



2024-2026



HAMILTON COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

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Executive Summary of the Hamilton County Community Health Improvement Plan 2024-2026

HAMILTON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Access to Health Care (AHC)

- Goal AHC 1: Improve access to primary and dental care

Strategic Priority: Substance Misuse and Mental Health (SMH)

- Goal SMH 1: Reduce misuse of drugs and alcohol and promote community support for good mental health

Strategic Priority: Chronic Disease (CD)

- Goal CD 1: Promote healthy lifestyles and reduce the impact of chronic disease

The Florida Department of Health in Hamilton County and community leaders and partners began the 2023 Community Health Needs Assessment (CHA) process in February 2023. As in the past, Hamilton County community partners used the modified Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Although MAPP 2.0 was released after the 2023 Hamilton County Community Health Assessment was launched, the Hamilton CHA Steering Committee opted to include the Community Partner Assessment in the 2023 CHA. As such, the 2023 Hamilton CHA followed a modified MAPP and MAPP 2.0 process.

Guided by a diverse, broad, and representative body, called the 2023 Hamilton County CHA Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [Hamilton County Community Health Assessment 2023](#) and the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023](#)) that were used to identify strategic priorities for the coming three years of 2024-2026. (Table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted). The strategic priorities include:

- **Access to Health Care:** Although access to health care does not necessarily prevent illness, early intervention and self-management resources can help to maintain quality of life and minimize premature death and disability. Assessment findings pointed to barriers in health care resource access for Hamilton County residents. Hamilton County has locations that are designated as Health Professional Shortage Areas for primary, dental, and mental health care (Table 153, Technical Appendix) and rates of physicians by various types and dentists that fall far below state rates (Tables 158 and 160, Technical Appendix). Assessment survey respondents ranked access to health care as the most important factor for a healthy community. In addition, access to primary care was ranked as the fourth most important issue to be addressed in Hamilton County (Tables 10, 11, CHA). About 29.6 percent of community survey respondents ranked dental care as a service difficult to access in Hamilton County, followed closely by primary or family care which was identified by 27.8 percent of respondents (Figure 24, CHA). Primary survey data collected on barriers to primary, dental, and mental health care showed cost, provider availability, and insurance issues as notable impediments to receiving needed care with a third (33.9 percent), 20.0 percent, and 9.6 percent of respondents indicating that they did not get the needed dental, primary, or mental health care, respectively, in the past 12 months (Tables 13, 14, 15, CHA). Open discussions with community partners as part of the assessment process forces of change assessment underscored that scarce health care providers, transportation challenges, no in-patient and limited preventive services are persistent limiting factors in the access landscape in Hamilton County. Local partners who participated in the community partner assessment indicated a quarter of them currently focus on improving health care access and utilization, health insurance issues, and screenings (Table 36, CHA).
- **Substance Misuse and Mental Health:** Mental, behavioral, and physical health are equally important factors for overall health and quality of life. Mental and behavioral health includes emotional, psychological, and social well-being and impacts how stress is handled, interpersonal relationships, and healthy decision-making. Concerns about mental health and

substance misuse surfaced in all four of the MAPP assessments. The secondary data review found that Hamilton County residents seek care for mental health problems in emergency rooms at higher rates than for the state. Although rates of emergency room visits for mental health reasons by Hamilton County residents have decreased, these rates continue to exceed state rates (Table 104, Technical Appendix). Opioid overdose deaths and all drug overdose death rates were concerning (Table 116, Technical Appendix), as well as rates of non-fatal overdose emergency department visits and hospitalizations (Table 115, Technical Appendix), and related rates of drug arrests and drug-confirmed motor vehicle crashes (Tables 114-117, Technical Appendix). Community survey respondents identified substance misuse as the most important health issue to be addressed in Hamilton County with mental health problems ranking fifth among the many issues. Further, substance and drug misuse were ranked by more than 60 percent of community survey respondents as the behaviors with the greatest negative on health (Tables 11, 12, CHA). About a quarter of survey respondents said that mental or behavioral health care services were difficult to obtain in Hamilton County. Mental and behavioral healthcare services were the services ranked as the most difficult to obtain in Hamilton County. Discussions with community leaders during the forces of change assessment brought up troubling observed trends in drug misuse in general and among youth in particular. More than a third (37.5 percent) of community partner agencies and organizations that participated in the partner assessment reported that they are currently focusing on tobacco and substance misuse in Hamilton County (Table 36, CHA).

- **Chronic Disease:** Chronic diseases such as heart disease, cancer, stroke, chronic lower respiratory disease, and diabetes are the leading causes of death in Hamilton County (Table 61, Technical Appendix) and contribute to lower life expectancy and premature death (Table 20, Technical Appendix). In addition to the assessment data on mortality and life expectancy, secondary data on behaviors and outcomes underscored the importance of addressing prevention and management of chronic diseases. Hamilton County had higher rates of adults who are current smokers and who currently use chewing tobacco, snuff, or snus some days or every day (Table 128, Technical Appendix). Hamilton County youth (ages 11-17) had higher than state rates of current cigar use, cigarette use, smokeless tobacco use, and electronic vapor product use products (Table 129 Technical Appendix). Almost three-quarters (73.6 percent) of Hamilton County adults are overweight or obese and about a third (33.1 percent) are reported to be sedentary (Table 130, Technical Appendix). The percentage of Hamilton County adults with diabetes who ever had diabetes self-management education is half that of the state rate (32.0 percent compared with 66.3 percent) (Table 149, Technical Appendix).

Primary prevention and routine health care access also impacts chronic disease incidence, prevalence, and severity. Only 71.6 percent of Hamilton County adults reported having a personal doctor and 76.4 percent reported having had a medical checkup in the past year; both rates were lower than state rates of 72.0 percent and 78.8 percent, respectively (Table 151, Technical Appendix). Nutrition is another component of chronic disease prevention and management that poses challenges for Hamilton County. Food insecurity rates for those of all ages at 16.6 percent and for children at 25.9 percent, are higher than state rates at 10.6 percent and 15.7 percent, respectively (Table 41, Technical Appendix)

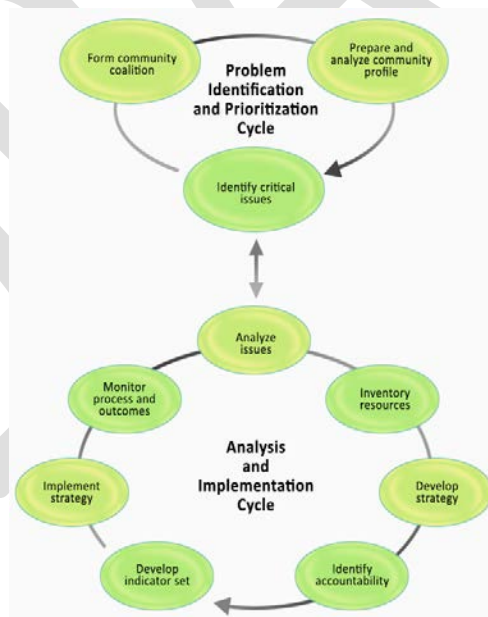
Concerns for the behaviors and conditions that contribute to chronic diseases surfaced throughout the assessment process. Respondents to the Hamilton County community health assessment survey felt cancer, obesity, lack of access to primary or family care, high blood pressure and diabetes topped the list of most important health issues related to chronic disease (Table 11, CHA). Relatedly, consuming unhealthy foods and sugar-sweetened beverages, lack of physical activity, and tobacco use including vaping ranked among the behaviors that have the greatest negative impact on health in Hamilton County (Table 12, CHA). Community input during the forces of change discussions pointed to increasing prevalence of chronic diseases in general and more vaping and use of nicotine-delivery devices as concerning trends along with long-standing issues related to accessing health care services. More than a third (37.5 percent) of the partner agencies and organizations that participated in the community partner assessment reported that tobacco use was an important ongoing focus and another quarter of partners focus on chronic disease in general along with food benefits and screenings (Table 36 CHA).

