

COMMUNITY HEALTH IMPROVEMENT PLAN 2023-2027



Kimberly Allbritton, MBA, Administrator DOH-Jefferson and Madison

Submission Date: July 27, 2023

Acknowledgements

Department of Health in Jefferson County

Kimberly Allbritton, MBA, Administrator
Pam Beck, Senior Public Health Services Manager
Chelsey McCoy, MBA, Community Health Assessment Liaison

Author

Pam Beck, Senior Public Health Services Manager

Participating Agencies

Big Bend Area Health Education Center, Florida Department of Health Region 2B HIV/AIDS Program, Florida Department of Health Minority Health Program, Apalachee Center, Inc., Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc., UF Jefferson IFAS Extension Office, DISC Village, American Cancer Society, Jefferson County School District, North Florida College, ECB Publishing, Advantage Aging Solutions, TMH Memory Disorder Clinic, Jefferson County Fire Rescue, DSR Public Health Foundation

Participating agencies are representative of public and private health providers, child welfare, education, local government, local law enforcement, faith-based, social service, and mental health agencies that serve Jefferson County

TABLE OF CONTENTS

Community Health Improvement Process	1-4
MAPP Process	1
Priority Health Issues Identified by Stakeholders	1-3
Identification of Community Assets and Resources	3
Setting Health Priorities	4
Priority Area Goals, Strategies, Objectives and Action Steps	4-11
Chronic Disease	4-5
Maternal and Child Health	5-9
Social and Behavioral Health	9-11
Tracking Progress	11
Alignment with State Health Improvement Plan and Healthy People 2030	12-15
Appendices	
Meeting Package with Data	
Committee Meeting Agendas and Sign-in Sheets	
CHIP Partner List for Jefferson	

COMMUNITY HEALTH IMPROVEMENT PROCESS

The Department of Health in Jefferson County (DOH-Jefferson) utilized the Mobilizing for Action Through Planning and Partnership Process (MAPP) to develop the Community Health Assessment (CHA) and provide partners the information needed to choose health priority areas to address through the Community Health Improvement Plan (CHIP).

A Community Health Summit was held on February 2, 2023, in Monticello, Florida. Participants were given a meeting package that included 238 information slides on population demographics, socioeconomic barriers to health, chronic diseases, injury and violence, maternal and child health, reportable diseases, and social and behavioral health. A Community Themes and Strengths assessment to ascertain health priorities from residents was performed in 2022. Data slides from this assessment were also distributed to participants. A copy of meeting package with the slides is available in the Appendix.

The MAPP Forces of Change and Local Public Health Assessments were performed during the Community Health Summit. All of these data points were considered by participants during the breakout sessions. Participants broke out into groups by priority area to identify the issue(s) under the priority area, the barriers, the socioeconomic barriers, the definition of a successful outcome, next steps and the agencies involved.

After the break-out groups presented their findings, participants voted on the three priority areas to address in the next three to five years. The areas chosen to address were Chronic Disease, Maternal and Child Health, and Social and Mental Health. Listed below is the information from the break-out groups for all of the priority areas.

PRIORITY HEALTH ISSUES IDENTIFIED BY STAKEHOLDERS

Reportable Infectious Diseases

,		
Issue	STDs in Adolescents	
Barriers	School boards, funding opportunities, religion	
Success	Reduced rate of STDs, Reduced number of teen pregnancies, Policy changes for sex education, Higher levels of sex education in schools, Access to preventive measures	
Socioeconomic Barriers	Education, Social and Community Context	
Next Steps	Educate school board and community, provide access to condoms and birth control, access to sex education	
Agencies Involved	DOH-Jefferson and Madison Sexual Risk Avoidance Education Program, School board, Possible funders	

Chronic Diseases

Issue	Diabetes, Obesity, Lung Cancer and Heart Disease
Barriers	Lack of providers, specialty care providers, limitations of insurance plans
Success	Decrease in rates, increase in available services and increase in health literacy
Socioeconomic Barriers	Transportation, Access to Care, Affordable Health Insurance, Provider Staff Turnover
Next Steps	Refer to CHIP committee for objectives and action plan, connect with faith-based leaders, utilize trusted businesses.
Agencies Involved	DOH-Jefferson, Local hospitals, Big Bend AHEC, Jefferson County School District, Extension Office, Local physicians

Maternal and Child Health

Issue	Access to newborn and child health care
Barriers	No full-time provider
Success	Access to local pediatrician five days per week
Socioeconomic Barriers	Access to health care, education, racial discrimination
Next Steps	Refer to CHIP Committee for objectives and action plan
Agencies Involved	DOH-Jefferson, Healthy Start Coalition of JMT, Private clinicians, Medical schools

Injury and Violence

Issue	Gun violence, domestic violence
Barriers	No background checks, no adequate training, lack of funding, no leadership
Success	Fewer school shootings, more security, more trainings, fewer social platforms, more gun laws
Socioeconomic Barriers	Access to mental health services
Next Steps	Impact children through schools
Agencies Involved	Law enforcement, School district, Department of Children and Families, Hospitals, Mental health agencies, EMS

Social and Behavioral Health

Issue	Service Provision in the School
Barriers	Access, lack of providers, stigma
Success	Increase in service provision, decrease in suicide and negative events, decrease in stigma, more trust
Socioeconomic Barriers	Transportation, access to services, health literacy
Next Steps	Education starting in elementary school, refer to CHIP committee for objectives and action plan
Agencies Involved	Apalachee Center, Inc., DISC Village, Private clinicians, Big Bend AHEC, Jefferson K-12 School, private schools

IDENTIFCATION OF COMMUNITY ASSETS AND RESOURCES

A more complete identification of community assets and resources will take place within each priority area subcommittee to avoid duplication of services and identify gaps in services. The DOH-Jefferson Minority Health Program will coordinate with 2-1-1 Big Bend to ensure that community resources are current and accurate. Below is an asset list that was generated during the Forces of Change Assessment

City/County Institutions	Associations/Organizations
Florida Department of Health - Jefferson County	Tallahassee Memorial Hospital
Jefferson Emergency Operations Center	Apalachee Center
Jefferson County Sheriff's Office	Healthy Start Coalition of Jefferson, Madison, Taylor Counties, Inc.
Jefferson Correctional Institution	Faith-based Community
Big Bend Transit	Kids Incorporated of the Big Bend
Jefferson Senior Citizens Center	Department of Children and Families
City and County Government	University of Florida County Extension Office
Jefferson County School District	Florida State University
Early Learning Coalition	Florida A&M University
Jefferson EMS	DISC Village
Legislative Delegation	Big Bend CARES
Shared Services Council	HCA Hospital
	TMH Physicians Partners

SETTING HEALTH PRIORITIES

Three CHIP subcommittees were formed to address Chronic Disease, Maternal and Child Health and Social and Behavioral Health. Each of the three subcommittees chose a chairperson from among community partners. DOH-Jefferson staff serve as support to the three chairpersons. The three CHIP subcommittees began meeting in March 2023 to develop goals, strategies, objectives, and action steps for each priority area. These were drafted during March through June 2023, and approved during June and July 2023. Initial meeting agendas and sign-in sheets are attached to this plan.

The Chronic Disease CHIP Subcommittee decided that it was important to generate an inventory of services provided for chronic diseases to prevent service duplication and identify gaps in services. After the inventory is completed, the next step would be to develop an interagency referral plan. At that point, the subcommittee can choose priority chronic diseases to address in an integrated manner.

Transportation and access to care barriers were resounding themes among all the subcommittee meetings, along with the need to have a comprehensive resource list. The DOH-Jefferson Minority Health Liaison and Minority Health staff will address these issues through an updated Minority Health Plan. Progress will be reported at quarterly meetings of each subcommittee.

All long-term goals, strategies, objectives and action steps are listed below by priority area.

CHRONIC DISEASE LONG-TERM GOAL 1

Reduce the incidence of chronic diseases by providing outreach, screening, and education services, as well as referrals to medical care.

STRATEGY 1

Prevent service duplication and identify service gaps in Jefferson and Madison Counties.

OBJECTIVE 1.1 AND ACTION STEPS

- Work with community partners to develop an inventory of chronic disease services provided in the area by March 31, 2024.
 - Develop a template that addresses outreach, screening, prevention education, selfmanagement education, tobacco cessation and medical care for chronic diseases.
 - Identify service gaps and barriers to accessing services.
 - Work with 211 Big Bend to ensure that resource listing is correct.
- Method of measurement Completed document is shared with partners and the community.
- Lead agency(ies) responsible for this objective DOH-Jefferson and Madison

OBJECTIVE 1.2 AND ACTION STEPS

- Work with community partners to develop an interagency referral plan for chronic disease services provided in the area by June 30, 2024.
 - o Develop a referral form template that can be used by all partners.
 - o Include screening, prevention education, self-management education, tobacco cessation and medical care.
- Method of measurement Completed document is shared with partners and the community.
- Lead agency(ies) responsible for this objective DOH-Jefferson and Madison

MATERNAL AND CHILD HEALTH LONG-TERM GOAL

Decrease infant morbidity and mortality using maternal and child health data indicators and recommendations from Fetal & Infant Mortality Review (FIMR).

STRATEGY 1

Increase referrals to Healthy Start and wrap-around services by educating prenatal providers about resources available to Jefferson, Madison, and Taylor County patients.

OBJECTIVE 1.1 AND ACTION STEPS

- Increase prenatal referrals to Healthy Start by 10% from April 2023 baselines of 36 in Jefferson, 51 in Madison, and 16 in Taylor by January 31, 2025.
 - o Collaborate with Leon County Healthy Start Coalition to host lunch and learn sessions with prenatal providers.
 - Plan schedule around the practices that see the majority of Jefferson, Madison, and Taylor patients, including TMH Family Residency.
 - o Provide an overview of FIMR recommendations.
 - o Discuss CONNECT.
 - o Discuss the Healthy Start screening process and other methods of referrals.
 - o Provide safe sleep materials and discuss safe sleep.
 - Provide referral information for mental health care and nutrition counseling.
 - o Provide referral information for breastfeeding support.
 - Provide tobacco cessation referral materials and discuss the program.
- Method of measurement annual count of Healthy Start clients in Well Family, sign-in sheets from lunch and learn sessions.
- Lead agency responsible for this objective Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

OBJECTIVE 1.2 AND ACTION STEPS

• Incorporate education videos into OB practice waiting room video loops or alternative for at least five (5) OB providers by January 31, 2025.

- Work with providers to determine the best option for patients to see instructional videos.
- o Prioritize subject matter if there are limits to the number of videos we can submit.
- Develop videos as needed.
- o Submit videos to providers in the requested format.
- o Upload videos to county health department loops.
- Check to make sure providers have the necessary equipment to play the videos.
- Check on the video availability- what is already available to us that we do not have to develop.
- Method of measurement listing of videos to be distributed, agreement letters with private practices.
- Lead agency responsible for this objective Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

STRATEGY 2

Reduce the number of Sudden Unexpected Infant Deaths and Suffocation/Strangulation deaths by educating new parents, extended family members and the community about safe sleep and the dangers of co-sleeping.

OBJECTIVE 2.1 AND ACTION STEPS

- Decrease the number of sudden unexpected infant deaths and unintentional suffocation in bed deaths by 25% by June 30, 2025.
 (Baseline 2017-2021 SUID Deaths = 1+3+0, Unintentional suffocation/strangulation in bed = 0+2+0)
 - Assess any safe sleep initiatives performed in the community and identify gaps.
 - Create a safe sleep marketing campaign or identify an existing campaign and implement by January 31, 2025.
 - o Print media includes brochures, posters, newspaper articles, grocery cart inserts.
 - o Social media includes formatted graphics designed for social media posts.
 - Audio/visual media includes short video, radio advertisements.
 - o Develop marketing campaign implementation strategy and timeline.
 - Child Abuse and Death Review Committee (CADR)
 - o Utilize Buy Back Program
- Method of measurement Florida CHARTS
- Lead agency responsible for this objective Healthy Start Coalition of Jefferson, Madison, and Taylor, Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs, and Home Visiting Advisory Council

OBJECTIVE 2.2 AND ACTION STEPS

- Annually, 100% of Healthy Start and OB clients with inadequate infant sleeping arrangements receive counseling about the dangers of co-sleeping and receive assistance to create an adequate infant sleeping arrangement.
 - Healthy Start staff educate each client about safe sleep prior to delivery.
 - Healthy Start staff perform at least * home visit(s) after delivery for each client that includes an assessment of infant sleeping arrangements.
 - o Healthy Start staff will counsel all clients who do not have adequate sleeping arrangements about the dangers of co-sleeping.
 - Healthy Start staff will provide assistance to the client that results in an adequate infant sleeping space.
- Method of measurement Well Family, Healthy Start Program Spreadsheet
- Lead agency responsible for this objective- Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

STRATEGY 3

Improve birth outcomes by providing mental health counseling, nutrition counseling and tobacco cessation counseling to pregnant women.

OBJECTIVE 3.1 AND ACTION STEPS

- Increase the number of pregnant women attending prenatal classes in Jefferson, Madison, and Taylor from April 2023 baseline of seven (7) to fifteen (15) by June 30, 2024.
 - o Host two prenatal class series that are held after business hours.
 - o Advertise classes in the community and with private OB providers.
 - o Provide incentives for attendees.
 - o Have one session dedicated to mental health and have the counselor present.
 - Have one session dedicated to nutrition and have the nutritionist present.
 - o Document referrals and utilize funding streams for women who cannot afford to pay.
- Method of measurement sign-in sheets with total attendees
- Lead agency responsible for this objective Florida Department of Health Jefferson and Madison

OBJECTIVE 3.2 AND ACTION STEPS

- Annually, 100% of county health department OB clients receive a depression assessment and referral to counseling if score indicates the need.
 - Healthy Start clients are referred using Healthy Start funding.
 - OB clients not enrolled in Healthy Start are referred using Healthy Babies funding.
 - o Determine if telehealth is an option.
- Method of measurement Well family and HMS
- Lead agency responsible for this objective- Florida Department of Health Jefferson and Madison

OBJECTIVE 3.3 AND ACTION STEPS

- Annually, 100% of county health department OB clients with a BMI of 30+ are referred to nutrition counseling.
 - Healthy Start clients are referred using Healthy Start funding.
 - OB clients not enrolled in Healthy Start are referred using Healthy Babies funding.
 - o Determine if telehealth is an option.
- Method of measurement Well family and HMS
- Lead agency responsible for this objective Florida Department of Health Jefferson and Madison

OBJECTIVE 3.4 AND ACTION STEPS

- Annually, 100% of county health department OB clients who use tobacco products or have a household member who uses tobacco products are referred to tobacco cessation counseling.
 - Document referral to Big Bend AHEC
- Method of measurement HMS
- Lead agency responsible for this objective Florida Department of Health Jefferson and Madison

STRATEGY 4

Improve birth outcomes by increasing the percent of pregnant women who waited at least 18 months between pregnancies.

OBJECTIVE 4.1 AND ACTION STEPS

- Decrease the percent of pregnant women with an interpregnancy interval < 18 months by 10% using 2021 baselines of 33.3% for Jefferson County, 40.2% for Madison County and 46.5% for Taylor County by June 30, 2025.
 - Door to door campaigns twice annually
 - O Develop post-partum bag for women with promotional items and education information. Distribute to private OB practices and direct distribution at CHDs.
 - Marketing campaign
- Method of measurement Florida CHARTS
- Lead agency responsible for this objective Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

OBJECTIVE 4.2 AND ACTION STEPS

- Annually, 100% of county health department OB clients receive family planning information and education during post-partum visit.
 - o Choice of birth control is documented.

- Client is educated about the health benefits of baby spacing.
- Method of measurement Well family and HMS
- Lead agency responsible for this objective - Healthy Start Coalition of Jefferson, Madison, and Taylor and Florida Department of Health Jefferson, Madison, and Taylor Healthy Start Programs

SOCIAL AND BEHAVIORAL HEALTH LONG-TERM GOAL 1

Reduce undiagnosed mental, behavioral and emotional health disorders, and substance use disorders in adults and children in Jefferson and Madison Counties.

STRATEGY 1A

Partner with Jefferson Community Partnership Schools, Jefferson County School District, Madison County School District, Department of Children and Families, public health departments, private clinicians and local behavioral health providers to address identified behavioral health and substance use disorder needs of children, and to address wrap-around services for the family unit.

OBJECTIVE 1.1 AND ACTION STEPS

- 100% of school district students identified with mental, behavioral or emotional health issues, as well as substance use disorders, are referred to direct care and wrap-around services during the 2023-2024 school year.
 - o Host meetings with each school district individually to assess unmet needs and develop an action plan prior to the start of the school year.
 - Incorporate the use of Community Action Teams (CAT)
 - o Promote student services through school and community social media, public service announcements and school parent meetings.
 - o Utilize the developed resource list to provide referrals.
- Method of measurement quarterly aggregate data reports (tracking and reporting)
- Lead agency(ies) responsible for this objective school districts, local providers

OBJECTIVE 1.2 AND ACTION STEPS

- Establish a telehealth option for school district students and their parents/guardians to address mental, behavioral and emotional health, and substance use disorders during the 2023-2024 school year.
 - Develop a student telehealth plan with each school district individually that ensures parent/guardian consent and patient confidentiality.
 - o The telehealth plan will incorporate parent/guardian telehealth appointments either at the school, at home or at a local telehealth kiosk (i.e., health department) to address family unit issues and access wrap-around services.
 - Obtain school district approval of the telehealth plan.
- Method of measurement quarterly aggregate data reports summarizing the number of student and parent/guardian telehealth appointments. (tracking and reporting)

 Lead agency(ies) responsible for this objective – school districts, local behavioral health providers

STRATEGY 1B

Partner with law enforcement victim's advocates, local veteran's affairs offices, elder care services, private clinicians, local mental health and substance use disorder providers to address identified behavioral health and substance use disorder needs of adults, and to address wraparound services for the family unit.

