

Community Health Improvement Plan 2019-2023

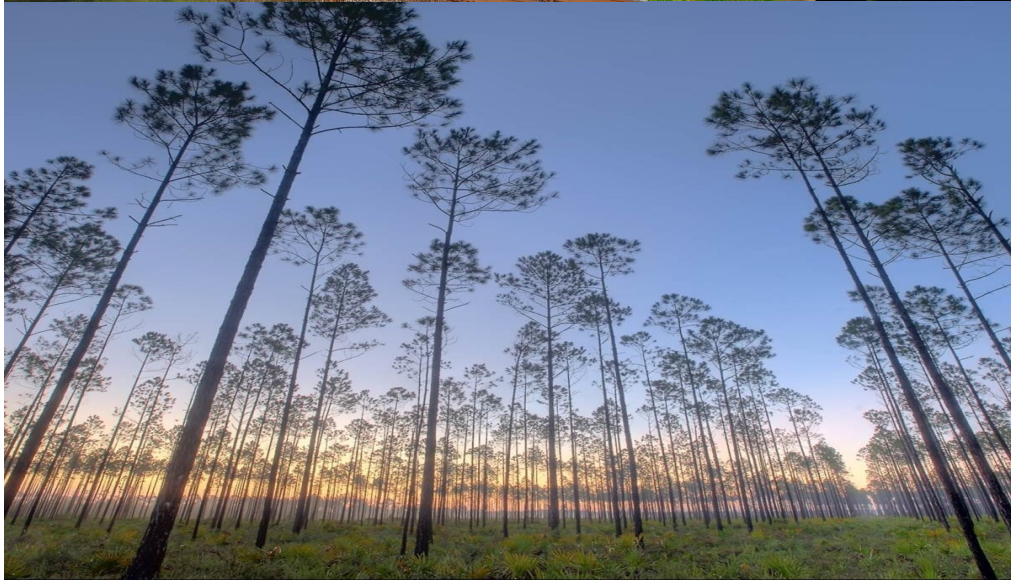
Nassau County, FL

Prepared By:

Florida Department of Health in Nassau County

and the Partnership for a Healthier Nassau

Promote, protect, and improve the health of all people in Nassau County, Florida





**Florida Department of Health in Nassau County
Community Health Improvement Plan
2019-2023**

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Governor

Scott Rivkees, MD
State Surgeon General

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County Health Department Director

Created by the Florida Department of Health in Nassau County and
the Partnership for Healthier Nassau

Published January 2019
Revised November 2020

Nassau Community Health Assessment Annual Update

Created: September 9, 2020

Based on the Nassau County Health Improvement Plan (CHIP), it was determined that the five priority areas for the community are Access to Care, Behavioral Health and Substance Abuse, Community Support, Health Disparities, and Housing and Healthy Places.

The 2019 Community Health Assessment Data is below and was discussed with the Partnership for a Healthier Nassau Steering committee members in July 2020.

<p>There are health disparities in the areas of:</p> <ul style="list-style-type: none">• Cancer (breast, colorectal, prostate)• Heart Disease• Infant Mortality• Low Birth Weight• Repeat Teen Births• Chronic Diseases (Stroke/Diabetes)• HIV (County Health Rankings report)
<ul style="list-style-type: none">• Physical Environment – less than 12% of residents live within a 10-minute walk of a safe place to exercise.• Medical Professional Shortage continues with growing community.• Increase in Suicide (white) and Baker Act examinations• Increase in Unintentional Injury Death rate• Increase in Traffic Crashes• Life Expectancy varies (location)

A review of data was completed in September 2020 to assess for progress on the noted data.

Access to Care - In 2016, the physician to patient ratio was 2,120:1 based on the data provided by the Robert Wood Johnson Foundation County Health Ratings. The population of Nassau County has increased while the number of Health Professionals has remained the same. Therefore, access to care continues to be a disparity for Nassau County and one of the top priorities for the Community Health Improvement Plan.

Behavioral Health and Substance Abuse - From 2018 to 2019 the suicide count decreased by one while the Emergency Department visits due to self-harm count increased by seventeen. Hospitalizations due to substance abuse has also increased from 118 counts in 2018 to 130 counts in 2019. Mental Health conditions in the community also directly relates to the access to care priority. From 2018 to 2019 the mental health counselor count for the county has decreased by three. The total number of behavior and mental health professionals has also decreased from 79 to 77. With the total population in Nassau County increasing, currently at 85,135, there is a need for more Mental Health Professionals throughout the community.

Community Support and Housing and Healthy Places - The senior citizen population continues to increase throughout the county. Therefore, community support for senior citizen inclusion and caregiver support is a priority for Nassau County health improvements. Based on the US Census Bureau data for poverty, the unemployment and families below the poverty line rates have been consistent over the past few years. The percentage of individuals in poverty

within the Nassau County community remains lower than both the United States and Florida data percentages. It is important to continue keeping housing and safe places as a priority for community health improvement.

Health Disparities - According to the Nassau CHIP, breast, prostate, and colorectal, and the incidence of pre-term birth and low birth weight rates for the black community are a focus for the priority of health disparities. Cancer deaths decreased from 258 in 2018 to 235 in 2019. While the low birth weight rates have decreased the number of preterm births for African American women has increased. From this information, the focus on decreasing the number of preterm births for African American women still is a large priority. Data also indicates an increase in the overall infant mortality rate for Nassau County. The total infant mortality rate has increased from 3.5 per 1,000 in 2018 to 4.17 per 1,000 in 2019. While looking at the infant mortality rates for the African American community throughout the county, it can be found that for the past three years the infant mortality count has remained zero.

In conclusion, the CHIP top five priorities are still of concern in Nassau County.

References

<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.SuicideProfileDashboard>

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Completed By: Amber Teeters

Date: 09/03/2020

Nassau County Community Health Improvement Plan

2019-2023

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Acknowledgements

We would like to acknowledge the following individuals and groups for their participation throughout the assessment process. Their valuable input and expertise provided not only represented voices from the community, but also provided credibility to a foundation from which our leaders and the community can continue to collaborate in addressing health care needs in Nassau County. Kerri Albert – Florida Psychological Associates, Barbara Baptista – Barnabas, Karrin Clarke – NACDAC, Kim Clemons – Nassau County School District, Dawna Cornelissen – Florida Department of Health Nassau (FDOH Nassau), Mike Hays – Nassau TRANSIT, Renae Lewin – State Attorney’s Office, Eugenia Ngo-Seidel, FDOH Nassau, Andreu Powell – Nassau County School District, Helen Ridley – ARC, Valerie Ray – Starting Point Behavioral Health, Mary Snyder – Baptist Medical Center Nassau, and Mary von Mohr – FDOH Nassau.

Partners

Included below is a list of community partners who assisted in the Health Assessment and the formation of the new CHIP. This list is not meant to be exclusive. Our gratitude goes to our many community partners, local residents, non--profit organizations, health care professionals, school representatives, and many other community members who lent their support to this assessment and continued the community’s health vision.

About You Counseling
Angel Watch Home Care
Baptist Medical Center-Nassau
Barnabas AmeriCorps
Barnabas Center
CAN, Independent Caregiver
Community Advocates
Delores Barr Weaver – See the Girl
Department of Children and Families
Family Support Services of Northeast Florida
Florida Department of Health
Florida Psychological Associates
Guardian Ad Litem Program
Gracie’s Kitchen
Health Planning Council of NE Florida
Healthy Start
Hilliard Parks and Recreation
Life South Blood
MCCI – Callahan
Micah’s Place Domestic Violence
Nassau Alcohol, Crime Drug Abatement Coalition

Nassau Board of County Commissioners
Nassau County Council on Aging
Nassau County Fire and Rescue
Nassau County Homeless Coalition
Nassau County Planning office
Nassau County School District
Nassau County Sheriff Office
Nassau County Tax Collector
Nassau County TRANSIT
Nassau State Attorney
National Youth Advocate Program
St. Michael’s Church
Suicide Support Groups of Nassau
Tobacco Free Nassau
Town of Hilliard
Women’s Center of Jacksonville



The Team

The Partnership for a Healthier Nassau, the oversight group which created the current and past CHIP, has a guiding team of Steering Committee members. This team worked collaboratively with the Health Planning Council to complete the full county health needs assessment over the past year of January 2018-December 2018. Special thanks to the team for giving of their time to invest in facilitating community meetings, reviewing data, and meeting first hand with the many faces of Nassau County residents to hear their wants and needs in support of improved community health.

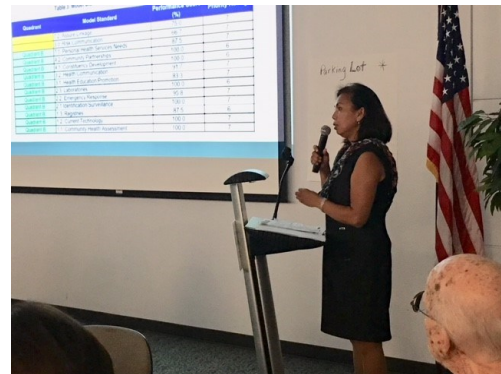
The 2018 Community Health Status Assessment was created by the Health Planning Council of NE Florida. The four assessments combined form the Nassau Community Health Assessment (CHA).

The professionals leading the subcommittee efforts are listed below:

Four Assessments	Leaders
Community Themes and Strengths	Valerie Ray, Barbara Baptista, and Lisa Rozier
Local Public Health System Assessment	Eugenia Ngo-Seidel, Mary von Mohr
Forces of Change	Barbara Baptista, Kim Clemons, Mary von Mohr and Mike Hays
Community Health Status Assessment	Health Planning Council of NE Florida



September 26, 2018 Partnership for a Healthier Nassau meeting



How Partners are Held Accountable

Individuals and organizations are held accountable for implementing strategies outlined in the CHIP using the “who,” “what,” and “when” action plan. The “who” component refers to the key partners, responsible party, and designated individual or organization that coordinates group members activities and report updates to the database. The “what” refers to strategic issue area of responsibility. The “when” refers to the target date when updates are required. The PHN Steering Committee members meet quarterly to monitor the progress of the CHIP Action Plan. Additionally, the FDOH Nassau Performance Management Council (PMC) monthly meetings provide the opportunity to address any problems arising from the CHIP implementation, partners accountability, and development of the CHIP annual progress report.

EXECUTIVE SUMMARY

The Partnership for a Healthier Nassau (PHN) presents the 2019-2021 Community Health Improvement Plan (CHIP). The plan is a collaborative effort involving private, public, and community resource entities.

Since 2011 the Nassau County Community Health Improvement Planning (CHIP) group, comprised of community experts, healthcare leaders, public health professionals, non-profit partners, and faith-based members, has worked together to better understand the current and future health needs of the Nassau County community. The effort has been led by the PHN Steering Committee, a group of twelve dedicated community professionals with guidance from the Florida Department of Health in Nassau County. This team with extensive community input developed the CHIP to improve health in Nassau County.

Community partners met in September 2018 for a presentation of the most recent four assessments comprising the Community Health Assessment (CHA) for Nassau County. The findings were presented and the partners brainstormed to prioritize the top areas of health concern. After reviewing and discussing updated health data and community input gathered during the CHA process, the Nassau Partnership for a Healthier Nassau group decided the following priority health issues would be addressed and targeted for improvement through this CHIP:

- **Access to Care**
- **Behavioral Health and Substance Abuse**
- **Community Support**
- **Health Disparities**
- **Housing and Healthy Places**

This plan provides a summary of the former CHIP and details new initiatives with goals, objectives and strategies targeting the five issues. Actions implemented will be monitored and assessed by the PHN Steering committee quarterly.

As a living document, the Nassau County Community Health Improvement Plan 2019-2021 is flexible and can accommodate changes or updates as needed. The Nassau PHN CHIP group will re-assess and update annually to best address the needs of the local community

This document strives to:

- Help one understand the top health priorities in Nassau County
- Educate the community on resources and actions to improve health
- Start a conversation about health concerns and identify new solutions
- Encourage community partnership and shared expertise
- Recognize how Nassau County compares with peer counties, Florida and the U.S. population
- Inform patients/clients about resources available in our community

Methodology: The MAPP Model

Through community health assessments, we intend to answer questions about community health status and needs. The Health Planning Council of Northeast Florida (HPCNEF) and the Florida Department of Health used the Mobilizing for Action through Planning and Partnerships (MAPP) model – developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC) – to complete our community assessment process.

The MAPP process is a community-driven, participatory process intended to bring together not only healthcare providers, but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community stakeholders gain a higher understanding and awareness of their community and local health issues.

The MAPP model was developed to provide a strategic approach to community health improvement by helping communities to identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.¹

The model includes six distinct phases (see Figure 1):

1. Partnership development and organizing for success
2. Visioning
3. Four MAPP assessments:
 - Community Health Status Assessment
 - Community Themes & Strengths Assessment
 - Forces of Change Assessment
 - Local Public Health System Assessment
4. Identification of strategic issues
5. Formulation of goals and strategies
6. Action (program planning, implementation, and evaluation)



¹ National Association of City and County Health Officials, 2012

In Phase 3 (Four MAPP Assessments), primary and secondary data are used to identify gaps and gather information to determine the strategic issues that will become the focus of action plans. **The Community Health Status Assessment** identifies priority community health and quality of life issues using secondary data from a variety of existing sources. Questions answered here include “How healthy are our residents?” and “What does the health status of our community look like?” The 2018 Community Health Status Assessment incorporates an analysis of community characteristics including population, environment, health status, access to care and healthcare resources, and healthcare services and utilization.

HOW THE NASSAU CHIP WAS CREATED

The beginning of the 2018 CHIP process occurred with the Community Health Assessment (CHA) “launch” meeting on January 9, 2018. The existing CHIP was dated years 2016-2018 and planning was needed to effectively reassess the health of the county and update the CHIP for the years 2019-2021. This January meeting was used for planning purposes as it provided time for the PHN Steering committee to complete an overview of the Mobilizing for Action through Planning and Partnerships (MAPP) model. This included a review of the four assessments and the timeline for the process. An agreement had been established to have the Health Planning Council of Northeast Florida conduct the Community Health Assessment data report and to facilitate three focus groups for the Community Themes and Strengths Assessment. We planned to start assessments in February and had the goal to complete all assessment work by June 30th, 2018 to allow for the summer months to compile data. The CHIP Steering committee then planned to hold another large community meeting in September 2018 at which the new data and findings would be presented.



The Partnership for a Healthier Nassau Steering Committee is pictured here.

OVERVIEW OF THE CHIP PROCESS

The Community Health Improvement Plan was developed following the guidelines of the MAPP framework. Guidelines were developed by the National Association of County and City Health Officials (NACCHO). In November 2017, Mary von Mohr, CHIP facilitator started preparing the PHN Steering committee of the upcoming repeat of the MAPP process. During the January 9, 2018 kick-off meeting, project goals and outcomes were presented. The MAPP Model was presented by for baseline knowledge. This included what is MAPP, the benefits of MAPP and partner expectations. Information that was presented included the following five items.

- Community-driven planning tool
- Goal: Improve community health
- Facilitated by public health leaders
- Strategic thinking to prioritize public health issues and identify resources to address them
- Improve the efficiency, effectiveness, and ultimately the performance of our local public health system

The MAPP overview included a review of the Six MAPP Phases:

1. Organize for Success and Partnership Development
2. Visioning
3. Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle

While engaging community members for the upcoming CHA-CHIP process we started by reviewing previous work. It was important to share past highlights which were the result of the previous CHA and CHIP and encompassed over eight years of work. Highlights were presented through a summary report and review of the *Striving for Community Wellness Progress Report*. The Partnership for a Healthier Nassau Community Health Improvement Plan (2019-2021) was developed and implemented with broad-based, multi sector support from individuals and organizations. The work was monitored by a Steering Committee which shared progress reports with decision makers including the Nassau Board of County Commissioners, community coalitions and the public at large. Using the Mobilizing for Action through Planning and Partnership (MAPP) model, four assessments were completed in 2018—Community Health Status Assessment (including Health Status Indicators), Local Public Health System Assessment, Community Themes & Strengths Assessment and Forces of Change Assessment. Summaries of the MAPP assessments and community meetings can be found at the FDOH Nassau website:

www.nassau.floridahealth.gov

Visioning and Branding

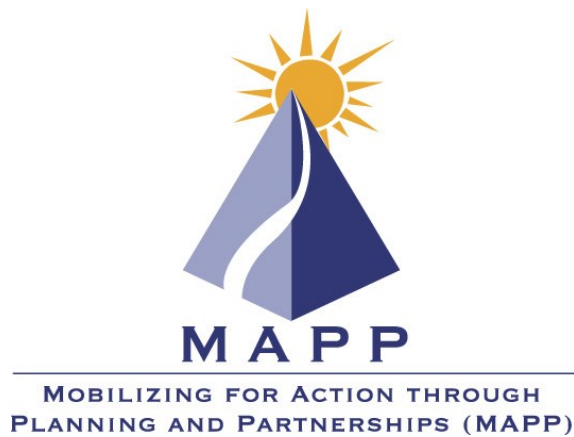
Moving forward the Partnership for a Healthier Nassau decided to continue with the same vision statement carried from the previous CHIP work:

“Our vision is to have healthy communities in Nassau County that support Optimal health and quality of life through collaboration, strong leadership, policy and environmental change, and resident empowerment.”

How to Identify the Nassau CHIP:



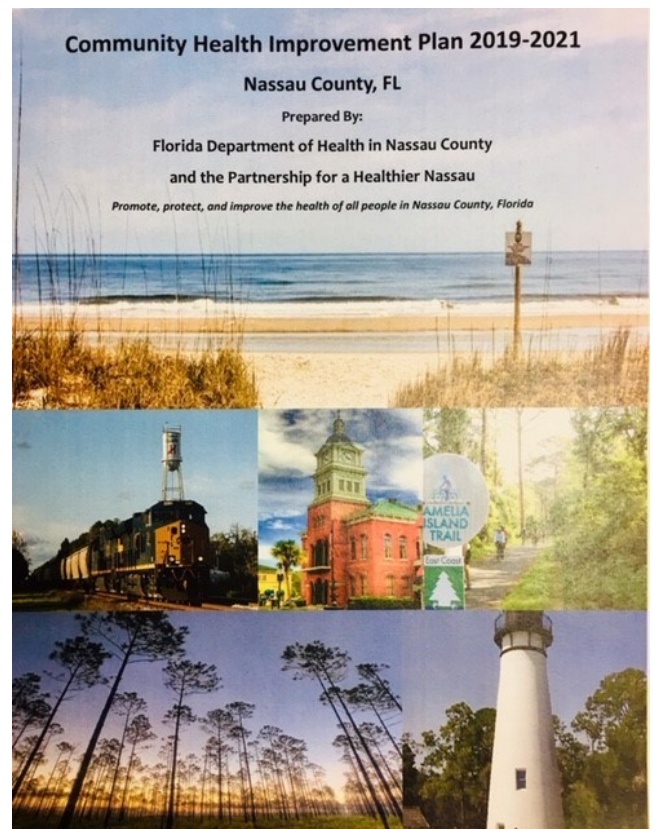
MAPP Diagram (above)



MAPP Logo (above)



Logo (above)



Cover of new CHIP Plan (above)

NASSAU MAPP ASSESSMENTS - 2018 Findings

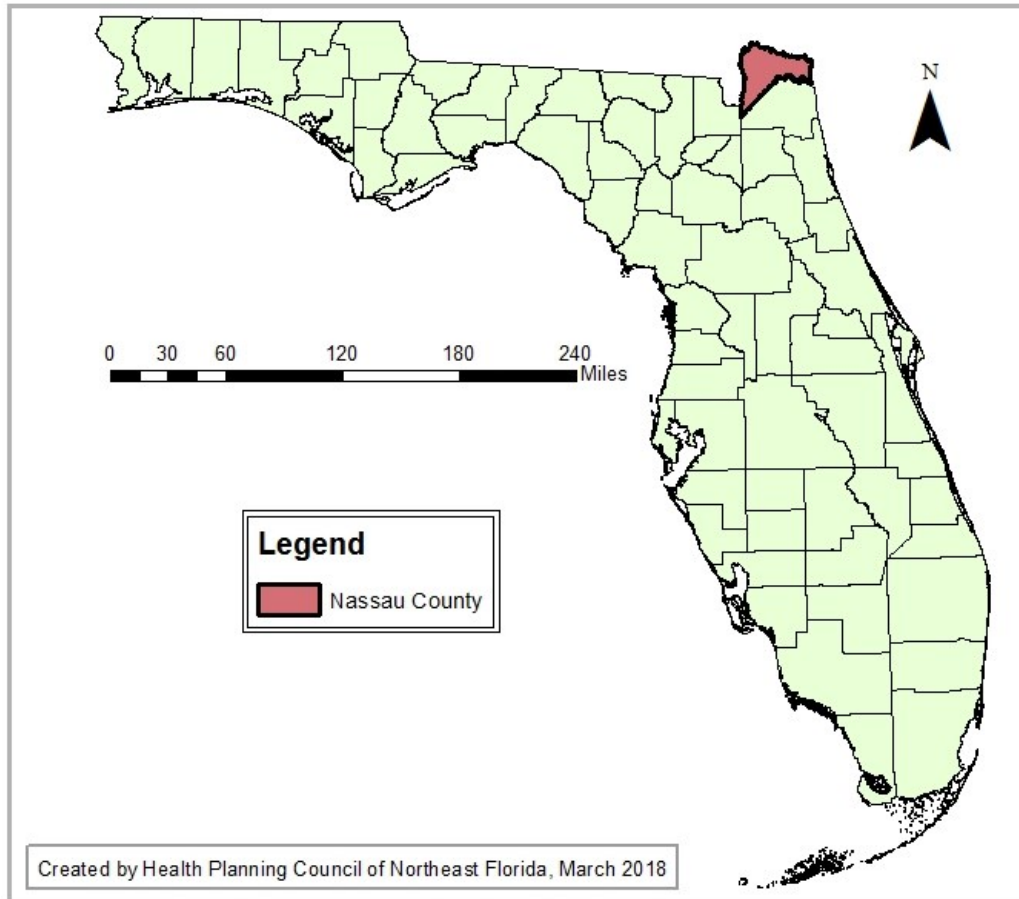
Strategic Issues:

Access to Care
Behavioral Health and Substance Abuse
Community Support
Health Disparities
Housing and Healthy Places

<p>Community Themes and Strengths Covers issues residents feel are important.</p> <p>Revolves around community involvement via: Focus groups, community dialogue or surveys</p> <p><u>FINDINGS:</u></p> <ul style="list-style-type: none"> • Access to healthcare (hours/cost) • Lack of Medicaid providers • Lack of specialty medical care • Lack of substance abuse services • Lack of mental Health Services • Domestic violence 	<p>Forces of Change Focuses on identifying forces that affect the context in which the community operates. Brainstorming work sessions (two held).</p> <p>Develop list of forces of change: events, trends, factors. Identify impacts, threats and opportunities.</p> <p><u>FINDINGS:</u></p> <ul style="list-style-type: none"> • Rapid expansion – Yulee • Lack of safe walking paths • Limited resources of Spanish speaking • Lack of affordable housing • Increased gun violence
<p>Community Health Status Assessment Identifies priority community health and quality of life issues. Access existing health status data.</p> <p>Organize and present data creating a health profile. Produce a written report of Community Health Status.</p> <p><u>FINDINGS:</u></p> <ul style="list-style-type: none"> • Cancer and heart disease are top two major causes of death • Health disparities are found in breast cancer, prostate cancer, colorectal cancer, heart disease, infant mortality) • Health professional shortages • Chronic disease • Increase in suicide/Baker Acts 	<p>Local Public Health System Assessment Focuses on all the organizations and entities that contribute to the public’s health. Discuss ten Essential Public Health Services. Complete web-based instrument. Review results generated by tool to improve LPHS and identify challenges/opportunities.</p> <p><u>FINDINGS:</u></p> <p>Highest Capacity in:</p> <ul style="list-style-type: none"> • Mobilizing community partnerships • Linking people to services • Educate and empower for personal health <p>Lowest Capacity in:</p> <ul style="list-style-type: none"> • Research and Innovation • Evaluation of services

Community Overview

Native Americans inhabited the land that is now called Nassau County for thousands of years before Europeans settled in the area in the 16th and 17th centuries.² Today, Nassau County encompasses approximately 649 square miles of northeast Florida and has a population density of 113 persons per square mile compared to 351 persons per square mile for Florida.³ It is bordered by the Atlantic Ocean to the east, Duval County, FL to the south, Baker County, FL to the southwest, Charlton County, GA to the west, and Camden County, GA to the north.⁴ A Board of County Commissioners serves as the governing authority. Five members, representing the five county districts, make up the board and are elected at large for staggered four-year terms.⁵ In addition to Fernandina Beach, there are two municipalities Callahan & Hilliard in western Nassau. Amelia Island's resorts and beaches serve as an attraction for tourism, while the Port of Fernandina serves as a gateway for international business throughout the county and the southeast United States.⁶ The unincorporated Yulee area in the middle of the county is experiencing significant growth. The map below shows the location of Nassau County within Florida.



² Johannes, Sr., J.H. (n.d.). *A Brief History of Nassau County, Florida*. Retrieved from <http://www.wnhsfl.org/nassau-county-history.html>

³ U.S. Census Bureau. (2010). *QuickFact [Data file]*. Available from <https://www.census.gov/en.html>

⁴ U.S. Census Bureau. (2000). *State-based County Outline Maps*. Retrieved from https://www.census.gov/geo/maps-data/maps/stcou_outline.html

⁵ Nassau County. (2017). *Annual Report 2017*. Retrieve from <http://www.nassaucountyfl.com/DocumentCenter/View/15144>

⁶ Nassau County Economic Development Board. (2018). *Nassau County: Where Industry Makes History*. Retrieved from <http://www.nassauflorida.com/Nassau-County-Advantages.aspx>

Nassau County Snapshot

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

- Nassau County and Florida had an estimated population of 77,187 and 19,934,451, respectively, in 2016. From 2007 to 2016, Nassau County experienced a 16.1% population increase. Florida saw a 10.7% increase over the same period.
- Nassau County's population is less diverse than Florida's population. Nassau County is 90.4% white compared to 75.9% white in Florida, a difference of 14.5 percentage points.
- Nassau County's population is only 6.4% Black or African American, compared to 16.1% Black or African American in Florida.
- Nassau County's population is 3.8% Hispanic or Latino population, which is 20.3 percentage points below Florida.
- The median age for Nassau County was 44.6 years with the median male and female ages at 43.6 and 45.6 years, respectively. Florida trended slightly younger with a median age of 41.6 years and the median male and female ages at 40.1 and 43.1 years respectively.
- Nassau County had a higher percentage with a high school diploma or some college at 57.8%, compared to Florida with 49.8%.
- Index crimes, composed of aggravated assault, burglary, larceny, motor vehicle theft, murder, robbery, and sexual offenses, track the number of offenses reported to law enforcement and not the arrests for the given crimes.⁷ From 2007 to 2016, the number of index crimes in Nassau County decreased by 52%.
- In 2016, 16.3% of Nassau County's population had a disability compared to 13.3% in Florida.
- The incidence rate of domestic violence in Nassau County rose 12.4% from 2007-2009 to 2010-2012 before decreasing by 28.7% from 2010-2012 to 2014-2016
- Nassau County's unintentional injury death rate increased by 25% from 2012-14 to 2014-16.
- The largest portion (18.5%) of Nassau County households earned \$50,000-\$74,999 in income and benefits.
- The total population for whom poverty status was determined was 76,318 for Nassau County and 19,514,334 for Florida. Of the 76,318 people analyzed in Nassau County, 12.7% were in poverty, compared to 16.1% for Florida. Nassau County also had lower poverty rates than Florida by age group, though 18.9% of children under 18 years of age were in poverty.
- In 2016, 19.2% of Nassau County residents lived within a half-mile, or 10-minute walk, from a park. This was 24 percentage points less than all Florida residents, in comparison. About 12% of Nassau County residents were within a half-mile of an off-street trail system, which was less than Florida by 5.8 percentage points.
- A healthy food source is defined as grocery stores, supermarkets, and registered produce stands where residents have access to a variety of foods including fresh fruits and vegetables. Fast food restaurants by comparison are inexpensive and convenient food options with high caloric content. In general, Nassau County had a much lower percentage of residents compared to Florida living within a half-mile of either food source. In 2016, 5.5% and 10.1% of Nassau County

⁷ Florida Department of Law Enforcement. (2016). *Crime in Florida* – Retrieved from <http://www.fdle.state.fl.us/FSAC/County-Profiles.aspx>

residents lived within a half-mile of a healthy food source and fast food restaurant, respectively. These were 25.4 and 23.8 percentage points lower than Florida residents.

HEALTH STATUS PROFILE

- Cancer, heart disease, and unintentional injury are the leading killers in Nassau County. Nassau has a higher mortality rate for cancer (180 versus 153.5 deaths per 100,000 population) compared to the state. Since 2007-09, Nassau County heart disease mortality rates have remained higher than the state three-year Florida rate.
- In Nassau County, cancer is the leading cause of death. The cancer mortality rate in Nassau County remained above the state of Florida's for the past decade. Overall, the cancer mortality rate among the White population has declined since 2005-2007. The non-White population's cancer mortality rate increased from 147.8 deaths per 100,000 population in 2012-14 to 212.6 per 100,000 population in 2014-16
- Nassau County's breast cancer mortality has been above the state average since 2007-2009. In 2013-2015, the mortality rate for Nassau non-Whites was twice the rate for Nassau Whites, Florida Whites, and Florida non-Whites. This trend continued into 2014-2016, though the rate appears to be declining.
- The prostate cancer mortality rate in Nassau County has fluctuated above and below Florida's rate over the past decade. In 2014-16, Nassau County had a prostate cancer mortality rate of 15.7 deaths per 100,000 population. The mortality rate of the non-White population in Nassau County was nearly 4.5 times higher than the mortality rate among Nassau Whites in 2014-16.
- In Nassau County, colorectal cancer mortality rates declined from 2006-08 to 2011-13, but increased to 13.9 deaths per 100,000 population in 2014-16. The non-White population of Nassau County experienced significant spikes in colorectal cancer mortality rates in 2008-10 and again in 2014-16. In 2014-16, the Nassau non-White rate was more than twice the rate for Nassau Whites, Florida Whites, and Florida non-Whites.
- Nassau County consistently had higher rates of chronic lower respiratory disease mortality than Florida over the past decade. Nassau County Whites consistently had higher chronic lower respiratory disease mortality rates than the Whites and non-Whites across the state of Florida. CLRD tends to affect White Nassau County residents disproportionately, with a mortality rate of 48.2 deaths per 100,000 among White Nassau County residents, compared to 31.1 deaths per 100,000 non-White residents in 2014-2016.
- The stroke mortality rate in Nassau County has increased since from a decade low of 28.8 in 2012-14 to 34.8 deaths per 100,000 population in 2014-16. Nassau County's stroke mortality rate among White residents has been similar to the rate among White Floridians since 2009-11. The stroke mortality rate among Nassau's non-White residents was more than double the rate among White residents in 2011-2013 (66.1 deaths per 100,000 versus 27.1 deaths per 100,000). The stroke mortality rate among non-Whites in Nassau County has been almost identical to the Florida non-White rate in recent years, though Nassau County's Non-White population continues to have a higher stroke mortality rate than that of Whites in 2014-16.
- While the Florida diabetes mortality rate has been stable since 2005-07, it increased to 13.9 deaths per 100,000 population in 2014-16. Diabetes mortality rates among Nassau County Non-Whites remained higher than rates among Whites in 2014-16.

- The chronic liver disease and cirrhosis mortality rate was 15.2 per 100,000 population in Nassau County in 2014-16, slightly above the state average. Nassau County's White population has a significantly higher mortality rate for liver disease and cirrhosis than the non-white population.
- Nassau County has a lower rate of STDs than Florida, with Chlamydia being the most prevalent.
- In 2016, 39,782 people were diagnosed with Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS).⁸ In Nassau County, the HIV/AIDS mortality rate rose from 4.9 deaths per 100,000 population in 2011-13 to 10.4 deaths per 100,000 in 2014-16, which was the county's highest HIV/AIDS death rate in over a decade.
- From 2009-11 to 2014-16, the influenza and pneumonia mortality rate for Nassau County decreased to 16.7 deaths per 100,000 population, but remained above Florida's rate.
- Of births with known prenatal care status, only 1.1% of mothers had no prenatal care in Nassau County compared to 1.7% of mothers in Florida in 2014-2016. The non-White population consistently has higher rates of births to mothers with no prenatal care than the white population in both Nassau County and Florida.
- Births to non-white mothers increased from 44.3 births per 1,000 females aged 15-44 in 2009-11 to 53.4 births in 2014-16 in Nassau County, though Nassau's non-white birth rate remains lower than the white birth rate.
- Nassau County teen birth rates dropped from 45.7 births per 1,000 females aged 15-19 in 2005-2007 to 23.9 per 1,000 females aged 15-19 in 2014-2016. Nassau County's Non-White population experienced a slight increase in births to mothers aged 15-19 from 2012-14 to 2014-16.
- Nassau County experienced a decline in repeat teen birth rates for all races/ethnicities from 2005-2016, with increases above the Florida rate in 2005-07 and 2011-13. In contrast, non-White repeat teen birth rates increased from 24.3% of total births in 2005-07 to 26.3% of total births in 2014-16 in Nassau, higher than the rate of 12.3% for Nassau White mothers in 2014-2016.
- Nassau County experienced an increase in the infant mortality rate for all races from 2006-08 to 2009-11, but remained below the Florida rate from 2011-13 to 2014-16. White infant mortality rates are consistently lower than non-White rates in Nassau County. In 2014-16, Nassau's white population had an infant mortality rate of 4.2 deaths per 1,000 live births compared to 14.4 deaths per 1,000 live births in the non-White population.
- Over the past decade, the percent of births in Nassau County with low birth weight remained lower than Florida for all races. Non-white births are more likely to have low birth weight in both Nassau County and Florida. The percent of births with low birth weight among Nassau County's non-white population is statistically significantly higher than the white population. In Nassau County, 18.3% of non-white births were low birth weight in 2014-2016 compared to 7.1% of white births.
- Nassau County's suicide death rate increased from 12.4 deaths per 100,000 population in 2005-07 to 23.6 deaths per 100,000 in 2014-16. The Florida state rate was 14.1 in 2014-2016. Suicide tends to occur much more frequently among white populations than non-white groups.

⁸ Centers for Disease Control and Prevention. (2017 Dec 18). *Basic statistics*. Retrieved from <https://www.cdc.gov/hiv/basics/statistics.html>

HEALTH RESOURCES AVAILABILITY AND ACCESS

- In 2017, Nassau County was designated a Health Professional Shortage Area (HPSA) due to lack of primary care service.
- Overall, Nassau County has a significantly lower number of licensed physicians per 100,000 people than the state average. Nassau County also has fewer licensed dentists, internists, OB/GYNs, and pediatricians per 100,000 than Florida. Nassau County has slightly more family practice physicians per 100,000 population than Florida.
- Nassau County has a significantly lower rate of total hospital beds and acute care beds than Florida. All hospital beds in Nassau County are considered “acute care” beds, which are “used to provide short-term medical treatment for patients having an acute illness or injury or recovering from surgery or childbirth.” Nassau County has zero specialty hospital beds, such as psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

COMMUNITY PERSPECTIVE

- During this county health assessment five focus groups were conducted to gather feedback about resident health needs. The following subgroups of the population were recruited: individuals that speak Spanish, seniors living on the Westside of the county, persons who utilize Gracie’s Kitchen hot meals, the Council on Aging seniors, and African American persons.
- Information was collected from the community through two community brainstorming sessions. These Forces of Change meetings were held in Yulee and Fernandina Beach in partnership with Family Support Services and the local Chamber of Commerce. A total of 29 persons were in attendance.
- Community input was collected through paper and online surveys with a total of 501 surveys collected.
- The Local Public Health System Assessment was completed with community partners over the Spring of 2018.

Summary of Community Health Assessment Data:

There are health disparities in the areas of:

- **Cancer (breast, colorectal, prostate)**
 - **Heart Disease**
 - **Infant Mortality**
 - **Low Birth Weight**
 - **Repeat Teen Births**
 - **Chronic Diseases (Stroke/Diabetes)**
 - **HIV (County Health Rankings report)**
-
- **Physical Environment – less than 12% of residents live within a 10-minute walk of a safe place to exercise.**
 - **Medical Professional Shortage continues with growing community.**
 - **Increase in Suicide (white) and Baker Act examinations**
 - **Increase in Unintentional Injury Death rate**
 - **Increase in Traffic Crashes**
 - **Life Expectancy varies (location)**

Nassau CHIP Timeline:

Commitment and Visioning— January 2018

Four Assessments— February – August 2018

Identify Strategic Issues— September 2018

Formulate Goals and Strategies— Winter 2018

Action Cycle (1-3 Projects) — January 2019

The PHN Steering committee continued to meet monthly while the four MAPP assessments were being completed. Monthly meetings were attended by the PHN Steering committee and occurred on the following dates:

- January 9, 2018 (planning and MAPP overview)
- February 13, 2018
- March 13, 2018
- April 10, 2018
- May 8, 2018
- June – used for data compilation
- July – used for data compilation
- August 14, 2018 (review of all assessment findings)
- September 11, 2018 (preparation of new MAPP findings)
- September 18, 2018
- September 26, 2018 presentation of new MAPP findings (large community meeting)
- October 9, 2018 (SWOT analysis of the large community meeting)
- November – subcommittee work
- December – subcommittee work
- January 30, 2019 – presentation of new CHIP 2019-2021 (large community meeting)

Team leads from the Steering committee volunteered to facilitate the four assessments and the process commenced with the subcommittees conducting the community wide assessments in February. After completion of the four MAPP assessments in May 2018 the PHN Steering committee once again began to meet to review the results of the assessments. The summer months were used to compile assessment findings. Data results consisted of both Primary data (such as focus groups and surveys) and Secondary data which included data from established data sets such as the U.S. Census Bureau, The Behavioral Risk Factor Surveillance System (BRFSS), Bureau of Vital Statistics, Florida Department of Highway Safety and Motor Vehicles, Substance Abuse and Mental Health Services Administration (SAMHSA). Analysis of the data and of the responses from surveys, focus groups and the Forces of Change sessions were prepared and discussed at the August Steering meeting. In September

2018, the findings of the assessments were presented for the larger Partnership for a Healthier Nassau’s meeting to prioritize the strategic issues. Strategic priorities were selected at this meeting facilitated by Teresa Rowe. Participants volunteered to join workgroups charged with preparing goals, strategies, and action steps to implement a Community Health Improvement Plan.

FOUR ASSESSMENTS

Local Public Health System Assessment

The Local Public Health System Assessment focused on all the organizations and entities that contribute to the public's health. The Local Public Health System Assessment answers the questions, "What are the components, activities, competencies and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

As part of the 2018 MAPP process, the Local Public Health System Assessment (LPHSA) was conducted through a series of six community meetings held from March to May 2018 in Nassau County. The team was led by Eugenia Ngo-Seidel, Florida Department of Health, Nassau. Using interactive Poll Everywhere audience polling technology, the team used the National Public Health Performance Standards (NPHPS) local instrument which measures the capacity of the entire system, not just the public health department.

Overall ten different organizations* as well as interested community members gave input on the activity levels in Nassau County related to Model Standards for the Ten Essential Public Health Services. The input was then entered a web-based tool that summarized the findings. Figure 1 is a summary of the average of Essential Service Performance Score and Figure 2 summarizes the percent of the system’s Essential Services that fall within activity categories.

Figure 1. Summary of Average Essential Public Health Service Performance Scores

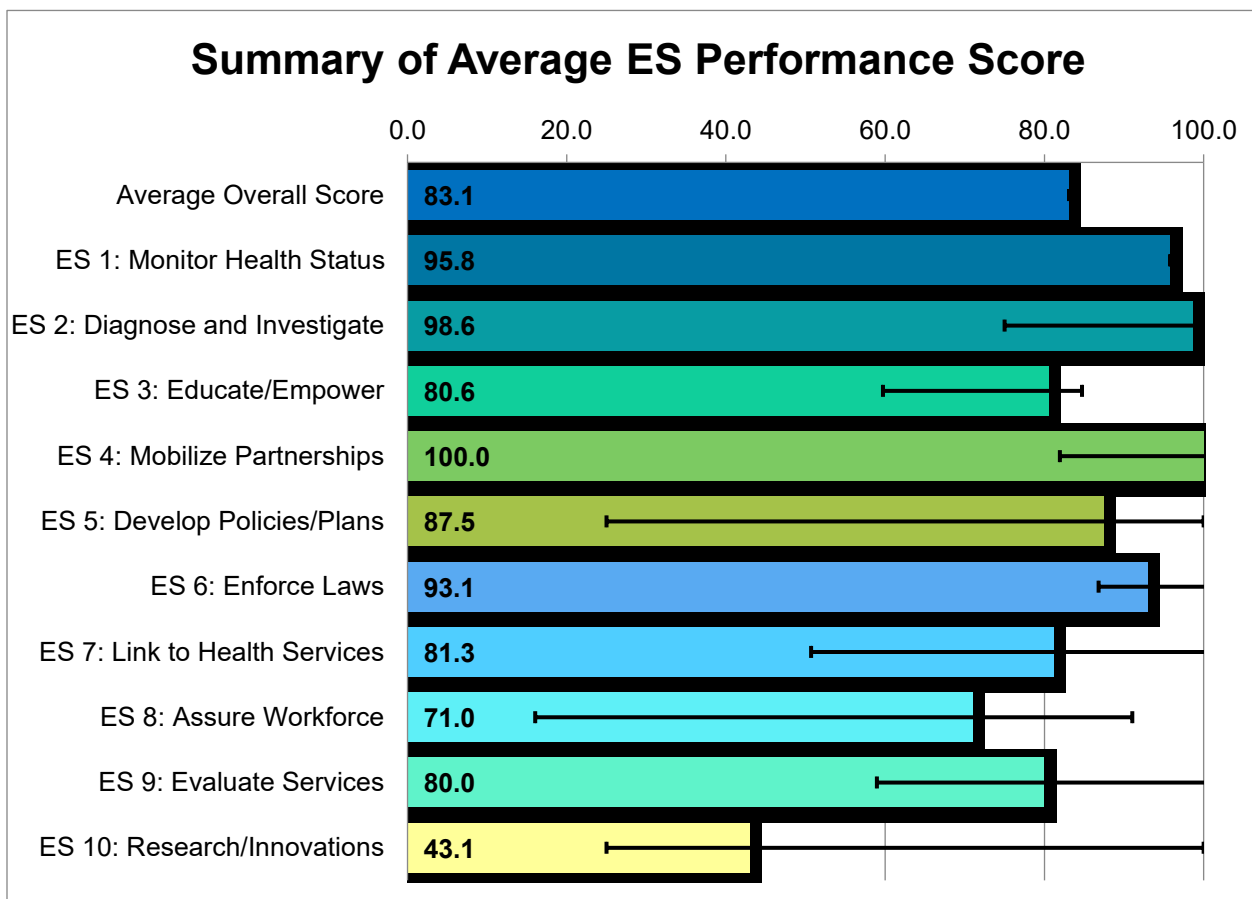
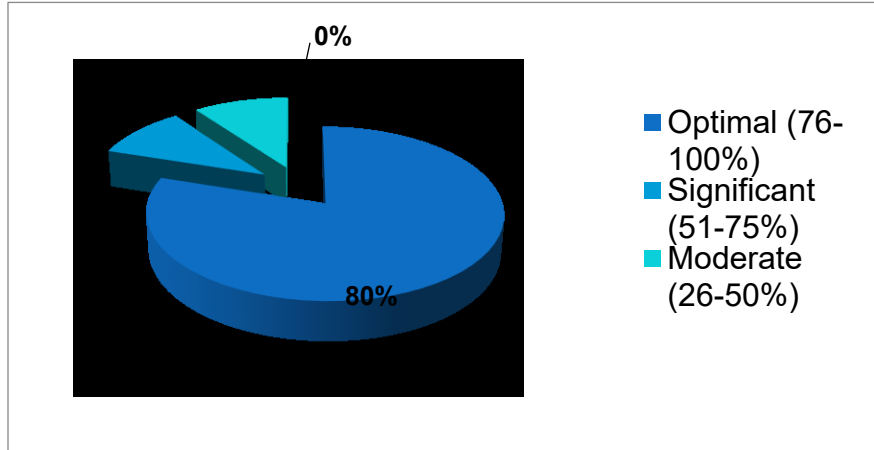


Figure 2. Percentage of the system's Essential Services scores that fall within the five activity categories.

This chart provides a high-level snapshot of the information found in Figure 1, summarizing the composite performance measures for all 10 Essential Services.



These figures demonstrate the three highest performance areas are ES4: Mobilizing Partnerships, ES2: Diagnose & Investigate, ES6: Enforce Laws and ES1: Monitor Health Status. The three lowest performance areas are ES10: Research/Innovations, ES8 Assuring Workforce and ES3: Educate/Empower.

The Average Overall Score was 83% (improved from 76.2% in 2015). This pie chart shows that composite performance measures across all the Essential Services Model Standards in Nassau were at the Optimal level for 80% (improved from 60% in 2015), Significant level for 10% and Moderate level for 10%.

Summary: In addition to quantifiable benchmarking, the LPHSA team, through the Assessment discussions, identified actionable “take-aways” for each of the Ten Essential Services.

1 Monitor Health Status – Wider CHIP promotion, identify growth related gaps, look for timely and subpopulation data.
2 Diagnose & Investigate – Need more provider engagement/training for testing & reporting, monitor emerging threat of increasing vaccine-preventable diseases, drill and check weblinks, strengthen interstate coordination with Ga.
3 Educate & Empower – underutilization of social media/alternative news sources; subpopulation lack of awareness of information or services.
4 Mobilize Partnerships – Need to increase involvement of decision makers, Westside residents, Limited English Proficiency, workers who cannot attend day meetings.
5 Develop Policies/Plans – work with Code Enforcement on violations notifications, Gaps – how to address sanitary nuisances and overall need more Health in All Policies. Alignment of CHIP with other organizational plans e.g. Hospital, nonprofits, coalitions/collaboratives (e.g. Behavioral Health)
6 Enforce Laws – continued participation in county growth management and promotion of health in all policies. Work to assure up-to-date info is entered data bases used for compliance. Build capacity with related authority to respond to growing community and emerging threats.
7 Link to Health Services – address key barriers include transportation & language (consider common points of service)

8 Assure Workforce – strengthen Health Equity/cultural competency, share information with academic centers, emphasize competency based Employee Development Plans, fund additional certifications. Increase interagency training.

9 Evaluate Services – for population based services – training on metrics, evaluation integration. For personal health services – increased patient information/transparent metrics (e.g. HEDIS) and electronic health record integration to improve service evaluation.

10 Research/Innovations – Increase academic linkages, practice alignment with evidence based recommendations. Build Network Analysis skills/tools. Work with regional partners including Health Planning Council, Rural Health Network and AHEC.

*Participating Organizations - Nassau County School District, Council on Aging, Baptist Medical Center-Nassau, Starting Point Behavioral Health, Nassau County Emergency Management, University of North Florida, , Nassau County Health Improvement Coalition (including Delores Barr Weaver Policy Center, NACDAC, Women’s Center, Greater Nassau Chamber of Commerce), and FDOH State and Nassau divisions (WIC, Epidemiology, Clinical Services, Healthy Start, Environmental Health, Preparedness, Work Force Development & Legal)

Attendees in addition to FDOH Nassau staff with meeting dates:

- MARCH 2 – LPHSA 2.3, 3.4, 4.6 – B. Estep (NC EM), R. Jordi (UF IFAS), T. Jones (BMC N), T. Foster/J. Carine/S. Courson/J. Horner (FDOH)
- MARCH 9 -LPHSA 2&6 – A. Pitts (FDOH legal)
- MARCH 13 – LPHSA 1&4 – K. Clark (NACDAC), K. Clemons (NCSB), M. Hays (Nassau Transit), R. Lewin (SAO), V. Ray (SPBH), H. Riddley (ARC), L. Rozier (FSS), M. Snyder (BMCN)
- MARCH 26 - LPHSA 4&7 - L. Goode (Micah’s Place), Kim Clemons/A. Powell/L. Jones/A.McClellan/S. Alvare (NCSB), J.Hulse/M. Lasky (Delores Barr Weaver Policy Center, G. Pensante (NACDAC), L. Armstrong (Women’s Center), D. Newsome (Greater Nassau Chamber of Commerce)
- APRIL 13 – LPHSA 8&9 – J. Merten (UNF), D. Bragdon (FDOH)
- MAY 11 – LPHSA 5 &10

Community Themes and Strengths

For the Nassau County Community Health Assessment, the Health Planning Council of Northeast Florida (HPCNEF), in partnership with the Florida Department of Health in Nassau County (FDOH-Nassau), conducted three focus group discussion sessions with the community. Meetings were held at several locations with different demographic groups in an attempt to capture a range of opinions on health and quality of life in Nassau County. Focus groups took place during April and May of 2018 with the following locations and groups of people:

- Southside Elementary School in Fernandina Beach with Hispanic families,
- Florida Department of Health in Nassau County's Administrative office in Fernandina Beach with minority residents (self-identified as Black/African American or Other), and
- MCCI Medical Group in Callahan with elderly residents.

FDOH Nassau additionally facilitated two other focus groups with Gracie's Kitchen recipients and the Council on Aging Seniors.

At the beginning of each group, the HPCNEF facilitator and an FDOH-Nassau staff member explained the purpose of the assessment, and then asked the participants twelve discussion questions. In addition to the discussion questions, HPCNEF asked focus group participants to fill out forms that provided information about their demographics and socioeconomic characteristics.

To analyze focus group discussions, HPCNEF uses quantitative analysis techniques, which involve taking thorough notes during meetings and tallying responses taken from field notes to determine top issues and priorities discussed by community participants. Using field notes, HPCNEF grouped participant responses into categories and weighted responses based on the frequency, extensiveness, and intensity with which a category or topic was discussed. Frequency relates to how often a comment or topic was mentioned. Extensiveness relates to how in depth a comment or topic was discussed. Intensity relates to whether a comment was discussed with greater strength or depth of feeling. A summary of community opinions is reported without assessing the veracity of participant comments.

Key Findings of Focus Groups:

Participants of the Hispanic and African American focus groups had distinct concerns related to their own ethnic/racial groups, which included language barriers and perceptions of racism. Participants of the elderly group had concerns related to the aging population that were unique from the other two groups. While the demographic makeup of the focus groups led to varying responses for many of the questions, there were several common themes heard across all three groups as summarized below:

- Most participants felt Nassau County was a quiet, peaceful, and safe place to live.
- Participants generally agreed on the following as important features of a healthy community: clean community (general cleanliness, clean air, etc.), healthy food, and access to resources (e.g., transportation, healthcare).
- Lack of availability of local specialty doctors and dental services is a countywide issue.
- Some of the greatest barriers to accessing health services include: high cost of health services and prescriptions, distance/too far to travel, lack of transportation, and difficulty finding health providers who accepts their insurance.

- Lack of transportation options and a lack of access to public transportation are common issues facing many residents of Nassau County.
- Substance abuse/mental health is a health concern shared across all demographic groups.

Top Health Concerns of Each Focus Group:

Hispanic Group: Tie between Drugs/Alcohol and Reckless Driving/Distracted Drivers
African American Group: Tie between Resources/Re-entry for Felons and Lack of Housing for Homeless
Westside Group: Drugs/Substance Abuse/Alcohol
Gracie's Kitchen: Safety on the Roads/lack of Resources including Affordable Housing
Council on Aging: Weekend Transportation/Not being forgotten/Affordable living/Specialty doctors needed in Nassau County

Forces of Change Assessment

The Forces of Change Assessment (FoCA) identifies external forces that are likely to influence community health and quality of life, or impact the work of the local public health system. Two brainstorming meetings were held to explore forces of change that impact Nassau County and its public health system functions. The FoCA is one of four assessments that together provide a comprehensive picture of the health status of our community.

Conducting a FoCA answers the following questions:

1. What is occurring that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

Forces	Threats Posed	Opportunities Created
Economic		
Employment	<ul style="list-style-type: none"> • Lack of living wage jobs • Lack of diversity in jobs 	<ul style="list-style-type: none"> • Potential for increase in minimum wage • Advocacy for better jobs
Education	<ul style="list-style-type: none"> • Overcrowding in schools • Lack of resources for developmentally disabled 	<ul style="list-style-type: none"> • New schools to support increased enrollment
Housing	<ul style="list-style-type: none"> • Low inventory of affordable housing • Few income-based housing units for seniors • No Continuing Care Retirement Communities 	<ul style="list-style-type: none"> • Increased home building opportunities • Opportunity to provide “Aging in Home”
Environmental		
Built environment	<ul style="list-style-type: none"> • Lack of walkways discourages physical activity • Lack of access to healthy food 	<ul style="list-style-type: none"> • Creation of spaces that encourage active lifestyles • Greater focus on providing walking and biking trails
Food deserts	<ul style="list-style-type: none"> • Grocery stores without healthy food options • Price of healthy food vs. unhealthy food 	<ul style="list-style-type: none"> • Potential to increase access to healthier food • Increase in number of farmer’s markets
Political		
City – Town growth	<ul style="list-style-type: none"> • City and county government not working together, redefining boundaries of city and county • Rapid expansion of city and town areas which are increasing in density 	<ul style="list-style-type: none"> • Need for additional services to serve new residents • Opportunity to use policy for change • Potential to collaborate to strengthen the new communities with common goals
Infrastructure	<ul style="list-style-type: none"> • New population and business growth in Yulee and Callahan (Wildlight and Crawford Diamond district) – need financial infrastructure to support the changes 	<ul style="list-style-type: none"> • Increased employment, more housing options, revitalization and new infrastructure to support families and business needs. (examples: public pools, parks, bike trails, walking paths) • Potential to provide safer driving and transportation

	<ul style="list-style-type: none"> • Road construction and quantity of dirt roads • Increased traffic (crash rates) and use of phone while driving 	<ul style="list-style-type: none"> • routes • Opportunity for bus expansion (NassauTRANSIT)
Scientific/Technological		
Social media	<ul style="list-style-type: none"> • Potential for distribution of false information 	<ul style="list-style-type: none"> • Increased messaging ability to larger audience in a shorter time-period • Technology allows for communication with medical community, health portals, websites
Medical	<ul style="list-style-type: none"> • Lack of local physicians which pose a threat to new residents • Pill taking culture 	<ul style="list-style-type: none"> • Increased quality of life • Expanded diagnostic and treatment capabilities with new providers
Social		
Adult/Childhood obesity	<ul style="list-style-type: none"> • Obesity, Increased BMI • Negative impact on personal and family health • Increase in health care and employer costs 	<ul style="list-style-type: none"> • Greater focus on wellness programs • Local and state government participation in efforts
Violence	<ul style="list-style-type: none"> • Increased gun violence 	<ul style="list-style-type: none"> • Increased focus on safety and mutual respect of others
Mental health	<ul style="list-style-type: none"> • Increased prevalence of suicide, attempts, and Baker Acts • Lack of access to quality mental health care 	<ul style="list-style-type: none"> • Increased awareness and reduced stigma through Mental Health First Aid trainings • Enhanced collaboration between agencies
Substance abuse	<ul style="list-style-type: none"> • Increased substance use related deaths • Limited substance abuse services • Opiate abuse/drug overdoses 	<ul style="list-style-type: none"> • Training for substance abuse screening and referral • Potential for more drug treatment programs
Family Life	<ul style="list-style-type: none"> • Education needed for parents regarding parenting children with drug/alcohol addiction • Sex education for teens • Affordable quality childcare • Few foster homes for our Nassau children • Resources for Spanish speaking families 	<ul style="list-style-type: none"> • Increase drug free/rehab persons • Decrease teen pregnancy and STD's • Optimize employment opportunities for parents • Increase youth staying in Nassau while in care • Stabilize and support family life

Forces of Change Summary:

Threats:

- Rapid expansion of Yulee, schools, neighborhoods
- Road construction/lack of parks and safe walk ways/bike paths
- Increase in Suicide, Baker Acts, lack of affordable mental health care
- Increase in substance use related deaths
- Lack of medical providers
- Limited resources for Spanish speaking families
- Increased gun violence

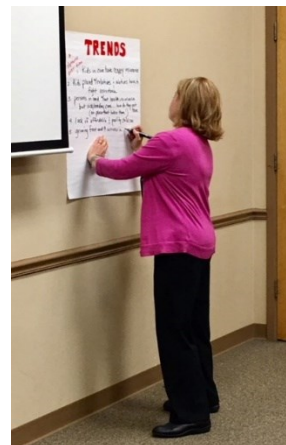
Opportunities:

- Need new infrastructure (create City of Yulee) to support growth, tax base
- Need safe roads for travel, walking/bike paths for safe exercise
- Increased education and services for persons with mental health, depression.
- Training for substance abuse screening/referral and local drug abuse treatment.
- Increase in medical providers to care for growing population.
- Expand service options for Hispanic families through common language
- Training on Active Shooter

Photos from the Forces of Change meetings:



Fernandina Beach Forces of Change community meeting – held May 15th, 2018 at the Amelia Island-Fernandina Beach Chamber of Commerce.



Yulee Forces of Change meeting – held May 22, 2018 at the Yulee Family Support Services office.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) answers the following questions: **1) How healthy are our community residents? 2) What does the health status of our community look like?** This assessment is accomplished through a comprehensive effort to find the latest and most trusted sources of data that reflect the health of Nassau County, FL residents. Most of the indicators reviewed reflect either rates of morbidity (incidence of a specific illness or condition within a population) or mortality (death from a specific illness or condition within a population). Health indicator results for Nassau County were compared to the state of Florida and other data where available. They were also segmented by various demographic factors including race and ethnicity, gender, age, and income level to identify health disparities and health inequities. Also per the 2018 County Health Rankings, Nassau ranks 17th of 67 for Health Behaviors, 17th for Clinical Care, 5th for Socioeconomic Environment and 57th for Physical Environment. These rankings combined to earn Nassau a standing of 23rd for health outcomes and 8th in health factors. The 2018 CHSA assessment report was prepared by the Health Planning Council of Northeast Florida as part of the Nassau Mobilizing for Action through Planning & Partnership (MAPP) model.

After a review of the CHSA report findings by a Partnership for a Healthier Nassau Community Health Improvement Planning assessment team, the following items were identified as the most important health issues in Nassau County, FL: Health Disparities, Physical Environment and Behavioral Health and Access to Care.

Health Disparities - In 2016 Nassau County's population was 77,187 and is less diverse than Florida's population, being 90.4% white vs 75.9% in Florida. The Black or African American and Hispanic or Latino groups make up most of the 9.6% non-white population. While this number is less than 10% of Nassau County's population, the health data for this population is reliable and shows trends of health disparities. Of concern are cancer rates, infant mortality and low birth weights, chronic disease (diabetes and stroke) and HIV rates for non-whites. (See 2018 Nassau County CHSA Fact Sheet)

concern is Nassau County residents' proximity to parks and recreation areas. In 2016, only 19.2% of Nassau County residents lived within a half mile, or 10-minute walk, from a park. This was 24 percentage points less than all Florida residents, in comparison. The impact of population growth on physical environment is also a concern. Nassau experienced a 6.3% increase in population from 2016 to 2017, increasing from 77,187 to 80,456. **1** This population growth leads to an increase in needs in an environment already low in affordable housing inventory and numbers of health providers, especially for seniors and Medicaid beneficiaries.

Behavioral Health - Data shown here demonstrate increases in suicide and Baker Act initiations in Nassau County. Also shown are Health Status and Quality of Life indicators illustrating that Nassau County residents experienced higher numbers of unhealthy mental days, poor mental days and diagnoses of a depressive disorder when compared to the state of Florida.

Access to Care – Nassau County has a low provider per population ratio compared to the State and the shortage may lead to longer wait times, delayed care, poor health outcomes and higher costs due to disease progression.

Top 3 Causes of Death in Nassau	Compared to Florida
Cancer (180 deaths per 100,000 population)	Florida (153.5 deaths per 100,000 population)
Heart Disease (162.9 deaths per 100,000 population)	Florida (152.3 deaths per 100,000 population)
Unintentional Injury (61.5 deaths per 100,000 population)	Florida (47.5 deaths per 100,000 population)

Prioritization of Strategic Issues:

At the September 26, 2018 large community meeting of the Partnership for a Healthier Nassau all four assessment results were presented. The PHN Steering committee and MAPP assessment leads presented each area they were actively engaged with. The meeting was attended by over 65 persons and started with a one-hour Health Summit to bring the community together for knowledge exchange and networking. The following three hours after the Health Summit were listening and learning about the new health/data findings from the 2018 assessments. After all data had been shared the community had to opportunity to add other key issues they felt were critical and missing. We then completed a prioritization exercise, facilitated by Teresa Rowe of the FDOH Nassau office. She facilitated the “dotmocracy” exercise. When using the dot-mocracy process we followed the rules below using sticky dots:

- 6x **Green** - 3 for Most **Important**, 2 for Second, and 1 least
- 4x **Red** – where we have the most **influence, control** and **resources**

After the audience completed ranking all identified health concerns/issues with the green dots, the group proceeded to discuss what was feasible for us to accomplish during the next three years with this health improvement plan. It was decided to remove a few areas which had received very low rankings to simply the next step of the process whereby we would narrow the issues. At this point the group proceeded to rank again using the **RED** dots to indicate areas of influence, control and available resources. After completing this process, we selected the top issue areas by most important (Green) and highest level of ability to accomplish (RED).

See photos below:





Small group discussion to decide most important and achievable health issues.

The ranking matrix below reflects the top issues selected at our meeting according to importance and influence/resources.

Issue	Importance	Influence/Resources
Housing and Healthy Places	59	8
Access to Care	49	13
Behavioral Health and Substance Abuse	42	36
Health Disparities	41	23
Community Support	22	37



Attendees from the Partnership for a Healthier Nassau CHIP meeting of September 26, 2018

After selection of these top five issues we proceeded to recruit committee members to work on achievable, SMART goals and action steps. We have five workgroups from which each met at minimum of three times between October and December. In January the PHN Steering committee prepared to launch the new CHIP 2019-2021 with a finalized Action Plan.

The meeting was held on January 30, 2019 and 55 persons in attendance. Though representation was lower at this meeting than expected, we were successful in having key stakeholders and decision makers present. This included members of our local Board of County Commissioners, our Tax Collector, three members of the Sheriff’s office, one member of the Nassau County School Board. We additionally had a prominent keynote speaker, State Attorney Melissa Nelson. At this meeting we started with a quick of the CHIP purpose and past accomplishments. Ms. Nelson spoke at length about key issue facing residents, including increasing education/reducing poverty to impact crime and health and best practices with addressing mental health/substance abuse in the criminal justice system (e.g. Drug Court or Mental Health Court). There was an interesting discussion about how establishing a Drug Court in our Nassau County Community would be beneficial and how to proceed with accomplishing this.

We reviewed accomplishments from the past CHIP of 2016-2018. These included:

Mental Health First Aid Trainings
Year 2016: 363 + 179 = 542
Year 2017: 1018 + 205 = 1,223
Year 2018: 881 + 225 = 1,106
Total of 2,871 persons trained by Starting Point Behavioral and Nassau Alcohol Crime Drug Abatement Coalition (NACDAC)

And the successes of our NassauTRANSIT program which provides transportation service across our county and into Duval County.



PASSENGERS SERVED

	PARATRANSIT			+	PUBLIC TRANSIT	=	GRAND TOTAL
	TRANSPORTATION DISADVANTAGED	MEDICAID	TOTAL				
2013 - 2015	119,887	17,138	137,025		24,276		161,301
2016 - 2018	122,027	1,779	123,806		36,684		160,490
CHANGE	2,140	(15,359)	(13,219)		12,408		(811)
	1.8%	(89.6)%	(9.6)%		51.1%		(0.5)%

Nassau County Health Improvement Plan CHIP 2019-2021 Action Plan

The results of the four MAPP assessments were reviewed by partners on September 26, 2018 and five priority areas were identified. The Nassau County Community Health Action Plan was developed to address the concerns covered by these health priorities and formally presented and approved on January 30, 2019.

Priority: Access to Care			
Goal 1: Patient Barrier Factors			
Strategy	Objective	Lead Partners	Timeframe/target dates
Transportation Support	1.1 Promote Nassau Transit ridership/vouchers 1.2. Pilot Ride Sharing (Uber/Lyft) Health transport	1.COA Transit 2.Barnabas	Obtain baseline metrics by April 1, 2019 - completed Baseline value: NassauTransit usage at 45% September 30, 2020 Goal: 90% by Dec 31, 2023
Social Media (SM) Use	Promote SM posts to routinely share health service information	PHN Comm. Team Safety Net Team	Begin July 2019 – updates provided quarterly at PHN Steering meetings.
Priority: Access to Care			
Goal 2: Western Nassau Health Needs			
Strategy	Objective	Lead Partners	Timeframe
West Nassau Health Team	Convene, assess, choose gaps, develop action plan, Implement and evaluate	Barnabas, St. Vincent, FDOH, stakeholders	(1) By June 30, 2019-convene a Western Nassau Health Team (2) By Oct 2019, complete a plan to conduct surveys, data assessment & outreach (3) By April 30, 2020, choose one or two health care gaps to address (4) From July 2020 to October 2021 – implement action to reduce gap(s) (5) October 2021-Dec 2021 – Evaluate outcomes.
POLICY	Advocate for Rural Broadband Expansion to support telehealth, health education/information access	PHN, partners	Obtain baseline metrics by October 2019 - completed Report activity to PHN semi-annually April & October through 2021.
Priority: Access to Care			
Goal 3: High Risk/Marginalized Population Health Needs			
Strategy	Objective	Lead Partners	Timeframe
Facilitate Safety Net Provider Coordination	1. Establish quarterly meetings to share information, conduct joint assessments and planning.	FDOH Nassau, St. Vincent's, Barnabas, rural health clinic, hospitals, other health providers	1.Begin Quarterly meetings by April 30, 2019 report activity semi-annually to PHN April and October.

	2. Explore web based Coordinated Intake & Referral 3. Explore Peer Navigators & Community Health Worker programs.		2.Begin information sharing via Social Media posts by July 2019. Continue quarterly. 3.Research coordinated intake & referral, Peer Navigators & CHW programs starting 2020.
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Priority: Behavioral Health and Substance Abuse
Goal 1: Decrease the incidence of suicides in Nassau County.

Strategy	Objective	Lead Partners	Timeframe
Collect data regarding suicides, suicide attempts, and Baker Acts in Nassau County.	1. Medical examiner data on cause of death 2. CHARTS injury data 3. Baker Act admission data from LEO and CSU	LSF DOH SPBH	Report back to BH Collaborative - completed

Strategic Issue: Behavioral Health and Substance Abuse
Goal 2: Create a Trauma Informed Community

Strategy	Objective	Lead Partners	Timeframe
Provide community education in multiple settings throughout Nassau County to increase awareness of the effects of trauma on child development and health.	Identify training needs. 1. Who should be trained? 2. How do we ensure uniformity? 3. What training tools should be used? 4. Who can train?	Behavioral health Consortium Trauma sub-committee	Report back to BH Collaborative - completed qtrly
	Identify additional community training and education needs to promote becoming a Trauma Informed Community.	Behavioral health Consortium	

Priority: Community Support

Goal 1: To decrease social isolation among older adults and increase support to caregivers

Strategy	Objective	Lead Partners	Timeframe
Collect data to assess for older adult needs as related to isolation, hobbies, health, and establish social programs for older adults Establish an intergenerational social connection program for youth and older adults.	Conduct assessments of older adult needs. Research evidence based models regarding legacy building. Work with local high school clubs to promote program.	Age Friendly key leads Community Support workgroup	March 15, 2019-October 30, 2020
Recruit two champions to be active leads for the	Articles in paper	Age Friendly key leads	June 30, 2021

Nassau Aging Friendly in Public Health program	Search through "Senior" links and social media	Community Support workgroup	
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Priority: Health Disparities			
Goal 1: To understand the leading causes of health disparities as it relates to breast cancer, prostate cancer and colorectal cancer in Nassau County and develop strategies to improve the health status in those areas.			
Strategy	Objective	Lead Partners	Timeframe
To expand the delivery of health education to Nassau County churches/places of worship by four additional churches by the close of each calendar year.	<ol style="list-style-type: none"> 1. Update church list spreadsheet 2. Promote the Interfaith Health Ministry work through media sources 3. New branding and marketing materials 4. Create a monthly schedule of topics 5. Facilitate "interest group" meetings and recruit spiritual health champions to support the work 6. Create a working "Toolkit" that churches can borrow and share 7. Facilitate training to educate leaders on the toolkit and how to provide health education to church members 	Interfaith Health Ministry team	<p>March 1, 2019</p> <p>March 1, 2019</p> <p>June 1, 2019</p> <p>June 1, 2019</p> <p>September 1, 2019</p> <p>September 1, 2019</p> <p>January 15, 2020</p>
Promote the Best Babies Zone (Nassau Infant Mortality Taskforce) to the community to increase awareness and participation.	<ol style="list-style-type: none"> 1. Develop a toolkit of marketing materials that can be used to describe the purpose, goals, and needs of the Best Babies Zone. 2. Create a distribution plan. 	Nassau County Infant Mortality Taskforce	January 2019- December 2019
Help recruit three community members to serve as local champions or resident leaders on the Nassau Infant Mortality Taskforce (Best Babies Zone).	Provide at least one quarterly community presentation using the Best Babies Zone marketing materials to aid in the active recruitment of local champions or resident leaders.	Nassau County Infant Mortality Taskforce	January 2020-December 2021

Priority: Housing and Healthy Places			
Goal 1: Create a Housing Coalition to address housing needs on a spectrum from homelessness to home ownership.			
Strategy	Objective	Lead Partners	Timeframe
Expand the cold night shelter master list to include the Westside and Yulee	1. Facilitation of communication among agencies working on housing, coordination with AHAC and the exploration of public/private partnerships.	Housing Subcommittee Nassau County Department of Planning and Economic Opportunity	December 31, 2021
Research permanent supportive housing model			
Establish a Family Promise program	2. Look for best practices and new models and coordinate with the NC Homeless Coalition while working with the NE Florida Builders Association		December 31, 2021

***Policy and the Nassau CHIP - recommendations:**

Under the issue of Access to Care the committee decided to address a policy topic with the recommended need to expand broadband to support telehealth care for patients living in areas with limited cell service (large portions of Westside of county). By expanding telehealth services, it is believed we could reduce the impact of health inequity for those who are immobile and limited by transportation.

Under the goal area of Community Support, the Nassau Age-Friendly Livable Communities project has been implemented. In this goal we are working with local county government to modify the Nassau community for all ages. The goal is to implement Age-Friendly practices across the community.

Revisions to the CHIP were made after careful review of the goals, objectives, strategies, and measures of the 2019 – 2021 CHIP in the Fall of 2020. Sections revised include the title page, SMART goals, narrative on policy changes, alignment with state and national priorities, and partner accountability. Recommended changes were made based on the following parameters:

- Availability of data and resources
- Community readiness
- Evident progress
- Alignment of goals

Alignment with National and State Priorities: DOH Nassau staff and members of the Partnership for a Healthier Nassau (PHN) and PHN Steering committee worked to make sure the 2019-2023 CHIP is aligned with the following national and state health priorities:

- ✓ 2017-2021 Florida Department of Health State Health Improvement Plan (SHIP)
- ✓ U. S. Department of Health and Human Services Healthy People 2020
- ✓ Jacksonville Nonprofit Hospital Partnership - Community Health Needs Assessment (CHNA)
- ✓ FDOH-Nassau local Strategic Plan (SP)

Using the Plan and Getting Involved

Health improvement does not occur solely at the governmental or agency level, or only through health care providers but must be expanded and practiced in our homes, our schools, our worksites and our faith-based organizations. Below are some suggestions of ways to contribute to a healthier Nassau County.

- Spread the word about the Nassau Community Health Improvement Plan and its health priorities
- Support local programs and initiatives aimed to address the health priorities
- Be an advocate in the community for health behaviors and for health improvement
- Lead by example and practice health behaviors in your community
- Share your resources whether it be expertise and information, time, support, and funding to further the health improvement efforts

The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are community-driven processes. All residents are encouraged to participate in improving Nassau County's health. Data in the CHA will be updated each year to measure progress, so contact us to get involved and stay in touch with Nassau health.

For more information or to get involved in health improvement activities, please contact:

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Key Terms

Age-Adjusted Rate (AAR) and Age-Adjusted Death Rate (AADR)

A rate of morbidity or mortality in a population that is statistically modified to eliminate the effect of age differences in a population.

Behavioral Risk Factor Surveillance System (BRFSS)

A telephone (landline and cellphone) survey that collects data on health related risk behaviors, chronic health conditions, and use of preventive services from U.S. residents 18 years of age and older.

Built Environment

Human-made surroundings in which people live, work, and play.

Communicable Diseases

Diseases that spread from one person to another or from an animal to a person. The spread often happens by airborne virus or bacteria, but also through blood or other bodily fluid.

Incidence

The number of newly diagnosed cases of a disease.

Incidence Rate

An estimate of the number of new cases of disease in a population.

Morbidity

A term used to refer to an illness or illnesses in a population.

Mortality

A term used to refer to death or deaths in a population.

Mortality Rate (Death Rate)

A measure of the frequency of death in a defined population during a specified interval of time.

Per Capita

For each person

Percent

A ratio "out of 100." Example: 75% means 75 out of 100.

Preterm

A birth occurring before 37 weeks of pregnancy.

Prevalence

The total proportion of disease within a population.

Rate

Occurrence of a disease within a population in a given time period expressed as a ratio. Example: 5.0 per 100,000 means 5 cases for every 100,000 people.

Risk Factor

Any characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

Socioeconomic Status

Social standing or class of an individual or group often measured as a combination of education, income, and occupation.

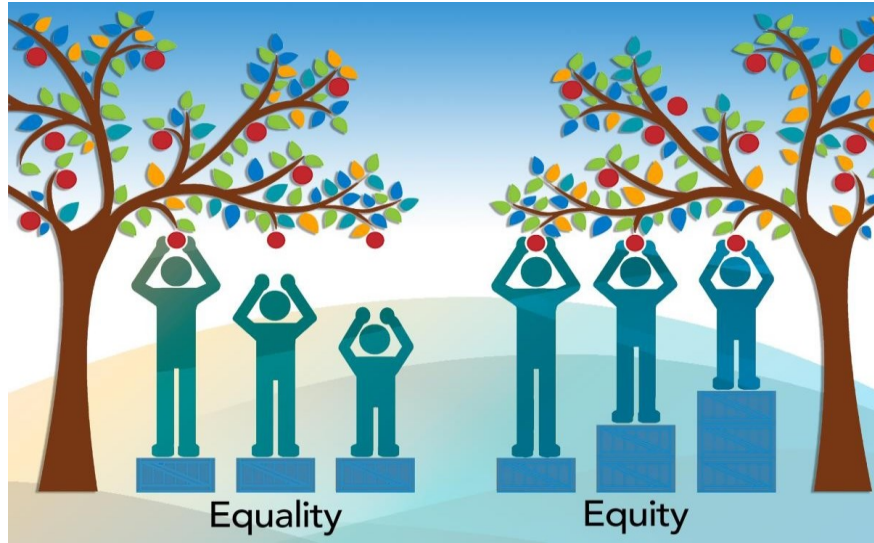
Trimester

A full-term pregnancy is 40 weeks. Pregnancy is divided into three semesters: first trimester (0-13 weeks), second trimester (14-26 weeks), and third trimester (27-40 weeks).

Weighting

A correction technique applied to survey results (i.e. BRFSS) that assigns an adjustment weight to each respondent. This weight corrects for under-representation or over representation of a population subgroup so that reliable conclusions can be made from the data.

Striving for Equity in Health for all Nassau Residents



Become a Partner for Better Health. Join us and Make a Difference!

Call us at 904-557-9133

