

Jackson County

Community Health Improvement Plan

January 2025 - December 2029

Prepared By:
Jackson County Department of Health



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Introduction

The **role of public health** is to promote and protect the health and safety of all Floridians. The mission is accomplished by:



- identifying health risks in the community.
- maintaining a safe and healthful environment.
- detecting, investigating, and preventing the spread of disease.
- promoting health lifestyles.
- providing primary care for individuals with limited access to such care from the private sector; and ensuring that health care practitioners meet the requirements for providing adequate care.
- informing the public on health issues.

Florida's public health and related agencies take on three main roles:

- **Health Protection** - Environmental conditions, some occurring naturally and other man-made, influence the well-being of Florida's inhabitants. These effects are often of such magnitude and complexity that only government can mount an adequate response. Contamination of the air, ground, water, and food may cause disease or death. Public health tries to prevent or contain such contamination.
- **Health Promotion and Disease Prevention** - Prevention is the key to success in public health.
 - Health promotion and education programs are designed to inform individuals about positive ways in which they can preserve or restore their own.
 - health-smoking cessation
 - moderation in alcohol consumption

-
- proper diet and exercise
 - wearing seat belts, etc.
 - Disease intervention programs work to stop the transmission of diseases from a carrier to other by
 - immunizing people against certain diseases.
 - treating new cases as they occur, and isolating carriers is necessary.
 - finding treatment before the disease becomes contagious.
 - **Health Treatment** - Health care of the sick and disabled is a role that public health undertakes when individuals are too poor or otherwise lack access to health care services.



The Jackson County Community Health Partnership, hereafter referred to as Community Health Improvement Plan (CHIP) group, has brought stakeholders together to better understand the needs of Jackson County.

The purpose of the CHIP process is to create goals, objectives, and strategies targeting the priority health issues identified. Since formed in March 2013, Jackson County CHIP group has worked to develop and improve the ongoing Community Health Improvement Plan. The Jackson County CHIP provides ongoing efforts to improve health priorities, address root causes of health concerns related to higher risk populations and contribute to environmental resiliency in Jackson County.

The Florida Department of Health in Jackson County (DOH-Jackson), in partnership with nearly 30 partners, championed a Community Health Improvement Plan to identify and prioritize health issues in Jackson County. This CHIP document uses information from the Community Health Assessment (CHA) which includes quantitative and qualitative data to assess the health status of the community and determine which health issues will be the focus of health planning efforts for the next five years.

The CHIP group decided the 2025-2029 CHIP would focus on the following priority health issues after reviewing and discussing the data collected through the CHA process:

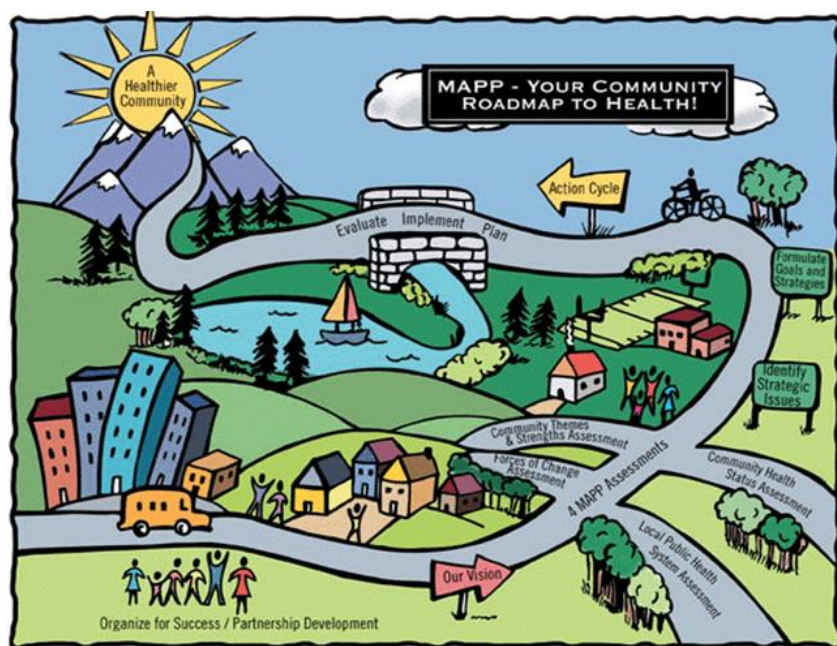
- Age Friendly Health
- Chronic Disease and Conditions
- Injury, Safety and Violence
- Maternal and Child Health
- Mental Well-being and Substance Abuse Prevention
- Social and Economic Factors Contributing to Health
- Transmissible and Emerging Diseases

CHIP Meeting purpose is to engage the community by providing updates to the Community Health Improvement Plan following the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The targets and measures outlined in the CHIP Action Plans at the end of this document were carefully selected through collaborative and inclusive workgroups for each health issue. Additionally, many of the targets align with the national Healthy People 2030 initiative and with goals and objectives from the Florida State Health Improvement Plan. These national and statewide initiatives provide evidence-based benchmarks to track and monitor health, as well as best practices to guide health promotion and disease prevention efforts, which will ultimately help improve health outcomes in Jackson County.

Methodology

Beginning June 13, 2022, DOH-Jackson partnered with Jackson Hospital to begin the Community Health Assessment (CHA) process. The local health department and hospital continue to maintain a strong collaboration when conducting Community Health Assessments to identify and respond to the primary health needs of the shared residents.

The intention of Community health assessments is to answer questions about community health status and needs. An underlying goal of the Jackson County community health assessment is to ensure a truly community-driven process by empowering community members, organizations, and stakeholders to help facilitate change through collaboration, coordination, and communication. Mobilizing for Action through Planning and Partnerships (MAPP) process, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC) was used to encourage community engagement and strategic planning.



The MAPP process is a community-driven, participatory process intended to bring together not only health care providers, but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community health. By participating in the MAPP process, community stakeholders were able to gain a higher

understanding and awareness of their community and local health issues.

Complete details for the current Community Health Assessment can be reviewed at Jackson.floridahealth.gov under Community Health Planning and Statistics tab.



Using the data collected from the 2022 CHA, DOH-Jackson has championed the ongoing CHIP group to act as a platform and steering committee for implementation and evaluation of the goals in the current plan. The CHIP group decided to utilize a balanced scorecard approach, which identifies goals, objectives, and strategies and sets measurable targets to move the CHIP process forward. The CHIP group met quarterly, in person and virtually via Microsoft Teams. February 2023 started the kickoff for the formulation of goals and strategies with the various stakeholders at each meeting. Members were able to share program and community information that could help when addressing issues and better ensure key successes. Attendees met in-between scheduled CHIP meetings as breakout sessions and had open discussion about CHIP chosen topics at various community meetings.

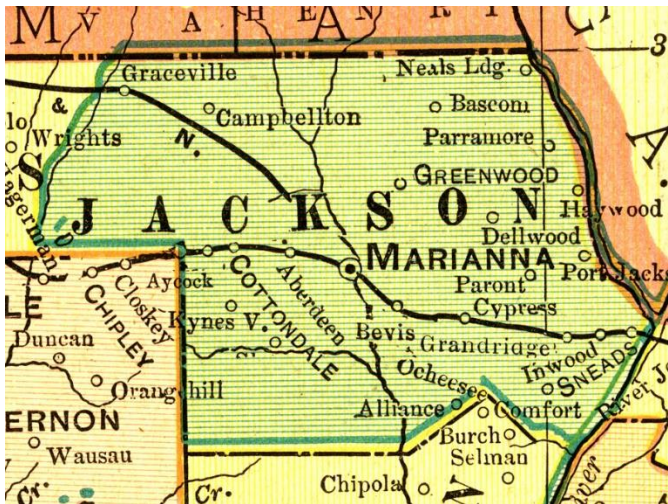
The CHIP group was able to identify health disparities and key service deliver gaps with interviews, community surveys, and data analysis. 737 indicators were collected from data sources and 100 surveys were completed by community members to ensure that valid conclusions about the population of Jackson County. Data collected was evaluated based on indicators such as worse than benchmarks, what was identified by the community, the impact on health disparities and the feasibility of issues being addressed. Health priorities were then chosen for implementation plan. In the Implementation Strategy section of the report, the Jackson County CHIP addresses the significant health needs identified for Jackson County through identified programs, resources, and services provided by each organization, collaboration with other local organizations, and provides measures to track progress. Ongoing meetings to update the CHIP and report on activities occur quarterly at community meetings and steering committee meetings. The CHIP is updated annually and reviewed by community partners for approval.

