



Gadsden County Community Health Improvement Plan

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Community Health Improvement Plan – Setting the Priority Issues

Overview of Planning Efforts

Community Health Improvement Plan (CHIP) 2013 for Gadsden County in 2013 is an accumulation of many different assessment activities that were initiated because of a need to assess the direction of the department. These include:

- Community health assessment work completed by Florida Department of Health in Gadsden County, The Gadsden Community Health Council and WellFlorida Council
- Preparation for the 2014 Public Health Accreditation Board (PHAB) accreditation at the Florida Department of Health in Gadsden County
- Compilation of 2013 capital regional community health profiles

These projects have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

To obtain more in depth information the monthly sessions of the Health Council's sub committee, the Systems of Care Group was utilized for input. Five different sessions were conducted to establish the CHIP priorities. These meetings were also opened up to the community as a whole in order to provide community wide participation

Key Community Health Assessment Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Gadsden County both on an individual and county-wide basis.
- Gadsden County has a significantly higher overall age-adjusted death rate (AADR), more than 20 percent higher than the state for 2007-2009 (871.2 per 100,000 for Gadsden vs. 678.6 per 100,000 for the state).
- In both Gadsden County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Gadsden County as in the rest of the state. In particular, the age-adjusted death rate for African Americans is 21.3 percent higher than Whites (986.1 per 100,000 in comparison to 775.2 per 100,000) in Gadsden County.
- Overall, poor health behaviors are prevalent in Gadsden County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Gadsden County's rate of avoidable hospitalizations is 18% higher than the state rate. Recently, the rate of avoidable hospitalizations in Gadsden County was 16.6 per 1,000 non elderly as compared to 13.8 for Florida.
- In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage by age at the county-level for 2009. SAHIE estimated that 23.9% of the Gadsden County adult population was uninsured compared to 25.3% for Florida. However, nearly 25.4% of Gadsden County residents receive Medicaid compared to 16.8% for Florida as a whole.

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards
3. Inform, Educate, And Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores

range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, only 3 of the ten Essential Services were scored below 80. These include Essential Services 1, 8, and 9. Those slightly lower scores may indicate that there are opportunities in Gadsden County in the following areas:

- to improve monitoring and surveillance systems for key health indicators
- to set in place policies to ensure a skilled and effective public health workforce; and
- to implement new strategies to determine the efficacy of health services.

Community Themes and Strengths Assessment

Analysis of the resident focus group discussions from the CTSA process yields the following key observations and themes regarding community health themes in Gadsden County:

- Access to affordable care is essential to a healthy community.
- Chronic diseases are the major health problems in Gadsden County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Gadsden County may not be fully supportive to making good personal health choices or providing adequate health services, particularly for younger residents and seniors.
- Limited transportation is one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Gadsden County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- A continued and increased focus on community-based initiatives will be required to overcome some of the most pressing issues (rather than waiting for federal or state support and direction).
- The community-based and faith-based organizations are strong assets for Gadsden County and will be integral to community health improvement efforts.

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Gadsden County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The FCA tool was circulated to members of the Gadsden Community Health Council in September 2012 to generate response and perspective regarding these “forces of change”. Respondents to the FCA instrument were asked to answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” All members of the Health Council and their designees were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county’s healthcare system and health outcomes.

Introduction

The Gadsden County Community Health Status Assessment (CHSA) section is extracted from the companion document *Gadsden Community Health Status Assessment Technical Report*. The CHSA highlights key findings from the *Gadsden Community Health Status Assessment Technical Report*. Data for the assessment were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). Other sources not listed in the technical report, such as the Population Health Institute (University of Wisconsin) and the Robert Wood Johnson Foundation also aided in the analyses.

Data from this report can be used to explore and understand the health needs of Gadsden County and its various communities and sub-populations, plan interventions, and apply for continuing and new program funding. The following summary is broken down into several components:

- Demographics and socioeconomics
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization

Many of the data tables in the technical report include standardized rates for the purpose of comparing Gadsden County to the state of Florida as a whole. It is advisable to interpret these rates with caution and consideration especially when the number of new cases (incidence) is relatively low. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and in some cases to anticipate future health needs. The *Gadsden Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by county zip code. It also provides estimates on future population growth. Also included are measures of education, employment, income, and poverty status. Noted as follows are some of the key findings from the Gadsden County demographic and socioeconomic profile.