OBJECTIVE 1.3 AND ACTION STEPS

- Establish three sites within the county that can host a kiosk in a Health Insurance Portability and Accountability Act (HIPAA) compliant room so that individuals can obtain therapy services or complete intake assessments to access treatment by December 31, 2027.
 - o Investigate venues that could host kiosks including health departments, libraries, faith-based organizations, Probation office or courthouse, etc.
 - Verify the number of providers that can utilize a kiosk.
 - o Create scheduling protocols for agencies using the telehealth equipment.
- Method of measurement quarterly reports in numbers of clients served per kiosk (tracking and reporting)
- Lead agency(ies) responsible for this objective local providers, DOH-Jefferson

OBJECTIVE 1.4 AND ACTION STEPS

- Expand access for adult in-person services by establishing three locations in each county by December 31, 2027.
 - o Query behavioral health and substance use disorder providers to get recommendations for locations.
 - Partner with faith-based facilities to establish a location for in-person services.
- Method of measurement Listing of locations in social marketing campaigns.
- Lead agency(ies) responsible for this objective local providers, partner churches, DOH-Jefferson

SOCIAL AND BEHAVIORAL HEALTH LONG-TERM GOAL 2

Increase public awareness of the issues pertaining to mental health and substance use disorders and how to access resources in these areas.

STRATEGY 2

Create a marketing campaign that includes public service announcements, resource fairs and education presentations to highlight mental health and substance use disorder awareness and resources.

OBJECTIVE 2.1 AND ACTION STEPS

- Create up to 3 public service announcements (PSAs) through print media, social networking platforms, radio, and billboards on the topics of mental health and/or substance use disorders by December 31, 2027.
 - Develop a list of each group member's social media accounts to coordinate a social media campaign.
 - Work with an individual or agency to develop a marketing campaign or utilize an existing campaign.
 - Develop a presentation template for agencies to use to promote utilization of local resources.
- Method of measurement verification of PSA materials presented at quarterly meetings.
- Lead individuals or agency(ies) responsible for this objective CHIP members (specifically identified)

OBJECTIVE 2.2 AND ACTION STEPS

- Include mental health and substance use disorder resources as a component to an overall regional resource list by December 31, 2027.
 - o Work with 2-1-1 Big Bend and other sites that maintain resource lists.
 - Survey CHIP members about resource needs that are commonly requested and/or not known to be available.
 - o Resource listings available in print and/or online formats
 - Engagement with listed resource agencies to participate in the monthly Minority Health resource fairs.
- Method of measurement tracking the number of resource events and the vendors that participate.
- Lead agency(ies) responsible for this objective local providers, DOH-Jefferson Minority Health Liaison.

TRACKING PROGRESS

DOH-Jefferson will generate an action plan template to track all priority area objectives with input from partners. The action items will be reviewed and updated by each subcommittee during the quarter. DOH-Jefferson will provide quarterly updates through the Performance Improvement and Measurement System (PIMS). DOH-Jefferson will generate an annual progress report that incorporates any changes or additions to objectives in the CHIP. Annual progress reports will be posted on the DOH-Jefferson website and on partner websites.

ALIGNMENT WITH STATE HEALTH IMPROVEMENT PLAN AND HEALTHY PEOPLE 2020

The alignment is listed below by priority health area.

CHRONIC DISEASE

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Work with community partners to develop an inventory of chronic disease services provided in the area by March 31, 2024.	Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke and other related illnesses.	Increase the number of community organizations that provide prevention services — ECBP-D07
Work with community partners to develop an interagency referral plan for chronic disease services provided in the area by June 30, 2024.	Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke and other related illnesses.	Increase the number of community organizations that provide prevention services — ECBP-D07

MATERNAL AND CHILD HEALTH

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Increase prenatal referrals to Healthy Start by 10% from April 2023 baselines of 36 in Jefferson, 51 in Madison, and 16 in Taylor by January 31, 2025.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 Increase the health literacy of the population — HC/HIT-R01
Incorporate education videos into OB practice waiting room video loops or alternative for at least five (5) OB providers by January 31, 2025.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 Increase the health literacy of the population — HC/HIT-R01
Decrease the number of sudden unexpected infant deaths and unintentional suffocation in bed deaths by 25% by June 30, 2025.	Maternal and Child Health - Reduce infant morbidity and mortality.	Increase the proportion of infants who are put to sleep in a safe sleep environment — MICH-D03 Increase the proportion of infants who are put to sleep on their backs — MICH-14

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Annually, 100% of Healthy Start and OB clients with inadequate infant sleeping arrangements receive counseling about the dangers of co-sleeping and receive assistance to create an adequate infant sleeping arrangement.	Maternal and Child Health - Reduce infant morbidity and mortality.	Increase the proportion of infants who are put to sleep in a safe sleep environment — MICH-D03 Increase the proportion of infants who are put to sleep on their backs — MICH-14
Increase the number of pregnant women attending prenatal classes in Jefferson, Madison, and Taylor from April 2023 baseline of seven (7) to fifteen (15) by June 30, 2024.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the health literacy of the population — HC/HIT-R01
Annually, 100% of county health department OB clients receive a depression assessment and referral to counseling if score indicates the need.	Maternal and Child Health - Reduce maternal morbidity and mortality	Increase the proportion of women who get screened for postpartum depression — MICH-D01
Annually, 100% of county health department OB clients with a BMI of 30+ are referred to nutrition counseling.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase the proportion of women who had a healthy weight before pregnancy — MICH-13
Annually, 100% of county health department OB clients who use tobacco products or have a household member who uses tobacco products are referred to tobacco cessation counseling.	Maternal and Child Health - Reduce infant morbidity and mortality. Reduce maternal morbidity and mortality	Increase abstinence from cigarette smoking among pregnant women — MICH-10 Increase successful quit attempts in pregnant women who smoke — TU-15
Decrease the percent of pregnant women with an interpregnancy interval < 18 months by 10% using 2021 baselines of 33.3% for Jefferson County, 40.2% for Madison County and 46.5% for Taylor County by June 30, 2025.	Improve preconception and interconception health	Reduce the proportion of pregnancies conceived within 18 months of a previous birth — FP-02
Annually, 100% of county health department OB clients receive family planning information and education during post-partum visit.	Improve preconception and interconception health	Increase the proportion of adolescent females at risk for unintended pregnancy who use effective birth control — FP-11

SOCIAL AND BEHAVIORAL HEALTH

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
100% of school district students identified with mental, behavioral or emotional health issues, as well as substance use disorders, are referred to direct care and wrap-around services during the 2023-2024 school year.	Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of adolescents with depression who get treatment — MHMD-06 Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02
Establish a telehealth option for school district students and their parents/guardians to address mental, behavioral and emotional health, and substance use disorders during the 2023-2024 school year.	Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of adolescents with depression who get treatment — MHMD-06 Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02
Establish three sites within the county that can host a kiosk in a HIPAA compliant room so that individuals can obtain therapy services or complete intake assessments to access treatment by December 31, 2027.	Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07
Expand access for adult in-person services by establishing three locations in each county by December 31, 2027.	Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07

CHIP Objective	SHIP Alignment	Healthy People 2030 Alignment
Create up to 3 public service announcements (PSAs) through print media, social networking platforms, radio, and billboards on the topics of mental health and/or substance use disorders by December 31, 2027.	Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07 Increase the number of state health departments that use social marketing in health promotion programs — HC/HIT-D01
Include mental health and substance use disorder resources as a component to an overall regional resource list by December 31, 2027.	Reduce the impact of adult mental, emotional and behavioral health disorders. Reduce the impact of pediatric mental, emotional and behavioral health disorders. Reduce suicide behaviors and death. Reduce substance use disorders and drug overdose deaths.	Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07 Increase the number of state health departments that use social marketing in health promotion programs — HC/HIT-D01

Appendices List

Meeting Package with Data

Committee Meeting Agendas and Sign-in Sheets

CHIP Partner List for Jefferson

JEFFERSON COUNTY HEALTH SUMMIT

February 3, 2023

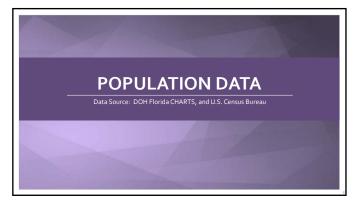
10:00 a.m. to 4:00 p.m.

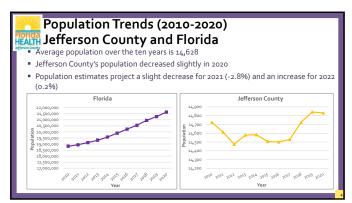


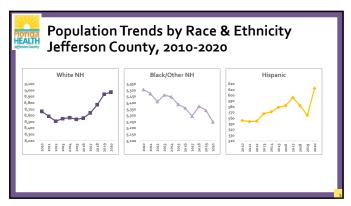


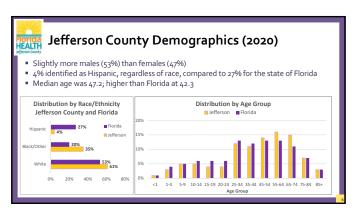


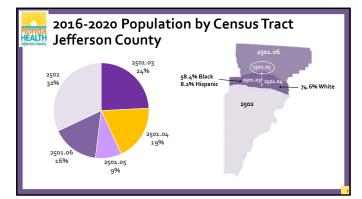




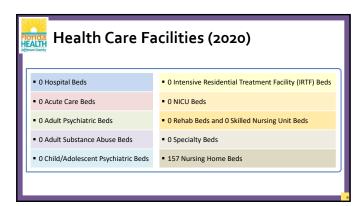


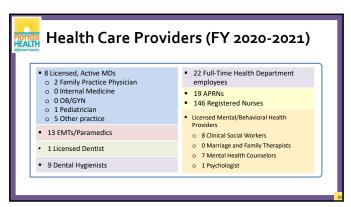


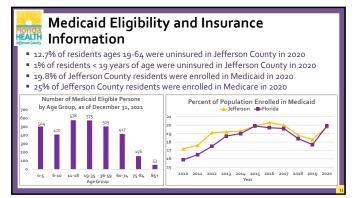


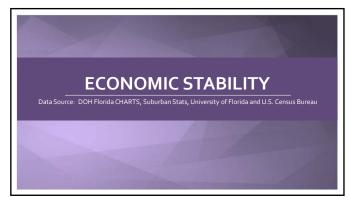


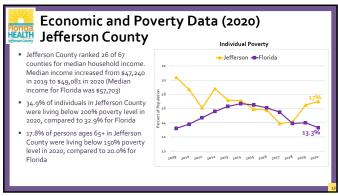


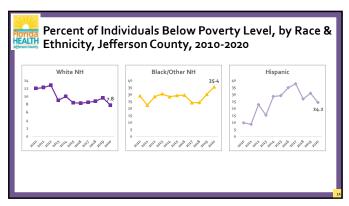




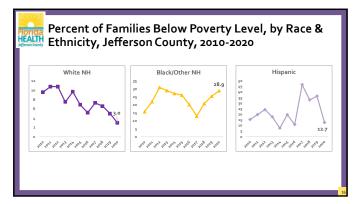








Economic and Poverty Data (2020) Jefferson County 2.78% of Jefferson County individuals under age 18 were living below poverty level in 2020, compared to 18.7% for Florida The percent of families with related children under the age of 18 in poverty for Jefferson County in 2020 was 20.8%, compared to 15.2% for Florida 4.2.4% of female head of household families with children under age 18 were living below poverty level in Jefferson County compared to 31.8% for Florida



Feeding America Food Insecurity Data for Jefferson County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Jefferson County was 12.4%, with 1,770 residents who were food insecure
- Jefferson County food insecurity rates by race and ethnicity for 2020 are
- o Black, all ethnicities = 23.0%
- o White, non-Hispanic = 6.0%
- o Hispanic, Other race and multiracial data not available
- When looking at ages < 18, the food insecurity rate was 21.9% with 510 residents who were food insecure

17





Early Education Indicators

- In 2020, the percent of Jefferson County kindergarten children who were prepared upon entry was 32.3%, compared to 56.9% for Florida
- Some data were not reported for the years the schools were chartered to Somerset Academy
- In 2018, 12.2% of elementary school children were not promoted. This has not been reported since 2018
- Jefferson County 3rd grade students were less likely to have a passing English and Math FSA score, compared to Florida in school year 2020-21

 The percent of students with passing English scores were 28% Jefferson County and
- 54% for Florida
 The percent of students with passing Math scores were 43% Jefferson County and 51% for Florida

19



tducation Indicators

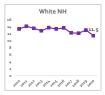
- The percent of Jefferson County middle school students not promoted was 16.3% in 2018, compared to 1.6% in Florida
- The 2020 school year graduation rate for Jefferson County was 81.8%, compared to 90% for Florida
- o 85% for males and 75% for females
- o 76% for Black, non-Hispanic students and 0% for White, non-Hispanic students. Hispanic data not available.
- o Refer to the full slide set for further data comparisons by Disadvantaged, and by students with disabilities

20

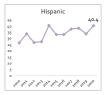


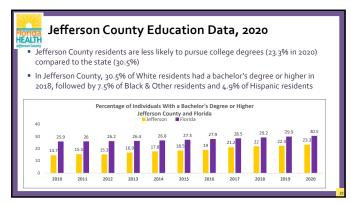
Percent of Population Ages 25+ With No High School Diploma by Race & Ethnicity, Jefferson County, 2010-2020

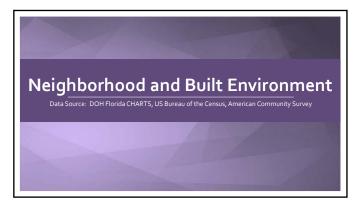
- In 2020, 11.5% of Florida residents did not have a high school diploma.
- The overall percent of Jefferson County residents with no high school diploma was 17.4% in 2020.











23



Owner Occupied Housing Units Jefferson County and Florida

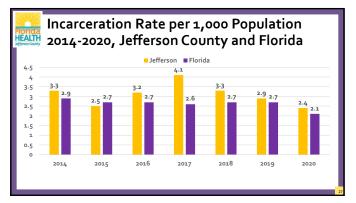
- Jefferson County has consistently had a higher percentage of housing that is occupied by the owner when compared to the state
- The percent of housing units occupied by the owner decreased slightly, from 77% in 2019 to 75% in 2020 in Jefferson County. This is above the state of Florida at 65.4% and 66.2% respectively
- 2020 by race/ethnicity
- $\circ~35\%$ of Hispanics owned homes in Jefferson and 52.7% in Florida
- o White NH owners accounted for 8o.6% in Jefferson and 7o.9% in Florida
- o Black NH owners represented 64.4% in Jefferson and 46.4% in Florida

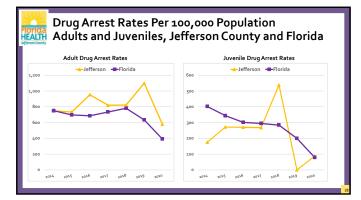
Other Neighborhood and Built Environment Indicators, Jefferson County Housing Quality, 2016-2020 Housing quality indicators include plumbing, kitchen facilities, and home heating source 2.1% of homes in Jefferson County have no source for heat Transportation to work, Ages 16+, 2016-2020 9.2% of Jefferson County residents ages 16+ carpooled to work during 2016-2020. Census tract 2502 had the highest percent of population that carpooled. o% used public transportation. Note that Big Bend Transit is the only source of public transportation. The average travel time to work was 29.3 minutes 5.7% of households in Jefferson County did not have a vehicle. Census tracts 2501.04 and 2501.05 had the highest percent of population with no vehicle

25



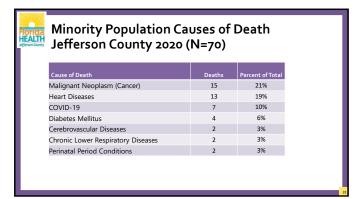
26

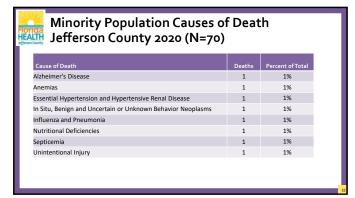


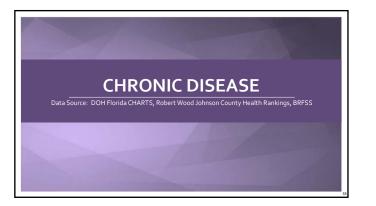




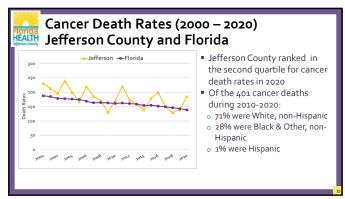
10 Leading Causes of Death, 2020 Jefferson County (N=221)				
Cause of Death	Deaths	Percent of Total		
Malignant Neoplasm (Cancer)	46	21%		
Heart Diseases	37	17%		
COVID-19	13	6%		
Diabetes Mellitus	12	5%		
Cerebrovascular Diseases	7	3%		
Chronic Lower Respiratory Diseases	7	3%		
Unintentional Injury	7	3%		
Influenza and Pneumonia	5	2%		
Alzheimer's Disease	4	2%		
Septicemia	4	2%		
Suicide	4	2%		