Jackson County CHIP Timeline



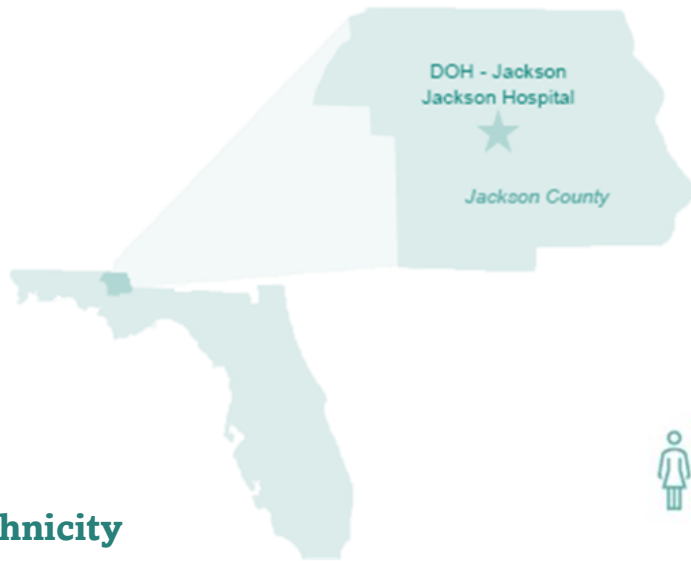
Demographics

The Jackson County Community Health Partnership defines its service area as Jackson County Florida, which includes the following area codes:



| | |
|-------------------|--------------------|
| 32420- Alford | 32423- Bascom |
| 32431- Cottondale | 32426- Campbellton |
| 32431- Jacob City | 32432- Cypress |
| 32440- Graceville | 32442- Grand Ridge |
| 32443- Greenwood | 32445- Malone |
| 32446- Marianna | 32447- Marianna |
| 32448- Marianna | 32460- Sneads |

Jackson County Demographics




 Current Population :
46,996

Race/ Ethnicity

| | Jackson County | Florida |
|--------------------------|----------------|---------|
| White | 65% | 56.7% |
| Black | 25% | 14.9% |
| Asian & Pasific Islander | 0.7% | 3.1% |
| Other | 7.6% | 25.3% |
| Hispanic* | 4.8% | 27.1% |

**Ethnicity is calculated seperatley from race*

Age

| | Jackson County | Florida |
|-------|----------------|---------|
| 0-17 | 18.0% | 19.1% |
| 18-44 | 35.7% | 33.5% |
| 45-64 | 25.6% | 25.3% |
| 65+ | 20.6% | 22.1% |

Education and Income

| | Jackson County | Florida |
|---------------------------------|----------------|----------|
| Median Household Income | \$46,030 | \$65,438 |
| Some High School or Less | 18.1% | 10.4% |
| High School Diploma/GED | 39.3% | 28.4% |
| Some College/ Associates Degree | 28.4% | 28.6% |
| Bachelors Degree or Greater | 14.2% | 32.6% |

Other Statistics

| Jackson County | | | | | Florida | | | | US Average | |
|---------------------------------|--------|--------|----------|---------|-----------|-----------|----------|---------|------------|---------|
| population | 2022 | 2027 | % Change | % total | 2022 | 2027 | % Change | % Total | % Change | % Total |
| Female Childbearing age (15-44) | 7,425 | 7,129 | -4.0% | 15.8% | 3,995,979 | 4,079,406 | 2.1% | 18.1% | 0.0% | 10.5% |
| Households | | | | | | | | | | |
| Total Households | 16,975 | 16,945 | -0.2% | | 8,760,890 | 9,036,524 | 3.1% | | | |
| Median Household Income (\$) | 46,030 | 52,928 | | | 65,438 | 78,674 | | | 64,730 | 72,932 |

MAPP Assessments



To develop the CHA, we used the Mobilizing for Action through Planning and Partnerships (MAPP) model. The MAPP framework is made up of four assessments that help identify public health issues in our community:

1. Forces of Change Assessment: The impact of forces, such as legislation and technology, that affect the context of the community are evaluated
2. Community Themes and Strengths Assessment: Examines health issues Walton County residents feel are important and the assets the community possesses to address those issues.
3. Community Health Status Assessment: Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data.

4. Local Public Health System Assessment: Comprehensively examines organizations from across multiple sectors and their contribution to the public's health.

The next steps after the production of this CHA are for the community to identify the most critical issues that must be addressed for Jackson County to achieve its vision. After identifying a list of strategic issues, broader goals addressing these issues are created and specific strategies to meet these goals are developed. Strategies are planned, implemented, and evaluated in a continuous cycle which celebrates successes and adapts to new will be included in this 2023-2025 Community Health Improvement Plan

Forces (Trends, Events, Factors)

Demographics

- Aging Population

Economic

- Cost of Healthy Foods
- Business Growth

Geography & Environment

- Rural Areas
- Affordable Housing

Health

- Providers/Specialists
- Unhealthy Eating Habits
- Substance/Opioid Abuse
- Tobacco Use
- Sedentary Lifestyle
- Mental Health

Political

- Local Policies
- Funding

Social

- Faith-based Network
- Public Transportation

Technology

- Broadband Issues

Forces of Change

Conducted 06/10/2023.

Jackson County CHIP met on June 10, 2023, and assessed the important health issues, most concerning unhealthy behaviors, top barriers to healthy living and areas of opportunity. The needs finding discussion was expanded to address the impact of local demographics, economy, environmental, health, political, social and technology issues.

Opportunities

Improve partnerships to better tackle complex issues.

Improve the built environment

Provide Outreach in rural areas.

Increase Sidewalks and/or bicycle lanes.

Better advertise resources.