Overview of Community Health Improvement Planning

COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine’s (IOM) 1997 publication *Improving Health in the Community*, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community’s health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention’s (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement. MAPP 2.0 was released in 2022 reflecting the updated (2020) Ten Essential Public Health Services and innovations in community engagement, data collection and reporting, and community capacity assessment.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997



Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) *Improving Health in the Community*, Washington, DC: National Academy Press. Retrieved: November 3, 2023, <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

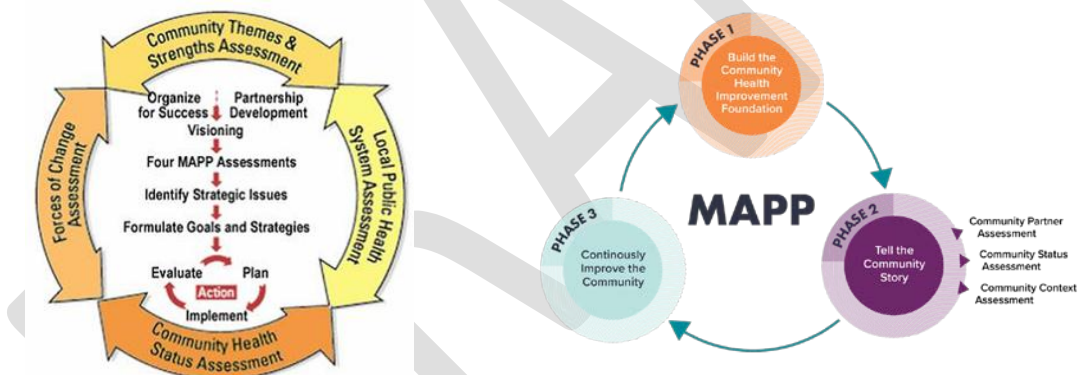
NACCHO and the CDC’s vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the Hamilton County MAPP process were the following core classic MAPP assessments, with the inclusion of the MAPP 2.0 Community Partner Assessment:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Partner Assessment

The findings from these four MAPP assessments informed the recognition of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues were documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

FIGURE 2: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved November 3, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool “to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.” The community health improvement planning process “involves an ongoing, collaborative, community-

wide effort to identify, analyze, and address health problems; assesses applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (October 2022). *PHAB Acronyms and Glossary of Terms*. Retrieved November 3, 2023, [Acronyms-and-Glossary-of-Terms.pdf \(phaboard.org\)](#)

ROLE OF SOCIAL AND ECONOMIC FACTORS IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL, ECONOMIC, AND OTHER FACTORS THAT DETERMINE HEALTH



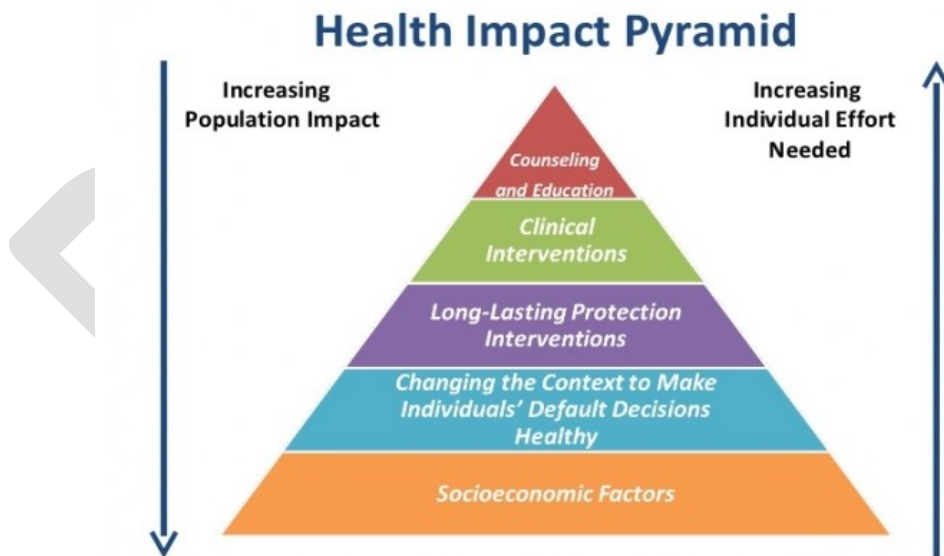
Source: Centers for Disease Control and Prevention. Retrieved November 3, 2023, <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social determinants of health include the “conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health, functioning, and quality of life outcomes and risks”. (About Social Determinants of Health,” World Health Organization, accessed November 3, 2023.

http://www.who.int/social_determinants/sdh_definition/en/). The determinants include factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social networks as well as access to health care. Addressing factors that impact health is important for improving health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape an individual's ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address social and economic factors are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 4: HEALTH IMPACT PYRAMID



Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved November 3, 2023 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

Hamilton County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Hamilton County CHIP is a continuation of the community health assessment (CHA) process using the modified MAPP model. Community health assessment work began in February 2023 and concluded in June 2023. The four phases of MAPP that constituted the community health assessment process are briefly described below. In September 2023 Hamilton County partners began planning for the CHIP process.

MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment and health improvement planning process, the Florida Department of Health in Hamilton County engaged partners to plan a process that built upon existing relationships, used resources wisely, and demonstrated a commitment to making positive, collective impact on health and quality of life in Hamilton County. A listing of the Hamilton County CHA Steering Committee members other partners, and their affiliations can be found in the [Hamilton County Community Health Assessment 2023](#) report.

MAPP PHASE 2: VISIONING, DEFINING HEALTH, AND ASSURING DIVERSE REPRESENTATION

At the February 9, 2023, kick-off meeting of the Hamilton County Community Health Assessment, Steering Committee members participated in a visioning exercise to identify the characteristics of a healthy Hamilton County, envision the community health system in the next three to five years, visualize the needed resources, assets, and attributes to support such a system, and capture the community definition of health. Through a facilitated process, Steering Committee members brainstormed several questions:

- What characteristics, factors, and attributes are needed to create and support a healthy Hamilton County?
- What does having a healthy community mean?
- What are the policies, environments, actions, and behaviors needed to support a healthy community?

A visioning word cloud (see following figure) displays the words used by partners to depict their vision for health in Hamilton County.

TABLE 1: POPULATIONS AND ORGANIZATIONS TO INVITE TO ASSURE DIVERSE REPRESENTATION IN THE COMMUNITY HEALTH ASSESSMENT PROCESS, HAMILTON COUNTY, 2023

Organizations, Partnerships, Groups, or Populations	
County and city commissioners	Chamber of commerce
Law enforcement	Mental health leaders
Department of Juvenile Justice and Department of Corrections	North Florida Pediatrics
Youth representatives, such as 4H	Agricultural community

Source: Hamilton County diversity discussion results, February 9, 2023. Prepared by WellFlorida Council, 2023

MAPP PHASE 3: FOUR MAPP ASSESSMENTS

Each of the four assessments in the MAPP 2.0 process gathered data to form a comprehensive picture of health status, health behaviors, and health resources in Hamilton County. Key findings and highlights from each of the assessments are summarized below.

Forces of Change:

On April 19, 2023 Hamilton County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state, and nation. Through a facilitated discussion they identified trends, factors, and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal, and ethical factors, trends, and events. The most commonly mentioned forces of change identified are listed below.

