GULF COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2020-2023

“Working together to empower Gulf County to improve quality of life for generations to come.”
Gulf County Community Health Improvement Plan

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CHIP STEERING COMMITTEE:

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**Access to Care Subcommittee:**

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**Socioeconomic Enhancements Subcommittee:**

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**Physical Activity Subcommittee:**

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Executive Summary

The health status of a community plays a large role in social and economic prosperity, therefore it is important that a community strives to continually improve and maintain its health. Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Building a healthier Gulf County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Gulf County residents.

The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

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

Health Priorities and Recommendations

Gulf County Community Health Improvement Partners have identified three key health priorities – Mental Health/Substance Abuse, Access to Care, Socioeconomic Enhancements, and Physical Activity – and developed recommendations and action steps based on evidence-based practices. It is recommended for the Community Health Action Plans to be incorporated into the work of the Florida Department of Health in Gulf County, existing community groups, and health care partners.

Gulf County CHIP Vision

The Community Health Improvement Plan (CHIP) Steering Committee’s vision for Gulf County is “Working together to empower Gulf County to improve quality of life for generations to come.”
Introduction

Community health improvement planning is a long-term, systematic effort that addresses health problems based on the results of community health assessment activities and the community health improvement process.

A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Process

Gulf County selected the Mobilizing for Action through Planning and Partnerships (MAPP) process for community planning because of its strength in bringing together diverse interests to collaboratively determine the most effective way to improve community health.

Picture: MAPP Roadmap to Health
MAPP is a strategic approach to community health improvement. Using MAPP, Gulf County seeks to create an optimal environment for health by identifying and using resources wisely, taking into account our unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP method of community planning was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC).

MAPP employs four assessments, which offer critical insights into challenges and opportunities throughout the community.

- **The Community Strengths and Themes Assessment** provides an understanding of the issues residents feel are important by answering the questions “What is important to our community?”, “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

- **The Local Public Health System Performance Assessment** is a comprehensive assessment of the organizations and entities that contribute to the public’s health. The Local Public Health System Performance Assessment addresses the questions “What are the activities, competencies, and capacities of our local health system?” and “How are Essential Services being provided to our community?”

- **The Community Health Status Assessment** identifies priority issues related to community health and quality of life. Questions answered during this phase include “How healthy are our residents?” and “What does the health status of our community look like?”

- **The Forces of Change Assessment** focuses on the identification of forces such as legislation, technology and other issues that affect the context in which the community and its public health system operates. This answers the questions “What is occurring or might occur that affects the health of our community or the local health system?” and “What specific threats or opportunities are generated by these occurrences?”

The assessment process included CHIP meetings and workshops which occurred between August 2018 through December 2019. Each assessment was conducted and described in a written report and the findings of all the assessments were summarized in the 2018-19 Community Health Profile. Each assessment was reviewed by partners involved in each workshop. For example, the Local Public Health System Performance report was reviewed by the same community members who were involved in the assessment.

The summaries of the assessment reports are available in the 2018-2019 Community Health Assessment Report.
Additionally, during this timeframe, a community survey was distributed both on-line and in paper format to provide information about perceptions of health of the community, its residents, and the health care system. CHIP partners helped to disseminate the surveys, collecting 310 completed surveys from residents. In addition to the 310 community surveys, there were 58 Community Assessment for Public Health Emergency Response (CASPER) surveys completed. The survey response report can also be found in the 2018-2019 Gulf County Community Health Assessment Report.

*Picture below: CHIP participants received “Success Express” tickets to begin the MAPP Process.*

**Data Resources Utilized**

Data sources included: Florida CHARTS, Florida Department of Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Florida Department of Children and Families, U.S. Department of Health & Human Services, Feeding America, USDA Economic Research Service, Florida Department of Law Enforcement, US Census Bureau, Federal Bureau of Labor and Statistics, and U.S. Department of Housing and Urban Development. Between the months of August through November 2019, small committee meetings were held to review and assess the data. In these small committee meetings, over 140 health indicators for Gulf County were compared to those for the state and surrounding counties. In addition, the committee members also compared local data to previous years’ data from Gulf County, highlighting improvements and statistical trends.
Identifying Health Priorities

