

JACKSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



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Revisions
2015

Community Health Improvement Plan
Report



Contributors

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PREPARED BY



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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Improvement Plan Report 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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INTRODUCTION

Jackson County Community Health Improvement Plan

EXECUTIVE SUMMARY

Building a healthier Jackson 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 Jackson 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 can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Health Priorities and Recommendations

The Jackson County Community Health Committee identified four key issues – *Communicable Disease Prevention, Healthcare Access, Poverty and Education, and Teen Pregnancy/Birth Outcomes* - and developed recommendations and action steps.

The Task Force recommends the Community Health Action Plans should be incorporated into the work of the Florida Department of Health in Jackson County, existing community groups, and health care partners.

Health Priority: Communicable Disease Prevention

Goal: Reduce communicable disease and infectious disease rate in Jackson County.

Objective: Decrease reported Chlamydia cases from 100 to 80 cases in ages 15-19 by December 30, 2015.

Health Priority: Healthcare Access

Goal: Increase availability of healthcare services/access in Jackson County.

Objective: Increase the percentage of adults who have had a medical check-up within the last year from 67.7% to 75% by December 30, 2015.

Health Priority: Poverty and Education

Goal: Incorporate certified vocational training into the Jackson County High School curriculum.

Objective: Establish 3 new certification vocational training tracks by September 1, 2016 at Marianna High School.

Health Priority: Teen Pregnancy (Maternal Health)/Birth Outcomes (Infant Health)

Goal: Improve infant and maternal health outcomes in Jackson County.

Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51cases) by October 15, 2016.

Strategy 1: Implement Sex Education program in Jackson County.

Strategy 2: Implement Community Awareness program in Jackson County.

INTRODUCTION

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

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the

community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

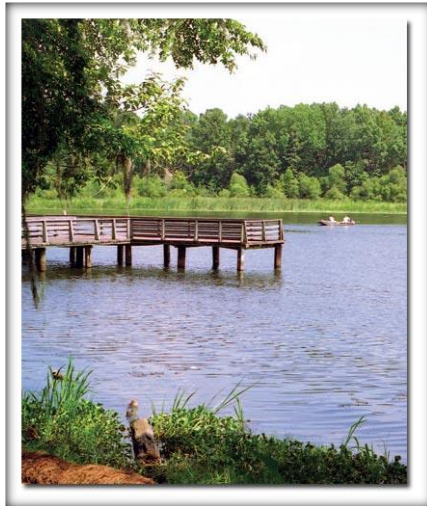


The Florida Department of Health in Jackson County, working with community health partners, initiated community-wide strategic planning for improving community health utilizing the *Mobilizing for Action through Planning and Partnerships* (MAPP) model. MAPP was developed by the *National Association of County and City Health Officials* (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement plan is designed to use existing resources

wisely, consider unique local conditions and needs, and form effective partnerships for action.

METHODOLOGY

The Florida Department of Health in Jackson County and community health partners



met together for the purpose of evaluating the health status of the citizens of the Jackson County area in order to develop health improvement interventions. The goal of these partners was to develop and implement comprehensive, community-based health promotion and wellness programs in the Jackson County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

The NACCHO MAPP model for community health planning was used, which provides a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

The ***Community Health Status Assessment*** provided a “snapshot in time” of the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions. Jackson County Health Department conducted a Community Health Status Profile in March 2013. Data from the 2010 U.S. Census, U.S. Bureau of Labor Statistics, and the Florida Department of Health, Legislative Office of Economic and Demographic Research, Department of Children and Families, Department of Law Enforcement, and Agency for Health Care Administration was utilized in the *Community Health Status Assessment*. Major findings from the ***Community Health Status Assessment*** included:

- The population of 49,746 residents had an annual wage of \$41,570.
- The median age is 38.8 years, and 67% of the population is White and 26% is Black/African American.
- In 2011, the leading causes of death were: 1) Heart Diseases), 2 Cancer, 3) Stroke, 4) Chronic Lower Respiratory Disease (CLRD), and 5) Unintentional Injuries.
- Diabetes was the seventh leading cause of death in Jackson County for 2011, with the diabetes mortality rates for Black Jackson County higher than for White residents from 2003 to 2011.
- Transportation Accidents accounted for 35% of all deaths from injury from 2007-2011 among Jackson County residents. Suicide (20%) and homicide (14%) were the next most frequent causes of Unintentional Injury deaths.
- Nearly two-thirds of White Jackson County residents have had a medical checkup in the past year.
- There were 10,039 Jackson County residents (20%) enrolled in Medicaid in 2011.
- 72% of adults reported they were overweight or obese on the 2010 BRFSS
- The percentage of adults who are current smokers decreased (32% change) from 2007 (29.7%) to 2010 (20.2%).
- Aggravated assault accounted for 86% of the total violent crimes Jackson County in 2011.

Community perceptions of the health care system are a critical part of the MAPP process. **Community Themes and Strengths** were identified during a **Forces of Change** workshop in April 2013. The Forces of Change workshop provided an overview of key trends, events or factors that participants identified as currently or potentially affecting the quality of the overall health and wellness of Jackson County. Jackson County community partners, representing a number of public and private organizations identified the Strengths, Weaknesses, Opportunities, and Threats (SWOT) to public health in Jackson County. Participants worked collaboratively to identify the key Forces, Trends and Events within each of the six areas:

- Economic
- Environmental
- Health
- Social
- Political
- Technological



Data from the **2012 County Health Rankings**, compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were reviewed by community partners throughout the MAPP process.



April 2013

Goals & Strategies Report

As part of the Jackson County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) a Strategic Priorities and Goals workshop was conducted on April 24, 2013. Twenty-five community health partners participated in the workshop and identified seven community health themes for Jackson County.

Background

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Jackson County, Quad R, LLC was contracted by the Jackson County Health Department to facilitate the Goals and Strategies workshop on April 24, 2013. The purpose of this workshop was to identify health priorities which are impacting Jackson County residents and to develop goal statements and strategies for each priority.

A total of 25 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies.

Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Jackson County.



Methods

Approximately three weeks prior to the scheduled Goals and Strategies workshop, community health partners were contacted by e-mail from the Jackson County Health Department regarding the date, time, and purpose of the workshop. At this time, community health partners were provided the agenda. The email, workshop participants, and agenda are in Appendix 1.

The participants were welcomed to the workshop by the Jackson County Health Administrator, William Long. Workshop participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for Jackson County. This data included:

- Florida Department of Health CHARTS – Jackson County Health Status Summary (accessed April 15, 2013)
- 2013 County Health Rankings (Florida Big Bend, Florida Public Health Institute)
- Florida Legislature, Office of Economic and Demographic Research – Jackson County Summary (accessed April 15, 2013)
- Jackson CHARTS Pregnancy & Young Child Profile (accessed April 15, 2013)
- Jackson CHARTS School-aged Child & Adolescent Profile (accessed April 15, 2013)
- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report
- Florida Department of Law Enforcement January-December 2011 Crime in Jackson County Summary
- Jackson County Quick Facts, US Census Report (accessed April 15, 2013)
- Florida Youth Tobacco Survey (FYTS) 2012 – Jackson County at a Glance
- Jackson County: Specialty and Flavored Tobacco Trends Among Youths (Ages 11-17) from the Florida Youth Tobacco Survey (Florida Department of Health)

Participants reviewed the data individually and identified key health issues and/or needs for Jackson County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public health system operate within Jackson County.

Participants were then divided randomly into five groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each group worked collaboratively to cluster their issues and identify a label for the theme or category.



Workshop participants were re-assigned to one of three breakout groups. One group reviewed all the themes and categories and re-

assembled them into a master list of community health issues. One group worked independently to create a list of the *Resources* available in Jackson County to address



community health issues and concerns. One group separately identified the *Barriers/Challenges* to impacting community health issues and concerns in Jackson County.

The groups working on the *Resources* and *Barriers/Challenges* were reminded to include people/agencies, process/laws, and

place/location/events. In addition, the groups were to list local, county, regional, state, and federal items for each list. The two groups were also instructed to include attitudes, behaviors, and cultural items which served as either a *Resource* or *Barrier/Challenge*. The groups were reminded that an item could appear in both lists. The groups switched places and reviewed each other's work and added additional *Resources* or *Barriers/Challenges*. The final product is included at the end of this report.

Ten health issues were identified:

- Birth Outcomes
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Mental Health
- Poverty and Education
- Screenings
- Teen Pregnancy
- Tobacco

Workshop participants were instructed to self-select into one of the 10 health issues. Each group was to review the health issues represented by the sticky notes associated with that issue. Each group was tasked with identifying two *Do-able* activities in order to change and/or impact the health issue in Jackson County. Groups were reminded to think about the *Resources* and *Barriers/Challenges* when identifying *Do-able* activities.



Once two activities were listed, each group moved to the next health issue, reviewed the sticky notes, discussed the *Do-able* activities listed, and identified two different *Do-able* activities. This process was repeated until each group had reviewed and added items to each of the 10 health issues.

Next, workshop participants reviewed the *Do-able* activities on each of the 10 health issues. Each group was instructed to reach consensus on the three most *Do-able* activities given the *Resources* and *Barriers/Challenges*, and place a “star” next to these activities on each chart.

Once each group had selected the top three most *Do-able* activities on each of the 10 health issues, the workshop participants were asked to review all the health issues a final time. This work is presented in Appendix 1.

After a short break for a working lunch and networking, workshop participants self-selected into one of the 10 health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue. Once each workgroup had at least 2 strategies for the health issue, the participants reviewed the work for each issue. Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process (see Key terms and examples on the Agenda).

Workgroups were then provided the *Goal & Strategies* template on a large easel chart paper. Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The goals and strategies developed during this workshop are found on the following pages.

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GOALS & STRATEGIES

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Birth Outcomes	<p>Jackson County will decrease the:</p> <ul style="list-style-type: none"> • Number of low birth weight babies from 9.7 to 8.7 • Premature birth rate from 13.6 to 11.4 • Infant death rate from 9.3 to 6.6 • Neonatal death rate from 6-0 to 4.4 • Post neonatal death rate from 3.3 to 2.2 	<p>1. Encourage Healthy Start prenatal and infant screening, and participation in the local Healthy Start program.</p>	<ul style="list-style-type: none"> • Family and cultural beliefs. • Community acceptance. • Funding. 	<p>Timeline 2013-2020</p> <p>Lead & Team Members Chipola Healthy Start</p> <p>Resources Pediatricians Jackson County Health Department Local OB's and Hospital A Women's Pregnancy Center (AWPC) Healthy families Early Learning Center Clients</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Birth Outcomes (continued)	Jackson County will decrease the: <ul style="list-style-type: none"> • Number of low birth weight babies from 9.7 to 8.7 • Premature birth rate from 13.6 to 11.4 • Infant death rate from 9.3 to 6.6 • Neonatal death rate from 6.0 to 4.4 • Post neonatal death rate from 3.3 to 2.2 	2. Partner with community based organizations to educate youth on preconception health	<ul style="list-style-type: none"> • Lack of participation. • Employee turnover. • Transportation, lack of. • Family values and community morals. • Funding. 	Timeline 2013-ongoing Lead & Team Members Chipola Healthy Start Resources Jackson County Health Department Local media Social networks Health fairs Chipola Adolescent Pregnancy Prevention (CAPP) Parents Families School Board Chipola College

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Chronic Disease	Jackson County will decrease the chronic disease rate.	1. Increase education and outreach efforts so that all residents are aware of health screenings to prevent chronic disease.	<ul style="list-style-type: none"> • Lack of funding. • Accessibility. • Literacy. • Numeracy. • Educational level. 	<p>Timeline 2016</p> <p>Lead & Team Members Jackson County Health Department Jackson Hospital Faith based community Doctor's offices</p> <p>Resources Florida Department of Health State offices Med Wheels Big Bend AHEC Chipola College Media</p>
		2. Implement or increase initial employee wellness programs.	<ul style="list-style-type: none"> • Increased cost to employer. • Resistance to change. • Lack of funds for employee incentives. 	<p>Timeline 2018</p> <p>Lead & Team Members Jackson County Health Department Jackson Hospital Community based organizations & businesses</p> <p>Resources Insurance agencies Employee Health Fairs Agencies Health Associations AHEC</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Communicable Diseases	Jackson County will decrease incidence of communicable disease.	1. Implement required screenings in children ages 9-17 in the public school system.	<ul style="list-style-type: none"> • Funding. • Parental resistance. • Staff availability. • Difficulty of ensuring follow – up care. • Increased HIPPA liabilities. 	Timeline 3 years Lead & Team Members School Board County Health Department Resources County Health Department School Nursing staff Centers for Disease Control
		2. Increase early education on healthy choices.	<ul style="list-style-type: none"> • Funding. • Staff availability. • Lack of parental permission to attend classes. • Time constraints for classes. • What's the next step? (e.g., follow-up) 	Timeline 1 year/ongoing Lead & Team Members School Board County Health Department Resources County Health Department School Nursing staff Principals Guidance Counselors

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Healthcare Access	Jackson County will increase healthcare access.	1. Increase licensed healthcare providers in Jackson County.	<ul style="list-style-type: none"> • Rural area. • Perception of area. • Limited resources. • One Hospital. • Lack of payer sources. • Lack of transportation. 	<p>Timeline Ongoing</p> <p>Lead & Team Members Jackson County Commissioners Jackson County Chamber Jackson Hospital</p> <p>Resources Beautiful county Natural resources Quality of life</p>
		2. Educate community on available resources.	<ul style="list-style-type: none"> • Lack of education. • Complexity of programs available. • Overlapping services. 	<p>Timeline Ongoing</p> <p>Lead & Team Members Government agencies</p> <p>Resources All community resources</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Injury and Safety	Jackson County will provide education through the school system and social media to decrease injury rate and increase safety rate.	1. Provide injury and safety education through physical education K-12.	<ul style="list-style-type: none"> Funding in public school system Resistance to change. 	<p>Timeline 2 years</p> <p>Lead & Team Members Physical education teachers School resource officer</p> <p>Resources Fire and Rescue Sheriff Department Police Department Health Department</p>
		2. Provide public service announcements through social media.	<ul style="list-style-type: none"> Funding. Access to social media. Resistance to change. 	<p>Timeline 6 months ongoing</p> <p>Lead & Team Members local radio stations TV stations Text support</p> <p>Resources Face Book Twitter Instagram Local media Sheriff Department Fire and Rescue Emergency Management Police Department Health Department</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Mental Health	Jackson County residents will become more aware of mental disorders.	1. Increase funding for mental health services.	<ul style="list-style-type: none"> • Lack of funds. • Lack of local providers. 	<p>Timeline 5 years</p> <p>Lead & Team Members Lobbyists State representative County administration</p> <p>Resources Jackson County Health Department Physicians Media Life Management Florida Therapy Jackson County Association for Retarded Citizens (JCARC)</p>
		2. Increase community knowledge of mental illness.	<ul style="list-style-type: none"> • Getting community involvement • Transportation • Low income • Lack of concern • Client participation. • Stigmas and myth. 	<p>Timeline 1 year</p> <p>Lead & Team Members Health Department Insurance providers</p> <p>Resources JCARC Jackson County Health Department Physicians Media Life Management Florida Therapy</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Poverty and Education	Jackson County will lower poverty rates through improved educational opportunities.	1. Provide alternative certified vocational tracks in public school.	<ul style="list-style-type: none"> • State/federal education mandates. • Funding. • Qualified instructors. • Lack of available certification programs. 	<p>Timeline 1 year/2018</p> <p>Lead & Team Members Jackson County School Board Chipola College</p> <p>Resources Chipola College Jackson County School Board State of Florida</p>
		2. Attract quality, higher paying employers to Jackson County.	<ul style="list-style-type: none"> • Resistance to change. • Rules/regulations. • Neighboring state competition. 	<p>Timeline Ongoing</p> <p>Lead & Team Members Jackson County Development Council Community leaders Chamber of Commerce</p> <p>Resources Quality of life Local government Jackson County Development Council</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Health Screenings	Jackson County will make people aware of the benefit of participating in health screenings.	1. Increase the number of participants by selecting central locations.	<ul style="list-style-type: none"> • Timing and place. • Funding 	<p>Timeline Twice a year</p> <p>Lead & Team Members Jackson County Health facilities School system Sun Land</p> <p>Resources Life Expo Jackson Hospital Funding for transportation Health Department Media</p>
		2. Promote activities that will increase the number of participants.	<ul style="list-style-type: none"> • Lack of transportation. • Educational level. 	<p>Timeline Spring & Fall</p> <p>Lead & Team Members Volunteers School system Media</p> <p>Resources All communities Jackson Transportation Local Health providers Community Chipola College Jackson County Health Department</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Teen Pregnancy	Jackson County will decrease teen pregnancy.	1. Implement early healthy choices through education in elementary and middle schools.	<ul style="list-style-type: none"> • Lack of support/resistance from: <ul style="list-style-type: none"> • Faith based community • School Board • Parents • Lack of funding • Current/Mandated school curriculum. 	<p>Timeline 2 years 2013-2020</p> <p>Lead & Team Members School Board Character First A Women's Pregnancy Center Local Pediatricians and OB-GYN's Chipola Adolescent Pregnancy Prevention Task Force Health Department Faith-based community</p> <p>Resources Affordable Care Act Centers for Disease Control School Board Available funds/grants for High School teen pregnancy communities</p>

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Teen Pregnancy (continued)	Jackson County will decrease teen pregnancy.	2. Provide incentive money for not getting pregnant before graduation.	<ul style="list-style-type: none"> Funding and backing from government 	Timeline 2020 Lead & Team Members Jackson County School Board State government All local healthcare organizations Chipola Adolescent Pregnancy Prevention (CAPP) Resources Grants and information above

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Tobacco	Jackson County will decrease tobacco use rates.	1. Increase education for middle school students about dangers of tobacco.	<ul style="list-style-type: none"> Limited access to classroom time (always told busy with teaching FCAT). Funding. 	Timeline Ongoing Lead & Team Members County Health Department (SWAT) Resources SWAT AHEC
		2. Increase tax rates on tobacco to fund healthcare.	<ul style="list-style-type: none"> Legislation. Government. Tobacco user objection. Funding. 	Timeline Two years Lead & Team Members Legislators Resources Lobbyists/groups Tobacco Free Florida

Jackson County Community Health Project				
Priority Issue	Goal	Strategy	Barriers	Implementation
Tobacco (continued)	Jackson County will decrease tobacco use rates.	3. Increase enforcement of laws and student discipline for tobacco use.	<ul style="list-style-type: none"> • Funding. • Lack of law enforcement personnel. • Lack of enforcement of existing laws by current officers. 	<p>Timeline One year</p> <p>Lead & Team Members Local Law Enforcement Marianna Police Department Jackson County Sheriff Office</p> <p>Resources Schools School Resource Officer Teen Court (if had one)</p>

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SUMMARY/KEY FINDINGS

The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Jackson County public health system.

