



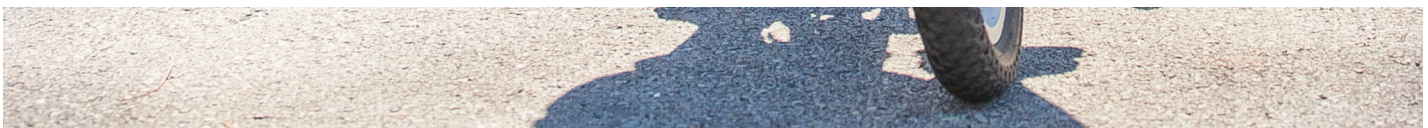
2021-24



UNION COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

2021-2024, *PUBLISHED JUNE 2021*



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Record of Changes

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

UNION 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: Assure access to mental health care services
- Goal AC3: Enhance access to dental care and oral health services

Strategic Priority: Preventing and Managing Chronic Disease 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 Diseases (STDs)

Strategic Priority: Maternal and Child Health (MCH)

- Goal MCH1: Promote healthy birth outcomes

In June 2020, the Florida Department of Health in Union County initiated a new community health assessment and health improvement planning cycle. Union 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 Union County Community Health Assessment Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [2020 Union 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 Union 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 68 percent of community survey respondents (Table 8, 2020 Union County Community Health Assessment). Almost 15 percent of survey respondents said not using healthcare services appropriately was among the behaviors with the greatest negative impact on overall health in Union County. According to residents who took the community survey, about 21 percent did not get the primary care they needed in the past 12 months, about 41 percent did not get needed dental care, and about 15 percent did not get mental health or substance use care they needed (Tables 12, 15, 18, 2020 Union County Community Health Assessment). Almost 60 percent of survey respondents said dental care was difficult to obtain in Union County; this was followed by specialty care (43.7 percent) and vision/eye care (38.0 percent; Table 11, 2020 Union County Community Health Assessment). Emergency department (ED) visits for mental health reasons in Union County significantly exceeded state rates throughout 2015-2019. Estimates for 2019 predicted around 1,278 ED visits for mental health reasons in Union County, which translates to a rate of 79.9 per 1,000 population. This is notably higher than 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 (12.7 per 1,000 population) as well as adults aged 18 and older (96.4 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 Union 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 Union County experienced consistently higher mortality rates from stroke and diabetes when compared to Whites (Tables 56-58, Technical Appendix). Union 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 Union County Community Health Assessment). Results from the same community survey showed that four (4) of the top ten (10) ranked

health problems for Union County residents were related to the lack of healthy behaviors including obesity, cancer, access to sufficient and nutritious foods, and tobacco use (Table 10, 2020 Union County Community Health Assessment). Contributing factors of four (4) of the five (5) leading causes of death for Union 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 Union County. In 2015-2019 the infant mortality rate was 10.3 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 Union County mothers of all races (10.2 percent of total births) in 2015-2019 was higher than the state rate (8.7 percent) with disparities in rates among Union 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 68.6 percent of births to Union 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 Hispanics in Union County having the lowest rate of early prenatal care at 63.3 percent compared to 69.3 percent for Whites and 63.7 percent for Blacks (Table 93, Technical Appendix).

