

Community Health Improvement Plan

Levy County

June 2022 – December 2026



Levy County Community Health Improvement Plan (CHIP)
2023 - 2026

Revisions:

Date Approved	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By

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Executive Summary

Levy County Community Health Improvement Identified Strategic Priorities and Goals

- Access to Health Care
 - Dental care
 - Primary care
 - Family planning
 - Cancer screenings
- Behavioral Health
 - Substance misuse
 - Mental health
 - Access to care
 - Domestic violence
 - Child abuse
- Food Insecurity
 - Socioeconomic disadvantage, such as poverty and low income
 - Access to healthy foods
 - Health literacy and food preparation education
- Healthy Lifestyles
 - STD prevention
 - Chronic disease prevention and management
 - Education and health literacy, especially with respect to preventive methods

The Florida Department of Health in Levy County, in collaboration with their partners in the Levy County Community Health Improvement Plan Partnership (CHIPP), launched the Community Health Assessment in April 2022. Levy County CHIPP group elected to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework to ensure that there would be a comprehensive community health assessment which then would lead to the creation of the community health improvement plan. The MAPP process yielded the Levy County Community Health Assessment Plan (Levy CHA) and the Levy County Community Health Assessment Technical Appendix (Levy Technical Appendix) which helped the CHIPP identify the strategic priorities for the Community Health Improvement Plan. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Levy County and better understand the causes and contributing factors to health and quality of life in the county; and second, to prioritize those identified gaps and

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concerns that are determined to be strategic priorities so that pressing issues can be addressed through collective community action.

Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP)

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Levy County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health assessment process every five years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from Levy County. This body, called the 2022 Levy County CHA Steering Committee, guided the process, and assured that the health needs and issues of all Levy County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between several public and private institutions in Levy County for the larger goal of improving health outcomes and quality of life for all residents in Levy County.

The Florida Department of Health in Levy County in collaboration with Well Florida Council first developed a Community Health Assessment (CHA) to examine the health of Levy County and its residents. The Community Health Assessment is used to identify key health needs and issues through methodical, comprehensive data collection and analysis. A Community Health Assessment gives the community and partnering organizations comprehensive information about the community's current health status, needs and issues. In turn, this information aids in the development of the Community Health Improvement Plan by justifying how and where resources should be allocated to best meet community needs.

Community health needs assessment (CHNA) and community health improvement planning (CHIP) activities for Levy County in 2022 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health-Levy County (FDOH-Levy) in their efforts to promote and enhance needs assessments in Levy County.

The MAPP Process

The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Use of the MAPP tools and techniques helped Levy ensure that a collaborative and participatory process with a focus on wellness and quality of life would lead to the identification of shared, actionable strategic health priorities for the community.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success

Phase 2 – Visioning

Phase 3 - The Three MAPP Assessments

- Community Health Status Assessment (CHSA)

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- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

Phase 4 - Identify Strategic Issues (CHIP activity)

Phase 5 - Formulate Goals and Strategies (CHIP activity)

Phase 6 - Action Cycle (Program Planning, Implementation and Evaluation)

FIGURE 1: THE MAPP PROCESS DIAGRAM



Source: National Association of County and City Health Officials (N.D.). Community Health Assessment and Improvement Planning. Retrieved August 8, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

Methodology

To conclude the MAPP community health needs assessment, a group representative of the local public health system partners was created to identify some potential next steps for Levy County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns that they have learned from their personal experiences as well as residents' testimonies. To conclude the session, participants also identified and discussed potential strategic actions to address and possibly make improvements in these priority issue areas.

The next steps identified included:

- Utilize results of three MAPP assessments to drive a process of developing community-identified strategic priorities with goal statements and strategies leading to the creation of a Community Health Improvement Plan (CHIP).

Members of the Levy County CHIP Committee met in-person for three meetings (June 14th, 2022, September 15th, 2022, and November 29th, 2022) to take the input of the MAPP needs assessment, steering committee recommendations and identify the priority issues and formulate a response to those

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issues which ultimately became the CHIP.

During the June meeting, members dissected the key insights of the needs assessment and brainstormed a list of key community health issues and partners that could be utilized. The second and third meetings were conducted to choose strategies and develop action plans for the selected strategies. A timeline detailing key points about the steering committee meetings can be found on the next page.

The development of the Levy County CHIP is a continuation of the community health assessment process that began in April 2022 and concluded in December 2022. Organizing for Success and Partnership Development (Phase 1), Visioning (phase 2), The Three MAPP Assessments (Phase 3) and the completion of the final three MAPP phases accomplished by partners of the Levy County CHIP process are captured in the breakdown below.

MAPP Phase 1: Organizing for Success and Partnership Development

Having broad community representation during the Community Health Assessment process is crucial to accurately identifying and reflecting the health issues and needs of the community. Therefore, community leaders and organizations were invited to partake in the assessment process as Steering Committee members. This process ensured that the numerous local partners in Levy County were accounted for and were able to voice their opinions on behalf of their participants/clients/members of the community.

MAPP Phase 2: Visioning

At their kick-off meeting on June 14, 2022, the Levy County Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Levy County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system.

Through a facilitated process, Steering Committee members brainstormed several questions:

- 1) what characteristics, factors, and attributes are needed for a healthy Levy County?
- 2) what does having a healthy community mean?
- 3) what are the policies, environments, actions, and behaviors needed to support a healthy community?

The ensuing discussions brought up points largely centered around issues that the Steering Committee desired to address in the community, such as equal access to resources, the need for more jobs with higher pay, a desire to emphasize child education, especially with respect to obesity, diabetes, and cardiovascular issues, and a need for better transportation services.

Further deliberation resulted in two possible vision statements being proposed:

1. Levy County: where everyone can lead their healthiest life.
2. Mobilizing Community Resources for a Healthier Levy

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At their September 15 Forces of Change discussion, Steering Committee members carefully considered the wording of their vision statement and ultimately voted for the following to fill the role: Levy County: where everyone can lead their healthiest life.

MAPP Phase 3: Three MAPP Assessments

The Community Health Status Assessment (CHSA) provides insights into the current health status and key health system and health outcome indicators in a community. The Community Themes and Strengths Assessment (CTSA) allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, while the Forces of Change Assessment (FCA) asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events, and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Collectively, the results of the three MAPP assessments conducted for Levy County provide input to the community to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation, policy change and ongoing evaluation to improve community health. This document provides a summary of key findings in each of the three key MAPP assessment areas (CHSA, CTSA, and FCA) and presents the Levy County Community Health Improvement Plan. The following is a brief bulleted list of key insights each of the three assessments that comprised the MAPP CHNA. Ultimately, these key insights provided input to the CHIP process for Levy County. For more information on the data, surveys, and assessment please refer to the Levy County Community Health Assessment and/or the Tri-County Needs Assessment Technical Appendix.

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the 2022 Dixie, Gilchrist, and Levy Counties Needs Assessment Technical Appendix, which includes analysis of socio-economic barriers, community health status, and health system resources. Myriad secondary data sources were used to examine the health of Levy County, including the U.S. Census Bureau, the Florida Department of Health's Florida HealthCHARTS, the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and the Florida Agency for Health Care Administration. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Levy County. More information on ZCTAs as well as a list of ZCTAs for Levy County can be found in the Technical Notes section of the 2022 Dixie, Gilchrist and Levy Counties Needs Assessment Technical Appendix and will henceforth be presented as the ZCTA number followed by the area name: for example, 32621 Bronson. Through the analysis of data on these indicators of socio-economic barriers, community health status, and health system resources, this assessment answers the question: "How healthy is the community?"

A community health status assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging issues. Data from this report can be used to explore and understand the health needs of Dixie County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

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- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Care Access and Utilization
- Behavioral Risk Factors
- Health Disparities
- Socio-economic Barriers

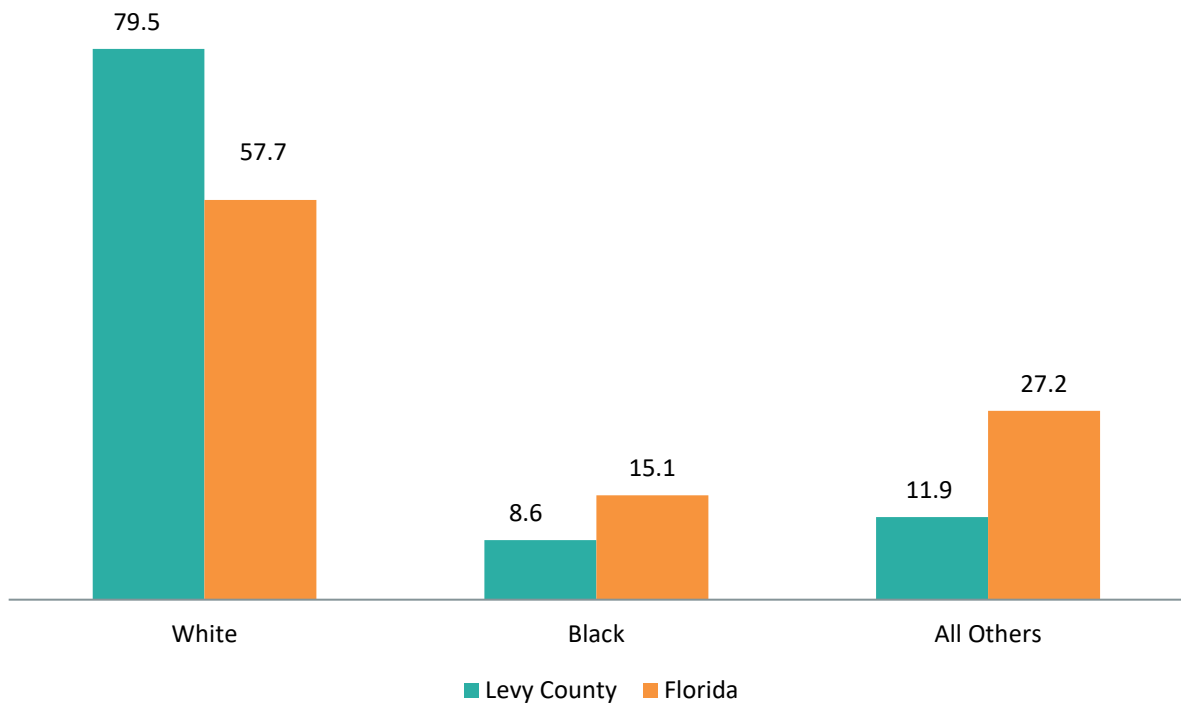
Key insights of this section include:

- The 2010 Census recorded a population of 40,801 individuals for Levy County, and the most recent 2020 Census reported only a modest increase to 41,699 people.
- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Levy County.
- There are limited healthcare resources and facilities, low rates of providers, and long distances between cities and other counties to access these services elsewhere.
- Levy County continues to exceed the state death rates for most of the ten leading causes of death in Florida.
- There are remarkably high rates of tobacco use, obesity, chlamydia, and domestic violence.
 - 22.6 percent of adults are current smokers, far exceeding the state rate of 14.8 percent, and 28.1 percent are former smokers. The percentage of adults using chewing tobacco, snuff, or snus some days or every day also surpasses the state rate – 5.8 percent as compared to 2.2 percent.
 - 73.6 percent of the Levy County adult population is overweight or obese according to 2017-2019 BRFSS estimates. This rate is clearly higher than the state rate of 64.6 percent. When looking specifically at obesity, Levy County rates are also substantially higher than the state (35.8 percent versus 27.0 percent).
 - Chlamydia cases rise to 634.1 per 100,000 in Levy County in contrast to only 458.5 in Florida; and, possibly as a direct result, all bacterial STDs also rise above the state rate at 826.2 cases per 100,000 in Levy in contrast to 702.7.
 - Levy County reported 518 instances of domestic violence in 2020 resulting in a rate per 100,000 population of 1,244.2. This rate is more than double the state's rate for the same year at 492.2 cases per 100,000.
- Black Levy County residents experience higher age-adjusted death rates due to cancer, heart disease, diabetes, and stroke.
- White Levy County residents experience higher age-adjusted death rates due to unintentional injury, Chronic Lower Respiratory Disease (CLRD), and Alzheimer's disease.
- Hispanic Levy County residents depict markedly higher rates than their state counterparts of death due to unintentional injury and hypertension.
- Overall, poor health behaviors are on the rise in Levy County as measured by the Behavioral Risk Factor Surveillance System (BRFSS). With respect to health status and quality of life, Levy County presented worse rates than the state of every measure on the BRFSS.
- Levy County also has high rates of age-adjusted mortality and chronic conditions contributing to lower quality of life, which manifest in the county's high rate of disabilities and average number of poor physical and mental health days.
- 2020 data for mental health ED visits in Levy County are consistently higher than the state among all ages (88.5 visits per 1,000 population versus 56.8), children (22.8 versus 10.7), and adults (103.0 versus 68.2). These numbers have been increasing within Levy County

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- for the past three (3) years among children.
- The most recent estimates (2019) for the uninsured put the uninsured rate of 22.7% in Levy County residents ages 18-64. This is slightly higher than the state of Florida.
 - Levy County is near the bottom third of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
 - Life expectancies of residents of Levy County are substantially lower than state and national averages.
 - In 2020 avoidable emergency department visits that were related to oral health, 90% were avoidable compared to Florida's 82.9%.