Nationally, the current economic climate will continue to affect the local public health system



and overall community throughout Jackson County and the State of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through

collaboration and partnership with more non-traditional partners. *Healthcare Access, Poverty and Education, Screenings, and Mental Health* were identified as key priority health issues.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Jackson County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Jackson County and the state of Florida also present the need to address language and cultural barriers. *Birth Outcomes, Chronic Disease, Communicable Disease, and Teen Pregnancy* are priority issues which impact the health of Jackson County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical

malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for all public health services. *Injury and Safety* and *Tobacco* are priority issues which impact and are impacted by the other health issues identified in the workshop.

In summary, these strategic health issues priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Jackson County community. These strategic priorities and goals impact multiple sectors of the Jackson County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.

NEXT STEPS

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. The next step in the Jackson County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed in conjunction with Community Health Status Assessment, the Forces of Changes Assessment, and the Local Public Health System Assessment.



This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

The resulting Community Health Improvement Plan (CHIP) is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action, and is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.



May 2013

Community Health Improvement Action Plans

(Program planning, Implementation, and Evaluation)

As part of the Jackson County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) two CHIP workshops were conducted on May 8 and May 22, 2013. Sixteen community health partners participated in these workshops and developed the Action Plans for community health improvement.

BACKGROUND

Community Health Improvement Team members met to develop the ***Community Health Improvement Plan***, which involved creating an action plan that focused on program planning, implementation, and evaluation. Two four-hour workshops were held at the Florida Department of Health in Jackson County in Marianna, Florida on May 8 and May 22, 2013. Appendices 2 and 3 contain the email invitation, agenda, and list of workshop participants for both workshops.

METHODS

There were 17 community health partners representing a diverse collection of public and private agencies in Jackson County. The workshop participants were welcomed by the Jackson County Health Department Administrator, William Long. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda, and instructed participants to open their data folders. Participants had been reminded to bring the data folders provided at the April 24 ***Goals & Strategies*** workshop (data folders were provided to those participants who did not bring the folder or did not attend the workshop). The facilitator reminded workshop members that the data was to serve as the foundation of the Action Plan efforts.



In addition, workshop participants were provided the results of the ***Goals & Strategies*** workshop (see Appendix 1 – Workshop Summary Notes). The 10 health issues identified at that workshop were:

- Birth Outcomes
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Mental Health
- Poverty and Education
- Screenings
- Teen Pregnancy
- Tobacco

Using this data, each participant self-selected into one of the 10 health priorities and identified two “Do-able” activities to address and/or improve that health. This information was captured on a flipchart sheet. Participants then reviewed each of the 10 health priorities and added other “Do-able” actions to the list for that health priority. Appendix 2 contains the results of this activity.

After reviewing the information for each of the 10 health priorities, participants prioritized the issues using a multi-voting technique. This group decision-making technique is used to reduce a long list of items to a manageable number by means of a structured series of votes. Four issues emerged as critical health issues for Jackson County residents:

- Communicable Disease Prevention
- Healthcare Access
- Poverty and Education
- Teen Pregnancy

Participants self-selected into one of the four key health issue teams to develop action plans. A goal and SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objectives were developed. Each workgroup identified baseline measures for each of the SMART objectives. The data provided in the **Goals & Strategies** workshop was used to identify the appropriate and measurable baseline data. Workshop participants reviewed each other’s work, and provided improvements and feedback. The results from this first CHIP workshop can be found in Appendix 2.

The second workshop was held on May 22, 2013. There were 16 community health partners representing a diverse collection of public and private agencies in Jackson County. The workshop participants were welcomed by the Jackson County Health Department Administrator, William Long. After participants introduced themselves and the organization they represented, the facilitator reviewed



the workshop agenda and provided the Action Plans developed in the May 8th CHIP Workshop 1. Appendix 3 contains the email invitation, agenda, and list of workshop participants for this workshop.

Participants reviewed the four Action Plans developed in the previous workshop. The workshop members self-selected into one of the four Action Plan issues. The goals and SMART objectives were refined and activities were developed for each Action Plan. During the workshop, several workgroups determined their issue area was too broad or the goals and objectives were not achievable given the limited resources of Jackson County community



partners. The facilitator asked the participants to review the work done thus far and select Action Plans that were the most “Do-able.” The participants determined all four Action Plan issues needed to be addressed. However, several of the Goals and SMART objectives were removed to ensure each Action Plan could be achieved with the Jackson County resources by the outcome date.

After reviewing each other’s work, the participants focused their efforts on refining and completing the Action plan template. Activities were delineated for each SMART objective. Evaluation measures were identified for each activity and the final evaluation was linked back to the baseline measure for the SMART objective. In addition, the participants identified lead roles, community resources, and target date(s) for completion for each activity contained in the Action Plan.

Each Action Plan contained the following components:

- Goals and Objectives for improving Jackson County Health Issues
- Performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Designation of accountable persons and organizations for implementing strategies
- Measurable health outcomes or indicators to monitor progress

It should be noted that each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan. The teams

decided either there were no policy changes required or needed policy changes would emerge through the activities within the Action Plan and would be addressed and added to the Action Plan. A presentation with the evaluation measure of “Approval Obtained” was identified for these specific Action Plans with identified policy changes.

The final product is presented on the following pages.

Priority Issue: Communicable Disease Prevention					
Goal: Reduce communicable disease and infectious disease rate in Jackson County.					
Objective: Decrease reported Chlamydia cases from 100 to 80 cases in ages 15-19 by December 30, 2015.					
Baseline Measure/Source: Reported Chlamydia cases 100 cases ages 15-19 (Florida CHARTS).					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a Task Force	<ul style="list-style-type: none"> Jackson County Health Department Jackson Hospital Community Base Organization Faith Based Groups 	8/30/13		Task Force formed.	
2. Review and revise Action Plan as needed.	Task Force	9/30/13		Action Plan reviewed and revised.	
3. Research communicable disease/chlamydia evidence-based program for implementation in Jackson County with residents ages 15 to 19.	Task Force	11/30/13		Research completed.	
4. Determine selection criteria for evaluating researched programs.	Task Force	11/30/13		Selection criteria determined.	
5. Select program(s) based on criteria.	Task Force	12/3/13		Program(s) selected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Modify program(s) as needed.	Task Force	3/30/14		Program(s) modified.	
7. Develop implementation plan to include: a. Budget b. Location(s) c. Schedule d. Training e. Invitation f. Parent permission g. Community buy-in campaign (schools, hospitals, community organizations, faith-based organizations, etc.) h. Multi-media needs i. Handouts/printed materials j. Marketing campaign k. Community presentation l. Evaluation tool for presentations m. Evaluation tool for programs	Task Force	3/30/14		Implementation plan developed.	
8. Schedule program presentation(s).	Task Force	3/30/14		Presentation(s) scheduled.	
9. Presentation(s) delivered.	Task Force	4/30/14		Program approval. Participant sign-in data. Presentation evaluation data.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Analyze and summarize data from presentations.	Task Force	5/15/14		Presentation data summarized.	
11. Modify implementation plan based on presentation feedback, if needed.	Task Force	5/30/14		Implementation plan modified as needed.	
12. Modify program curriculum as needed, based on presentation feedback, if needed.	Task Force	5/30/14		Program curriculum modified as needed.	
13. Repeat Steps 8-12 if did not obtain program approval in Step 9.	Task Force	6/30/14		Program approval. Measures to include items in Steps 8-12 as appropriate.	
14. Initiate implementation plan to include: a. Location(s) b. Schedule c. Training d. Invitation e. Parent permission f. Multi-media needs g. Handouts/printed materials h. Evaluation tool for programs.	Task Force	7/30/14		Implementation plan completed	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
15. Deliver programs.	Task Force	11/30/15		<ul style="list-style-type: none"> • Programs delivered. • Participant sign-in. • Dates/locations/times recorded. • Lessons learned noted in action plan. • Program evaluation data collected. 	
16. Identify “Lessons Learned” after each program delivery.	Task Force	12/30/15		Lessons learned identified and tracked in Action Plan.	
14. Analyze and summarize evaluation data.	Task Force	12/15/15		Program evaluation data summarized.	
15. Evaluate and compare to baseline.	Task Force	12/30/15		Decreased reported Chlamydia cases from 100 to 80 cases in ages 15-19.	

Priority Issue: Healthcare Access					
Goal: Increase availability of healthcare services/access in Jackson County.					
Objective: Increase the percentage of adults who have had a medical check-up within the last year from 67.7% to 75% by December 30, 2015.					
Baseline Measure/Source: Adults who reported they had a medical check-up in past year – 67.7% (BRFSS-2010).					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a Task Force.	Jackson County Health Department Jackson Hospital Community Based Organizations Faith Based Groups	8/30/13		Task Force formed.	
2. Review and revise Action Plan as needed.	Task Force	9/30/13		Action Plan reviewed and revised.	
3. Identify possible venues for Healthcare screenings to include: a. Point of contact b. Electrical needs c. Parking d. Promotion e. Handouts/displays	Task Force	11/30/13		Venues identified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Develop 1 year schedule to include: a. Date/time b. Location c. Screening personnel d. Handouts/displays	Task Force	12/30/13		Schedule developed.	
5. Develop Healthcare screenings implementation plan (1 year) to include: a. Schedule b. Screening personnel c. Mobile unit/display d. Physician referral forms e. Other data collection methods: i. Comment cards ii. Online survey f. Healthcare screening protocol g. Sign-in or demographic form	Task Force	12/30/13		Healthcare screenings implementation plan developed.	
6. Develop Marketing Campaign (1 year) to include: a. Location b. Flyers/Posters/Handouts c. PSAs for radio, newspaper, TV d. 1 year schedule for marketing	Task Force	12/30/13		Marketing Campaign developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Implement Marketing Campaign for 2014-2015.	Task Force	1/30/14		Marketing Campaign implemented.	
8. Begin Healthcare Screenings implementation plan for 2014-2015.	Task Force Healthcare Screening personnel	2/28/14		<ul style="list-style-type: none"> Healthcare screenings implementation plan started. Collect data on sign-in sheet or demographic form. Collect data on Physician Referral form. Collect data from other methods if used. 	
9. Identify "Lessons Learned" after each Healthcare Screening session.	Task Force	3/30/15		Lessons Learned data tracked in Action Plan.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Analyze and summarize data.	Task Force	3/30/15		<ul style="list-style-type: none"> • Physician Referral form. • Other data if collected. • Sign-in sheet or demographic form. • Lessons Learned data. 	
11. Evaluate and compare to baseline.	Task Force	4/30/15		Increased the percentage of adults who have had a medical check-up within the last year from 67.7% to 75% on most current BRFSS.	
12. Determine Next Steps.	Task Force	5/30/15		Next Steps determined.	

Priority Issue: Poverty and Education					
Goal: Incorporate certified vocational training into the Jackson County High School curriculum.					
Objective: Establish 3 new certification vocational training tracks by September 1, 2016 at Marianna High School.					
Baseline Measure/Source: Baseline – Currently 1 certified Nursing Assistant track at Marianna High School.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form Task Force.	<ul style="list-style-type: none"> • K. Griffin (Workforce and Jackson County School Board) • James from (Chipola College) • High School Guidance Counselor • Business Community Member • Middle School Guidance Counselor • Health Department Member • Chamber Staff 	9/30/13		Task Force formed.	
2. Review and revise Plan of Action.	Task Force	10/31/13		Plan reviewed and revised as needed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research existing certification vocational training programs and identify: <ul style="list-style-type: none"> a. Instructors b. Funding c. Legislative action d. Ability to be self-sustaining e. Curriculum f. Resources 	Task Force	11/30/13		Research completed.	
4. Establish selection criteria for programs to include: <ul style="list-style-type: none"> a. Instructors b. Funding c. Legislative action d. Self-sustaining e. Curriculum f. Media/marketing campaign g. Training h. Evaluation i. Multi-media needs 	Task Force	11/30/13		Selection criteria established.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Select certification vocational training programs based on selection criteria.	Task Force	12/30/13		Certification vocational training programs selected.	
6. Develop implementation plan to include: a. Training track logistics to include: <ul style="list-style-type: none"> • Tracks by school year. • Instructors • Schedule • Location • Curriculum • Program evaluation • Funding b. Legislative action c. Media/marketing campaign d. Sponsor e. Incentives	Task Force	1/31/14		Implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop “Buy-in” meeting presentation to include: <ol style="list-style-type: none"> Handouts/printed materials Multi-media needs Multi-media presentation Sign-in sheet Evaluation/feedback form Speaker(s) 	Task Force	2/28/14		“Buy-in” meeting presentation developed.	
8. Schedule “buy-in” meeting to include: <ol style="list-style-type: none"> Location Time/date Multi-media needs Invitations & follow-up reminders Handouts/materials Incentives Printed evaluation form 	Task Force Possible participants include: <ul style="list-style-type: none"> Jackson County School Board Superintendent Jackson County School Board Chipola College Washington Holmes Vo-Tech. 	2/28/14		“Buy-in” meeting scheduled.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Present Implementation Plan at “Buy in” meeting.	Task Force	3/30/14		Approval obtained to begin Implementation Plan. Participant sign-in. Evaluation feedback.	
10. Revise implementation plan based on feedback from “Buy-in” meeting, if needed.	Task Force	4/30/14		Implementation plan revised.	
11. Develop “Buy-in” meeting presentation, if needed, to include: a. Handouts/printed materials b. Multi-media needs c. Multi-media presentation d. Sign-in sheet e. Evaluation/feedback form f. Speaker(s)	Task Force	4/30/14		“Buy-in” meeting presentation developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Schedule “buy-in” meeting, if needed, to include: <ul style="list-style-type: none"> a. Location b. Time/date c. Multi-media needs d. Invitations & follow-up reminders e. Handouts/materials f. Incentives g. Printed evaluation form 	Task Force Possible participants include: <ul style="list-style-type: none"> • Jackson County School Board Superintendent • Jackson County School Board • Chipola College • Washington Holmes Vo-Tech 	4/30/14		“Buy-in” meeting scheduled.	
13. Present Implementation Plan at “Buy in” meeting.	Task Force	5/30/14		Approval obtained to begin Implementation Plan. Participant sign-in. Evaluation feedback.	
14. Repeat Steps 10-13 as needed.	Task Force	TBD			
15. Begin implementation plan for academic calendar 2014-15.		7/30/14		Implementation plan started.	
16. Collect and analyze program evaluation.	Task Force	5/30/15		Evaluation data collected and analyzed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
17. Modify implementation plan based on program evaluation.	Task Force	6/30/15		Implementation Plan modified as needed.	
18. Begin implementation plan for academic calendar 2015-16.	Task Force	7/30/15		Implementation plan started.	
19. Collect and analyze program evaluation.	Task Force	6/30/16		Evaluation data collected and analyzed.	
20. Compare to baseline.	Task Force	8/30/16		Established 3 new certification vocational training tracks at Marianna High School.	

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Priority Issue: Teen Pregnancy (Maternal Health)/Birth Outcomes (Infant Health)					
Goal: Improve infant and maternal health outcomes in Jackson County.					
Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51 cases) by October 15, 2016.					
Strategy 1: Implement Sex Education program in Jackson County.					
Baseline Measure/Source: 43.9 per 1000 births are teens aged 15-19 (Florida CHARTS) 9.7% of births are low weight births of less than 2500 grams (Florida CHARTS) 9.3 per 1000 live births result in infant deaths (Florida CHARTS)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a Task Force.	<ul style="list-style-type: none"> • CAPP • Department of Health • Women's Pregnancy Center • Jackson Hospital • CN's • School Board • OB Provider 	10/15/2013		Task Force formed.	
2. Review and revise Action Plan.	Task Force	10/15/2013		Action Plan reviewed and revised.	
3. Research Sex Education programs to include: <ul style="list-style-type: none"> a. Increase Healthy Start/Families participation b. Target of population \leq 19 c. Mentor high school screenings d. Sponsors for assistance e. High school participation incentive program 	Task Force	12/31/2013		Research completed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Establish selection criteria for Sex Education program in Jackson County.	Task Force	12/31/2013		Selection criteria established.	
5. Select program(s) based on selection criteria.	Task Force	1/31/2014		Program(s) selected.	
4. Develop Sex Education program implementation plan to include: <ul style="list-style-type: none"> a. Curriculum b. Logistics to include: <ul style="list-style-type: none"> • Schedule • Locations • Multi-media needs • Handouts • Trainers • Permission forms c. Media/marketing campaign d. Funding e. Sponsor(s) f. Incentives g. Program evaluation tool h. Community presentation 	Task Force	2/28/2014		Sex Education program implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Develop Community presentation to include: a. Location b. Date and time c. Invitation/reminder d. Sign-in sheet e. Sponsor(s) f. Presentation materials and handouts g. Incentives h. Presentation evaluation tool	<ul style="list-style-type: none"> Task Force Possible partners: <ul style="list-style-type: none"> Department of Health Dr. HG McCullough Pastor Paul Smith Norman Bray Lavon Peitis 	2/28/2014		Community presentation developed.	
7. Schedule community presentation(s).	Task Force	2/28/2014		Community presentations scheduled.	
8. Deliver community presentation(s).	Task Force	3/30/2014		Community presentations delivered. Sign-in sheet. Presentation evaluation data collected with 75% response rate from attendees.	
9. Analyze and summarize presentation evaluations.	Task Force	4/15/2014		Presentation evaluations summarized.	
10. Modify Sex Education program implementation plan based on presentation evaluations.	Task Force	5/30/2014		Sex Education program implementation plan modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Develop presentation for School Board to include: <ol style="list-style-type: none"> Location Date and time Invitation/reminder Sign-in sheet Sponsor(s) Presentation materials and handouts Incentives Presentation evaluation tool Speaker(s) Prepare/develop dialogue for School Health program. Invite/meet with School Board/ principals thru listed contacts. Location, date and time.	<ul style="list-style-type: none"> Task Force Possible partners: <ul style="list-style-type: none"> Cheryl McDaniels – ECE/EE Department Supervisor Jennifer See – Secretary of Education Department of Health OB Providers Jackson County Hospital High School Coalition 	6/30/2014		School Board presentation prepared.	
12. Schedule School Board presentation.	Task Force	6/30/2014		School Board Presentation scheduled.	
13. Present School Board presentation.	Task Force	7/30/2014		Approval for Sex Education program obtained. Sign-in sheet. Data from presentation evaluation tool collected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
14. Modify Sex Education program implementation plan based on feedback from School Board presentation.	Task Force	8/30/2014		Sex Education program implementation plan modified.	
15. Repeat Steps 11-14 as needed.	Task Force	TBD		Approval for Sex Education program obtained.	
16. Formalize agreement with School Board for implementing Sex Education program.	Task Force	TBD		Agreement formalized.	
17. Begin Sex Education program implementation plan.	Task Force	TBD		Sex Education program implementation plan started.	
18. Analyze and summarize Sex Education program evaluation measure.	Task Force	6/30/2016		Sex Education program evaluation summarized.	
19. Evaluate and compare to baseline.	Task Force	10/30/2016		Decreased the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51 cases).	
20. Determine Next Steps	Task Force	10/30/2016		Next Steps determined.	