Increase focus on Substance use and Mental Health

Use social media to connect

Mental Health promotion

Increase focus on quality of life

Threats

Fewer resources

Limited affordable housing

Limited internet access in rural areas

Limited/no public transportation

Limited Healthy food

Medical Care options

Roadway funding

Long term Planning Needed for aging population

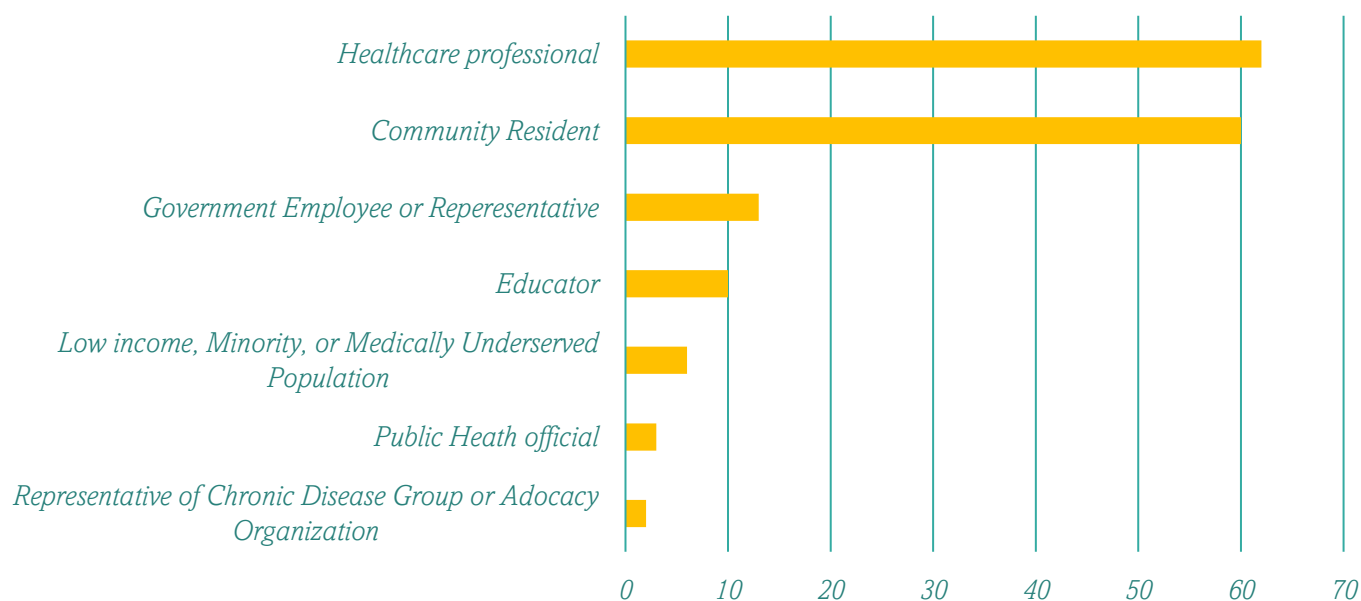
Weather Events

Community Strengths and Themes Assessment

Key Informant Interviews & Focus Groups were gathered between June and July 2022. The survey was deployed to local expert advisors and the public to gain input on local health needs and the needs of priority populations. Input was obtained from multiple sources that included:

- Public Health Officials
- Government Employee or Representative
- Minority or Underserved Population
- Chronic Disease Groups
- Community Residents
- Educators
- Healthcare Professionals
- Others Specified

Survey Question: Please select all roles that apply to you (n=100)



■ *Survey Question: Please select all roles that apply to you (n=100)*



The top three Priority Populations identified by the local experts were older adults, low- income Groups, and individuals requiring additional healthcare support.

Summary of unique or pressing needs of the priority groups identified by the surveyors:

- ❖ Mental Health services
- ❖ Affordable Healthcare
- ❖ Access to specialists

Social & economic Barriers

Livable wage, education system, affordable housing, and employment/ Income were all ranked in the top 10 priority list from the community survey. All these factors can be seen as social detriments of health because of their effect on health outcomes and healthcare access.

Livable Wage and Employment/Income play a role in the community's ability to afford healthcare and impact health outcomes. These social factors can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance. Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles. Additionally, there is evidence that lack of access to affordable and stable housing can lead to negative health outcomes like mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare.

TAKE A LOOK...

| | Jackson Co. | Florida |
|--|-------------|-----------|
| Severe housing cost burden* | 11% | 17% |
| Severe housing problems** | 13% | 19% |
| Homeownership | 72% | 66% |
| Median value of owner-occupied Units | \$101,300 | \$232,000 |
| Median household income | \$46,030 | \$65,438 |
| High school graduation | 82% | 90% |
| Children eligible for free & reduced lunch | 54% | 54% |
| Unemployment | 4.6% | 4.6% |
| Income inequality*** | 4.6 | 4.6 |
| Children in Poverty | 30% | 17% |
| Children in single parent households | 27% | 28% |

source: County Health Rankings 2016-2020, Stratasen ESRI 2022, Bureau of Labor statistics 2021, FL Health charts 2020

*Percentage of households that spend 50% or more of their household's income on housing

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

*** Ratio of Household income at the 80th percentile income at the 20th percentile

Community Health Assessment

The community Health Status Assessment is intended to answer questions:

How healthy are our residents?

What do the health status of our community look like?

What are the strengths and risks in our community that contribute to health?

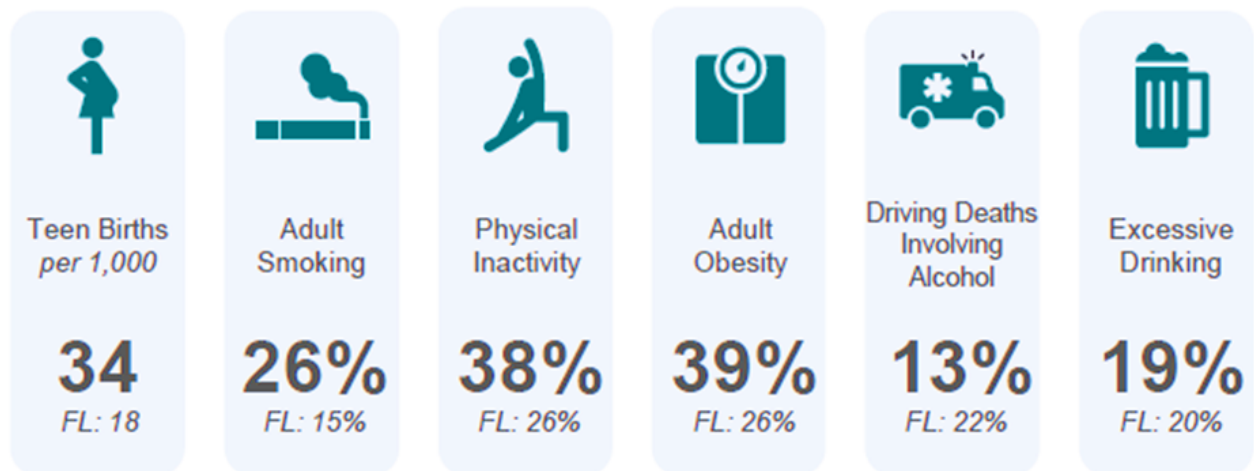
To answer these questions, Jackson CHIP collected, analyzed, and reviewed secondary data describing population health in Jackson County and compared the data to other known time periods and geographies. Complete details of the current Community Health Status Assessment are located on pages 20-30 of the 2022 Jackson County Community Health Assessment. Copies of the 2022 CHA was distributed via email and printed copies provided to community partners.



