



# FRANKLIN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2016-2019

*To Be The Healthiest Community In The Nation*

# Franklin County Community Health Improvement Plan

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# Community Health Improvement Plan Franklin County, Florida

## Executive Summary

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

Building a healthier Franklin 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 Franklin County residents.

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

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

## Health Priorities and Recommendations

Franklin County Community Health Improvement Partners have identified three key health priorities – ***Mental Health/Substance Abuse, Access to Care, and Healthy Weight***. Action steps and recommendations were developed based on evidence-based practices. It was recommended for the Community Health Action Plans to be incorporated into the work of the Florida Department of Health in Franklin County, existing community groups, and health care partners.

## Franklin County CHIP Vision

The Community Health Improvement Plan (CHIP) Steering Committee's vision for Franklin County is **"To be the healthiest community in the nation."**

## **Introduction**

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.

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

## **The Process**

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



Picture: MAPP Roadmap to Health

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

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

- The Community Strengths and Themes Assessment provides an understanding of the issues residents feel are important by answering the questions “*What is important to our community?*”, “*How is quality of life perceived in our community?*” and “*What assets do we have that can be used to improve community health?*”
- The Local Public Health System Performance Assessment is a comprehensive assessment of the organizations and entities that contribute to the public’s health. The Local Public Health System Performance Assessment addresses the

questions *“What are the activities, competencies, and capacities of our local health system?”* and *“How are Essential Services being provided to our community?”*

- The Community Health Status Assessment identifies priority issues related to community health and quality of life. Questions answered during this phase include *“How healthy are our residents?”* and *“What does the health status of our community look like?”*
- The Forces of Change Assessment focuses on the identification of forces such as legislation, technology and other issues that affect the context in which the community and its public health system operates. This answers the questions *“What is occurring or might occur that affects the health of our community or the local health system?”* and *“What specific threats or opportunities are generated by these occurrences?”*

The assessment process included CHIP meetings and workshops which occurred between June and December 2015. Each assessment was conducted and described in a written report and the findings of all the assessments were summarized in the 2015-16 Community Health Profile. Each assessment was reviewed by partners involved in each workshop. For example, the Local Public Health System Performance report was reviewed by the same community members who were involved in the assessment.

The summaries of the assessment reports are available in the 2015-2016 Community Health Assessment Report.

Additionally, during this timeframe, a community survey was distributed both on-line and in paper format to provide information about perceptions of health of the community, its residents, and the health care system. CHIP partners helped to disseminate the surveys, collecting 428 completed surveys from residents. The survey response report can also be found in the 2015-2016 Community Health Assessment Report.

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

**ONE-WAY TICKET**

Departure from: Current States of Health  
Arrival to: Healthier Communities

Please remember to arrive excited and prepared. Our buses can only function optimally with your enthusiasm and cooperation. We look forward to getting you to your ideal destinations.



*Organize   Visualize   Recognize   Strategize*

## Data Resources Utilized

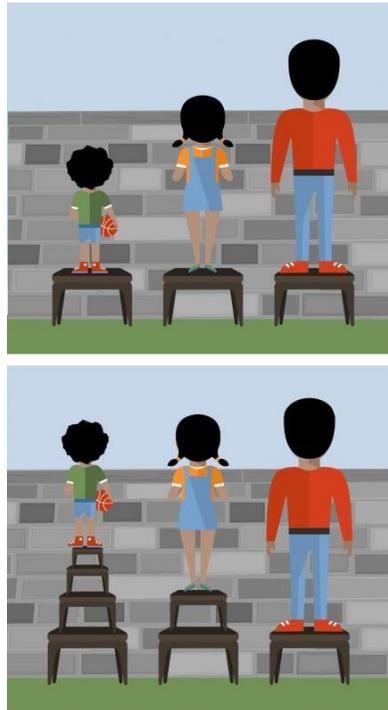
Data sources included: Florida CHARTS, Florida Department of Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Florida Department of Children and Families, U.S. Department of Health & Human Services, Feeding America, USDA Economic Research Service, Florida Department of Law Enforcement, US Census Bureau, Federal Bureau of Labor and Statistics, and U.S. Department of Housing and Urban Development. Between the months of August through November 2015, small committee meetings were held to review and assess the data. In these small committee meetings, over 140 health indicators for Franklin County were compared and contrasted to those for the state and surrounding counties. In addition, the committee members also compared local data to previous years' data from Franklin County, highlighting improvements and statistical trends.

## Identifying Health Priorities

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

- Broad applicability of solution set

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



*Picture above: Health Equality vs. Equity, Source: County Health Rankings Florida Health Gaps Report*

The potential to reduce health disparities became an important area of focus for partners. The above picture was utilized to understand health equality vs. health equity. Giving everyone a fair chance to be healthy does not necessarily mean offering everyone the same resources to be healthy, but rather offering people specific resources necessary for their good health. Consider three children of different heights. Offering them all the same size bench to stand on would mean that shorter children do not have a fair chance to see over the wall. Offering each child, a bench to stand on that is the right size for their height gives all children a fair chance to see over the wall.

Attendees were able to discuss the issues and then vote based on their ranking of relevant factors. As a result, Mental Health/Substance Abuse, Access to Care and Healthy Weight were the top priority health issues identified for Franklin County. Workshop documentation can be found in Attachment A of this plan.