- Factors
 - Need for mobile services to improve access and accessibility
 - Strains on emergency medical services (EMS) include limited number of first responders and over- and inappropriate use of existing services
 - Transportation challenges generally and extending into barriers to student participation in extracurricular activities
 - Internet access not available or is limited
 - No hospital for in-patient care

- Trends
 - Teen pregnancies on the rise

- Increasing drug misuse, including in the schools
- Pattern in drop of third grade reading levels
- Increase in domestic violence offenses
- Vaping is on the increase
- Rise in chronic disease incidence, prevalence, severity
- Decreasing volunteerism
- Decrease in migrant population as families are replaced by H-2A visa workers
- Events
 - University of Florida (UF) vaccine bus attracts many
 - Hurricanes and flooding events
 - Fire and weather-related risks to timberland and agricultural industry
 - Pandemic impacts continue
 - Natural and man-made disasters continue to strain resources and put people and property at risk

Community Themes and Strengths:

The community themes and strengths assessment collected primary, or new data, from Hamilton County residents on their opinions, perspectives, and concerns about health-related topics. The goal of this data collection activity was to better understand the health and quality of life issues that are important to the community and what barriers and obstacles prevent or impede access to health and social services. An electronic community survey collected input from adult Hamilton County residents. There were 115 completed community surveys included in the analysis. A convenience sampling method was used to collect survey data and results are not generalizable to the general population. More than 40.0 percent of community survey respondents ranked substance/drug misuse as the most important health issue to be addressed, followed by access to cancer, obesity, access to primary care, high blood pressure and mental health problems. Relatedly, drug misuse was ranked as the behavior with the greatest negative impact on health in Hamilton County, with 62.6 percent of responses while lack of personal responsibility (28.7 percent) and eating unhealthy foods and drinking sugar-sweetened beverages (27.8 percent) ranked second and third, respectively. Hamilton County survey respondents reported barriers to dental, primary, and mental health care with 33.9 percent, 20.0 percent, and 9.6 percent of respondents not getting needed care within the past 12 months. Other highlights from the analysis of the community survey are provided below (Tables 9-14, CHA). For detailed results, please refer to [Hamilton County Community Health Assessment 2023](#) report.

Top ranked most important health issues to address in Hamilton County included:

- Substance use/drug misuse (42.6 percent)

- Cancer (28.7 percent)
- Obesity (17.4 percent)
- Access to primary/family care (16.5 percent)
- High blood pressure (14.8 percent)
- Mental health problems (14.8 percent)

Behaviors with the greatest negative impact in Hamilton County included:

- Drug misuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) (62.6 percent)
- Lack of personal responsibility (28.7 percent)
- Eating unhealthy foods/drinking sugar-sweetened beverages (27.8 percent)
- Alcohol misuse (20.0 percent)
- Not using health care services appropriately

Health care services that were rated as the most difficult to obtain in Hamilton County included:

- Emergency room care (67.8 percent)
- Urgent care (58.3 percent)
- Specialty care (49.6 percent)
- In-patient hospital care (47.0 percent)
- Imaging (CT scan, mammograms, MRI, X-Rays, etc.) (47.0 percent)

Barriers to accessing dental, primary and mental health care experienced by survey respondents in the past 12 months most commonly cited were:

- Cost (53.8 percent dental care, 30.4 percent primary care, 54.5 percent mental health care)
- Provider availability (30.8 percent dental care, 43.5 percent primary care, 63.6 percent mental health care)
- Insurance-related issues (33.3 percent dental care, 17.4 percent primary care, 36.7 percent mental health care)
- Appointment availability (33.3 percent dental care, 39.1 percent primary care, 9.1 percent mental health care)

Community Health Status:

A comprehensive review of secondary data for Hamilton County examined demographic and socioeconomic indicators, mortality and morbidity, health care access and utilization, and geographic

and racial and ethnic disparities. The [Hamilton County Community Health Assessment 2023](#) report and [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

Social and Economic Factors of Health

As described earlier, these factors have been shown to have impacts on overall health. In addition, these factors can cause health disparities that are often rooted in social and economic disadvantages. Data show Hamilton County has continuing challenges with related issues as listed below (table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted).

- Poverty [\$39,346 median household income, all races, Hamilton County, \$61,777, Florida (Table 30); \$15,624 per capita income, all races Hamilton County, \$35,216 Florida (Table 32); 34.0 percent Asset Limited, Income Constrained, Employed (ALICE) households Hamilton County, 32.0 percent Florida (Table 29)]
- Limited employment opportunities [6.0 percent unemployment Hamilton County, 4.6 percent Florida (Table 36)]
- Education levels [22.7 percent college degree as the highest level of school completed Hamilton County, 42.8 percent Florida (Table 38)]
- Food insecurity [16.6 percent (all ages) Hamilton County, 10.6 percent Florida; 25.9 percent (children) Hamilton County, 15.7 percent Florida (Table 41)]
- Health care service access [6.8 total physicians/100,000 Hamilton County, 314.0/100,000 Florida; 25.3 dentists/100,000 Hamilton County, 55.7/100,000 Florida (Tables 158, 160)]

Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Hamilton County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. The age-adjusted death rates per 100,000 population for the leading causes of death for all races in Hamilton County for 2021 that were higher than state rates are listed below as well as the infant mortality rate for which Hamilton County exceeded the state rate for 2019-2021 (Tables 64, 69, 122, Technical Appendix)

- Cancer (141.2 deaths per 100,000 Hamilton County, 137.7 deaths per 100,000 Florida)
- Heart Disease (213.0 deaths per 100,000 Hamilton County, 144.1 deaths per 100,000 Florida)

- COVID-19 (171.9 deaths per 100,000 Hamilton County, 108.8 deaths per 100,000 Florida)
- Unintentional Injuries (90.7 deaths per 100,000 Hamilton County, 72.8 deaths per 100,000 Florida)
- Stroke (85.2 deaths per 100,000 Hamilton County, 43.7 deaths per 100,000 Florida)
- Chronic Lower Respiratory Disease (CLRD) (62.7 deaths per 100,000 Hamilton, 30.7 deaths per 100,000 Florida)
- Diabetes (29.1 deaths per 100,000 Hamilton County, 24.2 deaths per 100,000 Florida)
- Infant mortality (10.2 deaths per 1,000 live births Hamilton County, 5.9 deaths/1,000 live births Florida (note: there were five (5) total infant deaths in 2019-2021))

Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to challenges facing Hamilton County residents. The issues listed below require multi-faceted approaches to improve persistent health problems with simultaneous primary prevention strategies to help ensure healthy futures for everyone. The chronic conditions and behaviors that were considered as priority health issues include the following (table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted):

- Mental health problems [19.6 percent adults whose poor physical or mental health kept them from doing usual activities of daily living on 14 or more of the past 30 days Hamilton County, 18.3 percent Florida (Table 107)]
- Tobacco use among adults including e-cigarettes and smokeless tobacco products [20.2 percent adults who are current smokers Hamilton County, 14.8 percent Florida; 8.4 percent adults who currently use chewing tobacco, snuff or snus some days or every day, 2.2 percent Florida (Table 128)]
- Tobacco use including electronic vapor products among youth (ages 11-17 years) [13.5 percent youth who currently use electronic vapor products Hamilton County, 10.6 percent Florida; 3.6 percent youth who currently use cigarettes, cigars, or smokeless tobacco Hamilton County, 2.6 percent Florida; 2.2 percent youth who currently use smokeless tobacco Hamilton County, 1.0 percent Florida (Table 129)]
- Overweight and obesity [73.6 percent adults who are overweight or obese Hamilton County, 64.6 percent Florida; 43.7 percent adults who are obese Hamilton County, 27.0 percent Florida (Table 130)]
- Late entry into prenatal care [57.3 percent of births that received first trimester care, all races, Hamilton County, 69.3 percent Florida (Table 124)]

