group agreed teen pregnancy remains a need and will stay a goal in the CHIP
- c) Group discussed creating two strategies focusing on
  - a. Reducing teen pregnancy
  - b. Reducing repeat births
- a) Group agreed to use ‘evidence-based’ curriculum instead of specific names

CHIP Meeting: Jefferson County, 7/29/2014

Name	Organization	Priority Area Interest	Email
Laurie Abbott	FSU College of Nursing	health disparities	labott@fsu.edu
Lynn Elliott	FSU College of Nsg.	Jefferson County	lelliott41@gmail.com
Cindy Brown	F/ Dept of Health	Jeff/mad	Cindy.brown@health.gov
Shay Matthews	Jefferson Arms	Jefferson	
Margaret Levinge	FDOT - Madison / Jefferson	Jeff/mad	Margaret.levinge@health.gov
NAN BAUGHMAN	Refuge House Jefferson	Jefferson	Nbaughman@refugehouse.com