## **The CHA to CHIP Transition**

The CHIP Steering Committee reviewed the priorities, the rationale for including them and the votes of the community members. Using quality planning techniques and National Association of County and City Health Officials (NACCHO) framework models, the Steering Committee selected Goals and supporting objectives for each health priority in April 2016. They then discussed strategic approaches that could be employed to achieve the goals, keeping in mind best practices to improve health equity. In subsequent meetings, which included members of the Steering Committee and other community representatives, the goals, objectives, performance measures and implementation plans were developed. Healthy Priority Subcommittee groups continue to meet regularly to continue progress of strategies and tactics.

## Goals

Selection of the Strategic Goals was done within the context of the work done by the University of Wisconsin through County Health Rankings and Roadmaps. The summary of the literature describing the factors affecting health outcomes is displayed in a chart on the website [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

The model is comprised of three major components:

- Health Outcomes – This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality/Length of Life) and how healthy people are when they are alive (Morbidity/Quality of Life).
- Health Factors – The factors influencing health outcomes are organized into four categories and weighted based on their relative effect on health outcomes. The analysis indicates that the factors and their relative contributions are:
  - Physical Environment: 10%
  - Social and Economic Factors: 40%
  - Clinical Care: 20%
  - Health Behaviors: 30%

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

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

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

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

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

- To improve awareness of mental health/substance abuse services
- To reduce alcohol consumption among youth and adults in Franklin County
- To increase access to pediatric care in Franklin County
- To increase access to oral health care in Franklin County
- To increase the healthy weight of adults and children in Franklin County

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

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

**Engaging the Community**

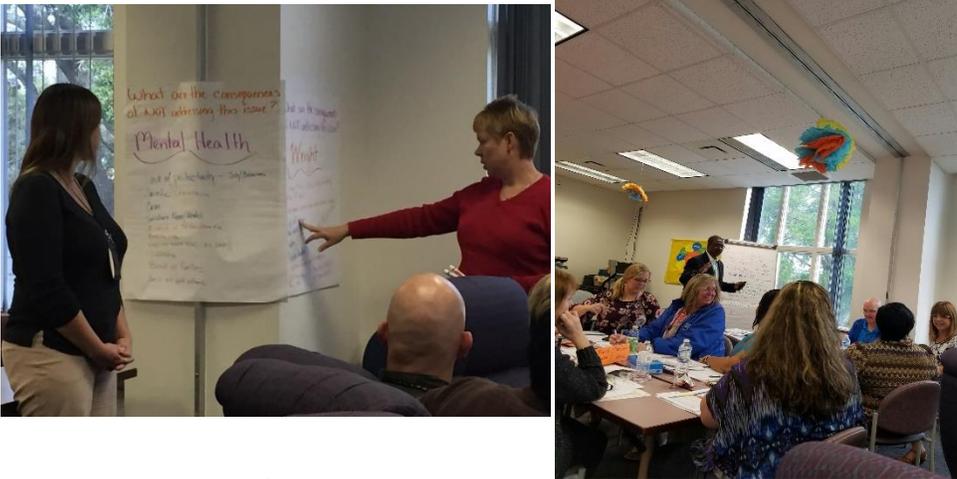
Community ownership is a fundamental component of community health assessment and health improvement planning. Community participation leads to the collective thinking and commitment required for implementation of effective, sustainable solutions to complex problems. Broad community participation is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

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

The process resulting in the 2016 Community Health Improvement Plan began in April of 2016 and concluded in August of 2016. It has been characterized by several key features:

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

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



Pictured Above: CHIP

### **About the Current Plan**

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

Establishing the performance measures for the objectives was done using two methods. Some measures were thought to be relatively responsive to the local efforts described in the work plan and were given two year intervals (following the time frames used by the Florida Department of Health). Other objectives, particularly those in the goal related to Access to Care, are thought to be more influenced by external influences at the state and federal level and are projected in one and three year time intervals.

Monitoring the CHIP will be done by the groups established in the CHIP. The Franklin County Health Department (DOH-Franklin) will assemble the performance measures described in the objectives in the spring of each year or when they are available and submit them to the three committees for review. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges and needs. Leadership (Steering Committee) of the three

committees will meet at least quarterly. At the December meeting of each group, the goals, strategies and objectives will be reviewed and adjusted as needed.

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

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

# Franklin County Health Priorities Goals, Objectives, Strategies & Tactics

## Mental Health/Substance Abuse

### *Related Research, Data and statistics:*

- Average number of adult unhealthy mental health days in Franklin County is 4.8 compared to the state count of 4.1 days.
- The rate of alcohol-related motor vehicle traffic crashes in Franklin County is 169.1 compared to the state rate of only 87.6.
- Youth Blacking out from drinking alcohol (Percentage): 29.2% vs. State: 18.9%
- Youth alcohol consumption in the past 30 days (Percentage): 28.7% vs. State: 20.5%
- 16% of all respondents think that mental health is a top concern (Community Health Status Assessment Survey, 2015)
- 38% of all respondents think that alcohol abuse is a significant concern. (Community Health Status Assessment Survey, 2015)

### *Goal:*

1. Reduce alcohol consumption in youth and adults in Franklin County.
2. Improve awareness of mental health/substance abuse services.

