



HOLMES COUNTY, FLORIDA
Community Health Improvement Plan

September 2011

“Leading the Way to a Healthier Holmes”



Prepared for:
**Holmes County
Health Department**



Prepared by:
Quad R Consulting



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Executive Summary

Holmes County Health Department received a mini-grant from the Florida Department of Health to create a Community Health Improvement Plan. The Holmes Community Health Improvement Plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives to improve the overall quality of life of the community.

Members of the Healthy Holmes Task Force met in two six-hour facilitated workshops to identify community health issues. The workshop team reviewed data from the Holmes County Community Health Needs Assessment, Holmes County Health Status Profile, the Florida County Health Rankings: Mobilizing Action Toward Community Health 2011, Florida CHARTS, the U.S. Census Bureau, and the 2005–2009 American Community Survey. The team developed a list of community themes and strengths, conducted a “forces of change” assessment, wrote strategic priorities with goal statements, and created three specific action plans focused on addressing Chronic Disease, Social Economic Factors, and Maternal/Child Health within Holmes County, Florida.

Priority Issue:	Chronic Disease
Goal (Aim):	Reduce obesity rates in Holmes County.

Objective #1: By June 30, 2012, at least 50% of K-6 student population will receive education on nutrition and/or physical activity.

Objective #2: By August 30, 2012, 5% of population will have been educated on healthy choices.

Objective #3: By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.

Priority Issue:	Social Economic Health
Goal (Aim):	Improve social economic health (SEH) of Holmes County

Objective #1: By August 2012, increase usage of resources available in Holmes County by 5%.

Priority Issue: Maternal/Child Health
Goal (Aim): Improve holistic health of children in Holmes County.

Objective #1: By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.

Objective #2: By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.

The Holmes County Community Health Improvement Action Plans can be used to address and implement activities that target local public health priorities. The implementation and evaluation of each of the Action Plans should involve community members in making decisions and taking action. The Healthy Holmes Task Force focused on community engagement as it identified the activities and programs for each Action Plan, and focused on the strengths, needs and resources of the Holmes County community.



Introduction

Quad R was contracted by the Holmes County Health Department to provide consultation expertise and develop a report related to 1) community themes and strengths, 2) forces of change assessment, 3) report/documentation of community-identified strategic priorities with goal statements and strategies, and 4) community health improvement plan.



Components of the 2011 Holmes County Community Health Improvement Plan project included two (2) facilitated workshop sessions and a Community Health Improvement Plan to meet the Florida Department of Health mini-grant requirements. The project timeline was from July 1, 2011 through September 9, 2011.

The Public Health Accreditation Board defines a **Community Health Improvement Plan (CHIP)** as “a long-term, systematic effort to address health problem 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 governmental, education, or human service agencies to coordinate efforts and target resources that promote health.

A CHIP serves to address 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 needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, as well as attracting other resources toward building programs that improve the overall quality of life of the community.





