



COLUMBIA COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED: NOVEMBER 2019







Record of Changes

Date of Revision	Revision Description	Section/Component	Revision Completed By





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Executive Summary of the Columbia County Community Health Improvement Plan 2019-2023

COLUMBIA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES, GOALS AND STRATEGIES

Strategic Priority: Access to Care

- •Goal I: Increase appropriate use of healthcare services
- •Goal II: Increase access to dental care
- •Goal III: Increase access to healthcare services

Strategic Priority: Mental Health Promotion

- •Goal I: Increase awareness of services for behavioral health and substance abuse treatment and prevention
- •Goal II: Improve access to resources for treatment and recovery

Strategic Priority: Tobacco Use Prevention and Awareness

•Goal I: Lower rates of tobacco, e-cigarette and smokeless tobacco product use among youth and adults

Strategic Priority: Physical and Nutritional Wellness

- •Goal I: Increase physical activity
- •Goal II: Increase access to healthy food
- •Goal III: Improve management of chronic diseases and conditions

In September 2018, the Florida Department of Health in Columbia County began a new community health assessment and health improvement planning cycle. Columbia County once again employed the Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by community partners in the Columbia County Community Health Assessment Steering Committee, the MAPP process yielded a wealth of data (see companion documents, 2019 Columbia and Hamilton Community Health Assessment Technical Appendix and 2019 Columbia County Community Health Assessment) that was used to identify strategic priorities for the coming four years of 2020-2023. The strategic priorities include:





- Access to Care: Although access to health care does not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Assessment findings point to many barriers to healthcare resource access for Columbia County residents. Access to healthcare was rated among the most important factors for a healthy community by survey respondents. Rates of emergency room use by Columbia County residents for avoidable causes continue to rise and the capacity to link people to needed services is assessed as low, pointing to gaps in care coordination and health literacy.
- Mental Health Promotion: Concerns about mental health and substance abuse surfaced in all four MAPP assessments. Both the community and healthcare providers identified mental health and substance abuse as the most important health issues. Further, substance and alcohol abuse were among the leading behaviors with the greatest negative on health. Secondary data showed that in 2017 Columbia County residents visited emergency rooms for mental health reasons at rates higher than for the state as a whole. The percentage of Columbia County adults who reported that poor mental or physical health interfered with activities of daily living was considerably higher than the state rate.
- Tobacco Use Prevention and Awareness: Tobacco use is the largest preventable cause of death and disease in the United States, according to the Centers for Disease Control and Prevention (Healthy People 2020, accessed October 18, 2019). The percentage of adults in Columbia County who reported being current smokers was significantly higher than state rates. Community concerns about youth exposure to tobacco and nicotine delivery products surfaced in numerous assessment discussions. Columbia County partners and stakeholders deemed tobacco use reduction and prevention as necessary and wise investments.
- Physical and Nutritional Wellness: Much of the chronic disease burden can be attributed to behaviors related to lack of physical activity and poor nutrition. Columbia County adults reported higher than state rates of Diabetes, Coronary Heart Disease, Stroke, Chronic Obstructive Pulmonary Disease and Asthma as well as higher percentages of overweight and obesity, physical inactivity, and tobacco use. Food insufficiency, barriers to accessing healthy foods, and poor nutrition were recurring themes in the community survey findings and Forces of Change assessment.



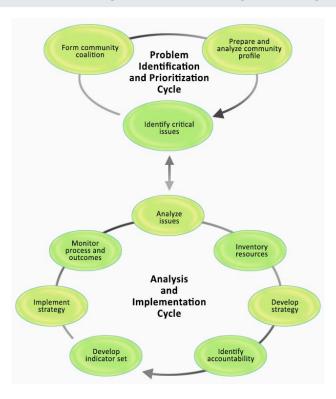


Overview of Community Health Improvement Planning

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.



Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) Improving Health in the Community, Washington, DC: National Academy Press. Retrieved: October 18, 2019, https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main





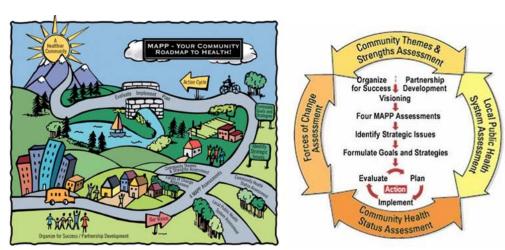
NACCHO and the CDC's vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

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).



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 18, 2019, 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 October 18, 2019, 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).

Source: Healthy People 2020: Social Determinants of Health," Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved October 18, 2019, 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". (About Social Determinants of Health," World Health





Organization, accessed October 18, 2019 http://www.who.int/social_determinants/sdh_definition/en/). 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.



Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved October 18, 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/





Columbia County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Columbia County CHIP is a continuation of the community health assessment process using the MAPP model. Community health assessment work began in September 2018 and concluded in March 2019. The four phases of MAPP that constituted the community health assessment process are briefly described below. Soon after finalizing the community health assessment, Columbia County partners launched into planning for the CHIP process and completing the final two MAPP phases.

MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment and health improvement planning process, the Florida Department of Health in Columbia County engaged partners to plan a process that built upon existing relationships, used resources wisely, and demonstrated a commitment to making positive, collective impact on health and quality of life in Columbia County. The Columbia County Community Health Assessment Steering Committee members and their affiliations can be found in the 2019 Columbia County Community Health Assessment report.

MAPP PHASE 2: VISIONING

At their first meeting in September 2018, the Columbia County Community Health Assessment Steering Committee members completed a visioning exercise to define health and the characteristics of a healthy Columbia County. Among the categories of attributes were easily and equitably accessible health, dental and mental healthcare services; people empowered with information and skills to make good health decisions and engage in healthy behaviors; focus on populations that experience barriers to health and quality of life; wise use of physical environment and natural resources; and community leadership that makes health a priority. Visioning results are included in the Appendix. The word cloud below depicts terms that were frequently used to define health in Columbia County.

FIGURE 5: VISIONING WORD CLOUD, COLUMBIA COUNTY, 2019.



Source: Columbia County visioning exercise results, September 17, 2018, prepared using WordItOut by Enideo by WellFlorida Council, 2019





MAPP PHASE 3: FOUR MAPP ASSESSMENTS

Each of the four MAPP assessments gathered data to form a comprehensive picture of health status, health behaviors, and health resources and capacities in Columbia County. Key findings and highlights from each of the assessments are summarized below.

Local Public Health System Assessment:

The capacity of the Columbia County local public health system to provide the ten essential public health services was assessed using the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standard Program instrument. Over the course of two meetings, Columbia County community partners and stakeholders discussed and scored various competencies. Partners also identified strengths to build upon and areas for improvement. Summary scores from the local public health system assessment are as follows:

- One (1) or 10% of essential services was scored at the optimal activity including
 - Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety
- Eight (8) or 80% of essential services were scored at the significant activity level including
 - Essential Service 1: Monitor Health Status to Identify Community Health Problems
 - Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards
 - Essential Service 3: Inform, Educate and Empower People about Health Issues
 - Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems
 - Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts
 - Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
 - o Essential Service 8: Assure a Competent Public and Personal Healthcare Workforce
 - Essential Service 9: Evaluate Effective, Accessibility and Quality of Personal and Population Health Services
- One (1) or 10% of essential services was scored at the minimal activity level including
 - Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Forces of Change:

Columbia County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state and nation. Through a facilitated discussion they identified trends, factors and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal and ethical factors, trends and events. The forces of change identified are outlined below.





