



BRADFORD COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

2021-2024, *PUBLISHED JUNE 2021*



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Executive Summary of the Bradford County Community Health Improvement Plan 2021-2024

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

Strategic Priority: Access to Healthcare Services (AC)

- Goal AC1: Improve access to primary care services
- Goal AC2: Access to mental health care services
- Goal AC3: Enhance access to dental care and oral health services

Strategic Priority: Preventing and Managing Chronic Diseases and Conditions (CD)

- Goal CD1: Promote primary prevention of chronic diseases
- Goal CD2: Prevent and reduce tobacco and substance use and abuse among youth and adults
- Goal CD3: Reduce incidence and prevalence of sexually transmitted disease (STDs)

Strategic Priority: Maternal and Child Health (MCH)

- Goal MCH1: Promote healthy birth outcomes

In June 2020, the Florida Department of Health in Bradford County initiated a new community health assessment and health improvement planning cycle. Bradford County community partners 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 (CHIP). Guided by community partners in the Bradford County Community Health Assessment Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [2020 Bradford County Community Health Assessment](#) and [2020 Bradford County and Union County Community Health Assessment Technical Appendix](#)) that were used to identify strategic priorities for the coming three years of 2021-2024. The strategic priorities include:

ACCESS TO HEALTHCARE SERVICES 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 pointed to barriers to both preventive services as well as healthcare resource access for Bradford County residents. Access to affordable healthcare including primary, specialty, dental and mental health care was rated as the most important factor for a healthy community by about 65 percent of community survey respondents (Table 8, 2020 Bradford County Community Health Assessment). Almost 19 percent of survey respondents said not using healthcare services appropriately was among the behaviors with the greatest negative impact on overall health in Bradford County. According to residents who took the community survey, about 22 percent did not get the primary care they needed in the past 12 months, about 32 percent did not get needed dental care, and about 13 percent did not get mental health or substance use care they needed (Tables 12, 15, 18, 2020 Bradford County Community Health Assessment). Emergency department (ED) visits for mental health reasons in Bradford County significantly exceeded state rates throughout 2015-2019. Estimates for 2019 predicted around 4,200 ED visits for mental health reasons in Bradford County, which translates to a rate of 147.6 per 1,000 population. This is more than twice the state rate of 62.6 per 1,000 population in the same time period. Subgroup analysis by age showed that rates of ED visits for mental health reasons were high among children aged 0-17 years (35.0 per 1,000 population) as well as adults aged 18 and older (174.8 per 1,000) compared to the state rates of 11.3 per 1,000 and 75.4 per 1,000, respectively (Table 80, Technical Appendix).

PREVENTING AND MANAGING CHRONIC DISEASES AND CONDITIONS Cultivating informed decision-making that results in healthy behaviors is among primary prevention efforts that aim to prevent illness and chronic conditions. The need for community-wide, coordinated, and collaborative efforts to address root causes of chronic diseases surfaced in the assessment. Secondary data point to higher than state rates of the leading causes of death for Bradford County residents from cancer and heart disease (Table 50-51, Technical Appendix). Data also point to differences between racial groups in mortality rates and disease patterns. For example, Blacks in Bradford County experienced consistently higher mortality rates from heart disease, stroke, and hypertension when compared to Whites (Tables 56-58, Technical Appendix). Bradford County community members ranked access to nutritious foods as the third most important factor for a healthy community with healthy behaviors ranked as seventh (Table 8, 2020 Bradford County Community Health Assessment). Results from the same community survey showed that four of the top ten (10) ranked health problems for Bradford County residents were related to the lack of healthy behaviors including obesity, access to sufficient and nutritious foods, tobacco use, and diabetes

(Table 10, 2020 Bradford County Community Health Assessment). Contributing factors of four (4) of the five (5) leading causes of death for Bradford County residents for 2015-2019 (i.e., Cancer, Heart Disease, Chronic Lower Respiratory Disease, and Stroke; Table 50-51, Technical Appendix) can be impacted by healthier behaviors and wiser health decisions.

MATERNAL AND CHILD HEALTH Protecting and improving infant health, along with maternal health outcomes, is an investment in the future. Such investments can impact future personal and community health challenges, health outcomes, and healthcare and social service system resource needs. Throughout the assessment process, concerns were raised for maternal and child health which encompassed infant mortality, prevention of child abuse and neglect, and issues related to sexual health. Assessment findings from the study of secondary data point to indicators of challenges for mothers and their infants and children in Bradford County. In 2015-2019 the infant mortality rate was 11.2 per 1,000 live births compared to the state rate of 6.1 per 1,000 (Table 91, Technical Appendix). Low numbers of births and population size present challenges in interpreting trends; however, any infant death indicates a tragic loss that may have been preventable. The rates of low birthweight births (LBW) to Bradford County mothers of all races (11.9 percent of total births) in 2015-2019 was higher than the state rate (8.7 percent) with disparities in rates among Bradford County mothers by race and ethnicity (Table 92, Technical Appendix). Trend and recent data (2015-2019) pointed to late entry into prenatal care as a continuing challenge with only 63.9 percent of births to Bradford County mothers of all races having had first trimester care compared to the state rate of 70.5 percent. Differences were also noted by race and ethnicity with births to Blacks in Bradford County having the lowest rate of early prenatal care at 58.0 percent compared to 65.4 percent for Whites and 67.5 percent for Hispanics (Table 93, Technical Appendix).