Priority Issue: Teen Pregnancy (Maternal Health)/Birth Outcomes (Infant Health)					
Goal: Improve infant and maternal health outcomes in Jackson County.					
Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51 cases) by October 15, 2016.					
Strategy 2: Implement Community Awareness program in Jackson County.					
Baseline Measure/Source: 43.9 per 1000 births are teens aged 15-19 (Florida CHARTS) 9.7% of births are low weight births of less than 2500 grams (Florida CHARTS) 9.3 per 1000 live births result in infant deaths (Florida CHARTS)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a Task Force.	<ul style="list-style-type: none"> • CAPP • Department of Health • Women's Pregnancy Center • Jackson Hospital • CN's • School Board • OB Provider 	10/15/2013		Task Force formed.	
2. Review and revise Action Plan.	Task Force	10/15/2013		Action Plan reviewed and revised.	
3. Research Community Awareness campaigns.	Task Force	12/31/2013		Research completed.	
4. Establish selection criteria for Community Awareness campaign in Jackson County.	Task Force	12/31/2013		Selection criteria established.	
5. Select Community Awareness campaign(s) based on selection criteria.	Task Force	1/31/2014		Campaign(s) selected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Develop Community Awareness campaign implementation plan to include: a. Posters b. Flyers c. Sponsor(s) d. PSAs for Radio/TV/media e. Evaluation to measure community awareness.	<ul style="list-style-type: none"> Task Force Possible partners: <ul style="list-style-type: none"> School Nurses (Guidance) Chipola Network – Royce Reagan Radio Stations PAEC Jackson County Health Department Parent Organizations (Pro) 	2/28/2014		Community Awareness campaign implementation plan developed.	
7. Initiate Community Awareness campaign.	Task Force	6/30/2014		Community Awareness campaign initiated.	
8. Evaluate Community Awareness campaign.	Task Force	12/30/2014		Community Awareness campaign evaluated.	
9. Modify Community Awareness campaign based on evaluation.	Task Force	1/30/2015		Community Awareness campaign modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Develop Community Awareness campaign implementation plan to include: a. Posters b. Flyers c. Sponsor(s) d. PSAs for Radio/TV/media e. Evaluation to measure community awareness.	<ul style="list-style-type: none"> Task Force Possible partners: <ul style="list-style-type: none"> School Nurses (Guidance) Chipola Network – Royce Reagan Radio Stations PAEC Jackson County Health Department Parent Organizations (Pro) 	1/30/2015		Community Awareness campaign implementation plan developed.	
11. Initiate Community Awareness campaign.	Task Force	3/31/2015		Community Awareness campaign initiated.	
12. Evaluate Community Awareness campaign.	Task Force	9/30/2015		Community Awareness campaign evaluated.	
13. Evaluate and compare to baseline.	Task Force	10/30/2015		Decreased the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51 cases).	
14. Determine Next Steps.	Task Force	11/30/2015		Next Steps determined.	

ACTION PLAN LINKAGES

The Community Health Improvement Project planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The Jackson County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Jackson County. Through the integrated efforts of the health department and community partners, the desired health outcomes can be addressed in a systematic and accountable manner.

This CHIP plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Jackson County residents and the larger Florida Department of Health community.

Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Jackson County Strategic Plan, and is informed by the Community Health Assessment. The CHIP plan can serve as the guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.



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

- **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 Jackson County CHIP and each of the above referenced plans.

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Health Protection				
Goal: Reduce communicable disease and infectious disease rate in Jackson County. Objective: Decrease reported Chlamydia cases from 100 to 80 cases in ages 15-19 by December 30, 2015.	Goal HP1	Prevent and control infectious disease.	STD-2	(Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.	Promote and disseminate national screening recommendations for HIV and other STIs.
					Support states, tribes, and communities to implement evidence-based sexual health education.
					Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of HIV/STIs and teen pregnancy.

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Health Protection				
Goal: Improve infant and maternal health outcomes in Jackson County. Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51 cases) by October 15, 2016. Strategy 1: Implement Sex Education program in Jackson County.	Goal HP1	Prevent and control infectious disease.	STD-2	(Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.	Promote and disseminate national screening recommendations for HIV and other STIs.
					Support states, tribes, and communities to implement evidence-based sexual health education.
					Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of HIV/STIs and teen pregnancy.

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
Goal: Improve infant and maternal health outcomes in Jackson County. Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51cases) by October 15, 2016. Strategy 2: Implement Community Awareness program in Jackson County.	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Provide tools, guidance, and best practices to promote positive early childhood and youth development and prevent child abuse.
					Identify and address barriers to the dissemination and use of reliable health information.

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
Goal: Incorporate certified vocational training into the Jackson County High School curriculum. Objective: Establish 3 new certification vocational training tracks by September 1, 2016 at Marianna High School.	Goal CR1	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Environmental Health Goal	Promote health for all through a healthy environment.	Support and expand cross-sector activities to enhance access to high-quality education, jobs, economic opportunity, and opportunities for healthy living (e.g., access to parks, grocery stores, and safe neighborhoods).
			Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Coordinate investments in transportation, housing, environmental protection, and community infrastructure to promote sustainable and healthy communities.
	Goal CR2	Build and revitalize communities so people can live healthy lives.	Social Determinants Goal	Create social and physical environments that promote good health for all.	

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
Goal: Increase availability of healthcare services/access in Jackson County. Objective: Increase the percentage of adults who have had a medical check-up within the last year from 67.7% to 75% by December 30, 2015.	Goal CR3	Provide equal access to culturally and linguistically competent care.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
					Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		Access to Health Services		
Goal: Increase availability of healthcare services/access in Jackson County. Objective: Increase the percentage of adults who have had a medical check-up within the last year from 67.7% to 75% by December 30, 2015.	Goal AC2	Improve access to primary care services for Floridians.	AHS-3	Increase the proportion of persons with a usual primary care provider.	Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.
			AHS-5	Increase the proportion of persons who have a specific source of ongoing care.	Support delivery of clinical preventive services in various health care and out-of-home care settings, including Federally Qualified Health Centers; Bureau of Prisons, Department of Defense, and Veterans Affairs facilities; and among Medicare providers.

Alignment					
Jackson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		Access to Health Services		
Goal: Improve infant and maternal health outcomes in Jackson County. Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63 cases) to 32.9 per 1000 (51cases) by October 15, 2016. Strategy 1: Implement Sex Education program in Jackson County. Strategy 2: Implement Community Awareness program in Jackson County.	Goal AC5	Reduce maternal and infant morbidity and mortality.	Maternal, Infant, and Child Health Goal	Improve the health and well-being of women, infants, children, and families.	Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.

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Community Health Improvement Plan: Next Steps

Community Health Improvement Plans (CHIPs) are detailed work plans that guide communities through their action steps in order to address priorities that have been defined in the community health profile through community input and review of local health data.



The Jackson County Community Health Improvement Team developed four action plans for the key health issues of *Communicable Disease Prevention*, *Healthcare Access*, *Poverty and Education*, and *Teen Pregnancy/Birth Outcomes*. These action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the giving time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Jackson County Community Health Improvement Committee will work with other community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Jackson County residents. It is recommended that the Community Health Improvement Committee review the implementation on an annual basis to update the information and to continually, and collaboratively, improve the health of Jackson County.

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Appendices

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Appendix 1: Goals & Strategies Workshop – April 24, 2013

Email to workshop participants

From: Marybeth_Gurganus@doh.state.fl.us [mailto:Marybeth_Gurganus@doh.state.fl.us]

Sent: Wednesday, April 10, 2013 10:08 AM

To: Subject: Strategic Priorities and Goals Workshop (sent on behalf of Mr. William H. Long, Administrator, FL Dept of Health Jackson County)

Hello All,

Thank you to everyone for a successful Forces of Change workshop on April 3. The next step in our Community Health Improvement Planning Project is the Strategic Priorities and Goals workshop.

We need your assistance in this next step where we will identify the most important issues facing the community and develop goals to address these priority issues. We will host a workshop on April 24, from 8:30am-12:30pm. During this session, we will review all the data and reports generated in the Community Health Improvement process, identify health priorities which impact Jackson County residents, and develop goals & strategies for each priority.

Please join us on April 24 - your experience and expertise is vital to this process. Snacks will be provided during this workshop. Please RSVP to Mary Beth Gurganus at Marybeth_Gurganus@doh.state.fl.us by April 18.

We hope everyone from the April 3rd session will return or send their representative, and bring a work associate or community resident. Thank you in advance. We are looking forward to your valuable input at this workshop.

Strategic Priorities and Goals Workshop

Date: April 24, 2013 – Wednesday

Time: 8:30am-12:30pm

Location: Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446

Best regards,

William H. Long
Administrator

Workshop participants

Name/Title	Organization
Brigitta Nuccio	Big Bend AHEC
Rita Smith Prutte, ARNP	Chipola Adolescent Pregnancy Prevention
Carmen D. Smith	Chipola Healthy Start
Cindy Eade	Cindale Frams, LLC
Jim Dean	City of Marianna
Eulice Bryant	Community member
Mary Beth Gurganus	Florida Department of Health in Jackson County
Nancy Tipps	Florida Department of Health in Jackson County
Jessica Craven	Golson Elementary – Jackson County School District
Roy Baker	Jackson County Development Council
Mandy Griffin	Jackson County Extension
Tony Wesley	Jackson County Fire Rescue
Nancy Odom	Jackson County Tax Collector's Office
Tammy Tyre	Jackson County Tax Collector's Office
Heath Holland	Jackson Correctional Facility
Kathryn Jordan, Community Educator	Jackson Hospital
Nichole Ussery, Quality Director	Jackson Hospital
Charlotte McAlpin, RN Infection Control	Jackson Hospital
Nakeya R. Lovett	Marianna Fire/Rescue
Hayes Baggett	Marianna Police Department
Stacy Nichols-Byll	Pediatrics
Coretha B. Everett	Retired Teacher
Milo Jordan, RN,END	Sunland at Marianna
Shareta Wright Green	The Wright Foundation
Ron Sharpe, Director Resource	United Way

Agenda



Jackson County Community Health Improvement Project: Strategic Priorities with Goal Statements & Strategies

April 24, 2013 Agenda

April 24, Wednesday – 8:30am – 12:30pm

Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446

- | | |
|----------------------------------|---|
| 8:30am - 8:45am | Introductions & Workshop Logistics Review |
| 8:45am – 9:15am
issues | Participants will review Jackson County data for health issues |
| 9:15am - 9:45am | Participants will identify key health issues <ul style="list-style-type: none">• Based on their data review, participants will collaboratively group the health issues• Participants will “name” the category for each grouped health issue |
| 9:45am – 10:00am | Participants will be assigned to workgroups to: <ul style="list-style-type: none">• Identify <u>Health Resources</u> - Identify all resources for achieving a Healthy Jackson County (e.g., community groups, policies, funding, state/federal partners, etc.)• Identify <u>Health Challenges</u> – Identify “<i>What gets in the way of achieving a Healthy Jackson County?</i>” (e.g., insufficient resources, lack of community support, legal or policy impediments, or technological difficulties) |
| 10:00am – 10:30am | Strategic Planning <ul style="list-style-type: none">• Individuals will self-assign into an “Issue” workgroup• Each workgroup will identify a <i>GOAL</i> statement for their issue(s) |

10:30am – 10:45am	Workgroup Round-Robin Review <ul style="list-style-type: none"> • Workgroups will review results of other workgroups & provide feedback
10:45am – 11:15am	Strategic Planning (continued) <ul style="list-style-type: none"> • Each workgroup will identify <i>STRATEGIES</i> to accomplish that <i>GOAL</i>
11:15am – 11:30am	Workgroup Round-Robin Review <ul style="list-style-type: none"> • Workgroups will review results of other workgroups & provide feedback
11:30am - 11:45am	Strategic Planning (continued) <ul style="list-style-type: none"> • Workgroups will fine tune their <i>GOAL</i> statement and <i>STRATEGIES</i> • Workgroups will identify <i>BARRIERS</i> for each <i>STRATEGY</i>
11:45am – 12:00pm	Strategic Planning (continued) <ul style="list-style-type: none"> • Workgroups will complete the IMPLEMENTATION section of the Priorities/Strategies Plan <ul style="list-style-type: none"> ○ Estimated <i>TIMELINE</i> ○ <i>LEAD/TEAM MEMBERS</i> ○ <i>RESOURCES</i>
12:00pm - 12:15pm	Workgroup Round-Robin Review
12:15pm – 12:30pm	Workshop Summary & Next Steps

KEY TERMS: Goals and strategies provide a connection between the current reality (what the public health system and the community's health looks like now) and the vision (what the public health system and community's health will look like in the future).

Goals

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to affordable quality health care.

Strategies

- Patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.
- Broad statements that set a direction & communicate how the community will move in that direction.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategies:

1. Increase awareness of available services through the development of an online directory of area public health and health care organizations.
4. Develop the capacity to provide culturally and linguistically appropriate services.
5. Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

For more information:

http://www.doh.state.fl.us/compass/Resources/FieldGuide/2008_Version/6Goals.pdf

Workshop Summary Notes

Resources and Barriers/Challenges

Resources (Local, Regional, State, Federal, People – Agencies, Physical Assets, Policies, Attitudes, Behaviors)

- Chipola Healthy Start
- Chipola Adolescent
- One Step
- Jackson Hospital
- United Way
- Chemical Addictions Recovery Effort (CARE)
- Community resources of NFL
- A Women's Pregnancy Center
- Goodwill
- Jackson County Association for Retarded Citizens (JCARC)
- Meals on Wheels
- Pilot Club
- Rotary
- Pregnancy Prevention Task Force
- Optimist Club
- Kiwanis's Club
- Chipola Civic Club
- Progressive 12
- Emergency Manager
- Red Cross
- Salvation Army
- Delta's
- Churches
- McClane Community Center
- Food banks – churches
- Florida Department of Agriculture
- County libraries Kid Care
- Wright Foundation
- Jackson County Health Department
- Early Childhood Services

- City of Marianna Parks and Recreation
- Dental bus
- Chipola College
- Jackson County School Board
- Big Bend Area Health Education Center and Free Quit Tobacco program
- Life Management Center
- Jackson Transportation
- Marianna Police Department
- Jackson County Sheriff's Department
- Jackson County Senior Citizens Center
- Jackson County Fire and Rescue
- Marianna Fire Rescue
- Teenage pregnancy program
- Media
- Critical Care Center
- Extension Office
- Dialysis Center
- Habitat for Humanity
- Altrusa Club
- March of Dimes

Barriers/Challenges (Local, Regional, State, Federal, People – Agencies, Physical Assets, Policies, Attitudes, Behaviors)

- Unemployment
- ↓ Health insurance d/t cost
- Income levels
- Education - ↓high school gradations
- Resistance to change
- Limited transportation
- Cultural diversity
- Parental accountability/ responsibility
- Lack of family units
- ↑ Medicaid rate
- Limited Medicaid/ Medicare benefits

- Lack of youth activities
- Limited industry + employment opportunities
- Accessible physical activities for all age groups
- Safe + affordable housing
- Lack of fresh foods
- After school program (lack of)
- Rules and regulations (State/Federal)
- Lack of funding for programs
- Government
- Limited providers/ access to technology

Health Issues and Do-able Activities

Issue - Birth outcomes
<ul style="list-style-type: none">• Low birth rates (12)• Infant neonatal and postnatal deaths (6)• Sudden unexpected infant death (SUID) (5)• Mother who don't initiate breastfeeding (3)• Birth outcomes• High hysterectomy rate• Births to unwed mothers• Dad not on birth certificate• Birth family characteristics – young mothers• Medicaid births• Births at 37 weeks• # of premature births

Do – Able

- Increase community awareness re: available pre-natal care. (6)
- Pre pregnancy education (pre-conception health) in schools and community. (3)
- Medicaid co-insurance payment required by those abusing drugs during pregnancy. (3)
- Encourage participation in Healthy Start/Families. (2)
- Reproductive life planning.
- Church involvement.
- Parental accountability.

Issue - Chronic Disease

- Physical inactivity, children and adults (20)
- Overweight or obesity (14)
- Diabetes (13)
- Congestive heart failure (9)
- Coronary heart disease (6)
- Promote health prevention and screenings (6)
- Stroke (5)
- Awareness about the danger of high cholesterol (4)
- Educate healthy eating habits (4)
- Asthma control to avoid hospitalizations (2)
- Chronic disease
- Heart attack
- Hypertension awareness and control
- Second hand smoke

Do – Able

- More physical education requirement. (6)
- Lobby law makers for increase screen funding. (4)
- Relevant screening, nutrition: healthy eating, PA: being active. (2)
- More tobacco free workplaces. (1)
- Employer incentives. (1)
- Know Your #'s Campaign (Med Wheels).