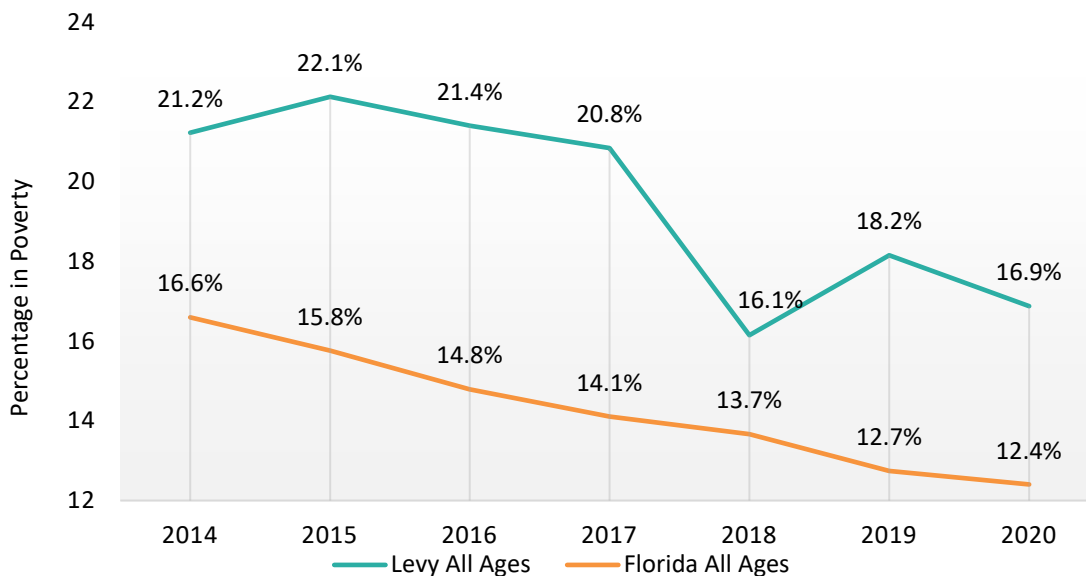
FIGURE 2: PERCENTAGE POPULATION BY RACE, LEVY COUNTY AND FLORIDA, 2020



Source: Table 7, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

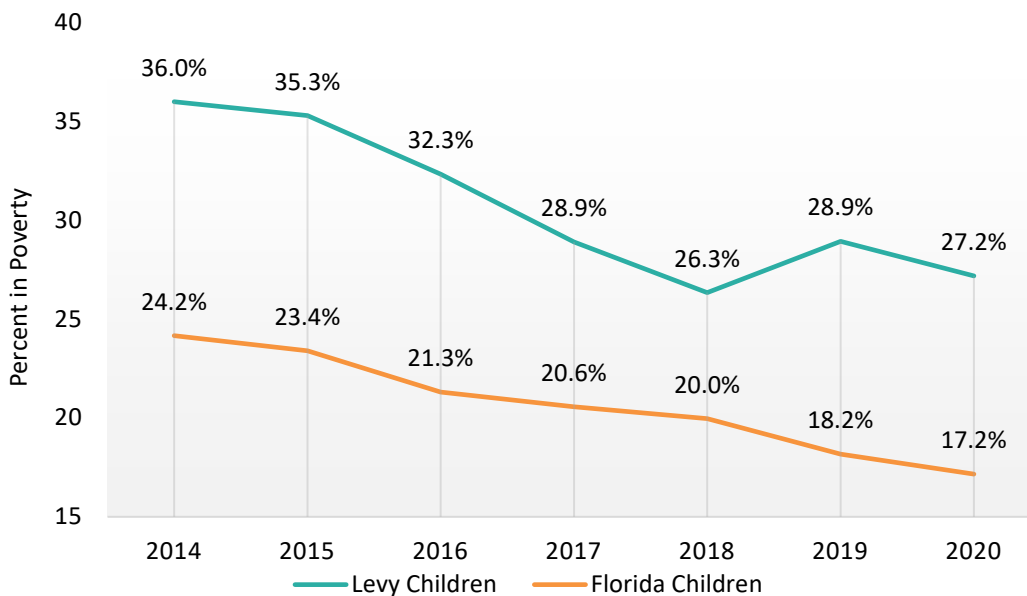
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FIGURE 3: PERCENT OF PERSONS IN POVERTY FOR ALL AGES, LEVY COUNTY AND FLORIDA, 2014-2020



Source: Table 23, 2020 Technical Appendix, prepared by WellFlorida Council, 2022

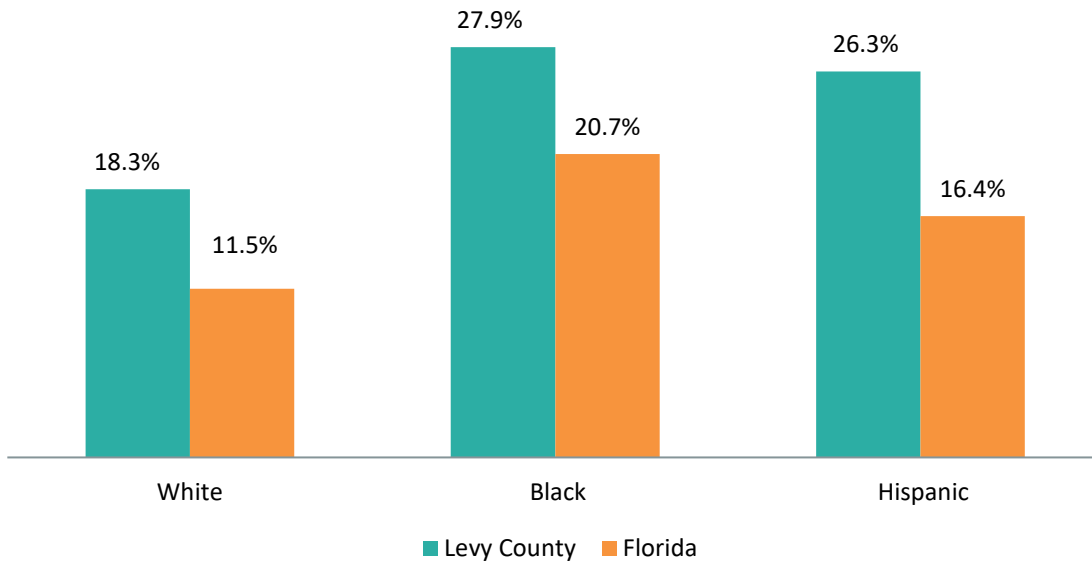
FIGURE 4: PERCENT OF CHILDREN IN POVERTY, LEVY COUNTY AND FLORIDA, 2014-2020



Source: Table 23, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

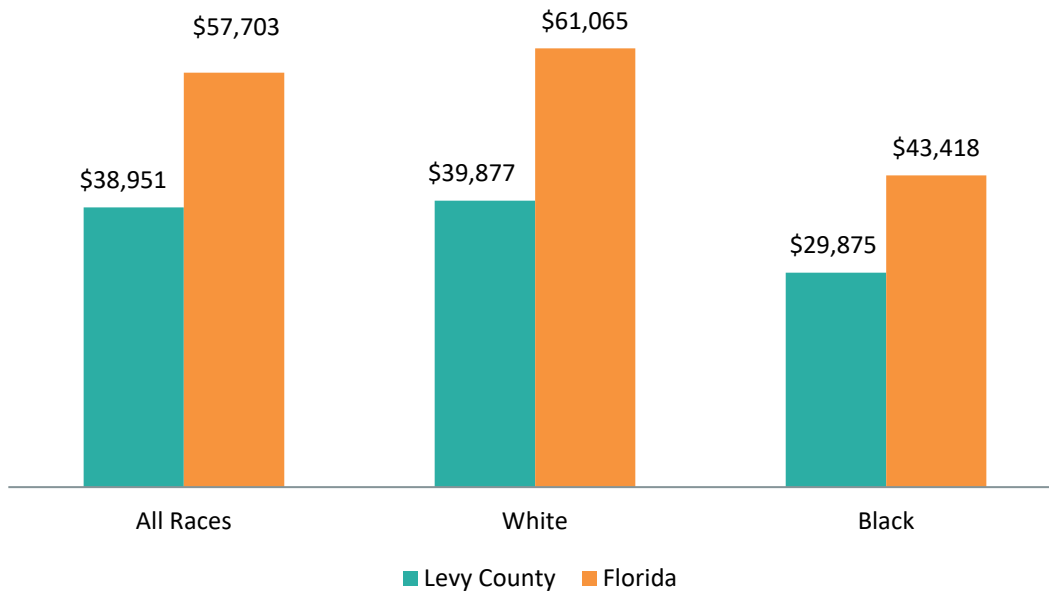
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FIGURE 5: PERCENTAGE OF POPULATION IN POVERTY, BY RACE AND ETHNICITY, LEVY COUNTY AND FLORIDA, 2016-2020