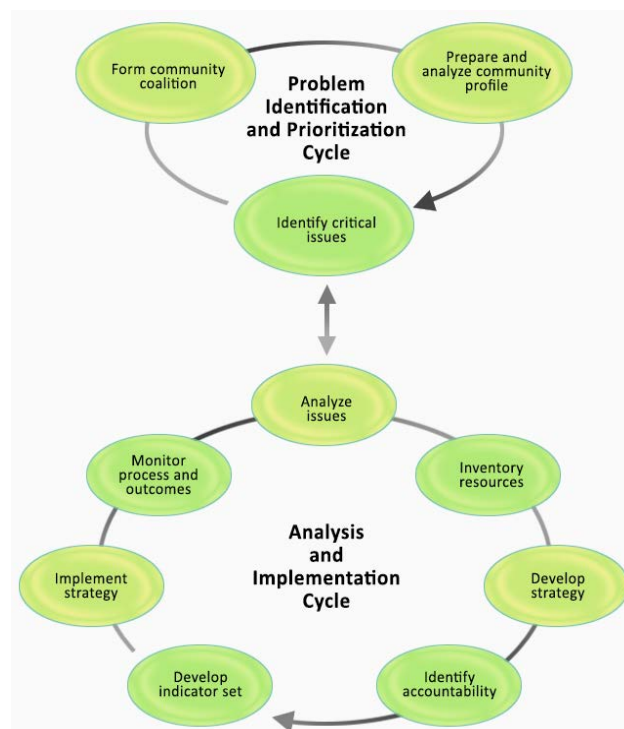
Poverty among children in Bradford County is a persistent issue with far-reaching consequences including access to healthcare services and poorer health outcomes. The 2018 poverty rate for children under the age of 18 living in poverty Bradford County was 26.0 percent which was notably higher than the state rate of 20.0 percent (Table 20, Technical Appendix). Community leaders who participated in focus groups and Bradford County residents who completed the community health survey expressed concerns for the health, safety and future of children and families. More than 16 percent of survey respondents ranked child abuse and neglect among the top five (5) health issues in Bradford County (Table 10, Community Health Assessment). Survey respondents included many conditions that create safe and healthful communities for children and families among the top ranked factors for a healthy community. Among those factors were access to affordable healthcare services (selected by 65.7 percent of survey respondents), good schools (32.6 percent), access to affordable and nutritious foods (30.3 percent), job opportunities (29.7 percent), safe neighborhoods with low crime rates (17.5 percent), and clean environment (12.6 percent; Table 8, Community Health 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: June 10, 2021, <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 Bradford County MAPP process were the following core MAPP assessments:

- Community Health Status Assessment

- Community Themes and Strengths Assessment

The findings from these MAPP assessments informed the detection of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues were 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.A.C.C.H.O.). *Community Health Assessment and Improvement Planning*. Retrieved June 10, 2021, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool “to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.” The community health improvement plan is described as a “long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.” Further, the community health improvement process “involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (December 2013). *PHAB Standards and Measures*. Retrieved June 10, 2021,

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

FIGURE 3: SOCIAL DETERMINANTS OF HEALTH (SDOH)



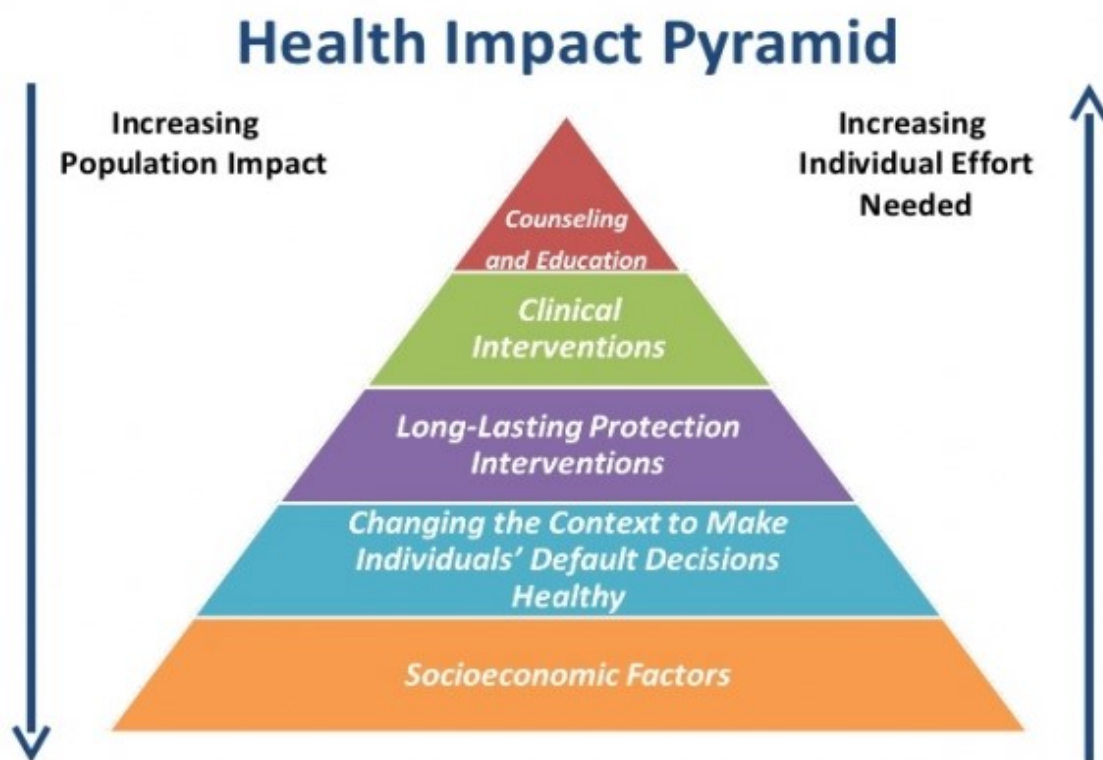
Source: Healthy People 2020: Social Determinants of Health,” Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved June 10, 2021, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

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 June 10, 2021 https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1). 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 June 10, 2021 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

Bradford County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Bradford County CHIP is a continuation of the county's history and strong commitment to better understanding and addressing health issues through the community health assessment and health improvement planning process using a modified version of the MAPP framework. Community health assessment work began in June 2020 and concluded in June 2021 with intermittent pauses for pandemic response responsibilities. The four phases of MAPP that constituted the community health assessment process are briefly described below. Soon after finalizing the community health assessment, Bradford County partners launched into planning for the CHIP process and completed the final two MAPP phases that resulted in the CHIP and its ongoing implementation.

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 Bradford 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 Bradford County. A listing of the Bradford County Community Health Assessment Steering Committee members and their affiliations can be found in the [2020 Bradford County Community Health Assessment](#) report. Steering Committee members were routinely encouraged to invite additional community partners to participate in the process towards the goal of having a diverse and representative group at the helm of the assessment.

MAPP PHASE 2: VISIONING

At their kick-off meeting on June 11, 2020, the Bradford County Community Health Assessment Steering Committee members completed a visioning exercise to define health and the characteristics of a healthy Bradford County. Among the categories of characteristics and traits were healthcare system-related factors and attributes such as accessible healthcare services including mental health, dental and specialty care as well as communication networks that connect these services. The behavioral and environmental-related factors and attributes that define health and a healthy community included opportunities for improving health for the whole community, an atmosphere of trust and openness, and leaders who listen to the community. More detailed Visioning results are included in the Appendix. The word cloud below depicts terms that were frequently used to define health in Bradford County.