Issue - Communicable Disease

- | |
|--|
| <ul style="list-style-type: none">• STD's (7)• Chlamydia and gonorrhea (7)• HIV-AIDS (3)• TB (2)• Communicable disease on the rise (2)• Sexually transmitted infections in adolescents (2)• Reported transmitted diseases in teens |
|--|

Do – Able

- Required screenings 9-17 years of age for children enrolled in public school by school health staff at county health departments. (8)
- Early education on healthy choices. (4)
- Media. (2)
- Required support group for those diagnosed. (1)
- Required course in schools – middle schools.

Issue - Healthcare Access

- Adults who could not see a dentist due to cost, 25.1% = 12,291 (6)
- Cost of healthcare (4)
- Advise expected parents to be sure to visit a doctor regularly (3)
- Access to mental health care (3)
- Lack of healthcare resources (2)
- Total licensed family physician available
- Uninsured population
- Women and adults could not see a doctor due to cost 4%↑
- Minority access to healthcare
- Health status voted as “fair” or “poor”
- Healthcare

Do – Able

- Promote area to draw licensed healthcare providers. (8)
- Educate community on available resources to offset high cost. (2)
- Partner with neighboring counties in treating patients/ referrals. (2)
- Physician need to accept multiple providers. (1)
- Funding/ provider for free clinic. (1)
- County health department should be available for all citizens (even if fee associated).

Issue- Injury and Safety
<ul style="list-style-type: none">• Crime (6)• Number of children killed by MV accidents (5)• Drinking water safety (3)• Transportation safety (3)• Fast food restaurants (2)• Child abuse and sexual abuse• Suicide deaths 19-21 years• Injury and safety• High rate % fall related injury• High rate % special equip use due to health problems• Traffic crash (death and injuries)• Teenage binge drinking

Do - Able

- Education throughout school years on safety. (5)
- PSA's provided via social media. (3)
- Local law enforcement teaching self-defense. (3)
- Drinking and driving accident reenactment for high school students.(1)
- ↑ Age for driver's license eligibility. (1)
- Education on sexual assault prevention. (1)
- More funding for Healthy Start child passenger safety program.

Issue- Mental Health

- | |
|---|
| <ul style="list-style-type: none">• % of emotionally handicapped children in grades K-12 (3)• Suicides ages 19-21• Children with disabilities• Teen eating disorders• Poor mental health days• Mental health |
|---|

Do – Able

- Increase funding for mental service. (4)
- Increase community education in order to decrease mental health stigmas and myths. (4)
- Middle school mentoring/ life coaching program. (2)
- Recruit licensed providers. (1)
- Educate law enforcement on mental disorders. (1)
- Community support groups. (1)

Issue - Poverty and Education

- | |
|---|
| <ul style="list-style-type: none">• Low graduation rate (14)• Poverty and education (11)• Ages 5-17 families in poverty• Single parent homes (2)• Poverty rate of population (not much Δ in annual earnings per household) (1)• Unemployment• Children eligible for free/reduced lunch• Median income• Violent acts in school grades K-12• Increase in tobacco use by teenagers and being exposed to secondhand smoke. |
|---|

Do – Able

- Add more vocational training to mainstream education system. (4)
- County promotion of industrial growth with higher paying wages. (3)
- High school skills test to help determine career path. (2)
- Community-oriented vocational training (based on community needs). (1)
- Personality and strength Assessment County wide in all high school. (Then tie to vocation opportunity). (3)
- Make college education more affordable. (1)
- Back to basic with education.

Issue – Health Screenings
<ul style="list-style-type: none">• Prostate (10)• Dental (8)• Colorectal cancer (8)• Cervical cancer (7)• Mammograms and pap smears (6)• Cancer screening (6)• Melanoma• Cancer• AIDS

Do – Able

- Health fairs. (8)
- Media education for all cancer screenings. (7)
- Make screenings more accessible (mobile screening units). (1)
- Mandated insurance coverage for annual screenings.

Issue - Teen Pregnancy

- | |
|---|
| <ul style="list-style-type: none">• Repeat births to mothers 15-19 year of age, Jackson County 21.6% - State 18.1% (10)• Fetal death rate (2)• Regular checks up and diet, prenatal care (2)• STD's (2)• Measures to prevent pregnancy• Teen pregnancy• Teen pregnancy ↓ birth weight• More sex education in schools• Smoking |
|---|

Do – Able

- Accountability for government benefits. (6)
- Early education (healthy choices).(3)
- Mandatory participation in after school childcare of elementary children for young teens. (3)
- Mandatory parenting education. (2)
- Incentivize not getting pregnant prior to high school graduation. (1)
- Pro-active prevention.
- ↑ Preconception health education.

Issue - Tobacco

- | |
|---|
| <ul style="list-style-type: none">• Teen tobacco use (10)• Smoking and drinking (4)• Smoking (4)• Second hand smoke (3)• Tobacco use (2)• Flavored tobacco use among teens• Hookah use• Smokeless tobacco use• Substance abuse adults and teenagers• Asthma• Births to mothers who smoke during pregnancy |
|---|

Do – Able

- ↑ Tax on tobacco to fund healthcare. (4)
- Middle school education about dangers of tobacco (presentation). (3)
- Promote tobacco free campus/workplace/businesses. (2)
- More strict enforcement of laws and student discipline. (3)
- Community education. (1)
- Elementary education. (1)
- Education on peer pressure.

Appendix 2: CHIP Workshop 1 – May 8, 2013

Email to workshop participants

From: Marybeth_Gurganus@doh.state.fl.us

[mailto:Marybeth_Gurganus@doh.state.fl.us]

Sent: Wednesday, May 01, 2013 10:20 AM

Subject: ACTION RQUIRED: May 8th Community Health Partnership Meeting (sent on behalf of Mr. William Long, Administrator, Dept of Health Jackson County)

Importance: High

Hello Community Health Partners:

We had a great workshop on April 24 – thank you to everyone who attended and participated in developing strategic goals and priorities.

The next steps in our Community Health Improvement Planning Project are the final 2 workshops where the Action Plan for improving the health of Jackson County will be developed. We need your participation in both these workshops in order to develop a realistic and action-oriented plan for implementation. Measures for impact and success will be detailed, and specific activities for achieving success will be identified.

Please join us on the dates listed below - your experience and expertise is vital to this process. We need you to attend both workshops as the work continues from the first session to the second. If you are unable to attend, please send a representative from your organization.

Lunch will be provided at both workshops. Please RSVP to Mary Beth Gurganus at Marybeth_Gurganus@doh.state.fl.us, and let Mary Beth know if you have any dietary restrictions.

Date: CHIP Session 1 -May 8, 2013 – Wednesday **CHIP Session 2** – May 22, 2013

Time: 9:00am-1:00pm

Location: Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446

Thank you in advance. We are looking forward to your valuable input at these workshops.

Best Regards,

William H. Long
Administrator

CHIP Workshop 1 Participants

Florida Department of Health – Jackson County Community Health Improvement Project

CHIP Session 1 Workshop May 8, 2013 Sign-In Sheet

Name/Title	Organization
Brigitta Nuccio	Big Bend AHEC
Rita Smith Prutte, ARNP	Chipola Adolescent Pregnancy Prevention
Cindy Eade	Cindale Frams, LLC
Eulice Bryant	Community member
Randall Bryant, Warden	Florida Department of Corrections
Mary Beth Gurganus	Florida Department of Health in Jackson County
William Long	Florida Department of Health in Jackson County
Nancy Tipps	Florida Department of Health in Jackson County
Roy Baker	Jackson County Development Council
Wilfredo Arroyo, Assistant Chief	Jackson County Fire Rescue
Ronni Bowen, RM/CO	Jackson Hospital
Charlotte McAlpine, RN Infection Control	Jackson Hospital
Nakeya R. Lovett, Chief	Marianna Fire/Rescue
Coretha B. Everett	Retired Teacher
Becky Basford, Administrative Assistant	Marianna Police Department
Merlin Roulhac, Superintendant	Sunland/ADP
Ron Sharpe, Director Resource	United Way

CHIP Workshop 1 Agenda



Community Health Improvement Plan 2013

Wednesday, May 8 – 9:00am-1:00pm

Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446

May 8, 2013 Agenda

9:00am – 9:15am

Introductions
Workshop Logistics Review

9:15am - 9:45am

Workgroup Assignments
Participants will be assigned to a workgroup to prioritize issues.

- Review Strategic Priorities & Goals from April 24, 2013 workshop
- Review Jackson Community Health data

9:45am – 10:15am

Prioritize Goals

- Identify *Do-able* issues – Which Issues/Goals can be realistically impacted in the next 2 years?
- Identify *Barriers to Action* – What barriers must be addressed in order to impact the issue?

10:15am – 10:30am

Group Decision Making

- Issues/goals will be prioritized using nominal group technique.
- Top 2-3 issues/goals will be selected for development in the Community Health Improvement Plan.

10:30am – 10:45am

Goal for each Health Issue

- Participants will self-select into an issue and work together to develop a *Goal* for the issue.

10:45am-11:00am

Group Review of Goals

- Groups will review each other's work and provide feedback

11:00am-11:45am	SMART Objectives for each Goal (Issue) <ul style="list-style-type: none">• Participants will develop SMART Objectives for the Goal
11:45am - 12:15pm	Lunch Break (Lunch provided & networking)
12:15pm – 12:45pm	SMART Objectives <ul style="list-style-type: none">• Participants will review each other’s work and provide feedback.• Feedback will be used to refine Goal and SMART Objectives.
12:45pm – 1:00pm Summary	Community Health Improvement Plan Workshop Next Steps

Community Health Improvement Plan (CHIP) has been defined 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.”

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used 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.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

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CHIP Workshop 1 Summary Notes

Priority Issue: Poverty and Education (Education for Economic Success)					
Goal: Incorporate certified vocational training into the high school curriculum.					
Objective: Develop 3 new certification tracks (1 per year) by September 1, 2016.					
Baseline Measure/Source: Baseline - Currently 1 certified nursing assistant track of Marianna High School.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Poverty and Education <ul style="list-style-type: none"> • Provide high school curriculum • Community-oriented vocational training • More job opportunities • Back to basics with education • Dual enrollment in vocational certification programs • Vocational training back in high schools • Develop business case to educate Florida legislature on the need to increase funding to include certified vocational tracks in public school
Issue: Raise the standard of living for all county residents.
Goal: Incorporate certified vocational training in the high school curriculum.
Data: <ul style="list-style-type: none"> • Per capita income: \$29,033 source – Florida D.E.D.R. • High school graduation: 79.1% (2011) source – U.S. Department of Commerce. • Base (1) Certified Nursing Assistant (CNA) track Marianna high school (MHS).
Objective: <ul style="list-style-type: none"> • Develop (5) new tracks and implement (1 per year) of certification by September 1, 2018.* • Raise county high school graduation rate to 85.5% (National) by September 1, 2018. • Raise per capita income by 3% (*871) to \$29,904 by September 1, 2018.

Priority Issue: Teen Pregnancy / Birth Outcomes (Maternal Health)					
Goal: Improve infant and maternal health outcomes in Jackson County.					
Objective: Decrease the number of births to teens aged 15-19 from 43.9/1000 (63) to 32.9/1000 (51) by 10-15-16.					
Baseline Measure/Source: 43.9 per 1000 births are teens aged 15-19 Florida Charts.					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Birth Outcomes

- Encourage participation in Healthy Start/Families
- Education on prenatal care
- Parental accountability for outcome
- Provide community Base Organizations to educate youth on preconception health
- Education in high schools
- Incorporate teen pregnancy prevention program

Teen Pregnancy

- Parent workshop including all teens
- Mandatory participation in after school childcare of elementary children for young teens.
- Early education about healthy choices
- Pro-active prevention: Positive Youth Development Program expansion
- Thread of communication/education from elementary through high school
- Organize Faith Based initiative – Faith Community Wide – Parent/Child involvement

Goal: Improve infant and maternal health outcomes in Jackson County

Data:

- 9.7% of births are low weight births of less than 2500 grams. (Florida Charts)
- 43.9% of births are to teens aged 15-19. (Florida Charts)

- 9.3% of 1000 live births result in infant death. (Florida Charts)
- Decrease the number fo births of low weight, less than 2500 grams, from 9.7% to 6% by October 15, 2016.
- Decrease the number of births to teens aged 15-19 from 43.9(per period) to 32.9(per period) by October 15, 2016.*
- Decrease the infant death rate after live birth from 9.3(per 1000) to 6.6(per 1000) by October 15, 2016.

Priority Issue: Communicable Disease (Disease Prevention)					
Goal: Communicable Disease in Jackson County.					
Objective: Decrease reported chlamydia cases from 511/100,000 (population) to 500/100,000 (population) by 12/30/15.					
Baseline Measure/Source: Reported chlamydia cases 511/100,000 population (Florida CHARTS).					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Communicable Disease:

- Increase early education on healthy choices
- Nutrition education for family unit
- Screen and educate 9-17 year olds*
- Media
- Provide more literature
- Support groups for those dx and significant others

Chronic Disease:

- More physical education requirement*
- Increase education and outreach efforts so that all residents are aware of health screenings to prevent chronic diseases
- Employer health fairs
- Lobby law makers for screen funding
- Nutrition awareness
- More tobacco free workplaces
- Employer incentives to employees participating in fitness programs

Tobacco:

- ↑ tax on tobacco to fund healthcare
- Increase education for middle school students about dangers of tobacco
- Elementary education
- Stop producing tobacco products

- More tobacco free workplaces
- Add tobacco education and awareness to public school curriculum

Goal: Decrease Chronic/Communicable disease and associated risk factors in Jackson County.

Data:

- % of adult current smokers that attempted to quit in the past year=69.3%.
- % of adults that consumed 5 servings fruits /vegetables per day=24.6%.
- % of adults that meet moderate physical activity recommendation =28.8%.
- Chlamydia cases reported=511.0/100, 000.
- Consider revising goal – looking at positive prevention.

Objectives:

- Increase % of adult smokers that attempt to quit from 69.3% to 75% by 12/30/15.
- Increase % of adults that consume 5 servings' fruits/vegetables per day from 24.6% to 30% by 12/30/15.
- Increase % of adults that meet moderate physical activity recommendation from 28.8% to 30% by 12/30/5.
- Decrease reported chlamydia cases from 511/100,000 to 500/100,000 by 13/30/15.
- Timeline feasible to ↓ chronic disease?

Priority Issue: Healthcare Access					
Goal: Increase availability of Healthcare services/ access in Jackson County.					
Objective: Increase % of adults who have had a medical check-up within the last year from 67.7% to 75% by December 30, 2015.					
Baseline Measure/Source: Adults with medical screening in past year – 67.7% (Florida CHARTS or BRFSS?)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Healthcare Access:

- Educate community on available resources
- Town hall meetings on available resources
- Create “one stop” community resource guide – comprehensive
- Funding/provider for free clinic
- Provide transportation for access to healthcare facilities
- Recruit licensed healthcare provider

Health Screenings:

- Health fairs throughout schools, clubs, and businesses in local municipalities
- Economical annual screening for all that incorporates education on all levels
- Media education for all screenings
- Survey community members in natural surroundings (church, restaurants, school, work etc.)
- Access screenings thru mobile units in the community
- Local TV, radio newspaper free PSA's of screenings events
- Provide results on the screenings

Mental Health:

- Increase community knowledge of mental illness through a systematic communication /education plan
- Recruit full time psychiatrist to Jackson County
- Life coaching programs assisted by community based support groups
- Improve r awareness

- Awareness through employers
- Recruit licensed providers
- Middle school mentoring/life coaching program

Goal:

Increase availability of healthcare services/access in Jackson County

Data:

- ~~% of adult that have PCP – 85.7%.~~
- % of adults with medical check-up in past year – 67.7%.

Objective:

- ~~Increase % of adults that have a PCP from 85.7%.~~
- Increase % of adults that have had a medical check-up within the last year from 67.7% to 75% by December 30, 2015.
- Define check-up
- How does objective tie to goal?

Other Issues

Injury and Safety:

- | |
|---|
| <ul style="list-style-type: none">• Provide public service announcements through social media through weekly TV broadcast.• Law enforcement teaching self-defense to community• More funding for Healthy Start child passenger safety program.• Short-term license loss for teenager driver offenses.• Personal experience in driver education in the schools.• Safety education in schools.• Gun safety education for parents. |
|---|

Appendix 3: CHIP Workshop 2 – May 22, 2013

Email to workshop participants

From: Marybeth_Gurganus@doh.state.fl.us [mailto:Marybeth_Gurganus@doh.state.fl.us]
Sent: Wednesday, May 15, 2013 11:06 AM
Subject: Action Request: RSVP; CHIP Action Plan and Thank You (sent on behalf of Mr. William Long, Administrator, Dept of Health Jackson County)
Importance: High

Hello All!

We had a great workshop on May 8th for our Community Health Improvement Project (CHIP). Thank you to everyone who participated. Participants at the May 8th workshop identified 3 key areas for improving the health of our community, and began to develop the Action Plan for each. These include:

1. Healthcare Access & Disease Prevention
2. Education for Economic Success
3. Maternal Health

We have one more workshop which will add the finishing pieces to our Action Plan for community health improvement. The agenda for this workshop is attached. Please share this email with community members who have an interest or expertise in these health improvement areas. If you are unable to attend, please send someone to represent you and/or your organization. If you have any questions, please contact Mary Beth Gurganus (see email below).

DATE: May 22, 2013 (Wednesday)
LOCATION: Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446
TIME: 9:00am-1:00pm

Please RSVP to Mary Beth Gurganus at Marybeth_Gurganus@doh.state.fl.us by May 20, Monday. If you have any dietary restrictions, let her know, as we will have a working lunch.

I would like to thank you for all your efforts over these past several weeks on the Community Health Assessment and the Community Health Improvement Plan project. I greatly appreciate the time that you have put into the project and feel that it could not have been successful without your involvement. Please accept my personal gratitude.