Factors

- o Environment including lack of walkability and agricultural pesticide use
- o Social factors included lack of opportunities and activities for youth
- Technological factors impacted by limited Internet access
- Economic and social factors combined to impact persistent lack of healthcare providers and mental health care and services

Trends

- Increasing population diversity
- Slowly expanding use of telemedicine
- o Social isolation in rural areas and among the senior population
- Rising rates of substance use and abuse including alcohol, tobacco, and nicotine products
- Higher costs for healthcare services, health insurance, prescription drugs, and nutritious foods
- o Persistent lack of job opportunities

Events

- o Weather events including hurricanes, extreme heat and flooding
- o Local and state elections, changes in local leadership in city and county positions
- Emergency responses to Hurricane Michael and aftermath of Parkland shootings
- No Medicaid expansion and changes to contracts for dental services

Community Themes and Strengths:

Through the Community Themes and Strengths assessment, the opinions, perspectives and concerns of Columbia County residents were collected. In addition, input was sought from healthcare and social service providers and other stakeholders. This assessment sought to better understand what is important to the community and barriers and obstacles to obtaining needed services. There were 389 completed community surveys and 22 provider surveys included in the analysis. Results showed that about 90 percent of survey respondents felt very or somewhat safe in their communities and 58 percent rated the overall health of Columbia County residents as somewhat healthy or healthy. Almost half ranked substance/drug abuse as the most important health problem in Columbia County followed very closely by homelessness, obesity and overweight, and mental health problems. Relatedly, drug and alcohol abuse were ranked as the behaviors with the greatest negative impact on health in Columbia County. Other highlights from the analysis are provided below.

The top health concerns of residents and providers included:

- Substance and drug abuse
- Homelessness
- Overweight and obesity
- Mental health problems





Healthcare services that were rated as the most difficult to obtain included:

- Alternative medicine and alternative therapies
- Specialty care
- Mental health care
- Physical and rehabilitative therapy

Barriers to accessing dental, primary and mental health most commonly cited were:

- Cost
- Insurance-related issues
- Lack of providers

Community Health Status:

A comprehensive review of secondary data for Columbia County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The <u>2019 Columbia and Hamilton Community Health Assessment Technical Appendix</u> and <u>2019 Columbia County Community Health Assessment</u> were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged are highlighted below

Social Determinants of Health

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 Columbia County has continuing challenges with the following SDOH-related issues:

- Generational poverty
- Limited employment opportunities
- · Lack of affordable housing
- Homelessness
- Social isolation of the rural population

Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Columbia 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 Columbia County is similar to Florida in many health indicators, some differences exist. In Columbia County, the leading causes of death rates that are higher than state rates include the six causes listed below.

- Cancer
- Heart Disease
- Chronic Lower Respiratory Disease





- Diabetes
- Unintentional Injuries including alcohol-related motor vehicle crash deaths
- Infant Mortality

Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to serious challenges facing Columbia 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 and behaviors that were considered as priority health issues include the following:

- Child health and safety
- Mental health problems
- Substance and drug abuse
- Tobacco use including e-cigarettes and smokeless tobacco products
- Distracted driving
- Violence and domestic violence
- Dental and oral health issues
- Overweight and obesity
- Late entry into prenatal care
- Poor nutrition and food choices

Geographic, Racial and Ethnic Disparities

Some disparities were found in the course of Columbia 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, Blacks and Hispanics by geography
- Differences in mortality rates among Whites, Blacks and Hispanics for Diabetes, higher death rates for Blacks for Unintentional Injuries.
- Lagging first trimester care rates for Whites, Blacks and Hispanics when compared to state rates

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 Columbia County face many barriers in accessing healthcare services. Utilization and health professional shortage data illuminated the depth of access to care issues in Columbia 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





- Rising costs of health care and prescription drugs
- Lack of affordable health insurance with sufficient coverage
- Barriers to linking people to needed health and social services

MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies and implementation. These steps are also referred to as MAPP phases four through six. In February 2019, the Columbia County Community Health Assessment Steering Committee identified strategic priorities. The process included the review of the community health status data, local public health system capacity, community themes and strengths findings from the community and healthcare provider surveys, and forces of change issues. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility and resource availability. Table 1 below lists the characteristics of each criterion. After the review, discussion, and identification of common themes, members participated in a facilitated consensus workshop to identify the final strategic priorities. In August 2019, Columbia County community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP. Two important actions were taken to bridge the process. The Columbia County Community Health Assessment Steering Committee transitioned back to the long-standing Community Health Advisory Panel (CHAP) and School Health Advisory Council (SHAC) partnership to the assure representative participation of community stakeholders and include important implementation partners. A list of the members of the CHAP/SHAC can be found in the Appendix. Once reconstituted and convened, the CHAP/SHAC members took the second action which was to reconfirm the strategic priority issues.