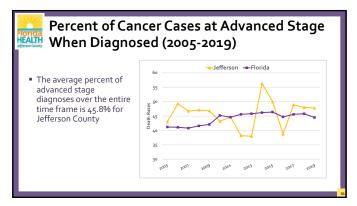


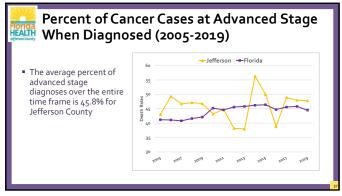




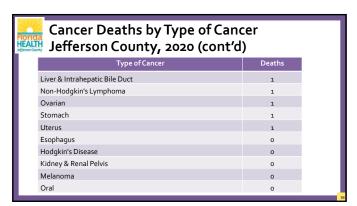
Son County	,	son County, 2020
Cause of Death	Percent of Total	
Malignant Neoplasm (Cancer)	21%	
Heart Diseases	17%	These 10 leading causes of
COVID-19	6%	death equal 66% of the total
Diabetes Mellitus	5%	221 deaths
Cerebrovascular Diseases	3%	Chronic disease deaths include
Chronic Lower Respiratory Diseases	3%	em onic albeade acatilb incloae
Unintentional Injury	3%	four of the ten leading causes o
Influenza and Pneumonia	2%	death in Jefferson County
Alzheimer's Disease	2%	
Septicemia	2%	
Suicide	2%	



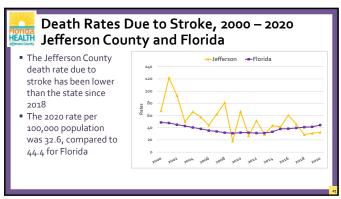


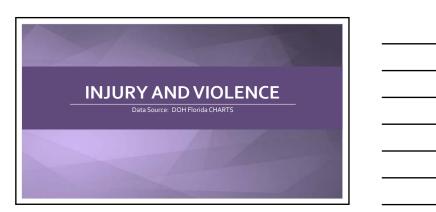


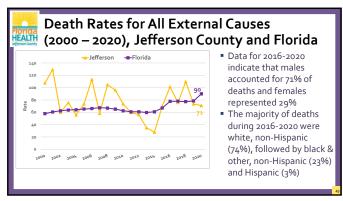
Cancer Deaths by Type of Cancer Jefferson County, 2020			
Type of Cancer	Deaths		
Lung	12		
Bladder	3		
Breast	3		
Colorectal	3		
Lymphoid & Related Tissue	3		
Prostate	3		
Cervical	2		
Leukemia	2		
Pancreatic*	2		
Unknown Behavior Neoplasms	2		
Brain & Central Nervous System	1		

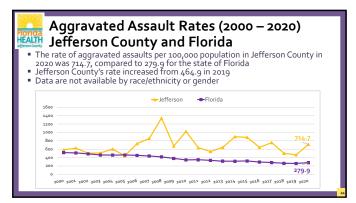


Death Rates Due to Diabetes, 2000 – 2020 Jefferson County and Florida Jefferson County ranked in the third quartile for diabetes deaths in 2020 Diabetes Deaths 2010-2020 (Total of 73 deaths) 38 or 52% were White, non-Hispanic, 35 or 48% were Black & Other, non-Hispanic, and 0% Hispanic 42 or 58% were male and 31 or 42% were female

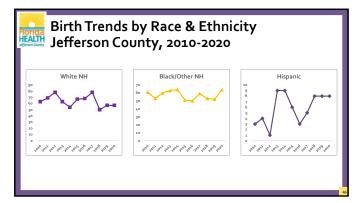


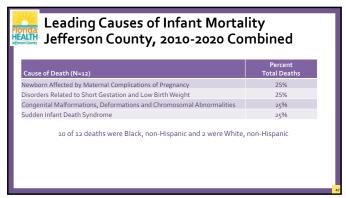


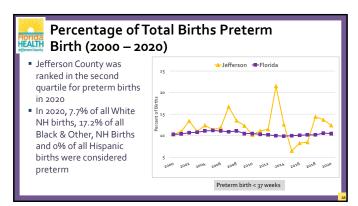


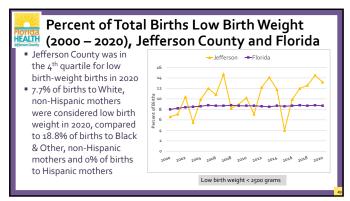


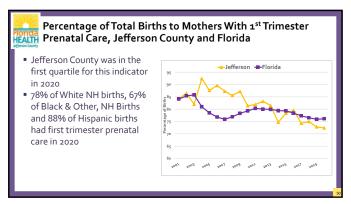


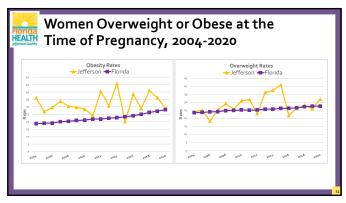




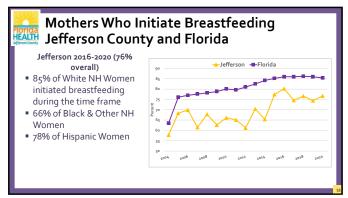


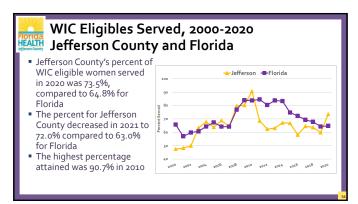




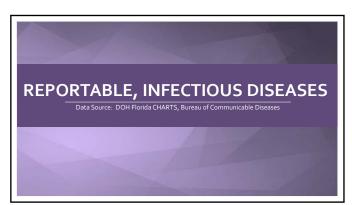


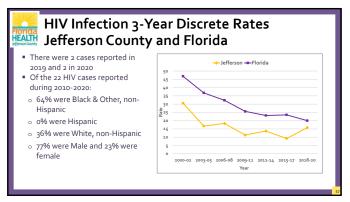
ida LTH n county	Birth	s to	Mot	hers	Ages <=19 (2010 – 2020)
Year	<=14	15-17	18-19	Totals	
2010	0	2	15	17	 There were no births to ages
2011	0	6	6	12	under age 15 during 2010-2020
2012	0	2	10	12	 There were 3 births in 2019 and
2013	0	2	10	12	9 births in 2020 to mothers age
2014	0	0	4	4	3
2015	0	2	4	6	15-19
2016	0	2	6	8	 The majority of births were to
2017	0	5	7	12	mothers ages 18-19 for both
2018	0	1	2	3	years; 67% in 2019 and 89% in
2019	0	1	2	3	2020
2020	0	1	8	9	

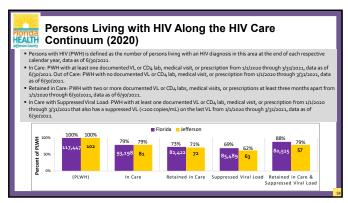


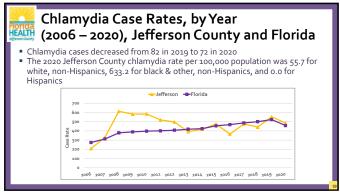


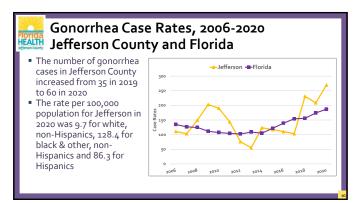
WIC Children Ages 2+ Overweight or Obese 2003-2020, Jefferson County and Florida Percent of WIC children at least 2 years of age who are overweight or obese is defined as children receiving WIC services who have a body mass index (BMI) per age percentile greater than or equal to the 85th percentile. Data not available by gender or race/ethnicity

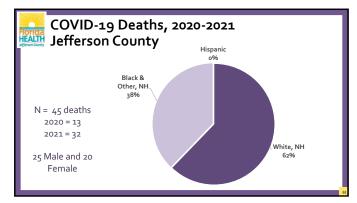




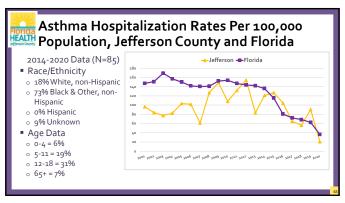




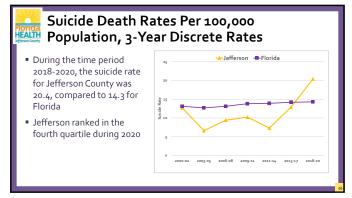


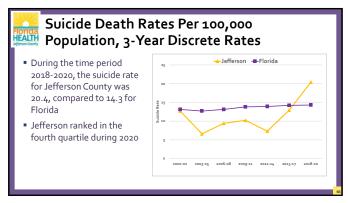














2019-2020 Comparison — Jefferson County

■ There were 4 suicide deaths in 2019 and 4 in 2020

By Gender

• There were 2 males and 2 females for both 2019 and 2020

By Race/Ethnicity

White, non-Hispanics accounted for all 4 suicides in 2019 and in 2020

- In 2019, 1 was in age group 45-54, 1 was in age group 55-64 and two were ages 75+
- In 2020, 2 were ages 15-19 and 2 were ages 75+

67



2019-2020 Comparison — Jefferson County

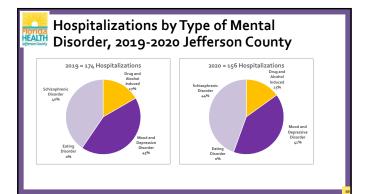
By Method

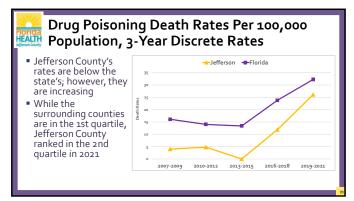
- In 2019, 1 suicide occurred using a firearm and 3 occurred through drug poisoning
- In 2020, all 4 occurred using a firearm

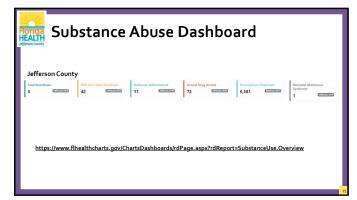
Non-Fatal Self-Harm Injuries

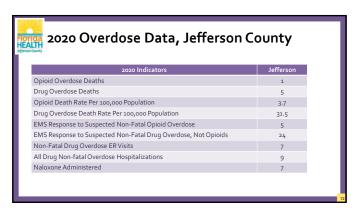
- There were a total of 18 reported in 2019, of which 7 were hospitalized and 11 were ER visits
- There were a total of <5 reported in 2020, all of which were hospitalized

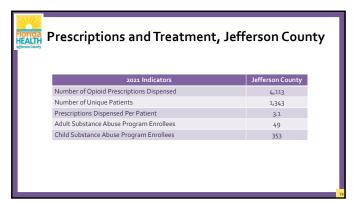
68

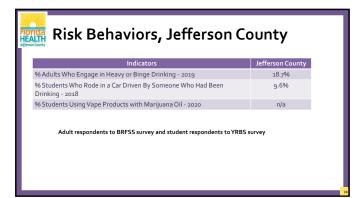


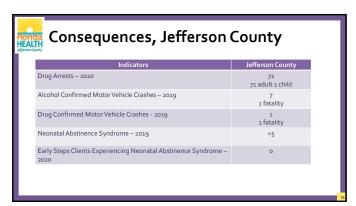




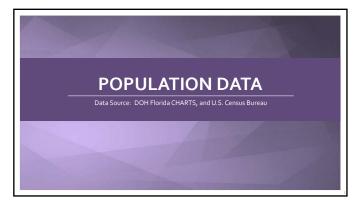


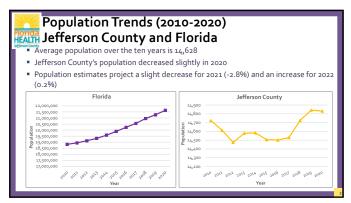


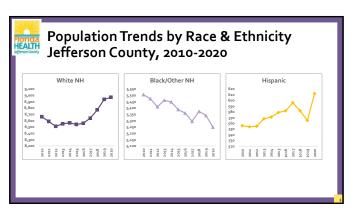


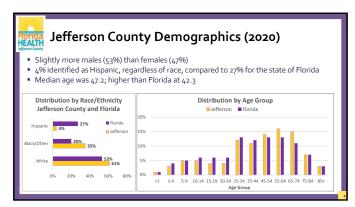


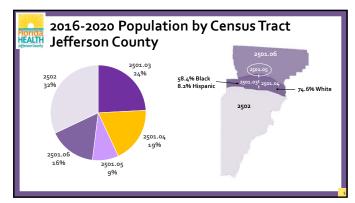






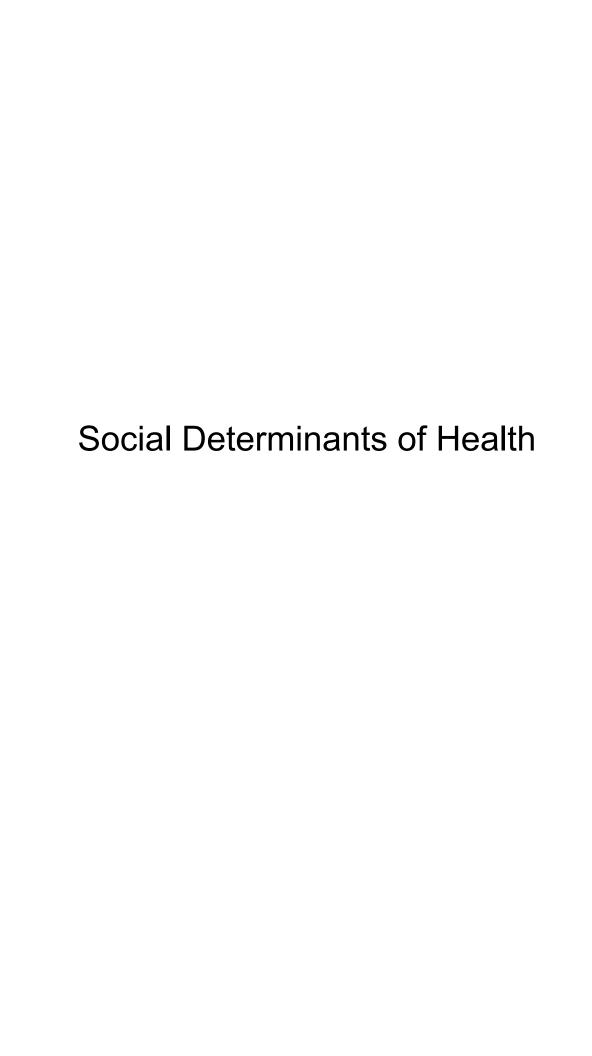


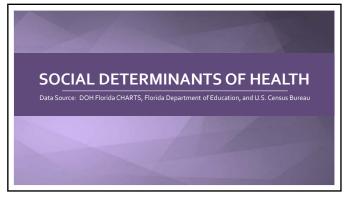




2016-202 ALTH Percent					
Race/Ethnicity	2501.03	2501.04	2501.05	2501.06	2502
White	37-7	74.6	63.5	69.7	73.2
Black	58.4	20.3	34-3	28.6	24.8
Other	1.2	2.3	0.6	1.7	0.5
Multiracial	2.7	2.7	1.5	0.0	1.5
Hispanic (All Races)	8.2	6.5	1.2	3.3	1.1
Gender	2501.03	2501.04	2501.05	2501.06	2502
Males	74-3	47.1	40.2	44.6	49.2
Females	25.7	52.9	59.8	55-4	50.8

Percen	o2o Der t of Tot	nograp al Popu	hics by lation, .	Jefferso	Tract on Count	ty
Age Group	2501.03	2501.04	2501.05	2501.06	2502	
< 5	4-9	2.5	2.4	1.9	6.2	
5-9	2.8	3.2	4.7	6.2	5-5	
10-14	4.7	3.3	3.9	3-7	6.2	
15-19	7.2	4-3	3-5	5.2	5-3	
20-24	5.9	7-3	3.7	2	2.6	
25-34	20.1	13.5	6.5	4-5	9	
35-44	21.2	13.9	10.6	8.7	9.1	
45-54	12.1	11.8	14.2	21.7	12.1	
55-59	5.6	8.2	6	6.2	8.6	
60-64	4.2	8.7	7.8	11.9	10	
65-74	5-9	12.9	21.7	20	13.7	
75+	5.6	10.4	15.2	8	11.7	







mage Introduction

- The Social Determinants of Health were introduced to the public through the Healthy People 2020 initiative.
- Healthy People 2030 Goal: Create social and physical environments that promote good health for all.
- Healthy People 2030 Social Determinants of Health definition, "The conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

2



mage Introduction

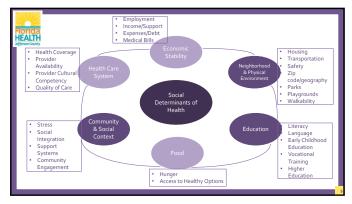
- According to the World Health Organization, "The social determinants of health have an important influence on health inequities the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."
- National Academies of Sciences, Engineering and Medicine,
 "Nonprofit human service agencies are critical partners in efforts to
 bend the nation's health care cost curve because they address
 vulnerable populations' social and behavioral factors through the
 provision of a wide range of services, including access to safe, stable
 housing; nutritious food; counseling services; recreation programs;
 transportation; and advocacy."