Geographic, Racial and Ethnic Disparities

Some disparities were found in the course of Hamilton County's community health assessment. These preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include the following: (all table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted):

- Differences in poverty rates were seen for children, adults and between Whites, Blacks and Hispanics by geography, age, and sex. All the following rates are for 2017-2021. More than a quarter (26.4 percent) of Hamilton County individuals overall were in poverty in the past 12 months (13.1 percent for Florida), and 32.9 percent of Hamilton County children (0 to 17 years of age) were in poverty (18.2 percent for Florida) in the past 12 months. In Jennings (zip code 32053) 34.2 percent of individuals overall in were reported to be in poverty along with 45.6 percent of children in that same zip code (Table 22). The rates of Hamilton County residents ages 18-64 years living below 100 percent of poverty (26.5 percent) and between 100 to 199 percent poverty (27.6 percent) were higher than state rates (12.2 and 17.6 percent, respectively, 2017-2021). Hamilton County children had higher than state rates for below 100 percent poverty (32.9 percent compared with 18.2 percent) and for between 100 to 199 percent poverty at 30.6 percent compared with 24.2 percent for the state. Hamilton County senior citizens aged 65 years and older had higher than state rates for below 100 percent poverty (18.8 percent) between 100 to 199 percent poverty (28.1 percent) compared with 10.7 percent and 18.8 percent, respectively, for the state (Table 24). When examined by sex, poverty rates were higher among females in Hamilton County (27.8 percent) as compared with males (24.9 percent) and both rates were higher than state rates (14.1 percent and 12.0 percent, respectively) (Table 25).

Poverty affects people of color disproportionately throughout the state of Florida and in Hamilton County. In 2017-2021, 20.4 percent of White Hamilton County residents lived in poverty compared with 11.1 percent of White Florida residents. About 33.5 percent of Black Hamilton County residents lived in poverty, compared with 20.5 percent in Florida. Hispanics living in Hamilton County were reported to have experienced poverty at higher percentages than all races, Whites, and Blacks for both their Lafayette County and Florida counterparts. Data showed that 38.6 percent of Hamilton County Hispanics lived in poverty compared with 15.9 percent in Florida (Table 26).

- Differences in mortality rates among Hamilton County Whites and Blacks were found. Limited data for Hispanics is available for Hamilton County due to small numbers (Tables 67, 68). For

2019-2021, Hamilton County Blacks had higher age-adjusted mortality rates compared with Whites due to:

- Heart disease at 203.5 deaths per 100,000 population as compared with 163.4 deaths
- COVID-19 at 150.9 deaths per 100,000 population as compared with 73.0 deaths
- Diabetes at 30.1 deaths per 100,000 population as compared with 24.5 deaths
- Influenza and pneumonia at 21.4 deaths per 100,000 population compared with 14.3 deaths

For the same period Hamilton County Whites had higher age-adjusted death rates per 100,000 population than Blacks due to:

- Cancer at 192.3 deaths per 100,000 population as compared with 183.8 deaths
 - Chronic Lower Respiratory Disease (CLRD) at 61.1 deaths compared with 53.7 deaths
 - Stroke at 69.4 deaths per 100,000 population as compared with 49.5 deaths
- Disparities were noted in first trimester care rates among pregnant women in Hamilton County. In 2019-2021, 57.3 percent of all births to Hamilton County mothers of all races received first trimester care compared to 69.3 percent for the state. Also lower than state rates were the first trimester care rates for Hamilton County Whites (55.4 percent) and Hispanics (38.6 percent). Black Hamilton County mothers received first trimester care at a higher rate (60.8 percent) than White and Hispanic Hamilton County mothers (see above) and Black mothers across the state (44.0 percent) (Table 124).

Health Care Resources and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural areas such as Hamilton County face many barriers in accessing health care services. Utilization and health professional shortage data illuminated the depth of access to care issues in Hamilton County. The major issues related to health care resources, access, and utilization fall into the groups listed below. Table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted):

- Inappropriate use of Emergency Departments (ED) for dental problems [11.2 preventable dental emergency department visits per 1,000 population Hamilton County, 6.0 visits Florida (2021); 1.1 preventable dental hospitalizations per 1,000 population Hamilton County, 0.8 hospitalizations Florida (Tables 161, 162)]

- Lack of health care providers and services, specialty care physicians, and dentists [6.8 total physicians per 100,000 Hamilton County, 314.0 total physicians per 100,000 Florida; 20.5 dentists per 100,000 Hamilton County, 55.7 dentists per 100,000 Florida (2020-2021) (Tables 158, 160)]
- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Hamilton County residents at 48.0 percent for Medicare, 23.3 percent Medicaid, 16.2 percent private insurance; rates of hospital discharges covered by Medicare and Medicaid at 44.6 percent and 18.5 percent, respectively, for the state were lower than for Hamilton County (2021) (Tables 165-167)]
- Lack of affordable health insurance with sufficient coverage [an average of 81.8 percent civilian population, all ages insured (2017-2021), Hamilton County; an average of 87.4 percent Florida (Table 155); percent uninsured by age groups, under 65 years of age Hamilton County at 15.8 percent, Florida 15.5 percent; ages 18-64 Hamilton County at 19.2 percent, Florida 18.4 percent (Table 154)]

Community Partner Assessment:

As part of this modified MAPP-based assessment, Hamilton County community partners participated in the new MAPP 2.0 community partner assessment to better understand the interests and capacities of health improvement planning collaborators. Using an electronic survey of community partner organizations and agencies and the discussion of its results, Hamilton County partners inventoried their assets, skills, gaps, and challenges. The results point to capacities and shared interests for improving community health. According to survey results, more than a third (37.5 percent) of partners are addressing tobacco use and substance abuse, and a quarter (25.0 percent) are focused on a host of topics including family and maternal health, injury and violence prevention, health care access, mental and behavioral health, chronic diseases, immunizations and screenings, and food benefit programs (Table 36, CHA). Effective program delivery, obtaining or providing services, and planning and launching community-wide initiatives (62.5 percent each) were the top interests in participating in collaborative community health assessment and health improvement planning (Table 27, CHA). Hamilton County partners indicated they bring resources such as staff support, community engagement and relationships, policy and advocacy skills, social media capabilities, and physical space and technology to support meetings (Table 28, CHA). Other highlights from the analysis of the partner survey are provided below (Tables 22-47, CHA). For a full description of the process and findings, please see the Community Partner Assessment section in the [Hamilton County Community Health Assessment 2023](#).