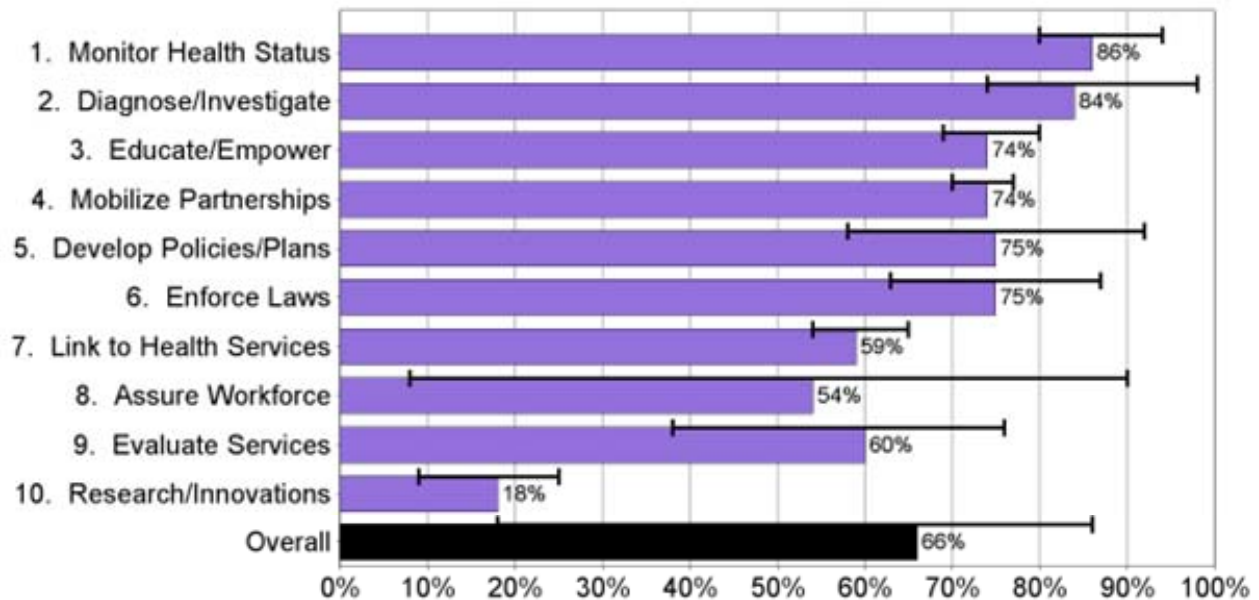
Community Health Profile

Holmes County is in the Florida Panhandle and bordered by the state of Alabama to the north. The county's area is approximately 488.7 square miles, with 482.5 square miles of rural land and 6.3 miles of water. There are five municipalities in Holmes County, with the City of Bonifay being the county seat.

The U.S. Census data show that the population of Holmes County was 19,170 in 2008, and indicate an increased trend to 21,404 by 2020. Holmes County ranks number 55 of the 67 counties in Florida for population.

The Holmes County Health Department provides services and programs to the community in the areas of: Primary Care, Family Planning, Immunizations, STDs, TB, Prescription Assistance Program, Dental, School Health, Healthy Start, Tobacco Education, Chronic Disease, WIC and Environmental Health.

The National Public Health Performance Standards Program (NPHPSP) was conducted in the summer of 2011. The 2011 NPHPSP report indicated the Holmes County Health Department's programs and services contributed to the provision of the 10 Essential Public Health Services, with an overall score of 66%. This report was not available for review during the Community Health Improvement Project.



According to the 2011 Holmes County Community Needs Assessment conducted by the Big Bend Area Health Education Center, Inc., about 30% of the county residents are male and 65% are female. The age range of the residents of Holmes County is 18-93 years, with the median age being 44.98 years.

Age Distribution	Racial Distribution
<ul style="list-style-type: none"> • 22% are under the age of 18 • 61% are 18-64 years • 17% are age 65 or older 	<ul style="list-style-type: none"> • White 81% • Black 8.3% • Asian 0.4% • Native American 1.4% • White Hispanic 1.4% • Black Hispanic 0.3% • Multi-racial 1.7%
<p data-bbox="188 667 380 701">Marital Status</p> <ul style="list-style-type: none"> • 54% are married • 17% are divorced • 3.8% are separated • 10.4% have never married • 2.8% are unmarried couples • 5.9% reported being widowed 	

More than 69% of the county population reported having a high school diploma or less. There are seven (7) public schools and one (1) private school in the Holmes County School District. More than 57% of county residents earn less than \$30,000 annually. The average weekly wage earned in Holmes County, as reported by the Bureau of Labor Statistics in 2010, was \$490. The poverty rate in the county is 18%, and it is estimated that 26% of children live in poverty.

Nearly 51% of county residents surveyed reported that they were employed full-time, while more than 29% reported being not employed. Reasons for non-employment included: disabled, cannot find work, retired, taking care of family, need training, and other. It was determined that 42% of Holmes County residents comprise the workforce, and almost half of the residents are working or actively looking for work.

According to needs assessment data, 47.1% of the residents have health insurance coverage.

Health Insurance	Housing
<ul style="list-style-type: none"> • 19.7% Medicaid • 15.6% Medicare • 0.3% Active Military • 2.8% Champus • 4.5% Kidcare • 1.0% Veteran • 20.1% Out of pocket • 19.4% No insurance 	<ul style="list-style-type: none"> • 56.1% own their homes • 21.5% rent their housing • 9.7% live with someone else • 7.6% have other housing arrangements • 66.4% satisfied with their housing • 17.9% households are married couples with children • 7.9% households are single parents with children • 24.7% consist of a resident living alone

Five of the top 15 leading causes of death were found to be prevalent among the residents of Holmes County. Over 42% of residents yielded a BMI rate considered as obese; 26% considered as overweight; 23.2% considered normal weight; and 1.7% considered as underweight.