The last workshop conducted as part of the assessment process was the Community Health Status Assessment Workshop, which began with an in-depth review of data collected and analyzed throughout the process, including specific health status indicators and results of a Community Health Status Assessment Survey. The data review was followed by a ranking decision matrix and ended with selection of health priorities based on the following criteria:

- Broad applicability of solution set
- Timeframe require to support efforts
- Alignment with vision (To enhance health for all generations in Gulf County)
- Community support for the problem
- Resource availability to address the problem
- Potential to reduce health disparities

The potential to reduce health disparities became an important area of focus for partners. The above picture was utilized to understand health equality vs. health equity. Giving everyone a fair chance to be healthy does not necessarily mean offering everyone the same resources to be healthy, but rather offering people specific resources necessary for their good health. Consider four people of different heights and abilities. Offering them all the same size bicycle to ride on would mean that three of the four people would not have a fair chance to be as mobile as the other. Offering each rider a bicycle unique to their own need, ability and size gives all of them a fair chance to use the bikes.

*Picture above: Health Equality vs. Equity, Source: Robert Wood Johnson Foundation*
Attendees were able to discuss the issues and then vote based on their ranking of relevant factors. As a result, the top priority health issues identified for Gulf County were Mental Health/Substance Abuse, Access to Care, Socioeconomic Enhancement and Physical Activity. Workshop documentation can be found in Attachment A of this plan.

The CHA to CHIP Transition

The CHIP Steering Committee reviewed the priorities, the rationale for including them and the votes of the community members. Using quality planning techniques and National Association of County and City Health Officials (NACCHO) framework models, the Steering Committee selected Goals and supporting objectives for each health priority in December 2020. They then discussed strategic approaches that could be employed to achieve the goals, keeping in mind best practices to improve health equity. In subsequent meetings, which included members of the Steering Committee and other community representatives, the goals, objectives, performance measures and implementation plans were developed. Healthy Priority Subcommittee groups are hoping to get back into a more normal meeting schedule to continue progress of strategies and tactics with most meetings being put on halt due to COVID-19.

Goals

Selection of the Strategic Goals was done within the context of the work done by the University of Wisconsin through County Health Rankings and Roadmaps. The summary of the literature describing the factors affecting health outcomes is displayed in a chart on the website www.co.untyhealthrankings.org.

The model is comprised of three major components:

- **Health Outcomes** – This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality/Length of Life) and how healthy people are when they are alive (Morbidity/Quality of Life).

- **Health Factors** – The factors influencing health outcomes are organized into four categories and weighted based on their relative effect on health outcomes. The analysis indicates that the factors and their relative contributions are:
  - Physical Environment: 10%
  - Social and Economic Factors: 40%
  - Clinical Care: 20%
  - Health Behaviors: 30%

The **Physical Environment** includes environmental quality and the built environment. The category **Social and Economic Factors** includes education, employment, income, family and social support, and community safety. **Clinical Care** is defined as access to care and
quality of care. *Health Behaviors* includes tobacco use, diet, exercise, alcohol use and sexual activity.

A Gulf County detailed report of County Health Rankings Health Factors can be found in Attachment B.

- Programs and Policies – Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization). As illustrated, Health Outcomes are improved when Policies & Programs are in place to improve Health Factors.

The selection of the goals for the CHIP was done with an eye to the relative importance of the influence of the various factors described above, tempered by the community perspective on needs, and policy-changing potential.

**The goals selected for the Gulf County CHIP are:**

- To increase education on Mental Health/Substance use service availability in Gulf County.
- Increase awareness and access to health support services for Gulf County residents.
- Improve social and economic impact through education awareness and training opportunities.
- To increase physical activity for individuals in Gulf County through education and training.

For Gulf County, the selection of Health Priority goals addresses factors of *Clinical Care, Health Behaviors, and support statistics of Social and Economic Factors*.

Expanding on CHIP goals is being developed in a county-wide collaboration with the Florida Department of Health in Gulf County, which has organized other community partners into working groups to address the social determinants of health. The CHIP is integrated into this community fabric and planning process. The partners included in the community-wide strategic planning process include representatives from the school district, law enforcement, childcare, child abuse prevention, substance abuse treatment and prevention, mental health, community service providers and juvenile justice.

**Engaging the Community**
Community ownership is a fundamental component of community health assessment and health improvement planning. Community participation leads to the collective thinking and commitment required for implementation of effective, sustainable solutions to complex
problems. Broad community participation is essential because a wide range of organizations and individuals contribute to the public’s health.