FIGURE 5: VISIONING WORD CLOUD, BRADFORD COUNTY, 2020



Source: Bradford County visioning exercise results, June 11, 2020, prepared using WordItOut by Enideo by WellFlorida Council, 2020

MAPP PHASE 3: TWO MAPP ASSESSMENTS

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

Community Themes and Strengths:

Through the community themes and strengths assessment, the opinions, perspectives and concerns of Bradford County residents were collected via a community survey. In addition, two focus groups were facilitated to have a more in-depth view of challenges and experiences related to healthcare service access.

Community Survey

The community themes and strengths assessment sought to better understand what is important to the community and barriers and obstacles to obtaining needed services. There were 175 completed community surveys from Bradford County residents included in the analysis. Although a convenience sampling method was used to collect survey data and results are not generalizable to the general population, the survey data provide insights into prevailing opinions on health issues, barriers to needed services, and available resources. Results showed that about 55 percent of community survey respondents rated the overall health of Bradford County residents as somewhat healthy. More than a third (36.6 percent) of community survey respondents felt that substance abuse was the most important health problem in Bradford County. This was followed closely by obesity (29.7 percent) and mental health problems (27.4 percent). Relatedly, substance abuse was by far ranked as the behavior with the greatest negative impact on health in Bradford County. Other highlights from the analysis are provided below. For detailed results, please refer to the [2020 Bradford County Community Health Assessment](#).

Top ranked health-related problems in Bradford County included: (shown are the percentages of survey respondents who selected the issue):

- Substance abuse/drug abuse (36.6 percent)
- Obesity (29.7 percent)
- Mental health problems (27.4 percent)
- Lack of access to sufficient and nutritious food (17.7 percent)
- Child abuse and neglect (16.5 percent)

Behaviors with the greatest negative impact in Bradford County included: (shown are the percentages of survey respondents who selected the behavior):

- Drug abuse (69.7 percent)
- Lack of personal responsibility (30.3 percent)
- Eating unhealthy food/drinking sugar sweetened beverages (29.7 percent)
- Alcohol abuse (23.4 percent)
- Not using healthcare services appropriately (18.9 percent)

Healthcare services that were rated as the most difficult to obtain included: (shown are the percentages of survey respondents who selected the service):

- Specialty care (38.9 percent)
- In-patient hospital care (33.7 percent)
- Imaging (such as CT scan, MRI) (32.6 percent)
- Alternative medicine/alternative therapy (30.3 percent)
- Urgent care (24.6 percent)

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

- Cost
- Insurance issues
- Appointment availability

Impacts of the COVID-19 pandemic on health behaviors included: (shown are the percentages of survey respondents who reported the impact):

- Delayed getting healthcare services (48.6 percent)
- Increased alcohol use (9.7 percent)
- Increased tobacco use (4.6 percent)
- Decreased alcohol use (5.1 percent)

Focus Groups

Two focus groups were facilitated with the goal of a more in-depth understanding of the healthcare service environment from the perspectives of healthcare professionals and community leaders. Focus group participants included community leaders from both Bradford County and Union County who serve

both counties and/or the region. Three themes emerged from across the two focus groups. These included concerns about:

- Healthcare resources and barriers to access with particular concerns about
 - Specialty care, dental care for adults, and mental health and substance use care
 - High and rising costs
 - Low health literacy and complex healthcare system
- Health conditions and health behaviors with particular concerns about
 - Diabetes, cardiovascular illness, lung disease, Sexually Transmitted Diseases, and infant mortality
 - Negative health behaviors such as poor nutrition, tobacco and substance use
- Community attributes including
 - Populations of concern such as senior citizens and the working poor
 - Social norms including generational tobacco use, delay or avoidance of seeking healthcare
 - Leadership needs for modeling healthy behaviors and life choices, investments in resources to support healthy living, and more collaboration among partners

Community Health Status:

A comprehensive review of secondary data for Bradford County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The [2020 Bradford County Community Health Assessment](#) and [2020 Bradford County and Union County Community Health Assessment Technical Appendix](#) were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

Social Determinants of Health (SDOH)

As described earlier, the SDOH have been shown to have impacts on overall health. In addition, the SDOH can cause health disparities that are often rooted in social and economic disadvantages. Data show Bradford County has continuing challenges with SDOH-related issues as listed below (table references are from the *2020 Bradford County and Union County Community Health Assessment Technical Appendix* unless otherwise noted).

- **Poverty** [\$46,197 median household income, all races, Bradford County, \$50,883 Florida (Table 29, Technical Appendix); \$20,481 per capita income, all races Bradford County, \$30,197 Florida (Table 31, Technical Appendix); 49.0 percent Asset Limited, Income Constrained, Employed (ALICE) households Bradford County, 46.0 percent Florida, Table 28, Technical Appendix]
- **Barriers to education and job training** [3.4 dropout rate Bradford County, 3.4 Florida (Table 43, Technical Appendix); 61.7 percent high school diploma as the highest level of school completed

Bradford County, 49.0 percent Florida; 18.9 percent college degree as the highest level of school completed Bradford County, 39.0 percent Florida (Table 42, Technical Appendix)]

- **Lack of affordable housing** [19.5 percent in poverty all ages Bradford County, 13.7 percent Florida (2018, Table 20, Technical Appendix)]
- **Healthcare service access** [42.2 total physicians/100,000 Bradford County, 310.6/100,000 Florida; 21.4 dentists/100,000 Bradford County, 54.8/100,000 Florida (Tables 111, 152, Technical Appendix)]

Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Bradford 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 Bradford County is similar to Florida in many health indicators, some differences exist. In Bradford County for 2015-2019, the age-adjusted death rates of the leading causes of death for all races that are higher than state rates include the four causes listed below (Table 60, Technical Appendix) as well as infant mortality for all races for which Bradford County exceeded the state rate for 2015-2019 (Table 91, Technical Appendix).