TABLE 1: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, COLUMBIA COUNTY, 2019.



Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved August 28, 2019, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues





Strategic Priority Issue Areas Identified

- Access to Care including
 - o Appropriate use of healthcare services
 - Access to dental care
 - Increased access to healthcare services
- Mental Health Promotion including
 - o Awareness of services for behavioral health and substance abuse treatment and prevention
 - o Access to resources for treatment and recovery
- Tobacco Use Prevention and Awareness including
 - Lowered rates of tobacco, e-cigarette and smokeless tobacco product use among youth and adults
- Physical and Nutritional Wellness including
 - Physical activity
 - o Access to healthy food
 - o Management of chronic diseases and conditions

MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies and write measurable objectives for each of the strategic priority areas. At its August 2019th meeting, the Columbia County CHAP/SHAC embarked on this work. After reviewing the data and key findings from the four MAPP assessment, the group reconfirmed and refined the strategic priority issue statements, and set a timeline for developing the final CHIP, and organized into workgroups. At a series of in-person meetings and conference calls from August to October, the four CHAP/SHAC workgroups dissected the proposed goal statements, enhanced and added strategies and crafted objectives. Evidence-based and promising practices were researched, considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure and data source.

MAPP PHASE 6: ACTION CYCLE

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

COLUMBIA COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

August 2018 Organizational meetings, partner identification, timeline development

September 17, 2018 Community Health Assessment kick-off meeting, visioning





September-December 2018 Secondary data collection and analysis

October 15, November 19, 2018 Local Public Health System Assessment meetings

November-December 2018 Primary data collection via community and healthcare provider surveys

January 14, 2019 Secondary data review and Forces of Change Assessment meeting

February 18, 2019 Community Health Assessment findings and prioritization meeting

July 2019 CHIP organizational meeting, partner identification, timeline development

August 15, 2019 CHIP kick-off meeting and goal, strategy and objective writing workshop

September 4 and 18, 2019 CHIP goal, strategy and objective writing, action plan development

October 17, 2019 Columbia County CHAP/SHAC meeting for final CHIP review

November 2019 2020-2023 Columbia County Community Health Improvement Plan

published





Columbia County CHIP Goals, Strategies and Objectives

The Columbia County 2020-2023 CHIP focuses on four strategic priority areas. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms (see Appendix for the action plan template; also see the separate companion action plan document that will be updated regularly).

Strategic Priority: Access to Care

Goal I: Increase appropriate use of healthcare services

Strategies: Education and awareness campaigns, outreach and events focused on use of services **Objectives**:

- Decrease rate of Emergency Room use for avoidable causes by 2% by December 31, 2023 (Baseline: 353.1/1,000 population (2017), Target: 346.0/1,000, Data Source: Florida CHARTS)
- Implement a monthly coordinated community awareness campaign by December 31, 2020 (Baseline: no campaigns exist, Target: an awareness campaign is implemented, Data Source: CHAP)

Goal II: Increase access to dental care

Strategies: Recruit more dental providers that accept Medicaid and indigent care clients

Objectives:

- By December 31, 2023 increase number of dental providers that accept Medicaid by one provider (Baseline: to be determined, Target: baseline plus 1, Data Source: Agency for Health Care Administration)
- By December 31, 2020 conduct at least one community-wide dental health fair (Baseline: no dental health fairs ever held, Target: one event, Data Source: CHAP)
- By December 31, 2023 increase the number of children who receive dental screenings in Columbia County public schools by 10% (Baseline: 942, Target: 1,036, Data Source: Florida Department of Health in Columbia County Dental Program)

Goal III: Increase access to healthcare services

Strategies: Education and awareness campaigns, outreach and events focused on availability of services **Objectives:**

• By December 31, 2023 increase by three the number of providers using telemedicine for primary care and specialty care (Baseline: 1, Target: 4, Data Source: CHAP).