### *Objectives:*

1. The percent of Franklin County youth drinking alcohol in the last 30 days will reduce from 28.7% to 25% by July 2018.
2. The number of Franklin County alcohol-related motor vehicle crashes will reduce from 169.1 to 145.6 by April 2018.
3. Increase the percent of general population residents who are aware of Franklin County mental health resources from 76% to 80% by April 2018.

## *Strategies & Tactics for Mental Health/Substance Abuse:*

### ***Youth Alcohol Prevention –Select Strategies and Tactics***

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

Tactic A: Provide distracted driving assemblies to both high schools, which will increase awareness of the dangers/consequences of driving while under the influences of alcohol.

Tactic B: Produce a media campaign about the dangers of alcohol consumption.

Tactic C: Bring in guest speakers/educators to teach alcohol prevention curriculum/programs.

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

Tactic A: Provide workshops for parents to attend to help share alcohol prevention messages with youth.

Tactic B: Produce a media campaign about the dangers of alcohol consumption.

**Strategy 3: Reduce the access of alcohol in the community.**

Tactic A: Work with law enforcement to do local vendor compliance checks on alcohol sales to minors.

Tactic B: Set up a tip-line on underage sales.

Tactic C: Restrict the content and placement of alcohol advertisements via local ordinances, state laws, or industry self-regulation

***Mental Health Awareness –Select Strategies and Tactics***

**Strategy 1: Provide information to the community about mental health services available**

Tactic A: Create a Mental Health Services Resource Guide

Tactic B: Produce a media campaign about mental health services.

Tactic C: Bring in guest speakers/educators to teach about mental health resources available.

**Strategy 2: Increase Mental Health Providers in Franklin Count**

Tactic A: Work with Access to Care Subcommittee to ensure mental health providers are available for services.

**Strategy 3: Decrease stigmatization of Mental Health Illness in Franklin County**

Tactic A: Host Mental Health First Aid Trainings for Adults and/or Youth

Tactic B: Produce a media campaign about mental health illness

**Access to Care**

***Research, Data and statistics:***

- The rate of stroke death within the county is 35.2 (per 100,000) compared to 32.1 statewide.
- The rate of mammogram cancer screening is only 30.6 (per 100,000) compared to 57.5 statewide.
- Diet of 5 servings of Fruit and Veggie consumption for adults is only 13.2%
- The local rate of uninsured adults is 25.8 (per 100,000) compared to the state rate of 24.3.
- The local rate of uninsured children is 14.0 (per 100,000) compared to 11.9 statewide.
- The local ratio of mental health providers is 1,657:1 compared to the state ratio of 744.1:1.
- The local rate of physicians is 51.7 (per 100,000) compared to 267.2 statewide.
- The local rate of dentists is 17.2 (per 100,000) compared to the state rate of 54.0.
- The local rate of pediatricians is 1.0 (per 100,000) compared to 21.3 statewide.

**Goals:**

- 1. Increase access to pediatric care in Franklin County.
- 2. Increase Access to Oral Health in Franklin County.
- 3. Increase Access to WIC Services in Franklin County (Recently Added)
- 4. Increase Access to Prenatal Care (Recently Added)

**Objectives:**

- 1. By December 31, 2017 provide one (1) pediatrician in Franklin County.
- 2. By December 31, 2019, provide three (3) pediatricians in both Gulf/Franklin Counties.

**Strategies and Tactics (TBD)**

***Opportunities to Provide Access to Pediatricians.***

**Strategy**

1 \_\_\_\_\_

Tactic A: \_\_\_\_\_

Tactic B: \_\_\_\_\_

***Opportunities to Provide Access to Dentist.***

**Strategy**

1 \_\_\_\_\_

Tactic A: \_\_\_\_\_

Tactic B: \_\_\_\_\_

***Opportunities to Provide Access to WIC Services or Prenatal Care.***

**Strategy 1** \_\_\_\_\_

Tactic A: \_\_\_\_\_

Tactic B: \_\_\_\_\_

## Strategy

2

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Tactic A: \_\_\_\_\_

Tactic B: \_\_\_\_\_

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## Healthy Weight

### *Research, Data and statistics:*

- 41.49 % of 1<sup>st</sup>, 3<sup>rd</sup>, & 6<sup>th</sup> graders in Franklin County are overweight or obese.
- 61.50% adults overweight or obese
- Diet of 5 servings of Fruit and Veggie consumption for adults is 13.2%
- Babies of WIC moms every initiating breastfeeding is 64.1%
- Grocery store access is significantly lower than state 12.4%
- Franklin County has a significantly higher rate of heart disease, diabetes and cholesterol mortality rates than the state of Florida.

### *Goal:*

Improve the healthy weight of adults and youth in Franklin County

### *Objectives:*

1. Increase the percent of babies of WIC mothers who have ever breastfed from 64.1% to 66% by April 13, 2017.
2. Increase the percent of children with healthy weight in first, third and sixth graders from 61% in fall of 2015 to 63% by April 13, 2017
3. Increase the percentage of adult healthy weight from 35.5% in 2015 to 38% in 2016 (Remove)
4. 50% of Body and Soul Faith- Based participants will reduce their weight by 4% in June 2017 (Newly Added)
5. Participants will have a decrease in blood pressure by 5 points, systolic and diastolic, within 3 months of initiating the Body and Soul program by April 13, 2017 (Newly Added)

### *Strategies & Tactics for Healthy Weight:*

#### ***Increase Breastfeeding***

**Strategy 1: Build the skills of mothers enrolled in WIC to increase breastfeeding initiation.**

Tactic A: Increase participation to WIC.