Priority populations addressed by Hamilton County community partners (Table 34, CHA):

- Families
 - Vulnerable families with infants
 - Low-income families and individuals
- Pregnant people and premature babies
- Homeless persons and families
- Seasonal and migrant farmworkers' children
- Youth aged 11-18 years, students
- Parents and caregivers

Health topics of focus by Hamilton County community partners included (Table 36, CHA):

- Tobacco use and substance misuse prevention (37.5 percent)
- Other topic not listed in the survey (37.5 percent)
- Family and maternal health (25.0 percent)
- Mental or behavioral health (25.0 percent)
- Immunizations and screenings (25.0 percent)
- Injury and violence prevention (25.0 percent)
- Health care access and utilization (25.0 percent)
- Health insurance/Medicaid/Medicare (25.0 percent)
- Chronic diseases (25.0 percent)
- Women, Infants, Children (WIC) program and food benefits (25.0 percent)

Community partner assessment highlights (Tables 22-47, CHA):

- Gaps
 - Limited data sharing
 - Limited focus on social and economic factors that impact health
- Strengths
 - Shared dedication to serving all populations including those who are vulnerable
 - Interest in community health assessment and health improvement planning partnership and process
 - Willingness to share resources and expertise for assessment and planning
 - Common focus on several health topics

MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies, and implementation. These steps are also referred to as MAPP phases four through six. On June 7, 2023, the Hamilton County CHA Steering Committee identified strategic priorities. The process included a data review from the community health status assessment, community themes and strengths findings from the community survey, forces of change issues discussion, and the community partner assessment. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of issue scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility, and resource availability. Table 2 below lists the characteristics of each criterion. First participants reviewed, discussed, identified common themes, and picked their top five strategic priority issues. All attendees then participated in a facilitated consensus discussion and multi-voting to identify the final strategic priorities. On October 3, 2023 the Hamilton County community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP.

TABLE 2: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, HAMILTON COUNTY, 2023

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> • Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity 	<ul style="list-style-type: none"> • Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress 	<ul style="list-style-type: none"> • Community capacity • Political will • Acceptability to the community 	<ul style="list-style-type: none"> • Financial costs • Staffing • Stakeholder support • Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved November 3, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

Strategic Priority Issue Areas Identified

- Chronic Disease
 - Chronic conditions including hypertension, pre-diabetes, diabetes, heart disease
 - Obesity
 - Self-management education

- Nutrition and healthy lifestyle education and outreach
- Substance Misuse and Mental Health
 - All substances including alcohol, tobacco, illicit drugs
 - Youth and adult focus on prevention and treatment
- Access to Health Care
 - Mental and behavioral health care services
 - Telehealth service improvement and expansion
 - Primary care, primary prevention, and wellness
 - Appropriate and expanded use of existing resources including EMS (emergency medical services)

MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies, write measurable objectives, and build action plans for each of the strategic priority areas. At its October 18, 2023 meeting, the Hamilton County community partners began this work. After reviewing the data and key findings from the four MAPP assessments, the group reconfirmed and refined the strategic priority issue statements and began work on writing objectives and action plans. With remote work ongoing, community partners reconvened for three more meetings to refine and finish writing action plans. Subject matter experts contributed evidence-based and promising practices which were considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, and data source. Action plans note milestone activities, identify a lead entity, specify performance measures for the activity, list resources needed, and have a tracking and status indicator.

MAPP PHASE 6: ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Hamilton County CHIP action cycle is not only guided by the goals, strategies and objectives set through the MAPP process, but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Hamilton County CHIP will be monitored and tracked by semi-annual reporting to the Hamilton County partnership. There will also be an annual CHIP review. If appropriate, revisions to the CHIP and/or action plans will be proposed, supporting data reviewed, discussions held, and changes made and documented.

HAMILTON COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT PLANNING TIMELINE

November 2022-January 2023	Organizational meetings, steering committee and partner identification and timeline development
February 9, 2023	Community health assessment kick-off meeting, visioning
February 14 – March 31, 2023	Primary, secondary and qualitative (community survey) data collection and analysis
April 19, 2023	Forces of Change Assessment conducted and presentation of preliminary assessment data and findings
May 19 – 31, 2023	Community Partner Assessment survey and analysis
June 7, 2023	Community partners convened, solicited community input on findings, reached consensus on strategic priority issues
July 2023	Hamilton County Community Health Assessment report is published
September 11, 2023	Hamilton CHIP Core Team organizational discussions, CHIP timeline development, set CHIP meeting roles, resources, expectations
October 3, 2023	Hamilton CHIP Community Partner meeting to write goals, objectives for first draft of action plans
October 18, 2023	Hamilton CHIP Community Partner meeting to continue to write goals, objectives, action plans
November 15, 2023	Hamilton CHIP Core Team and Community Partner combined meeting to continue to write goals, objectives, refine action plans
November 29, 2023	Hamilton CHIP Core Team and Community Partner combined meeting to finish action plans
December 31, 2023	2024-2026 Hamilton County Community Health Improvement Plan published
January 2024	Hamilton County Community Health Improvement Plan launch

Hamilton County CHIP Goals, Strategies, Objectives and Related Resources

There are three strategic priority areas in the 2024-2026 Hamilton County community health improvement plan. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring, and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms as well as background on related evidence-based strategies and programs, listing of any proposed policy changes, and notations of gaps and health disparity concerns. Please see the appendices for the action plan template and the action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

Strategic Priority: Access to Health Care (AHC)
Goal AHC 1: Improve access to primary and dental care
Strategies AHC 1.1: Address access to primary and dental care by increasing services offered and locations of services offered, policy development related to rural mobile bus services
Objective AHC 1.1.1: By December 26, 2026, increase the percent of adults who have a personal doctor by 3.0 percent (Baseline: 71.6 percent, Target: 73.7 percent, Data Source: Florida Behavioral Risk Factor Surveillance System, FLHealthCHARTS)
Objective AHC 1.1.2: By December 26, 2026 increase the number of children served by the DOH Dental Clinic by 10.0 percent (Baseline: 142 children (2022-2023 school year), Target: 156 children, Data Source: Florida Department of Health in Hamilton County)
Objective AHC 1.1.3: By December 31, 2026, develop an implementation plan and policies for a rural mobile bus, (Baseline: Zero (0) rural mobile community paramedicine program implementation plan, Target: One (1) rural mobile community paramedicine program implementation plan, Data Source: Florida Department of Health in Hamilton County)
Resources: Suwannee River Area Health Education Center, Florida Department of Health in Hamilton County, Hamilton County School District, Hamilton County Board of County Commissioners, CHIP partner organizations, see also <u>Hamilton County Community Health Assessment 2023-2026</u> sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)
Strategic Priority: Substance Misuse and Mental Health (SMH)
Goal SMH 1: Reduce misuse of drugs and alcohol and promote community support for good mental health
Strategies SMH 1.1: Substance misuse prevention activities for youth and adults