Warm regards,

William H. Long
Administrator

CHIP Workshop 2 Participants

Florida Department of Health – Jackson County Community Health Improvement Project CHIP Session 2 Workshop May 22, 2013 Sign-In Sheet

Name/Title	Organization
Rita Smith Prutte, ARNP	Chipola Adolescent Pregnancy Prevention
Richetta Worlds, BSN (Nursing student)	Chipola College
Cindy Eade	Cindale Farms, LLC
Eulice Bryant	Community member
Mary Beth Gurganus	Florida Department of Health in Jackson County
William Long	Florida Department of Health in Jackson County
Nancy Tipps	Florida Department of Health in Jackson County
Roy Baker	Jackson County Development Council
Cheryl McDaniel	Jackson County School District
Kathryn Jordan	Jackson Hospital
Charlotte McAlpine, RN Infection Control	Jackson Hospital
Eric Miller	Jackson Hospital
Nakeya R. Lovett, Chief	Marianna Fire/Rescue
Merlin Roulhac, Superintendent	Sunland/APD
Darlene See	Sunland/APD
Ron Sharpe, Director Resource	United Way

CHIP Workshop 2 Agenda

Community Health Improvement Plan 2013

Wednesday – 9:00am-1:00pm
Florida Department of Health in Jackson County
4979 Healthy Way, Marianna, Florida 32446



May 22, 2013 Agenda

9:00am – 9:15am	Introductions Workshop Logistics Review
9:15am - 9:45am	Workgroup Assignments Participants will be self-assigned to an Action Plan workgroup and review & refine the <i>GOAL</i> and <i>OBJECTIVE</i> . Workgroups will also identify the baseline data and source for each <i>OBJECTIVE</i> .
9:45am – 10:00am	Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback.
10:00am – 10:45am	ACTIVITIES for Action Plan <ul style="list-style-type: none">• Each workgroup will identify the <i>ACTIVITIES</i> for each <i>OBJECTIVE</i> in their Action Plan.
10:45pm-11:00pm	Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback.
11:00am – 11:45am	Action Plan Completion <ul style="list-style-type: none">• For each <i>OBJECTIVE</i> in their Action plan, workgroups will identify:<ul style="list-style-type: none">• Lead Role & Community Resources• Target Date for Completion• Evaluation Measure.• <u>NOTE</u> – the Action Plan will end with measuring against the baseline measure to determine impact/success
11:45am-12:15pm	Working Lunch (Lunch provided & networking)
12:15pm – 12:30pm	Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback.
12:30pm – 12:45pm	Action Plan Final Revision <ul style="list-style-type: none">• Based on feedback, workgroups will finalize their Action Plan(s).

12:45pm – 1:00pm

Community Health Improvement Plan Workshop Summary

Next Steps

A Community Health Improvement Plan (CHIP) has been defined 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.”

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used 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.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services.

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

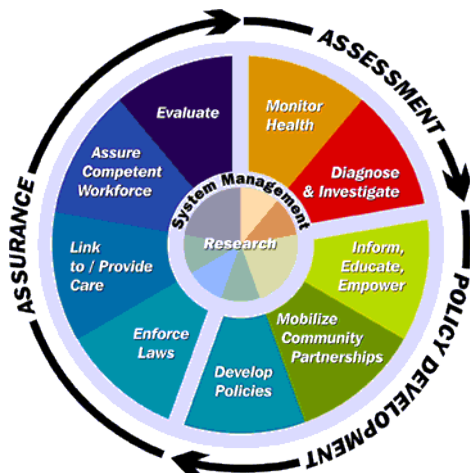
Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.



From:

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

The first part of the paper discusses the importance of the research and the objectives of the study. It highlights the need for a comprehensive understanding of the subject matter and the role of the researcher in this process. The second part of the paper presents the methodology used in the study, including the data collection methods and the analysis techniques. The third part of the paper discusses the results of the study and the conclusions drawn from the data. The final part of the paper provides a summary of the findings and offers suggestions for future research.

The research was conducted in a systematic and rigorous manner, following the principles of scientific inquiry. The data was collected from a representative sample of the population, and the analysis was performed using advanced statistical techniques. The results of the study are presented in a clear and concise manner, allowing for a thorough understanding of the findings. The conclusions drawn from the data are based on a careful interpretation of the results, taking into account the limitations of the study.

The findings of the study have important implications for the field of research. They provide a new perspective on the subject matter and offer valuable insights into the underlying mechanisms. The results also have practical applications, which can be used to inform policy-making and to develop effective interventions. The study contributes to the existing body of knowledge and provides a foundation for further research in the area.

In conclusion, the study has successfully achieved its objectives and has provided a comprehensive understanding of the subject matter. The findings are significant and have important implications for the field. The study also highlights the need for further research in this area, as there are still many questions that need to be answered. The results of the study are presented in a clear and concise manner, allowing for a thorough understanding of the findings.

JACKSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



June
2013
Revisions
2015

Community Health Improvement Plan
Report

2015 CHIP REVISIONS

PROGRESS MONITORING, IMPLEMENTATION AND REVISION

The Jackson County Community Health Partnership undertook an assessment process from March 2013 – May 2013 with community partners to identify strategic health priorities, establish goals and objectives, and develop action plans leading to the 2013-2017 Community Health Improvement Plan. As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Jackson County Community Health Improvement Plan (CHIP) serves to guide Jackson County community partners as we work together to address local health priorities.

Since August, 2014, The Florida Department of Health in Jackson County (DOH-Jackson) and community partners, known as the Jackson County Community Health Partnership, have met regularly in the four originally identified strategic issue priority areas: Communicable Disease, Healthcare Access, Poverty and Education, and Teen Pregnancy. The partnership Communicable Disease action plan team will not meet in the 2015-2016 cycle as it was abandoned due to a marked lack of community readiness. The remaining strategic priority issue action plan teams will meet regularly throughout 2015-2016.

This document services as the 2015 Annual Revision of the Jackson County CHIP, reflecting changes based on the implementation, monitoring, and review of the 2014 CHIP plans. An overview of the goals, objectives, and strategies, as well as, 2014 action plan revisions for the three remaining CHIP action plan teams, are outlined below.

Priority Issue Area: Teen Pregnancy

Revised Goal: Jackson County will decrease teen pregnancy

Revised Strategic Objective: Reduce teen births (ages 15-19) by 20% by June 30, 2017.

Strategy 1: Replicate evidence-based Teen-Pregnancy Prevention models

Strategy 2: Identify and review innovative policies for prevention

The partnership decided that there would be an objective modification and update to action plan to ensure correct and applicable data collection. There has also been a change in leadership role as a result of changing resources.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Evaluation Measure	Completion Status
Form Task Force/Work Group, update as necessary	Chipola Healthy Start Staff Jackson Hospital Staff OB/GYNs	January 31, 2016	Education/training and procedures updated as indicated	
Send out Task Force/Work Group recruitment invitations	DOH-Jackson Staff Chipola Healthy Start Staff	January 8, 2016	Emails through partnership distribution list with RSVP	

Research evidence-based, innovative Teen-Pregnancy Prevention models	Chipola Healthy Start Staff Jackson Hospital Staff DOH-Jackson Staff	June 30, 2016	Present research to partnership	
Provide feedback to all participating partners regarding research on evidence-based, innovative Teen-Pregnancy Prevention models	Chipola Healthy Staff DOH-Jackson Staff	September 30, 2016	Feedback provided to all partnership members	
Identify Teen-Pregnancy Prevention model for implementation	Chipola Healthy Start Staff Jackson Hospital Staff OB/GYNs DOH-Jackson	January 31, 2017	Teen-Pregnancy Prevention model identified	
Recruit program sites for implementation of Teen-Pregnancy Prevention model	Chipola Healthy Start Staff Jackson Hospital Staff OB/GYNs DOH-Jackson	April 30, 2017	Teen-Pregnancy Prevention model Programs recruited	
All work plans and policies submitted by participating programs reviewed	Chipola Healthy Start Staff Jackson Hospital Staff OB/GYNs DOH-Jackson	June 30, 2017	Teen-Pregnancy Prevention model program policies reviewed and implemented	
Determine next steps	Chipola Healthy Start Staff Jackson Hospital Staff OB/GYNs DOH-Jackson	June 30, 2017	TBD	

Priority Issue Area: Healthcare Access

Revised Goal: Increase availability of healthcare services/access in Jackson County

Revised Strategic Objective: Implement one evidence-based and innovative policy to address improved patient outcomes, reduced healthcare costs, and enhanced population health by December 30, 2017.

Strategy 1: Identify and evaluate policies and practices that leverage healthcare to improve health through prevention.

The team will continue to work on healthcare access but decided to focus on population health rather than individual health screening. The availability of resources, endorsement by local

governmental policy makers, and changes in leadership roles resulted in modifications to objective, strategy, and action plan.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Evaluation Measure	Completion Status
Form Task Force/Work Group, update as necessary	Jackson Hospital Labor and Delivery Management Staff Chipola Healthy Start Staff DOH-Jackson Staff OB/GYNs Pediatricians	September 30, 2015	Education/training and procedures updated as indicated	
Send out Task Force/Work Group recruitment invitations	Jackson Hospital Labor and Delivery Management Staff Chipola Healthy Start Staff DOH-Jackson Staff OB/GYNs Pediatricians	October 31, 2015	Emails and letters through distribution list	
Assist Jackson Hospital in registering for a recognition opportunity through Baby Friendly USA	Jackson Hospital Labor and Delivery Staff DOH-Jackson Staff	November 30, 2015	Jackson Hospital completes Baby Friendly USA Registration	
Jackson Hospital completes: • D1 Discovery Phase	Jackson Hospital Labor and Delivery Staff	June 30, 2016	Jackson Hospital completes D1 Discovery Phase	
Jackson Hospital completes: • D2 Development Phase	Jackson Hospital Labor and Delivery Staff	December 31, 2016	Jackson Hospital completes D2 Development Phase	
Jackson Hospital completes: • D3 Dissemination Phase	Jackson Hospital Labor and Delivery Staff	June 30, 2017	Jackson Hospital completes D3 Dissemination Phase	
Jackson Hospital completes: • D4 Designation Phase	Jackson Hospital Labor and Delivery Staff	December 31, 2017	Jackson Hospital completes D4 Designation Phase	

Jackson Hospital applies for Baby Friendly Hospital status	Jackson Hospital	December 31, 2017	Jackson Hospital receives Baby Friendly Hospital recognition	
Determine next steps	Jackson Hospital Labor and Delivery Management Staff Chipola Healthy Start Staff DOH-Jackson Staff OB/GYNs Pediatricians	December 31, 2017	TBD	

Priority Issue Area: Poverty and Education

Goal: Incorporate certified vocational training into the Jackson County High School curriculum

Revised Strategic Objective: Establish 2 new certification vocational training tracks in the Jackson County School District by June 30, 2017.

Strategy 1: Expand high-school completion programs

Endorsement by governmental leadership resulted in the appointment of a full-time Director of Vocational Education for the local school system. The task force recommended a revision to objective resulting in an updated action plan.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Evaluation Measure	Completion Status
Form Task Force/Work Group, update as necessary	Director of Vocational Education Jackson County School District Chipola College Workforce Development Staff	September 30, 2015	Education/training and procedures updated as indicated	
Research evidence-based high-school completion programs	Task Force/Work Group	December 31, 2016	Present research to partnership	
Provide feedback to all participating partners regarding research on evidence-based high school completion programs	DOH-Jackson Staff	January 31, 2016	Feedback results provided to all partnership members	
Identify high-school completion	Task Force/Work Group	March 31, 2016	High-School completion	

programs for implementation in district			program(s) expansion identified	
Determine next steps	Task Force/Work Group	June 30, 2016	TBD	



**Jackson County
Community Health Improvement Partnership Meeting
DOH Jackson Multi-Purpose Room #102
October 8, 2015, 9:00 – 10:30 a.m.**

AGENDA

Purpose:

Implementation of Jackson County Community Health Improvement local plans/projects, review and assign action items, and recognize practices with improved performance.

Topic
Welcome/Call to Order
Review of Minutes
Previous Action Items <ul style="list-style-type: none">• Item 1: Jackson Hospital Baby Friendly Hospital Initiative• Item 2:• Item 3:
Progress Reports <ul style="list-style-type: none">• Communicable Disease Prevention• Maternal and Child Health (Teen Pregnancy/Birth Outcomes)• Healthcare Access<ul style="list-style-type: none">1. Jackson Hospital Baby Friendly Hospital Initiative2. DOH Jackson Diabetes Self-Management Education Program• Poverty and Education
Recognition of Improved Performance <ul style="list-style-type: none">• Area 1 Communicable Disease (Chlamydia 15-19 yoa) 2012 data• Area 2 Maternal and Young Child Profile 2013 data• Area 3 Dropout and Graduation Rates 2014 data
Additional Discussion Items
Action Items
Meeting Evaluation
Adjourn

- Item 1: Jackson Hospital Baby Friendly Hospital Initiative
- Item 2:
- Item 3:

- Communicable Disease Prevention
- Maternal and Child Health (Teen Pregnancy/Birth Outcomes)
- Healthcare Access
 - 1. Jackson Hospital Baby Friendly Hospital Initiative
 - 2. DOH Jackson Diabetes Self-Management Education Program
- Poverty and Education

- Area 1 Communicable Disease (Chlamydia 15-19 yoa) 2012 data
- Area 2 Maternal and Young Child Profile 2013 data
- Area 3 Dropout and Graduation Rates 2014 data

*Alone we can do so little; together we can do so much.
Hellen Keller*



County
Community Health Improvement Partnership Meeting
DOH Jackson Multi-Purpose Room #102
October 8, 2015, 9:00 – 10:30 a.m.

MINUTES

Purpose:

Annual team meeting to monitor implementation of Jackson County Community Health Improvement (CHIP) local plans/projects, review and assign action items, and recognize practices with improved performance.

Attendees

Name	Organization	Name	Organization
Annie Hollister	Panhandle Area Health Network	Natalie Johnson	DOH Jackson (Scribe)
Dr. Rob Thomas	Big Bend PAHN		
Natalie Johnson	FDOH Jackson PHP Planner		
Melisa Reddick	Chipola Healthy Start		
Marie Arick	Jackson Co. Extension Service		
Mary Beth Gurganus	DOH Jackson County		

Speaker	Topic	Discussion
	Welcome/Call to Order	
	Approval of Minutes from Previous Meeting	
	Previous Action Items	
Melissa Reddick	<ul style="list-style-type: none"> Item 1: Jackson Hospital Baby Friendly Hospital Initiative 	<ol style="list-style-type: none"> Success Story – Provided overview of formation and activities completed and planned by Task Force for new attendees. Unified effort to get community involved. In time hope to have Lactation Consultant. Planning for 4 Pumping Stations in the county; mothers will have access to pumps as well as lactation support. Insurance companies can provide pump free of cost to mothers. Discussion on whether mothers that successfully breastfeed can/will become peer counselors; also to see if they can donate their used



County
Community Health Improvement Partnership Meeting
DOH Jackson Multi-Purpose Room #102
October 8, 2015, 9:00 – 10:30 a.m.

MINUTES

- breast pumps to program to be used further instead of going to landfill.
- g. Determining where the stations will be of most benefit to the community. Another issue is with working mothers where the business is knowledgeable and considerate of breastfeeding mothers.
- h. The Baby Friendly Hospital Initiative is a component of the Healthiest Weight Florida Program.

General Discussion Communicable Disease Prevention

- a. Chlamydia rate 15-19 reduction from 100 to 80. Bonnie Hall, RN at DOH Jackson is trying to get the most current rate of the STD numbers as of this meeting.
- b. Some reduction in the numbers may be due to the implementation of the curricula by the TOP (Teen Outreach Program). DOH applied to continue the program but the proposal was not approved.
- c. There is nothing comparable in the county. There are limitations to what can be presented and taught by the school system regarding sexual development and sex education.
- d. The partnership agreed education needs to highlight the laws/statutes that apply to various areas of sexual activity (age, communication, financial cost, self-worth, understanding cycles of behavior, etc.).

General Discussion Healthcare Access

- 1. Baby-Friendly Hospital Initiative
 - a. A policy change initiative whose goal is to implement and enhance maternity care practices that support and promote breastfeeding.
- 2. Diabetes Self-Management Education Program
 - a. Received re-accreditation from American Association of Diabetes Educators in March
 - b. Improvement in seven (7) self-care behaviors
 - c. Use AADE curriculum
 - d. Have handouts and interpreter services for non-English speaking individuals
 - e. Both person living with Diabetes and significant other are encouraged to participate
 - f. Aggregate data collected on both clinical and behavioral goals – A1c and personal self-care behavior chosen by consumer.




County
Community Health Improvement Partnership Meeting
DOH Jackson Multi-Purpose Room #102
October 8, 2015, 9:00 – 10:30 a.m.