- **Heart Disease** (164.9/100,000 Bradford County, 148.6/100,000 Florida)
- **Cancer** (174.4/100,000 Bradford County, 146.2/100,000 Florida)
- **Chronic Lower Respiratory Disease** (64.1/100,000 Bradford County, 38.6/100,000 Florida)
- **Unintentional Injuries** (75.2/100,000 Bradford County, 53.5/100,000 Florida)
- **Infant Mortality** (11.2/1,000 live births all races Bradford County, 6.1/1,000 live births Florida)

Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to serious challenges facing Bradford 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:

- **Mental health problems** [percentages of Bradford County adults exceeded the state rates for adults with depressive disorder, adults whose poor physical or mental health kept them from doing usual activities of daily living, and adults who said their overall health was fair or poor (Table 97, Technical Appendix)]
- **Tobacco use including e-cigarettes and smokeless tobacco products** [27.3 percent adults who are current smokers Bradford County, 5.5 percent Florida; 5.0 percent adults who are current e-cigarette users Bradford County, 4.7 percent Florida (Table 98, Technical Appendix)]
- **Dental and oral health issues** [54.0 percent adults who had seen a dentist in the past year Bradford County, 63.0 percent Florida; 62.2 percent adults who had a permanent tooth removed because of decay or gum disease Bradford County, 47.3 percent Florida (Table 98, Technical Appendix)]

- **Overweight and obesity** [36.6 percent adults who are obese Bradford County, 27.4 Florida; 70.6 percent adults who are overweight or obese Bradford County, 63.2 percent Florida (Table 98, Technical Appendix)]
- **Late entry into prenatal care** [63.7 percent births that received care in first trimester, all races Bradford County, 70.5 percent Florida (Table 93, Technical Appendix)]

Geographic, Racial and Ethnic Disparities and Health Inequities

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

- **Poverty disparities by geography, gender, race and ethnicity** were evident. In 2018, Bradford County had a notably higher poverty rate, 19.4 percent, than the state average (13.7 percent). Among children under the age of 18, the poverty rate in Bradford County was 26.0 percent, significantly higher than the state rate of 20.0 percent. Trends over time showed that the poverty rates in Bradford County have been consistently high relative to the state (Table 20, Technical Appendix). Disparities in poverty were evident by geography, gender, and race and ethnicity. Lawtey (ZCTA 32058) had the highest poverty rate with 30.6 percent of individuals and 48.3 percent of children estimated to live in poverty (Table 21, Technical Appendix). Females and people of color were disproportionately impacted by poverty. From 2014-2018, 23.3 percent of females in the county were estimated to live in poverty compared to 17.2 percent of males. With respect to race, 33.0 percent of Black residents in Bradford County were estimated to live in poverty compared to 18.0 percent of White residents (Table 25, Technical Appendix). Similarly, 33.9 percent of Hispanic or Latino residents were estimated to live in poverty compared to 19.9 percent of non-Hispanic or non-Latinos (Table 25, Technical Appendix).
- **Data pointed to some racial and ethnic disparities in mortality rates** among Bradford County residents. Overall mortality rates were higher in Bradford County (831.5 deaths per 100,000) relative to the state of Florida as a whole (665.6 deaths per 100,000) (Table 53, Technical Appendix). Mortality from chronic lower respiratory disease (CLRD) was consistently high in Bradford County from 2015-2019 compared to state averages. In 2019, the age-adjusted death rate for CLRD in Bradford County was 64.3 deaths per 100,000 population compared to 36.1 per 100,000 in the state (Table 53, Technical Appendix). Rates of chronic liver disease and cirrhosis, which can be a consequence of chronic alcohol use disorder, were higher in Bradford County compared to the state. In 2018, Bradford County had 18.6 cases of alcoholic liver disease per 100,000 population of selected liver deaths. This is higher than the state rate of 12.0 per 100,000 in the same time period (Table 84, Technical Appendix). For other diseases among top causes of death, including cancer, heart disease, and diabetes, the death rates in Bradford County have climbed and surpassed the state rate in recent years (Table 53, Technical Appendix). When observing causes of mortality among the White versus Black population in Bradford County, different patterns of disease emerged. Liver disease and Alzheimer's disease were uniquely in the top ten (10) causes of death for the White population while for the Black population,

homicide, nephritis and septicemia were uniquely in the top ten (10) (Tables 50-51, Technical Appendix).

- **Infant and maternal health indicators point to disparities.** Overall mortality rates were higher in Bradford County (831.5 deaths per 100,000) relative to the state of Florida as a whole (665.6 deaths per 100,000) (Table 53, Technical Appendix). Mortality from chronic lower respiratory disease (CLRD) was consistently high in Bradford County from 2015-2019 compared to state averages. In 2019, the age-adjusted death rate for CLRD in Bradford County was 64.3 deaths per 100,000 population compared to 36.1 per 100,000 in the state (Table 53, Technical Appendix). Rates of chronic liver disease and cirrhosis, which can be a consequence of chronic alcohol use disorder, were higher in Bradford County compared to the state. In 2018, Bradford County had 18.6 cases of alcoholic liver disease per 100,000 population of selected liver deaths. This is higher than the state rate of 12.0 per 100,000 in the same time period (Table 84, Technical Appendix). For other diseases among top causes of death, including cancer, heart disease, and diabetes, the death rates in Bradford County have climbed and surpassed the state rate in recent years (Table 53, Technical Appendix).

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 such as in Bradford County face many barriers in accessing healthcare services. Utilization and health professional shortage data illuminated the depth of access to care issues in Bradford County. The major issues related to healthcare resources, access and utilization fall into the groups listed below.

- **Inappropriate use of Emergency Departments** for routine primary, mental health, and dental care [rate of Emergency Department visits per 1,000 population for mental health reasons Bradford County residents, all ages at 147.6, 62.6 for Florida (Table 80, Technical Appendix); preventable Emergency Department visit rate per 1,000 for oral health reasons for Bradford County residents at 15.3, 6.1 for Florida (Table 113, Technical Appendix)]
- **Rising costs of health care and prescription drugs** [percent of hospital discharges by payor sources for Bradford County residents at 46.1 percent for Medicare, 19.1 percent Medicaid, 22.6 percent private insurance; for Florida 46.3 percent Medicare, 19.1 percent Medicaid, 22.5 percent private insurance (Table 116, Technical Appendix)]

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. On October 29, 2020, the Bradford County Health Assessment Steering Committee started the process to identify strategic priorities. Due to the ongoing pandemic, all meetings were conducted virtually. The process included the review of the community health status data, community themes and strengths findings from the community survey and focus groups. 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. Following this meeting, a prioritization survey was distributed to Steering Committee members to generate a list of top priorities. Meetings planned for December and January were postponed so that pandemic response partners could focus on contact tracing, testing, and vaccination efforts. The group re-convened on April 13 to resume community health improvement planning. Using the prioritization survey results as a guide, all attendees participated in a facilitated consensus discussion to identify the final strategic priorities. In late April 2021, the Bradford County community partners transitioned from the assessment phase to the active community health improvement plan development phase of MAPP.