SDOH Categories

- The rationale is that in order to fix health care, you have to fix these items first
- Education
- o Economic Stability
- $_{\circ}$ Food
- o Social and Community Context
- o Health & Health Care
- o Neighborhood and Built Environment

4







The alth and Health Care

- Included in this category are:
- o Access to Health Care
- o Access to Primary Care
- o Health Literacy
- Access to health care barriers to consider
- o Inadequate health insurance can result in lack of health care
- o Lack of insurance and/or high out-of-pocket costs means less preventive
- o Lack of transportation means emergency only care
- o Physician shortages can mean longer wait times and delayed care

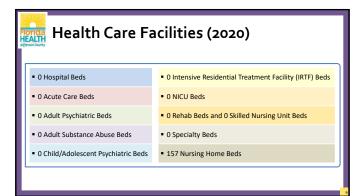
7

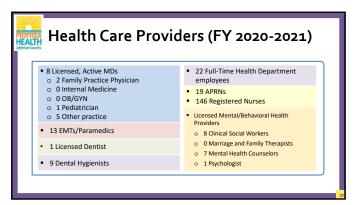


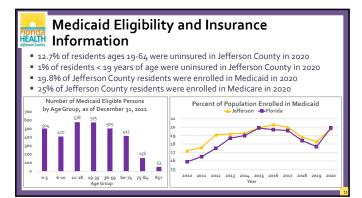
Health and Health Care

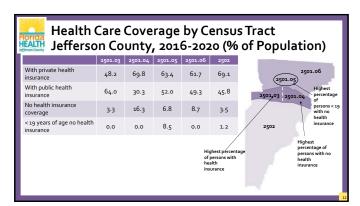
- Access to primary care barriers to consider
- o Limited or no access to primary care means less preventive health services and no early detection of health care issues
- Health literacy barriers to consider
- o Persons who do not speak English are less likely to receive health care services and preventive screenings

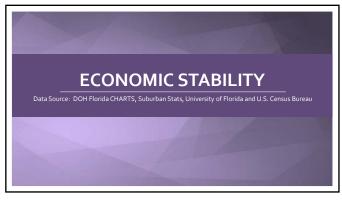
8













Economic Stability

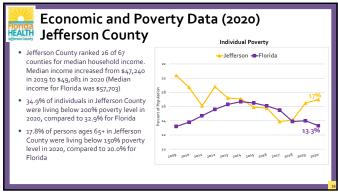
- Included in this category are:
- o Employment
- o Poverty
- Food Insecurity
- o Housing Instability Employment barriers to consider
- o Persons who are unemployed or underemployed will most likely not have access to health insurance
- $_{\rm \circ}~$ Persons who are unemployed or underemployed may also have issues with food insecurity, inadequate housing, access to medical services and transportation
- Poverty barriers to consider
- Poverty can lead to issues with health insurance, food insecurity, inadequate housing, access to medical services and transportation

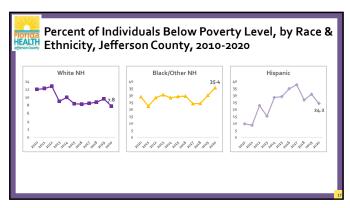
14



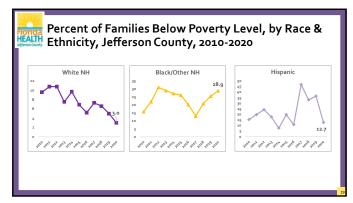
conomic Stability

- Food insecurity barriers to consider
- o Adults who are food insecure are more likely to be obese and suffer from chronic
- Children who do not eat regularly or do not eat a variety of healthy foods are at risk for developmental and mental health issues, as well as obesity
- Housing instability barriers to consider
- o Families that pay too much for housing have less money for necessary expenses and health insurance
- o Pregnant women who are homeless are more likely to have low birth-weight and preterm births.
- o Home foreclosures and evictions can lead to suicides
- $\circ\;$ Children who are moved frequently have more chronic conditions

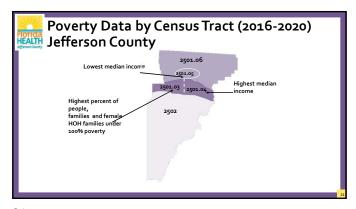


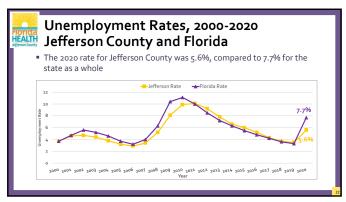


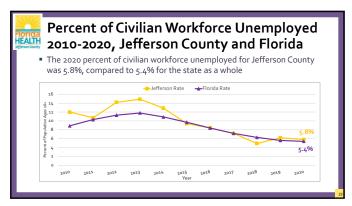
Economic and Poverty Data (2020) Jefferson County 2.7.8% of Jefferson County individuals under age 18 were living below poverty level in 2020, compared to 18.7% for Florida The percent of families with related children under the age of 18 in poverty for Jefferson County in 2020 was 20.8%, compared to 15.2% for Florida 4.2.4% of female head of household families with children under age 18 were living below poverty level in Jefferson County compared to 31.8% for Florida

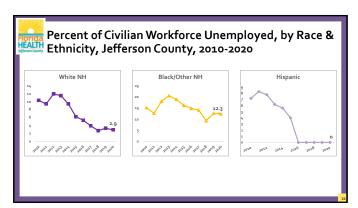


Poverty Data by County Jefferson County	C1130.	, ii ac	C (201	0 2020	-,
	2501.03	2501.04	2501.05	2501.06	2502
Median income (\$)	45,087	75,385	53,393	76,143	66,583
People under 100% of poverty (%)	38.3	11.1	19.6	9.5	14.7
Families under 100% poverty (%)	28.0	3.0	12.6	6.5	13.3
Female HOH families under 100% poverty (%)	32.7	25.4	21.7	33-3	37-4

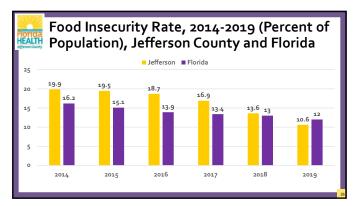


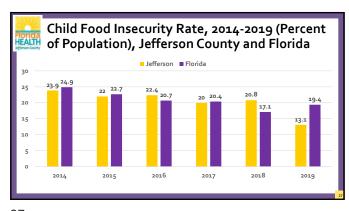








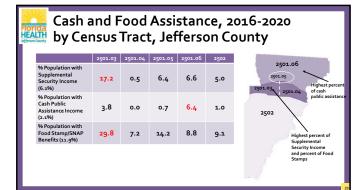




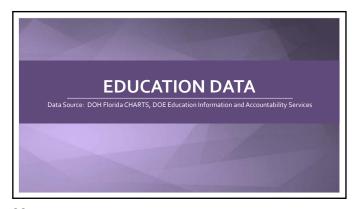
Feeding America Food Insecurity Data for Jefferson County, Florida 2020

- Feeding America estimates that the overall food insecurity rate for Jefferson County was 12.4%, with 1,770 residents who were food
- Jefferson County food insecurity rates by race and ethnicity for 2020
- o Black, all ethnicities = 23.0%
- o White, non-Hispanic = 6.0%
- o Hispanic, Other race and multiracial data not available
- When looking at ages < 18, the food insecurity rate was 21.9% with 510 residents who were food insecure

28



29





- Included in this category are:
 Early Childhood Education and Development
 Enrollment in Higher Education
- High School GraduationLanguage and Literacy

- Language and Literacy
 Early childhood education and development barriers to consider
 Children who do not receive early childhood education are less likely to read at grade level. This can lead to literacy and health literacy issues later in life.
 Enrollment in higher education barriers to consider
 Lack of higher education can mean lesser-paying jobs with more safety hazards
 Lack of higher education can result in lower quality housing
 If literacy level is low, knowledge about health is also low

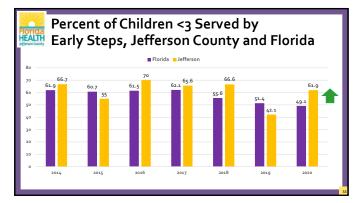
- $\circ~$ If parents did not attend college, it is less likely that the child will

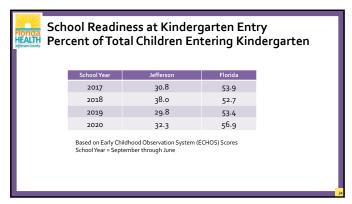


Education

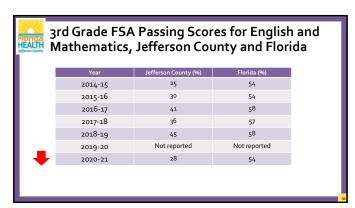
- High school graduation barriers to consider
- Persons who do not graduate from high school are less likely to obtain employment that will support them and/or their families.
 High schools with less funding rarely provide advanced or honors classes
- Language and literacy barriers to consider
- Health literacy is linked to overall literacy

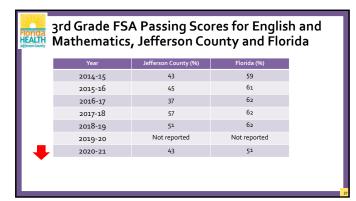
32





Elementary School Not Promoted 2000-2020, Jefferson County and Florida Data were not reported for Jefferson County for years 2019-2021 Jefferson County schools operated through a charter as Jefferson Somerset K-12 from school year 2017-2018 through 2021-2022 The Jefferson County school district began supervision again during 2022-2023



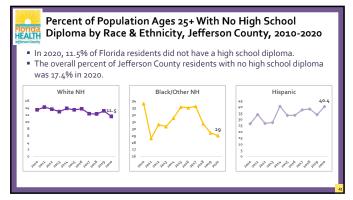


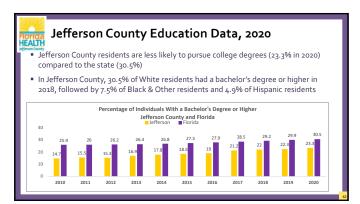
Middle School Students Not Promoted 2000-2020, Jefferson County and Florida Data were not reported for Jefferson County for years 2018-2021 Jefferson County schools operated through a charter as Jefferson Somerset K-12 from school year 2017-2018 through 2021-2022 The Jefferson County school district began supervision again during 2022-2023

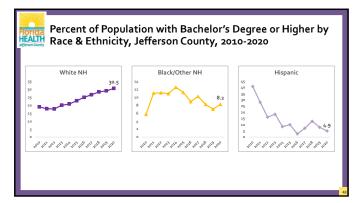
38

High School Graduation Rates 2000-2020, Jefferson County and Florida Jefferson County's graduation rate fell to 81.8% in 2020-21 from 85.4% in 2019-20 Florida's graduation rate was 90% for 201920 and 2020-21

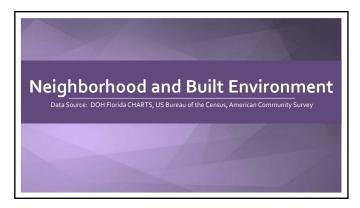
	ion Rates l n County a		aphics, 2020-20	21
Gen	der Je	fferson County (%)	Florida (%)	
Ma	ale	85.2	87.4	
Fem	nale	75.0	92.9	
Race/Et	hnicity Je	fferson County (%)	Florida (%)	
White, nor	n-Hispanic	0.0	91.8	Hispanics not recorded for
Black, nor	ı-Hispanic	75.8	87.1	Jefferson
Disabilit	y Status Je	fferson County (%)	Florida (%)	County
Disa	bled	0.0	82.3	
Not Di	sabled	78.9	91.2	
Disadvanta	ged Status Je	fferson County (%)	Florida (%)	
Disadva	ntaged	79.4	87.2	
Not Disad	vantaged	0.0	94.0	







Education Data by Census Tract, 2016-2020 Percent of Population Ages 25+, Jefferson County						
	2501.03	2501.04	2501.05	2501.06	2502	
ess than 9 th grade	9.6	3.6	2.4	2.1	3.5	
Some high school	24.7	9.8	15.1	11.6	5.6	
High school graduate	34.6	30.7	36.5	36.1	35.2	
Some college	16.2	15	20.1	13.3	24	
Associates degree	4.9	7.4	3.6	6.9	8.1	
Bachelor's degree	7-3	21	13.2	16.3	16.5	
Graduate degree	2.8	12.4	9.2	13.7	7.2	Add map





Neighborhood and Built Environment

- Included in this category is:
- o Crime and Violence
- o Environmental Conditions
- Quality of Housing
- Crime and violence barriers to consider
- $_{\odot}\,$ Violence can lead to premature death, physical pain, mental distress and reduced quality of life
- o People who fear crime may not go out to exercise
- Child and adolescent exposure to violence can result in greater risk for substance abuse, risky sexual behavior
- Sexual partner violence can lead to physical injuries and mental health issues such as eating disorders, depression and suicide

46



Neighborhood and Built Environment

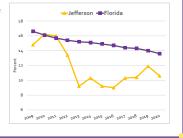
- Environmental conditions barriers to consider
- o Poor water quality can lead to illnesses such as Giardia
- o Poor air quality can lead to cardiovascular issues
- o Poor air quality can lead to issues with fetal and child development
- o Lack of air conditioning can lead to heat-related disease and death
- Quality of housing barriers to consider
- o Substandard housing may have health risks like vermin, water leaks, mold, heat and AC issues

47



Individuals that Lived in a Different House 1 Year Earlier, 2009-2020, Jefferson County and Florida

- The percent of Jefferson County persons living in a different house the year prior remained decreased from 11.9% in 2019 to 10.6% in 2020. This is slightly below the state of Florida at 14.0% and 13.6%
- respectively. 2020 by race/ethnicity
- Hispanics represented 16.6% in Jefferson and 13.1% in Florida
- White NH accounted for 11.3% in Jefferson and 13.1% in Florida Black NH represented 7.8% in Jefferson and 15.5% in Florida



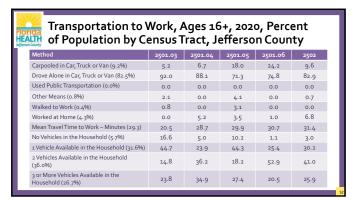
Owner-Occupied Housing Units, Percent of Occupied Housing Units 2009-2020 Jefferson County and Florida Jefferson County has consistently had higher percentages of owner-occupied housing units than the state. 2020 percentages by race/ethnicity Hispanics - 35% in Jefferson compared to 52.7% Florida White NH - 80.6% in Jefferson and 70.9% in Florida Black NH - 64.4% in Jefferson and 46.5% in Florida

49

Median Owner-Occupied Unit Values, 2009-2020 Jefferson County and Florida Jefferson County's owner-occupied home values are well below the state. The median value of owner-occupied homes in Jefferson County was \$137,300 in 2020 The median value of owner-occupied homes in Florida in 2020 was \$232,000.