MINUTES

	Poverty and Education	<ul style="list-style-type: none"> a. By January, the JCSB Vocational Education Department will provide at least a monthly newsletter to Jackson County students in grades 6-12. As a part of the Digital Jackson initiative, students in grades 6-8 will receive the newsletter digitally through their JCSB issued device. The newsletter will highlight skilled labor occupations and wages. Included in the newsletter will be job prep requirements, i.e. certification, AS degree etc. The JCSB is committed to providing our students with the information they need to make good career decisions and the support they need to follow through on their decisions. b. AHEC would like to provide information to the newsletter as well. c. District graduation rates are holding steady. Dropout rates are also steady.
General Discussion	Teen Pregnancy (Maternal Health)/Birth Outcomes (Infant Health)	<ul style="list-style-type: none"> a. Nationally teen pregnancy numbers are decreasing. b. Jackson County and surrounding counties teen pregnancy rates continue to be high. c. Chipola Healthy Start is investigating best practices and programs being implemented in comparable communities for potential use in our county.
	Action Items	Documented in Table Below
	Adjourn	Next Meeting Date/Time <i>January 14, 2016 @ 9:00 a.m. CST</i>
	Attachments	<ul style="list-style-type: none"> a. Chlamydia Rates b. Dropout Rate Report c. Graduation Rates 2014 d. Pregnancy and Young Child Profile

<i>Action Items</i>	<i>Person Responsible</i>	<i>Due Date</i>	<i>Deliverable</i>
Provide information for monthly JCSB Vocational Education digital newsletter	Dr. Rob Thomas, Big Bend AHEC	Ongoing	NA
Investigation of best practices/programs implemented in other communities to prevent and reduce teen pregnancy	Melisa Reddick, Chipola Healthy Start	Ongoing	NA

2012				Florida Department of Health		Division of Disease Control & Health Protection		Bureau of Communicable Diseases											
Jan-Dec		Sex = (All)		Reported Cases and Cases /100,000 Population by County and Disease										Age = 15-19		Data Source: STD Prevention & Control			
		Infectious		Early Latent				Late Latent/Other				Chlamydia		Gonorrhea		Total Std's		Rank	
County	Population	Syphilis		Syphilis		Total Early Syphilis		Syphilis		Total Syphilis								Chlamydia	
		cases	rate	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
ALACHUA	23,009	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	523	2273.0	183	795.3	706	3068.4	14	23
BAKER	1,797	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	41	2281.6	6	333.9	47	2615.5	47	22
BAY	10,601	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	193	1820.6	34	320.7	227	2141.3	26	36
BRADFORD	1,495	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	54	3612.0	8	535.1	62	4147.2	45	4
BREVARD	32,388	1	3.1	1	3.1	2	6.2	1	3.1	3	9.3	570	1759.9	110	339.6	683	2108.8	12	39
BROWARD	111,959	21	18.8	9	8.0	30	26.8	10	8.9	40	35.7	1,897	1694.4	362	323.3	2,299	2053.4	3	41
CALHOUN	851	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	17	1997.6	1	117.5	18	2115.2	64	32
CHARLOTTE	6,939	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	99	1426.7	23	331.5	122	1758.2	35	53
CITRUS	6,680	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	122	1826.3	11	164.7	133	1991.0	31	35
CLAY	14,504	0	0.0	0	0.0	0	0.0	1	6.9	1	6.9	242	1668.5	16	110.3	259	1785.7	24	45
COLLIER	17,641	1	5.7	0	0.0	1	5.7	0	0.0	1	5.7	245	1388.8	18	102.0	264	1496.5	23	55
COLUMBIA	4,334	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	108	2491.9	43	992.2	151	3484.1	34	16
DESOTO	2,330	0	0.0	0	0.0	0	0.0	1	42.9	1	42.9	35	1502.1	0	0.0	36	1545.1	52	51
DIXIE	834	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	27	3237.4	1	119.9	28	3357.3	56	6
DUVAL	57,580	2	3.5	4	6.9	6	10.4	4	6.9	10	17.4	1,478	2566.9	363	630.4	1,851	3214.7	5	15
ESCAMBIA	21,439	1	4.7	3	14.0	4	18.7	2	9.3	6	28.0	608	2836.0	136	634.4	750	3498.3	11	11
FLAGLER	5,612	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	116	2067.0	29	516.7	145	2583.7	32	27
FRANKLIN	500	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	17	3400.0	2	400.0	19	3800.0	64	5
GADSDEN	3,010	1	33.2	0	0.0	1	33.2	0	0.0	1	33.2	135	4485.0	33	1096.3	169	5614.6	28	1
GILCHRIST	1,343	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	1563.7	4	297.8	25	1861.5	61	47
GLADES	676	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	2662.7	1	147.9	19	2810.7	63	13
GULF	740	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	31	4189.2	1	135.1	32	4324.3	54	2
HAMILTON	932	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	28	3004.3	3	321.9	31	3326.2	55	9
HARDEE	2,116	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	26	1228.7	1	47.3	27	1276.0	57	61
HENDRY	2,966	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	61	2056.6	5	168.6	66	2225.2	42	28
HERNANDO	9,757	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	90	922.4	11	112.7	101	1035.2	37	66
HIGHLANDS	4,915	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	62	1261.4	9	183.1	71	1444.6	40	60
HILLSBOROUGH	88,835	9	10.1	14	15.8	23	25.9	7	7.9	30	33.8	2,141	2410.1	604	679.9	2,775	3123.8	2	19
HOLMES	1,242	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	19	1529.8	1	80.5	20	1610.3	62	49
INDIAN RIVER	7,660	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	137	1788.5	22	287.2	159	2075.7	27	38
JACKSON	2,948	2	67.8	0	0.0	2	67.8	0	0.0	2	67.8	93	3154.7	12	407.1	107	3629.6	36	8
JEFFERSON	724	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	3176.8	2	276.2	25	3453.0	59	7
LAFAYETTE	532	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	375.9	0	0.0	2	375.9	67	67
LAKE	16,984	2	11.8	0	0.0	2	11.8	0	0.0	2	11.8	284	1672.2	31	182.5	317	1866.5	22	44
LEE	35,471	0	0.0	1	2.8	1	2.8	1	2.8	2	5.6	686	1934.0	113	318.6	801	2258.2	10	33
LEON	27,229	3	11.0	3	11.0	6	22.0	2	7.3	8	29.4	721	2647.9	121	444.4	850	3121.7	9	14
LEVY	2,440	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	58	2377.0	5	204.9	63	2582.0	43	20
LIBERTY	506	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	2173.9	1	197.6	12	2371.5	66	24
MADISON	1,254	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	22	1754.4	5	398.7	27	2153.1	60	40
MANATEE	18,370	1	5.4	1	5.4	2	10.9	2	10.9	4	21.8	424	2308.1	63	343.0	491	2672.8	15	21
MARION	18,267	1	5.5	0	0.0	1	5.5	0	0.0	1	5.5	397	2173.3	82	448.9	480	2627.7	17	25
MARTIN	7,675	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	74	964.2	11	143.3	85	1107.5	38	65
MIAMI-DADE	165,490	16	9.7	14	8.5	30	18.1	21	12.7	51	30.8	2,566	1550.5	484	292.5	3,101	1873.8	1	48
MONROE	3,114	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	41	1316.6	4	128.5	45	1445.1	47	59
NASSAU	4,558	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	62	1360.2	7	153.6	69	1513.8	40	57
OKALOOSA	11,631	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	233	2003.3	32	275.1	265	2278.4	25	31
OKEECHOBEE	2,828	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	58	2050.9	4	141.4	62	2192.4	43	29
ORANGE	88,605	8	9.0	10	11.3	18	20.3	6	6.8	24	27.1	1,781	2010.0	357	402.9	2,162	2440.0	4	30
OSCEOLA	21,543	0	0.0	0	0.0	0	0.0	1	4.6	1	4.6	328	1522.5	32	148.5	361	1675.7	18	50
PALM BEACH	78,663	10	12.7	8	10.2	18	22.9	9	11.4	27	34.3	1,082	1375.5	135	171.6	1,244	1581.4	7	56
PASCO	27,682	1	3.6	0	0.0	1	3.6	0	0.0	1	3.6	313	1130.7	43	155.3	357	1289.6	19	63
PINELLAS	48,241	3	6.2	3	6.2	6	12.4	0	0.0	6	12.4	1,189	2464.7	212	439.5	1,407	2916.6	6	17
POLK	39,999	2	5.0	0	0.0	2	5.0	1	2.5	3	7.5	726	1815.0	93	232.5	822	2055.1	8	37
PUTNAM	4,574	0	0.0	1	21.9	1	21.9	0	0.0	1	21.9	112	2448.6	12	262.4	125	2732.8	33	18
ST JOHNS	13,176	0	0.0	0	0.0	0	0.0	1	7.6	1	7.6	131	994.2	10	75.9	142	1077.7	29	64
ST LUCIE	17,427	2	11.5	0	0.0	2	11.5	0	0.0	2	11.5	293	1681.3	51	292.6	346	1985.4	21	42
SANTA ROSA	10,674	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	131	1227.3	30	281.1	161	1508.3	29	62
SARASOTA	17,938	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	295	1644.6	37	206.3	332	1850.8	20	46
SEMINOLE	30,477	1	3.3	0	0.0	1	3.3	1	3.3	2	6.6	409	1342.0	95	311.7	506	1660.3	16	58
SUMTER	2,565	0	0.0	0	0.0	0	0.0	1	39.0	1	39.0	72	2807.0	9	350.9	82	3196.9	39	12
SUWANNEE	2,684	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	39	1453.1	3	111.8	42	1564.8	49	52
TAYLOR	1,178	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	35	2971.1	4</					

Florida's Single-Year Dropout Rates

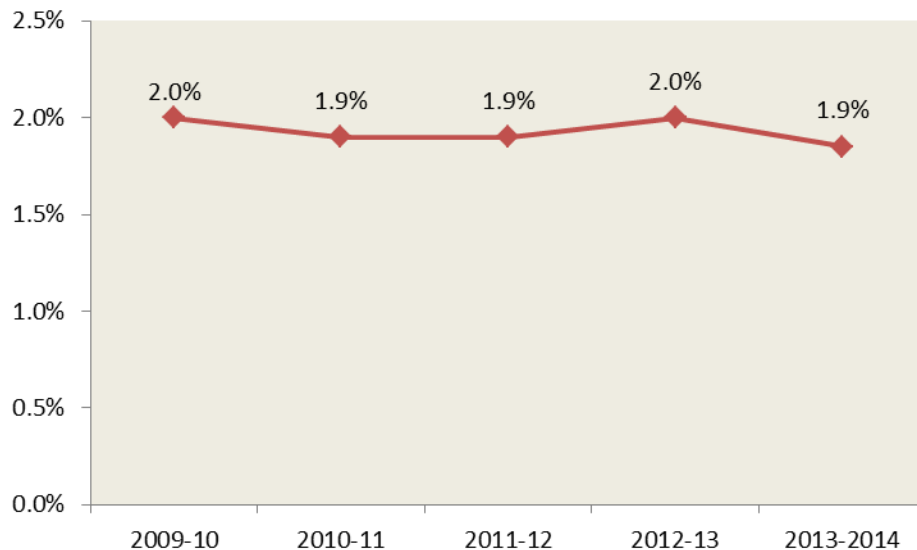
April 2015

Florida's Single-Year Dropout Rates

Florida's single-year dropout rate is the percentage of high school students that dropout in any one year. More specifically, it is the percentage of ninth- through twelfth-grade dropouts compared to the ninth- through twelfth-grade total, year-long student membership. A dropout is defined as a student who withdraws from school for any of several reasons without transferring to another school, home education program or adult education program. The definitions for a dropout are listed below in Exhibit 2.

Florida's ninth- through twelfth-grade, single-year dropout rate has fluctuated slightly over the past five years from a high of 2.0 percent in 2009-10 and 2012-13 to a low of 1.9 percent in 2010-11, 2011-12 and 2013-14. District-level, single-year dropout rates are provided in Exhibits 5 and 6. For school-level dropout rates, please visit <http://fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/index.shtml>.

Exhibit 1: 9th-12th Grade Single-Year Dropout Rates, 2009-10 through 2013-14



Graduation Rate versus Dropout Rate

Florida's single-year dropout rate sometimes causes confusion when attempting to compare the graduation rate to the single-year dropout rate. These rates are not inverses of each other. The differences are as follows:

The rates apply to different periods of time.

- Graduation rate is a four-year, cohort-based indicator.
- Single-year dropout rate is a one-year indicator.

The rates apply to different populations.

- Graduation rate tracks the progress of a group of students who entered the same grade at the same time over a four-year period.
- Single-year dropout rate identifies **all** ninth- through twelfth-grade students in **one** year.

Exhibit 2: Dropout Withdrawal Codes and Definitions

DNE - Any PK-12 student who was expected to attend a school but did not enter as expected for unknown reasons
W05 - Any student age 16 or older who leaves school voluntarily with no intention of returning
W13 - Any PK-12 student withdrawn from school due to court action
W15 - Any PK-12 student who is withdrawn from school due to nonattendance
W18 - Any PK-12 student who withdraws from school due to medical reasons
W21 - Any PK-12 student who is withdrawn from school due to being expelled
W22 - Any PK-12 student whose whereabouts is unknown
W23 - Any PK-12 student who withdraws from school for any reason other than W01 - W22 or W24 - W27

Exhibit 3: 9th-12th Grade Single-Year Dropouts by Gender within Race/Ethnicity, 2009-10 to 2013-14

School Year	White			Black or African			Hispanic/Latino			Asian		
	F	M	Total	F	M	Total	F	M	Total	F	M	Total
2009-10	1.2%	1.6%	1.4%	2.6%	3.5%	2.9%	2.1%	3.0%	2.5%	0.7%	0.8%	0.8%
2010-11	1.1%	1.6%	1.4%	2.5%	3.4%	3.0%	1.7%	2.5%	2.1%	0.5%	0.8%	0.6%
2011-12	1.2%	1.7%	1.4%	2.6%	3.6%	3.1%	1.6%	2.2%	1.9%	0.6%	0.6%	0.6%
2012-13	1.2%	1.8%	1.5%	2.8%	3.9%	3.4%	1.5%	2.3%	1.9%	0.4%	0.8%	0.6%
2013-14	1.0%	1.6%	1.3%	2.4%	3.4%	3.0%	1.6%	2.3%	2.0%	0.4%	0.5%	0.5%

Exhibit 4: Grades 9-12 Single-Year Dropouts by Gender within Race/Ethnicity, 2009-10 to 2013-14 (continued)

School Year	American Indian/Alaska			Two or More Races			Pacific Islander			Female Total	Male Total	Total
	F	M	Total	F	M	Total	F	M	Total			
2009-10	2.1%	2.4%	2.2%	1.1%	1.7%	1.4%				1.7%	2.3%	2.0%
2010-11	1.0%	2.0%	1.5%	1.1%	1.5%	1.3%	0.5%	2.8%	1.7%	1.6%	2.3%	1.9%
2011-12	2.1%	2.7%	2.4%	1.1%	1.6%	1.3%	1.8%	2.5%	2.2%	1.6%	2.2%	1.9%
2012-13	1.8%	3.0%	2.4%	1.4%	2.0%	1.7%	1.6%	1.8%	1.7%	1.7%	2.4%	2.0%
2013-14	1.2%	2.3%	1.7%	1.0%	1.6%	1.3%	0.6%	1.8%	1.2%	1.5%	2.2%	1.9%

Exhibit 5: 9th-12th Grade Single-Year Dropout Rates by Race/Ethnicity, 2013-14*

District		White	Black or African American	Hispanic/Latino	Asian	American Indian/ Alaska Native	Two or More Races	Pacific Islander
00	FLORIDA	1.3%	3.0%	2.0%	0.5%	1.7%	1.3%	1.2%
01	ALACHUA	1.1%	4.7%	2.5%	0.0%	0.0%	1.4%	0.0%
02	BAKER	0.4%	0.6%	0.0%	0.0%	0.0%	0.0%	
03	BAY	1.5%	1.2%	0.2%	0.0%	0.0%	3.9%	0.0%
04	BRADFORD	1.2%	1.9%	8.3%	0.0%	0.0%	0.0%	0.0%
05	BREVARD	0.5%	1.3%	0.4%	0.0%	2.0%	1.1%	0.0%
06	BROWARD	1.2%	2.8%	1.5%	0.6%	1.4%	1.2%	1.6%
07	CALHOUN	1.8%	2.6%	3.0%	0.0%	0.0%	3.4%	
08	CHARLOTTE	2.4%	2.9%	2.4%	0.0%	0.0%	1.3%	0.0%
09	CITRUS	1.3%	1.8%	0.6%	0.0%	3.4%	1.9%	0.0%
10	CLAY	1.0%	1.3%	0.8%	0.6%	0.0%	0.8%	0.0%
11	COLLIER	1.0%	2.1%	2.2%	0.0%	1.5%	0.3%	0.0%
12	COLUMBIA	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
13	MIAMI-DADE	2.1%	4.1%	2.3%	0.8%	0.9%	2.6%	5.0%
14	DESOTO	4.3%	1.7%	5.6%	0.0%	0.0%	6.9%	0.0%
15	DIXIE	0.7%	0.0%	4.3%		0.0%	0.0%	
16	DUVAL	2.5%	3.5%	2.5%	1.1%	0.0%	2.3%	3.9%
17	ESCAMBIA	0.7%	1.4%	1.3%	0.3%	0.8%	1.0%	0.0%
18	FLAGLER	1.0%	0.7%	1.0%	0.0%	0.0%	0.5%	0.0%
19	FRANKLIN	3.9%	0.0%	0.0%		0.0%	0.0%	0.0%
20	GADSDEN	5.5%	4.7%	6.3%	0.0%	0.0%	0.0%	0.0%
21	GILCHRIST	0.4%	3.6%	0.0%	0.0%	0.0%	0.0%	
22	GLADES	1.9%	0.0%	0.0%		0.0%	0.0%	
23	GULF	0.4%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%
24	HAMILTON	1.6%	2.8%	0.0%		0.0%	0.0%	
25	HARDEE	4.2%	3.8%	4.8%	0.0%	0.0%	0.0%	0.0%
26	HENDRY	2.1%	3.6%	3.1%	0.0%	0.0%	0.0%	
27	HERNANDO	2.4%	4.3%	2.5%	0.8%	3.0%	1.7%	0.0%
28	HIGHLANDS	1.3%	5.1%	3.6%	2.0%	5.6%	1.0%	0.0%
29	HILLSBOROUGH	0.6%	0.8%	0.8%	0.2%	1.0%	0.5%	0.0%
30	HOLMES	1.7%	5.9%	3.4%	0.0%	0.0%	0.0%	0.0%
31	INDIAN RIVER	0.3%	0.3%	1.0%	0.0%	0.0%	0.0%	0.0%
32	JACKSON	0.7%	1.8%	0.0%	0.0%	0.0%	2.6%	
33	JEFFERSON	2.6%	0.0%	0.0%			0.0%	
34	LAFAYETTE	0.0%	0.0%	3.4%			0.0%	
35	LAKE	2.2%	3.3%	2.2%	0.0%	3.0%	1.8%	0.0%
36	LEE	1.7%	1.8%	1.9%	0.2%	1.6%	1.2%	0.0%
37	LEON	0.1%	1.3%	0.2%	0.0%	0.0%	0.0%	0.0%
38	LEVY	1.3%	2.7%	0.0%	0.0%	0.0%	2.1%	0.0%
39	LIBERTY	0.3%	1.2%	0.0%		0.0%	0.0%	
40	MADISON	0.3%	1.3%	0.0%	100.0%	0.0%	0.0%	0.0%
41	MANATEE	2.3%	4.8%	5.4%	0.9%	3.2%	2.1%	16.7%
42	MARION	1.4%	1.7%	1.4%	0.0%	0.0%	1.0%	0.0%
43	MARTIN	0.5%	1.4%	1.3%	0.0%	0.0%	0.7%	0.0%
44	MONROE	1.7%	2.2%	2.3%	0.0%	0.0%	3.7%	0.0%
45	NASSAU	0.3%	0.4%	0.0%	0.0%	0.0%	0.8%	0.0%
46	OKALOOSA	1.1%	1.9%	1.6%	0.4%	0.0%	0.9%	0.0%
47	OKEECHOBEE	3.1%	2.8%	0.6%	0.0%	4.8%	0.0%	0.0%
48	ORANGE	0.5%	1.8%	0.7%	0.0%	0.0%	0.5%	0.0%
49	OSCEOLA	0.4%	0.3%	0.4%	0.2%	0.0%	0.2%	0.0%
50	PALM BEACH	2.8%	7.2%	5.0%	1.4%	4.9%	3.7%	5.9%
51	PASCO	0.8%	1.4%	0.7%	0.4%	4.3%	0.7%	0.0%
52	PINELLAS	0.9%	2.5%	1.3%	0.2%	0.7%	1.3%	0.0%
53	POLK	3.3%	4.0%	3.4%	1.0%	2.4%	2.3%	5.4%
54	PUTNAM	2.9%	4.4%	5.3%	0.0%	0.0%	5.2%	0.0%