<p>Objective SMH 1.1.1: By December 31, 2026, reduce the percentage of students who have drunk alcohol in the past 30 days by 5.0 percent (Baseline: 11.2 percent (2022), Target: 10.0 percent, Data Source: Florida Youth Substance Abuse Survey, FLHealthCHARTS)</p>
<p>Objective SMH 1.1.2: By December 31, 2026, reduce the percentage of youth who have ever tried cigarettes, cigars, smokeless, hookah or Electronic Vapor Products (EVP) by 10.0 percent (Baseline: 34.0 percent (2022), Target: 30.6 percent, Data Source: Florida Tobacco Youth Survey, FLHealthCHARTS)</p>
<p>Objective SMH 1.1.3: By July 31, 2025, the substance misuse and mental health workgroup will publish a community report on the conditions and issues related to substance misuse and mental health (Baseline: Zero (0) report, Target: One (1) report, Data Source: Substance Misuse and Mental Health Workgroup)</p>
<p>Objective SMH 1.1.4: By December 31, 2026, reduce the rate per 100,000 population of fatal overdoses by Hamilton County residents by 5.0 percent (Baseline: 36.8 overdoses per 100,000 population (2022), Target: 34.9 overdoses per 100,000 population, Data Source: Florida Department of Law Enforcement, FLHealthCHARTS Substance Use Dashboard)</p>
<p>Objective SMH 1.1.5: By December 31, 2026 Increase the number of human trafficking educational events in Hamilton County (Baseline: Zero (0) events in 2023, Target: One (1) event, Data Source: Florida Department of Health in Hamilton County)</p>
<p>Resources: Hamilton County Anti-Drug Prevention Coalition, Hanley Foundation, Hamilton County School District, Florida Department of Health in Hamilton County, Meridian Behavioral Health, Hamilton CHIP partners, see also <i>Hamilton County Community Health Assessment 2023-2026</i> sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)</p>
<p>Strategic Priority: Chronic Disease (CD)</p>
<p>Goal CD 1: Promote healthy lifestyles and reduce the impact of chronic disease</p>
<p>Strategies CD 1.1: Increase health care and health education services provided in Hamilton County</p>
<p>Objective CD 1.1.1: By December 31, 2026, increase the number of people who have received UF IFAS chronic disease prevention classes by 5.0 percent (Baseline: ____ Target: ____ Data Source: UF IFAS)</p>
<p>Objective CD 1.1.2: By December 31, 2026, decrease the percentage of adults who are current smokers by 1.0 percent (Baseline: 20.2 percent (2019), Target: 19.5 percent, Data Source: FLHealthCHARTS)</p>
<p>Objective CD 1.1.3: By December 31, 2026, 50 residents annually will receive nutritious food from the Hamilton County Food Pantry and Clothes Closet to reduce food insecurity Hamilton County Food Pantry & Clothes Closet (Baseline: TBD, Target: 50 residents annually, Data Source: Hamilton County Food Pantry and Clothes Closet)</p>
<p>Objective CD 1.1.4: By July 1, 2025, increase the number of unduplicated adults who receive services provided by primary care services at the Florida Department of Health in Hamilton County by 5.0 percent (Baseline: 545 adult clients, Target: 572 adult clients, Data Source: Florida</p>

Department of Health in Hamilton County, HMS Client Detail Report for Comprehensive Adult Health Services, unduplicated)

Resources: University of Florida/Institute for Food and Agricultural Sciences (UF/IFAS) Extension, Florida Department of Health in Hamilton County, Protect Your Health curriculum, Suwannee River Health Education Center, Hanley Foundation, Hamilton County School District, Hamilton County Food Pantry and Clothes Closet, Hamilton CHIP community partners, see also *Hamilton County Community Health Assessment 2023-2026* sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)

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Hamilton County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies, and objectives in the Hamilton County CHIP align with state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2023-2026 and Healthy People 2030. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Hamilton County residents.

<p>Hamilton County CHIP Objectives</p>	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
<p>Strategic Priority: Access to Health Care (AHC)</p>	
<p>Objective AHC 1.1.1: By December 26, 2026, increase the percent of adults who have a personal doctor by 3.0 percent</p>	<p>HP 2030: AHS-07, AHS-08 Florida SHIP: Goal SEC 2, Obj SEC2.2</p>
<p>Objective AHC 1.1.2: By December 26, 2026 increase the number of children served by the DOH Dental Clinic by 10.0 percent</p>	<p>HP 2030: OH-01, OH-02, OH-09, OH-10 Florida SHIP: Goal CD7, Obj 7.1, Obj MCH1.4</p>
<p>Objective AHC 1.1.3: By December 31, 2026, develop an implementation plan and policies for a rural mobile bus</p>	<p>HP 2030: ECBP-07 Florida SHIP: Goal SEC 2</p>
<p>Strategic Priority: Substance Misuse and Mental Health (SMH)</p>	
<p>Objective SMH 1.1.1: By December 31, 2026, reduce the percentage of students who have drunk alcohol in the past 30 days by 5.0 percent</p>	<p>HP 2030: SU-04, SU-09 Florida SHIP: Goal MW 3</p>
<p>Objective SMH 1.1.2: By December 31, 2026, reduce the percentage of youth who have ever tried cigarettes, cigars, smokeless, hookah or Electronic Vapor Products (EVP) by 10.0 percent</p>	<p>HP 2030: Tu-04, TU-05, TU-06, TU-07, TU-08, TU-09, TU-10 Florida SHIP: Obj MW3.1, MW3.2</p>
<p>Objective SMH 1.1.3: By July 31, 2025, the substance misuse and mental health workgroup will publish a community report on the conditions and issues related to substance misuse and mental health</p>	<p>HP 2030: MHMD-04, MHMD-05 Florida SHIP: Priority Area 5 Mental Well-being and Substance Abuse Prevention</p>
<p>Objective SMH 1.1.4: By December 31, 2026, reduce the rate per 100,000 population of fatal</p>	<p>HP 2030: SU-01, SU-03, SU-13, SU-14, SU-15, IVP-20, IVP-22, IVP-23, IVP-24 Florida SHIP: Goal MW 3, Obj MW3.4, MW4.2</p>

<p align="center">Hamilton County CHIP Objectives</p>	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
<p>overdoses by Hamilton County residents by 5.0 percent</p>	
<p>Objective SMH 1.1.5: by December 31, 2026 increase the number of human trafficking educational event in Hamilton County</p>	<p>HP 2030: IVP-17, IVP-D04, IVP-10 Florida SHIP: Goal ISV 3, Obj ISV3.2, Obj ISV 3.1</p>
<p>Strategic Priority: Chronic Diseases (CD)</p>	
<p>Objective CD 1.1.1: By December 31, 2026, increase the number of people who have received UF IFAS chronic disease prevention classes by 5.0 percent</p>	<p>HP 2030: NWS-03, PA-01, PA-02, PA-03, PA-04, PA-05 Florida SHIP: Goal CD 2, Obj CD6.2</p>
<p>Objective CD 1.1.2: By December 31, 2026, decrease the percentage of adults who are current smokers by 1.0 percent</p>	<p>HP 2030: TU-01, TU-02, TU-03 Florida SHIP: Goal MW 3, Obj MW3.2</p>
<p>Objective CD 1.1.3: By December 31, 2026, 50 residents annually will receive nutritious food from the Hamilton County Food Pantry and Clothes Closet to reduce food insecurity</p>	<p>HP 2030: NWS-01 Florida SHIP: Obj SEC3.3</p>
<p>Objective CD 1.1.4: By July 1, 2025, increase the number of unduplicated adults who receive services provided by primary care services at the Florida Department of Health in Hamilton County by 5.0 percent</p>	<p>HP 2030: ECBP-07 Florida SHIP: Goal SEC 2, Obj SEC2.2</p>

Appendix

This Appendix includes the following sections:

- Hamilton County Community Health Improvement Plan (CHIP) Partners
- Hamilton County CHIP Implementation Action Plan template
- Hamilton County CHIP Action Plan

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HAMILTON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PARTNERS

Core Team members

- Wendy Bragdon, Florida Department of Health in Hamilton County
- Diana Duque, Florida Department of Health in Hamilton County
- Jeremy Gifford, Florida Department of Health in Hamilton County

Community Partners

- Shanna Adams, CivCom
- Emily Berry, Suwannee River Area Health Education Center
- Nijah Brown, Suwannee River Area Health Education Center
- Amy Crider, Florida Department of Health in Hamilton County
- Tiffany Daniels, Hamilton County Emergency Medical Services
- Jessica Haro-Ponce, Florida Department of Health in Hamilton County
- **Shankyn Jones-Simmons**, Florida Department of Health in Hamilton County
- Beth Kerr, 4H and University of Florida Institute of Food and Agricultural Sciences (UF/IFAS)
- Kody Latham, Hanley Foundation
- Emily Lumpkin, Hamilton County Anti-Drug Prevention Council
- Ruthetta Mitchell, Hamilton County Anti-Drug Prevention Council
- Andrew Remmers, Hamilton County Emergency Medical Services
- Marjorie Rigdon, Florida Department of Health in Hamilton County
- Shane Ross, Florida Department of Health in Hamilton County
- John Smith, Hamilton County Emergency Medical Services
- Connie Speights, Hamilton County Anti-Drug Prevention Council