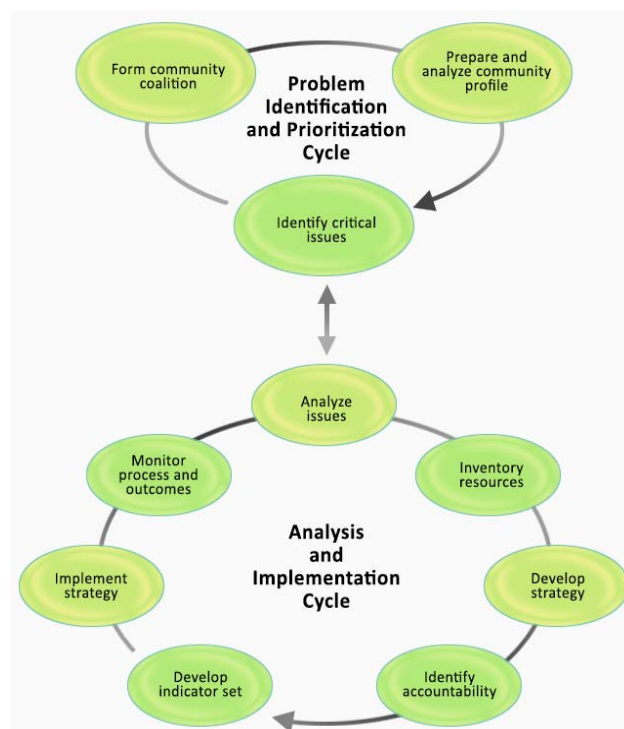
Poverty among children in Union County is a persistent issue with far-reaching consequences including access to healthcare services and poorer health outcomes. The 2018 poverty rate for children under the age of 18 living in poverty Union County was 21.0 percent which was higher than the state rate of 20.0 percent (Table 20, Technical Appendix). Community leaders who participated in focus groups and Union County residents who completed the community health survey expressed concerns for the health, safety and future of children and families. Community 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 68.3 percent of survey respondents), good schools (34.5 percent), access to affordable and nutritious foods (33.8 percent), job opportunities (22.5 percent), safe neighborhoods with low crime rates (21.1 percent), and clean environment (21.8 percent; Table 8, 2020 Union County 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."

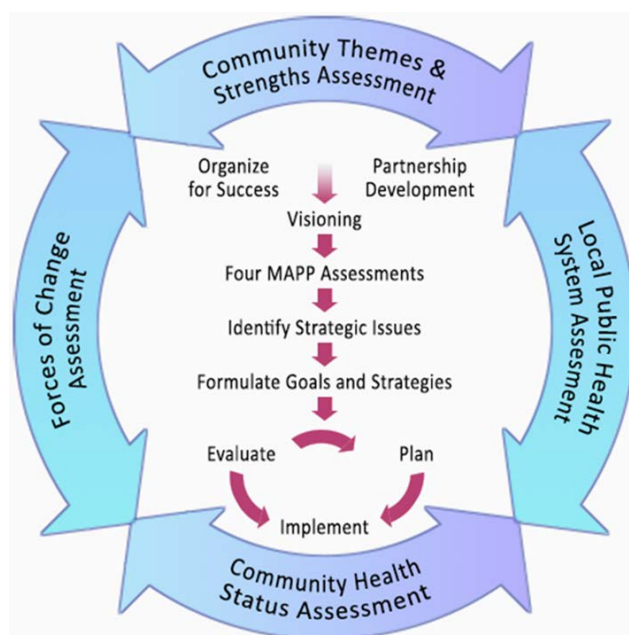
At the heart of the Union County MAPP process were the following core MAPP assessments:

- 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)