TABLE 1: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, BRADFORD COUNTY, 2020

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> • Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity 	<ul style="list-style-type: none"> • Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress 	<ul style="list-style-type: none"> • Community capacity • Political will • Acceptability to the community 	<ul style="list-style-type: none"> • Financial costs • Staffing • Stakeholder support • Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved June 10, 2021, <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 Healthcare Services**, including:
 - Primary care
 - Mental health care
 - Dental care
 - Reduction in financial and cultural barriers to services
- **Preventing and Managing Chronic Diseases and Conditions**, including:
 - Healthy nutrition
 - Primary prevention strategies
 - Reduction in tobacco and substance use
 - Sexual health and preventing Sexually Transmitted Diseases (STDs)
- **Maternal and Child Health**, including:
 - Prevention of child abuse and neglect
 - Early childhood health and wellness
 - Prenatal care for healthy birth outcomes

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 April 13 meeting, the Bradford County CHIP Steering Committee took its first step in this work by organizing into workgroups by priority issue areas. Each group was tasked with creating goal statements, identifying strategies, setting objectives and building action plans for each goal area. 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, data source, and identification of a lead entity. Workgroup met virtually at least three more times in May and June.

MAPP PHASE 6: ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Bradford 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 Bradford County CHIP will be monitored and tracked by semi-annual reporting to the Bradford CHIP Steering Committee and an annual CHIP review will be conducted. If appropriate, revisions to the CHIP and/or action plans will be made and documented.

BRADFORD COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

April-May 2020	Organizational meetings, partner identification, timeline development
June 11, 2020	Community health assessment kick-off meeting, visioning
June-August 2020	Secondary data collection and analysis
June 23-August 14, 2020	Primary data collection via community survey
Sept-October, 2020	Focus groups conducted
October 29, 2020	Overview of secondary and primary data
November 2020	Prioritization survey distributed and results tabulated
December-March	CHIP activities paused for pandemic response
April 13, 2021	CHIP re-launch
May-June 2021	CHIP goal, strategy, objective and action planning workgroup meetings
Late June 2021	Core Team Review
June 30, 2021	2021-2024 Bradford County Community Health Improvement Plan published

Bradford County CHIP Goals, Strategies, Objectives and Related Resources

The Bradford County 2021-2024 CHIP focuses on three 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 as well as background on related evidence-based strategies and programs, listing of proposed policy changes, and notations of health disparity and equity concerns. Goals and objectives are organized into two tiers. Tier 1 objectives will be implemented at the CHIP's inauguration and work will be ongoing. Tier 2 objectives will be reviewed at the CHIP's first annual review when decisions will be made on whether to incorporate the objectives, more fully develop the action plans and begin implementation. Please see the Appendix for the action plan template and the separate companion action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

Strategic Priority: Access to Healthcare Services (AC)	
Goal AC1: Improve access to primary care services	
AC1 Strategies: Reduction of barriers to primary care access, health education, health literacy improvement	
Objective AC1.1: By December 31, 2023 Increase the percentage of Bradford County adults who had a medical check-up in the past year by 5 percent (Baseline: 80.0% (2016), Target: 84% (State rate 76.5, Data Source: BRFSS FLCHARTS)	
Objective AC1.2: By December 31, 2023, decrease the percentage of Bradford County adults who could not see a doctor in the past year due to cost by 5% (Baseline: 15.4% (2016), Target: 14.7% (State rate 16.6%, Data Source: BRFSS FLCHARTS)	
Objective AC1.3: By December 31, 2023 increase the percentage of Bradford County adults with good physical health for the past 30 days by 5% (Baseline: 84.3% (2016), Target: 88.5% (State rate 87.1%), Data Source: BRFSS, FLCHARTS)	
Objective AC1.4: By June 30, 2024 the regional, community resource and referral guide is updated at least semi-annually (Baseline: no plan for regular updating, Target: 5 updates by end of CHIP, Data Source: Bradford CHIP report, DOH Bradford)	
Goal AC2: Assure access to mental health services	
AC2 Strategies: Reduction of barriers to mental health care, health education	
Objective AC2.1: By June 30, 2023 Increase the number of provider organizations/agencies providing mental and behavioral health services using telehealth technologies by 5% (Baseline: TBD, Target +5%, Data Source Healthcare Advisory Committee)	
Objective AC2.2: By June 30, 2024 implement full continuum of behavioral health services including crisis care, residential treatment, and inpatient services to augment outpatient care available to students in need of services (Baseline: not implemented, Target: services implemented, Data Source: Bradford County School Mental Health Allocation Plan Report)	
Objective AC2.3: By December 31, 2022 Bradford County government will expand broadband internet services throughout the county (Baseline: No expansion, Target: Expanded service areas, Data Source: Board of County Commissioners meeting minutes)	
Goal AC3: Enhance access to dental care and oral health services	

AC3 Strategies: Reduction of barriers to dental and oral health care access, health education
Objective AC3.1: By June 30, 2023 increase the number of services performed in the school-based dental sealant program in Bradford County (Baseline: To be established, Target: baseline +5%, (State: 117,703 (2017-18), Data Source: Florida Department of Health, Public Health Dental Program)
Objective AC3.2: Improve Human Papilloma Virus (HPV) vaccination rate among Bradford County seventh (7 th) grade students (Baseline: 35% with 0 HPV vaccines; 33% with 1 HPV vaccine; 31% with 2 HPV vaccines, Target: 30% with 0 HPV vaccines; 34% with 1 HPV vaccine; 36% with 2 HPV vaccines) (64.1% Florida male and female teens age 13-17 with one or more HPV dose, 2018, CDC; HP 2030 Goal: 80%) Data Source: DOH, School Health Coordinator)
Resources: Suwannee River Area Health Education Center, Heart Health Plus Program, Healthiest Weight Program, Bradford County School District, Meridian Behavioral Healthcare, Board of County Commissioners, New River Heath, ACORN Clinic, Florida Department of Bradford County Dental Program, Florida Department of Health Immunization Program, North Central Florida Cancer Control Collaborative, North Florida Regional Chamber of Commerce, Bradford County Library, New River Library Collaborative