Local Public Health Assessment

Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 13.7

Per 100,000
Compared to 13.2 in FL

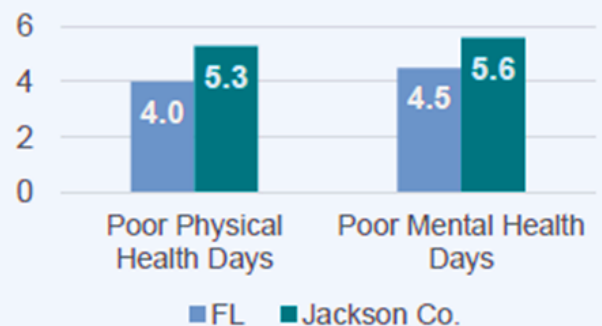
Poor or Fair Health: 26%

Compared to 18% in FL

Low Birthweight: 9%

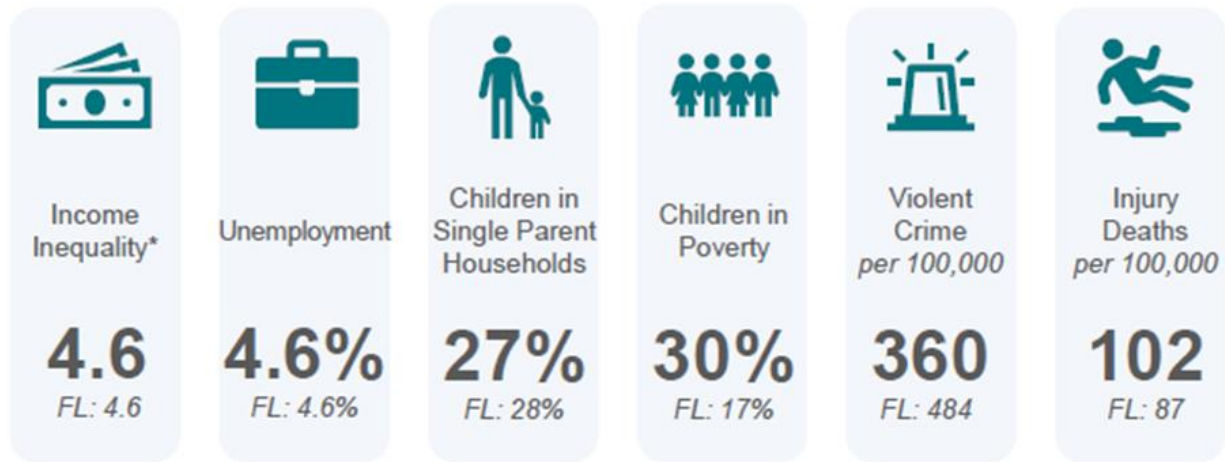
Compared to 9% in FL

Average number of physically and mentally unhealthy days in the past 30 days

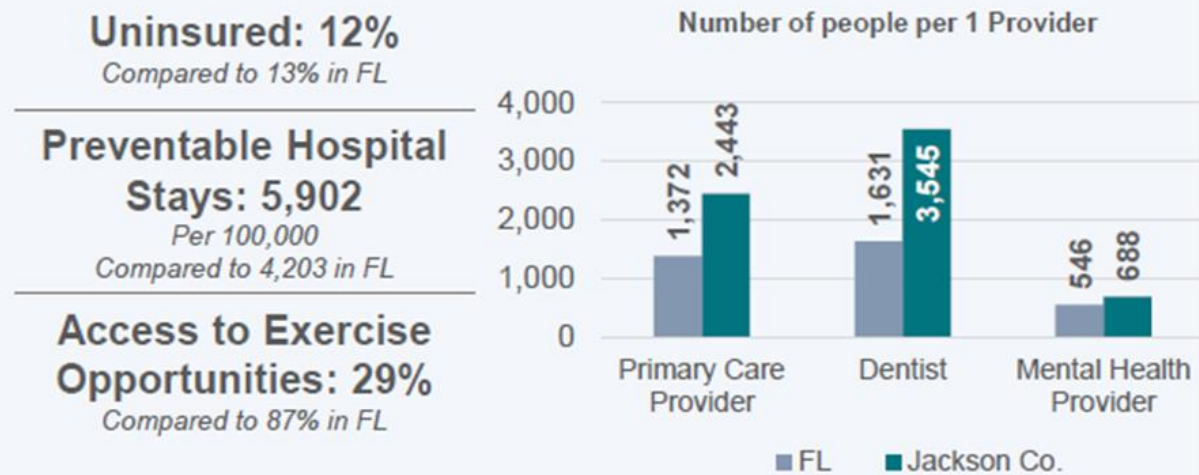


Source: County Health Rankings 2022 Report, worldhealthranking.com (2020)

Socioeconomic Factors



Access to Health



Physical Environment



Source: County Health Rankings 2022 Report, Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Florida's Top 15 Leading Causes of Death are listed in the tables below in Jackson County's rank order. Jackson County was compared to all other Florida counties, Florida state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

| Cause of Death | | | Rank among all counties in FL (#1 rank = worst in state) | Rate of Death per 100,000 age adjusted | | Observation (Jackson County Compared to U.S.) |
|----------------|--------------|-----------------|---|--|---------|--|
| FL Rank | Jackson Rank | Condition | | FL | Jackson | |
| 1 | 1 | Heart Disease | 7 of 67 | 143.1 | 232.8 | <i>Higher than expected</i> |
| 2 | 2 | Cancer | 14 of 67 | 136.3 | 196.5 | <i>Higher than expected</i> |
| 4 | 3 | COVID-19 | 3 of 67 | 56.4 | 141.9 | <i>Higher than expected</i> |
| 3 | 4 | Accidents | 34 of 67 | 67.7 | 56.6 | <i>As expected</i> |
| 5 | 5 | Stroke | 7 of 67 | 43.5 | 52.9 | <i>Higher than expected</i> |
| 6 | 6 | Lung | 33 of 67 | 33.4 | 51.2 | <i>Higher than expected</i> |
| 8 | 7 | Alzheimer's | 1 of 67 | 19.8 | 45.6 | <i>Higher than expected</i> |
| 7 | 8 | Diabetes | 28 of 67 | 22.8 | 26.8 | <i>As expected</i> |
| 12 | 9 | Kidney | 11 of 67 | 9.4 | 16.8 | <i>As expected</i> |
| 15 | 10 | Blood Poisoning | 2 of 67 | 7.9 | 13.7 | <i>As expected</i> |
| 9 | 10 | Suicide | 45 of 67 | 13.2 | 13.7 | <i>As expected</i> |
| 11 | 12 | Flu - Pneumonia | 36 of 67 | 9.5 | 13.2 | <i>As expected</i> |
| 10 | 13 | Liver | 33 of 67 | 13.0 | 12.8 | <i>As expected</i> |
| 13 | 14 | Hypertension | 32 of 67 | 9.3 | 8.9 | <i>As expected</i> |
| 16 | 15 | Homicide | 10 of 67 | 7.8 | 8.4 | <i>As expected</i> |
| 14 | 16 | Parkinson's | 26 of 67 | 8.7 | 6.8 | <i>As expected</i> |

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

Priority Areas

Priority 1: Age friendly Health

Goal AFH 1: Strengthen the capacity to address Alzheimer's disease and related dementias.

Objective AFH 1.1: By December 31, 2029, increase the percentage of Jackson CHIP Partnership organizations and support agencies that provide Alzheimer's and related dementias training and education, in various formats, to staff members from 0% (2024) to 100%. (CHIP data collection)

Strategies:

- ♦ Share Alzheimer's and dementia e-news quarterly.
- ♦ Share at least 1 Alzheimer or related dementia training to community partners.

Goal AFH 2: Ensure positive support for the health and wellbeing of older adult population ages 65 and older.

Objective AFH 2.1: By December 31, 2029, increase the number of public health campaigns addressing older adult physical and mental health from 0 to 2. (CHIP data collection)

Strategies:

- ♦ Review and strengthen emergency preparedness plans.
- ♦ Collect and disseminate data.
- ♦ Provide caregiver online resources, tools, and support.
- ♦ Promote healthy activities and events targeting older adults.



Priority 2: Chronic Diseases and Conditions

Goal CDC 1: Reduce the number of late-stage detection of new cases of cancer.

Objective CDC 1.1: By December 31, 2029, reduce the number of Jackson County residents with cancer cases at advanced stage when diagnosed from 47.2% (2021) to 46%.

(FL Health Charts- Cancer Cases at Advanced Stage When Diagnosed)

Strategies:

- ♦ Increase the number of uninsured or underinsured women enrolled in the Florida Breast and Cervical Cancer Early Detection Program
- ♦ Increase the uterine cancer, colon cancer, and cervical cancer prevention awareness in zip codes with hard-to-reach populations.

Goal CDC 2: Improve cardiovascular health by increasing education and interventions.

Objective CDC 2.1: By December 31, 2029, reduce new cases, of heart disease and stroke from 12.9 % (2019) to 10 %.

Adults Who Have Ever Been Told They Had Coronary Heart Disease, Heart Attack or Stroke (BRFSS)

Strategies:

- ♦ Increase cardiovascular health prevention programs participation.
- ♦ Collaborate with EMS and First Responders to provide cardiovascular health contact information in homes.
- ♦ Promote health benefits of heart healthy food options.

Goal CDC 3: Reduce the burden of diabetes for all who have or are at risk for diabetes.

Objective CDC 3.1: By December 31, 2029, decrease the number of emergency room visits from diabetes by 2% (268 for 2023)

Strategies:

- ♦ Increase attendance to Diabetes Management and Meal prep/planning.
- ♦ Educate families on healthy eating on a budget.
- ♦ Promote Diabetes Prevention Programs available.
- ♦ Educate public about Prescription Assistance Programs

Goal CDC 4: Increase activities that promote healthy nutrition, physical activity, and support healthy lifestyle behaviors.