50











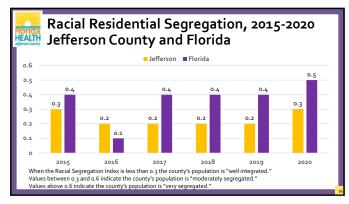
Social and Community Context

- Incarceration barriers to consider
- o Persons who were incarcerated have less chance of obtaining gainful
- o Persons who were incarcerated and have addictions issues may have health
- issues related to the addiction

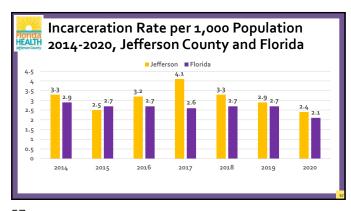
 Continuity of care for health conditions when incarcerated and released
- Social cohesion barriers to consider
- $\circ\;$ Social networks can spread health behaviors, also known as social contagion. Examples are smoking, drinking and eating behaviors

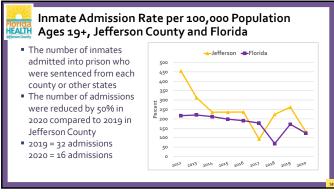
 Lack of social cohesion can lead to isolation, insomnia and emotional stress

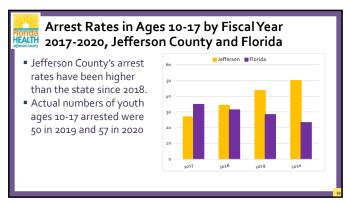
55

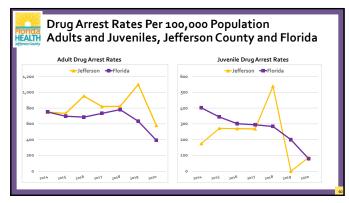


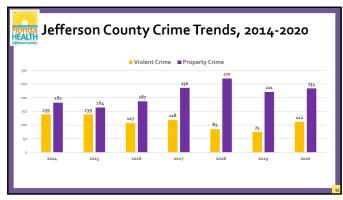
56



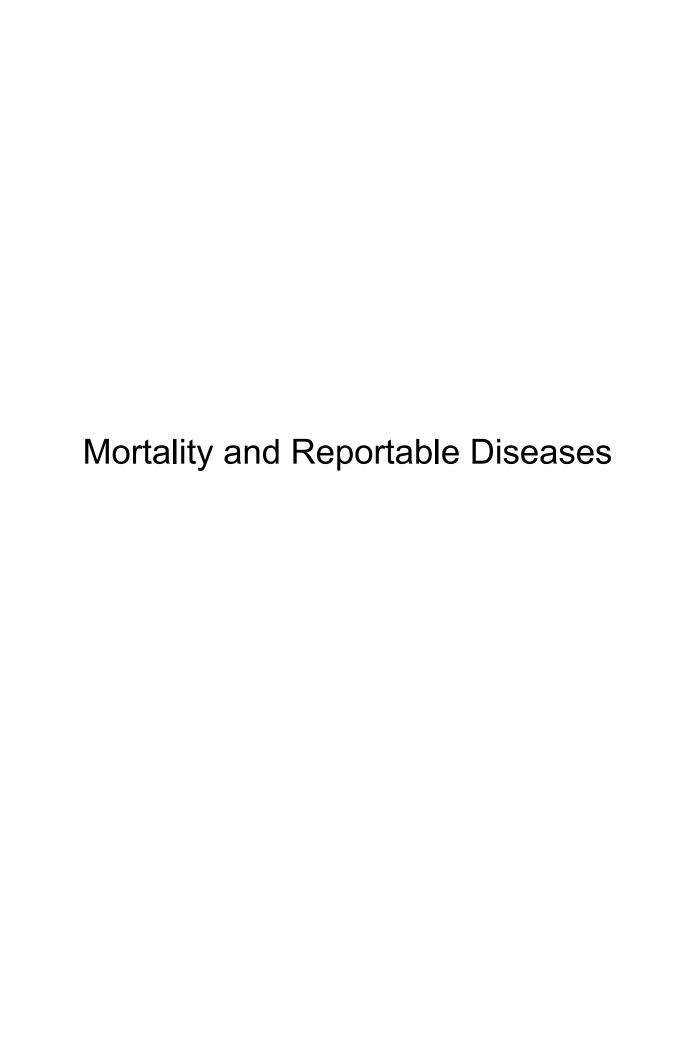






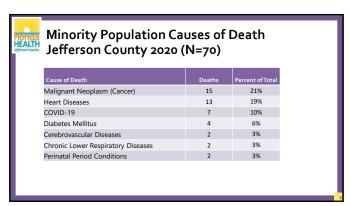


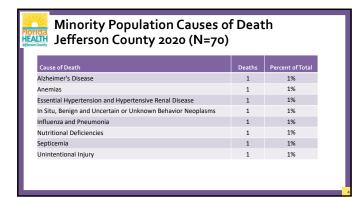






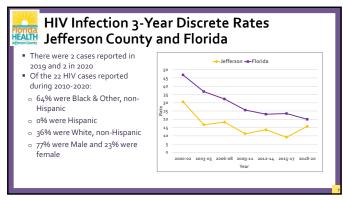
10 Leading Causes of De Jefferson County (N=22:		20
Cause of Death	Deaths	Percent of Total
Malignant Neoplasm (Cancer)	46	21%
Heart Diseases	37	17%
COVID-19	13	6%
Diabetes Mellitus	12	5%
Cerebrovascular Diseases	7	3%
Chronic Lower Respiratory Diseases	7	3%
Unintentional Injury	7	3%
Influenza and Pneumonia	5	2%
Alzheimer's Disease	4	2%
Septicemia	4	2%
Suicide	4	2%

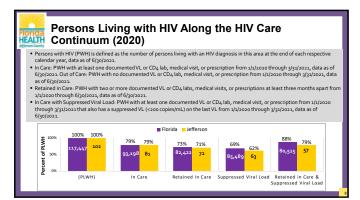


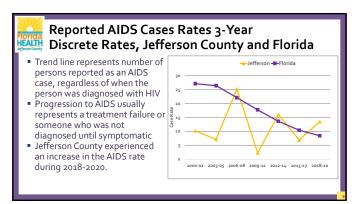


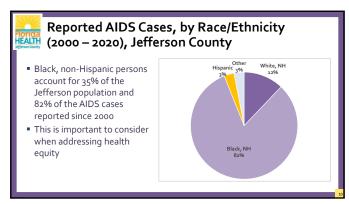


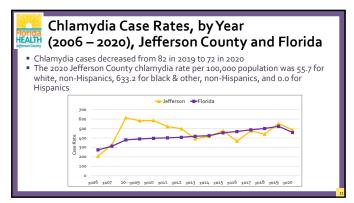


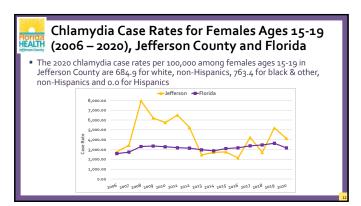








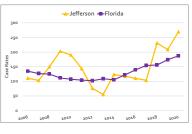




Gonorrhea Case Rates, 2006-2020 Jefferson County and Florida ■ The number of gonorrhea

cases in Jefferson County increased from 35 in 2019 to 60 in 2020

• The rate per 100,000 population for Jefferson in 2020 was 9.7 for white, non-Hispanics, 128.4 for black & other, non-Hispanics and 86.3 for Hispanics



13

Gonorrhea Case Rates, Females Ages 15-19 HEALTH (2006-2020) The 2020 gonorrhea rate per 100,000 for females ages 15-19 was 684, 9 for white, non-Hispanics and 3,053.4 for black & other, non-Hispanics. There were no Hispanic females ages 15-19 diagnosed in 2020 →Jefferson →Florida

14

syphilis in Jefferson County

- There have been 9 infectious syphilis cases diagnosed in Jefferson County between 2016 and 2020.

 o 44% were Black, non-Hispanic, 44% were White, non-Hispanic and 12% were
- unknown
- $\circ~45\%$ were among Males and 55% were among females
- There have been 18 early syphilis cases diagnosed in Jefferson County from 2016 through 2020.
- o 39% were White, non-Hispanic, 39% were Black, non-Hispanic, 22% were Unknown. There were no Hispanic cases diagnosed o 44% were Female and 56% were Male
- There was one congenital syphilis cases diagnosed in Jefferson County in 2021



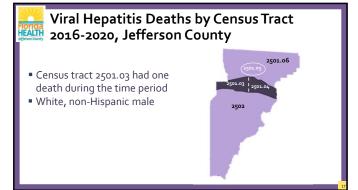
Viral Hepatitis

- Hepatitis A
- o 1 Hepatitis A case reported in 2015 and 3 cases reported in 2020
- Hepatitis B
- o 3 acute Hepatitis B cases reported between 2000 and 2020. Most recent case was
- o 35 chronic Hepatitis B cases reported between 2000 and 2020
- o 4 reported positive Hepatitis B Surface Antigen Results in Pregnant Women between 2000 and 2020

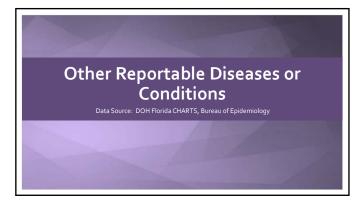
 Hepatitis C
- o 1 acute Hepatitis C cases reported between 2000 and 2020. 1 reported in 2021.
- 256 chronic Hepatitis C cases reported between 2000 and 2020
 No cases of Hepatitis D, E or G reported in Jefferson County since data collection in 2006

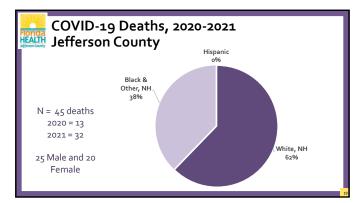
 Data Not Available by Race or Gender

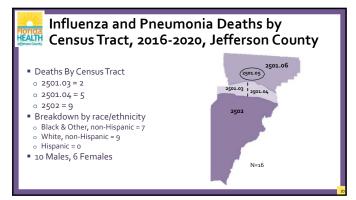
16

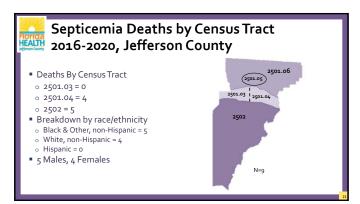


17







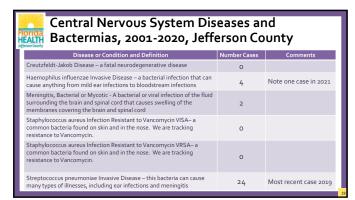


	W
3	\leq
Flor	da
HEA lefferson	County

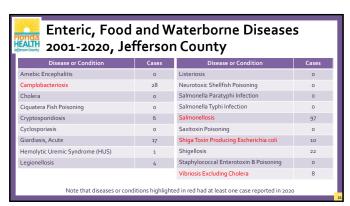
Tuberculosis in Jefferson County, 2000-2020

- There were 5 tuberculosis cases diagnosed in Jefferson County between 2000 and 2020. The most recent case was 2008
- Data are not available by race/ethnicity or gender
- There were no cases of tuberculosis in children under the age of 15 during the time period.
- There was no deaths from tuberculosis in Jefferson County during the time frame.

22

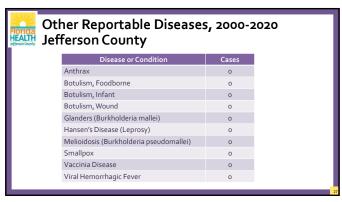


23

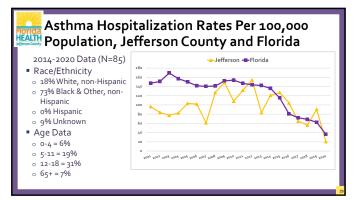


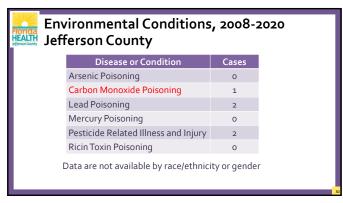


Vectorborne and 2 Identify Vectorborne and 2	2oonot	tic Diseases, 2001-20)20
Disease or Condition	Cases	Disease or Condition	Cases
Anaplasmosis	0	Q Fever (Coxiella burnetii)	0
Babesiosis	0	Rabies, Animal	7
Brucellosis	0	Rabies, Human	0
California Serogroup Virus Disease	0	Rabies, Possible Exposure	19
Dengue Fever	0	Rocky Mountain Spotted Fever	3
Eastern Equine Encephalitis	0	St. Louis Encephalitis	0
Ehrlichiosis	8	Trichinellosis	0
Hantavirus Infection	0	Tularemia (Francisella tularensis)	0
Leptospirosis	0	Typhus Fever	0
Malaria	1	Venezuelan Equine Encephalitis	0
Middle East Respiratory Syndrome	0	West Nile Virus	0
Plague	0	Western Equine Encephalitis	0
Psittacosis (Ornithosis)	0	Yellow Fever	0







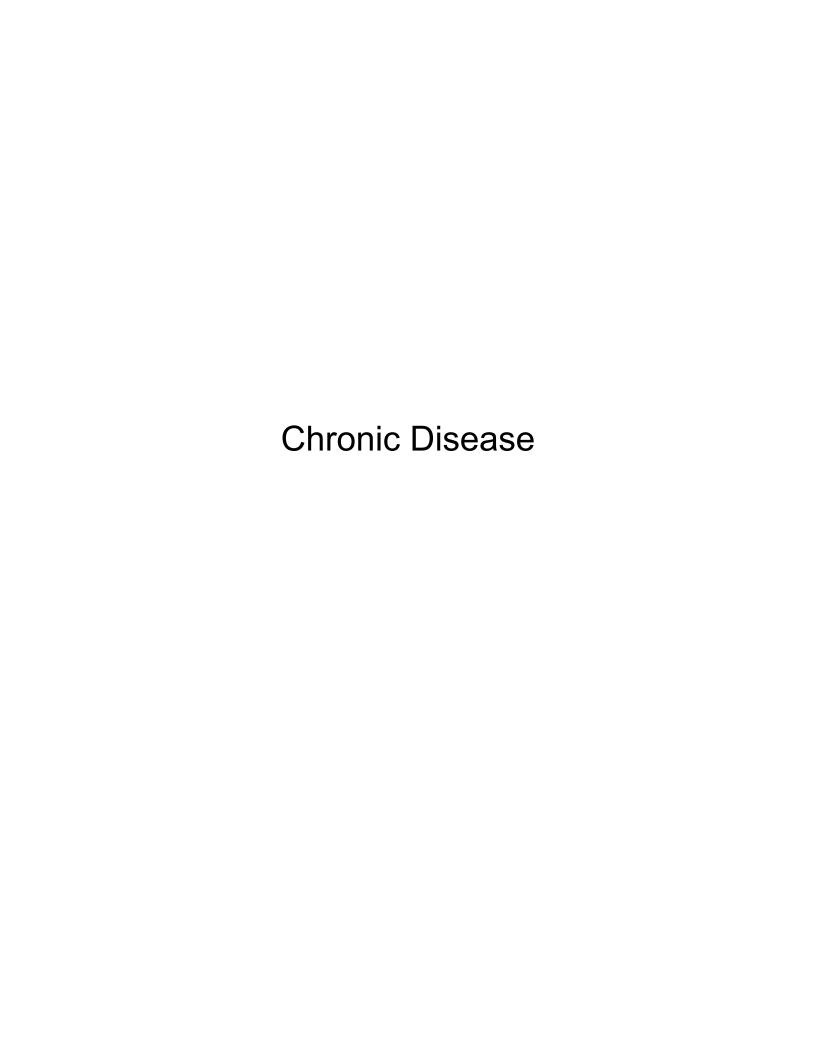


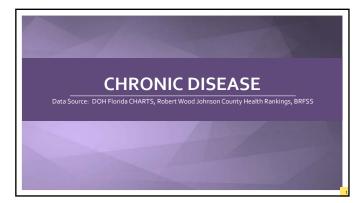
No. 10	1
-Tour	-7 -
FIOTI	uа
HEA	-11

Other Environmental Health Jefferson County 2020

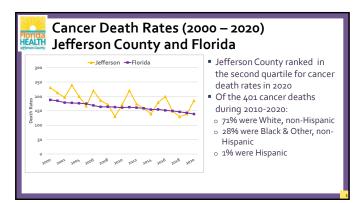
- Unsatisfactory facility inspections
 o of 3 biomedical waste facilities (0%)
 o of 3 group care facilities (0%)
 o of 13 institutional food service operations (0%)
 o of 1 migrant or labor camps (0%)
 o 3 of 28 mobile home and RV parks (10.7%)
 o of 10 swimming pool and spa facilities (0.0%)
 o of 1 tanning facilities (0%)
 No body piercing facilities

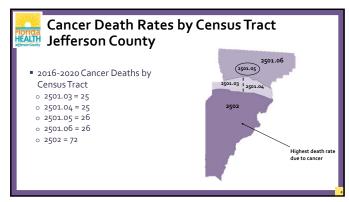
_			

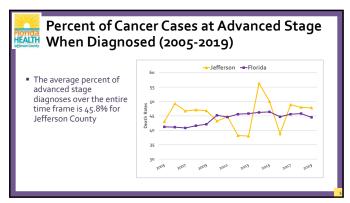


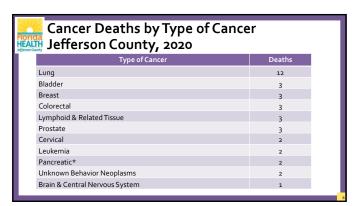


Causes of Dea	th, Jeffers	on County, 2020
Cause of Death	Percent of Total	
Malignant Neoplasm (Cancer)	21%	. There is less than 100 miles
Heart Diseases	17%	These 10 leading causes of
COVID-19	6%	death equal 66% of the total
Diabetes Mellitus	5%	221 deaths
Cerebrovascular Diseases	3%	61 . 1
Chronic Lower Respiratory Diseases	3%	Chronic disease deaths include
Unintentional Injury	3%	four of the ten leading causes of
Influenza and Pneumonia	2%	death in Jefferson County
Alzheimer's Disease	2%	
Septicemia	2%	
Suicide	2%	

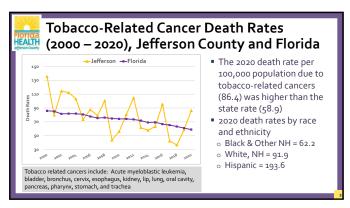


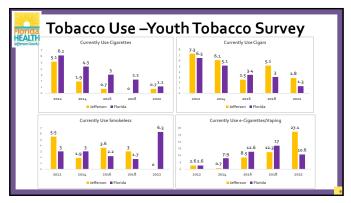


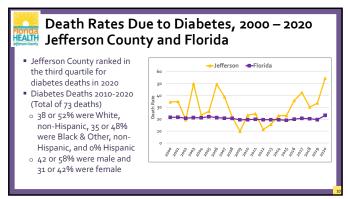


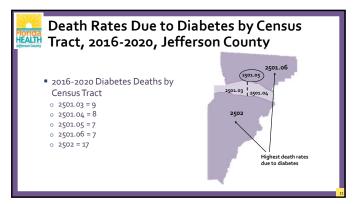


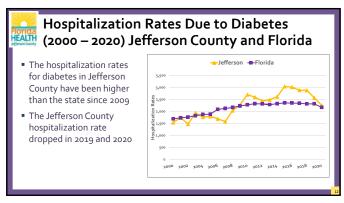
Cancer Deaths by Type of Cand Jefferson County, 2020 (cont'd	cer)
Type of Cancer	Deaths
Liver & Intrahepatic Bile Duct	1
Non-Hodgkin's Lymphoma	1
Ovarian	1
Stomach	1
Uterus	1
Esophagus	0
Hodgkin's Disease	0
Kidney & Renal Pelvis	0
Melanoma	0
Oral	0