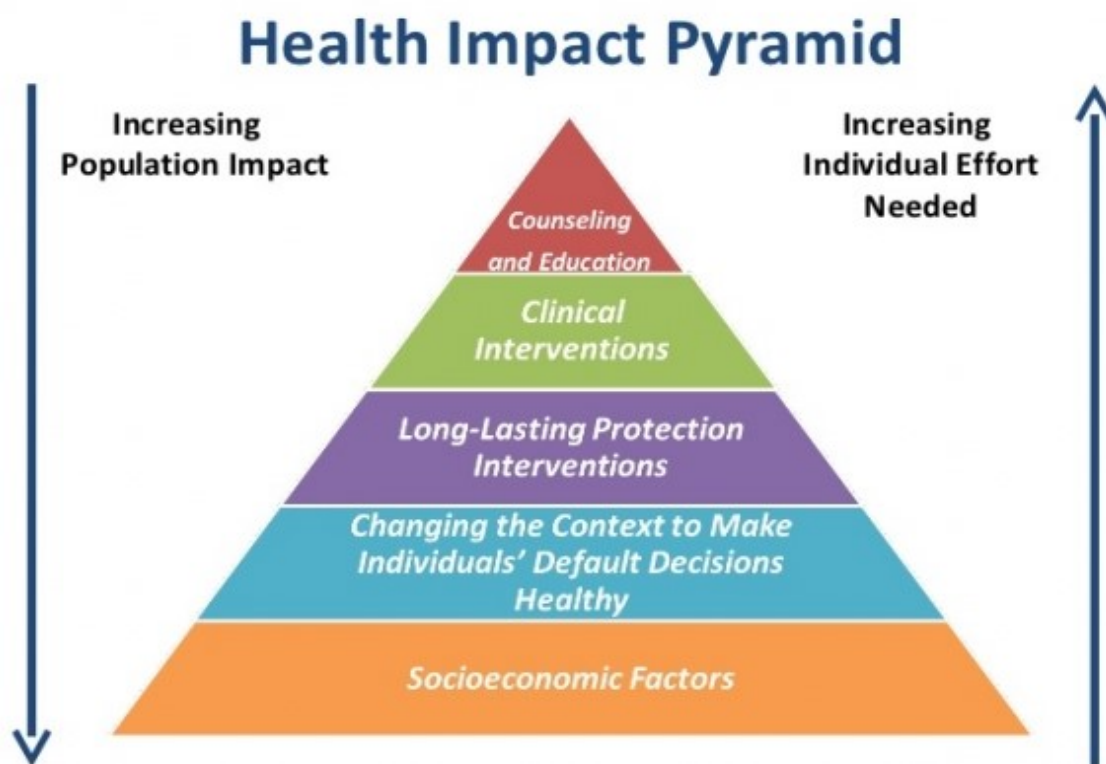
Source: Healthy People 2020: Social Determinants of Health,” Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved June 10, 2021, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

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/>

Union County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Union 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 the MAPP framework. Community health assessment work began in June 2010 and concluded in June 2021. The four phases of MAPP that constituted the community health assessment process are briefly described below. Soon after finalizing the community health assessment, Union County partners began planning for the CHIP process and completed the final two MAPP phases that resulted in the CHIP and its ongoing implementation.

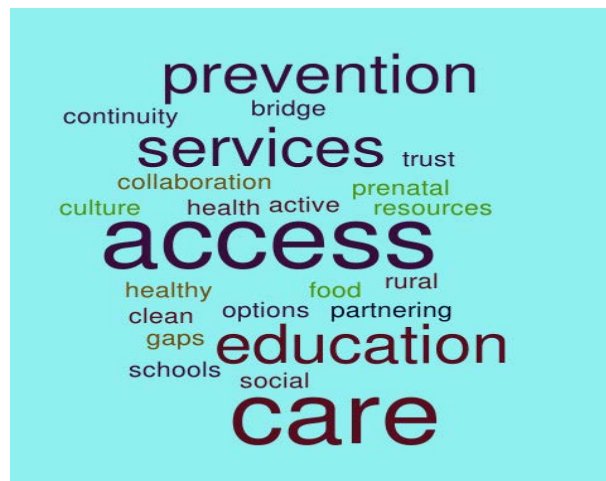
MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment and health improvement planning process, the Florida Department of Health in Union 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 Union County. A listing of the Union County Community Health Assessment Steering Committee members and their affiliations can be found in the [2020 Union 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 guiding the assessment.

MAPP PHASE 2: VISIONING

At their kick-off meeting on June 11, 2020, the Union County Community Health Assessment Steering Committee members completed a visioning exercise to define health and the characteristics of a healthy Union County. Among the categories of characteristics and traits were social determinants of health-related factors attributes. These included educational opportunities, affordable food, access to healthcare and social services. For Union County the behavioral and environmental-related factors and attributes that define health and a healthy community centered on a culture of health and wellness with an environment that supports active living. Other features were having trust and open communication networks along with preserving the rural environment while bridging any gaps in services. More detailed Visioning results are included in the Appendix. The word cloud below depicts terms that were frequently used to define health in Union County.