Source: Table 28, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

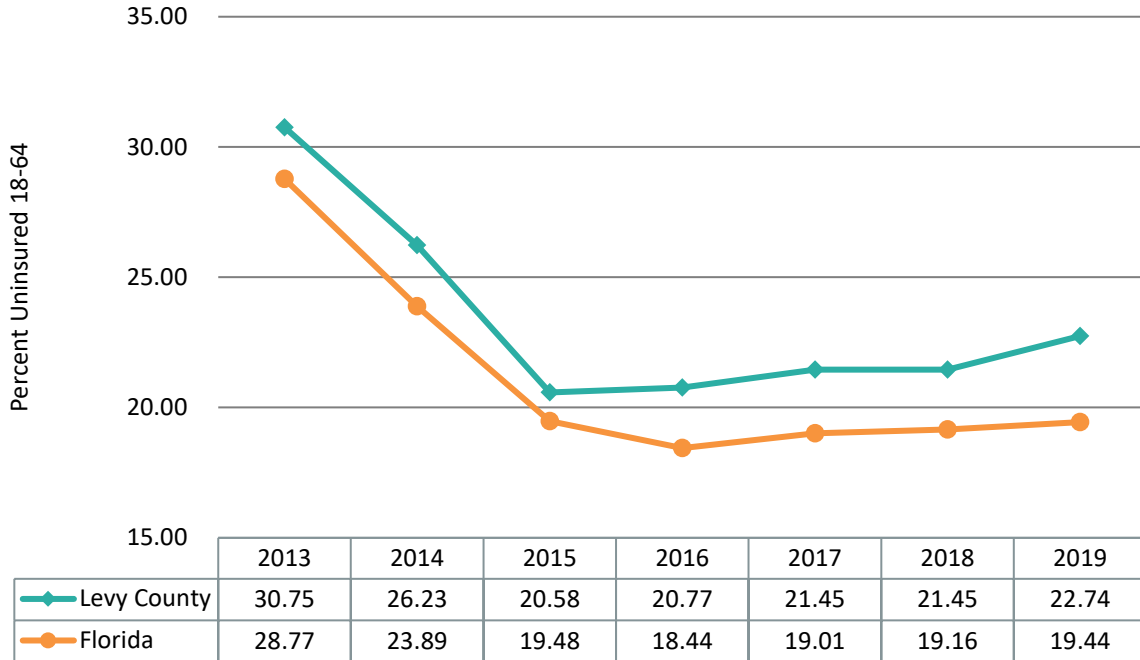
FIGURE 2: MEDIAN HOUSEHOLD INCOME BY RACE, LEVY COUNTY AND FLORIDA, 2016-2020



Source: Table 31, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

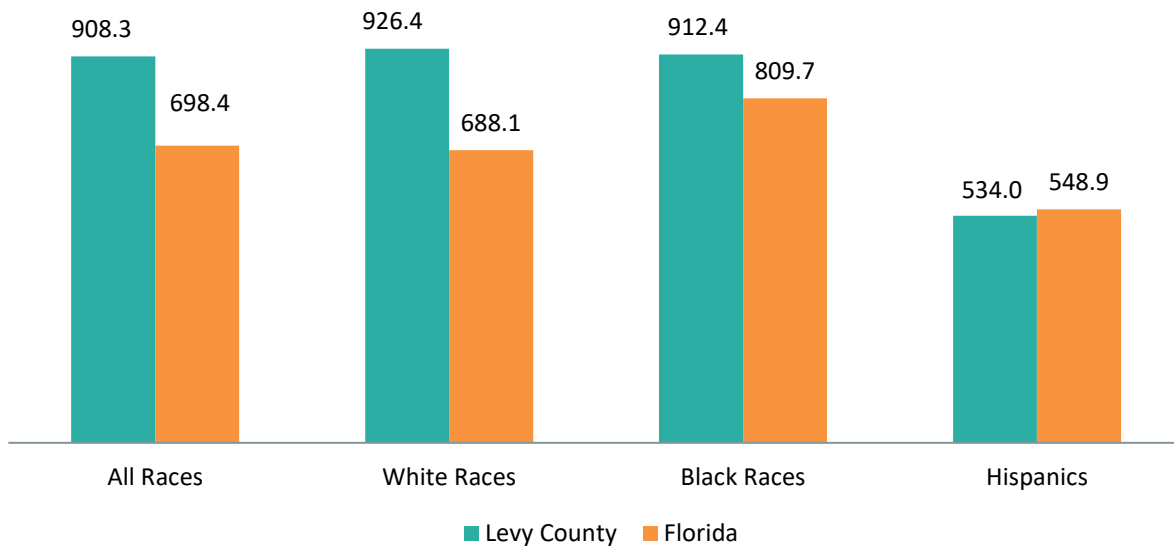
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FIGURE 8: PERCENT UNINSURED 18-64, LEVY COUNTY AND FLORIDA, 2013-2019



Source: Table 45, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

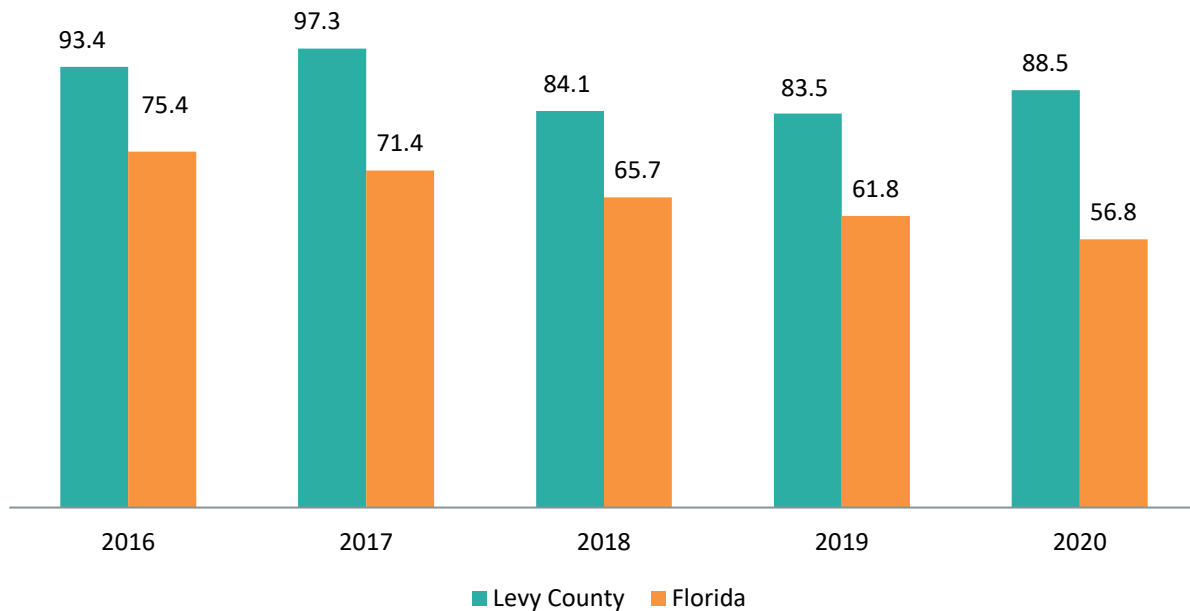
FIGURE 9: AGE-ADJUSTED MORTALITY RATES PER 100,000 POPULATION, BY RACE AND ETHNICITY, LEVY COUNTY AND FLORIDA, 2018-2020



Source: Table 66, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

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FIGURE 10: MENTAL HEALTH ED VISITS, LEVY COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



Source: Table 93, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Levy County faces many of the challenges commonly associated with a poor, rural community. There are limited healthcare resources and facilities, low rates of providers, and long distances between cities and other counties to access these services elsewhere. Levy County also has high rates of age-adjusted mortality and chronic conditions contributing to lower quality of life, which manifest in the county's high rate of disabilities and average number of poor physical and mental health days. This lack of access to care may lead to individuals avoiding or delaying seeking care, which compounds with the high prevalence of serious health issues and can lead to elevated rates of hospital discharges and avoidable hospitalizations, such as those seen in Levy County, as well as increased ED visit rates for dental health reasons. Uptake of certain healthy behaviors throughout the community are encouraging, such as low rates of reported binge drinking and high rates of childhood recommended vaccinations; however, other health behaviors demand improvement, especially the remarkably high rates of tobacco use, obesity, chlamydia, and domestic violence. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust Community Health Assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of Community Health Improvement Planning for Levy County.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. To determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large, garnering 141 responses. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report and seeks to understand "What is important to the community?" and "How is health and quality of life perceived in the community?".

There were three (3) surveys completed in Spanish; the remaining 138 were completed in English. The overall survey completion rate was calculated at 76.1 percent; note that the ten (10) surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Levy County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together. The general demographic factors collected on respondents who completed surveys.

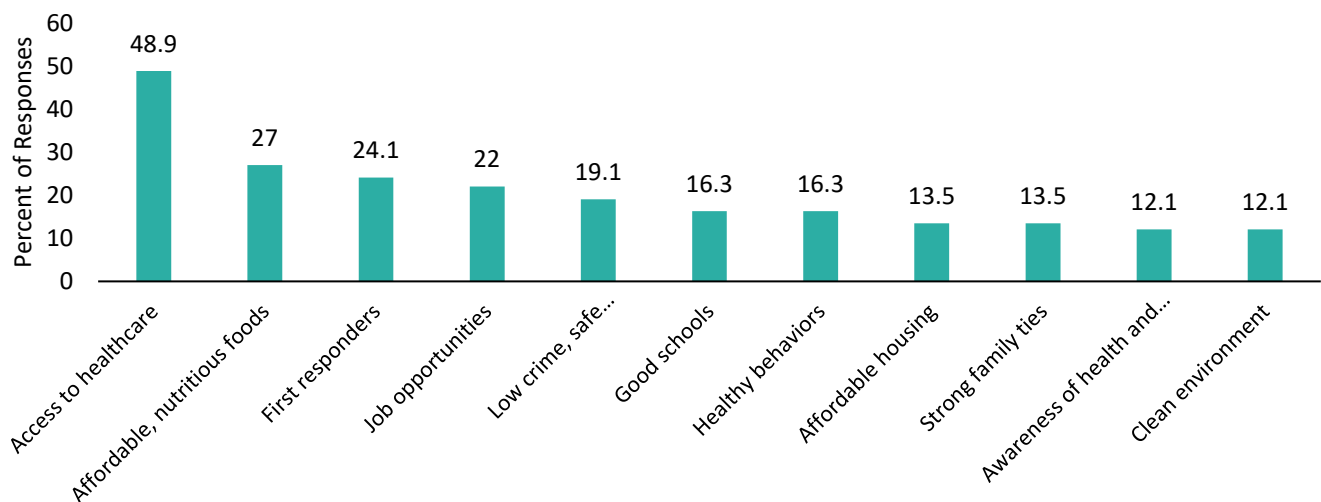
Many respondents in Levy County identified themselves as White (87.9%), followed by Black or African American (4.3%). Survey respondents in Levy County were more likely to be female (87.2 %) rather than male (10.6%). Respondents' views concerning their personal health and overall health of residents in Levy County differed some with 44.0% rating their personal health as 'healthy' and 42.6% rating their personal health as 'somewhat healthy'. Almost half of all respondents reported their county's health as 'somewhat healthy' (63.1%). Unlike with personal health, 21.3% reported the overall health of residents of their county 'unhealthy'. Respondents were also questioned concerning their perception of the three most important factors that define a "Healthy Community." 48.9% of respondents identified access to health care as the most important factor, followed by access to convenient, affordable, and nutritious foods at 27.0% and then closely behind was availability of first responders, law enforcement, fire/rescue/EMS, and emergency preparedness services at 24.1%. When asked what health problems have the greatest impact on the overall health of people in their county, levels of concern were highest in the areas of substance/drug abuse (33.3%), followed by Mental Health Problems (25.5%) and obesity (24.1%).

