



2024-2028



LAFAYETTE COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED DECEMBER 2023 | REVIEW DATE



This page is intentionally left blank



Contents

Executive Summary of the Lafayette County Community Health Improvement Plan 2024-2028	1
Lafayette County Community Health Improvement Plan Strategic Priorities and Goals	1
Overview of Community Health Improvement Planning	5
Community Health Needs Assessment and Health Improvement Planning	5
Role of Social and Economic Factors in Community Health Improvement Planning	7
Lafayette County Community Health Improvement Plan (CHIP) Process	9
Methodology	9
MAPP Phase 1: Organizing for Success and Partnership Development	9
MAPP Phase 2: Visioning	9
MAPP Phase 3: Four MAPP Assessments	10
MAPP Phase 4: Identifying Strategic Issues	19
MAPP Phase 5: Formulate Goals and Strategies	21
MAPP Phase 6: Action Cycle	21
Lafayette County Community Health Needs Assessment and Health Improvement Timeline	21
Lafayette County CHIP Goals, Strategies, Objectives and Related Resources	23
Lafayette County CHIP Alignment with State and National Priorities	27
Appendix	30
Lafayette County Community Health Improvement Plan (CHIP) Core Team and Community Partners	31
Lafayette County Visioning Results	32
Lafayette County CHIP Implementation Action Plan Template	33
Lafayette County CHIP Action Plan	34



Executive Summary of the Lafayette County Community Health Improvement Plan 2024-2028

LAFAYETTE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Chronic Disease (CD)

- **Goal CD 1:** Promote healthy weight, physical activity, and lifestyle choices to reduce the impact of chronic disease

Strategic Priority: Unintentional Injuries (UI)

- **Goal UI 1:** Prevent unintentional injuries

Strategic Priority: Socio-Economic Factors (SEF)

- **Goal MCH 1:** Improve quality of life

Strategic Priority: Maternal and Child Health (MCH)

- **Goal MCH 1:** Improve birth outcomes

The Florida Department of Health in Lafayette County and community leaders and partners launched the 2023 Community Health Assessment (CHA) process in January 2023. Once again, Lafayette County community partners used the modified Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Although MAPP 2.0 was released after the

2023 Lafayette County Community Health Assessment was launched, the Lafayette CHA Steering Committee opted to include the Community Partner Assessment in the 2023 CHA process. As such, the 2023 Lafayette CHA followed a modified MAPP and MAPP 2.0 process.

Guided by a diverse, broad, and representative body, called the 2023 Lafayette County CHA Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [Lafayette County Community Health Assessment 2023-2028](#) and the [Lafayette and Suwannee Counties Community Health Assessment Technical Appendix 2023](#)) that were used to identify strategic priorities for the coming five years of 2024-2028. (Table references are from the [Lafayette and Suwannee Counties Community Health Assessment Technical Appendix 2023-2028](#) unless otherwise noted). The strategic priorities include:

- **Chronic Disease:** Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death in Lafayette County (Table 61, Technical Appendix) and contribute to lower life expectancy and premature death (Table 20, Technical Appendix). In addition to the assessment data on mortality and life expectancy, secondary data on behaviors and outcomes underscored the importance of addressing prevention and management of chronic diseases. Lafayette County had higher rates of adults who are current smokers and who currently use chewing tobacco, snuff, or snus some days or every day as well as fewer current smokers who tried to quit smoking (Table 128, Technical Appendix). Lafayette County youth (ages 11-17) had higher than state rates of current cigar use, cigarettes, smokeless tobacco use, and electronic vapor product use products (Table 129 Technical Appendix). More than three-quarters (77.8 percent) of Lafayette County adults are overweight or obese and almost 40.0 percent are reported to be sedentary (Table 130, Technical Appendix). Many fewer Lafayette County adults with diabetes ever had diabetes self-management education compared to state rates (Table 149, Technical Appendix).

Concerns for the behaviors and conditions that contribute to chronic diseases surfaced throughout the assessment process. Respondents to the Lafayette County community health assessment survey felt diabetes, cancer, high blood pressure, obesity, tobacco use, and heart disease and stroke topped the list of most important health issues for the county (Table 10, CHA). Relatedly, consuming unhealthy foods and sugar-sweetened beverages, tobacco use including vaping, lack of physical activity, and overeating ranked among the behaviors that have the greatest negative impact on health in Lafayette County (Table 11, CHA). Community input during the forces of change discussions pointed to continuing problems with overweight and obesity and the increase in vaping as negative trends. Half of the partner agencies and organizations that participated in the community partner assessment reported that tobacco

use was an important ongoing focus and that chronic diseases in general and physical activity in particular were also among agency programmatic priorities (Tables 28, 29, CHA).

- **Unintentional Injuries:** As the term implies, unintentional injuries are unplanned and occur without the intent to cause harm. Many unintentional injuries are caused by motor vehicle crashes, falls, drownings, burns, and sports and recreational activities. As in Florida and the United States, unintentional injuries are the leading cause of death for youth in Lafayette County. A rising unintentional injury death rate among Lafayette County males was noted in the community health assessment (Tables 85-89, Technical Appendix). Distracted driving was identified among the behaviors with greatest negative impact by community survey respondents (Table 11, CHA). A third (33.3 percent) of community partner agencies and organizations listed injury prevention among their current focus areas (Table 29, CHA). Through assessment discussions, Lafayette County community partners identified five causes of unintentional injury of most concern; drownings, motor vehicle injuries, animal bites, farm and agricultural industry injuries, and slips and falls.
- **Socio-economic Factors:** The community health assessment process identified socio- economic factors, or non-medical factors that influence health outcomes, as persistent challenges for Lafayette County. These include food insecurity, multiple barriers to dental care, and rural infrastructure gaps in internet access. Secondary data examined in the health status assessment pointed to food insecurity rates higher than state rates (Table 41, Technical Appendix) and 15.5 percent of Lafayette County households receiving cash public assistance or food stamps, exceeding the state rate (Table 50, Technical Appendix). A higher percentage of Lafayette County kindergarteners (65.3 percent) and elementary school students (61.4 percent) qualified for free or reduced lunch in 2021 than state counterparts (Table 47, Technical Appendix). Since 2016 there have been no dentists located in Lafayette County (Table 160, Technical Appendix). This lack of adequate access to routine dental care often manifests in avoidable emergency department (ED) visits for dental problems. In 2021 Lafayette County's preventable ED visit rate was slightly higher than the state rate (Table 161, Technical Appendix). Primary, or new, data collected through the community survey showed that half (50.8 percent) of respondents felt access to health care including primary, specialty, dental, and mental health services was the most important factor that contributes to a healthy community (Table 9, CHA). About 44.4 percent of survey respondents said dental care was among the services most difficult to obtain in Lafayette County. This was underscored by 41.3 percent of respondents reporting that they did not get needed dental care in the past 12 months with cost (50.0 percent), availability of dentists (46.2 percent), and insurance issues (46.2 percent) as common

barriers (Table 12, CHA). Forces of change assessment discussions included an emphasis on the current lack of broadband internet access in much of rural Lafayette County. Fortunately, opportunities to fund fiber optic network expansion are coming to fruition bringing real prospects for telehealth service enhancements. According to partner agencies and organizations via the community partner assessment, many address socio-economic factors including economic stability (83.3 percent of respondents), education access (83.3 percent), healthcare access and quality (50.0 percent), neighborhood and built environment (66.7 percent), and social and community context (50.0 percent) (Table 28, CHA). Human trafficking is an emerging issue that is included among the Lafayette County CHIP objectives in order to begin community education and awareness on the growing problem.

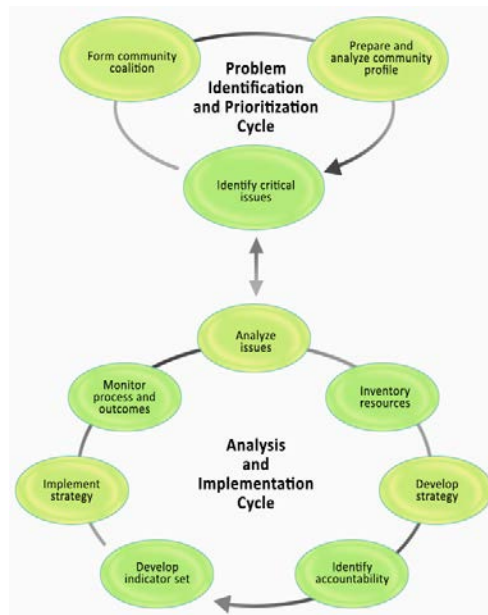
- **Maternal and Child Health:** Pregnant women and women who recently gave birth are a particularly vulnerable and integral component of society, such that understanding their health and well-being is fundamental to any community health assessment. Although Lafayette County's birth rate of 7.2 per 1,000 population (2019-2021) was lower than the state rate, there are still concerns for mothers and infants (Table 121, Technical Appendix). Infant deaths are rare occurrences resulting in small numbers which require caution in their interpretation. For all races, Lafayette County saw one (1) infant death from 2019-2021, resulting in a rate of 6.1 deaths per 1,000 total live births (5.9 per 1,000, Florida) (Table 122, Technical Appendix). The low birthweight (less than five pounds eight ounces) birth rate for Lafayette County (all races) at 9.6 percent of births was slightly higher than for the state and notably higher for Black births at 14.3 percent, although near the state rate (Table 123, Technical Appendix). Only 61.0 percent of births to Lafayette County mothers of all races were reported to have received first trimester care (2019-2021) (Table 124, Technical Appendix). The Special Nutrition Program for Women, Infants, and Children (WIC) offers nutrition education, breastfeeding and other support to women, infants and children up to the age of five. In Lafayette County 45.5 percent of births were to WIC program participants (2019-2021), signaling an opportunity to assist many more mothers and children (Table 127, Technical Appendix). Community survey respondents included poor eating habits, tobacco and alcohol use, and not using birth control among the behaviors that negatively impact health for the general public that includes pregnant women (Table 11, CHA). Assessment discussions on the forces of change brought to light challenges Lafayette County families have with finding safe, reliable, affordable childcare. Community partner agencies and organizations listed pregnant people, premature babies, infants and vulnerable families among their priority populations and two-thirds of partners include family and maternal health among their health topics of focus (Tables 27, 29, CHA).

Overview of Community Health Improvement Planning

COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

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

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



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

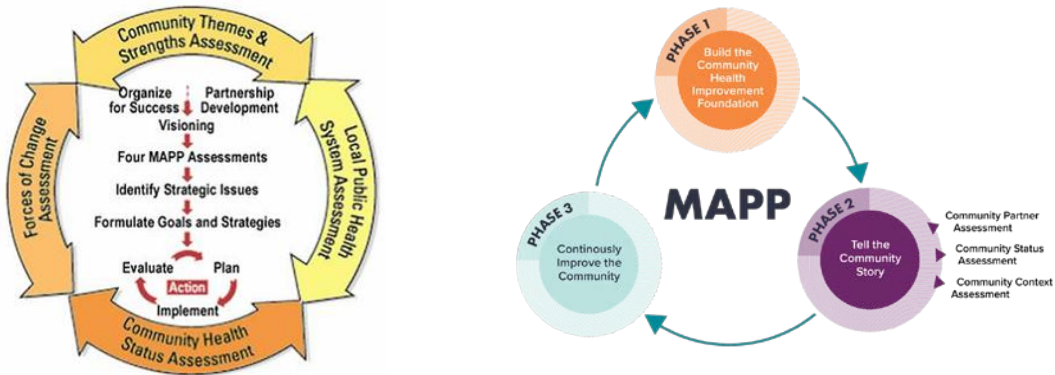
NACCHO and the CDC’s vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

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

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

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

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



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

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

measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (October 2022). *PHAB Acronyms and Glossary of Terms*. Retrieved November 3, 2023, [Acronyms-and-Glossary-of-Terms.pdf \(phaboard.org\)](https://www.phaboard.org/terms.pdf)

ROLE OF SOCIAL AND ECONOMIC FACTORS IN COMMUNITY HEALTH IMPROVEMENT PLANNING

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



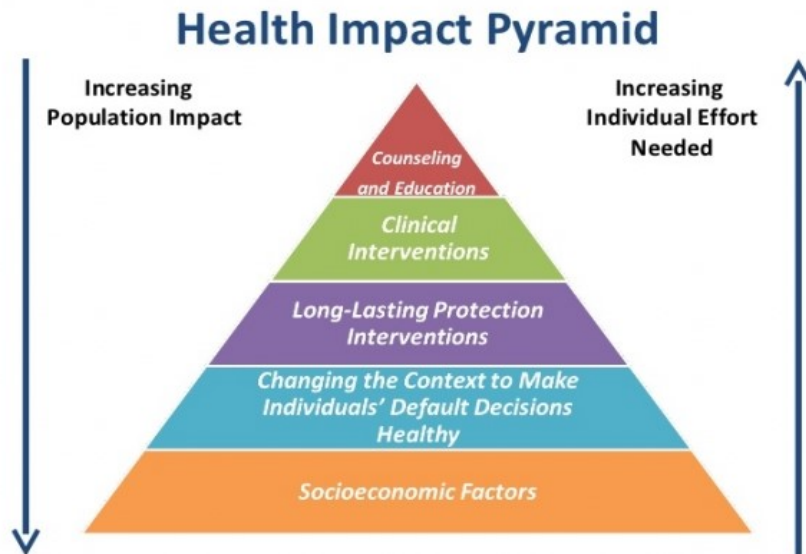
Source: Centers for Disease Control and Prevention. Retrieved November 3, 2023, <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

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

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

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

FIGURE 4: HEALTH IMPACT PYRAMID



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



Lafayette County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Lafayette County CHIP is a continuation of the community health assessment process using the modified MAPP model. Community health assessment work began in January 2023 and concluded in June 2023. The four phases of MAPP that constituted the community health assessment process are described below. In September 2023 Lafayette County partners launched into planning for the CHIP process.

MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment (CHA) and health improvement planning process, the Florida Department of Health in Lafayette County engaged partners to plan a process that built upon existing relationships, used resources wisely, and demonstrated a commitment to making positive, collective impact on health and quality of life in Lafayette County. A listing of the Lafayette County CHA Steering Committee members and partners, and their affiliations can be found in the [Lafayette County Community Health Assessment 2023-2028](#) report.

MAPP PHASE 2: VISIONING

At the January 4, 2023, kick-off meeting of the Lafayette County Community Health Assessment, Steering Committee members participated in a visioning exercise to define health, identify the characteristics of a healthy Lafayette County, envision the community health system in the next three to five years, and visualize the needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions:

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

Additional visioning results and the community's full definition of health and a healthy community are included in the appendix.

FIGURE 5: VISIONING WORD CLOUD, LAFAYETTE COUNTY, 2023



Source: Lafayette County visioning discussion, January 4, 2023. Prepared by WellFlorida Council, using WordItOut.com, 2023.

MAPP PHASE 3: FOUR MAPP ASSESSMENTS

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

Forces of Change:

On April 6, 2023 Lafayette County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state, and nation. Through a facilitated discussion they identified trends, factors, and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal, and ethical factors, trends, and events. The most commonly mentioned forces of change identified are listed below.

- Factors
 - Senior citizen isolation
 - Scarce mental health services
 - No animal control services
 - Tradition of using sugar-laden treats as rewards and for fundraising

- No satellite campus for higher education
- Limited childcare services
- Availability of community centers for each county commission district
- State parks in Lafayette County
- Lack of lodging and hotels

- Trends
 - Obesity rates continue to rise
 - Increase in vaping
 - Wild and domestic animal bites increasing
 - Population growth in all age groups and socioeconomic levels
 - Increase in food insecurity
 - Limited emergency medical services (EMS)
 - Change in weather trends

- Events
 - UF/IFAS programmatic change to adults-only focus
 - Broadband fiber optic internet expansion funding decrease
 - End of public health emergency declaration related to the pandemic
 - Building new apartment complex
 - Agribusiness expansion
 - Private land development on equestrian center site
 - Expansion of Rendezvous Campground
 - State elections and redistricting

Community Themes and Strengths:

Lafayette County residents' opinions, perspectives, and concerns were collected through the community themes and strengths assessment. The goal of this primary data collection activity was to better understand the health-related issues that are important to the community and what barriers and obstacles prevent or impede access to health and social services. An electronic community survey collected input from adult Lafayette County residents. There were 63 completed community surveys included in the analysis. A convenience sampling method was used to collect survey data and results are not generalizable to the general population. More than 35 percent of community survey respondents ranked substance/drug misuse as the most important health issue to be addressed, followed by diabetes, cancer, access to sufficient, nutritious food, obesity, and high blood pressure. Relatedly, drug misuse was ranked as the behavior with the greatest negative impact on health in

Lafayette County, with 57.1 percent of responses while eating unhealthy foods and drinking sugar-sweetened beverages ranked second with 33.3 percent of responses. Other highlights from the analysis of the community survey are provided below (Tables 9-14, CHA). For detailed results, please refer to the [Lafayette County Community Health Assessment 2023-2028](#) report.

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

- Substance/drug misuse (35.5 percent of survey respondents selected this)
- Diabetes (25.4 percent)
- Cancer (20.6 percent)
- Access to sufficient food (17.5 percent)
- Obesity (17.5 percent)
- High blood pressure (17.5 percent)

Behaviors with the greatest negative impact in Lafayette County included:

- Drug misuse (57.1 percent)
- Eating unhealthy foods/drinking sugar-sweetened beverages (33.3 percent)
- Tobacco use, vaping, chewing tobacco (30.2 percent)
- Lack of personal responsibility (28.6 percent)
- Lack of physical activity (22.2 percent)
- Alcohol misuse (19.0 percent)

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

- Specialty care (57.1 percent)
- Urgent care (57.1 percent)
- Imaging (CT scan, mammograms, MRI, X-Rays, etc.) (54.0 percent)
- Vision/eye care (54.0 percent)
- Emergency room care (49.2 percent)
- Laboratory services (46.0 percent)

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

- Cost (50.0 percent dental care, 18.2 percent primary care, 18.2 percent mental health care)
- Insurance-related issues (46.2 percent dental care, 36.4 percent primary care, 18.2 percent mental health care)

- Appointment availability (30.8 percent dental care, 63.6 percent primary care, 36.4 percent mental health care)

Community Health Status:

A comprehensive review of secondary data for Lafayette County examined demographic and socioeconomic indicators, mortality and morbidity, health care access and utilization, and geographic and racial and ethnic disparities. The [Lafayette County Community Health Assessment 2023-2028](#) report and [Lafayette and Suwannee Counties Community Health Assessment Technical Appendix 2023](#) were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

Social and Economic Factors of Health

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

- Poverty [\$39,543] median household income, all races, Lafayette County, \$61,777 Florida (Table 30, 2021); \$20,437 per capita income, all races Lafayette County, \$35,216 Florida (Table 32, 2017-2021); 26.5 percent Asset Limited, Income Constrained, Employed (ALICE) households Lafayette County, 33.3 percent Florida, (Table 29, Technical Appendix)].
- Limited employment opportunities [4.0 percent unemployment Lafayette County, 4.6 percent Florida (Table 36, Technical Appendix)].
- Education levels [97.5 percent high school graduation rate Lafayette County, 90.0 percent Florida (Table 39, 2020-2021); 15.1 percent college degree as the highest level of school completed Lafayette County, 42.8 percent Florida (Table 38, Technical Appendix)]
- Food insecurity [12.2 percent (all ages) Lafayette County, 10.6 percent Florida; 13.4 percent (children) Lafayette County, 15.7 percent Florida (Table 41, 2020)]
- Health care service access [11.2 total physicians/100,000 Lafayette County, 314.0/100,000 Florida; 0.0 dentists/100,000 Lafayette County, 55.7/100,000 Florida (Tables 158, 160 Technical Appendix)].

Health Status

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

- Cancer (191.2 deaths/100,000 Lafayette County, 137.7 deaths/100,000 Florida)
- COVID-19 (185.2 deaths/100,000 Lafayette County, 108.8 deaths/100,000 Florida)
- Heart Disease (112.1 deaths/100,000 Lafayette County, 144.1 deaths/100,000 Florida)
- Unintentional Injury (106.5 deaths/100,000 Lafayette County, 72.8 deaths/100,000 Florida)
- Chronic Lower Respiratory Disease (CLRD) (67.2 deaths/100,000 Lafayette County, 30.7 deaths/100,000 Florida)
- Infant mortality (5.3 deaths/1,000 live births Lafayette County, 5.9 deaths/1,000 live births Florida (note: number of Lafayette County infant deaths was one (1) for 2019-2021)

Health Behaviors and Conditions that Contribute to Poor Health Outcomes

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

- Mental health problems [18.3 percent adults with depressive disorder Lafayette County, 17.7 percent Florida; 26.0 percent adults whose poor physical or mental health kept them from doing usual activities of daily living on 14 or more of the past 30 days Lafayette County, 18.3 percent Florida (Table 107)]
- Tobacco use among adults including e-cigarettes and smokeless tobacco products [26.4 percent adults who are current smokers Lafayette County, 14.8 percent Florida; 5.4 percent adults current e-cigarette users Lafayette County, 7.5 percent Florida (Table 128)]

- Tobacco use including electronic vapor products among youth (ages 11-17 years) [11.8 percent youth who are current electronic vapor product users Lafayette County, 10.6 percent Florida; 3.5 percent current smokeless tobacco use Lafayette County, 1.0 percent Florida (Table 129)]
- Overweight and obesity [77.8 percent are overweight or obese Lafayette County, 64.6 percent Florida (Table 130)]
- Late entry into prenatal care [61.0 percent of births that received first trimester care, all races, Lafayette County, 69.3 percent Florida (Table 124)].

Geographic, Racial and Ethnic Disparities

Some disparities were found in the course of Lafayette County's community health assessment process and these preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include the following:

- Differences in poverty rates were seen for children, adults and between Whites, Blacks and Hispanics by geography, age, and sex. About 15.0 percent of Lafayette County individuals overall were in poverty in the past 12 months (13.1 percent for Florida), and 13.8 percent of Lafayette County children (0 to 17 years of age) were in poverty (18.2 percent for Florida). Fifteen percent (15.2 percent) of individuals overall in Mayo (zip code 32066) were reported to be in poverty along with 17.3 percent of children (Table 22, Technical Appendix). The rates of Lafayette County residents ages 18-64 years living below 100 of poverty (14.8 percent) and between 100 to 200 percent poverty (19.2 percent) were higher than state rates (12.2 and 17.6 percent, respectively, 2017-2021). Lafayette County children had lower than state rates for below 100 percent poverty (13.8 compared with 18.2 percent) and higher than state rates for between 100 to 199 percent poverty at 34.4 percent compared with 24.2 percent for the state (Table 24, Technical Appendix). When examined by sex, poverty rates were twice as high among females in Lafayette County (20.6 percent) as compared with males (10.2 percent) and both rates were higher than state rates (14.1 percent and 12.0 percent, respectively) (Table 25, Technical Appendix).

Poverty affects people of color disproportionately throughout the state of Florida and in Lafayette County. In 2017-2021, 15.4 percent of White Lafayette County residents lived in poverty in the past 12 months compared with 11.1 percent of White Florida residents. About 13.1 percent of Black Lafayette County residents lived in poverty, compared with 20.5 percent in Florida. Hispanics living in Lafayette County were also reported to have experienced poverty at lower percentages than all races, Whites and Blacks for both their Lafayette County and Florida counterparts. Data shows that 7.1 percent of Lafayette County Hispanics lived in poverty compared with 15.9 percent in Florida (Table 26, Technical Appendix).

- Differences in mortality rates among Whites and Blacks and Hispanics were found. Lafayette County Blacks had a higher overall mortality rate compared with Whites and had higher age-adjusted mortality rates due to:
 - Heart disease at 382.4 deaths per 100,000 population as compared with 186.3 White deaths
 - Unintentional injury at 162.6 deaths per 100,000 population as compared with 53.1 White deaths
 - Essential hypertension at 94.3 deaths per 100,000 population as compared with 14.2 White deaths
 - COVID-19 at 127.1 deaths per 100,000 population as compared with 107.4 White deaths

Although Whites in Lafayette County generally had lower overall age-adjusted mortality rates, higher age-adjusted mortality rates were noted due to:

- Cancer at 192.2 deaths per 100,000 population as compared with 188.8 Black deaths
 - CLRD at 69.4 deaths per 100,000 population as compared with 32.8 Black deaths
- (Tables 67, 68, Technical Appendix)

Differences in mortality by ethnicity were noted by comparing Hispanic mortality rates to mortality rates for all races, or the county overall. For 2019-2021 Hispanic Lafayette County residents had lower age-adjusted mortality rates than the county overall. Lower death rates were noted for Hispanics compared with all races for cancer. Higher age-adjusted death rates were found in the following causes: (Table 67, Technical Appendix):

- CLRD at 100.1 deaths per 100,000 population among Hispanics versus 68.6 among all races
 - Unintentional injury at 153.5 deaths per 100,000 population among Hispanics versus 60.7 among all races
 - COVID-19 at 153.5 deaths per 100,000 population among Hispanics versus 109.3 among all races
- Disparities emerged in first trimester care rates among pregnant women. In 2019-2021, 61.0 percent of all births to Lafayette County mothers received first trimester care compared to 69.3

percent for the state. The rate of first trimester care for all races, Whites, and Hispanics in Lafayette County were lower than those of the state. Black Lafayette County mothers received first trimester care at a higher rate than White Lafayette County mothers and Black mothers across the state (Table 124, Technical Appendix).

Health Care Resources and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural areas such as Lafayette County face many barriers in accessing health care services. Utilization and health professional shortage data illuminated the depth of access to care issues in Lafayette County. The major issues related to health care resources, access, and utilization fall into the groups listed below.

- Inappropriate use of Emergency Departments for dental problems [7.9 preventable dental emergency department visits per 1,000 population Lafayette County, 7.8 visits Florida (Table 161, Technical Appendix)]
- Lack of health care providers and services, specialty care physicians, and dentists [1.2 total physicians per 100,000 Lafayette County, 314.0 physicians per 100,000 Florida; 0 dentists per 100,000 Lafayette County, 55.7 per 100,000 Florida (Tables 158, 160, Technical Appendix)]
- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Lafayette County residents at 47.4 percent for Medicare, 20.8 percent Medicaid, 17.5 percent private insurance; hospital discharges covered by Medicare and Medicaid at 44.6 percent and 18.5 percent, respectively were higher for Lafayette County compared with the state (2021) (Tables 165-167, Technical Appendix)]
- Lack of affordable health insurance with sufficient coverage [an average of 87.1 percent civilian population, all ages insured (2017-2021, Lafayette County; an average of 87.4 percent Florida (Table 155, Technical Appendix); percent uninsured by age groups, under 65 years of age Lafayette County at 18.3 percent, Florida 15.5 percent; ages 18-64 Lafayette County at 21.6 percent, Florida 18.4 percent (Table 154, Technical Appendix)]

Community Partner Assessment:

As part of this modified MAPP-based assessment, Lafayette County community partners took part in the new MAPP 2.0 community partner assessment to better understand the interests and capacities of health improvement planning collaborators. Using an electronic survey of community partner organizations and agencies and the discussion of its results, Lafayette County partners inventoried their assets, skills, gaps, and challenges. The results point to capacities and shared interests for improving

community health. According to survey results, 83.3 percent of partners are working to improve mental and behavioral health; two-thirds of partners are focused on family and maternal health issues, and half are addressing tobacco use and substance misuse (Table 29, CHA). Resource sharing and pooling (83.3 percent), effective program delivery (66.7 percent), and creating long-term permanent social change (50.0) were the top interests in participating in collaborative community health assessment and health improvement planning (Table 23, CHA). Lafayette County partners indicated they bring resources such as staff support, community engagement and relationships, policy and advocacy skills, and expertise in qualitative primary data collection (Table 24, CHA). Other highlights from the analysis of the partner survey are provided below (Tables 18-39, CHA). For a full description of the process and findings, please see the Community Partner Assessment section in the [Lafayette County Community Health Assessment 2023-2028](#).

Priority populations addressed by Lafayette County community partners (Table 27, CHA):

- Families
 - Vulnerable families with infants
 - Low-income families and individuals
- Pregnant people and premature babies
- Homeless persons and families
- Older adults
- Infants, children, and teens

Health topics of focus by Lafayette County community partners included (Table 29, CHA):

- Mental or behavioral health (83.3 percent of responding partner agencies)
- Family and maternal health (66.7 percent)
- Tobacco use and substance misuse prevention (50.0 percent)
- Injury and violence prevention (33.3 percent)
- Health care access and utilization (33.3 percent)
- Women, Infants, Children (WIC) program and food benefits (33.3 percent)

Community partner assessment highlights (Tables 18-39, CHA):

- Gaps
 - Limited data sharing
 - Limited experience in conducting assessments
 - Capacity in policy development is limited
 - Strengths
-

- Shared dedication to serving all populations including those who are vulnerable
- Interest in community health assessment and health improvement planning partnership and process
- Willing to share resources and expertise for assessment and planning
- Common focus on several health topics

MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies, and implementation. These steps are also referred to as MAPP phases four through six. On June 15, 2023, the Lafayette County CHA Steering Committee identified strategic priorities. The process included the review of the community health status data, community themes and strengths findings from the community survey, forces of change issues, and data from the community partner assessment. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of issue scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility, and resource availability. Table 1 below lists the characteristics of each criterion. First, in small workgroups, participants reviewed, discussed, identified common themes, and picked their top five strategic priority issues. All attendees then participated in a facilitated consensus discussion and multi-voting to identify the final strategic priorities. On September 26, 2023 the Lafayette County community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP.

TABLE 1: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, LAFAYETTE COUNTY, 2023

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

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

Strategic Priority Issue Areas Identified

- Socio-economic factors
 - Homelessness, housing, and shelters
 - Food insecurity, with a focus on sustainability of current programs
 - Mental health, with a focus on linkage to care
 - Dental health, with a focus on access to care
 - Broadband fiber optic network expansion that includes education on use
- Chronic Disease
 - Obesity
 - Physical activity
 - Tobacco use
 - Self-management education
- Unintentional Injury
 - Drownings
 - Motor vehicle injuries
 - Animal bites
 - Farm and agricultural industry injuries
 - Falls and slips
- Maternal and Child Health
 - Low birthweight births
 - Breastfeeding rates
 - Late entry into prenatal care
 - Access to care, given that no obstetric providers are in the county
 - Parenting education including youth social and behavioral issues and support for grandparents raising grandchildren



MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies, write measurable objectives, and build action plans for each of the strategic priority areas. At its September 26, 2023, meeting, the Lafayette County community partners began this work. After reviewing the data and key findings from the four MAPP assessments, the group reconfirmed and refined the strategic priority issue statements and began work on writing objectives and action plans. With remote work ongoing, community partners reconvened on November 3, 2023 when they refined and finished writing action plans. Subject matter experts contributed evidence-based and promising practices which were considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, and data source. Action plans note milestone activities, identify a lead entity, specify performance measures for activities, list resources needed, and have a tracking and status indicator.

MAPP PHASE 6: ACTION CYCLE

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

LAFAYETTE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

November 2022-January 2023	Organizational meetings, steering committee and partner identification and timeline development
January 4, 2023	Community health assessment kick-off meeting, visioning
February 10 – March 25, 2023	Primary, secondary, and qualitative (community survey) data collection and analysis
April 6, 2023	Forces of Change Assessment conducted and presentation of preliminary assessment data and findings
May 10 – 20, 2023	Community Partner Assessment survey



June 15, 2023	Convene community partners, solicit community input on findings, reach consensus on strategic priority issues
July 2023	Lafayette County Community Health Assessment is published
September 18, 2023	Lafayette CHIP Core Team organizational discussions, CHIP timeline development, resources identified
September 26, 2023	Lafayette CHIP community partner meeting to write goals, identify strategies, draft objectives, begin action planning
October 11, 2023	Second Core Team meeting to review draft goals, objectives, and action plans
November 3, 2023	Second Lafayette CHIP community partner meeting to finish goals, objectives and action plans
November 20, 2023	Third Core Team meeting to finalize strategic priority action plans
December 31, 2023	2024-2028 Lafayette County Community Health Improvement Plan published
January 2024	Lafayette County Community Health Improvement Plan launch



Lafayette County CHIP Goals, Strategies, Objectives and Related Resources

There are four strategic priority areas in the 2024-2028 Lafayette County community health improvement plan. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring, and reporting. Each goal area has its own action plan with key activities, baseline and target data, accountability measures, and progress reporting mechanisms as well as background on related evidence-based strategies and programs, listing of any proposed policy changes, and notations of gaps and health disparity concerns. Please see the appendices for the action plan template and the action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

Strategic Priority: Chronic Disease (CD)
Goal CD 1: Promote healthy weight, physical activity, and lifestyle choices to reduce the impact of chronic disease
Strategies CD 1.1: Primary prevention and disease management through access to resources, health education, health promotion and wellness activities
Objective CD 1.1.1: By December 31, 2028, decrease the percentage of Lafayette County adults who are overweight or obese by 3 percent (Baseline: 77.8 percent (2019), Target: 75.4 percent (state rate 64.6 percent), Data Source: BRFSS FLHealthCHARTS)
Objective CD 1.1.2: By December 31, 2028, decrease the percentage of Lafayette County adults aged 65 and older who report being sedentary by 5 percent (Baseline: 36.5 percent (2019), Target: 34.7 percent (state rate 29.7 percent), Data Source: BRFSS, FLHealthCHARTS)
Objective CD 1.1.3: December 31, 2028, decrease the percentage of Lafayette County adults who are current smokers by 5 percent (Baseline: 26.4 percent (2019), Target: 25 percent (state rate 14.8 percent) Data: BRFSS, FLHealthCHARTS)
Objective CD 1.1.4: By December 31, 2028, increase the percentage of Lafayette County adults with diabetes who have ever had self-management education by 5 percent (Baseline 50.7 percent (2019) Target: 53.2 percent (state rate 66.3 percent), Data Source: BRFSS, FLHealthCHARTS)
Resources: Feeding Florida, Suwannee River Area Health Education Center, Florida Department of Health in Lafayette County, Diabetes Empowerment Education Program, CHIP partner organizations, Tobacco-Free Florida, see also <i>Lafayette County Community Health Assessment, 2023-2028</i> sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 107)



Strategic Priority: Unintentional Injuries (UI)
Goal UI 1: Prevent unintentional injuries
Strategies UI 1.1: Community education, skills development, injury risk mitigation, policy, and infrastructure change
Objective UI 1.1.1: By December 31, 2028, reduce the death rate per 100,000 population from unintentional injuries among children aged 0-17 by 15 percent (Baseline: 58.8 deaths per 100,000 population (2019-2021; total number of deaths: 3), Target: 51.7 deaths per 100,000, Data Source: FLHealthCHARTS)
Objective UI 1.1.2: By December 31, 2028, reduce deaths among Lafayette County residents aged 65 and older from unintentional falls by 10 percent (Baseline: 89.7 deaths per 100,000 population (2019-2021, total deaths = 4), Target: 80.7 deaths per 100,000 population (state rate 75.0 deaths per 100,000 population), Data Source: FLHealthCHARTS, crude death rates)
Objective UI 1.1.3: By December 31, 2025 establish a motor vehicle crash reduction workgroup in Lafayette County to address motor vehicle deaths (Baseline: No workgroup (new initiative), Target: Workgroup established, Data Source: DOH Lafayette)
Objective UI 1.1.4: Decrease the number of animal bites by 10 percent each year (Baseline: 42 (January 1 - December 31, 2023), Target: 37 animal bites, Data Source: DOH Lafayette)
Resources: Florida Department of Health in Lafayette County, Florida Department of Health Bureau of Epidemiology, Lafayette County Fire Rescue, Florida Department of Law Enforcement, Florida Fish and Wildlife, Elder Options, Arthritis Foundation, see also <i>Lafayette County Community Health Assessment, 2023-2028</i> sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 107)
Strategic Priority: Socio-Economic Factors (SEF)
Goal SEF 1: Improve quality of life
Strategies SEF 1.1: Coordinate and collaborate with local government, for-profit and nonprofit entities to bring access to, nutritious food, dental care, and housing assistance resources
Objective SEF 1.1.1: By December 31, 2024, publish an updated digital list of housing assistance resources on local government and community partner websites (Baseline: Zero (0) list of updated housing resources, Target: 1 updated list of housing resources, Data Source: DOH in Lafayette)
Objective SEF 1.1.2: By December 31, 2028, decrease the percentage of Lafayette County residents (all ages) who are food insecure by 5 percent (Baseline: 12.8 percent (2020), Target: 12.1 percent (state rate 10.6 percent), Data Source: FLHealthCHARTS, Feeding America)
Objective SEF 1.1.3: By July 31, 2027, increase the number of students served in the school-based dental sealant program in Lafayette County public schools by 10 percent (Baseline: 13 students served 2022-2023 school year, Target: 15 students served in 2026-2027 school year, Data Source: DOH Lafayette)

<p>Objective SEF 1.1.4: Hold one event with the Florida Baptist Convention Dental bus one time in Lafayette County by December 31, 2028 (Baseline: Zero events Target: One event, Data Source: DOH Lafayette)</p>
<p>Objective SEF 1.1.5: By December 31, 2028, broadband fiber optic internet access will be available to 50 percent of Suwannee Valley Electric Lafayette customers (Baseline : 0 percent, Target: 50 percent, Data Source: Suwannee Valley Electric)</p>
<p>Objective SEF 1.1.6: By December 31, 2028, 80.0 percent of all client-facing DOH Lafayette staff will receive Human Trafficking training (Baseline: Zero (0) percent, Target: 80.0 percent, Data Source: DOH Lafayette)</p>
<p>Resources: Feeding Florida, Suwannee River Economic Council, University of Florida/Institute for Food and Agricultural Sciences (UF/IFAS) Extension, Florida Baptist Convention Dental Bus Program, faith-based organization partners, Elder Options, local farmers, Florida Department of Health in Lafayette County, Dixie County, Gilchrist County, and Levy County, Lafayette County School District, Suwannee Valley Electric, CHIP community partners, Lafayette Forward, see also <u>Lafayette County Community Health Assessment, 2023-2028</u> sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 107)</p>
<p>Strategic Priority: Maternal and Child Health (MCH)</p>
<p>Goal MCH 1: Improve birth outcomes</p>
<p>Strategies MCH 1.1: Decrease barriers to prenatal care, breastfeeding, and postnatal care; promote opportunities for new mothers and babies to thrive through education, skills development, access to resources, policy on WIC phone certification</p>
<p>Objective MCH 1.1.1: By December 31, 2028, decrease the infant mortality (all races) rate by 10 percent (Baseline: 5.35 per 1,000 live births (1 death, 2019-2021), Target: 4.8 per 1,000 live births (state rate 5.9 per 1,000 live births), Data Source: FLHealthCHARTS)</p>
<p>Objective MCH 1.1.2: By December 31, 2028, decrease the percentage of mothers (all races) who smoked during pregnancy by 5 percent (Baseline: 15.0 percent (2019-2021), Target: 14.2 percent (state rate 3.6 percent), Data Source: FLHealthCHARTS)</p>
<p>Objective MCH 1.1.3: By December 31, 2028, maintain the percentage of Hispanic mothers who initiate breastfeeding (Baseline: 100 percent 2021, Target: 100 percent (state rate: 88.3 percent), Data Source: FLHealthCHARTS)</p>
<p>Objective MCH 1.1.4: By December 31, 2028, increase the percentage of White mothers who initiate breastfeeding by 5 percent (Baseline: 76.8 percent, Target: 80.6 percent 2021 (state rate: 87.0 percent), Data Source: FLHealthCHARTS)</p>
<p>Objective MCH 1.1.5: By December 31, 2028, increase the percentage of Black mothers who initiate breastfeeding by 5 percent (Baseline: 42.9 percent 2021, Target: 45.0 percent (state rate: 77.4 percent), Data Source: FLHealthCHARTS)</p>
<p>Objective MCH 1.1.6: By December 31, 2028, increase the percentage of Women, Infants and Children (WIC) eligibles served by 5.0 percent (Baseline: 42.0 percent (2020-2022), Target: 45.0 percent (state rate 64.8 percent), Data Source: FLHealthCHARTS)</p>

Resources: National Child Passenger Safety Certification Program, Suwannee River Area Health Education Center, Chamber of Commerce, Healthy Start Coalition, WIC Program, Florida Department of Health in Lafayette County, Florida Department of Health in Alachua County, see also *Lafayette County Community Health Assessment, 2023-2028* sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 107)



Lafayette County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies, and objectives in the Lafayette County CHIP align with state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2022-2026 and Healthy People 2030. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Lafayette County residents.

<p>Lafayette County CHIP Objectives</p>	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
<p>Strategic Priority: Chronic Disease (CD)</p>	
<p>Objective CD 1.1.1: By December 31, 2028, decrease the percentage of Lafayette County adults who are overweight or obese by 3 percent</p>	<p>HP 2030: NWS-03 Florida SHIP: Goal CD 2</p>
<p>Objective CD 1.1.2: By December 31, 2028, decrease the percentage of Lafayette County adults aged 65 and older who report being sedentary by 5 percent</p>	<p>HP 2030: PA-01, PA-02, PA-03, PA-04, PA-05 Florida SHIP: Goal CD 2, Obj CD6.2</p>
<p>Objective CD 1.1.3: December 31, 2028, decrease the percentage of Lafayette County adults who are current smokers by 5 percent</p>	<p>HP 2030: TU-01, TU-02, TU-03 Florida SHIP: Goal MW 3, Obj MW3.2</p>
<p>Objective CD 1.1.4: By December 31, 2028, increase the percentage of Lafayette County adults with diabetes who have ever had self-management education by 5 percent</p>	<p>HP 2030: D-06 Florida SHIP: Goal CD 4, Obj CD4.2</p>
<p>Strategic Priority: Unintentional Injuries (UI)</p>	
<p>Objective UI 1.1.1: By December 31, 2028, decrease the death rate per 100,000 population from unintentional injuries among children aged 0-17 by 15 percent</p>	<p>HP 2030: IVP-01, MICH-03 Florida SHIP: Goal ISV 1, Obj ISV1.2, Obj ISV1.4, Obj ISV1.5</p>
<p>Objective UI 1.1.2: By December 31, 2028, decrease deaths among Lafayette County residents aged 65 and older from unintentional falls by 10 percent</p>	<p>HP 2030: IVP-01, IVP-03, IVP-08 Florida SHIP: Goal ISV 2, Obj ISV2.2</p>
<p>Objective UI 1.1.3: By December 31, 2025 establish a motor vehicle crash reduction</p>	<p>HP 2030: IVP-06, SH-01, IVP-07 Florida SHIP: Obj 2.3</p>



Lafayette County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
workgroup in Lafayette County to address motor vehicle deaths	
Objective UI 1.1.4: Decrease the number of animal bites by 10 percent each year	HP 2030: IVP-02 Florida SHIP: Priority 3 Injury, Safety, and Violence
Strategic Priority: Socio-Economic Factors (SEF)	
Objective SEF 1.1.1: By December 31, 2024, publish an updated digital list of housing assistance resources on local government and community partner websites	HP 2030: SDOH-04 Florida SHIP: Goal SEC 3
Objective SEF 1.1.2: By December 31, 2028, decrease the percentage of Lafayette County residents (all ages) who are food insecure by 5 percent	HP 2030: NWS-01 Florida SHIP: Obj SEC3.3
Objective SEF 1.1.3: By July 31, 2027, increase the number of students served in the school-based dental sealant program in Lafayette County public schools by 10 percent	HP 2030: OH-01, OH-02, OH-10 Florida SHIP: Goal CD 7, Obj CD7.1, MCH1.4
Objective SEF 1.1.4: Hold one event with the Florida Baptist Convention Dental bus one time in Lafayette County by December 31, 2028	HP 2030: OH-03, OH-08, AHS-05 Florida SHIP: Goal CD 7, Obj CD7.3
Objective SEF 1.1.5: By December 31, 2028, broadband fiber optic internet access will be available to 50.0 percent of Suwannee Valley Electric Lafayette customers	HP 2030: HC/HIT-D01, HC/HIT-D09 Florida SHIP: Priority Area 6 Social and Economic Conditions Impacting Health
Objective SEF 1.1.6: By December 31, 2028, 80.0 percent of all client-facing DOH Lafayette staff will receive Human Trafficking training	HP 2030: IVP-D03, AH-R11 Florida SHIP: Goal ISV 3, Obj ISV3.2
Maternal and Child Health (MCH)	
Objective MCH 1.1.1: By December 31, 2028, decrease the infant mortality (all races) rate by 10 percent	HP 2030: MICH-01, MICH-08 Florida SHIP: MCH 2, Obj MCH2.1, MCH2.4
Objective MCH 1.1.2: By December 31, 2028, decrease the percentage of mothers (all races) who smoked during pregnancy by 5 percent	HP 2030: MICH-10, TU-15 Florida SHIP: Priority Area 4 Maternal and Child Health, Goal MCH 3



<p align="center">Lafayette County CHIP Objectives</p>	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
<p>Objective MCH 1.1.3: By December 31, 2028, maintain the percentage of Hispanic mothers who initiate breastfeeding</p>	<p>HP 2030: MICH-15, MICH-16 Florida SHIP: Priority Area 4 Maternal and Child Health</p>
<p>Objective MCH 1.1.4: By December 31, 2028, increase the percentage of White mothers who initiate breastfeeding by 5.0 percent</p>	<p>HP 2030: MICH-15, MICH-16 Florida SHIP: Priority Area 4 Maternal and Child Health</p>
<p>Objective MCH 1.1.5: By December 31, 2028, increase the percentage of Black mothers who initiate breastfeeding by 5.0 percent</p>	<p>HP 2030: MICH-15, MICH-16 Florida SHIP: Priority Area 4 Maternal and Child Health</p>
<p>Objective MCH 1.1.6: By December 31, 2028, increase the percentage of Women, Infants and Children (WIC) eligibles served by 5.0 percent</p>	<p>HP 2030: TU-19 Florida SHIP: Priority Area 4 Maternal and Child Health</p>

Appendix

This Appendix includes the following sections:

- Lafayette County Community Health Improvement Plan (CHIP) Partners
- Lafayette County Visioning Results
- Lafayette County CHIP Implementation Action Plan template
- Lafayette County CHIP Action Plan



LAFAYETTE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) CORE TEAM AND COMMUNITY PARTNERS

Core Team members

- Beverly Fountain, Florida Department of Health in Suwannee/Lafayette County
- Brooke Hingson, Florida Department of Health in Suwannee/Lafayette County
- Cindy Morgan, Florida Department of Health in Suwannee/Lafayette County
- Kyle Roberts, Florida Department of Health in Suwannee/Lafayette County
- Melinda Scott, Florida Department of Health in Suwannee/Lafayette County
- Kerry Waldron, Florida Department of Health in Suwannee/Lafayette County

Community Partners

- Emily Berry, Suwannee River Area Health Education Center
- Casey Ditter, Florida Department of Health in Suwannee/Lafayette County
- Mariela Garcia-Rendon, Florida Department of Health in Suwannee/Lafayette County
- Kim Griffin, University of Florida/Institute of Food and Agricultural Sciences
- Michele Howard, Suwannee County School District
- Jason Long, Florida Department of Health in Suwannee/Lafayette County
- Adriana Menendez, Rural Women's Health Project
- Lauren Mollman, Suwannee River Area Health Education Center
- Erin Peterson, Healthy Start of North Central Florida Coalition
- Barbara Pierce, Florida Department of Health in Suwannee/Lafayette County
- Steven Schneitman, Tobacco-Free Suwannee
- Yvonne Scott, YVS Foundation of Hope, Gethsemane COGIC
- Stacie Stephenson, Palms Medical Group



LAFAYETTE COUNTY VISIONING RESULTS

Characteristics of a Healthy Lafayette County

Visioning Exercise – January 4, 2023

The facilitated discussion with community partners challenged community partners to define health, identify the characteristics of a healthy community, envision the Lafayette County community health system of the future, and to visualize needed resources, assets, and attributes needed to support such a system. Four categories of attributes of health and a healthy Lafayette County emerged and are listed in the table below.

Characteristics of a Healthy Lafayette County and Attributes that Define Health	
Populations of Concern	
Individuals and families with low incomes	Senior citizens especially those who are isolated
Migrant workers and their families	Infants, young children, teens
Attributes of a Healthy Community	
Healthcare System Factors and Characteristics	Behavior- and Environmental-related Factors
Equitable access to healthcare services including primary, dental, mental and behavioral health, prenatal/OB care, substance abuse treatment	Safe and affordable housing and utilities, transportation, education, food
Accessible chronic disease management	Employment opportunities with benefits
Affordable pharmacy plans for medicines and medical equipment	High quality education system including technical and vocational training, and college
Providers who accept benefit programs such as Medicaid and Medicare and health insurance plans	Public safety services (Fire/Rescue, EMS, law enforcement)
	Recreation opportunities for all ages, abilities
Actions Needed to Be a Healthy Community	
Improve communication and coordination	
Work to remove barriers to healthcare, social services, and educational opportunities	
Promote collaboration, provide leadership, and welcome diverse ideas for improving community health	

Source: Lafayette County visioning discussion, January 4, 2023. Prepared by WellFlorida Council, 2023.



LAFAYETTE COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

2024-2028 Lafayette County Community Health Improvement Plan (CHIP) Action Plan

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



LAFAYETTE COUNTY CHIP ACTION PLAN

2024-2028 Lafayette County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Chronic Disease (CD)
Goal CD 1: Promote healthy weight, physical activity, and lifestyle choices to reduce the impact of chronic disease
Strategy CD 1.1: Primary prevention and disease management through access to resources, health education, health promotion and wellness activities
Objectives: CD 1.1.1: By December 31, 2028, decrease the percentage of Lafayette County adults who are overweight or obese by 3 percent (Baseline: 77.8 percent (2019), Target: 75.4 percent (state rate 64.6 percent), Data Source: BRFSS FLHealthCHARTS) CD 1.1.2: By December 31, 2028, decrease the percentage of Lafayette County adults aged 65 and older who report being sedentary by 5 percent (Baseline: 36.5 percent (2019), Target: 34.7 percent (state rate 29.7 percent), Data Source: BRFSS, FLHealthCHARTS) CD 1.1.3: December 31, 2028, decrease the percentage of Lafayette County adults who are current smokers by 5 percent (Baseline: 26.4 percent (2019), Target: 25 percent (state rate 14.8 percent) Data: BRFSS, FLHealthCHARTS) CD 1.1.4: By December 31, 2028, increase the percentage of Lafayette County adults with diabetes who have ever had self-management education by 5 percent (Baseline 50.7 percent (2019) Target: 53.2 percent (state rate 66.3 percent), Data Source: BRFSS, FLHealthCHARTS)
Background on Strategy: Source or Evidence-base: Feeding Florida nutritional programs are evidence-based and include concepts related to healthy eating and physical activity. These evidence-based programs include pre and post-tests and are provided as part of the SNAP-ED program. For details regarding SNAP-Ed, please see About SNAP-Ed (usda.gov) . DEEP is an evidence-based Diabetes education program developed for use with low-income, racial and ethnic minority groups. For details regarding DEEP, please see DEEP™ Program Overview Office of Technology Management University of Illinois Chicago (uic.edu) . Reduce current tobacco use in adults — Evidence-Based Resources - Healthy People 2030 health.gov . Seniors are a special population and falls increase risk of injury and death. Through the evidence-based, Elder Options supported Tai Chi program, falls in participants are reduced. Policy Change (yes/no): No



Health disparity and/or social/economic factors to be addressed (if applicable): Health disparities will be addressed through the interventions related to seniors and falls. SNAP-ED program is for low-income residents and addresses access to nutritious foods. DEEP was developed for use with low-income, racial and ethnic minority groups.

Action Plan:					
Key Activities Focus: Obj CD 1.1.1 and Obj CD 1.1.2 (increase access to healthy weight, physical activity and lifestyle programs)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Promote Feeding Florida evidence-based nutrition education program <i>SNAP-Ed</i> for low-income Lafayette County residents.	Feeding Florida	Number of classes promoted	- Development of promotional materials - Assistance promoting the programs	Beginning January 1, 2024	
Provide Feeding Florida evidence-based nutrition education program, SNAP-Ed to low-income Lafayette County residents	Feeding Florida	Number of classes offered Number of people who complete the classes (5 per year) Pre and post-test results	Location for program	Beginning December 31, 2024	
Key Activities Focus: Obj CD 1.1.1 and Obj CD 1.1.2 (increase physical activity)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify or develop three walking events in Lafayette County with community partners per year	DOH Lafayette and to be identified partners	List of walking events	Location and staff/volunteers to assist with events	Annually beginning December 31, 2024	



Promote each walking event in Lafayette County	DOH Lafayette and to be identified partners	Promotional materials	Staff or volunteer to develop promotional materials	Annually beginning December 31, 2024	
Provide health education related to the importance of physical activity at each walking event	DOH Lafayette and to be identified partners	Number of people reached	Health education materials, staff to provide health education materials	Annually beginning December 31, 2024	
<p align="center">Key Activities</p> <p align="center">Focus: Obj CD 1.1.1 and Obj CD 1.1.2 (increase healthy lifestyle choices)</p>	<p align="center">Lead Person & Organization</p>	<p align="center">Performance Measurement (Product, Deliverable, Result)</p>	<p align="center">Resources Needed</p>	<p align="center">Target Date</p>	<p align="center">Status or Progress</p>
Increase pre-diabetes education in Lafayette County by providing DPP by a trained Lifestyle Coach one time per year	DOH Lafayette	- Number of classes offered	Location for program, Recruitment of participants	Annually, beginning January 1, 2024 to be completed by December 31, 2024	
Identify adults to participate in DPP	DOH Lafayette and CHIP Partners	- Number of adults who participate in DPP - Number of adults who complete DPP	Promotional materials	Annually, beginning January 1, 2024 to be completed by December 31, 2024	



Key Activities Focus: Obj CD 1.1.3 (increase healthy lifestyle choices through tobacco cessation)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify potential tobacco cessation referral sources by June 30, 2024	SRAHEC and CHIP Partners	List of potential referral sources	Suggestions from CHIP partners and connections to new referral sources	June 30, 2024	
Contact and educate identified referral sources about tobacco cessation and referral mechanisms	SRAHEC	List of potential referral sources contacted Number of new referrals sources confirmed	Use of Tobacco Free Florida and SRAHEC materials	December 31, 2024	
Track referrals of referrals from DOH	SRAHEC	Number of referrals	Data from SRAHEC on an annual basis January 1 – December 31 each year	Annually beginning December 31, 2024	
Key Activities Focus: Obj CD 1.1.4 (increase access to diabetes education)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Offer DEEP one time per year in Lafayette County (DEEP includes 8 classes in 8 weeks, participants must complete 6 of 8 classes to receive a certificate of completion)	DOH Lafayette	- Number of People who Complete DEEP - Number of DEEP trainings	Location for trainings Recruitment of adults with Type II Diabetes to take the course	Annually beginning January 1, 2024	
Promote DEEP	DOH Lafayette	Number of promotional materials	Promotional materials	Annually beginning	



				January 1, 2024	



2024-2028 Lafayette County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Unintentional Injuries (UI)

Goal UI 1: Prevent unintentional injuries

Strategy UI 1.1: Community education, skills development, injury risk mitigation, policy, and infrastructure change

Objectives:

UI 1.1.1: By December 31, 2028, decrease the death rate per 100,000 population from **unintentional injuries among children** aged 0-17 by 15 percent (Baseline: 58.8 deaths per 100,000 population (2019-2021; total number of deaths: 3), Target: 51.7 deaths per 100,000, Data Source: FLHealthCHARTS)

UI 1.1.2: By December 31, 2028, decrease deaths among Lafayette County residents aged 65 and older from **unintentional falls** by 10 percent (Baseline: 89.7 deaths per 100,000 population (2019-2021, total deaths = 4), Target: 80.7 deaths per 100,000 population (state rate 75.0 deaths per 100,000 population), Data Source: FLHealthCHARTS, crude death rates)

UI 1.1.3: By December 31, 2025 establish a **motor vehicle crash reduction** workgroup in Lafayette County to address motor vehicle deaths (Baseline: No workgroup (new initiative), Target: Workgroup established, Data Source: DOH Lafayette).

UI 1.1.4: Decrease the number of **animal bites** by 10 percent each year (Baseline: 42 (January 1 - December 31, 2023), Target: 37, Data Source: DOH Lafayette)

Background on Strategy:

Source or Evidence-base: [Reduce fall-related deaths among older adults — Evidence-Based Resources - Healthy People 2030 | health.gov](#); [Motor Vehicle Injury – Child Safety Seats: Distribution and Education Programs - Healthy People 2030 | health.gov](#); [Transportation Safety - Healthy People 2030 | health.gov](#); Centers for Disease Control and Prevention, [Zoonotic Exposures: Bites, Stings, Scratches and Other Hazards, Yellow Book](#), 2024

Policy Change (yes/no): Yes, animal bite reporting policy development for emergency departments and providers

Health disparity and/or social/economic factors to be addressed (if applicable): Yes, unintentional injuries for children 0 -17 interventions focus in part with Healthy Start clients who meet certain health disparity and/or social economic determinants for eligibility.

Action Plan:

Key Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Focus: Obj UI 1.1.1 and Obj UI 1.1.3 (reduce death rates for children from unintentional					



injuries and motor vehicle crash reduction workgroup)					
Host 1 water safety event per year	DOH Lafayette	Proof of event held, number of people who attend	Location for event	Annually by December 31 each year, beginning December 31, 2024	
Promote water safety events	DOH Lafayette	Promotional materials	Flyer, staff time to promote, schedule and facilitate events	1 month in advance of event	
Increase partnerships for water safety	DOH Lafayette	Number of partners at event and/or sponsors	Community partners	1 month in advance of event	
Provide safe sleep education at each Healthy Start Visit	Brooke Hingson, DOH Lafayette	Number of families who receive safe sleep education	Staff time and participating families	Beginning January 1, 2024	
Safe Sleep billboards (ABCs)	Brooke Hingson, DOH Lafayette	Number of impressions	Funding for billboards, billboard design, impression numbers from billboard company	Beginning January 1, 2024	
Provide Safe Sleep Books	Brooke Hingson, DOH Lafayette	Number of books provided to families	Books and staff time	Beginning January 1, 2024	
Provide car seat safety checks one time per year	Brooke Hingson, DOH Lafayette	Number of events, number of car seats checked	Staff time	January 1, 2024 –	



				December 31, 2026	
Increase number of car seat safety check certified trainers (NCPSC)	Brooke Hingson, DOH Lafayette	Number of NCPSC	Time Funding or Sponsorship Fire Rescue Participation or state or local law enforcement	By December 31, 2028	
Provide car seat safety checks bi-annually beginning January 1, 2027	Brooke Hingson, DOH Lafayette	Number of car safety checks and dates	Staff time	By December 31, 2027 and December 31, 2028	
Key Activities Focus: Obj UI 1.1.2 (reduce falls)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Provide Tai Chi for adults (fall prevention) one class per year	Beverly Fountain, DOH Lafayette and Elder Options	Number of Courses	Location for classes	By Dec 31 every year beginning Dec 31, 2024	
Promote Tai Chi to seniors	Beverly Fountain, DOH Lafayette and Elder Options	- Number of adults enrolled	Senior students	By Dec 31 every year beginning	



		- Number of adults who receive completion certificate		Dec 31, 2024	
Key Activities Focus: Obj UI 1.1.2 (increase number of Tai Chi certified instructors in Lafayette)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify people to become certified instructors for Tai Chi	Beverly Fountain, DOH Lafayette, Elder Options, Arthritis Foundation	List of interested people	Interested people	December 31, 2025	
Certify more Tai Chi Instructors	Elder Options and DOH Lafayette	Number of certified instructors	Elder Options to offer the instructor certification course	By December 31, 2028	
Key Activities Focus: Obj UI 1.1.3 (establish a workgroup to address motor vehicle deaths)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Host a meeting with appropriate partners regarding motor vehicle safety and death prevention	DOH Lafayette	Meeting Agenda and Minutes	Participation by Department of Transportation, Law Enforcement, Florida Fish and Wildlife, EMS	December 31, 2024	
Develop a workgroup to address motor vehicle safety and death prevention	DOH Lafayette	Workgroup Membership List	Members	December 31, 2025	



Identify ways to address motor vehicle deaths	Motor vehicle safety workgroup	List of activities for Workgroup	Membership participation	December 31, 2026	
Key Activities Focus: Obj UI 1.1.4 (animal bite reduction)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Establish 2023 year baseline of animal bites in Lafayette	Kyle Roberts, DOH Lafayette	Baseline number of bites	Access to bite data and timely submission of reports by healthcare providers treating animal bite wounds	March 1, 2024	
Develop an animal bite reporting protocol for area providers	Kyle Roberts, DOH Lafayette	Protocol	Staff Time	December 31, 2024	
At least 2 providers adopt animal bite protocol as a policy in their practices	Kyle Roberts, DOH Lafayette and providers	Policy accepted	Staff time, training to provider staff, policy draft	December 31, 2025	
Provide community education regarding animal bites to Lafayette County residents (health fairs and homecoming parades) (2 per year per county)	Kyle Roberts, DOH Lafayette	Number of events If speaking engagements, count number of people	Staff time and educational materials	Beginning January 1, 2024 for beginning of year	
Rabies course to CHD, animal control and urgent care providers one time every 2 years	Dr. Stanek, FDOH, Bureau of Epidemiology	Number of events Number of people trained	Staff time, provider time, training	Beginning January 1, 2024 – December 31, 2026 and again	



				every two years	
Annually establish baseline animal bites in Lafayette County	Kyle Roberts, DOH Lafayette	Number of reported bites	Access to bite data and timely submission of reports by healthcare providers treating animal bite wounds	March 1, 2025 and annually thereafter	



2024-2028 Lafayette County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Socio-Economic Factors (SEF)

Goal SEF 1: Improve quality of life

Strategy SEF 1.1: Coordinate and collaborate with local government, for-profit and nonprofit entities to bring access to, nutritious food, dental care, and housing assistance resources

Objectives:

SEF 1.1.1: By December 31, 2024, publish an updated digital list of **housing assistance resources** on local government and community partner websites (Baseline: Zero (0) list of updated housing resources, Target: 1 updated list of housing resources, Data Source: DOH in Lafayette)

SEF 1.1.2: By December 31, 2028, decrease the percentage of Lafayette County **residents (all ages) who are food insecure** by 5 percent (Baseline: 12.8 percent (2020), Target: 12.1 percent (state rate 10.6 percent), Data Source: FLHealthCHARTS, Feeding America)

SEF 1.1.3: By July 31, 2027, increase the number of students served in the **school-based dental sealant program** in Lafayette County **public schools by 10 percent** (Baseline: 13 students served 2022-2023 school year, Target: 15 students served in 2026-2027 school year, Data Source: DOH Lafayette)

SEF 1.1.4: Hold one event with the Florida Baptist Convention **Dental bus** one time in Lafayette County by December 31, 2028 (Baseline: Zero events Target: One event, Data Source: DOH Lafayette)

SEF 1.1.5: By December 31, 2028, **broadband fiber optic internet access** will be available to 50 percent of Suwannee Valley Electric Lafayette customers (Baseline : 0 percent, Target: 50 percent, Data Source: Suwannee Valley Electric)

SEF 1.1.6: By December 31, 2028, 80 percent of all client-facing DOH Lafayette staff will receive **Human Trafficking training** (Baseline: Zero (0) percent Target: 80 percent, Data Source: FDOH – Lafayette)

Background on Strategy:

Source or Evidence-base: Health Literacy [Health Literacy - Healthy People 2030 | health.gov](#); Nutrition and Healthy Eating — Evidence-Based Resources - [Healthy People 2030 | health.gov](#); [Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — Evidence-Based Resources - Healthy People 2030 | health.gov](#); [Increase the proportion of adults with broadband internet — HC/HIT-05 - Healthy People 2030 | health.gov](#);

U.S. Department of Justice, Office for Victims of Crime, [Human Trafficking Resources and Research](#), updated October 2023

Policy Change (yes/no): Yes, policy change related to human trafficking training in DOH Lafayette and recommended policy drafted for partners



Health disparity and/or social/economic factors to be addressed (if applicable): Rural residents and low-income residents will be served through Objectives SEF 1.1.1 – 1.1.5.

Action Plan:

Key Activities Focus: Obj SEF 1.1.1 (digital list of housing resources)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify resources for list	Beverley Fountain, DOH Lafayette	List of resources	Staff time	June 30, 2024	
Create list	Beverley Fountain, DOH Lafayette	List of resources	Staff time	July 1, 2024	
Promote list to community partners and community members	Beverley Fountain, DOH Lafayette and Mariela Garcia, FDOH – Lafayette, Nathan Smith	Promotional activities	Staff time and partners to assist in promoting resources	August 1, 2024	
Update list annually by January 31, 2025, and each year thereafter	Beverley Fountain, DOH Lafayette	Updated list	Staff time	Annually beginning January 31, 2025	
Key Activities Focus: Obj SEF 1.1.2 (reduce percentage of food insecure residents)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Suwannee Rural Health Disparities Coalition/Network will meet regularly (bi-monthly) to address food insecurity in Lafayette County through an assessment	Beverley Fountain, Mariela Garcia, FDOH – Lafayette, Dori Lansburg, Feeding	Meeting Agendas and Minutes	Community Partners Time commitment from partners for meetings	January 1, 2025	



	Florida, UF IFAS Extension, Suwannee River Economic Council				
Assess gaps in community food supply for low-income (food banks) and identification existing resources	UF IFAS Extension	Findings or Assessment Report	Collection of community partner survey Analysis of community survey	July 31, 2025	
Address identified gaps through better coordination with food distribution partners/workgroup	UF IFAS Extension	Food distribution plan	Funding for food Funding for location for distribution	August 1, 2025	
Increase local farmers participation in local markets (in Lafayette no place to distribute, need to identify location)	Suwannee River Economic Council, Elder Options (Fresh Bucks)	Number of farmers participating in local markets	Location for market (Lafayette)	December 31, 2028	
Key Activities Focus: Obj SEF 1.1.3 (school-based sealant program in 2 nd , 3 rd , 6 th , and 7 th grades)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Promote sealant program to students and parents	DOH Dixie, Gilchrist, Levy and DOH Lafayette	Promotional efforts to students and parents	School participation, parents receiving of materials	Beginning September 1, 2024	
Increase participation each year in each grade level (need numbers each year and a baseline)	DOH Lafayette	Number or students with permission from parents	Dental hygienist Continued partnership with DOH Dixie/Gilchrist/Levy	Beginning September 1, 2024 and each school	



				year thereafter	
Promote sealant program using social media	School District	Number of posts	Social media marketing developed	Beginning August 1, 2024 and each school year thereafter	
Promote sealant program at events	DOH Lafayette and School District	Number of events where sealant program is promoted	DOH and School District	Beginning August 1, 2024 and each school year thereafter	
Key Activities Focus: Obj SEF 1.1.4 (host dental bus)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify a church or churches to serve as hosts for FL Baptist Convention Dental Bus	DOH Lafayette	List of possible churches, at least one committed church	Staff time, meetings with churches	December 31, 2025	
Church to serve as lead partner and host site	Unidentified at this time	Church willing to host bus	Church and volunteers to plan event	December 31, 2026	
Recruit providers	TBD	List of committed providers	Provider time	December 31, 2027	
Host dental bus event	TBD	Event held; number served	Location, volunteers, providers, community members as patients	December 31, 2028	



Key Activities Focus Obj SEF 1.1.5 (increase fiber optic internet access)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Creation of a digital blueprint for the fiber network	Suwannee Valley Electric	Percent Complete	Suwannee Valley Electric staff time	December 31, 2024	
Prepare the power poles for fiber lines and relocation of other utilities	Suwannee Valley Electric	Percent of power poles prepared	Suwannee Valley Electric staff time	December 31, 2025	
Attach fiber lines to the power poles	Suwannee Valley Electric	Percent of fiber lines attached to power poles	Suwannee Valley Electric staff time	December 31, 2025	
Connect fiber lines back to the hut, which is the source of internet	Suwannee Valley Electric	Percent of fiber lines connect to the hut	Suwannee Valley Electric staff time	December 31, 2025	
Key Activities Focus: Obj SEF 1.6 (human trafficking)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify Human Trafficking training accessible to all DOH staff	DOH Lafayette	Identified training options	Training curriculum Trainers or online access to training	December 31, 2025	
Draft an internal policy regarding staff training requirements related to Human Trafficking	DOH Lafayette	Draft policy	Staff time	July 31, 2026	
Adopt internal policy	DOH Lafayette	Adopted policy	Staff time	December 31, 2026	



Draft Human Trafficking training policy for community partners and share with partners	Lafayette CHIP partners (Lafayette Forward)	Draft policy	Staff time and Lafayette CHIP partners time (Lafayette Forward)	December 31, 2028	
----------------------------------------------------------------------------------------	---------------------------------------------	--------------	-----------------------------------------------------------------	-------------------	--



2024-2028 Lafayette County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Maternal and Child Health (MCH)
Goal MCH 1: Improve birth outcomes
Strategy MCH 1.1: Decrease barriers to prenatal care, breastfeeding, and postnatal care; promote opportunities for new mothers and babies to thrive through education, skills development, access to resources, policy on WIC phone certification
Objectives: MCH 1.1.1: By December 31, 2028, decrease the infant mortality (all races) rate by 10 percent (Baseline: 5.35 per 1,000 live births (1 death, 2019-2021), Target: 4.8 per 1,000 live births (state rate 5.9 per 1,000 live births), Data Source: FLHealthCHARTS) MCH 1.1.2: By December 31, 2028, decrease the percentage of mothers (all races) who smoked during pregnancy by 5.0 percent (Baseline: 15.0 percent (2019-2021), Target: 14.2 percent (state rate 3.6 percent), Data Source: FLHealthCHARTS) MCH 1.1.3: By December 31, 2028, maintain the percentage of Hispanic mothers who initiate breastfeeding (Baseline: 100 percent 2021, Target: 100 percent (state rate: 88.3 percent), Data Source: FLHealthCHARTS) MCH 1.1.4: By December 31, 2028, increase the percentage of White mothers who initiate breastfeeding by 5.0 percent (Baseline: 76.8 percent, Target: 80.6 percent 2021 (state rate: 87 percent), Data Source: FLHealthCHARTS) MCH 1.1.5: By December 31, 2028, increase the percentage of Black mothers who initiate breastfeeding by 5.0 percent (Baseline 42.9 percent 2021, Target: 45.0 percent (state rate: 77.4 percent), Data Source: FLHealthCHARTS) MCH 1.1.6: By December 31, 2028, increase the percentage of Women, Infants and Children (WIC) eligibles served by 5.0 percent (Baseline: 42.0 percent (2020-2022), Target: 45.0 percent (state rate 64.8 percent), Data Source: FLHealthCHARTS)
Background on Strategy: Source or Evidence-base: Breastfeeding: Infants — Evidence-Based Resources - Healthy People 2030 health.gov ; Infant sleep safety: Postnatal Parental Education for Optimizing Infant General Health and Parent-Infant Relationships - Healthy People 2030 health.gov ; Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons - Healthy People 2030 health.gov ; Policy Change (yes/no): Yes – implementation of phone certification in WIC by December 31, 2026



Health disparity and/or social/economic factors to be addressed (if applicable): Yes, special populations are considered and served for breastfeeding, low-income for Healthy Start and WIC

Action Plan:

Key Activities Focus: Obj MCH 1.1.1 (decrease infant mortality rate)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Provide safe sleep education at each Healthy Start Visit	Brooke Hingson, DOH Lafayette	Number of families who receive safe sleep education	Staff time and participating families	January 1, 2024	
Safe Sleep billboards (ABCs)	Brooke Hingson, DOH Lafayette	Number of impressions	Funding for billboards, billboard design, impression numbers from billboard company	January 1, 2024	
Provide Safe Sleep Books	Brooke Hingson, DOH Lafayette	Number of books provided to families	Books and staff time	January 1, 2024	
Provide car seat safety checks one time per year	Brooke Hingson DOH Lafayette,	Number of events, number of car seats checked	Staff time	January 1, 2024 – December 31, 2026	
Increase number of car seat safety check certified trainers (NCPSC)	Brooke Hingson, DOH Lafayette	Number of NCPSC	Time Funding or Sponsorship Fire Rescue Participation or state or local law enforcement	By December 31, 2028	
Provide car seat safety checks biannually beginning January 1, 2027.	Brooke Hingson, DOH Lafayette	Number of car safety checks and dates	Staff time	By December	



				31, 2027 and December 31, 2028	
Key Activities Focus: Obj MCH 1.1.2 (decrease smoking during pregnancy)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Promote tobacco cessation to pregnant women	Brooke Hingson, DOH Lafayette	Healthy Start Protocol	Staff time Client Participation	Ongoing January 1, 2024	
Review Let’s Talk About Tobacco Program in Healthy Start to ensure women who were former tobacco users receive service to maintain tobacco-free	Brooke Hingson, FDOH – Lafayette and Healthy Start Coalition	Outcome of review and list of modifications made	Staff time, Healthy Start Coalition participation and SRAHEC participation	By December 31, 2024	
Increase referrals to SRAHEC for tobacco cessation, especially for women who recently quit (need current number of referrals from SRAHEC for baseline)	Brooke Hingson, FDOH – Lafayette and SRAHEC	Number of referrals	Reports from SRAHEC on referral numbers	Annually beginning January 1, 2025	
Key Activities Focus: Obj MCH 1.1.3 – 1.1.5 (increase breastfeeding)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Increase access to breastfeeding pumps and education on breastfeeding pump access via insurance	DOH Lafayette	Number of pumps provided	Funding for pumps	January 1, 2024	



Ensure workplaces offer breastfeeding room (need to assess workplaces to identify who has breastfeeding room); provide education	DOH Lafayette	Number of workplaces following breastfeeding requirements	partner with Chamber of Commerce to contact businesses	January 1, 2024	
Promote breastfeeding friendly workplaces (award program for three different levels) through educating local businesses through speaking engagements and electronic based promotion	DOH Lafayette and Healthy Start Coalition	Number of trainings/educations Number of existing breastfeeding friendly workplaces	Promotional materials/emails	January 1, 2024	
Key Activities Focus: Obj MCH 1.1.6 (increase percentage of WIC eligibles served)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Send birthday cards to all 1-year-old clients	WIC – FDOH – Alachua (please note, DOH Alachua is contracted to provide WIC services in Lafayette)	Number of cards sent	Mailers and staff time	Beginning January 1, 2024	
Provide reminder calls/texts before client’s scheduled appointment	WIC – DOH Alachua Staff	Number of reminder calls/texts; Number of appointments	Staff time	Beginning January 1, 2024	
Fill open staff positions	WIC – DOH Alachua Staff	Number of open staff positions (currently 6 open positions)	Staff	December 31, 2025	
Certify clients by phone	WIC – DOH Alachua Staff	10 Phone certification appointments will be added each week	Staff	December 31, 2026	



		Please note all WIC data will be accessed via the WIC system: FLWiSE			