Creating a healthy community and strong local public health systems require a high level of mutual understanding and collaboration. Gulf County is working to strengthen and expand community connections and provide access to the collective wisdom necessary to addressing community concerns.

The process resulting in the 2020 Community Health Improvement Plan began in December of 2019 and concluded in March of 2020. It has been characterized by several key features:

- Inclusiveness: multiple stakeholders were included throughout the process
- Comprehensiveness: many dimensions of health were addressed
- Local Ownership: the process linked expertise and experience to generate a sustainable plan that includes community ownership and responsibility

The partners who have participated in the assessment and planning process have agreed to participate in the implementation plan. Specific community members have agreed to conduct the activities described in the work plan. In addition, many members have agreed to support the CHIP implementation through participation on one or more of the implementation oversight committees.

Pictured Above: CHIP Partners during the January 2020 workshop.
About the Current Plan
The Gulf County Community Health Improvement Plan includes goals and objectives in 1 - 3 year intervals with work plans that are intended to be updated periodically. The goals, strategies and objectives are aligned with national initiatives such as Healthy People 2030 and the Florida State Health Improvement Plan (SHIP). The specific alignments are indicated by reference in the Goals and Objectives section. The format used for the Goals and Objectives are also aligned with the Florida SHIP and use the same format as the state plan. The objectives include quantifiable performance measures based primarily on data included in the community health assessment.

Monitoring the CHIP will be done by the groups established in the CHIP. The Gulf County Health Department (DOH-Gulf) will assemble the performance measures described in the objectives in the spring of each year or when they are available and submit them to the four committees for review. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges and needs. Leadership (Steering Committee) of the committees will meet at least quarterly. At the December meeting of each group, the goals, strategies and objectives will be reviewed and adjusted as needed.

The sustainability of the CHIP was discussed during meetings and was an important consideration in plan development. The work plan includes activities that community partners have agreed to conduct. The agreements are based on the mission and resources of each agency and built on evidence-informed best practices. The activities included in the plan include a reference to the best practice and ability to support the activity and ongoing needs. If a program is an event, the date is given or the effective starting date is provided for programs and initiatives. If it is expected to be sustainable in the long term (at least the next two years), the activity effective date is given in the time frame. Work plans for each Strategy are still in progress as of August 2016.

The community members identified as “responsible” are making a good faith statement of intent and will be using their existing resources to establish, expand initiate or maintain a program or service. The hope and expectation, in many cases, is that the inclusion of the activity in this community plan will document the community support for this activity and lead to additional/external funding.
Gulf County Health Priorities
Goals, Objectives, Strategies & Tactics

Mental Health/Substance Abuse

Related Research, Data and statistics:

➢ Across the county, 62.6% of all survey respondents think that depression and anxiety is a top health concern in Gulf County.
➢ Suicide is the 10th leading cause of death (FlHealthCharts, 2018).
➢ The ratio of population to mental health providers in Gulf County is 1,800:1, compared to the state’s ratio of 703:1 (CHR, 2019).
➢ The 7th leading cause of death in Gulf County is due to Chronic Liver Disease and Cirrhosis (FlHealthCharts, 2019)
➢ 18% of adults smoke, compared to only 15% of adults throughout the state (CHR 2019).
➢ 22% of adults reported binge or heavy drinking compared to just 17% for adults in Florida (CHR 2019).
➢ 45.8% of all survey respondents think that alcohol abuse is a major health concern in Gulf County (CHSA, 2019).
➢ 68.6% of all survey respondents think that drug abuse is a major health concern in Gulf County (CHSA, 2019).

Goal:

1. To increase education on Mental Health/Substance use service availability in Gulf County.

Objectives and Strategies:

1. By December 30, 2020, have one health and wellness workshop on each end of Gulf County to educate citizens on available resources.
   a. Strategy: Plan each event bi-annually to include other community events and partners to raise awareness to Gulf County Citizens on the resources available.
      i. Reach out to partners such as: United Way, Morning Light Wellness, Life Management, PSJ Police Department, Gulf County Sheriff’s Office, Department of Health, CARE, School System, local physician’s office, NFCD, Big Bend AHEC, etc.