FIGURE 5: VISIONING WORD CLOUD, UNION COUNTY, 2020



Source: Union 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 Union 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 Union 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 services 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 142 completed community surveys 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 57.8 percent of community survey respondents rated the overall health of Union County residents as somewhat healthy. More than a third (35.2 percent) of community survey respondents felt that obesity was the most important health problem in Union County. This was followed closely by cancer (32.4 percent) and substance and drug abuse (28.9 percent). Relatedly, eating unhealthy food and drinking sugar sweetened beverages and lack of physical activity were among the top five (5) behaviors ranked as having the greatest negative impact on overall health in Union County. These behaviors also included drug abuse, lack of personal responsibility, and alcohol abuse. Other

highlights from the analysis are provided below. For detailed results, please refer to the [2020 Union County Community Health Assessment](#).

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

- Obesity (35.2%)
- Cancer (32.4%)
- Substance abuse/drug abuse (28.9%)
- Access to sufficient and nutritious foods (22.5%)
- Tobacco use (20.4%)

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

- Drug abuse (63.4%)
- Eating unhealthy foods/drinking sugar sweetened beverages (32.4%)
- Lack of personal responsibility (31%)
- Alcohol abuse (28.9%)
- Lack of physical activity (26.1%)

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

- Dental care (59.9%)
- Specialty care (43.7%)
- Vision and eye care (38%)
- Urgent care (28.2%)
- Alternative medicine/alternative therapy (26.1%)

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 (51.4%)
- Increased physical activity (12%)
- Improved nutrition (9.1%)
- Increased tobacco use (7.8%)
- Increased alcohol use (4.9%)

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 Union County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The [2020 Union County Community Health Assessment](#) and [2020 Bradford County and Union 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 Union 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** [\$41,770 median household income, all races, Union County, \$50,883 Florida (Table 29, Technical Appendix); \$15,475 per capita income, all races Union County, \$30,107 Florida (Table

31, Technical Appendix); 52.0 percent Asset Limited, Income Constrained, Employed (ALICE) households Union County, 46.0 percent Florida, Table 28, Technical Appendix]

- **Barriers to education and job training** [4.8 dropout rate Union County, 3.4 Florida (Table 43, Technical Appendix); 15.6 percent college degree as the highest level of school completed Union County, 38.2 Florida (Table 57, Technical Appendix)]
- **Lack of affordable housing** [20.6 percent in poverty all ages Union County, 13.7 percent Florida (2013-2018, Table 20, Technical Appendix)]
- **Healthcare service access** [42.2 total physicians/100,000 Union County, 6.3/100,000 Florida; 54.8 dentists/100,000 Union County, 55.8/100,000 Florida (Tables 111, 112, Technical Appendix)]

Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Union 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 Union County is similar to Florida in many health indicators, some differences exist. In Union 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 which Union County exceeded the state rate for 2015-2019 (Table 91, Technical Appendix).

- **Heart Disease** (297.7/100,000 Union County, 148.8/100,000 Florida)
- **Cancer** (432.2/100,000 Union County, 146.2/100,000 Florida)
- **Chronic Lower Respiratory Disease** (82.9/100,000 Union County, 38.6/100,000 Florida)
- **Unintentional Injuries** (57.6/100,000 Union County, 53.5/100,000 Florida)
- **Infant Mortality** (8.0/1,000 live births Union 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 Union 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** [28.4 percent adults with depressive disorder Union County, 14.2 percent Florida; 26.3 percent adults whose poor physical or mental health kept them from doing usual activities of daily living Union County, 18.6 percent Florida (Table 98, Technical Appendix)]
- **Tobacco use including e-cigarettes and smokeless tobacco products** [27.0 percent adults who are current smokers Union County, 15.5 percent Florida; 19.4 percent adults former e-cigarette users Union County, 4.7 percent Florida (Table 98, Technical Appendix)]
- **Dental and oral health issues** [49.6 percent adults who had seen a dentist in the past year Union County, 63.0 percent Florida; 54.2 percent adults who had a permanent tooth removed because of decay or gum disease Union County, 47.3 percent Florida (Table 98, Technical Appendix)]