Strategic Priority: Preventing and Managing Chronic Diseases and Conditions (CD)
Goal CD1: Promote primary prevention of chronic diseases
CD1 Strategies: Health education, access to primary and secondary preventive services, improve nutrition, reduce overweight and obesity, promote regular physical activity
Objective CD1.1: By December 31, 2023 reduce the percentage of Bradford County adults who are sedentary by 5% (Baseline: 29.8% (2016), Target: 28.3% (State rate 29.8%), Data Source: BRFSS FLCHARTS)
Objective CD1.2: By December 31, 2023 reduce the percentage of Bradford County adults who are obese by 5% (Baseline: 36.6% (2016), Target: 34.8% (State rate 27.4%), Data Source: BRFSS FLCHARTS)
Objective CD1.3: By December 31, 2023 decrease the percentage of Bradford County students (grades K, 1, 3, and 5) who are obese by 5% (Baseline: needs to be established, Target: reduction by 2% (State rate of obese middle and high schoolers: 14.4%), Data Source: School Health BMI Records, DOH School Health Nurse
Goal CD2: Prevent and reduce tobacco and substance use and abuse among youth and adults
CD2 Strategies: Health education, policy change, enforcement activities
Objective CD2.1: By December 31, 2023 decrease the percentage of Bradford County middle and high school students who are current smokers (smoked in the past 30 days) by 5% (Baseline: 4.5%, Target: 4.3% (State rate: 1.8%), Data Source: Florida Youth Tobacco Survey, FLCHARTS)
Objective CD2.2: By December 31, 2023 decrease the percentage of Bradford County youth (ages 11-17) who have ever tried cigarettes, cigars, smokeless, hookah, or electronic vaping by 5% (Baseline: 35.4% (2020), Target: 33.6% (State: 32.5%), Data Source: Florida Youth Tobacco Survey)
Objective CD2.3: By December 31, 2023 decrease the percent of Bradford County adults who are current smokers by 5% (Baseline: 27.0% (2016), Target: 25.6% (State rate 15.5%), Data Source: BRFSS FLCHARTS)
Objective CD2.4: By December 31, 2023 decrease the percentage of Bradford County high school students who report binge drinking by 5% (Baseline: 12.2% (2016), Target: 11.6% (State rate 10.9%), Data Source: Florida Youth Substance Abuse Survey, FLCHARTS)

Goal CD3: Reduce incidence and prevalence of Sexually Transmitted Diseases (STDs)
CD3 Strategies: Health education, access to primary and secondary prevention services
Objective CD3.1: By June 30, 2024 reduce the rate of bacterial STDs among Bradford County youth ages 15-19 by 5% (Baseline: 3,127.9/100,000 population (2017-19), Target: 2,971.5/100,000 (State rate 2,718.8), Data Source: FLCHARTS)
Objective CD3.2: By June 30, 2022 implement free HIV testing and outreach through WellFlorida Council's HIP program (Baseline: new program, 0 outreach events, Target: 3 events, annually, Data Source: WellFlorida Council HIP Program Quarterly)
Objective CD3.3: By December 31, 2022 provide written recommendations (as a result of collaborative review) for enhancement of Bradford County's sex education component of larger health education curriculum (Baseline: new action, Target: written recommendations developed and implemented, Data Source: Meeting minutes)
Objective CD3.4: By June 30, 2022 research and make written recommendations for teen-focused clinical services at DOH/New River (Baseline: new action, no recommendations exist, Target: written recommendations, Data Source: DOH Bradford)
Resources to Address Goals CD1, CD2, CD3: Bradford County School District, School Health Advisory Committee, Healthiest Weight Program, Heart Health Plus Program, Supplemental Nutrition Assistance Program Education (SNAP-Ed), Florida Department of Health in Bradford County School Health Program, Suwannee River Area Health Education Center, CivCom, Hanley Foundation, tobacco enforcement program policies and partners, WellFlorida High Impact Prevention (HIP) HIV Program, New River Health, Florida Department of Health in Bradford County
Strategic Priority: Maternal and Child Health (MCH)
Goal MCH1: Promote healthy birth outcomes
MCH1 Strategies: Address prenatal care options and services, provide risk-appropriate prenatal, preconception and interception care, educate on safe sleep, healthy weight and nutrition, tobacco, alcohol and drug use
Objective MCH1.1: By December 31, 2023 reduce the rate of births to Bradford County mothers who smoked during pregnancy by 5% (Baseline: 16.4% of births (2017-19), Target: 15.6% (State rate 4.4), Data Source: FLCHARTS)
Objective MCH1.2: By December 31, 2023 increase the percentage of mothers who initiate breastfeeding by 5% (Baseline: 76.3% (2017-19), Target: 80.0% (State rate 86.1), Data Source: FLCHARTS)
Resources to Address Goal MCH1: Florida Department of Health in Bradford County Women, Infants and Children (WIC) Program, Healthy Start Coalition of North Central Florida, Suwannee River Area Health Education Center, Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)

Bradford County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies and objectives in the Bradford County 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 2030, 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 Bradford County residents.

Bradford County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 (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 Priority: Access to Healthcare Services	
Goal AC1: Improve access to primary care services	
AC1 Strategies: Reduction of barriers to primary care access, health education, health literacy improvement Objective AC1.1: By December 31, 2023 Increase the percentage of Bradford County adults who had a medical check-up in the past year by 5 percent (Baseline: 80.0% (2016), Target: 84% (State rate 76.5, Data Source: BRFSS FLCHARTS))	HP 2030: AHS-3, AHS-5, AHS-5.3, AHS-6 NPS: Clinical and Community Preventive Services NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective AC1.2: By December 31, 2023, decrease the percentage of Bradford County adults who could not see a doctor in the past year due to cost by 5% (Baseline: 15.4% (2016), Target: 14.7% (State rate 16.6%, Data Source: BRFSS FLCHARTS))	HP 2030: AHS-3, AHS-5, AHS-5.3, AHS-6 NPS: Clinical and Community Preventive Services NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective AC1.3: By December 31, 2023 increase the percentage of Bradford County adults with good physical health for the past 30 days by 5% (Baseline: 84.3% (2016), Target: 88.5% (State rate 87.1%), Data Source: BRFSS, FLCHARTS)	HP 2030: AHS-3, AHS-5, AHS-5.3, AHS-6 NPS: Clinical and Community Preventive Services NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective AC1.4: By June 30, 2024 the regional, community resource and referral guide is updated at least semi-annually (Baseline: no plan for regular updating, Target: 5 updates by end of CHIP, Data Source: Bradford CHIP report, DOH Bradford)	HP 2030: AHS-1, AHS-5, AHS-6 Florida SHIP: HE2, HE3 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care NPS: Clinical and Community Preventive Services