Objective CDC 4.1: By December 31, 2029, decrease the average number days residents report as unhealthy physical days overall from 5 (2019) to 3. Average Number of Unhealthy

Physical Days in the Past 30 Days (BRFSS), Overall, 2019

Strategies:

- ♦ Provide health education to faith-based health councils.
- ♦ Increase promotion of Mater of Balance in Jackson County
- ♦ Increase the percentage of smokers with quit attempts.
- ♦ Promote childhood asthma-related education.
- ♦ Partner with local city and county recreational department to expand areas for physical activity.
- ♦ Promote adults to consume at least five servings of fruits and vegetables daily.



Priority 3: Injury, Safety, and Violence

Goal ISV 1: Reduce unintentional injuries.

Objective ISV 1.1: By December 31, 2029, increase injury intervention strategies in Jackson County, from 0(2023) to 10 (CHIP data collection)

Strategies:

- ♦ Partner with Chipola Pool to provide water safety activities annually.
- ♦ Research implementation of a Drowning Prevention Coalition
- ♦ Provide Mature Population Safety Information
- ♦ Provide Safe Driving outreach activities.
- ♦ Increase partner participation on coalitions involved in addressing human trafficking in Jackson County
- ♦ Increase the number of domestic and sexual violence awareness activities provided.
- ♦ Increase participation in Suicide Prevention Awareness



Priority 4: Maternal and Child Health

Goal MCH 1: Improve reproductive health benefits of smoking cessation.

Objective MCH 1.1: By December 31, 2029, decrease the percentage of pregnant women who smoked during pregnancy from 9.5% (2022) to 8%, (FL health Charts resident live births to mothers who smoked during pregnancy)

Strategies:

- ♦ Increase tobacco cessation classes.
- ♦ Increase the number of SCRIPT curriculum contacts.
- ♦ Provide Let's talk about Tobacco LTAT health Information in new parent packets.



Priority 5: Mental well-being and Substance Abuse Prevention

Goal MSP 1: Increase access to primary and preventive care for mental, emotional, and behavioral health disorders.

Objective MSP 1.1: By December 31, 2029, increase the referrals for adults to behavioral health services from 87.5% (2019) to 90% (BRFSS data)

Strategies:

- ♦ Partner with local partners to advertise services.
- ♦ Provide or participate in Suicide Awareness events in local community.
- ♦ Promote telehealth services.
- ♦ Provide screening tools for prevention services.

Objective MSP 1.2: By December 31, 2029, increase the number of students who, in the past year, did something to purposely hurt themselves without wanting to die from 14.6% (2022) to 10%. (FYTS data, all Middle and High School Students)

Strategies:

- ♦ Promote telehealth services for school age children.
- ♦ Collaborate with EMS and First Responders to provide behavioral health services.
- ♦ Provide health information to School Health Advisory Committee

Goal MSP 2: Reduce Substance use and drug overdose deaths.

Objective MSP 2.1: By December 31, 2029, decrease the Deaths from Unintentional Injury by Drug Poisoning from 19.8 (2023) to 17.0 (Fl Health Charts Age-adjusted Deaths from Unintentional Injury by Drug Poisoning)

Strategies:

- ♦ Increase adults screened for alcohol and/or substance abuse.
- ♦ Educate community about how to get and use Narcan.
- ♦ Address stigma related to substance abuse programs.

Priority 6: Social and Economic Factors Contributing to Health

Goal SEF 1: Increase access to services through health resources.

Objective SEF 1.1: By December 31, 2029, create interconnected advocacy activities to expand healthy and safe community activities from 1 to 5 (CHIP data collection)

Strategies:

- ◆ Disseminate gathered resources to community.
- ◆ Promote community events that encourage youth and family activities.
- ◆ Utilize online options to present health education and events.
- ◆ Improve access to food for low-income households.
- ◆ Partner with DCF to provide food and insurance resources.
- ◆ Partner with local Reentry Affairs Coalition to provide adults in custody information about health services available for reentry to community.
- ◆ Support communities to promote healthy and safe environments.



Priority 7: Transmissible and Emerging Diseases

Goal TED 2: Reduce sexually transmitted infection rates.

Objective TED 2.1: By December 31, 2029, increase sexually transmitted infection health awareness campaigns from 0(2023) to 2 (CHIP data collection)

Strategies:

- ♦ Distribute information to community by various outlets.
- ♦ Identify targeted audience groups for messaging.
- ♦ Utilize online options to present health education and events.
- ♦ Disseminate STI prevention messaging twice a year.

Plan Tracking

The Jackson County CHIP members meet quarterly to share updates and best address the targets and measures. The group will continue to work together to address the seven priority health issues outlined in the Priority Areas section of this document. Additionally, many of the targets align with the national Healthy People 2030 initiative and with goals and objectives from the State Health Improvement Plan. These state and national initiatives provide evidence-based benchmarks to track and monitor health.

As a living document, the 2025 Jackson County Community Health Improvement Plan is flexible and can accommodate changes or updates as needed. The CHIP group will reassess and update the CHIP Action Plans and the Community Health Assessment annually to best address the needs of the community. During the meetings, group members will be responsible for sharing updates for priority area strategies completed. The CHIP Champion will track progress with meeting minutes and action item excel log. The group efforts and tracking will help to document and keep members actively engaged and working to accomplish the group's goals.

Table: 2025-2029 CHIP Action Plan

***P** Policy Recommendation

***S** Specific Care for Those with Higher Risk

***E** Environmental Resiliency

Jackson County 2025-2029 CHIP Priority Area: Age Friendly Health

| | | | | | |
|---------------------------------|--|----------------------------------|--------------------------|--------------------------------------|---------------------|
| Goal AFH 1 | Strengthen the capacity to address Alzheimer's disease and related dementias | | | | |
| Objective AFH 1.1 | By December 31, 2029, increase the percentage of Jackson CHIP Partnership organizations and support agencies that provide Alzheimer's and related dementias training and education, in various formats, to staff members from 0% (2024) to 100%. | | | | |
| Strategy: | Share Alzheimer's and dementia e-news quarterly | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of newsletters created | 4 annual/20 total | Area Agency on Aging for No. Florida | CHIP Workgroup Data |
| Strategy: | Share at least 1 Alzheimer or related dementia training to community partners | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of trainings provided | 1 training by 12/31/2027 | Jackson County Sr Citizens | CHIP Workgroup Data |
| Goal AFH 2 | Ensure positive support for the health and wellbeing of older adult population ages 65 and older | | | | |
| Objective AFH 2.1 | By December 31, 2029, increase the number of public health campaigns addressing older adult physical and mental health from 0 to 2. | | | | |
| Strategy: | Increase emergency preparedness plans that address various medical conditions | | | | |
| *P Policy Recommendation | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of plans with health campaigns | 2 plans by 12/31/2028 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Collect and disseminate data related to older adult population | | | | |

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|--|--|----------------------------|----------------|--------------------------------------|-----------------------------------|
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of data assessments | 10 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Provide caregiver online resources, tools, and support | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | List of resources provided | Completed List | Area Agency on Aging for No. Florida | SHINE emails, CHIP Workgroup Data |
| Strategy: | Promote healthy activities and events targeting older adults. | | | | |
| *S Specific Care for Those with Higher Risk | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of county events | 2 events | DOH-Jackson | CHIP Workgroup Data |
| Jackson County 2025-2029 CHIP Priority Area: Chronic Diseases and Conditions | | | | | |
| Goal CDC 1 | Reduce the number of late-stage detection of new cases of cancer | | | | |
| Objective CDC 1.1 | By December 31, 2029, reduce the number of Jackson County residents with cancer cases at advanced stage when diagnosed from 47.2% (2021) to 46%. | | | | |
| Strategy: | Increase the number of uninsured or underinsured women enrolled in the Florida Breast and Cervical Cancer Early Detection Program | | | | |
| *S Specific Care for Those with Higher Risk | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # Women Screened | 390 | FBCCEDP | Regional Data Report |
| Strategy: | Increase the uterine cancer, colon cancer, and cervical cancer prevention awareness in zip codes with hard-to-reach populations | | | | |
| *S Specific Care for Those with Higher Risk | | Unit of Measure | Target | Responsible Organization | Data Source |