Tactic B: Increase participation of WIC breastfeeding classes.

**Strategy 2: Increase opportunities in Franklin County for breastfeeding.**

Tactic A: Work with Franklin County employers to incorporated breastfeeding friendly policies.

***Child Healthy Weight***

**Strategy 1: Provide information to youth about healthy eating and physical activity.**

Tactic A: Implement an evidence based toolkit in elementary schools (5-2-1-0 & 4-H extension)

Tactic B: Bring in guest speakers/educators to teach healthy eating and physical activity (Calvin Prior)

**Strategy 2: Build the skills of parents and other adults to talk with children about healthy eating and physical activity standards.**

Tactic A: Provide workshops for parents to attend with information about healthy eating and physical activity.

Tactic B: Encourage Daycare providers to implement healthy eating and physical activity standards (Lets Move! Child Care Campaign).

Tactic C: Implement parent activities of the evidence based toolkits at Daycares, Elementary, Middle and High schools (Let's Move! Child Care and 5-2-1-0).

***Adult Healthy Weight***

**Strategy 1: Provide information to adults about healthy eating and physical activity.**

Tactic A: Implement evidence based healthy cooking curriculum to faith based organizations (Body N Soul, Closing the Gap).

Tactic B: Partner with faith based organizations to implement fitness and health challenges.

All risk factor health data reviewed is available in Attachment A.

**CHIP Next Steps**

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

## Alignment with National and State Initiatives

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

A: Centers for Disease Control and Prevention. (2012.) The Community Guide. <http://www.thecommunityguide.org/index.html>

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

D: Florida Department of Health. (2016.) Strategic Plan. [http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi5qMOowqfNAhUI5SYKHQMUDY8QFggcMAA&url=http%3A%2F%2Fwww.floridahealth.gov%2Fabout-the-department-of-health%2F\\_documents%2Fagency-strategic-plan-implementation-plan-ver1-2.pdf&usq=AFQjCNF2In\\_CMQ7uX\\_DRwC0vJOR48Kwy7A&bvm=bv.124272578,d.eWE](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi5qMOowqfNAhUI5SYKHQMUDY8QFggcMAA&url=http%3A%2F%2Fwww.floridahealth.gov%2Fabout-the-department-of-health%2F_documents%2Fagency-strategic-plan-implementation-plan-ver1-2.pdf&usq=AFQjCNF2In_CMQ7uX_DRwC0vJOR48Kwy7A&bvm=bv.124272578,d.eWE)

E: Florida Department of Health. (2016.) State Health Improvement Plan.

F: Healthy People 2020. (2012.) 2020 Topics and Objectives. <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

G: Public Health Accreditation Board. (2012.) Standards and Measures. <http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwj k4ZH1wqfNAhWK1CYKH9EC1oQFggcMAA&url=http%3A%2F%2Fwww.phaboard.org%2Fwp-content%2Fuploads%2FSM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf&usq=AFQjCNFeGpMF-YQT6XGrK37EDpjXeR7paQ&bvm=bv.124272578,d.eWE>

H: Public Health Law. (2012.) Change Lab Solutions. <http://changelabsolutions.org/>

I: US Department of Health and Human Services. (2011.) Action Plan to Reduce Racial and Ethnic Health Disparities. <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>

J: US Department of Health and Human Services. (2011.) National Prevention Strategy. <http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>

## Mental Health/Substance Abuse

**Objective 1: By April 30, 2018, the percentage of the general Franklin County population who are aware of mental health resources will increase from 76% to 80%.**

**Strategy 1: Provide information to the community about mental health services available**

**Tactic A: Create a Mental Health Services Resource Guide**

Action Item	Outputs of Action (What proof completes this	Key Partners Involved to Complete Step	Date Complete	Actual Completion
-------------	--	--	---------------	-------------------

*THE FOLLOWING PAGES INCLUDE CURRENT WORK PLANS BASED ON HEALTH PRIORITY STRATEGIES IDENTIFIED. CREATION OF WORK PLANS ARE IN PROGRESS.*

	action?)			Date
<p><b>Establish Distribution List</b></p> <p><b>Objective 1: By July 30, 2018, youth who report consuming alcohol in the past 30 days will decrease from 28.7% to 25%.</b></p>	<p><b>Mental Health/Substance Abuse</b></p> <p>Email</p>	<p>April Landrum, Talitha Robinson DT Simmons</p>	<p>Friday June 24, 2016</p>	
<p><b>Create &amp; Disseminate Strategy 1: Provide information to youth about the dangers and consequences of using alcohol.</b></p> <p><b>Survey for health care providers.</b></p>	<p>The survey and link to the page</p>	<p>Nicole Sandoval, Gina Moore, Stephanie Goss, and DT Simmons</p>	<p>Friday July 1, 2016</p>	
<p><b>Tactic A: Provide distracted driving assemblies to both high schools, which will increase awareness of the dangers/consequences of driving while under the influences of alcohol.</b></p> <p>Partner and staff responses</p>	<p>Guide</p>	<p>DT Simmons, April Landrum, Mindy Parker, Patricia Rickards</p>	<p>Friday July 15, 2016</p>	
<p><b>Publish and distribute the Mental Health and Substance Abuse Resource Guide</b></p>	<p>Guide uploaded to website and distributed to partners and community</p>	<p>DOH, Apalachee Center, Franklin's Promise, School District, 211, Weems, My Gulf Care, Emergency Operations Center, local area churches, etc.</p>	<p>Friday August 26, 2016</p>	