Bradford County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 (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
Goal AC2: Assure access to mental health services	
AC2 Strategies: Reduction of barriers to mental health care, health education Objective AC2.1: By June 30, 2023 Increase the number of provider organizations/agencies providing mental and behavioral health services using telehealth technologies by 5% (Baseline: TBD, Target +5%, Data Source Healthcare Advisory Committee)	HP 2030: MHMD-11, MHMD-11.1, MHMC-11.2 Florida SHIP: BH1, BH3, BH4 NPS: Mental and Emotional Well-being, Preventing Drug Abuse and Excessive Alcohol Use
Objective AC2.2: By June 30, 2024 implement full continuum of behavioral health services including crisis care, residential treatment, and inpatient services to augment outpatient care available to students in need of services (Baseline: not implemented, Target: services implemented, Data Source: Bradford County School Mental Health Allocation Plan Report)	HP 2030: ECBP-2, ECBP-3 Florida SHIP: BH1, BH3, BH4 NPS: Mental and Emotional Well-being
Objective AC2.3: By December 31, 2022 Bradford County government will expand broadband internet services throughout the county (Baseline: No expansion, Target: Expanded service areas, Data Source: Board of County Commissioners meeting minutes)	HP 2030: AHS-R02 Florida SHIP: HE2, HE3 NSS Health Equity: Goal 2 Leadership, Strategy 6: Funding Priorities; Goal 3 Health System and Life Experience, Strategy 8: Access to Care, Strategy 13: Social and Economic Conditions
Goal AC3: Enhance access to dental care and oral health services	
AC3 Strategies: Reduction of barriers to dental and oral health care access, health education Objective AC3.1: By June 30, 2023 increase the number of services performed in the school-based dental sealant program in Bradford County (Baseline: To be established, Target: baseline +5%, (State: 117,703 (2017-18), Data Source: Florida Department of Health, Public Health Dental Program)	HP 2030: OH-01, OH-02, OH-10 Florida SHIP: HW1, HW2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care, Strategy 9: Children, Strategy 13: Social and Economic Conditions
Objective AC3.2: Improve Human Papilloma Virus (HPV) vaccination rate among Bradford County seventh (7 th) grade students (Baseline: 35% with 0 HPV vaccines; 33% with 1 HPV vaccine; 31% with 2 HPV vaccines, Target: 30% with 0 HPV vaccines; 34% with 1 HPV vaccine; 36% with 2 HPV vaccines) (64.1% Florida male and female teens age 13-17 with one or more	Florida SHIP: IM1 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 9: Children, Strategy 11: Health Communications

Bradford County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 (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
HPV dose, 2018, CDC; HP 2030 Goal: 80%) Data Source: DOH, School Health Coordinator)	
Strategic Priority: Preventing and Managing Chronic Disease and Conditions (CD)	
Goal CD1: Promote primary prevention of chronic diseases	
CD1 Strategies: Health education, access to primary and secondary preventive services, improve nutrition, reduce overweight and obesity, promote regular physical activity Objective CD1.1: By December 31, 2023 reduce the percentage of Bradford County adults who are sedentary by 5% (Baseline: 29.8% (2016), Target: 28.3% (State rate 29.8%), Data Source: BRFSS FLCHARTS)	HP 2030: ECBP-10, ECBP-8, HRQOL/WB-1 Florida SHIP: HW1, HW2 NPS: Active Living; Empowered People; Injury and Violence-Free Living
Objective CD1.2: By December 31, 2023 reduce the percentage of Bradford County adults who are obese by 5% (Baseline: 36.6% (2016), Target: 34.8% (State rate 27.4%), Data Source: BRFSS FLCHARTS)	HP 2030: ECBP-10, ECBP-8, NWS-8, NWS-9, NWS-14, NWS-15, NWS-16, NWS-17, NWS-18, NWS-19, NWS-20 Florida SHIP: HW1.1 NPS: Active Living; Empowered People
Objective CD1.3: By December 31, 2023 decrease the percentage of Bradford County students (grades K, 1, 3, and 5) who are obese by 5% (Baseline: needs to be established, Target: reduction by 2% (State rate of obese middle and high schoolers: 14.4%), Data Source: School Health BMI Records, DOH School Health Nurse	HP2030: NWS-04, PA09, PA12 Florida SHIP: HW1.1 NPS: Active Living; Empowered People
Goal CD2: Prevent and reduce tobacco and substance use and abuse among youth and adults	
CD2 Strategies: Health education, policy change, enforcement activities Objective CD2.1: By December 31, 2023 decrease the percentage of Bradford County middle and high school students who are current smokers (smoked in the past 30 days) by 5% (Baseline: 4.5%, Target: 4.3% (State rate: 1.8%), Data Source: Florida Youth Tobacco Survey, FLCHARTS)	HP 2030: TU-04, TU-05, TU-06, TU-10, TU-22 Florida SHIP: HW1, HW2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care, Strategy 9: Children, Strategy 13: Social and Economic Conditions
Objective CD2.2: By December 31, 2023 decrease the percentage of Bradford County youth (ages 11-17) who have ever tried cigarettes, cigars, smokeless, hookah, or electronic vaping by 5% (Baseline: 35.4% (2020),	HP 2030: TU-04, TU-05, TU-06, TU-10, TU-22 Florida SHIP: HW1, HW2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care,