Chronic Diseases	Top Health Problems
<ul style="list-style-type: none"> • Hypertension 51.2% • Overweight/Obesity 30.1% • Diabetes 27.7% • Arthritis 24.2% • Heart Disease 15.6% • Lung Disease 12.2% • Cancers 11.1% 	<ul style="list-style-type: none"> • Alcohol & Other Drug Abuse 31.5% • Child Abuse/Neglect 37.3% • Poor Diet/Inactivity 26.3% • Teenage Pregnancy 24.2% • Tobacco Use 18%

In Holmes County, 66% of residents surveyed for the *2011 Holmes County Community Health Needs Assessment* reported that they have visited a doctor within the past year. Forty-seven percent reported visiting a dentist, 43.3% reported having an eye exam, and 38.4% reported having a teeth cleaning. While almost 60% reported feeling depressed “sometimes or always,” 10% reported obtaining mental health services in the past year.

Health Services Obtained Outside the County	Top Health Problems
<ul style="list-style-type: none"> • 47.4% lab work • 36.7% emergency care • 34.9% general practitioner care • 33.9% eyecare • 30.8% dental care • 23.3% radiology • 18.7% OB/GYN care • 17.6% inpatient care 	<ul style="list-style-type: none"> • Alcohol & Other Drug Abuse 31.5% • Child Abuse/Neglect 37.3% • Poor Diet/Inactivity 26.3% • Teenage Pregnancy 24.2% • Tobacco Use 18%

About 14.5% reported the need for long-term care services and of those, 67.7% obtained services within Holmes County. Of the residents who received social service benefits, the majority (40.5%) obtained benefits from within the county.

The *2011 Holmes County Community Health Needs Assessment* also reported data related to personal and community health status. The primary factors identified as important for a healthy community included: good jobs and healthy economy, access to healthcare and services, and religious/spiritual values.

Personal & Community Health Status
<ul style="list-style-type: none"> • 61.6% reported their health status as “Healthy to Very Healthy” • 37.7% reported their health status as “Somewhat Unhealthy to Very Unhealthy” • 34.6% reported their community as “Healthy to Very Healthy” • 56% reported their community as “Somewhat Unhealthy to Very Unhealthy”

Related to personal health status, the needs assessment surveyed residents on types and length of personal health limitations experienced. About 23.2% reported having more than 12 days when physical health was “not good” and 17% reported having more than 11 days when mental health was “not good.”

The county was rated as “safe to very safe” by 88.7% of residents surveyed.

Community Safety Problems	Places for Recreation
<ul style="list-style-type: none"> • Manufacturing & use of amphetamines 59.9% • Alcohol use 59.5% • Unsafe sex 24.9% • Child abuse 22.5% • Unsafe roads 20.8% 	<ul style="list-style-type: none"> • Church 53% • Parks 47.8% • River/lake/beaches/woods 45.3%

Twenty-seven percent (27%) indicated a desire for recreation places, including: centers for fitness and sports, outdoor programs, and activities that foster family and community engagement.

Preventive Health	Preventive Lifestyle
<ul style="list-style-type: none"> • 29.8% influenza immunization • 19% pneumonia immunization 	<ul style="list-style-type: none"> • 57.8% participate in physical activity • 69.8% “always” wear a seatbelt • 30.4% “always” practice safe sex • 22.8% “always” perform self-breast exams

Reported preventive screenings included diabetes and vision screenings for those age 40 and older; prostate digital exam and prostate-specific antigen for males age 40 and older; mammogram and bone density test for females age 40 and older; and colon-rectal screening for those age 50 and older.

Healthcare Services Needed	Healthcare Practitioners Needed
<ul style="list-style-type: none"> • 83.7% Walk-in clinics • 53.3% Wellness center • 42.2% Dental services • 39.1% Health Department services • 34.5% Nursing home 	<ul style="list-style-type: none"> • 54.3% Women’s health • 46.4% cancer care • 43.6% Family practice • 41.8% Cardiac • 39.8% Pediatric • 38.8% Eldercare • 38.4% Dental

The *2011 Holmes County Community Health Needs Assessment* report proposed recommendations to increase community intervention and engagement to address the high rates of hypertension, overweight/obesity, and diabetes; to promote healthcare access, healthy lifestyles, and preventive health; and to expand in-county programs, providers, and access to care. A key recommendation was to utilize family and faith-based organizations to foster efforts and improve reach. In addition, the report recommended that Holmes County Health Department look for ways to bring health care services closer to more rural residents. It was also recommended that the Healthy Holmes Task force develop community health education campaigns to target healthy weight, healthy lifestyles, and improved community safety.