Action Item	Outputs of Action (What proof completes this action?)	Key Partners Involved to Complete Step	Date Complete	Actual Completion Date
<b>Research Distracted Driving Assembly Opportunities</b>	List of Vendors provided	Franklin County School/DOH-Franklin & Gulf	August 14, 2015	August 14, 2015
<b>Set Dates for Distracted Driving Assemblies</b>	Approval confirmation from School Administration (e-mail communications)	Franklin County School	October 1, 2015	October 1, 2015
<b>Facilitate one Distracted Driving Assembly (Franklin County Schools)</b>	Event Activities Completed. Media Coverage Evidence (Apalachicola Newspaper Article)	Kramer Entertainment, DOH-Franklin/Gulf, Franklin County Schools, local media outlet (Apalachicola Times Newspaper)	November 18, 2016	November 18, 2016
<b>Inform Community of Distracted Driving Assemblies</b>	Pictures of Event, Display Booth	DOH-Franklin Staff	November 2, 2016	November 2, 2016

**Objective 2: OBJ 2: Healthy Weight Opportunities from little kids to 1<sup>st</sup>, 3<sup>rd</sup>, 6<sup>th</sup> grade students**

**Strategy 2. Build the skills of parents and other adults to talk with children about healthy eating and physical activity standards.**

**Tactic A: Provide workshops for parents to attend with information about healthy eating and physical activity.**

Action Item	Outputs of Action (What proof completes this action?)	Key Partners Involved to Complete Step	Date Complete	Actual Completion Date
Research and email organizations with nutrition and physical fitness, and wellness family focus.	E-mail confirmations, meetings with partners (sign-in sheets, agendas), calendars provided	Name of organization and CHIP Partner outreach support. Deanna Simmons- DOH-Gulf	June 27, 2016	June 27, 2016
Create template for purpose of workshop calendar	Template	Kathy Jansen-Riverfront Therapy	June 27, 2016	June 27, 2016
Contact the organizations and request their calendars for July and August	Calendars	Alma Pugh-DOH-Franklin/Gulf	July 1, 2016	July 1, 2016
Draft and finalize calendar	Final Calendar	Talitha Robinson -DOH Franklin & Deanna Simmons- DOH Gulf	July 5, 2016	July 5, 2016
<b>Distribute Final Calendar</b>	Websites, social media, local organizations and businesses, Chamber of Commerce, local media	All CHIP Partners	August 17, 2016	August 17, 2016

## **What Works for Health – County Health Rankings**

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

### **Mental Health/Substance Abuse**

#### **Mass media campaigns against alcohol-impaired driving**

Scientifically Supported

Use mass media campaigns to persuade individuals to avoid drinking and driving or to prevent others from doing so; campaigns often focus on fear of arrest or injury to self, others, or property

Alcohol and Drug Use

#### **Multi-component community interventions against alcohol-impaired driving**

Scientifically Supported

Work to reduce alcohol-impaired driving via sobriety checkpoints, responsible beverage service training, education and awareness activities, and other efforts

Alcohol and Drug Use

#### **Community policing**

Scientifically Supported

Implement a policing philosophy based on community partnership, organizational transformation, and problem solving techniques to proactively address public safety issues

Community Safety

#### **Drug courts**

Scientifically Supported

Use specialized courts to offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration

Community Safety · Alcohol and Drug Use

#### **Early childhood home visiting programs**

Scientifically Supported

Provide parents with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors

Community Safety · Family and Social Support

#### **Family treatment drug courts**

Scientifically Supported

Use specialized courts to work with parents involved in the child welfare system who may lose custody of their children due to substance abuse

Community Safety · Alcohol and Drug Use

#### **Functional Family Therapy (FFT)**

Scientifically Supported

Introduce a short-term family-based intervention therapy focused on strengths, protective factors and risk factors for youth with delinquency, violence, or substance abuse problems, and their families

Community Safety

#### **Mentoring programs: delinquency**

Scientifically Supported

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

## Neighborhood watch

Scientifically Supported

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

## Healthy Weight:

### Active recess

Scientifically Supported

Establish a break from the school day, typically before lunch, that involves planned, inclusive, actively supervised games or activities; also called semi-structured, or structured recess

Diet and Exercise

### Activity programs for older adults

Scientifically Supported

Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults

Diet and Exercise · Family and Social Support

### Breastfeeding promotion programs

Scientifically Supported

Engage health care professionals, lay health workers, and others to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding

Diet and Exercise

### Community fitness programs

Scientifically Supported

Offer exercise classes (e.g., yoga, Tai Chi, cycling, etc.) and fitness program support in community centers, senior centers, fitness, and community wellness centers

Diet and Exercise

### Community-based social support for physical activity

Scientifically Supported

Build, strengthen, and maintain social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system or a walking group)

Diet and Exercise

### Competitive pricing for healthy foods

Scientifically Supported

Assign higher costs to non-nutritious foods relative to nutritious foods via incentives, subsidies, or price discounts for healthy foods and beverages or disincentives or price increases for unhealthy choices