- **Overweight and obesity** [41.5 percent adults who are obese Union County, 27.4 Florida; 78.6 percent adults who are overweight or obese Union County, 63.2 percent Florida (Table 98, Technical Appendix)]
- **Late entry into prenatal care** [68.6 percent births that received care in first trimester, all races Union County, 69.3 percent Florida (Table 93, Technical Appendix)]

Geographic, Racial and Ethnic Disparities

Some disparities were found in the course of Union County's community health assessment process and these preventable differences were given serious consideration and importance in CHIP discussions.

Areas of particular concern include:

- **Geographic pockets of poverty** were evident. In 2018, Union County had a notably higher poverty rate, 20.6 percent, than the state average (13.7 percent). Trends over time showed that poverty rates in Union County have been consistently high relative to the state (Table 20, Technical Appendix). Disparities in poverty were evident by geography, race, and ethnicity. ACS data for 2014-2018 showed that the area with the highest poverty rate in Union County was ZCTA 32697, Worthington Springs. In this area, 42.8 percent of individuals and 33.3 percent of children were estimated to live in poverty during this time period (Table 21, Technical Appendix). Poverty rates in this area of the county were much high compared to state averages. With respect to race and ethnicity, a considerably higher proportion Black residents in Union County (33.1 percent) were estimated to live in poverty compared to White residents (21.2 percent). Similarly, almost double the proportion of Hispanic or Latino residents (41.3 percent) lived in poverty compared to non-Hispanic or Latino residents (21.2 percent) (Table 25, Technical Appendix).
- **Data pointed to some racial and ethnic disparities in mortality rates** among Union County residents. Overall mortality rates in Union County (1,368.7 deaths per 100,000) were over double the mortality rate in the state of Florida as a whole (665.6 deaths per 100,000) (Table 53, Technical Appendix). Age-adjusted mortality rates for leading causes of disease, including Cancer (399.2 deaths per 100,000 population) and Heart Disease (301.3 deaths per 100,000) in Union County were over double the state rates (142.8 per 100,00 and 143.5 per 100,000, respectively). Mortality rates that exceeded state averages were also observed with respect to CLRD (county rate of 56.0 per 100,000 versus state rate of 36.1 per 100,000), Stroke (county rate of 50.7 per 100,000 versus state rate of 41.4 per 100,000), and Diabetes (county rate of 27.9 per 100,000 versus state rate of 19.7 per 100,000).
- **Infant mortality rates for all races, Whites, Blacks, and Hispanics** The infant mortality rate was higher in Union County compared to the state. From 2015-2019, there were six (6) infant deaths in Union County. This translates to an infant death rate of 10.3 per 1,000 live births compared to the state rate of 7.9 deaths per 1,000 live births in the same time period (Table 91, Technical Appendix). Racial, ethnic, and geographic disparities were present with respect to prenatal care. Among the White population, 69.3 percent of births received first trimester care, compared to 63.7 percent among Black residents (Table 93, Technical Appendix). The Hispanic population had the lowest rate of first trimester care at 63.3 percent (Table 96, Technical Appendix). One zip

code area, Raiford (ZCTA 32083) had a first trimester prenatal care rate as low as 55.6 percent (Table 93, 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. Communities with rural pockets such as those found in Union County face many barriers in accessing healthcare services. Utilization and health professional shortage data illuminated the depth of access to care issues in Union 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 Union County residents, all ages at 93.1, 76.4 for Florida (Table 80, Technical Appendix); preventable Emergency Department visit rate per 1,000 for oral health reasons for Union County residents at 17.8, 9.2 for Florida (Table 113, Technical Appendix)]
- **Rising costs of health care and prescription drugs** [percent of hospital discharges by payor sources for Union County residents at 25.1 percent for Medicare, 13.1 percent Medicaid, 13.6 percent private insurance, 5.3 percent self or non-payment; for Florida 25.6 percent Medicare, 11.2 percent Medicaid, 8.8 percent private insurance, 4.2 percent self or nonpayment (Table 116, Technical Appendix); 22.6 percent Union County adults who could not see a doctor in the past year due to cost, 16.6 percent Florida (Table 136, 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 Union 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 Union 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, UNION 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:
 - Dental care
 - Mental health care
 - Primary care
 - Reduction in financial and cultural barriers to services
- **Preventing and Managing Chronic Disease and Conditions**, with emphasis on:
 - 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 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 Union County CHIP Steering Committee embarked on 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 Union 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 Union County CHIP will be monitored and tracked by semi-annual reporting to the Union County 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.