2. By June 30, 2021, increase the number of tobacco cessation referrals submitted by at least 5%.
   a. Strategy: Attend local health and wellness workshop and other events, such as those offered by other partners, with tobacco cessation referrals available onsite.

3. By December 30, 2020, hold a workshop to ensure that all providers are registered with 211 and citizens are more aware of provided services.
   a. Strategy: At health and wellness workshop, ensure a 211 representative is onsite to register all workshop participants so that the services offered are made aware to citizens.
Access to Care

Related Research, Data and statistics:

➢ The ratio of local population to physicians is 2,280:1 compared to 1,390:1 statewide (CHR, 2019).
➢ 31% of children under the age of 18 live in poverty, compared to 11% statewide (CHR, 2019).
➢ The number of teen births is 37 (per 1,000 female age 15-19 pop.) compared to only 23 in the State of Florida (CHR, 2019).
➢ The leading cause of death is cancer, heart disease, and COPD, all preventable chronic diseases (FlHealthCharts, 2019).
➢ 36% of adults are obese compared to 27% of adults statewide (FlHealthCharts, 2019).

Goal:

Increase awareness and access to health support services for Gulf County residents.

Objectives and Strategies:

1. Objective 1: Increase referrals to Gulf County “Connect” by 20% by December 31, 2020.
   a. Strategy 1: Meeting with first responders (EMS, LE, etc.) to educate their staff on Connect.
   b. Strategy 2: Partnering with local schools and early learning centers for parent presentation opportunities.
   c. Strategy 3: Partnering with faith-based partners for presentation opportunities with their congregations.

2. Objective 2: By 3/30/21, Gulf County CHIP Partners will collaborate to participate in two community events to increase awareness of community services/resources. (Source: CHIP Partners)
   a. Strategy 1: Collaborate with the CHIP Substance Abuse/Mental health workgroup to host two community events and/or partner with pre-existing events.
   b. Strategy 2: Reach out to agencies who employ a larger number of staff to inquire about providing outreach event to their staff (ex: blood pressure checks at local agency).
Physical Activity

Research, Data and statistics:

➢ Adults overweight 33.7%
➢ Adults obese 34.9%
➢ Adults who meet muscle strengthening recommendations 27.4%.
➢ Adults who have ever been told they have diabetes 18.8%.
➢ Adults who are inactive or insufficiently active is 58.7%.
➢ Gulf County has a significantly higher rate of heart disease, diabetes and cholesterol mortality rates than the state of Florida.

Goal:

To increase physical activity for individuals in Gulf County through education and training.

Objectives and Strategies:

1. By December 2020, community partners will teach 100 elementary aged students nutrition and physical activity classes in Gulf County.
   a. Strategy: Reach out to untapped grade levels to increase youth participation in nutrition/physical activity classes (Source: DOH, UF/IFAS, MyGulfCare, Gulf County School).
      i. Present program information to school admin/school board to open doors to new classes.
2. By December 2020, community partners will participate in at least one community event to provide nutrition and physical activity interactive education.
**Socioeconomic Enhancements**

*Research, Data and statistics:*

- Gulf County has a significantly higher rate of heart disease, diabetes and cholesterol mortality rates than the state of Florida.
- 31% of children under the age of 18 live in poverty, compared to 11% statewide (CHR, 2019).
- The number of teen births is 37 (per 1,000 female age 15-19 pop.) compared to only 23 in the State of Florida (CHR, 2019).
- Percentage of population with adequate access to locations for physical activity is 54% in Gulf County compared to the state at 88%.
- 43.7% of survey respondents stated they have difficulty paying bills either sometimes, often or always. (CHSA, 2019).
- 18% of households in Gulf County have severe housing problems compared to the state at 9% (CHR 2019).

**Goal:**

Improve social and economic impact through education awareness and training opportunities.

**Objectives and Strategies:**

1. Provide four financial literacy classes through CHIP partners within the community by December 31, 2020.
   - Strategy: Partner with community stakeholders like PAC, Career Source, and IFAS to lead financial literacy classes in Gulf County.
2. By December 31, 2021, CHIP partners will collaborate with career source to increase class enrollment by 10% in the community.
   - Strategy: Increase awareness of the class to all community stakeholders by means of social media, news outlets, public meetings and other means of distribution in Gulf County.
     - i. Community Stakeholders to reach: BOCC, School District, Gulf/Franklin Gulf Coast State College, Gulf County Chamber.
3. Increase referrals to “Connect” program by 20% by December 31, 2020.
   - Strategy: Meeting with first responders (EMS, LE, Etc.) in Gulf County to educate their staff on Connect Program.
   - b. Strategy: Presentations to faith-based organizations.
4. Gulf County Long-Term Recovery Group Objective TBD at next CHIP meeting in January 2021.