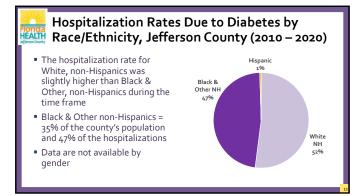










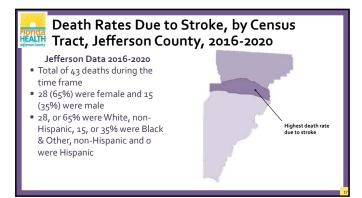


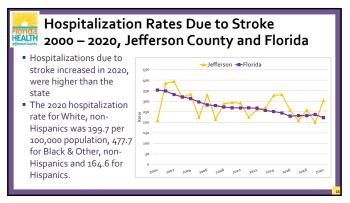
Risk Factors for Diabetes • 2022 Robert Wood Johnson County Health Rankings Data **Risk Factors** Jefferson County Diabetic 12% 9% Adult Obesity 33% 26% 26% Physically Inactive 32% Access to Exercise Opportunities 43% 87% Food Environment Index 7.8% 7%

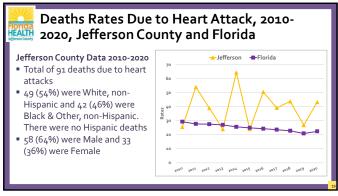
14

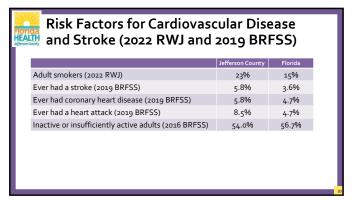
Death Rates Due to Hypertension, 20002020, Jefferson County and Florida Jefferson Data 2016-2020 86% of hypertension deaths were male and 14% were female 57% of hypertension deaths were White, non-Hispanic and 43% were Black & Other, non-Hispanic deaths due to hypertension during 2016-2020

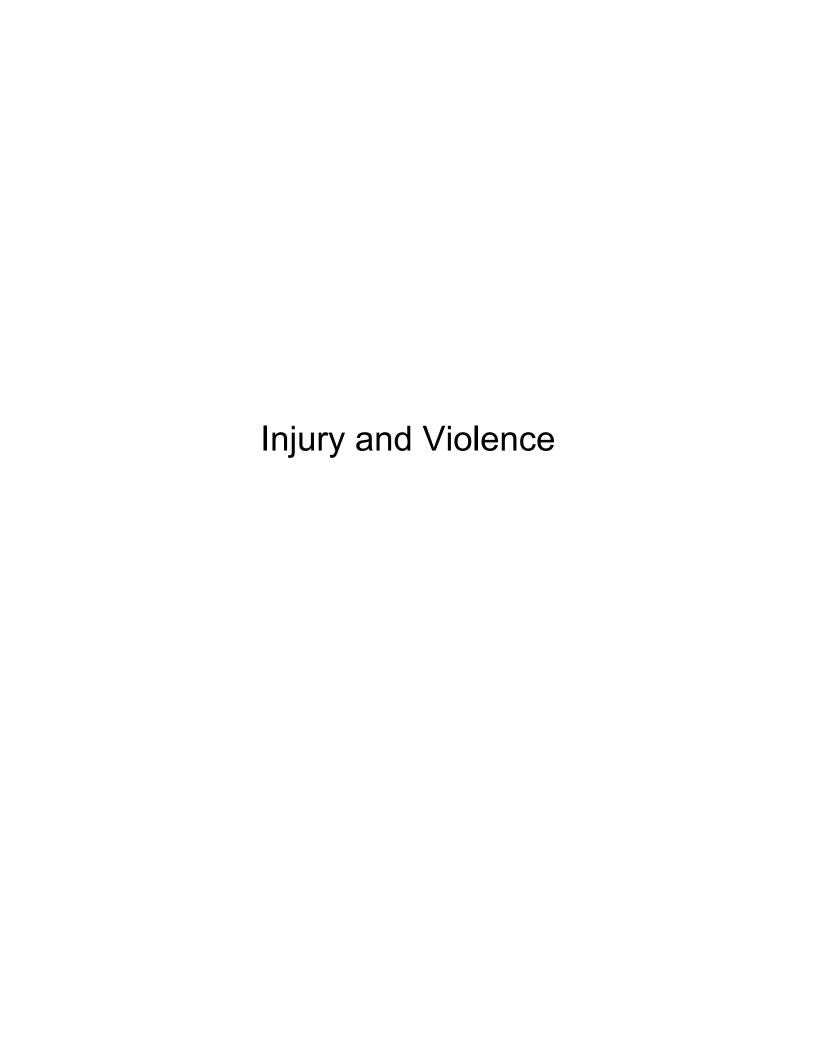
Death Rates Due to Stroke, 2000 – 2020 Jefferson County and Florida The Jefferson County death rate due to stroke has been lower than the state since 2018 The 2020 rate per 100,000 population was 32.6, compared to 44.4 for Florida



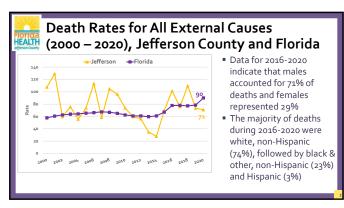


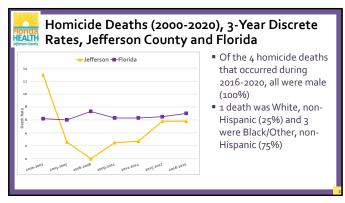


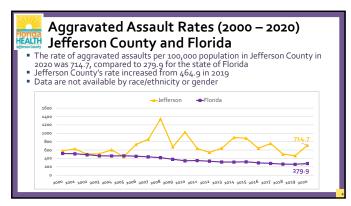




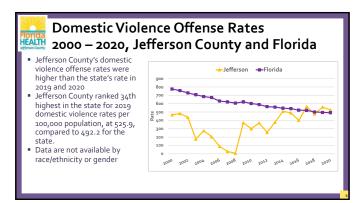


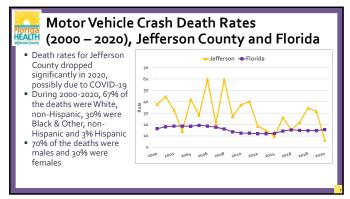


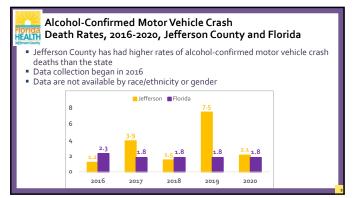


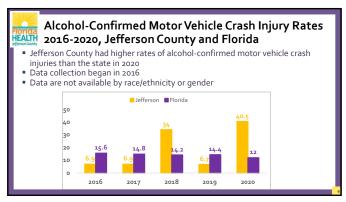


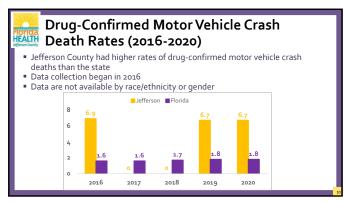


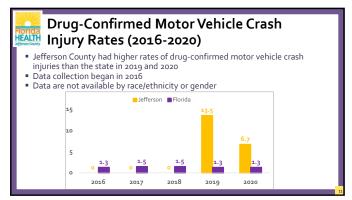












11



Crash Rates by Drivers Age (2020)

- The 2020 motor vehicle crash rate per 100,000 population in ages 15-17 was 28.7 for Jefferson County and 33.3 for the state of Florida
- The 2020 motor vehicle crash rate per 100,000 population in ages **18-20** was 99.7 for Jefferson County and 61.5 for the state of Florida
- Data are not available by race/ethnicity or gender

Death Rates Due to Firearm Discharge (2000 – 2020), Jefferson County and Florida There were 38 deaths due to firearms discharge in Jefferson County from 2000 until 2020 30 (79%) of the deaths were White, non-Hispanic, and 8 (21%) were Black & Other, non-Hispanic No Hispanic deaths were reported 5 occurred in 2020 alone

13

Drowning Deaths in Jefferson County (2000 – 2020) There were seven deaths due to drowning in Jefferson County during 2000-2020

- 72% were Black & Other, non-Hispanic, 14% were White, non-Hispanic, and 14% were Hispanic
- 86% were male and 14% female
- Data by age are not available

14



- There were 34 deaths from falls in 2000-2020
- 91% of these deaths were White, non-Hispanic, 3% were Black & Other, non-Hispanic and 6% were Hispanic
- 53% of these deaths were male and 47% female
- Data were not available by age

Deaths from Unintentional Fires (2000 – 2020), Jefferson County

- There were 10 deaths from unintentional fires during the time period
- 60% of these deaths were white, non-Hispanic, 40% were Black & Other, non-Hispanic and o% were Hispanic
- 60% of these deaths were male and 40% female
- Data were not available by age

16



Deaths from Surgical and Medical Complications (2000 — 2020), Jefferson County

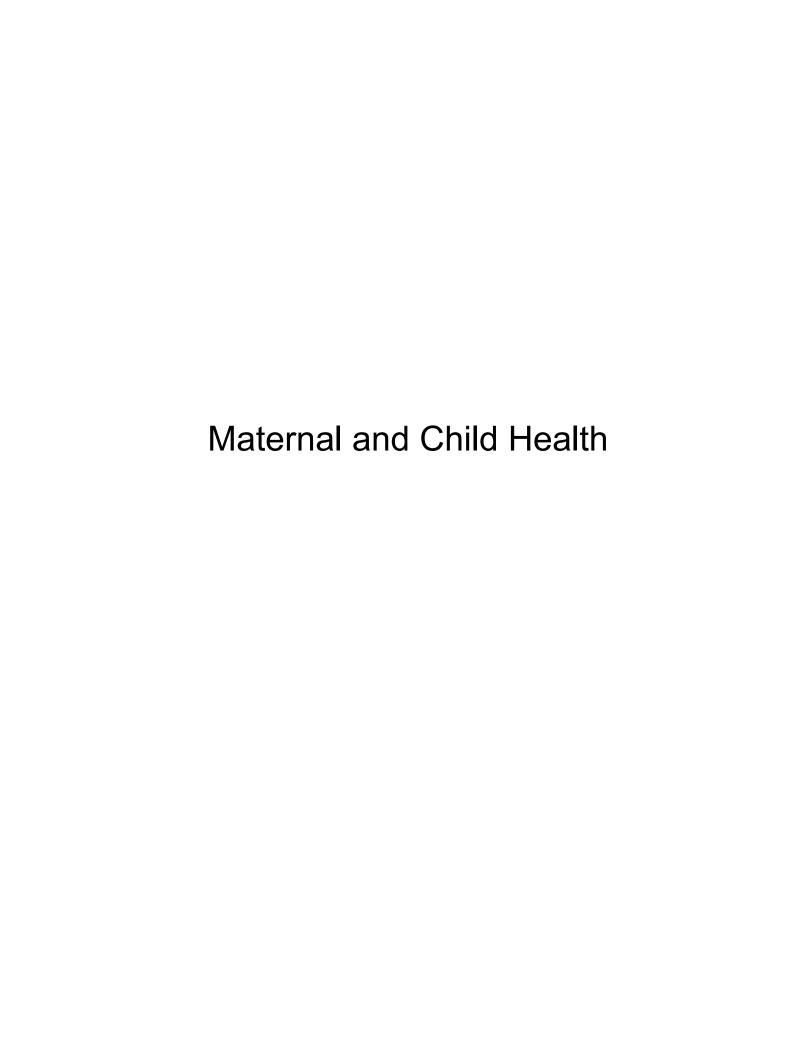
- There were 4 deaths from surgical and medical complications during the time period
- 66% of these deaths were white, non-Hispanic, and 34% were black & Other, non-Hispanic
- 25% of these deaths were male and 75% female
- Data were not available by age

17

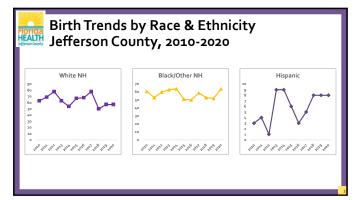


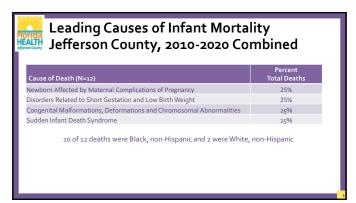
Deaths from Unintentional Poisoning (2000 – 2020), Jefferson County

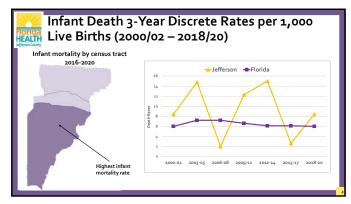
- There were 23 deaths from unintentional poisoning during the time period
- 65% of these deaths were white, non-Hispanic, 30% were Black & Other, non-Hispanic, and 5% Hispanic
- 70% of these deaths were male and 30% female
- Data were not available by age

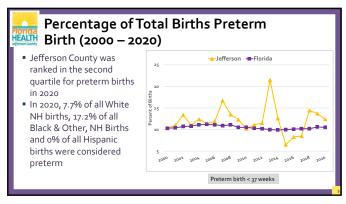


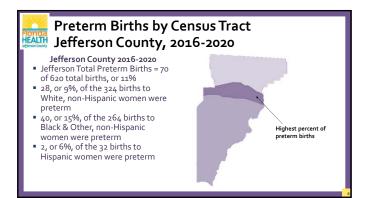


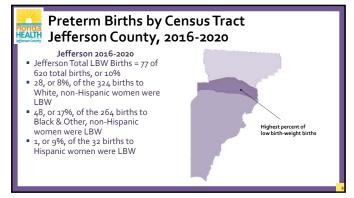












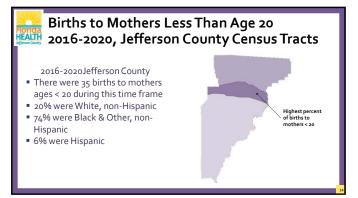
Percent of Total Births Very Low Birth Weight (2000 – 2020), Jefferson County and Florida Very Low Birth-Weight is a subset of Low Birth-Weight Jefferson County 2016-2020 Of the 77 low birth-weight births, 17, or 22% were very low birth-weight. 7 VLBW births (41%) were White, non-Hispanic, 10 (59%) were Black & Other, non-Hispanic and 0 (0%) were Hispanic. Very low birth weight < 1500 grams

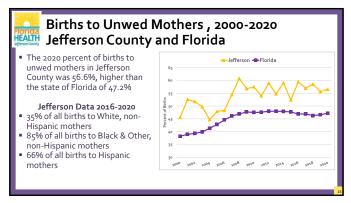
Percentage of Total Births to Mothers With 1st Trimester Prenatal Care, Jefferson County and Florida Jefferson County was in the first quartile for this indicator in 2020 78% of White NH births, 67% of Black & Other, NH Births and 88% of Hispanic births had first trimester prenatal care in 2020

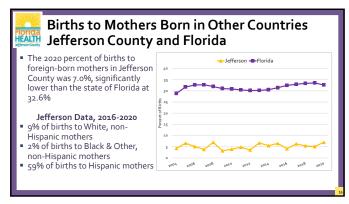




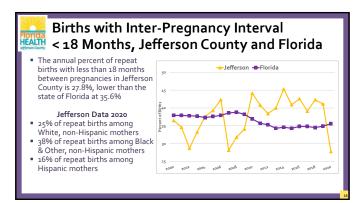
	da LTH County	irth	s to	Mot	hers
Į	Year	<=14	15-17	18-19	Totals
	2010	0	2	15	17
ı	2011	0	6	6	12
	2012	0	2	10	12
	2013	0	2	10	12
	2014	0	0	4	4
	2015	0	2	4	6
	2016	0	2	6	8
	2017	0	5	7	12
ı	2018	0	1	2	3
	2019	0	1	2	3
ı	2020	0	1	8	9

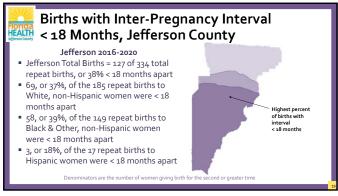


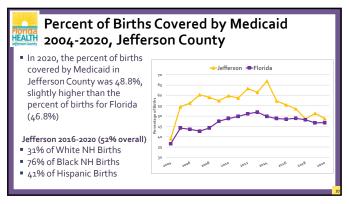


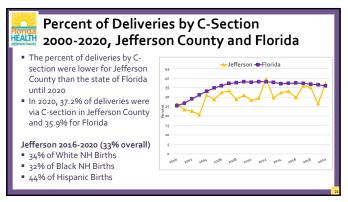


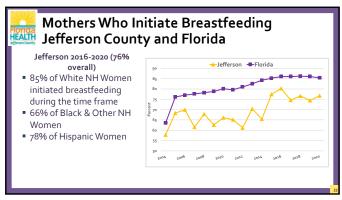
Father Acknowledged on Birth Certificate, Jefferson County and Florida The 2020 percent of births where father was acknowledged on the birth certificate in Jefferson County was 77.5%, significantly lower than the state of Florida at 88.0% Jefferson Data, 2016-2020 9 19% of births to White, non-Hispanic mothers 6 55% of births to Black & Other, non-Hispanic mothers 88% of births to Hispanic mothers



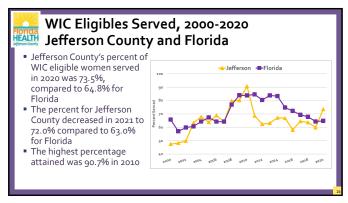




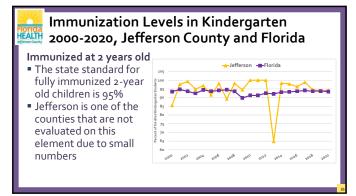


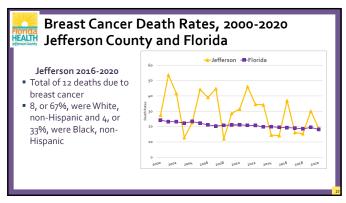


Fertility Rates for Females Ages 15-44 2000-2020, Jefferson County and Florida The fertility rate is the total number of births in a year per 1,000 female population, ages 15-44 2020 Rates per 1,000 71.7 overall fertility rate 61.0 for White, non-Hispanic women 76.2 for Black & Other, non-Hispanic women 93.0 for Hispanic women



WIC Children Ages 2+ Overweight or Obese 2003-2020, Jefferson County and Florida Percent of WIC children at least 2 years of age who are overweight or obese is defined as children receiving WIC services who have a body mass index (BMI) per age percentile greater than or equal to the 85th percentile. Data not available by gender or race/ethnicity







Cervical and Ovarian Cancer Deaths, Jefferson County, 2000-2020

Ovarian Cancer

- Total of 21 deaths due to ovarian cancer
- 11, or 52% were White, non-Hispanic and 10, or 48% were Black, non-Hispanic
- There were no Hispanic deaths during the time frame

Cervical Cancer

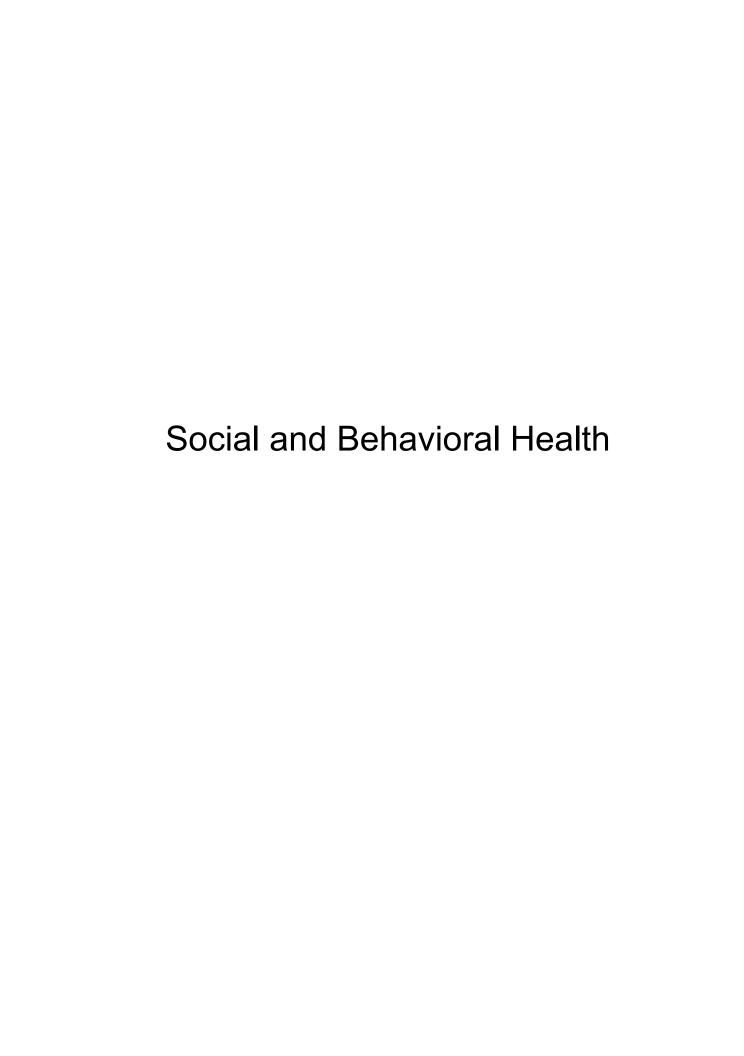
- There have been 4 deaths due to cervical cancer
- 1, or 25% was White, non-Hispanic and 3, or 75% were Black, non-Hispanic
- There were no Hispanic deaths due to cervical cancer during this time frame

28



Other Maternal, Birth and Young Child Risk Factors, Jefferson County

- Jefferson County ranked in the 4th quartile in the 2020 Pregnancy and Young Child Profile for the following:
- o Births among unwed teen mothers ages 15-19
- Females ages 17+ with pap smear in previous year
- o Women 15-34 with bacterial sexually transmitted diseases
- o Asthma hospitalizations in ages < 1, in ages 1-5
- Severe Maternal Morbidity
- o Children in foster care ages 1-4
- o Children participating in pre-K programs
- o Children with disabilities receiving services
- 9 Birth defects reported for Jefferson County during 2014-2018

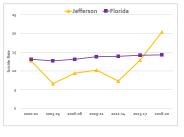




Suicide Death Rates Per 100,000 Population, 3-Year Discrete Rates

 During the time period 2018-2020, the suicide rate for Jefferson County was 20.4, compared to 14.3 for

Jefferson ranked in the fourth quartile during 2020



2



2019-2020 Comparison — Jefferson County

■ There were 4 suicide deaths in 2019 and 4 in 2020

By Gender

• There were 2 males and 2 females for both 2019 and 2020

By Race/Ethnicity

■ White, non-Hispanics accounted for all 4 suicides in 2019 and in 2020

By Age Group

- In 2019, 1 was in age group 45-54, 1 was in age group 55-64 and two were ages 75+
- In 2020, 2 were ages 15-19 and 2 were ages 75+

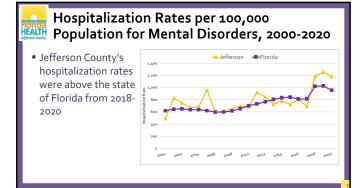


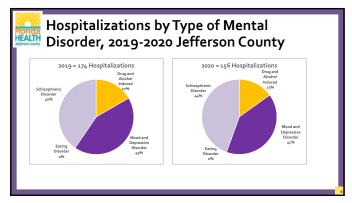
2019-2020 Comparison — Jefferson County

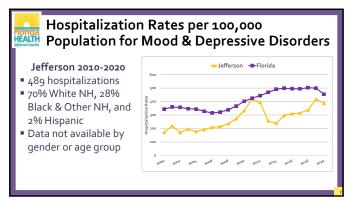
- In 2019, 1 suicide occurred using a firearm and 3 occurred through drug poisoning
- In 2020, all 4 occurred using a firearm

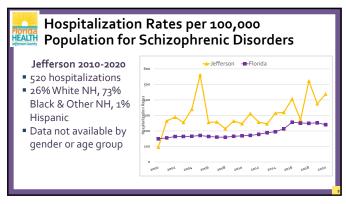
Non-Fatal Self-Harm Injuries

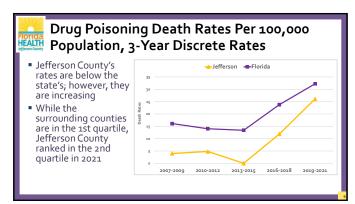
- There were a total of 18 reported in 2019, of which 7 were hospitalized and 11 were ER visits
- There were a total of <5 reported in 2020, all of which were hospitalized

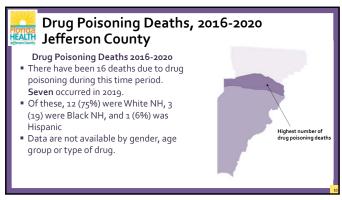


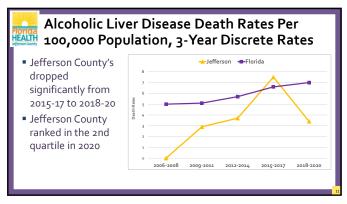


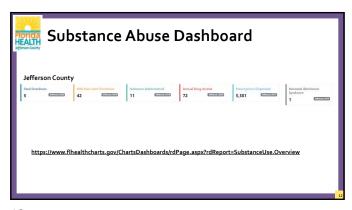


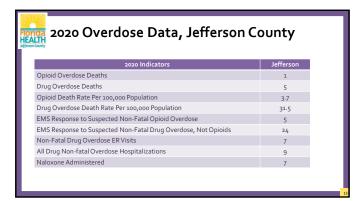


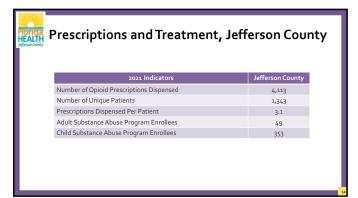


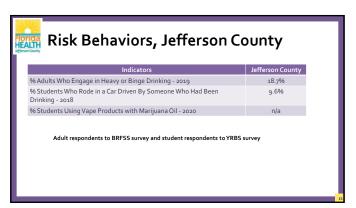












Indicators Jefferson County	Consequences, Jefferson County		
71 adult 1 child Alcohol Confirmed Motor Vehicle Crashes – 2019 7 1 fatality Drug Confirmed Motor Vehicle Crashes - 2019 1 1 fatality Neonatal Abstinence Syndrome – 2019 <5	Indicators	Jefferson County	
1 fatality Drug Confirmed Motor Vehicle Crashes - 2019 1 fatality Neonatal Abstinence Syndrome — 2019 <5	Drug Arrests – 2020		
1 fatality Neonatal Abstinence Syndrome – 2019 <5	Alcohol Confirmed Motor Vehicle Crashes – 2019	7 1 fatality	
, , , ,	Drug Confirmed Motor Vehicle Crashes - 2019	-	
Fordy Stone Cliente Evperioneine Negonatal Abetinance Syndrome	Neonatal Abstinence Syndrome – 2019	<5	
2020	Early Steps Clients Experiencing Neonatal Abstinence Syndrome – 2020	0	

We are grateful for your attendance and your unwavering commitment to improving the health of Jefferson County.

THANK YOU FOR JOINING US!





Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Maternal and Child Health Florida Department of Health Jefferson County March 22, 2023, 10:00 a.m. to 11:00 a.m.

AGENDA

Purpose:

Topic	Lead
Welcome/Call to Order	Donna Hagan, Committee Chair
Sign In	Donna Hagan, Committee Chair
Data Review	Pam Beck
Overview of FIMR • History and Purpose • CRT and CAG Overview of 2022 Recommendations Choosing 2023-2024 CAG Initiatives	Donna Hagan, Committee Chair
Develop Objectives	Donna Hagan, Committee Chair
Group Updates	Donna Hagan, Committee Chair
Next Meeting Date	Donna Hagan, Committee Chair
Meeting Evaluation	Donna Hagan, Committee Chair
Adjourn	Donna Hagan, Committee Chair



Maternal and Child Health Committee Meeting



March 22, 2023

<u>Name</u>	<u>Organization</u>	<u>Email Address</u>	
1. Brandi Turner	Healthy Families Seven Rivers	bturner@healthystartjmt.org	
2. LAURA BLUE	HEALTHY START COALITION JAT	I blue a healthy start j'mt . org	
3. Anna Messick	Tobacco Prevention	anna. messickaf/health.gov	
4. Brenda Carlton	Taylor County School Bo	brenda, carlton @ Taylor, Kiz.	Fl.us
5. Lavorte modaniel	Agalochie Center - Primary Care	launtem 54 Capalachic cente ora	
6. Pam Beck	DOH-Jefferson: Modison	pam. beck@flheath. gov	
Thanella Mitchell -	Dott-Jeff: Madism.	Shandha. motobel & fl health. god	E.
8. Tonya Bell	HSCJMT	their healthystart; mt. org	
9. Kimberly Allbritton	Dott sefferson Madison	Winder Allbrittone - Allary	
10. Chelsen Mc Con	FDOH Jefferson + Madison	Cheter mccos of theath gor	
11. Debra Saens		J J.	
12. Donna Hagan	H5CUMT	dhagan @ heathystarting	t.orc
13.			
14.			



Florida Department of Health in Jefferson & Madison County Social and Behavioral Health Committee Meeting Florida Department of Health in Jefferson County April 25, 2023, 10:00 a.m.

AGENDA

Purpose:

Topic	Lead
Welcome/Call to Order	Lisa Sherry, Committee Chair
Sign In	Chelsey McCoy
Determine Member Roles (Co-Chair, Secretary)	Lisa Sherry, Committee Chair
Develop Goals and Objectives	Pam Beck
Group Updates	Group
Next Meeting Date	Lisa Sherry, Committee Chair
Meeting Evaluation	Chelsey McCoy
Adjourn	Lisa Sherry, Committee Chair



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Social and Behavioral Health Florida Department of Health in Jefferson County April 25, 2023, 10:00 a.m.

<u>Name</u>	<u>Organization</u>	Email Address	<u>Signature</u>
1. Debbie Saenz	Children's Medical Services: Title V Program	debra.saenz@flhealth.gov	Cheire
2. Chelsea Vogtle	Big Bend AHEC	cvogtle@bigbendahec.org	3 '
3. Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	
4. Shanetha Mitchell	FDOH	Shanetha.mitchell@flhealth.gov	
5. Dr. Jennifer Bellotti	Full Spectrum ABA	drbellottibcbad@fullspectrumaba.com	
6. Caroline Gibson	DOH in Jefferson and Madison	caroline.gibson@flhealth.gov	
7. Marie Rigdon	Jefferson County Sheriff's Office	marie.rigdon@jcso-fl.org	Manufica
8. Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	
9. Carissa Pepera	FDOH-Madison	carissa.pepera@flhealth.gov	Online
10. Kathy Barrett	Early Steps	kathy.barrett@chsfl.org	
11. Anna Messick	FDOH-Jefferson	anna.messick@flhealth.gov	Orline
12. Tammy Wells Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	
13. Charles Allen Clayton	Madison County Fire Rescue	fireco@madisoncountyfl.com	
14. Karen Nazworth	Big Bend AHEC	knazworth@bigbendahec.org	Orline
15. Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Social and Behavioral Health Florida Department of Health in Jefferson County April 25, 2023, 10:00 a.m.

		20 March 19 Carlot Special Control Control Special Control Con	
16. Lisa Sherry	DISC Village	lisa.sherry@discvillage.org	Rui Sex
17. Shanice Hayes	Early Steps	shanice.hayes@chsfl.org	
18. Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org	online
19. Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	
20. Sophia Whaley	NFW Health Network	sophia.whaley@nwfhealth.org	
21. Pam Beck	FDOH-Jefferson and Madison	pam.beck@flhealth.gov	Fam Beck
22. Chelsey McCoy	FDOH-Jefferson and Madison	chelsey.mccoy@flhealth.gov	Sam Beck Chilser Mccor
23. Kimberly Allbritton	FDOH-Jefferson and Madison	kimberly.allbritton@flhealth.gov	
24. Kelli Mercer	HCA	kelli.mercer@hcahealthcare.com	online
25. Bibi Ramons	NFW Health Network	beatriz.ramos@nfwhealth.govhoorg	Orline
26. Jessica Brantley	Disc Village	jessica.brantley@discvillage.org	
27. Patricia Blair	Honey Lake Clinic	pblair@honeylakeclinic.com	aline
28. Shalona Hearns	Department of Children and Families	shalona.hearns@myflfamilies.com	Shalona Itlans
29. Dr. Shamarial Roberson	DSR Consultants	sroberson@dsrconsultant.com	,
30. Patricia Hall	The Butterfly Effect Mentoring Program	butterflygirls1@yahoo.com	
31. Nicole Dempsey	VA	nicole.dempsey@va.gov	nicon m Dempsey
32. Yolanda Gillette	Big Bend AHEC	7 19 	, , = 0
33. Allyn Haury	d Jefferson Canty	schools anowarde	jeffersonschools. na



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Social and Behavioral Health Florida Department of Health in Jefferson County April 25, 2023, 10:00 a.m.

34. Sec	Singlelon	Florida	Therapy Serve	s SSingleton@flatherapy.	con
35.	J		J	J	
36.					
37.					
38.					
39.					
40.					

Microsoft Teams Attendees 4/25/2023

Saenz, Debra Debra.Saenz@flhealth.gov
Beatriz Ramos beatriz.ramos@NWFHealth.org
Emily Kohler ekohler@bigbendahec.org

Allbritton, Kimberly Kimberly. Allbritton@flhealth.gov

Lesley Fry No email listed and do not have one on file.

Messick, Anna Anna.Messick@flhealth.gov Pepera, Carissa Carissa.Pepera@flhealth.gov Kelli Mercer (Guest) kelli.mercer@hcahealthcare.com **Shamarial Roberson** sroberson@dsrconsultant.com Patricia Blair pblair@honeylakeclinic.com Janice Hawkins JHAWKINS@SunshineHealth.com Tori R. Woods Tori.Woods@sunshinehealth.com Karen Nazworth knazworth@bigbendahec.org



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Chronic Disease Florida Department of Health Jefferson County Conference Room May 23, 2023, 2:00 p.m. to 3:30 p.m.

AGENDA

Purpose:

Topic	Lead
Welcome/Call to Order	Storm Goodlin, Committee Chair
Sign In	Storm Goodlin, Committee Chair
Data Review	Pam Beck
Develop Objectives	Group
Group Updates	Group
Next Meeting Date	Storm Goodlin, Committee Chair
Meeting Evaluation	Chelsey McCoy
Adjourn	Storm Goodlin, Committee Chair



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Chronic Disease Florida Department of Health Jefferson County Conference Room May 23, 2023, 2:00 p.m. to 3:30 p.m.

<u>Name</u>	<u>Organization</u>	Email Address	<u>Signature</u>
1. Alisha Mughal	Bureau of Chronic Disease Prevention	alisha.mughal@flhealth.gov	Vintual
2. Anna Messick	FDOH Jefferson	anna.messick@flhealth.gov	
3. Betsy Rykard	FDOH Jefferson and Madison	leila.rykard@flhealth.gov	Betsy Rykard
4. Carissa Pepera	FDOH Madison	carissa.pepera@flhealth.gov	Betsy Rykard Vintual
5. Caroline Gibson	FDOH Jefferson and Madison	caroline.gibson@flhealth.gov	
6. Charles Allen Clayton	Madison County Fire Rescue	fireco@madisoncountyfl.com	
7. Chelsey McCoy	FDOH Jefferson and Madison	chelsey.mccoy@flhealth.gov	Chelsey Mccory
8. Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	
9. James Holland	North Florida College	hollandj@nfc.edu	
10. Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	0 0
11. Kechia L Robinson	Madison County Board of County Commissioners	assistant@madisoncountyfl.com <	Keckia Kolinson
12. Kelly S Williams	Big Bend Hospice	kswilliams@bigbendhospice.org	
13. Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	
14. Kimberly Allbritton	FDOH Jefferson and Madison	kimberly.allbritton@flhealth.gov	Vintual
15. Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	LA grafosni



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Chronic Disease Florida Department of Health Jefferson County Conference Room May 23, 2023, 2:00 p.m. to 3:30 p.m.

16. Pam Beck	FDOH Jefferson and Madison	pam.beck@flhealth.gov	Sam Beck,
17. Shanetha Mitchell	FDOH Jefferson and Madison	Shanetha.mitchell@flhealth.gov	Shower has Mittene
18. Storm Goodlin	American Cancer Society	storm.goodlin@cancer.org	1/2 Flow
19. Tammy Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	Vintual
20. Tristan Hope	FDOH Jefferson	tristan.hope@flhealth.gov	
21. Torya Bell	HSCJMT	thell & healthy start i mt. org	Dong Bell
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
			•



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Maternal and Child Health Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. June 27, 2023, 2:00 p.m. to 3:30 p.m.

AGENDA

Purpose:

Topic	Lead
Welcome/Call to Order	Donna Hagan, Committee Chair
Sign In	Donna Hagan, Committee Chair
Approve March Meeting Minutes	Group
Review Community Action Group Annual Action Plan	Donna Hagan, Committee Chair
Review Proposed Objectives	Group
Group Updates	Donna Hagan, Committee Chair
Next Meeting Date	Donna Hagan, Committee Chair
Meeting Evaluation	Donna Hagan, Committee Chair
Adjourn	Donna Hagan, Committee Chair



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Maternal and Child Health Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. June 27, 2023, 2:00 p.m. to 3:30 p.m.

<u>Name</u>	<u>Organization</u>	<u>Email Address</u>	<u>Signature</u>
Afaf Qasem	Tallahassee Memorial HealthCare	afaf.qasem@tmh.org	Transfer and Figure 1
Alisha Mughal	Bureau of Chronic Disease Prevention	alisha.mughal@flhealth.gov	
Anna Messick	FDOH Jefferson	anna.messick@flhealth.gov	2
Carissa Pepera	FDOH Madison	carissa.pepera@flhealth.gov	^.
Chelsey McCoy	FDOH Jefferson and Madison	chelsey.mccoy@flhealth.gov	helsey Mccor
Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	
Cumi Allen	FDOH Jefferson and Madison	cumi.allen@flhealth.gov	1-
Debbie Saenz	Children's Medical Services: Title V Program	debra.saenz@flhealth.gov	TEAMS
Donna Hagan	Healthy Start Coalition	dhagan@healthystartjmt.org	Town you
Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	(May) My Out
Janice Hawkins	Sunshine Health	jhawkins@sunshinehealth.com	TEST
Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	
Kimberly Allbritton	FDOH Jefferson and Madison	kimberly.allbritton@flhealth.gov	ATTENDED
Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	TEAMS
Lorri G Swafford	FDLRS NEFEC	swaffordl@nefec.org	



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Maternal and Child Health Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. June 27, 2023, 2:00 p.m. to 3:30 p.m.

Sign in Sheet

Margie Evans		576@gmail.com	
Pam Beck	FDOH Jefferson and Madison	pam.beck@flhealth.gov	0 (11.
Shanetha Mitchell	FDOH Jefferson and Madison	Shanetha.mitchell@flhealth.gov	Southa Sittle
Shanice Hayes	Early Steps	shanice.hayes@chsfl.org	
Sophia Whaley	NFW Health Network	sophia.whaley@nwfhealth.org	TEAMS
Tammy Wells Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	
Tonya Bell	HSC JMT	tbell@healthystartjmt.org	Sonya Bell
Tracy Melin	Big Bend Area Health Education Center	tmelin@bigbendahec.org	
Tristan Hope	FDOH Jefferson	tristan.hope@flhealth.gov	2
Shanae Pr. + chett	Disc Village		Sharae Pretchelt
Laura Blue	HSC JMT	16 lue @ healthy stort just.org	Lana Blu
Kimberly Allbritton	DOH Jefferson + Madison	Kimbuh Albirton @ Cheath.	gor & marsone mor
Han			
Christina Desilva			TEAMS
Catherine Brunson			TEAMS

Lorraine Buffington

TEAMS



Florida Department of Health in Jefferson & Madison County Social and Behavioral Health Committee Meeting Florida Department of Health in Jefferson County July 25, 2023, 10:00 a.m.



AGENDA

Purpose:

Topic	Lead
Welcome/Call to Order	Lisa Sherry, Committee Chair
Sign In	Chelsey McCoy
Approval of April Meeting Minutes	Group
Vote on Goal and Objectives	Lisa Sherry, Committee Chair
Form Work Groups	Pam Beck
Group Updates	Group
Next Meeting Date	Lisa Sherry, Committee Chair
Meeting Evaluation	Chelsey McCoy
Adjourn	Lisa Sherry, Committee Chair



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Social and Behavioral Health Florida Department of Health in Jefferson County July 25, 2023, 10:00 a.m.



<u>Name</u>	<u>Organization</u>	Email Address	<u>Signature</u>
Lavonte McDaniel	Apalachee Center-Madison Primary Care	lavontem54@apalacheecenter.org	837 # 20
Murel Polee	Apala :hee Center-Jefferson	murel.poleeiii@gmail.com	
Lisa Hill Boateright	Battlefront Therapy	LHill@battlefrontinc.com	Vintual
David Boatwright	Battlefront Therapy	dboatwright@battlefrontinc.com	Vintual
Chelsea Vogtle	Big Bend AHEC	cvogtle@bigbendahec.org	virtual
Karen Nazworth	Big Bend AHEC	knazworth@bigbendahec.org	
Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org	virtual
Alisha Mughal	Bureau of Chronic Disease Prevention	alisha.mughal@flhealth.gov	@ Vintuel
Debbie Saenz	Children's Medical Services: Title V Program	debra.saenz@flhealth.gov	vintual
Shalona Hearns	Department of Children and Families	shalona.hearns@myflfamilies.com	vintual
Lisa Sherry	DISC Village	lisa.sherry@discvillage.org	die 8
Jessica Brantley	Disc Village	jessica.brantley@discvillage.org	T. Brantley
Sharika Craddock	DISC Village Madison Co. Outpatient Office	sharika.craddock@discvillage.org	
Caroline Gibson	DOH in Jefferson and Madison	caroline.gibson@flhealth.gov	vintual
Dr. Shamarial Roberson	DSR Consultants	sroberson@dsrconsultant.com	



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Social and Behavioral Health Florida Department of Health in Jefferson County July 25, 2023, 10:00 a.m.



Shanice Hayes	Early Steps	shanice.hayes@chsfl.org	
Kathy Barrett	Early Steps	kathy.barrett@chsfl.org	
Shanetha Mitchell	FDOH	Shanetha.mitchell@flhealth.gov	,
Anna Messick	FDOH-Jefferson	anna.messick@flhealth.gov	anna Messick
Pam Beck	FDOH-Jefferson and Madison	pam.beck@flhealth.gov	Jam Beck
Chelsey McCoy	FDOH-Jefferson and Madison	chelsey.mccoy@flhealth.gov	Chelsey K. Mccan
Kimberly Allbritton	FDOH-Jefferson and Madison	kimberly.allbritton@flhealth.gov	0
Carissa Pepera	FDOH-Madison	carissa.pepera@flhealth.gov	Vintual
Cheryl Twombly	Florida Department of Children and Families	cheryl.twombly@myflfamilies.com	
John Wisker	Florida Department of Children and Families	john.wisker@myfamilies.com	vintual
Sue Singleton	Florida Therapy Services	ssingleton@flatherapy.com	Sto C. Sigle
Dr. Jennifer Bellotti	Full Spectrum ABA	drbellottibcbad@fullspectrumaba.com	
Kelli Mercer	HCA	kelli.mercer@hcahealthcare.com	
Patricia Blair	Honey Lake Clinic	pblair@honeylakeclinic.com	
Allyn Howard	Jefferson County Schools	ahoward@jeffersonschools.net	
Marie Rigdon	Jefferson County Sheriff's Office	marie.rigdon@jcso-fl.org	
Charles Allen Clayton	Madison County Fire Rescue	fireco@madisoncountyfl.com	
Kevin Angel	Madison County Memorial Hospital	kangel@mcmh.us	



Florida Department of Health in Jefferson & Madison County Community Health Improvement Plan Meeting-Social and Behavioral Health Florida Department of Health in Jefferson County July 25, 2023, 10:00 a.m.



Sign in Sheet

Tammy Wells Stevens	Madison County Memorial Hospital	tstevens@mcmh.us	Vintual
Colin Vareene	Madison County Memorial Hospital	cvareene@mcmh.us	Vintpal
Robin Hill	Madison County School Board	robin.hill@mcsbfl.us	K HVII
Melinda Richie	Madison County School Board	melinda.richie@mcsbfl.us	0 001
Rod Williams	Madison County School Board	roderick.williams@mcsbfl.us	
Shirley Joesph	Madison County School Board- Superintendent	shirley.joseph@mcsbfl.us	
Sophia Whaley	NFW Health Network	sophia.whaley@nwfhealth.org	
Bibi Ramos	NFW Health Network	beatriz.ramos@nwfhealth.org	
Jan Cherry	North Florida Child Development	jcherry@floridachildren.org	
Tori Woods	Sunshine Health	tori.woods@sunshinehealth.com	
Kamia Brown	Sunshine Health	kamia.brown@sunshinehealth.com	Vintual
Patricia Hall	The Butterfly Effect Mentoring Program	butterflygirls1@yahoo.com	
Nicole Dempsey	VA	nicole.dempsey@va.gov	Vintual
Λ , Γ			

Mecayla Davis Jeffeson Co. Sheriff's Office Mecayla. davis@jcso-fi.org Mecayla Shanae Pritchefl@discvillage.org Shanae Partch

Michael Angeles Jefferson CHD Jack Fry UFL Catherine Brunson

Michael. Angeles 2 Cflhealthegov legeles !!

Ja Doly j fry aufledu vintual.

Catherine. brunson anwfhealth.gov

Name	Organization	Email
Anna Likos	Monticello Rotary Club	abidjanna@gmail.com
Afaf Qasem	Tallahassee Memorial	afaf.qasem@tmh.org
Austin Hosford	BOCC District 4	ahosford@jeffersoncountyfl.gov
Artaveya Ingram	Big Bend AHEC/Rural Health Network	aingram@bigbendahec.org
Angela Gray	Jefferson County Property Appraiser	angela.gray@jeffersonpa.net
Amber Freeman	2-1-1 Big Bend, Inc. Help Me Grow Program Coordinator	avolano-freeman@211bigbend.org
Amanda Wander	Big Bend Homeless Assistance Continuum of Care	awander@bigbendcoc.org
Allison Wiman	Big Bend AHEC	awiman@bigbendahec.org
Bill Brumfield	School Board District 4	bbrumfield@jeffersonschools.net
Brent Couch	Simply Healthcare	bcouch@simplyhealthcareplans.com
Brittney Jones	March of Dimes	bejones@marchofdimes.org
Brenda Wirick	School Baord District 3	bwirick@jeffersonschools.net
Byron Wade	My FL Families Supervisor	byron.wade@myflfamilies.com
Carla Hall	Childrens Home Society	Carla.hall@chsfl.org
Chad Arnold	Kids Incorporated of the Big Bend	carnold@kidsincorporated.org
Cristin Dobrowolski	Disc Village Inc.	cdobrowolski@discvillage.com
Collin Streetman	Full Spectrum Behavior Analysis, LLC	cesbcba@fullspectrumaba.com
Charlie Jackson	Whole Child Leon	charlie@wholechildleon.org
Chris Polzer	Shine Liaison	chrisp@aaanf.org
Juanita Faircloth	Monticello Women's Club	christmastime63@yahoo.com
Cindy Hutto	Healthy Start Coalition of Jefferson, Madison and Taylor Count	
Chris Lolley	PCA Florida	clolley@ounce.org
Chris Tuten	BOCC District 1	ctuten@jeffersoncountyfl.gov
Derrick Burrus	Jefferson County Fire Rescue	dburrus@jeffersoncountyfl.gov
De'Anthony Price	UF IFAS Extension-Extension Agent	deanthonyprice@ufl.edu
Debbie Snapp	Jefferson Lions Club/ECB Publishing	debbiesnapp@embarqmail.com
Debbie Saenz	Office of Children's Medical Services	debra.Saenz@flhealth.gov
Denise Robinson	Young Boyz to Kings	Denise.Robinson30@gmail.com
Donna Hagan	Healthy Start Coalition Director	dhagan@healthystartjmt.org
Dr. Jennifer Bellotti	Full Spectrum Behavior Analysis, LLC	drbellottibcbad@fullspectrumaba.com>
Emily Anderson	City of Monticello Clerk/Treasurer	eanderson@mymonticello.net
Emily Kohler	Big Bend AHEC	ekohler@bigbendahec.org
Elizabeth Phillips	DJJ	Elizabeth.phillips@djj.state.fl.us
Erika Littles	Bankers Life Insurance Agent	erika.littles@bankerslife.com
Eydie Triquet	Superintendent of Schools	eydie.tricquet@jeffersonschooldistrict.org

Fred Mosley	Monticello Police Chief	f mosley@mymonticello.net
Kim Davis	Tupelo's	feedme@tupelosbakery.com
John Hicks	First United Methodist Church	FUMCmonticello@embarqmail.com
Gail Anderson	Capital Area Community Action Agency	Gail.Anderson@cacaainc.org
Patricia Garner	Monticello Rotary Club	Garnshark50@gmail.com
George Evans	City Council Group 1	gevans@mymonticello.net
Grace Garratt	211 Big Bend Mental Health Navigator	ggarratt@211bigbend.org
Gene Hall	BOCC District 2	ghall@jeffersoncountyfl.gov
Glorida Cox	City Council Group 2	gloriacoxbiz@gmail.com
Gladys Roann-Watson	School Board District 1	groann-watson@jeffersonschools.net
DBA Gerry Medical Clinic		healthyways01@embarqmail.com
Heather Flynn	FSU College of Medicine	heather.flynn@med.fsu.edu
Heather Lincicome	Apalachee Center/TMH Behavioral Health	heather.lincicome@tmh.org
Dr James Holland	NFCC-Allied Health	Hollandj@nfc.edu
Katrina Richardson	Chamber of Commerce	info@monticellojeffersonfl.com
Jackie Pons	Jefferson Somerset	jackiepons@comcast.net
Janyah Glenn	DJJ	janyah.glenn@djj.state.fl.us
Jason Ishley	CCYS	jason@ccys.org
Jay Reeve	Apalachee Center	jayr@apalacheecenter.org
Jeanna Olson	Department of Children and Families	jeanna_olson@dcf.state.fl.us
Jennifer Travieso	Disc Village Inc.	jennifer.travieso@discvillage.org
John Lilly	Jefferson Extension Office/4-H Office	jgl@ufl.edu
Julius Hackett	Tri-County Electric Cooperative	jhackett@tcec.com
John Jones	City Council Group 4	jjonesjr@mymonticello.net
Joseph Cantin	Florida Department of Children and Families	joseph.cantin@myflfamilies.com
Joy Dixon	American Cancer Society	joy.dixon@cancer.org
Jared Parramore	Jefferson County Fire Rescue	jparramore@jeffersoncountyfl.gov
Joshua Serre	Honey Lake	jserre@honeylakefarms.org
J.T. Surles	BOCC District 3	jtsurles@jeffersoncountyfl.gov