UNION 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 Union County Community Health Improvement Plan published

Union County CHIP Goals, Strategies, Objectives and Related Resources

The Union 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 Union County adults who had a medical check-up in the past year by 2 percent (Baseline: 74.9% (2016), Target: 76% (State rate 76.5), Data Source: BRFSS FLCHARTS)	
Objective AC1.2: By June 30, 2024 the community resource and referral guide will be updated at least semi-annually (Baseline: no regular updates, Target: minimum of 5 updates, Data Source: Union CHIP report, DOH Union)	
Goal AC2: Assure access to mental health care services	
AC2 Strategies: Reduction of barriers to mental health care access, health education	
Objective AC2.1: Establish baseline of provider organizations/agencies in Union County providing mental and behavioral health services using telehealth technologies by June 20, 2022 (Baseline: TBD, Target: baseline + 5%, Data Source: Union CHIP Steering 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: Union County School Mental Health Allocation Plan Report)	
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, 2022 reduce the Acorn Dental Clinic waiting list for services (Baseline: 600 people, Target: 300, Data Source: Acorn Clinic)	
Objective AC3.2: Improve the percentage of Human Papilloma Virus (HPV) vaccination among Union County seventh (7 th) grade students with zero (0) HPV vaccine or one (1) HPV vaccine (Baseline: 42% with 0 HPV vaccines; 35% with 1 HPV vaccine; 23% with 2 HPV vaccines, Target: 37% with 0 HPV vaccines; 35% with 1 HPV vaccine; 28% 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 Union, School Health Coordinator)	

Objective AC3.3: By June 30, 2023 increase the number of services performed in the school-based dental sealant program in Union County (Baseline: TBD, Target: +5%, (State: 117,703 (2017-18), Data Source: Florida Department of Health, Public Health Dental Program)