District	White	Black or African American	Hispanic/Latino	Asian	American Indian/ Alaska Native	Two or More Races	Pacific Islander
55 ST. JOHNS	0.7%	1.3%	0.1%	0.0%	0.0%	1.3%	0.0%
56 ST. LUCIE	1.4%	1.7%	1.2%	0.4%	3.8%	0.3%	0.0%
57 SANTA ROSA	0.8%	1.3%	0.6%	0.0%	1.8%	1.4%	0.0%
58 SARASOTA	0.9%	2.1%	1.2%	0.0%	0.0%	1.7%	0.0%
59 SEMINOLE	0.2%	0.6%	0.2%	0.0%	0.0%	0.5%	0.0%
60 SUMTER	2.1%	4.1%	1.8%	0.0%	0.0%	0.0%	0.0%
61 SUWANNEE	0.8%	1.3%	0.9%	0.0%	0.0%	0.0%	0.0%
62 TAYLOR	4.7%	2.5%	5.6%	0.0%	16.7%	0.0%	
63 UNION	0.8%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%
64 VOLUSIA	0.7%	0.4%	1.0%	0.3%	0.0%	0.3%	0.0%
65 WAKULLA	0.9%	0.8%	2.9%	0.0%	0.0%	0.0%	0.0%
66 WALTON	3.2%	6.2%	6.1%	0.0%	20.0%	3.2%	0.0%
67 WASHINGTON	1.4%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%
68 DEAF/BLIND	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
69 WASH. SPECIAL	0.0%	0.0%	0.0%			0.0%	
71 FL VIRTUAL	1.6%	1.0%	3.7%	5.6%	0.0%	1.0%	0.0%
72 FAU LAB SCH	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
73 FSU CHTR SCH	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	
74 FAMU LAB SCH	0.0%	0.6%	0.0%			0.0%	
75 UF LAB SCH	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Source: 2013-14 Florida Department of Education (FDOE) dropout data as of 2/27/15. A blank cell indicates no students in the subgroup population.

Exhibit 6: 9th-12th Grade Single-Year Dropout Rates by District, 2009-010 through 2013-14

District	2009-10	2010-11	2011-12	2012-13	2013-14*
00 FLORIDA	2.0%	1.9%	1.9%	2.0%	1.9%
01 ALACHUA	2.2%	2.4%	2.8%	3.5%	2.4%
02 BAKER	3.8%	2.5%	1.9%	1.1%	0.4%
03 BAY	1.4%	1.1%	1.2%	1.3%	1.4%
04 BRADFORD	5.1%	4.0%	3.3%	2.7%	1.5%
05 BREVARD	0.5%	0.7%	0.6%	0.7%	0.6%
06 BROWARD	1.6%	1.3%	2.0%	2.1%	1.9%
07 CALHOUN	2.2%	3.3%	2.1%	1.5%	2.0%
08 CHARLOTTE	3.1%	2.4%	2.9%	2.9%	2.4%
09 CITRUS	1.2%	1.2%	1.4%	1.7%	1.3%
10 CLAY	1.3%	1.0%	1.2%	1.0%	1.0%
11 COLLIER	2.0%	1.9%	2.2%	2.0%	1.6%
12 COLUMBIA	0.6%	0.6%	0.5%	0.3%	0.3%
13 MIAMI-DADE	4.0%	3.5%	2.7%	2.6%	2.7%
14 DESOTO	5.2%	2.2%	4.7%	1.9%	4.4%
15 DIXIE	4.2%	1.6%	0.9%	0.9%	0.8%
16 DUVAL	2.2%	2.3%	2.9%	4.1%	2.9%
17 ESCAMBIA	1.6%	2.5%	1.4%	1.2%	1.0%
18 FLAGLER	1.8%	1.7%	1.8%	1.3%	0.9%
19 FRANKLIN	0.3%	0.8%	4.1%	4.3%	3.2%
20 GADSDEN	1.6%	2.7%	3.7%	2.9%	4.9%
21 GILCHRIST	0.2%	0.2%	1.1%	0.7%	0.5%
22 GLADES	1.4%	2.4%	2.2%	3.4%	0.9%
23 GULF	0.3%	0.2%	0.5%	0.5%	0.5%
24 HAMILTON	4.4%	2.7%	3.1%	4.2%	1.9%
25 HARDEE	3.3%	2.5%	4.4%	5.2%	4.4%
26 HENDRY	3.5%	3.0%	2.6%	3.6%	2.9%
27 HERNANDO	2.6%	3.1%	2.7%	2.4%	2.5%
28 HIGHLANDS	3.2%	7.2%	3.7%	4.1%	2.7%
29 HILLSBOROUGH	0.7%	0.8%	0.9%	1.0%	0.7%
30 HOLMES	2.2%	2.8%	2.4%	3.0%	1.9%
31 INDIAN RIVER	1.7%	0.3%	0.4%	0.6%	0.4%



District	2009-10	2010-11	2011-12	2012-13	2013-14*
32 JACKSON	1.8%	1.2%	1.5%	1.4%	1.1%
33 JEFFERSON	7.8%	3.2%	6.0%	0.4%	0.5%
34 LAFAYETTE	0.3%	1.6%	1.2%	0.3%	0.6%
35 LAKE	3.0%	2.3%	2.0%	2.1%	2.3%
36 LEE	1.3%	1.9%	1.3%	1.1%	1.7%
37 LEON	0.8%	2.7%	0.9%	0.7%	0.6%
38 LEVY	5.5%	2.3%	1.1%	1.4%	1.4%
39 LIBERTY	1.8%	0.5%	0.7%	0.6%	0.4%
40 MADISON	3.1%	1.2%	0.4%	0.2%	1.0%
41 MANATEE	4.3%	3.1%	1.8%	1.6%	3.4%
42 MARION	0.5%	0.9%	2.0%	1.7%	1.4%
43 MARTIN	0.6%	0.6%	0.6%	0.5%	0.7%
44 MONROE	1.1%	2.0%	1.7%	1.4%	1.9%
45 NASSAU	1.3%	0.4%	0.2%	0.3%	0.3%
46 OKALOOSA	0.4%	0.2%	1.5%	1.2%	1.2%
47 OKEECHOBEE	4.6%	5.3%	4.5%	5.4%	2.3%
48 ORANGE	0.7%	1.2%	1.8%	1.3%	0.9%
49 OSCEOLA	1.4%	1.6%	1.1%	0.8%	0.4%
50 PALM BEACH	2.8%	2.6%	2.5%	3.3%	4.7%
51 PASCO	1.1%	1.0%	1.0%	0.9%	0.8%
52 PINELLAS	2.4%	1.8%	1.3%	2.6%	1.2%
53 POLK	4.1%	4.2%	5.3%	5.9%	3.4%
54 PUTNAM	3.9%	2.7%	4.0%	5.0%	3.6%
55 ST. JOHNS	0.9%	0.8%	0.8%	1.1%	0.7%
56 ST. LUCIE	2.3%	2.2%	2.1%	1.9%	1.4%
57 SANTA ROSA	0.9%	1.0%	1.7%	1.1%	0.8%
58 SARASOTA	2.0%	1.9%	2.2%	1.5%	1.0%
59 SEMINOLE	0.4%	0.4%	0.4%	0.3%	0.3%
60 SUMTER	2.0%	2.2%	2.3%	2.7%	2.3%
61 SUWANNEE	2.7%	1.3%	1.3%	0.6%	0.8%
62 TAYLOR	3.5%	4.3%	3.4%	3.0%	4.2%
63 UNION	1.5%	2.0%	0.7%	1.3%	0.9%
64 VOLUSIA	1.1%	1.2%	0.9%	0.9%	0.7%
65 WAKULLA	3.4%	1.9%	1.8%	0.9%	0.9%
66 WALTON	1.3%	2.2%	3.6%	2.2%	3.7%
67 WASHINGTON	1.6%	2.5%	2.8%	2.7%	1.5%
68 DEAF/BLIND	0.0%	0.0%	0.3%	0.0%	0.0%
69 WASH. SPECIAL	0.0%	0.3%	0.0%	0.0%	0.0%
71 FL VIRTUAL			3.9%	2.8%	2.0%
72 FAU	0.0%	0.0%	0.0%	0.0%	0.0%
73 FSU	0.0%	0.0%	0.0%	0.0%	0.2%
74 FAMU	0.0%	0.0%	0.0%	0.0%	0.6%
75 UF	0.0%	0.0%	0.0%	0.8%	0.2%

*Source: 2013-14 Florida Department of Education (FDOE) Automatic Student Database as of 2/27/15.



Florida Department of Education
Pam Stewart, Commissioner

For questions regarding Florida's dropout rate, contact:

Florida Department of Education

Division of Accountability, Research and Measurement

(850) 245-0437

ARM@fldoe.org

32-JACKSON

District Graduation Rates by Subgroup

Applied filters: None

Year	2009-10			2010-11			2011-12			2012-13			2013-14		
	# Cohort	# District Graduates	% District Graduates	# Cohort	# District Graduates	% District Graduates	# Cohort	# District Graduates	% District Graduates	# Cohort	# District Graduates	% District Graduates	# Cohort	# District Graduates	% District Graduates
Race/Ethnicity															
1-White	409	284	69.4%	353	239	67.7%	332	232	69.9%	300	219	73.0%	325	232	71.4%
2-Hispanic	17	12	70.6%	**	**	** *	**	**	** *	16	12	75.0%	16	13	81.3%
3-Black	201	130	64.7%	156	90	57.7%	139	90	64.7%	152	109	71.7%	126	81	64.3%
4-Two or More Races	13	9	69.2%	**	**	** *	**	**	** *	16	10	62.5%	14	10	71.4%
5-Asian	.	.	.	**	**	** *	**	**	** *	**	**	** *	**	**	** *
6-American Indian	**	**	** *	**	**	** *	**	**	** *	**	**	** *	**	**	** *

Note: To protect the privacy of individual students, data are not reported when the total number of students in a group is fewer than 10. Double asterisks (**) will appear when data are suppressed. When there are no students reported in a category, a dot (.) will appear in the table cell.

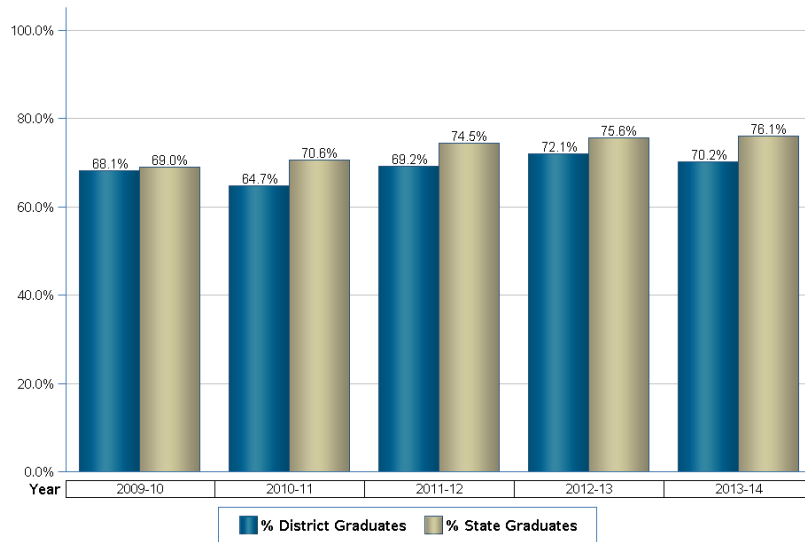
User Tips:

- 1) Use the left-hand navigation panel to select a district and view its results.
- 2) To expand data in the table, click the plus symbol.
- 3) To drill down to the next level of data in the table, click on the down arrow. All graphs on the page will synchronize to selected values.
- 4) To export data: > right click on the graph/table > select export graph/table data > select the file type > click ok.

32-JACKSON

District and State Graduation Rates

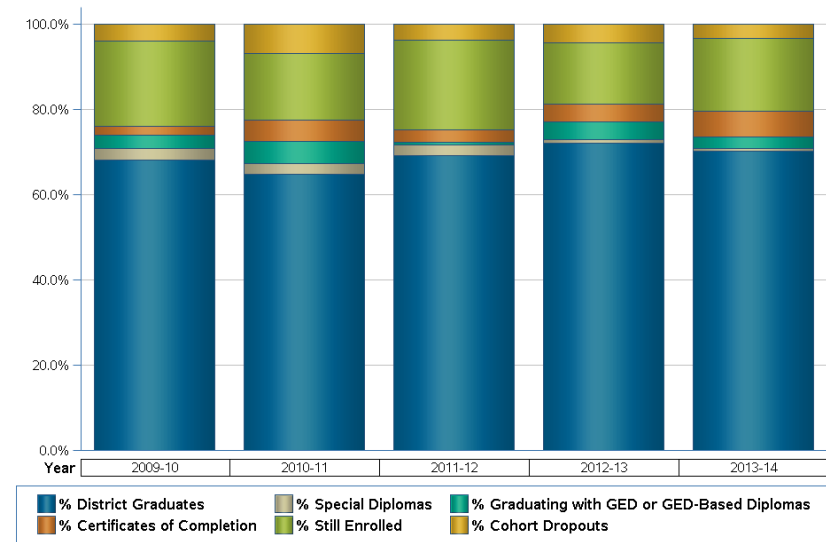
Applied filters: None



Note: As defined in 34 C.F.R. §200.19(b)(1)(i)-(iv), graduates are students who graduate in four years with a regular high school diploma (standard diploma).

District Outcomes

Applied filters: None

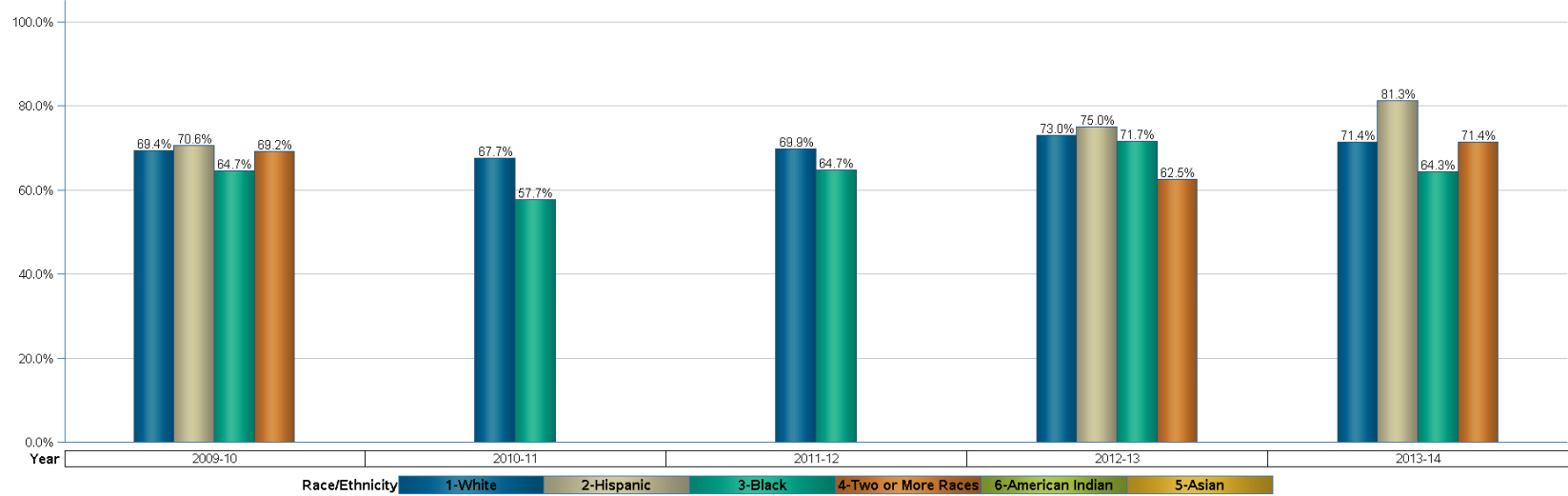


32-JACKSON

District Graduation Rates by Subgroup

Applied filters: None

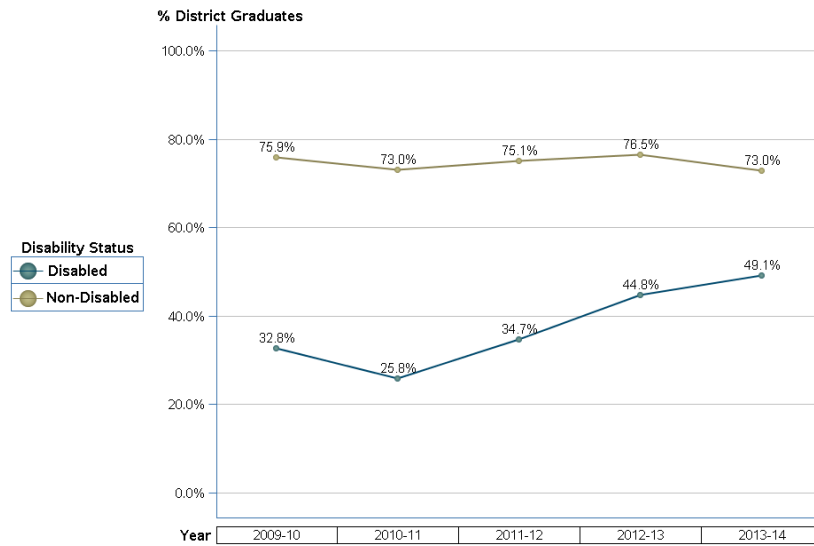
% District Graduates



32-JACKSON

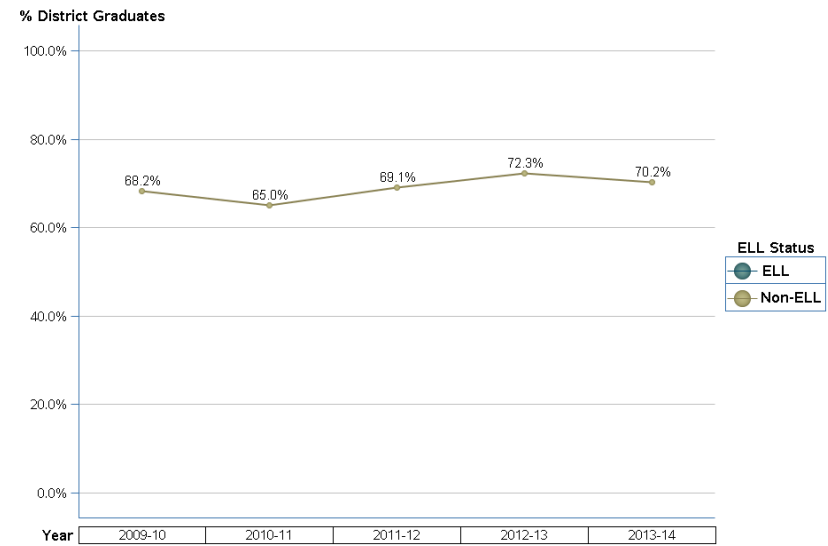
District Graduation Rates by Disability Status