Workgroup Process

Two six-hour workshops were held in Holmes County at Doctors Memorial Hospital in Bonifay, FL. Twenty participants attended both workshops and included representation from Holmes County Health Department, Doctors Memorial Hospital, Holmes County Sheriff's Office, Department of Children & Families, UF-IFAS, Life Management Center, Early Learning Coalition, and Holmes County Emergency Medical Services.

Prior to the first workshop, participants were sent a "brainstorming" worksheet (see Appendix A) to complete and bring to the workshop. The worksheet consisted of questions related to Holmes County as a healthy place to live, needed changes to make Holmes County a healthier place to live, feelings of pride and concern about Holmes County, important issues to help make Holmes County as healthy as possible, suggestions for improving Holmes County, issues that affect the health of the Holmes County community, and specific threats or opportunities generated by those issues.

The first workshop was held July 15, 2011. Participants were assigned to workgroups to review the *2011 Holmes County Community Health Needs Assessment* (see Appendix I) and their individual worksheet information. They also reviewed data and health indicators from:

- County Health Rankings: Mobilizing Action Toward Community Health 2011 Florida;
- Cubit Planning;
- Florida CHARTS; and
- U.S. Census Bureau, 2005 – 2009 American Community Survey.

Using this information, each workgroup developed a list of critical health issues and/or needs that are currently impacting the Holmes County community. These health issues and/or needs were written into topic statements which identified the issue and trend. The workgroups then identified a list of community partners who could "help" or "hinder" each health issue and/or need; a *Strengths, Weaknesses, Opportunities, and Threats* was developed and reviewed by all workgroups. Each workgroup then prioritized the health issues and/or needs. The workshop outcomes are provided in Appendix C.

The second workshop was held August 5, 2011. After reviewing the work from the July 15th session, participants identified three (3) priority issues: Social Economic Health, Chronic

Disease, and Child/Maternal Health. Participants then self-selected into one of three the priority issues. Each workgroup was provided the *2011 Holmes County Community Health Needs Assessment* and the data and health indicators from the July 15th session for review relevant to their priority issue. The workshop outcomes are provided in Appendix E.

Based on this review each priority issue workgroup listed potential evaluation measures to include in an action plan. The workgroups developed draft action plans for their priority issue, identifying the goal, SMART objectives, strategies, and activities for each. The action plans are included in Appendix J.

In addition, the participants worked together to outline the details of the action plans, including lead roles, community resources, and target date(s) for completion. The workgroups reviewed all the information contained in each priority issue action plan and provided feedback which was incorporated into the final action plan.



Community Health Action Plan

A community health assessment (CHA) is considered both a process and a product. As a process, the CHA serves to gather and interpret information from multiple and diverse sources in order to develop a deep understanding of the health of a community. This information is then used to develop the "product" or the community health improvement plan. The key link between the CHA and the community health improvement plan is a prioritized list of community health issues that have been identified in the community health profile, local health data, and input from community stakeholders. The final community health improvement plan should be an action-oriented and include priorities, strategies, activities, community resources, timeline, and outcome measures.

The Holmes County Health Task Force used the *2011 Holmes County Community Health Needs Assessment* and related documents to identify a long list of public health needs, issues, and problems. The workshop participants fostered a community-oriented perspective on public health and incorporated Holmes County formal and informal networks and support systems, norms and cultural nuances, institutions, and political and economic systems.

Upon completion of the Holmes County workshops, participants identified three (3) priority issues on which to focus: **Chronic Disease, Social Economic Factors, and Maternal/Child Health**. For each priority issue, the workgroup participants identified specific areas that could be addressed or “helped” by improvement activities, and those areas that were possible barriers or “hinders” to improvement.