Resources to Address Goals AC1, AC2, AC3: Suwannee River Area Health Education Center, navigator program materials and contacts, North Florida Regional Chamber of commerce, regional business, health care and social service contacts, Union County Library, New River Library Collaborative, WellFlorida Council, electronic communication contacts and platforms (email, Facebook, Twitter, web sites), Union County School District, Heart Health Plus Program, Meridian Behavioral Healthcare, ACORN Clinic, Florida Department of Health in Union County Dental Program, Florida Department of Health in Union County School Health Program, Florida Department of Health Immunization Program, North Central Florida Cancer Control 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 Union County adults who are sedentary by 5 percent (Baseline: 35.2% (2016), Target: 33.5% (State rate 29.8%), Data Source: BRFSS FLCHARTS)	
Objective CD1.2: By December 31, 2023 reduce the percentage of Union County adults who are obese by 5 percent (Baseline: 41.5% (2016), Target: 39.5% (State rate 27.4%), Data Source: BRFSS FLCHARTS)	
Objective CD1.3: By December 31, 2022 increase number of participants in DOH Union's Heart Health+ program by 5 percent (Baseline: get number or establish baseline (2021) Target: Increase by 5%, Data Source: DOH Union Heart Health+ Program Progress Report)	
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 Union County middle and high school students who are current smokers by 5 percent (smoked in the past 30 days) (Baseline: 2.9%, Target: 2.8% (State rate: 1.8%), Data Source: Florida Youth Tobacco Survey, FLCHARTS)	
Objective CD2.2: By December 31, 2023 decrease the percentage of Union County youth (ages 11-17) who have ever tried cigarettes, cigars, smokeless, hookah, or electronic vaping by 5% (Baseline: 37.8% (2020), Target: 35.9% (State: 32.5%), Data Source: Florida Youth Tobacco Survey)	
Objective CD2.3: By June 30, 2024 decrease the percent of Union County adults who are current smokers by 5% (Baseline: 27.0% (2016), Target: 25.8% (State rate 15.5%), Data Source: BRFSS FLCHARTS)	
Objective CD2.4: By December 31, 2023 decrease the percentage of Union County middle school students who report binge drinking by 5% (Baseline: 6.6% (2016), Target: 6.3%, (State rate 3.2%), Data Source: Florida Youth Substance Abuse Survey, FLCHARTS)	
Objective CD2.5: By December 31, 2023 decrease the percentage of Union County high school students who report binge drinking by 5% (Baseline: 11.2% (2016), Target: 10.6% (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 Union County youth ages 15-19 by 5% (Baseline: 3,393.1/100,000 population (2017-19), Target: 3,214.4/100,000 (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 Report)
Objective CD3.3: By December 31, 2022, provide written recommendations (as a result of collaborative review) for enhancement of Union County's sex education component of larger health education curriculum (Baseline: new action, Target: written recommendations developed and implemented, Data Source: Meeting minutes)
Resources to Address Goals CD1, CD2, CD3: Suwannee River Area Health Education Center, CivCom, Florida Department of Health in Union County Heart Health Plus Program, Florida Department of Health in Union County Healthiest Weight Program, SNAP-Ed Program, Union County School District, Tobacco Free Partnership, Hanley Foundation, tobacco enforcement program policies and partners, WellFlorida Council, Florida Department of Health in Union County, New River Health, Meridian Behavioral Healthcare
Strategic Priority: Maternal and Child Health
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 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)
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)
Resources to Address Goal MCH1: Florida Department of Health in Union 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)

Union County CHIP Alignment with State and National Priorities

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

Union 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 Union County adults who had a medical check-up in the past year by 2 percent (Baseline: 74.9% (2016), Target: 76% (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 June 30, 2024 the community resource and referral guide will be updated at least semi-annually (Baseline: no regular updates, Target: minimum of 5 updates, Data Source: Union CHIP report, DOH Union)	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
Goal AC2: Assure access to mental health services	
AC2 Strategies: Reduction of barriers to mental health care, health education Objective AC2.1: Establish baseline of provider organizations/agencies in Union County providing mental and behavioral health services using telehealth technologies by June 20, 2022 (Baseline: TBD, Target: baseline + 5%, Data Source: Union CHIP Steering 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	HP 2030: ECBP-2, ECBP-3 Florida SHIP: BH1, BH3, BH4 NPS: Mental and Emotional Well-being

Union 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
(Baseline: not implemented, Target: services implemented, Data Source: Union County School Mental Health Allocation Plan Report)	
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, 2022 reduce the Acorn Dental Clinic waiting list for services (Baseline: 600 people, Target: 300, Data Source: Acorn Clinic)	HP 2030: OH-01, OH-02, OH-10 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 the percentage of Human Papilloma Virus (HPV) vaccination among Union County seventh (7 th) grade students with zero (0) HPV vaccine or one (1) HPV vaccine (Baseline: 42% with 0 HPV vaccines; 35% with 1 HPV vaccine; 23% with 2 HPV vaccines, Target: 37% with 0 HPV vaccines; 35% with 1 HPV vaccine; 28% 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 Union, School Health Coordinator)	Florida SHIP: IM1 NSS Health Equity: Goal 3 Health System and Life Experience, Strategy 9: Children, Strategy 11: Health Communications
Objective AC3.2: 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
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 Union County adults who are sedentary by 5 percent (Baseline: 35.2% (2016),	HP 2030: ECBP-10, ECBP-8, HRQOL/WB-1 Florida SHIP: HW1, HW2 NPS: Active Living; Empowered People; Injury and Violence-Free Living