HAMILTON COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

2024-2026 Hamilton County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority:					
Goal:					
Strategy:					
Objective:					
Background on Strategy:					
<i>Source or Evidence-base:</i>					
<i>Policy Change (yes/no):</i>					
<i>Health disparity and/or social/economic factors to be addressed (if applicable):</i>					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress



HAMILTON COUNTY CHIP ACTION PLAN

2024-2026 Hamilton County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Access to Health Care (AHC)					
Goal AHC 1: Improve access to primary and dental care					
Strategy AHC 1.1: Address access to primary and dental care by increasing services offered and locations of services offered, policy development related to rural mobile bus services					
Objectives:					
AHC 1.1.1: By December 26, 2026, increase the percent of adults who have a personal doctor by 3 percent (Baseline: 71.6 percent (2017 – 2020), Target: 73.7 percent, Data Source: Florida Behavioral Risk Factor Surveillance System, FLHealthCHARTs)					
AHC 1.1.2: By December 26, 2026 increase the number of children served by the DOH Dental Clinic by 10 percent (Baseline: 142 children (2022 – 2023 school year), Target: 156 children, Data Source: Florida Department of Health in Hamilton County Dental Client Detail Report)					
AHC 1.1.3: By December 31, 2026, develop an implementation plan and policies for a rural mobile bus (Baseline: Zero (0) rural mobile community paramedicine program implantation plan, Target: One (1) rural mobile community paramedicine program implantation plan, Data Source: Florida Department of Health in Hamilton County)					
Background on Strategy:					
Source or Evidence-base: Increase the proportion of people with a usual primary care provider — Evidence-Based Resources - Healthy People 2030 health.gov ; Increase the proportion of low-income youth who have a preventive dental visit — Evidence-Based Resources - Healthy People 2030 health.gov ;					
Policy Change (yes/no): Yes, develop and implement policies for rural mobile bus					
Health disparity and/or social/economic determinant to be addressed (if applicable): Yes, children served by DOH Dental Clinic will include low-income families; rural mobile bus will serve rural residents and under-insured and uninsured					
Action Plan:					
Key Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Focus: Obj AHC 1.1.1 (increase percent of adults with a personal doctor)					

Increase awareness of services at FDOH through a campaign	Health Educator, FDOH in Hamilton	Campaign results	Funding for campaigns; ability to measure performance	Begin January 1, 2024, ongoing annually	
Work with Navigators to link residents to insurance to increase access to care	FDOH in Hamilton and SRAHEC	Number of events with SRAHEC navigators on-site	Staff time (DOH and SRAHEC)	Begin January 1, 2024, ongoing annually	
Outreach Events: Educate on the importance of primary care	FDOH in Hamilton	Number of outreach events	Locations for events and marketing for events	Begin January 1, 2024, ongoing annually	
Key Activity Focus: Obj AHC 1.1.2 (Increase the number of children seen by FDOH in Hamilton dental)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Hire 2 Dental hygienists	FDOH in Hamilton	Number of new hygienists hired	Recruitment of new staff, new staff	By January 31, 2024	
Partner with Healthy Start and WIC to reach more children	FDOH in Hamilton	Number of children reached through WIC	Meeting with WIC; protocol for referrals from WIC to FDOH in Hamilton dental	Beginning January 1, 2024 and ongoing	
Increase screening at FDOH in Hamilton and refer to school-based sealant program	FDOH in Hamilton	Number of children screening; number of children referred	More parental consents to treat children; hygienists to complete screenings	Beginning January 1, 2024 and ongoing	

Set up bus at Hamilton DOH	FDOH in Hamilton	Number of events with dental bus	Locations for bus; staff for bus	Beginning January 1, 2024 and ongoing	
Key Activity Focus: Obj AHC 1.1.3 (implementation plan for mobile clinic)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Hire a vendor to build the mobile unit	FDOH in Hamilton	Vendor Contract	Funding from County	July 1, 2024	
Identify locations to host the unit	FDOH in Hamilton	List of Locations willing to host the unit	Community input	December 31, 2024	
Promote the mobile services	FDOH in Hamilton	Marketing materials distributed	Marketing materials	July 1, 2025	
Mobile unit in service	FDOH in Hamilton	Number of Services provided	Staffing and mobile unit	July 1, 2025	
Attend Board of County Commission meetings to provide updates regarding mobile unit	FDOH in Hamilton Health Officer or Senior Public Health Services Manager	Number of Board Meetings Attended, Agenda's as appropriate	Staff time	Beginning January 1, 2024	



2024-2026 Hamilton County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Substance Misuse and Mental Health (SMH)
Goal SMH 1: Reduce misuse of drugs and alcohol and promote community support for good mental health
Strategy SMH 1.1: Increase substance misuse prevention activities in youth and adults
<p>Objectives:</p> <p>SMH 1.1.1: By December 31, 2026, reduce the percentage of students who have drunk alcohol in the past 30 days by 5.0 percent (Baseline: 11.2 percent (2022), Target: 10.0 percent, Data Source: Florida Youth Substance Abuse Survey, FLHealthCHARTS)</p> <p>SMH 1.1.2: December 31, 2026, reduce the percentage of youth who have ever tried cigarettes, cigars, smokeless, Hookah or Electronic Vapor Products By (EVP) by 10.0 percent (Baseline: 34.0 percent (2022), Target: 30.6 percent, Data Source: Florida Tobacco Youth Survey, FLHealthCHARTS)</p> <p>SMH 1.1.3: By July 31, 2025, the substance misuse and mental health workgroup will publish a community report on the conditions and issues related to substance misuse and mental health (Baseline: Zero (0) report, Target: One (1) report published. Data Source: Substance Misuse and Mental Health Workgroup)</p> <p>SMH 1.1.4: By December 31, 2026, reduce the rate per 100,000 population of fatal overdoses for Hamilton County by 5.0 percent (Baseline: 36.8 fatal overdoses per 100,000 population (2022), Target: 34.9 fatal overdoses per 100,000 population, Data Source: Florida Department of Law Enforcement, FLHealthCHARTS, Substance Use Dashboard)</p> <p>SMH 1.1.5: By December 31, 2026 Increase the number of human trafficking educational events in Hamilton County (Baseline: Zero (0) events in 2023, Target: One (1) event, Data Source: Florida Department of Health in Hamilton County)</p>
<p>Background on Strategy:</p> <p>Source or Evidence-base: Reduce the proportion of adolescents who drank alcohol in the past month — Evidence-Based Resources - Healthy People 2030 health.gov; Reduce current tobacco use in adolescents — Evidence-Based Resources - Healthy People 2030 health.gov; Reduce drug overdose deaths — Evidence-Based Resources - Healthy People 2030 health.gov</p> <p>Policy Change (yes/no): Yes, human trafficking education policy at the Florida Department of Health in Hamilton County</p> <p>Health disparity and/or social/economic determinant to be addressed (if applicable): Yes, persons with substance misuse disorders often experience social and economic determinants. Tobacco use is higher in lower-income populations</p>
Action Plan:

Key Activity Focus: Obj SMH 1.1.1 and SMH 1.1.2 (reduce youth alcohol use, reduce youth tobacco use)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Complete environmental scans with SWAT	Emily Lumpkin, Hamilton County Anti-Drug Prevention Coalition (HCADPC)	Environmental Scan Report	Students and staff time	June 30, 2024	
Provide in-school education	Kody Latham, Hanley Foundation	Number of students trained; pre and post- test knowledge gained report	Access to schools, student participants, staff time	Ongoing beginning January 1, 2024	
Key Activity Focus: Obj SMH 1.1.3 (Develop report on substance use and mental health)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Recruit workgroup members	FDOH in Hamilton	List of possible workgroup members	Staff time	January 1, 2024	
Host first workgroup meeting	FDOH in Hamilton	Agenda and Meeting Summary	Location, workgroup members to participate	March 1, 2024	
Review data (if data not prepared, hire consultant/vendor to provide data)	FDOH in Hamilton and Workgroup	SMH Report	Data and report	August 1, 2024	
Share data	Workgroup	Presentation or handouts	Report and Summary (staff time or vendor time)	December 31, 2024	

Develop a plan to address the needs	Workgroup	Implementation Plan	Workgroup members' time; funding to address needs	July 1, 2025	
Implement plan to address the needs	Workgroup	Results of Implementation (TBD)	Workgroup members' time; funding	January 1, 2026	
Key Activity Focus: Obj AHC 1.1.4 (reduce fatal overdoses)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Offer Narcan training to Hamilton residents 4 times per year	FDOH in Hamilton, Meridian, Alcohol and Other Drugs Prevention Coalition	Number of trainings facilitated; Number of people trained	Residents to take the training; training locations; training facilitators	Annually, beginning January 1, 2024	
Distribute Narcan at food pantry	FDOH in Hamilton	Number distributed	Narcan resources at the pantry; staff to host the pantry; promotion of the pantry and Narcan	Annually, beginning January 1, 2025	
Identify community partners/businesses to receive Narcan training	FDOH Hamilton and Meridian	Number of partners	List of potential partners; staff time to recruit and train partners	Annually, beginning July 1, 2024	



Key Activity Focus: Obj AHC 1.1.5 (human trafficking training)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Develop human trafficking education policy for internal DOH staff (75% of all nursing staff will receive human trafficking training)	Jeremy Gifford, FDOH in Hamilton	Policy	Human Trafficking Training	July 1, 2024	
Ensure 70% of all client-facing FDOH staff complete FDLE domestic violence training	Jeremy Gifford, FDOH in Hamilton	Percent of trained staff (certificates of completion)	Access to FDLE training and dedicated staff time to complete training	December 31, 2024 and ongoing	
Identify community partners with expertise in human trafficking education	Jeremy Gifford, FDOH in Hamilton and Emily Lumpkin Hamilton County Anti-Drug Prevention Coalition	MOA with community partner	Human trafficking education experts	January 31, 2025	
Provide human trafficking community education one time annually	TBD identified partner	Event and number of people trained	Location, trainer, attendees	December 31, 2025	

2024-2026 Hamilton County

Strategic Priority: Chronic Disease (CD)
Goal CD 1: Promote Healthy Lifestyles and reduce the impact of chronic disease
Strategy CD 1.1: Increase health care and health education services provided in Hamilton County
Objectives:



CD 1.1.1: By December 31, 2026, increase the number of people who have received UF IFAS chronic disease prevention classes by 5.0 percent (Baseline: ____ Target: ____ Data Source: UF IFAS)

CD 1.1.2: By December 31, 2026, decrease the percentage of adults who are current smokers by 1.0 percent (Baseline: 20.2 percent (2019), Target: 19.5 percent, Data Source: Florida Youth Tobacco Survey, FLHealthCHARTS)

Obj CD 1.1.3: By December 31, 2026, 50 residents annually will receive food to reduce food insecurity at Hamilton County Food Pantry & Clothes Closet (Baseline: TBD, Target: 50 residents annually, Data Source: Hamilton County Food Pantry and Clothes Closet)

Obj CD 1.1.4: By July 1, 2025, increase the number of unduplicated adults who receive primary care services at the Florida Department of Health in Hamilton County by 5.0 percent (Baseline: 545 clients, Target: 572 clients, Data Source: Florida Department of Health in Hamilton HMS Client Detail Report for Comprehensive Adult Health Services, unduplicated)

Background on Strategy:

Source or Evidence-base: [Increase control of high blood pressure in adults — Evidence-Based Resources - Healthy People 2030 | health.gov](#); [Reduce current cigarette smoking in adults — Evidence-Based Resources - Healthy People 2030 | health.gov](#); [Reduce household food insecurity and hunger — Evidence-Based Resources - Healthy People 2030 | health.gov](#); [Increase the proportion of people with a usual primary care provider — Evidence-Based Resources - Healthy People 2030 | health.gov](#)

Policy Change (yes/no): No

Health disparity and/or social/economic determinant to be addressed (if applicable): Yes, focused on adults with hypertension, adult smokers, and low-income families with limited access to nutritious foods and limited access to healthcare.

Action Plan:

Key Activity Focus: CD 1.1.1 (IFAS Chronic Disease Program)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Determine baseline number of Hamilton County adults who received chronic disease prevention education from IFAS in calendar year 2023	Beth Kerr/IFAS Extension	Number of adults who received chronic disease education in calendar year 2023	2023 data	By January 31, 2024	
Identify locations to hold classes	Beth Kerr/IFAS Extension	List of partners/locations for	Community support via partnerships with faith communities	Annually beginning	

		educational presentations	and organizations for groups and locations	January 1, 2024	
Deliver educational programs on hypertension: Lowering your blood pressure	Beth Kerr/IFAS Extension	Number of classes delivered	BP cuffs – DOH	Annually beginning January 1, 2024	
Deliver educational programs: Lowering your cholesterol	Beth Kerr/IFAS Extension	Number of classes delivered	Supplies would include some of these: My Plate materials, educational grocery bags, snack bags	Annually beginning January 1, 2024	
Deliver educational programs: prediabetes and diabetes management	Beth Kerr/IFAS Extension	Number of classes delivered	Educational handouts and blood pressure cuffs	Dec. 31, 2026	
Deliver 3 educational classes: Protect Your Health	Beth Kerr/IFAS Extension	Number of classes delivered	Supplies would include some of these: handouts, exercise bands	Dec. 31, 2026	
Establish 2 Health Hubs at communities of faith that will include educational materials, scale, BP cuff, and tracking cards	Beth Kerr/IFAS Extension	Number of health hubs established	Supplies would include some of these: scales, BP cuffs, clipboards, handouts, tracking materials	June 30, 2024	

Key Activity Focus: CD 1.1.2 (decrease the percentage of adults who are current smokers)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Increase promotion of tobacco cessation and increase referrals to SRAHEC	SRAHEC, FDOH in Hamilton (referrals)	Number of referrals	Staff time and referrals using referral system	Ongoing January 1, 2024	
Offer education in schools to prevent smoking in youth and young adults	Kody Latham, Hanley Foundation	Change in knowledge (pre and post-tests)	Staff time, access to schools, student participants	Ongoing January 1, 2024	
Key Activity Focus: CD 1.1.3 (services provided at Food Pantry)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Promote services provided at food pantry	Pam Allen, Hamilton County EMS	Flyer/Promotional Materials	Printing	Begin January 1, 2024	
Maintain data regarding utilization of food pantry	Pam Allen, Hamilton County EMS	Data File, Number of people served	Staff to collect data; data collection tool/file	Begin January 1, 2024	
Key Activity Focus: CD 1.1.4 (increase adult primary care at DOH)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress

Promote primary care services offered at DOH	FDOH in Hamilton	Marketing efforts	Advertising funds and materials	March 31, 2024	
Refer patients to primary care services when seen at physical health mobile unit and dental unit	FDOH in Hamilton	Number of referred patients	Mobile Unit active and running	July 1, 2024	
Increase total number of clinic hours offered	FDOH in Hamilton	Number of clinic hours	Staff	December 31, 2025	