All risk factor health data reviewed is available in Attachment E.
CHIP Next Steps

The Gulf County Community Health Improvement Committee will work with other community health partners to determine action steps, implement tasks related to tactics and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Gulf County residents.

The partnership will meet quarterly throughout the duration of this CHIP cycle to report on objectives. At the end of each calendar year, committee members will gather to review implementation, evaluate progress and update the plan as necessary.
Alignment with National and State Initiatives

The references included in the Goals and Objectives section refer to the initiatives listed below.

A: Community Tool Box. (2020)  

B: Centers for Disease Control. (2010-2015.) Winnable Battles.  
http://www.cdc.gov/winnablebattles/


H: HealthData.gov (2020.)  
https://healthdata.gov/
What Works for Health – County Health Rankings

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health. The following lists includes strategies backed by scientific evidence which align with the selected health priorities and can be used during the CHIP Implementation process. To review electronically, hit click the blue topic of interest.

**Mental Health/Substance Abuse**

**Mass media campaigns against alcohol-impaired driving**
Scientifically Supported
Use mass media campaigns to persuade individuals to avoid drinking and driving or to prevent others from doing so; campaigns often focus on fear of arrest or injury to self, others, or property
Alcohol and Drug Use

**Multi-component community interventions against alcohol-impaired driving**
Scientifically Supported
Work to reduce alcohol-impaired driving via sobriety checkpoints, responsible beverage service training, education and awareness activities, and other efforts
Alcohol and Drug Use

**Community policing**
Scientifically Supported
Implement a policing philosophy based on community partnership, organizational transformation, and problem-solving techniques to proactively address public safety issues
Community Safety

**Drug courts**
Scientifically Supported
Use specialized courts to offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration
Community Safety · Alcohol and Drug Use

**Early childhood home visiting programs**
Scientifically Supported
Provide parents with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors
Community Safety · Family and Social Support

**Family treatment drug courts**
Scientifically Supported
Use specialized courts to work with parents involved in the child welfare system who may lose custody of their children due to substance abuse
Community Safety · Alcohol and Drug Use

**Functional Family Therapy (FFT)**
Scientifically Supported
Introduce a short-term family-based intervention therapy focused on strengths, protective factors and risk factors for youth with delinquency, violence, or substance abuse problems, and their families
Community Safety

**Mentoring programs: delinquency**
Scientifically Supported
Enlist mentors to develop relationships and spend time individually with at-risk mentees for an extended period; mentors have greater knowledge, skills, etc. than mentees
Alcohol and Drug Use · Community Safety

**Neighborhood watch**
Scientifically Supported
Support the efforts of neighborhood residents to work together in preventing crime by reporting suspicious or potentially criminal behavior to local law enforcement
Community Safety

**Physical Activity:**

**Active recess**
Scientifically Supported
Establish a break from the school day, typically before lunch, that involves planned, inclusive, actively supervised games or activities; also called semi-structured, or structured recess
Diet and Exercise

**Activity programs for older adults**
Scientifically Supported
Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults
Diet and Exercise · Family and Social Support

**Breastfeeding promotion programs**
Scientifically Supported
Engage health care professionals, lay health workers, and others to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding
Diet and Exercise

**Community fitness programs**
Scientifically Supported
Offer exercise classes (e.g., yoga, Tai Chi, cycling, etc.) and fitness program support in community centers, senior centers, fitness, and community wellness centers
Diet and Exercise

**Community-based social support for physical activity**
Scientifically Supported
Build, strengthen, and maintain social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system or a walking group)
Diet and Exercise

**Competitive pricing for healthy foods**
Scientifically Supported
Assign higher costs to non-nutritious foods relative to nutritious foods via incentives, subsidies, or price discounts for healthy foods and beverages or disincentives or price increases for unhealthy choices
Diet and Exercise

**Individually-adapted physical activity programs**
Scientifically Supported
Teach behavioral skills that can help individuals incorporate physical activity into their daily routines
Diet and Exercise