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|--------------------------|---|------------------------------|--------|--------------------------|---------------------|
| | | # of awareness campaigns | 2 | DOH-Jackson | CHIP Workgroup Data |
| Goal CDC 2 | Improve cardiovascular health by increasing education and | | | | |
| Objective CDC 2.1 | By December 31, 2029, reduce new cases, of heart disease and stroke from 12.9 % (2019) to 10 %. | | | | |
| Strategy: | Increase cardiovascular health prevention programs participation | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # program participants | 40 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Collaborate with EMS and First Responders to provide cardiovascular health contact information in homes | | | | |
| *P Policy Recommendation | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of print media distributed | 500 | Jackson County EMS | CHIP Workgroup Data |
| Strategy: | Promote health benefits of heart healthy food options | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of health promotions | 5 | DOH-Jackson | CHIP Workgroup Data |
| Goal CDC 3 | Reduce the burden of diabetes for all who have or are at risk for diabetes | | | | |
| Objective CDC 3.1 | By December 31, 2029, decrease the number of emergency room visits from diabetes by 2% (268 for 2023) | | | | |
| Strategy: | Increase attendance to Diabetes Management and Meal prep/planning | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | % of visits | 5% | Jackson Hospital | CHIP Workgroup Data |
| Strategy: | Educate families on healthy eating on a budget | | | | |

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| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of health campaigns provided | 5 | UF IFAS Extension | CHIP Workgroup Data |
| Strategy: | Promote Diabetes Prevention Programs available | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of programs promoted | 10 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Educate public about Prescription Assistance Programs | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of print material distributed | 500 | DOH-Jackson | CHIP Workgroup Data |
| Goal CDC 4 | Increase activities that promote healthy nutrition, physical activity, and support healthy lifestyle behaviors | | | | |
| Objective CDC 4.1 | By December 31, 2029, decrease the average number days residents report as unhealthy physical days overall from 5 (2019) to 3. | | | | |
| Strategy: | Provide health education to faith-based health councils | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of Faith based collaborations | 3 | Chronic Disease Management Workgroup | CHIP Workgroup Data |
| Strategy: | Increase promotion of Mater of Balance in Jackson County | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of print material provided | 250 | Chronic Disease Management Workgroup | CHIP Workgroup Data |
| Strategy: | Increase the percentage of smokers with quit attempts | | | | |

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| *S Specific Care for Those with Higher Risk | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of enrolled participants | 50 | Big Bend AHEC | Quit Your Way Data |
| Strategy: | Promote childhood asthma-related education | | | |
| *S Specific Care for Those with Higher Risk | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of print/media distributed | 500 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Partner with local city and county recreational department to expand areas for physical activity. | | | |
| *E Environmental Resiliency | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of collaborations | 1 | DOH-Jackson | CHIP Workgroup data |
| Strategy: | Promote adults to consume at least five servings of fruits and vegetables daily | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | % of servings reported | 15.5% | DOH-Jackson | FL Health Charts |

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| Jackson County 2025-2029 CHIP Priority Area: Injury, Safety and Violence | | | | |
| Goal ISV 1 | Reduce unintentional injuries | | | |
| Objective ISV 1.1 | By December 31, 2029, increase injury intervention strategies in Jackson County, from 0(2023) to 10 | | | |
| Strategy: | Partner with Chipola Pool to provide water safety activities annually | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of partnerships | 1 | Chipola College | CHIP Workgroup Data |
| Strategy: | Research implementation of a Drowning Prevention Coalition | | | |

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|------------------|---|-------------------------------------|------------------------|--------------------------------------|---------------------|
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of Coalition agreements | 6 Coalition agreements | DOH-Jackson | Water Safety Report |
| Strategy: | Provide Mature Population Safety Information | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of Presentations | 2 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Provide Safe Driving outreach activities | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of safety information distributed | 2 | Community Traffic Safety Team (CTST) | CHIP Workgroup Data |
| Strategy: | Increase partner participation on coalitions involved in addressing human trafficking in Jackson County | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of Partners | 5 | Gulf Coast Sexual Assault Program | CHIP Workgroup Data |
| Strategy: | Increase the number of domestic and sexual violence awareness activities provided | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of activities provided | 2 | Gulf Coast Sexual Assault Program | CHIP Workgroup Data |
| Strategy: | Increase participation in Suicide Prevention Awareness | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |

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| | # of 988 Lifeline material distributed | 150 | Injury, Safety and Violence Workgroup | CHIP Workgroup Data |
|--|--|-----|---------------------------------------|---------------------|

| Jackson County 2025-2029 CHIP Priority Area: Maternal and Child Health | | | | | |
|--|---|-------------------|--------|--------------------------|---------------------|
| Goal MCH 1 | Improve reproductive health benefits of smoking cessation | | | | |
| Objective MCH 1.1 | By December 31, 2029, decrease the percentage of pregnant women who smoked during pregnancy from 9.5% (2022) to 8%. | | | | |
| Strategy: | Increase tobacco cessation classes. | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of classes | 15 | CHIPOLA Healthy Start | CHIP Workgroup Data |
| Strategy: | Increase the number of SCRIPT curriculum contacts. | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | % of participants | 2% | Chipola Healthy Start | Healthy Start Data |
| Strategy: | Provide Let's talk about Tobacco LTAT health information in new parent packets. | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of packets | 100 | Chipola Healthy Start | Healthy Start Data |

| Jackson County 2025-2029 CHIP Priority Area: Mental Well-being and Substance Abuse Prevention | |
|---|---|
| Goal MSP 1 | Increase access to primary and preventive care for mental, emotional, and behavioral health disorders |
| Objective MSP 1.1 | By December 31, 2029, increase the referrals for adults to behavioral health services from 87.5 % (2019) to 90% |
| Strategy: | Partner with local partners to advertise services |

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| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of advertisements | 5-7 partners | PanCare Behavioral | Program Report |
| Strategy: | Provide or participate in Suicide Awareness events in local community | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of activities participation | 5 events | Britt Bratt Psych Fact | CHIP Workgroup Data |
| Strategy: | Promote telehealth services | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of telehealth services shared | 3-5 services | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Provide screening tools for prevention services | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of screening tools identified | 3 tools | CHIP Workgroup | CHIP Workgroup Data |
| Objective MSP 1.2 | By December 31, 2029, decrease the number of students who, in the past year, did something to purposely hurt themselves without wanting to die from 14.6% (2022) to 10%. | | | | |
| Strategy: | Promote telehealth services for school age children | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of telehealth services shared | 3-5 services | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Collaborate with EMS and First Responders to provide behavioral health services | | | | |
| *S Specific Care for Those with Higher Risk | | Unit of Measure | Target | Responsible Organization | Data Source |

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|---------------------------------|--|---------------------------|---------------------------------|---------------------|
| | # of people reached | 500 | DOH-Jackson | CHIP Workgroup Data |
| Strategy: | Provide health information to School Health Advisory Committee | | | |
| *P Policy Recommendation | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of Committee Meetings | 20 meetings | DOH-Jackson | CHIP Workgroup Data |
| Goal MSP 2 | Reduce Substance use and drug overdose deaths | | | |
| Objective MSP 2.1 | By December 31, 2029, decrease the Deaths from Unintentional Injury by Drug Poisoning from 19.8 (2023) to 17.0 | | | |
| Strategy: | Increase adults screened for alcohol and/or substance abuse | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | List of programs that screen | Completed list | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Educate community about how to get and use Narcan | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of Narcan Education Opportunities | 5 Education Opportunities | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Address stigma related to substance abuse programs | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of Stigma Related Education | 5 Education Opportunities | CHIP Workgroup | CHIP Workgroup Data |

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| Jackson County 2025-2029 CHIP Priority Area: Social and Economic Factors Contributing to Health | |
| Goal SEF 1 | Increase access to services through health resources |