Diet and Exercise

### Individually-adapted physical activity programs

Scientifically Supported

Teach behavioral skills that can help individuals incorporate physical activity into their daily routines

Diet and Exercise

### Mixed-use development

Scientifically Supported

Support a combination of land uses (e.g., residential, commercial, recreational) in development initiatives, often through zoning regulations

Housing and Transit · Diet and Exercise

## Multi-component obesity prevention interventions

Scientifically Supported

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

Diet and Exercise

## Multi-component school-based obesity prevention interventions

Scientifically Supported

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

Diet and Exercise

## Nutrition and physical activity interventions in preschool & child care

Scientifically Supported

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

Diet and Exercise

## Physically active classrooms

Scientifically Supported

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

Diet and Exercise

## Places for physical activity

Scientifically Supported

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

Diet and Exercise

## Point-of-decision prompts for physical activity

Scientifically Supported

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

Diet and Exercise

## Prescriptions for physical activity

Scientifically Supported

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

Diet and Exercise

## Safe Routes to Schools

Scientifically Supported

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

Housing and Transit · Diet and Exercise

## School breakfast programs

Scientifically Supported

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

Education · Diet and Exercise

## School fruit & vegetable gardens

Scientifically Supported

Establish designated areas where students can garden with guidance, often with nutrition and food preparation lessons and opportunities for taste tasting and hands-on learning

Diet and Exercise

## School nutrition standards

Scientifically Supported

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

Diet and Exercise

## School-based physical education

Scientifically Supported

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

Diet and Exercise

## Screen time interventions for children

Scientifically Supported

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

Diet and Exercise

## Streetscape design

Scientifically Supported

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

Housing and Transit · Diet and Exercise

## Walking school buses

Scientifically Supported

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

Housing and Transit · Diet and Exercise

## Worksite obesity prevention interventions

Scientifically Supported

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

Diet and Exercise

## Zoning regulations for land use policy

Scientifically Supported

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

Housing and Transit · Diet and Exercise

## Access to Care

### Centering Pregnancy

Scientifically Supported

Provide prenatal care in a group setting, integrating health assessment, education, and support

Access to Care

### Community water fluoridation

Scientifically Supported

Adjust and monitor fluoride in public water supplies to reach and retain optimal fluoride concentrations

Access to Care

### Federally qualified health centers (FQHCs)

Scientifically Supported

Increase support for non-profit health care organizations that receive federal funding and deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay

Access to Care

### Medical homes

Scientifically Supported

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

Quality of Care · Access to Care

### Mental health benefits legislation

Scientifically Supported

Regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders

Access to Care

### Nurse practitioner scope of practice

Scientifically Supported

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

Access to Care

### Rural training in medical education

Scientifically Supported

Expand medical school training and learning experiences focused on the skills necessary to practice successfully in rural areas

Access to Care

### School dental programs

Scientifically Supported

Provide sealants, fluoride treatment, screening, and other basic dental care on school grounds via partnerships with dental professionals

Access to Care

### Telemedicine

Scientifically Supported

Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth

Access to Care

**ATTACHMENT A**



**Florida Department of Health in Franklin County (DOH-Franklin)**  
**Franklin County Community Health Improvement Workshop**  
**DOH-Gulf Port St. Joe Location**  
**April 13, 2016, 9:00 a.m. – 12:00 p.m.**

**AGENDA**

**Purpose:** *Solicit input from the community on goals, objectives and strategies to support selected health priorities through open two-way dialogue.*

Topic	Lead
Welcome/Call to Order (10 minutes) <ul style="list-style-type: none"><li>• Introductions</li><li>• Brief review of agenda</li><li>• Prompt attendees to sign-in</li></ul>	Marsha Lindeman, DOH-Gulf/Franklin Administrator David Walker, DOH-Franklin Operations Manager
Review Community Health Improvement Journey – MAPP (5 minutes)	David Walker, DOH-Franklin Operations Manager, Sarah Hinds, DOH-Gulf Operations Manager
Review Franklin County Community Health Needs Assessment (20 minutes)	DT Simmons, DOH-Gulf/Franklin Government Operations Consultant, David Walker, DOH-Franklin Operations Manager
Building Goals, Objectives, Strategies and Tactics (1 hour, 30 minutes) <i>Teamwork Activity</i>	David Walker, DOH-Franklin Operations Manager, Sarah Hinds, DOH-Franklin Operations Manager
Consider Possible Directions for Meetings Moving Forward (10 minutes) <ul style="list-style-type: none"><li>• Access to Care</li><li>• Healthy Weight</li><li>• Mental Health/Substance Abuse</li><li>• Health Priority and Overall CHIP Partnership Meetings</li></ul>	David Walker, DOH-Franklin Operations Manager
Actions (5 minutes)	David Walker, DOH-Franklin Operations Manager
Open Floor for Community Input (10 minutes or as needed)	David Walker, DOH-Franklin Operations Manager
Meeting Evaluation (5 minutes)	David Walker, DOH-Franklin Operations Manager
Choices Program – Presentation (10 minutes)	Jessie Pippin, DOH-Gulf/Franklin Choices Program
Adjourn	David Walker, DOH-Franklin Operations Manager