Resources: Florida Department of Health in Columbia County Community Health and Dental Programs, Palms Medical Group, United Way of Suwannee Valley, Shands Lake Shore Regional Medical Center, Columbia County School District

Strategic Priority: Physical and Nutritional Wellness

Goal I: Increase physical activity

Strategies: Partner with school system to expand physical activities programs with youth; promote accessible physical activity environments are already available; promote more daily movement by providing education

Objectives:





- By December 31, 2023, reduce or maintain the percentage of adults who are inactive or insufficiently active (Baseline: 65.3% in 2016, Target: 58.8% (10% reduction), Data Source: BRFSS, Florida CHARTS)
- By December 31, 2023, increase the number of residents participating in wellness programs (Baseline: 0, Target: 100, Data Source: CHAP/SHAC)

Goal II: Increase access to healthy food

Strategies: Promote local farmers markets to residents; program awareness that promote use of leftover food which are safe to redistribute; enhance the school backpack program

Objectives:

- By December 31, 2022, increase number of coupon redemption at the farmers market (Baseline: \$8,292 (2,073 coupons in 2018), Target: \$9,121 (2,280 coupons) Data Source: Florida Department of Agriculture and Consumer Services
- By December 31, 2023, 10% of backpack contributors will adopt the healthy foods donation list as a best practice (Baseline: to be determined, Target: baseline +10%, Data Source: Columbia County School District)

Goal III: Improve management of chronic diseases and conditions

Strategies: Provide education on prevention of diseases/conditions; provide education on management of diseases/conditions

Objectives:

- By December 31, 2023, offer programs for prevention of chronic diseases/conditions to expand the knowledge of community members. (Baseline: 0, Target: 3 programs, Data Source: DOH-Columbia, sign in sheets from programs)
- By December 31, 2023, reduce or maintain the percentage of adults who have ever been told they
 had pre-diabetes (Baseline: 8.6% in 2016, Target: 8.6% to 7.8% (10% reduction), Data Source:
 BRFSS, Florida CHARTS)
- By December 31, 2023, reduce or maintain the percentage of adults who have ever been told they had diabetes (Baseline: 15.8% in 2016, Target: 15.8% to 14.2% (10% reduction), Data Source: BRFSS, Florida CHARTS)
- By December 31, 2023, reduce or maintain the percentage of adults who are at a healthy weight (Baseline: 24.6% in 2016, Target: 24.6% to 22.1% (10% reduction), Data Source: Florida CHARTS)

Resources: University of Florida/Institute of Food and Agricultural Sciences, Florida Department of Health in Columbia County Community Health Program, Columbia County School District, food contributors including Kiwanis, Catholic Charities, Altrusa, Fort White Thrift Store, Project Union grant

Strategic Priority: Mental Health Promotion

Goal I: Increase awareness of services for behavioral health and substance abuse treatment and prevention

Strategies: Education and awareness campaigns, outreach and events; partner with faith-based/pastoral ministries, community navigators and community health worker groups; seek funding for grants and other community resources

Objectives:

 By December 31, 2020, launch Talk to Somebody Campaign (Baseline: campaign to be developed, Target: campaign developed and launched as evidenced by website hits, Data Source: Another Way, Inc webmaster)





• By December 31, 2021 five Mental Health First Aid Training sessions will be held in Columbia County (Baseline: 0 trainings scheduled, Target: 5 sessions completed, Data Source: host agency or CHAP)

Goal II: Improve access to resources for treatment and recovery

Strategies: Partner with Columbia County School District on implementing their Mental Health Assistance plan

Objectives:

- Maintain or increase the number of Columbia County School District At-Risk Intervention Specialists and Case Managers for the 2019-2020 school year ending May 29, 2020 (Baseline: 4 at-risk intervention specialists (2 Licensed Mental Health Counselors, 1 Master in Social Worklevel Mental Health Counselor, and 1 Certified School Counselor) and 2.5 case managers, Target: 4 and 2.5 or better, Data Source: Columbia County School District)
- By May 31, 2020 Columbia County School District will provide Tier 3 services (individual services) to 10 percent of students (Baseline: 10 percent or approximately 1000 students in 2018-2019, Target: 10 percent, Data Source: Columbia County School District)