- Population estimates from 2010 place the population of Gadsden County at 46,398 residents. By 2015, estimated growth will increase the population to 46,987 residents, which is a modest 1.3 percent increase. Florida as a whole is projected to increase by 6.2 percent during the same time period.
- The residents who self-identify as White constitute 36 percent of the population, which is substantially less than the percentage of residents in the state of Florida that self-identify as White (75.0 percent).
- Those individuals who self-identify as Black, or African American represent 56 percent of the population, which is notably higher than the state percentage of 16. Gadsden is unique in Florida as the only county with a majority African American population.

◦ **Economic Characteristics**

- Overall, it is estimated that 23.8 percent of Gadsden County's population lives at or below the poverty threshold, which is higher than the state of Florida percentage of 16.5 percent. As such, the percentage of the population living at or below the poverty threshold is 39.3 percent higher than the percentage of the Florida population living at or below the poverty threshold. Young people in particular are disproportionately affected, with 32.7 percent of individuals under the age of 18 living in poverty compared to 23.6 percent of their Florida counterparts.
- In Gadsden County the median household income is \$32,353 compared to the Florida median household income of \$46,077. As such, the median household income is 30 percent lower in Gadsden County than the median household income in Florida.
- The average household income in Gadsden County is 33 percent lower than the average household income in Florida (\$43,008 compared to \$64,203).
- The Gadsden County per capita income is \$16,035 compared to \$25,482 in the state.
- Employment rates in Gadsden County tend to track with Florida, although unemployment at the county level tends to be slightly lower than the state in any given year. Gadsden County's average unemployment rate for 2011 was 10.3 percent compared to the state unemployment rate of 10.5 percent.

◦ **Educational Attainment**

- 26.7 percent of the adult population in Gadsden County has less than a high school diploma compared to 14.6 percent in the state of Florida.
- 55.4 percent of the adult population in Gadsden County has completed high school compared to 51.2 percent in Florida.
- Only 17.9 percent of the adult population in Gadsden County has completed a college degree which is nearly 48 percent less than the percent of the adult population in Florida that has completed a college degree (34.2 percent).

Mortality and Morbidity

Perhaps the most direct measures of the health and well-being in a community are the rates of disease and death. In Gadsden 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. As noted in the previous section, certain demographic and socioeconomic indicators can shed some light on how and why and to what extent certain chronic health problems affect communities. While

Gadsden County compares favorably to the state of Florida on some demographic and socioeconomic indicators, in other areas it tends to compare unfavorably. This translates to similar relationships between the county and state in terms of rates of disease and death. Noted below are some of the key facts of mortality and morbidity in Gadsden County.

- The top five leading causes of death in Gadsden County are: 1) Cancer, 2) Heart Disease, 3) Stroke, 4) Unintentional Injuries, including motor vehicle accidents, and 5) Diabetes. This is similar to the state of Florida; although, in Florida, Heart Disease is the first leading cause of death and Cancer is the second leading cause of death .
- In each of the five leading causes of death, the age-adjusted death rate for residents of Gadsden County is higher than the state of Florida rates and the majority of the 458 deaths that occurred in Gadsden County in 2011 were attributable to chronic disease.
- The overall age-adjusted mortality rate for Gadsden County for 2007-2011 was 871.2 per 100,000, compared to the overall Florida rate of 678.6 per 100,000.

◦ **Racial Disparities in Mortality**

In Gadsden County, individuals who self-identify as Black or African American are disproportionately affected by several of the leading causes of death. Some noteworthy observations include:

- The overall age-adjusted death rate for African Americans is 21.3 percent higher than Whites (986.1 per 100,000 in comparison to 775.2 per 100,000) in Gadsden County. Furthermore, the age-adjusted death rate for African Americans is higher than Whites for cancer, heart disease, diabetes, and stroke.

White residents of Gadsden County do fare worse compared to Black residents on some indicators. Some observations include:

- The age-adjusted death rate for Chronic Lower Respiratory Disease in White residents is 47.5 per 100,000 compared to 22.8 per 100,000 for Black residents.
- The age-adjusted death rate for Unintentional Injuries in White residents is 49.3 per 100,000 compared to 45.7 per 100,000 in Black residents and 57.3 per 100,000 in Hispanic residents.

Hispanic residents of Gadsden County are also disproportionately affected when compared to their Black and White counterparts in the county. Noteworthy observations are below:

- The age-adjusted death rate for Nephritis in Hispanic residents is 41.9 per 100,000, which is 83 percent higher than the age-adjusted death rate for Nephritis in White residents (7.2 per 100,000) and 46 percent higher than the age-adjusted death rate for Nephritis in Black residents (22.7 per 100,000).
- The age-adjusted death rate for Influenza is 20.8 per 100,000 which is 15 percent higher than the rate for their Black counterparts (17.6 per 100,000) and 54 percent higher than the rate for their White counterparts (9.6 per 100,000).

◦ **Birth Outcomes**

Between 2008 and 2011 there were 2,693 births in Gadsden County (Technical Appendix Report Table 73). During that same period of time there were 29 infant deaths. While there are notable disparities in birth outcomes between Blacks or African Americans and Whites as indicated by the standardized rates,

some care should be taken with interpretation because the actual numbers in any given year may be small. Other key findings with regard to birth outcomes include:

- The percentage of total births that received early access to prenatal care between 2000 and 2009 has fluctuated between 85.4 percent and 60.7 percent in Gadsden County. The percentage of total births that receive early access to prenatal care in Gadsden County is comparable to the State percentage.
- Fewer Black or African American women receive prenatal care than White women in Gadsden County. For instance, in 2011 only 65.6 percent of Black women received care during their first trimester in comparison to 76.3 percent of White women.
- From 2002 to 2011, the percent of low birthweight infants born to mothers who self-identify as Black or African American was higher in comparison to their White and Hispanic counterparts in Gadsden County. In 2011, the percent of low birthweight infants born to mothers who self-identify as Black or African American was 13.5 in comparison to 6.4 for Whites in Gadsden County.
- The teen birth rate (births to mothers aged 15-17) is higher in Gadsden County than in Florida. In 2011, Gadsden County had a teen birth rate of 11.2 per 1,000 teen females in comparison to 6.5 per 1,000 teen females in Florida.

◦ **Mental Health**

Reviewing hospital discharge data is one way to gauge the health status of a community. The National Institute of Mental Health estimates that approximately 26.2 percent of the adult population in the United States suffers from a diagnosable mental illness in a given year. Common mental health disorders such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

- In 2011 for example, Gadsden County had a higher rate of emergency department visits per 1,000 citizens for mental health reasons than the state of Florida (81.6 and 53.4 respectively). Furthermore, the rate of emergency department visits per 1,000 residents for mental health reasons in Gadsden County was higher than the state rates among all ages, the 0-17 age category, and the 18+ age category.
- The rate of involuntary exam initiations (Baker Acts) for residents of Gadsden County was lower than the rates for Florida from 2002 to 2009.

Behavioral Risk Factors

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Gadsden County is for 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 68).

- The percentage of Gadsden County residents who have received a blood stool test in the past year for cancer screening was 30.3 percent compared to only 14.7 percent in Florida. Also, a larger percentage of Gadsden County residents received a sigmoidoscopy or colonoscopy in the past five years than in the state (59.8 percent in Gadsden County compared to 56.4 percent in

Florida).

- Gadsden County compares favorably to the state regarding the percentage of women who have received a mammogram and had a clinical breast exam. In 2010, 64.5 percent of Gadsden County women reported receiving a mammogram in the past year, while 61.9 percent of the women in Florida reported receiving a mammogram. Also, 66.0 percent of Gadsden County women reported having a clinical breast exam in the past year in 2010 compared to 61.5 percent of women in state.
- Diabetes is more prevalent in Gadsden County than in the state. In 2010, 16.7 percent of Gadsden County adults reported being diagnosed with diabetes. In the same year, only 10.4 percent of Florida adults reported being diagnosed with diabetes. The average age at which diabetes was diagnosed was similar for the county and the state (43 and 50.0 respectively).
- New measures for disability rates in Gadsden County were added as part of BRFSS indicators in 2007. Available data for 2010 show that the percentage of Gadsden County residents who are limited in any way because of physical, mental or emotional problems has increased since 2007. However, Gadsden County compares favorably to Florida (21.2 percent and 24.3 percent respectively).
- Gadsden County also compares favorably to the state with respect to the population of adults who engage in binge drinking. However the past 3 years (2007 to 2010), the percentage of adults who engage in binge drinking has risen from 10.9 to 12.9 percent.
- Gadsden County compares favorably to the state in regards to the average number of unhealthy physical days in the past 30 days. In 2010, Gadsden County residents self-reported the average number of days to be 3.5 while the residents in the state reported 4.1 days.
- Improvements have been made in Gadsden County with respect to HIV testing. In 2010, 56.8 percent of adults (under the age of 65) have been tested for HIV. This indicator compares favorably to the state where 48.4 percent of those reporting have been tested.
- Gadsden County compares unfavorably to the state with respect to the percentage of adults who are overweight (Body Mass Index between 25 and 30) or obese (BMI greater than 30). Over 70 percent of the adult populations in Gadsden County are overweight or obese while 65 percent of the Florida populations are overweight or obese.

Health Care Access 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 a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *Gadsden Community Health Status Assessment Technical Report* includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payer source. Key findings from these data sets are presented below.

- Recent American Community Survey data produced 3-year estimates of the uninsured populations. In Gadsden County it is estimated that an average 17.5 percent of the civilian non-institutionalized population were uninsured during 2008-2010, which is notably less than the state average of 20.9 percent .
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2010 estimates, 23.9 percent of the Gadsden County under 65 population was uninsured compared to 25.3 in the State.
- The total number of Medicaid enrollees in Gadsden County for 2011 was 11,879 individuals, which equals 25.4 percent of the total population in comparison to 16.8 percent for Florida.

- The rates of primary care physicians per 100,000 are substantially lower in Gadsden County than in Florida. Overall the rates are 57.7 and 335.7, respectively.
- The rate of licensed dentists in Gadsden County is 27.8 in comparison to 63.5 per 100,000 for the state.
- In 2009, there were a total of 5,849 hospital discharges in Gadsden County.
- In a typical year the majority of hospitalizations are paid for by Medicare and Medicaid, followed by private insurance and self-pay.
- The most frequent causes of hospitalization were birth associated e.g. normal newborn and vaginal delivery, followed by psychoses and Caesarean.
- The rate of avoidable hospitalizations in 2011 in Gadsden County was 16.6 per 1,000 non elderly as compared to 13.6 for Florida.
- In 2011, the largest payer source for avoidable hospitalizations in Gadsden County was Medicaid, followed by Medicare, and Private Insurance.

Overview of Plan

5 Goals of the 2013 Community Health Assessment

The major issues that the Systems of Care Committee identified were the following. These five areas were identified as the five major issues in Gadsden County.

Three goals that will be concentrated on in the upcoming year.

- Obesity rates in Gadsden County were the leaders' major concern for residents. Since the leading causes of death in Gadsden are related to obesity its prevention is of primary importance.
- Access to care is identified in the Robert Wood's Johnson report as being lower than the national and state numbers. Getting more primary care providers in the county is seen by the group as a primary importance.
- Health Education/Health Literacy was identified as a major issue of concern. Gadsden County is a multicultural county with several different languages spoken and many levels of education.

The following two goals will be developed over the next year. There is new leadership in Gadsden County that will be instrumental in developing both of these goals. They will be developed through their leadership.

- Maternal Child Health and Low Birth Weight were also identified as a major issue.
- Access to Mental Health Care was also identified as a major issue. Incorporating mental health services into primary care services is a priority for Gadsden County

Other Themes and interests

Some of the other themes that were identified, but were not selected by the committee were the following:

- Transportation is a challenge that affects all of the goals that are listed above. Gadsden County is a rural county with low socioeconomic factors that make getting to services difficult.
- Data collection and Quality Improvement were identified by the group as important to incorporate into everything that is completed. This will enable agencies that provide services to judge where they are making the most impact on reducing negative health outcomes.
- Access to Specialty Services was also identified as important, but primary care services were given priority due to the fact that if there is no access to primary care, there would be no referrals to specialty services.

The section that follows goes into detail regarding these 5 identified goals.

Alignment with the Public Health Accreditation Board

The Gadsden County Community Health Improvement Plan will be aligned with the Public Health Accreditation Board standards. This is an important part of the process as the Florida Department of Health embarks upon the accreditation process.

-Goals are consistent with the SMART format and will be connected to objectives that are Specific Measurable, Achievable, Realistic, and Time-sensitive.

-Potential leads have been identified for each of the goals and implementation will be lead by those leads.

-Interim measures of success will be identified in the performance indicators. These will be discussed quarterly at the Health Council Board Meetings.

-All goals are aligned with State and national goals and priorities.

-Policy implications and actions will be identified for each goal.

Goals, Objectives, Strategies, Performance Measures, and Key Partners

Table 1 provides the goals, objectives and strategies for the 2013 CHIP process as well as the above listed components. The Gadsden County Health Council has been a leader in the planning process for the CHIP. The board of the health council and the System of Care committee worked together to provide 5 dedicated meetings to the CHIP process. This volunteer group has been meeting for 10 years and will be an essential part of meeting the Public Health Accreditation Board standards.

Table 1. Gadsden County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partner
Goal 1 – Reduce Obesity Rates in Gadsden County	Objective 1.1 By December 31 st 2016 reduce obesity and overweight from 78% to 70%	Strategy 1.A conduct activities like Get Going Gadsden: a healthiest weight initiative Strategy 1.B Conduct obesity related chronic disease screenings to motivate towards healthy weight Strategy 1.C Increase counseling	-sign-in sheets from meetings -obtain data from get going Gadsden regarding weight loss BMI, and exercise hours. -Follow up on at risk screened individuals to follow-up on healthy weight - Monitor weight loss at re-	-Health Department -Health Council -Gadsden County School District -Hospitals -Church Leaders -City Managers -Media -Gadsden County EMS -Private Physicians -County Government

		<p>and education about physical activity in addition to healthy eating strategies with overweight and obese WIC participants</p> <p>Strategy 1.D</p> <p>Increase physical activity in the elementary schools by partnering with Champions</p>	<p>certifications and mid-certs, checking for decrease in BMI and sharing growth chart with parents/caretakers.</p> <p>Documentation in at least <u>85%</u> of the charts selected for review of children with an overweight nutrition risk code will indicate that a physical activity goal has been set with the parent/caretaker and they have been given age appropriate information regarding physical activity.</p> <p>-Annual Reports</p> <p>-Obtain weight and height measurements upon entry and conclusion of the physical activity programs</p> <p>-School Health staff will conduct BMI screenings on students in 1st, 3rd, and 6th grades to determine weight status and risk of certain chronic diseases based on weight and height measurements followed by referrals and follow-up on</p>	
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			students who are obese and under-weight.	
Goal 2 – Increase Access to Primary Care Services in Gadsden County	<p>Objective 2.1 By December 31st 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)</p> <p>Objective 2.2 By July 2016, reduce the uninsured rate from 23.9 to 22.0 (Florida Charts)</p>	<p>Strategy 2.1.A Recruit and incentivize primary care providers to practice in Gadsden County.</p> <p>Strategy 2.1.B coordinate for lower expenses for physicians to practice in the county.</p> <p>Strategy 2.2.A Navigate residents to insurance and Medicaid options</p> <p>Strategy 2.2.B Enroll uninsured clients into the county indigent care insurance program.</p> <p>Strategy 2.2.C help residents find primary care options</p>	<p>List of current community health service agencies that are in resource databases.</p> <ul style="list-style-type: none"> List of community health service agencies that need to be in databases. Number of marketing campaigns or outreach efforts conducted. Number and percent of resident population aware of the information and referral resource. Number and percent of community health service providers aware information and referral resource. Increase the percent of providers who participate in the comprehensive health care program. Increase the number of users or requests for information and referral from system. 	<p>-Health Department</p> <p>-211 Services</p> <p>-Health Council</p> <p>-Gadsden County School District</p> <p>-Hospitals</p> <p>-Church Leaders</p> <p>-City Managers</p> <p>-Media</p> <p>Gadsden County EMS</p> <p>-Private Physicians</p> <p>-County Government</p> <p>-Local FQHCs (North Florida, Bond CHC, Panhealth) and FQHC Look-a-Likes (Neighborhood Health Services)</p>
Goal 3 – Improve Health Education and Health Literacy in Gadsden County	<p>Objective 3.1 By July 1st 2014 Provide all health materials in English and Spanish</p> <p>Objective 3.2</p>	<p>Strategy 3.1.A Inventory all resources not in Spanish and start plans for new orders</p> <p>Strategy 3.2.A</p>	<p>-data collection on health literacy</p> <p>-collect survey on most effective means of communication</p>	<p>-Health Department</p> <p>-Health Council</p> <p>-Gadsden County School District</p> <p>-Hospitals</p> <p>-Church Leaders</p> <p>-City Managers</p>

	<p>By July 1st 2014 determine a baseline health literacy level for all health service clients</p> <p>Objective 3.3 By December 2016 improve upon the baseline number by 50%</p>	<p>distribute survey to all clients to determine health literacy base level</p> <p>Strategy 3.3.A change marketing materials based on the literacy level.</p> <p>Strategy 3.3.B target areas where health literacy is at a deficit</p>	<p>-Interview key informants to determine where they view the level to be at.</p> <p>-Test all materials to determine effective level of communication</p> <p>-Inventory all communications</p> <p>-</p>	<p>-Media</p> <p>-Gadsden County EMS</p> <p>-Private Physicians</p> <p>-Newspapers</p> <p>-Panhandle Area Educational Consortium</p> <p>-Big Bend AHEC</p> <p>-County Government</p>
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Alignment with State and National Priorities

The 2013 Gadsden County Community Health Improvement Plan is in alignment with the following State and national Guidelines

- The Florida State Health Improvement Plan 2012-2015 (April 2012) from the Florida Department of Health
- Healthy People 2020 from the United States Department of Health and Human Services
- National Prevention Strategy- America’s Plan for Better Health and Wellness (June 2011) from the National Prevention Council

Each Objective under each goal was analyzed to determine how each one falls into alignment with the state and national goals. Table 2 displays where the 2013 Gadsden County CHIP aligns

Table 2.

Objective	HP2020	FSHIP	NPS
Goal 1 – Reduce Obesity Rates in Gadsden County.			
Objective 1.1 By December 31 st 2016 reduce obesity and overweight from 78% to 70%	Educational and Community-Based Programs Objective(s): ECBP-10	Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Goal 2 – Increase Access to Primary Care Services in Gadsden County			
Objective 2.1 By December 31 st 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the	Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18

National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)			
Objective 2.2 By July 2016, reduce the uninsured rate from 23.9 to 22.0 (Florida Charts)	Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18

Goal 3 – Improve Health Education and Health Literacy in Gadsden County

Objective 3.1 By July 1 st 2014 Provide all health materials in English and Spanish	Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5	Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22
Objective 3.2 By July 1 st 2014 determine a baseline health literacy level for all health service clients	Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5	Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22
Objective 3.3 By December 2016 improve upon the baseline number by 50%	Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5	Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22

Potential Policy Implications

Community Health Improvement Plans that are connected to policy implications are more likely to succeed. The Public Health Accreditation Board standards encourage communities to connect their CHIP goals to a potential policy change. Table 3 catalogs the objectives and their policy implications.

Table 3. Potential policy changes required to achieve objectives of Gadsden County CHIP.

Objective	Potential Policy Changes
Goal 1 – Reduce Obesity Rates in Gadsden County.	
Objective 1.1 By December 31 st 2016 reduce obesity and overweight from 78% to 70%	-Businesses need to change policy to encourage worksite wellness -City managers build policies that encourage a exercise friendly built environment. -city and county officials develop policies to encourage healthy food options in the community. -churches and community organizations develop policies to provide healthy food.
Goal 2 – Increase Access to Primary Care Services in Gadsden County	
Objective 2.1 By December 31 st 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)	Individual healthcare facilities, clinics and practices will need to change policies to work together to promote community-wide message that Gadsden County is a destination for healthcare providers. <ul style="list-style-type: none"> • Individual healthcare facilities, clinics and practices may need to change policies to offer more incentives for providers to locate in Gadsden County. • Local government, the Chamber of Commerce and economic development entities may need to reconsider polices or focus on economic development polices (or rather the lack of focus on economic development polices supporting the healthcare sector).
Objective 2.2 By July 2016, reduce the uninsured rate from 23.9 to 22.0 (Florida Charts)	<ul style="list-style-type: none"> • Individual healthcare facilities, clinics and practices may need to change their policies of acceptance of indigent and charity care cases. • More state and national policy changes may need to occur so that Florida is an active participant in health reform and expansion of care to the underserved. • Local Medical Society may need to change policies to encourage members to more actively participate in WeCare. • Legislative policy changes may be needed to increase the poverty level under which providers may provide care with DOH sovereign immunity.
Goal 3 – Improve Health Education and Health Literacy in Gadsden County	
Objective 3.1 By July 1 st 2014 Provide all health materials in English and Spanish	-The health department in Gadsden County will have a policy that all information will be produced in English and Spanish. - Other health agencies will be encouraged to develop similar policies
Objective 3.2 By July 1 st 2014 determine a baseline health literacy level	-The health department in Gadsden County will have a policy that baseline literacy will be measured. - Other health agencies will be encouraged to develop similar policies

for all health service clients	
Objective 3.3 By December 2016 improve upon the baseline number by 50%	<ul style="list-style-type: none">-The health department in Gadsden County will have a policy that surveys will be done in order to make sure that health literacy is being improved in anticipation of the 2016 improvement.- Other health agencies will be encouraged to develop similar policies