# Community Health Improvement

Franklin County – April 13, 2016



# Our Journey

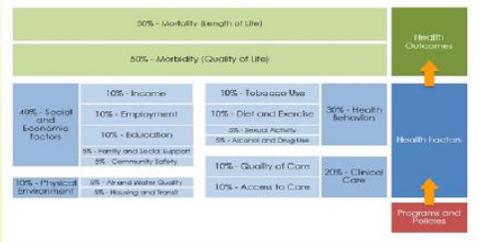


# Why CHIP Matters



## Health Ranking Model

County Health Rankings Model © 2014 UVPHE



# Success and Opportunities



- Adult Smokers 😊
- Youth Tobacco Users 😊
- Obesity 😞
- Mentally Unhealthy Days 😞
- Poverty, lack of insurance 😞
- Chronic Diseases 😞

# Review of CHNA



Community Health Needs Assessment

# Teamwork Activity



Building Goals, Objectives, Strategies and Tactics to Improve Health Priorities

## Goals



What indicators are worth priority focus?  
Group Activity: Star Most Important Data 

## Example Risk Factors



High Percentage of middle and high school students indicating that they use marijuana.

High Percentage of middle and high school students indicating that they drink alcohol.

## Example Goal



Reduce the use of marijuana and alcohol by youth.

## Next Steps



Goals?.....

Data relates to goal?...

You are ready to create an objective!

## SMART Objective



SMART Goals

- S** Specific
- M** Measurable
- A** Achievable
- R** Realistic
- T** Timely

## SMART Objective Examples



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

SMART Objectives:

- The percentage of Franklin County youth using marijuana will reduce from 20% to 18% by April 6, 2017.
- The percentage of Franklin County youth drinking alcohol will reduce from 30% to 28% by April 6, 2017.

## SMART Objective Examples



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

### SMART Objectives Short and Long Term:

One Year: The percentage of Franklin County youth using marijuana will reduce from 20% to 18% by April 6, 2017.

Three Year: The percentage of Franklin County youth using marijuana will reduce from 20% to 15% by April 6, 2019.

## SMART Objective Examples



Group Activity:

Create short term and long term objectives.

## Strategies and Tactics

## Strategies



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

## Example Strategies



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

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

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

**Strategy 3:** Reduce the access of marijuana and alcohol in the community

## Tactics



Specific actions taken to support the strategy.

## Tactics



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

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

## Tactics



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

**Tactic 2:** Provide workshops for parents and create parent chat groups.

## Tactics



**Strategy 3:** Reduce the access of marijuana and alcohol in the community

**Tactic:** Work with law enforcement to do local vendor compliance checks on alcohol sales to minors.

**Tactic:** Set up a tipline on marijuana sales.

## Tactics



**Evidence-based model practices**

**Scientific evidence to support successful outcomes of strategy.**

## Model Practices



- The Community Guide (U.S. government official portal)
- National Network of Public Health Institutes (NNPHI)
- National Association of County and City Health Officials (NACCHO)

## Model Practices



**Let's Move Child Care**



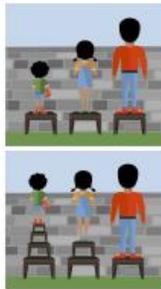
Things to Consider  
moving forward:  
Health Equity

**Health Equity**



Identify and implement  
ways for everyone to have  
a fair chance to lead the  
healthiest life possible.

Health Equity



**Closing the  
Gap**



*Fighting Health Disparities Through  
Healthy Cooking Demonstrations*

**Group Activity**



*Work on strategies and tactics*

**You may be  
asking yourself**



*How do we know if we are  
on the right track?*

**Once you  
complete...**



*Action Planning Phase  
will support Performance  
Indicators*

**Action Planning  
Phase**



*Action Planning in Next  
Workshop*

**Action Items**



Future Meetings.....

For your Health Priority?  
For overall CHIP?