Resources: Columbia County School District, Florida Department of Education Mental Health funding, University of Florida Health, Haile Market Therapy, Corner Drug Store, Meridian Behavioral Healthcare, Resolution Health Alliance, Columbia County Emergency Management, Florida Department of Health in Columbia Public Health Preparedness Program

Strategic Priority: Tobacco Use Awareness and Prevention

Goal I: Lower rates of tobacco, e-cigarettes and smokeless tobacco product use among adults and youth

Strategies: Education and awareness campaigns, outreach and events; involve stakeholders from school board, Columbia County Sheriff's Office, school resource officers, SWAT reps; policy and environment change; continue AHEC focus on cessation

Objectives:

- By January 31, 2021 establish youth and adult education programs in schools with students, parents and teachers (Baseline: 0, Target: 2, Data Source: Columbia County Tobacco Prevention Program)
- Increase the number of tobacco-free worksites in Columbia County by 10 percent by December 31, 2021 (Baseline: to be determined, Target: 10% increase, Data Source: Columbia County Tobacco Prevention Program)
- By December 2021, increase or maintain youth participation in Police Explorers and Columbia County School SWAT (Baseline: 20 members in Police Explorers, Target: 22 (up to 10% increase), Data Source: Columbia County Tobacco Prevention Program)

Resources: Suwannee River Area Health Education Center, Lake City Police Department, Chamber of Commerce, city and county law enforcement partners, Columbia County School District





Columbia County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies and objectives in the Columbia 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 Columbia County residents.

Columbia County CHIP Objectives	 HP 2020 = Healthy People 2020 (bold = exact match of objectives) Florida SHIP = Florida State Health Improvement Plan, 2017 - 2021 NPS = National Prevention Strategy NSS Health Equity: National Stakeholder Strategy for Achieving Healthy Equity 				
Strategic Priorit	Strategic Priority: Access to Care				
Decrease rate of Emergency Room use for avoidable causes by 2% by December 31, 2023 (Baseline: 353.1/1,000 population (2017), Target: 346.0/1,000, Data Source: Florida CHARTS)	HP 2020: AHS-9 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care				
Implement a monthly coordinated community awareness campaign by December 31, 2020 (Baseline: no campaigns exist, Target: an awareness campaign is implemented, Data Source: CHAP)	HP 2020: HC/HIT-8 Florida SHIP: HE 1.1, HE1.2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 11: Health Communication				
By December 31, 2023 increase number of dental providers that accept Medicaid by one provider (Baseline: to be determined, Target: baseline plus 1, Data Source: Agency for Health Care Administration)	HP 2020 : AHS-4				
By December 31, 2020 conduct at least one community-wide dental health fair (Baseline: no dental health fairs ever held, Target: one event, Data Source: CHAP)	HP 2020: AHS-6				
By December 31, 2023 increase the number of children who receive dental screenings in Columbia County public schools by 10% (Baseline: 942, Target: 1,036, Data Source: Florida Department of Health in Columbia County Dental Program)	HP 2020 : AHS-5, OH-1, OH-2				