Applied filters: None



District Graduation Rates by ELL Status

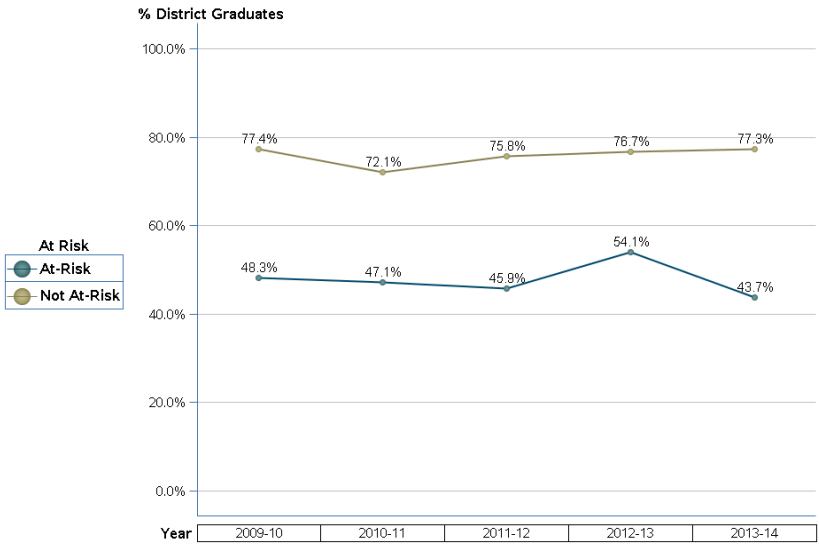
Applied filters: None



32-JACKSON

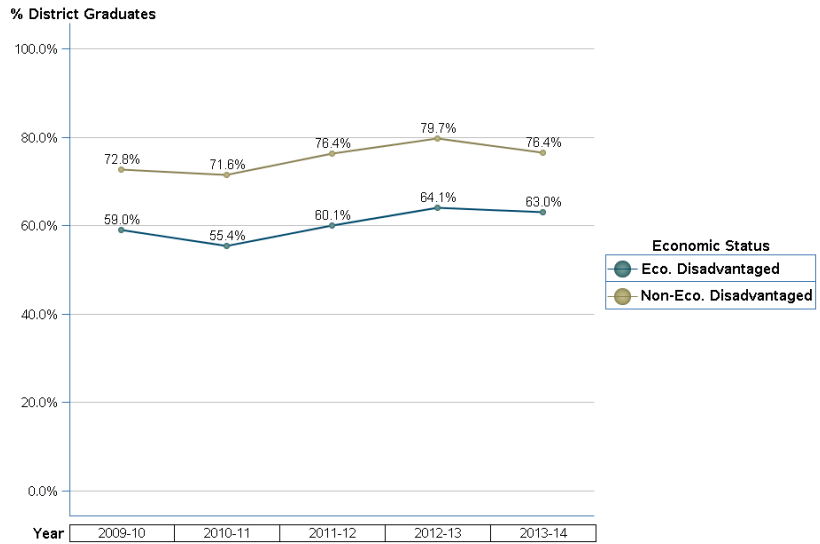
District Graduation Rates by At-Risk

Applied filters: None



District Graduation Rates by Economic Status

Applied filters: None





Print



Export to Excel












Jackson County, Florida

Pregnancy and Young Child Profile

Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number (Average)	County Rate Comparison	State
Community Characteristics						
Population	Count	2013		49,743		19,318,859
Median household income (in dollars)	Dollars	2011		\$39,869		\$47,827
Population below 100% poverty	Percent	2009-13			19.9%	16.3%
Unemployment rate	Percent	2013			5.9%	7.2%
Individuals living in owner-occupied housing	Percent	2006-10			77.2%	69.7%
Domestic violence offenses	Per 100,000 population	2011-13		216	432.5	572.0
Births covered by emergency Medicaid ¹	Percent of births	2009-11		11	2.3%	8.2%
Women of Childbearing Age						
Socio-Demographic Characteristics						
Total female population ages 15-44	Count	2013		7,493		3,596,432
White female population ages 15-44	Count	2013		5,293		2,649,777
Black female population ages 15-44	Count	2013		1,978		723,674
Other female population ages 15-44	Count	2013		221		222,981
Hispanic female population ages 15-44	Count	2013		332		994,260
Non-Hispanic female population ages 15-44	Count	2013		7,161		2,602,172
Birth Family Characteristics						
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-13		52	37.9	26.7
Repeat births to mothers ages 15-19	Percent of births 15-19	2011-13		8	16.1%	16.9%
Births to mothers > 35	Per 1,000 females > 35	2011-13		23	1.8	4.5
Total births to unwed mothers	Percent of births	2011-13		265	54.4%	47.9%
Births among unwed mothers ages 15-19	Percent of births 15-19	2011-13		46	89.7%	91.4%
Births among unwed mothers ages 20-54	Percent of births 20-54	2011-13		218	50.1%	44.4%
Births with father acknowledged on birth certificate	Percent of births	2011-13		378	77.7%	85.6%
Births to mothers > 18 without high school education	Percent of births > 18	2011-13		71	15.4%	13.0%
Births to mothers born in other countries	Percent of births	2011-13		17	3.6%	30.3%

			Florida			
Pregnancy and Young Child Profile						
Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number (Average)	County Rate Comparison	State
Pre-conception Health and Behaviors						
Females > 17 who engage in heavy or binge drinking	Percent of females > 17	2010	1		5.4%	10.5%
Women 15-34 with sexually transmitted diseases ²	Per 100,000 females 15-34	2011-13	4	223	4396.0	2609.5
Females > 17 who are current smokers	Percent of females > 17	2010	2		18.1%	16.0%
Births to underweight mothers at time pregnancy occurred ³	Percent of births	2011-13	1	34	7.1%	11.4%
Births to overweight mothers at time pregnancy occurred ⁴	Percent of births	2011-13	1	93	19.1%	23.9%
Births to obese mothers at time pregnancy occurred ⁵	Percent of births	2011-13	3	126	25.9%	20.8%
Births with inter-pregnancy interval < 18 months	Percent of births	2011-13	2	104	36.3%	35.1%
Pregnancy and Health Behaviors						
Births to mothers who report smoking during pregnancy	Percent of births	2011-13	4	83	17.1%	6.6%
Access to Services						
Well-Woman/Pre-conception care						
Females > 17 with pap smear in preceding year	Percent of females > 17	2010	3		54.7%	57.1%
Females > 17 who have a personal doctor	Percent of females > 17	2010	1		89.4%	84.5%
Females > 17 who have any type of health care insurance coverage	Percent of females > 17	2010	2		83.9%	84.2%
Pregnancy						
Births with 1st trimester prenatal care	Percent of births w/ known PNC status	2011-13	2	297	81.4%	80.1%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-13	2	16	4.5%	4.7%
Births with adequate prenatal care (Kotelchuck index)	Percent of births w/ known PNC status	2011-13	4	234	64.3%	70.5%
Births to uninsured women ("self-pay" checked on birth certificate)	Percent of births	2011-13	1	7	1.5%	7.8%
Births covered by Medicaid ⁶	Percent of births	2011-13	4	336	69.0%	50.9%
C-section births	Percent of births	2011-13	3	172	35.4%	38.0%
Very low birthweight infants born in subspecialty perinatal centers	Percent of VLBW births	2011-13	4	5	57.1%	78.2%

			Florida			
			Pregnancy and Young Child Profile			
Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number (Average)	County Rate Comparison	State
Infants (Under 1)						
Socio-Demographic Characteristics						
Total births	Per 1,000 population	2013		495	10.0	11.1
White births	Per 1,000 white population	2013		345	9.9	10.1
Black births	Per 1,000 black population	2013		139	10.4	15.2
Other nonwhite births	Per 1,000 other nonwhite population	2013		11	7.2	12.4
Hispanic births	Per 1,000 hispanic population	2013		17	7.0	13.0
Non-Hispanic births	Per 1,000 non-hispanic population	2013		477	10.1	10.5
Social-emotional Development						
Infants in foster care	Per 1,000 population < 1	2010-12		7	15.1	18.3
Poor Birth Outcomes						
Births < 1500 grams (very low birth weight)	Percent of births	2011-13		9	1.9%	1.6%
Births < 2500 grams (low birth weight)	Percent of births	2011-13		46	9.5%	8.6%
Births < 37 weeks gestation (preterm)	Percent of births	2011-13		63	13.0%	13.9%
Birth defects (structural and genetic) ratio to total births	Per 10,000 births	2006-08		7	116.5	228.6
Congenital heart defects	Per 10,000 births	2006-08		2	27.7	73.0
Chromosomal abnormalities (Trisomy 13, 18, & 21)	Per 10,000 births	2006-08		<2	0.0(u)	15.2
Multiple births (twins, triplets, or more)	Percent of births	2011-13		13	2.7%	3.3%

			Jackson County, Florida			
			Pregnancy and Young Child Profile			
Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number (Average)	County Rate Comparison	State
Health and Safety						
Mothers who initiate breastfeeding	Percent	2011-13		221	45.4%	81.0%

Injuries and Injury-related Deaths

Hospitalizations for all non-fatal unintentional injuries < 1	Per 100,000 population < 1	2010-12	<div><div>1</div></div>	<2	0.0(u)	285.1
Hospital/ER treated non-fatal unintentional falls < 1 ⁷	Per 100,000 population < 1	2010-12	<div><div>1</div></div>	12	2546.5	3948.6
Hospitalizations for non-fatal traumatic brain injuries < 1	Per 100,000 population < 1	2010-12	<div><div>2</div></div>	<2	137.6(u)	185.1
Child passengers < 1 injured or killed in motor vehicle crashes	Per 100,000 population < 1	2008-10	<div><div>4</div></div>	3	636.1	351.9

Other Deaths

Fetal deaths	Per 1,000 deliveries	2011-13	<div><div>3</div></div>	4	7.5	7.2
Neonatal deaths (<28 days)	Per 1,000 live births	2011-13	<div><div>3</div></div>	2	4.8	4.1
Post-Neonatal deaths (28-364 days)	Per 1,000 live births	2011-13	<div><div>4</div></div>	2	3.4	2.1
Infant deaths (0-364 days)	Per 1,000 live births	2011-13	<div><div>4</div></div>	4	8.2	6.2
Deaths from SUID (sudden unexpected infant death)	Per 100,000 live births	2011-13	<div><div>3</div></div>	<2	137.0(u)	94.8

Children Ages 1-5

Socio-Demographic Characteristics

Population by Race/Ethnicity

Total population ages 1-5	Count	2013		2,546		1,102,567
White population ages 1-5	Count	2013		1,663		764,508
Black population ages 1-5	Count	2013		707		247,655
Other population ages 1-5	Count	2013		175		90,405
Hispanic population ages 1-5	Count	2013		148		335,600
Non-Hispanic population ages 1-5	Count	2013		2,398		766,967

Poverty

Kindergarten children eligible for free/reduced lunch	Percent of KG students	2013	<div><div>3</div></div>	2,315	72.1%	65.2%
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Social-emotional Development

Children in school-readiness programs eligible for free/reduced lunch	Percent of kids in progams	2008-10	<div><div>4</div></div>	709	69.2%	56.2%
Children ages 1-5 in foster care	Per 1,000 population 1-5	2010-12	<div><div>2</div></div>	12	4.5	6.0
Children ages 1-5 receiving mental health treatment services	Per 1,000 population 1-5	2009-11	<div><div>3</div></div>	25	9.1	11.0

<div><div><div><div><div><div></div></div></div><div><div>FLORIDA</div><div>CHARTS</div><div><small>Community Health Assessment Resource Tool Set</small></div></div></div><div><div>Jackson County, Florida</div><div>Pregnancy and Young Child Profile</div></div></div></div>						
Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number (Average)	County Rate Comparison	State
Access to Services						
Health Care						
Children < 5 covered by KidCare (Medikids)	Percent of population < 5	2011-13	<div><div>4</div></div>	47	1.8%	3.1%
Potentially Avoidable Hospitalizations						

Asthma hospitalizations ages 1-5	Per 100,000 population 1-5	2010-12	<div>1</div>	6	241.7	938.8
Immunizations						
Two-year olds fully immunized ⁹	Percent of 2-yr olds	2013			.0%	86.7%
Kindergarten children fully immunized	Percent of KG students	2013	<div>3</div>	582	94.3%	93.2%
Early Learning						
Children in School Readiness programs (subsidized child care)	Per 1,000 population < 13	2008-10	<div>4</div>	1,024	144.4	82.6
Children participating in voluntary pre-K programs	Percent of 4-yr olds	2010	<div>2</div>	407	78.6%	79.2%
Licensed child care centers and homes	Per 1,000 population < 13	2011	<div>2</div>	25	3.6	2.9
Children ages 3-5 with disabilities receiving pre-K services	Per 1,000 population 3-5	2006-08	<div>2</div>	74	45.5	30.3
Health and Safety						
WIC children >= 2 who are overweight or obese	Percent of WIC children >= 2	2013	<div>2</div>		27.5%	27.6%
Overall cancer incidence rate ages 1-5	Per 100,000 population 1-5	2009-11	<div>1</div>	<2	0.0(u)	20.9
Injuries and Injury-related Deaths						
Unintentional injury deaths ages 1-5	Per 100,000 population 1-5	2011-13	<div>3</div>	<2	12.9(u)	9.9
Hospitalizations ages 1-5 for all non fatal unintentional injuries	Per 100,000 population 1-5	2010-12	<div>2</div>	5	190.8	236.8
...Near drownings	Per 100,000 population 1-5	2009-11	<div>1</div>	<2	0.0(u)	16.0
...Traumatic brain injuries	Per 100,000 population 1-5	2010-12	<div>1</div>	<2	25.4(u)	41.6
Hospital/ER treated non fatal unintentional poisonings ages 1-5 ⁷	Per 100,000 population 1-5	2010-12	<div>3</div>	16	610.7	413.3
...Unintentional falls	Per 100,000 population 1-5	2010-12	<div>3</div>	131	4987.4	4830.0
...Motor vehicle related injuries	Per 100,000 population 1-5	2010-12	<div>2</div>	11	432.6	457.3
Child passengers ages 1-5 injured or killed in motor vehicle crashes ⁸	Per 100,000 population 1-5	2008-10	<div>3</div>	10	376.4	323.4

Notes


Population - Rates calculated using July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research. The population data for 2001-2010, along with rates affected by the population data, has been updated on Florida CHARTS. Following a census, it is customary to revise population projections for the intercensal years based on information from the latest census. Revising the population data from what was predicted to actual estimates ensures accurate accounting of the racial, ethnic, and gender distribution of the population. These changes affect the population data and rates calculated for your community.

Year - Time periods include single calendar years (ex. 2006) and three-year averages (ex. 2004-06).

Quartiles - Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering a rate from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations. Blanks in this column indicate that not enough data was available to calculate a quartile or that a quartile calculation was not appropriate (i.e. population counts).

Counts - Counts for indicators displaying a 3-year rate are an average count of events over 3 years, NOT a sum. Blank spaces in this column indicate that no count is available for the indicator. A count of "<2" indicates an average of less than 2 events per year over a 3 year period.

Rates - Rates are frequently used when numbers are too small to use percent (per 100). For example, Florida's birth rate of 4.8 per 1000 females over age 35 would be the same as saying that 0.48% of females over age 35 had babies. Rates are typically expressed per 1000, per 10,000 or per 100,000, depending on how rare an event is. Rates based on fewer than 5 events over a 3 year period are marked as unstable (U). When the rates are based on only a few cases or deaths, it is almost impossible to distinguish random fluctuation from true changes in the underlying risk of disease or injury. Therefore comparisons over time or between communities that are based on unstable rates can lead to erroneous conclusions about differences in risk which may or may not be valid.

 Indicates that there is no data for the specified cell.

- ¹Emergency Medicaid covers deliveries of pregnant aliens (non-US citizens).
- ²Includes women with reported cases of chlamydia, gonorrhea, and infectious syphilis.
- ³Underweight = BMI of 18.5 or less.
- ⁴Overweight = BMI between 25.0 and 29.9.
- ⁵Obese = BMI of 30 or more.
- ⁶May underestimate actual percent of births paid for by Medicaid.
- ⁷Hospital/ER treated includes both hospital inpatient and Emergency Department treatment.
- ⁸Event count includes crashes in Florida, regardless of residence of the driver. Denominator is Florida resident population.
- ⁹Rate not available for all counties.