Common themes that arose related to addressing issues, included:

- Increase public awareness of available resources
- Mentoring
- Educate early/collaborate with schools
- Community involvement

Common themes related to barriers and/or challenges to improvement, included:

- Lack of transportation
- Budget cuts/lack of funding opportunities
- Poor parental influence
- Lack of employment/poor economy

The groups developed a draft action plan for each priority issue. Action plans are detailed work plans that guide the implementation of a Community Health Improvement Plan.

Action plans:

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

The Holmes County Community Health Improvement action plans include the identification of a priority issue, the goal (or aim) for the priority, the objective for achieving the goal, strategies related to the objective, and activities for each strategy. In addition, the action plans outline the lead role and existing community resources available for each activity, target date(s) for completion, and proposed evaluation measures.



Priority Issue: Chronic Disease

Five of the top 15 leading causes of death were found to be prevalent among Holmes County residents: hypertension, diabetes, heart disease, lung disease, and cancers. High rates of other diseases were also reported, including overweight/obesity and arthritis. Considering this data, the workgroup identified Chronic Disease as one of the priority issues for the Holmes County Health Improvement Plan.

The areas identified which could address improvement related to **Chronic Disease** included: education to improve negative behaviors in the home and external environment; targeting schools by incorporating a health-focus into curriculum; developing mentoring programs; educating the public regarding health issues; identifying low price health food menus; and increasing media activity to advertise educational opportunities.

The workgroup identified barriers and/or challenges that they felt would inhibit progress toward community health improvement. These barriers/challenges included: budget cuts that fund programs; lack of motivation; lack of education; peer pressure; economic issues; lack of transportation; poor parental example; low literacy levels; lack of computers/access; and lack of resources to provide education and expertise.

The workgroup identified the goal of *Reduce obesity rates in Holmes County* as one way to impact Chronic Disease. An action plan was developed for this goal.

Priority Issue:	Chronic Disease
Goal (Aim):	Reduce obesity rates in Holmes County.

Objective #1: By June 30, 2012, at least 50% of K-6 student population will receive education on nutrition and/or physical activity.

Objective #2: By August 30, 2012, 5% of population will have been educated on healthy choices.

Objective #3: By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.

Priority Issue	Chronic Disease					
Goal (Aim)	Reduce obesity rates in Holmes County.					
Objective #1	By June 30, 2012, at least 50% of K-6 student population will have received education on nutrition and/or physical activity.					
Strategy #1	School based activities.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Food, Fun, Reading Program	4H, IFAS, school	Jun 30, 2012		Class roster	
Activity #2	Health education to include nutrition and physical activity	School nurse	Jun 30, 2012		Class roster	
Activity #3	Introduce FCAT plan	School board, Carmen B.	Jun 30, 2012		Class roster, pre/post test	
Activity #4	Establish relationship w/school board	School board, Carmen B., HCHD	Jun 30, 2012		Attendance	

Objective #2	By August 30, 2012, 5% of population will have been educated on healthy choices.					
Strategy #1	Community based outreach.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Provide food demonstration in the community	Tracy C./ Judy	Jun 30, 2012	1 st class beginning Aug 24, 2011	Sign-in sheet, pre/post test	
Activity #2	Fit for Life	Tracy	Mar 30, 2012	Class begins Jan 2012	Sign-in sheet, pre/post test, weight	
Activity #3	Client consults	Tracy	Jun 30, 2012	In progress	Weight spreadsheet	
Activity #4	Community health screenings	HCHC, DMH, faith-based orgs	Jun 30, 2012	In progress	Sign-in sheet	
Activity #5	Lunch & learn	DMH	Jun 30, 2012	In progress	Sign-in sheet	
Activity #6	Post health info on local websites	DMH, HCHD, schools	Jun 30, 2012	Begin Sep 1, 2012	Number of web views	
Activity #7	Distribution of info re: health choices	DMH, HCHD, sheriff's dept	Jun 30, 2012	In progress	Number handed out	
Activity #8	Patient education	DMH	Jun 30, 2012	In progress	DMH report	
Activity #9	Food, Fun, Reading Program	4H, IFAS, schools	Jun 30, 2012	In progress	Number of kids	