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| Objective SEF 1.1 | By December 31, 2029, create interconnected advocacy activities to expand healthy and safe community activities from 1 to 5 | | | | |
| Strategy: | Disseminate gathered resources to community | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of resources distributed | 500 | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Promote community events that encourage youth and family activities | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of events | 5 | CHIP Workgroup | Chip Workgroup Data |
| Strategy: | Utilize online options to present health education and events | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of online posts | 5 | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Improve access to food for low-income households | | | | |
| | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | List of food distribution | Completed List | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Partner with DCF to provide food and insurance resources in programs policies | | | | |
| *P Policy Recommendation | | Unit of Measure | Target | Responsible Organization | Data Source |
| | | # of policy changes related to access | 2 | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Partner with local Reentry Affairs Coalition to provide adults in custody information about health services available for reentry to community. | | | | |

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| *S Specific Care for Those with Higher Risk | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of Coalition Meetings | 8 | Reentry Affairs Impact Community | CHIP Workgroup Data |
| Strategy: | Support Habitat for Humanity to promote healthy and safe environments | | | |
| *E Environmental Resiliency | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of strategies to increase housing options | 4 | Habitat for Humanity | CHIP Workgroup Data |

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| Jackson County 2025-2029 CHIP Priority Area: Transmissible and Emerging Diseases | | | | |
| Goal TED 2 | Reduce sexually transmitted infection rates | | | |
| Objective TED 2.1 | By December 31, 2029, increase sexually transmitted infection health awareness campaigns from 0(2023) to 2 | | | |
| Strategy: | Distribute information to community by various outlets | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | # of outlets addressing STI rates | 2 | CHIP Workgroup | CHIP Workgroup data |
| Strategy: | Identify targeted audience groups for messaging | | | |
| *S Specific Care for Those with Higher Risk | Unit of Measure | Target | Responsible Organization | Data Source |
| | List of identified health barriers | Completed List | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Utilize online options to present health education and events | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |

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|------------------|---|---------------|---------------------------------|---------------------|
| | # of online posts | 5 | CHIP Workgroup | CHIP Workgroup Data |
| Strategy: | Disseminate STI prevention messaging twice a year | | | |
| | Unit of Measure | Target | Responsible Organization | Data Source |
| | # STI prevention messages | 10 | CHIP Workgroup | CHIP Workgroup Data |

Stakeholder Impact and Resources

| Behavioral Health | |
|---|--|
| Drug/ Substance Abuse, Mental health: The Jackson County Community Health Partnership services, programs, and resources available to respond to this need include: | |
| Jackson Hospital: | <ul style="list-style-type: none"> • 24-hour emergency care. • Chipola Quick Center for walk-in care. • Telepsychiatry is available in the emergency department (ED) and inpatient care. • Primary care providers offer basic mental health services and medication management. • PHQ-9 depression screenings performed in primary care. • Ability to refer mental health patients out for specialty services. • Staff are available to connect patients with the United Way 2-1-1 referral and information helpline. • Patient guides are available to connect patients with community resources. |

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| DOH-Jackson: | <ul style="list-style-type: none"> • School Health Team provides services to students on campus during school hours. • Staff are available to connect patients with the United Way 2-1-1 referral and information helpline. • DOH-Jackson participates in the Jackson County Opioid Taskforce to address drug and substance abuse in the community. |
| Additionally, The Jackson County Community Health Partnership plans to take the following steps to address this need: | <ul style="list-style-type: none"> • Increase the education and awareness of behavioral health resources in the community. • Continue to participate in the Jackson County Opioid Taskforce and its future initiatives. • Evaluate building a community resource list that can be shared with patients and community members built from Jackson Hospital's internal employee resource list. |
| Identified measures and metrics to progress: | <ul style="list-style-type: none"> • Number of telepsychiatry consults • Number of depression screens performed • Number of ED mental health encounters • Number of 2-1-1 calls received • Number of mental health visits with the School Health Team |

| Partner organizations that may also address this need: | |
|--|---|
| <u>Organization</u> | <u>Contact/Information</u> |
| Celebrate Recovery Evangel Worship | 850-209-7865 850-526-2232 (Church Site) Chris Langland- Males Cheryl Chesteen- Females |
| Camp Anderson – camps and counseling for young people | https://realife.org/ |

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| Jackson County Sheriff's Office | (850) 482-9624 |
| PanCare – provides mental health services to local schools through a partnership with the Department of Education | https://pancarefl.org/ |
| Florida Therapy Services, Inc. | 2944 Penn Avenue, Marianna (850) 526-5500 |
| Life Management Center of NW Florida | 4094 Lafayette Street, Marianna (850) 482-7441 |
| Hope Springs Counseling Group | 292 Green Street, Marianna (850) 372-4663 |
| Blue Springs Outpatient Center | 2925 Optimist Drive, Marianna (850) 372-4192 |
| Cornerstone Mental Health | 2496 Indian Springs Road, Marianna (850) 526-3227 |
| Spires Behavioral Health Care | 2880 Green Street, Marianna (850) 482-4177 |
| Turning Point Counseling | 4355 South Street, Marianna (850) 526-7488 |
| 2-1-1 Big Bend Crisis Hotline | (850) 617-6333 |

Chronic Disease Management

Diabetes, Cancer, Heart Disease, Obesity: The Jackson County Community Health Partnership services, programs, and resources available to respond to this need include:

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| Jackson Hospital: | <ul style="list-style-type: none"> • Primary care services are available for screening, monitoring, and treatment. • Chipola Fitness Center. • Diabetes education classes for patients and the public are offered monthly. • Full-time oncologist and infusion services are available. • Mammography screening available. • Wound care services. • Respiratory services available. • Cardiology services are available 5 days a week with a cardiologist visiting 2 days a week. |
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| | <ul style="list-style-type: none"> • Health fairs with education and screening services. • Chronic Care management program – team members conduct follow-up calls with chronic disease patients. |
| DOH-Jackson: | <ul style="list-style-type: none"> • Health equity task force focused on working with different populations that are disproportionately affected by chronic diseases. • Heart health program for self-monitoring. • Smoking cessation classes and referral to additional smoking cessation programs. • Breast and cervical cancer early detection program provides these services to qualified patients for free. • Silver Sneakers Program – exercise classes for Medicare patients. • Partnership with the local African Methodist Episcopal (AME) Church for chronic disease |
| Programs: | <ul style="list-style-type: none"> • Diabetes education program • Diabetes prevention program • Diabetes self-management |
| Additionally, The Jackson County Community Health Partnership plans to take the following steps to address this need: | <ul style="list-style-type: none"> • Increase the education and awareness of programs and services that are available. • Continue to grow programming through the health equity task force. • Look to restart the support group for COPD patients. • DOH-Jackson plans to start a senior exercise program. |
| Identified measures and metrics to progress: | <ul style="list-style-type: none"> • Number of prevention program classes provided • Number of virtual health education classes provided |

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| | <ul style="list-style-type: none"> • Medication adherence for diabetes medications • Breast cancer screening |
| Partner organizations that may also address this need: | |
| <u>Organization</u> | <u>Contact/Information</u> |
| St. James AME Church – chronic disease programs | (850) 526-3440 |
| Jackson County Senior Citizens – rotational education program provided at senior center | http://jacksonseniors.org |

| Access to Healthcare | |
|---|--|
| Healthcare Services: Affordability: The Jackson County Community Health Partnership services, programs, and resources available to respond to this need include: | |
| Jackson Hospital: | <ul style="list-style-type: none"> • Urgent care access points for timely and affordable care. • Financial assistance policy available. • Self-pay pricing options. • Price transparency, pricing, and insurance information posted on the Hospital's website. • Stipend for medical students to return to Jackson County after graduation and provide care. |
| DOH-Jackson: | <ul style="list-style-type: none"> • Financial screening for services. • AIDS Drug Assistance Program (ADAP). • Assistance for pregnant women to obtain immediate Medicaid. • Access site for residents who need to complete Medicaid applications through a partnership with the Department of Children and Families. • Insulin assistance program for patients who need help paying for their medication. |