**Mixed-use development**
Scientifically Supported
Support a combination of land uses (e.g., residential, commercial, recreational) in development initiatives, often through zoning regulations

**Multi-component obesity prevention interventions**

*Scientifically Supported*
Combine educational, environmental, and behavioral activities that increase physical activity or improve nutrition (e.g., nutrition education, aerobic/strength training, dietary prescriptions, etc.) in various settings

**Multi-component school-based obesity prevention interventions**

*Scientifically Supported*
Deliver educational, behavioral, environmental, and other obesity prevention efforts (e.g., education classes, enhanced physical education, healthy food promotion, family outreach, etc.) in schools

**Nutrition and physical activity interventions in preschool & childcare**

*Scientifically Supported*
Offer young children opportunities to eat healthy foods and engage in physical activity by providing fresh fruits and vegetables, incorporating physical activity into daily classroom routines, etc.

**Physically active classrooms**

*Scientifically Supported*
Incorporate physical activity breaks, classroom energizers, or moving activities into academic lessons, usually for elementary students

**Places for physical activity**

*Scientifically Supported*
Modify local environments to support physical activity, increase access to new or existing facilities for physical activity, or build new facilities

**Point-of-decision prompts for physical activity**

*Scientifically Supported*
Place motivational signs on or near stairwells, elevators, and escalators that encourage individuals to use stairs

**Prescriptions for physical activity**

*Scientifically Supported*
Provide prescriptions with individually tailored exercise plans, often accompanied by progress checks at office visits, counseling, activity logs, and exercise testing

**Safe Routes to Schools**

*Scientifically Supported*
Promote walking and biking to school through education, incentives, and environmental changes; often called SRTS

**School breakfast programs**

*Scientifically Supported*
Support programs to provide students with a nutritious breakfast in the cafeteria, from grab and go carts in hallways, or in classrooms

**School fruit & vegetable gardens**
Establish designated areas where students can garden with guidance, often with nutrition and food preparation lessons and opportunities for taste tasting and hands-on learning.

**School nutrition standards**

Regulate the quality of food that can be sold to students via the National School Lunch Program, à la carte options, vending machines, etc.

**School-based physical education**

Expand or enhance school-based physical education (PE) by lengthening existing classes, increasing physical activity during class, adding new PE classes, etc.

**Screen time interventions for children**

Encourage children to spend time away from TV and other screen media, often as part of a multi-faceted effort to increase physical activity and improve nutrition.

**Streetscape design**

Enhance streetscapes with greater sidewalk coverage and walkway connectivity, street crossing safety features, traffic calming measures, and other design elements; often via Complete Streets.

**Walking school buses**

Arrange active transportation with a fixed route, designated stops, and pick up times when children can walk to school with adult chaperones.

**Worksite obesity prevention interventions**

Use educational, environmental, and behavioral strategies to improve food choices and physical activity opportunities in worksite settings.

**Zoning regulations for land use policy**

Use zoning regulations to address aesthetics and safety of the physical environment, street continuity and connectivity, residential density and proximity to businesses, schools, and recreation.
Access to Care

**Centering Pregnancy**
Scientifically Supported
Provide prenatal care in a group setting, integrating health assessment, education, and support

**Community water fluoridation**
Scientifically Supported
Adjust and monitor fluoride in public water supplies to reach and retain optimal fluoride concentrations

**Federally qualified health centers (FQHCs)**
Scientifically Supported
Increase support for non-profit health care organizations that receive federal funding and deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay

**Medical homes**
Scientifically Supported
Provide continuous, comprehensive, whole person primary care that uses a coordinated team of medical providers across the health care system

**Mental health benefits legislation**
Scientifically Supported
Regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders

**Nurse practitioner scope of practice**
Scientifically Supported
Use regulation to extend nurse practitioner’s (NP’s) scope of practice to provide primary care to the full scope of their training and skills without physician oversight

**Rural training in medical education**
Scientifically Supported
Expand medical school training and learning experiences focused on the skills necessary to practice successfully in rural areas

**School dental programs**
Scientifically Supported
Provide sealants, fluoride treatment, screening, and other basic dental care on school grounds via partnerships with dental professionals

**Telemedicine**
Scientifically Supported
Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth
**Purpose:** Solicit input from the community on the community health plan goals, objectives and strategies to support selected health priorities through open dialogue.