Objective #3	By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.					
Strategy #1	Community based activities.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Fit for Life	Tracy	Mar 30, 2012	Class begins Jan 2012	Sign-in sheet, evaluation	
Activity #2	Cardiovascular Disease Walk	HCHD, DMH	Feb 28, 2012	Planned for Feb 2012	Sign-in sheet	
Activity #3	Stroll/Roll	HCHD	Mar 30, 2012	Planned for Mar 2012	Sign-in sheet	
Activity #4	Pilates for Pink	HCHD	Nov 1, 2011	Planned for Oct 2011	Sign-in sheet	
Activity #5	Diabetes Walk	BMS, HCHD	Dec 1, 2011	Planned for Nov 2011	Sign-in sheet	
Activity #6	Breast Cancer Awareness Walk	DMH	Oct 30, 2011	Planned for Oct 2011	Sign-in sheet	
Activity #7	FlashMob	Sheila P.	Jun 30, 2012	Begin planning	Number of participants	

Priority Issue: Social Economic Factors

More than two-thirds (69%) of the county population reported having a high school diploma or less, and more than half (57%) of county residents earn less than \$30,000 annually. The average weekly wage earned in Holmes County, as reported by the Bureau of Labor Statistics in 2010, was \$490. The poverty rate in the county is 18%, and it is estimated that 26% of children live in poverty. Nearly 51% of county residents surveyed reported that they were employed full-time, while more than 29% reported being not employed.

The areas identified which could address improvement related to **Social Economic Factors** included: educating teen girls and teen boys about pregnancy; promoting family planning; conducting financial planning workshops; providing food, clothing and childcare through faith-based organizations and extension services; providing an Higher Education-advising Representative (College, Community College, Technical School) on-site at High School, encouraging dual enrollment in high school, educating about financial aid and scholarship opportunities; providing workforce development; networking to organize volunteers; educating the public about unhealthy lifestyles; and increasing public awareness of existing resources.

The workgroup identified barriers and/or challenges that they felt would inhibit progress toward Social Economic improvement. These barriers/challenges included: lack of collaboration with schools; changing resources and budget cuts; peer pressure, pride, and parental denial; lack of resources; lack of transportation; confidentiality issues; reliance on current system; increased jobless rate; lack of motivation; regulations; grant competitiveness; limited number of qualified/trained employees; proximity to higher education facilities; and rural community.

The workgroup identified the goal of *Improve social economic health (SEH) of Holmes County* as one way to impact this issue. An action plan was developed for this goal.

Priority Issue:	Social Economic Health
Goal (Aim):	Improve social economic health (SEH) of Holmes County.

Objective #1: By August 2012, increase usage of resources available in Holmes County by 5%.

Priority Issue	Social Economic Health					
Goal (Aim)	Improve social economic health (SEH) of Holmes County					
Objective #1	By August 2012, increase usage of resources available in Holmes County by 5%.					
Strategy #1	Create master plan to involve agencies.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Identify service providers	Healthy Home Task Force (HHTF)	Dec 2011		Service list	
Activity #2	Create workgroup for service providers	HHTF	Feb 2012		Workgroup list & schedule	
Activity #3	Develop plan	HHTF	Apr 2012		Written plan	
Strategy #2	Provide HHTF workshops semi-annually.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Create a focus group	HHTF	Dec 2011		List of topics	
Activity #2	Recruit volunteers to teach workshop re: to topics & calendar of events	HHTF	Feb 2012		Calendar of events	
Activity #3	Provide workshops	Volunteers & HHTF	Aug 2012		Number of attendees, pre/post test w/attendance demographics	
Activity #4	High school job fair (workshop)	HHTF (contact Glenn Rich @ High School)	Apr 2012		Pre/post survey w/HS plans	
Activity #5	Elementary school	HHTF, parents	Apr 2012		Number of attendees	

	career day					
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Priority Issue: Maternal/Child Health

Holmes County was rated as “safe to very safe” by nearly all (88.7%) of residents surveyed in the *Holmes County Community Needs Assessment*. Issues cited as safety problems included: manufacturing and use of amphetamines (59.9%), alcohol use (59.5%), unsafe sex (24.9%), child abuse (22.5%), and unsafe roads (20.8%). Rates of immunization among the residents of Holmes County within the past year include 29.8% for influenza and 19% for pneumonia. The top healthcare practitioner needed is women’s health (54.3%). Other needed healthcare practitioners include: cancer care (46.4%), family practice (43.6%), cardiac (41.8%), pediatric (39.8%), eldercare (38.8%), and dental (38.4%).