By December 31, 2023 increase by three the				
number of providers using telemedicine for primary care and specialty care (Baseline: 1 Target:				
4, Data Source: CHAP).				
Strategic Priority: Mental Health Promotion				
By December 31, 2020, launch Talk to Somebody HP 2020: MHMD-4				
Campaign (Baseline: campaign to be developed,	Florida SHIP: BH 1.2			
Target: campaign developed and launched as	NPS: Mental and Emotional Well-being			
evidenced by website hits, Data Source: Another	3. Mentai and Emotional Wen-being			
Way, Inc. webmaster)				
By December 31, 2021 five Mental Health First Aid	HP 2020 : MHMD-9, MHMD-10			
Training sessions will be held in Columbia County	Florida SHIP: BH 1.2			
(Baseline: 0 trainings scheduled, Target: 5 sessions	NPS: Mental and Emotional Well-being			
completed, Data Source: host agency or CHAP)	HD 2020 MIMD A MIMD C			
Maintain or increase the number of Columbia County School District At-Risk Intervention	HP 2020: MHMD-4, MHMD-6			
Specialists and Case Managers for the 2019-2020	Florida SHIP: BH 1.2			
school year ending May 29, 2020 (Baseline: 4 at-	NPS: Mental and Emotional Well-being			
risk intervention specialists (2 Licensed Mental				
Health Counselors, 1 Master in Social Work-level				
Mental Health Counselor, and 1 Certified School				
Counselor) and 2.5 case managers, Target: 4 and				
2.5 or better, Data Source: Columbia County School District)				
By May 31, 2020 Columbia County School District	HD 2020: MHMD 2 MHMD 4 MHMD 6			
will provide Tier 3 services (individual services) to	HP 2020: MHMD-3, MHMD-4, MHMD-6 Florida SHIP: BH 1.2			
10 percent of students (Baseline: 10 percent or	NPS: Mental and Emotional Well-being			
approximately 1000 students in 2018-2019,	NP3: Mental and Emotional Well-being			
Target: 10 percent, Data Source: Columbia County				
School District)				
	se Prevention and Awareness			
By January 31, 2021 establish youth and adult	HP 2020 : TU-2, TU-3			
education programs in schools with students,	NPS: Tobacco Free Living			
parents and teachers (Baseline: 0, Target: 2, Data Source: Columbia County Tobacco Prevention				
Program)				
Increase the number of tobacco-free worksites in	HP 2020: TU-11, TU-12			
Columbia county by 10 percent by December 31,	NPS: Tobacco Free Living			
2021 (Baseline: to be determined, Target: 10%	THE STANGE OF THE LIVING			
increase, Data Source: Columbia County Tobacco				
Prevention Program)				
By December 2021, increase or maintain youth	HP 2020 : TU-3			
participation in Police Explorers and Columbia	NPS: Tobacco Free Living			
County School SWAT (Baseline: 20 Police				
Explorers, Target: 22 (up to 10% increase), Data				





Source: Columbia County Tobacco Prevention Program)				
Strategic Priority: Physical and Nutritional Wellness				
By December 31, 2023, reduce or maintain the percentage of adults who are inactive or insufficiently active (Baseline: 65.3% in 2016, Target: 58.8% (10% reduction), Data Source: BRFSS, Florida CHARTS)	HP 2020: PA-1, PA-2 (2.1, 2.2, 2.3, 2.4), PA-3 (3.1, 3.2, 3.3) Florida SHIP: HW 1.1 NPS: Active Living			
By December 31, 2023, increase the number of residents participating in wellness programs (Baseline: 0, Target: 100, Data Source: CHAP/SHAC)	HP 2020: PA-15 NPS: Active Living			
By December 31, 2022, increase number of coupon redemption at the farmers market (Baseline: \$8,292 (2,073 coupons in 2018), Target: \$9,121 (2,280 coupons) Data Source: Florida Department of Agriculture and Consumer Services)	HP 2020: NWS-3, NWS-4 NPS: Healthy Eating			
By December 31, 2023, 10% of backpack contributors will adopt the healthy foods donation list as a best practice (Baseline: to be determined, Target: baseline +10%, Data Source: Columbia County School District)	HP 2020: NWS-3, NWS-4 NPS: Healthy Eating			





Appendix

This Appendix includes the following sections:

- Community Health Advisory Panel (CHAP) and School Health Advisory Council (SHAC) Members
- Columbia County Visioning Results
- Columbia County CHIP Implementation Action Plan template