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| <p>Additionally, The Jackson County Community Health Partnership plans to take the following steps to address this need:</p> | <ul style="list-style-type: none"> • 2 new primary care physicians have been added to the staff. The Hospital plans to advertise these new physicians so community members know that they can begin scheduling new patient appointments. • Golson Ambulatory project (clinics, therapy, imaging, ASC) will increase the availability of services while making them more affordable. • Continue to retain and recruit physicians. • Continuing to provide labor and delivery services so patients do not have to travel far for services. • DOH-Jackson plans to evaluate the potential of restarting the medicine assistance program. |
| <p>Identified measures and metrics to progress:</p> | <ul style="list-style-type: none"> • Number of applications to the financial assistance program at Jackson Hospital • Charity care contribution • Proper care utilization (urgent care visits divided by the total number of ED and urgent care visits combined) • Number of access applications completed at DOH-Jackson • Percent of adults who have a medical checkup |
| <p>Partner organizations that may also address this need:</p> | |
| <p><u>Organization</u></p> | <p><u>Contact/Information</u></p> |
| <p>Department of Children and Families</p> | <p>https://www.myflfamilies.com/</p> |
| <p>Health Insurance Marketplace – works with DOH-Jackson to connect patients who do not qualify for Medicaid to affordable insurance options</p> | <p>https://www.healthcare.gov/</p> |

Alignment with State and National Priorities

| Priority Area | Jackson County Community Health Improvement Plan (CHIP) | State Health Improvement Plan (SHIP) | Healthy People 2030 |
|--------------------------------------|--|---|---|
| Age Friendly Health (AFH) | <p>Goal AFH 1: Strengthen the capacity to address Alzheimer’s disease and related dementias.</p> <p>Goal AFH 2: Ensure positive support for the health and wellbeing of older adult population ages 65 and older</p> | <p>Goal AD 1: Strengthen the capacity to address Alzheimer’s disease and related dementias.</p> <p>Goal AD 3: Enhance support for those living with Alzheimer’s Disease and related dementias and their caregivers.</p> | <p>DIA-01 Increase the proportion of older adults with dementia, or their caregivers, who know they have it</p> <p>DIA-02 Reduce the proportion of preventable hospitalizations in older adults with dementia</p> <p>DIA-03 Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider</p> |
| Chronic Disease and Conditions (CDC) | <p>Goal CDC 1: Reduce the number of late-stage detection of new cases of cancer.</p> <p>Goal CDC 2: Improve cardiovascular health by increasing education and interventions.</p> <p>Goal CDC 3: Reduce the burden of diabetes for all who have or are at risk for diabetes.</p> | <p>Goal CD 1: Reduce new cases of cancer and cancer-related illness, disability, and death.</p> <p>Goal CD 2: Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke, and other related illness.</p> <p>Goal CD 4: Reduce the burden of diabetes and improve quality of life for all who have or are at risk for diabetes.</p> | <p>C-R02-Increase the proportion of people who discuss interventions to prevent cancer with their providers.</p> <p>HDS-05 Increase control of high blood pressure in adults.</p> <p>D-06 Increase the proportion of people with diabetes who get formal diabetes education.</p> <p>PA-01 Reduce the proportion of adults who do no physical activity in their free time.</p> |

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| | Goal CDC 4: Increase activities that promote healthy nutrition, physical activity, and support healthy lifestyle behaviors. | Goal CD 6: Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors. | NWS-05 Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity. |
| Injury, Safety, and Violence (ISV) | Goal ISV 1: Reduce unintentional injuries. | Goal ISV 1: Prevent or reduce childhood injuries. Goal ISV 2: Prevent or reduce adult injuries. Goal ISV 3: Prevent or reduce injuries in vulnerable populations. Goal ISV 4: Increase mitigation of Adverse Childhood Experiences (ACEs) as a statewide prevention strategy. | IVP-03 Reduce unintentional injury deaths |
| Maternal and Child Health (MCH) | Goal MCH 1: Improve reproductive health benefits of smoking cessation. | Goal MCH 1: Improve reproductive health benefits of smoking cessation. | MICH-10 Increase abstinence from cigarette smoking among pregnant women TU-15 Increase successful quit attempts in pregnant women who smoke |
| Mental Well-being and Substance Abuse Prevention (MSP) | Goal MSP 1: Increase access to primary and preventive care for mental, emotional, and behavioral health disorders. | Goal MW 1: Reduce the impact of adult mental, emotional, and behavioral health disorders. | MHMD-07 Increase the proportion of people with substance use and mental health disorders who get treatment for both |

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| | Goal MSP 2: Reduce Substance use and drug overdose deaths. | Goal MW 3: Reduce substance use disorders and drug overdose deaths. | SU-03 Reduce drug overdose deaths |
| Social and Economic Factors Contributing to Health (SEF) | Goal SEF 1: Increase access to services through health resources. | Goal SEC 3: Support communities to promote healthy, interconnected, and safe environments. | AHS-08 Increase the proportion of adults who get recommended evidence-based preventive health care |
| Transmissible and Emerging Diseases (TED) | Goal TED 2: Reduce sexually transmitted infection rates. | Goal TED 2: Reduce sexually transmitted infection rates. | HC/HIT-D01 Increase the number of state health departments that use social marketing in health promotion programs |

Using the Community Health Improvement Plan

The creation of a CHIP for Jackson County serves as a reminder for how the collaboration between government officials, community leaders, public health professionals, and community advocates, as well as many other Jackson County participants, can build public health infrastructure, aid and guide planning, and ultimately improve the health outcomes of Jackson County. There are several suggested ways to use this CHIP to improve the well-being and quality of life for the Jackson County community:

Community Resident

- Use this CHIP to compare individual health with that of Jackson County's community health data
- Be an advocate in the community to support healthy lifestyles and behaviors
- Volunteer! Share your resources, time, funding with your community.
- Understand the top health priorities facing Jackson County

Health Care Professional

- Understand the top health priorities facing Jackson County
- Inform your patients/clients on available resources in the community listed in the CHIP
- Be a resource for the community whether it be expertise, funding, time, or support

Faith-based Organization

- Understand the top health priorities facing Jackson County
- Use this plan to improve the overall health (mind, body, and spirit) of members in your community
- Identify opportunities for your community or members to be able to support and encourage participation in public health projects.

Government Official

- Understand the top health priorities facing Jackson County
- Participate in community efforts as laid out in the CHIP strategies
- Engage with other government officials to inform and promote your community's health

Educators

- Understand the top health priorities facing Jackson County
- Be a resource for the community whether it be expertise, funding, time, or support
- Engage the support of leaders, teachers, students, and parents

Public Health Professionals

- Understand the top health priorities facing Jackson County
- Recognize how the Jackson County community compares with peer counties, Florida, and the U.S. population as a whole
- Be a resource for the community whether it be expertise, funding, time, or support

Employers

- Understand the top health priorities facing Jackson County
- Inform and educate your team/staff on the importance of employee wellness and productivity



List of Community Partners

AIDs Drug Assistance Program (ADAP)

Big Bend AHEC

Big Bend Northwest Florida Health Council

Britt Bratt Psych Facts and Hacks Resources

Chemical Addiction Recovery Effort Inc. (CARE)

Children's Medical Services (CMS)

Chipola Healthy Start

Department of Children and Families

Early Learning Coalition of Northwest Florida

Florida Breast and Cervical Cancer Early Detection Program

Gulf Coast Sexual Assault Program

Habitat for Humanity

Jackson County Chamber of Commerce

Jackson County Community Development

Jackson County Emergency Management

Jackson County Fire and Rescue

Jackson County Florida Board of County Commissioners

Jackson County School Board

Jackson County Senior Citizens

Jackson County Transportation Inc. (JTrans)

Jackson Hospital

Life Management Center

NWF Health Network

PanCare Health

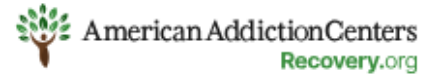
Panhandle Health Alliance

Smiles on Wheels Dental Program

Tobacco Prevention Program

UF/IFAS Extension Jackson County

Women Infants and Children Program (WIC)



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Meeting Dates:

February 20, 2023
October 10, 2023

June 22, 2023
June 11, 2024

August 22, 2023
September 10, 2024