Union 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: 33.5% (State rate 29.8%), Data Source: BRFSS FLCHARTS	
Objective CD1.2: By December 31, 2023 reduce the percentage of Union County adults who are obese by 5 percent (Baseline: 41.5% (2016), Target: 39.5% (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
Objective CD1.3: By December 31, 2022 increase number of participants in DOH Union's Heart Health+ program by 5 percent (Baseline: get number or establish baseline (2021) Target: Increase by 5%, Data Source: Debbie Williams, DOH Union Heart Health+ Program Progress Report)	HP 2030: HDS-01, HDS-02, HDS-03, HDS-04, HDS-06 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 Union County middle and high school students who are current smokers by 5 percent (smoked in the past 30 days) (Baseline: 2.9%, Target: 2.8% (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 Union County youth (ages 11-17) who have ever tried cigarettes, cigars, smokeless, hookah, or electronic vaping by 5% (Baseline: 37.8% (2020), Target: 35.9% (State: 32.5%), Data Source: Florida Youth Tobacco Survey)	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 CD2.3: By June 30, 2024 decrease the percent of Union County adults who are current smokers by 5% (Baseline: 27.0% (2016), Target:	HP 2030: TU-01, TU-02, TU-03, TU-11, TU-14 Florida SHIP: HW1, HW2

Union 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
25.8% (State rate 15.5%), Data Source: BRFSS FLCHARTS)	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 Union County middle school students who report binge drinking by 5% (Baseline: 6.6% (2016), Target: 6.3%, (State rate 3.2%), 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
Objective CD2.5: By December 31, 2023 decrease the percentage of Union County high school students who report binge drinking by 5% (Baseline: 11.2% (2016), Target: 10.6% (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 Union County youth ages 15-19 by 5% (Baseline: 3,393.1/100,000 population (2017-19), Target: 3,214.4/100,000 (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 Report)	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 Union 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
Strategic Priority: Maternal and Child Health (MCH)	
Goal MCH1: Promote healthy birth outcomes	

<p>Union County CHIP Objectives</p>	<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
<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 MCH1.2.2: 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:

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

UNION COUNTY COMMUNITY HEALTH IMPROVEMENT PLANNING STEERING COMMITTEE MEMBERS

- Joseph Benton, Executive Director, ACORN Clinic
- Ann-Marie Carroll, Suwannee River Area Health Education Center (SRAHEC)
- Wayne Clemons, EMS Director, Union County Emergency Medical Services
- Cathy Cook, Systems Change Analyst, Suwannee River Area Health Education Center (SRAHEC)
- Reagan Davis, Lake Butler Hospital, Emergency Management Coordinator at Lake Butler Hospital
- Dan Fox, L.C.S.W, Florida Department of Health in Bradford and Union Counties
- Valeria Gorden, Director of Bradford and Union, Meridian Behavioral Healthcare
- 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
- Shelby Parmenter, Certified Registered Dental Hygienist, Florida Department of Health Bradford and Union Counties
- Tracy Toms, Human Services Program Specialist, Diabetes Prevention Program, Florida Department of Health Bradford and Union Counties
- Maggi Wetzel, Development/Manager
- Betsy Whitehead, Food Service Director, Union County School District
- 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
- Lake Butler Hospital
- Meridian Behavioral Healthcare
- North Florida Regional Chamber of Commerce
- Starke Church of God by Faith
- Suwannee River Area Health Education Center
- Union County Health Advisory Group
- Union County School District

UNION COUNTY VISIONING RESULTS

Characteristics of a Healthy Union County

Visioning Exercise – June 11, 2020

Social Determinants and Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
High quality education system that includes early education through university and career training	Culture of prevention and wellness
Access to sufficient, nutritious affordable foods	Trust
Access to and choice of healthcare services	Clean, safe environment to promote healthy, active living
Access to social services	Preserve rural environment while bridging service and communication gaps
Focus on continuity of care through life stages	Culture of collaboration
Communication networks, no silos	

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

UNION COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

Union 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