COMMUNITY HEALTH ADVISORY PANEL (CHAP) AND SCHOOL HEALTH ADVISORY COUNCIL MEMBERS (SHAC) MEMBERS

- Kim Allison, Columbia County School District
- Deborah Babin, North Florida High Intensity Drug Trafficking Area (HIDTA)
- Erica Bass, Lake City Police Department
- Donna Bowen, Columbia County Senior Services
- Wendy Bragdon, Department of Health in Columbia County
- > Brenda Brown, Florida Department of Health in Columbia County
- > Halie Corbitt, University of Florida Institute of Food and Agricultural Sciences (UF/IFAS) Extension
- Ashley Crews, Lake City Police Department
- Judy Dampier, UF/IFAS Extension, Food and Nutrition Program
- ▶ Jeff Feller, WellFlorida Council, Inc. and Meridian Behavioral Healthcare
- ➤ Brook Frye, Suwannee River Area Health Education Center (AHEC)
- ➤ Jeremy Gifford, Florida Department of Health in Columbia County
- Monique Griffis, Columbia County School District
- Laura Grinstead, Kindred at Home
- Erin Harvey, Florida Department of Health in Columbia County
- > Jessica Ivey, Palms Medical Group
- ➤ Carolyn Jaeger, UF/IFAS Extension Food and Nutrition Program
- Carly Knowles, Another Way, Inc.
- Anton Kootte, Meridian Behavioral Healthcare
- Mike McKee, Florida Gateway College
- Philip Mobley, Gateway Youth and Family Services
- > Tom Moffses, Florida Department of Health in Columbia County
- Candi Morris, Florida Department of Health, Women, Infants and Children (WIC) Program
- ➤ Elizabeth Nettles, LSF Health Systems
- Joey O'Hern, QuitDoc Foundation
- ➤ Erin Peterson, Healthy Start of North Central Florida Coalition
- Janie Richardson, Early Learning Coalition
- ➤ Kathleen Roberts, Community Coalition Alliance
- Philip Shelton, CareerSource Florida Crown





CHAP and SHAC Members (continued)

- > Stephanie Simmons, Early Learning Coalition
- ➤ Lisa Swisher, Florida Department of Health in Columbia County
- > Dale Tompkins, Shift Forward
- ➤ Clint VanBennekom, Lake City Police Department
- > Annie Winnett, Lake City Medical Center





COLUMBIA COUNTY VISIONING RESULTS

Characteristics of a Healthy Columbia County

Visioning Exercise - September 17, 2018

Health care services that include

- Dental care
- Mental health care
- Substance use treatment

Barriers to health care addressed by having services that are

- Readily available
- Located for easy access
- Served by a transportation system
- · Place-based for rural residents and delivered with respect for cultural norms and traditions
- Assessed for quality of care
- Delivered in ways to eliminate stigmas associated with seeking care and/or assistance

Healthy behaviors that support

- Reduced tobacco use including generational tobacco use
- Healthy food choices
 - o Affordability of nutritious foods
 - Accessibility of foods, elimination of food deserts
 - Awareness of impacts of choices and behaviors
- Health literacy including knowledge of how and when to use health services and resources

Focus on populations that may experience barriers to health and quality of life, have health challenges

- Homeless
- Homeless children, single mothers
- Veterans
- Grandparents raising grandchildren

Community attributes and resources include

- Great community college to prepare youth and young adults for careers
- Parks and recreation programs for organized youth activities
- Activities for children to promote growth and well-being including after school care and homework help





- Fluoridated water
- Smart land use for the built environment
- Preservation of natural resources, ecosystem, rural way of life
- Incomes that support families and meet materials needs

Community leadership that

- Makes health a priority
- Addresses health equity and disparities
- Continues to support the Health Department
- Ensures people are prepared for disasters/emergencies and promotes resiliency





COLUMBIA COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

Columbia County Community Health Improvement Planning (CHIP) Action Plan Template

Strategic Priority:	<u>-</u>		
Goal:			
Objective:			
Policy change included? □Yes □ No If yes, wha	t policy?		
Source or Evidence-base of strategy and/or ac	ctivities:		
Health equity or health disparity addressed (if applicable):		
Lead/Champion: (person and agency):			_
Action or Activity	By Whom?	By When?	Progress Status
(what needs to be done?)	(who will take the action?)	(by what date will action be completed?)	(what is the current status?)