The areas identified which could address improvement related to **Maternal/Child Health** included: educating students about positive choices; developing mentoring programs; increasing public awareness of existing resources; increasing involvement in HOPE classes; increasing community involvement in school; pooling community resources to get most impact with funds available; implementing alternative schooling methods; increasing child/maternal services; increasing Healthy Start clients; setting up a mobile clinic; increasing satellite clinics for WIC, TB, TCCC; and recruiting volunteer health liaisons.

The workgroup identified barriers and/or challenges that would inhibit progress toward community health improvement. These barriers/challenges included: lack of recreation; budget cuts and lack of resources; lack of transportation; single-parent families and poor parental influences; lack of consequences; drug and alcohol use; media influence; and lack of employment.

The workgroup identified the goal of *Improve holistic health of children in Holmes County* as one way to impact this issue. An action plan was developed for this goal.



Priority Issue: Maternal/Child Health

Goal (Aim): Improve holistic health of children in Holmes County.

Objective #1: By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.

Objective #2: By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.



Priority Issue	Maternal/Child Health (MCH)					
Goal (Aim)	Improve holistic health of children in Holmes County.					
Objective #1	By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.					
Strategy #1	Increase awareness.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Info booth @local events – rodeo, baby bash, fair, health fair, downhome fest	HCHD, Early Learning partners	Jun 30, 2013		Number of people who sign-in/complete comment card	
Activity #2	PSAs re: MCH	HHTF	Jun 30, 2013		Number of PSAs, collect number of “how did you hear about us” data	
Activity #3	Targeted emails	HHTF	Jun 30, 2013		Number of hits on HCHD/Early LC websites, pre/post booth (#1 above)	
Activity #4	Notify Ministerial Assoc of upcoming events	HHTF	Jun 30, 2013		Number of people who sign-in/complete comment card	

Strategy #2		Develop a continuity of care MCH task force.				
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Service providers to meet for identification of roles	HHTF	Jun 30, 2013		Roles, resources, and potential activities identified	
Activity #2	Develop subcommittee out of HHTF	TBD	Dec 2011		Group formed with potential activities & charge identified	
Activity #3	Obtain MCH baseline data from MCH providers of Holmes County	MCH providers	Feb 2012		- Baseline data in database - Dates set for future data collection	
Strategy #3		Educating parents.				
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Classes on: Crib Safety, Childbirth, Car Seat Safety	Healthy Start	Jun 30, 2013		Number of attendees, pre/post test	
Activity #2	EPSDT/ Well-child check-ups	HCHD & private practitioners	Dec 2011		Number of services provided	
Activity #3	DMH Lunch & Learn w/pediatrician (Topic: RSV)	DMH	Feb 2012		Number of participants	

Objective #2	By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.					
Strategy #1	Educate teens.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Girls of Value	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul	Dec 2011		Number of students sustained	
Activity #2	Boys of Worth	HCHD, Teen Outreach	Dec 2011		Number of students	

		Program (TOP) coordinator, Sheila Paul			sustained	
Activity #3	Provide teen pregnancy curriculum	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul; USF	Dec 2011		Number of completed activities	
Activity #4	Increase WIC/High School satellite clinics' monthly visits	HCHD/WIC/Healthy Start	Jun 2012		Number of participants, number of contact hours	

List of Resources

1. 2011 Holmes County Community Health Needs Assessment, Big Bend Area Health Education Center, Inc.
2. County Health Rankings: Mobilizing Action Toward Community Health 2011 Florida, www.countyhealthrankings.org
3. Cubit Planning, www.cubit.com
4. Florida CHARTS, www.floridacharts.com
5. Local Public Health System Performance Assessment - Report of Results 07/21/2011, National Public Health Performance Standards Program.

Appendices

- Appendix A Workgroup Brainstorming Worksheet
- Appendix B July 15, 2011 Workshop Agenda
- Appendix C July 15, 2011 Workshop Outcomes
- Appendix D August 5, 2011 Workshop Agenda
- Appendix E August 5, 2011 Workshop Outcomes
- Appendix F County Health Rankings: Mobilizing Action Toward Community Health 2011 Florida
- Appendix G Data from Cubit Planning
- Appendix H Data from Florida CHARTS
- Appendix I 2011 Holmes County Community Health Needs Assessment
- Appendix J Holmes County Community Health Improvement Action Plans