**CHIP Workshop**



*Please complete  
evaluation survey  
And thank you for coming!*

Health Outcomes								Health Outcomes			
Focus Area	Measure	Description	Weight	Source	Year(s)	Top performers	US Overall	Florida - 2015	Florida 2016	Franklin - 2015	Franklin - 2016
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	50%	National Center for Health Statistics - Mortality files	2011-2013	5,200	6,600	6893	6800	8800	8400
	Quality of life (50%)	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2014	12%	14%	16%	17%	22%
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2014	2.9	3.5	3.7	3.8	5.5	3.9
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2014	2.8	3.5	3.8	3.9	3.9	3.9
	Low birthweight	Percentage of live births with low birthweight (< 2500 grams)	20%	National Center for Health Statistics - Natality files	2007-2013	6%	8%	9%	9%	8.3%	8%
Health Behaviors (30%)								Health Behaviors (30%)			
Focus Area	Measure	Description	Weight	Source	Year(s)	Top performers	US Overall	Florida - 2015	Florida 2016	Franklin - 2015	Franklin - 2016
Tobacco use (10%)	Adult smoking	Percentage of adults who are current smokers	10%	Behavioral Risk Factor Surveillance System	2014	14%	17%	18%	16%	No Data	19%
Diet and exercise (10%)	Adult obesity	Percentage of adults that report a BMI of 30 or more	5%	CDC Diabetes Interactive Atlas	2012	25%	27%	26%	25%	25%	31%
	Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	2%	USDA Food Environment Atlas, Map the Meal Gap	2013	8.3	7.2	7.0	7.1	7.2	7.1
	Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	2%	CDC Diabetes Interactive Atlas	2012	20%	23%	23%	24%	29%	27%
	Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014	91%	84%	93%	92%	87%	61%
Alcohol and drug use (5%)	Excessive drinking	Percentage of adults reporting binge or heavy drinking	2.5%	Behavioral Risk Factor Surveillance System	2014	12%	18%	16%	18%	13%	20%
	Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	2.5%	Fatality Analysis Reporting System	2010-2014	14%	31%	29%	29%	53%	50%
Sexual activity (5%)	Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013	134.1	446.6	401.9	415.1	522.0	410.7
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	2.5%	National Center for Health Statistics - Natality files	2007-2013	19	35	36	34	78	74
Clinical Care (20%)								Clinical Care (20%)			
Focus Area	Measure	Description	Weight	Source	Year(s)	Top performers	US Overall	Florida - 2015	Florida 2016	Franklin - 2015	Franklin - 2016
Access to care (10%)	Uninsured	Percentage of population under age 65 without health insurance	5%	Small Area Health Insurance Estimates	2013	11%	17%	24%	24%	21%	26%
	Primary care physicians	Ratio of population to primary care physicians	3%	Area Health Resource File/American Medical	2013	1040:1	1320:1	1423:1	1387:1	2922:1	2900:1
	Dentists	Ratio of population to dentists	1%	Area Health Resource File/National Provider	2014	1340:1	1540:1	1874:1	1819:1	5799:1	3938:1
	Mental health providers	Ratio of population to mental health providers	1%	CMS, National Provider Identification file	2015	370:1	490:1	744:1	689:1	1657:1	1477:1
Quality of care (10%)	Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare	5%	Dartmouth Atlas of Health Care	2013	38	54	59	55	85	71
	Diabetic monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	2.5%	Dartmouth Atlas of Health Care	2013	90%	85%	85%	85%	82%	84%
	Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	2.5%	Dartmouth Atlas of Health Care	2013	71%	63%	68%	68%	57%	60%

Social and Economic Environment (40%)							
Focus Area	Measure		Weight	Source	Year(s)	Top performers	US Overall
Education (10%)	High school graduation	Percentage of ninth-grade cohort that graduates in four years	5%	EDFacts	2013-2014	93%	82%
	Some college	Percentage of adults ages 25-44 years with some post-secondary education	5%	American Community Survey	2010-2014	72%	64%
Employment (10%)	Unemployment	Percentage of population ages 16 and older unemployed but seeking work	10%	Bureau of Labor Statistics	2014	3.6%	6.2%
Income (10%)	Children in poverty	Percentage of children under age 18 in poverty	7.5%	Small Area Income and Poverty Estimates	2014	13%	22%
	Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	2.5%	American Community Survey	2010-2014	3.7	4.7
Family and social support (5%)	Children in single-parent households	Percentage of children that live in a household headed by single parent	2.5%	American Community Survey	2010-2014	21%	34%
	Social associations	Number of membership associations per 10,000 population	2.5%	County Business Patterns	2013	22	9
Community safety (5%)	Violent crime	Number of reported violent crime offenses per 100,000 population	2.5%	Uniform Crime Reporting - FBI	2010-2012	59	392
	Injury deaths	Number of deaths due to injury per 100,000 population	2.5%	CDC WONDER mortality data	2009-2013	51	60

Social and Economic Environment (40%)			
75%	75%	58%	58%
60%	61%	38%	37%
7%	6%	6%	5%
25%	24%	39%	37%
4.6	4.7	5.9	5.6
38%	38%	48%	48%
7.3	7.3	11.1	9.5
514	514	848	848
69	68	83	79

Physical Environment (10%)							
Focus Area	Measure		Weight	Source	Year(s)	Top performers	US Overall
Air and water quality (5%)	Air pollution - particulate matter <sup>1</sup>	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	2.5%	CDC WONDER Environmental data	2011	9.5	11.4
	Drinking water violations	Indicator of the presence of health-related drinking water violations. 1 - indicates the	2.5%	Safe Drinking Water Information System	FY2013-14	NA	NA
Housing and transit (5%)	Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012	9%	19%
	Driving alone to work	Percentage of the workforce that drives alone to work	2%	American Community Survey	2010-2014	71%	76%
	Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	1%	American Community Survey	2010-2014	15%	31%

Physical Environment (10%)			
11.4	11.4	12.1	12.1
Percentage Only: 6%	0.06	Percentage Only: 28%	Yes
22%	23%	18%	20
80%	80%	74%	74%
38%	38%	27%	25%

<sup>1</sup> Not available for AK and HI.

# Community Engagement Survey

Meeting: Franklin CHIP Goal Setting Workshop - April 13, 2016

	Strongly Disagree	Disagree	Agree	Strongly Agree
My opinions were valued during this meeting.			6	13
There was enough time for me to provide input during the meeting.			9	10
The topics discussed during the meeting met the needs of my community.			9	10
The meeting time and location met my needs.		1	7	11
	Not Likely	Somewhat Likely	Likely	Very Likely
Based on your experience, how likely are you to return to another meeting?			4	15
Please list additional needs for your community that were not discussed today:	<p>Could future CHIP meetings (quarterly all inclusive) occur after the 15th (mass end of quarter reports in progress from 1st - 15th for April, July, Oct, % Jan.</p>			