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Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) survey, participants highlighted the following areas (in ranking):

- Most important factors that define a healthy community:
 1. Access to health care including primary/family care, specialty care, dental and mental health care (48.9 percent)
 2. Access to convenient, affordable, and nutritious foods (27.0 percent)
 3. Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (24.1 percent)
 4. Job opportunities for all levels of education (22.0 percent)
 5. Low crime/safe neighborhoods (19.1 percent)

FIGURE 10: TOP 10 FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, LEVY COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

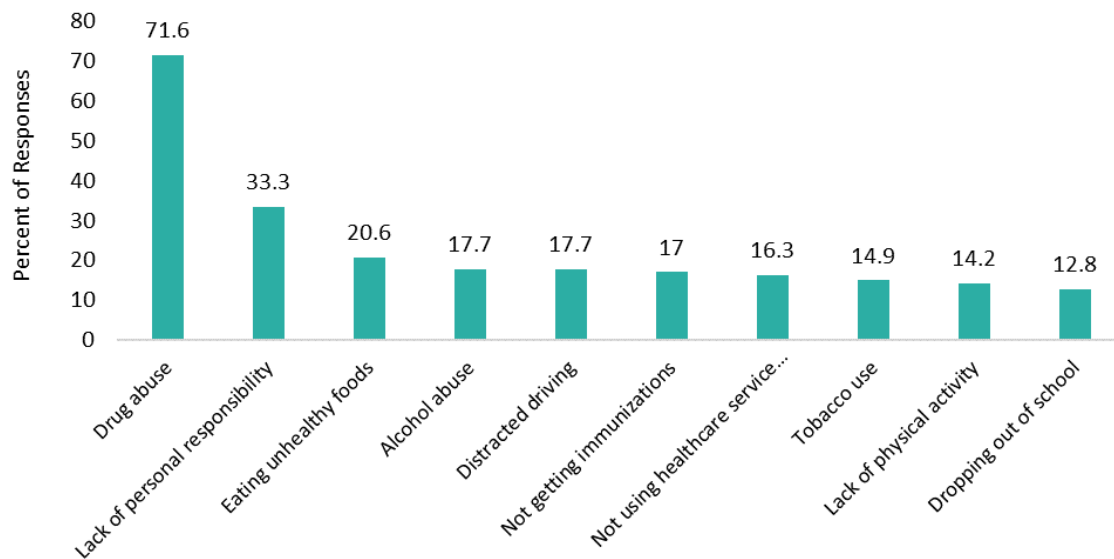


Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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- Behaviors with the greatest negative impact on overall health:
 1. Drug abuse (71.6 percent)
 2. Lack of personal responsibility (33.3 percent)
 3. Eating unhealthy foods/drinking sugar sweetened beverages (20.6 percent)
 4. Alcohol abuse (17.7 percent)
 5. Distracted driving (such as texting while driving) (17.7 percent)

FIGURE 11: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

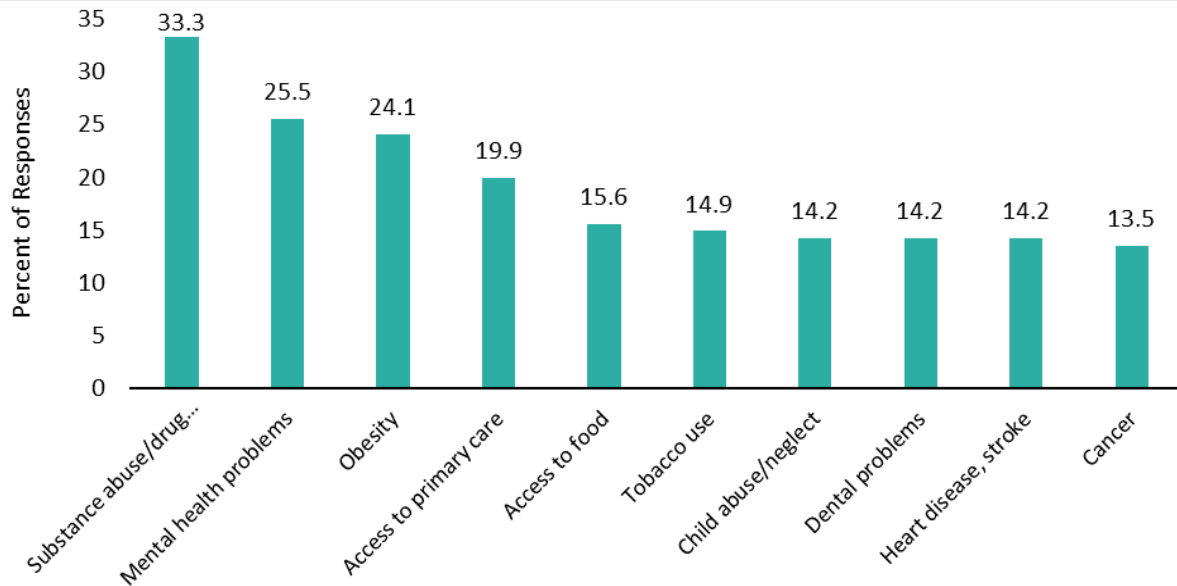


Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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- Most important health problems in the community:
 1. Substance abuse/drug abuse (33.3 percent)
 2. Mental health problems (25.5 percent)
 3. Obesity (24.1 percent)
 4. Access to primary/family care (19.9 percent)
 5. Access to sufficient and nutritious food (15.6 percent)

FIGURE 12: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

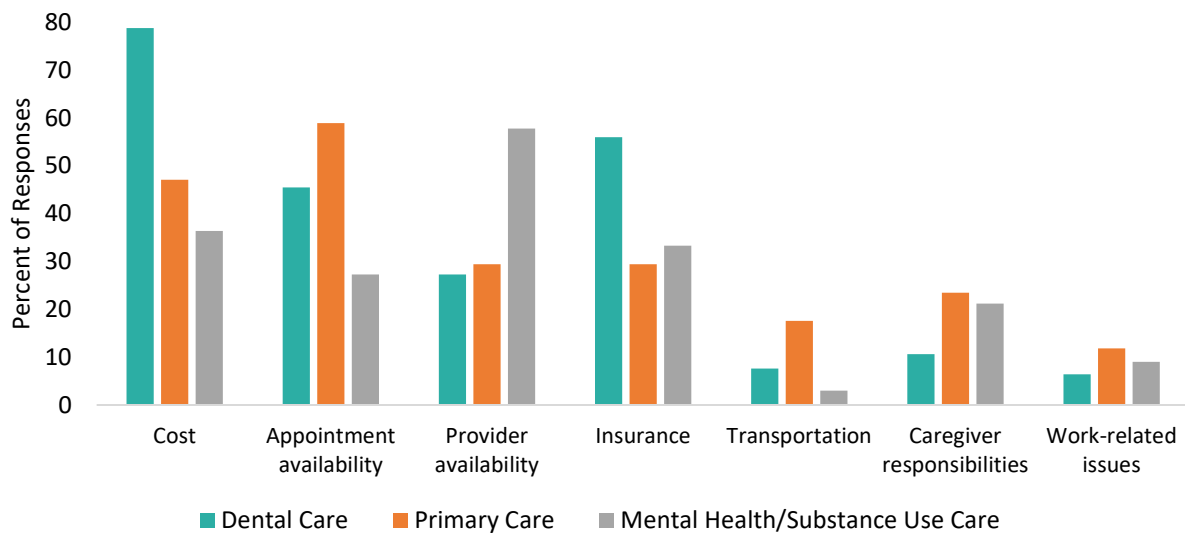


Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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- Reasons why individuals did not receive dental care, primary/family care, and/or mental care:
 - Dental – 46.8%
 1. Cost – 78.8%
 2. Service not covered by insurance or have no insurance – 56.0%
 3. No appointments available or long waits for appointments – 45.5%
 4. No dentists available – 27.3%
 - Primary Care/Family Care – 24.1%
 1. No appointments available or long waits for appointments – 58.9%
 2. Cost – 47.1%
 3. No primary care providers (doctors, nurses) available – 29.4%
 4. Service not covered by insurance or have no insurance – 29.4%
 - Mental Health – 23.3%
 1. No mental health care providers or no substance use therapists or counselors available – 57.8%
 2. Cost – 36.4%
 3. Service not covered by insurance or have no insurance – 33.3%
 4. No appointments available or long waits for appointments – 27.3%

FIGURE 13: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCED BY SURVEY RESPONDENTS, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

OBSERVATIONS FROM PROVIDER SURVEY

Likewise, to determine providers' perspectives on the priority community health issues and quality of life issues related to health care, surveys were used to collect input from 58 health care, behavioral health care, health education, and social services providers. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in

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the Community Themes and Strengths Assessment segment of this report and seeks to understand “What is important to the community?” and “How is health and quality of life perceived in the community?”.

- An array of healthcare and social service providers and community partners responded to the survey. The largest single group of survey respondents, representing 25.9 percent of the total, were from social and/or community services. This was closely followed by nurses at 22.4 percent. The occupations of others who participated in the survey included pharmacy technicians, public health preparedness and environmental health specialists, social workers, administrators, case managers, and certified nursing assistants, to name a few. Survey participants represented a range of ages and length of time in their profession. At both ends of the career spectrum, about 29 percent had been in their profession for less than five years while about a quarter (25.9 percent) reported having more than 20 years of experience.
- More than half (53.5 percent) of the providers and partners who took the survey rated the overall health of Dixie, Gilchrist, and Levy County residents as somewhat healthy with another 31.0 percent giving overall health a rating of unhealthy. Providers and partners ranked the most important health issues that need to be addressed as substance/drug abuse, mental health problems, dental problems, tobacco use, and access to primary care. These survey respondents identified the five behaviors with the greatest negative impact on overall health as alcohol abuse, dropping out of school, drug abuse, unhealthy eating and drinking, and lack of physical activity.
- While there was some agreement between the providers and partners and Dixie County survey respondents on the most important health issues, such as mental health and substance and drug abuse problems, community members ranked obesity as their third top concern followed by access to primary or family care and access to food. Behaviors with negative impacts on health were also somewhat in alignment between community and provider and partner survey respondents. Drug and alcohol abuse as well as unhealthy eating and drinking practices made the top of both lists. Providers and partners spotlighted education (i.e., dropping out of school) as very impactful whereas community members focused on general lack of personal responsibility, distracted driving, and not getting immunizations. As did the community at large, providers and partners ranked access to healthcare services as the most important factor that contributes to a healthy community (37.9 percent of responses).
- Healthcare providers and community partners ranked several access-related behaviors among those with the greatest negative impact on overall health in the region. These included not getting immunizations (17.2 percent), not using birth control (15.5 percent), and not using healthcare services appropriately (13.8 percent).
- Overall accessibility to health care for Dixie, Gilchrist, and Levy County residents was deemed by responding providers and partners as fair (50.0 percent). For providers and partners, the healthcare services most difficult to obtain in the Tri-County area were emergency room, specialty, dental, in-patient, and mental/behavioral health care.
- According to the providers and partners who took the survey, the most common barriers for their clients in self-management of chronic diseases and conditions were cost (60.3 percent), lack of sufficient time with the healthcare provider (32.8 percent), lack of knowledge (27.6 percent), and inability to use technology effectively (20.7 percent).

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- Strategies ranked highest by providers and partners to improve health outcomes included increasing access to dental services (62.0 percent), increasing access to mental health and primary care services (53.4 percent), and providing education on available services (also 53.4 percent). Further, more than half (51.7 percent) of healthcare and social service providers and partners cited establishing community partnerships to address issues collectively as a key strategy to improving individual and population health.

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes.

- Trends – patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors – discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Events – one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

The Forces of Change Assessment was completed on September 15, 2022, with the Levy County Community Health Assessment Steering Committee and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on “What is occurring or might occur that affects the health of the community and/or health system?”.

On September 15, 2022, the Levy County Community Health Assessment Steering Committee convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so that participants would be familiar with Levy County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The *Forces of Change for Levy County* tables on the following pages summarize the forces of change identified for Levy County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

Please note: The Forces of Change for Levy County table reflects qualitative opinion data collected during the Forces of Change Assessment. Comments and discussions are summarized in the table and accurately catalog comments from the facilitated discussion; however, these are not a reflection of the Florida Department of Health and cannot be attributed to one person, rather these are summaries of a group discussion in aggregate.

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Key themes in the forces of change discussion included:

- **Trends**
 - Social/Behavioral
 - Increasing Population
 - Increase in Mental Health and Substance Abuse Issues
 - Increase in Multi-Family Households
 - Increase in School Dropouts
 - Increasing Lack of Dental Care
- **Factors**
 - Social/Behavioral
 - Prevalence of Chronic Diseases
 - Lack of Specialist in Local Community
 - Lack of Screening for Infectious Disease
 - Lack of Personal Responsibility
 - Limited Health Services for Non-English Speakers
 - High Prevalence of Domestic Violence
 - Lack of Knowledge of Resources
 - Pride/Unwillingness to Seek Help
 - Distrust Towards Authority
 - Health Disparities, Especially Mortality Rates Among Black Residents
 - Social/Economic
 - High Percentage of Single Women Living in Poverty
 - Average Low Income
- **Events**
 - Social/Behavioral
 - Community Events
 - Economic
 - Rise in Price of Real Estate
 - Inflation
 - Political
 - Political Mistrust
 - Environmental
 - Natural Disaster

MAPP Phase 4: Identifying Strategic Issues

The intersecting themes, recurring issues, and major health needs in Levy County as identified through the community health assessment process are listed below. The themes articulated below emerged from the three assessments conducted as part of Levy County's MAPP process. That process included the health status assessment through a comprehensive secondary data review, the community themes and strengths assessment that generated primary data collected from the community at large and from healthcare providers, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below

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into categories including socio-economic barriers, health status and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across multiple of the intersecting theme areas shown below; however, each issue is only listed once.

Intersecting Themes

- Socio-economic barriers
 - Poverty, especially among children and racial and ethnic minorities
 - High rates of ALICE households
 - Inflation, especially rising prices of real estate
 - Decreasing unemployment
 - Education
 - Lower educational attainment compared to Florida as a whole.
 - Access to good schools considered important by the community.
 - Dropping out of school is a concern.
 - Crime/Domestic Violence
 - Transportation access, especially for healthcare services
 - Food insecurity
 - Uninsured population
- Health Outcomes, Conditions, and Behaviors
 - Increasing or persistently high death rates due to:
 - Cancer
 - Heart and cardiovascular disease
 - Unintentional injuries
 - Diabetes
 - Suicide
 - Alzheimer's Disease
 - High rates of overweight and obesity
 - Substance/Drug Abuse
 - Alcohol abuse, including alcohol-related motor vehicle crashes, injuries, and deaths.
 - Tobacco use
 - ▶ Mental Health

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- Higher rates of mental health ED visits
- Higher rates of Baker Acts for children
- Poor nutrition and eating habits, including overeating.
- Distracted Driving
- Access to Care
 - Rural setting presents travel challenges.
 - Limited provider availability
 - Limited number of facilities
 - Limited internet access
 - Aging community increasing demand on services
 - Many families with young children have unmet needs.
 - Pride and mistrust of politics and authority lead to unwillingness to seek help.
 - Dental care
 - Provider shortage
 - Few or no providers that accept Medicaid.
 - High rate of preventable dental hospitalizations
- Environmental Concerns
 - Weather-related emergencies, including hurricanes.

At the November 29th meeting, Levy County Community Health Needs Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Levy County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

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CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, LEVY COUNTY, 2022

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 July 27, 2022,

<https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

A facilitated consensus process moved the discussion from reviewing the list of issues above to identifying the common themes. Through the consensus process themes converged into the six (6) broad topic areas of Primary Care, including dental care, Behavioral Health, Food Insecurity, Access to Care, STD rates, and Healthy Lifestyle Choices. Behavioral health included concerns regarding mental health, drug/substance abuse, domestic violence, and access to behavioral health care. Access to care was discussed from a variety of angles, including access to primary care, dental care, mental health care, and emergency and specialty services. After careful discussion, it was decided that behavioral health care would become a stand-alone priority issue and was removed from the access to care umbrella. This priority became that of Behavioral Health, which includes mental health, substances misuse, child abuse, domestic violence, and access to care. After further debate and data review, it was also decided that STD rates were encompassed by the category of Healthy Lifestyle Choices. Through this process, the Steering Committee arrived at four (4) strategic priority issue areas. The Steering Committee checked for consensus and refined the issue labels to state the overarching theme of each more concisely along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

Strategic Priority Issue Areas Identified

- Access to Health Care
 - Dental care
 - Primary care
 - Family planning
 - Cancer screenings
- Behavioral Health
 - Substance misuse

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- Mental health
- Access to care
- Domestic violence
- Child abuse
- Food Insecurity
 - Socioeconomic disadvantage, such as poverty and low income
 - Access to healthy foods
 - Health literacy and food preparation education
- Healthy Lifestyles
 - STD prevention
 - Chronic disease prevention and management
 - Education and health literacy, especially with respect to preventive methods.

Key Considerations

- Promote a culture of community health as a system of many diverse partners and organizations.
- Foster a unifying, community-organizing principle and capacity building system around shared outcomes and measures.
- Create a core system of metrics to monitor and improve the performance of a community health system and to inform collective and individual entity investment in community health.
- Develop resource availability and educate on the appropriate utilization of services and programs.
- Enhance or create preventive programs, services, and resources to address behaviors that lead to or exacerbate chronic disease conditions, including cardiovascular disease, cancer, mental health problems, substance abuse, and tobacco use.
- Create opportunities for mobile healthcare services to address transportation barriers.
- Enhance or create programs to manage oral health more effectively and efficiently.
- Enhance or create policy, programs, and environmental change to address unintentional injuries and suicide.
- Create initiatives to increase the availability of primary, specialty, dental, and mental health professionals, and services.
- Enhance or create resources to improve access to healthy foods and create or disseminate educational materials on use and preparation of healthy foods.
- Consider a policy, environmental change, interventions, and programs to address root causes that include social and economic conditions that impact health.

MAPP Phase 5: Formulate Goals and Strategies

Within this phase the Community Health Improvement Plan Partnership (CHIPP) worked towards developing goals, identifying specific strategies, and writing Specific Measurable Achievable Realistic and Timely (SMART) objectives. After reviewing the MAPP assessments, the Levy CHIPP convened for monthly meetings where partners discussed what the group wanted to achieve moving forward. The Levy County Health Department strived to ensure that there was diverse representation of subject matter experts. For example, the CHIPP did not want to make decisions regarding tobacco policies within the school district without having the individuals responsible for the Tobacco Free Florida Grant and the school district present. Action Plans were utilized to assign lead entities and performance measures. For information about tracking and status indicators, reports can be pulled from the Florida Department of Health's Performance Improvement Management (PIM's) ClearPoint system. The status of objectives will be discussed at the monthly CHIP meetings conducted by the Levy County Health Department.

MAPP Phase 6: Action Cycle

This phase includes implementation of the CHIP and regular evaluation of the status of the goals and objectives. The CHIP group is always striving for quality improvement. Meetings are conducted on a regular basis to ensure that the CHIP goals and objectives remain feasible. The CHIP is monitored by the PIMS ClearPoint system. When appropriate, the plan objectives can be revised but there must be a general consensus from the collective. Monthly review of the objectives with regular communication will enable the group to make the best decisions moving forward.

Levy County CHIP (Goals, Strategies and Objectives)

A key component of Levy County's CHIP is an overarching strategy to conduct a community outreach in January 2023 to present the results of the needs assessment and the CHIP to the key leaders and decision makers in Levy County including representatives of:

- Levy County Board of County Commissioners
- City Commissions
- County and City Managers
- Clerks of County and Cities
- Levy County Sheriff's Department
- City Police Departments
- UF-IFAS Extension Office
- Emergency Medical Services
- Levy County Health Department
- Family Medical
- Levy County School Board and Public Schools
- Ministerial Association and Churches
- Physicians and Dentists
- Local Libraries
- Levy and Gilchrist County Prevention Coalition
- Lutheran Services Florida (LSF Health Systems)
- Tri-County Community Resource Center
- Another Way
- Episcopal Children's Services
- Palms Medical Group
- Meridian Health Care
- Haven Hospice
- Suwannee River Area Health Education Center
- College of Central Florida
- American Red Cross
- Alachua County Health Department WIC
- Levy County Day Cares
- Levy County Pregnancy Centers
- Well Florida Council
- Rural Women's Health Project
- Unity Family Community Center, Inc.
- University of Florida, Cancer Institute

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The following Levy County CHIP is presented below as goals, strategies and objectives, and the action plans that include key activities, lead roles, community resources, targeted dates for key activities and evaluation measures.

Goal 1: Increase healthy life expectancy, including the reduction of health disparities, to improve and foster healthy behaviors of all groups.				
Objectives	Strategy	Action Steps/Performance Measures	Possible Policy Changes Needed	Key Partners and Resources
<p>1.1 – By March 31st, 2024, conduct a Levy County Board of County Commission workshop to educate on the health topics that were highlighted in the Levy County Community Health Needs Assessment.</p> <p>(Baseline: 0 Meetings conducted for this new CHIP cycle. Target: 1 meeting for the group)</p> <p>Data Source: Internal</p>	1.2.1 – Meet with the current chair from the LCBOCC to discuss possible dates for the Commissioner workshop.	1. Assign a member to meet with the chair.	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Levy County Board of County Commissioners • FDOH-Levy County -Lead Agency
	1.2.2 – Schedule workshops.	<ol style="list-style-type: none"> 1. Identify times, dates, locations, and attendees for the workshop. 2. Create save the dates for invitees. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Levy County Board of County Commissioners
	1.2.3 – Develop talking points.	<ol style="list-style-type: none"> 1. Identify health indicators to be highlighted at the workshop. (Completed) 2. Create a presentation. 3. Assign presenters/facilitators. (Completed) 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Levy County Board of County Commissioners • FDOH-Levy County -Lead Agency
	1.2.4 – Conduct workshops.	<ol style="list-style-type: none"> 1. Send invites. 2. Assign responsibilities for the set-up and take-down, as needed by the venue. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Levy County Board of County Commissioners • FDOH-Levy-Lead Agency
1.2 – Through December 31, 2026, increase the percentage of mothers who initiate breastfeeding in Levy County from a rate of 83.6 (2021) to 88.6.	1.2.1 - Provide Certified Lactation Counseling to residents of Levy County.	<ol style="list-style-type: none"> 1. Have an employee of the Levy County Health Department maintain their CLC certification. 2. Partner with local pediatricians and 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy County -Lead Agency • Episcopal Children’s Services • Residents of Levy County • Levy County Day Cares

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<p>(Baseline: Rate of 83.6, Target: Rate of 88.6)</p> <p>Data Source: Florida Health CHARTS</p>		<p>daycares to offer CLC services.</p> <p>3. Provide CLC support and classes in Levy County.</p>		<ul style="list-style-type: none"> • Levy County Pregnancy Centers • Local Providers • FDOH - Alachua WIC • Tri-County Community Resource Center
	<p>1.2.2 – Continue to support the Breast Pump Lending Program offered by FDOH – Levy County.</p>	<p>1. Coordinate breast pumps lending program with local organizations.</p>	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy County -Lead Agency • Episcopal Children’s Services • Residents of Levy County • Levy County Day Cares • Levy County Pregnancy Centers • Local Providers • Alachua WIC
	<p>1.2.3 – Coordinate with local organizations and offices to help set-up a Breastfeeding friendly environment.</p>	<p>1. Promote program to women who recently gave birth trying to return to work.</p> <p>2. Partner with local organizations to coordinate a space.</p>	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy County -Lead Agency • Episcopal Children’s Services • Levy County Day Cares • Levy County Pregnancy Centers • Local Providers • FDOH - Alachua WIC
<p>1.3 – By December 31, 2024, increase the number of safe sleep educational messaging that reaches families from 1650 (2022) to 3000.</p> <p>Baseline: 1650 educational messages, Target: 3000.</p> <p>Data Source: Internal</p>	<p>1.3.1 – Provide pack and plays to families whose infants need a safe place to sleep.</p>	<p>1. Create partnerships with community partners to utilize Healthy Start, Healthy Families and the Healthy Babies Programs.</p> <p>2. Increase utilization of families and parents/guardians who sign-up for the Healthy Start and Healthy Families programs.</p>	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy County -Lead Agency • Episcopal Children’s Services • Residents of Levy County • Levy County Day Cares • Levy County Pregnancy Centers • Local Providers • FDOH - Alachua WIC
	<p>1.3.2 - Research alternative sleep environments for parents</p>	<p>1. Converse with the Healthy Start Coalition to see grant information on what allowable safe sleep environments are.</p>	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy County -Lead Agency

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	and guardians.	2. Report findings back to the group.		
	1.3.3 - Create QR codes with information on safe sleep.	<ol style="list-style-type: none"> 1. Create information that can be accessed with the QR code. 2. Print and laminate the QR code. 3. Distribute the QR Code to local businesses and doctor offices. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy County -Lead Agency • Episcopal Children’s Services • Residents of Levy County • Levy County Day Cares • Levy County Pregnancy Centers • Local Providers • Alachua WIC
	1.3.4 - Partner with local organizations to distribute safe sleep information to the community.	<ol style="list-style-type: none"> 1. Participate in outreach events. 2. Partner with local EM and EMS to distribute safe sleep information. 3. Partner with local doctor’s offices to distribute to their patients. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH- Levy County -Lead Agency • Episcopal Children’s Services • Residents of Levy County • Levy County Day Cares • Levy County Pregnancy Centers • Local Providers • Alachua WIC
1.4 – By December 31, 2024, increase the outreach and education opportunities throughout Levy County that share accurate, reliable, and cohesive information regarding colorectal cancer screening opportunities from 0 (2023) to 4.	1.4.1 – Partner with Well Florida Council Inc to utilize the inflatable colon procured through their grant.	<ol style="list-style-type: none"> 1. Coordinate with Well Florida on the colon’s availability. 2. Utilize the giant inflatable colon as an immersive educational experience. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH – Levy County – Lead Agency • Well Florida Council • Suwanee River AHEC • University of Florida – Cancer Institution • University of Florida – Mobile Outreach Clinic
Baseline: 0 events, Target: 4 events. Data Source: Internal	1.4.2 – Coordinate and schedule with event spaces to set up the colon.	<ol style="list-style-type: none"> 1. Research perspective events. 2. Partner with local organizations to utilize event space to set up the colon. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH – Levy County – Lead Agency • Well Florida Council • Suwanee River AHEC • University of Florida – Cancer Institution • University of Florida – Mobile Outreach Clinic
	1.4.3 –Discuss the importance of colorectal screenings.	<ol style="list-style-type: none"> 1. Educate community members (target audience aged 40 – 75) on the importance 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH – Levy County – Lead Agency • Well Florida Council • Suwanee River AHEC

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		<p>of colorectal cancer screening.</p> <ol style="list-style-type: none"> 2. Educate residents younger than 50 with high risk for colorectal cancer to ask their doctors for special instructions on their colorectal cancer screening plan. 3. Designate a local healthcare provider or community health worker to provide a scripted walking tour of the Giant Colon. 4. Have residents complete pre and post survey questions before and after the walk through of the colon. 5. Tour the six stations within the Giant Colon including normal colon tissue, benign polyp, Crohn's disease, malignant polyp, colon cancer, and advanced colon cancer. 		<ul style="list-style-type: none"> • University of Florida – Cancer Institution • University of Florida – Mobile Outreach Clinic
	<p>1.4.4 – Offer screening information to clients for those uninsured and insured.</p>	<ol style="list-style-type: none"> 1. Distribute importance screening information to the community. 2. Refer those that are uninsured to a health insurance navigator or the Tri-County Resource Center to gain coverage. 3. Refer those uninsured to primary care providers that will utilize the sliding fee scale. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH – Levy County – Lead Agency • Well Florida Council • Suwanee River AHEC • University of Florida – Cancer Institution • University of Florida – Mobile Outreach Clinic

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Goal 2 – Improve the health care resources in Levy County.				
Objectives	Strategy	Action Steps/Performance Measures	Possible Policy Changes Needed	Key Partners and Resources
<p>2.1 – By June 30, 2020, increase the number of Blood Pressure Self-Monitoring classes held in Levy County to 7 from 12.</p> <p>Baseline: 7 Classes, Target: 12 classes.</p> <p>Data Source: Internal</p>	2.1.1 – Conduct blood pressure screenings and referrals in the community.	<ol style="list-style-type: none"> 1. Identify community events and screening opportunities. 2. Recruit staff to conduct screenings. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy – Lead Agency • Local Churches • Local Providers • Tri-County Community Resource Center
	2.1.2 – Partner with local organizations to conduct Blood Pressure Self-Monitoring classes.	<ol style="list-style-type: none"> 1. Identify community-based organizations to conduct classes. 2. Promote and recruit to the classes. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH-Levy – Lead Agency • Local Churches • Local Providers • Tri-County Community Resource Center
<p>2.2 – By May 31, 2025, increase the number of local organizations that participate in Every Kid Health Week from 6 to 8.</p> <p>Baseline: 6 organizations (2021), Target: 8 organizations.</p> <p>Data Source: Internal</p>	2.2.1 – Coordinate with local organizations regarding services they can provide during Every Kid Health Week.	<ol style="list-style-type: none"> 1. Conduct planning meeting with local organizations. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • FDOH–Levy County – Lead Agency • Levy County School Board • Levy County Schools
	2.2.2 – Meet with school district	<ol style="list-style-type: none"> 1. Meet with school officials. 	<ul style="list-style-type: none"> • Class scheduling within the 	<ul style="list-style-type: none"> • FDOH–Levy County – Lead Agency • Levy County School

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	regarding scheduling a day for the activity.		school district.	Board <ul style="list-style-type: none"> Levy County Schools
<p>2.3 – By December 31, 2025, utilize the mobile outreach clinic to increase health care services for underserved geographical areas from 0 (2022) to 5 per county in Dixie, Gilchrist, and Levy.</p> <p>Baseline: 0 areas served, Target 5.</p> <p>Data Source: Internal</p>	2.3.1 – Promote the Mobile Outreach Clinic to the community.	<ol style="list-style-type: none"> Create a flyer or brochure about the Mobile Outreach Clinic. Meet with partners to distribute information about what the Mobile Outreach Clinic can offer. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> FDOH – Levy County- Lead Agency Suwannee River AHEC Local Providers City of Cedar Key Tri-County Community Resource Center
	2.3.2 - Identify areas to take the mobile outreach clinic.	<ol style="list-style-type: none"> Research locations. Identify a liaison for the specific region. Record findings and report back to the group. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> FDOH – Levy County- Lead Agency Suwannee River AHEC Local Providers City of Cedar Key Tri-County Resource Center
	2.3.3 - Schedule locations for the mobile outreach clinic.	<ol style="list-style-type: none"> Coordinate dates and times. Coordinate staffing for internal and external partners. Promote the Mobile Outreach Clinic for the designated date. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> FDOH – Levy County- Lead Agency Suwannee River AHEC Local Providers City of Cedar Key Tri-County Resource Center
<p>2.4 – By June 30, 2024, increase the number of workshops throughout Levy County that share information about signing up regarding the Navigator Program opportunities from 0 (2023) to 4.</p> <p>Baseline: 0 Events held, Target: 4 events.</p> <p>Data Source: Internal</p>	2.4.1 – Promote the Navigator Program.	<ol style="list-style-type: none"> Attend outreach events to distribute information about the services offered. Attend community meetings with local partners. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Suwannee River Area Health Education Center (SRAHEC) – Lead Agency FDOH - Levy County Levy County Public Library Tri-County Community Resource Center
	2.4.2 - Identify areas to implement workshops.	<ol style="list-style-type: none"> Research locations. Identify a liaison for the specific region. Record findings and report back to the group. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Suwannee River Area Health Education Center (SRAHEC) – Lead Agency FDOH - Levy County Levy County Public Library Tri-County Community Resource Center

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	2.4.3 - Schedule workshops for the Navigator Program.	<ol style="list-style-type: none"> 1. Coordinate dates and times. 2. Coordinate staffing. 3. Promote the Workshops for the designated dates. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Suwannee River Area Health Education Center (SRAHEC) – Lead Agency • FDOH - Levy County • Levy County Public Library • Tri-County Community Resource Center
<p>2.5 – By December 31st, 2025, increase awareness and the ability to recognize the signs of human trafficking (HT) by delivering education to community organizations.</p> <p>Data Source: North Central Florida Human Trafficking Task Force.</p>	2.5.1: Identify current partners that have and have not received training.	<ol style="list-style-type: none"> 1. Coordinate with Local Human Trafficking Service Provider for current demographics. 2. Identify and develop a list of local partners who have not received training. 3. Identify a list of organizations that can provide HT Trainings. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • North Central Florida Human Trafficking Task Force – Lead Agency • Lutheran Services Florida (LSF) Health Systems • FDOH – Levy County • Tri-County Community Resource Center • Levy Prevention Coalition • Meridian Behavioral Health • Levy County Sherriff’s Department • Law Enforcement from neighboring counties • One More Child
	2.5.2: Provide training opportunities to identified partners who have not received trainings.	<ol style="list-style-type: none"> 1. Coordinate dates, venue, and times. 2. Coordinate with speakers and organizers. 3. Promote the trainings to designated partners. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • North Central Florida Human Trafficking Task Force – Lead Agency • Lutheran Services Florida (LSF) Health Systems • FDOH – Levy County • Tri-County Community Resource Center • Levy Prevention Coalition • Meridian Behavioral Health • Levy County Sherriff’s Department • Law Enforcement from neighboring counties • One More Child

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Goal 3 – Decrease the impact of pediatric and adult mental, emotional, and behavioral health disorders.				
Objectives	Strategy	Action Steps/Performance Measures	Possible Policy Changes Needed	Key Partners and Resources
<p>3.1 - By December 31, 2026, decrease the percentage of students who feel sad or hopeless over the last two weeks from 27.1% (2022) to 26.1%.</p> <p>Baseline: 27.1%, Target 26.1%</p> <p>Data Source: Florida Health CHARTS</p>	3.1.1 – Coordinate with Meridian Health Care Group.	<ol style="list-style-type: none"> 1. Coordinate with Meridian Staff to assess availability. 2. Identify 2 facilitators per school to enroll in the Youth Mental Health First Aid. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Meridian Health Care • Levy County School Board • Levy County Schools
	3.1.2 - Schedule Youth Mental Health First Aid classes with the schools.	<ol style="list-style-type: none"> 1. Coordinate dates and times to conduct training classes. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Meridian Health Care • Levy County School Board • Levy County Schools
	3.1.3 - Conduct Youth Mental Health First Aid Classes.	<ol style="list-style-type: none"> 1. Choose meeting facility location. 2. Conduct Youth Mental Health First Aid. 	<ul style="list-style-type: none"> • Mental Health Policies 	<ul style="list-style-type: none"> • Meridian Health Care – Lead Agency • Levy County School Board • Levy County Schools
<p>3.2 - By December 31, 2026, conduct a Youth Mental Health First Aid and a Mental Health First Aid Training for the Levy County Community from 0 to 2.</p> <p>Baseline: 0 Youth Mental Health First Aid Trainings, 0 Mental Health First Aid Trainings, Target: 1 Youth Mental Health First Aid Trainings, 1 Mental Health First Aid Trainings</p> <p>Data Source: Meridian Health Care and Gilchrist Prevention Coalition</p> <p>Baseline: 0 YMHA and MHFA Trainings, Target: 1 YMHA and 1 MHFA for a total of 2.</p>	3.2.1 – Coordinate with Meridian Health Care Group.	<ol style="list-style-type: none"> 1. Coordinate with Meridian Staff to assess availability. 2. Identify at least 7 participants to enroll in the Youth Mental Health First Aid. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Meridian Health Care – Lead Agency • Gilchrist Prevention Coalition
	3.2.2 - Schedule Youth Mental Health First Aid classes with the community.	<ol style="list-style-type: none"> 1. Coordinate dates and times to conduct training classes. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Gilchrist Prevention Coalition – Lead Agency • Meridian Health Care • Levy Prevention Coalition
	3.2.3 - Conduct Youth Mental Health First Aid and Mental Health First Aid Trainings for the community.	<ol style="list-style-type: none"> 1. Choose meeting facility location. 2. Conduct Youth Mental Health First Aid. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Gilchrist Prevention Coalition – Lead Agency • Meridian Health Care • Levy Prevention Coalition

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Data Source: Internal				
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Goal 4 – Increase education on substance use prevention, treatment, and support resources available to Levy County residents.				
<p>4.1 By December 31, 2026, decrease the percentage of adults who are current smokers from 22.6% (2019) to 21.6%.</p> <p>Baseline: 22.6%, Target 21.6%</p> <p>Data Source: Florida Health CHARTS</p>	<p>4.1.1 – Offer a virtual or in-person group quit sessions.</p>	<ol style="list-style-type: none"> Coordinate with local organizations to host in person group quit sessions. Recruit participants. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Suwannee River Area Health Education Center (SRAHEC) – Lead Agency Local Providers FDOH – Levy County
	<p>4.1.2 - Provide continuing education and continuing medical education credits to healthcare professionals.</p>	<ol style="list-style-type: none"> Coordinate with health care professionals. Host in person or via virtually. Conduct trainings to healthcare professional about helping patients quit, motivational interviewing, brief interventions, and referring tobacco users to the Tobacco Free Florida AHEC Program and other Tobacco Free Florida Quit Your Way Services. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Suwannee River Area Health Education Center (SRAHEC) – Lead Agency Local Providers FDOH – Levy County
<p>4.2 By June 30, 2024, complete the passage of an ordinance by local governmental agencies supporting changes in the Florida Clean Indoor Air Act allowing for local creation of tobacco-free parks and beaches in Williston from 0 to 9.</p> <p>Baseline: 0 Tobacco-Free Parks, Beaches and/or Boat Ramps, Target: 9 Tobacco-Free</p>	<p>4.2.1 - Present to the Board of County Commissioners data and resources regarding House Bill 105.</p>	<ol style="list-style-type: none"> Partner with community partners to present to the Board of County Commissioners information regarding House Bill 105. Generate talking points. Propose an ordinance to be created for Levy County 	<ul style="list-style-type: none"> House Bill 105 	<ul style="list-style-type: none"> Levy Prevention Coalition – Lead Agency City of Williston
	<p>4.2.2 - Partner with the City of Williston to create and write</p>	<ol style="list-style-type: none"> Meet with the City of Williston. Coordinate with the City of Williston to 	<ul style="list-style-type: none"> Local Ordinance 	<ul style="list-style-type: none"> Levy Prevention Coalition – Lead Agency City of Williston

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Parks, Beaches, and/or Boat Ramps. Data Source: Levy County Prevention Coalition	an ordinance.	review the ordinance.		
	4.2.3 - Present the written ordinance to the Board of County Commissioners and advertise it to the community.	<ol style="list-style-type: none"> 1. Create a motion to advertise the ordinance in the local paper for two weeks prior to the first hearing. 2. Have the motion approved by the necessary officials. 	<ul style="list-style-type: none"> • Local Ordinance 	<ul style="list-style-type: none"> • Levy Prevention Coalition – Lead Agency • City of Williston
	4.2.4 - Prepare youth to speak to the Board of County Commissioners.	<ol style="list-style-type: none"> 1. Gather data and information to develop talking points. 	<ul style="list-style-type: none"> • Local Ordinance 	<ul style="list-style-type: none"> • Levy Prevention Coalition – Lead Agency • City of Williston • Local SWAT
	4.2.5 - Create a County Ordinance about Tobacco and Vape Free Parks and Beaches.	<ol style="list-style-type: none"> 1. Write the ordinance. 2. Motion to approve the ordinance. 3. Write into policy. 	<ul style="list-style-type: none"> • Local Ordinance 	<ul style="list-style-type: none"> • Levy Prevention Coalition – Lead Agency • City of Williston
	4.2.6 - Post signage at parks and beaches	<ol style="list-style-type: none"> 1. Create signage. 	<ul style="list-style-type: none"> • Local Ordinance 	<ul style="list-style-type: none"> • Levy Prevention Coalition – Lead Agency • City of Williston

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Alignment with State and National Priorities and Evidence-Based Resources

The 2023-2026 Levy County Community Health Improvement Plan has been reviewed for alignment with the following state and national guidelines:

- Florida State Health Improvement Plan 2022-2026 from the Florida Department of Health.
- Healthy People 2030 from the United States Department of Health and Human Services
- National Prevention Strategy – America’s Plan for Better Health and Wellness (June 2011) from the National Prevention Council.

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment.

Objective	HP 2030	FSHIP	NPS	Evidence-Based Sources:
Goal 1: Increase healthy life expectancy, including the reduction of health disparities, to improve and foster healthy behaviors of all groups.				
1.1 – By February 29th, 2024, conduct a Levy County Board of County Commission workshop to educate on the health topics that were highlighted in the Levy County Community Health Needs Assessment.	<p>Topic: Infants Goal: Improve the health and safety of infants. Objectives: MICH-15, MICH 16</p> <p>Topic: Cancer Goal: Reduce new cases of cancer and cancer-related illness, disability, and death. Objectives: C-01, C-06, C-07</p> <p>Topic: Heart Disease and Stroke Goal: Improve cardiovascular health and reduce deaths from heart disease and stroke. Objectives: HDS-01, HDS-04</p> <p>Topic: Overweight and Obesity</p>	<p>Goal MCH 2: Reduce infant morbidity and mortality. Objective MCH 2.5.</p> <p>Goal ISV 1: Prevent or reduce childhood injuries. Objective ISV 1.1.</p> <p>Goal CD 1.4: Reduce new cases of cancer and cancer-related illness, disability, and death. Objective CD 1.4.</p> <p>Goal CD 2: Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke, and other related illnesses. Objective CD 1.4.</p>	<p>Priorities: Healthy Eating Recommendation 5. Support policies and programs that promote breastfeeding. Page 35. Key Indicators: Proportion of infants who are breastfed exclusively through 6 months, page 35.</p> <p>Strategic Directions: Clinical and Community Preventive Services Recommendations: 4. Support implementation of community-based preventive services and enhance linkages with clinical care, page 19. Recommendations 5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk, page 19.</p>	<p>Breastfeeding: Breastfeeding: Primary Care Interventions; 2016. The Surgeon General's Call to Action to Support Breastfeeding</p> <p>Safe Sleep: Safe to Sleep; 2023.</p> <p>Colorectal Cancer: Colorectal Cancer Education, Screening and Prevention Program (CCESP): Empowering Communities for Life; 2018. Colorectal Cancer Screening Intervention Program (CCSIP), 2020.</p> <p>Blood Pressure: Heart Disease and Stroke Prevention:</p>

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	<p>Goal: Reduce overweight and obesity by helping people eat healthy and get physical activity. Objectives: NWS-04</p> <p>Topic: Physical Activity Goal: Improve health, fitness, and quality of life through regular physical activity. Objectives: PA-06, PA-09</p> <p>Topic: Family Planning Goal: Improve pregnancy planning and prevent unintended pregnancy. Objectives: FP-01, FP-09</p> <p>Topic: Cancer Goal: Reduce new cases of cancer and cancer-related illness, disability, and death. Objectives: C-05, C-09</p> <p>Topic: Oral Conditions Goal: Improve oral health by increasing access to oral health care, including preventive services. Objectives: OH-02, OH-09, OH-10</p> <p>Topic: Vaccination Goal: Increase vaccination rates. Objectives: IID-07, IID-08, IID-09, IID-D03</p> <p>Topic: Health Insurance Goal: Increase health insurance coverage.</p>	<p>Goal SEC 2: Improve access to high-quality health care services for all across the lifespan. Objective SEC 2.2.</p> <p>Goal MCH 1: Increase access to quality primary, preventative and sub-specialty care for infants, children, and adolescents.</p> <p>Goal MW 2: Reduce the impact of pediatric mental, emotional, and behavioral health disorders. Objective MW 2.2.</p> <p>Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.1, MW 3.2</p>	<p>Key Indicators: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines, page 19.</p> <p>Strategic Directions: Clinical and Community Preventive Services. Recommendations 1. Support the National Quality Strategy's focus on improving cardiovascular health, page 19.</p> <p>Key Indicators: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control, page 19.</p> <p>Priorities: Reproductive and Sexual Health. Recommendations: 1 Increase the use of preconception and prenatal care, page 44. Recommendations: 4 Enhance early detection of HIV, viral hepatitis, and other STIs and improve linkage to care, page 45.</p> <p>Key Indicators: Proportion of sexually active persons aged 15 to 44 years who received reproductive health services, page 45.</p> <p>Strategic Directions: Clinical and Community Preventive Services.</p>	<p>Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control When Used Alone; 2015. The Surgeon General's Call to Action to Control Hypertension; 2020. Economics of Self-Measured Blood Pressure; 2017. Self-Measured Blood Pressure Monitoring Improves Outcomes: Recommendation of the Community Preventative Services Task Force; 2017. Community Guide Cardiovascular Disease Economic Reviews: Tailoring Methods to Ensure Utility of Findings; 2017. Systematic Review of Self-Measured Blood Pressure; 2022.</p> <p>Physical Activity: Screening for Obesity in Children and Adolescents; 2017. Nutrition education: the way to reduce childhood obesity?, 2013. School Health Guidelines to Promote Healthy Eating and Physical Activity; 2011.</p> <p>Health Insurance:</p>
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	<p>Objectives: AHS-01, AHS-02, AHS-03, AHS-R03</p> <p>Topic: Mental Health and Mental Disorders Goal: Improve mental health.</p> <p>Objectives: MHMD-03, MHMD-04, MHMD-05, MHMD-06, MHMD-07</p> <p>Topic: Health Policy Goal: Use health policy to prevent disease and improve health. Objectives: TU-17</p>		<p>Recommendations: 4 Support implementation of community-based preventive services and enhance linkages with clinical care, page 19.</p> <p>Recommendations 6: Enhance coordination and integration of clinical, behavioral, and complementary health strategies, page 20.</p> <p>Strategic Directions: Clinical and Community Preventive Services.</p> <p>Recommendations: 4 Support implementation of community-based preventive services and enhance linkages with clinical care, page 19.</p> <p>Recommendations 6: Enhance coordination and integration of clinical, behavioral, and complementary health strategies, page 20.</p> <p>Priorities: Mental and Emotional Well-being. Recommendations: 2. Facilitate social connectedness and community engagement across the lifespan, page 48.</p> <p>Recommendations: 3. Provide individuals and families with the support necessary to maintain positive mental well-being, page 48.</p> <p>Recommendations: 4. Promote early identification of mental</p>	<p>Strategies for expanding health insurance coverage in vulnerable populations, 2014. Covering All Kids: States Setting the Pace, 2008.</p> <p>Tobacco: Secondhand Smoke Exposure and the Impact of Smokefree Policies, 2021. Tobacco Use: Smoke-Free Policies, 2012. Preventing Tobacco Use Among Youth and Young Adults, 2012.</p> <p>Mental Health: Mental Health and Mental Illness: Mental Health Benefits Legislation, 2012. Depression in Children and Adolescents: Screening, 2016. Anxiety in Children and Adolescents: Screening, 2022. Depression and Suicide Risk in Children and Adolescents: Screening, 2022.</p> <p>Tobacco Health Policy: Secondhand Smoke Exposure and the Impact of Smokefree Policies, 2021. Tobacco Use: Smoke-</p>
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			<p>health needs and access to quality services, page 49.</p> <p>Key Indicators: Proportion of primary care physician office visits that screen adults and youth for depression, page 49.</p> <p>Key Indicators: Proportion of persons who experience major depressive episode (MDE), page 49.</p> <p>Priorities: Tobacco Free Living</p> <p>Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco control policies, page 28.</p> <p>Recommendations: 3 Expand use of tobacco cessation services, page 28.</p> <p>Recommendations: 4. Use media to educate and encourage people to live tobacco free, page 29.</p> <p>Key Indicators: Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days), page 29.</p> <p>Key Indicators: Proportion of adolescents who smoked cigarettes in the past 30 days, page 29.</p> <p>Key Indicators: Proportion of youth</p>	<p>Free Policies, 2012. Preventing Tobacco Use Among Youth and Young Adults, 2012.</p>
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			aged 3 to 11 years exposed to secondhand smoke, page 29.	
1.2 – Through December 31, 2026, increase the percentage of mothers who initiate breastfeeding in Levy County from a rate of 83.6 (2021) to 88.6.	Topic: Infants Goal: Improve the health and safety of infants. Objectives: MICH-15, MICH 16	Goal MCH 2: Reduce infant morbidity and mortality. Objective MCH 2.5.	Priorities: Healthy Eating Recommendation 5. Support policies and programs that promote breastfeeding. Page 35. Key Indicators: Proportion of infants who are breastfed exclusively through 6 months, page 35.	
1.3 – By December 31, 2024, increase the number of safe sleep educational messaging that reaches families from 1650 (2022) to 3000.	Topic: Infants Goal: Improve the health and safety of infants. Objectives: MICH-15, MICH 16	Goal ISV 1: Prevent or reduce childhood injuries. Objective ISV 1.1.	N/A	
1.4 – By December 31, 2024, increase the outreach and education opportunities throughout Levy County that share accurate, reliable, and cohesive information regarding colorectal cancer screening opportunities from 0 (2023) to 4.	Topic: Cancer Goal: Reduce new cases of cancer and cancer-related illness, disability, and death. Objectives: C-01, C-06, C-07	Goal CD 1.4: Reduce new cases of cancer and cancer-related illness, disability, and death. Objective CD 1.4.	Strategic Directions: Clinical and Community Preventive Services Recommendations: 4. Support implementation of community-based preventive services and enhance linkages with clinical care, page 19. Recommendations 5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk, page 19.	

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			Key Indicators: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines, page 19.	
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Goal 2 – Improve the health care resources in Levy County.				
Objectives	HP 2030	FSHIP	NPS	Evidence-Based Sources:
2.1 – By June 30, 2020, increase the number of Blood Pressure Self-Monitoring classes held in Levy County to 7 from 12.	<p>Topic: Heart Disease and Stroke Goal: Improve cardiovascular health and reduce deaths from heart disease and stroke. Objectives: HDS-01, HDS-04</p>	<p>Goal CD 2: Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke, and other related illnesses. Objective CD 1.4.</p>	<p>Strategic Directions: Clinical and Community Preventive Services.</p> <p>Recommendations 1. Support the National Quality Strategy’s focus on improving cardiovascular health, page 19.</p> <p>Key Indicators: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control, page 19</p>	<p>Breastfeeding: Primary Care Interventions; 2016.</p> <p>The Surgeon General's Call to Action to Support Breastfeeding; 2011.</p>
2.2 – By May 31, 2025, increase the number of local organizations that participate in Every Kid Health Week from 6 to 8.	<p>Topic: Overweight and Obesity Goal: Reduce overweight and obesity by helping people eat healthy and get physical activity. Objectives: NWS-04</p> <p>Topic: Physical Activity Goal: Improve health, fitness, and quality of life through regular physical activity. Objectives: PA-06, PA-09</p>	<p>Goal CD 6: Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors. Objective CD 6.1.</p>	<p>Strategic Directions: Elimination of Health Disparities.</p> <p>Recommendations: 1 Ensure a strategic focus on communities at greatest risk, page 25.</p> <p>Recommendations: 2 Reduce disparities in access to quality health care, page 25.</p>	<p>Safe to Sleep; 2023.</p>
2.3 – By December 31, 2025, utilize the	<p>Topic: Family Planning Goal: Improve pregnancy planning and</p>	<p>Goal SEC 2: Improve access to high-quality health care</p>	<p>Priorities: Reproductive and Sexual Health.</p>	<p>Colorectal Cancer Education, Screening and Prevention</p>

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<p>mobile outreach clinic to increase health care services for underserved geographical areas from 0 (2022) to 5 per county in Dixie, Gilchrist, and Levy.</p>	<p>prevent unintended pregnancy. Objectives: FP-01, FP-09</p> <p>Topic: Cancer Goal: Reduce new cases of cancer and cancer-related illness, disability, and death. Objectives: C-05, C-09</p> <p>Topic: Oral Conditions Goal: Improve oral health by increasing access to oral health care, including preventive services. Objectives: OH-02, OH-09, OH-10</p> <p>Topic: Vaccination Goal: Increase vaccination rates. Objectives: IID-07, IID-08, IID-09, IID-D03</p>	<p>services for all across the lifespan. Objective SEC 2.2.</p>	<p>Recommendations: 1 Increase the use of preconception and prenatal care, page 44.</p> <p>Recommendations: 4 Enhance early detection of HIV, viral hepatitis, and other STIs and improve linkage to care, page 45.</p> <p>Key Indicators: Proportion of sexually active persons aged 15 to 44 years who received reproductive health services, page 45.</p> <p>Strategic Directions: Clinical and Community Preventive Services.</p> <p>Recommendations: 4 Support implementation of community-based preventive services and enhance linkages with clinical care, page 19.</p> <p>Recommendations 6: Enhance coordination and integration of clinical, behavioral, and complementary health strategies, page 20.</p>	<p>Program (CCESP): Empowering Communities for Life; 2018.</p> <p>Colorectal Cancer Screening Intervention Program (CCSIP), 2020.</p>
<p>2.4 – By June 30, 2024, increase the number of workshops throughout Levy County that share information about signing up regarding the Navigator Program</p>	<p>Topic: Health Insurance Goal: Increase health insurance coverage. Objectives: AHS-01, AHS-02, AHS-03, AHS-R03</p>	<p>Goal MCH 1: Increase access to quality primary, preventative and sub-specialty care for infants, children, and adolescents.</p>	<p>Strategic Directions: Clinical and Community Preventive Services.</p> <p>Recommendations: 4 Support implementation of community-based preventive services and enhance linkages with clinical care, page 19.</p>	<p>Strategies for expanding health insurance coverage in vulnerable populations, 2014.</p> <p>Covering All Kids: States Setting the Pace, 2008.</p>

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opportunities from 0 (2023) to 4.			Recommendations 6: Enhance coordination and integration of clinical, behavioral, and complementary health strategies, page 20.	
2.5 – By December 31st, 2025, increase awareness and the ability to recognize the signs of human trafficking (HT) by delivering education to community organizations.	N/A	Goal ISV 3: Prevent or reduce injuries in vulnerable populations. Objective: ISV 3.2	N/A	Evidence-Based Human Trafficking Policy: Opportunities to Invest in Trauma-Informed Strategies , 2019. Evidence-based Care of the Human Trafficking Patient , 2019.

Objectives:	HP 2030:	FSHIP:	NPS:	Evidence-Based Sources:
Goal 3 – Reduce the impact of pediatric and adult mental, emotional, and behavioral health disorders.				
3.1 - By December 31, 2026, reduce the percentage of students who feel sad or hopeless over the last two weeks from 27.1% (2022) to 26.1%.	Topic: Mental Health and Mental Disorders Goal: Improve mental health. Objectives: MHMD-03, MHMD-04, MHMD-05, MHMD-06, MHMD-07	Goal MW 2: Reduce the impact of pediatric mental, emotional, and behavioral health disorders. Objective MW 2.2.	Priorities: Mental and Emotional Well-being. Recommendations: 2. Facilitate social connectedness and community engagement across the lifespan, page 48. Recommendations: 3. Provide individuals and families with the support necessary to maintain positive mental well-being, page 48. Recommendations: 4. Promote early identification of mental health needs and access to quality services, page 49.	Mental Health and Mental Illness: Mental Health Benefits Legislation , 2012. Depression in Children and Adolescents: Screening , 2016. Anxiety in Children and Adolescents: Screening , 2022. Depression and Suicide Risk in Children and Adolescents: Screening , 2022.

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			<p>Key Indicators: Proportion of primary care physician office visits that screen adults and youth for depression, page 49.</p> <p>Key Indicators: Proportion of persons who experience major depressive episode (MDE), page 49.</p>	
<p>3.2 - By December 31, 2026, conduct a Youth Mental Health First Aid and a Mental Health First Aid Training for the Levy County Community.</p>	<p>Topic: Mental Health and Mental Disorders Goal: Improve mental health. Objectives: MHMD-03, MHMD-04, MHMD-05, MHMD-06, MHMD-07</p>	<p>Goal MW 2: Reduce the impact of pediatric mental, emotional, and behavioral health disorders. Objective MW 2.2.</p>	<p>Priorities: Mental and Emotional Well-being.</p> <p>Recommendations: 2. Facilitate social connectedness and community engagement across the lifespan, page 48.</p> <p>Recommendations: 3. Provide individuals and families with the support necessary to maintain positive mental well-being, page 48.</p> <p>Recommendations: 4. Promote early identification of mental health needs and access to quality services, page 49.</p> <p>Key Indicators: Proportion of primary care physician office visits that screen adults and youth for depression, page 49.</p> <p>Key Indicators: Proportion of persons</p>	<p>Mental Health and Mental Illness: Mental Health Benefits Legislation, 2012.</p> <p>Depression in Children and Adolescents: Screening, 2016.</p> <p>Anxiety in Children and Adolescents: Screening, 2022.</p> <p>Depression and Suicide Risk in Children and Adolescents: Screening, 2022.</p>

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			who experience major depressive episode (MDE), page 49.	
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Objectives:	HP 2030:	FSHIP	NPS	Evidence-Based Sources
Goal 4 – Increase education on substance use prevention, treatment, and support resources available to Levy County residents.				
4.1 By December 31, 2026, reduce the percentage of adults who are current smokers from 22.6% (2019) to 21.6%.	Topic: Tobacco Use Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke. Objectives: TU-01, TU-02, TU-03, TU-13, TU-14	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.2.	Priorities: Tobacco Free Living Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco control policies, page 28. Recommendations: 3. Expand use of tobacco cessation services, page 28. Recommendations: 4. Use media to educate and encourage people to live tobacco free, page 29. Key Indicators: Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days), page 29.	Secondhand Smoke Exposure and the Impact of Smokefree Policies , 2021. Tobacco Cessation: Change Packet , 2021. Tobacco Use: Comprehensive Tobacco Control Programs , 2014. Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions , 2021. Tobacco Use: Internet-based Cessation Interventions , 2019. Tobacco Use: Quitline Interventions , 2012.
4.2 By June 30, 2024, complete the passage of an ordinance by local governmental agencies supporting changes in the	Topic: Health Policy Goal: Use health policy to prevent disease and improve health. Objectives: TU-17	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.1, MW 3.2	Priorities: Tobacco Free Living Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco	Secondhand Smoke Exposure and the Impact of Smokefree Policies , 2021. Tobacco Use: Smoke-Free Policies ,

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<p>Florida Clean Indoor Air Act allowing for local creation of tobacco-free parks and beaches in Williston from 0 to 9.</p>			<p>control policies, page 28.</p> <p>Recommendations: 3 Expand use of tobacco cessation services, page 28.</p> <p>Recommendations: 4. Use media to educate and encourage people to live tobacco free, page 29.</p> <p>Key Indicators: Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days), page 29.</p> <p>Key Indicators: Proportion of adolescents who smoked cigarettes in the past 30 days, page 29.</p> <p>Key Indicators: Proportion of youth aged 3 to 11 years exposed to secondhand smoke, page 29.</p>	<p>2012.</p> <p>Preventing Tobacco Use Among Youth and Young Adults, 2012.</p>
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