Bradford County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 (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
Target: 33.6% (State: 32.5%), Data Source: Florida Youth Tobacco Survey)	Strategy 9: Children, Strategy 13: Social and Economic Conditions
Objective CD2.3: By December 31, 2023 decrease the percent of Bradford County adults who are current smokers by 5% (Baseline: 27.0% (2016), Target: 25.6% (State rate 15.5%), Data Source: BRFSS FLCHARTS)	HP 2030: TU-01, TU-02, TU-03, TU-11, TU-14 Florida SHIP: HW1, HW2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective CD2.4: By December 31, 2023 decrease the percentage of Bradford County high school students who report binge drinking by 5% (Baseline: 12.2% (2016), Target: 11.6% (State rate 10.9%), Data Source: Florida Youth Substance Abuse Survey, FLCHARTS)	HP2030: SU-04, SU-05, SU-06, SU-09 Florida SHIP: BH1 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care, Strategy 9: Children, Strategy 13: Social and Economic Conditions
Goal CD3: Reduce incidence and prevalence of Sexually Transmitted Diseases (STDs)	
CD3 Strategies: Health education, access to primary and secondary prevention services Objective CD3.1: By June 30, 2024 reduce the rate of bacterial STDs among Bradford County youth ages 15-19 by 5% (Baseline: 3,127.9/100,000 population (2017-19), Target: 2,971.5/100,000 (State rate 2,718.8), Data Source: FLCHARTS)	HP 2030: STI-03, STI-02, STI-06, STI-07 Florida SHIP: ID1, ID1.1, ID1.2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective CD3.2: By June 30, 2022 implement free HIV testing and outreach through WellFlorida Council's HIP program (Baseline: new program, 0 outreach events, Target: 3 events, annually, Data Source: WellFlorida Council HIP Program Quarterly	HP 2030: HIV-01 Florida SHIP: ID1, ID1.1, ID1.2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective CD3.3: By December 31, 2022 provide written recommendations (as a result of collaborative review) for enhancement of Bradford County's sex education component of larger health education curriculum (Baseline: new action, Target: written recommendations developed and implemented, Data Source: Meeting minutes)	HP 2030: FP-03, FP-04, FP-05, FP-06, FP-07, FP-08 Florida SHIP: MCH2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care
Objective CD3.4: By June 30, 2022 research and make written recommendations for teen-focused clinical services at DOH/New River (Baseline: new action, no recommendations	HP 2030: FP-03, FP-04, FP-05, FP-06, FP-07, FP-08, FP-11 Florida SHIP: MCH2 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care

Bradford County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 (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
exist, Target: written recommendations, Data Source: DOH Bradford)	
Strategic Priority: Maternal and Child Health (MCH)	
<p>MCH1 Strategies: Address prenatal care options and services, provide risk-appropriate prenatal, preconception and interception care, educate on safe sleep, healthy weight and nutrition, tobacco, alcohol and drug use</p> <p>Objective MCH1.1: By December 31, 2023 reduce the rate of births to Union County mothers who smoked during pregnancy by 5% (Baseline: 15.1% of births (2017-19), Target: 14.3% (State rate 4.4), Data Source: FLCHARTS)</p>	<p>HP 2030: MICH-10, TU-15</p> <p>Florida SHIP: MCH1, MCH1.2, CD1</p> <p>NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care</p>
<p>Objective MCH1.2: By December 31, 2023 increase the percentage of mothers who initiate breastfeeding by 5% (Baseline: 74.8% (2017-19), Target: 78.5% (State rate 86.1), Data Source: FLCHARTS)</p>	<p>HP 2030: MICH-15, MICH-16</p> <p>Florida SHIP: MCH1, HW1.2</p> <p>NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 8: Access to Care, Strategy 13: Social and Economic Conditions</p>

Appendix

This Appendix includes the following sections:

- Bradford County Community Health Improvement Planning Steering Committee Members and Partner Organizations
- Bradford County Visioning Results
- Bradford County CHIP Implementation Action Plan Template

BRADFORD COUNTY COMMUNITY HEALTH IMPROVEMENT PLANNING (CHIP) STEERING COMMITTEE MEMBERS

- Joseph Benton, Executive Director, ACORN Clinic
- Ann-Marie Carroll, Suwannee River Area Health Education Center (SRAHEC)
- Cathy Cook, Systems Change Analyst, Suwannee River Area Health Education Center (SRAHEC)
- Michella Daniel, Hanley Foundation
- Patricia Evans, President Capital City Bank, Bradford-Clay Counties
- Dan Fox, L.C.S.W., Florida Department of Health Bradford and Union Counties
- Valeria Gorden, Director of Bradford and Union, Meridian Behavioral Healthcare
- Jenna Hewett, Executive Director, Bradford Community Coalition
- Amie Johns, Health Officer and Administrator, Florida Department of Health Bradford and Union Counties
- Kelsey Reddish Lewis, Human Services Program Specialist, SNAP-Ed, Florida Department of Health Bradford and Union Counties
- Dan Mann, Operations Manager, Florida Department of Health Bradford and Union Counties
- Candace Osteen, Tobacco Prevention Specialist, QuitDoc Foundation
- Shelby Parmenter, Certified Registered Dental Hygienist, Florida Department of Health Bradford and Union Counties
- Iana Patterson, Safe Communities
- Tracy Toms, Human Services Program Specialist, Diabetes Prevention Program, Florida Department of Health Bradford and Union Counties
- Pam Whittle, President/CEO North Florida Regional Chamber of Commerce
- Debbie Williams, Human Services Program Specialist, Heart Health Plus, Florida Department of Health Bradford and Union Counties

CHIP COMMUNITY PARTNER ORGANIZATIONS

- ACORN Clinic
- Bradford County Community Coalition
- Bradford County Health Advisory Group
- Bradford County Tobacco Free Partnership
- Hanley Foundation
- Meridian Behavioral Healthcare
- North Florida Regional Chamber of Commerce
- Starke Church of God by Faith
- Suwannee River Area Health Education Center

BRADFORD COUNTY VISIONING RESULTS

Characteristics of a Healthy Bradford County

Visioning Exercise – June 11, 2020

Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
Access to health care services	Community-wide knowledge of existing services and resources
Access to mental health care services	Strong collaboration among agencies, partners, community members
Access to specialty care services	Wide outreach and in-person interactions
Access to dental care	Trust and openness
Communication networks	Leaders who listen to the community
Strong health advisory group with focus beyond health services to include education, employment, housing and other social issues	Opportunities for physical activity and improving overall health for the whole community

Source: Bradford County visioning exercise results, June 11, 2020, prepared using WordItOut by Enideo by WellFlorida Council, 2020

BRADFORD COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

Bradford County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority:					
Goal:					
Strategy:					
Objective:					
Data Source:					
Background on Strategy:					
Source or Evidence-base:					
Policy Change (yes/no):					
Health equity or disparity to be addressed (if applicable):					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress