



# **[2013 GADSDEN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)]**

This report is intended to provide a brief summary to the successes, challenges/barriers, and recommendations for implementation of the 2013 Gadsden County Community Health Improvement Plan, prepared by the Florida Department of Health-Gadsden County and Gadsden Community Partners

Please note: The 2012 Community Health Assessment and 2013 Community Health Improvement Plan are incorporated by reference. Copies of the full text of these documents may be obtained at:

•Electronic Copies •Hardcopies



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## Executive Summary/Overview:

The Gadsden County Community Health Improvement Plan (CHIP) was finalized in June 2013. The CHIP was created using the MAPP process. The final product of this process was the Community Health Assessment in late 2012. With the CHA in hand, several participants in the MAPP process split into work groups to develop goals, strategies, objectives, and initial activities to address the community health priorities. The results of their efforts were added to the CHIP as the initial action plans. The work groups have continued to meet and work on the activities that progress toward meeting the objective(s) for the goals.

Community health assessment (CHA) and community health improvement planning (CHIP) activities for Gadsden County in 2013-2014 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/](http://www.naccho.org/topics/infrastructure/mapp/)). These activities were funded, in part, by the Florida Department of Health through grant funds to the Gadsden County Health Department (GCHD) that originated from the U.S. Department of Health and Human Services in its efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success and Organizing for Success

Phase 2 - Visioning

Phase 3 - The Four MAPP Assessments

Community Health Status Assessment (CHSA)

Local Public Health System Assessment (LPHSA)

Community Themes and Strengths Assessment (CTSA)

Forces of Change Assessment (FCA)

Phase 4 – Identify Strategic Issues (CHIP activity)

Phase 5 – Formulate Goals and Strategies (CHIP activity)

Phase 6 – Action Cycle (Program Planning, Implementation and Evaluation)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTSA allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Collectively, the results of the four assessments provide input to the community in order to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation and ongoing evaluation to improve community health (Phase 6).

The key findings from each of the four MAPP assessments are used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Gadsden County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment include:

<p><b>Community Health Status Profile</b></p> <ul style="list-style-type: none"> <li>• Access to affordable health care services</li> <li>• High percentage of Chronic diseases</li> <li>• Limited health care providers</li> <li>• High poverty levels</li> <li>• Low County Health Ranking outcomes</li> <li>• High percentage of population that are overweight, obesity, and have diabetes</li> <li>• High rate of Medicaid enrollees</li> <li>• Limited Dental care/ usage</li> <li>• High percentage of population that does not receive a high school diploma</li> </ul>	<p><b>Forces of Change Assessment</b></p> <ul style="list-style-type: none"> <li>• Access to and coordination of health care services</li> <li>• High poverty levels</li> <li>• High unemployment/lack of jobs</li> <li>• Sexually Transmitted Diseases increasing</li> <li>• Chronic diseases and risks increasing</li> <li>• High percentage of population that are overweight, obese, and have diabetes</li> <li>• Lack of transportation</li> <li>• Limited health literacy</li> </ul>
<p><b>Local Public Health Assessment</b></p> <ul style="list-style-type: none"> <li>• ES #3: Inform, Educate, And Empower People about Health Issues</li> <li>• ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems</li> <li>• ES # 10: Research for New Insights and Innovative Solutions to Health Problems</li> </ul>	<p><b>Community Themes and Strengths Assessment</b></p> <ul style="list-style-type: none"> <li>• Access to and coordination of health care services</li> <li>• Access to and coordination of health care services</li> <li>• Limited health insurance</li> <li>• Limited Dental care/usage</li> <li>• Limited health care awareness</li> </ul>

## Health Issues and Priority's

### Obesity

The Centers for Disease Control and Prevention has the following definition for Overweight and Obesity; Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

Definitions for Adults:

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). BMI is used because, for most people, it correlates with their amount of body fat.

- An adult who has a BMI between 25 and 29.9 is considered overweight.
- An adult who has a BMI of 30 or higher is considered obese.

It is important to remember that although BMI correlates with the amount of body fat, BMI does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat.

Other methods of estimating body fat and body fat distribution include measurements of skinfold thickness and waist circumference, calculation of waist-to-hip circumference ratios, and techniques such as ultrasound, computed tomography, and magnetic resonance imaging (MRI).

Assessing Health Risks Associated with Overweight and Obesity

BMI is just one indicator of potential health risks associated with being overweight or obese. For assessing someone's likelihood of developing overweight- or obesity-related diseases, the National Heart, Lung, and Blood Institute guidelines recommend looking at two other predictors:

- The individual's waist circumference (because abdominal fat is a predictor of risk for obesity-related diseases).
- Other risk factors the individual has for diseases and conditions associated with obesity (for example, high blood pressure or physical inactivity).

The risk for a variety of chronic diseases and health concerns including type 2 Diabetes, heart disease, hypertension, certain cancers, stroke and high cholesterol are increased when residents are overweight or obese.

In 2012, the percentage of adults who are overweight in Gadsden County was 36.6% for all races. However, the rate for non- Hispanic Black adults was 45.8%. Further analysis showed that for adults making less than \$25,000, the percent overweight was 34.6%, regardless of race. (Source BRFSS Survey, FDOH, Bureau of Epidemiology)

Likewise, Gadsden County middle school students with a BMI at/or above the 95<sup>th</sup> percentile was 23.2% in 2010. This was higher than the state percentage of 11.7%. The percentage for high schools students was 16.5% compared to 11.5% for the state. (Source BRFSS Survey, FDOH, Bureau of Epidemiology)

## **Health Issues/ Health Priority**

### **Access to Care**

A review of the Health People 2020 website provides a brief overview regarding access to health care, which follows:

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services means the timely use of personal health services to achieve the best health outcomes (Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman J, editor. Washington: National Academies Press; 1993). It requires 3 distinct steps:

- Gaining entry into the health care system
- Accessing a health care location where needed services are provided
- Finding a health care provider with whom the patient can communicate and trust

Access to health care impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability – Nearly 85% (84.9%) of adults in Gadsden indicated they had a personal doctor on the 2010 Florida Behavioral Risk Factor Surveillance Survey. This was better than the state rate of 81.7%
- High Cost – The 2010 Florida Behavioral Risk Factor Surveillance Survey data shows that adults who could not see a doctor at least once in the past year due to cost was 14.1%, which was lower than the rate for 2007 of 23.8%. The state rate of 17.3%.
- Lack of insurance coverage – in 2010, 79% of Gadsden County residents responded they had health insurance coverage on the Florida Behavioral Risk Factor Surveillance Survey. This was up from 75.6% in 2007.



## **Health Issues and Priority's**

### **Health Education/Health Literacy**

An examination of the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010) offers a summary of health literacy.

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Limited health literacy affects people of all ages, races, incomes, and education levels, but the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups. It affects people's ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts. Limited health literacy is also associated with worse health outcomes and higher costs.

Two decades of research indicate that today's health information is presented in a way that is not usable by most Americans. Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities. Without clear information and an understanding of prevention and self-management of conditions, people are more likely to skip necessary medical tests. They also end up in the emergency room more often, and they have a hard time managing chronic diseases, such as diabetes or high blood pressure.

This *National Action Plan to Improve Health Literacy* seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. The plan is based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The vision informing this plan is of a society that:

- Provides everyone with access to accurate and actionable health information
- Delivers person-centered health information and services
- Supports lifelong learning and skills to promote good health

## **2013 CHIP Update**

### **Overview of Process**

The CHIP is a living document and an outgoing process. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

During the summer of 2014, a review of the progress was conducted to identify successes, challenges/barriers, and recommendations for changes to the CHIP. The Florida Department of Health in Gadsden County took the lead in gathering information to create a draft annual report which was provided to community partners for input. To guide the collection of community partner input, a survey was developed (see **Appendix 1**). Input from the partners was then added to the draft annual report and the final draft was provided to the partners for final review and comment before creating the updated CHIP.

In addition, data sources were identified to assist the workgroups with monitoring progress and determining when the objective was met. The results of this evaluation of progress are included in the annual report with recommendations for changes and are included as **Appendix 2**.

### **Update Overview**

As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

## Goals, Strategies, and Objectives – Updated

The table below provides the original CHIP Priority Issues, Goals and Objectives in the first column (shaded gray) and the modified or added CHIP Priority Issues, Goals, Objectives, Monitoring Data Source, and Lead Organization in the second column (shaded blue). Additional information is also included regarding addition of activities for the updated objectives.

Original CHIP Goals and Objectives	2014 Update to CHIP Goals and Objectives
<b>Priority Issue:</b> Obesity	<b>Priority Issue:</b> Obesity- Healthiest Weight
<b>Goal:</b> Reduce Obesity rates in Gadsden County	<b>Goal:</b> Reduce Obesity rates in Gadsden County
<p><b>Objective:</b> By December 31, 2016, reduce obesity and overweight from 78% to 70%</p>	<p><b>Objective:</b> By December 31, 2016, reduce obesity and overweight from 78% to 70%</p> <p><b>Monitoring Data Source:</b> BRFSS Survey, FDOH, Bureau of Epidemiology , School Health Annual Report on BMI (Health Master System)</p> <p><b>Lead Organization:</b> Communities and Schools Gadsden County, and FDOH-Gadsden County</p> <p><b>Recommended Activities:</b></p> <ul style="list-style-type: none"> <li>• Cooking demonstrations and food tastings classes hosted at Farm Share Quincy focusing on portion size and healthy foods.</li> <li>• Planting Food Gardens at local elementary schools supplemented with nutritious recipes</li> <li>• Include a facilitated program such as “Get Going Gadsden Jr.” to motivate the youth of Gadsden County to increase physical activity, weight loss and promote a healthy lifestyle.</li> </ul>
<b>Priority Issue:</b> Access to Care	<b>Priority Issue:</b> Access to Care
<b>Goal:</b> Increase Access to Primary Care Services in Gadsden County	<b>Goal:</b> Increase Access to Primary Care Services in Gadsden County
<p><b>Objective:</b> By December 31, 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)</p>	<p><b>Objective:</b> By December 31, 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)</p> <p><b>Monitoring Data Source:</b> Florida Behavioral Risk Factor Surveillance Survey, Institute of Medicine, and Committee on Monitoring Access to Personal Health Care Services.</p>

	<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Seek partnership with Big Bend Transit</li> <li>• Modification of objective to better align with the capacity of the community to increase the number of primary care physicians in the county.</li> </ul>
<p><b>Objective:</b> By July 2016, reduce the uninsured rate from 23.9 to 22.0</p>	<p><b>Objective:</b> : By July 2016, reduce the uninsured rate from 23.9 to 22.0</p> <p><b>Monitoring Data Source:</b> Florida Charts, Florida Behavioral Risk Factor Surveillance Survey</p> <p><b>Lead Organization:</b> FDOH- Gadsden County and Capital Medical Society</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Distribute a county wide survey to assess insurance needs via the Skyward Portal</li> <li>• Facilitate an insurance seminar among well-attended Gadsden County organizations quarterly/yearly meetings, such as The Quincy Elderly Luncheon.</li> </ul>
<p><b>Priority Issue:</b> Health Education/ Health Literacy</p>	<p><b>Priority Issue:</b> Health Education/ Health Literacy</p>
<p><b>Goal:</b> Improve Health Education and Health Literacy in Gadsden County</p>	<p><b>Goal:</b> Improve Health Education and Health Literacy in Gadsden County</p>
<p><b>Objective:</b> By July 2014 provide all health materials in English and Spanish</p>	<p><b>Objective:</b> : By July 2015 provide all health materials in English and Spanish (We have not been able to complete the original deadline of July 1, 2014 and would like to request an extension)</p> <p><b>Monitoring Data Source:</b> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion</p> <p><b>Lead Organization:</b> FDOH- Gadsden County</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Include a benchmark date of January 2015 to tract and ensure success</li> </ul>
<p><b>Objective:</b> By July 1, 2014 determine a baseline health literacy level for all health service clients</p>	<p><b>Objective:</b> By July 1, 2016 determine a baseline health literacy level for all health service clients (We have not been able to complete the original</p>

	<p>deadline of July 1, 2014 and would like to request an extension)</p> <p><b>Monitoring Data Source:</b> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion</p> <p><b>Lead Organization:</b> FDOH- Gadsden County</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Seek a Masters Student majoring in Education to intern and assist in developing the baseline health literacy</li> <li>• Explore Literacy Grant options</li> </ul>
<p><b>Objective:</b> By December 2016 improve upon the baseline number by 50%</p>	<p><b>Objective:</b> By December 2017 improve upon the baseline number by 50%</p> <p><b>Monitoring Data Source:</b> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010)</p> <p><b>Lead Organization:</b> Florida Department of Health- Gadsden County</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Seek a Masters Student majoring in Education to intern and assist in developing the baseline health literacy</li> <li>• Explore Literacy Grant options</li> <li>• Begin resource development to fund potential avenues to improve upon the baseline number by 50% by December 2016</li> </ul>

## Alignment with State and National Priorities

The CHIP plan is aligned with the following:

- **Florida Department of Health’s State Health Improvement Plan 2012-2015** Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.  
[http://www.doh.state.fl.us/Planning\\_eval/Strategic\\_Planning/SHIP/FloridaSHIP2012-2015.pdf](http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf)

- **Healthy People 2020**

This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.

<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>

- **National Prevention and Health Strategies 2011**

Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.

<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

The tables on the following pages identify the linkages between the Gadsden County CHIP and each of the above referenced plans.

**Alignment**

Gadsden County CHIP	Florida State Health Improvement Plan	Healthy People 2020	National Prevention Strategies
<p><b>Goal: Reduce Obesity Rates in Gadsden County.</b></p> <p><b>Objective:</b> By December 31<sup>st</sup> 2016 reduce obesity and overweight from 78% to 70%</p> <p><b>Strategy 1.A:</b> Conduct activities like Get Going Gadsden: a healthiest weight initiative</p> <p><b>Strategy 1.B:</b> Conduct obesity related chronic disease screenings to motivate towards healthy weight</p> <p><b>Strategy 1.C:</b> Increase counseling and education about physical activity in addition to healthy eating strategies with overweight and obese WIC participants</p> <p><b>Strategy 1.D:</b> Increase physical activity in the elementary schools by partnering with Champions</p>	<p>Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16</p>	<p>Educational and Community-Based Programs Objective(s): ECBP-10</p>	<p>Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25</p>

**Alignment**

Gadsden County CHIP	Florida State Health Improvement Plan	Healthy People 2020	National Prevention Strategies
<p><b>Goal: Increase Access to Primary Care Services in Gadsden County</b></p> <p><b>Objective:</b> By December 31<sup>st</sup> 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)</p> <p><b>Strategy 2.1.A:</b> Recruit and incentivize primary care providers to practice in Gadsden County</p> <p><b>Strategy 2.1.B:</b> Coordinate for lower expenses for physicians to practice in Gadsden County</p>	<p>Strategic Issue Area: Access to Care Goal AC2, Pg. 23</p>	<p>Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6</p>	<p>Strategic Direction: Clinical and Community Preventive Service, Pg. 18</p>



**Alignment**

Gadsden County CHIP	Florida State Health Improvement Plan	Healthy People 2020	National Prevention Strategies
<p><b>Goal: Increase Access to Primary Care Services in Gadsden County</b></p> <p><b>Objective 2:</b> By July 2016, reduce the uninsured rate from 23.9 to 22.0 (Florida Charts)</p> <p><b>Strategy 2.2.A:</b> Navigate residents to insurance and Medicaid options</p> <p><b>Strategy 2.2.B</b> Enroll uninsured clients into the county indigent care insurance program</p> <p><b>Strategy 2.2.C</b> Help residents find primary care options</p>	<p>Strategic Issue Area: Access to Care Goal AC2, Pg. 23</p>	<p>Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6</p>	<p>Strategic Direction: Clinical and Community Preventive Service, Pg. 18</p>

**Alignment**

<b>Gadsden County CHIP</b>	<b>Florida State Health Improvement Plan</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategies</b>
<p><b>Goal: Improve Health Education and Health Literacy in Gadsden County</b></p> <p><b>Objective 3.1:</b> By July 1<sup>st</sup> 2015 Provide all health materials in English and Spanish.</p> <p><b>Strategy 3.1.A</b> Inventory all resources not in Spanish and start plans for new orders</p>	<p>Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16</p>	<p>Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5</p>	<p>Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22</p>

**Alignment**

<b>Gadsden County CHIP</b>	<b>Florida State Health Improvement Plan</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategies</b>
<p><b>Goal: Improve Health Education and Health Literacy in Gadsden County</b></p> <p><b>Objective 3.2:</b> By July 1, 2016 determine a baseline health literacy level for all health service clients</p> <p><b>Strategy 3.2.A:</b> Distribute survey to all clients to determine health literacy base level</p>	<p>Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16</p>	<p>Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5</p>	<p>Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22</p>

Alignment			
Gadsden County CHIP	Florida State Health Improvement Plan	Healthy People 2020	National Prevention Strategies
<p><b>Goal: Improve Health Education and Health Literacy in Gadsden County</b></p> <p><b>Objective:</b> By December 2017 improve upon the baseline number by 50%</p> <p><b>Strategy 3.3.A</b> Change marketing materials based on the literacy level.</p> <p><b>Strategy 3.3.B</b> target areas where health literacy is at a deficit</p>	<p>Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16</p>	<p>Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5</p>	<p>Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22</p>

## Potential Policy Implications

Within the state of Florida, there are numerous policies which can be used to impact health issues within Gadsden County. The table below and on the following pages summarized those policies most relevant to the issues identified in the Community Health Assessment.

<b>Chronic Disease &amp; Mortality</b>			
Health Risk Factors	Florida Law	Description	Changes
Cancer (e.g., lung, prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of Cluster/Outbreak	
	FS 385.202	Requires Providers to Report to Florida Cancer Registry	
	FS 385.103	Chronic Disease Community Intervention Programs	
	FS 385.206	Hematology-Oncology Care Center Program	
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS 385.103	Chronic Disease Community Intervention Program	
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Program	
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Program	
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership	
	FS 385.204	Insulin; Purchase, Distribution; Penalty for Fraudulent Application for and Obtaining of Insulin	
	FS 385.103	Chronic Disease Community Intervention Program	

<b>Chronic Disease &amp; Mortality</b>			
Health Risk Factors	Florida Law	Description	Changes
Unintentional Injuries	FS 385.103	Chronic Disease Community Intervention Program	
	FAC 64B-7.001	Pain Management Clinic Registration Requirements	
	FAC 64K-100 (1,2,3,4, 5, 6, 7)	Establishment of Florida's Prescription Drug Monitoring Program	
	FS Title XXIX, Chapter 397	Substance Abuse Services	
	FS 316.613	Child restraint requirements	
	FS 316.614	Safety belt usage	
	FS 327.35	Boating under the influence; penalties; "designated drivers"	
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Program	

<b>Communicable Diseases</b>			
Health Risk Factors	Florida Law	Description	Changes
Arboviral Diseases	FS 388	Control of Arthropods in Florida	
Tuberculosis	FS 392	Tuberculosis Control	
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD (e.g., Hepatitis A)	
	FS 381.0072	Food Service Protection	
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	

<b>Communicable Diseases</b>			
<b>Health Risk Factors</b>	<b>Florida Law</b>	<b>Description</b>	<b>Changes</b>
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities for the Care of Mildly-ill Children Requirements for Compulsory Immunizations for Admittance and Attendance	
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to	

<b>Communicable Diseases</b>			
Health Risk Factors	Florida Law	Description	Changes
		Florida Public Schools, including Exemptions	
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FS Title XXIX, Chapter 384	STIs; Department Requirements	
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-200(2,3,4,6)	Outlines with Respect to HIV the Definitions, Confidentiality, Testing Requirements, and Registration of HIV Testing Programs	
	FS 381.004	HIV Testing	

<b>Maternal &amp; Child Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
Birth Rates	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Infant Mortality	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	



<b>Maternal &amp; Child Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
Teen Pregnancy	FAC 64F-23.001	Informed Consent – Abortion	
	FS 63.053 and 63.054	Unmarried Father Registry	
	FS Title XXIX, Chapter 390	Termination of Pregnancies	
	Florida Constitution, Article X, Section 22	Parental Notice of Termination of Minor’s Pregnancy	
	FS Title XXIX, Chapter 384.31	STI: Testing of Pregnant Women; Duty of the Attendant	
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children’s Medical Services	

<b>Health Resource Availability (Access &amp; Resources)</b>			
Health Risk Factors	Florida Laws	Description	Changes
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FAC 64F-16.006	Sliding Fee Scale	
	FS 296.31	Veterans Nursing Home of Florida Act	

<b>Social &amp; Mental Health</b>			
Health Risk Factors	Florida Laws	Description	Changes
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education and Prevention Program	
	FL Constitution, Article	Public Schools,	

<b>Social &amp; Mental Health</b>			
<b>Health Risk Factors</b>	<b>Florida Laws</b>	<b>Description</b>	<b>Changes</b>
	IX, Section 1	Education of All Students	
	FS Title XLVIII	K-20 Education Code (FS 1007 – Access)	
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent and Retired Senior Volunteer Services to High-Risk and Handicapped Children	
	FS Title XXX, Chapter 409	Social and Economic Assistance, Part I)	
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs, Alzheimer’s Disease Services	
	FS Title XXIX, Chapter 394	Mental Health	
Disability	FS Title XXX, Chapter 410	Aging and Adult Services	
	FS Title XXX, Chapter 430	Elderly Affairs	
	FS Title XXIX, Chapter 393	Developmental Disability	
Crime	FS Title XLVI	Crimes in Florida	
	FAC 64B-7.002	Pain Clinic/Physician Disciplinary Guidelines	
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads or Blanks for Controlled Substance Prescribing	
	FAC 64B-21.504.001	School Psychology Disciplinary Guidelines	
	FS 767.04	Dog owner’s liability for damages to person bitten (e.g., PEP)	
Suicide	FAC 64K-100 (1,2,3,4,5,6,7)	Establishment of Florida’s Prescription Drug Monitoring Program – In Response to Overdose/Suicide Rates	
	FS 406.11	Examinations, Investigations, and Autopsies	
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program	

<b>Social &amp; Mental Health</b>			
<b>Health Risk Factors</b>	<b>Florida Laws</b>	<b>Description</b>	<b>Changes</b>
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
	FS 1003.455	Physical education; assessment	
Alcohol Use	FS Title XXXIV	Alcoholic Beverages and Tobacco Regulations	
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Act: FDOH shall regulate all facilities that DBPR does not with respect to this Act	
	FL Constitution, Article X, Section 20	Workplaces without Tobacco Smoke	
	FS Title XXXIV, Chapter 569	Tobacco Product Regulation	

**Appendix 1: Community Health Improvement Plan Quarterly Progress Report**

Organization	
Person Responding	
Reporting Time Period	July 1, 2013 to June 30, 2014
<b>Health Priority</b>	
<b>Health Priority</b>	<b>Obesity</b>
Goal	Reduce Obesity Rates in Gadsden County
Objective	1.1 By December 31, 2016 , reduce obesity and overweight from 78% to 70%
Success	
Challenges/Barriers	
Recommendations	
<b>Health Priority</b>	
<b>Health Priority</b>	<b>Access to Care</b>
Goal	Increase Access to Primary Care Services in Gadsden
Objective	2.1 By December 31, 2015, Increase the primary Care Physicians Ratio from 1438:1 to the new National Benchmark 1067:1 (Robert Woods Johnson Ranking)
Success	
Challenges/Barriers	
Recommendations	
Objective	2.2 By July 2016, reduce the uninsured rate from 23.9 to 22.0 (Florida Charts)
Success	
Challenges/Barriers	
Recommendations	

<b>Health Priority</b>	<b>Health Education/ Literacy</b>
Goal	Improve Health Education and Health Literacy in Gadsden County
Objective	3.1 By July 1, 2014 Provide all health materials in English and Spanish
Success	
Challenges/Barriers	
Recommendations	
Objective	3.2 By July 1 <sup>st</sup> 2014 determine a baseline health literacy level for all health service clients
Success	
Challenges/Barriers	
Recommendations	
Objective	3.3 By December 2016 improve upon the baseline number by 50%
Success	
Challenges/Barriers	
Recommendations	

# 2013 GADSDEN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



2013  
2014 Update

Annual Evaluation Report of Progress  
with Recommendations

This report is intended to provide a brief summary to the successes, challenges/barriers, and recommendations for implementation of the 2013 Gadsden County Community Health Improvement Plan, prepared by the Florida Department of Health-Gadsden County and Gadsden County Community Partners.

# 2013 Gadsden county community health improvement plan (CHIP)

## ANNUAL EVALUATION REPORT OF PROGRESS WITH RECOMMENDATIONS

### Introduction:

Building a healthier Gadsden 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 Gadsden 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, 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 is used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), is 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.

The Gadsden County identified three key issues

- Obesity,
- Access to Care, and
- Health Education/Health Literacy

## Obesity

### **The Centers for Disease Control and Prevention defines Overweight and Obesity as follows:**

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

#### **Definitions for Adults**

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). BMI is used because, for most people, it correlates with their amount of body fat.

- An adult who has a BMI between 25 and 29.9 is considered overweight.
- An adult who has a BMI of 30 or higher is considered obese.

It is important to remember that although BMI correlates with the amount of body fat, BMI does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat.

Other methods of estimating body fat and body fat distribution include measurements of skinfold thickness and waist circumference, calculation of waist-to-hip circumference ratios, and techniques such as ultrasound, computed tomography, and magnetic resonance imaging (MRI).

#### **Assessing Health Risks Associated with Overweight and Obesity**

BMI is just one indicator of potential health risks associated with being overweight or obese. For assessing someone's likelihood of developing overweight- or obesity-related diseases, the National Heart, Lung, and Blood Institute guidelines recommend looking at two other predictors:

- The individual's waist circumference (because abdominal fat is a predictor of risk for obesity-related diseases).
- Other risk factors the individual has for diseases and conditions associated with obesity (for example, high blood pressure or physical inactivity).

The risk for a variety of chronic diseases and health concerns including type 2 Diabetes, heart disease, hypertension, certain cancers, stroke and high cholesterol are increased when residents are overweight or obese.

In 2012, the percentage of adults who are overweight in Gadsden County was 36.6% for all races. However, the rate for non-Hispanic Black adults was 45.8%. Further analysis showed that for adults making less than \$25,000, the percent overweight was 34.6%, regardless of race. (Source BRFSS Survey, FDOH, Bureau of Epidemiology)

Likewise, Gadsden County middle school students with a BMI at/or above the 95<sup>th</sup> percentile was 23.2% in 2010. This was higher than the state percentage of 11.7%. The percentage for high schools students was 16.5% compared to 11.5% for the state. (Source BRFSS Survey, FDOH, Bureau of Epidemiology)



Goal: Reduce Obesity Rates in Gadsden County

Strategy:

- Conduct activities like Get Going Gadsden: a healthiest weight initiative;
- Conduct obesity related chronic disease screenings to motivate towards healthy weight;
- Increase counseling and education about physical activity in addition to healthy eating strategies with overweight and obese WIC participants;
- Increase physical activity in the elementary schools by partnering with Champions
- 

Objective: By December 31, 2016, reduce obesity and overweight from 78% to 70%

Lead Organization (Organizational Contact): Florida Department of Health- Gadsden County ([Ronterrius.Clark@flhealth.gov](mailto:Ronterrius.Clark@flhealth.gov)) Senior Human Services Program Analyst

Data Source: Florida Department of Health, Bureau of Epidemiology, Florida County-level Behavioral Risk Factors Surveillance (BRFSS)

Successes:

- Data from Get Going Gadsden revealed that there were 2,061 hours of exercise time among the 19 teams and 242 participants
- Get Going Gadsden participants increased physical activity through a 60 day county-wide competition
- Get Going Gadsden increased awareness about obesity and chronic diseases as a result of unhealthy eating and limited physical activity
- School Health staff conducted BMI screenings in 1, 3, and 6 grade to determine weight status and risk of certain chronic diseases based on weight and height measurements followed by referrals and follow-up on students who are obese and under-weight
- Decrease in the percent of middle school students with BMI at or above 95<sup>th</sup> percentile dropped from 23.2 % in 2010 to 17.7% in 2012
- Gadsden County has received an Obesity Grant has been to create an Obesity Coalition to aid in the efforts of reducing obesity rates in Gadsden County
- The Department of Health- Gadsden County partners with Mother Care to conduct 30 minute workout sessions one day a week at the Gadsden County Senior Center for a total of 1,560 exercise hours a year

Challenges/Barriers:

- Adults who are overweight or obese was 76.2% in 2010 (Healthiest Weight Profile – Gadsden - BRFSS); 2007 BRFSS was 73.8% and 2002 was 67.1%
- Increase in the percent of high school students with BMI at or above 95<sup>th</sup> percentile from 16.5% in 2010 to 19.2% in 2012.
- Unemployment impacts access/ funding to purchase food

Recommendations:

- Cooking demonstrations and food tastings classes hosted at Farm Share Quincy focusing on portion size and healthy foods
- Planting Food Gardens at local elementary schools supplemented with nutritious recipes
- Include a facilitated program such as “Get Going Gadsden Jr.” to motivate the youth of Gadsden County to increase physical activity, weight loss and promote a healthy lifestyle.
- Modify objective to reflect a specific age group (adults, elementary/middle/high school students)
- Identify alternative methods for monitoring progress toward objective

## Access to Care

A review of the Health People 2020 website provides a brief overview regarding access to health care, which follows:

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services means the timely use of personal health services to achieve the best health outcomes (Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman J, editor. Washington: National Academies Press; 1993). It requires 3 distinct steps:

- Gaining entry into the health care system
- Accessing a health care location where needed services are provided
- Finding a health care provider with whom the patient can communicate and trust

Access to health care impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability – Nearly 85% (84.9%) of adults in Gadsden indicated they had a personal doctor on the 2010 Florida Behavioral Risk Factor Surveillance Survey. This was better than the state rate of 81.7%
- High Cost – The 2010 Florida Behavioral Risk Factor Surveillance Survey data shows that adults who could not see a doctor at least once in the past year due to cost was 14.1%, which was lower than the rate for 2007 of 23.8%. The state rate of 17.3%
- Lack of insurance coverage – in 2010, 79% of Gadsden County residents responded they had health insurance coverage on the Florida Behavioral Risk Factor Surveillance Survey. This was up from 75.6% in 2007

Goal: Increase Access to Primary Care Services in Gadsden County

Strategy:

- Recruit and incentivize primary care providers to practice in Gadsden County
- Coordinate for lower expenses for physicians to practice in the county

Objective: By December 31, 2015, Increase the Primary Care Physicians Ratio from 1438:1 to the National Benchmark 1067:1 (Robert Woods Johnson Health Rankings)

Lead Organization (Organization Contact): Capital Medical Society ([dmarrett@capmed.org](mailto:dmarrett@capmed.org)) Case Manager

Data Source: Capital Medical Society, Robert Woods Johnson Health Rankings, Florida Behavioral Risk Factor Surveillance Survey, Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman J, editor. Washington: National Academies Press; 1993

Successes:

- List of current community health service agencies that are in resource databases.
  - American Cancer Society
  - Big Bend Cares
  - Big Bend Transit Trans. Disadvantage Program
  - Big Bend Homeless Coalition
  - Breast and Cervical Cancer Project
  - Cancer Fund America
  - Capital Community Action
  - Catholic Charities
  - Community Action
  - Department of Children and Families
  - Division of Blind Services
  - ECHO
  - Epilepsy Association
  - Haven of Rest
  - Hearing Aids “Hear Now”
  - HOPE Community
  - Lions Club
  - Social Security Office- Leon Office
  - Spanish Translators- Gadsden County
  - Veterans Administration Outpatient Clinic
  - Vocational Rehabilitation- Gadsden
- Capital Medical Society has serviced 312 Gadsden County residents beginning January 1, 2013 to September 18, 2014
- Capital Medical Society has supplied access to care to 176 Gadsden County residents beginning January 1, 2013 to September 18, 2014

- Gadsden County has seen an increase in Specialty Care Physician's that now include Tallahassee Memorial Hospital Family Planning- Quincy, Cardiology and Internal Medicine, Neighborhood Medical Center, and Capital Regency Medical Center

Challenges/Barriers:

- Insurance policies will directly impact access to care if coverage changes
- If the Primary Care Physicians stop accepting new patients and begin placing patients on wait list
- The large population of uninsured in Gadsden County

Recommendation:

- Seek partnership with Big Bend Transit
- Modification of objective to better align with the capacity of the community to increase the number of primary care physicians in the county

Goal: Goal: Increase Access to Primary Care Services in Gadsden County

Strategy:

- Navigate residents to insurance and Medicaid options
- Enroll uninsured clients into the county indigent care insurance program.
- Help residents find primary care options

Objective: By July 2016, reduce the uninsured rate from 23.9 percent to 22.0 percent

Lead Organization (Organizational Contact): Capital Medical Society (dmarrett@capmed.org)

Data Source: Florida Behavioral Risk Factor Surveillance Survey

Successes:

- In 2010, 79% of adults with any type of health care insurance coverage was reported in the BRFSS

Challenges/Barriers:

- Lack of funding available to identify and encourage uninsured residence to apply for insurance
- Lack of funding available to residence to pay premiums and or co-payments

Recommendation:

- Distribute a county wide survey to assess insurance needs via the Skyward Portal
- Facilitate an insurance seminar among well-attended Gadsden County organizations quarterly/yearly meetings, such as The Quincy Elderly Luncheon

## Health Education/Health Literacy

An examination of the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010) offers a summary of health literacy.

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Limited health literacy affects people of all ages, races, incomes, and education levels, but the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups. It affects people's ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts. Limited health literacy is also associated with worse health outcomes and higher costs.

Two decades of research indicate that today's health information is presented in a way that is not usable by most Americans. Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities. Without clear information and an understanding of prevention and self-management of conditions, people are more likely to skip necessary medical tests. They also end up in the emergency room more often, and they have a hard time managing chronic diseases, such as diabetes or high blood pressure.

This *National Action Plan to Improve Health Literacy* seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. The plan is based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The vision informing this plan is of a society that:

- Provides everyone with access to accurate and actionable health information
- Delivers person-centered health information and services
- Supports lifelong learning and skills to promote good health

Goal: Improve Health Education and Health Literacy in Gadsden County

Strategy:

- Inventory all resources not in Spanish and start plans for new orders
- Distribute survey to all clients to determine health literacy base level
- Change marketing materials based on the literacy level
- Target areas where health literacy is at a deficit

Objective: By July 1, 2015 provide all health materials in English and Spanish

Lead Organization (Organizational Contact): Florida Department of Health- Gadsden County  
([laura.lopez@flhealth.gov](mailto:laura.lopez@flhealth.gov)) Administrative Services Manager

Data Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010)

Successes:

- Collect survey on most effective means of communication
- Test all materials to determine effective level of communication

Challenges/Barriers:

- Developing basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
- Increasing the dissemination and use of evidence-based health literacy practices and interventions

Recommendations:

- Distribute a county wide survey to assess insurance needs via the Skyward Portal
- Facilitate an insurance seminar among well-attended Gadsden County organizations quarterly/yearly meetings, such as The Quincy Elderly Luncheon
- Data collection on health literacy
- Collect survey on most effective means of communication
- Interview key informants to determine where they view the level to be at

Goal: Improve Health Education and Health Literacy in Gadsden County



Objective: By July 1, 2016 determine a baseline health literacy level for all health service clients.

Lead Organization (Organizational Contact): Florida Department of Health in Gadsden County ([laura.lopez@flhealth.gov](mailto:laura.lopez@flhealth.gov)) Administrative Services Manager

Data Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010)

Successes:

- Collect survey on most effective means of communication
- Test all materials to determine effective level of communication

Challenges/Barriers:

- Incorporating accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
- Supporting and expanding local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community

Recommendations:

- Distribute a county wide survey to assess insurance needs via the Skyward Portal
- Facilitate an insurance seminar among Gadsden County organization well-attended quarterly/yearly events, such as The Quincy Elderly Luncheon

Goal: Improve Health Education and Health Literacy in Gadsden County

Objective: By December 2017 improve upon the baseline number by 50%

Lead Organization (Organizational Contact): Florida Department of Health- Gadsden County ([laura.lopez@flhealth.gov](mailto:laura.lopez@flhealth.gov)) Administrative Services Manager

Data Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010)

Successes:

- Collect survey on most effective means of communication
- Test all materials to determine effective level of communication

#### Challenges/Barriers:

- Developing and disseminating health and safety information that is accurate, accessible, and actionable
- Promoting changes in the health care system that improve health information, communication, informed decision making, and access to health services

#### Recommendations:

- Seek a Masters Student majoring in Education to intern and assist in developing the baseline health literacy
- Explore Literacy Grant options
- Begin resource development to fund potential avenues to improve upon the baseline number by 50% by December 2016
- Begin resource development to fund potential avenues to improve upon the baseline number by 50% by December 2016

This document was prepared by The Gadsden County Department of Health