<table>
<thead>
<tr>
<th>Topic</th>
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<td>- Prompt attendees to sign-in</td>
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<tr>
<td>Review Community Health Improvement Journey – MAPP</td>
<td>Sarah Hinds, DOH-Franklin/Gulf Administrator</td>
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<tr>
<td>Priorities Overview</td>
<td>Marquita Thompkins, DOH-Gulf, Health Educator</td>
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<td>Work with What We’ve Got</td>
<td>Jessie Pippin, DOH-Gulf, Operations Manager/CHA Coordinator</td>
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<tr>
<td>- Activity #1: Priority Match Up</td>
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<td>- Review the priority sheets</td>
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<td>- Group Together</td>
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<td>Group Discussion</td>
<td>Torie Burgess, DOH-Gulf, Environmental Specialist</td>
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<tr>
<td>Goals and Objectives Overview and Samples</td>
<td>DT Simmons, DOH-Franklin Operations Manager</td>
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<tr>
<td>Activity #2: Creating Objectives (In Groups)</td>
<td>Jessie Pippin, DOH-Gulf, Operations Manager/CHA Coordinator</td>
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<tr>
<td>Activity 3#: Goal Setting (In Groups)</td>
<td>Jessie Pippin, DOH-Gulf, Operations Manager/CHA Coordinator</td>
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# CHIP MEETING

1/22/2020

9:30a – 11:00a

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Community Health Improvement Meeting

WEDNESDAY, JANUARY 22, 2020
9:30AM

Selected Priorities

During our last meeting, we analyzed the data which guided us in our selection of these four priority areas:

- Access to Care
- Mental Health/Substance Abuse
- Inactivity
- Socioeconomics

Work With What We Have
Activity #1: Priority Match Up

- Think on specific deliverables you're working on that directly link to one of our 4 priorities.
- Ask yourself: Can CHIP help you achieve this deliverable?
- If so, write it down on a post-it note and place it with the appropriate priority area poster on the wall.
- When everyone is finished, volunteers for each priority sheet will read off what has been added.
- Lastly: Move to the priority table that you are most interested in or feel is best fit for your daily life.

Group Discussion

- Which deliverable are you most excited about?
- Did you notice anything that's happening in Gulf County that you didn’t know about?
- Is there anything still missing from our priorities that we want to focus on?
Goals

- What we are trying to achieve.
- Gives us a destination to focus on.
- General goals that are not specific enough to be measured.
- Example: I want to retire before I am old.

Objective

- What needs to be done to achieve the goal
- Smaller steps, often along the way to achieving a long-term goal.
- Example: “In order to reach my goal of retiring at age 50, I need to save $20,000 by the end of this year.”

SMART Objective Examples

- Priority: Access to Care
- Goal: Increase access to health support services for chronic disease management.

SMART Objectives:

1. By December 30, 2020 Community Health Improvement Partners will collaborate to provide 4 free health screening events within Gulf County.
2. By the end of December 2020, “XYZ Affordable Health Clinic” will increase Diabetes Self-Management client enrollment by 10%.
Activity #2: Creating Objectives

- With your group, look at what has been placed on your priority poster.
- Combine any deliverables that have common themes OR focus on the ones that stand out as something CHIP can support. Remember, all of them are important but what can we do together that will impact the priority?
- Create 1-3 SMART objectives for your priority area. Remember our examples:

SMART Objectives:
1. By December 30, 2020, Community Health Improvement Partners will collaborate to provide 4 free health screening events within Gulf County.
2. By the end of December 2020, “XYZ Affordable Health Clinic” will increase Diabetes Self-Management client enrollment by 10%.

Activity #3: Goal Setting

- Why are we doing all of this? What is the big picture?
- Look at the objectives your group came up with.
- How will they impact the priority area?
- Develop a GOAL STATEMENT for your priority area that your objectives will help guide.
- Remember our example.

1. Goal: Increase access to health support services for chronic disease management.
Strategies

A collection of actions which has a reasoned chance of achieving desired objectives.

Example Strategies

Goal: Reduce the use of marijuana and alcohol use by youth.

Strategy 1: Provide information to youth about the dangers and consequences of using marijuana and alcohol.