Gadsden County Next Steps

These are the following activities that will ensure that the CHIP process is completed and that the plan is a viable and utilized document.

- Review document with all partners in the county and ensure that everyone has buy-in.
- Complete the development of the two remaining goals with partners to ensure the planning process is complete.
- Meet quarterly to discuss progress and measurements.
- Prepare further alignment for national accreditation.

Attachment 1

Meeting Minutes from the systems of care

Attendees:	Purpose:
<p>11/8/2012 Aaron Kissler, Gadsden CHD Administrator Dr. Joy Anderson, Healthy Start Coalition Jorge Martinez, Jessie Furlow, NMFC Laura Villegas, Gadsden CHD Max Martinez, Gadsden County Community Health Council.</p>	<p>Discuss the Community Assessment Plan. Identify and understand local health issues and explore opportunities for improvement. Develop strategies to improve health. Goals identified for Community Health Improvement Plan: Obesity Access to Primary Care Low birth weight and prematurity Cultural Competency Poverty Health Education Health mental as a whole Look at how services are delivered Transportation Specialty Care</p>
<p>12/10/2012 Aaron Kissler, Gadsden CHD Administrator Arrie Battle, Woman to Woman Dr. Joy Anderson, Healthy Start Coalition Ed Fever Fernando Deheza, Genesis Life Management Glenda Stanley, AHEC Laura Villegas, Gadsden CHD Max Martinez, Gadsden Community Health Council Mike Bellenger, Gadsden Community Hospital</p>	<p>Comprehensive Health Care Program update: Meetings have been scheduled throughout the County at each municipality to present the Indigent Care Pgm. List of goals to target for County Improvement Plan were narrowed to the following priority issues: Obesity Access to Primary Care Health Education Health Mental Services Low birth weight and pre-maturity</p>
<p>1/8/2012 Aaron Kissler, Gadsden CHD Administrator Anthony Fedd Arrie Battle, Woman to Woman Ed Fever Fernando Deheza, Genesis Life Management Laura Villegas, Gadsden CHD</p>	<p>Kissler distributed the potential goals identified at the last meeting to the team. Will present the goals to the Health Council board tomorrow. At the next meeting the group will start the development of the Community Health Improvement Plan. Would like to engage the whole community and teach the community</p>

	<p>how to achieve these goals by building a measuring system.</p>
<p>3/12/2013 Aaron Kissler, Gadsden CHD Administrator Rose Marie Worley, Capital Medical Society Lakera Reddick, Apalachee Center Dr. Isaiah Lee Laura Villegas, Gadsden CHD</p>	<p>Review of the goals identified: Obesity Access to Primary Care Health Education Health Mental Services Low birth weight and pre-maturity Kissler announced that the health department would take the lead in addressing the Access to Primary Care and Obesity priorities. Kissler plans to have discussions with Bond Community Health Center and Neighborhood Health and other primary care services providers. The goal is to connect at least 70% of the residents to a medical home and follow up with them to make sure they are receiving services. Ms. Worley from the Capital Medical Society offered to work with Mr. Kissler in this priority. CMS currently coordinates the access to medical and dental care to low income, uninsured and low-insured clients in Gadsden, Wakulla and Jefferson counties. They work with a group of medical providers who donate their time and specialty to assist clients that cannot afford to pay for these services. Ms. Reddick from Apalachee Center volunteered to address the Health Mental Services priority; her agency already has a plan in place. Apalachee Center currently has a slide-fee scale in place for low-income clients. She will collaborate with Dr. Lee. Kissler will discuss the Low birth weight and pre-maturity priority with Dr. Joy Anderson form the Healthy Start Coalition. He will also discuss the Health Education priority with Max Martinez to see if they are willing to tackle this priority. Kissler suggested developing a list of strategies and goals and sharing those with the group at the next meeting to develop a plan.</p>

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