Strategy 2: Build the skills of parents and other adults to talk with their children about the dangers and consequences of using marijuana and alcohol.

Tactics

Specific actions taken to support the strategy.

Tactics

Strategy 1: Provide information to youth about the dangers and consequences of using marijuana and alcohol.

Tactic 1: Provide marijuana and alcohol awareness programs to youth in middle and high schools.
Group Activity

*Work on strategies and tactics*
Purpose: Solicit input from the community on the community health plan goals, objectives and strategies to support selected health priorities through open dialogue.

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<tr>
<td>Know the Facts: COVID-19</td>
<td>DOH-Gulf Nursing Staff</td>
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<tr>
<td>Priorities Overview</td>
<td>Marquita Thompkins, DOH-Gulf/Franklin, Health Educator</td>
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<tr>
<td>Where are we now?</td>
<td>Jessie Pippin, DOH-Gulf, Operations Manager/CHA Coordinator</td>
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<td>▪ Goals and Objectives Summary</td>
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<td>Strategies Overview and Samples</td>
<td>DT Simmons, DOH-Franklin Operations Manager</td>
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<tr>
<td>Activity: Creating Strategies</td>
<td>Jessie Pippin, DOH-Gulf, Operations Manager/CHA Coordinator</td>
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<tr>
<td>VOTE: Bi-monthly or Quarterly Meetings</td>
<td>Talitha Robinson, DOH-Franklin/Gulf Health Educator</td>
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<th>Name</th>
<th>Organization or Community Representative</th>
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<th>Phone</th>
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Community Health Improvement Meeting

TUESDAY, MARCH 3, 2020
10:30AM

COVID-19 Update

Selected Priorities

- Access to Care
- Mental Health/Substance Abuse
- Physical Activity (or Inactivity)
- Socioeconomics
Access to Care

Goal #1: Increase awareness and access to health support services for Gulf County residents.

Objective #1: Increase referrals to Gulf County "Connect" by 20% by December 31, 2020.

Objective #2: By 3/30/21, Gulf County CHIP Partners will collaborate to participate in two community events to increase awareness of community services/resources.

Mental Health/Substance Abuse

Goal #1: To increase education on Mental Health/Substance use service availability in Gulf County.

Objective #1: By December 30, 2020, have two health & wellness workshops on both ends of Gulf County to educate citizens on available resources.

Objective #2: By June 30, 2021, increase the number of tobacco cessation referrals submitted by at least 5%.

Objective #3: By December 30, 2020, hold a workshop to ensure that all providers are registered with 211 and citizens are aware of provided services.
Physical Activity

- **Goal #1:** To increase physical activity for individuals in Gulf County through education and training.

- **Objective #1:** By December 2020, community partners will teach 100 elementary aged students nutrition and physical activity classes in Gulf County.

Socioeconomics

- **Goal #1:** Improve social and economic impact through education awareness and training opportunities.

- **Objective #1:** Provide four financial literacy classes through CHIP partners within the community by December 31, 2020.

- **Objective #2:** By December 31, 2020 CHIP partners will collaborate with career source to increase class enrollment by 10% in the community.

- **Objective #3:** Increase referrals to “Connect” program by 20% by December 31, 2020.

STRATEGIES & TACTICS

**Strategies**

- A collection of actions which has a reasoned chance of achieving desired objectives.
- Provides a clear roadmap.
- Smaller steps, often along the way to achieving an objective.
Example Strategy

- **Goal:** I want to retire before I am old.
- **Objective:** I will save $10,000 by the end of this year in order to retire at age 60.
- **Strategy:** I will enroll in a personal money management class at Gulf Coast State College.

Strategy Examples

- **Priority:** Access to Care
- **Goal:** Increase access to health support services for chronic disease management.
- **Objectives:** By the end of December 2020, “XYZ Health Clinic” will increase Diabetes Self-Management client enrollment by 10%.

**Strategy**
1. XYZ Health Clinic will increase enrollment by working with partners to increase referrals to the program.

Activity: Creating Strategies

- With your group, look at objectives selected for your priorities.
- Create 1-3 strategies for each objective. Remember our examples:

  **Strategy**
  1. XYZ Health Clinic will increase enrollment by working with partners to increase referrals to the program.

VOTING: MEETING SCHEDULE

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OPEN FLOOR: ANNOUNCEMENTS